

MANDATORY DRUG LIMITATIONS PROGRAM

ConnectiCare has a Quality Management Drug Program to limit certain medication quantities to established amounts. The goal of this program is to ensure compliance with U.S. Food and Drug Administration and manufacturer dosing recommendations and/or avoid abuse and misuse. For the following drugs, reimbursement will be limited to the quantities below unless ConnectiCare has received a medical necessity request from the prescribing physician and has authorized the additional quantity.

To submit request for additional quantities, please complete a pre-authorization form. Pre-authorization forms can be obtained from www.connecticare.com or by calling ConnectiCare at 1-800-251-7722.

Providers please note: The quantities below are the limits set up for prescriptions dispensed by pharmacies to members for self administration. **Self-administered medications**, even those not on this list, may not be dispensed for self administration and billed through the medical benefit by a provider, they **must be** dispensed through a participating pharmacy.

To find a drug, click this button and enter the name of the drug in the pop-up task pane.

Effective November 2020

DRUG CLASS	Drug	Quantity Limit	Comments
OPIOIDS	LONG & SHORT ACTING OPIOID PRODUCTS (ALL) *See formulary	200 mg Morphine Equivalent Dose per day	Refer to policies: Long Acting Opioids, Short Acting Opioids
MISCELLANEOUS ANTI-INFECTIVES	Albenza tablets	120 tabs/month	
	Alinia tablets	6 tabs/month	
	Alinia suspension	60ml	
	Aemcolo	12 tablets/month	
	Arikayce	235.2mL/28 days	
	Baxdela	28 tablets/Rx	
	Solosec	1 packet/30 days	
	Tindazole (Tindamax)	12 tabs	
	Xenleta	10 tablets/Rx	
	Zyvox (linezolid)	28 tabs, or 150 cc (1 bottle) every 60 days	
ADRENAL HORMONES	Acthar Gel	1 vial/fill	
DIABETIC SUPPLIES AND EQUIPMENT	Dexcom G4 and G5 Platinum Sensor	1 box = 4 Sensors = 28 days	
	Dexcom G4 Platinum Transmitter	2 per year	
	Dexcom G5 Transmitter	4 per year = 1 per 90 day period	

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	Dexcom G4 Platinum Receiver	1 per year	
	Dexcom G5 Mobile Receiver	1 per year	
	Dexcom G6 Receiver	1 per year	
	Dexcom G6 Transmitter Kit	4 per year = 1 per 90 day period	
	Dexcom G6 Sensor	1 box = 3 Sensors = 30 days	
	Freestyle Libre Reader	1 reader per 365 days	
	Freestyle Libre Sensor	3 sensors per 23 days; 9 sensors per 69 days mail order	
	Glucagon vials	4 units/month	
	Glucolet Lancing Devices (Diabetic)	1 unit	
	GVOKE	2 syringes/claim	
	Baqsimi	2 nasal devices/claim	
MULTIPLE SCLEROSIS	Bafiertam	120 capsules/month	
	Copaxone 20mg/ml syringe	3 syringes	
	Glatopa 20 mg/ml syringe	3 syringes	
NARCOTIC ANALGESICS	Abstral SL	120 tabs/month	
	Apadaz	168 tabs/14 days	
	Belbuca	60 films/month	
	Butorphanol Nasal spray	2 bottles (5ml)	
	Butrans	4 patches/month	
	Fentanyl lozenges (Actiq)	120 lozenges/month	
	Fentora	120 buccal tabs/mon	
	Hydromorphone ER (Exalgo)	60 caps/month	
	Lazanda	15 bottles/month	
	Oxycodone/Ibuprofen	30 tabs/month	
	Oxycontin	5/day or 150/month	
	Subsys	120 doses	
	Zohydro ER	90 tabs/month	
OPIOID WITHDRAWAL	Lucemyra 0.18mg tabs	224 tabs/365 days	
	Narcan	4 units/23 days	

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SYMPATHOMIMETICS	EpiPen/Epinephrine auto injector	2 syringes/month	
MISCELLANEOUS HORMONES	Androderm	60 patches/month	
	Androgel 1.62%	2 bottles/month	
	Androgel 1%	60 packets (4 bottles)/month	
	Android	60 tabs/month	
	Androxy	60 tabs/month	
	Jatenzo 158mg capsules Jatenzo 237mg capsules Jatenzo 198mg capsules	60 caps/month 60 caps/month 120 caps/month	
	Methyltestosterone (Testred)	2 tablets/month	
	Pregnyl	3 vials	
	Striant	60 tabs/month	
	Testim	60 packets/month	
	Vogelxo	300gm/month	
MISCELLANEOUS GI AGENTS	Mytesi	60 tabs/month	
	Akynzeo	4 capsules/23 days	
	Alosetron (Lotronex)	60 tabs/month	
	Amitiza	60 tabs/month	
	Anzemet	2 tabs/month	
	Bonjesta	60 tabs/month	
	Cimzia	400mg/month (1 kit)	1 kit = 2 syringes
	Diclegis	120 tabs/month	
	Emend	2 Tri-packs/ month or 6 caps of 40 mg & 80mg/claim	Note: Tri-pack = 125mg x 1 and 80mg x 2
	Granisetron	6 tabs/month	
	Linzess	30 caps/month	
	Motegrity	30 tabs/month	
	Ondansetron 24mg	1 tablet per fill	
	Renagel	270 tabs/month	
	Sancuso	2 patches/month	
	Trulance	30 per month	
	Varubi	4 tabs/28 days	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Zuplenz	12 strips/month	
ANTIFUNGAL AGENTS	Cresemba	60 tabs/month	
	Oravig	14 tabs per fill	
	Tolsura	120 caps/month	
	V-Fend (voriconazole suspension)	75ml	
	V-Fend (voriconazole tabs)	42 tabs/month	
ANTI-HISTAMINES	Clarinet/D (desloratadine/D)	30 tabs/month	
NON-INSULIN HYPOGLYCEMIC AGENTS	Actoplus Met XR	60 tabs/month	
	Adlyxin	2 pens per month	
	Avandia	60 tabs/month	
	Bydureon	4 pens/month	
	Byetta 5mcg	1.2 ml/month	
	Byetta 10mcg	2.4 ml/month	
	Metformin oral solution	765 ml/30 days	
	Ozempic 0.25mg or 0.5mg	1.5mL/ 28 days	
	Ozempic 1mg	3mL/28 days	
	Pioglitazone (Actos)	30 tabs/month	
	Pioglitazone/metformin (Actoplus Met)	90 tabs/month	
	Qtern 5/5 mg & 10/5 mg tablets	30 tabs/month	
	Riomet oral solution	765 ml/30 days	
	Rybelsus	30 tabs/month	
	Soliqua	5 pens per 25 days	
	Steglujan	30 tabs/month	
	Symlyn	4 pens per month	
	Trulicity	4 pens per month	
	Victoza	3 pens (9ml) per month	
	Xultophy	5 pens per month	
LIPID-CHOLESTEROL LOWERING AGENTS	Ezetimibe (Zetia)	30 tabs/month	
	Juxtapid	30 caps/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Livalo	30 tabs/month	
	Nexletol	30 tabs/month	
	Nexlizet	30 tablets/30 days	
	Praluent	2 pens/month	
	Repatha 140mg	2 pens/month	
	Repatha 420mg	1 pen/month	
INTERLEUKINS	Kineret	30 syringes/month	
OTHER RHEUMATOLOGICALS	Enbrel 50mg	4 syringes/month	
	Enbrel 25mg	8 syringes/month	
	Humira	2 syringes/mon	
	Olumiant	30 tabs/month	
	Simponi	1 syringe/month	
	Xeljanz	60 tabs/month	
MIGRAINE AND CLUSTER HEADACHE THERAPY	Aimovig	2 syringes/month	
	Ajovy	1 syringe/month	
	Almotriptan (Axert)	9 tabs/month	
	Alsuma	1 package/mon	
	Cambia	9 packets/month	
	Dihydroergotamine nasal spray (Migranal)	1 package (8 doses)/month	
	Eletriptan	9 tabs/month	
	Emgality	1 syringe/month	
	Frovatriptan (Frova)	9 tabs/month	
	Naratriptan (Amerge)	9 tabs/month	
	Nurtec ODT	15 tabs/month	
	Onzetra Xsail	16 units/month (8 doses per nostril)	
	Relpax	9 tabs/month	
	Reyvow 50mg tablets Reyvow 100mg tablets	8 tabs/28 days 16 tabs/28 days	
	Rizatriptan (Maxalt)	9 tabs/month	
	Sumatriptan injectable (Imitrex)	2 kits (4 doses)/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Sumatriptan nasal spray (Imitrex)	1 pkg (6 doses)/mon	
	Sumatriptan tablets (Imitrex)	18 tabs/month	
	Tosymra	6 units/month	
	Treximet	9 tabs/month	
	Ubrelvy 50mg tablet Ubrelvy 100mg tablet	16 tabs/month 16 tabs/monthR	
	Zolmitriptan tablets (Zomig)	9 tabs/month	
	Zolmitriptan Nasal Spray (Zomig)	1 package (6 doses/mon)	
ANTINEOPLASTIC AND IMMUNOSUPPRESSANT AGENTS	Ayvakit	30 tabs/month	
	Besponsa	7 vials/21 days	
	Bosulif	30 tabs/month	
	Braftovi 50mg capsule Braftovi 75mg capsule	120 caps/month 180 caps/month	
	Calquence	60 capsules/month	
	Caprelsa	30 tabs/month	
	Copiktra	60 capsules/month	
	Daurismo 25mg tablets Daurismo 100 mg tablets	60 tabs/month 30 tabs/month	
	Erivedge	30 tabs/month	
	Erleada	120 tabs/month	
	Gavreto	120 capsules/month	
	Gilotrif	30 tabs/month	
	Ibrance	21 caps/month	
	Idhifa	30 tabs/month	
	Imbruvica	120 tabs/month	
	Inlyta	60 tabs/month	
	Inrebic	120 caps/month	
	Inqovi	5 tabs/28 days	
	Jakafi	60 tabs/month	
	Mekinist	30 tabs/month	
	Mektovi 15mg tablet	180 tabs/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Nerlynx	180 tabs/month	
	Odomzo	30 caps/month	
	Onureg 200 mg tablets Onureg 300 mg tablets	14 tablets per 28 days 14 tablets per 28 days	
	Pemazyre	14 tablets/21 days	
	Piqray	28 tabs/28 days	
	Qinlock 50mg tablet	90 tabs/month	
	Retevmo 40 mg capsules Retevmo 80 mg capsules	60 capsules/30 days 120 capsules/30 days	
	Rozlytrek 100 mg capsules Rozlytrek 200 mg capsules	180 capsules/30 days 90 capsules/30 days	
	Sandostatin LAR	1 kit per month	
	Signifor LAR vials	1 vial per fill	
	Stivarga	84 tabs/month	
	Sutent	28 tablets per fill	
	Tabrecta	112 tablets/28 days	
	Tafinlar	120 tabs/month	
	Talzenna 0.25mg capsules Talzenna 1mg capsules	90 caps/month 30 caps/month	
	Tarceva 25mg	60 tabs/month	
	Tarceva 100mg/150mg	30 tabs/month	
	Thalomid	30 tabs/month	
	Tibsovo	60 tabs/month	
	Tukysa	120 tabs/month	
	Tykerb	180 tabs/month	
	Unituxin	12 vials/28 days	
	Vitakvi 25mg capsules Vitakvi 100mg capsules Vitakvi 20mg/ml solution	180 caps/month 60 caps/month 300 ml/month	
	Vizimpro	30 tabs/month	
	Xalkori	60 tabs/month	
	Xospata	90 tabs/month	
	Xtandi	120 caps/month	
	Yonsa	120 tabs/month	
	Zejula	90 per month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Zelboraf	240 tabs/month	
	Zytiga	120 tabs (250mg)/month 60 tabs (500mg)/month	
ANTIPARKINSONISM AGENTS	Apokyn	60 ml/month	4 cartons of 5—3ml syringes
	Inbrija	300 capsules/month	
	Nuplazid 10mg tablet Nuplazid 17 mg tablet Nuplazid 34 mg capsule	30 tablets/month 60 tablets/month 30 capsules/month	
	Ongentys 25mg capsules Ongentys 50mg capsules	30 capsules/month 30 capsules/month	
	Ropinirole 5mg (Requip)	120 tabs/month	
	Ropinirole 3mg (Requip)	90 tabs/month	
	Ropinirole 4mg (Requip)	180 tabs/month	
ANTIPSORIATIC/ANTISEBORRHEIC AGENTS	Calcipotriene cream (Dovonex)	120 gm/month	
	Calcipotriene Foam (Sorilux)	120 gm per fill	
	Enstilar Foam	400 gm per fill	
	Skyrizi	2 syringes/3 months	
	Stelara syringes	1 syringe every *3* months	
	Stelara vials	3 vials for loading dose	
	Tremfya	1 injection every other month	
	Vecitcal ointment (calcitriol)	100gm/month	
PSYCHOTHERAPEUTIC AGENTS	Aripiprazole (Abilify)	30 tabs/month	
	Abilify Maintena	1 injection/month	
	Abilify MyCite	30 tabs/month	
	Aristada	1 injection/month	
	Armodafanil (Nuvigil)	60 tabs/month	
	Belsomra	30 tabs/month	
	Caplyta	30 tabs/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Dayvigo 5mg tablet Dayvigo 10mg tablet	30 tabs/month	
	Eszopiclone	30 tabs/month	
	Fanapt	60 tabs/month	
	Ingrezza Initiation Pack	1 pack/180 days	
	Invega Sustenna	1 injection/month	
	Latuda	30 tabs/month	
	Modafanil (Provigil)	60 tabs/month	
	Olanzapine (Zyprexa)	30 caps/month	
	Paliperidone (Invega)	30 tabs/month	
	Pristiq	30 tabs/month	
	Perseris ER	1 kit/month	
	Quetiapine 25mg/100mg/200mg (Seroquel)	90 tabs/month	
	Quetiapine 300mg (Seroquel)/Seroquel XR	60 tabs/month	
	Risperidone (Risperdal)	60 tabs/month	
	Risperdal Consta	2 injections/month	
	Rozerem	60 tabs/month	
	Saphris	60 tabs/month	
	Secuado	30 patches/30 days	
	Vraylar	30 caps/month	
	Xyrem	540ml per month	
	Ziprasidone (Geodon)	60 tabs/month	
ANTIVIRALS	Aptivus	285 mL/month 120 caps/month	
	Atripla	30 tabs/month	
	Biktarvy	30 tabs/month	
	Cimduo	30 tabs/month	
	Combivir	60 tabs/month	
	Complera	30 tabs/month	
	Crixivan 400mg Crixivan 200mg	180 caps/month 270 caps/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Delstrigo	30 tabs/month	
	Descovy	30 tabs/month	
	Dovato	30 tabs/month	
	Edurant	30 tabs/month	
	Epivir solution Epivir 300mg Epivir 150mg	900 mL/month 30 tabs/month 60 tabs/month	
	Emtriva	680 mL/month 30 caps/month	
	Epzicom	30 tabs/month	
	Evotaz	30 tabs/month	
	Fuzeon	60 vials/month	
	Genvoya	30 tabs/month	
	Harvoni	84 tabs/lifetime	
	Intelence 25mg Intelence 100 mg Intelence 200 mg	120 tabs/month 60 tabs/month 60 tabs/month	
	Invirase 200 mg Invirase 500mg	300 caps/month 120 tabs/month	
	Isentress 25 mg chewable Isentress 100 mg chewable Isentress 100 mg packet Isentress 400 mg Isentress HD	180 tabs/month 180 tabs/month 180 units/month 60 tabs/month 60 tabs/month	
	Juluca	30 tabs/month	
	Kaletra solution Kaletra 100 mg Kaletra 200 mg	480 mL/month 300 tabs/month 120tabs/month	
	Lexiva suspension Lexiva 700 mg tablet	1575 ml/month 120 tabs/month	
	Mavyret	252 tabs/lifetime	
	Norvir solution Norvir 100 mg tablet Norvir 100 mg capsule	480 mL/month 360 tabs/month 360 caps/month	
	Odefsey	30 tabs/month	
	Peg-Intron	4 per month	
	Pifeltro	30 tabs/month	
	Prezcobix	30 tabs/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Prezista suspension Prezista 75 mg tablet Prezista 150 mg tablet Prezista 400 mg tablet Prezista 600 mg tablet Prezista 800 mg tablet	400 mL/month 210 tabs/month 180 tabs/month 60 tabs/month 60 tabs/month 30 tabs/month	
	Relenza	1 course/6 months	Total 2 cycles(5 days each) of Relenza or Tamiflu/year
	Rescriptor 100 mg tablet Rescriptor 200 mg tablet	270 tabs/month 180 tabs/month	
	Retrovir syrup Retrovir 100 mg capsule Zidovudine 300 mg tablet	1680 mL/month 180 caps/month 60 tabs/month	
	Reyataz 50 mg packet Reyataz 150 mg capsule Reyataz 200 mg capsule Reyataz 300 mg capsule	180 packets/month 60 caps/month 60 caps/month 30 caps/month	
	Rukobia	60 tablets/30 days	
	Selzentry 25 mg tablet Selzentry 75 mg tablet Selzentry 150 mg tablet Selzentry 300 mg tablet Selzentry solution	240 tabs/month 60 tabs/month 60 tabs/month 120 tabs/month 920mL/month	
	Stribild	30 tabs/month	
	Sustiva 50 mg capsule Sustiva 200 mg capsule Sustiva 600 mg capsule	90 caps/month 60 caps/month 30 caps/month	
	Symfi Symfi Lo	30 tabs/month 30 tabs/month	
	Symtuza	30 tabs/month	
	Tamiflu	1 course/6 months	Total 2 cycles(5 days each) of Relenza or Tamiflu/year
	Tivicay 10 mg tablet Tivicay 25 mg tablet Tivicay 50 mg tablet	60 tabs/month 60 tabs/month 60 tabs/month	
	Triumeq	30 tabs/month	
	Trizivir 150/300 mg tablet	60 tabs/month	
	Truvada	30 tabs/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Tybost	30 tabs/month	
	Valganciclovir (Valcyte)	60 tabs/month	
	Videx EC Videx solution	30 tabs/month 600 mL/month	
	Viekira Pak	336 tabs/lifetime	
	Viracept 250 mg tablet Viracept 625 mg tablet	270 tabs/month 120 tabs/month	
	Viramune	1200 mL/month 60 tabs/month	
	Viramune XR 100 mg tablet Viramune XR 400 mg tablet	90 tabs/month 30 tabs/month	
	Viread	30 tabs/month	
	Vosevi	84 tabs/lifetime	
	Xofluza	2 tabs/month	
	Zepatier	84 tabs/lifetime	
	Zerit Zerit solution	60 caps/month 2400 mL/month	
	Ziagen Ziagen 300 mg tablet	960 mL/month 60 tabs/month	
BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	Dutasteride (Avodart)	30 tabs/month	
	Finasteride (Proscar)	30 tabs/month	
	Tamsulosin (Flomax)	60 tabs/month	
PULMONARY AGENTS	Advair	1 diskus/month	60 blisters/diskus
	Aerospan	1 inhaler/month	
	Airduo Respiclick/Digihaler	1 inhaler/month	
	Anoro Ellipta Inhaler	1 inhaler/month	
	Arnuity Ellipta inhaler	1 inhaler/month	
	Asmanex	2 inhalers/month	
	Bevespi Aerosphere Inhaler	1 inhaler/month	
	Breo Ellipta Inhaler	1 inhaler/month	
	Breztri Aerosphere	1 inhaler/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Combivent Respimat Inhaler	1 inhaler/month	
	Daliresp	30 tabs/month	
	Duaklir Pressair	1 inhaler/month	
	Firazyr	9ml (3 bottles)	
	Flovent	2 inhalers/month	
	Flovent Diskus	1 inhaler/month	
	Incruse Ellipta	1 inhaler/month	
	Kalydeco tablets Kalydeco packets	60/month 56 packets/28 days	
	Letairis	30 tabs/month	
	Budesonide inhalation suspension (Pulmicort Respules)	60 per month	
	ProAir HFA Inhaler	2 inhalers/month	
	Proventil HFA Inhaler	2 inhalers/month	
	Qvar Redihaler	1 inhaler/month	
	Seebri Neohaler	1 inhaler/month	
	Sildenafil 20mg tabs (Revatio)	90 tabs/month	
	Sildenafil vials (Revatio)	90 ml per month	
	Spiriva /Respimat Inhaler	1 inhaler/month	
	Stiolto Respimat Inhaler	1 inhaler/month	
	Striverdi Respimat Inhaler	1 inhaler/month	
	Symdeko	56 tablets/28 days	
	Tracleer	60 tabs/month	
	Trelegy Ellipta	1 inhaler/month	
	Tudorza Pressair Inhaler	1 inhaler(60 doses)/month	
	Tyvaso Tyvaso refill kit	1 starter kit/year 82 mL/21 days	
	Utibron Neohaler	1 inhaler/month	
	Ventolin HFA Inhaler	2 inhalers/month	
BLOOD SUGAR DIAGNOSTICS	Test Strips (Diabetic, All) Non-Insulin Users	4 strips/day	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Test Strips (Diabetic, All) Insulin Users	5 strips/day	
	Lancets (All) Non-Insulin Users	4 units/day	
	Lancets (All) Insulin Users	5 units/day	
	Techlite Insulin Syringe	100 syringes/month	
BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.	Alendronate (Fosamax)/Fosamax D 35mg/70mg	4 tabs/month	
	Ibandronate tabs (Boniva)	1 tab/month	
	Prolia	2 syringes per year	
	Risedronate 35mg tabs (Atelvia)	4 tabs/month	
	Xgeva	1 vial per month	
URINARY TRACT AGENTS	Monurol sachet	1 packet, single dose	
COAGULATION THERAPY	Eliquis	60 tabs/month	
	Pradaxa	60 tabs/month	
BIOTECHNOLOGY DRUGS	Aranesp	4 vials/month	
	Epogen	12 vials/month	
	Granix	12 vials/month	
	Neulasta	2 syringes/month	0.6 ml/syringe
	Neupogen	12 vials/month	
	Procrit	12 vials/month	
	Zarxio	12 syringes/month	
ESTROGENS AND PROGESTINS	Divigel	30 packets/month	
	Elestrin	52 gm/month	
	Estring	1 per 90 days	
	Femring	1 per 90 days	
STEROIDS	Alrex	2 bottles/month	
MISCELLANEOUS CARDIOVASCULAR AGENTS	Corlanor	60 tabs/month	
	Consensi 2.5-200mg Consensi 5-200mg Consensi 10-200mg	30 tabs/month	

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	Northera	180 capsules/month	
MACROLIDES	Dificid	20 tabs	
MISCELLANEOUS NEUROLOGICAL THERAPY	Ampyra	60 tabs/month	
	Botox	1 vial/6 months	
	Diacomit 250 MG capsules	360 caps/packets/month	
	Diacomit 500 MG capsules	180 caps/packets/month	
	Horizant	30 tabs/month	
	Nuedexta	60 tabs/month	
	Xenazine	60 per month	
NON-NARCOTIC ANALGESICS	Bunavail	90 per month	
	Buprenorphine/naloxone (Suboxone) tabs/Suboxone Filmstrips	90 per month	
	Celecoxib (Celebrex)	60 per month	
	Diclofenac topical solution (Pennsaid)	1 bottle/month	
	Duexis	90 tabs/month	
	Evzio	2 injections/month	
	Ketorolac tabs (Toradol)	20 tabs/month	
	Lyrica 25 MG Capsules	90 capsules/month	
	Lyrica 50 MG Capsules	90 capsules/month	
	Lyrica 75 MG Capsules	90 capsules/month	
	Lyrica 100 MG Capsules	90 capsules/month	
	Lyrica 150 MG Capsules	90 capsules/month	
	Lyrica 200 MG Capsules	90 capsules/month	
	Lyrica 225 MG Capsules	60 capsules/month	
	Lyrica 300 MG Capsules	60 capsules/month	
	Lyrica CR 82.5 MG Capsules	30 capsules/month	
	Lyrica CR 165 MG Capsules	30 capsules/month	
	Lyrica CR 330 MG Capsules	60 capsules/month	
	Sprix NS	5 bottles/month	

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	Vivitrol	1 injection/month	
MISCELLANEOUS OPHTHALMIC	Cequa	60 vials/month	
	Restasis	2 per day	
	Xelpros	1 bottle	
ULCER THERAPY	Esomeprazole Rx strength (Nexium RX)	60 tabs/month	Note: Nexium OTC does not have a QL
	Rabeprazole (Aciphex)	60 tabs/month	
MUSCLE RELAXANTS AND ANTISPASMODIC THERAPY	Cyclobenzaprine ER (Amrix)	30 tabs/month	
TOPICAL ANTIFUNGALS	Ecoza	1 tube/month	
	Luzu	1 tube/month	
	Vusion	1 tube	
TOPICAL CORTICOSTEROIDS	Clobetasol (Olux)/Clobetasol emollient (Olux-E) Foam	100grams max	
	Cordran Tape	3 per month	
	Duobrii Lotion	200gm/month	
MISCELLANEOUS DERMATOLOGICALS	Elidel	100gm/month	
	Imiquimod 5% (Aldara) Imiquimod pump	3 boxes/year 56 grams/claim	
	Picato	1 box of 3 per 90 days	
	Siliq	2 injections per month	
	Tacrolimus ointment (Protopic)	100gm/month	
	Valchlor	1 tube (60gm) per month	
	Zyclara	56 packets/year	
HYALURONIC ACID PREPARATIONS	Durolane	1 syringe once	
	Euflexxa	3 syringes/6 months	
	Gel-One	1 syringe/6 months	
	Gelsyn-3	3 syringes/6 months	
	Hyalgan	3 syringes/6 months	
	Hymovis	2 syringes/6 months	
	Monovisc	1 syringe/6 months	
	Orthovisc	3 syringes/6 months	

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	Synvisc	3 syringes/6 months	
	Synvisc-One	1 syringe/6 months	
	Supartz	5 syringes/6 months	
	Visco-3	3 syringes/6 months	
	TriVisc	3 syringes/6 months	
	Triluron	3 syringes/6 months	
	Synojynt	3 syringes/6 months	
ADHD	Adderall 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG Tablet	90 tablets/month	
	Adderall XR 5 MG, 10 MG, 20 MG, 30 MG Capsule	30 capsules/month	
	Adzenys XR ODT 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	30 tablets/month	
	Adzenys ER oral solution 1.25 MG/ML	480 ml/month	
	Aptensio XR 10 MG, 15 MG, 20 MG, 30 MG Capsule	60 capsules/month	
	Aptensio XR 40 MG, 50 MG, 60 MG Capsule	30 capsules/month	
	Atomoxetine HCL(generic Strattera) 10 MG, 18 MG, 25 MG, 40 MG Capsule	60 capsules/month	
	Atomoxetine HCL(generic Strattera) 60 MG, 80 MG, 100 MG Capsule	30 capsules/month	
	Clonidine HCL ER 0.1 MG Tablet	60 tablets/month	
	Cotempla XR ODT 8.6 MG, 17.3 MG, 25.9 MG Tablet	90 tablets/month	
	Daytrana 10 MG, 15 MG, 20 MG, 30 MG Patches	30 patches/month	
	Dexedrine 5 MG, 10 MG tablet	180 tablets/month	
	Dexedrine 5 MG, 10 MG, 15 MG Spansule	180 spansule/month	
	Dexmethylphenidate (generic Focalin) 2.5 MG, 5 MG Tablet	120 tablets/month	
	Dexmethylphenidate (generic Focalin) 10 MG Tablet	60 tablets/month	

MANDATORY DRUG
LIMITATIONS PROGRAM

DRUG CLASS	Drug	Quantity Limit	Comments
	Dexmethylphenidate ER (generic Focalin XR)5 MG, 10 MG, 15 MG, 20 MG Capsules	60 capsules/month	
	Dexmethylphenidate ER (generic Focalin XR) 25 MG, 30 MG, 35 MG, 40 MG Capsules	30 capsules/month	
	Desoxyn 5 MG tablet	150 tablets/month	
	Dextroamphetamine 5MG/ 5ML solution	1800 ml/month	
	Dextroamphetamine/ Amphetamine ER (generic Adderall XR) 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG Capsule	30 capsules/month	
	Dextroamphetamine- Amphetamine (generic Adderall) 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG Tablet	90 tablets/month	
	Dextroamphetamine 5MG, 10 MG Tablet	180 tablets/month	
	Dextroamphetamine ER 5 MG, 10 MG Capsule	180 capsules/month	
	Dextroamphetamine ER 15MG Capsule	120 capsules/month	
	Dyanavel XR 2.5 MG/ML suspension	720 ml/month	
	Evekeo 5 MG, 10 MG Tablet	180 tablets/month	
	Guanfacine HCL ER 1MG, 2 MG, 3 MG, 4 MG Tablet	30 tablets/month	
	Intuniv ER 1 MG, 2 MG, 3 MG, 4 MG tablets	30 tablets/month	
	Kapvay ER 1 MG tablet	60 tablets/month	
	Methamphetamine 5 MG Tablet	150 tablets/month	
	Methylphenidate (generic Methylin) 5 MG/5ML Solution	1800ml/month	
	Methylphenidate (generic Methylin) 10 MG/5ML Solution	900 ml/month	
	Methylphenidate (generic Methylin) 2.5 MG, 5 MG Chewable Tablet	360 tablets/month	
	Methylphenidate (generic Methylin) 10 MG Chewable Tablet	180 tablets/month	

MANDATORY DRUG
LIMITATIONS PROGRAM

DRUG CLASS	Drug	Quantity Limit	Comments
	Methylphenidate (generic Ritalin) 5 MG, 10 MG Tablet	180 tablets/month	
	Methylphenidate (generic Ritalin) 20 MG Tablet	90 tablets/month	
	Methylphenidate CD (generic Metadate CD) 10 MG, 20 MG, 30 MG Capsules	60 capsules/month	
	Methylphenidate CD (generic Metadate CD) 40 MG, 50 MG, 60 MG capsules	30 capsules/month	
	Methylphenidate ER 10 MG Tablet	90 tablets/month	
	Methylphenidate ER (generic Metadate ER) 20 MG Tablet	90 tablets/month	
	Methylphenidate ER (generic Concerta) 18MG, 27 MG, 36 MG Tablet	60 tablets/month	
	Methylphenidate ER (generic Concerta) 54MG Tablet	30 tablets/month	
	Methylphenidate ER 10 MG, 20 MG, 30 MG Capsule	60 capsules/month	
	Methylphenidate ER 40 MG, 50 MG, 60 MG Capsule	30 capsules/month	
	Methylphenidate ER (generic Relexxii) 72 MG Tablet	30 tablets/month	
	Methylphenidate LA (generic Ritalin LA) 20MG, 30 MG Capsule	60 capsules/month	
	Methylphenidate LA (generic Ritalin LA) 40MG, 60 MG Capsule	30 capsules/month	
	Mydayis ER 12.5 MG, 25 MG, 37.5 MG, 50 MG Capsules	30 capsules/month	
	Procentra 5MG/5ML solution	1800 ml/month	
	Quillichew ER 20 MG Chewable Tablet	90 tablets/month	
	Quillichew ER 30 MG Chewable Tablet	60 tablets/month	
	Quillichew ER 40 MG Chewable Tablet	30 tablets/month	
	Quillivant XR 25 MG/5ML Suspension	360 ml/month	
	Ritalin LA 10 MG Capsule	60 capsules/month	

MANDATORY DRUG
LIMITATIONS PROGRAM

DRUG CLASS	Drug	Quantity Limit	Comments
	Vyvanse 10 MG, 20 MG, 30 MG Capsule	60 capsules/month	
	Vyvanse 40 MG, 50 MG, 60 MG, 70 MG Capsule	30 capsules/month	
	Vyvanse 10 MG, 20 MG, 30 MG Chewable Tablet	60 tablets/month	
	Vyvanse 40 MG, 50 MG, 60 MG Chewable Tablet	30 tablets/month	
	Zenzedi 2.5 MG, 5 MG, 7.5 MG, 10 MG Tablets	180 tablets/month	
	Zenzedi 15 MG Tablets	120 tablets/month	
	Zenzedi 20 MG Tablets	90 tablets/month	
	Zenzedi 30 MG Tablets	60 tablets/month	
NASAL SPRAYS	Dymista Nasal Spray	1 unit/30 days	
	Qnasl Nasal Spray	1 unit/30 days	
	Zetonna Nasal Spray	1 unit/30 days	
CYSTIC FIBROSIS	Orkambi Tablet	112 tablets/28 days	
	Orkambi Granule/Package	60 packets/30 days	
	Trikafta	84 tablets/28 days	
MISCELLANEOUS	Annovera	1 ring/year	
	Doptelet	15 tabs/14 days	
	Endari packets	180 packets/month	
	Firdapse	240 tabs/month	
	Galafold	15 caps/month	
	Jynarque	56 tablets/28 days	
	Keveyis	120tabs/23 days	
	Mulpleta	7 tabs/14 days	
	Nocdurna	30 tabs/month	
	Noctiva	1 bottle (3.8g)/30 days	
	Oxbryta	90 tabs/30 days	
	Oxervate	8 kits/eye, 16 kits per lifetime	
	Qbrexza	30 cloths/month	
	Ruzurgi	300 tabs/month	
	Sevelamer	270 tabs/month	

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MANDATORY DRUG
LIMITATIONS PROGRAM

DRUG CLASS	Drug	Quantity Limit	Comments
	Tazverik	240 tabs/month	
	Nayzilam	10 Nasal Spray Units/month	
	Vyndaqel	120 caps/month	
	Zilretta	1 injection per knee per lifetime	