

Dispensing Limits (Quantity Limits) Summary

Drug Dispensing Limits (also known as Quantity Limits) help with safe and effective drug use. Based on FDA-approved labeling and other reasons, limits are placed on drugs in certain drug categories. Limits may involve how much covered medication can be given per prescription fill or in a given time span. If your health care provider prescribes an amount more than the dispensing limit, you can still get the drug. You may have to pay for the full cost of the prescription beyond what your coverage allows. Your provider can ask for an approval if there is a medical reason why you need an amount greater than allowed by your benefit plan.

Please note the following:

- Dispensing limits apply to both brand and generic products.
- This document lists generic products in alphabetical order. Not all generics may have a brand product listed.
- Your benefit plan may not cover certain prescription drugs or drug categories in this document.
- Some limits may differ based on state laws. Some drugs may not be available for mail service. Coverage for some drug categories may have a 30-day-supply limit per fill. If you are not sure of any plan limits or exclusions, see your prescription drug list, benefit plan materials or call the number on your Member ID to check.
- This list is subject to change.

Brand Name	Generic Name	Strength	Dispensing Limit
Ziagen	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	20 MG/ML	960 mLs Per 30 Days
	abacavir sulfate tab	300 MG	60 Tablets Per 30 Days
Epzicom	abacavir sulfate-lamivudine tab	600-300 MG	30 Tablets Per 30 Days
Triumeq	Abacavir-Dolutegravir-Lamivudine Tab 600-50-300 MG	600-50-300 MG	30 Tablets Per 30 Days
Triumeq pd	abacavir-dolutegravir-lamivudine tab for oral sus	60-5-30 MG	180 Tablets Per 30 Days
Tymlos	abaloparatide subcutaneous soln pen-injector	3120 MCG/1.56ML	1.56 mLs Per 30 Days
Orencia clickject	abatacept subcutaneous soln auto-injector	125 MG/ML	4 Syringes Per 28 Days
Orencia	Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML	125 MG/ML	4 Syringes Per 28 Days
Orencia	Abatacept Subcutaneous Soln Prefilled Syringe 50 MG/0.4ML	50 MG/0.4ML	4 Syringes Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Orencia	Abatacept Subcutaneous Soln Prefilled Syringe 87.5 MG/0.7ML	87.5 MG/0.7ML	4 Syringes Per 28 Days
Verzenio	Abemaciclib Tab 100 MG	100 MG	60 Tablets Per 30 Days
Verzenio	Abemaciclib Tab 150 MG	150 MG	60 Tablets Per 30 Days
Verzenio	Abemaciclib Tab 200 MG	200 MG	60 Tablets Per 30 Days
Verzenio	Abemaciclib Tab 50 MG	50 MG	60 Tablets Per 30 Days
Abiraterone acetate; Yonsa	abiraterone acetate tab 125 mg	125 MG	120 Tablets Per 30 Days
Zytiga	Abiraterone Acetate Tab 250 MG	250 MG	120 Tablets Per 30 Days
Zytiga	Abiraterone Acetate Tab 500 MG	500 MG	60 Tablets Per 30 Days
Cibinqo	Abrocitinib Tab	50 MG	30 Tablets Per 30 Days
Cibinqo	Abrocitinib Tab	200 MG	30 Tablets Per 30 Days
Cibinqo	Abrocitinib Tab	100 MG	30 Tablets Per 30 Days
Calquence	Acalabrutinib Maleate Tab	100 MG	60 Tablets Per 30 Days
Vizz	aceclidine hcl ophth soln	1.44%	30 Vials Per 30 Days
Duaklir pressair	Aclidinium Br-Formoterol Fum Aero Pow Br Act 400-12 MCG/ACT	400-12 MCG/ACT	1 Inhaler Per 30 Days
Tudorza pressair	Aclidinium Bromide Aerosol Powd Breath Activated 400 MCG/ACT	400 MCG/ACT	1 Inhaler Per 30 Days
Tryptyr	acoltremon ophth soln	0.00%	60 Vials Per 30 Days
Attruby	acoramidis hcl tab pack	356 MG	112 Tablets Per 28 Days
Sitavig	Acyclovir Buccal Tab 50 MG	50 MG	2 Tablets Per 180 Days
Xerese	Acyclovir-Hydrocortisone Cream 5-1%	5-1 %	5 Grams Per 30 Days
Krazati	Adagrasib Tab	200 MG	180 Tablets Per 30 Days
Humira pen	adalimumab auto-injector kit	80 MG/0.8ML	2 Pens Per 28 Days
Humira pen-cd/uc/hs start	adalimumab auto-injector kit	80 MG/0.8ML	1 Kit Per 180 Days
Humira pen	Adalimumab Pen-injector Kit 40 MG/0.4ML	40 MG/0.4ML	2 Pens Per 28 Days
Humira pen	Adalimumab Pen-injector Kit 40 MG/0.8ML	40 MG/0.8ML	2 Pens Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Humira pen-ps/uv starter	Adalimumab Pen-injector Kit 80 MG/0.8ML & 40 MG/0.4ML	80 MG/0.8ML & 40MG/0.4ML	1 Kit Per 180 Days
Humira	Adalimumab Prefilled Syringe Kit 10 MG/0.1ML	10 MG/0.1ML	2 Syringes Per 28 Days
Humira	Adalimumab Prefilled Syringe Kit 20 MG/0.2ML	20 MG/0.2ML	2 Syringes Per 28 Days
Humira	Adalimumab Prefilled Syringe Kit 40 MG/0.4ML	40 MG/0.4ML	2 Syringes Per 28 Days
Humira	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	40 MG/0.8ML	2 Syringes Per 28 Days
Humira pediatric crohns d	Adalimumab Prefilled Syringe Kit 80 MG/0.8ML	80 MG/0.8ML	1 Kit Per 180 Days
Humira pediatric crohns d	Adalimumab Prefilled Syringe Kit 80 MG/0.8ML & 40 MG/0.4ML	80 MG/0.8ML & 40MG/0.4ML	1 Kit Per 180 Days
Adalimumab-aacf (2 pen); Idacio (2 pen)	adalimumab-aacf auto-injector kit	40 MG/0.8ML	1 Kit Per 28 Days
Adalimumab-aacf starter p; Idacio starter package fo	adalimumab-aacf auto-injector kit	40 MG/0.8ML	1 Kit Per 180 Days
Adalimumab-aacf (2 syringe; Idacio (2 syringe)	adalimumab-aacf prefilled syringe kit	40 MG/0.8ML	1 Kit Per 28 Days
Adalimumab-aaty 1-pen kit; Adalimumab-aaty 2-pen kit; Yuflyma 1-pen kit; Yuflyma 2-pen kit	adalimumab-aaty auto-injector kit	40 MG/0.4ML	2 Pens Per 28 Days
Adalimumab-aaty 1-pen kit; Yuflyma 1-pen kit	adalimumab-aaty auto-injector kit	80 MG/0.8ML	2 Pens Per 28 Days
Adalimumab-aaty cd/uc/hs; Yuflyma cd/uc/hs starter	adalimumab-aaty auto-injector kit	80 MG/0.8ML	1 Kit Per 180 Days
Adalimumab-aaty 2-syringe; Yuflyma 2-syringe kit	adalimumab-aaty prefilled syringe kit	20 MG/0.2ML	2 Syringes Per 28 Days
Adalimumab-aaty 2-syringe; Yuflyma 2-syringe kit	adalimumab-aaty prefilled syringe kit	40 MG/0.4ML	2 Syringes Per 28 Days
Hyrimoz plaque psoriasis; Hyrimoz plaque psoriasis/	adalimumab-adaz soln auto-injector	80 MG/0.8ML & 40MG/0.4ML	1 Starter Kit Per 180 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Adalimumab-adaz; Hyrimoz	adalimumab-adaz soln auto-injector	40 MG/0.4ML	2 Pens Per 28 Days
Hyrimoz	adalimumab-adaz soln auto-injector	40 MG/0.8ML	2 Pens Per 28 Days
Hyrimoz sensoready cd/uc/	adalimumab-adaz soln auto-injector	80 MG/0.8ML	1 Kit Per 180 Days
Adalimumab-adaz; Hyrimoz sensoready pens	adalimumab-adaz soln auto-injector	80 MG/0.8ML	2 Pens Per 28 Days
Hyrimoz pediatric crohn's	adalimumab-adaz soln prefilled syr	80 MG/0.8ML & 40MG/0.4ML	2 Syringes Per 180 Days
Adalimumab-adaz; Hyrimoz	adalimumab-adaz soln prefilled syringe	40 MG/0.4ML	2 Syringes Per 28 Days
Adalimumab-adaz; Hyrimoz	adalimumab-adaz soln prefilled syringe	10 MG/0.1ML	2 Syringes Per 28 Days
Adalimumab-adaz; Hyrimoz	adalimumab-adaz soln prefilled syringe	20 MG/0.2ML	2 Syringes Per 28 Days
Hyrimoz	adalimumab-adaz soln prefilled syringe	40 MG/0.8ML	2 Syringes Per 28 Days
Hyrimoz pediatric crohns	adalimumab-adaz soln prefilled syringe	80 MG/0.8ML	3 Syringes Per 180 Days
Adalimumab-adbm psoriasis; Cyltezo starter package f	adalimumab-adbm auto- injector kit	40 MG/0.8ML	1 Kit Per 180 Days
Adalimumab-adbm crohns/uc; Cyltezo starter package f	adalimumab-adbm auto- injector kit	40 MG/0.8ML	1 Kit Per 180 Days
Adalimumab-adbm starter p; Cyltezo starter package f	adalimumab-adbm auto- injector kit	40 MG/0.4ML	4 Pens Per 180 Days
Adalimumab-adbm; Cyltezo	adalimumab-adbm auto- injector kit	40 MG/0.4ML	2 Pens Per 28 Days
Adalimumab-adbm starter p; Cyltezo starter package f	adalimumab-adbm auto- injector kit	40 MG/0.4ML	6 Pens Per 180 Days
Adalimumab-adbm; Cyltezo	adalimumab-adbm auto- injector kit	40 MG/0.8ML	1 Kit Per 28 Days
Adalimumab-adbm; Cyltezo	adalimumab-adbm auto- injector kit	40 MG/0.8ML	2 Pens Per 28 Days
Adalimumab-adbm starter p; Cyltezo starter package f	adalimumab-adbm auto- injector kit	40 MG/0.4ML	1 Kit Per 180 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Adalimumab-adbm; Cyltezo	adalimumab-adbm prefilled syringe kit	10 MG/0.2ML	2 Syringes Per 28 Days
Adalimumab-adbm; Cyltezo	adalimumab-adbm prefilled syringe kit	40 MG/0.4ML	2 Syringes Per 28 Days
Adalimumab-adbm; Cyltezo	adalimumab-adbm prefilled syringe kit	40 MG/0.8ML	2 Syringes Per 28 Days
Adalimumab-adbm; Cyltezo	adalimumab-adbm prefilled syringe kit	20 MG/0.4ML	2 Syringes Per 28 Days
Abrilada 2-pen kit	adalimumab-afzb auto- injector kit	40 MG/0.8ML	2 Pens Per 28 Days
Abrilada 1-pen kit	adalimumab-afzb auto- injector kit	40 MG/0.8ML	2 Pens Per 28 Days
Abrilada	adalimumab-afzb prefilled syringe kit	40 MG/0.8ML	2 Syringes Per 28 Days
Abrilada	adalimumab-afzb prefilled syringe kit	20 MG/0.4ML	2 Syringes Per 28 Days
Yusimry	adalimumab-aqvh soln pen-injector 40 mg/0.8ml	40 MG/0.8ML	2 Pens Per 28 Days
Amjevita	adalimumab-atto soln auto-injector	80 MG/0.8ML	2 Pens Per 28 Days
Amjevita	adalimumab-atto soln auto-injector	40 MG/0.8ML	2 Pens Per 28 Days
Amjevita	adalimumab-atto soln auto-injector	40 MG/0.4ML	2 Pens Per 28 Days
Amjevita	adalimumab-atto soln prefilled syringe	20 MG/0.2ML	2 Syringes Per 28 Days
Amjevita	adalimumab-atto soln prefilled syringe	40 MG/0.8ML	2 Syringes Per 28 Days
Amjevita	adalimumab-atto soln prefilled syringe	40 MG/0.4ML	2 Syringes Per 28 Days
Amjevita	adalimumab-atto soln prefilled syringe	10 MG/0.2ML	2 Syringes Per 28 Days
Amjevita	adalimumab-atto soln prefilled syringe	20 MG/0.4ML	2 Syringes Per 28 Days
Adalimumab-bwwd; Hadlima pushtouch	adalimumab-bwwd soln auto-injector	40 MG/0.4ML	2 Pens Per 28 Days
Hadlima pushtouch	adalimumab-bwwd soln auto-injector	40 MG/0.8ML	2 Pens Per 28 Days
Hadlima	adalimumab-bwwd soln prefilled syringe	40 MG/0.8ML	2 Syringes Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Adalimumab-bwwd; Hadlima	adalimumab-bwwd soln prefilled syringe	40 MG/0.4ML	2 Syringes Per 28 Days
Adalimumab-fkjp; Hulio	adalimumab-fkjp auto-injector kit	40 MG/0.8ML	2 Pens Per 28 Days
Adalimumab-fkjp; Hulio	adalimumab-fkjp prefilled syringe kit	40 MG/0.8ML	2 Syringes Per 28 Days
Adalimumab-fkjp; Hulio	adalimumab-fkjp prefilled syringe kit	20 MG/0.4ML	2 Syringes Per 28 Days
Adalimumab-ryvk (1 pen); Simlandi 1-pen kit	adalimumab-ryvk auto-injector kit	80 MG/0.8ML	2 Pens Per 28 Days
Adalimumab-ryvk (2 pen); Simlandi 1-pen kit; Simlandi 2-pen kit	adalimumab-ryvk auto-injector kit	40 MG/0.4ML	2 Pens Per 28 Days
Simlandi	adalimumab-ryvk prefilled syringe kit	20 MG/0.2ML	2 Syringes Per 28 Days
Simlandi	adalimumab-ryvk prefilled syringe kit	80 MG/0.8ML	2 Syringes Per 28 Days
Adalimumab-ryvk; Simlandi	adalimumab-ryvk prefilled syringe kit	40 MG/0.4ML	2 Syringes Per 28 Days
Adapalene	Adapalene Pads 0.1%	0.10%	28 Pads Per 28 Days
Gilotrif	Afatinib Dimaleate Tab	20 MG	30 Tablets Per 30 Days
Gilotrif	Afatinib Dimaleate Tab	40 MG	30 Tablets Per 30 Days
Gilotrif	Afatinib Dimaleate Tab	30 MG	30 Tablets Per 30 Days
Proair digihaler	Albuterol Sulfate Aer Pow BA	108 MCG/ACT	2 Inhalers Per 30 Days
Proair respiclick	Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv)	108 MCG/ACT	2 Inhalers Per 30 Days
Albuterol sulfate hfa; Ventolin hfa	albuterol sulfate inhal aero	108 MCG/ACT	2 Inhalers Per 30 Days
	albuterol sulfate inhal aero	108 MCG/ACT	2 Inhalers Per 30 Days
Ventolin hfa	albuterol sulfate inhal aero	108 MCG/ACT	2 Inhalers Per 30 Days
Proventil hfa	albuterol sulfate inhal aero	108 MCG/ACT	2 Inhalers Per 30 Days
Albuterol sulfate	albuterol sulfate soln nebu	(5 MG/ML) 0.50%; 0.5 %; 2.5 MG/0.5ML	60 mLs Per 30 Days
	albuterol sulfate soln nebu	(5 MG/ML) 0.50%; 0.5 %; 2.5 MG/0.5ML	120 Vials Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
	Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)	0.08%	125 Vials Per 30 Days
	Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)	0.63 MG/3ML	125 Vials Per 30 Days
	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	1.25 MG/3ML	125 Vials Per 30 Days
Airsupra	albuterol-budesonide inhalation aerosol	90-80 MCG/ACT	3 Inhalers Per 30 Days
Alecensa	Alectinib HCl Cap	150 MG	240 Capsules Per 30 Days
Alogliptin	alogliptin benzoate tab	12.5 MG; 25 MG; 6.25 MG	30 Tablets Per 30 Days
Alogliptin/metformin hcl; Alogliptin/metformin hydr	alogliptin-metformin hcl tab	12.5-1000 MG; 12.5-500 MG	60 Tablets Per 30 Days
Alogliptin/pioglitazone	alogliptin-pioglitazone tab	12.5-30 MG; 25-15 MG; 25-30 MG; 25-45 MG	30 Tablets Per 30 Days
Lotronex	alosetron hcl tab	0.5 MG; 1 MG	60 Tablets Per 30 Days
Vijoice	alpelisib (pros) oral granules packet	50 MG	28 Packets Per 28 Days
Vijoice	Alpelisib (PROS) Pak	200 & 50 MG	56 Tablets Per 28 Days
Vijoice	Alpelisib (PROS) Tab Therapy Pack	50 MG	28 Tablets Per 28 Days
Vijoice	Alpelisib (PROS) Tab Therapy Pack	125 MG	28 Tablets Per 28 Days
Piqray 250mg daily dose	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	200 & 50 MG	56 Tablets Per 28 Days
Piqray 300mg daily dose	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	150 MG	56 Tablets Per 28 Days
Piqray 200mg daily dose	Alpelisib Tab Therapy Pack 200 MG Daily Dose	200 MG	28 Tablets Per 28 Days
Caverject	alprostadil for inj	20 MCG; 40 MCG	8 Doses Per 30 Days
Edex (2 cartridge); Edex (6 cartridge)	alprostadil for inj kit	10 MCG; 20 MCG; 40 MCG	4 Kits Per 30 Days
Caverject impulse	alprostadil for inj kit	10 MCG; 20 MCG; 40 MCG	8 Doses Per 30 Days
Muse	alprostadil urethral pellet	1000 MCG; 250 MCG; 500 MCG	8 Doses Per 30 Days
Amcinonide	amcinonide cream; amcinonide oint	0.10%	100 Grams Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Firdapse	Amifampridine Phosphate Tab 10 MG (Base Equivalent)	10 MG	300 Tablets Per 30 Days
Arikayce	Amikacin Sulfate Liposome Inhal Susp 590 MG/8.4ML (Base Eq)	590 MG/8.4ML	28 Vials Per 28 Days
Katerzia	Amlodipine Benzoate Oral Susp 1 MG/ML (Base Equivalent)	1 MG/ML	300 mLs Per 30 Days
Norliqva	Amlodipine Besylate Oral Soln	1 MG/ML	300 mLs Per 30 Days
Dyanavel xr	Amphetamine Extended Release Susp 2.5 MG/ML	2.5 MG/ML	240 mLs Per 30 Days
Evekeo	Amphetamine Sulfate Tab 10 MG	10 MG	180 Tablets Per 30 Days
Evekeo	Amphetamine Sulfate Tab 5 MG	5 MG	180 Tablets Per 30 Days
Dyanavel xr	amphetamine tab extended release	10 MG; 15 MG; 20 MG; 5 MG	30 Tablets Per 30 Days
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 12.5 MG	12.5 MG	30 Tablets Per 30 Days
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 15.7 MG	15.7 MG	30 Tablets Per 30 Days
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 18.8 MG	18.8 MG	30 Tablets Per 30 Days
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 3.1 MG	3.1 MG	60 Tablets Per 30 Days
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 6.3 MG	6.3 MG	60 Tablets Per 30 Days
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 9.4 MG	9.4 MG	30 Tablets Per 30 Days
Mydayis	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 12.5 MG	12.5 MG	30 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Mydayis	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 25 MG	25 MG	30 Capsules Per 30 Days
Mydayis	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 37.5 MG	37.5 MG	30 Capsules Per 30 Days
Mydayis	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 50 MG	50 MG	30 Capsules Per 30 Days
Adderall xr	Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	10 MG	60 Capsules Per 30 Days
Adderall xr	Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	15 MG	60 Capsules Per 30 Days
Adderall xr	Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	20 MG	60 Capsules Per 30 Days
Adderall xr	Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	25 MG	30 Capsules Per 30 Days
Adderall xr	Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	30 MG	30 Capsules Per 30 Days
Adderall xr	Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	5 MG	60 Capsule Per 30 Days
Adderall	Amphetamine-Dextroamphetamine Tab 10 MG	10 MG	180 Tablets Per 30 Days
Adderall	Amphetamine-Dextroamphetamine Tab 12.5 MG	12.5 MG	120 Tablets Per 30 Days
Adderall	Amphetamine-Dextroamphetamine Tab 15 MG	15 MG	120 Tablets Per 30 Days
Adderall	Amphetamine-Dextroamphetamine Tab 20 MG	20 MG	90 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Adderall	Amphetamine-Dextroamphetamine Tab 30 MG	30 MG	60 Tablets Per 30 Days
Adderall	Amphetamine-Dextroamphetamine Tab 5 MG	5 MG	180 Tablets Per 30 Days
Adderall	Amphetamine-Dextroamphetamine Tab 7.5 MG	7.5 MG	90 Tablets Per 30 Days
Kineret	anakinra subcutaneous soln prefilled syringe	100 MG/0.67ML	28 Syringes Per 28 Days
Erleada	apalutamide tab	240 MG	30 Tablets Per 30 Days
Erleada	Apalutamide Tab 60 MG	60 MG	120 Tablets Per 30 Days
Eliquis	apixaban cap sprinkle	0.15 MG	74 Capsules Per 30 Days
Eliquis	Apixaban Tab 2.5 MG	2.5 MG	60 Tablets Per 30 Days
Eliquis	Apixaban Tab 5 MG	5 MG	74 Tablets Per 30 Days
Eliquis	apixaban tab for oral susp	0.5 MG	5 Boxes Per 28 Days
Eliquis	apixaban tab for oral susp pack	0.5 MG	5 Boxes Per 28 Days
Eliquis starter pack	Apixaban Tab Starter Pack	5 MG	1 Pack Per 180 Days
Otezla	apremilast tab	20 MG	60 Tablets Per 30 Days
Otezla	Apremilast Tab 30 MG	30 MG	60 Tablets Per 30 Days
Otezla xr	apremilast tab er	75 MG	30 Tablets Per 30 Days
Otezla/otezla xr 28 day t	apremilast tab start pack	10&20&30&(ER)75 MG	1 Pack Per 180 Days
Otezla	apremilast tab starter therapy pack	4 x 10 & 51 x20 MG	1 Pack Per 180 Days
Otezla	Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG	10 & 20 & 30 MG	1 Pack Per 180 Days
	Aprepitant Capsule 125 MG	125 MG	3 Capsules Per 30 Days
	Aprepitant Capsule 40 MG	40 MG	2 Capsules Per 30 Days
Emend bipack	Aprepitant Capsule 80 MG	80 MG	6 Capsules Per 30 Days
Emend tripack	aprepitant capsule therapy pack	80 & 125 MG	3 Packs Per 30 Days
Emend	Aprepitant For Oral Susp 125 MG (125 MG/5ML)	125 MG/5ML	9 Kits Per 30 Days
Tryvio	aprocitentan tab	12.5 MG	30 Tablets Per 30 Days
Miplyffa	arimoclomol citrate cap	62 MG	90 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Miplyffa	arimoclomol citrate cap	47 MG	90 Capsules Per 30 Days
Miplyffa	arimoclomol citrate cap	93 MG	90 Capsules Per 30 Days
Miplyffa	arimoclomol citrate cap	124 MG	90 Capsules Per 30 Days
Opipza	aripiprazole oral film	2 MG	30 Films Per 30 Days
Opipza	aripiprazole oral film	10 MG	90 Films Per 30 Days
Opipza	aripiprazole oral film	5 MG	90 Films Per 30 Days
	Aripiprazole Oral Solution 1 MG/ML	1 MG/ML	900 mLs Per 30 Days
	aripiprazole orally disintegrating tab	10 MG; 15 MG	60 Tablets Per 30 Days
Abilify mycite maintenanc	Aripiprazole Tab	15 MG	30 Tablets Per 30 Days
Abilify mycite starter ki	Aripiprazole Tab	15 MG	30 Tablets Per 30 Days
Abilify mycite maintenanc	Aripiprazole Tab	20 MG	30 Tablets Per 30 Days
Abilify mycite starter ki	Aripiprazole Tab	30 MG	30 Tablets Per 30 Days
Abilify mycite starter ki	Aripiprazole Tab	5 MG	30 Tablets Per 30 Days
Abilify mycite maintenanc	Aripiprazole Tab	30 MG	30 Tablets Per 30 Days
Abilify mycite maintenanc	Aripiprazole Tab	2 MG	30 Tablets Per 30 Days
Abilify mycite starter ki	Aripiprazole Tab	2 MG	30 Tablets Per 30 Days
Abilify mycite maintenanc	Aripiprazole Tab	10 MG	30 Tablets Per 30 Days
Abilify mycite starter ki	Aripiprazole Tab	10 MG	30 Tablets Per 30 Days
Abilify mycite starter ki	Aripiprazole Tab	20 MG	30 Tablets Per 30 Days
Abilify mycite maintenanc	Aripiprazole Tab	5 MG	30 Tablets Per 30 Days
Abilify	Aripiprazole Tab 10 MG	10 MG	30 Tablets Per 30 Days
Abilify	Aripiprazole Tab 15 MG	15 MG	30 Tablets Per 30 Days
Abilify	Aripiprazole Tab 2 MG	2 MG	60 Tablets Per 30 Days
Abilify	Aripiprazole Tab 20 MG	20 MG	30 Tablets Per 30 Days
Abilify	Aripiprazole Tab 30 MG	30 MG	30 Tablets Per 30 Days
Abilify	Aripiprazole Tab 5 MG	5 MG	60 Tablets Per 30 Days
Scemblix	asciminib hcl tab	100 MG	120 Tablets Per 30 Days
Scemblix	Asciminib HCl Tab	40 MG	240 Tablets Per 30 Days
Scemblix	Asciminib HCl Tab	20 MG	60 Tablets Per 30 Days
Saphris	asenapine maleate sl tab	10 MG; 2.5 MG; 5 MG	60 Tablets Per 30 Days
Secuado	asenapine td patch	3.8 MG/24HR; 5.7 MG/24HR; 7.6 MG/24HR	30 Patches Per 30 Days
	Atazanavir Sulfate Cap 150 MG (Base Equiv)	150 MG	30 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Reyataz	Atazanavir Sulfate Cap 200 MG (Base Equiv)	200 MG	60 Capsules Per 30 Days
Reyataz	Atazanavir Sulfate Cap 300 MG (Base Equiv)	300 MG	30 Capsules Per 30 Days
Reyataz	Atazanavir Sulfate Oral Powder Packet 50 MG (Base Equiv)	50 MG	240 Packets Per 30 Days
Evotaz	Atazanavir Sulfate-Cobicistat Tab 300-150 MG (Base Equiv)	300-150 MG	30 Tablets Per 30 Days
Qulipta	Atogepant Tab	60 MG	30 Tablets Per 30 Days
Qulipta	Atogepant Tab	30 MG	30 Tablets Per 30 Days
Qulipta	Atogepant Tab	10 MG	30 Tablets Per 30 Days
Strattera	Atomoxetine HCl Cap 10 MG (Base Equiv)	10 MG	60 Capsules Per 30 Days
Strattera	Atomoxetine HCl Cap 100 MG (Base Equiv)	100 MG	30 Capsules Per 30 Days
Strattera	Atomoxetine HCl Cap 18 MG (Base Equiv)	18 MG	120 Capsules Per 30 Days
Strattera	Atomoxetine HCl Cap 25 MG (Base Equiv)	25 MG	120 Capsules Per 30 Days
Strattera	Atomoxetine HCl Cap 40 MG (Base Equiv)	40 MG	60 Capsules Per 30 Days
Strattera	Atomoxetine HCl Cap 60 MG (Base Equiv)	60 MG	30 Capsules Per 30 Days
Strattera	Atomoxetine HCl Cap 80 MG (Base Equiv)	80 MG	30 Capsules Per 30 Days
Malarone	Atovaquone-Proguanil HCl Tab 250-100 MG	250-100 MG	30 Tablets Per 90 Days
Malarone	Atovaquone-Proguanil HCl Tab 62.5-25 MG	62.5-25 MG	30 Tablets Per 90 Days
Vanrafia	atrasentan hcl tab	0.75 MG	30 Tablets Per 30 Days
Stendra	avanafil tab	100 MG; 200 MG; 50 MG	8 Tablets Per 30 Days
Ayvakit	Avapritinib Tab	300 MG	30 Tablets Per 30 Days
Ayvakit	Avapritinib Tab	200 MG	30 Tablets Per 30 Days
Ayvakit	Avapritinib Tab	100 MG	30 Tablets Per 30 Days
Ayvakit	Avapritinib Tab	25 MG	30 Tablets Per 30 Days
Ayvakit	Avapritinib Tab	50 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Doptelet sprinkle	avatrombopag maleate cap sprinkle	10 MG	60 Capsules Per 30 Days
Doptelet	Avatrombopag Maleate Tab 20 MG (Base Equiv)	20 MG	60 Tablets Per 30 Days
Avmapki fakzynja co-pack	avutometinib cap	0.8 & 200 MG	66 Tablets Per 28 Days
Inlyta	Axitinib Tab	1 MG	180 Tablets Per 30 Days
Inlyta	Axitinib Tab	5 MG	120 Tablets Per 30 Days
Onureg	Azacitidine Tab	300 MG	14 Tablets Per 28 Days
Onureg	Azacitidine Tab	200 MG	14 Tablets Per 28 Days
Azelex	Azelaic Acid Cream 20%	20%	30 Grams Per 30 Days
Edarbi	Azilsartan Medoxomil Tab 40 MG	40 MG	30 Tablets Per 30 Days
Edarbi	Azilsartan Medoxomil Tab 80 MG	80 MG	30 Tablets Per 30 Days
Edarbyclor	Azilsartan Medoxomil-Chlorthalidone Tab 40-12.5 MG	40-12.5 MG	30 Tablets Per 30 Days
Edarbyclor	Azilsartan Medoxomil-Chlorthalidone Tab 40-25 MG	40-25 MG	30 Tablets Per 30 Days
Zithromax; Zithromax tri-pak; Zithromax z-pak	azithromycin tab	250 MG; 500 MG; 600 MG	60 Tablets Per 180 Days
Cayston	aztreonam lysine for inhal soln	75 MG	1 Kit Per 56 Days
Lyvispah	Baclofen Granules Packet	5 MG	120 Packets Per 30 Days
Lyvispah	Baclofen Granules Packet	10 MG	120 Packets Per 30 Days
Lyvispah	Baclofen Granules Packet	20 MG	120 Packets Per 30 Days
Baclofen	Baclofen Oral Soln 5 MG/5ML	5 MG/5ML	2400 mLs Per 30 Days
Fleqsuvy	Baclofen Susp	25 MG/5ML	600 mLs Per 30 Days
Xofluza	Baloxavir Marboxil Tab Therapy Pack	40 MG	2 Tablets Per 120 Days
Xofluza	Baloxavir Marboxil Tab Therapy Pack	80 MG	2 Tablets Per 120 Days
Olumiant	baricitinib tab	1 MG; 2 MG; 4 MG	30 Tablets Per 30 Days
Qvar redihaler	Beclomethasone Diprop HFA Breath Act Inh Aer 40 MCG/ACT	40 MCG/ACT	1 Inhaler Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Qvar redihaler	Beclomethasone Diprop HFA Breath Act Inh Aer 80 MCG/ACT	80 MCG/ACT	2 Inhalers Per 30 Days
Beclomethasone dipropiona	Beclomethasone Diprop Inhal Aero Soln 40 MCG/ACT (50/Valve)	40 MCG/ACT	1 Inhaler Per 30 Days
Beclomethasone dipropiona	Beclomethasone Diprop Inhal Aero Soln 80 MCG/ACT (100/Valve)	80 MCG/ACT	2 Inhalers Per 30 Days
Rezurock	Belumosudil Mesylate Tab	200 MG	60 Tablets Per 30 Days
Welireg	Belzutifan Tab	40 MG	90 Tablets Per 30 Days
Nexletol	Bempedoic Acid Tab 180 MG	180 MG	30 Tablets Per 30 Days
Nexlizet	Bempedoic Acid-Ezetimibe Tab 180-10 MG	180-10 MG	30 Tablets Per 30 Days
Fasenra pen	Benralizumab Subcutaneous Soln Auto-injector 30 MG/ML	30 MG/ML	1 Pen Per 28 Days
Zelsuvmi	berdazimer sodium gel	10.30%	2 Kits Per 84 Days
Vyjuvek	beremagene geperpavec-svdt gel	5000000000 PFU/2.5ML	4 Vials Per 28 Days
Orladeyo	Berotrastat HCl Cap	150 MG	30 Capsules Per 30 Days
Orladeyo	Berotrastat HCl Cap	110 MG	30 Capsules Per 30 Days
Orladeyo	berotrastat hcl pellet pack	132 MG	28 Packets Per 28 Days
Orladeyo	berotrastat hcl pellet pack	108 MG	28 Packets Per 28 Days
Orladeyo	berotrastat hcl pellet pack	96 MG	28 Packets Per 28 Days
Orladeyo	berotrastat hcl pellet pack	72 MG	28 Packets Per 28 Days
	betamethasone dipropionate augmented cream	0.05%	100 Grams Per 30 Days
Betamethasone dipropionat	betamethasone dipropionate augmented gel	0.05%	180 Grams Per 90 Days
	betamethasone dipropionate augmented lotion	0.05%	180 mLs Per 90 Days
Diprolene	betamethasone dipropionate augmented oint	0.05%	180 Grams Per 90 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
	Betamethasone Dipropionate Cream 0.05%	0.05%	100 Grams Per 30 Days
	Betamethasone Dipropionate Lotion 0.05%	0.05%	100 mLs Per 30 Days
	Betamethasone Dipropionate Oint 0.05%	0.05%	100 Grams Per 30 Days
Sernivo	Betamethasone Dipropionate Spray Emulsion 0.05% (Base Equiv)	0.05%	2 Bottles Per 90 Days
	Betamethasone Valerate Aerosol Foam 0.12%	0.12%	150 Grams Per 30 Days
Betamethasone valerate	Betamethasone Valerate Lotion 0.1% (Base Equivalent)	0.10%	120 mLs Per 30 Days
Bexagliflozin; Brenzavvy	bexagliflozin tab	20 MG	30 Tablets Per 30 Days
Biktarvy	bictegravir-emtricitabine-tenofovir af tab	30-120-15 MG; 50-200-25 MG	30 Tablets Per 30 Days
Bimatoprost; Lumigan	bimatoprost ophth soln	0.01 %; 0.03 %	2.5 mLs Per 20 Days
Bimzelx	bimekizumab-bkzx subcutaneous soln auto-injector	320 MG/2ML	1 Pen Per 56 Days
Bimzelx	bimekizumab-bkzx subcutaneous soln auto-injector	160 MG/ML	2 Pens Per 56 Days
Bimzelx	bimekizumab-bkzx subcutaneous soln prefilled syr	160 MG/ML	2 Syringes Per 56 Days
Bimzelx	bimekizumab-bkzx subcutaneous soln prefilled syr	320 MG/2ML	1 Syringe Per 56 Days
Mektovi	Binimetinib Tab 15 MG	15 MG	180 Tablets Per 30 Days
Bosulif	bosutinib cap	50 MG	30 Capsules Per 30 Days
Bosulif	bosutinib cap	100 MG	150 Capsules Per 30 Days
Bosulif	Bosutinib Tab	400 MG	30 Tablets Per 30 Days
Bosulif	Bosutinib Tab	500 MG	30 Tablets Per 30 Days
Bosulif	Bosutinib Tab	100 MG	90 Tablets Per 30 Days
Vyleesi	Bremelanotide Acet Subcutaneous Soln Auto-Inj 1.75 MG/0.3ML	1.75 MG/0.3ML	8 Pens Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Brinsupri	brensocatic tab	10 MG	30 Tablets Per 30 Days
Brinsupri	brensocatic tab	25 MG	30 Tablets Per 30 Days
Rexulti	brexpiprazole tab	0.25 MG; 0.5 MG; 1 MG; 2 MG; 3 MG; 4 MG	30 Tablets Per 30 Days
Alunbrig	Brigatinib Tab	30 MG	120 Tablets Per 30 Days
Alunbrig	Brigatinib Tab	180 MG	30 Tablets Per 30 Days
Alunbrig	Brigatinib Tab	90 MG	30 Tablets Per 30 Days
Alunbrig	Brigatinib Tab Initiation Therapy Pack	90 & 180 MG	30 Tablets Per 180 Days
Alphagan p	Brimonidine Tartrate Ophth Soln 0.15%	0.15%	5 mLs Per 20 Days
Siliq	brodalumab subcutaneous soln prefilled syringe	210 MG/1.5ML	2 Syringes Per 28 Days
Tarpeyo	Budesonide Delayed Release Cap	4 MG	120 Capsules Per 30 Days
Pulmicort flexhaler	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)	180 MCG/ACT	2 Inhalers Per 30 Days
Pulmicort flexhaler	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)	90 MCG/ACT	1 Inhaler Per 30 Days
Pulmicort	Budesonide Inhalation Susp 0.25 MG/2ML	0.25 MG/2ML	120 mLs Per 30 Days
Pulmicort	Budesonide Inhalation Susp 0.5 MG/2ML	0.5 MG/2ML	120 mLs Per 30 Days
Pulmicort	Budesonide Inhalation Susp 1 MG/2ML	1 MG/2ML	240 mLs Per 30 Days
Eohilia	budesonide oral suspension	2 MG/10ML	1800 mLs Per 90 Days
Symbicort	budesonide-formoterol fumarate dihyd aerosol	80-4.5 MCG/ACT	3 Inhalers Per 30 Days
Symbicort	Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	160-4.5 MCG/ACT	3 Inhalers Per 30 Days
Breztri aerosphere	Budesonide-Glycopyrrolate-Formoterol Aers	160-9-4.8 MCG/ACT	1 Inhaler Per 30 Days
Belbuca	buprenorphine hcl buccal film	150 MCG; 300 MCG; 450 MCG; 600 MCG; 75 MCG; 750 MCG; 900 MCG	60 Films Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Butrans	buprenorphine td patch weekly	10 MCG/HR; 15 MCG/HR; 20 MCG/HR; 5 MCG/HR; 7.5 MCG/HR	4 Systems Per 28 Days
Bucapsol	buspirone hcl cap	10 MG	90 Capsules Per 30 Days
Bucapsol	buspirone hcl cap	15 MG	120 Capsules Per 30 Days
Bucapsol	buspirone hcl cap	7.5 MG	60 Capsules Per 30 Days
	Butalbital-Acetaminophen Tab 50-300 MG	50-300 MG	180 Tablets Per 30 Days
	Butorphanol Tartrate Nasal Soln 10 MG/ML	10 MG/ML	5 mLs Per 30 Days
Cinryze	C1 Esterase Inhibitor (Human) For IV Inj 500 Unit	500 UNIT	20 Vials Per 30 Days
Berinert	C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit	500 UNIT	10 Vials Per 30 Days
Haegarda	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 2000 Unit	2000 UNIT	27 Vials Per 28 Days
Haegarda	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 3000 Unit	3000 UNIT	18 Vials Per 28 Days
Ruconest	C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit	2100 UNIT	8 Vials Per 30 Days
Cometriq	Cabozantinib S-Mal Cap	3 x 20 MG & 80 MG	1 Per 28 Days
Cometriq	Cabozantinib S-Mal Cap	80 & 20 MG	1 Kit Per 28 Days
Cometriq	Cabozantinib S-Malate Cap	20 MG	1 Kit Per 28 Days
Cabometyx	Cabozantinib S-Malate Tab	20 MG	30 Tablets Per 30 Days
Cabometyx	Cabozantinib S-Malate Tab	40 MG	30 Tablets Per 30 Days
Cabometyx	Cabozantinib S-Malate Tab	60 MG	30 Tablets Per 30 Days
Royaldee	Calcifediol Cap ER 30 MCG	30 MCG	60 Capsules Per 30 Days
Calcipotriene; Sorilux	Calcipotriene Foam 0.005%	0.01%	120 Grams Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Enstilar; Taclonex; Wynzora	calcipotriene- betamethasone dipropionate cream; calcipotriene- betamethasone dipropionate foam; calcipotriene- betamethasone dipropionate oint; calcipotriene- betamethasone dipropionate susp	0.005-0.064 %	120 Grams Per 30 Days
Xywav	calcium, mag, potassium, & sod oxybates oral soln	500 MG/ML	540 mLs Per 30 Days
Invokana	canagliflozin tab	100 MG; 300 MG	30 Tablets Per 30 Days
Invokamet	canagliflozin-metformin hcl tab	150-1000 MG; 150-500 MG; 50-1000 MG; 50-500 MG	60 Tablets Per 30 Days
Invokamet xr	canagliflozin-metformin hcl tab er	150-1000 MG; 150-500 MG; 50-1000 MG; 50-500 MG	60 Tablets Per 30 Days
Truqap	capivasertib tab	200 MG	64 Tablets Per 28 Days
Truqap	capivasertib tab	160 MG	64 Tablets Per 28 Days
Truqap	capivasertib tab therapy pack	200 MG	64 Tablets Per 28 Days
Truqap	capivasertib tab therapy pack	160 MG	64 Tablets Per 28 Days
Cablivi	caplacizumab-yhdp for inj kit	11 MG	58 Kits Per 365 Days
Tabrecta	Capmatinib HCl Tab	200 MG	112 Tablets Per 28 Days
Tabrecta	Capmatinib HCl Tab	150 MG	112 Tablets Per 28 Days
Yuvezzi	carbachol-brimonidine tartrate ophth soln	2.75-0.1 %	30 Vials Per 30 Days
Crexont	carbidopa & levodopa cap er	87.5-350 MG	180 Capsules Per 30 Days
Crexont	carbidopa & levodopa cap er	70-280 MG	210 Capsules Per 30 Days
Crexont	carbidopa & levodopa cap er	52.5-210 MG	300 Capsules Per 30 Days
Crexont	carbidopa & levodopa cap er	35-140 MG	450 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Carbidopa/levodopa er; Rytary	Carbidopa & Levodopa Cap ER 23.75-95 MG	23.75-95 MG	750 Capsules Per 30 Days
Carbidopa/levodopa er; Rytary	Carbidopa & Levodopa Cap ER 36.25-145 MG	36.25-145 MG	480 Capsules Per 30 Days
Carbidopa/levodopa er; Rytary	Carbidopa & Levodopa Cap ER 48.75-195 MG	48.75-195 MG	360 Capsules Per 30 Days
Carbidopa/levodopa er; Rytary	Carbidopa & Levodopa Cap ER 61.25-245 MG	61.25-245 MG	300 Capsules Per 30 Days
	carbinoxamine maleate tab	6 MG	150 Tablets Per 30 Days
Vraylar	cariprazine hcl cap	0.5 MG; 0.75 MG; 1.5 MG; 3 MG; 4.5 MG; 6 MG	30 Capsules Per 30 Days
Celebrex	Celecoxib Cap 100 MG	100 MG	60 Capsules Per 30 Days
Celebrex	Celecoxib Cap 200 MG	200 MG	60 Capsules Per 30 Days
Celebrex	Celecoxib Cap 400 MG	400 MG	30 Capsules Per 30 Days
Celebrex	Celecoxib Cap 50 MG	50 MG	60 Capsules Per 30 Days
Elyxyb	Celecoxib Oral Soln	120 MG/4.8ML	6 Bottles Per 30 Days
Vyscoxa	celecoxib oral susp	10 MG/ML	1 Bottle Per 30 Days
Oxervate	Cenegermin-bkbj Opth Soln 0.002% (20 MCG/ML)	0.00%	56 Vials Per 112 Days
Zykadia	Ceritinib Tab	150 MG	90 Tablets Per 30 Days
Cimzia	certolizumab pegol prefilled syringe kit	200 MG/ML	4 Syringes Per 28 Days
Cimzia starter kit	certolizumab pegol prefilled syringe kit	200 MG/ML	1 Kit Per 180 Days
Cetrotide	Cetrorelix Acetate For Inj Kit 0.25 MG	0.25 MG	5 Kits Per 30 Days
Cetrotide	Cetrorelix Acetate For Inj Kit 0.25 MG	0.25 MG	12 Kits Per 30 Days
Ctexli	chenodiol tab	250 MG	90 Tablets Per 30 Days
Chlordiazepoxide hydrochl; Librax	Chlordiazepoxide HCl- Clidinium Bromide Cap 5-2.5 MG	5-2.5 MG	240 Capsules Per 30 Days
Chlorzoxazone	Chlorzoxazone Tab 250 MG	250 MG	120 Tablets Per 30 Days
	Chlorzoxazone Tab 375 MG	375 MG	120 Tablets Per 30 Days
	Chlorzoxazone Tab 750 MG	750 MG	120 Tablets Per 30 Days
Ovidrel	Choriogonadotropin Alfa Inj 250 MCG/0.5ML	250 MCG/0.5ML	2 Syringes Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Chorionic gonadotropin; Novarel; Pregnyl; Pregnyl w/diluent benzyl	chorionic gonadotropin for im inj	10000 UNIT; 5000 UNIT	20 Vials Per 30 Days
Chorionic gonadotropin; Pregnyl; Pregnyl w/diluent benzyl	Chorionic Gonadotropin For IM Inj 10000 Unit	10000 UNIT	2 Vials Per 30 Days
Novarel	Chorionic Gonadotropin For IM Inj 5000 Unit	5000 UNIT	4 Vials Per 30 Days
Alvesco	Ciclesonide Inhal Aerosol 160 MCG/ACT	160 MCG/ACT	2 Inhalers Per 30 Days
Alvesco	Ciclesonide Inhal Aerosol 80 MCG/ACT	80 MCG/ACT	1 Inhaler Per 30 Days
	Ciclopirox Gel 0.77%	0.77%	180 Grams Per 30 Days
	Ciclopirox Olamine Cream 0.77% (Base Equiv)	0.77%	180 Grams Per 30 Days
	Ciclopirox Olamine Susp 0.77% (Base Equiv)	0.77%	180 mLs Per 30 Days
	Ciclopirox Solution 8%	8%	6.6 mLs Per 30 Days
Mavenclad	Cladribine Tab Therapy Pack 10 MG (10 Tabs)	10 MG	20 Tablets Per 301 Days
Mavenclad	Cladribine Tab Therapy Pack 10 MG (4 Tabs)	10 MG	8 Tablets Per 301 Days
Mavenclad	Cladribine Tab Therapy Pack 10 MG (5 Tabs)	10 MG	10 Tablets Per 301 Days
Mavenclad	Cladribine Tab Therapy Pack 10 MG (6 Tabs)	10 MG	12 Tablets Per 301 Days
Mavenclad	Cladribine Tab Therapy Pack 10 MG (7 Tabs)	10 MG	14 Tablets Per 301 Days
Mavenclad	Cladribine Tab Therapy Pack 10 MG (8 Tabs)	10 MG	8 Tablets Per 301 Days
Mavenclad	Cladribine Tab Therapy Pack 10 MG (9 Tabs)	10 MG	9 Tablets Per 301 Days
	clarithromycin tab er	500 MG	28 Tablets Per 180 Days
	Clindamycin Phosphate Soln 1%	1%	180 mLs Per 30 Days
Clobetasol propionate; Impoyz	Clobetasol Propionate Cream 0.025%	0.03%	100 Grams Per 30 Days
	Clobetasol Propionate Cream 0.05%	0.05%	180 Grams Per 90 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
	clobetasol propionate emulsion foam	0.05%	180 Grams Per 90 Days
	Clobetasol Propionate Foam 0.05%	0.05%	180 Grams Per 90 Days
Clobex	clobetasol propionate lotion	0.05%	180 mLs Per 90 Days
	clobetasol propionate oint	0.05%	180 Grams Per 90 Days
	clobetasol propionate soln	0.05%	180 mLs Per 90 Days
Clobex	clobetasol propionate spray	0.05%	180 mLs Per 90 Days
Onyda xr	clonidine hcl extended release susp	0.1 MG/ML	120 mLs Per 30 Days
	Clonidine HCl Tab ER 12HR 0.1 MG	0.1 MG	120 Tablets Per 30 Days
	Clozapine Orally Disintegrating Tab 100 MG	100 MG	90 Tablets Per 30 Days
	Clozapine Orally Disintegrating Tab 12.5 MG	12.5 MG	90 Tablets Per 30 Days
	Clozapine Orally Disintegrating Tab 150 MG	150 MG	180 Tablets Per 30 Days
	Clozapine Orally Disintegrating Tab 200 MG	200 MG	120 Tablets Per 30 Days
	Clozapine Orally Disintegrating Tab 25 MG	25 MG	270 Tablets Per 30 Days
Versacloz	Clozapine Susp 50 MG/ML	50 MG/ML	540 mLs Per 30 Days
Clozaril	Clozapine Tab 100 MG	100 MG	270 Tablets Per 30 Days
Clozaril	Clozapine Tab 200 MG	200 MG	120 Tablets Per 30 Days
Clozaril	Clozapine Tab 25 MG	25 MG	90 Tablets Per 30 Days
Clozaril	Clozapine Tab 50 MG	50 MG	90 Tablets Per 30 Days
Sevenfact	coagulation factor viia (recom)-jncw for inj	1 MG; 2 MG; 5 MG	1 mL Per 30 Days
Tybost	Cobicistat Tab 150 MG	150 MG	30 Tablets Per 30 Days
Cotellic	Cobimetinib Fumarate Tab 20 MG (Base Equivalent)	20 MG	63 Tablets Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Dexcom g6 receiver; Dexcom g7 receiver; Freestyle libre 14 day/re; Freestyle libre 2/reader/; Freestyle libre 3/reader/; Freestyle libre/reader/fl		Continuous Blood Glucose System Receiver	1 Receiver Per 365 Days
Dexcom g6 sensor; Dexcom g7 sensor		continuous blood glucose system sensor; continuous glucose system sensor	3 Sensors Per 30 Days
Freestyle libre 14 day/se; Freestyle libre 2/sensor/; Freestyle libre 3/sensor/		continuous blood glucose system sensor; continuous glucose system sensor	2 Sensors Per 28 Days
Dexcom g7 15 day sensor; Freestyle lb kit 2pls/sen; Freestyle libre 2 plus/se; Freestyle libre 3 plus/se		continuous blood glucose system sensor; continuous glucose system sensor; Continuous Glucose System Sensor	2 Sensors Per 30 Days
Dexcom g6 transmitter		Continuous Blood Glucose System Transmitter	1 Transmitter Per 90 Days
Crenessity	crinecerfont cap	25 MG	60 Capsules Per 30 Days
Crenessity	crinecerfont cap	100 MG	60 Capsules Per 30 Days
Crenessity	crinecerfont cap	50 MG	60 Capsules Per 30 Days
Crenessity	crinecerfont oral soln	50 MG/ML	120 mLs Per 30 Days
Xalkori	Crizotinib Cap	250 MG	120 Capsules Per 30 Days
Xalkori	Crizotinib Cap	200 MG	120 Capsules Per 30 Days
Xalkori	crizotinib cap sprinkle	20 MG	120 Capsules Per 30 Days
Xalkori	crizotinib cap sprinkle	50 MG	120 Capsules Per 30 Days
Xalkori	crizotinib cap sprinkle	150 MG	180 Capsules Per 30 Days
	Cromolyn Sodium Soln Nebu 20 MG/2ML	20 MG/2ML	240 mLs Per 30 Days
Crotan; Pruradik	Crotamiton Lotion 10%	10%	454 Grams Per 30 Days
Amrix	Cyclobenzaprine HCl Cap ER 24HR 15 MG	15 MG	30 Capsules Per 30 Days
Amrix	Cyclobenzaprine HCl Cap ER 24HR 30 MG	30 MG	30 Capsules Per 30 Days
Restasis	cyclosporine (ophth) emulsion	0.05%	60 Vials Per 30 Days
Restasis multidose	cyclosporine (ophth) emulsion	0.05%	5.5 mLs Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Klarity-c drops; Restasis; Verkazia	cyclosporine (ophth) emulsion	0.05 %; 0.1 %	60 Vials Per 30 Days
Vevye	cyclosporine (ophth) soln	0.10%	1 Bottle Per 30 Days
Cequa	Cyclosporine (Ophth) Soln 0.09% (PF)	0.09%	60 Vials Per 30 Days
Pradaxa	Dabigatran Etexilate Mesylate Cap 110 MG (Etexilate Base Eq)	110 MG	120 Capsules Per 30 Days
Pradaxa	Dabigatran Etexilate Mesylate Cap 150 MG (Etexilate Base Eq)	150 MG	60 Capsules Per 30 Days
Pradaxa	Dabigatran Etexilate Mesylate Cap 75 MG (Etexilate Base Eq)	75 MG	60 Capsules Per 30 Days
Pradaxa	dabigatran etexilate mesylate pellet pack	40 MG	120 Packets Per 30 Days
Pradaxa	dabigatran etexilate mesylate pellet pack	50 MG	120 Packets Per 30 Days
Pradaxa	dabigatran etexilate mesylate pellet pack	20 MG	60 Packets Per 30 Days
Pradaxa	dabigatran etexilate mesylate pellet pack	110 MG	120 Packets Per 30 Days
Pradaxa	dabigatran etexilate mesylate pellet pack	150 MG	60 Packets Per 30 Days
Pradaxa	dabigatran etexilate mesylate pellet pack	30 MG	120 Packets Per 30 Days
Tafinlar	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	50 MG	120 Capsules Per 30 Days
Tafinlar	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	75 MG	120 Capsules Per 30 Days
Tafinlar	dabrafenib mesylate tab for oral susp	10 MG	4 Bottles Per 28 Days
Vizimpro	Dacomitinib Tab	45 MG	30 Tablets Per 30 Days
Vizimpro	Dacomitinib Tab	30 MG	30 Tablets Per 30 Days
Vizimpro	Dacomitinib Tab	15 MG	30 Tablets Per 30 Days
Voydeya	danicopan tab	100 MG	180 Tablets Per 30 Days
Voydeya	danicopan tab therapy pack	50 & 100 MG	1 Box Per 30 Days
Xigduo xr	dapagliflozin free base-metformin hcl tab er	10-1000 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Xigduo xr	dapagliflozin free base-metformin hcl tab er	10-500 MG	30 Tablets Per 30 Days
Xigduo xr	dapagliflozin free base-metformin hcl tab er	5-1000 MG	60 Tablets Per 30 Days
Xigduo xr	dapagliflozin free base-metformin hcl tab er	5-500 MG	30 Tablets Per 30 Days
Farxiga	dapagliflozin tab	10 MG; 5 MG	30 Tablets Per 30 Days
Dapagliflozin/saxagliptin; Qtern	dapagliflozin-saxagliptin tab	10-5 MG; 5-5 MG	30 Tablets Per 30 Days
Nubeqa	Darolutamide Tab 300 MG	300 MG	120 Tablets Per 30 Days
Prezista	Darunavir Oral Susp	100 MG/ML	400 mLs Per 30 Days
Prezista	Darunavir Tab	800 MG	30 Tablets Per 30 Days
Prezista	Darunavir Tab	150 MG	180 Tablets Per 30 Days
Prezista	Darunavir Tab	600 MG	60 Tablets Per 30 Days
Prezista	Darunavir Tab	75 MG	300 Tablets Per 30 Days
Symtuza	Darunavir-Cobic-Emtricitab-Tenofov AF Tab 800-150-200-10 MG	800-150-200-10 MG	30 Tablets Per 30 Days
Prezcobix	darunavir-cobicistat tab	675-150 MG	30 Tablets Per 30 Days
Prezcobix	Darunavir-Cobicistat Tab 800-150 MG	800-150 MG	30 Tablets Per 30 Days
Phyrago; Sprycel	Dasatinib Tab	20 MG	90 Tablets Per 30 Days
Phyrago; Sprycel	Dasatinib Tab	100 MG	30 Tablets Per 30 Days
Phyrago; Sprycel	Dasatinib Tab	80 MG	30 Tablets Per 30 Days
Phyrago; Sprycel	Dasatinib Tab	70 MG	30 Tablets Per 30 Days
Phyrago; Sprycel	Dasatinib Tab	50 MG	30 Tablets Per 30 Days
Phyrago; Sprycel	Dasatinib Tab	140 MG	30 Tablets Per 30 Days
Inqovi	Decitabine-Cedazuridine Tab	35-100 MG	5 Tablets Per 28 Days
Emflaza	Deflazacort Tab 18 MG	18 MG	30 Tablets Per 30 Days
Emflaza	Deflazacort Tab 6 MG	6 MG	60 Tablets Per 30 Days
Baxdela	Delafloxacin Meglumine Tab 450 MG (Base Equiv)	450 MG	28 Tablets Per 180 Days
Anzupgo	delgocitinib cream	20 MG/GM	60 Grams Per 30 Days
Topicort	Desoximetasone Cream 0.25%	0.25%	100 Grams Per 30 Days
Desoximetasone; Topicort	Desoximetasone Gel 0.05%	0.05%	100 Grams Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Topicort	Desoximetasone Oint 0.25%	0.25%	100 Grams Per 30 Days
Topicort	Desoximetasone Spray 0.25%	0.25%	100 mLs Per 30 Days
Pristiq	Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	100 MG	120 Tablets Per 30 Days
Pristiq	Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	25 MG	60 Tablets Per 30 Days
Pristiq	Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	50 MG	60 Tablets Per 30 Days
Sotyktu	Deucravacitinib Tab	6 MG	30 Tablets Per 30 Days
Leqselvi	deuruxolitinib phosphate tab	8 MG	60 Tablets Per 30 Days
Austedo	Deutetrabenazine Tab 12 MG	12 MG	120 Tablets Per 30 Days
Austedo	Deutetrabenazine Tab 6 MG	6 MG	60 Tablets Per 30 Days
Austedo	Deutetrabenazine Tab 9 MG	9 MG	120 Tablets Per 30 Days
Austedo xr	deutetrabenazine tab er	42 MG	30 Tablets Per 30 Days
Austedo xr	deutetrabenazine tab er	24 MG	30 Tablets Per 30 Days
Austedo xr	deutetrabenazine tab er	6 MG	30 Tablets Per 30 Days
Austedo xr	deutetrabenazine tab er	12 MG	30 Tablets Per 30 Days
Austedo xr	deutetrabenazine tab er	30 MG	30 Tablets Per 30 Days
Austedo xr	deutetrabenazine tab er	48 MG	30 Tablets Per 30 Days
Austedo xr	deutetrabenazine tab er	36 MG	30 Tablets Per 30 Days
Austedo xr	deutetrabenazine tab er	18 MG	30 Tablets Per 30 Days
Austedo xr patient titrat	deutetrabenazine tab er titration pack	12 & 18 & 24 & 30 MG	28 Tablets Per 180 Days
Austedo xr patient titrat	deutetrabenazine tab er titration pack	6 & 12 & 24 MG	42 Tablets Per 180 Days
Dexilant	Dexlansoprazole Cap Delayed Release 30 MG	30 MG	60 Capsules Per 30 Days
Dexilant	Dexlansoprazole Cap Delayed Release 60 MG	60 MG	30 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Focalin xr	Dexmethylphenidate HCl Cap ER 24 HR 10 MG	10 MG	60 Capsules Per 30 Days
Focalin xr	Dexmethylphenidate HCl Cap ER 24 HR 15 MG	15 MG	60 Capsules Per 30 Days
Focalin xr	Dexmethylphenidate HCl Cap ER 24 HR 20 MG	20 MG	60 Capsules Per 30 Days
Focalin xr	Dexmethylphenidate HCl Cap ER 24 HR 25 MG	25 MG	30 Capsules Per 30 Days
Focalin xr	Dexmethylphenidate HCl Cap ER 24 HR 30 MG	30 MG	30 Capsules Per 30 Days
Focalin xr	Dexmethylphenidate HCl Cap ER 24 HR 35 MG	35 MG	30 Capsules Per 30 Days
Focalin xr	Dexmethylphenidate HCl Cap ER 24 HR 40 MG	40 MG	30 Capsules Per 30 Days
Focalin xr	Dexmethylphenidate HCl Cap ER 24 HR 5 MG	5 MG	60 Capsules Per 30 Days
Focalin	Dexmethylphenidate HCl Tab 10 MG	10 MG	60 Tablets Per 30 Days
Focalin	Dexmethylphenidate HCl Tab 2.5 MG	2.5 MG	240 Tablets Per 30 Days
Focalin	Dexmethylphenidate HCl Tab 5 MG	5 MG	120 Tablets Per 30 Days
Dexedrine	Dextroamphetamine Sulfate Cap ER 24HR 10 MG	10 MG	120 Capsules Per 30 Days
Dexedrine	Dextroamphetamine Sulfate Cap ER 24HR 15 MG	15 MG	120 Capsules Per 30 Days
	Dextroamphetamine Sulfate Cap ER 24HR 5 MG	5 MG	90 Capsules Per 30 Days
	Dextroamphetamine Sulfate Oral Solution 5 MG/5ML	5 MG/5ML	1800 mLs Per 30 Days
	Dextroamphetamine Sulfate Tab 10 MG	10 MG	180 Tablets Per 30 Days
	Dextroamphetamine Sulfate Tab 15 MG	15 MG	90 Tablets Per 30 Days
	Dextroamphetamine Sulfate Tab 2.5 MG	2.5 MG	90 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
	Dextroamphetamine Sulfate Tab 20 MG	20 MG	90 Tablets Per 30 Days
	Dextroamphetamine Sulfate Tab 30 MG	30 MG	60 Tablets Per 30 Days
	Dextroamphetamine Sulfate Tab 5 MG	5 MG	360 Tablets Per 30 Days
	Dextroamphetamine Sulfate Tab 7.5 MG	7.5 MG	90 Tablets Per 30 Days
Xelstrym	Dextroamphetamine TD Patch	9 MG/9HR	30 Patches Per 30 Days
Xelstrym	Dextroamphetamine TD Patch	18 MG/9HR	30 Patches Per 30 Days
Xelstrym	Dextroamphetamine TD Patch	13.5 MG/9HR	30 Patches Per 30 Days
Xelstrym	Dextroamphetamine TD Patch	4.5 MG/9HR	30 Patches Per 30 Days
Auvelity	Dextromethorphan HBr-Bupropion HCl Tab ER	45-105 MG	60 Tablets Per 30 Days
Nuedexta	dextromethorphan hbr-quinidine sulfate cap	20-10 MG	60 Capsules Per 30 Days
Vykat xr	diazoxide choline tab er	25 MG	120 Tablets Per 30 Days
Vykat xr	diazoxide choline tab er	150 MG	90 Tablets Per 30 Days
Vykat xr	diazoxide choline tab er	75 MG	210 Tablets Per 30 Days
Diclofenac epolamine; Flector	Diclofenac Epolamine Patch 1.3%	1.30%	150 Patches Per 30 Days
Licart	Diclofenac Epolamine Patch 24HR 1.3%	1.30%	30 Patches Per 30 Days
Zipsor	Diclofenac Potassium Cap 25 MG	25 MG	120 Capsules Per 30 Days
Cambia	Diclofenac Potassium Packet 50 MG	50 MG	9 Packets Per 30 Days
	Diclofenac Potassium Tab	25 MG	120 Tablets Per 30 Days
	Diclofenac Sodium (Actinic Keratoses) Gel 3%	3%	300 Grams Per 90 Days
	Diclofenac Sodium Soln 1.5%	1.50%	2 Bottles Per 30 Days
Pennsaid	Diclofenac Sodium Soln 2%	2%	2 Pumps Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Diflorasone diacetate	diflorasone diacetate cream; diflorasone diacetate oint	0.05%	100 Grams Per 30 Days
Diflorasone diacetate	Diflorasone Diacetate Cream 0.05%	0.05%	180 Grams Per 90 Days
Apexicon e	diflorasone diacetate emollient base cream	0.05%	100 Grams Per 30 Days
	Diflorasone Diacetate Oint 0.05%	0.05%	180 Grams Per 90 Days
Trudhesa	Dihydroergotamine Mesylate HFA Nasal Aerosol	0.725 MG/ACT	12 mLs Per 28 Days
Migranal	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	4 MG/ML	8 mLs Per 28 Days
Brekiya	dihydroergotamine mesylate soln auto-inj	1 MG/ML	24 Pens Per 28 Days
Tecfidera	Dimethyl Fumarate Capsule Delayed Release 120 MG	120 MG	56 Capsules Per 180 Days
Tecfidera	Dimethyl Fumarate Capsule Delayed Release 240 MG	240 MG	60 Capsules Per 30 Days
Tecfidera starter pack	dimethyl fumarate capsule dr starter pack	120 & 240 MG	60 Capsules Per 180 Days
Diphenoxylate/atropine	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	2.5-0.025 MG/5ML	1200 mLs Per 30 Days
Vumerity	Diroximel Fumarate Capsule Delayed Release 231 MG	231 MG	120 Capsules Per 30 Days
Tivicay	Dolutegravir Sodium Tab 50 MG (Base Equiv)	50 MG	60 Tablets Per 30 Days
Tivicay pd	Dolutegravir Sodium Tab for Oral Susp 5 MG (Base Equiv)	5 MG	360 Tablets Per 30 Days
Dovato	Dolutegravir Sodium-Lamivudine Tab 50-300 MG (Base Eq)	50-300 MG	30 Tablets Per 30 Days
Juluca	Dolutegravir Sodium-Rilpivirine HCl Tab 50-25 MG (Base Eq)	50-25 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Dawnzera	donidalorsen sodium subcutaneous soln auto-inj	80 MG/0.8ML	1 Pen Per 28 Days
Pifeltro	Doravirine Tab 100 MG	100 MG	30 Tablets Per 30 Days
Delstrigo	Doravirine-Lamivudine-Tenofovir DF Tab 100-300-300 MG	100-300-300 MG	30 Tablets Per 30 Days
Modeyso	dordaviprone hcl cap	125 MG	20 Capsules Per 28 Days
Prudoxin; Zonalon	Doxepin HCl Cream 5%	5%	45 Grams Per 30 Days
Diclegis	Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG	10-10 MG	120 Tablets Per 30 Days
Bonjesta	Doxylamine-Pyridoxine Tab ER 20-20 MG	20-20 MG	60 Tablets Per 30 Days
Trulicity	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	0.75 MG/0.5ML	4 Pens Per 28 Days
Trulicity	Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	1.5 MG/0.5ML	4 Pens Per 28 Days
Trulicity	Dulaglutide Soln Pen-injector 3 MG/0.5ML	3 MG/0.5ML	4 Pens Per 28 Days
Trulicity	Dulaglutide Soln Pen-injector 4.5 MG/0.5ML	4.5 MG/0.5ML	4 Pens Per 28 Days
Drizalma sprinkle	duloxetine hcl cap delayed release sprinkle	20 MG; 30 MG; 40 MG; 60 MG	60 Capsules Per 30 Days
Cymbalta	Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	20 MG	180 Capsules Per 30 Days
Cymbalta	Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	30 MG	120 Capsules Per 30 Days
	Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	40 MG	90 Capsules Per 30 Days
Cymbalta	Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	60 MG	60 Capsules Per 30 Days
Dupixent	Dupilumab Subcutaneous Soln Pen-injector 200 MG/1.14ML	200 MG/1.14ML	2 Pens Per 28 Days
Dupixent	Dupilumab Subcutaneous Soln Pen-injector 300 MG/2ML	300 MG/2ML	2 Pens Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Dupixent	Dupilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	200 MG/1.14ML	2 Syringes Per 28 Days
Dupixent	Dupilumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	300 MG/2ML	2 Syringes Per 28 Days
Copiktra	Duvelisib Cap 15 MG	15 MG	56 Capsules Per 28 Days
Copiktra	Duvelisib Cap 25 MG	25 MG	56 Capsules Per 28 Days
	Econazole Nitrate Cream 1%	1%	170 Grams Per 30 Days
Econazole nitrate; Ecoza	Econazole Nitrate Foam 1%	1%	1 Bottle Per 30 Days
Savaysa	edoxaban tosylate tab	15 MG; 30 MG; 60 MG	30 Tablets Per 30 Days
Efavirenz	Efavirenz Cap 200 MG	200 MG	60 Capsules Per 30 Days
Efavirenz	Efavirenz Cap 50 MG	50 MG	90 Capsules Per 30 Days
Sustiva	Efavirenz Tab 600 MG	600 MG	30 Tablets Per 30 Days
	efavirenz-emtricitabine-tenofovir df tab	600-200-300 MG	30 Tablets Per 30 Days
Efavirenz/lamivudine/tenofovir DF Tab 400-300-300 MG; Symfi lo	Efavirenz-Lamivudine-Tenofovir DF Tab 400-300-300 MG	400-300-300 MG	30 Tablets Per 30 Days
Symfi	Efavirenz-Lamivudine-Tenofovir DF Tab 600-300-300 MG	600-300-300 MG	30 Tablets Per 30 Days
Vyvgart hytrulo	efgartigimod alf-hyaluronic acid pref syr	1000-10000 MG-UNT/5ML	4 Syringes Per 28 Days
Jublia	Efinaconazole Soln 10%	10%	4 mLs Per 30 Days
Iwifin	eflornithine hcl tab	192 MG	240 Tablets Per 30 Days
Orserdu	elacestrant hydrochloride tab	86 MG	90 Tablets Per 30 Days
Orserdu	elacestrant hydrochloride tab	345 MG	30 Tablets Per 30 Days
Iqirvo	elafibranor tab	80 MG	30 Tablets Per 30 Days
Orilissa	Elagolix Sodium Tab 150 MG (Base Equiv)	150 MG	30 Tablets Per 30 Days
Orilissa	Elagolix Sodium Tab 200 MG (Base Equiv)	200 MG	60 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Oriahnn	Elagolix-Estrad-Noreth 300-1-0.5MG & Elagolix 300MG Cap Pack	300-1-0.5 & 300 MG	56 Capsules Per 28 Days
Zepatier	elbasvir-grazoprevir tab	50-100 MG	30 Tablets Per 30 Days
Trikafta	Elexacaf-Tezacaf-Ivacaf	50-25-37.5 & 75 MG	84 Tablets Per 28 Days
Trikafta	elexacaf-tezacaf-ivacaf	100-50-75 & 75 MG; 80-40- 60 & 59.5 MG	56 Packets Per 28 Days
Trikafta	Elexacaf-Tezacaf-Ivacaf 100-50-75 MG & Ivacaftor 150 MG TBPK	100-50-75 & 150 MG	84 Tablets Per 28 Days
Cerdelga	Eliglustat Tartrate Cap 84 MG (Base Equivalent)	84 MG	60 Capsules Per 30 Days
Lynkuet	elinzanetant cap	60 MG	60 Capsules Per 30 Days
Alvaiz	eltrombopag choline tab	54 MG	60 Tablets Per 30 Days
Alvaiz	eltrombopag choline tab	18 MG	30 Tablets Per 30 Days
Alvaiz	eltrombopag choline tab	9 MG	30 Tablets Per 30 Days
Alvaiz	eltrombopag choline tab	36 MG	60 Tablets Per 30 Days
Promacta	Eltrombopag Olamine Powder Pack for Susp 12.5 MG (Base Eq)	12.5 MG	30 Packets Per 30 Days
Promacta	Eltrombopag Olamine Powder Pack for Susp 25 MG (Base Equiv)	25 MG	30 Packets Per 30 Days
Promacta	Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	12.5 MG	30 Tablets Per 30 Days
Promacta	Eltrombopag Olamine Tab 25 MG (Base Equiv)	25 MG	30 Tablets Per 30 Days
Promacta	Eltrombopag Olamine Tab 50 MG (Base Equiv)	50 MG	60 Tablets Per 30 Days
Promacta	Eltrombopag Olamine Tab 75 MG (Base Equiv)	75 MG	60 Tablets Per 30 Days
Viberzi	eluxadoline tab	100 MG; 75 MG	60 Tablets Per 30 Days
Genvoya	elvitegrav-cobic- emtricitab-tenofov af tab	150-150-200-10 MG	30 Tablets Per 30 Days
Stribild	elvitegrav-cobic- emtricitab-tenofovdf tab	150-150-200-300 MG	30 Tablets Per 30 Days
Jardiance	empagliflozin tab	10 MG; 25 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Trijardy xr	Empagliflozin-Linagliptin-Metformin Tab ER 24HR 12.5-2.5-1000MG	12.5-2.5-1000 MG	60 Tablets Per 30 Days
Glyxambi	empagliflozin-linagliptin tab	10-5 MG; 25-5 MG	30 Tablets Per 30 Days
Trijardy xr	Empagliflozin-Linagliptin-Metformin Tab ER 24HR 10-5-1000 MG	10-5-1000 MG	30 Tablets Per 30 Days
Trijardy xr	Empagliflozin-Linagliptin-Metformin Tab ER 24HR 25-5-1000 MG	25-5-1000 MG	30 Tablets Per 30 Days
Trijardy xr	Empagliflozin-Linagliptin-Metformin Tab ER 24HR 5-2.5-1000MG	5-2.5-1000 MG	60 Tablets Per 30 Days
Synjardy	empagliflozin-metformin hcl tab	12.5-1000 MG; 12.5-500 MG; 5-1000 MG; 5-500 MG	60 Tablets Per 30 Days
Synjardy xr	Empagliflozin-Metformin HCl Tab ER 24HR 10-1000 MG	10-1000 MG	60 Tablets Per 30 Days
Synjardy xr	Empagliflozin-Metformin HCl Tab ER 24HR 12.5-1000 MG	12.5-1000 MG	60 Tablets Per 30 Days
Synjardy xr	Empagliflozin-Metformin HCl Tab ER 24HR 25-1000 MG	25-1000 MG	30 Tablets Per 30 Days
Synjardy xr	Empagliflozin-Metformin HCl Tab ER 24HR 5-1000 MG	5-1000 MG	60 Tablets Per 30 Days
Emtriva	emtricitabine caps	200 MG	30 Capsules Per 30 Days
Emtriva	emtricitabine soln	10 MG/ML	720 mLs Per 30 Days
Odefsey	Emtricitabine-Rilpivirine-Tenofovir AF Tab 200-25-25 MG	200-25-25 MG	30 Tablets Per 30 Days
Complera	emtricitabine-rilpivirine-tenofovir df tab	200-25-300 MG	30 Tablets Per 30 Days
Descovy	Emtricitabine-Tenofovir Alafenamide Fumarate Tab	120-15 MG	30 Tablets Per 30 Days
Descovy	Emtricitabine-Tenofovir Alafenamide Fumarate Tab 200-25 MG	200-25 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Truvada	emtricitabine-tenofovir disoproxil fumarate tab	100-150 MG; 133-200 MG; 167-250 MG; 200-300 MG	30 Tablets Per 30 Days
Epaned	Enalapril Maleate Oral Soln 1 MG/ML	1 MG/ML	1200 mLs Per 30 Days
Idhifa	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	100 MG	30 Tablets Per 30 Days
Idhifa	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	50 MG	30 Tablets Per 30 Days
Braftovi	Encorafenib Cap 75 MG	75 MG	180 Capsules Per 30 Days
Fuzeon	enfuvirtide for inj	90 MG	60 Vials Per 30 Days
Ensacove	ensartinib hcl cap	100 MG	60 Capsules Per 30 Days
Ensacove	ensartinib hcl cap	25 MG	30 Capsules Per 30 Days
Ohtuvayre	ensifentrine inhalation susp	3 MG/2.5ML	60 Ampules Per 30 Days
Rozlytrek	Entrectinib Cap 100 MG	100 MG	30 Capsules Per 30 Days
Rozlytrek	Entrectinib Cap 200 MG	200 MG	90 Capsules Per 30 Days
Rozlytrek	entrectinib pellet pack	50 MG	336 Packets Per 28 Days
Xtandi	Enzalutamide Cap 40 MG	40 MG	120 Capsules Per 30 Days
Xtandi	Enzalutamide Tab	40 MG	120 Tablets Per 30 Days
Xtandi	Enzalutamide Tab	80 MG	60 Tablets Per 30 Days
Wainua	eplontersen sodium subcutaneous soln auto-inj	45 MG/0.8ML	1 Pen Per 28 Days
Balversa	Erdafitinib Tab 3 MG	3 MG	90 Tablets Per 30 Days
Balversa	Erdafitinib Tab 4 MG	4 MG	60 Tablets Per 30 Days
Balversa	Erdafitinib Tab 5 MG	5 MG	30 Tablets Per 30 Days
Aimovig	Erenumab-aooe Subcutaneous Soln Auto-Injector 140 MG/ML	140 MG/ML	1 Injection Device Per 28 Days
Aimovig	Erenumab-aooe Subcutaneous Soln Auto-Injector 70 MG/ML	70 MG/ML	1 Injection Device Per 28 Days
Ergomar	Ergotamine Tartrate SL Tab 2 MG	2 MG	20 Tablets Per 28 Days
Cafergot; Ergotamine tartrate/caffe	Ergotamine w/ Caffeine Tab 1-100 MG	1-100 MG	40 Tablets Per 28 Days
Tarceva	Erlotinib HCl Tab	100 MG	30 Tablets Per 30 Days
	Erlotinib HCl Tab	25 MG	60 Tablets Per 30 Days
	Erlotinib HCl Tab	150 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Steglatro	Ertugliflozin L-Pyroglutamic Acid Tab 15 MG (Base Equiv)	15 MG	30 Tablets Per 30 Days
Steglatro	Ertugliflozin L-Pyroglutamic Acid Tab 5 MG (Base Equiv)	5 MG	60 Tablets Per 30 Days
Segluromet	Ertugliflozin-Metformin HCl Tab 2.5-1000 MG	2.5-1000 MG	60 Tablets Per 30 Days
Segluromet	Ertugliflozin-Metformin HCl Tab 2.5-500 MG	2.5-500 MG	120 Tablets Per 30 Days
Segluromet	Ertugliflozin-Metformin HCl Tab 7.5-1000 MG	7.5-1000 MG	60 Tablets Per 30 Days
Segluromet	Ertugliflozin-Metformin HCl Tab 7.5-500 MG	7.5-500 MG	60 Tablets Per 30 Days
Steglujan	ertugliflozin-sitagliptin tab	15-100 MG; 5-100 MG	30 Tablets Per 30 Days
Erygel; Erythromycin	Erythromycin Gel 2%	2%	180 Grams Per 30 Days
	Erythromycin Soln 2%	2%	180 mLs Per 30 Days
Escitalopram oxalate	escitalopram oxalate cap	15 MG	30 Capsules Per 30 Days
Nexium	esomeprazole magnesium cap delayed release	20 MG; 40 MG	60 Capsules Per 30 Days
Nexium	esomeprazole magnesium for delayed release susp pack; esomeprazole magnesium for delayed release susp packet	10 MG; 2.5 MG; 20 MG; 40 MG; 5 MG	60 Packets Per 30 Days
Alora; Minivelle; Vivelledot	estradiol td patch twice weekly	0.025 MG/24HR; 0.0375 MG/24HR; 0.05 MG/24HR; 0.075 MG/24HR; 0.1 MG/24HR	30 Patches Per 30 Days
Climara; Menostar	estradiol td patch weekly	0.025 MG/24HR; 0.05 MG/24HR; 0.06 MG/24HR; 0.075 MG/24HR; 0.1 MG/24HR; 14 MCG/24HR; 37.5 MCG/24HR	30 Patches Per 30 Days
Enbrel	etanercept subcutaneous inj	25 MG/0.5ML	8 Vials Per 28 Days
Enbrel	Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	25 MG/0.5ML	4 Syringes Per 28 Days
Enbrel	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	50 MG/ML	4 Syringes Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Enbrel sureclick	etanercept subcutaneous solution auto-injector	50 MG/ML	4 Pens Per 28 Days
Enbrel mini	etanercept subcutaneous solution cartridge	50 MG/ML	4 Cartridges Per 28 Days
Velsipity	etrasimod arginine tab	2 MG	30 Tablets Per 30 Days
Intence	Etravirine Tab 100 MG	100 MG	60 Tablets Per 30 Days
Intence	Etravirine Tab 200 MG	200 MG	60 Tablets Per 30 Days
Intence	Etravirine Tab 25 MG	25 MG	120 Tablets Per 30 Days
Afinitor	Everolimus Tab 10 MG	10 MG	30 Tablets Per 30 Days
Afinitor	Everolimus Tab 2.5 MG	2.5 MG	30 Tablets Per 30 Days
Afinitor	Everolimus Tab 5 MG	5 MG	30 Tablets Per 30 Days
Afinitor	Everolimus Tab 7.5 MG	7.5 MG	30 Tablets Per 30 Days
Afinitor disperz	Everolimus Tab for Oral Susp 2 MG	2 MG	60 Tablets Per 30 Days
Afinitor disperz	Everolimus Tab for Oral Susp 3 MG	3 MG	90 Tablets Per 30 Days
Afinitor disperz	Everolimus Tab for Oral Susp 5 MG	5 MG	60 Tablets Per 30 Days
Bydureon bcise	Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML	2 MG/0.85ML	4 Pens Per 28 Days
Byetta; Exenatide	Exenatide Soln Pen-injector 10 MCG/0.04ML	10 MCG/0.04ML	1 Pen Per 30 Days
Byetta; Exenatide	Exenatide Soln Pen-injector 5 MCG/0.02ML	5 MCG/0.02ML	1 Pen Per 30 Days
Vowst	fecal microbiota spores, live-brpk caps		12 Capsules Per 12 Months
Inrebic	Fedratinib HCl Cap 100 MG	100 MG	120 Capsules Per 30 Days
Fintepla	Fenfluramine HCl Oral Soln 2.2 MG/ML	2.2 MG/ML	360 mLs Per 30 Days
Fenoglide	Fenofibrate Tab 120 MG	120 MG	30 Tablets Per 30 Days
Fenopron	fenopropfen calcium cap	300 MG	150 Capsules Per 30 Days
Fenoprofen calcium	Fenoprofen Calcium Cap 200 MG	200 MG	180 Capsules Per 30 Days
Fenoprofen; Fenoprofen calcium; Nalfon	Fenoprofen Calcium Cap 400 MG	400 MG	120 Capsules Per 30 Days
Fenoprofen calcium; Nalfon	Fenoprofen Calcium Tab 600 MG	600 MG	150 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
	fentanyl td patch	100 MCG/HR; 12 MCG/HR; 25 MCG/HR; 37.5 MCG/HR; 50 MCG/HR; 62.5 MCG/HR; 75 MCG/HR; 87.5 MCG/HR	15 Patches Per 30 Days
Auryxia	Ferric Citrate Tab 1 GM (210 MG Ferric Iron)	210 MG	360 Tablets Per 30 Days
Accrufer	Ferric Maltol Cap	30 MG	60 Capsules Per 30 Days
Veozah	fezolinetant tab	45 MG	30 Tablet Per 30 Days
Kerendia	Finerenone Tab	20 MG	30 Tablets Per 30 Days
Kerendia	Finerenone Tab	10 MG	30 Tablets Per 30 Days
Kerendia	finerenone tab	40 MG	30 Tablets Per 30 Days
Gilenya	Fingolimod HCl Cap 0.25 MG (Base Equiv)	0.25 MG	30 Capsules Per 30 Days
Gilenya	Fingolimod HCl Cap 0.5 MG (Base Equiv)	0.5 MG	30 Capsules Per 30 Days
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.25 MG	30 Tablets Per 30 Days
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.5 MG	30 Tablets Per 30 Days
Qfitlia	fitusiran sodium subcutaneous soln	20 MG/0.2ML	1 Vial Per 28
Qfitlia	fitusiran sodium subcutaneous soln auto-inj	50 MG/0.5ML	1 Pen Per 28
Addyi	flibanserin tab	100 MG	30 Tablets Per 30 Days
	Fluocinonide Cream 0.05%	0.05%	100 Grams Per 30 Days
Vanos	Fluocinonide Cream 0.1%	0.10%	120 Grams Per 90 Days
	fluocinonide emulsified base cream	0.05%	100 Grams Per 30 Days
	fluocinonide gel	0.05%	100 Grams Per 30 Days
	fluocinonide oint	0.05%	100 Grams Per 30 Days
	fluocinonide soln	0.05%	100 mLs Per 30 Days
Carac; Fluorouracil	Fluorouracil Cream 0.5%	0.50%	30 Grams Per 28 Days
Tolak	Fluorouracil Cream 4%	4%	40 Grams Per 28 Days
Efudex	Fluorouracil Cream 5%	5%	240 Grams Per 84 Days
Fluoxetine dr	fluoxetine hcl cap delayed release	90 MG	4 Capsules Per 28 Days
Cordran	flurandrenolide tape	4 MCG/SQCM	180 Each Per 90 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Arnuity ellipta; Fluticasone furoate ellip	Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT	100 MCG/ACT	30 Blisters Per 30 Days
Arnuity ellipta; Fluticasone furoate ellip	Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT	200 MCG/ACT	30 Blisters Per 30 Days
Arnuity ellipta; Fluticasone furoate ellip	Fluticasone Furoate Aerosol Powder Breath Activ 50 MCG/ACT	50 MCG/ACT	30 Blisters Per 30 Days
Breo ellipta	fluticasone furoate- vilanterol aero powd ba	50-25 MCG/INH	1 Inhaler Per 30 Days
Breo ellipta; Fluticasone furoate/vilan	Fluticasone Furoate- Vilanterol Aero Powd BA 100-25 MCG/INH	100-25 MCG/ACT	60 Blisters Per 30 Days
Breo ellipta; Fluticasone furoate/vilan	Fluticasone Furoate- Vilanterol Aero Powd BA 200-25 MCG/INH	200-25 MCG/ACT	60 Blisters Per 30 Days
Armonair digihaler	Fluticasone Propionate Aer Pow BA	113 MCG/ACT	1 Inhaler Per 30 Days
Armonair digihaler	Fluticasone Propionate Aer Pow BA	55 MCG/ACT	1 Inhaler Per 30 Days
Armonair digihaler	Fluticasone Propionate Aer Pow BA	232 MCG/ACT	1 Inhaler Per 30 Days
Fluticasone propionate di	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	100 MCG/ACT	60 Blisters Per 30 Days
Fluticasone propionate di	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER	250 MCG/ACT	240 Blisters Per 30 Days
Fluticasone propionate di	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	50 MCG/ACT	60 Blisters Per 30 Days
Fluticasone propionate hf	Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve)	110 MCG/ACT	1 Inhaler Per 30 Days
Fluticasone propionate hf	Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve)	220 MCG/ACT	2 Inhalers Per 30 Days
	Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve)	44 MCG/ACT	1 Inhaler Per 30 Days
Xhance	Fluticasone Propionate Nasal Exhaler Susp 93 MCG/ACT	93 MCG/ACT	2 Bottles Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Airduo digihaler 113/14	Fluticasone-Salmeterol Aer Powder BA	113-14 MCG/ACT	1 Inhaler Per 30 Days
Airduo digihaler 232/14	Fluticasone-Salmeterol Aer Powder BA	232-14 MCG/ACT	1 Inhaler Per 30 Days
Airduo digihaler 55/14	Fluticasone-Salmeterol Aer Powder BA	55-14 MCG/ACT	1 Inhaler Per 30 Days
Advair diskus	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	100-50 MCG/ACT	60 Blisters Per 30 Days
Advair diskus	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	250-50 MCG/ACT	60 Blisters Per 30 Days
Advair diskus	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	500-50 MCG/ACT	60 Blisters Per 30 Days
Advair hfa; Fluticasone propionate/sa	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	115-21 MCG/ACT	1 Inhaler Per 30 Days
Advair hfa; Fluticasone propionate/sa	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	230-21 MCG/ACT	1 Inhaler Per 30 Days
Advair hfa; Fluticasone propionate/sa	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	45-21 MCG/ACT	1 Inhaler Per 30 Days
Trelegy ellipta	Fluticasone-Umeclidinium-Vilanterol AEPB	200-62.5-25 MCG/ACT	1 Inhaler Per 30 Days
Trelegy ellipta	Fluticasone-Umeclidinium-Vilanterol AEPB 100-62.5-25 MCG/INH	100-62.5-25 MCG/ACT	1 Inhaler Per 30 Days
Gonal-f	Follitropin Alfa For Inj 1050 Unit	1050 UNIT	4 Syringes Per 30 Days
Gonal-f	Follitropin Alfa For Inj 1050 Unit	1050 UNIT	5 Vials Per 30 Days
Gonal-f	Follitropin Alfa For Inj 450 Unit	450 UNIT	10 Syringes Per 30 Days
Gonal-f	Follitropin Alfa For Inj 450 Unit	450 UNIT	10 Vials Per 30 Days
Gonal-f rff	Follitropin Alfa For Subcutaneous Inj 75 Unit	75 UNIT	20 Syringes Per 30 Days
Gonal-f rff	Follitropin Alfa For Subcutaneous Inj 75 Unit	75 UNIT	60 Vials Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Gonal-f rff rediject	Follitropin Alfa Subcutaneous Soln Pen-inj	450 Unit/0.72ML	10 Pens Per 30 Days
Gonal-f rff rediject	Follitropin Alfa Subcutaneous Soln Pen-inj	300 Unit/0.48ML	15 Pens Per 30 Days
Gonal-f rff rediject	Follitropin Alfa Subcutaneous Soln Pen-inj	900 Unit/1.44ML	5 Pens Per 30 Days
Follistim aq	Follitropin Beta Inj 300 Unit/0.36ML	300 UNT/0.36ML	15 Cartridges Per 30 Days
Follistim aq	Follitropin Beta Inj 600 Unit/0.72ML	600 UNT/0.72ML	8 Cartridges Per 30 Days
Follistim aq	Follitropin Beta Inj 900 Unit/1.08ML	900 UNT/1.08ML	5 Cartridges Per 30 Days
Lexiva	Fosamprenavir Calcium Tab 700 MG (Base Equiv)	700 MG	120 Tablets Per 30 Days
Tavalisse	fostamatinib disodium tab	100 MG; 150 MG	60 Tablets Per 30 Days
Rukobia	Fostemsavir Tromethamine Tab ER 12HR 600 MG	600 MG	60 Tablets Per 30 Days
Ajovy	Fremanezumab-vfrm Subcutaneous Soln Auto- inj 225 MG/1.5ML	225 MG/1.5ML	3 Injection Devices Per 84 Days
Ajovy	Fremanezumab-vfrm Subcutaneous Soln Pref Syr 225 MG/1.5ML	225 MG/1.5ML	3 Syringes Per 84 Days
Fruzaqla	fruquintinib cap	5 MG	21 Capsules Per 28 Days
Fruzaqla	fruquintinib cap	1 MG	84 Capsules Per 28 Days
Lasix onyu	furosemide subcutaneous cartridge kit	80 MG/2.67ML	8 Kits Per 180 Days
Furoscix	Furosemide Subcutaneous Cartridge Kit	80 MG/10ML	8 Kits Per 180 Days
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	140 Tablets Per 28 Days
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	112 Tablets Per 28 Days
Lytgobi	Futibatinib Tab Therapy Pack	4 MG	84 Tablets Per 28 Days
Emgality	Galcanezumab-gnlm Subcutaneous Soln Auto- Injector 120 MG/ML	120 MG/ML	1 Injection Device Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Emgality	Galcanezumab-gnlm Subcutaneous Soln Prefilled Syr 100 MG/ML	100 MG/ML	9 Syringes Per 180 Days
Emgality	Galcanezumab-gnlm Subcutaneous Soln Prefilled Syr 120 MG/ML	120 MG/ML	1 Syringe Per 28 Days
Ganirelix acetate	ganirelix acetate soln prefilled syringe	250 MCG/0.5ML	12 Syringes Per 30 Days
Ganirelix acetate	Ganirelix Acetate Soln Prefilled Syringe 250 MCG/0.5ML	250 MCG/0.5ML	5 Syringes Per 30 Days
Andembry	garadacimab-gxii soln auto-injector	200 MG/1.2ML	1 Pen Per 30 Days
Iressa	Gefitinib Tab	250 MG	30 Tablets Per 30 Days
	Gentamicin Sulfate Cream 0.1%	0.10%	120 Grams Per 90 Days
	Gentamicin Sulfate Oint 0.1%	0.10%	120 Grams Per 90 Days
Exxua	gepirone hcl tab er	36.3 MG	30 Tablets Per 30 Days
Exxua; Exxua titration pack	gepirone hcl tab er	18.2 MG	32 Tablets Per 30 Days
Exxua	gepirone hcl tab er	54.5 MG	30 Tablets Per 30 Days
Exxua	gepirone hcl tab er	72.6 MG	30 Tablets Per 30 Days
Xospata	Gilteritinib Fumarate Tablet	40 MG	90 Tablets Per 30 Days
Duvyzat	givinostat	8.86 MG/ML	3 Bottles Per 30 Days
Daurismo	Glasdegib Maleate Tab 100 MG (Base Equivalent)	100 MG	30 Tablets Per 30 Days
Daurismo	Glasdegib Maleate Tab 25 MG (Base Equivalent)	25 MG	60 Tablets Per 30 Days
Copaxone	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	20 MG/ML	30 Syringes Per 30 Days
Copaxone	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	40 MG/ML	12 Syringes Per 28 Days
Mavyret	glecaprevir-pibrentasvir pellet pack	50-20 MG	140 Packs Per 28 Days
Mavyret	glecaprevir-pibrentasvir tab	100-40 MG	90 Tablets Per 30 Days
Bevespi aerosphere	Glycopyrrolate-Formoterol Fumarate Aerosol 9-4.8 MCG/ACT	9-4.8 MCG/ACT	1 Inhaler Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Qbrexza	Glycopyrronium Tosylate Pad 2.4% (Base Equivalent)	2.40%	30 Pads Per 30 Days
Simponi	Golimumab Subcutaneous Soln Auto-injector 100 MG/ML	100 MG/ML	1 Syringe Per 28 Days
Simponi	Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML	50 MG/0.5ML	1 Syringe Per 28 Days
Simponi	Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML	100 MG/ML	1 Syringe Per 28 Days
Simponi	Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML	50 MG/0.5ML	1 Syringe Per 28 Days
Intuniv	Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	1 MG	30 Tablets Per 30 Days
Intuniv	Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	2 MG	90 Tablets Per 30 Days
Intuniv	Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	3 MG	60 Tablets Per 30 Days
Intuniv	Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	4 MG	30 Tablets Per 30 Days
Tremfya	guselkumab soln auto-injector	100 MG/ML	1 Pen Per 56 Days
Tremfya induction pack fo	guselkumab soln auto-injector	200 MG/2ML	3 Kits Per 180 Days
Tremfya	guselkumab soln auto-injector	200 MG/2ML	1 Pen Per 28 Days
Tremfya pen	guselkumab soln auto-injector	100 MG/ML	1 Pen Per 56 Days
Tremfya pen	Guselkumab Soln Pen-Injector 100 MG/ML	100 MG/ML	1 Pen Per 56 Days
Tremfya	guselkumab soln prefilled syringe	200 MG/2ML	1 Syringe Per 28 Days
Tremfya	guselkumab soln prefilled syringe	100 MG/ML	1 Syringe Per 56 Days
Tremfya	Guselkumab Soln Prefilled Syringe 100 MG/ML	100 MG/ML	1 Syringe Per 56 Days
Halog	halcinonide cream	0.10%	100 Grams Per 30 Days
Halog	halcinonide oint	0.10%	100 Grams Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
	Halobetasol Propionate Cream 0.05%	0.05%	180 Grams Per 90 Days
Halobetasol propionate; Lexette	Halobetasol Propionate Foam 0.05%	0.05%	180 Grams Per 90 Days
Bryhali	Halobetasol Propionate Lotion 0.01%	0.01%	100 Grams Per 30 Days
Halobetasol propionate; Ultravate	Halobetasol Propionate Lotion 0.05%	0.05%	180 mLs Per 90 Days
	Halobetasol Propionate Oint 0.05%	0.05%	180 Grams Per 90 Days
Duobrii	Halobetasol Propionate-Tazarotene Lotion 0.01-0.045%	0.01-0.045 %	100 Grams Per 30 Days
Inzirqo	hydrochlorothiazide for susp	10 MG/ML	160 mLs Per 30 Days
Hydrocodone bitartrate er	hydrocodone bitartrate cap er	10 MG; 15 MG; 20 MG; 30 MG; 40 MG; 50 MG	60 Capsules Per 30 Days
Hydrocodone bitartrate er; Hysingla er	hydrocodone bitartrate tab er	100 MG; 120 MG; 20 MG; 30 MG; 40 MG; 60 MG; 80 MG	30 Tablets Per 30 Days
Hydrocortisone acetate; Micort hc	Hydrocortisone Acetate Cream 2.5%	2.50%	454.4 Grams Per 30 Days
Hydrocortisone butyrate	Hydrocortisone Butyrate Cream 0.1%	0.10%	135 Grams Per 30 Days
Hydrocortisone butyrate	Hydrocortisone Butyrate Oint 0.1%	0.10%	135 Grams Per 30 Days
	hydromorphone hcl tab er	12 MG; 16 MG; 32 MG; 8 MG	30 Tablets Per 30 Days
Sovuna	hydroxychloroquine sulfate tab	200 MG	90 Tablets Per 30 Days
Sovuna	hydroxychloroquine sulfate tab	300 MG	60 Tablets Per 30 Days
Brefaxemme	Ibrefaxungerp Citrate Tab	150 MG	4 Tablets Per 90 Days
Imbruvica	Ibrutinib Cap	140 MG	90 Capsules Per 30 Days
Imbruvica	Ibrutinib Cap	70 MG	30 Capsules Per 30 Days
Imbruvica	Ibrutinib Oral Susp	70 MG/ML	216 mLs Per 30 Days
Imbruvica	Ibrutinib Tab	420 MG	30 Tablets Per 30 Days
Imbruvica	Ibrutinib Tab	280 MG	30 Tablets Per 30 Days
Imbruvica	Ibrutinib Tab	140 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Firazyr	icatibant acetate inj 30 mg/3ml (base equivalent)	30 MG/3ML	6 Syringes Per 30 Days
Vascepa	Icosapent Ethyl Cap 0.5 GM	0.5 GM	240 Capsules Per 30 Days
Vascepa	Icosapent Ethyl Cap 1 GM	1 GM	120 Capsules Per 30 Days
Icotyde	icotrokinra hcl tab	200 MG	30 Tablets Per 30 Days
Zydelig	Idelalisib Tab 100 MG	100 MG	60 Tablets Per 30 Days
Zydelig	Idelalisib Tab 150 MG	150 MG	60 Tablets Per 30 Days
Fanapt titration pack b	iloperidone tab	1 & 2 & 6 & 8 MG	1 Pack Per 180 Days
Fanapt titration pack c	iloperidone tab	1 & 2 & 6 MG	1 Pack Per 180 Days
Fanapt	iloperidone tab	1 MG; 10 MG; 12 MG; 2 MG; 4 MG; 6 MG; 8 MG	60 Tablets Per 30 Days
Fanapt titration pack a	lloperidone Tab 1 MG & 2 MG & 4 MG & 6 MG Titration Pak	1 & 2 & 4 & 6 MG	1 Pack Per 180 Days
Imkeldi	imatinib mesylate oral soln	80 MG/ML	2 Bottles Per 28 Days
Gleevec	Imatinib Mesylate Tab	100 MG	90 Tablets Per 30 Days
Gleevec	Imatinib Mesylate Tab	400 MG	60 Tablets Per 30 Days
Zyclara pump	imiquimod cream	3.75%	2 Bottles Per 42 Days
Zyclara	imiquimod cream	3.75%	56 Packets Per 42 Days
Zyclara pump	Imiquimod Cream 2.5%	2.50%	2 Bottles Per 42 Days
	Imiquimod Cream 5%	5%	48 Packets Per 112 Days
Inluriyo	imlunestrant tosylate tab	200 MG	56 Tablets Per 28 Days
Itovebi	inavolisib tab	9 MG	28 Tablets Per 28 Days
Itovebi	inavolisib tab	3 MG	56 Tablets Per 28 Days
	Indomethacin Suppos 50 MG	50 MG	120 Suppositories Per 30 Days
Indocin	Indomethacin Susp 25 MG/5ML	25 MG/5ML	1200 mLs Per 30 Days
Zymfentra 1-pen; Zymfentra 2-pen	infliximab-dyyb soln auto-injector kit	120 MG/ML	2 Pens Per 28 Days
Zymfentra 2-syringe	infliximab-dyyb soln prefilled syringe kit	120 MG/ML	2 Syringes Per 28 Days
Tegsedi	Inotersen Sod Subcutaneous Pref Syr 284 MG/1.5ML (Base Eq)	284 MG/1.5ML	4 Syringes Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Fiasp; Fiasp flextouch; Fiasp penfill; Fiasp pumpcart; Insulin aspart; Insulin aspart flexpen; Insulin aspart penfill; Kirsty; Merilog; Merilog solostar; Novolog; Novolog flexpen; Novolog flexpen relion; Novolog penfill; Novolog relion	insulin aspart (with niacinamide) inj; insulin aspart (with niacinamide) sol pen-inj; insulin aspart (with niacinamide) soln cartridge; insulin aspart inj soln; insulin aspart soln cartridge; insulin aspart soln pen-injector; insulin aspart-szjj soln pen-injector; insulin aspart-szjj subcutaneous soln; insulin aspart-xjhz inj soln; insulin aspart-xjhz soln pen-injector	100 UNIT/ML	100 mLs Per 30 Days
Insulin aspart protamine;/ Novolog mix 70/30; Novolog mix 70/30 prefill; Novolog mix 70/30 relion	insulin aspart prot & aspart (human) inj; insulin aspart prot & aspart sus pen-inj	(70-30) 100 UNIT/ML	100 mLs Per 30 Days
Insulin degludec; Tresiba	Insulin Degludec Inj 100 Unit/ML	100 UNIT/ML	10 Vials Per 30 Days
Insulin degludec flextouch; Tresiba flextouch	Insulin Degludec Soln Pen-Injector 100 Unit/ML	100 UNIT/ML	33 Pens Per 30 Days
Insulin degludec flextouch; Tresiba flextouch	Insulin Degludec Soln Pen-Injector 200 Unit/ML	200 UNIT/ML	33 Pens Per 30 Days
Xultophy 100/3.6	Insulin Degludec-Liraglutide Sol Pen-Inj 100-3.6 Unit-MG/ML	100-3.6 UNIT-MG/ML	5 Pens Per 30 Days
Levemir	Insulin Detemir Inj 100 Unit/ML	100 UNIT/ML	10 Vials Per 30 Days
Levemir flexpen	Insulin Detemir Soln Pen-injector 100 Unit/ML	100 UNIT/ML	33 Pens Per 30 Days
Insulin glargine; Lantus; Semglee	Insulin Glargine Inj 100 Unit/ML	100 UNIT/ML	10 Vials Per 30 Days
Basaglar tempo pen	Insulin Glargine Pen-Inj with Transmitter Port	100 UNIT/ML	33 Pens Per 30 Days
Basaglar kwikpen; Insulin glargine solostar; Lantus solostar	Insulin Glargine Soln Pen-Injector 100 Unit/ML	100 UNIT/ML	33 Pens Per 30 Days
Insulin glargine solostar; Toujeo solostar	Insulin Glargine Soln Pen-Injector 300 Unit/ML (1 Unit Dial)	300 UNIT/ML	100 mLs Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Insulin glargine max solo; Toujeo max solostar	Insulin Glargine Soln Pen-Injector 300 Unit/ML (2 Unit Dial)	300 UNIT/ML	100 mLs Per 30 Days
Rezvoglar kwikpen	insulin glargine-aglr soln pen-injector	100 UNIT/ML	33 Pens Per 30 Days
Soliqua 100/33	Insulin Glargine-Lixisenatide Sol Pen-Inj 100-33 Unit-MCG/ML	100-33 UNT-MCG/ML	6 Pens Per 30 Days
Insulin glargine-yfgn; Semglee	Insulin Glargine-yfgn Inj	100 UNIT/ML	10 Vials Per 30 Days
Insulin glargine-yfgn; Semglee	Insulin Glargine-yfgn Soln Pen-Injector	100 UNIT/ML	33 Pens Per 30 Days
Apidra; Apidra solostar	insulin glulisine inj; insulin glulisine soln pen-injector inj	100 UNIT/ML	100 mLs Per 30 Days
Omnipod 5 dexcom g7g6 int; Omnipod 5 g7 intro kit (g; Omnipod 5 libre2 plus g6; Omnipod dash intro kit (g; Omnipod dash pdm kit (gen; Twiist starter kit	insulin infusion disposable pump kit		1 Kit Per 720 Days
Twiist refill kit	insulin infusion disposable pump reservoir kit		1 Kit Per 30 Days
Twiist refill kit/infusio	insulin infusion disposable pump reservoir/infus set kit		1 Kit Per 30 Days
Omnipod 5 dexcom g7g6 pod; Omnipod 5 g7 pods (gen 5); Omnipod 5 libre2 plus g6; Omnipod classic pods (gen; Omnipod dash pods (gen 4)	Insulin Infusion Disposable Pump Supplies		30 Pods Per 30 Days
Ilet insulin pump	insulin infusion pump - device		1 Kit Per 720 Days
Ilet insulin infusion kit	insulin infusion pump supplies		15 Kits Per 30 Days
Ilet insulin infusion kit	insulin infusion pump supplies		10 Kits Per 30 Days
Ilet insulin infusion kit	insulin infusion pump supplies		20 Kits Per 30 Days
Ilet starter kit - contac; Ilet starter kit - inset	insulin infusion pump supplies		1 Kit Per 720 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Admelog; Admelog solostar; Humalog; Humalog junior kwikpen; Humalog kwikpen; Humalog tempo pen; Insulin lispro; Insulin lispro junior kwi; Insulin lispro kwikpen; Lyumjev; Lyumjev kwikpen; Lyumjev tempo pen	insulin lispro inj soln; insulin lispro soln cartridge; insulin lispro soln pen-inj w/transmitter port; insulin lispro soln pen-injector; insulin lispro-aabc inj; insulin lispro-aabc soln pen-inj; insulin lispro-aabc soln pen-inj w/transmit port; insulin lispro-aabc soln pen-injector	100 UNIT/ML; 200 UNIT/ML	100 mLs Per 30 Days
Humalog mix 50/50; Humalog mix 50/50 kwikpen; Humalog mix 75/25; Humalog mix 75/25 kwikpen; Insulin lispro protamine/	insulin lispro prot & lispro inj; insulin lispro prot & lispro sus pen-inj; insulin lispro protamine & lispro inj	(50-50) 100 UNIT/ML; (75-25) 100 UNIT/ML	100 mLs Per 30 Days
Humulin 70/30; Humulin 70/30 kwikpen; Novolin 70/30; Novolin 70/30 flexpen; Novolin 70/30 flexpen rel; Novolin 70/30 relion	insulin nph & regular susp pen-inj; insulin nph isophane & regular human inj	(70-30) 100 UNIT/ML	100 mLs Per 30 Days
Humulin n; Humulin n kwikpen; Novolin n; Novolin n flexpen; Novolin n flexpen relion; Novolin n relion	insulin nph (human) (isophane) inj; insulin nph (human) (isophane) susp pen-injector	100 UNIT/ML	100 mLs Per 30 Days
1st tier unifine pentips; Advocate insulin pen need; Assure id safety pen need; Aurora pen needles 29gx12; Aurora pen needles 31g x; Bd autoshield duo 30g x 5; Bd pen needle/micro/ultra; Bd pen needle/mini/ultra-; Bd pen needle/nano 2nd ge; Bd pen needle/nano/ultra; Bd pen needle/original/ul; Bd pen needle/short/ultra; Carefine pen needle 32gx4; Carefine pen	insulin pen needle	29G X 10MM; 29G X 12.7MM; 29G X 12MM; 29G X 4MM; 29G X 5MM; 29G X 8MM; 30G X 5 MM; 30G X 6 MM; 30G X 8 MM; 31G X 4 MM; 31G X 5 MM; 31G X 6 MM; 31G X 8 MM; 32G X 4 MM; 32G X 5 MM; 32G X 6 MM; 32G X 8 MM; 33G X 4 MM; 33G X 5 MM; 33G X 6 MM; 33G X 8 MM; 34G X 3.5 MM	300 Insulin Pen Needles Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
<p>needles 29gx; Carefine pen needles 30gx; Carefine pen needles 31gx; Carefine pen needles 32gx; Careone unifine pentips p; Caretouch pen needles 31; Caretouch pen needles 31g; Caretouch pen needles 32g; Clever choice comfort ez; Clickfine pen needle 32gx; Clickfine pen needle univ; Clickfine pen needles 31g; Clickfine pen needles 32g; Clickfine universal pen n; Comfort ez micro/32g x 4m; Comfort ez short/31g x 8m; Comfort ez/31g x 5mm; Comfort ez/31g x 6mm; Droplet pen needles 29gx1; Droplet pen needles 30g x; Droplet pen needles 31gx5; Droplet pen needles 31gx6; Droplet pen needles 31gx8; Droplet pen needles 32g x; Droplet pen needles 32gx4; Droplet pen needles 32gx5; Droplet pen needles 32gx6; Droplet pen needles 32gx8; Dropsafe safety pen needl; Dropsafe saftey pen needl; Drug mart unifine pentips; Easy comfort pen needles; Easy glide pen needles 33; Easy touch 32gx5mm; Easy touch 32gx6mm; Easy touch pen needle 30; Easy touch pen needle/30; Easy touch pen needles 29; Easy touch pen needles 31; Easy touch pen needles 32; Easy touch pen</p>			

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
needles/31; Easy touch safety pen nee; Fifty50 pen needles 31g x; Fifty50 pen needles 31gx5; Fifty50 pen needles/31gx8; Fifty50 pen needles/32gx4; Fifty50 pen needles/32gx6; Global ease inject pen ne; Global easy glide pen nee; Gnp clickfine universal p; Goodsense clickfine safet; Goodsense pen needle/penf; H-e-b in control pen need; H-e-b in control unifine; H-e-b incontrol pen needl; Healthwise micron pen nee; Healthwise short pen need; Hm ulticare short pen nee; Insupen 29g x 12mm; Insupen 31g x 5mm; Insupen 31g x 8mm; Insupen 32g x 4mm; Kroger pen needles 29g x; Kroger pen needles 31g x; Kroger pen needles 31gx1/; Kroger pen needles/31g x; Kroger pen needles/32g x; Kroger pen needles/33g x; Leader unifine pentips pl; Leader unifine pentips/mi; Leader unifine pentips/na; Leader unifine pentips/pl; Litetouch insulin pen nee; Litetouch pen needles 29g; Litetouch pen needles 31g; Litetouch pen needles/31; Litetouch pen needles/31g; Marathon medical pentips; Maxi-comfort safety pen n; Maxicomfort ii pen needle; Medicine shoppe pen needl; Meijer pen needles 29g x; Meijer			

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
<p>pen needles 31g x; Microdot pen needle/31g x; Microdot pen needle/32g x; Microdot pen needle/33g x; Mm pen needles 31g x 1/4"; Pc unifine pentips 31g x; Pen needles 30gx5mm; Pen needles 30gx8mm; Pen needles 31g x 3/16"; Pen needles 31g x 5mm; Pen needles 31g x 6mm; Pen needles 31g x 8mm; Pen needles 31gx5/16"; Pen needles 31gx6mm (1/4"; Pen needles 31gx8mm; Pen needles 32g x 4mm; Pen needles 32g x 5mm; Pen needles 32g x 6mm; Pen needles 32gx4mm; Pen needles 33g x 5/32"; Pen needles/29g x 1/2"; Pen needles/31g x 1/4"; Pen needles/31g x 3/16"; Pen needles/31g x 5/16"; Pen needles/32g x 5/32"; Pentips 29g x 12mm; Pentips 29gx12mm; Pentips 31g x 5mm; Pentips 31g x 8mm; Pentips 31gx5mm; Pentips 31gx6mm; Pentips 31gx8mm; Pentips 32g x 4mm; Pentips 32gx4mm; Preferred plus unifine pe; Prevent safety pen needle; Pro comfort pen needles/; Pure comfort pen needle 3; Pure comfort pen needle/3; Px extra short pen needle; Px mini pen needles 31gx5; Px pen needle 29gx12mm; Px pen needle 31gx8mm; Qc pen needles 29g x 12mm; Qc pen needles 31g x 6mm; Qc pen needles 31g x</p>			

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
8mm; Qc unifine pentips 32gx4m; Ra pen needles 31g x 5mm; Ra pen needles 31g x 8mm; Relion mini pen needles 3; Relion pen needles 29gx12; Relion pen needles 31gx6m; Relion pen needles 31gx8m; Relion pen needles 32g x; Relion pen needles 32gx4m			
Afrezza	Insulin Regular (Human) Inh Powd 4 & 8 & 12 Unit/Cart (60)	60x4 & 60x8 & 60x12 UNIT	1260 Cartridges Per 30 Days
Afrezza	Insulin Regular (Human) Inh Powd 90 x 8 Unit & 90 x 12 Unit	90 x 8 UNIT & 90x12 UNIT	1080 Cartridges Per 30 Days
Afrezza	Insulin Regular (Human) Inhal Powd 90 x 4 Unit & 90 x 8 Unit	90 x 4 UNIT & 90x8 UNIT	1800 Cartridges Per 30 Days
Afrezza	Insulin Regular (Human) Inhalation Powder 12 Unit/Cartridge	12 UNIT	900 Cartridges Per 30 Days
Afrezza	Insulin Regular (Human) Inhalation Powder 4 Unit/Cartridge	4 UNIT	2520 Cartridges Per 30 Days
Afrezza	Insulin Regular (Human) Inhalation Powder 8 Unit/Cartridge	8 UNIT	1260 Cartridges Per 30 Days
Humulin r; Novolin r; Novolin r relion	Insulin Regular (Human) Inj 100 Unit/ML	100 UNIT/ML	100 mLs Per 30 Days
Humulin r u-500 (concentr	Insulin Regular (Human) Inj 500 Unit/ML	500 UNIT/ML	100 mLs Per 30 Days
Novolin r flexpen; Novolin r flexpen relion	Insulin Regular (Human) Soln Pen-Injector 100 Unit/ML	100 UNIT/ML	100 mLs Per 30 Days
Humulin r u-500 kwikpen	Insulin Regular (Human) Soln Pen-Injector 500 Unit/ML	500 UNIT/ML	100 mLs Per 30 Days

Dispensing Limits Summary

<p>Advocate insulin syringe/; Aq insulin syringe/0.5ml/; Aq insulin syringe/1ml/29; Aq insulin syringe/1ml/31; B-d insulin syringe ultra; Bd lo-dose insulin syrin; Bd insulin syringe luer-l; Bd insulin syringe microf; Bd insulin syringe safety; Bd insulin syringe ultra; Bd insulin syringe ultra-; Bd insulin syringe ultraf; Bd insulin syringe/0.3ml/; Bd insulin syringe/0.5ml/; Bd insulin syringe/1ml/27; Bd insulin syringe/1ml/29; Bd insulin syringe/u-100/; Bd insulin syringe/u-500/; Bd safety-glide insulin s; Bd safetyglide insulin sy; Bd veo insulin syringe ul; Careone insulin syringes/; Caretouch insulin syringe; Clever choice comfort ez; Comfort assist insulin sy; Comfort ez insulin syring; Droplet insulin syringe 0; Droplet insulin syringe 1; Droplet insulin syringe u; Droplet insulin syringe/0; Droplet insulin syringe/1; Droplet insulin syringe/u; Dropsafe insulin safety s; Easy comfort insulin syri; Easy touch fliplock safet; Easy touch insulin syring; Easy touch sheathlock saf; Embecta insulin syringe; Embecta insulin syringe u; Embecta insulin syringe/; Embecta insulin syringe/0; Embecta insulin syringe/1; Embecta insulin syringe/2; Embecta insulin syringe/u; Eql insulin syringe/0.3ml; Eql insulin syringe/0.5ml; Eql</p>	<p>insulin syringe (disp) u-; insulin syringe/needle u-</p>	<p>25G X 5/8" 1 ML; 27.5G X 5/8" 2 ML; 27G X 1/2" 0.5 ML; 27G X 1/2" 1 ML; 27G X 5/8" 1 ML; 28G X 1/2" 0.5 ML; 28G X 1/2" 1 ML; 28G X 5/16" 1 ML; 29G X 1/2" 0.3 ML; 29G X 1/2" 0.5 ML; 29G X 1/2" 1 ML; 29G X 5/16" 0.5 ML; 29G X 5/16" 1 ML; 30G X 1/2" 0.3 ML; 30G X 1/2" 0.5 ML; 30G X 1/2" 1 ML; 30G X 15/64" 0.3 ML; 30G X 15/64" 0.5 ML; 30G X 15/64" 1 ML; 30G X 3/16" 0.5 ML; 30G X 3/16" 1 ML; 30G X 5/16" 0.3 ML; 30G X 5/16" 0.5 ML; 30G X 5/16" 1 ML; 31G X 1/2" 0.3 ML; 31G X 1/4" 0.3 ML; 31G X 1/4" 0.5 ML; 31G X 1/4" 1 ML; 31G X 15/64" 0.3 ML; 31G X 15/64" 0.5 ML; 31G X 15/64" 1 ML; 31G X 5/16" 0.3 ML; 31G X 5/16" 0.5 ML; 31G X 5/16" 1 ML; 31G X 6MM 0.5 ML; 32G X 5/16" 0.5 ML; 32G X 5/16" 1 ML; U-100 0.3 ML; U-100 0.5 ML; U-100 1 ML</p>	<p>300 Syringes Per 30 Days</p>
---	--	--	---------------------------------

Dispensing Limits Summary

<p> insulin syringe/1ml/2; Eql insulin syringe/1ml/3; Fifty50 superior comfort; Global easy glide insulin; Global inject ease insuli; Global insulin syringe/u-; Global insulin syringes/u; Glucopro insulin syringe/ Gnp insulin syringe/0.3ml; Gnp insulin syringe/0.5ml; Gnp insulin syringe/1ml/2; Gnp insulin syringe/1ml/3; Gnp insulin syringes/0.3m; Gnp insulin syringes/1/2m; Gnp insulin syringes/1ml/ Gnp ultra comfort insulin; Healthwise insulin syring; Hm ulticare insulin syrin; Insulin syringe/0.3ml/30g; Insulin syringe/0.3ml/31g; Insulin syringe/0.5ml/28g; Insulin syringe/0.5ml/30g; Insulin syringe/0.5ml/31g; Insulin syringe/1ml/29g x; Insulin syringe/1ml/30g x; Insulin syringe/needle 0.; Insulin syringe/needle 1m; Insulin syringe/u- 100/0.3; Insulin syringe/u- 100/0.5; Insulin syringe/u- 100/1ml; Insulin syringes/u-100/0.; Insulin syringes/u-100/1m; Kinray insulin syringe pr; Kinray insulin syringe/0.; Kmart valu plus insulin s; Kroger insulin syringe/0.; Kroger insulin syringe/1m; Leader insulin syringe/0.; Leader insulin syringe/1m; Litetouch insulin syringe; Longs insulin syringe/0.5; Magellan insulin safety s; Maxi-comfort insulin syri; Maxicomfort insulin syrin; Medic insulin syringe/0.3; Medic insulin syringe/0.5; </p>			
---	--	--	--

Dispensing Limits Summary

<p> Mm insulin syringe/u-100/; Monoject insulin syringe; Monoject insulin syringe/; Monoject ultra comfort in; Ms insulin syringe/0.3ml/; Ms insulin syringe/0.5ml/; Ms insulin syringe/1ml/31; Precision sure-dose insul; Preferred plus insulin sy; Pro comfort insulin syrin; Prodigy insulin syring/u-; Prodigy insulin syringe/1; Px insulin syringe/u-100/; Ra insulin syringe/0.5ml/; Ra insulin syringe/1ml/29; Ra insulin syringe/u-100/; Reality insulin syringe/u; Relion insulin syringe 0.; Relion insulin syringe 1m; Relion insulin syringe/u-; Sb insulin syringe/u-100/; Securesafe safety insulin; Sure comfort insulin syri; Techlite insulin syringe; Topcare ultra comfort ins; True comfort insulin syri; True comfort pro insulin; True comfort safety insul; Trueplus insulin syringe; Trueplus insulin syringe/; Ulticare insulin safety s; Ulticare insulin syringe; Ulticare insulin syringe/; Ulticare u-100 insulin sy; Ultiguard safepack insuli; Ultiguard safepack/syring; Ultra comfort insulin syr; Ultra flo insulin syringe; Ultra-thin ii insulin syr; Ultracare insulin syringe; Value health insulin syri; Vanishpoint insulin syrin; Verifine insulin syringe; Verifine insulin syringe/; Vp insulin syringe/u-100/; Zevrx insulin syringe/0.5; Zevrx insulin syringe/1ml </p>			
---	--	--	--

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
	interferon beta-	0.3 MG	15 Vials Per 30 Days
Betaseron	interferon beta-	0.3 MG	14 Vials Per 28 Days
Rebif rebidose titration	Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	6X8.8 & 6X22 MCG	1 Kit Per 180 Days
Avonex pen	Interferon Beta-1a IM Auto- Injector Kit 30 MCG/0.5ML	30 MCG/0.5ML	1 Kit Per 28 Days
Avonex	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	30 MCG/0.5ML	1 Kit Per 28 Days
Rebif titration pack	Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	6X8.8 & 6X22 MCG	1 Kit Per 180 Days
Rebif rebidose	Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)	22 MCG/0.5ML	12 Syringes Per 28 Days
Rebif rebidose	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	44 MCG/0.5ML	12 Syringes Per 28 Days
Rebif	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)	22 MCG/0.5ML	12 Syringes Per 28 Days
Rebif	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	44 MCG/0.5ML	12 Syringes Per 28 Days
Atrovent hfa	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	17 MCG/ACT	2 Inhalers Per 30 Days
	Ipratropium Bromide Inhal Soln 0.02%	0.02%	150 Vials Per 30 Days
Combivent respimat	Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT	20-100 MCG/ACT	2 Inhalers Per 30 Days
	Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	0.5-2.5 (3) MG/3ML	540 mLs Per 30 Days
Fabhalta	iptacopan 200 mg capsules	200 MG	60 Capsules Per 30 Days
Absorica	Isotretinoin Cap 10 MG	10 MG	60 Capsules Per 30 Days
Absorica	Isotretinoin Cap 20 MG	20 MG	60 Capsules Per 30 Days
Absorica	Isotretinoin Cap 25 MG	25 MG	60 Capsules Per 30 Days
Absorica	Isotretinoin Cap 30 MG	30 MG	60 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Absorica	Isotretinoin Cap 35 MG	35 MG	60 Capsules Per 30 Days
Absorica	Isotretinoin Cap 40 MG	40 MG	60 Capsules Per 30 Days
Absorica ld	Isotretinoin Micronized Cap 16 MG	16 MG	60 Capsules Per 30 Days
Absorica ld	Isotretinoin Micronized Cap 24 MG	24 MG	60 Capsules Per 30 Days
Absorica ld	Isotretinoin Micronized Cap 32 MG	32 MG	60 Capsules Per 30 Days
Absorica ld	Isotretinoin Micronized Cap 8 MG	8 MG	60 Capsules Per 30 Days
Sporanox	Itraconazole Cap 100 MG	100 MG	120 Capsules Per 30 Days
Sporanox	Itraconazole Oral Soln 10 MG/ML	10 MG/ML	1200 mLs Per 30 Days
Corlanor	Ivabradine HCl Oral Soln 5 MG/5ML (Base Equiv)	5 MG/5ML	600 mLs Per 30 Days
Corlanor	ivabradine hcl tab	5 MG; 7.5 MG	60 Tablets Per 30 Days
Kalydeco	ivacaftor packet	13.4 MG	60 Packets Per 30 Days
Kalydeco	ivacaftor packet	5.8 MG	60 Packets Per 30 Days
Kalydeco	Ivacaftor Packet 25 MG	25 MG	60 Packets Per 30 Days
Kalydeco	Ivacaftor Packet 50 MG	50 MG	60 Packets Per 30 Days
Kalydeco	Ivacaftor Packet 75 MG	75 MG	60 Packets Per 30 Days
Kalydeco	Ivacaftor Tab 150 MG	150 MG	60 Tablets Per 30 Days
Soolantra	Ivermectin Cream 1%	1%	45 Grams Per 30 Days
Tibsovo	Ivosidenib Tab 250 MG	250 MG	60 Tablets Per 30 Days
Ninlaro	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	2.3 MG	3 Capsules Per 28 Days
Ninlaro	Ixazomib Citrate Cap 3 MG (Base Equivalent)	3 MG	3 Capsules Per 28 Days
Ninlaro	Ixazomib Citrate Cap 4 MG (Base Equivalent)	4 MG	3 Capsules Per 28 Days
Taltz	Ixekizumab Subcutaneous Soln Auto-injector 80 MG/ML	80 MG/ML	1 Syringe Per 28 Days
Taltz	ixekizumab subcutaneous soln prefilled syringe	20 MG/0.25ML	1 Syringe Per 28 Days
Taltz	ixekizumab subcutaneous soln prefilled syringe	40 MG/0.5ML	1 Syringe Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Taltz	ixekizumab subcutaneous soln prefilled syringe	80 MG/ML	1 Syringe Per 28 Days
Taltz	Ixekizumab Subcutaneous Soln Prefilled Syringe 80 MG/ML	80 MG/ML	1 Syringe Per 28 Days
	Ketoconazole Cream 2%	2%	180 Grams Per 30 Days
	Ketoconazole Foam 2%	2%	100 Grams Per 30 Days
Ketoprofen; Kiprofen	Ketoprofen Cap 25 MG	25 MG	360 Capsules Per 30 Days
Ketoprofen	Ketoprofen Cap 50 MG	50 MG	180 Capsules Per 30 Days
Ketoprofen er	Ketoprofen Cap ER 24HR 200 MG	200 MG	30 Capsules Per 30 Days
Sprix	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	15.75 MG/SPRAY	5 Bottles Per 30 Days
	ketorolac tromethamine tab	10 MG	20 Tablets Per 30 Days
Epivir	Lamivudine Oral Soln 10 MG/ML	10 MG/ML; 300 MG/30ML	960 mLs Per 30 Days
Epivir	Lamivudine Tab 150 MG	150 MG	60 Tablets Per 30 Days
Epivir	Lamivudine Tab 300 MG	300 MG	30 Tablets Per 30 Days
Cimduo	Lamivudine-Tenofovir Disoproxil Fumarate Tab 300-300 MG	300-300 MG	30 Tablets Per 30 Days
	lamivudine-zidovudine tab	150-300 MG	60 Tablets Per 30 Days
Takhzyro	Lanadelumab-flyo Inj 300 MG/2ML (150 MG/ML)	300 MG/2ML	2 Vials Per 28 Days
Takhzyro	Lanadelumab-flyo Soln Pref Syringe	300 MG/2ML	2 Syringes Per 28 Days
Takhzyro	lanadelumab-flyo soln pref syringe	150 MG/ML	2 Syringes Per 28 Days
Prevacid; Prevacid 24hr	lansoprazole cap delayed release	15 MG; 30 MG	60 Capsules Per 30 Days
Prevacid solutab	lansoprazole tab delayed release orally disintegrating	15 MG; 30 MG	60 Tablets Per 30 Days
Fosrenol	Lanthanum Carbonate Chew Tab 1000 MG (Elemental)	1000 MG	120 Tablets Per 30 Days
Fosrenol	Lanthanum Carbonate Chew Tab 500 MG (Elemental)	500 MG	270 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Fosrenol	Lanthanum Carbonate Chew Tab 750 MG (Elemental)	750 MG	180 Tablets Per 30 Days
Fosrenol	Lanthanum Carbonate Oral Powder Pack 1000 MG (Elemental)	1000 MG	120 Packs Per 30 Days
Fosrenol	Lanthanum Carbonate Oral Powder Pack 750 MG (Elemental)	750 MG	180 Packs Per 30 Days
Tykerb	Lapatinib Ditosylate Tab	250 MG	180 Tablets Per 30 Days
Vitrakvi	Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	100 MG	60 Capsules Per 30 Days
Vitrakvi	Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	25 MG	180 Capsules Per 30 Days
Vitrakvi	Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	20 MG/ML	300 mLs Per 30 Days
Reyvow	Lasmiditan Succinate Tab 100 MG	100 MG	8 Tablets Per 30 Days
Reyvow	Lasmiditan Succinate Tab 50 MG	50 MG	8 Tablets Per 30 Days
Iyuzeh	latanoprost (pf) ophth soln	0.01%	30 Vials Per 30 Days
Xelpros	Latanoprost Ophth Emulsion 0.005%	0.01%	2.5 mLs Per 20 Days
Latanoprost; Xalatan	Latanoprost Ophth Soln 0.005%	0.01%	2.5 mLs Per 20 Days
Vyzulta	Latanoprostene Bunod Ophth Soln 0.024%	0.02%	5 mLs Per 20 Days
Lazcluze	lazertinib mesylate tab	240 MG	30 Tablets Per 30 Days
Lazcluze	lazertinib mesylate tab	80 MG	60 Tablets Per 30 Days
Ebglyss	lebrikizumab-lbkz solution prefilled syringe	250 MG/2ML	1 Syringe Per 28 Days
Ebglyss	lebrikizumab-lbkz subcutaneous soln auto-inject	250 MG/2ML	1 Pen Per 28 Days
Legembi iqlik	lecanemab-irmb soln auto-inj	360 MG/1.8ML	4 Pens Per 28 Days
Harvoni	ledipasvir-sofosbuvir pellet pack	33.75-150 MG; 45-200 MG	28 Packs Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Harvoni; Ledipasvir/sofosbuvir	ledipasvir-sofosbuvir tab	45-200 MG; 90-400 MG	28 Tablets Per 28 Days
Yeztugo	lenacapavir sodium tab	300 MG	4 Tablets Per 365 Days
Sunlenca	lenacapavir sodium tab	300 MG	4 Tablets Per 365 Days
Sunlenca	Lenacapavir Sodium Tab Therapy Pack	300 MG	5 Tablets Per 365 Days
Sunlenca	Lenacapavir Sodium Tab Therapy Pack	300 MG	4 Tablets Per 365 Days
Revlimid	Lenalidomide Cap 10 MG	10 MG	30 Capsules Per 30 Days
Revlimid	Lenalidomide Cap 15 MG	15 MG	21 Capsules Per 28 Days
Revlimid	Lenalidomide Cap 20 MG	20 MG	21 Capsules Per 28 Days
Revlimid	Lenalidomide Cap 25 MG	25 MG	21 Capsules Per 28 Days
Revlimid	Lenalidomide Cap 5 MG	5 MG	30 Capsules Per 30 Days
Revlimid	Lenalidomide Caps 2.5 MG	2.5 MG	30 Capsules Per 30 Days
Lenvima 24 mg daily dose	Lenvatinib Cap Ther Pack	2 x 10 MG & 4 MG	90 Capsules Per 30 Days
Lenvima 18 mg daily dose	Lenvatinib Cap Ther Pack	10 MG & 2 x 4 MG	90 Capsules Per 30 Days
Lenvima 8 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	60 Capsules Per 30 Days
Lenvima 14 mg daily dose	Lenvatinib Cap Therapy Pack	10 & 4 MG	60 Capsules Per 30 Days
Lenvima 12mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	90 Capsules Per 30 Days
Lenvima 4 mg daily dose	Lenvatinib Cap Therapy Pack	4 MG	30 Capsules Per 30 Days
Lenvima 10 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	30 Capsules Per 30 Days
Lenvima 20 mg daily dose	Lenvatinib Cap Therapy Pack	10 MG	60 Capsules Per 30 Days
Prevymis	letermovir tab	240 MG; 480 MG	200 Tablets Per 365 Days
Aqneursa	levacetylleucine for susp packet	1 GM	120 Packets Per 30 Days
	Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	0.31 MG/3ML	96 Vials Per 30 Days
	Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	0.63 MG/3ML	97 Vials Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
	Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	1.25 MG/3ML	96 Vials Per 30 Days
	Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)	1.25 MG/0.5ML	90 Vials Per 30 Days
Levalbuterol tartrate hfa; Xopenex hfa	levalbuterol tartrate inhal aerosol	45 MCG/ACT	2 Inhalers Per 30 Days
Elepsia xr	Levetiracetam Tab ER	1500 MG	60 Tablets Per 30 Days
Elepsia xr	Levetiracetam Tab ER	1000 MG	90 Tablets Per 30 Days
Recorlev	Levoketoconazole Tab	150 MG	240 Tablets Per 30 Days
	Lidocaine HCl Soln 4%	4%	150 mLs Per 30 Days
Lidocaine hydrochloride j	Lidocaine HCl Urethral/Mucosal Gel 2%	2%	150 mLs Per 30 Days
	Lidocaine HCl Urethral/Mucosal Gel Prefilled Syringe 2%	2%	150 mLs Per 30 Days
Premium lidocaine	Lidocaine Oint 5%	5%	100 Grams Per 30 Days
Ztlido	Lidocaine Patch 1.8% (36 MG)	1.80%	90 Systems Per 30 Days
Lidoderm	Lidocaine Patch 5%	5%	90 Patches Per 30 Days
	Lidocaine-Prilocaine Cream 2.5-2.5%	2.5-2.5 %	60 Grams Per 30 Days
Pliaglis	Lidocaine-Tetracaine Cream 7-7%	7-7 %	120 Grams Per 30 Days
Xiidra	lifitegrast ophth soln	5%	60 Vials Per 30 Days
Linzess	linaclotide cap	145 MCG; 290 MCG; 72 MCG	30 Capsules Per 30 Days
Tradjenta	Linagliptin Tab 5 MG	5 MG	30 Tablets Per 30 Days
Jentadueto	Linagliptin-Metformin HCl Tab 2.5-1000 MG	2.5-1000 MG	60 Tablets Per 30 Days
Jentadueto	Linagliptin-Metformin HCl Tab 2.5-500 MG	2.5-500 MG	60 Tablets Per 30 Days
Jentadueto	Linagliptin-Metformin HCl Tab 2.5-850 MG	2.5-850 MG	60 Tablets Per 30 Days
Jentadueto xr	Linagliptin-Metformin HCl Tab ER 24HR 2.5-1000 MG	2.5-1000 MG	60 Tablets Per 30 Days
Jentadueto xr	Linagliptin-Metformin HCl Tab ER 24HR 5-1000 MG	5-1000 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Zyvox	linezolid for susp	100 MG/5ML	600 mLs Per 180 Days
Zyvox	linezolid tab	600 MG	56 Tablets Per 180 Days
Victoza	liraglutide soln pen-injector	18 MG/3ML; 6 MG/ML	3 Pens Per 30 Days
Victoza	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	18 MG/3ML; 6 MG/ML	3 Pens Per 30 Days
Vyvanse	lisdexamfetamine dimesylate cap	10 MG; 20 MG; 30 MG; 40 MG; 50 MG; 60 MG; 70 MG	30 Capsules Per 30 Days
Vyvanse	lisdexamfetamine dimesylate chew tab	10 MG; 20 MG; 30 MG; 40 MG; 50 MG; 60 MG	30 Tablets Per 30 Days
Arynta	lisdexamfetamine dimesylate oral solution	10 MG/ML	240 mLs Per 30 Days
Qbrelis	Lisinopril Oral Soln 1 MG/ML	1 MG/ML	2400 mLs Per 30 Days
Kaletra	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	400-100 MG/5ML	480 mLs Per 30 Days
Kaletra	Lopinavir-Ritonavir Tab 100-25 MG	100-25 MG	180 Tablets Per 30 Days
Kaletra	Lopinavir-Ritonavir Tab 200-50 MG	200-50 MG	120 Tablets Per 30 Days
Ativan	Lorazepam Tab 0.5 MG	0.5 MG	150 Tablets Per 30 Days
Ativan	Lorazepam Tab 1 MG	1 MG	150 Tablets Per 30 Days
Ativan	Lorazepam Tab 2 MG	2 MG	150 Tablets Per 30 Days
Lorbrena	Lorlatinib Tab	25 MG	120 Tablets Per 30 Days
Lorbrena	Lorlatinib Tab	100 MG	30 Tablets Per 30 Days
Eysuvis	Loteprednol Etabonate Ophth Susp	0.25%	16.6 mLs Per 90 Days
Xdemvy	lotilaner ophth soln	0.25%	1 Bottle Per 42 Days
Amitiza	Lubiprostone Cap 24 MCG	24 MCG	60 Capsules Per 30 Days
Amitiza	Lubiprostone Cap 8 MCG	8 MCG	120 Capsules Per 30 Days
Orkambi	Lumacaftor-Ivacaftor Granules Packet	75-94 MG	60 Packets Per 30 Days
Orkambi	Lumacaftor-Ivacaftor Granules Packet 100-125 MG	100-125 MG	60 Packets Per 30 Days
Orkambi	Lumacaftor-Ivacaftor Granules Packet 150-188 MG	150-188 MG	60 Packets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Orkambi	Lumacaftor-Ivacaftor Tab 100-125 MG	100-125 MG	120 Tablets Per 30 Days
Orkambi	Lumacaftor-Ivacaftor Tab 200-125 MG	200-125 MG	120 Tablets Per 30 Days
Caplyta	Lumateperone Tosylate Cap	10.5 MG	30 Capsules Per 30 Days
Caplyta	Lumateperone Tosylate Cap	21 MG	30 Capsules Per 30 Days
Caplyta	Lumateperone Tosylate Cap 42 MG	42 MG	30 Capsules Per 30 Days
Latuda	Lurasidone HCl Tab 120 MG	120 MG	30 Tablets Per 30 Days
Latuda	Lurasidone HCl Tab 20 MG	20 MG	30 Tablets Per 30 Days
Latuda	Lurasidone HCl Tab 40 MG	40 MG	30 Tablets Per 30 Days
Latuda	Lurasidone HCl Tab 60 MG	60 MG	30 Tablets Per 30 Days
Latuda	Lurasidone HCl Tab 80 MG	80 MG	60 Tablets Per 30 Days
Mulpleta	Lusutrombopag Tab 3 MG	3 MG	7 Tablets Per 7 Days
Selzentry	Maraviroc Oral Soln 20 MG/ML	20 MG/ML	1840 mLs Per 30 Days
Selzentry	Maraviroc Tab 150 MG	150 MG	60 Tablets Per 30 Days
Selzentry	Maraviroc Tab 300 MG	300 MG	120 Tablets Per 30 Days
Hypavzi	marstacimab-hncq subcutaneous soln auto-inj	150 MG/ML	4 Pens Per 28 Days
Camzyos	Mavacamten Cap	2.5 MG	30 Capsules Per 30 Days
Camzyos	Mavacamten Cap	5 MG	30 Capsule Per 30 Days
Camzyos	Mavacamten Cap	15 MG	30 Capsules Per 30 Days
Camzyos	Mavacamten Cap	10 MG	30 Capsules Per 30 Days
Xolremdi	mavorixafor cap	100 MG	120 Capsules Per 30 Days
	Mefenamic Acid Cap 250 MG	250 MG	120 Capsules Per 30 Days
	Meloxicam Cap 10 MG	10 MG	30 Capsules Per 30 Days
	Meloxicam Cap 5 MG	5 MG	30 Capsules Per 30 Days
Meloxicam; Zybic	Meloxicam Susp 7.5 MG/5ML	7.5 MG/5ML	300 mLs Per 30 Days
Menopur	Menotropins For Subcutaneous Inj 75 Unit	75 UNIT	60 Vials Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Nucala	Mepolizumab Subcutaneous Solution Auto-injector 100 MG/ML	100 MG/ML	3 Pens Per 28 Days
Nucala	Mepolizumab Subcutaneous Solution Pref Syringe	40 MG/0.4ML	1 Syringe Per 28 Days
Nucala	Mepolizumab Subcutaneous Solution Pref Syringe 100 MG/ML	100 MG/ML	3 Syringes Per 28 Days
Metaxalone	metaxalone tab	640 MG	120 Tablets Per 30 Days
Riomet	Metformin HCl Oral Soln 500 MG/5ML	500 MG/5ML	780 mLs Per 30 Days
Metformin hydrochloride	metformin hcl tab	750 MG	90 Tablets Per 30 Days
	Metformin HCl Tab	625 MG	120 Tablets Per 30 Days
Glumetza	Metformin HCl Tab ER 24HR Modified Release 1000 MG	1000 MG	60 Tablets Per 30 Days
Glumetza	Metformin HCl Tab ER 24HR Modified Release 500 MG	500 MG	120 Tablets Per 30 Days
	Metformin HCl Tab ER 24HR Osmotic 1000 MG	1000 MG	60 Tablets Per 30 Days
	Metformin HCl Tab ER 24HR Osmotic 500 MG	500 MG	150 Tablets Per 30 Days
Desoxyn	Methamphetamine HCl Tab 5 MG	5 MG	150 Tablets Per 30 Days
	Methocarbamol Tab	1000 MG	120 Tablets Per 30 Days
Relistor	methylalntrexone bromide inj	12 MG/0.6ML	30 Syringes Per 30 Days
Relistor	methylalntrexone bromide inj	8 MG/0.4ML	30 Syringes Per 30 Days
Relistor	Methylalntrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)	12 MG/0.6ML	60 Vials Per 30 Days
Relistor	Methylalntrexone Bromide Tab 150 MG	150 MG	90 Tablets Per 30 Days
Jornay pm	Methylphenidate HCl Cap Delayed ER 24HR 100 MG (PM)	100 MG	30 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Jornay pm	Methylphenidate HCl Cap Delayed ER 24HR 20 MG (PM)	20 MG	30 Capsules Per 30 Days
Jornay pm	Methylphenidate HCl Cap Delayed ER 24HR 40 MG (PM)	40 MG	30 Capsules Per 30 Days
Jornay pm	Methylphenidate HCl Cap Delayed ER 24HR 60 MG (PM)	60 MG	30 Capsules Per 30 Days
Jornay pm	Methylphenidate HCl Cap Delayed ER 24HR 80 MG (PM)	80 MG	30 Capsules Per 30 Days
Metadate cd	Methylphenidate HCl Cap ER 10 MG (CD)	10 MG	60 Capsules Per 30 Days
Metadate cd	Methylphenidate HCl Cap ER 20 MG (CD)	20 MG	60 Capsules Per 30 Days
Ritalin la	Methylphenidate HCl Cap ER 24HR 10 MG (LA)	10 MG	30 Capsules Per 30 Days
Aptensio xr	Methylphenidate HCl Cap ER 24HR 10 MG (XR)	10 MG	30 Capsules Per 30 Days
Aptensio xr	Methylphenidate HCl Cap ER 24HR 15 MG (XR)	15 MG	30 Capsules Per 30 Days
Ritalin la	Methylphenidate HCl Cap ER 24HR 20 MG (LA)	20 MG	90 Capsules Per 30 Days
Aptensio xr	Methylphenidate HCl Cap ER 24HR 20 MG (XR)	20 MG	30 Capsules Per 30 Days
Ritalin la	Methylphenidate HCl Cap ER 24HR 30 MG (LA)	30 MG	60 Capsules Per 30 Days
Aptensio xr	Methylphenidate HCl Cap ER 24HR 30 MG (XR)	30 MG	30 Capsules Per 30 Days
Ritalin la	Methylphenidate HCl Cap ER 24HR 40 MG (LA)	40 MG	30 Capsules Per 30 Days
Aptensio xr	Methylphenidate HCl Cap ER 24HR 40 MG (XR)	40 MG	30 Capsules Per 30 Days
Aptensio xr	Methylphenidate HCl Cap ER 24HR 50 MG (XR)	50 MG	30 Capsules Per 30 Days
	Methylphenidate HCl Cap ER 24HR 60 MG (LA)	60 MG	30 Capsules Per 30 Days
Aptensio xr	Methylphenidate HCl Cap ER 24HR 60 MG (XR)	60 MG	30 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Metadate cd	Methylphenidate HCl Cap ER 30 MG (CD)	30 MG	60 Capsules Per 30 Days
Metadate cd	Methylphenidate HCl Cap ER 40 MG (CD)	40 MG	30 Capsules Per 30 Days
Metadate cd	Methylphenidate HCl Cap ER 50 MG (CD)	50 MG	30 Capsules Per 30 Days
Metadate cd	Methylphenidate HCl Cap ER 60 MG (CD)	60 MG	30 Capsules Per 30 Days
	Methylphenidate HCl Chew Tab 10 MG	10 MG	180 Tablets Per 30 Days
	Methylphenidate HCl Chew Tab 2.5 MG	2.5 MG	180 Tablets Per 30 Days
	Methylphenidate HCl Chew Tab 5 MG	5 MG	180 Tablets Per 30 Days
Quillichew er	Methylphenidate HCl Chew Tab Extended Release 20 MG	20 MG	30 Tablets Per 30 Days
Quillichew er	Methylphenidate HCl Chew Tab Extended Release 30 MG	30 MG	60 Tablets Per 30 Days
Quillichew er	Methylphenidate HCl Chew Tab Extended Release 40 MG	40 MG	30 Tablets Per 30 Days
Quillivant xr	Methylphenidate HCl For ER Susp 25 MG/5ML (5 MG/ML)	25 MG/5ML	360 mLs Per 30 Days
Methylin	Methylphenidate HCl Soln 10 MG/5ML	10 MG/5ML	900 mLs Per 30 Days
Methylin	Methylphenidate HCl Soln 5 MG/5ML	5 MG/5ML	450 mLs Per 30 Days
Ritalin	Methylphenidate HCl Tab 10 MG	10 MG	180 Tablets Per 30 Days
Ritalin	Methylphenidate HCl Tab 20 MG	20 MG	90 Tablets Per 30 Days
Ritalin	Methylphenidate HCl Tab 5 MG	5 MG	360 Tablets Per 30 Days
	Methylphenidate HCl Tab ER 10 MG	10 MG	90 Tablets Per 30 Days
	Methylphenidate HCl Tab ER 20 MG	20 MG	90 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Methylphenidate hydrochlo	Methylphenidate HCl Tab ER 24HR 18 MG	18 MG	30 Tablets Per 30 Days
Methylphenidate hydrochlo	Methylphenidate HCl Tab ER 24HR 27 MG	27 MG	30 Tablets Per 30 Days
Methylphenidate hydrochlo	Methylphenidate HCl Tab ER 24HR 36 MG	36 MG	60 Tablets Per 30 Days
Methylphenidate hydrochlo	Methylphenidate HCl Tab ER 24HR 54 MG	54 MG	30 Tablets Per 30 Days
Methylphenidate hydrochlo	methylphenidate hcl tab er osmotic release (osm)	54 MG	30 Tablets Per 30 Days
Methylphenidate hydrochlo	methylphenidate hcl tab er osmotic release (osm)	27 MG	60 Tablets Per 30 Days
Methylphenidate hydrochlo	methylphenidate hcl tab er osmotic release (osm)	36 MG	60 Tablets Per 30 Days
Methylphenidate hydrochlo; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM)	63 MG	30 Tablets Per 30 Days
Methylphenidate hydrochlo; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM)	45 MG	30 Tablets Per 30 Days
Concerta; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	18 MG	60 Tablets Per 30 Days
Concerta; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	27 MG	60 Tablets Per 30 Days
Concerta; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	36 MG	60 Tablets Per 30 Days
Concerta; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	54 MG	30 Tablets Per 30 Days
Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 72 MG	72 MG	30 Tablets Per 30 Days
Cotempla xr-odt	Methylphenidate Tab Extended Release Disintegrating 17.3 MG	17.3 MG	60 Tablets Per 30 Days
Cotempla xr-odt	Methylphenidate Tab Extended Release Disintegrating 25.9 MG	25.9 MG	60 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Cotempla xr-odt	Methylphenidate Tab Extended Release Disintegrating 8.6 MG	8.6 MG	30 Tablets Per 30 Days
Daytrana	Methylphenidate TD Patch 10 MG/9HR	10 MG/9HR	30 Patches Per 30 Days
Daytrana	Methylphenidate TD Patch 15 MG/9HR	15 MG/9HR	30 Patches Per 30 Days
Daytrana	Methylphenidate TD Patch 20 MG/9HR	20 MG/9HR	30 Patches Per 30 Days
Daytrana	Methylphenidate TD Patch 30 MG/9HR	30 MG/9HR	30 Patches Per 30 Days
	Methyltestosterone Cap 10 MG	10 MG	600 Capsules Per 30 Days
Methitest	Methyltestosterone Oral Tab 10 MG	10 MG	600 Tablets Per 30 Days
Lopressor	metoprolol tartrate oral soln	10 MG/ML	1200 mLs Per 30 Days
Noritate	Metronidazole Cream 1%	1%	60 Grams Per 30 Days
Metrogel	Metronidazole Gel 1%	1%	60 Grams Per 30 Days
Rydapt	Midostaurin Cap 25 MG	25 MG	240 Capsules Per 30 Days
Korlym	Mifepristone Tab 300 MG	300 MG	120 Tablets Per 30 Days
Galafold	Migalastat HCl Cap 123 MG (Base Equivalent)	123 MG	14 Capsules Per 28 Days
Opfolda	miglustat (gaa deficiency) cap	65 MG	8 Capsules Per 28 Days
Zavesca	Miglustat Cap 100 MG	100 MG	90 Capsules Per 30 Days
Gomekli	mirdametinib cap	2 MG	84 Capsules Per 28 Days
Gomekli	mirdametinib cap	1 MG	168 Capsules Per 28 Days
Gomekli	mirdametinib tab for oral susp	1 MG	168 Tablets Per 28 Days
OmvoH	mirikizumab-mrkz subcutaneous auto-inj	100 MG/ML & 200 MG/2ML	2 Pens Per 28 Days
OmvoH	mirikizumab-mrkz subcutaneous pref syr	100 MG/ML & 200 MG/2ML	2 Syringes Per 28 Days
OmvoH	mirikizumab-mrkz subcutaneous sol prefill syringe	100 MG/ML	2 Syringes Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
OmvoH	mirikizumab-mrkz subcutaneous sol prefill syringe	200 MG/2ML	1 Syringe Per 28 Days
OmvoH	mirikizumab-mrkz subcutaneous soln auto- injector	100 MG/ML	2 Pens Per 28 Days
OmvoH	mirikizumab-mrkz subcutaneous soln auto- injector	200 MG/2ML	1 Pen Per 28 Days
Aqvesme	mitapivat sulfate tab	100 MG	60 Tablets Per 30 Days
Lagevrio	Molnupiravir Cap	200 MG	40 Capsules Per 90 Days
Ojjaara	momelotinib dihydrochloride tab	200 MG	30 Tablets Per 30 Days
Ojjaara	momelotinib dihydrochloride tab	150 MG	30 Tablets Per 30 Days
Ojjaara	momelotinib dihydrochloride tab	100 MG	30 Tablets Per 30 Days
Asmanex hfa	Mometasone Furoate Inhal Aerosol Suspension 100 MCG/ACT	100 MCG/ACT	1 Inhaler Per 30 Days
Asmanex hfa	Mometasone Furoate Inhal Aerosol Suspension 200 MCG/ACT	200 MCG/ACT	1 Inhaler Per 30 Days
Asmanex hfa	Mometasone Furoate Inhal Aerosol Suspension 50 MCG/ACT	50 MCG/ACT	1 Inhaler Per 30 Days
Asmanex twisthaler 30 met	Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated)	110 MCG/INH	1 Inhaler Per 30 Days
Asmanex twisthaler 120 me; Asmanex twisthaler 14 met; Asmanex twisthaler 30 met; Asmanex twisthaler 60 met	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	220 MCG/INH	1 Inhaler Per 30 Days
	mometasone furoate oint	0.10%	100 Grams Per 30 Days
Dulera	Mometasone Furoate- Formoterol Fumarate Aerosol 100-5 MCG/ACT	100-5 MCG/ACT	3 Inhalers Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Dulera	Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT	200-5 MCG/ACT	3 Inhalers Per 30 Days
Dulera	Mometasone Furoate-Formoterol Fumarate Aerosol 50-5 MCG/ACT	50-5 MCG/ACT	3 Inhalers Per 30 Days
Bafiertam	Monomethyl Fumarate Capsule Delayed Release	95 MG	120 Capsules Per 30 Days
Morphine sulfate er	morphine sulfate beads cap er	120 MG; 30 MG; 45 MG; 60 MG; 75 MG; 90 MG	30 Capsules Per 30 Days
Morphine sulfate er	morphine sulfate cap er	10 MG; 100 MG; 20 MG; 30 MG; 50 MG; 60 MG; 80 MG	60 Capsules Per 30 Days
Ms contin	morphine sulfate tab er	100 MG; 15 MG; 200 MG; 30 MG; 60 MG	90 Tablets Per 30 Days
	Mupirocin Calcium Cream 2%	2%	120 Grams Per 90 Days
Naftifine hydrochloride	Naftifine HCl Cream 1%	1%	60 Grams Per 30 Days
	Naftifine HCl Cream 2%	2%	60 Grams Per 30 Days
Naftin	Naftifine HCl Gel 1%	1%	60 Grams Per 30 Days
Naftin	Naftifine HCl Gel 2%	2%	60 Grams Per 30 Days
Symproic	naldemedine tosylate tab	0.2 MG	30 Tablets Per 30 Days
Movantik	naloxegol oxalate tab	12.5 MG; 25 MG	30 Tablets Per 30 Days
Naprelan	Naproxen Sodium Tab ER 24HR 375 MG (Base Equiv)	375 MG	60 Tablets Per 30 Days
Naprelan	Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv)	500 MG	60 Tablets Per 30 Days
Naprelan; Naproxen sodium er	Naproxen Sodium Tab ER 24HR 750 MG (Base Equiv)	750 MG	60 Tablets Per 30 Days
Naprosyn	Naproxen Susp 125 MG/5ML	125 MG/5ML	1800 mLs Per 30 Days
Rivfloza	nedosiran sodium subcutaneous soln	80 MG/0.5ML	2 Vials Per 30 Days
Rivfloza	nedosiran sodium subcutaneous soln pref syr	160 MG/ML	1 Syringe Per 30 Days
Rivfloza	nedosiran sodium subcutaneous soln pref syr	128 MG/0.8ML	1 Syringe Per 30 Days
Viracept	Nelfinavir Mesylate Tab 250 MG	250 MG	270 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Viracept	Nelfinavir Mesylate Tab 625 MG	625 MG	120 Tablets Per 30 Days
Nemluvio	nemolizumab-ilto for subcutaneous auto-injector	30 MG	1 Pen Per 28 Days
Jascayd	nerandomilast tab	9 MG	60 Tablets Per 30 Days
Jascayd	nerandomilast tab	18 MG	60 Tablets Per 30 Days
Nerlynx	Neratinib Maleate Tab	40 MG	180 Tablets Per 30 Days
Nevirapine	Nevirapine Susp 50 MG/5ML	50 MG/5ML	1200 mLs Per 30 Days
	Nevirapine Tab 200 MG	200 MG	60 Tablets Per 30 Days
	Nevirapine Tab ER 24HR 400 MG	400 MG	30 Tablets Per 30 Days
Nilotinib d-tartrate	nilotinib d-tartrate cap	200 MG	112 Capsules Per 28 Days
Nilotinib d-tartrate	nilotinib d-tartrate cap	150 MG	112 Capsules Per 28 Days
Nilotinib d-tartrate	nilotinib d-tartrate cap	50 MG	120 Capsules Per 30 Days
Tasigna	Nilotinib HCl Cap	50 MG	120 Capsules Per 30 Days
Tasigna	Nilotinib HCl Cap	200 MG	120 Capsules Per 30 Days
Tasigna	Nilotinib HCl Cap	150 MG	120 Capsules Per 30 Days
Danziten	nilotinib tartrate tab	95 MG	112 Tablets Per 28 Days
Danziten	nilotinib tartrate tab	71 MG	112 Tablets Per 28 Days
Ofev	nintedanib esylate cap	100 MG; 150 MG	60 Capsules Per 30 Days
Zejula	niraparib tosylate tab	200 MG	30 Tablets Per 30 Days
Zejula	niraparib tosylate tab	100 MG	30 Tablets Per 30 Days
Zejula	niraparib tosylate tab	300 MG	30 Tablets Per 30 Days
Akeega	niraparib tosylate-abiraterone acetate tab	100-500 MG	60 Tablets Per 30 Days
Akeega	niraparib tosylate-abiraterone acetate tab	50-500 MG	60 Tablets Per 30 Days
Paxlovid	nirmatrelvir tab	6 x 150 MG & 5 x 100MG	11 Tablets Per 90 Days
Paxlovid	Nirmatrelvir Tab	10 x 150 MG & 10 x 100MG	20 Tablets Per 90 Days
Paxlovid	Nirmatrelvir Tab	20 x 150 MG & 10 x 100MG	30 Tablets Per 90 Days
Ogsiveo	nirogacestat hydrobromide tab	100 MG	56 Tablets Per 28 Days
Ogsiveo	nirogacestat hydrobromide tab	150 MG	56 Tablets Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Ogsiveo	nirogacestat hydrobromide tab	50 MG	180 Tablets Per 30 Days
Alinia	nitazoxanide for susp	100 MG/5ML	150 mLs Per 30 Days
Alinia	nitazoxanide tab	500 MG	6 Tablets Per 30 Days
Harliku	nitisinone (aku) tab	2 MG	30 Tablets Per 30 Days
Ocaliva	Obeticholic Acid Tab 10 MG	10 MG	30 Tablets Per 30 Days
Ocaliva	Obeticholic Acid Tab 5 MG	5 MG	30 Tablets Per 30 Days
Mycapssa	octreotide acetate cap delayed release	20 MG	120 Capsules Per 30 Days
Bynfezia pen	Octreotide Acetate Soln Pen-Injector 2500 MCG/ML (2.8 ML)	2500 MCG/ML	2 Pens Per 30 Days
Kesimpta	Ofatumumab Soln Auto-Injector	20 MG/0.4ML	1 Pen Per 28 Days
Zyprexa zydis	olanzapine orally disintegrating tab	10 MG; 15 MG; 20 MG; 5 MG	30 Tablets Per 30 Days
Zyprexa	Olanzapine Tab 10 MG	10 MG	60 Tablets Per 30 Days
Zyprexa	Olanzapine Tab 15 MG	15 MG	30 Tablets Per 30 Days
Zyprexa	Olanzapine Tab 2.5 MG	2.5 MG	60 Tablets Per 30 Days
Zyprexa	Olanzapine Tab 20 MG	20 MG	30 Tablets Per 30 Days
Zyprexa	Olanzapine Tab 5 MG	5 MG	60 Tablets Per 30 Days
Zyprexa	Olanzapine Tab 7.5 MG	7.5 MG	60 Tablets Per 30 Days
Lybalvi	olanzapine-samidorphan l-malate tab	10-10 MG; 15-10 MG; 20-10 MG; 5-10 MG	30 Tablets Per 30 Days
Lynparza	Olaparib Tab 100 MG	100 MG	120 Tablets Per 30 Days
Lynparza	Olaparib Tab 150 MG	150 MG	120 Tablets Per 30 Days
Tryngolza	olezarsen sod subcut soln auto-inject	80 MG/0.8ML	1 Injection Device Per 28 Days
Striverdi respimat	Olodaterol HCl Inhal Aerosol Soln 2.5 MCG/ACT (Base Equiv)	2.5 MCG/ACT	1 Inhaler Per 30 Days
Rezlidhia	Olutasidenib Cap	150 MG	60 Capsules Per 30 Days
Nuzyra	Omadacycline Tosylate Tab 150 MG (Base Equivalent)	150 MG	30 Tablets Per 180 Days
Skyclarys	omaveloxolone cap	50 MG	90 Capsules Per 30 Days
	omeprazole cap delayed release	10 MG; 20 MG; 40 MG	60 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Prilosec	Omeprazole Magnesium For Delayed Release Susp Packet 10 MG	10 MG	60 Packets Per 30 Days
Prilosec	Omeprazole Magnesium For Delayed Release Susp Packet 2.5 MG	2.5 MG	60 Packets Per 30 Days
Zegerid	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	20-1100 MG	60 Capsules Per 30 Days
Zegerid	Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	40-1100 MG	60 Capsules Per 30 Days
Konvomep	omeprazole-sodium bicarbonate for oral susp	2-84 MG/ML	600 mLs Per 30 Days
Zegerid	Omeprazole-Sodium Bicarbonate Powd Pack for Susp 20-1680 MG	20-1680 MG	60 Packets Per 30 Days
Zegerid	Omeprazole-Sodium Bicarbonate Powd Pack for Susp 40-1680 MG	40-1680 MG	60 Packets Per 30 Days
Omlonti	omidenepeg isopropyl ophth soln	0.00%	2.5 mLs Per 30 Days
Tamiflu	Oseltamivir Phosphate Cap 30 MG (Base Equiv)	30 MG	40 Capsules Per 120 Days
Tamiflu	Oseltamivir Phosphate Cap 45 MG (Base Equiv)	45 MG	20 Capsules Per 120 Days
Tamiflu	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	75 MG	20 Capsules Per 120 Days
Tamiflu	Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	6 MG/ML	300 mLs Per 120 Days
Isturisa	Osilodrostat Phosphate Tab 1 MG	1 MG	240 Tablets Per 30 Days
Isturisa	Osilodrostat Phosphate Tab 5 MG	5 MG	360 Tablets Per 30 Days
Tagrisso	Osimertinib Mesylate Tab	80 MG	30 Tablets Per 30 Days
Tagrisso	Osimertinib Mesylate Tab	40 MG	30 Tablets Per 30 Days
Vivjoa	Oteseconazole Cap Therapy Pack	150 MG	18 Capsules Per 180 Days
Coxanto; Oxaprozin	oxaprozin cap	300 MG	120 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Oxistat	Oxiconazole Nitrate Cream 1%	1%	120 Grams Per 30 Days
Oxistat	Oxiconazole Nitrate Lotion 1%	1%	120 mLs Per 30 Days
Xtampza er	oxycodone cap er	13.5 MG; 18 MG; 27 MG; 36 MG; 9 MG	240 Capsules Per 30 Days
Oxycontin	oxycodone hcl tab er	10 MG; 15 MG; 20 MG; 30 MG; 40 MG; 60 MG; 80 MG	120 Tablets Per 30 Days
Rhofade	Oxymetazoline HCl Cream 1%	1%	30 Grams Per 30 Days
Oxymorphone hydrochloride	oxymorphone hcl tab er	10 MG; 15 MG; 20 MG; 30 MG; 40 MG; 5 MG; 7.5 MG	60 Tablets Per 30 Days
Zeposia starter kit	ozanimod cap pack	0.23MG & 0.46MG 0.92MG(21)	28 Capsules Per 180 Days
Zeposia 7-day starter pac	Ozanimod Cap Pack 4 x 0.23 MG & 3 x 0.46 MG	4 x 0.23MG & 3 x 0.46MG	7 Capsules Per 180 Days
Zeposia	Ozanimod HCl Cap 0.92 MG	0.92 MG	30 Capsules Per 30 Days
Vonjo	Pacritinib Citrate Cap	100 MG	120 Capsules Per 30 Days
Ibrance	Palbociclib Cap 100 MG	100 MG	21 Capsules Per 28 Days
Ibrance	Palbociclib Cap 125 MG	125 MG	21 Capsules Per 28 Days
Ibrance	Palbociclib Cap 75 MG	75 MG	21 Capsules Per 28 Days
Ibrance	Palbociclib Tab 100 MG	100 MG	21 Tablets Per 28 Days
Ibrance	Palbociclib Tab 125 MG	125 MG	21 Tablets Per 28 Days
Ibrance	Palbociclib Tab 75 MG	75 MG	21 Tablets Per 28 Days
Erzofri; Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 117 MG/0.75ML	117 MG/0.75ML	1 Kit Per 28 Days
Erzofri; Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 234 MG/1.5ML	234 MG/1.5ML	1 Kit Per 28 Days
Erzofri; Invega sustenna	Paliperidone Palmitate ER Susp Pref Syr 78 MG/0.5ML	78 MG/0.5ML	1 Kit Per 28 Days
	Paliperidone Tab ER 24HR 1.5 MG	1.5 MG	30 Tablets Per 30 Days
Invega	Paliperidone Tab ER 24HR 3 MG	3 MG	30 Tablets Per 30 Days
Invega	Paliperidone Tab ER 24HR 6 MG	6 MG	60 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Invega	Paliperidone Tab ER 24HR 9 MG	9 MG	30 Tablets Per 30 Days
Yorvipath	palopegteriparatide pen-inj	294 MCG/0.98ML	2 Pens Per 28 Days
Yorvipath	palopegteriparatide pen-inj	168 MCG/0.56ML	2 Pens Per 28 Days
Yorvipath	palopegteriparatide pen-inj	420 MCG/1.4ML	2 Pens Per 28 Days
Sohonos	palovarotene cap	1.5 MG	120 Capsules Per 30 Days
Sohonos	palovarotene cap	1 MG	120 Capsules Per 30 Days
Sohonos	palovarotene cap	10 MG	60 Capsules Per 30 Days
Sohonos	palovarotene cap	2.5 MG	150 Capsules Per 30 Days
Sohonos	palovarotene cap	5 MG	90 Capsules Per 30 Days
Palsonify	paltusotine hcl tab	30 MG	60 Tablets Per 30 Days
Palsonify	paltusotine hcl tab	20 MG	60 Tablets Per 30 Days
Protonix	pantoprazole sodium ec tab	20 MG; 40 MG	60 Tablets Per 30 Days
Protonix	pantoprazole sodium for delayed release susp packet	40 MG	60 Packets Per 30 Days
Pazopanib hydrochloride	pazopanib hcl tab	400 MG	60 Tablets Per 30 Days
Votrient	Pazopanib HCl Tab	200 MG	120 Tablets Per 30 Days
Empaveli	pegcetacoplan subcutaneous soln	1080 MG/20ML	8 Vials Per 28 Days
Plegridy	Peginterferon Beta-	125 MCG/0.5ML	2 Syringes Per 28 Days
Plegridy starter pack	Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack	63 & 94 MCG/0.5ML	1 Kit Per 180 Days
Plegridy	Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML	125 MCG/0.5ML	2 Pens Per 28 Days
Plegridy starter pack	Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	63 & 94 MCG/0.5ML	1 Kit Per 180 Days
Plegridy	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	125 MCG/0.5ML	2 Syringes Per 28 Days
Somavert	pegvisomant for inj	10 MG; 15 MG; 20 MG; 25 MG; 30 MG	30 Vials Per 30 Days
Pemazyre	Pemigatinib Tab 13.5 MG	13.5 MG	14 Tablets Per 21 Days
Pemazyre	Pemigatinib Tab 4.5 MG	4.5 MG	14 Tablets Per 21 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Pemazyre	Pemigatinib Tab 9 MG	9 MG	14 Tablets Per 21 Days
Cuprimine	Penicillamine Cap 250 MG	250 MG	480 Capsules Per 30 Days
Miebo	perfluorohexyloctane ophth soln	1.338 GM/ML	3 mLs Per 30 Days
Turalio	Pexidartinib HCl Cap	125 MG	120 Capsules Per 30 Days
Qlosi	pilocarpine hcl ophth soln	0.40%	60 Vials Per 30 Days
Vuity	Pilocarpine HCl Ophth Soln	1.25%	5 mLs Per 30 Days
Nuplazid	Pimavanserin Tartrate Cap 34 MG (Base Equivalent)	34 MG	30 Capsules Per 30 Days
Nuplazid	Pimavanserin Tartrate Tab 10 MG (Base Equivalent)	10 MG	30 Tablets Per 30 Days
Esbriet	Pirfenidone Cap 267 MG	267 MG	180 Capsules Per 30 Days
Esbriet	Pirfenidone Tab 267 MG	267 MG	180 Tablets Per 30 Days
Pirfenidone	Pirfenidone Tab 534MG	534 MG	21 Tablets Per 180 Days
Esbriet	Pirfenidone Tab 801 MG	801 MG	90 Tablets Per 30 Days
Jaypirca	pirtobrutinib tab	50 MG	30 Tablets Per 30 Days
Jaypirca	pirtobrutinib tab	100 MG	60 Tablets Per 30 Days
Trulance	plecanatide tab	3 MG	30 Tablets Per 30 Days
Redemplo	plozasiran sodium subcut soln pref syr	25 MG/0.5ML	1 Syringe Per 84 Days
Pomalyst	Pomalidomide Cap 1 MG	1 MG	21 Capsules Per 28 Days
Pomalyst	Pomalidomide Cap 2 MG	2 MG	21 Capsules Per 28 Days
Pomalyst	Pomalidomide Cap 3 MG	3 MG	21 Capsules Per 28 Days
Pomalyst	Pomalidomide Cap 4 MG	4 MG	21 Capsules Per 28 Days
Iclusig	Ponatinib HCl Tab	15 MG	30 Tablets Per 30 Days
Iclusig	Ponatinib HCl Tab	10 MG	30 Tablets Per 30 Days
Iclusig	Ponatinib HCl Tab	30 MG	30 Tablets Per 30 Days
Iclusig	Ponatinib HCl Tab	45 MG	30 Tablets Per 30 Days
Ponvory	Ponesimod Tab	20 MG	30 Tablets Per 30 Days
Ponvory 14-day starter pa	Ponesimod Tab Starter Pack	2-3-4-5-6-7-8-9 & 10 MG	14 Tablets Per 180 Days
Gavreto	Pralsetinib Cap	100 MG	120 Capsules Per 30 Days
	Prednisolone Sod Phosphate Oral Soln 10 MG/5ML (Base Equiv)	10 MG/5ML	900 mLs Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
	Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)	20 MG/5ML	450 mLs Per 30 Days
Prednisone dr; Rayos	Prednisone Tab Delayed Release 1 MG	1 MG	90 Tablets Per 30 Days
Prednisone dr; Rayos	Prednisone Tab Delayed Release 2 MG	2 MG	60 Tablets Per 30 Days
Rayos	Prednisone Tab Delayed Release 5 MG	5 MG	360 Tablets Per 30 Days
Crinone	progesterone vaginal gel	4 %; 8 %	60 Applicators Per 30 Days
Inderal xl; Innopran xl	Propranolol HCl Sustained-Release Beads Cap ER 24HR 120 MG	120 MG	30 Capsules Per 30 Days
Inderal xl; Innopran xl	Propranolol HCl Sustained-Release Beads Cap ER 24HR 80 MG	80 MG	30 Capsules Per 30 Days
Motegrity	prucalopride succinate tab	1 MG; 2 MG	30 Tablets Per 30 Days
Daraprim	Pyrimethamine Tab 25 MG	25 MG	116 Tablets Per 180 Days
Quetiapine fumarate	Quetiapine Fumarate Tab	150 MG	30 Tablets Per 30 Days
Seroquel	Quetiapine Fumarate Tab 100 MG	100 MG	120 Tablets Per 30 Days
Seroquel	Quetiapine Fumarate Tab 200 MG	200 MG	90 Tablets Per 30 Days
Seroquel	Quetiapine Fumarate Tab 25 MG	25 MG	180 Tablets Per 30 Days
Seroquel	Quetiapine Fumarate Tab 300 MG	300 MG	60 Tablets Per 30 Days
Seroquel	Quetiapine Fumarate Tab 400 MG	400 MG	60 Tablets Per 30 Days
Seroquel	Quetiapine Fumarate Tab 50 MG	50 MG	180 Tablets Per 30 Days
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 150 MG	150 MG	30 Tablets Per 30 Days
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 200 MG	200 MG	30 Tablets Per 30 Days
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 300 MG	300 MG	60 Tablets Per 30 Days
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 400 MG	400 MG	60 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Seroquel xr	Quetiapine Fumarate Tab ER 24HR 50 MG	50 MG	60 Tablets Per 30 Days
Vanflyta	quizartinib dihydrochloride tab	17.7 MG	28 Tablets Per 28 Days
Vanflyta	quizartinib dihydrochloride tab	26.5 MG	56 Tablets Per 28 Days
Rabeprazole sodium dr spr	rabeprazole sodium capsule sprinkle dr	10 MG	60 Capsules Per 30 Days
Aciphex	rabeprazole sodium ec tab	20 MG	60 Tablets Per 30 Days
Isentress	Raltegravir Potassium Chew Tab 100 MG (Base Equiv)	100 MG	180 Tablets Per 30 Days
Isentress	Raltegravir Potassium Chew Tab 25 MG (Base Equiv)	25 MG	180 Tablets Per 30 Days
Isentress	Raltegravir Potassium Packet For Susp 100 MG (Base Equiv)	100 MG	60 Packets Per 30 Days
Isentress	Raltegravir Potassium Tab 400 MG (Base Equiv)	400 MG	60 Tablets Per 30 Days
Isentress hd	Raltegravir Potassium Tab 600 MG (Base Equiv)	600 MG	60 Tablets Per 30 Days
Stivarga	Regorafenib Tab 40 MG	40 MG	84 Tablets Per 28 Days
Lifyorli	relacorilant cap pak	1 x 25 MG & 1 x 100 MG	3 Packs Per 28 Days
Lifyorli	relacorilant cap pak	2 x 25 MG & 1 x 100 MG	3 Packs Per 28 Days
Orgovyx	Relugolix Tab	120 MG	30 Tablets Per 28 Days
Myfembree	relugolix-estradiol-norethindrone acetate tab	40-1-0.5 MG	30 Tablets Per 30 Days
Rhapsido	remibrutinib tab	25 MG	60 Tablets Per 30 Days
Augtyro	repotrectinib cap	40 MG	240 Capsules Per 30 Days
Augtyro	repotrectinib cap	160 MG	60 Capsules Per 30 Days
Rezdiffra	resmetirom	100 MG	30 Tablets Per 30 Days
Rezdiffra	resmetirom	60 MG	30 Tablets Per 30 Days
Rezdiffra	resmetirom	80 MG	30 Tablets Per 30 Days
Revuforj	revumenib citrate tab	110 MG	120 Tablets Per 30 Days
Revuforj	revumenib citrate tab	160 MG	60 Tablets Per 30 Days
Revuforj	revumenib citrate tab	25 MG	240 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Kisqali femara 200 dose	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	49 Tablets Per 28 Days
Kisqali femara 400 dose	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	70 Tablets Per 28 Days
Kisqali femara 600 dose	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	200 & 2.5 MG	91 Tablets Per 28 Days
Kisqali	Ribociclib Succinate Tab Pack 200 MG Daily Dose	200 MG	21 Tablets Per 28 Days
Kisqali	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	200 MG	42 Tablets Per 28 Days
Kisqali	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	200 MG	63 Tablets Per 28 Days
Xifaxan	Rifaximin Tab 200 MG	200 MG	9 Tablets Per 30 Days
Xifaxan	Rifaximin Tab 550 MG	550 MG	126 Tablets Per 365 Days
Arcalyst	riloncept for inj	220 MG	8 Vials Per 28 Days
Edurant	rilpivirine hcl tab	25 MG	30 Tablets Per 30 Days
Edurant ped	rilpivirine hcl tab for oral susp	2.5 MG	180 Tablets Per 30 Days
Wayriz	rilzabrutinib tab	400 MG	60 Tablets Per 30 Days
Nurtec	Rimegepant Sulfate Tab Disint 75 MG	75 MG	54 Tablets Per 90 Days
Qinlock	Ripretinib Tab	50 MG	90 Tablets Per 30 Days
Skyrizi pen	Risankizumab-rzaa Soln Auto-injector	150 MG/ML	1 Pen Per 84 Days
Skyrizi	Risankizumab-rzaa Soln Prefilled Syringe	150 MG/ML	1 Syringe Per 84 Days
Skyrizi	Risankizumab-rzaa Subcutaneous Soln Cartridge	180 MG/1.2ML	1 Cartridge Per 56 Days
Skyrizi	Risankizumab-rzaa Subcutaneous Soln Cartridge	360 MG/2.4ML	1 Cartridge Per 56 Days
Evrysdi	Risdiplam For Soln	0.75 MG/ML	3 Bottles Per 30 Days
Evrysdi	risdiplam tab	5 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Risperidone odt	Risperidone Orally Disintegrating Tab 0.25 MG	0.25 MG	60 Tablets Per 30 Days
	Risperidone Orally Disintegrating Tab 0.5 MG	0.5 MG	60 Tablets Per 30 Days
	Risperidone Orally Disintegrating Tab 1 MG	1 MG	60 Tablets Per 30 Days
	Risperidone Orally Disintegrating Tab 2 MG	2 MG	60 Tablets Per 30 Days
	Risperidone Orally Disintegrating Tab 3 MG	3 MG	60 Tablets Per 30 Days
	Risperidone Orally Disintegrating Tab 4 MG	4 MG	120 Tablets Per 30 Days
Risperdal	Risperidone Soln 1 MG/ML	1 MG/ML	480 mLs Per 30 Days
	Risperidone Tab 0.25 MG	0.25 MG	120 Tablets Per 30 Days
Risperdal	Risperidone Tab 0.5 MG	0.5 MG	120 Tablets Per 30 Days
Risperdal	Risperidone Tab 1 MG	1 MG	120 Tablets Per 30 Days
Risperdal	Risperidone Tab 2 MG	2 MG	120 Tablets Per 30 Days
Risperdal	Risperidone Tab 3 MG	3 MG	60 Tablets Per 30 Days
Risperdal	Risperidone Tab 4 MG	4 MG	120 Tablets Per 30 Days
Litfulo	ritlecitinib tosylate cap	50 MG	28 Capsules Per 28 Days
Norvir	Ritonavir Powder Packet 100 MG	100 MG	360 Packets Per 30 Days
Norvir	ritonavir tab	100 MG	360 Tablets Per 30 Days
Xarelto	Rivaroxaban For Susp	1 MG/ML	620 mLs Per 30 Days
Xarelto	Rivaroxaban Tab 10 MG	10 MG	30 Tablets Per 30 Days
Xarelto	Rivaroxaban Tab 15 MG	15 MG	60 Tablets Per 30 Days
Xarelto	Rivaroxaban Tab 2.5 MG	2.5 MG	60 Tablets Per 30 Days
Xarelto	Rivaroxaban Tab 20 MG	20 MG	30 Tablets Per 30 Days
Xarelto starter pack	Rivaroxaban Tab Starter Therapy Pack 15 MG & 20 MG	15 & 20 MG	51 Tablets Per 30 Days
Besremi	Ropeginterferon alfa-	500 MCG/ML	2 Syringes Per 28 Days
Rubraca	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	200 MG	120 Tablets Per 30 Days
Rubraca	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	250 MG	120 Tablets Per 30 Days
Rubraca	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	300 MG	120 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Opzelura	Ruxolitinib Phosphate Cream	1.50%	60 Grams Per 30 Days
Jakafi	Ruxolitinib Phosphate Tab 10 MG (Base Equivalent)	10 MG	60 Tablets Per 30 Days
Jakafi	Ruxolitinib Phosphate Tab 15 MG (Base Equivalent)	15 MG	60 Tablets Per 30 Days
Jakafi	Ruxolitinib Phosphate Tab 20 MG (Base Equivalent)	20 MG	60 Tablets Per 30 Days
Jakafi	Ruxolitinib Phosphate Tab 25 MG (Base Equivalent)	25 MG	60 Tablets Per 30 Days
Jakafi	Ruxolitinib Phosphate Tab 5 MG (Base Equivalent)	5 MG	60 Tablets Per 30 Days
Sucraid	Sacrosidase Soln 8500 Unit/ML	8500 UNIT/ML	300 mLs Per 30 Days
Entresto	sacubitril-valsartan sprinkle cap	15-16 MG	240 Capsules Per 30 Days
Entresto	sacubitril-valsartan sprinkle cap	6-6 MG	240 Capsules Per 30 Days
Serevent diskus	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	50 MCG/DOSE	60 Blisters Per 30 Days
Kevzara	sarilumab subcutaneous soln prefilled syringe	150 MG/1.14ML; 200 MG/1.14ML	2 Syringes Per 28 Days
Kevzara	sarilumab subcutaneous solution auto-injector	150 MG/1.14ML; 200 MG/1.14ML	2 Pens Per 28 Days
Enspryng	satralizumab-mwge subcutaneous soln pref syringe	120 MG/ML	1 Syringe Per 28 Days
	Saxagliptin HCl Tab 2.5 MG (Base Equiv)	2.5 MG	30 Tablets Per 30 Days
Onglyza	Saxagliptin HCl Tab 5 MG (Base Equiv)	5 MG	30 Tablets Per 30 Days
	Saxagliptin-Metformin HCl Tab ER 24HR 2.5-1000 MG	2.5-1000 MG	60 Tablets Per 30 Days
	Saxagliptin-Metformin HCl Tab ER 24HR 5-1000 MG	5-1000 MG	30 Tablets Per 30 Days
	Saxagliptin-Metformin HCl Tab ER 24HR 5-500 MG	5-500 MG	30 Tablets Per 30 Days
Ekterly	sebetralstat tab	300 MG	8 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Cosentyx sensoready pen	Secukinumab Subcutaneous Auto-inj 150 MG/ML (300 MG Dose)	150 MG/ML	2 Pens Per 28 Days
Cosentyx	Secukinumab Subcutaneous Pref Syr 150 MG/ML (300 MG Dose)	150 MG/ML	2 Syringes Per 28 Days
Cosentyx unoready	secukinumab subcutaneous soln auto- injector	300 MG/2ML	1 Pen Per 28 Days
Cosentyx sensoready pen	Secukinumab Subcutaneous Soln Auto- injector 150 MG/ML	150 MG/ML	1 Pen Per 28 Days
Cosentyx	Secukinumab Subcutaneous Soln Prefilled Syringe	75 MG/0.5ML	1 Syringe Per 28 Days
Cosentyx	Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	150 MG/ML	1 Syringe Per 28 Days
Livdelzi	seladelpar lysine cap	10 MG	30 Tablets Per 30 Days
Xpovio	selinexor tab therapy pack	80 MG	4 Tablets Per 28 Days
Xpovio	selinexor tab therapy pack	10 MG	16 Tablets Per 28 Days
Xpovio	Selinexor Tab Therapy Pack	50 MG	8 Tablets Per 28 Days
Xpovio	Selinexor Tab Therapy Pack	40 MG	8 Tablets Per 28 Days
Xpovio	Selinexor Tab Therapy Pack	40 MG	4 Tablets Per 28 Days
Xpovio	Selinexor Tab Therapy Pack	60 MG	4 Tablets Per 28 Days
Xpovio 60 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	20 MG	24 Tablets Per 28 Days
Xpovio 80 mg twice weekly	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	20 MG	32 Tablets Per 28 Days
Retevmo	Selpercatinib Cap	80 MG	60 Capsules Per 30 Days
Retevmo	Selpercatinib Cap	40 MG	90 Capsules Per 30 Days
Retevmo	selpercatinib tab	40 MG	90 Tablets Per 30 Days
Retevmo	selpercatinib tab	160 MG	60 Tablets Per 30 Days
Retevmo	selpercatinib tab	120 MG	60 Tablets Per 30 Days
Retevmo	selpercatinib tab	80 MG	60 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Koselugo	Selumetinib Sulfate Cap 10 MG	10 MG	240 Capsules Per 30 Days
Koselugo	Selumetinib Sulfate Cap 25 MG	25 MG	120 Capsules Per 30 Days
Koselugo	selumetinib sulfate cap sprinkle	5 MG	420 Capsules Per 30 Days
Koselugo	selumetinib sulfate cap sprinkle	7.5 MG	240 Capsules Per 30 Days
Ozempic	Semaglutide Soln Pen-inj	8 MG/3ML	1 Pen Per 28 Days
Ozempic	Semaglutide Soln Pen-inj	2 MG/3ML	1 Pen Per 28 Days
Ozempic	Semaglutide Soln Pen-inj	4 MG/3ML	1 Pen Per 28 Days
Ozempic; Rybelsus	semaglutide tab	9 MG	30 Tablets Per 30 Days
Ozempic; Rybelsus	semaglutide tab	4 MG	30 Tablets Per 30 Days
Ozempic; Rybelsus	semaglutide tab	1.5 MG	30 Tablets Per 180 Days
Rybelsus	Semaglutide Tab 14 MG	14 MG	30 Tablets Per 30 Days
Rybelsus	Semaglutide Tab 3 MG	3 MG	30 Tablets Per 180 Days
Rybelsus	Semaglutide Tab 7 MG	7 MG	30 Tablets Per 30 Days
Azstarys	Serdexmethylphenidate-Dexmethylphenidate Cap	26.1-5.2 MG	30 Capsules Per 30 Days
Azstarys	Serdexmethylphenidate-Dexmethylphenidate Cap	39.2-7.8 MG	30 Capsules Per 30 Days
Azstarys	Serdexmethylphenidate-Dexmethylphenidate Cap	52.3-10.4 MG	30 Capsules Per 30 Days
Ertaczo	Sertaconazole Nitrate Cream 2%	2%	60 Grams Per 30 Days
Imcivree	setmelanotide acetate subcutaneous soln	10 MG/ML	10 Vials Per 30 Days
Hyrnuo	sevabertinib tab	10 MG	120 Tablets Per 30 Days
Renvela	Sevelamer Carbonate Packet 0.8 GM	0.8 GM	510 Packets Per 30 Days
Renvela	Sevelamer Carbonate Packet 2.4 GM	2.4 GM	150 Packets Per 30 Days
Renvela	Sevelamer Carbonate Tab 800 MG	800 MG	480 Tablets Per 30 Days
	Sevelamer HCl Tab 400 MG	400 MG	960 Tablets Per 30 Days
	Sevelamer HCl Tab 800 MG	800 MG	480 Tablets Per 30 Days
Viagra; Vybriq	sildenafil citrate oral film; sildenafil citrate tab	100 MG; 25 MG; 50 MG; 75 MG	8 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Mayzent starter pack	Siponimod Fumarate Tab	0.25 MG	7 Tablets Per 180 Days
Mayzent	Siponimod Fumarate Tab	1 MG	30 Tablets Per 30 Days
Mayzent starter pack	Siponimod Fumarate Tab 0.25 MG (12) Starter Pack	0.25 MG	12 Tablets Per 180 Days
Mayzent	Siponimod Fumarate Tab 0.25 MG (Base Equiv)	0.25 MG	120 Tablets Per 30 Days
Mayzent	Siponimod Fumarate Tab 2 MG (Base Equiv)	2 MG	30 Tablets Per 30 Days
Hyftor	Sirolimus Gel	0.20%	7 Tubes Per 84 Days
Sitagliptin/metformin hyd; Zituvimet	sitagliptin free base- metformin hcl tab	50-500 MG	60 Tablets Per 30 Days
Sitagliptin/metformin hyd; Zituvimet	sitagliptin free base- metformin hcl tab	50-1000 MG	60 Tablets Per 30 Days
Sitagliptin/metformin hyd; Zituvimet xr	sitagliptin free base- metformin hcl tab er	50-500 MG	60 Tablets Per 30 Days
Sitagliptin/metformin hyd; Zituvimet xr	sitagliptin free base- metformin hcl tab er	100-1000 MG	30 Tablets Per 30 Days
Sitagliptin/metformin hyd; Zituvimet xr	sitagliptin free base- metformin hcl tab er	50-1000 MG	60 Tablets Per 30 Days
Brynovin	sitagliptin hydrochloride oral soln	25 MG/ML	120 mLs Per 30 Days
Januvia	sitagliptin phosphate tab	100 MG; 25 MG; 50 MG	30 Tablets Per 30 Days
Janumet	sitagliptin phosphate- metformin hcl tab	50-1000 MG; 50-500 MG	60 Tablets Per 30 Days
Sitagliptin; Zituvio	sitagliptin tab	50 MG	30 Tablets Per 30 Days
Sitagliptin; Zituvio	sitagliptin tab	100 MG	30 Tablets Per 30 Days
Sitagliptin; Zituvio	sitagliptin tab	25 MG	30 Tablets Per 30 Days
Janumet xr	Sitagliptin-Metformin HCl Tab ER 24HR 100-1000 MG	100-1000 MG	30 Tablets Per 30 Days
Janumet xr	Sitagliptin-Metformin HCl Tab ER 24HR 50-1000 MG	50-1000 MG	60 Tablets Per 30 Days
Janumet xr	Sitagliptin-Metformin HCl Tab ER 24HR 50-500 MG	50-500 MG	30 Tablets Per 30 Days
Sodium oxybate; Xyrem	sodium oxybate oral solution	500 MG/ML	540 mLs Per 30 Days
Lumryz starter pack	sodium oxybate pack for er susp	4.5 & 6 & 7.5 GM	28 Packets Per 180 Days
Lumryz	sodium oxybate pack for oral er susp	4.5 GM; 6 GM; 7.5 GM; 9 GM	30 Packets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Sovaldi	sofosbuvir pellet pack	150 MG; 200 MG	28 Packs Per 28 Days
Sovaldi	sofosbuvir tab	200 MG; 400 MG	30 Tablets Per 30 Days
Epclusa	sofosbuvir-velpatasvir pellet pack	150-37.5 MG; 200-50 MG	28 Packs Per 28 Days
Epclusa; Sofosbuvir/velpatasvir	sofosbuvir-velpatasvir tab	200-50 MG; 400-100 MG	28 Tablets Per 28 Days
Vosevi	sofosbuvir-velpatasvir-voxilaprevir tab	400-100-100 MG	30 Tablets Per 30 Days
Sofdra	sofpironium bromide gel	12.45%	1 Bottle Per 30 Days
Odomzo	Sonidegib Phosphate Cap 200 MG (Base Equivalent)	200 MG	30 Capsules Per 30 Days
Nexavar	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	200 MG	120 Tablets Per 30 Days
Inpefa	sotagliflozin tab	400 MG	30 Tablets Per 30 Days
Inpefa	sotagliflozin tab	200 MG	30 Tablets Per 30 Days
Sotylize	Sotalol HCl Oral Solution 5 MG/ML	5 MG/ML	1920 mLs Per 30 Days
Lumakras	sotorasib tab	240 MG	120 Tablets Per 30 Days
Lumakras	sotorasib tab	320 MG	90 Tablets Per 30 Days
Lumakras	Sotorasib Tab	120 MG	240 Tablets Per 30 Days
Filspari	sparsentan tab	200 MG	30 Tablets Per 30 Days
Filspari	sparsentan tab	400 MG	30 Tablets Per 30 Days
Carafate	Sucralfate Susp 1 GM/10ML	1 GM/10ML	1200 mLs Per 30 Days
Velphoro	Sucroferric Oxyhydroxide Chew Tab 500 MG	500 MG	180 Tablets Per 30 Days
Exelderm; Sulconazole nitrate	Sulconazole Nitrate Cream 1%	1%	60 Grams Per 30 Days
Exelderm; Sulconazole nitrate	Sulconazole Nitrate Solution 1%	1%	1 Bottle Per 30 Days
Zembrace symtouch	Sumatriptan Succinate Solution Auto-injector 3 MG/0.5ML	3 MG/0.5ML	24 Pens Per 30 Days
Treximet	Sumatriptan-Naproxen Sodium Tab 85-500 MG	85-500 MG	18 Tablets Per 30 Days
Sutent	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	12.5 MG	90 Capsules Per 30 Days
Sutent	Sunitinib Malate Cap 25 MG (Base Equivalent)	25 MG	30 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Sutent	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	37.5 MG	30 Capsules Per 30 Days
Sutent	Sunitinib Malate Cap 50 MG (Base Equivalent)	50 MG	30 Capsules Per 30 Days
Journavx	suzetrigine tab	50 MG	29 Tablets Per 90 Days
Cialis	Tadalafil Tab 10 MG	10 MG	8 Tablets Per 30 Days
	Tadalafil Tab 2.5 MG	2.5 MG	30 Tablets Per 30 Days
Cialis	Tadalafil Tab 20 MG	20 MG	8 Tablets Per 30 Days
Cialis	Tadalafil Tab 5 MG	5 MG	30 Tablets Per 30 Days
Vyndamax	Tafamidis Cap 61 MG	61 MG	30 Capsules Per 30 Days
Vyndaqel	Tafamidis Meglumine (Cardiac) Cap 20 MG	20 MG	120 Capsules Per 30 Days
Zioptan	tafluprost preservative free (pf) ophth soln	0.015 MG/ML	30 Vials Per 30 Days
Talzenna	talazoparib tosylate cap	0.1 MG	30 Capsules Per 30 Days
Talzenna	Talazoparib Tosylate Cap	0.5 MG	30 Capsules Per 30 Days
Talzenna	talazoparib tosylate cap	0.35 MG	30 Capsules Per 30 Days
Talzenna	Talazoparib Tosylate Cap	0.75 MG	30 Capsules Per 30 Days
Talzenna	Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	0.25 MG	90 Capsules Per 30 Days
Talzenna	Talazoparib Tosylate Cap 1 MG (Base Equivalent)	1 MG	30 Capsules Per 30 Days
Ibtrozi	taletrectinib adipate cap	200 MG	90 Capsules Per 30 Days
Nucynta	tapentadol hcl tab	100 MG; 50 MG; 75 MG	180 Tablets Per 30 Days
Nucynta er; Tapentadol hydrochloride	tapentadol hcl tab er	100 MG; 150 MG; 200 MG; 250 MG; 50 MG	60 Tablets Per 30 Days
Hetlioz	Tasimelteon Capsule 20 MG	20 MG	30 Capsules Per 30 Days
Hetlioz lq	Tasimelteon Oral Susp	4 MG/ML	158 mLs Per 30 Days
	Tavaborole Soln 5%	5%	4 mLs Per 30 Days
Tazverik	Tazemetostat HBr Tab 200 MG	200 MG	240 Tablets Per 30 Days
Sivextro	tedizolid phosphate tab	200 MG	6 Tablets Per 180 Days
Xphozah	tenapanor hcl tab	20 MG	60 Tablets Per 30 Days
Xphozah	tenapanor hcl tab	30 MG	60 Tablets Per 30 Days
Ibsrela	tenapanor hcl tab	50 MG	60 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Viread	Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM	40 MG/GM	240 Grams Per 30 Days
Viread	tenofovir disoproxil fumarate tab	150 MG; 200 MG; 250 MG; 300 MG	30 Tablets Per 30 Days
Tepmetko	Tepotinib HCl Tab	225 MG	60 Tablets Per 30 Days
Tezruly	terazosin hcl oral soln	1 MG/ML	600 mLs Per 30 Days
Aubagio	Teriflunomide Tab 14 MG	14 MG	30 Tablets Per 30 Days
Aubagio	Teriflunomide Tab 7 MG	7 MG	30 Tablets Per 30 Days
Bonsity; Forteo; Teriparatide	teriparatide soln pen-inj	560 MCG/2.24ML	2.24 mLs Per 28 Days
Testosterone cypionate	Testosterone Cyp IM or Subcutaneous Inj in Oil 200 MG/ML	200 MG/ML	30 mLs Per 84 Days
	Testosterone Cypionate IM Inj in Oil 100 MG/ML	100 MG/ML	1 Vial Per 28 Days
	Testosterone Cypionate IM Inj in Oil 200 MG/ML	200 MG/ML	10 mLs Per 28 Days
Azmiro	testosterone cypionate im soln pref syringe in oil	200 MG/ML	4 Syringes Per 28 Days
Testosterone enanthate	Testosterone Enanthate IM Inj in Oil 200 MG/ML	200 MG/ML	5 mLs Per 28 Days
Xyosted	testosterone enanthate solution auto-injector	100 MG/0.5ML; 50 MG/0.5ML; 75 MG/0.5ML	4 Pens Per 28 Days
Testopel	Testosterone Implant Pellets 75 MG	75 MG	6 Pellets Per 90 Days
Natesto	Testosterone Nasal Gel 5.5 MG/ACT	5.5 MG/ACT	3 Pump Bottles Per 30 Days
Fortesta; Testosterone	Testosterone TD Gel 10MG/ACT (2%)	10 MG/ACT	2 Bottles Per 30 Days
Testosterone pump; Vogelxo pump	Testosterone TD Gel 12.5 MG/ACT (1%)	1%	4 Bottles Per 30 Days
Testosterone	Testosterone TD Gel 20.25 MG/1.25GM (1.62%)	20.25 MG/1.25GM	30 Packets Per 30 Days
Androgel pump	Testosterone TD Gel 20.25 MG/ACT (1.62%)	1.62%	2 Bottles Per 30 Days
	Testosterone TD Gel 25 MG/2.5GM (1%)	25 MG/2.5GM	60 Packets Per 30 Days
	Testosterone TD Gel 40.5 MG/2.5GM (1.62%)	40.5 MG/2.5GM	60 Packets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Testim; Testosterone; Vogelxo	Testosterone TD Gel 50 MG/5GM (1%)	1 %; 50 MG/5GM	60 Tubes Per 30 Days
	Testosterone TD Soln 30 MG/ACT	30 MG/ACT	2 Bottles Per 30 Days
Kyzatrex	Testosterone Undecanoate Cap	100 MG	60 Capsules Per 30 Days
Kyzatrex	Testosterone Undecanoate Cap	150 MG	120 Capsules Per 30 Days
Kyzatrex; Undecatrex	Testosterone Undecanoate Cap	200 MG	120 Capsules Per 30 Days
Tlando	Testosterone Undecanoate Cap	112.5 MG	120 Capsules Per 30 Days
Jatenzo	Testosterone Undecanoate Cap 158 MG	158 MG	120 Capsules Per 30 Days
Jatenzo	Testosterone Undecanoate Cap 198 MG	198 MG	120 Capsules Per 30 Days
Jatenzo	Testosterone Undecanoate Cap 237 MG	237 MG	60 Capsules Per 30 Days
Aveed	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	750 MG/3ML	1 Vial Per 28 Days
Xenazine	Tetrabenazine Tab 12.5 MG	12.5 MG	240 Tablets Per 30 Days
Xenazine	Tetrabenazine Tab 25 MG	25 MG	120 Tablets Per 30 Days
Symdeko	Tezacaftor-Ivacaftor 100-150 MG & Ivacaftor 150 MG Tab TBPK	100-150 & 150 MG	56 Tablets Per 28 Days
Symdeko	Tezacaftor-Ivacaftor 50-75 MG & Ivacaftor 75 MG Tab TBPK	50-75 & 75 MG	56 Tablets Per 28 Days
Tezspire	tezepelumab-ekko subcutaneous soln auto-inj	210 MG/1.91ML	1 Pen Per 28 Days
Thalomid	Thalidomide Cap 100 MG	100 MG	120 Capsules Per 30 Days
Thalomid	Thalidomide Cap 50 MG	50 MG	90 Capsules Per 30 Days
Stiolto respimat	Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT	2.5-2.5 MCG/ACT	1 Inhaler Per 30 Days
Spiriva respimat	tiotropium bromide monohydrate inhal aerosol	2.5 MCG/ACT	1 Inhaler Per 30 Days
Spiriva respimat	tiotropium bromide monohydrate inhal aerosol	1.25 MCG/ACT	1 Inhaler Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Spiriva handihaler	tiotropium bromide monohydrate inhal cap	18 MCG	30 Capsules Per 30 Days
Aptivus	Tipranavir Cap 250 MG	250 MG	120 Capsules Per 30 Days
Klisyri	Tirbanibulin Ointment	1%	5 Packets Per 90 Days
Mounjaro	Tirzepatide Soln Pen-injector 10 MG/0.5ML	10 MG/0.5ML	4 Pens Per 28 Days
Mounjaro	Tirzepatide Soln Pen-injector 12.5 MG/0.5ML	12.5 MG/0.5ML	4 Pens Per 28 Days
Mounjaro	Tirzepatide Soln Pen-injector 15 MG/0.5ML	15 MG/0.5ML	4 Pens Per 28 Days
Mounjaro	Tirzepatide Soln Pen-injector 2.5 MG/0.5ML	2.5 MG/0.5ML	4 Pens Per 180 Days
Mounjaro	Tirzepatide Soln Pen-injector 5 MG/0.5ML	5 MG/0.5ML	4 Pens Per 28 Days
Mounjaro	Tirzepatide Soln Pen-injector 7.5 MG/0.5ML	7.5 MG/0.5ML	4 Pens Per 28 Days
Fotivda	Tivozanib HCl Cap	1.34 MG	21 Capsules Per 28 Days
Fotivda	Tivozanib HCl Cap	0.89 MG	21 Capsules Per 28 Days
Tizanidine hydrochloride; Zanaflex	tizanidine hcl cap	8 MG	135 Capsules Per 30 Days
Zanaflex	Tizanidine HCl Cap 2 MG (Base Equivalent)	2 MG	180 Capsules Per 30 Days
Zanaflex	Tizanidine HCl Cap 4 MG (Base Equivalent)	4 MG	180 Capsules Per 30 Days
Zanaflex	Tizanidine HCl Cap 6 MG (Base Equivalent)	6 MG	180 Capsules Per 30 Days
	Tizanidine HCl Tab 2 MG (Base Equivalent)	2 MG	180 Tablets Per 30 Days
Zanaflex	Tizanidine HCl Tab 4 MG (Base Equivalent)	4 MG	180 Tablets Per 30 Days
Tobi podhaler	Tobramycin Inhal Cap 28 MG	28 MG	224 Capsules Per 56 Days
Bethkis	Tobramycin Nebu Soln 300 MG/4ML	300 MG/4ML	224 mLs Per 56 Days
Kitabis pak; Tobi; Tobramycin	Tobramycin Nebu Soln 300 MG/5ML	300 MG/5ML	280 mLs Per 56 Days
	Tobramycin Ophth Soln 0.3%	0.30%	15 mLs Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Actemra actpen	tocilizumab subcutaneous soln auto-injector	162 MG/0.9ML	4 Pens Per 28 Days
Actemra	tocilizumab subcutaneous soln prefilled syringe	162 MG/0.9ML	4 Syringes Per 28 Days
Tyenne	tocilizumab-aazg subcutaneous soln auto-inj	162 MG/0.9ML	4 Pens Per 28 Days
Tyenne	tocilizumab-aazg subcutaneous soln pref syr	162 MG/0.9ML	4 Syringes Per 28 Days
Avtozma	tocilizumab-anoh subcutaneous soln auto-inj	162 MG/0.9ML	4 Pens Per 28 Days
Avtozma	tocilizumab-anoh subcutaneous soln pref syr	162 MG/0.9ML	4 Syringes Per 28 Days
Xeljanz	Tofacitinib Citrate Oral Soln	1 MG/ML	240 mLs Per 30 Days
Xeljanz	Tofacitinib Citrate Tab 10 MG (Base Equivalent)	10 MG	240 Tablets Per 365 Days
Xeljanz	Tofacitinib Citrate Tab 5 MG (Base Equivalent)	5 MG	60 Tablets Per 30 Days
Xeljanz xr	tofacitinib citrate tab er	22 MG	112 Per 365
Xeljanz xr	Tofacitinib Citrate Tab ER 24HR 11 MG (Base Equivalent)	11 MG	30 Tablets Per 30 Days
Xeljanz xr	Tofacitinib Citrate Tab ER 24HR 22 MG (Base Equivalent)	22 MG	120 Tablets Per 365 Days
Samsca; Tolvaptan	tolvaptan tab	15 MG	30 Tablets Per 180 Days
Samsca	tolvaptan tab	30 MG	60 Tablets Per 180 Days
Jynarque	Tolvaptan Tab 15 MG	15 MG	60 Tablets Per 30 Days
Jynarque	Tolvaptan Tab 30 MG	30 MG	30 Tablets Per 30 Days
Jynarque	tolvaptan tab therapy pack	15 MG; 30 & 15 MG; 45 & 15 MG; 60 & 30 MG; 90 & 30 MG	56 Tablets Per 28 Days
Trokendi xr	Topiramate Cap ER 24HR 100 MG	100 MG	30 Capsules Per 30 Days
Trokendi xr	Topiramate Cap ER 24HR 200 MG	200 MG	60 Capsules Per 30 Days
Trokendi xr	Topiramate Cap ER 24HR 25 MG	25 MG	30 Capsules Per 30 Days
Trokendi xr	Topiramate Cap ER 24HR 50 MG	50 MG	30 Capsules Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Qudexy xr	Topiramate Cap ER 24HR Sprinkle 100 MG	100 MG	30 Capsules Per 30 Days
Qudexy xr	Topiramate Cap ER 24HR Sprinkle 150 MG	150 MG	30 Capsules Per 30 Days
Qudexy xr	Topiramate Cap ER 24HR Sprinkle 200 MG	200 MG	60 Capsules Per 30 Days
Qudexy xr	Topiramate Cap ER 24HR Sprinkle 25 MG	25 MG	30 Capsules Per 30 Days
Qudexy xr	Topiramate Cap ER 24HR Sprinkle 50 MG	50 MG	30 Capsules Per 30 Days
Ojemda	tovorafenib for oral susp	25 MG/ML	8 Bottles Per 28 Days
Ojemda	tovorafenib tab	100 MG	24 Tablets Per 28 Days
Adbry	tralokinumab-ldrm subcutaneous soln auto-injector	300 MG/2ML	2 Pens Per 28 Days
Adbry	tralokinumab-ldrm subcutaneous soln prefilled syr	150 MG/ML	4 Syringes Per 28 Days
Conzip; Tramadol hcl er	tramadol hcl cap er	100 MG; 200 MG; 300 MG	30 Capsules Per 30 Days
Qdolo; Tramadol hydrochloride	Tramadol HCl Oral Soln	5 MG/ML	2400 mLs Per 30 Days
Tramadol hydrochloride	tramadol hcl tab	25 MG	240 Tablets Per 30 Days
Tramadol hydrochloride	tramadol hcl tab	75 MG	150 Tablets Per 30 Days
	Tramadol HCl Tab 100 MG	100 MG	120 Tablets Per 30 Days
	Tramadol HCl Tab 50 MG	50 MG	240 Tablets Per 30 Days
Tramadol hcl er	tramadol hcl tab er	100 MG; 200 MG; 300 MG	30 Tablets Per 30 Days
Mekinist	trametinib dimethyl sulfoxide for soln	0.05 MG/ML	13 Bottles Per 28 Days
Mekinist	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	0.5 MG	90 Tablets Per 30 Days
Mekinist	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	2 MG	30 Tablets Per 30 Days
Travatan z	travoprost ophth soln	0.00%	2.5 mLs Per 20 Days
Kenalog; Triamcinolone acetonide	Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM	0.147 MG/GM	189 Grams Per 90 Days
Lonsurf	Trifluridine-Tipiracil Tab 15-6.14 MG	15-6.14 MG	60 Tablets Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Lonsurf	Trifluridine-Tipiracil Tab 20-8.19 MG	20-8.19 MG	80 Tablets Per 28 Days
Daybue stix	trofinetide oral powder packet	6000 MG	120 Packets Per 30 Days
Daybue stix	trofinetide oral powder packet	8000 MG	60 Packets Per 30 Days
Daybue stix	trofinetide oral powder packet	5000 MG	120 Packets Per 30 Days
Daybue	trofinetide oral soln	200 MG/ML	8 Bottles Per 30 Days
Tukysa	Tucatinib Tab	150 MG	120 Tablets Per 30 Days
Tukysa	Tucatinib Tab	50 MG	300 Tablets Per 30 Days
Ubrovelvy	Ubrogepant Tab 100 MG	100 MG	16 Tablets Per 30 Days
Ubrovelvy	Ubrogepant Tab 50 MG	50 MG	16 Tablets Per 30 Days
Incruse ellipta; Umeclidinium ellipta	Umeclidinium Br Aero Powd Breath Act 62.5 MCG/INH (Base Eq)	62.5 MCG/INH	30 Blisters Per 30 Days
Anoro ellipta; Umeclidinium/vilanterol e	Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH	62.5-25 MCG/ACT	1 Inhaler Per 30 Days
Rinvoq lq	upadacitinib oral soln	1 MG/ML	360 mLs Per 30 Days
Rinvoq	Upadacitinib Tab ER	45 MG	84 Tablets Per 365 Days
Rinvoq	Upadacitinib Tab ER	30 MG	30 Tablets Per 30 Days
Rinvoq	Upadacitinib Tab ER 24HR 15 MG	15 MG	30 Tablets Per 30 Days
Stelara; Ustekinumab	Ustekinumab Inj 45 MG/0.5ML	45 MG/0.5ML	1 Vial Per 84 Days
Stelara; Ustekinumab	Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML	45 MG/0.5ML	1 Syringe Per 84 Days
Stelara; Ustekinumab	Ustekinumab Soln Prefilled Syringe 90 MG/ML	90 MG/ML	1 Syringe Per 56 Days
Otulf; Ustekinumab-aaaz	ustekinumab-aaaz soln prefilled syringe	90 MG/ML	1 Syringe Per 56 Days
Otulf; Ustekinumab-aaaz	ustekinumab-aaaz soln prefilled syringe	45 MG/0.5ML	1 Syringe Per 84 Days
Otulf	ustekinumab-aaaz subcutaneous soln	45 MG/0.5ML	1 Vial Per 84 Days
Selarsdi; Ustekinumab-aekn	ustekinumab-aekn soln prefilled syringe	45 MG/0.5ML	1 Syringe Per 84 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Selarsdi; Ustekinumab-aekn	ustekinumab-aekn soln prefilled syringe	90 MG/ML	1 Syringe Per 56 Days
Selarsdi	ustekinumab-aekn subcutaneous soln	45 MG/0.5ML	1 Vial Per 84 Days
Wezlana	ustekinumab-auub inj	45 MG/0.5ML	1 Vial Per 84 Days
Wezlana	ustekinumab-auub soln prefilled syringe	90 MG/ML	1 Syringe Per 56 Days
Wezlana	ustekinumab-auub soln prefilled syringe	45 MG/0.5ML	1 Syringe Per 84 Days
Starjemza	ustekinumab-hmny soln prefilled syringe	45 MG/0.5ML	1 Syringe Per 84 Days
Starjemza	ustekinumab-hmny soln prefilled syringe	90 MG/ML	1 Syringe Per 56 Days
Starjemza	ustekinumab-hmny subcutaneous soln	45 MG/0.5ML	1 Vial Per 84 Days
Yesintek	ustekinumab-kfce soln prefilled syringe	90 MG/ML	1 Syringe Per 56 Days
Yesintek	ustekinumab-kfce soln prefilled syringe	45 MG/0.5ML	1 Syringe Per 84 Days
Yesintek	ustekinumab-kfce subcutaneous soln	45 MG/0.5ML	1 Vial Per 84 Days
Imuldosa	ustekinumab-srlf soln prefilled syringe	90 MG/ML	1 Syringe Per 56 Days
Imuldosa	ustekinumab-srlf soln prefilled syringe	45 MG/0.5ML	1 Syringe Per 84 Days
Steqeyma	ustekinumab-stba soln prefilled syringe	90 MG/ML	1 Syringe Per 56 Days
Steqeyma	ustekinumab-stba soln prefilled syringe	45 MG/0.5ML	1 Syringe Per 84 Days
Steqeyma	ustekinumab-stba subcutaneous soln	45 MG/0.5ML	1 Vial Per 84 Days
Pyzchiva	ustekinumab-ttwe soln auto-injector	45 MG/0.5ML	1 Pen Per 84 Days
Pyzchiva	ustekinumab-ttwe soln auto-injector	90 MG/ML	1 Pen Per 56 Days
Pyzchiva; Ustekinumab-ttwe	ustekinumab-ttwe soln prefilled syringe	45 MG/0.5ML	1 Syringe Per 84 Days
Pyzchiva; Ustekinumab-ttwe	ustekinumab-ttwe soln prefilled syringe	90 MG/ML	1 Syringe Per 56 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Pyzchiva; Ustekinumab-ttwe	ustekinumab-ttwe subcutaneous soln	45 MG/0.5ML	1 Vial Per 84 Days
Ingrezza	Valbenazine Tosylate Cap	60 MG	30 Capsules Per 30 Days
Ingrezza	Valbenazine Tosylate Cap 40 MG (Base Equiv)	40 MG	60 Capsules Per 30 Days
Ingrezza	Valbenazine Tosylate Cap 80 MG (Base Equiv)	80 MG	30 Capsules Per 30 Days
Ingrezza	Valbenazine Tosylate Cap Therapy Pack 40 MG (7) & 80 MG (21)	40 & 80 MG	28 Capsules Per 180 Days
Ingrezza	valbenazine tosylate capsule sprinkle	40 MG	30 Capsules Per 30 Days
Ingrezza	valbenazine tosylate capsule sprinkle	60 MG	30 Capsules Per 30 Days
Ingrezza	valbenazine tosylate capsule sprinkle	80 MG	30 Capsules Per 30 Days
Agamree	vamorolone oral susp	40 MG/ML	300 mLs Per 30 Days
Vancocin	Vancomycin HCl Cap 125 MG (Base Equivalent)	125 MG	120 Capsules Per 30 Days
Vancocin	Vancomycin HCl Cap 250 MG (Base Equivalent)	250 MG	120 Capsules Per 30 Days
Caprelsa	Vandetanib Tab	300 MG	30 Tablets Per 30 Days
Caprelsa	Vandetanib Tab	100 MG	60 Tablets Per 30 Days
Alyftrek	vanzacaftor-tezacaftor-deutivacaftor tab	4-20-50 MG	84 Tablets Per 28 Days
Alyftrek	vanzacaftor-tezacaftor-deutivacaftor tab	10-50-125 MG	56 Tablets Per 28 Days
	vardenafil hcl orally disintegrating tab; vardenafil hcl tab	10 MG; 2.5 MG; 20 MG; 5 MG	8 Tablets Per 30 Days
Tyrvaya	Varenicline Tartrate Nasal Soln	0.03 MG/ACT	8.4 mLs Per 30 Days
Entyvio pen	vedolizumab soln pen-injector 108 mg/0.68ml	108 MG/0.68ML	2 Pens Per 28 Days
Zelboraf	Vemurafenib Tab 240 MG	240 MG	240 Tablets Per 30 Days
Venclexta	Venetoclax Tab 10 MG	10 MG	60 Tablets Per 30 Days
Venclexta	Venetoclax Tab 100 MG	100 MG	180 Tablets Per 30 Days
Venclexta	Venetoclax Tab 50 MG	50 MG	30 Tablets Per 30 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Venclexta starting pack	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	10 & 50 & 100 MG	1 Pack Per 180 Days
Verquvo	vericiguat tab	10 MG; 2.5 MG; 5 MG	30 Tablets Per 30 Days
Qelbree	Viloxazine HCl Cap ER	150 MG	60 Capsules Per 30 Days
Qelbree	Viloxazine HCl Cap ER	100 MG	30 Capsules Per 30 Days
Qelbree	Viloxazine HCl Cap ER	200 MG	90 Capsules Per 30 Days
Romvimza	vimseltinib cap	20 MG	8 Capsules Per 28 Days
Romvimza	vimseltinib cap	30 MG	8 Capsules Per 28 Days
Romvimza	vimseltinib cap	14 MG	8 Capsules Per 28 Days
Erivedge	Vismodegib Cap 150 MG	150 MG	30 Capsules Per 30 Days
Voquezna	vonoprazan fumarate tab	10 MG; 20 MG	60 Tablets Per 30 Days
Voranigo	vorasidenib tab	40 MG	30 Tablets Per 30 Days
Voranigo	vorasidenib tab	10 MG	60 Tablets Per 30 Days
Zolinza	Vorinostat Cap 100 MG	100 MG	120 Capsules Per 30 Days
Voxzogo	vosoritide for subcutaneous inj	0.4 MG; 0.56 MG; 1.2 MG	30 Vials Per 30 Days
Cobenfy	xanomeline tartrate-tropium chloride cap	50-20 MG	60 Capsules Per 30 Days
Cobenfy	xanomeline tartrate-tropium chloride cap	100-20 MG	60 Capsules Per 30 Days
Cobenfy	xanomeline tartrate-tropium chloride cap	125-30 MG	60 Capsules Per 30 Days
Cobenfy starter pack	xanomeline-tropium chloride cap pack	50-20 & 100-20 MG	56 Capsules Per 180 Days
Relenza diskhaler	Zanamivir Aero Powder Breath Activated 5 MG/BLISTER	5 MG/BLISTER	40 Blisters Per 120 Days
Brukinsa	Zanubrutinib Cap	80 MG	120 Capsules Per 30 Days
Brukinsa	zanubrutinib tab	160 MG	60 Tablets Per 30 Days
Zavzpret	zavegepant hcl nasal spray	10 MG/ACT	8 Devices Per 30 Days
Retrovir	Zidovudine Cap 100 MG	100 MG	180 Capsules Per 30 Days
Retrovir	Zidovudine Syrup 10 MG/ML	50 MG/5ML	1920 mLs Per 30 Days
	Zidovudine Tab 300 MG	300 MG	60 Tablets Per 30 Days
Komzifti	ziftomenib cap	200 MG	90 Capsules Per 30 Days
Zilbrysq 32.4 mg/0.81 mL	zilucoplan	32.4 MG/0.81ML	28 Syringes Per 28 Days

Dispensing Limits Summary

Brand Name	Generic Name	Strength	Dispensing Limit
Zilbrysq 23 mg/0.574 mL	zilucoplan	23 MG/0.574ML	28 Syringes Per 28 Days
Zilbrysq 16.6 mg/0.416 mL	zilucoplan	16.6 MG/0.416ML	28 Syringes Per 28 Days
Geodon	ziprasidone hcl cap	20 MG; 40 MG; 60 MG; 80 MG	60 Capsules Per 30 Days
Hernexeos	zongertinib tab	60 MG	180 Tablets Per 60 Days
Zurzuvae	zuranolone cap	30 MG	14 Capsules Per 365 Days
Zurzuvae	zuranolone cap	25 MG	28 Capsules Per 365 Days
Zurzuvae	zuranolone cap	20 MG	28 Capsules Per 365 Days
Xeljanz xr		22 MG	112 Per 365 Days