

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 2018

DRUG CLASS	Drug	Quantity Limit	Comments
MISCELLANEOUS ANTI-INFECTIVES	Albenza tablets	120 tabs/month	
	Alinia tablets	6 tabs/month	
	Alinia suspension	60ml	
	Baxdela	28 tablets/Rx	
	Solosec	1 packet/30 days	
	Tindazole (Tindamax)	12 tabs	
	Zyvox (linezolid)	28 tabs, or 150 cc (1 bottle) every 60 days	
ADRENAL HORMONES	Acthar Gel	1 vial/fill	
DIABETIC SUPPLIES AND EQUIPMENT	Glucagon vials	4 units/month	
	Gluculet Lancing Devices (Diabetic)	1 unit	
MULTIPLE SCLEROSIS	Aubagio	30 tabs/month	
	Avonex	8 units	
	Copaxone 20mg/ml syringe	3 syringes	
	Glatopa 20 mg/ml syringe	3 syringes	
NARCOTIC ANALGESICS	Abstral SL	120 tabs/month	
	Belbuca	60 films/month	
	Butorphanol Nasal spray	2 bottles (5ml)	
	Butrans	4 patches/month	

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	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	
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	
	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

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	Granisetron	6 tabs/month	
	Linzess	30 caps/month	
	Ondansetron 24mg	1 tablet per fill	
	Renagel	270 tabs/month	
	Sancuso	2 patches/month	
	Trulance	30 per month	
	Varubi	4 tabs/28 days	
	Zuplenz	12 strips/month	
ANTIFUNGAL AGENTS	Cresemba	60 tabs/month	
	Oravig	14 tabs per fill	
	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	
	Riomet oral solution	765 ml/30 days	
	Soliqua	5 pens per 25 days	
	Steglujan	30 tabs/month	
	Symlin	4 pens per month	
	Tanzeum	4 pens per moth	
	Trulicity	4 pens per moth	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Victoza	3 pens (9ml) per month	
	Xultophy	5 pens per month	
LIPID-CHOLESTEROL LOWERING AGENTS	Ezetimibe (Zetia)	30 tabs/month	
	Juxtapid	30 caps/month	
	Livalo	30 tabs/month	
	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	
	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	
	Frovatriptan (Frova)	9 tabs/month	
	Naratriptan (Amerge)	9 tabs/month	
	Onzetra Xsail	16 units/month (8 doses per nostril)	
	Relpax	9 tabs/month	
	Rizatriptan (Maxalt)	9 tabs/month	
	Sumatriptan injectable (Imitrex)	2 kits (4 doses)/month	
	Sumatriptan nasal spray (Imitrex)	1 pkg (6 doses)/mon	

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	Sumatriptan tablets (Imitrex)	18 tabs/month	
	Treximet	9 tabs/month	
	Zolmitriptan tablets (Zomig)	9 tabs/month	
	Zolmitriptan Nasal Spray (Zomig)	1 package (6 doses/mon)	
ANTINEOPLASTIC AND IMMUNOSUPPRESSANT AGENTS	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	
	Erivedge	30 tabs/month	
	Erleada	120 tabs/month	
	Gilotrif	30 tabs/month	
	Ibrance	21 caps/month	
	Idhifa	30 tabs/month	
	Imbruvica	120 tabs/month	
	Inlyta	60 tabs/month	
	Jakafi	60 tabs/month	
	Mekinist	30 tabs/month	
	Mektovi 15mg tablet	180 tabs/month	
	Nerlynx	180 tabs/month	
	Odomzo	30 caps/month	
	Sandostatin LAR	1 kit per month	
	Signifor LAR vials	1 vial per fill	
	Stivarga	84 tabs/month	
	Sutent	28 tablets per fill	
	Tafinlar	120 tabs/month	
	Tarceva 25mg	60 tabs/month	
	Tarceva 100mg/150mg	30 tabs/month	
	Thalomid	30 tabs/month	

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	Tibsovo	60 tabs/month	
	Tykerb	180 tabs/month	
	Unituxin	12 vials/28 days	
	Xalkori	60 tabs/month	
	Xtandi	120 caps/month	
	Yonsa	120 tabs/month	
	Zejula	90 per month	
	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
	Nuplazid 10mg tablet Nuplazid 17 mg tablet Nuplazid 34 mg capsule	30 tablets/month 60 tablets/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	
	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	
	Aristada	1 injection/month	
	Armodafanil (Nuvigil)	60 tabs/month	

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	Belsomra	30 tabs/month	
	Fanapt	60 tabs/month	
	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	
	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	
	Descovy	30 tabs/month	
	Edurant	30 tabs/month	
	Epivir solution Epivir 300mg Epivir 150mg	900 mL/month 30 tabs/month 60 tabs/month	

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	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	
	Prezcobix	30 tabs/month	
	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	

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DRUG CLASS	Drug	Quantity Limit	Comments
	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	
	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	
	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	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Viread	30 tabs/month	
	Vosevi	84 tabs/lifetime	
	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	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	
	Combivent Respimat Inhaler	1 inhaler/month	
	Daliresp	30 tabs/month	
	Firazyr	9ml (3 bottles)	
	Flovent	2 inhalers/month	
	Flovent Diskus	1 inhaler/month	
	Incruse Ellipta	1 inhaler/month	
	Kalydeco	60/month	
	Letairis	30 tabs/month	
	Budesonide inhalation suspension (Pulmicort Respules)	60 per month	
	ProAir HFA Inhaler	2 inhalers/month	
	Proventil HFA Inhaler	2 inhalers/month	

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	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)	150 strips/month	
	ACCU-CHEK Aviva Plus Test Strips	150 strips/month	
	Contour Next Test Strips	150 strips/month	
	Contour Test Strips	150 strips/month	
	Freestyle Insulinx Test Strips	150 strips/month	
	Freestyle Lite Test Strips	150 strips/month	
	Freestyle Precision Neo Test Strips	150 strips/month	
	Freestyle Test Strips	150 strips/month	
	OneTouch Ultra Blue Test Strips	150 strips/month	
	OneTouch Verio Test Strips	150 strips/month	
	Precision Xtra Test Strips	150 strips/month	
BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.	Alendronate (Fosamax)/Fosamax D 35mg/70mg	4 tabs/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	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	
CONTRACEPTIVES; INTRAVAGINAL; SYSTEMIC	Nuvaring	1 unit/month	
CONTRACEPTIVES; INJECTABLE	Medroxyprogesterone 150mg/ml IM (Depo-Provera)	1 inj/3 months	
CONTRACEPTIVES; ORAL	All Brands	28 tabs/month	
CONTRACEPTIVES; TRANSDERMAL	Xulane	4 patches/month	
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	
	Northera	180 capsules/month	
MACROLIDES	Dificid	20 tabs	
MISCELLANEOUS NEUROLOGICAL THERAPY	Ampyra	60 tabs/month	

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DRUG CLASS	Drug	Quantity Limit	Comments
	Botox	1 vial/6 months	
	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	
	Vivitrol	1 injection/month	
MISCELLANEOUS OPHTHALMIC	Restasis	2 per day	
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	

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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		
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		
Monovisc		1 syringe/6 months		
Orthovisc		3 syringes/6 months		
Synvisc		3 syringes/6 months		
Synvisc-One		1 syringe/6 months		
Supartz		5 syringes/6 months		
Visco-3		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		

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	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	
	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	

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	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	
	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	

**MANDATORY DRUG
LIMITATIONS PROGRAM**

DRUG CLASS	Drug	Quantity Limit	Comments
	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	
	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	

**MANDATORY DRUG
LIMITATIONS PROGRAM**

DRUG CLASS	Drug	Quantity Limit	Comments
CYSTIC FIBROSIS	Orkambi Tablet	112 tablets/28 days	
	Orkambi Granule/Package	60 packets/30 days	
MISCELLANEOUS	Doptelet	15 tabs/14 days	
	Endari packets	180 packets/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	