Performance Select Biosimilar Dispensing Limits (DL)

Drug dispensing limits help encourage medication use as intended by the FDA. Coverage limits are placed on medications in certain drug categories.

Limits may include:

- Quantity of covered medication per prescription
- Quantity of covered medication in a given time period

If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you will be responsible for the full cost of the prescription beyond what your coverage allows.

The following brand drugs, and their generic equivalents, if available, have dispensing limits. Some of these dispensing limits may not apply to all members or may vary based on state regulations. Some dispensing limits listed below may apply across multiple medications within a drug class. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction (example: Viagra). Some drugs may not be available through mail service. Coverage for some drug categories, such as specialty or other select non-specialty medications, may be limited to a 30-day supply at a time depending on your particular benefit plan. Please see your plan materials or call the number on the back of your ID card to verify if you are uncertain of any plan limitations or exclusions. This list is subject to change.

Blue Cross and Blue Shield of Illinois (BCBSIL) is a division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association. BCBSIL contracts with Prime Therapeutics to provide pharmacy benefit management, mail order pharmacy services and specialty pharmacy services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	960 mLs Per 30 DAYS	BG
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	60 Tablets Per 30 DAYS	BG
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	30 Tablets Per 30 DAYS	BG
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)	60 Tablets Per 30 DAYS	B
abacavir-dolutegravir-lamivudine tab 600-50-300 mg (Triumeq)	30 Tablets Per 30 DAYS	B
abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg (Triumeq Pd)	180 Tablets Per 30 DAYS	B
abatacept subcutaneous soln auto-injector 125 mg/ml (Orencia Clickject)	4 Syringes Per 28 DAYS	B
abatacept subcutaneous soln prefilled syringe (Orencia)	4 Syringes Per 28 DAYS	B
abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml (Orencia)	4 Syringes Per 28 DAYS, 1.6 mLs = 4 syringes = 1 box	B
abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml (Orencia)	4 Syringes Per 28 DAYS, 2.8 mLs = 4 syringes = 1 box	B
abrocitinib tab 100 mg (Cibinqo)	30 Tablets Per 30 DAYS	B
abrocitinib tab 200 mg (Cibinqo)	30 Tablets Per 30 DAYS	B
abrocitinib tab 50 mg (Cibinqo)	30 Tablets Per 30 DAYS	B
aclidinium br-formoterol fum aero pow br act 400-12 mcg/act (Duaklir Pressair)	1 Inhaler Per 30 DAYS	B
aclidinium bromide aerosol powd breath activated 400 mcg/act (Tudorza Pressair)	1 Inhaler Per 30 DAYS	B
acoramidis hcl tab pack 356 mg (712 mg twice daily) (Attruby)	112 Tablets Per 28 DAYS	B
acyclovir buccal tab 50 mg (Sitavig)	2 Tablets Per 180 DAYS	B
acyclovir-hydrocortisone cream 5-1% (Xerese)	5 Grams Per 30 DAYS	B
adalimumab auto-injector kit (Humira pen)	1 Kit Per 180 DAYS	B
adalimumab auto-injector kit (Humira pen)	2 Pens Per 28 DAYS	B
adalimumab auto-injector kit (Humira pen-cd/uc/hs start)	1 Kit Per 180 DAYS	B
adalimumab auto-injector kit (Humira pen-pediatric uc s)	1 Kit Per 180 DAYS	B
adalimumab auto-injector kit 40 mg/0.4ml (Humira Pen)	2 Pens Per 28 DAYS	B
adalimumab auto-injector kit 40 mg/0.8ml (Humira Pen)	1 Kit Per 180 DAYS	B
adalimumab auto-injector kit 40 mg/0.8ml (Humira Pen-Cd/Uc/Hs Starter)	1 Kit Per 180 DAYS	B
adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml (Humira Pen-Ps/Uv Starter)	1 Kit Per 180 DAYS	B
adalimumab prefilled syringe kit (Humira)	2 Syringes Per 28 DAYS	B
adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml (Humira Pediatric Crohns Disease Starter Pack)	1 Kit Per 180 DAYS, 2 syringes = 1 kit	B
adalimumab prefilled syringe kit 80 mg/0.8ml (Humira Pediatric Crohns Disease Starter Pack)	1 Kit Per 180 DAYS, 3 syringes = 1 kit	B
adalimumab-aacf auto-injector kit (Adalimumab-aacf (2 pen) ; Adalimumab-aacf starter p ; Idacio (2 pen))	1 Kit Per 28 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
adalimumab-aacf auto-injector kit (Adalimumab-aacf (2 pen) ; Adalimumab-aacf starter p)	1 Kit Per 28 DAYS	B
adalimumab-aacf auto-injector kit (Adalimumab-aacf starter p ; Idacio (2 pen))	1 Kit Per 28 DAYS	B
adalimumab-aacf auto-injector kit (Adalimumab-aacf starter p ; Idacio starter package fo)	1 Kit Per 180 DAYS	B
adalimumab-aacf prefilled syringe kit 40 mg/0.8ml (Adalimumab-Aacf (2 Syringe))	1 Kit Per 28 DAYS	B
adalimumab-aacf prefilled syringe kit 40 mg/0.8ml (Idacio (2 Syringe))	1 Kit Per 28 DAYS	B
adalimumab-aaty auto-injector kit (Adalimumab-aaty 1-pen kit ; Yuflyma 1-pen kit)	2 Pens Per 28 DAYS	B
adalimumab-aaty auto-injector kit (Adalimumab-aaty 2-pen kit ; Yuflyma 2-pen kit)	1 Kit Per 28 DAYS	B
adalimumab-aaty auto-injector kit (Adalimumab-aaty 2-pen kit ; Yuflyma 2-pen kit)	2 Pens Per 28 DAYS	B
adalimumab-aaty auto-injector kit (Adalimumab-aaty cd/uc/hs ; Yuflyma cd/uc/hs starter)	1 Kit Per 180 DAYS	B
adalimumab-aaty prefilled syringe kit 20 mg/0.2ml (Adalimumab-Aaty 2-Syringe Kit)	1 Kit Per 28 DAYS	B
adalimumab-aaty prefilled syringe kit 20 mg/0.2ml (Adalimumab-Aaty 2-Syringe Kit)	2 Syringes Per 28 DAYS	B
adalimumab-aaty prefilled syringe kit 20 mg/0.2ml (Yuflyma 2-Syringe Kit)	1 Kit Per 28 DAYS	B
adalimumab-aaty prefilled syringe kit 20 mg/0.2ml (Yuflyma 2-Syringe Kit)	2 Syringes Per 28 DAYS	B
adalimumab-aaty prefilled syringe kit 40 mg/0.4ml (Adalimumab-Aaty 2-Syringe Kit)	1 Kit Per 28 DAYS	B
adalimumab-aaty prefilled syringe kit 40 mg/0.4ml (Adalimumab-Aaty 2-Syringe Kit)	2 Syringes Per 28 DAYS	B
adalimumab-aaty prefilled syringe kit 40 mg/0.4ml (Yuflyma 2-Syringe Kit)	1 Kit Per 28 DAYS	B
adalimumab-aaty prefilled syringe kit 40 mg/0.4ml (Yuflyma 2-Syringe Kit)	2 Syringes Per 28 DAYS	B
adalimumab-adaz soln auto-injector (Adalimumab-adaz ; Hyrimoz ; Hyrimoz sensoready pens)	2 Pens Per 28 DAYS	B
adalimumab-adaz soln auto-injector (Hyrimoz crohn's disease a)	1 Kit Per 180 DAYS	B
adalimumab-adaz soln auto-injector (Hyrimoz crohn's disease a)	1 Starter Kit Per 180 DAYS	B
adalimumab-adaz soln auto-injector (Hyrimoz sensoready pens)	1 Kit Per 180 DAYS	B
adalimumab-adaz soln auto-injector (Hyrimoz sensoready pens)	3 Pens Per 180 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
adalimumab-adaz soln auto-injector 40 mg/0.4ml (Adalimumab-Adaz)	2 Pens Per 28 DAYS	B
adalimumab-adaz soln auto-injector 40 mg/0.4ml (Hyrimoz)	2 Pens Per 28 DAYS	B
adalimumab-adaz soln auto-injector 40 mg/0.8ml (Hyrimoz)	2 Pens Per 28 DAYS	B
adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml (Hyrimoz Plaque Psoriasis Starter Pack)	1 Kit Per 180 DAYS	B
adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml (Hyrimoz Plaque Psoriasis Starter Pack)	1 Starter Kit Per 180 DAYS	B
adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml (Hyrimoz Plaque Psoriasis/Uveitis Starter Pack)	1 Kit Per 180 DAYS	B
adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml (Hyrimoz Plaque Psoriasis/Uveitis Starter Pack)	1 Starter Kit Per 180 DAYS	B
adalimumab-adaz soln prefilled syr 80 mg/0.8ml & 40 mg/0.4ml (Hyrimoz Pediatric Crohn'sdisease Starter Pack)	1 Kit Per 180 DAYS	B
adalimumab-adaz soln prefilled syr 80 mg/0.8ml & 40 mg/0.4ml (Hyrimoz Pediatric Crohn'sdisease Starter Pack)	2 Syringes Per 180 DAYS	B
adalimumab-adaz soln prefilled syringe 10 mg/0.1ml (Adalimumab-Adaz)	2 Syringes Per 28 DAYS	B
adalimumab-adaz soln prefilled syringe 10 mg/0.1ml (Hyrimoz)	2 Syringes Per 28 DAYS	B
adalimumab-adaz soln prefilled syringe 20 mg/0.2ml (Adalimumab-Adaz)	2 Syringes Per 28 DAYS	B
adalimumab-adaz soln prefilled syringe 20 mg/0.2ml (Hyrimoz)	2 Syringes Per 28 DAYS	B
adalimumab-adaz soln prefilled syringe 40 mg/0.4ml (Adalimumab-Adaz)	2 Syringes Per 28 DAYS	B
adalimumab-adaz soln prefilled syringe 40 mg/0.4ml (Hyrimoz)	2 Syringes Per 28 DAYS	B
adalimumab-adaz soln prefilled syringe 40 mg/0.8ml (Hyrimoz)	2 Syringes Per 28 DAYS	B
adalimumab-adaz soln prefilled syringe 80 mg/0.8ml (Hyrimoz Pediatric Crohns Disease Starter Pack)	1 Kit Per 180 DAYS	B
adalimumab-adaz soln prefilled syringe 80 mg/0.8ml (Hyrimoz Pediatric Crohns Disease Starter Pack)	3 Syringes Per 180 DAYS	B
adalimumab-adbm auto-injector kit (Adalimumab-adbm ; Cyltezo)	1 Kit Per 28 DAYS	B
adalimumab-adbm auto-injector kit (Adalimumab-adbm ; Cyltezo)	2 Pens Per 28 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
adalimumab-adbm auto-injector kit (Adalimumab-adbm crohns/uc ; Cyltezo starter package f)	1 Kit Per 180 DAYS	B
adalimumab-adbm auto-injector kit (Adalimumab-adbm psoriasis ; Cyltezo starter package f)	1 Kit Per 180 DAYS	B
adalimumab-adbm auto-injector kit (Adalimumab-adbm starter p ; Cyltezo starter package f)	1 Kit Per 180 DAYS	B
adalimumab-adbm auto-injector kit (Adalimumab-adbm starter p ; Cyltezo starter package f)	4 Pens Per 180 DAYS	B
adalimumab-adbm auto-injector kit (Adalimumab-adbm starter p ; Cyltezo starter package f)	6 Pens Per 180 DAYS	B
adalimumab-adbm prefilled syringe kit 10 mg/0.2ml (Adalimumab-Adbm)	1 Kit Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 10 mg/0.2ml (Adalimumab-Adbm)	2 Syringes Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 10 mg/0.2ml (Cyltezo)	1 Kit Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 10 mg/0.2ml (Cyltezo)	2 Syringes Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 20 mg/0.4ml (Adalimumab-Adbm)	1 Kit Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 20 mg/0.4ml (Adalimumab-Adbm)	2 Syringes Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 20 mg/0.4ml (Cyltezo)	1 Kit Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 20 mg/0.4ml (Cyltezo)	2 Syringes Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 40 mg/0.4ml (Adalimumab-Adbm)	2 Syringes Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 40 mg/0.4ml (Cyltezo)	2 Syringes Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 40 mg/0.8ml (Adalimumab-Adbm)	1 Kit Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 40 mg/0.8ml (Adalimumab-Adbm)	2 Syringes Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 40 mg/0.8ml (Cyltezo)	1 Kit Per 28 DAYS	B
adalimumab-adbm prefilled syringe kit 40 mg/0.8ml (Cyltezo)	2 Syringes Per 28 DAYS	B
adalimumab-afzb auto-injector kit (Abrilada 1-pen kit)	2 Pens Per 28 DAYS	B
adalimumab-afzb auto-injector kit (Abrilada 2-pen kit)	2 Pens Per 28 DAYS	B
adalimumab-afzb auto-injector kit 40 mg/0.8ml (Abrilada 1-Pen Kit)	2 Pens Per 28 DAYS	B
adalimumab-afzb auto-injector kit 40 mg/0.8ml (Abrilada 2-Pen Kit)	2 Pens Per 28 DAYS	B
adalimumab-afzb prefilled syringe kit 20 mg/0.4ml (Abrilada)	2 Syringes Per 28 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
adalimumab-afzb prefilled syringe kit 40 mg/0.8ml (Abrilada)	2 Syringes Per 28 DAYS	B
adalimumab-aqvh soln auto-injector 40 mg/0.8ml (Yusimry)	2 Pens Per 28 DAYS	B
adalimumab-atto soln auto-injector 40 mg/0.4ml (Amjevita)	2 Pens Per 28 DAYS	B
adalimumab-atto soln auto-injector 40 mg/0.8ml (Amjevita)	2 Pens Per 28 DAYS	B
adalimumab-atto soln auto-injector 80 mg/0.8ml (Amjevita)	2 Pens Per 28 DAYS	B
adalimumab-atto soln prefilled syringe 10 mg/0.2ml (Amjevita)	2 Syringes Per 28 DAYS	B
adalimumab-atto soln prefilled syringe 20 mg/0.2ml (Amjevita)	2 Syringes Per 28 DAYS	B
adalimumab-atto soln prefilled syringe 20 mg/0.4ml (Amjevita)	2 Syringes Per 28 DAYS	B
adalimumab-atto soln prefilled syringe 40 mg/0.4ml (Amjevita)	2 Syringes Per 28 DAYS	B
adalimumab-atto soln prefilled syringe 40 mg/0.8ml (Amjevita)	2 Syringes Per 28 DAYS	B
adalimumab-bwwd soln auto-injector 40 mg/0.4ml (Hadlima Pushtouch)	1 Kit Per 28 DAYS	B
adalimumab-bwwd soln auto-injector 40 mg/0.4ml (Hadlima Pushtouch)	2 Pens Per 28 DAYS	B
adalimumab-bwwd soln auto-injector 40 mg/0.8ml (Hadlima Pushtouch)	1 Kit Per 28 DAYS	B
adalimumab-bwwd soln auto-injector 40 mg/0.8ml (Hadlima Pushtouch)	2 Pens Per 28 DAYS	B
adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml (Hadlima)	1 Kit Per 28 DAYS	B
adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml (Hadlima)	2 Syringes Per 28 DAYS	B
adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml (Hadlima)	1 Kit Per 28 DAYS	B
adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml (Hadlima)	2 Syringes Per 28 DAYS	B
adalimumab-fkjp auto-injector kit 40 mg/0.8ml (Adalimumab-Fkjp)	2 Pens Per 28 DAYS	B
adalimumab-fkjp auto-injector kit 40 mg/0.8ml (Hulio)	2 Pens Per 28 DAYS	B
adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml (Adalimumab-Fkjp)	2 Syringes Per 28 DAYS	B
adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml (Hulio)	2 Syringes Per 28 DAYS	B
adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml (Adalimumab-Fkjp)	2 Syringes Per 28 DAYS	B
adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml (Hulio)	2 Syringes Per 28 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
adalimumab-ryvk auto-injector kit 40 mg/0.4ml (Adalimumab-Ryvk (2 Pen))	2 Pens Per 28 DAYS	B
adalimumab-ryvk auto-injector kit 40 mg/0.4ml (Simlandi 1-Pen Kit)	2 Pens Per 28 DAYS	B
adalimumab-ryvk auto-injector kit 40 mg/0.4ml (Simlandi 2-Pen Kit)	2 Pens Per 28 DAYS	B
adalimumab-ryvk auto-injector kit 80 mg/0.8ml (Simlandi 1-Pen Kit)	2 Pens Per 28 DAYS	B
adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml (Simlandi)	2 Syringes Per 28 DAYS	B
adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml (Adalimumab-Ryvk)	2 Syringes Per 28 DAYS	B
adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml (Simlandi)	2 Syringes Per 28 DAYS	B
adalimumab-ryvk prefilled syringe kit 80 mg/0.8ml (Simlandi)	2 Syringes Per 28 DAYS	B
adapalene pads 0.1% (Adapalene)	28 Swabs Per 28 DAYS	B
albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv) (Proair Respiclick)	2 Inhalers Per 30 DAYS	B
albuterol sulfate aer pow ba 108 mcg/act with sensor (Proair Digihaler)	2 Inhalers Per 30 DAYS	B
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Albuterol Sulfate Hfa)	2 Inhalers Per 30 DAYS, 6 pkgs per 90 days	BG
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil Hfa)	2 Inhalers Per 30 DAYS, 6 pkgs per 90 days	BG
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Ventolin Hfa)	2 Inhalers Per 30 DAYS, 6 pkgs per 90 days	BG
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	375 mLs Per 30 DAYS	G
albuterol sulfate soln nebu 0.5% (5 mg/ml) (Albuterol Sulfate)	60 mLs Per 30 DAYS	BG
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	375 mLs Per 30 DAYS, QL cumulative across strengths	G
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	375 mLs Per 30 DAYS, QL cumulative across strengths	G
albuterol-budesonide inhalation aerosol 90-80 mcg/act (Airsupra)	3 Inhalers Per 30 DAYS, 10.7 g = 1 inhaler = 120 doses	B
alirocumab subcutaneous solution auto-injector 150 mg/ml (Praluent)	2 Pens Per 28 DAYS, 1 package = 2mLs = 2 pens	B
alirocumab subcutaneous solution auto-injector 75 mg/ml (Praluent)	2 Pens Per 28 DAYS, 1 package = 2mLs = 2 pens	B
almotriptan malate tab 12.5 mg	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	G

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
almotriptan malate tab 6.25 mg	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	G
alogliptin benzoate tab 12.5 mg (base equiv) (Alogliptin)	30 Tablets Per 30 DAYS	B
alogliptin benzoate tab 12.5 mg (base equiv) (Nesina)	30 Tablets Per 30 DAYS	B
alogliptin benzoate tab 25 mg (base equiv) (Alogliptin)	30 Tablets Per 30 DAYS	B
alogliptin benzoate tab 25 mg (base equiv) (Nesina)	30 Tablets Per 30 DAYS	B
alogliptin benzoate tab 6.25 mg (base equiv) (Alogliptin)	30 Tablets Per 30 DAYS	B
alogliptin benzoate tab 6.25 mg (base equiv) (Nesina)	30 Tablets Per 30 DAYS	B
alogliptin-metformin hcl tab 12.5-1000 mg (Alogliptin/Metformin Hydrochloride)	60 Tablets Per 30 DAYS	B
alogliptin-metformin hcl tab 12.5-1000 mg (Kazano)	60 Tablets Per 30 DAYS	B
alogliptin-metformin hcl tab 12.5-500 mg (Alogliptin/Metformin Hcl)	60 Tablets Per 30 DAYS	B
alogliptin-metformin hcl tab 12.5-500 mg (Kazano)	60 Tablets Per 30 DAYS	B
alogliptin-pioglitazone tab 12.5-30 mg (Alogliptin/Pioglitazone)	30 Tablets Per 30 DAYS	B
alogliptin-pioglitazone tab 12.5-30 mg (Oseni)	30 Tablets Per 30 DAYS	B
alogliptin-pioglitazone tab 25-15 mg (Alogliptin/Pioglitazone)	30 Tablets Per 30 DAYS	B
alogliptin-pioglitazone tab 25-15 mg (Oseni)	30 Tablets Per 30 DAYS	B
alogliptin-pioglitazone tab 25-30 mg (Alogliptin/Pioglitazone)	30 Tablets Per 30 DAYS	B
alogliptin-pioglitazone tab 25-30 mg (Oseni)	30 Tablets Per 30 DAYS	B
alogliptin-pioglitazone tab 25-45 mg (Alogliptin/Pioglitazone)	30 Tablets Per 30 DAYS	B
alogliptin-pioglitazone tab 25-45 mg (Oseni)	30 Tablets Per 30 DAYS	B
alosetron hcl tab 0.5 mg (base equiv) (Lotronex)	60 Tablets Per 30 DAYS, QL cumulative across strengths	BG
alosetron hcl tab 1 mg (base equiv) (Lotronex)	60 Tablets Per 30 DAYS, QL cumulative across strengths	BG
alpelisib (pros) oral granules packet 50 mg (Vijoice)	28 Packets Per 28 DAYS	B
alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs) (Vijoice)	56 Tablets Per 28 DAYS	B
alpelisib (pros) tab therapy pack 125 mg daily dose (Vijoice)	28 Tablets Per 28 DAYS	B
alpelisib (pros) tab therapy pack 50 mg daily dose (Vijoice)	28 Tablets Per 28 DAYS	B
alprostadil for inj 20 mcg (Caverject)	8 Doses Per 30 DAYS	B
alprostadil for inj 40 mcg (Caverject)	8 Doses Per 30 DAYS	B
alprostadil for inj kit (Caverject impulse)	8 Doses Per 30 DAYS	B
alprostadil for inj kit (Edex)	4 Kits Per 30 DAYS	B
alprostadil urethral pellet 1000 mcg (Muse)	8 Doses Per 30 DAYS	B

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alprostadil urethral pellet 250 mcg (Muse)	8 Doses Per 30 DAYS	B
alprostadil urethral pellet 500 mcg (Muse)	8 Doses Per 30 DAYS	B
amcinonide cream 0.1% (Amcinonide)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	B
amcinonide lotion 0.1% (Amcinonide)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	B
amcinonide oint 0.1% (Amcinonide)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	B
amifampridine phosphate tab 10 mg (base equivalent) (Firdapse)	300 Tablets Per 30 DAYS	B
anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml (Kineret)	28 Syringes Per 28 DAYS	B
antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit (Xyntha Solofuse)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit (Xyntha)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit (Xyntha Solofuse)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit (Xyntha)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 1000 unit (Xyntha Solofuse)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 1000 unit (Xyntha)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 2000 unit (Xyntha Solofuse)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 2000 unit (Xyntha)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 3000 unit (Xyntha Solofuse)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 1000 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 1500 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 2000 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 2500 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 3000 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 4000 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit (Novoeight)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit (Novoeight)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit (Novoeight)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit (Novoeight)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit (Novoeight)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit (Novoeight)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor (human) for inj 1000 unit (Hemofil M)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor (human) for inj 1000 unit (Koate)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor (human) for inj 1000 unit (Koate-Dvi)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor (human) for inj 1700 unit (Hemofil M)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor (human) for inj 250 unit (Hemofil M)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor (human) for inj 250 unit (Koate)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor (human) for inj 500 unit (Hemofil M)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor (human) for inj 500 unit (Koate)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit (Nuwiq)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
apixaban tab 2.5 mg (Eliquis)	60 Tablets Per 30 DAYS	B
apixaban tab 5 mg (Eliquis)	74 Tablets Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
apixaban tab starter pack 5 mg (Eliquis Starter Pack)	1 Pack Per 180 DAYS	B
apremilast tab 20 mg (Otezla)	60 Tablets Per 30 DAYS	B
apremilast tab 30 mg (Otezla)	60 Tablets Per 30 DAYS	B
apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg (Otezla)	1 Kit Per 180 DAYS, 55 tablets = 1 kit	B
apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg (Otezla)	1 Pack Per 180 DAYS, 55 tablest = 1 kit	B
aprocitentan tab 12.5 mg (Tryvio)	30 Tablets Per 30 DAYS	B
arimoclomol citrate cap 124 mg (Miplyffa)	90 Capsules Per 30 DAYS	B
arimoclomol citrate cap 47 mg (Miplyffa)	90 Capsules Per 30 DAYS	B
arimoclomol citrate cap 62 mg (Miplyffa)	90 Capsules Per 30 DAYS	B
arimoclomol citrate cap 93 mg (Miplyffa)	90 Capsules Per 30 DAYS	B
aripiprazole oral film 10 mg (Opipza)	90 Films Per 30 DAYS	B
aripiprazole oral film 2 mg (Opipza)	30 Films Per 30 DAYS	B
aripiprazole oral film 5 mg (Opipza)	90 Films Per 30 DAYS	B
aripiprazole oral solution 1 mg/ml	900 mLs Per 30 DAYS	G
aripiprazole orally disintegrating tab 10 mg	60 Tablets Per 30 DAYS	G
aripiprazole orally disintegrating tab 15 mg	60 Tablets Per 30 DAYS	G
aripiprazole tab 10 mg (Abilify)	30 Tablets Per 30 DAYS	BG
aripiprazole tab 10 mg with sensor&strips (for pod) maint pak (Abilify Mycite Maintenance Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 10 mg with sensor, strips & pod starter pak (Abilify Mycite Starter Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 15 mg (Abilify)	30 Tablets Per 30 DAYS	BG
aripiprazole tab 15 mg with sensor&strips (for pod) maint pak (Abilify Mycite Maintenance Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 15 mg with sensor, strips & pod starter pak (Abilify Mycite Starter Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 2 mg (Abilify)	60 Tablets Per 30 DAYS	BG
aripiprazole tab 2 mg with sensor&strips (for pod) maint pak (Abilify Mycite Maintenance Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 2 mg with sensor, strips & pod starter pak (Abilify Mycite Starter Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 20 mg (Abilify)	30 Tablets Per 30 DAYS	BG
aripiprazole tab 20 mg with sensor&strips (for pod) maint pak (Abilify Mycite Maintenance Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 20 mg with sensor, strips & pod starter pak (Abilify Mycite Starter Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 30 mg (Abilify)	30 Tablets Per 30 DAYS	BG
aripiprazole tab 30 mg with sensor&strips (for pod) maint pak (Abilify Mycite Maintenance Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 30 mg with sensor, strips & pod starter pak (Abilify Mycite Starter Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 5 mg (Abilify)	60 Tablets Per 30 DAYS	BG

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
aripiprazole tab 5 mg with sensor&strips (for pod) maint pak (Abilify Mycite Maintenance Kit)	30 Tablets Per 30 DAYS	B
aripiprazole tab 5 mg with sensor, strips & pod starter pak (Abilify Mycite Starter Kit)	30 Tablets Per 30 DAYS	B
asenapine maleate sl tab 10 mg (base equiv) (Saphris)	60 Tablets Per 30 DAYS	BG
asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	60 Tablets Per 30 DAYS	BG
asenapine maleate sl tab 5 mg (base equiv) (Saphris)	60 Tablets Per 30 DAYS	BG
asenapine td patch 24 hr 3.8 mg/24hr (Secuado)	30 Patches Per 30 DAYS	B
asenapine td patch 24 hr 5.7 mg/24hr (Secuado)	30 Patches Per 30 DAYS	B
asenapine td patch 24 hr 7.6 mg/24hr (Secuado)	30 Patches Per 30 DAYS	B
aspirin-omeprazole tab delayed release 325-40 mg (Yosprala)	30 Tablets Per 30 DAYS	B
aspirin-omeprazole tab delayed release 81-40 mg (Yosprala)	30 Tablets Per 30 DAYS	B
atazanavir sulfate cap 150 mg (base equiv)	30 Tablets Per 30 DAYS	G
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	60 Capsules Per 30 DAYS	BG
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	30 Capsules Per 30 DAYS	BG
atazanavir sulfate oral powder packet 50 mg (base equiv) (Reyataz)	240 Packets Per 30 DAYS, 30 packets =1 box	B
atazanavir sulfate-cobicistat tab 300-150 mg (base equiv) (Evotaz)	30 Tablets Per 30 DAYS	B
atogepant tab 10 mg (Qulipta)	30 Tablets Per 30 DAYS	B
atogepant tab 30 mg (Qulipta)	30 Tablets Per 30 DAYS	B
atogepant tab 60 mg (Qulipta)	30 Tablets Per 30 DAYS	B
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	30 Tablets Per 90 DAYS	BG
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	30 Tablets Per 90 DAYS	BG
avacopan cap 10 mg (Tavneos)	180 Capsules Per 30 DAYS	B
avanafil tab 100 mg (Stendra)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG
avanafil tab 200 mg (Stendra)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG
avanafil tab 50 mg (Stendra)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG
avatrombopag maleate tab 20 mg (base equiv) (Doptelet)	60 Tablets Per 30 DAYS	B
azelaic acid cream 20% (Azelex)	30 Grams Per 30 DAYS	B
azilsartan medoxomil tab 40 mg (Edarbi)	30 Tablets Per 30 DAYS	B
azilsartan medoxomil tab 80 mg (Edarbi)	30 Tablets Per 30 DAYS	B
azilsartan medoxomil-chlorthalidone tab 40-12.5 mg (Edarbyclor)	30 Tablets Per 30 DAYS	B
azilsartan medoxomil-chlorthalidone tab 40-25 mg (Edarbyclor)	30 Tablets Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
azithromycin tab 250 mg (Zithromax Z-Pak)	60 Tablets Per 180 DAYS, QL cumulative across strengths	BG
azithromycin tab 250 mg (Zithromax)	60 Tablets Per 180 DAYS, QL cumulative across strengths	BG
azithromycin tab 500 mg (Zithromax Tri-Pak)	60 Tablets Per 180 DAYS, QL cumulative across strengths	BG
azithromycin tab 500 mg (Zithromax)	60 Tablets Per 180 DAYS, QL cumulative across strengths	BG
azithromycin tab 600 mg	60 Tablets Per 180 DAYS, QL cumulative across strengths	G
aztreonam lysine for inhal soln 75 mg (base equivalent) (Cayston)	84 mLs Per 56 DAYS, 1 kit = 84 vials = 84 mL	B
baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose) (Xofluza)	2 Tablets Per 120 DAYS	B
baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose) (Xofluza)	2 Tablets Per 120 DAYS	B
baricitinib tab 1 mg (Olumiant)	30 Tablets Per 30 DAYS	B
baricitinib tab 2 mg (Olumiant)	30 Tablets Per 30 DAYS	B
baricitinib tab 4 mg (Olumiant)	30 Tablets Per 30 DAYS	B
beclomethasone diprop hfa breath act inh aer 40 mcg/act (Qvar Redihaler)	1 Inhaler Per 30 DAYS, 10.6 grams = 1 inhaler	B
beclomethasone diprop hfa breath act inh aer 80 mcg/act (Qvar Redihaler)	2 Inhalers Per 30 DAYS, 21.2 grams = 2 inhalers	B
belimumab subcutaneous solution auto-injector 200 mg/ml (Benlysta)	4 Syringes Per 28 DAYS	B
belimumab subcutaneous solution prefilled syringe 200 mg/ml (Benlysta)	4 Syringes Per 28 DAYS	B
belumosudil mesylate tab 200 mg (Rezurock)	60 Tablets Per 30 DAYS	B
bempedoic acid tab 180 mg (Nexletol)	30 Tablet Per 30 DAYS	B
bempedoic acid-ezetimibe tab 180-10 mg (Nexlizet)	30 Tablet Per 30 DAYS	B
benralizumab subcutaneous soln auto-injector 30 mg/ml (Fasenra Pen)	1 Pen Per 28 DAYS	B
benzphetamine hcl tab 50 mg	90 Tablets Per 30 DAYS	G
betamethasone dipropionate augmented cream 0.05%	100 Grams Per 30 DAYS, 100/30 cumulative across agents	G
betamethasone dipropionate augmented gel 0.05% (Betamethasone Dipropionate Augmented)	180 Grams Per 90 DAYS, 180/90 cumulative across agents	B
betamethasone dipropionate augmented lotion 0.05%	180 mLs Per 90 DAYS, 180/90 cumulative across agents	G
betamethasone dipropionate augmented oint 0.05% (Diprolene)	180 Grams Per 90 DAYS, 180/90 cumulative across agents	BG
betamethasone dipropionate cream 0.05%	135 Grams Per 30 DAYS, QL is cumulative across agents	G
betamethasone dipropionate lotion 0.05%	120 mLs Per 30 DAYS, 180/90 cumulative across agents	G

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
betamethasone dipropionate oint 0.05%	100 Grams Per 30 DAYS, QL is cumulative across agents	G
betamethasone dipropionate spray emulsion 0.05% (base equiv) (Sernivo)	240 mLs Per 90 DAYS	B
bexagliflozin tab 20 mg (Bexagliflozin)	30 Tablets Per 30 DAYS	B
bexagliflozin tab 20 mg (Brenzavvy)	30 Tablets Per 30 DAYS	B
bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg (Biktarvy)	30 Tablets Per 30 DAYS	B
bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg (Biktarvy)	30 Tablets Per 30 DAYS	B
bimatoprost ophth soln 0.01% (Lumigan)	2.5 mLs Per 20 DAYS	B
bimatoprost ophth soln 0.03%	2.5 mLs Per 20 DAYS	G
bimekizumab-bkzx subcutaneous soln auto-injector 160 mg/ml (Bimzelx)	2 Pens Per 56 DAYS	B
bimekizumab-bkzx subcutaneous soln auto-injector 320 mg/2ml (Bimzelx)	1 Pen Per 28 DAYS	B
bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg/ml (Bimzelx)	2 Syringes Per 56 DAYS	B
bimekizumab-bkzx subcutaneous soln prefilled syr 320 mg/2ml (Bimzelx)	1 Syringe Per 28 DAYS	B
bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml (Vyleesi)	8 Pens Per 30 DAYS, Quantity limit for Vyleesi will allow for 8 doses per 30 days	B
brexpiprazole tab 0.25 mg (Rexulti)	30 Tablets Per 30 DAYS	B
brexpiprazole tab 0.5 mg (Rexulti)	30 Tablets Per 30 DAYS	B
brexpiprazole tab 1 mg (Rexulti)	30 Tablets Per 30 DAYS	B
brexpiprazole tab 2 mg (Rexulti)	30 Tablets Per 30 DAYS	B
brexpiprazole tab 3 mg (Rexulti)	30 Tablets Per 30 DAYS	B
brexpiprazole tab 4 mg (Rexulti)	30 Tablets Per 30 DAYS	B
brimonidine tartrate ophth soln 0.15% (Alphagan P)	5 mLs Per 20 DAYS	BG
brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml (Siliq)	2 Syringes Per 28 DAYS	B
budesonide delayed release cap 4 mg (Tarpeyo)	120 Capsules Per 30 DAYS	B
budesonide inhal aero powd 180 mcg/act (breath activated) (Pulmicort Flexhaler)	2 Inhalers Per 30 DAYS, 225 mg = 1 inhaler = 120 doses	B
budesonide inhal aero powd 90 mcg/act (breath activated) (Pulmicort Flexhaler)	1 Inhaler Per 30 DAYS, 165 mg, 60 actuations	B
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	120 mLs Per 30 DAYS, 120 mL = 2 packages	BG
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	120 mLs Per 30 DAYS, 120 mL = 2 packages	BG
budesonide inhalation susp 1 mg/2ml (Pulmicort)	240 mLs Per 30 DAYS, 60 mL = 1 package	BG
budesonide oral suspension 2 mg/10ml (Eohilia)	1800 mLs Per 90 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Symbicort)	3 Inhalers Per 30 DAYS, 10.2 g = 1 inhaler = 120 doses	BG
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Symbicort)	3 Inhalers Per 30 DAYS, 10.2 gm = 1 inhaler = 120 doses	BG
budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act (Breztri Aerosphere)	1 Inhaler Per 30 DAYS, 10.7 g = 1 inhaler	B
butalbital-acetaminophen tab 50-300 mg	180 Tablets Per 30 DAYS	G
butorphanol tartrate nasal soln 10 mg/ml	5 mLs Per 30 DAYS	G
calcifediol cap er 30 mcg (Rayaldee)	60 Capsules Per 30 DAYS	B
calcipotriene foam 0.005% (Calcipotriene)	120 Grams Per 30 DAYS	B
calcipotriene foam 0.005% (Sorilux)	120 Grams Per 30 DAYS	B
calcipotriene-betamethasone dipropionate cream 0.005-0.064% (Wynzora)	120 Grams Per 30 DAYS, QL is cumulative across agents	B
calcipotriene-betamethasone dipropionate foam 0.005-0.064% (Enstilar)	120 Grams Per 30 DAYS, QL is cumulative across agents	B
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	120 Grams Per 30 DAYS, QL is cumulative across agents	BG
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	120 Grams Per 30 DAYS, QL is cumulative across agents	BG
calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml (Xywav)	540 mLs Per 30 DAYS	B
canagliflozin tab 100 mg (Invokana)	30 Tablets Per 30 DAYS	B
canagliflozin tab 300 mg (Invokana)	30 Tablets Per 30 DAYS	B
canagliflozin-metformin hcl tab 150-1000 mg (Invokamet)	60 Tablets Per 30 DAYS	B
canagliflozin-metformin hcl tab 150-500 mg (Invokamet)	60 Tablets Per 30 DAYS	B
canagliflozin-metformin hcl tab 50-1000 mg (Invokamet)	60 Tablets Per 30 DAYS	B
canagliflozin-metformin hcl tab 50-500 mg (Invokamet)	60 Tablets Per 30 DAYS	B
canagliflozin-metformin hcl tab er 24hr 150-1000 mg (Invokamet Xr)	60 Tablets Per 30 DAYS	B
canagliflozin-metformin hcl tab er 24hr 150-500 mg (Invokamet Xr)	60 Tablets Per 30 DAYS	B
canagliflozin-metformin hcl tab er 24hr 50-1000 mg (Invokamet Xr)	60 Tablets Per 30 DAYS	B
canagliflozin-metformin hcl tab er 24hr 50-500 mg (Invokamet Xr)	60 Tablets Per 30 DAYS	B
caplacizumab-yhdp for inj kit 11 mg (Cablivi)	58 Vials Per 365 DAYS	B
carbinoxamine maleate tab (Carbinoxamine maleate)	150 Tablets Per 30 DAYS	B
cariprazine hcl cap 1.5 mg (base equivalent) (Vraylar)	30 Capsules Per 30 DAYS	B
cariprazine hcl cap 3 mg (base equivalent) (Vraylar)	30 Capsules Per 30 DAYS	B
cariprazine hcl cap 4.5 mg (base equivalent) (Vraylar)	30 Capsules Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
cariprazine hcl cap 6 mg (base equivalent) (Vraylar)	30 Capsules Per 30 DAYS	B
cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6) (Vraylar)	7 Capsules Per 180 DAYS	B
celecoxib cap 100 mg (Celebrex)	60 Capsules Per 30 DAYS	BG
celecoxib cap 200 mg (Celebrex)	60 Capsules Per 30 DAYS	BG
celecoxib cap 400 mg (Celebrex)	30 Capsules Per 30 DAYS	BG
celecoxib cap 50 mg (Celebrex)	60 Capsules Per 30 DAYS	BG
certolizumab pegol prefilled syringe kit (Cimzia starter kit)	1 Kit Per 180 DAYS	B
certolizumab pegol prefilled syringe kit (Cimzia)	2 Kits Per 28 DAYS	B
cetrorelix acetate for inj kit 0.25 mg (Cetrotide)	12 Kits Per 30 DAYS	BG
chenodiol tab (Ctexli)	90 Tablets Per 30 DAYS	B
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Librax)	240 Capsules Per 30 DAYS	BG
chlorzoxazone tab 250 mg	120 Tablets Per 30 DAYS	G
chlorzoxazone tab 375 mg	120 Tablets Per 30 DAYS	G
chlorzoxazone tab 750 mg	120 Tablets Per 30 DAYS	G
choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml (Ovidrel)	2 Syringes Per 30 DAYS, 2 syringes = 1 mL	B
chorionic gonadotropin for im inj 10000 unit (Chorionic Gonadotropin)	20 Vials Per 30 DAYS	B
chorionic gonadotropin for im inj 10000 unit (Pregnyl W/Diluent Benzyl Alcohol/Nacl)	20 Vials Per 30 DAYS	B
chorionic gonadotropin for im inj 10000 unit (Pregnyl)	20 Vials Per 30 DAYS	B
chorionic gonadotropin for im inj 5000 unit (Novarel)	20 Vials Per 30 DAYS	B
ciclesonide inhal aerosol 160 mcg/act (Alvesco)	2 Inhalers Per 30 DAYS	B
ciclesonide inhal aerosol 80 mcg/act (Alvesco)	1 Inhaler Per 30 DAYS, 6.1 grams = 1 inhaler = 60 doses	B
ciclopirox gel 0.77%	180 Grams Per 30 DAYS	G
ciclopirox olamine cream 0.77% (base equiv)	180 Grams Per 30 DAYS	G
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	180 mLs Per 30 DAYS	BG
cladribine tab therapy pack 10 mg (10 tabs) (Mavenclad)	20 Tablets Per 301 DAYS	B
cladribine tab therapy pack 10 mg (4 tabs) (Mavenclad)	8 Tablets Per 301 DAYS	B
cladribine tab therapy pack 10 mg (5 tabs) (Mavenclad)	10 Tablets Per 301 DAYS	B
cladribine tab therapy pack 10 mg (6 tabs) (Mavenclad)	12 Tablets Per 301 DAYS	B
cladribine tab therapy pack 10 mg (7 tabs) (Mavenclad)	14 Tablets Per 301 DAYS	B
cladribine tab therapy pack 10 mg (8 tabs) (Mavenclad)	8 Tablets Per 301 DAYS	B
cladribine tab therapy pack 10 mg (9 tabs) (Mavenclad)	9 Tablets Per 301 DAYS	B
clarithromycin tab er 24hr 500 mg	28 Tablets Per 180 DAYS	G
clindamycin phosphate soln 1%	180 mLs Per 30 DAYS	G
clobetasol propionate cream 0.025% (Clobetasol Propionate)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
clobetasol propionate cream 0.025% (Impoyz)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	B
clobetasol propionate cream 0.05%	180 Grams Per 90 DAYS, 180/90 cumulative across agents	G
clobetasol propionate emulsion foam 0.05% (Olux-E)	150 Grams Per 90 DAYS, 180/90 cumulative across agents	BG
clobetasol propionate foam 0.05%	150 Grams Per 90 DAYS, 180/90 cumulative across agents	G
clobetasol propionate lotion 0.05% (Clobex)	177 mLs Per 90 DAYS, 180/90 cumulative across agents	BG
clobetasol propionate lotion 0.15 mg/act (0.05%) (Impeklo)	177 mLs Per 90 DAYS, 180/90 cumulative across agents	B
clobetasol propionate oint 0.05%	180 Grams Per 90 DAYS, 180/90 cumulative across agents	G
clobetasol propionate soln 0.05%	175 mLs Per 90 DAYS, 180/90 cumulative across agents	G
clobetasol propionate spray 0.05% (Clobex)	177 mLs Per 90 DAYS, 180/90 cumulative across agents	BG
clozapine orally disintegrating tab 100 mg	90 Tablets Per 30 DAYS	G
clozapine orally disintegrating tab 12.5 mg (Clozapine Odt)	90 Tablets Per 30 DAYS	B
clozapine orally disintegrating tab 150 mg	180 Tablets Per 30 DAYS	G
clozapine orally disintegrating tab 150 mg	90 Tablets Per 30 DAYS	G
clozapine orally disintegrating tab 200 mg	120 Tablets Per 30 DAYS	G
clozapine orally disintegrating tab 200 mg	90 Tablets Per 30 DAYS	G
clozapine orally disintegrating tab 25 mg	270 Tablets Per 30 DAYS	G
clozapine orally disintegrating tab 25 mg	90 Tablets Per 30 DAYS	G
clozapine susp 50 mg/ml (Versacloz)	540 mLs Per 30 DAYS	B
clozapine tab 100 mg (Clozaril)	270 Tablets Per 30 DAYS	BG
clozapine tab 100 mg (Clozaril)	90 Tablets Per 30 DAYS	BG
clozapine tab 200 mg (Clozaril)	120 Tablets Per 30 DAYS	BG
clozapine tab 200 mg (Clozaril)	90 Tablets Per 30 DAYS	BG
clozapine tab 25 mg (Clozaril)	90 Tablets Per 30 DAYS	BG
clozapine tab 50 mg (Clozaril)	90 Tablets Per 30 DAYS	BG
coagulation factor ix (recombinant) for inj 1000 unit (Ixinity)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj 1000 unit (Rixubis)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj 1500 unit (Ixinity)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj 2000 unit (Ixinity)	1 mL Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
coagulation factor ix (recombinant) for inj 2000 unit (Rixubis)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj 250 unit (Ixinity)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj 250 unit (Rixubis)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj 3000 unit (Ixinity)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj 3000 unit (Rixubis)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj 500 unit (Ixinity)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj 500 unit (Rixubis)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj kit 1000 unit (Benefix)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj kit 2000 unit (Benefix)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj kit 250 unit (Benefix)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj kit 3000 unit (Benefix)	1 mL Per 30 DAYS	B
coagulation factor ix (recombinant) for inj kit 500 unit (Benefix)	1 mL Per 30 DAYS	B
coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg) (Sevenfact)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
coagulation factor viia (recom)-jncw for inj 2 mg (2000 mcg) (Sevenfact)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg) (Sevenfact)	1 mL Per 30 DAYS, Dependent on patient weight and number of doses	B
cobicistat tab 150 mg (Tybost)	30 Tablets Per 30 DAYS	B
continuous blood glucose system sensor ; continuous glucose system sensor (Dexcom g6 sensor ; Dexcom g7 sensor ; Freestyle libre 3/sensor/)	3 Sensors Per 30 DAYS	B
continuous blood glucose system sensor ; continuous glucose system sensor (Freestyle libre 2 plus/se ; Freestyle libre 3 plus/se)	2 Sensors Per 30 DAYS	B
continuous glucose system receiver (Dexcom g6 receiver ; Dexcom g7 receiver ; Freestyle libre 14 day/re ; Freestyle libre 2/reader/ ; Freestyle libre 3/ reader/ ; Freestyle libre/reader/fl)	1 Receiver Per 365 DAYS	B
continuous glucose system transmitter (Dexcom g6 transmitter)	1 Transmitter Per 90 DAYS	B
cromolyn sodium soln nebu 20 mg/2ml	240 mLs Per 30 DAYS, 240 mLs = 2 boxes	G
crotamiton lotion 10% (Crotan)	454 Grams Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
crotamiton lotion 10% (Pruradik)	454 Grams Per 30 DAYS	B
cyclobenzaprine hcl cap er 24hr 15 mg (Amrix)	30 Capsules Per 30 DAYS	BG
cyclobenzaprine hcl cap er 24hr 30 mg (Amrix)	30 Capsules Per 30 DAYS	BG
cyclosporine (ophth) emulsion (Klarity-c drops ; Restasis)	60 Vials Per 30 DAYS	B
cyclosporine (ophth) emulsion (Klarity-c drops ; Restasis)	60 Vials Per 30 DAYS	BG
cyclosporine (ophth) emulsion (Restasis multidose)	1 Bottle Per 30 DAYS	BG
cyclosporine (ophth) emulsion (Verkazia)	120 Vials Per 30 DAYS	B
cyclosporine (ophth) soln 0.09% (pf) (Cequa)	60 Vials Per 30 DAYS	B
cyclosporine (ophth) soln 0.1% (Vevye)	1 Bottle Per 30 DAYS	B
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	120 Capsules Per 30 DAYS	BG
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (Pradaxa)	60 Capsules Per 30 DAYS	BG
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (Pradaxa)	60 Capsules Per 30 DAYS	BG
dabigatran etexilate mesylate pellet pack 110 mg (Pradaxa)	120 Packets Per 30 DAYS	B
dabigatran etexilate mesylate pellet pack 150 mg (Pradaxa)	60 Packets Per 30 DAYS	B
dabigatran etexilate mesylate pellet pack 20 mg (Pradaxa)	60 Packets Per 30 DAYS	B
dabigatran etexilate mesylate pellet pack 30 mg (Pradaxa)	120 Packets Per 30 DAYS	B
dabigatran etexilate mesylate pellet pack 40 mg (Pradaxa)	120 Packets Per 30 DAYS	B
dabigatran etexilate mesylate pellet pack 50 mg (Pradaxa)	120 Packets Per 30 DAYS	B
danicopan tab 100 mg (Voydeya)	180 Tablets Per 30 DAYS	B
danicopan tab therapy pack 50 mg & 100 mg (Voydeya)	1 Box Per 30 DAYS	B
dapagliflozin propanediol tab 10 mg (base equivalent) (Dapagliflozin Propanediol)	30 Tablets Per 30 DAYS	B
dapagliflozin propanediol tab 10 mg (base equivalent) (Farxiga)	30 Tablets Per 30 DAYS	B
dapagliflozin propanediol tab 5 mg (base equivalent) (Dapagliflozin Propanediol)	30 Tablets Per 30 DAYS	B
dapagliflozin propanediol tab 5 mg (base equivalent) (Farxiga)	30 Tablets Per 30 DAYS	B
dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg (Dapagliflozin Propanediol/Metformin Hydrochloride)	30 Tablets Per 30 DAYS	B
dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg (Xigduo Xr)	30 Tablets Per 30 DAYS	B
dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg (Xigduo Xr)	30 Tablets Per 30 DAYS	B
dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg (Xigduo Xr)	60 Tablets Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg (Dapagliflozin Propanediol/Metformin Hydrochloride)	60 Tablets Per 30 DAYS	B
dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg (Xigduo Xr)	60 Tablets Per 30 DAYS	B
dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg (Xigduo Xr)	30 Tablets Per 30 DAYS	B
dapagliflozin-saxagliptin tab 10-5 mg (Qtern)	30 Tablets Per 30 DAYS	B
dapagliflozin-saxagliptin tab 5-5 mg (Qtern)	30 Tablets Per 30 DAYS	B
daridorexant hcl tab 25 mg (Quviviq)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
daridorexant hcl tab 50 mg (Quviviq)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
darunavir oral susp 100 mg/ml (Prezista)	400 mLs Per 30 DAYS	B
darunavir tab 150 mg (Prezista)	180 Tablets Per 30 DAYS	B
darunavir tab 600 mg (Prezista)	60 Tablets Per 30 DAYS	BG
darunavir tab 75 mg (Prezista)	300 Tablets Per 30 DAYS	B
darunavir tab 800 mg (Prezista)	30 Tablets Per 30 DAYS	BG
darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg (Symtuza)	30 Tablets Per 30 DAYS	B
darunavir-cobicistat tab 800-150 mg (Prezcobix)	30 Tablets Per 30 DAYS	B
deferasirox granules packet 180 mg (Jadenu Sprinkle)	30 Packets Per 30 DAYS	BG
deferasirox granules packet 360 mg (Jadenu Sprinkle)	180 Packets Per 30 DAYS	BG
deferasirox granules packet 90 mg (Jadenu Sprinkle)	30 Packets Per 30 DAYS	BG
deferasirox tab 180 mg (Jadenu)	30 Tablets Per 30 DAYS	BG
deferasirox tab 360 mg (Jadenu)	180 Tablets Per 30 DAYS	BG
deferasirox tab 90 mg (Jadenu)	30 Tablets Per 30 DAYS	BG
deferasirox tab for oral susp 125 mg (Exjade)	30 Tablets Per 30 DAYS	BG
deferasirox tab for oral susp 250 mg (Exjade)	30 Tablets Per 30 DAYS	BG
deferasirox tab for oral susp 500 mg (Exjade)	90 Tablets Per 30 DAYS	BG
deferiprone (twice daily) tab 1000 mg (Ferriprox Twice-A-Day)	270 Tablets Per 30 DAYS	B
deferiprone oral soln 100 mg/ml (Ferriprox)	2700 mLs Per 30 DAYS	B
deferiprone tab 1000 mg (Ferriprox)	270 Tablets Per 30 DAYS	BG
deferiprone tab 500 mg (Ferriprox)	540 Tablets Per 30 DAYS	BG
delafloxacin meglumine tab 450 mg (base equiv) (Baxdela)	28 Tablets Per 180 DAYS	B
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5) (Mircette)	28 Tablets Per 21 DAYS	BG
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	28 Tablets Per 21 DAYS	B
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	28 Tablets Per 21 DAYS	G
desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg (Averi)	28 Tablets Per 21 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
desoximetasone cream 0.25% (Topicort)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	BG
desoximetasone gel 0.05% (Desoximetasone)	90 Grams Per 30 DAYS, 100/30 cumulative across agents	B
desoximetasone gel 0.05% (Topicort)	90 Grams Per 30 DAYS, 100/30 cumulative across agents	B
desoximetasone oint 0.25% (Topicort)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	BG
desoximetasone spray 0.25% (Topicort)	100 mLs Per 30 DAYS, 100/30 cumulative across agents	BG
deucravacitinib tab 6 mg (Sotyktu)	30 Tablets Per 30 DAYS	B
deuruxolitinib phosphate tab 8 mg (base equiv) (Leqselvi)	60 Tablets Per 30 DAYS	B
dexlansoprazole cap delayed release 60 mg (Dexilant)	30 Capsules Per 30 DAYS	BG
dextromethorphan hbr-quinidine sulfate cap 20-10 mg (Nuedexta)	60 Capsules Per 30 DAYS	B
diclofenac epolamine patch 1.3% (Diclofenac Epolamine)	150 Patches Per 30 DAYS, cumulative QL across agents	B
diclofenac epolamine patch 1.3% (Flector)	150 Patches Per 30 DAYS, cumulative QL across agents	B
diclofenac epolamine patch 24hr 1.3% (Licart)	30 Patches Per 30 DAYS	B
diclofenac potassium (migraine) packet 50 mg (Cambia)	9 Packets Per 30 DAYS	BG
diclofenac potassium cap 25 mg (Zipsor)	120 Capsules Per 30 DAYS	BG
diclofenac potassium tab 25 mg	120 Tablets Per 30 DAYS	G
diclofenac sodium (actinic keratoses) gel 3%	300 Grams Per 180 DAYS	G
diclofenac sodium soln 1.5%	2 Bottles Per 30 DAYS	G
diclofenac sodium soln 2% (Pennsaid)	2 Pumps Per 30 DAYS	BG
diethylpropion hcl tab 25 mg	90 Tablets Per 30 DAYS	G
diethylpropion hcl tab er 24hr 75 mg (Diethylpropion Hcl Er)	30 Tablets Per 30 DAYS	B
diethylpropion hcl tab er 24hr 75 mg (Diethylpropion Hydrochloride Er)	30 Tablets Per 30 DAYS	B
diflorasone diacetate cream 0.05% (Diflorasone Diacetate)	180 Grams Per 90 DAYS	B
diflorasone diacetate emollient base cream 0.05% (Apexicon E)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	B
diflorasone diacetate oint 0.05%	180 Grams Per 90 DAYS	G
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	56 Capsules Per 180 DAYS	BG
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	60 Capsules Per 30 DAYS	BG
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera Starter Pack)	60 Capsules Per 180 DAYS	BG
diroximel fumarate capsule delayed release 231 mg (Vumerity)	120 Capsules Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
dolutegravir sodium tab 10 mg (base equiv) (Tivicay)	240 Tablets Per 30 DAYS	B
dolutegravir sodium tab 25 mg (base equiv) (Tivicay)	60 Tablets Per 30 DAYS	B
dolutegravir sodium tab 50 mg (base equiv) (Tivicay)	60 Tablets Per 30 DAYS	B
dolutegravir sodium tab for oral susp 5 mg (base equiv) (Tivicay Pd)	360 Tablets Per 30 DAYS	B
dolutegravir sodium-lamivudine tab 50-300 mg (base eq) (Dovato)	30 Tablets Per 30 DAYS	B
dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq) (Juluca)	30 Tablets Per 30 DAYS	B
doravirine tab 100 mg (Pifeltro)	30 Tablets Per 30 DAYS	B
doravirine-lamivudine-tenofovir df tab 100-300-300 mg (Delstrigo)	30 Tablets Per 30 DAYS	B
doxepin hcl (sleep) tab 3 mg (base equiv) (Silenor)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG
doxepin hcl (sleep) tab 6 mg (base equiv) (Silenor)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	120 Tablets Per 30 DAYS	BG
doxylamine-pyridoxine tab er 20-20 mg (Bonjesta)	60 Tablets Per 30 DAYS	B
drospirenone tab 4 mg (Slynd)	28 Tablets Per 21 DAYS	B
drospirenone-estetrol tab 3-14.2 mg (Nextstellis)	28 Tablets Per 21 DAYS	B
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	28 Tablets Per 21 DAYS	BG
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	28 Tablets Per 21 DAYS	BG
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	28 Tablets Per 21 DAYS	BG
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Drospirenone/Ethinyl Estradiol/Levomefolate Calcium)	28 Tablets Per 21 DAYS	BG
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	28 Tablets Per 21 DAYS	BG
droxidopa cap 100 mg (Northera)	450 Capsules Per 30 DAYS	BG
droxidopa cap 200 mg (Northera)	180 Capsules Per 30 DAYS	BG
droxidopa cap 300 mg (Northera)	180 Capsules Per 30 DAYS	BG
dulaglutide soln auto-injector 0.75 mg/0.5ml (Trulicity)	4 Pens Per 28 DAYS	B
dulaglutide soln auto-injector 1.5 mg/0.5ml (Trulicity)	4 Pens Per 28 DAYS	B
dulaglutide soln auto-injector 3 mg/0.5ml (Trulicity)	4 Pens Per 28 DAYS	B
dulaglutide soln auto-injector 4.5 mg/0.5ml (Trulicity)	4 Pens Per 28 DAYS	B
dupilumab subcutaneous soln auto-injector 200 mg/1.14ml (Dupixent)	2 Pens Per 28 DAYS, 2 pens-2.28 mLs	B
dupilumab subcutaneous soln auto-injector 300 mg/2ml (Dupixent)	4 Pens Per 28 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml (Dupixent)	2 Syringes Per 28 DAYS, 2 pens-1.34 mLs	B
dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml (Dupixent)	2 Syringes Per 28 DAYS, 2 syringes = 2.28 mL	B
dupilumab subcutaneous soln prefilled syringe 300 mg/2ml (Dupixent)	4 Syringes Per 28 DAYS, 1 carton =2 syringes =4 mLs	B
econazole nitrate cream 1%	170 Grams Per 30 DAYS	G
econazole nitrate foam 1% (Ecoza)	1 Bottle Per 30 DAYS	B
edoxaban tosylate tab 15 mg (base equivalent) (Savaysa)	30 Tablets Per 30 DAYS	B
edoxaban tosylate tab 30 mg (base equivalent) (Savaysa)	30 Tablets Per 30 DAYS	B
edoxaban tosylate tab 60 mg (base equivalent) (Savaysa)	30 Tablets Per 30 DAYS	B
efavirenz cap 200 mg (Efavirenz)	60 Capsules Per 30 DAYS	B
efavirenz cap 50 mg (Efavirenz)	90 Capsules Per 30 DAYS	B
efavirenz tab 600 mg	30 Tablets Per 30 DAYS	G
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	30 Tablets Per 30 DAYS	G
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate)	30 Tablets Per 30 DAYS	B
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi Lo)	30 Tablets Per 30 DAYS	B
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	30 Tablets Per 30 DAYS	BG
elafibranor tab 80 mg (Iqirvo)	30 Tablets Per 30 DAYS	B
elagolix sodium tab 150 mg (base equiv) (Orilissa)	30 Tablets Per 30 DAYS	B
elagolix sodium tab 200 mg (base equiv) (Orilissa)	60 Tablets Per 30 DAYS	B
elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack (Oriahnn)	56 Capsules Per 28 DAYS	B
elbasvir-grazoprevir tab 50-100 mg (Zepatier)	30 Tablets Per 30 DAYS	B
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans and triptan combinations is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans and triptan combinations is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG
eltrombopag choline tab 18 mg (base equiv) (Alvaiz)	30 Tablets Per 30 DAYS	B
eltrombopag choline tab 36 mg (base equiv) (Alvaiz)	60 Tablets Per 30 DAYS	B
eltrombopag choline tab 54 mg (base equiv) (Alvaiz)	60 Tablets Per 30 DAYS	B
eltrombopag choline tab 9 mg (base equiv) (Alvaiz)	30 Tablets Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
eltrombopag olamine powder pack for susp 12.5 mg (base eq) (Promacta)	30 Packets Per 30 DAYS	BG
eltrombopag olamine powder pack for susp 25 mg (base equiv) (Promacta)	30 Packets Per 30 DAYS	BG
eltrombopag olamine tab 12.5 mg (base equiv) (Promacta)	30 Tablets Per 30 DAYS	BG
eltrombopag olamine tab 25 mg (base equiv) (Promacta)	30 Tablets Per 30 DAYS	BG
eltrombopag olamine tab 50 mg (base equiv) (Promacta)	60 Tablets Per 30 DAYS	BG
eltrombopag olamine tab 75 mg (base equiv) (Promacta)	60 Tablets Per 30 DAYS	BG
eluxadoline tab 100 mg (Viberzi)	60 Tablets Per 30 DAYS	B
eluxadoline tab 75 mg (Viberzi)	60 Tablets Per 30 DAYS	B
elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg (Genvoya)	30 Tablets Per 30 DAYS	B
elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg (Stribild)	30 Tablets Per 30 DAYS	B
empagliflozin tab 10 mg (Jardiance)	30 Tablets Per 30 DAYS	B
empagliflozin tab 25 mg (Jardiance)	30 Tablets Per 30 DAYS	B
empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg (Trijardy Xr)	60 Tablets Per 30 DAYS	B
empagliflozin-linagliptin tab 10-5 mg (Glyxambi)	30 Tablets Per 30 DAYS	B
empagliflozin-linagliptin tab 25-5 mg (Glyxambi)	30 Tablets Per 30 DAYS	B
empagliflozin-linagliptin-metformin tab er 24hr 1 0-5-1000 mg (Trijardy Xr)	30 Tablets Per 30 DAYS	B
empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg (Trijardy Xr)	30 Tablets Per 30 DAYS	B
empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg (Trijardy Xr)	60 Tablets Per 30 DAYS	B
empagliflozin-metformin hcl tab 12.5-1000 mg (Synjardy)	60 Tablets Per 30 DAYS	B
empagliflozin-metformin hcl tab 12.5-500 mg (Synjardy)	60 Tablets Per 30 DAYS	B
empagliflozin-metformin hcl tab 5-1000 mg (Synjardy)	60 Tablets Per 30 DAYS	B
empagliflozin-metformin hcl tab 5-500 mg (Synjardy)	60 Tablets Per 30 DAYS	B
empagliflozin-metformin hcl tab er 24hr 10-1000 mg (Synjardy Xr)	60 Tablets Per 30 DAYS	B
empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg (Synjardy Xr)	60 Tablets Per 30 DAYS	B
empagliflozin-metformin hcl tab er 24hr 25-1000 mg (Synjardy Xr)	30 Tablets Per 30 DAYS	B
empagliflozin-metformin hcl tab er 24hr 5-1000 mg (Synjardy Xr)	60 Tablets Per 30 DAYS	B
emtricitabine caps 200 mg (Emtriva)	30 Capsules Per 30 DAYS	BG
emtricitabine soln 10 mg/ml (Emtriva)	680 mLs Per 28 DAYS	B
emtricitabine soln 10 mg/ml (Emtriva)	720 mLs Per 30 DAYS	B
emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg (Odefsey)	30 Tablets Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	30 Tablets Per 30 DAYS	BG
emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg (Descovy)	30 Tablets Per 30 DAYS	B
emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg (Descovy)	30 Tablets Per 30 DAYS	B
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)	30 Tablets Per 30 DAYS	BG
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)	30 Tablets Per 30 DAYS	BG
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)	30 Tablets Per 30 DAYS	BG
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	30 Tablets Per 30 DAYS	BG
enfuvirtide for inj 90 mg (Fuzeon)	60 Vials Per 30 DAYS, 108 mg/vial	B
ensifentrine inhalation susp 3 mg/2.5ml (Ohtuvayre)	60 Ampules Per 30 DAYS	B
eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml (Wainua)	1 Pen Per 30 DAYS	B
erenumab-aooe subcutaneous soln auto-injector 140 mg/ml (Aimovig)	1 Injection Device Per 28 DAYS	B
erenumab-aooe subcutaneous soln auto-injector 70 mg/ml (Aimovig)	1 Injection Device Per 28 DAYS	B
ergotamine tartrate sl tab 2 mg (Ergomar)	20 Tablets Per 28 DAYS	B
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	40 Tablets Per 28 DAYS	BG
ergotamine w/ caffeine tab 1-100 mg (Ergotamine Tartrate/Caffeine)	40 Tablets Per 28 DAYS	BG
ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv) (Steglatro)	30 Tablets Per 30 DAYS	B
ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv) (Steglatro)	60 Tablets Per 30 DAYS	B
ertugliflozin-metformin hcl tab 2.5-1000 mg (Segluromet)	60 Tablets Per 30 DAYS	B
ertugliflozin-metformin hcl tab 2.5-500 mg (Segluromet)	120 Tablets Per 30 DAYS	B
ertugliflozin-metformin hcl tab 7.5-1000 mg (Segluromet)	60 Tablets Per 30 DAYS	B
ertugliflozin-metformin hcl tab 7.5-500 mg (Segluromet)	60 Tablets Per 30 DAYS	B
ertugliflozin-sitagliptin tab 15-100 mg (Steglujan)	30 Tablets Per 30 DAYS	B
ertugliflozin-sitagliptin tab 5-100 mg (Steglujan)	30 Tablets Per 30 DAYS	B
erythromycin gel 2% (Erygel)	180 Grams Per 30 DAYS	BG
erythromycin soln 2%	180 mLs Per 30 DAYS	G
estradiol td patch twice weekly 0.025 mg/24hr (Alora)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.025 mg/24hr (Minivelle)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-Dot)	30 Patches Per 30 DAYS	BG

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
estradiol td patch twice weekly 0.0375 mg/24hr (Minivelle)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-Dot)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.05 mg/24hr (Minivelle)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-Dot)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.075 mg/24hr (Alora)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.075 mg/24hr (Minivelle)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-Dot)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.1 mg/24hr (Alora)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.1 mg/24hr (Minivelle)	30 Patches Per 30 DAYS	BG
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-Dot)	30 Patches Per 30 DAYS	BG
estradiol td patch weekly 0.025 mg/24hr (Climara)	30 Patches Per 30 DAYS	BG
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	30 Patches Per 30 DAYS	BG
estradiol td patch weekly 0.05 mg/24hr (Climara)	30 Patches Per 30 DAYS	BG
estradiol td patch weekly 0.06 mg/24hr (Climara)	30 Patches Per 30 DAYS	BG
estradiol td patch weekly 0.075 mg/24hr (Climara)	30 Patches Per 30 DAYS	BG
estradiol td patch weekly 0.1 mg/24hr (Climara)	30 Patches Per 30 DAYS	BG
estradiol td patch weekly 14 mcg/24hr (Menostar)	30 Patches Per 30 DAYS	B
estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg (Natazia)	28 Tablets Per 21 DAYS	B
eszopiclone tab 1 mg (Lunesta)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG
eszopiclone tab 2 mg (Lunesta)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG
eszopiclone tab 3 mg (Lunesta)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG
etanercept subcutaneous inj 25 mg/0.5ml (Enbrel)	8 Vials Per 28 DAYS	B
etanercept subcutaneous soln prefilled syringe (Enbrel)	4 Syringes Per 28 DAYS	B
etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml (Enbrel)	4 Syringes Per 28 DAYS	B
etanercept subcutaneous solution auto-injector 50 mg/ml (Enbrel Sureclick)	4 Pens Per 28 DAYS	B
etanercept subcutaneous solution cartridge 50 mg/ml (Enbrel Mini)	4 Cartridges Per 28 DAYS	B
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	28 Tablets Per 21 DAYS	G
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	28 Tablets Per 21 DAYS	G
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Nuvaring)	1 Ring Per 21 DAYS	BG
etrasimod arginine tab 2 mg (Velsipity)	30 Tablets Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
etravirine tab 100 mg (Intelence)	60 Tablets Per 30 DAYS	BG
etravirine tab 200 mg (Intelence)	60 Tablets Per 30 DAYS	BG
etravirine tab 25 mg (Intelence)	120 Tablets Per 30 DAYS	B
evolocumab subcutaneous soln auto-injector 140 mg/ml (Repatha Sureclick)	6 Pens Per 28 DAYS	B
evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml (Repatha Pushtronex System)	2 Cartridge Per 30 DAYS	B
evolocumab subcutaneous soln prefilled syringe 140 mg/ml (Repatha)	6 Syringes Per 28 DAYS	B
exenatide extended release susp auto-injector 2 mg/0.85ml (Bydureon Bcise)	4 Pens Per 28 DAYS	B
exenatide soln pen-injector 10 mcg/0.04ml (Byetta)	1 Pen Per 30 DAYS	B
exenatide soln pen-injector 10 mcg/0.04ml (Exenatide)	1 Pen Per 30 DAYS	B
exenatide soln pen-injector 5 mcg/0.02ml (Byetta)	1 Pen Per 30 DAYS	B
exenatide soln pen-injector 5 mcg/0.02ml (Exenatide)	1 Pen Per 30 DAYS	B
fecal microbiota spores, live-brpk caps (Vowst)	12 Capsules Per 12 MONTHS	B
fenfluramine hcl oral soln 2.2 mg/ml (Fintepla)	360 mLs Per 30 DAYS	B
fenofibrate tab 120 mg (Fenoglide)	30 Tablets Per 30 DAYS	BG
fenoprofen calcium cap 200 mg (Fenoprofen Calcium)	180 Capsules Per 30 DAYS	B
fenoprofen calcium cap 300 mg (Fenopron)	150 Capsules Per 30 DAYS	B
fenoprofen calcium cap 400 mg (Fenoprofen Calcium)	120 Capsules Per 30 DAYS	BG
fenoprofen calcium cap 400 mg (Nalfon)	120 Capsules Per 30 DAYS	BG
fenoprofen calcium tab 600 mg (Fenoprofen Calcium)	150 Tablets Per 30 DAYS	B
fenoprofen calcium tab 600 mg (Nalfon)	150 Tablets Per 30 DAYS	B
ferric maltol cap 30 mg (fe equiv) (Accrufer)	60 Capsules Per 30 DAYS	B
fezolinetant tab 45 mg (Veozah)	30 Tablet Per 30 DAYS	B
fingolimod hcl cap 0.25 mg (base equiv) (Gilenya)	30 Capsules Per 30 DAYS	B
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	30 Capsules Per 30 DAYS	BG
fingolimod lauryl sulfate tablet disintegrating 0.25 mg (Tascenso Odt)	30 Tablets Per 30 DAYS	B
fingolimod lauryl sulfate tablet disintegrating 0.5 mg (Tascenso Odt)	30 Tablets Per 30 DAYS	B
flibanserin tab 100 mg (Addyi)	30 Tablets Per 30 DAYS	B
fluocinonide cream 0.05%	90 Grams Per 30 DAYS, 100/30 cumulative across agents	G
fluocinonide cream 0.1% (Vanos)	120 Grams Per 90 DAYS, QL is cumulative across agents	BG
fluocinonide emulsified base cream 0.05%	100 Grams Per 30 DAYS, 100/30 cumulative across agents	G
fluocinonide gel 0.05%	90 Grams Per 30 DAYS, 100/30 cumulative across agents	G
fluocinonide oint 0.05%	90 Grams Per 30 DAYS, 100/30 cumulative across agents	G

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
fluocinonide soln 0.05%	100 mLs Per 30 DAYS, 100/30 cumulative across agents	G
fluorouracil cream 0.5% (Carac)	30 Grams Per 180 DAYS	B
fluorouracil cream 0.5% (Fluorouracil)	30 Grams Per 180 DAYS	B
fluorouracil cream 4% (Tolak)	40 Grams Per 180 DAYS	B
fluorouracil cream 5% (Efudex)	240 Grams Per 180 DAYS	BG
flurandrenolide tape 4 mcg/sqcm (Cordran)	180 Each Per 90 DAYS, 180/90 cumulative across agents	B
fluticasone furoate aerosol powder breath activ 100 mcg/act (Arnuity Ellipta)	30 Blisters Per 30 DAYS, 30 blisters = 1 inhaler	B
fluticasone furoate aerosol powder breath activ 200 mcg/act (Arnuity Ellipta)	30 Blisters Per 30 DAYS, 30 blisters = 1 inhaler	B
fluticasone furoate aerosol powder breath activ 50 mcg/act (Arnuity Ellipta)	30 Blisters Per 30 DAYS, 30 blisters =1 inhaler	B
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act (Breo Ellipta)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 30 doses	B
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act (Fluticasone Furoate/Vilanterol Ellipta)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 30 doses	B
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act (Breo Ellipta)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 30 doses	B
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act (Fluticasone Furoate/Vilanterol Ellipta)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 30 doses	B
fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act (Breo Ellipta)	1 Inhaler Per 30 DAYS, 60 blisters = 1 inhaler = 30 doses	B
fluticasone propionate aer pow ba 100 mcg/act (Flovent Diskus)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 60 doses	B
fluticasone propionate aer pow ba 100 mcg/act (Fluticasone Propionate Diskus)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 60 doses	B
fluticasone propionate aer pow ba 113 mcg/act with sensor (Armonair Digihaler)	1 Inhaler Per 30 DAYS	B
fluticasone propionate aer pow ba 232 mcg/act with sensor (Armonair Digihaler)	1 Inhaler Per 30 DAYS	B
fluticasone propionate aer pow ba 250 mcg/act (Flovent Diskus)	240 Blisters Per 30 DAYS, 240 blisters = 4 inhalers = 240 doses	B
fluticasone propionate aer pow ba 250 mcg/act (Fluticasone Propionate Diskus)	240 Blisters Per 30 DAYS, 240 blisters = 4 inhalers = 240 doses	B
fluticasone propionate aer pow ba 50 mcg/act (Flovent Diskus)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 60 doses	B
fluticasone propionate aer pow ba 50 mcg/act (Fluticasone Propionate Diskus)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 60 doses	B
fluticasone propionate aer pow ba 55 mcg/act with sensor (Armonair Digihaler)	1 Inhaler Per 30 DAYS	B
fluticasone propionate hfa inhal aer 110 mcg/act (Flovent Hfa)	1 Inhaler Per 30 DAYS, 12 grams = 1 inhaler = 120 doses	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
fluticasone propionate hfa inhal aer 110 mcg/act (Fluticasone Propionate Hfa)	1 Inhaler Per 30 DAYS, 1 2 grams = 1 inhaler = 120 doses	B
fluticasone propionate hfa inhal aer 220 mcg/act (Flovent Hfa)	1 Inhaler Per 30 DAYS	B
fluticasone propionate hfa inhal aer 220 mcg/act (Flovent Hfa)	2 Inhalers Per 30 DAYS	B
fluticasone propionate hfa inhal aer 220 mcg/act (Fluticasone Propionate Hfa)	1 Inhaler Per 30 DAYS	B
fluticasone propionate hfa inhal aer 220 mcg/act (Fluticasone Propionate Hfa)	2 Inhalers Per 30 DAYS	B
fluticasone propionate hfa inhal aero 44 mcg/act (Flovent Hfa)	1 Inhaler Per 30 DAYS, 10.6 grams = 1 inhaler = 120 doses	B
fluticasone propionate hfa inhal aero 44 mcg/act (Fluticasone Propionate Hfa)	1 Inhaler Per 30 DAYS, 10.6 grams = 1 inhaler = 120 doses	B
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Advair diskus)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 60 doses	BG
fluticasone-salmeterol aer powder ba 113-14 mcg/act (Airduo Respiclick 113/14)	1 Inhaler Per 30 DAYS	B
fluticasone-salmeterol aer powder ba 113-14 mcg/act (Fluticasone Propionate/Salmeterol)	1 Inhaler Per 30 DAYS	B
fluticasone-salmeterol aer powder ba 113-14 mcg/act w/ sensor (Airduo Digihaler 113/14)	1 Inhaler Per 30 DAYS	B
fluticasone-salmeterol aer powder ba 232-14 mcg/act (Airduo Respiclick 232/14)	1 Inhaler Per 30 DAYS	B
fluticasone-salmeterol aer powder ba 232-14 mcg/act (Fluticasone Propionate/Salmeterol)	1 Inhaler Per 30 DAYS	B
fluticasone-salmeterol aer powder ba 232-14 mcg/act w/ sensor (Airduo Digihaler 232/14)	1 Inhaler Per 30 DAYS	B
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Advair diskus)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 60 doses	BG
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Advair diskus)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 60 doses	BG
fluticasone-salmeterol aer powder ba 55-14 mcg/act (Airduo Respiclick 55/14)	1 Inhaler Per 30 DAY	B
fluticasone-salmeterol aer powder ba 55-14 mcg/act (Fluticasone Propionate/Salmeterol)	1 Inhaler Per 30 DAY	B
fluticasone-salmeterol aer powder ba 55-14 mcg/act w/ sensor (Airduo Digihaler 55/14)	1 Inhaler Per 30 DAYS	B
fluticasone-salmeterol inhal aerosol 115-21 mcg/act (Advair Hfa)	1 Inhaler Per 30 DAYS, 12 g = 1 inhaler = 120 doses	B
fluticasone-salmeterol inhal aerosol 115-21 mcg/act (Fluticasone Propionate/Salmeterol Hfa)	1 Inhaler Per 30 DAYS, 12 g = 1 inhaler = 120 doses	B
fluticasone-salmeterol inhal aerosol 230-21 mcg/act (Advair Hfa)	1 Inhaler Per 30 DAYS, 12 g = 1 inhaler = 120 doses	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
fluticasone-salmeterol inhal aerosol 230-21 mcg/act (Fluticasone Propionate/Salmeterol Hfa)	1 Inhaler Per 30 DAYS, 12 g = 1 inhaler = 120 doses	B
fluticasone-salmeterol inhal aerosol 45-21 mcg/act (Advair Hfa)	1 Inhaler Per 30 DAYS, 12 g = 1 inhaler = 120 doses	B
fluticasone-salmeterol inhal aerosol 45-21 mcg/act (Fluticasone Propionate/Salmeterol Hfa)	1 Inhaler Per 30 DAYS, 12 g = 1 inhaler = 120 doses	B
fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act (Trelegy Ellipta)	1 Inhaler Per 30 DAYS, 60 blisters =1 inhaler	B
fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act (Trelegy Ellipta)	1 Inhaler Per 30 DAYS, 60 blisters =1 inhaler	B
follitropin alfa for inj 1050 unit (Gonal-F)	5 Vials Per 30 DAYS	B
follitropin alfa for inj 450 unit (Gonal-F)	10 Vials Per 30 DAYS	B
follitropin alfa for subcutaneous inj 75 unit (Gonal-F Rff)	60 Vials Per 30 DAYS	B
Follitropin Alfa Subcutaneous Soln Pen-inj (Gonal-f rff rediject)	5 Pens Per 30 DAYS	B
follitropin alfa subcutaneous soln pen-inj 300 unit/0.5ml (Gonal-F Rff Rediject)	15 Cartridges Per 30 DAYS	B
follitropin alfa subcutaneous soln pen-inj 450 unit/0.75ml (Gonal-F Rff Rediject)	10 Cartridges Per 30 DAYS	B
follitropin beta inj 300 unit/0.36ml (Follistim Aq)	15 Cartridges Per 30 DAYS, Each cartridge is billed as 0.420 ml	B
follitropin beta inj 600 unit/0.72ml (Follistim Aq)	8 Cartridges Per 30 DAYS, Each cartridge is billed as 0.780 ml	B
follitropin beta inj 900 unit/1.08ml (Follistim Aq)	5 Cartridges Per 30 DAYS, Each cartridge is billed as 1.170 ml	B
fosamprenavir calcium susp 50 mg/ml (base equiv) (Lexiva)	1800 mLs Per 30 DAYS, 225 mL bottle	B
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	120 Tablets Per 30 DAYS	BG
fostamatinib disodium tab 100 mg (base equivalent) (Tavalisse)	60 Tablets Per 30 DAYS	B
fostamatinib disodium tab 150 mg (base equivalent) (Tavalisse)	60 Tablets Per 30 DAYS	B
fostemsavir tromethamine tab er 12hr 600 mg (Rukobia)	60 Tablets Per 30 DAYS	B
fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml (Ajovy)	3 Injection Devices Per 84 DAYS, 4.5 mL = 3 auto-injectors	B
fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml (Ajovy)	3 Syringes Per 84 DAYS, 4.5 mL = 3 syringes	B
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG
galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml (Emgality)	1 Injection Device Per 28 DAYS	B
galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml (Emgality)	9 Syringes Per 180 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml (Emgality)	1 Syringe Per 28 DAYS	B
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix Acetate)	6 mLs Per 30 DAYS	BG
gentamicin sulfate cream 0.1%	120 Grams Per 90 DAYS	G
gentamicin sulfate oint 0.1%	120 Grams Per 90 DAYS	G
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	30 Syringes Per 30 DAYS, 1 kit = 30 syringes	BG
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	12 Syringes Per 28 DAYS, 12 mL = 12 syringes	BG
glecaprevir-pibrentasvir pellet pack 50-20 mg (Mavyret)	150 Packets Per 30 DAYS	B
glecaprevir-pibrentasvir tab 100-40 mg (Mavyret)	90 Tablets Per 30 DAYS	B
glucose blood test strip (D-Care Blood Glucose)	204 Strips Per 30 DAYS	B
glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act (Bevespi Aerosphere)	1 Inhaler Per 30 DAYS, 10.7 g = 1 inhaler	B
glycopyrronium tosylate pad 2.4% (base equivalent) (Qbrexza)	30 Each Per 30 DAYS	B
golimumab subcutaneous soln auto-injector 100 mg/ml (Simponi)	1 Syringe Per 28 DAYS	B
golimumab subcutaneous soln auto-injector 50 mg/0.5ml (Simponi)	1 Syringe Per 28 DAYS	B
golimumab subcutaneous soln prefilled syringe 100 mg/ml (Simponi)	1 Syringe Per 28 DAYS	B
golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml (Simponi)	1 Syringe Per 28 DAYS	B
guselkumab soln auto-injector (Tremfya induction pack fo)	3 Kits Per 180 DAYS	B
guselkumab soln auto-injector (Tremfya)	1 Pen Per 28 DAYS	B
guselkumab soln auto-injector 100 mg/ml (Tremfya Pen)	1 Pen Per 56 DAYS	B
guselkumab soln auto-injector 100 mg/ml (Tremfya)	1 Pen Per 56 DAYS	B
guselkumab soln prefilled syringe 100 mg/ml (Tremfya)	1 Syringe Per 56 DAYS	B
guselkumab soln prefilled syringe 200 mg/2ml (Tremfya)	1 Syringe Per 28 DAYS	B
halcinonide cream 0.1% (Halog)	90 Grams Per 30 DAYS, 100/30 cumulative across agents	BG
halcinonide oint 0.1% (Halog)	60 Grams Per 30 DAYS, 100/30 cumulative across agents	B
halobetasol propionate cream 0.05%	150 Grams Per 90 DAYS, 180/90 cumulative across agents	G
halobetasol propionate foam 0.05% (Lexette)	180 Grams Per 90 DAYS	BG
halobetasol propionate lotion 0.01% (Bryhali)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	B
halobetasol propionate lotion 0.05% (Ultravate)	180 mLs Per 90 DAYS, 180/90 cumulative across agents	B
halobetasol propionate oint 0.05%	150 Grams Per 90 DAYS, 180/90 cumulative across agents	G

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
halobetasol propionate-tazarotene lotion 0.01-0.045% (Duobrii)	100 Grams Per 30 DAYS, 100/30 cumulative across agents	B
hydroxychloroquine sulfate tab (Sovuna)	60 Tablets Per 30 DAYS	BG
hydroxychloroquine sulfate tab (Sovuna)	90 Tablets Per 30 DAYS	BG
ibuprofen-famotidine tab 800-26.6 mg (Duexis)	90 Tablets Per 30 DAYS, QL cumulative across strengths	BG
icosapent ethyl cap 0.5 gm (Vascepa)	240 Capsules Per 30 DAYS	BG
icosapent ethyl cap 1 gm (Vascepa)	120 Capsules Per 30 DAYS	BG
iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak (Fanapt Titration Pack)	1 Pack Per 180 DAYS	B
iloperidone tab 1 mg (Fanapt)	60 Tablets Per 30 DAYS	B
iloperidone tab 10 mg (Fanapt)	60 Tablets Per 30 DAYS	B
iloperidone tab 12 mg (Fanapt)	60 Tablets Per 30 DAYS	B
iloperidone tab 2 mg (Fanapt)	60 Tablets Per 30 DAYS	B
iloperidone tab 4 mg (Fanapt)	60 Tablets Per 30 DAYS	B
iloperidone tab 6 mg (Fanapt)	60 Tablets Per 30 DAYS	B
iloperidone tab 8 mg (Fanapt)	60 Tablets Per 30 DAYS	B
imiquimod cream (Zyclara pump)	2 Pump Bottles Per 180 DAYS	BG
imiquimod cream (Zyclara)	2 Boxes Per 180 DAYS	BG
imiquimod cream 2.5% (Zyclara Pump)	2 Bottles Per 180 DAYS	B
imiquimod cream 5%	48 Packets Per 180 DAYS	G
infliximab-dyyb soln auto-injector kit (Zymfentra 1-pen)	2 Kits Per 28 DAYS	B
infliximab-dyyb soln auto-injector kit (Zymfentra 1-pen)	2 Pens Per 28 DAYS	B
infliximab-dyyb soln auto-injector kit (Zymfentra 2-pen)	1 Kit Per 28 DAYS	B
infliximab-dyyb soln auto-injector kit (Zymfentra 2-pen)	2 Pens Per 28 DAYS	B
infliximab-dyyb soln prefilled syringe kit 120 mg/ml (Zymfentra 2-Syringe)	1 Kit Per 28 DAYS	B
infliximab-dyyb soln prefilled syringe kit 120 mg/ml (Zymfentra 2-Syringe)	2 Syringes Per 28 DAYS	B
inotersen sod subcutaneous pref syr (Tegsedi)	4 Syringes Per 28 DAYS	B
insulin degludec inj 100 unit/ml (Insulin Degludec)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin degludec inj 100 unit/ml (Tresiba)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin degludec soln pen-injector 100 unit/ml (Insulin Degludec Flextouch)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin degludec soln pen-injector 100 unit/ml (Tresiba Flextouch)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin degludec soln pen-injector 200 unit/ml (Insulin Degludec Flextouch)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
insulin degludec soln pen-injector 200 unit/ml (Tresiba Flextouch)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml (Xultophy 100/3.6)	5 Pens Per 30 DAYS, 15 mLs = 5 pens = 1 box	B
insulin detemir inj 100 unit/ml (Levemir)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin detemir soln pen-injector 100 unit/ml (Levemir Flexpen)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine inj 100 unit/ml (Insulin Glargine)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine inj 100 unit/ml (Lantus)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine pen-inj with transmitter port 100 unit/ml (Basaglar Tempo Pen)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine soln pen-injector 100 unit/ml (Basaglar Kwikpen)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine soln pen-injector 100 unit/ml (Insulin Glargine Solostar)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine soln pen-injector 100 unit/ml (Lantus Solostar)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine soln pen-injector 300 unit/ml (1 unit dial) (Insulin Glargine Solostar)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine soln pen-injector 300 unit/ml (1 unit dial) (Toujeo Solostar)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine soln pen-injector 300 unit/ml (2 unit dial) (Insulin Glargine Max Solostar)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine soln pen-injector 300 unit/ml (2 unit dial) (Toujeo Max Solostar)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine-aglr soln pen-injector 100 unit/ml (Rezvoglar Kwikpen)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml (Soliqua 100/33)	6 Pens Per 30 DAYS, 18 mLs = 6 syringes	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
insulin glargine-yfgn inj 100 unit/ml (Insulin Glargine-Yfgn)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine-yfgn inj 100 unit/ml (Semglee)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine-yfgn soln pen-injector 100 unit/ml (Insulin Glargine-Yfgn)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin glargine-yfgn soln pen-injector 100 unit/ml (Semglee)	100 mLs Per 30 DAYS, Quantity limit cumulative accross injectable formulations	B
insulin pen needle 29 g x 12 mm (1/2") (Marathon Medical Pentips 29gx12mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 29 g x 12 mm (1/2") (Pentips 29g X 12mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 30 g x 5 mm (1/5" or 3/16") (Pen Needles 30gx5mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 31 g x 5 mm (1/5" or 3/16") (Aqinject Pen Needle/31g X 3/16")	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 31 g x 5 mm (1/5" or 3/16") (Marathon Medical Pentips 31gx5mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 31 g x 5 mm (1/5" or 3/16") (Pen Needles 31gx5mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 31 g x 5 mm (1/5" or 3/16") (Pentips 31g X 5mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 31 g x 6 mm (1/4" or 15/64") (Sure Comfort Autokeeper Safety Pen Needles 31gx1/4")	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 31 g x 8 mm (1/3" or 5/16") (Marathon Medical Pentips 31gx8mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 31 g x 8 mm (1/3" or 5/16") (Pen Needles 31gx8mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 31 g x 8 mm (1/3" or 5/16") (Pentips 31g X 8mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 31 g x 8 mm (1/3" or 5/16") (Pro Comfort Pen Needles/ 31g X 8mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 32 g x 4 mm (1/6" or 5/32") (Aqinject Pen Needle/32g X 5/32")	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 32 g x 4 mm (1/6" or 5/32") (Marathon Medical Pentips 32gx4mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 32 g x 4 mm (1/6" or 5/32") (Pen Needles 32gx4mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 32 g x 4 mm (1/6" or 5/32") (Pentips 32g X 4mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
insulin pen needle 32 g x 4 mm (1/6" or 5/32") (Pro Comfort Pen Needles/ 32g X 4mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 32 g x 4 mm (1/6" or 5/32") (Sure Comfort Autokeeper Safety Pen Needles 32gx5/32")	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin pen needle 32 g x 5 mm (1/5" or 3/16") (Pro Comfort Pen Needles/ 32g X 5mm)	300 Units Per 30 DAYS, QL cumulative across all pen needles	B
insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart (Afrezza)	1260 Cartridges Per 30 DAYS	B
insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit (Afrezza)	1080 Cartridges Per 30 DAYS	B
insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit (Afrezza)	1800 Cartridges Per 30 DAYS	B
insulin regular (human) inhalation powder 12 unit/cartridge (Afrezza)	900 Cartridges Per 30 DAYS	B
insulin regular (human) inhalation powder 4 unit/cartridge (Afrezza)	2520 Cartridges Per 30 DAYS, 1 pack = 90 cartridges	B
insulin regular (human) inhalation powder 8 unit/cartridge (Afrezza)	1260 Cartridges Per 30 DAYS	B
insulin syringe (disp) u-100 1 ml (Monoject Insulin Syringe Regular Luer Tip/Softpack/1ml)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe (disp) u-100 1 ml (Monoject Insulin Syringe/1ml)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 0.3 ml 29 x 1/2" (Magellan Insulin Safety Syringe/U-100/0.3ml/29g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 0.3 ml 29 x 1/2" (Monoject Insulin Syringe/Safety/Perm Needle/0.3ml/29g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 0.3 ml 29 x 1/2" (Monoject Insulin Syringe/Safety/Perm Needle/0.3ml/29gx1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 0.3 ml 30 x 5/16" (Magellan Insulin Safety Syringe/U-100/0.3ml/30g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 0.3 ml 30 x 5/16" (Monoject Insulin Syringe/U-100/0.3ml/30g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 0.3 ml 30 x 5/16" (Monoject Ultra Comfort Insulin Syringe/0.3ml/30g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 0.3 ml 31 x 15/64" (Bd Safetyglide Insulin Syringe/0.3ml/31g X 15/64")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 0.3 ml 31 x 15/64" (Dropsafe Insulin Safety Syringe/Fixed Needle 31gx6mm 0.3ml)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 0.3 ml 31 x 5/16" (Dropsafe Insulin Safety Syringe/Fixed Needle 31gx8mm 0.3ml)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 27 x 1/2" (Insulin Syringes/U-100/1ml/27gx/1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 27 x 1/2" (Monoject Insulin Syringe/Detach Needle/1ml/27g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
insulin syringe/needle u-100 1 ml 28 x 1/2" (Embecta Insulin Syringe/1ml/28g X 12.7mm)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 28 x 1/2" (Embecta Insulin Syringe/2 Unit Scale/1ml/28g X 12.7mm)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 28 x 1/2" (Insulin Syringes/U-100/1ml/28gx1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 28 x 1/2" (Monoject Insulin Syringe/U-100/1ml/28g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 28 x 1/2" (Monoject Ultra Comfort Insulin Syringe/1ml/28g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 29 x 1/2" (Aq Insulin Syringe/1ml/29g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 29 x 1/2" (Dropsafe Insulin Safety Syringe/Fixed Needle 29gx12.5mm 1ml)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 29 x 1/2" (Insulin Syringes/U-100/1ml/29gx1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 29 x 1/2" (Magellan Insulin Safety Syringe/U-100/1ml/29g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 29 x 1/2" (Monoject Insulin Syringe/Safety/Perm Needle/1ml/29g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 29 x 1/2" (Ulticare Insulin Safety Syringe/1ml/29g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 30 x 1/2" (Insulin Syringes/U-100/1ml/30gx1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 30 x 5/16" (Magellan Insulin Safety Syringe/U-100/1ml/30g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 30 x 5/16" (Monoject Insulin Syringe/U-100/1ml/30g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 31 x 15/64" (Dropsafe Insulin Safety Syringe/Fixed Needle 31gx6mm 1ml)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 31 x 5/16" (Aq Insulin Syringe/1ml/31g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 31 x 5/16" (Dropsafe Insulin Safety Syringe/Fixed Needle 31gx8mm 1ml)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1 ml 31 x 5/16" (Insulin Syringes/U-100/1ml/31gx5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 27 x 1/2" (Insulin Syringes/U-100/0.5ml/27gx1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 28 x 1/2" (Embecta Insulin Syringe/0.5ml/28g X 12.7mm)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 28 x 1/2" (Insulin Syringes/U-100/0.5ml/28gx1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 28 x 1/2" (Monoject Insulin Syringe/Perm Needle/U-100/0.5ml/28g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
insulin syringe/needle u-100 1/2 ml 28 x 1/2" (Monoject Insulin Syringe/Softpack/U-100/0.5ml/28g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 28 x 1/2" (Monoject Ultra Comfort Insulin Syringe/0.5ml/28g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 29 x 1/2" (Insulin Syringes/U-100/0.5ml/29gx1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 29 x 1/2" (Magellan Insulin Safety Syringe/U-100/0.5ml/29g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 29 x 1/2" (Monoject Insulin Syringe/Safety/Perm Needle/0.5ml/29g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 29 x 1/2" (Ulticare Insulin Safety Syringe/0.5ml/29g X 1/2")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 30 x 5/16" (Aq Insulin Syringe/0.5ml/30g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 30 x 5/16" (Insulin Syringes/U-100/0.5ml/30gx5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 30 x 5/16" (Magellan Insulin Safety Syringe/U-100/0.5ml/30g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 30 x 5/16" (Monoject Insulin Syringe/U-100/0.5ml/30g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 30 x 5/16" (Monoject Ultra Comfort Insulin Syringe/0.5ml/30g X 5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 31 x 15/64" (Dropsafe Insulin Safety Syringe/Fixed Needle 31gx6mm 0.5ml)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 31 x 5/16" (Dropsafe Insulin Safety Syringe/Fixed Needle 31gx8mm 0.5ml)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-100 1/2 ml 31 x 5/16" (Insulin Syringes/U-100/0.5ml/31gx5/16")	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64") (Bd Insulin Syringe/U-500/0.5ml/31g X 6mm)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64") (Embecta Insulin Syringe/U-500/0.5ml/31g X 6mm)	300 Units Per 30 DAYS, QL cumulative for all insulin syringes	B
interferon beta- (Betaseron)	14 Vials Per 28 DAYS	B
interferon beta- (Extavia)	15 Vials Per 30 DAYS, 15 vials/syringes = 1 box	B
interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml (Rebif Rebidose Titration Pack)	1 Kit Per 180 DAYS, 6 x 8.8 mcg/0.2 mL + 6 x 22 mcg/0.5 mL = Titration pack	B
interferon beta-1a im auto-injector kit 30 mcg/0.5ml (Avonex Pen)	1 Kit Per 28 DAYS	B
interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml (Avonex)	1 Kit Per 28 DAYS	B
interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml (Rebif Titration Pack)	1 Kit Per 180 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
interferon beta-1a soln auto-inj 22 mcg/0.5ml (Rebif Rebidose)	12 Syringes Per 28 DAYS, 1 carton = 12 syringes, QL cumulative across strengths	B
interferon beta-1a soln auto-inj 44 mcg/0.5ml (Rebif Rebidose)	12 Syringes Per 28 DAYS, 1 carton = 12 syringes, QL cumulative across strengths	B
interferon beta-1a soln pref syr 22 mcg/0.5ml (Rebif)	12 Syringes Per 28 DAYS, 1 carton = 12 syringes, QL cumulative across strengths	B
interferon beta-1a soln pref syr 44 mcg/0.5ml (Rebif)	12 Syringes Per 28 DAYS, 1 carton = 12 syringes, QL cumulative across strengths	B
ipratropium bromide hfa inhal aerosol 17 mcg/act (Atrovent Hfa)	2 Inhalers Per 30 DAYS, 25.8 g = 2 inhalers = 200 doses	B
ipratropium bromide inhal soln 0.02%	375 mLs Per 30 DAYS, no brand available	G
ipratropium-albuterol inhal aerosol soln 20-100 mcg/act (Combivent Respimat)	2 Inhalers Per 30 DAYS, 8 grams = 2 inhalers = 240 doses	B
ipratropium-albuterol nebu soln 0.5-2.5 (3) mg/3ml	540 mLs Per 30 DAYS	G
iptacopan 200 mg capsules (Fabhalta)	60 Capsules Per 30 DAYS	B
isotretinoin cap 10 mg (Absorica)	60 Capsules Per 30 DAYS	BG
isotretinoin cap 20 mg (Absorica)	60 Capsules Per 30 DAYS	BG
isotretinoin cap 25 mg (Absorica)	60 Capsules Per 30 DAYS	BG
isotretinoin cap 30 mg (Absorica)	60 Capsules Per 30 DAYS	BG
isotretinoin cap 35 mg (Absorica)	60 Capsules Per 30 DAYS	BG
isotretinoin cap 40 mg (Absorica)	60 Capsules Per 30 DAYS	BG
isotretinoin micronized cap 16 mg (Absorica Ld)	60 Capsules Per 30 DAYS	B
isotretinoin micronized cap 24 mg (Absorica Ld)	60 Capsules Per 30 DAYS	B
isotretinoin micronized cap 32 mg (Absorica Ld)	60 Capsules Per 30 DAYS	B
isotretinoin micronized cap 8 mg (Absorica Ld)	60 Capsules Per 30 DAYS	B
ivabradine hcl oral soln 5 mg/5ml (base equiv) (Corlanor)	600 mLs Per 30 DAYS	B
ivabradine hcl tab 5 mg (base equiv) (Corlanor)	60 Tablets Per 30 DAYS	BG
ivabradine hcl tab 7.5 mg (base equiv) (Corlanor)	60 Tablets Per 30 DAYS	BG
ivermectin cream 1% (Soolantra)	45 Grams Per 30 DAYS	BG
ixekizumab subcutaneous soln auto-injector 80 mg/ml (Taltz)	1 Syringe Per 28 DAYS	B
ixekizumab subcutaneous soln prefilled syringe (Taltz)	1 Syringe Per 28 DAYS	B
ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml (Taltz)	1 Syringe Per 28 DAYS	B
ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml (Taltz)	1 Syringe Per 28 DAYS	B
ixekizumab subcutaneous soln prefilled syringe 80 mg/ml (Taltz)	1 Syringe Per 28 DAYS	B
ketoconazole foam 2%	100 Grams Per 30 DAYS	G
ketoprofen cap 25 mg (Ketoprofen)	360 Capsules Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
ketoprofen cap 25 mg (Kiprofen)	360 Capsules Per 30 DAYS	B
ketoprofen cap 50 mg (Ketoprofen)	180 Capsules Per 30 DAYS	B
ketoprofen cap er 24hr 200 mg (Ketoprofen Er)	30 Capsules Per 30 DAYS	B
ketorolac tromethamine tab 10 mg	20 Tablets Per 30 DAYS, The quantity limit will allow for 20 tablets per prescription to follow product labeling recommendations for no more than 5 days of therapy with no more than 4 doses/day	G
lamivudine oral soln 10 mg/ml (Epivir)	960 mLs Per 30 DAYS	BG
lamivudine tab 150 mg (Epivir)	60 Tablets Per 30 DAYS	BG
lamivudine tab 300 mg (Epivir)	30 Tablets Per 30 DAYS	BG
lamivudine-tenofovir disoproxil fumarate tab 300-300 mg (Cimduo)	30 Tablets Per 30 DAYS	B
lamivudine-zidovudine tab 150-300 mg (Combivir)	60 Tablets Per 30 DAYS	BG
latanoprost (pf) ophth soln 0.005% (Iyuzeh)	1 Box Per 30 DAYS	B
latanoprost (pf) ophth soln 0.005% (Iyuzeh)	2.5 mLs Per 20 DAYS	B
latanoprost ophth emulsion 0.005% (Xelpros)	2.5 mLs Per 20 DAYS	B
latanoprost ophth soln 0.005% (Latanoprost)	2.5 mLs Per 20 DAYS	BG
latanoprost ophth soln 0.005% (Xalatan)	2.5 mLs Per 20 DAYS	BG
latanoprostene bunod ophth soln 0.024% (Vyzulta)	5 mLs Per 20 DAYS	B
lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml (Ebglyss)	1 Syringe Per 28 DAYS	B
lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml (Ebglyss)	1 Pen Per 28 DAYS	B
ledipasvir-sofosbuvir pellet pack 33.75-150 mg (Harvoni)	28 Packets Per 28 DAYS	B
ledipasvir-sofosbuvir pellet pack 45-200 mg (Harvoni)	28 Packets Per 28 DAYS	B
ledipasvir-sofosbuvir tab 45-200 mg (Harvoni)	28 Tablets Per 28 DAYS	B
ledipasvir-sofosbuvir tab 90-400 mg (Harvoni)	28 Tablets Per 28 DAYS	B
ledipasvir-sofosbuvir tab 90-400 mg (Ledipasvir/Sofosbuvir)	28 Tablets Per 28 DAYS	B
lemborexant tab 10 mg (Dayvigo)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
lemborexant tab 5 mg (Dayvigo)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
lenacapavir sodium tab 300 mg (Sunlenca)	4 Tablets Per 365 DAYS	B
lenacapavir sodium tab 300 mg (Yeztugo)	4 Tablets Per 365 DAYS	B
lenacapavir sodium tab therapy pack 4 x 300 mg (Sunlenca)	4 Tablets Per 365 DAYS	B
lenacapavir sodium tab therapy pack 5 x 300 mg (Sunlenca)	5 Tablets Per 365 DAYS	B
letermovir tab 240 mg (Prevymis)	200 Tablets Per 365 DAYS, Quantity limit is cumulative at GPI 12	B
letermovir tab 480 mg (Prevymis)	200 Tablets Per 365 DAYS, Quantity limit is cumulative at GPI 12	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
levacetylleucine for susp packet 1 gm (Aqneursa)	120 Packets Per 30 DAYS	B
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	288 mLs Per 30 DAYS, 288 mL = 4 boxes = 96 vials	G
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	288 mLs Per 30 DAYS, 288 mL = 4 boxes = 96 vials	G
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	288 mLs Per 30 DAYS, 288 mL = 4 boxes = 96 vials	G
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	90 Vials Per 30 DAYS, 90 units = 3 boxes	G
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) (Levalbuterol Tartrate Hfa)	2 Inhalers Per 30 DAYS	B
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) (Xopenex Hfa)	2 Inhalers Per 30 DAYS	B
levetiracetam tab er 24hr 1000 mg (Elepsia Xr)	90 Tablets Per 30 DAYS	B
levetiracetam tab er 24hr 1500 mg (Elepsia Xr)	60 Tablets Per 30 DAYS	B
levoketoconazole tab 150 mg (Recorlev)	240 Tablets Per 30 DAYS	B
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	28 Tablets Per 21 DAYS	BG
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	28 Tablets Per 21 DAYS	G
levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg (Tyblume)	28 Tablets Per 21 DAYS	B
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	28 Tablets Per 21 DAYS	G
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	28 Tablets Per 21 DAYS	G
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	28 Tablets Per 21 DAYS	G
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	28 Tablets Per 21 DAYS	G
levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr (Twirla)	3 Patches Per 21 DAYS	B
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)	28 Tablets Per 21 DAYS	BG
levonorg-eth est tab 0.1-0.02mg (84) & eth est tab 0.01mg (7)	28 Tablets Per 21 DAYS	G
levonorg-eth est tab 0.15-0.03mg (84) & eth est tab 0.01mg (7) (Seasonique)	28 Tablets Per 21 DAYS	BG
lidocaine cream 10% (Lidtopic Max)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine cream 7.5% (Lidtopic)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl cream 10% (compound kit) (Enovarx-Lidocaine Hcl)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl cream 3%	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	G
lidocaine hcl cream 3.25% (Lidopin)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
lidocaine hcl cream 3.88% (Bruselix)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl cream 3.88% (Lidotral)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl cream 3.88% (Lidotran)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl cream 4.12%	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	G
lidocaine hcl cream 5% (compound kit) (Enovarx-Lidocaine Hcl)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl gel 2%	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	G
lidocaine hcl gel 2.8%	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	G
lidocaine hcl gel 3% (Lidorx)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl gel 3.88% (Bruselix)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl gel 3.88% (Lidotral)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl gel 4% (Astero)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl gel 4% (Ldo Plus)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl gel 5% (Lidotral)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl liquid 2% (Lidotral)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl lotion 3%	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	G
lidocaine hcl powder (Lidocaine Hcl Monohydrate)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl soln 4%	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	G
lidocaine hcl soln 5% (Lidotral)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl urethral/mucosal gel 2% (Lidocaine Hydrochloride Jelly)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	G
lidocaine lotion 3.5% (Gen7t)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine lotion 4% (Eha Lotion 4%)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
lidocaine oint 5%	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	G
lidocaine patch 1.8% (36 mg) (Ztlido)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine patch 3.5% (Gen7t)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine patch 4.88% (Lidotral 1)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine patch 5% (Lidoderm)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	BG
lidocaine powder (Lidocaine)	120 Each Per 30 DAYS, Quantity limit cumulative across formulations	B
lidocaine-prilocaine cream 2.5-2.5%	60 Grams Per 30 DAYS	G
lidocaine-tetracaine cream 7-7% (Pliaglis)	100 Grams Per 30 DAYS	B
lidocaine-tetracaine topical patch 70-70 mg (Synera)	4 Patches Per 28 DAYS	B
lifitegrast ophth soln 5% (Xiidra)	60 Vials Per 30 DAYS	B
linaclotide cap 145 mcg (Linzess)	30 Capsules Per 30 DAYS	B
linaclotide cap 290 mcg (Linzess)	30 Capsules Per 30 DAYS	B
linaclotide cap 72 mcg (Linzess)	30 Capsules Per 30 DAYS	B
linagliptin tab 5 mg (Tradjenta)	30 Tablets Per 30 DAYS	B
linagliptin-metformin hcl tab 2.5-1000 mg (Jentadueto)	60 Tablets Per 30 DAYS	B
linagliptin-metformin hcl tab 2.5-500 mg (Jentadueto)	60 Tablets Per 30 DAYS	B
linagliptin-metformin hcl tab 2.5-850 mg (Jentadueto)	60 Tablets Per 30 DAYS	B
linagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Jentadueto Xr)	60 Tablets Per 30 DAYS	B
linagliptin-metformin hcl tab er 24hr 5-1000 mg (Jentadueto Xr)	30 Tablets Per 30 DAYS	B
linezolid for susp 100 mg/5ml (Zyvox)	600 mLs Per 180 DAYS	BG
linezolid tab 600 mg (Zyvox)	56 Tablets Per 180 DAYS	BG
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) (Saxenda)	15 mLs Per 30 DAYS	B
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml) (Victoza)	3 Pens Per 30 DAYS	BG
lonafarnib cap 50 mg (Zokinvy)	120 Capsules Per 30 DAYS	B
lonafarnib cap 75 mg (Zokinvy)	120 Capsules Per 30 DAYS	B
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	480 mLs Per 30 DAYS, 160 mL bottle	BG
lopinavir-ritonavir tab 100-25 mg (Kaletra)	180 Tablets Per 30 DAYS	BG
lopinavir-ritonavir tab 200-50 mg (Kaletra)	120 Tablets Per 30 DAYS	BG
lorazepam tab 0.5 mg (Ativan)	150 Tablets Per 30 DAYS	BG
lorazepam tab 1 mg (Ativan)	150 Tablets Per 30 DAYS	BG
lorazepam tab 2 mg (Ativan)	150 Tablets Per 30 DAYS	BG
loteprednol etabonate ophth susp 0.25% (Eysuvis)	16.6 mLs Per 90 DAYS, 16.6 mL =2 bottles	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
lotilaner ophth soln 0.25% (Xdemvy)	1 Bottle Per 42 DAYS	B
lubiprostone cap 24 mcg (Amitiza)	60 Capsules Per 30 DAYS	BG
lubiprostone cap 8 mcg (Amitiza)	120 Capsules Per 30 DAYS	BG
lumateperone tosylate cap 10.5 mg (Caplyta)	30 Capsules Per 30 DAYS	B
lumateperone tosylate cap 21 mg (Caplyta)	30 Capsules Per 30 DAYS	B
lumateperone tosylate cap 42 mg (Caplyta)	30 Capsules Per 30 DAYS	B
lurasidone hcl tab 120 mg (Latuda)	30 Tablets Per 30 DAYS	BG
lurasidone hcl tab 20 mg (Latuda)	30 Tablets Per 30 DAYS	BG
lurasidone hcl tab 40 mg (Latuda)	30 Tablets Per 30 DAYS	BG
lurasidone hcl tab 60 mg (Latuda)	30 Tablets Per 30 DAYS	BG
lurasidone hcl tab 80 mg (Latuda)	30 Tablets Per 30 DAYS	BG
lurasidone hcl tab 80 mg (Latuda)	60 Tablets Per 30 DAYS	BG
lusutrombopag tab 3 mg (Mulpleta)	7 Tablets Per 7 DAYS	B
maraviroc oral soln 20 mg/ml (Selzentry)	1840 mLs Per 30 DAYS	B
maraviroc tab 150 mg (Selzentry)	60 Tablets Per 30 DAYS	BG
maraviroc tab 25 mg (Selzentry)	240 Tablets Per 30 DAYS	B
maraviroc tab 300 mg (Selzentry)	120 Tablets Per 30 DAYS	BG
maraviroc tab 75 mg (Selzentry)	60 Tablets Per 30 DAYS	B
marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml (Hympavzi)	4 Pens Per 28 DAYS	B
mavacamten cap 10 mg (Camzyos)	30 Capsules Per 30 DAYS	B
mavacamten cap 15 mg (Camzyos)	30 Capsules Per 30 DAYS	B
mavacamten cap 2.5 mg (Camzyos)	30 Capsules Per 30 DAYS	B
mavacamten cap 5 mg (Camzyos)	30 Capsule Per 30 DAYS	B
mavorixafor cap 100 mg (Xolremdi)	120 Capsules Per 30 DAYS	B
mefenamic acid cap 250 mg	120 Capsules Per 30 DAYS	G
meloxicam cap 10 mg	30 Capsules Per 30 DAYS	G
meloxicam cap 5 mg	30 Capsules Per 30 DAYS	G
menotropins for subcutaneous inj 75 unit (Menopur)	60 Vials Per 30 DAYS	B
mepolizumab subcutaneous solution auto-injector 100 mg/ml (Nucala)	3 Syringes Per 28 DAYS	B
mepolizumab subcutaneous solution pref syringe 100 mg/ml (Nucala)	3 Syringes Per 28 DAYS	B
mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml (Nucala)	1 Syringe Per 28 DAYS	B
metformin hcl oral soln 500 mg/5ml (Riomet)	780 mLs Per 30 DAYS	BG
metformin hcl tab 625 mg (Metformin Hydrochloride)	120 Tablets Per 30 DAYS	B
metformin hcl tab 750 mg (Metformin Hydrochloride)	90 Tablets Per 30 DAYS	B
metformin hcl tab er 24hr modified release 1000 mg (Glumetza)	60 Tablets Per 30 DAYS	BG
metformin hcl tab er 24hr modified release 500 mg (Glumetza)	120 Tablets Per 30 DAYS	BG

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
metformin hcl tab er 24hr osmotic 1000 mg	60 Tablets Per 30 DAYS	G
metformin hcl tab er 24hr osmotic 500 mg	150 Tablets Per 30 DAYS	G
methocarbamol tab 1000 mg (Methocarbamol)	120 Tablets Per 30 DAYS	BG
methylnaltrexone bromide inj (Relistor)	30 Syringes Per 30 DAYS, 18 mL = 30 syringes	B
methylnaltrexone bromide inj (Relistor)	60 Vials Per 30 DAYS, Quantity Limit allows for dosing for individuals at least 90th percentile weight	B
methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml) (Relistor)	30 Syringes Per 30 DAYS, 12 mL = 30 syringes	B
methylnaltrexone bromide tab 150 mg (Relistor)	90 Tablets Per 30 DAYS	B
metronidazole cream 1% (Noritate)	60 Grams Per 30 DAYS	B
metronidazole gel 1% (Metrogel)	60 Grams Per 30 DAYS	BG
mifepristone tab 300 mg (Korlym)	120 Tablets Per 30 DAYS	BG
milnacipran hcl tab 100 mg (Savella)	60 Tablets Per 30 DAYS	B
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak (Savella Titration Pack)	1 Pack Per 180 DAYS, 55 tablets = 1 kit	B
milnacipran hcl tab 12.5 mg (Savella)	60 Tablets Per 30 DAYS	B
milnacipran hcl tab 25 mg (Savella)	60 Tablets Per 30 DAYS	B
milnacipran hcl tab 50 mg (Savella)	60 Tablets Per 30 DAYS	B
mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml (Omvoh)	2 Pens Per 28 DAYS	B
mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml (Omvoh)	2 Syringes Per 28 DAYS	B
mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml (Omvoh)	2 Syringes Per 28 DAYS	B
mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml (Omvoh)	2 Pens Per 28 DAYS	B
mitapivat sulfate tab 20 mg (Pyrukynd)	56 Tablets Per 28 DAYS	B
mitapivat sulfate tab 5 mg (Pyrukynd)	56 Tablets Per 28 DAYS	B
mitapivat sulfate tab 50 mg (Pyrukynd)	56 Tablets Per 28 DAYS	B
mitapivat sulfate tab therapy pack 5 mg (Pyrukynd Taper Pack)	7 Tablets Per 365 DAYS	B
mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg (Pyrukynd Taper Pack)	14 Tablets Per 365 DAYS	B
mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg (Pyrukynd Taper Pack)	14 Tablets Per 365 DAYS	B
molnupiravir cap 200 mg (Lagevrio)	40 Capsules Per 90 DAYS	B
mometasone furoate inhal aerosol suspension 100 mcg/act (Asmanex Hfa)	1 Inhaler Per 30 DAYS	B
mometasone furoate inhal aerosol suspension 200 mcg/act (Asmanex Hfa)	1 Inhaler Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
mometasone furoate inhal aerosol suspension 50 mcg/act (Asmanex Hfa)	1 Inhaler Per 30 DAYS	B
mometasone furoate inhal powd 110 mcg/act (breath activated) (Asmanex Twisthaler 30 Metered Doses)	1 Inhaler Per 30 DAYS, 135 mg, 30 doses	B
mometasone furoate inhal powd 220 mcg/act (breath activated) (Asmanex Twisthaler 120 Metered Doses)	1 Inhaler Per 30 DAYS, 240 mg, 30, 60, 120 actuations	B
mometasone furoate inhal powd 220 mcg/act (breath activated) (Asmanex Twisthaler 14 Metered Doses)	1 Inhaler Per 30 DAYS, 240 mg, 30, 60, 120 actuations	B
mometasone furoate inhal powd 220 mcg/act (breath activated) (Asmanex Twisthaler 30 Metered Doses)	1 Inhaler Per 30 DAYS, 240 mg, 30, 60, 120 actuations	B
mometasone furoate inhal powd 220 mcg/act (breath activated) (Asmanex Twisthaler 60 Metered Doses)	1 Inhaler Per 30 DAYS, 240 mg, 30, 60, 120 actuations	B
mometasone furoate oint 0.1%	90 Grams Per 30 DAYS, 100/30 cumulative across agents	G
mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act (Dulera)	3 Inhalers Per 30 DAYS, 13 gm = 1 inhaler = 120 doses	B
mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act (Dulera)	3 Inhalers Per 30 DAYS, 13 g = 1 inhaler = 120 doses	B
mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act (Dulera)	3 Inhalers Per 30 DAYS	B
monomethyl fumarate capsule delayed release 95 mg (Bafiertam)	120 Capsules Per 30 DAYS	B
mupirocin calcium cream 2%	120 Grams Per 90 DAYS	G
naftifine hcl cream 1% (Naftifine Hydrochloride)	60 Grams Per 30 DAYS	B
naftifine hcl cream 2%	60 Grams Per 30 DAYS	G
naftifine hcl gel 1% (Naftin)	60 Grams Per 30 DAYS	B
naftifine hcl gel 2% (Naftin)	60 Grams Per 30 DAYS	BG
naldemedine tosylate tab 0.2 mg (base equivalent) (Symproic)	30 Tablets Per 30 DAYS	B
naloxegol oxalate tab 12.5 mg (base equivalent) (Movantik)	30 Tablets Per 30 DAYS	B
naloxegol oxalate tab 25 mg (base equivalent) (Movantik)	30 Tablets Per 30 DAYS	B
naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg (Contrave)	120 Tablets Per 30 DAYS	B
naproxen sodium tab er 24hr 375 mg (base equiv) (Naprelan)	60 Tablets Per 30 DAYS	BG
naproxen sodium tab er 24hr 500 mg (base equiv) (Naprelan)	60 Tablets Per 30 DAYS	BG
naproxen sodium tab er 24hr 750 mg (base equiv) (Naprelan)	60 Tablets Per 30 DAYS	BG
naproxen-esomeprazole magnesium tab dr 375-20 mg (Vimovo)	60 Tablets Per 30 DAYS, QL cumulative across strengths	BG

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
naproxen-esomeprazole magnesium tab dr 500-20 mg (Vimovo)	60 Tablets Per 30 DAYS, QL cumulative across strengths	BG
naratriptan hcl tab 1 mg (base equiv)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	G
naratriptan hcl tab 2.5 mg (base equiv)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	G
nedosiran sodium subcutaneous soln 80 mg/0.5ml (Rivfloza)	2 Vials Per 30 DAYS	B
nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml (Rivfloza)	1 Syringe Per 30 DAYS	B
nedosiran sodium subcutaneous soln pref syr 160 mg/ml (Rivfloza)	1 Syringe Per 30 DAYS	B
nelfinavir mesylate tab 250 mg (Viracept)	270 Tablets Per 30 DAYS	B
nelfinavir mesylate tab 625 mg (Viracept)	120 Tablets Per 30 DAYS	B
nemolizumab-ilto for subcutaneous auto-injector 30 mg (Nemluvio)	1 Pen Per 28 DAYS	B
nevirapine susp 50 mg/5ml (Nevirapine)	1200 mLs Per 30 DAYS	B
nevirapine tab 200 mg	60 Tablets Per 30 DAYS	G
nevirapine tab er 24hr 100 mg (Nevirapine Er)	90 Tablets Per 30 DAYS	B
nevirapine tab er 24hr 400 mg	30 Tablets Per 30 DAYS	G
nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak (Paxlovid)	20 Tablets Per 90 DAYS	B
nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak (Paxlovid)	30 Tablets Per 90 DAYS	B
nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak (Paxlovid)	11 Tablets Per 90 DAYS	B
nitazoxanide for susp 100 mg/5ml (Alinia)	150 mLs Per 30 DAYS	B
nitazoxanide tab 500 mg (Alinia)	6 Tablets Per 30 DAYS	BG
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3 Patches Per 21 DAYS	G
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	28 Tablets Per 21 DAYS	G
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	28 Tablets Per 21 DAYS	G
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	28 Tablets Per 21 DAYS	G
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	28 Tablets Per 21 DAYS	G
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	28 Tablets Per 21 DAYS	G
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	28 Tablets Per 21 DAYS	G
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	28 Tablets Per 21 DAYS	G

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg (Femlyv)	28 Tablets Per 21 DAYS	B
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	28 Tablets Per 21 DAYS	G
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	28 Tablets Per 21 DAYS	G
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 Fe)	28 Tablets Per 21 DAYS	BG
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	28 Tablets Per 21 DAYS	BG
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	28 Tablets Per 21 DAYS	G
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	28 Tablets Per 21 DAYS	G
norethindrone tab 0.35 mg	28 Tablets Per 21 DAYS	G
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	28 Tablets Per 21 DAYS	G
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	28 Tablets Per 21 DAYS	G
norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2) (Lo Loestrin Fe)	28 Tablets Per 21 DAYS	B
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	28 Tablets Per 21 DAYS	G
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	28 Tablets Per 21 DAYS	G
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	28 Tablets Per 21 DAYS	G
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	28 Tablets Per 21 DAYS	G
obeticholic acid tab 10 mg (Ocaliva)	30 Tablets Per 30 DAYS	B
obeticholic acid tab 5 mg (Ocaliva)	30 Tablets Per 30 DAYS	B
octreotide acetate cap delayed release 20 mg (Mycapssa)	120 Capsules Per 30 DAYS	B
ofatumumab soln auto-injector 20 mg/0.4ml (Kesimpta)	1 Pen Per 28 DAYS, 1 pen =0.4 mL	B
olanzapine orally disintegrating tab 10 mg (Zyprexa Zydis)	30 Tablets Per 30 DAYS	BG
olanzapine orally disintegrating tab 15 mg (Zyprexa Zydis)	30 Tablets Per 30 DAYS	BG
olanzapine orally disintegrating tab 20 mg (Zyprexa Zydis)	30 Tablets Per 30 DAYS	BG
olanzapine orally disintegrating tab 5 mg (Zyprexa Zydis)	30 Tablets Per 30 DAYS	BG
olanzapine tab 10 mg (Zyprexa)	60 Tablets Per 30 DAYS	BG
olanzapine tab 15 mg (Zyprexa)	30 Tablets Per 30 DAYS	BG
olanzapine tab 15 mg (Zyprexa)	60 Tablets Per 30 DAYS	BG
olanzapine tab 2.5 mg (Zyprexa)	60 Tablets Per 30 DAYS	BG
olanzapine tab 20 mg (Zyprexa)	30 Tablets Per 30 DAYS	BG
olanzapine tab 20 mg (Zyprexa)	60 Tablets Per 30 DAYS	BG
olanzapine tab 5 mg (Zyprexa)	60 Tablets Per 30 DAYS	BG

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
olanzapine tab 7.5 mg (Zyprexa)	60 Tablets Per 30 DAYS	BG
olanzapine-samidorphan l-malate tab 10-10 mg (Lybalvi)	30 Tablets Per 30 DAYS	B
olanzapine-samidorphan l-malate tab 15-10 mg (Lybalvi)	30 Tablets Per 30 DAYS	B
olanzapine-samidorphan l-malate tab 20-10 mg (Lybalvi)	30 Tablets Per 30 DAYS	B
olanzapine-samidorphan l-malate tab 5-10 mg (Lybalvi)	30 Tablets Per 30 DAYS	B
olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv) (Striverdi Respimat)	1 Cartridge Per 30 DAYS	B
omadacycline tosylate tab 150 mg (base equivalent) (Nuzyra)	30 Tablets Per 180 DAYS	B
omeprazole magnesium for delayed release susp packet 2.5 mg (Prilosec)	30 Packets Per 30 DAYS	B
omeprazole-sodium bicarbonate cap 20-1100 mg (Zegerid)	60 Capsules Per 30 DAYS	BG
omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid)	60 Capsules Per 30 DAYS	BG
omeprazole-sodium bicarbonate for oral susp 2-84 mg/ml (Konvomep)	600 mLs Per 30 DAYS	B
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid)	60 Packets Per 30 DAYS	BG
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid)	60 Packets Per 30 DAYS	BG
orlistat cap 120 mg (Orlistat)	90 Capsules Per 30 DAYS	B
orlistat cap 120 mg (Xenical)	90 Capsules Per 30 DAYS	B
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	40 Capsules Per 120 DAYS, QL cumulative across strengths	BG
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	20 Capsules Per 120 DAYS, QL cumulative across strengths	BG
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	20 Capsules Per 120 DAYS, QL cumulative across strengths	BG
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	300 mLs Per 120 DAYS	BG
oxaprozin cap 300 mg (Coxanto)	120 Capsules Per 30 DAYS	B
oxaprozin cap 300 mg (Oxaprozin)	120 Capsules Per 30 DAYS	B
oxiconazole nitrate cream 1% (Oxistat)	120 Grams Per 30 DAYS	BG
oxiconazole nitrate lotion 1% (Oxistat)	120 mLs Per 30 DAYS	B
oxymetazoline hcl cream 1% (Rhofade)	30 Grams Per 30 DAYS	B
ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg (Zeposia Starter Kit)	28 Capsules Per 180 DAYS	B
ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg (Zeposia 7-Day Starter Pack)	7 Capsules Per 180 DAYS	B
ozanimod hcl cap 0.92 mg (Zeposia)	30 Capsule Per 30 DAYS	B
paliperidone tab er 24hr 1.5 mg (Invega)	30 Tablets Per 30 DAYS	BG
paliperidone tab er 24hr 3 mg (Invega)	30 Tablets Per 30 DAYS	BG
paliperidone tab er 24hr 6 mg (Invega)	30 Tablets Per 30 DAYS	BG

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
paliperidone tab er 24hr 6 mg (Invega)	60 Tablets Per 30 DAYS	BG
paliperidone tab er 24hr 9 mg (Invega)	30 Tablets Per 30 DAYS	BG
palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq) (Yorvipath)	2 Pens Per 28 DAYS	B
palopegteriparatide pen-inj 294 mcg/0.98ml (teriparatide eq) (Yorvipath)	2 Pens Per 28 DAYS	B
palopegteriparatide pen-inj 420 mcg/1.4ml (teriparatide eq) (Yorvipath)	2 Pens Per 28 DAYS	B
pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml) (Empaveli)	8 Vials Per 28 DAYS	B
peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml (Plegridy)	2 Syringes Per 28 DAYS, 2 syringes = 1 mL	B
peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack (Plegridy Starter Pack)	1 Kit Per 180 DAYS	B
peginterferon beta-1a soln auto-injector 125 mcg/0.5ml (Plegridy)	2 Pens Per 28 DAYS	B
peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack (Plegridy Starter Pack)	1 Kit Per 180 DAYS	B
peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml (Plegridy)	2 Syringes Per 28 DAYS, 2 syringes = 1 carton	B
pegvisomant for inj 10 mg (as protein) (Somavert)	30 Vials Per 30 DAYS	B
pegvisomant for inj 15 mg (as protein) (Somavert)	30 Vials Per 30 DAYS	B
pegvisomant for inj 20 mg (as protein) (Somavert)	30 Vials Per 30 DAYS	B
pegvisomant for inj 25 mg (as protein) (Somavert)	30 Vials Per 30 DAYS	B
pegvisomant for inj 30 mg (as protein) (Somavert)	30 Vials Per 30 DAYS	B
penicillamine cap 250 mg (Cuprimine)	480 Capsules Per 30 DAYS	BG
perfluorohexyloctane ophth soln 1.338 gm/ml (Miebo)	3 mLs Per 30 DAYS	B
phendimetrazine tartrate cap er 24hr 105 mg (Phendimetrazine Tartrate Er)	30 Capsules Per 30 DAYS	B
phendimetrazine tartrate tab 35 mg	180 Tablets Per 30 DAYS	G
phentermine hcl cap 15 mg	30 Capsules Per 30 DAYS	G
phentermine hcl cap 30 mg	30 Capsules Per 30 DAYS	G
phentermine hcl cap 37.5 mg (Adipex-P)	30 Capsules Per 30 DAYS	BG
phentermine hcl tab 37.5 mg (Adipex-P)	30 Tablets Per 30 DAYS	BG
phentermine hcl tab 8 mg (Lomaira)	90 Tablets Per 30 DAYS	B
phentermine hcl-topiramate cap er 24hr 11.25-69 mg (Qsymia)	30 Capsules Per 30 DAYS	BG
phentermine hcl-topiramate cap er 24hr 15-92 mg (Qsymia)	30 Capsules Per 30 DAYS	BG
phentermine hcl-topiramate cap er 24hr 3.75-23 mg (Qsymia)	30 Capsules Per 30 DAYS	BG
phentermine hcl-topiramate cap er 24hr 7.5-46 mg (Qsymia)	30 Capsules Per 30 DAYS	BG
pilocarpine hcl ophth soln 0.4% (Qlosi)	60 Vials Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
pilocarpine hcl ophth soln 1.25% (Vuity)	5 mLs Per 30 DAYS	B
pimavanserin tartrate cap 34 mg (base equivalent) (Nuplazid)	30 Capsules Per 30 DAYS	B
pimavanserin tartrate tab 10 mg (base equivalent) (Nuplazid)	30 Tablets Per 30 DAYS	B
pitolisant hcl tab 17.8 mg (base equivalent) (Wakix)	60 Tablets Per 30 DAYS	B
pitolisant hcl tab 4.45 mg (base equivalent) (Wakix)	60 Tablets Per 30 DAYS	B
plecanatide tab 3 mg (Trulance)	30 Tablets Per 30 DAYS	B
ponesimod tab 20 mg (Ponvory)	30 Tablets Per 30 DAYS	B
ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg (Ponvory 14-Day Starter Pack)	14 Tablets Per 180 DAYS, 1 pack = 14 tablets	B
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	900 mLs Per 30 DAYS	G
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	450 mLs Per 30 DAYS	G
prednisone tab delayed release 1 mg (Rayos)	90 Tablets Per 30 DAYS	B
prednisone tab delayed release 2 mg (Rayos)	60 Tablets Per 30 DAYS	B
prednisone tab delayed release 5 mg (Rayos)	360 Tablets Per 30 DAYS	B
pregabalin cap 100 mg (Lyrica)	90 Capsules Per 30 DAYS	BG
pregabalin cap 150 mg (Lyrica)	90 Capsules Per 30 DAYS	BG
pregabalin cap 200 mg (Lyrica)	90 Capsules Per 30 DAYS	BG
pregabalin cap 225 mg (Lyrica)	90 Capsules Per 30 DAYS	BG
pregabalin cap 25 mg (Lyrica)	90 Capsules Per 30 DAYS	BG
pregabalin cap 300 mg (Lyrica)	90 Capsules Per 30 DAYS	BG
pregabalin cap 50 mg (Lyrica)	90 Capsules Per 30 DAYS	BG
pregabalin cap 75 mg (Lyrica)	90 Capsules Per 30 DAYS	BG
pregabalin soln 20 mg/ml (Lyrica)	900 mLs Per 30 DAYS	BG
progesterone vaginal gel 4% (Crinone)	60 Applicators Per 30 DAYS	B
progesterone vaginal gel 8% (Crinone)	60 Applicators Per 30 DAYS	B
propranolol hcl sustained-release beads cap er 24hr 120 mg (Inderal Xl)	30 Capsules Per 30 DAYS	B
propranolol hcl sustained-release beads cap er 24hr 120 mg (Innopran Xl)	30 Capsules Per 30 DAYS	B
propranolol hcl sustained-release beads cap er 24hr 80 mg (Inderal Xl)	30 Capsules Per 30 DAYS	B
propranolol hcl sustained-release beads cap er 24hr 80 mg (Innopran Xl)	30 Capsules Per 30 DAYS	B
prucalopride succinate tab 1 mg (base equivalent) (Motegrity)	30 Tablets Per 30 DAYS	BG
prucalopride succinate tab 2 mg (base equivalent) (Motegrity)	30 Tablets Per 30 DAYS	BG
pyrimethamine tab 25 mg (Daraprim)	116 Tablets Per 180 DAYS	BG
quetiapine fumarate tab 100 mg (Seroquel)	120 Tablets Per 30 DAYS	BG

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
quetiapine fumarate tab 100 mg (Seroquel)	60 Tablets Per 30 DAYS	BG
quetiapine fumarate tab 150 mg (Quetiapine Fumarate)	30 Tablets Per 30 DAYS	B
quetiapine fumarate tab 150 mg (Quetiapine Fumarate)	60 Tablets Per 30 DAYS	B
quetiapine fumarate tab 200 mg (Seroquel)	60 Tablets Per 30 DAYS	BG
quetiapine fumarate tab 200 mg (Seroquel)	90 Tablets Per 30 DAYS	BG
quetiapine fumarate tab 25 mg (Seroquel)	180 Tablets Per 30 DAYS	BG
quetiapine fumarate tab 25 mg (Seroquel)	60 Tablets Per 30 DAYS	BG
quetiapine fumarate tab 300 mg (Seroquel)	60 Tablets Per 30 DAYS	BG
quetiapine fumarate tab 400 mg (Seroquel)	60 Tablets Per 30 DAYS	BG
quetiapine fumarate tab 50 mg (Seroquel)	180 Tablets Per 30 DAYS	BG
quetiapine fumarate tab 50 mg (Seroquel)	60 Tablets Per 30 DAYS	BG
quetiapine fumarate tab er 24hr 150 mg (Seroquel Xr)	30 Tablets Per 30 DAYS	BG
quetiapine fumarate tab er 24hr 200 mg (Seroquel Xr)	30 Tablets Per 30 DAYS	BG
quetiapine fumarate tab er 24hr 300 mg (Seroquel Xr)	60 Tablets Per 30 DAYS	BG
quetiapine fumarate tab er 24hr 400 mg (Seroquel Xr)	60 Tablets Per 30 DAYS	BG
quetiapine fumarate tab er 24hr 50 mg (Seroquel Xr)	60 Tablets Per 30 DAY	BG
raltegravir potassium chew tab 100 mg (base equiv) (Isentress)	180 Tablets Per 30 DAYS	B
raltegravir potassium chew tab 25 mg (base equiv) (Isentress)	180 Tablets Per 30 DAYS	B
raltegravir potassium packet for susp 100 mg (base equiv) (Isentress)	60 Packets Per 30 DAYS	B
raltegravir potassium tab 400 mg (base equiv) (Isentress)	60 Tablets Per 30 DAYS	B
raltegravir potassium tab 600 mg (base equiv) (Isentress Hd)	60 Tablets Per 30 DAYS	B
ramelteon tab 8 mg (Rozerem)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG
relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg (Myfembree)	30 Tablets Per 30 DAYS	B
resmetirom 100 mg tab (Rezdiffra)	30 Tablets Per 30 DAYS	B
resmetirom 60 mg tab (Rezdiffra)	30 Tablets Per 30 DAYS	B
resmetirom 80 mg tab (Rezdiffra)	30 Tablets Per 30 DAYS	B
rifaximin tab 200 mg (Xifaxan)	9 Tablets Per 30 DAYS	B
rifaximin tab 550 mg (Xifaxan)	60 Tablets Per 30 DAYS	B
rilonacept for inj 220 mg (Arcalyst)	8 Vials Per 28 DAYS	B
rilpivirine hcl tab 25 mg (base equivalent) (Edurant)	30 Tablets Per 30 DAYS	B
rilpivirine hcl tab for oral susp 2.5 mg (base equivalent) (Edurant Ped)	180 Tablets Per 30 DAYS	B
rimegepant sulfate tab disint 75 mg (Nurtec)	54 Tablets Per 90 DAYS	B
risankizumab-rzaa soln auto-injector 150 mg/ml (Skyrizi Pen)	1 Pen Per 84 DAYS	B
risankizumab-rzaa soln prefilled syringe 150 mg/ml (Skyrizi)	1 Syringe Per 84 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml (Skyrizi)	1 Cartridge Per 56 DAYS	B
risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml (Skyrizi)	1 Cartridge Per 56 DAYS	B
risperidone orally disintegrating tab 0.25 mg (Risperidone Odt)	60 Tablets Per 30 DAYS	B
risperidone orally disintegrating tab 0.5 mg	60 Tablets Per 30 DAYS	G
risperidone orally disintegrating tab 1 mg	60 Tablets Per 30 DAYS	G
risperidone orally disintegrating tab 2 mg	60 Tablets Per 30 DAYS	G
risperidone orally disintegrating tab 3 mg	60 Tablets Per 30 DAYS	G
risperidone orally disintegrating tab 4 mg	120 Tablets Per 30 DAYS	G
risperidone orally disintegrating tab 4 mg	60 Tablets Per 30 DAYS	G
risperidone soln 1 mg/ml (Risperdal)	480 mLs Per 30 DAYS	BG
risperidone tab 0.25 mg	120 Tablets Per 30 DAYS	G
risperidone tab 0.5 mg (Risperdal)	120 Tablets Per 30 DAYS	BG
risperidone tab 1 mg (Risperdal)	120 Tablets Per 30 DAYS	BG
risperidone tab 2 mg (Risperdal)	120 Tablets Per 30 DAYS	BG
risperidone tab 3 mg (Risperdal)	120 Tablets Per 30 DAYS	BG
risperidone tab 3 mg (Risperdal)	60 Tablets Per 30 DAYS	BG
risperidone tab 4 mg (Risperdal)	120 Tablets Per 30 DAYS	BG
ritlecitinib tosylate cap 50 mg (base equiv) (Litfulo)	28 Capsules Per 28 DAYS	B
ritonavir powder packet 100 mg (Norvir)	360 Packets Per 30 DAYS, 40 mL bottle	B
ritonavir tab 100 mg (Norvir)	360 Tablets Per 30 DAYS	BG
rivaroxaban for susp 1 mg/ml (Xarelto)	620 mLs Per 30 DAYS	B
rivaroxaban tab 10 mg (Xarelto)	30 Tablets Per 30 DAYS	B
rivaroxaban tab 15 mg (Xarelto)	60 Tablets Per 30 DAYS	B
rivaroxaban tab 2.5 mg (Xarelto)	60 Tablets Per 30 DAYS	BG
rivaroxaban tab 20 mg (Xarelto)	30 Tablets Per 30 DAYS	B
rivaroxaban tab starter therapy pack 15 mg & 20 mg (Xarelto Starter Pack)	51 Tablets Per 30 DAYS	B
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-Mlt)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	G

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG
rizatriptan benzoate tab 5 mg (base equivalent)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	G
ruxolitinib phosphate cream 1.5% (Opzelura)	60 Grams Per 30 DAYS	B
sacrosidase soln 8500 unit/ml (Sucraid)	300 mLs Per 30 DAYS	B
salmeterol xinafoate aer pow ba 50 mcg/act (base equiv) (Serevent Diskus)	60 Blisters Per 30 DAYS, 60 blisters = 1 inhaler = 60 doses	B
sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml (Kevzara)	2 Pens Per 28 DAYS	B
sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml (Kevzara)	2 Syringes Per 28 DAYS	B
sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml (Kevzara)	2 Pens Per 28 DAYS	B
sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml (Kevzara)	2 Syringes Per 28 DAYS	B
sarilumab subcutaneous solution auto-injector 150 mg/1.14ml (Kevzara)	2 Pens Per 28 DAYS	B
sarilumab subcutaneous solution auto-injector 200 mg/1.14ml (Kevzara)	2 Pens Per 28 DAYS	B
satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml (Enspryng)	1 Syringe Per 28 DAYS	B
saxagliptin hcl tab 2.5 mg (base equiv) (Onglyza)	30 Tablets Per 30 DAYS	BG
saxagliptin hcl tab 5 mg (base equiv) (Onglyza)	30 Tablets Per 30 DAYS	BG
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze Xr)	60 Tablets Per 30 DAYS	BG
saxagliptin-metformin hcl tab er 24hr 5-1000 mg (Kombiglyze Xr)	30 Tablets Per 30 DAYS	BG
saxagliptin-metformin hcl tab er 24hr 5-500 mg (Kombiglyze Xr)	30 Tablets Per 30 DAYS	BG
secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose) (Cosentyx Sensoready Pen)	2 Pens Per 28 DAYS	B
secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose) (Cosentyx)	2 Syringes Per 28 DAYS	B
secukinumab subcutaneous soln auto-injector 150 mg/ml (Cosentyx Sensoready Pen)	1 Pen Per 28 DAYS	B
secukinumab subcutaneous soln auto-injector 300 mg/2ml (Cosentyx Unoready)	1 Pen Per 28 DAYS	B
secukinumab subcutaneous soln prefilled syringe 150 mg/ml (Cosentyx)	1 Syringe Per 28 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml (Cosentyx)	1 Syringe Per 28 DAYS	B
segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr (Annovera)	1 Ring Per 365 DAYS, max 365 days per rx	B
seladelpar lysine cap 10 mg (Livdelzi)	30 Tablets Per 30 DAYS	B
semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml (Wegovy)	8 Pens Per 180 DAYS	B
semaglutide (weight mngmt) soln auto-injector 0.5 mg/0.5ml (Wegovy)	8 Pens Per 180 DAYS	B
semaglutide (weight mngmt) soln auto-injector 1 mg/0.5ml (Wegovy)	8 Pens Per 180 DAYS	B
semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml (Wegovy)	4 Pens Per 28 DAYS	B
semaglutide (weight mngmt) soln auto-injector 2.4 mg/0.75ml (Wegovy)	4 Pens Per 28 DAYS	B
semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml) (Ozempic)	1 Pen Per 28 DAYS	B
semaglutide soln pen-inj 1 mg/dose (4 mg/3ml) (Ozempic)	1 Pen Per 28 DAYS	B
semaglutide soln pen-inj 2 mg/dose (8 mg/3ml) (Ozempic)	1 Pen Per 28 DAYS	B
semaglutide tab 1.5 mg (Rybelsus)	30 Tablets Per 180 DAYS	B
semaglutide tab 1.5 mg (Rybelsus)	30 Tablets Per 30 DAYS	B
semaglutide tab 14 mg (Rybelsus)	30 Tablets Per 30 DAYS	B
semaglutide tab 3 mg (Rybelsus)	30 Tablets Per 180 DAYS	B
semaglutide tab 3 mg (Rybelsus)	30 Tablets Per 30 DAYS	B
semaglutide tab 4 mg (Rybelsus)	30 Tablets Per 30 DAYS	B
semaglutide tab 7 mg (Rybelsus)	30 Tablets Per 30 DAYS	B
semaglutide tab 9 mg (Rybelsus)	30 Tablets Per 30 DAYS	B
sertaconazole nitrate cream 2% (Ertaczo)	60 Grams Per 30 DAYS	B
setmelanotide acetate subcutaneous soln 10 mg/ml (Imcivree)	10 Vials Per 30 DAYS	B
sildenafil citrate tab 100 mg (Viagra)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG
sildenafil citrate tab 25 mg (Viagra)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG
sildenafil citrate tab 50 mg (Viagra)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG
siponimod fumarate tab 0.25 mg (12) starter pack (Mayzent Starter Pack)	12 Tablets Per 180 DAYS	B
siponimod fumarate tab 0.25 mg (7) starter pack (Mayzent Starter Pack)	7 Tablets Per 180 DAYS	B
siponimod fumarate tab 0.25 mg (base equiv) (Mayzent)	120 Tablets Per 30 DAYS	B
siponimod fumarate tab 1 mg (base equiv) (Mayzent)	30 Tablets Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
siponimod fumarate tab 2 mg (base equiv) (Mayzent)	30 Tablets Per 30 DAYS	B
sirolimus gel 0.2% (Hyftor)	7 Tubes Per 84 DAYS	B
sitagliptin free base-metformin hcl tab 50-1000 mg (Sitagliptin/Metformin Hydrochloride)	60 Tablets Per 30 DAYS	B
sitagliptin free base-metformin hcl tab 50-1000 mg (Zituvimet)	60 Tablets Per 30 DAYS	B
sitagliptin free base-metformin hcl tab 50-500 mg (Sitagliptin/Metformin Hydrochloride)	60 Tablets Per 30 DAYS	B
sitagliptin free base-metformin hcl tab 50-500 mg (Zituvimet)	60 Tablets Per 30 DAYS	B
sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg (Sitagliptin/Metformin Hydrochloride)	30 Tablets Per 30 DAYS	B
sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg (Zituvimet Xr)	30 Tablets Per 30 DAYS	B
sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg (Sitagliptin/Metformin Hydrochloride)	60 Tablets Per 30 DAYS	B
sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg (Zituvimet Xr)	60 Tablets Per 30 DAYS	B
sitagliptin free base-metformin hcl tab er 24hr 50-500 mg (Sitagliptin/Metformin Hydrochloride)	60 Tablets Per 30 DAYS	B
sitagliptin free base-metformin hcl tab er 24hr 50-500 mg (Zituvimet Xr)	60 Tablets Per 30 DAYS	B
sitagliptin phosphate tab 100 mg (base equiv) (Januvia)	30 Tablets Per 30 DAYS	B
sitagliptin phosphate tab 25 mg (base equiv) (Januvia)	30 Tablets Per 30 DAYS	B
sitagliptin phosphate tab 50 mg (base equiv) (Januvia)	30 Tablets Per 30 DAYS	B
sitagliptin phosphate-metformin hcl tab 50-1000 mg (Janumet)	60 Tablets Per 30 DAYS	B
sitagliptin phosphate-metformin hcl tab 50-500 mg (Janumet)	60 Tablets Per 30 DAYS	B
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg (Janumet Xr)	30 Tablets Per 30 DAYS	B
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg (Janumet Xr)	60 Tablets Per 30 DAYS	B
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg (Janumet Xr)	30 Tablets Per 30 DAYS	B
sitagliptin tab 100 mg (Sitagliptin)	30 Tablets Per 30 DAYS	B
sitagliptin tab 100 mg (Zituvio)	30 Tablets Per 30 DAYS	B
sitagliptin tab 25 mg (Sitagliptin)	30 Tablets Per 30 DAYS	B
sitagliptin tab 25 mg (Zituvio)	30 Tablets Per 30 DAYS	B
sitagliptin tab 50 mg (Sitagliptin)	30 Tablets Per 30 DAYS	B
sitagliptin tab 50 mg (Zituvio)	30 Tablets Per 30 DAYS	B
sodium oxybate oral solution 500 mg/ml (Sodium Oxybate)	540 mLs Per 30 DAYS	B
sodium oxybate oral solution 500 mg/ml (Xyrem)	540 mLs Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak (Lumryz Starter Pack)	28 Packets Per 180 DAYS	B
sodium oxybate pack for oral er susp 4.5 gm (Lumryz)	30 Packets Per 30 DAYS	B
sodium oxybate pack for oral er susp 6 gm (Lumryz)	30 Packets Per 30 DAYS	B
sodium oxybate pack for oral er susp 7.5 gm (Lumryz)	30 Packets Per 30 DAYS	B
sodium oxybate pack for oral er susp 9 gm (Lumryz)	30 Packets Per 30 DAYS	B
sofosbuvir pellet pack 150 mg (Sovaldi)	28 Packs Per 28 DAYS	B
sofosbuvir pellet pack 200 mg (Sovaldi)	28 Packs Per 28 DAYS	B
sofosbuvir tab 200 mg (Sovaldi)	30 Tablets Per 30 DAYS	B
sofosbuvir tab 400 mg (Sovaldi)	30 Tablets Per 30 DAYS	B
sofosbuvir-velpatasvir pellet pack 150-37.5 mg (Epclusa)	28 Packets Per 28 DAYS	B
sofosbuvir-velpatasvir pellet pack 200-50 mg (Epclusa)	28 Packets Per 28 DAYS	B
sofosbuvir-velpatasvir tab 200-50 mg (Epclusa)	28 Tablets Per 28 DAYS	B
sofosbuvir-velpatasvir tab 400-100 mg (Epclusa)	28 Tablets Per 28 DAYS	B
sofosbuvir-velpatasvir tab 400-100 mg (Sofosbuvir/Velpatasvir)	28 Tablets Per 28 DAYS	B
sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg (Vosevi)	30 Tablets Per 30 DAYS	B
sofpironium bromide gel 12.45% (Sofdra)	1 Bottle Per 30 DAYS	B
solriamfetol hcl tab 150 mg (base equiv) (Sunosi)	30 Tablets Per 30 DAYS	B
solriamfetol hcl tab 75 mg (base equiv) (Sunosi)	30 Tablets Per 30 DAYS	B
sotagliflozin tab 200 mg (Inpefa)	30 Tablets Per 30 DAYS	B
sotagliflozin tab 400 mg (Inpefa)	30 Tablets Per 30 DAYS	B
sparsentan tab 200 mg (Filspari)	30 Tablets Per 30 DAYS	B
sparsentan tab 400 mg (Filspari)	30 Tablets Per 30 DAYS	B
spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml (Spevigo)	2 Syringes Per 28 DAYS	B
stavudine cap 15 mg (Stavudine)	60 Capsules Per 30 DAYS	B
stavudine cap 20 mg (Stavudine)	60 Capsules Per 30 DAYS	B
stavudine cap 30 mg (Stavudine)	60 Capsules Per 30 DAYS	B
stavudine cap 40 mg (Stavudine)	60 Capsules Per 30 DAYS	B
sulconazole nitrate cream 1% (Exelderm)	60 Grams Per 30 DAYS	B
sulconazole nitrate cream 1% (Sulconazole Nitrate)	60 Grams Per 30 DAYS	B
sulconazole nitrate solution 1% (Exelderm)	1 Bottle Per 30 DAYS	B
sulconazole nitrate solution 1% (Sulconazole Nitrate)	1 Bottle Per 30 DAYS	B
sumatriptan nasal spray 10 mg/act (Tosymra)	12 Inhalers Per 30 DAYS	B
sumatriptan nasal spray 10 mg/act (Tosymra)	18 Doses Per 30 DAYS	B
sumatriptan nasal spray 20 mg/act (Imitrex)	12 Inhalers Per 30 DAYS	BG
sumatriptan nasal spray 5 mg/act (Imitrex)	12 Inhalers Per 30 DAYS	BG
sumatriptan succinate exhaler powder 11 mg/nosepiece (Onzetra Xsail)	2 Kits Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
sumatriptan succinate inj 6 mg/0.5ml	12 Vials Per 30 DAYS	G
sumatriptan succinate solution auto-injector 3 mg/0.5ml (Zembrace Symtouch)	24 Pens Per 30 DAYS	B
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex Statdose System)	12 Doses Per 30 DAYS	BG
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex Statdose System)	12 Doses Per 30 DAYS	BG
sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex Statdose Refill)	12 Doses Per 30 DAYS	B
sumatriptan succinate solution cartridge 4 mg/0.5ml (Sumatriptan Succinate Refill)	12 Doses Per 30 DAYS	B
sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex Statdose Refill)	12 Doses Per 30 DAYS	B
sumatriptan succinate solution cartridge 6 mg/0.5ml (Sumatriptan Succinate Refill)	12 Doses Per 30 DAYS	B
sumatriptan succinate tab 100 mg (Imitrex)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG
sumatriptan succinate tab 25 mg (Imitrex)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG
sumatriptan succinate tab 50 mg (Imitrex)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG
sumatriptan-naproxen sodium tab 85-500 mg (Treximet)	18 Tablets Per 30 DAYS	BG
suvorexant tab 10 mg (Belsomra)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
suvorexant tab 15 mg (Belsomra)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
suvorexant tab 20 mg (Belsomra)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
suvorexant tab 5 mg (Belsomra)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
tadalafil tab 10 mg (Cialis)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG
tadalafil tab 2.5 mg (Cialis)	30 Tablets Per 30 DAYS	BG
tadalafil tab 2.5 mg (Cialis)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG
tadalafil tab 20 mg (Cialis)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG
tadalafil tab 5 mg (Cialis)	30 Tablets Per 30 DAYS	BG
tadalafil tab 5 mg (Cialis)	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	BG

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
tafamidis cap 61 mg (Vyndamax)	30 Capsules Per 30 DAYS	B
tafamidis meglumine (cardiac) cap 20 mg (Vyndaqel)	120 Capsules Per 30 DAYS	B
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	30 Vials Per 30 DAYS	BG
tasimelteon capsule 20 mg (Hetlioz)	30 Capsules Per 30 DAYS	BG
tasimelteon oral susp 4 mg/ml (Hetlioz Lq)	158 mLs Per 30 DAYS	B
tedizolid phosphate tab 200 mg (Sivextro)	6 Tablets Per 180 DAYS	B
tenapanor hcl tab 20 mg (Xphozah)	60 Tablets Per 30 DAYS	B
tenapanor hcl tab 30 mg (Xphozah)	60 Tablets Per 30 DAYS	B
tenapanor hcl tab 50 mg (Ibsrela)	60 Tablets Per 30 DAYS	B
tenofovir disoproxil fumarate oral powder 40 mg/gm (Viread)	240 Grams Per 30 DAYS	B
tenofovir disoproxil fumarate tab 150 mg (Viread)	30 Tablets Per 30 DAYS	B
tenofovir disoproxil fumarate tab 200 mg (Viread)	30 Tablets Per 30 DAYS	B
tenofovir disoproxil fumarate tab 250 mg (Viread)	30 Tablets Per 30 DAYS	B
tenofovir disoproxil fumarate tab 300 mg (Viread)	30 Tablets Per 30 DAYS	BG
teriflunomide tab 14 mg (Aubagio)	30 Tablets Per 30 DAYS	BG
teriflunomide tab 7 mg (Aubagio)	30 Tablets Per 30 DAYS	BG
tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml (Tezspire)	1 Pen Per 28 DAYS	B
tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act (Stiolto Respimat)	1 Cartridge Per 30 DAYS, 4 grams = 1 cartridge	B
tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act (Spiriva Respimat)	1 Cartridge Per 30 DAYS, 4 grams = 1 inhaler	B
tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act (Spiriva Respimat)	1 Cartridge Per 30 DAYS, 4 grams = 1 inhaler	B
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva Handihaler)	30 Capsules Per 30 DAYS, 30 capsules = 1 box	BG
tipranavir cap 250 mg (Aptivus)	120 Capsules Per 30 DAYS	B
tirbanibulin ointment 1% (Klisyri)	5 Packets Per 180 DAYS	B
tirzepatide (weight mngmt) soln 10 mg/0.5ml (Zepbound)	4 Vials Per 28 DAYS	B
tirzepatide (weight mngmt) soln 12.5 mg/0.5ml (Zepbound)	4 Vials Per 28 DAYS	B
tirzepatide (weight mngmt) soln 15 mg/0.5ml (Zepbound)	4 Vials Per 28 DAYS	B
tirzepatide (weight mngmt) soln 2.5 mg/0.5ml (Zepbound)	2 mLs Per 180 DAY	B
tirzepatide (weight mngmt) soln 5 mg/0.5ml (Zepbound)	2 mLs Per 28 DAYS	B
tirzepatide (weight mngmt) soln 7.5 mg/0.5ml (Zepbound)	4 Vials Per 28 DAYS	B
tirzepatide (weight mngmt) soln auto-injector 10 mg/0.5ml (Zepbound)	4 Pens Per 28 DAYS	B
tirzepatide (weight mngmt) soln auto-injector 12.5 mg/0.5ml (Zepbound)	4 Pens Per 28 DAYS	B
tirzepatide (weight mngmt) soln auto-injector 15 mg/0.5ml (Zepbound)	4 Pens Per 28 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml (Zepbound)	4 Pens Per 180 DAYS	B
tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5ml (Zepbound)	4 Pens Per 28 DAYS	B
tirzepatide (weight mngmt) soln auto-injector 7.5 mg/0.5ml (Zepbound)	4 Pens Per 28 DAYS	B
tirzepatide soln auto-injector 10 mg/0.5ml (Mounjaro)	4 Pens Per 28 DAYS	B
tirzepatide soln auto-injector 12.5 mg/0.5ml (Mounjaro)	4 Pens Per 28 DAYS	B
tirzepatide soln auto-injector 15 mg/0.5ml (Mounjaro)	4 Pens Per 28 DAYS	B
tirzepatide soln auto-injector 2.5 mg/0.5ml (Mounjaro)	4 Pens Per 180 DAYS	B
tirzepatide soln auto-injector 5 mg/0.5ml (Mounjaro)	4 Pens Per 28 DAYS	B
tirzepatide soln auto-injector 7.5 mg/0.5ml (Mounjaro)	4 Pens Per 28 DAYS	B
tizanidine hcl cap 2 mg (base equivalent) (Zanaflex)	180 Capsules Per 30 DAYS	BG
tizanidine hcl cap 4 mg (base equivalent) (Zanaflex)	180 Capsules Per 30 DAYS	BG
tizanidine hcl cap 6 mg (base equivalent) (Zanaflex)	180 Capsules Per 30 DAYS	BG
tizanidine hcl tab 2 mg (base equivalent)	180 Tablets Per 30 DAYS	G
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	180 Tablets Per 30 DAYS	BG
tobramycin inhal cap 28 mg (Tobi Podhaler)	224 Capsules Per 56 DAYS	B
tobramycin nebu soln 300 mg/4ml (Bethkis)	224 mLs Per 56 DAYS	BG
tobramycin nebu soln 300 mg/5ml (Kitabis Pak)	280 mLs Per 56 DAYS	BG
tobramycin nebu soln 300 mg/5ml (Tobi)	280 mLs Per 56 DAYS	BG
tobramycin nebu soln 300 mg/5ml (Tobramycin)	280 mLs Per 56 DAYS	BG
tobramycin ophth soln 0.3%	15 mLs Per 30 DAYS	G
tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml (Actemra Actpen)	4 Pens Per 28 DAYS	B
tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml (Actemra)	4 Syringes Per 28 DAYS	B
tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml (Tyenne)	4 Pens Per 28 DAYS	B
tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml (Tyenne)	4 Syringes Per 28 DAYS	B
tofacitinib citrate oral soln 1 mg/ml (base equivalent) (Xeljanz)	240 mLs Per 30 DAYS	B
tofacitinib citrate tab 10 mg (base equivalent) (Xeljanz)	240 Tablets Per 365 DAYS	B
tofacitinib citrate tab 5 mg (base equivalent) (Xeljanz)	60 Tablets Per 30 DAYS	B
tofacitinib citrate tab er 24hr 11 mg (base equivalent) (Xeljanz Xr)	30 Tablets Per 30 DAYS	B
tofacitinib citrate tab er 24hr 22 mg (base equivalent) (Xeljanz Xr)	120 Tablets Per 365 DAYS	B
tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml (Adbry)	2 Pens Per 28 DAYS	B
tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml (Adbry)	4 Syringes Per 28 DAYS	B
tramadol hcl tab 75 mg (Tramadol Hydrochloride)	150 Tablets Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan Z)	2.5 mLs Per 20 DAYS	BG
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	189 Grams Per 90 DAYS	BG
triamcinolone acetonide aerosol soln 0.147 mg/gm (Triamcinolone Acetonide)	189 Grams Per 90 DAYS	BG
ubrogepant tab 100 mg (Ubrelvy)	16 Tablets Per 30 DAYS	B
ubrogepant tab 50 mg (Ubrelvy)	16 Tablets Per 30 DAYS	B
ulipristal acetate tab 30 mg (Ella)	2 Tablets Per 365 DAYS	B
umeclidinium br aero powd breath act 62.5 mcg/act (base eq) (Incruse Ellipta)	30 Blisters Per 30 DAYS, 30 blisters = 1 inhaler	B
umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act (Anoro Ellipta)	1 Inhaler Per 30 DAYS, 60 blisters = 1 inhaler = 30 doses	B
umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act (Umeclidinium/Vilanterol Ellipta)	1 Inhaler Per 30 DAYS, 60 blisters = 1 inhaler = 30 doses	B
upadacitinib oral soln 1 mg/ml (Rinvoq Lq)	360 mLs Per 30 DAYS	B
upadacitinib tab er 24hr 15 mg (Rinvoq)	30 Tablets Per 30 DAYS	B
upadacitinib tab er 24hr 30 mg (Rinvoq)	30 Tablets Per 30 DAYS	B
upadacitinib tab er 24hr 45 mg (Rinvoq)	84 Tablets Per 365 DAYS	B
ustekinumab inj 45 mg/0.5ml (Stelara)	1 Vial Per 84 DAYS	B
ustekinumab inj 45 mg/0.5ml (Ustekinumab)	1 Vial Per 84 DAYS	B
ustekinumab soln prefilled syringe 45 mg/0.5ml (Stelara)	1 Syringe Per 84 DAYS	B
ustekinumab soln prefilled syringe 45 mg/0.5ml (Ustekinumab)	1 Syringe Per 84 DAYS	B
ustekinumab soln prefilled syringe 90 mg/ml (Stelara)	1 Syringe Per 56 DAYS	B
ustekinumab soln prefilled syringe 90 mg/ml (Ustekinumab)	1 Syringe Per 56 DAYS	B
ustekinumab-aauz soln prefilled syringe 45 mg/0.5ml (Otulfi)	1 Syringe Per 84 DAYS	B
ustekinumab-aauz soln prefilled syringe 90 mg/ml (Otulfi)	1 Syringe Per 56 DAYS	B
ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml (Selarsdi)	1 Syringe Per 84 DAYS	B
ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml (Ustekinumab-Aekn)	1 Syringe Per 84 DAYS	B
ustekinumab-aekn soln prefilled syringe 90 mg/ml (Selarsdi)	1 Syringe Per 56 DAYS	B
ustekinumab-aekn soln prefilled syringe 90 mg/ml (Ustekinumab-Aekn)	1 Syringe Per 56 DAYS	B
ustekinumab-auub inj 45 mg/0.5ml (Wezlana)	1 Vial Per 84 DAYS	B
ustekinumab-auub soln prefilled syringe 45 mg/0.5ml (Wezlana)	1 Syringe Per 84 DAYS	B
ustekinumab-auub soln prefilled syringe 90 mg/ml (Wezlana)	1 Syringe Per 56 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml (Yesintek)	1 Syringe Per 84 DAYS	B
ustekinumab-kfce soln prefilled syringe 90 mg/ml (Yesintek)	1 Syringe Per 56 DAYS	B
ustekinumab-kfce subcutaneous soln 45 mg/0.5ml (Yesintek)	1 Vial Per 84 DAYS	B
ustekinumab-srlf soln prefilled syringe 45 mg/0.5ml (Imuldosa)	0.5 Syringe Per 84 DAYS	B
ustekinumab-srlf soln prefilled syringe 45 mg/0.5ml (Imuldosa)	1 Syringe Per 84 DAYS	B
ustekinumab-srlf soln prefilled syringe 90 mg/ml (Imuldosa)	1 Syringe Per 56 DAYS	B
ustekinumab-stba soln prefilled syringe 45 mg/0.5ml (Steqeyma)	1 Syringe Per 84 DAYS	B
ustekinumab-stba soln prefilled syringe 90 mg/ml (Steqeyma)	1 Syringe Per 56 DAYS	B
ustekinumab-ttwe soln prefilled syringe 45 mg/0.5ml (Pyzchiva)	1 Syringe Per 84 DAYS	B
ustekinumab-ttwe soln prefilled syringe 45 mg/0.5ml (Ustekinumab-Ttwe)	1 Syringe Per 84 DAYS	B
ustekinumab-ttwe soln prefilled syringe 90 mg/ml (Pyzchiva)	1 Syringe Per 56 DAYS	B
ustekinumab-ttwe soln prefilled syringe 90 mg/ml (Ustekinumab-Ttwe)	1 Syringe Per 56 DAYS	B
ustekinumab-ttwe subcutaneous soln 45 mg/0.5ml (Pyzchiva)	1 Vial Per 84 DAYS	B
vancomycin hcl cap 125 mg (base equivalent) (Vancocin)	120 Capsules Per 30 DAYS	BG
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	120 Capsules Per 30 DAYS	BG
vardenafil hcl orally disintegrating tab 10 mg	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	G
vardenafil hcl tab 10 mg	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	G
vardenafil hcl tab 2.5 mg	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	G
vardenafil hcl tab 20 mg	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	G
vardenafil hcl tab 5 mg	8 Tablets Per 30 DAYS, The quantity of 8 doses per month is cumulative.	G
varenicline tartrate nasal soln 0.03 mg/act (Tyrvaya)	8.4 mLs Per 30 DAYS	B
vedolizumab soln auto-injector 108 mg/0.68ml (Entyvio Pen)	2 Pens Per 28 DAYS	B
vericiguat tab 10 mg (Verquvo)	30 Tablets Per 30 DAYS	B
vericiguat tab 2.5 mg (Verquvo)	30 Tablets Per 30 DAYS	B
vericiguat tab 5 mg (Verquvo)	30 Tablets Per 30 DAYS	B
voclosporin cap 7.9 mg (Lupkynis)	180 Capsules Per 30 DAYS	B

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
xanomeline tartrate-trospium chloride cap 100-20 mg (Cobenfy)	60 Capsules Per 30 DAYS	B
xanomeline tartrate-trospium chloride cap 125-30 mg (Cobenfy)	60 Capsules Per 30 DAYS	B
xanomeline tartrate-trospium chloride cap 50-20 mg (Cobenfy)	60 Capsules Per 30 DAYS	B
xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg (Cobenfy Starter Pack)	56 Capsules Per 180 DAYS	B
zaleplon cap 10 mg	30 Capsules Per 30 DAYS, QL cumulative across agents	G
zaleplon cap 5 mg	30 Capsules Per 30 DAYS, QL cumulative across agents	G
zanamivir aerosol powder breath activated 5 mg/act (Relenza Diskhaler)	40 Blisters Per 120 DAYS	B
zavegepant hcl nasal spray 10 mg/act (Zavzpret)	8 Devices Per 30 DAYS	B
zidovudine cap 100 mg (Retrovir)	180 Capsules Per 30 DAYS	BG
zidovudine syrup 10 mg/ml (Retrovir)	1920 mLs Per 30 DAYS	BG
zidovudine tab 300 mg	60 Tablets Per 30 DAYS	G
zileuton tab 600 mg (Zyflo)	120 Tablets Per 30 DAYS	B
zileuton tab er 12hr 600 mg	120 Tablets Per 30 DAYS	G
zilucoplan (Zilbrysq 16.6 mg/0.416 mL)	28 Syringes Per 28 DAYS	B
zilucoplan (Zilbrysq 23 mg/0.574 mL)	28 Syringes Per 28 DAYS	B
zilucoplan (Zilbrysq 32.4 mg/0.81 mL)	28 Syringes Per 28 DAYS	B
ziprasidone hcl cap 20 mg (Geodon)	60 Tablets Per 30 DAYS	BG
ziprasidone hcl cap 40 mg (Geodon)	60 Tablets Per 30 DAYS	BG
ziprasidone hcl cap 60 mg (Geodon)	60 Tablets Per 30 DAYS	BG
ziprasidone hcl cap 80 mg (Geodon)	60 Tablets Per 30 DAYS	BG
zolmitriptan nasal spray 2.5 mg/spray unit (Zolmitriptan)	2 Boxes Per 30 DAYS	B
zolmitriptan nasal spray 2.5 mg/spray unit (Zomig)	2 Boxes Per 30 DAYS	B
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	2 Boxes Per 30 DAYS	BG
zolmitriptan orally disintegrating tab 2.5 mg	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	G
zolmitriptan orally disintegrating tab 5 mg	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	G
zolmitriptan tab 2.5 mg (Zomig)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG

Drug (generic) strength	Dispensing Limit	Generic and Brand (BG), Brand Only (B), Generic only (G)
zolmitriptan tab 5 mg (Zomig)	18 Tablets Per 30 DAYS, The quantity limit for oral triptans is cumulative with a maximum of 18 tablets per 30 days across all agents.	BG
zolpidem tartrate cap 7.5 mg (Zolpidem Tartrate)	30 Capsules Per 30 DAYS, QL cumulative across agents	B
zolpidem tartrate sl tab 1.75 mg (Zolpidem Tartrate)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
zolpidem tartrate sl tab 10 mg (Edluar)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
zolpidem tartrate sl tab 3.5 mg (Zolpidem Tartrate)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
zolpidem tartrate sl tab 5 mg (Edluar)	30 Tablets Per 30 DAYS, QL cumulative across agents	B
zolpidem tartrate tab 10 mg (Ambien)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG
zolpidem tartrate tab 5 mg (Ambien)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG
zolpidem tartrate tab er 12.5 mg (Ambien Cr)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG
zolpidem tartrate tab er 6.25 mg (Ambien Cr)	30 Tablets Per 30 DAYS, QL cumulative across agents	BG