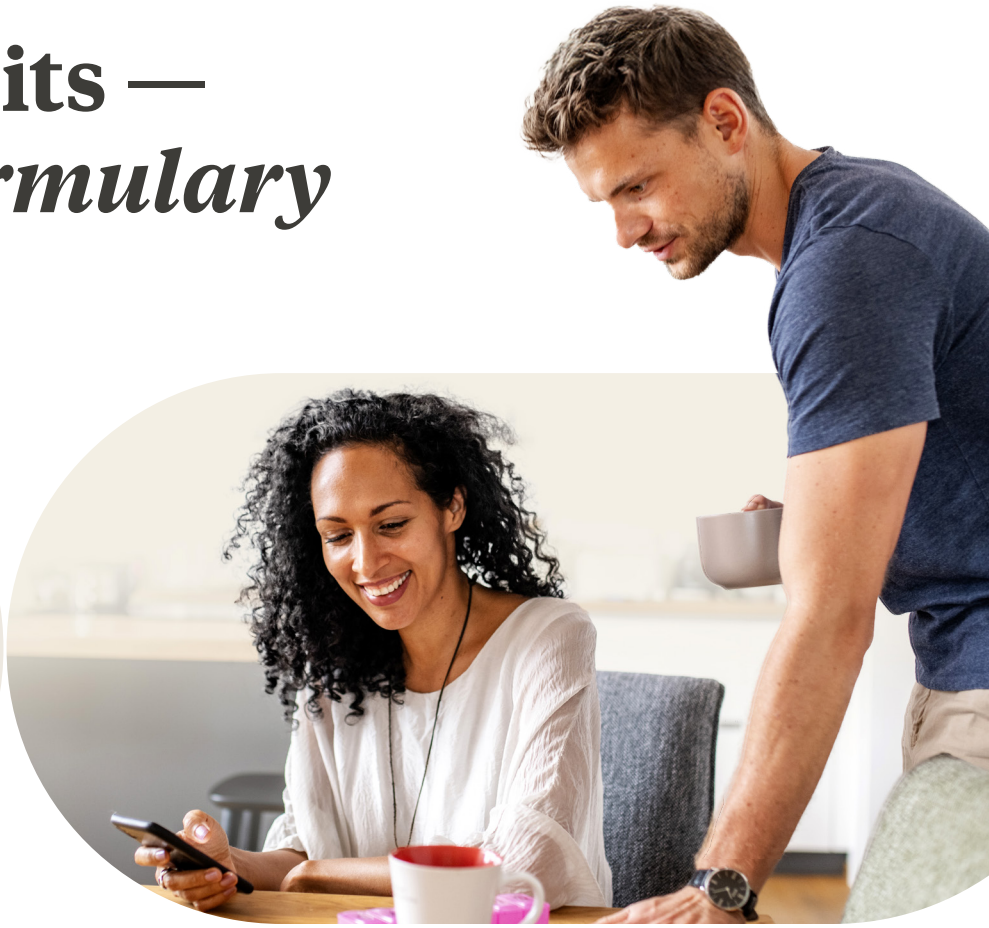
Optum Rx®

Quantity limits — *Premium Formulary*



Utilization Management

July 1, 2026

Your pharmacy benefit plan has a quantity limits program that can help you get the best results from your medication therapy. With safe doses, quantity limits can also keep prescription drug costs lower for you.

Determining quantity limits

Quantity limits are meant to lower the risk of overuse. Quantity limit rules are based on:

- Food and Drug Administration (FDA) approved uses
- Medication instruction labels
- Accepted or published clinical recommendations

The following medications have a new or revised quantity limit that will be covered.

If your medication includes a quantity limit, this means there is a limit to the amount of the drug(s) below that will be covered.

If you see your medication listed, we encourage you to talk with your doctor about your treatment and medication options. If you have questions about the quantity limits program, call the phone number on your member ID card.

Premium Non-Specialty Quantity Limit

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	albendazole tab 200 mg	120 tablets per 180 days
	BILTRICIDE TAB 600 MG	105 tablets per 180 days
	EMVERM TAB 100 MG	6 tablets per 180 days
	ivermectin 6mg tab	9 tablets per 180 days
	STROMECTOL TAB 3 MG	18 tablets per 180 days
Antibiotics	NUZYRA TAB 150 MG	1 course per fill, 2 fills per 365 days
	SIVEXTRO IV SOLN	6 vials per 30 days
	SIVEXTRO TAB	6 tablets per 30 days
	ZYVOX SUSP 100 MG/5 ML	1800 mL per 28 days, 1 course per 90 days
	ZYVOX TAB 600 MG	56 tablets per 28 days, 1 course per 90 days
Antifungals	terbinafine tab 250 mg	84 days supply per 180 days
Antiretrovirals, Hepatitis B	BARACLUDE SOLN	630 mL per 30 days
	entecavir tab	1 tablet per day
Antiretrovirals, HIV	SUNLENCA SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	SUNLENCA TAB 300 MG	2 packs per 365 days
	SUNLENCA TAB THERAPY	2 packs per 365 days
Antivirals	LAGEVRIO CAP 200 MG	1 course per fill, 2 fills per 365 days
	PAXLOVID TAB	1 course per fill, 2 fills per 365 days
	PEMGARDA IV SOLN 500 MG/4 ML	9 vials per 84 days
	VEKLURY IV SOLN 100 MG	1 course per fill, 2 fills per 365 days
Antivirals, Herpetic	acyclovir cream 5%	5 gm per 30 days
	acyclovir oint 5%	30 gm per 30 days
	DENAVIR CREAM 1%	5 gm per 30 days
	SITAVIG TAB 50 MG	2 tablets per 30 days
	valacyclovir tab	4 tablets per day
Antivirals, Influenza	oseltamivir cap	20 capsules per 365 days
	oseltamivir cap 30 mg	40 capsules per 365 days
	oseltamivir susp	360 mL per 365 days
	RELENZA DISKHALER 5 MG/ACT	40 inhalations per 365 days
	XOFLUZA TAB THERAPY PACK	4 tablets per 365 days
	XOFLUZA TAB THERAPY PACK (40 MG DOSE)	2 tablets per 365 days
	XOFLUZA TAB THERAPY PACK (80 MG DOSE)	2 tablets per 365 days
Cardiology		
Anticoagulants	ELIQUIS CAP 0.15 MG	2 capsules per day
	ELIQUIS ORAL SUSP TAB 0.5 MG	4 tablets per day
	ELIQUIS ORAL SUSP TAB 1.5 MG	12 tablets per day
	ELIQUIS ORAL SUSP TAB 2 MG	16 tablets per day
	ELIQUIS TAB	2 tablets per day
	ELIQUIS TAB STARTER PACK 5 MG	2 starter packs per 365 days
	PRADAXA CAP	2 capsules per day
	PRADAXA PELLET PACK	4 packets per day

Therapy class	Medication name	Quantity limit
	PRADAXA PELLET PACK 20 MG	2 packets per day
	PRADAXA PELLET PACK 150 MG	2 packets per day
	SAVAYSA TAB	1 tablet per day
	XARELTO STARTER THERAPY PACK 15 MG & 20 MG	2 starter packs per 365 days
	XARELTO SUSP 1 MG/ML	20 mL per day
	XARELTO TAB	1 tablet per day
	XARELTO TAB 2.5 MG	2 tablets per day
	XARELTO TAB 15 MG	2 tablets per day
Antihypertensive Agents	TRYVIO TAB	1 tablet per day
Antilipemic	REPATHA	3 syringes per 28 days
	REPATHA PUSH	1 cartridge per 28 days
Heart Failure	CORLANOR SOLN	15 mL per day
	CORLANOR TAB	2 tablets per day
	ENTRESTO SPRINKLE CAP	8 capsules per day
	ENTRESTO TAB	2 tablets per day
	VERQUVO TAB	1 tablet per day
Miscellaneous	DEMSER CAP 250 MG	16 capsules per day
Central Nervous System		
ADHD Agents	amphetamine tab	6 tablets per day
	amphetamine/dextroamphetamine cap	1 capsule per day
	amphetamine/dextroamphetamine ER cap	2 capsules per day
	amphetamine/dextroamphetamine tab	3 tablets per day
	amphetamine/dextroamphetamine tab 30 mg	2 tablets per day
	APTENSIO XR, JORNAY PM, methylphenidate ER cap	1 capsule per day
	atomoxetine cap	1 capsule per day
	AZSTARYS CAP	1 capsule per day
	DESOXYN TAB 5 MG	5 tablets per day
	DEXEDRINE CAP 10 MG	6 capsules per day
	DEXEDRINE CAP 15 MG	4 capsules per day
	dexmethylphenidate ER cap	1 capsule per day
	dexmethylphenidate tab	2 tablets per day
	dextroamphetamine cap 5 mg	3 capsules per day
	dextroamphetamine tab	3 tablets per day
	dextroamphetamine tab 10 mg	6 tablets per day
	dextroamphetamine tab 30 mg	2 tablets per day
	lisdexamfetamine cap	1 capsule per day
	lisdexamfetamine chew tab	1 tablet per day
	METHYLIN SOLN 5 MG/5 ML	60 mL per day
	METHYLIN SOLN 10 MG/5 ML	30 mL per day
	methylphenidate chew tab	3 tablets per day
	methylphenidate chew tab 10 mg	6 tablets per day
	methylphenidate ER cap	1 capsule per day
	methylphenidate ER tab	1 tablet per day
	methylphenidate ER tab 10 mg	2 tablets per day

Therapy class	Medication name	Quantity limit
	methylphenidate ER tab 20 mg	3 tablets per day
	methylphenidate ER tab 36 mg	2 tablets per day
	methylphenidate patch	1 patch per day
	methylphenidate tab	3 tablets per day
	ONYDA XR SUSP 0.1 MG/ML	4 mL per day
	PROCENTRA SOLN 5 MG/5 ML	60 mL per day
	RELEXXII TAB 36 MG	2 tablets per day
	RELEXXII TAB	1 tablet per day
Alzheimer's Agents	memantine/donepezil cap	1 capsule per day
	NAMENDA XR CAP	1 capsule per day
Analgesics (Cough Opioid)	CAPCOF SYRUP 5-2-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN AC LIQUID 200-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN DAC LIQUID 30-10-200 MG/5 ML	240 mL per fill, 2 fills per 60 days
	GUAIFENESIN-CODEINE SOLN 100-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN SYRUP 5-1.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN TAB 5-1.5 MG	6 tabs per day, 7 day supply, 2 fills per 60 days
	HYD POL/CPM SUSP 10-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF BP LIQUID 30-2-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF CG LIQUID 225-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAXI-TUSS CD LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	NINJACOF-XG LIQUID 200-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	POLY-TUSSIN AC LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETHAZINE/CODEINE SYRUP 6.25-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PRO-RED AC SYRUP 5-1-9 MG/5 ML	240 mL per fill, 2 fills per 60 days
	RYDEX LIQUID 10-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUXARIN ER TAB	2 tablets per day, 7 day supply, 2 fills per 60 days
Analgesics (Non-Opioid)	celecoxib cap	2 capsules per day
	diclofenac patch	2 patches per day up to 15 days
	JOURNAVX TAB 50 MG	2 tablets per day, 30 tablets per 90 days
	ketorolac tab	20 tablets or 5 day supply per 30 days
	orphenadrine/aspirin/caffeine tab 25-385-30 mg	4 tablets per day
	orphenadrine ER tab	2 tablets per day
	QUTENZA PATCH KIT	4 patches per 90 days
	diclofenac gel 1%	10 tubes per 30 days
Analgesics (Opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 136 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 166.5 mL/day.

Therapy class	Medication name	Quantity limit
	acetaminophen/codeine tab 300-15 mg	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	ACTIQ LOZENGE	4 lozenges per day
	BELBUCA FILM	2 films per day
	butorphonal nasal spray 10 mg/mL	1 bottle per fill, 2 fills per 60 days
	buprenorphine patch	4 patches per 28 days
	codeine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 21 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 40 tabs/day.
	codeine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 20 tabs/day.
	codeine tab 60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	fentanyl patch	15 patches per 30 days
	fentanyl patch 75 mcg/hr	1 patch per day
	fentanyl patch 100 mcg/hr	1 patch per day
	hydrocodone ER cap	2 capsules per day
	hydrocodone ER cap 50 MG	4 capsules per day
	hydrocodone/acetaminophen soln 10-300 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.

Therapy class	Medication name	Quantity limit
	hydrocodone/acetaminophen soln 7.5-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 98 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 180 mL/day.
	hydrocodone/acetaminophen soln 10-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen tab 7.5-300 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-300 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/ibuprofen tab 5-200 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 16 tabs/day.

Therapy class	Medication name	Quantity limit
	hydrocodone/ibuprofen tab 7.5-200 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/ibuprofen tab 10-200 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone ER tab	2 tablets per day
	hydromorphone liquid 1 mg/mL	If you are new to opioid treatment, your prescription will be limited to 10 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 mL/day.
	hydromorphone supp 3 mg	If you are new to opioid treatment, your prescription will be limited to 3 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 supps/day.
	hydromorphone tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone tab 4 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	hydromorphone tab 8 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	HYSINGLA ER TAB	1 tablet per day
	levorphanol tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	levorphanol tab 3 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.

Therapy class	Medication name	Quantity limit
	meperidine soln 50 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 49 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 90 mL/day.
	meperidine tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 tabs/day.
	morphine ER beads cap	1 capsule per day
	morphine ER beads cap 120 mg	2 capsules per day
	morphine ER cap	2 capsules per day
	morphine ER tab	3 tablets per day
	morphine soln 10 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 24.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 45 mL/day.
	morphine soln 20 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 12.25 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 22.5 mL/day.
	morphine soln 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 2.4 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4.5 mL/day.
	morphine supp 5 mg	If you are new to opioid treatment, your prescription will be limited to 9 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 supps/day.
	morphine supp 10 mg	If you are new to opioid treatment, your prescription will be limited to 4 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 supps/day.
	morphine supp 20 mg	If you are new to opioid treatment, your prescription will be limited to 2 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 supps/day.

Therapy class	Medication name	Quantity limit
	morphine supp 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 supp/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 supps/day.
	morphine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	morphine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	NALOCET TAB 2.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	oxycodone cap 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 caps/day.
	oxycodone conc 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 1.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 mL/day.
	oxycodone soln 5 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxycodone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.

Therapy class	Medication name	Quantity limit
	oxycodone tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	oxycodone tab 20 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	oxycodone tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	oxycodone/acetaminophen soln 5-325 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxycodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	oxycodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	OXYCONTIN ER TAB	4 tablets per day
	oxymorphone ER tab	4 tablets per day
	oxymorphone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.

Therapy class	Medication name	Quantity limit
	oxymorphone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	pentazocine/naloxone tab 50-0.5 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	PROLATE SOLN 10-300 MG/5 ML	If you are new to opioid treatment, your prescription will be limited to 16.3 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 30 mL/day.
	PROLATE TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	PROLATE TAB 7.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	PROLATE TAB 10-300 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	tramadol ER tab	1 tablet per day
	tramadol tab 25 mg	If you are new to opioid treatment, your prescription will be limited to 8 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 75 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.

Therapy class	Medication name	Quantity limit
	tramadol tab 100 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	tramadol/acetaminophen tab 37.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	TREZIX CAP 320.5-30-16 MG	If you are new to opioid treatment, your prescription will be limited to 10 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 caps/day.
	XODOL TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	XTAMPZA ER CAP	4 capsules per day
Analgesics Gastroprotective Agents	naproxen/esomeprazole tab	2 tablets per day
Anticonvulsants	DIASTAT RECTAL GEL	2 boxes per fill
	GRALISE TAB 300 MG	6 tablets per day
	GRALISE TAB 450 MG	3 tablets per day
	GRALISE TAB 600 MG	3 tablets per day
	GRALISE TAB 750 MG	2 tablets per day
	GRALISE TAB 900 MG	2 tablets per day
	GRALISE TAB PACK 300-600 MG	2 starter packs per 365 days
	HORIZANT	2 tablets per day
	pregabalin cap	3 capsules per day
	pregabalin cap 300 mg	2 capsules per day
	pregabalin ER tab	3 tablets per day
	pregabalin ER tab 330 mg	2 tablets per day
	pregabalin soln	900 mL per 30 days
	VALTOCO NASAL SPRAY	10 devices per 30 days
	VALTOCO NASAL SPRAY (15 MG DOSE)	20 devices per 30 days
	VALTOCO NASAL SPRAY (20 MG DOSE)	20 devices per 30 days
Antidepressants	APLENZIN TAB	1 tablet per day
	bupropion ER tab	1 tablet per day
	bupropion ER tab 150 mg	3 tablets per day
	bupropion SR tab	2 tablets per day
	DESVENLAFAXINE ER TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
	DRIZALMA SPRINKLE CAP	2 capsules per day
	DRIZALMA SPRINKLE CAP 30 MG	3 capsules per day
	duloxetine cap	2 capsules per day
	duloxetine cap 30 mg	3 capsules per day
	EMSAM PATCH	1 patch per day
	FETZIMA CAP	1 capsule per day
	FETZIMA TITRATION PACK	2 starter packs per 365 days
	fluoxetine DR cap	4 capsules per 28 days
	fluvoxamine ER cap	2 capsules per day
	TRINTELLIX TAB	1 tablet per day
	VIIBRYD	1 tablet per day
	venlafaxine ER 37.5 mg	1 capsule per day
	venlafaxine ER 75 mg	3 capsules per day
	venlafaxine ER 150 mg	2 capsules per day
Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	1 tablet per day
	ABILIFY MYCITE STARTER KIT	2 starter packs per 365 days
	aripiprazole ODT	2 tablets per day
	aripiprazole soln 1 mg/mL	25 mL per day
	aripiprazole tab	1 tablet per day
	asenapine tab	2 tablets per day
	CAPLYTA TAB	1 tablet per day
	clozapine ODT 12.5 mg	3 tablets per day
	clozapine ODT 25 mg	9 tablets per day
	clozapine ODT 100 mg	9 tablets per day
	clozapine ODT 150 mg	6 tablets per day
	clozapine ODT 200 mg	4 tablets per day
	CLOZARIL TAB 25 MG	9 tablets per day
	CLOZARIL TAB 50 MG	6 tablets per day
	CLOZARIL TAB 100 MG	9 tablets per day
	CLOZARIL TAB 200 MG	4 tablets per day
	COBENFY CAP	2 capsules per day
	COBENFY STARTER PACK	2 starter packs per 365 days
	FANAPT TAB	2 tablets per day
	FANAPT TITRATION PACK	2 starter packs per 365 days
	GEODON CAP	2 capsules per day
	INVEGA TAB	1 tablet per day
	INVEGA TAB 6 MG	2 tablets per day
	lurasidone tab	1 tablet per day
	lurasidone tab 80 mg	2 tablets per day
	olanzapine tab	1 tablet per day
	OPIPZA FILM	3 films per day
	OPIPZA FILM 2 MG	1 film per day
	quetiapine ER tab	2 tablets per day
	quetiapine tab	3 tablets per day

Therapy class	Medication name	Quantity limit
	quetiapine tab 300 mg	2 tablets per day
	quetiapine tab 400 mg	2 tablets per day
	REXULTI TAB	1 tablet per day
	risperidone ODT	2 tablets per day
	risperidone soln 1mg/mL	8 mL per day
	risperidone tab	2 tablets per day
	SYMBYAX CAP	1 capsule per day
	SYMBYAX CAP 3-25 MG	3 capsules per day
	SYMBYAX CAP 6-25 MG	3 capsules per day
	VERSACLOZ SUSP	18 mL per day
	VRAYLAR CAP	1 capsule per day
	ZYPREXA ZYDIS ODT	1 tablet per day
Benzodiazepines	alprazolam conc 1 mg/mL	10 mL per day
	alprazolam ER tab	1 tablet per day
	alprazolam ER tab 2 mg	5 tablets per day
	alprazolam ER tab 3mg	3 tablets per day
	alprazolam ODT	4 tablets per day
	alprazolam ODT 2 mg	5 tablets per day
	alprazolam tab	4 tablets per day
	alprazolam tab 2 mg	5 tablets per day
	chlordiazepoxide tab 5 mg	4 tablets per day
	chlordiazepoxide tab 10 mg	30 tablets per day
	chlordiazepoxide tab 25 mg	12 tablets per day
	clonazepam ODT	3 tablets per day
	clonazepam ODT 2 mg	10 tablets per day
	clonazepam tab	3 tablets per day
	clonazepam tab 2 mg	10 tablets per day
	clorazepate tab 3.75 mg	24 tablets per day
	clorazepate tab 7.5 mg	12 tablets per day
	clorazepate tab 15 mg	6 tablets per day
	lorazepam conc 2 mg/mL	5 mL per day
	lorazepam tab	3 tablets per day
	lorazepam tab 2 mg	5 tablets per day
	MIDAZOLAMINJ 10 MG/0.7 ML	1 syringe per fill
	NAYZILAM NASAL SPRAY	10 spray units per 30 day
	oxazepam cap	4 capsules per day
Fibromyalgia	SAVELLA TAB	2 tablets per day
	SAVELLA TITRATION PACK	2 starter packs per 365 days
Hypoactive Sexual Desire Disorder	ADDYI TAB	1 tablet per day
	VYLEESI INJ 1.75 MG/0.3 ML	6 syringes per 30 days
Migraine	almotriptan tab	12 tablets per 30 days
	dihydroergotamine inj 1 mg/mL	24 ampules per 28 days
	eletriptan tab	12 tablets per 30 days
	ERGOMAR SL TAB 2 MG	20 tablets per 28 days

Therapy class	Medication name	Quantity limit
	ergotamine/caffeine tab 1-100 mg	24 tablets per 28 days
	FROVA TAB	12 tablets per 30 days
	MIGERGOT SUPP 2-100 MG	20 suppositories per 28 days
	MIGRANAL NASAL SPRAY 4 MG/ML	8 vials per 30 days
	naratriptan tab	9 tablets per 30 days
	QULIPTA TAB	1 tablet per day
	rizatriptan ODT 5 mg	18 tablets per 30 days
	rizatriptan ODT 10 mg	12 tablets per 30 days
	rizatriptan tab 5 mg	18 tablets per 30 days
	rizatriptan tab 10 mg	12 tablets per 30 days
	sumatriptan cartridge	10 units per 30 days
	sumatriptan inj	10 units per 30 days
	sumatriptan nasal spray	12 units per 30 days
	sumatriptan tab	9 tablets per 30 days
	sumatriptan/naproxen tab	9 tablets per 30 days
	ZOMIG NASAL SPRAY	12 units per 30 days
	zolmitriptan ODT	12 tablets per 30 days
	zolmitriptan tab	12 tablets per 30 days
Miscellaneous	TIGLUTIK, TEGLUTIK SUSP	20 mL per day
Parkinson's Agents	XADAGO TAB	1 tablet per day
Sedative Hypnotics	BELSOMRA TAB	1 tablet per day
	DORAL TAB	1 tablet per day
	EDLUAR SL TAB	1 tablet per day
	estazolam tab	1 tablet per day
	eszopiclone tab	1 tablet per day
	flurazepam cap	1 capsule per day
	HALCION TAB	2 tablets per day
	ROZEREM TAB	1 tablet per day
	SILENOR TAB	1 tablet per day
	temazepam tab	1 capsule per day
	zaleplon cap 5 mg	1 capsule per day
	zaleplon cap 10 mg	2 capsules per day
	zolpidem ER tab	1 tablet per day
	zolpidem tab	1 tablet per day
Stimulants	armodafinil tab	1 tablet per day
	armodafinil tab 50 mg	2 tablets per day
	modafinil tab	1 tablet per day
	SUNOSI TAB	1 tablet per day
Toxicology	LUCEMYRA TAB	16 tablets per day, up to a 14 day supply
Weight Loss	SAXENDA INJ	5 syringes per 30 days
	WEGOVY INJ	4 syringes per 28 days
	WEGOVY TAB	1 tablet per day
	WEGOVY TAB 1.5 MG	60 tablets per 365 days
	ZEPBOUND	4 syringes per 28 days

Therapy class	Medication name	Quantity limit
Dermatology		
Anti-Inflammatory	diclofenac gel	300 gm per 30 days
Axillary Hyperhidrosis Agent	QBREXZA PAD	1 pad per day
	SOFDRA GEL 12.45%	1 bottle per 30 days
Miscellaneous	SANTYL OINT 250 UNIT/GM	90 gm per 30 days
Topical Immunomodulators	calcipotriene/betamethasone oint	400 gm per 30 days
	ENSTILAR FOAM 0.005-0.064%	420 gm per 28 days
	OPZELURA CREAM	1 tube per fill, 540 gm per 365 days
	pimecrolimus cream 1%	60 gm per 30 days
	TACLONEX SUSP	120 gm per 30 days
	tacrolimus oint	60 gm per 30 days
	WYNZORA CREAM 0.005-0.064%	420 gm per 28 days
Endocrinology & Metabolism		
Aldosterone Antagonist	KERENDIA TAB	1 tablet per day
Androgens, Testosterone (Injectable)	TESTONE CIK KIT 200 MG/ML	4 kits per 28 days
	testosterone cypionate inj	1 vial per 28 days
	TESTOSTERONE CYPIONATE INJ 200 MG/ML	4 vials per 28 days
	testosterone enanthate inj 200 mg/mL	1 vial per 28 days
Androgens, Testosterone (Oral)	KYZATREX CAP	4 capsules per day
	KYZATREX CAP 100 MG	7 capsules per day
	METHITEST TAB 10 MG	20 tablets per day
	methyltestosterone cap 10 mg	20 capsules per day
Androgens, Testosterone (Topical)	testosterone gel 1% (25 mg)	4 packets per day
	testosterone gel 1% (50 mg)	2 packets per day
	testosterone gel 1.62% (20.25 mg)	4 packets per day
	testosterone gel 1.62% (40.5 mg)	2 packets per day
	testosterone gel pump 1%	4 bottles per 30 days
	testosterone gel pump 1.62%	2 bottles per 30 days
	testosterone gel pump 10 mg/act	2 bottles per 30 days
	testosterone soln 30 mg/act	2 bottles per 30 days
Diabetic Supplies	GLUCOSE TEST STRIPS	300 strips per 30 days
GLP-1 Agonists	BYDUREON BCISE	4 syringes per 28 days
	BYETTA INJ	1 syringe per 30 days
	liraglutide inj	3 syringes per 30 days
	MOUNJARO INJ	4 syringes per 28 days
	OZEMPIC INJ	1 syringe per 28 days
	RYBELSUS TAB	1 tablet per day
	RYBELSUS TAB 3 MG	2 starter packs per 365 days
	TRULICITY INJ	4 syringes per 28 days
Gonadotropins	MYFEMBREE TAB	1 tablet per day
	ORIAHNN CAP	2 capsules per day
	ORILISSA TAB 150 MG	1 tablet per day
	ORILISSA TAB 200 MG	2 tablets per day

Therapy class	Medication name	Quantity limit
Osteoporosis	ACTONEL TAB 35 MG	4 tablets per 28 days
	ACTONEL TAB 150 MG	1 tablet per 28 days
	alendronate tab 35 mg	4 tablets per 28 days
	ATELVIA TAB 35 MG	4 tablets per 28 days
	BINOSTO TAB 70 MG	4 tablets per 28 days
	calcitonin nasal spray 200 units/act	1 bottle per 30 days
	FOSAMAX PLUS D TAB	4 tablets per 28 days
	FOSAMAX TAB 70 MG	4 tablets per 28 days
	ibandronate iv soln	1 syringe per 90 days
	ibandronate tab 150 mg	1 tablet per 28 days
Gastroenterology		
Antiemetics	AKYNZEO	2 capsules per month
	ANZEMET TAB	2 tablets per 30 days
	aprepitant cap 40 mg	1 capsule per 30 days
	aprepitant cap 125 mg	2 capsules per 30 days
	BONJESTA TAB 20-20 MG	2 tablets per day
	DICLEGIS TAB 10-10 MG	4 tablets per day
	EMEND BIPACK 80 MG	2 packs per 30 days
	EMEND SUSP	6 packets per 30 days
	EMEND TRIPACK 80-125 MG	2 packs per 30 days
	granisetron tab 1 mg	4 tablets per 30 days
	MARINOL CAP	2 capsules per day
	ondansetron soln 4 mg/5 mL	240 mL per 30 days
	ondansetron tab 24 mg	2 tablets per 30 days
	SUSTOL INJ	2 syringes per 30 days
	SYNDROS SOLN	4 mL per day
	VARUBI THERAPY PACK	4 tablets per 28 days
Constipation	LINZESS CAP	1 capsule per day
	lubiprostone cap	2 capsules per day
	MOTEGRITY TAB	1 tablet per day
Corticosteroid	EOHILIA SUSP 2 MG/10 ML	20 mL per day
Diarrhea	MYTESI TAB	2 tablets per day
Irritable Bowel Syndrome	VIBERZI TAB	2 tablets per day
Opioid-Induced Constipation	SYMPROIC TAB	1 tablet per day
Proton Pump Inhibitors	dexlansoprazole cap	1 capsule per day
	esomeprazole cap	1 capsule per day
	lansoprazole cap	1 capsule per day
	lansoprazole ODT tab	1 tablet per day
	NEXIUM GRANULES PACKET	1 packet per day
	omeprazole cap	1 capsule per day
	pantoprazole tab	1 tablet per day
	PRILOSEC POWDER PACKET	2 packets per day
	PROTONIX GRANULES PACKET	1 packet per day
	rabeprazole tab	1 tablet per day

Therapy class	Medication name	Quantity limit
Miscellaneous		
Anticholinergic	GLYCATE TAB 1.5 MG	6 tablets per day
	ROBINUL FORTE TAB 2 MG	4 tablets per day
	ROBINUL TAB 1 MG	4 tablets per day
Methotrexate Auto-Injectors	RASUVO INJ	4 syringes per 28 days
Smoking Cessation Products	bupropion ER (smoking deterrent) tab 150 mg	180 days supply per 365 days
	NICORETTE	180 days supply per 365 days
	NICOTROL, NICODERM	180 days supply per 365 days
	varenicline	180 days supply per 365 days
Viscosupplements	DUROLANE INJ 60 MG/3 ML	2 syringes per 180 days
	EUFLEXXA INJ 20 MG/2 ML	6 syringes per 180 days
	GELSYN-3 INJ 16.8 MG/2 ML	6 syringes per 180 days
Obstetrics & Gynecology		
Contraceptives	ANNOVERA RING	1 ring per 365 days
	DEPO/DEPO-SUBQ PROVERA	1 syringe per 90 days
	levonorgestrel/ethinyl estradiol	1 pack per 91 days
Ergot Alkaloids	METHERGINE TAB 0.2 MG	28 tablets per fill, 2 fills per 365 days
Hormone Replacement	CRINONE GEL	15 applicators per 30 days
	ESTRING RING 7.5 MCG/24 HRS	1 package per 90 days
	FEMRING RING	1 package per 90 days
Miscellaneous	paroxetine cap 7.5 mg	1 capsule per day
Ophthalmology		
Anti-Inflammatory	bromfenac soln 0.07%	4 bottles per 365 days
	bromfenac soln 0.075%	4 bottles per 365 days
	bromfenac soln 0.09%	4 bottles per 365 days
	CLOBETASOL SUSP 0.05%	4 bottles per 365 days
	LOTEMAX GEL 0.5%	4 bottles per 365 days
	LOTEMAX OINT 0.5%	4 bottles per 365 days
Dry Eye	CEQUA SOLN 0.09%	2 vials per day
	EYSUVIS SUSP 0.25%	1 bottle per 30 days
	MIEBO SOLN 1.3 GM/ML	3 mL per 30 day
	RESTASIS EMULSION 0.05% (Brand only)	2 vials per day or 1 bottle per 30 days
	TRYPTYR SOLN 0.003%	2 vials per day
	TYRVAYA NASAL SPRAY	2 bottles per 30 days
	VEVYE SOLN 0.1%	1 bottle per 30 days
	XIIDRA SOLN 5%	2 vials per day
Prostaglandins	LUMIGAN SOLN	1 bottle per 25 days
	RHOPRESSA SOLN 0.02%	1 bottle per 25 days
	ROCKLATAN SOLN	1 bottle per 25 days
	tafluprost soln	1 container per day
	travoprost soln	1 bottle per 25 days
	XELPROS EMULSION	1 bottle per 25 days

Therapy class	Medication name	Quantity limit
Respiratory		
Allergy (Intranasal)	azelastine nasal spray	2 bottles per 30 days
	azelastine/fluticasone nasal spray 137-50 mcg/act	1 inhaler per 30 days
	budesonide nasal spray 32 mcg/act	2 bottles per 30 days
	FLONASE SENSIMIST NASAL SPRAY 27.5 MCG/SPRAY	1 bottle per 30 days
	flunisolide nasal spray	1 bottle per 30 days
	mometasone nasal spray 50 mcg/act	2 inhalers per 30 days
	olopatadine nasal spray 0.6%	1 bottle per 30 days
	OMNARIS NASAL SPRAY 50 MCG/ACT	1 inhaler per 30 days
	QNASL CHILDRENS NASAL SPRAY 40 MCG/ACT	1 inhaler per 30 days
	QNASL NASAL SPRAY 80 MCG/ACT	1 inhaler per 30 days
	RYALTRIS NASAL SPRAY 665-25 MCG/ACT	1 bottle per 30 days
	ZETONNA NASAL SPRAY 37 MCG/ACT	1 inhaler per 30 days
Asthma/COPD (Inhaled)	ADVAIR HFA (Brand only)	1 inhaler per 30 days
	AIRSUPRA INHALER 90-80 MCG/ACT	3 inhalers per 30 days
	albuterol HFA 108 mcg/act	2 inhalers per 30 days
	ANORO ELLIPTA	1 package per 30 days
	ARNUITY ELLIPTA	1 inhaler per 30 days
	ATROVENT HFA 17 MCG	2 inhalers per 30 days
	BREO ELLIPTA (Brand only)	1 package per 30 days
	BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT	1 inhaler per 30 days
	COMBIVENT RESPIMAT 20-100 MCG/ACT	2 inhalers per 30 days
	fluticasone/salmeterol inhaler	1 package per 30 days
	QVAR REDIHALER	2 inhalers per 30 days
	SEREVENT DISKUS	1 package per 30 days
	SPIRIVA RESPIMAT	1 inhaler per 30 days
	STIOLTO RESPIMAT 2.5-2.5 MCG/ACT	1 inhaler per 30 days
	STRIVERDI RESPIMAT	1 inhaler per 30 days
	SYMBICORT INHALER (Brand only)	1 inhaler per 30 days
	tiotropium inhalation capsule 18 mcg	1 package per 30 days
	TRELEGY ELLIPTA	1 package per 30 days
Asthma/COPD (Nebulized)	albuterol soln	5 packages per 30 days
	albuterol soln 0.083%	180 vials per 30 days
	ALBUTEROL SOLN 0.5%	5 packages per 30 days
	arformoterol soln 15 mcg/2 mL	60 vials per 30 days
	budesonide susp	2 packages per 30 days
	ipratropium soln 0.02%	125 vials per 30 days
	ipratropium/albuterol soln 0.5-2.5 mg/3 mL	180 vials per 30 days
	levalbuterol soln	180 vials per 30 days
	levalbuterol soln 1.25 mg/0.5 mL	90 vials per 30 days
	levalbuterol soln 1.25 mg/3 mL	90 vials per 30 days
	PERFOROMIST SOLN 20 MCG/2 ML	60 vials per 30 days
	YUPELRI SOLN	1 vial per day

Therapy class	Medication name	Quantity limit
Respiratory Syncytial Virus Agents	ABRYSVO INJ 120 MCG/0.5 ML	1 dose per lifetime
	AREXVY INJ 120 MCG/0.5 ML	1 dose per lifetime
	BEYFORTUS INJ	1 dose per 365 days
	ENFLONSIA INJ 105 MG/ 0.7 ML	1 dose per 365 days
	MRESVIA INJ 50 MCG/0.5 ML	1 dose per lifetime
Urology		
BPH Agents	ENTADFI CAP	1 capsule per day
Erectile Dysfunction	CAVERJECT INJ	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	CAVERJECT, EDEX KIT	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	tadalafil tab 2.5 mg	1 tablet per day
	tadalafil tab 5mg	1 tablet per day
	tadalafil tab 10 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	tadalafil tab 20 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	vardenafil tab	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	MUSE PELLET	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	sildenafil tab	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	vardenafil ODT 10 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
Overactive Bladder Antispasmodics	OXYTROL PATCH 3.9 MG/24 HR	8 patches per 28 days

Premium Specialty Quantity Limit

Therapy class	Medication name	Quantity limit
Cardiology		
Antilipemic	JUXTAPID CAP	1 capsule per day
	JUXTAPID CAP 20 MG	2 capsules per day
	JUXTAPID CAP 30 MG	2 capsules per day
	TRYNGOLZA INJ 80 MG/0.8 ML	1 syringe per 28 days
Hereditary Angioedema Agents	ANDEMBRY INJ 200 MG/1.2 ML	1 syringe per 28 days
	BERINERT INJ	10 vials per 30 days
	DAWNZERA INJ 80 MG/0.8 ML	1 syringe per 28 days
	HAEGARDA INJ 2000 UNIT	24 vials per 28 days
	HAEGARDA INJ 3000 UNIT	16 vials per 28 days
	icatibant inj	6 syringes per 30 days
	KALBITOR INJ 10 MG/ML	12 vials per 30 days
	ORLADEYO CAP	1 capsule per day
	RUCONEST INJ 2100 UNIT	8 vials per 30 days
	TAKHZYRO INJ 150 MG/ML	2 syringes per 28 days
	TAKHZYRO INJ 300 MG/2 ML	2 syringes/vials per 28 days
Pulmonary Arterial Hypertension	ADEMPAS TAB	3 tablets per day
	ambrisentan tab	1 tablet per day
	bosentan tab	2 tablets per day
	OPSUMIT TAB	1 tablet per day
	ORENITRAM TITRATION KIT	2 starter kits per 365 days
	sildenafil susp	2 bottles per 30 days
	sildenafil tab	3 tablets per day
	tadalafil tab	2 tablets per day
	TRACLEER TAB FOR ORAL SUSP	4 tablets per day
	TYVASO DPI MAINTENANCE KIT	4 cartridges per day
	TYVASO DPI MAINTENANCE KIT 32-64 MCG	8 cartridges per day
	TYVASO DPI MAINTENANCE KIT 48-64 MCG	8 cartridges per day
	TYVASO DPI TITRATION KIT	2 starter kits per 365 days
	TYVASO SOLN 0.6 MG/ML	1 ampule per day
	UPTRAVI TAB	2 tablets per day
	UPTRAVI TITRATION PACK 200-800 MCG	2 starter packs per 365 days
	VENTAVIS SOLN	9 ampules per day
	WINREVAIR INJ	1 kit per 21 days
	YUTREPIA CAP	5 capsules per day
	YUTREPIA CAP 79.5 MCG	10 capsules per day
	YUTREPIA CAP 106 MCG	8 capsules per day
Transthyretin Stabilizers	VYNDAMAX CAP	1 capsule per day
	VYNDAQEL CAP	4 capsules per day
von Willebrand Factor-Directed Antibody	CABLIVI KIT	1 kit per day

Therapy class	Medication name	Quantity limit
Central Nervous System		
Depressant	sodium oxybate	18 mL per day
	XYWAV SOLN	18 mL per day
Miscellaneous	RELYVRIO PAK 3-1 GM	2 packets per day
Neurological Agents	AMVUTTRA INJ	0.5 mL per 90 days
	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ	4 syringes per 28 days
	WAINUA INJ 45 MG/0.8 ML	1 syringe per 28 days
Parkinson's	APOKYN INJ	30 cartridges per 30 days
	ONAPGO INJ 98 MG/20 ML	20 mL per day
Sleep Disorder	tasimelteon cap	1 capsule per day
	WAKIX TAB	2 tablets per day
Dermatology		
Epidermolysis Bullosa Agent	VYJUVEK GEL	10 mL per 28 days
Electrolyte & Renal Agents		
Diuretics	KEVEYIS, ORMALVI TAB	4 tablets per day
Endocrinology & Metabolism		
Congenital Adrenal Hyperplasia Agent	CRENESSITY CAP	3 capsules per day
	CRENESSITY CAP 100 MG	4 capsules per day
	CRENESSITY SOLN 50 MG/ML	8 mL per day
C-type Natriuretic Peptide	VOXZOGO INJ	1 vial per day
Endothelin Receptor Antagonist	FILSPARI TAB	1 tablet per day
	VANRAFIA TAB	1 tablet per day
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	CAMCEVI INJ 42 MG	1 injection per 168 days
	ELIGARD INJ 7.5 MG	1 injection per 28 days
	ELIGARD INJ 22.5 MG	1 injection per 84 days
	ELIGARD INJ 30 MG	1 injection per 112 days
	ELIGARD INJ 45 MG	1 injection per 168 days
	FENSOLVI INJ 45 MG	1 injection per 168 days
	FIRMAGON INJ 80 MG	1 vial per 28 days
	FIRMAGON INJ 120 MG	2 vials per 365 days
	LEUPROLIDE INJ 22.5 MG	1 injection per 84 days
	LUPRON DEPOT-PED INJ	1 syringe per 28 days
	LUPRON DEPOT-PED (3-MONTH) INJ	1 syringe per 84 days
	LUPRON DEPOT-PED (6 MONTH) INJ	1 syringe per 168 days
	SUPPRELIN LA IMPLANT KIT	1 kit per 365 days
	TRELSTAR MIX INJ 3.75 MG	1 injection per 28 days
	TRELSTAR MIX INJ 11.25 MG	1 injection per 84 days
	TRELSTAR MIX INJ 22.5 MG	1 injection per 168 days
	TRIPTODUR INJ	1 injection per 168 days
	ZOLADEX IMP 3.6 MG	1 injection per 28 days
	ZOLADEX IMP 10.8 MG	1 injection per 84 days

Therapy class	Medication name	Quantity limit
Growth Hormones and Related Therapy	EGRIFTA SV INJ 2 MG	1 vial per day
	EGRIFTA WR KIT 11.6 MG	1 kit per 28 days
Hypoparathyroidism Agent	YORVIPATH INJ	2 syringes per 28 days
Miscellaneous	KORLYM TAB	4 tablets per day
Osteoporosis	EVENITY INJ	2 syringes per 28 days
	STOBOCLO INJ 60 MG/ML	2 syringes per 365 days
Prader-Willi Syndrome Agent	VYKAT XR TAB 25 MG	4 tablets per day
	VYKAT XR TAB 75 MG	7 tablets per day
	VYKAT XR TAB 100 MG	3 tablets per day
Retinoic Acid Receptor Gamma Agonist	SOHONOS CAP 1 MG	20 capsules per day
	SOHONOS CAP 1.5 MG	13 capsules per day
	SOHONOS CAP 2.5 MG	8 capsules per day
	SOHONOS CAP 5 MG	4 capsules per day
	SOHONOS CAP 10 MG	2 capsules per day
Somatostatins	SIGNIFOR LAR INJ	1 vial per 28 days
Vasopressin Antagonist	JYNARQUE TAB	2 tablets per day
	SAMSCA TAB	2 tablets per day
Enzyme-Related		
Cystine-Depleting Agents	CYSTADROPS SOLN 0.37%	4 bottles per 28 days
	CYSTARAN SOLN 0.44%	4 bottles per 28 days
Enzyme Replacement	AQNEURSA POWDER PACKET	4 packets per day
	GALAFOLD CAP	14 capsules per 28 days
	MIPLYFFA CAP	3 capsules per day
	OPFOLDA CAP 65 MG	8 capsules per 28 days
	XURIDEN GRANULES PACKET	4 packets per day
Gastroenterology		
Diarrhea	XERMELO	3 tablets per day
Hepatic Agents	IQIRVO TAB	1 tablet per day
	LIVDELZI CAP	1 capsule per day
	OCALIVA TAB	1 tablet per day
Hematology		
Hemolytic Anemia	PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Immunology		
Bruton Tyrosine Kinase Inhibitor	RHAPSIDO TAB 25 MG	2 tablets per day
Hematopoietic Agents	FABHALTA CAP 200 MG	2 capsules per day
	VOYDEYA	6 tablets per day
Interleukins	ILARIS	2 vials per 28 days
	SPEVIGO INJ 150 MG/1 ML	2 syringes per 28 days
	SPEVIGO INJ 300 MG/2 ML	1 syringe per 28 days
	SPEVIGO IV SOLN	30 mL per 84 days
Monoclonal Antibody	ADBRY INJ 150 MG/ML	4 syringes per 28 days
	ADBRY INJ 300 MG/2 ML	2 syringes per 28 days

Therapy class	Medication name	Quantity limit
	DUPIXENT INJ	4 syringes per 28 days
	EBGLYSS INJ	2 syringes per 28 days
	FASENRA	1 syringe per 56 days
	NEMLUVIO INJ 30 MG	2 syringes per 28 days
	NUCALA	3 vials/syringes per 28 days
	NUCALA INJ 40 MG/0.4 ML	1 syringe per 28 days
	TEZSPIRE	1 syringe per 28 days
	XOLAIR INJ	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML	4 syringes per 28 days
Multiple Sclerosis	AVONEX INJ 30 MCG/0.5 ML	1 kit (4 syringes) per 28 days
	BAFIERTAM CAP	4 capsules per day
	BETASERON	1 package per 28 days
	dalfampridine tab	2 tablets per day
	dimethyl fumarate cap	2 capsules per day
	dimethyl fumarate starter pack	2 starter packs per 365 days
	fingolimod cap	1 capsule per day
	GILENYA 0.25 MG CAP	1 capsule per day
	glatiramer inj 20 mg/mL	1 syringe per day
	glatiramer inj 40 mg/mL	12 syringes per 28 days
	KESIMPTA INJ 20 MG/0.4 ML	1 syringe per 28 days
	LEMTRADA	3.6 mL per 365 days
	MAVENCLAD	4 cycles per lifetime
	MAYZENT STARTER PACK	2 starter packs per 365 days
	MAYZENT TAB 0.25 MG	4 tablets per day
	MAYZENT TAB 1 MG	1 tablet per day
	MAYZENT TAB 2 MG	1 tablet per day
	OCREVUS ZUNOVO INJ	1 syringe per 180 days
	teriflunomide tab	1 tablet per day
	TYRUKO INJ 300 MG/15 ML	1 vial per 28 days
	TYSABRI INJ 300 MG/15 ML	1 vial per 28 days
	VUMERITY CAP	4 capsules per day
	ZEPOSIA CAP	1 capsule per day
	ZEPOSIA STARTER PACK	2 starter packs per 365 days
Neonatal Fc Receptor Antagonist	RYSTIGGO INJ	4 vials per 28 days
	RYSTIGGO INJ 280 MG/3ML	6 vials per 28 days
	VYVGART HYTRULO INJ 1000 MG/10000 UNIT/5 ML	4 syringes per 28 days
Thrombopoietin Receptor Agonists	DOPTELET SPRINKLE CAP 10 MG	2 capsules per day
WHIM Syndrome	XOLREMDI CAP	4 capsules per day
Miscellaneous		
Movement Disorder Agents	AUSTEDO TAB	4 tablets per day
	AUSTEDO TITRATION KIT	2 starter packs per 365 days
	AUSTEDO XR TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
	AUSTEDO XR TITRATION KIT	2 starter packs per 365 days
	INGREZZA CAP	1 capsule per day
	INGREZZA SPRINKLE CAP	1 capsule per day
	INGREZZA THERAPY PACK	2 starter packs per 365 days
Oncology (Oral)		
Kinase and Molecular Target Inhibitors	ALUNBRIG STARTER PACK	1 starter pack per 365 days
	ALUNBRIG TAB	1 tablet per day
	ALUNBRIG TAB 30 MG	4 tablets per day
	AYVAKIT TAB	1 tablet per day
	CABOMETYX TAB 20 MG	1 tablet per day
	CAPRELSA TAB 100 MG	2 tablets per day
	everolimus tab	1 tablet per day
	GILOTRIF TAB	1 tablet per day
	ICLUSIG TAB 10 MG	1 tablet per day
	ICLUSIG TAB 15 MG	1 tablet per day
	IDHIFA TAB	1 tablet per day
	IMBRUVICA CAP	1 capsule per day
	IMBRUVICA CAP 140 MG	3 capsules per day
	IMBRUVICA TAB 420 MG	1 tablet per day
	IMBRUVICA TAB 560 MG	1 tablet per day
	ITOVEBI TAB 3 MG	2 tablets per day
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	JAYPIRCA TAB 50 MG	1 tablet per day
	LAZCLUZE TAB 80 MG	2 tablets per day
	NERLYNX TAB	6 tablets per day
	RETEVMO TAB 40 MG	3 tablets per day
	RETEVMO TAB 80 MG	2 tablets per day
	SCEMBLIX TAB 20 MG	2 tablets per day
	SCEMBLIX TAB 40 MG	8 tablets per day
	TAGRISSO TAB 40 MG	1 tablet per day
	TARCEVA TAB 25 MG	3 tablets per day
	VIJOICE GRANULES 50 MG	1 packet per day
	VIJOICE PAK	1 tablet per day
	VIJOICE PAK 250 MG	2 tablets per day
	VIZIMPRO TAB 15 MG	1 tablet per day
	VORANIGO TAB 10 MG	2 tablets per day
	VOTRIENT TAB 200 MG	3 tablets per day
	ZEJULA TAB 100 MG	1 tablet per day
Thalidomide-Related Agents	POMALYST CAP 1 MG	1 capsule per day
	POMALYST CAP 2 MG	1 capsule per day
Ophthalmology		
Miscellaneous	OXERVATE SOLN	2 mL per day, 112 mL per lifetime

Therapy class	Medication name	Quantity limit
Respiratory		
Cystic Fibrosis	ALYFTREK TAB 4-20-50 MG	3 tablets per day
	ALYFTREK TAB 10-50-125 MG	2 tablets per day
	KALYDECO PAK	2 packets per day
	ORKAMBI GRANULES PACKET	2 packets per day
	ORKAMBI TAB 100-125 MG	4 tablets per day
	ORKAMBI TAB 200-125 MG	4 tablets per day
	SYMDEKO TAB	2 tablets per day
	TOBI PODHALER CAP	1 package per 56 days
	tobramycin soln	2 vials per day
	TRIKAFTA GRANULES PACKET	2 packets per day
	TRIKAFTA TAB	3 tablets per day
Pulmonary Fibrosis	OFEV CAP	2 capsules per day
	pirfenidone cap/tab 276 mg	9 capsules/tablets per day
	pirfenidone tab 801 mg	3 tablets per day
Urology		
Primary Hyperoxaluria Type 1	RIVFLOZA INJ	1 syringe per 28 days
	RIVFLOZA INJ 80 MG/0.5 ML	2 vials per 28

*Quantity limit applies to both the brand and generic if applicable

Quantity limits effective as of July 1, 2026.

PLEASE NOTE: This drug list is subject to regular updates and may not be all inclusive. Drugs affected include both brand and generic and include all strengths unless noted. If a targeted drug has a new strength, it may be automatically added to the list.

Optum Rx®

All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.
© 2026 OptumRx, Inc. All rights reserved. WF20456049-A QL.PREMIUM 07012026