

## QUANTITY LIMITS

This list is current as of 8/1/2024 and pertains to the following Independent Health 2024 Formularies:

Independent Health's Drug Formulary I  
Independent Health's Drug Formulary II  
Independent Health's Drug Formulary III  
Independent Health's FEHB Drug Formulary  
Independent Health's Essential Plan Formulary

Independent Health has established quantity limits on certain medications contained in our formularies mentioned above. Some medications are covered up to a specific quantity per 30 days. Medications with quantity limitations are listed with a "QL" in the Notes column of the formulary.

For items that come pre-packaged (for example: tube/container, inhaler device, single dose units, or liquid container), one package size is allowed per fill of these items. If a quantity limit is designated on the formulary, this restriction will take precedence over the pre-packaged limitations, when applicable.

If you have any questions, please contact our Member Services Department at 1-800-501-3439 or (716) 631-8701, Monday through Friday from 8 a.m. to 8 p.m. TTY users please call 711.

The formulary may change at any time. You will receive notice when necessary.

**Aemcolo**

|                                     |                                  |
|-------------------------------------|----------------------------------|
| AEMCOLO ORAL TABLET DELAYED RELEASE | Quantity Limit: 12 EA Per 3 Days |
|-------------------------------------|----------------------------------|

**Airsupra**

|                             |                                       |
|-----------------------------|---------------------------------------|
| AIRSUPRA INHALATION AEROSOL | Quantity Limit: 1 inhaler Per 30 Days |
|-----------------------------|---------------------------------------|

**Akynzeo**

|                      |  |
|----------------------|--|
| AKYNZEO ORAL CAPSULE | Quantity Limit: 1 EA Max Qty Per Fill Retail |
|----------------------|--|

**Albuterol Sulfate HFA**

|   |                                       |
|---|---------------------------------------|
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | Quantity Limit: 1 inhaler Per 30 Days |
|---|---------------------------------------|

**Almotriptan Malate**

|                                |                                  |
|--------------------------------|----------------------------------|
| almotriptan malate oral tablet | Quantity Limit: 6 EA Per 30 Days |
|--------------------------------|----------------------------------|

**Amphetamine-Dextroamphetamine**

|  |                                |
|--|--------------------------------|
| amphetamine-dextroamphetamine oral tablet 12.5 mg, 15 mg, 5 mg, 7.5 mg | Quantity Limit: 3 EA Per 1 Day |
|--|--------------------------------|

**Anzemet**

|                           |                                  |
|---------------------------|----------------------------------|
| ANZEMET ORAL TABLET 50 MG | Quantity Limit: 5 EA Per 30 Days |
|---------------------------|----------------------------------|

**Aprepitant**

|  |                                  |
|--|----------------------------------|
| aprepitant oral capsule 125 mg, 80 mg      | Quantity Limit: 3 EA Per 30 Days |
| aprepitant oral capsule 40 mg, 80 & 125 mg | Quantity Limit: 1 EA Per 30 Days |

**Benzonatate**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| benzonatate oral capsule 100 mg | Quantity Limit: 60 EA Per 10 Days |
| benzonatate oral capsule 200 mg | Quantity Limit: 30 EA Per 10 Days |

**Bethkis**

|  |                                    |
|--|------------------------------------|
| BETHKIS INHALATION NEBULIZATION SOLUTION | Quantity Limit: 224 ML Per 28 Days |
|--|------------------------------------|

**Bromfenac Sodium**

|   |                                    |
|---|------------------------------------|
| bromfenac sodium ophthalmic solution 0.07 % | Quantity Limit: 2 fills Per 1 year |
|---|------------------------------------|

08.01.2024

**Buprenorphine HCl**

|  |                                 |
|--|---------------------------------|
| buprenorphine hcl sublingual tablet sublingual | Quantity Limit: 6 EA Per 2 Days |
|--|---------------------------------|

**Caverject Impulse**

|                                       |                                  |
|---------------------------------------|----------------------------------|
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT | Quantity Limit: 6 EA Per 30 Days |
|---------------------------------------|----------------------------------|

**Caverject**

|  |                                  |
|--|----------------------------------|
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED | Quantity Limit: 6 EA Per 30 Days |
|--|----------------------------------|

**Cayston**

|   |                                   |
|---|-----------------------------------|
| CAYSTON INHALATION SOLUTION RECONSTITUTED | Quantity Limit: 84 ML Per 28 Days |
|---|-----------------------------------|

**Clindamycin HCl**

|  |                                    |
|--|------------------------------------|
| clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg | Quantity Limit: 120 EA Per 10 Days |
|--|------------------------------------|

**Clomid**

|                    |                                      |
|--------------------|--------------------------------------|
| CLOMID ORAL TABLET | Quantity Limit: 4 fills Per 365 Days |
|--------------------|--------------------------------------|

**Clotrimazole-Betamethasone**

|  |                                      |
|--|--------------------------------------|
| clotrimazole-betamethasone external lotion | Quantity Limit: 2 fills Per 180 Days |
|--|--------------------------------------|

**cloZAPine**

|   |                                    |
|---|------------------------------------|
| clozapine oral tablet 100 mg              | Quantity Limit: 270 EA Per 30 Days |
| clozapine oral tablet 200 mg              | Quantity Limit: 135 EA Per 30 Days |
| clozapine oral tablet 25 mg               | Quantity Limit: 120 EA Per 30 Days |
| clozapine oral tablet 50 mg               | Quantity Limit: 540 EA Per 30 Days |
| clozapine oral tablet dispersible 12.5 mg | Quantity Limit: 90 EA Per 30 Days  |
| clozapine oral tablet dispersible 150 mg  | Quantity Limit: 180 EA Per 30 Days |
| clozapine oral tablet dispersible 200 mg  | Quantity Limit: 135 EA Per 30 Days |

**CloZAPine**

|  |                                    |
|--|------------------------------------|
| clozapine oral tablet dispersible 100 mg | Quantity Limit: 270 EA Per 30 Days |
| clozapine oral tablet dispersible 25 mg  | Quantity Limit: 120 EA Per 30 Days |

08.01.2024

**Coartem**

|                     |                                   |
|---------------------|-----------------------------------|
| COARTEM ORAL TABLET | Quantity Limit: 24 EA Per 30 Days |
|---------------------|-----------------------------------|

**Cromolyn Sodium**

|  |                                    |
|--|------------------------------------|
| cromolyn sodium inhalation nebulization solution | Quantity Limit: 240 ML Per 30 Days |
|--|------------------------------------|

**cycloSPORINE**

|                                  |                                   |
|----------------------------------|-----------------------------------|
| cyclosporine ophthalmic emulsion | Quantity Limit: 60 EA Per 30 Days |
|----------------------------------|-----------------------------------|

**Diclofenac Potassium(Migraine)**

|  |                                  |
|--|----------------------------------|
| diclofenac potassium(migraine) oral packet | Quantity Limit: 9 EA Per 30 Days |
|--|----------------------------------|

**Dihydroergotamine Mesylate**

|   |                                   |
|---|-----------------------------------|
| dihydroergotamine mesylate injection solution | Quantity Limit: 10 ML Per 30 Days |
|---|-----------------------------------|

|   |                                  |
|---|----------------------------------|
| dihydroergotamine mesylate nasal solution | Quantity Limit: 8 ML Per 30 Days |
|---|----------------------------------|

**Doxylamine-Pyridoxine**

|   |                                      |
|---|--------------------------------------|
| doxylamine-pyridoxine oral tablet delayed release | Quantity Limit: 3 fills Per 365 Days |
|---|--------------------------------------|

**Duopa**

|                          |                                     |
|--------------------------|-------------------------------------|
| DUOPA ENTERAL SUSPENSION | Quantity Limit: 3000 ML Per 30 Days |
|--------------------------|-------------------------------------|

**Edex**

|                          |                                  |
|--------------------------|----------------------------------|
| EDEX INTRACAVERNOSAL KIT | Quantity Limit: 6 EA Per 30 Days |
|--------------------------|----------------------------------|

**Eletriptan Hydrobromide**

|                                     |                                  |
|-------------------------------------|----------------------------------|
| eletriptan hydrobromide oral tablet | Quantity Limit: 6 EA Per 30 Days |
|-------------------------------------|----------------------------------|

**Ella**

|                  |                                  |
|------------------|----------------------------------|
| ELLA ORAL TABLET | Quantity Limit: 1 EA Per 30 Days |
|------------------|----------------------------------|

**Emend**

|                                     |                                    |
|-------------------------------------|------------------------------------|
| EMEND ORAL SUSPENSION RECONSTITUTED | Quantity Limit: 3 days Per 30 Days |
|-------------------------------------|------------------------------------|

08.01.2024

**Endometrin**

|                           |                                      |
|---------------------------|--------------------------------------|
| ENDOMETRIN VAGINAL INSERT | Quantity Limit: 4 fills Per 365 Days |
|---------------------------|--------------------------------------|

**EPINEPHrine**

|  |                                      |
|--|--------------------------------------|
| epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml | Quantity Limit: 4 fills Per 365 Days |
|--|--------------------------------------|

**Fabior**

|                      |                                   |
|----------------------|-----------------------------------|
| FABIOR EXTERNAL FOAM | Quantity Limit: 50 GM Per 30 Days |
|----------------------|-----------------------------------|

**Filspari**

|                             |                                |
|-----------------------------|--------------------------------|
| FILSPARI ORAL TABLET 200 MG | Quantity Limit: 1 EA Per 1 Day |
|-----------------------------|--------------------------------|

**Fondaparinux Sodium**

|   |   |
|---|---|
| fondaparinux sodium subcutaneous solution | Quantity Limit: 14 days Max Qty Per Fill Retail |
|---|---|

**Fosfomycin Tromethamine**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| fosfomycin tromethamine oral packet | Quantity Limit: 1 EA Per 1 fill |
|-------------------------------------|---------------------------------|

**Fragmin**

|   |   |
|---|---|
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML    | Quantity Limit: 14 days Per 0 Days              |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML  | Quantity Limit: 14 days Max Qty Per Fill Retail |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Quantity Limit: 14 days Max Qty Per Fill Retail |

**Frovatriptan Succinate**

|                                    |                                  |
|------------------------------------|----------------------------------|
| frovatriptan succinate oral tablet | Quantity Limit: 9 EA Per 30 Days |
|------------------------------------|----------------------------------|

**Gabapentin (Once-Daily)**

|                                     |                                |
|-------------------------------------|--------------------------------|
| gabapentin (once-daily) oral tablet | Quantity Limit: 3 EA Per 1 Day |
|-------------------------------------|--------------------------------|

**Granisetron HCl**

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|-----------------------------|----------------------------------|
| granisetron hcl oral tablet | Quantity Limit: 2 EA Per 30 Days |
|-----------------------------|----------------------------------|

**HumaLOG**

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|----------------------------|----------------------------------|
| HUMALOG INJECTION SOLUTION | Quantity Limit: 1.5 ML Per 1 Day |
|----------------------------|----------------------------------|

08.01.2024

**HumaLOG**

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|---|----------------------------------|
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | Quantity Limit: 1.5 ML Per 1 Day |
|---|----------------------------------|

**HumaLOG Junior KwikPen**

|   |                                  |
|---|----------------------------------|
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|---|----------------------------------|

**HumaLOG KwikPen**

|   |                                  |
|---|----------------------------------|
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | Quantity Limit: 1.5 ML Per 1 Day |
|---|----------------------------------|

**HumaLOG Mix 50/50 KwikPen**

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|--|----------------------------------|
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**HumaLOG Mix 50/50**

|   |                                  |
|---|----------------------------------|
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | Quantity Limit: 1.5 ML Per 1 Day |
|---|----------------------------------|

**HumaLOG Mix 75/25 KwikPen**

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|--|----------------------------------|
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**HumaLOG Mix 75/25**

|   |                                  |
|---|----------------------------------|
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | Quantity Limit: 1.5 ML Per 1 Day |
|---|----------------------------------|

**HumuLIN 70/30 KwikPen**

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|--|----------------------------------|
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**HumuLIN 70/30**

|                                       |                                  |
|---------------------------------------|----------------------------------|
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | Quantity Limit: 1.5 ML Per 1 Day |
|---------------------------------------|----------------------------------|

**HumuLIN N KwikPen**

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|--|----------------------------------|
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**HumuLIN N**

|                                   |                                  |
|-----------------------------------|----------------------------------|
| HUMULIN N SUBCUTANEOUS SUSPENSION | Quantity Limit: 1.5 ML Per 1 Day |
|-----------------------------------|----------------------------------|

08.01.2024

**HumuLIN R**

|                              |                                  |
|------------------------------|----------------------------------|
| HUMULIN R INJECTION SOLUTION | Quantity Limit: 1.5 ML Per 1 Day |
|------------------------------|----------------------------------|

**HumuLIN R U-500 (CONCENTRATED)**

|  |                                  |
|--|----------------------------------|
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**HumuLIN R U-500 KwikPen**

|  |                                  |
|--|----------------------------------|
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**Ibandronate Sodium**

|                                |                                  |
|--------------------------------|----------------------------------|
| ibandronate sodium oral tablet | Quantity Limit: 1 EA Per 30 Days |
|--------------------------------|----------------------------------|

**Ingrezza**

|   |                                   |
|---|-----------------------------------|
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG | Quantity Limit: 30 EA Per 30 Days |
|---|-----------------------------------|

**Insulin Glargine Max SoloStar**

|  |                                  |
|--|----------------------------------|
| insulin glargine max solostar subcutaneous solution pen-injector | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**Insulin Glargine Solostar**

|  |                                  |
|--|----------------------------------|
| insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**Ketorolac Tromethamine**

|                                    |                                  |
|------------------------------------|----------------------------------|
| ketorolac tromethamine oral tablet | Quantity Limit: 20 EA Per 5 Days |
|------------------------------------|----------------------------------|

**Kitabis Pak**

|  |                                    |
|--|------------------------------------|
| KITABIS PAK INHALATION NEBULIZATION SOLUTION | Quantity Limit: 280 ML Per 28 Days |
|--|------------------------------------|

**Lagevrio**

|                       |                                  |
|-----------------------|----------------------------------|
| LAGEVRIO ORAL CAPSULE | Quantity Limit: 40 EA Per 5 Days |
|-----------------------|----------------------------------|

**Lantus SoloStar**

|  |                                  |
|--|----------------------------------|
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

08.01.2024

**Lantus**

|                              |                                  |
|------------------------------|----------------------------------|
| LANTUS SUBCUTANEOUS SOLUTION | Quantity Limit: 1.5 ML Per 1 Day |
|------------------------------|----------------------------------|

**Levemir**

|                               |                                  |
|-------------------------------|----------------------------------|
| LEVEMIR SUBCUTANEOUS SOLUTION | Quantity Limit: 1.5 ML Per 1 Day |
|-------------------------------|----------------------------------|

**Levonorgestrel**

|                                   |                                  |
|-----------------------------------|----------------------------------|
| levonorgestrel oral tablet 1.5 mg | Quantity Limit: 1 EA Per 30 Days |
|-----------------------------------|----------------------------------|

**Lisdexamfetamine Dimesylate**

|  |                                |
|--|--------------------------------|
| lisdexamfetamine dimesylate oral capsule | Quantity Limit: 1 EA Per 1 Day |
|--|--------------------------------|

|  |                                |
|--|--------------------------------|
| lisdexamfetamine dimesylate oral tablet chewable | Quantity Limit: 1 EA Per 1 Day |
|--|--------------------------------|

**Lucemyra**

|                      |                                    |
|----------------------|------------------------------------|
| LUCEMYRA ORAL TABLET | Quantity Limit: 196 EA Per 14 Days |
|----------------------|------------------------------------|

**Lyumjev**

|                            |                                  |
|----------------------------|----------------------------------|
| LYUMJEV INJECTION SOLUTION | Quantity Limit: 1.5 ML Per 1 Day |
|----------------------------|----------------------------------|

**Lyumjev KwikPen**

|  |                                  |
|--|----------------------------------|
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**Mavenclad (10 Tabs)**

|  |                                    |
|--|------------------------------------|
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | Quantity Limit: 20 EA Per 294 Days |
|--|------------------------------------|

**Mavenclad (4 Tabs)**

|   |                                    |
|---|------------------------------------|
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | Quantity Limit: 20 EA Per 294 Days |
|---|------------------------------------|

**Mavenclad (5 Tabs)**

|   |                                    |
|---|------------------------------------|
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | Quantity Limit: 20 EA Per 294 Days |
|---|------------------------------------|

**Mavenclad (6 Tabs)**

|   |                                    |
|---|------------------------------------|
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | Quantity Limit: 20 EA Per 294 Days |
|---|------------------------------------|

08.01.2024



**Mavenclad (7 Tabs)**

|   |                                    |
|---|------------------------------------|
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | Quantity Limit: 20 EA Per 294 Days |
|---|------------------------------------|

**Mavenclad (8 Tabs)**

|   |                                    |
|---|------------------------------------|
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | Quantity Limit: 20 EA Per 294 Days |
|---|------------------------------------|

**Mavenclad (9 Tabs)**

|   |                                    |
|---|------------------------------------|
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | Quantity Limit: 20 EA Per 294 Days |
|---|------------------------------------|

**Methylergonovine Maleate**

|                                      |                                  |
|--------------------------------------|----------------------------------|
| methylergonovine maleate oral tablet | Quantity Limit: 28 EA Per 7 Days |
|--------------------------------------|----------------------------------|

**Methylphenidate HCl**

|                                 |                                |
|---------------------------------|--------------------------------|
| methylphenidate hcl oral tablet | Quantity Limit: 3 EA Per 1 Day |
|---------------------------------|--------------------------------|

**Na Sulfate-K Sulfate-Mg Sulf**

|   |                                  |
|---|----------------------------------|
| na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml | Quantity Limit: 2 EA Per 30 Days |
|---|----------------------------------|

**Naratriptan HCl**

|                             |                                  |
|-----------------------------|----------------------------------|
| naratriptan hcl oral tablet | Quantity Limit: 9 EA Per 30 Days |
|-----------------------------|----------------------------------|

**Nayzilam**

|                         |                                     |
|-------------------------|-------------------------------------|
| NAYZILAM NASAL SOLUTION | Quantity Limit: 5 fills Per 30 Days |
|-------------------------|-------------------------------------|

**Nicotrol**

|                             |                                      |
|-----------------------------|--------------------------------------|
| NICOTROL INHALATION INHALER | Quantity Limit: 2 FILLS Per 365 Days |
|-----------------------------|--------------------------------------|

**Nicotrol NS**

|                            |                                      |
|----------------------------|--------------------------------------|
| NICOTROL NS NASAL SOLUTION | Quantity Limit: 2 FILLS Per 365 Days |
|----------------------------|--------------------------------------|

**Ninlaro**

|                      |                                  |
|----------------------|----------------------------------|
| NINLARO ORAL CAPSULE | Quantity Limit: 3 EA Per 28 Days |
|----------------------|----------------------------------|

**Ofloxacin**

|                               |                                   |
|-------------------------------|-----------------------------------|
| ofloxacin ophthalmic solution | Quantity Limit: 10 ML Per 30 Days |
|-------------------------------|-----------------------------------|

08.01.2024

**Omnipod 5 G6 Intro (Gen 5)**

|                                |                                    |
|--------------------------------|------------------------------------|
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | Quantity Limit: 1 kit Per 730 Days |
|--------------------------------|------------------------------------|

**Oseltamivir Phosphate**

|   |                                      |
|---|--------------------------------------|
| oseltamivir phosphate oral capsule                  | Quantity Limit: 2 fills Per 365 Days |
| oseltamivir phosphate oral suspension reconstituted | Quantity Limit: 2 fills Per 365 Days |

**Paxlovid (150/100)**

|   |                                  |
|---|----------------------------------|
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK | Quantity Limit: 20 EA Per 5 Days |
|---|----------------------------------|

**Paxlovid (300/100)**

|   |                                  |
|---|----------------------------------|
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK | Quantity Limit: 30 EA Per 5 Days |
|---|----------------------------------|

**Pirfenidone**

|                                |                                    |
|--------------------------------|------------------------------------|
| pirfenidone oral capsule       | Quantity Limit: 270 EA Per 30 Days |
| pirfenidone oral tablet 267 mg | Quantity Limit: 270 EA Per 30 Days |
| pirfenidone oral tablet 801 mg | Quantity Limit: 90 EA Per 30 Days  |

**Priftin**

|                     |                                   |
|---------------------|-----------------------------------|
| PRIFTIN ORAL TABLET | Quantity Limit: 32 EA Per 29 Days |
|---------------------|-----------------------------------|

**QuiNINE Sulfate**

|                              |                                   |
|------------------------------|-----------------------------------|
| quinine sulfate oral capsule | Quantity Limit: 42 EA Per 30 Days |
|------------------------------|-----------------------------------|

**Relenza Diskhaler**

|   |                                      |
|---|--------------------------------------|
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Quantity Limit: 2 FILLS Per 365 Days |
|---|--------------------------------------|

**Rizatriptan Benzoate**

|  |                                  |
|--|----------------------------------|
| rizatriptan benzoate oral tablet             | Quantity Limit: 9 EA Per 30 Days |
| rizatriptan benzoate oral tablet dispersible | Quantity Limit: 9 EA Per 30 Days |

**Sancuso**

|                           |                                  |
|---------------------------|----------------------------------|
| SANCUSO TRANSDERMAL PATCH | Quantity Limit: 1 EA Per 30 Days |
|---------------------------|----------------------------------|

08.01.2024

**Scopolamine**

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| scopolamine transdermal patch 72 hour | Quantity Limit: 10 EA Per 30 Days |
|---------------------------------------|-----------------------------------|

**Sildenafil Citrate**

|   |                                  |
|---|----------------------------------|
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | Quantity Limit: 6 EA Per 30 Days |
|---|----------------------------------|

**Soltamox**

|                        |                                     |
|------------------------|-------------------------------------|
| SOLTAMOX ORAL SOLUTION | Quantity Limit: 1800 ML Per 30 Days |
|------------------------|-------------------------------------|

**Sotylize**

|                        |                                     |
|------------------------|-------------------------------------|
| SOTYLIZE ORAL SOLUTION | Quantity Limit: 1920 ML Per 30 Days |
|------------------------|-------------------------------------|

**Spinosad**

|                              |                                    |
|------------------------------|------------------------------------|
| spinosad external suspension | Quantity Limit: 120 ML Per 30 Days |
|------------------------------|------------------------------------|

**Sprix**

|                      |                                 |
|----------------------|---------------------------------|
| SPRIX NASAL SOLUTION | Quantity Limit: 5 EA Per 5 Days |
|----------------------|---------------------------------|

**SUMatriptan**

|                            |                                  |
|----------------------------|----------------------------------|
| sumatriptan nasal solution | Quantity Limit: 6 EA Per 30 Days |
|----------------------------|----------------------------------|

**SUMatriptan Succinate**

|  |                                  |
|--|----------------------------------|
| sumatriptan succinate oral tablet  | Quantity Limit: 9 EA Per 30 Days |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml                           | Quantity Limit: 3 ML Per 30 Days |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | Quantity Limit: 3 ML Per 30 Days |

**SUMatriptan Succinate Refill**

|  |                                  |
|--|----------------------------------|
| sumatriptan succinate refill subcutaneous solution cartridge | Quantity Limit: 3 ML Per 30 Days |
|--|----------------------------------|

**Sutab**

|                   |  |
|-------------------|--|
| SUTAB ORAL TABLET | Quantity Limit: 24 tablets Per 30 Days |
|-------------------|--|

**Tadalafil**

|   |                                  |
|---|----------------------------------|
| tadalafil oral tablet 10 mg, 20 mg (ed) | Quantity Limit: 6 EA Per 30 Days |
|---|----------------------------------|

08.01.2024

**Takhzyro**

|  |  |
|--|--|
| TAKHZYRO SUBCUTANEOUS SOLUTION   | Quantity Limit: 2 injections Per 28 Days |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML | Quantity Limit: 2 syringes Per 28 Days   |

**Tamiflu**

|   |                                      |
|---|--------------------------------------|
| TAMIFLU ORAL CAPSULE                          | Quantity Limit: 2 fills Per 365 Days |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | Quantity Limit: 2 fills Per 365 Days |

**Tetrabenazine**

|                                   |                                |
|-----------------------------------|--------------------------------|
| tetrabenazine oral tablet 12.5 mg | Quantity Limit: 3 EA Per 1 Day |
| tetrabenazine oral tablet 25 mg   | Quantity Limit: 4 EA Per 1 Day |

**Tobi Podhaler**

|                                  |                                    |
|----------------------------------|------------------------------------|
| TOBI PODHALER INHALATION CAPSULE | Quantity Limit: 224 mL Per 28 Days |
|----------------------------------|------------------------------------|

**Tobramycin**

|  |                                    |
|--|------------------------------------|
| tobramycin inhalation nebulization solution 300 mg/5ml | Quantity Limit: 280 ML Per 28 Days |
|--|------------------------------------|

**Toujeo Max SoloStar**

|  |                                  |
|--|----------------------------------|
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**Toujeo SoloStar**

|  |                                  |
|--|----------------------------------|
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**Tresiba FlexTouch**

|  |                                  |
|--|----------------------------------|
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | Quantity Limit: 1.5 ML Per 1 Day |
|--|----------------------------------|

**Tresiba**

|                               |                                  |
|-------------------------------|----------------------------------|
| TRESIBA SUBCUTANEOUS SOLUTION | Quantity Limit: 1.5 ML Per 1 Day |
|-------------------------------|----------------------------------|

**Valtoco 10 MG Dose**

|                                 |                                     |
|---------------------------------|-------------------------------------|
| VALTOCO 10 MG DOSE NASAL LIQUID | Quantity Limit: 5 Fills Per 30 Days |
|---------------------------------|-------------------------------------|

08.01.2024

**Valtoco 15 MG Dose**

|  |                                     |
|--|-------------------------------------|
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK | Quantity Limit: 5 Fills Per 30 Days |
|--|-------------------------------------|

**Valtoco 20 MG Dose**

|  |                                     |
|--|-------------------------------------|
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK | Quantity Limit: 5 Fills Per 30 Days |
|--|-------------------------------------|

**Valtoco 5 MG Dose**

|                                |                                     |
|--------------------------------|-------------------------------------|
| VALTOCO 5 MG DOSE NASAL LIQUID | Quantity Limit: 5 Fills Per 30 Days |
|--------------------------------|-------------------------------------|

**Varubi (180 MG Dose)**

|   |                                  |
|---|----------------------------------|
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK | Quantity Limit: 2 EA Per 28 Days |
|---|----------------------------------|

**Vijoice**

|                     |                                   |
|---------------------|-----------------------------------|
| VIJOICE ORAL PACKET | Quantity Limit: 30 EA Per 30 Days |
|---------------------|-----------------------------------|

**Vistogard**

|                       |                                  |
|-----------------------|----------------------------------|
| VISTOGARD ORAL PACKET | Quantity Limit: 20 EA Per 5 Days |
|-----------------------|----------------------------------|

**Wegovy**

|  |                                   |
|--|-----------------------------------|
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML | Quantity Limit: 0.5 ML Per 7 Days |
|--|-----------------------------------|

|   |                                    |
|---|------------------------------------|
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML | Quantity Limit: 0.75 ML Per 7 Days |
|---|------------------------------------|

**Xcopri (250 MG Daily Dose)**

|  |                                   |
|--|-----------------------------------|
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | Quantity Limit: 56 EA Per 28 Days |
|--|-----------------------------------|

**Xcopri (350 MG Daily Dose)**

|   |                                   |
|---|-----------------------------------|
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Quantity Limit: 56 EA Per 28 Days |
|---|-----------------------------------|

**Xcopri**

|   |                                   |
|---|-----------------------------------|
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | Quantity Limit: 30 EA Per 30 Days |
|---|-----------------------------------|

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| XCOPRI ORAL TABLET 150 MG, 200 MG | Quantity Limit: 60 EA Per 30 Days |
|-----------------------------------|-----------------------------------|

|                                 |                                   |
|---------------------------------|-----------------------------------|
| XCOPRI ORAL TABLET THERAPY PACK | Quantity Limit: 28 EA Per 28 Days |
|---------------------------------|-----------------------------------|

08.01.2024

**Xifaxan**

|                            |                                 |
|----------------------------|---------------------------------|
| XIFAXAN ORAL TABLET 200 MG | Quantity Limit: 9 EA Per 3 Days |
|----------------------------|---------------------------------|

**Xiidra**

|                            |                                   |
|----------------------------|-----------------------------------|
| XIIDRA OPHTHALMIC SOLUTION | Quantity Limit: 60 EA Per 30 Days |
|----------------------------|-----------------------------------|

**Xofluza (40 MG Dose)**

|   |                                      |
|---|--------------------------------------|
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | Quantity Limit: 2 fills Per 365 Days |
|---|--------------------------------------|

**Xofluza (80 MG Dose)**

|   |                                      |
|---|--------------------------------------|
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | Quantity Limit: 2 fills Per 365 Days |
|---|--------------------------------------|

**Zepbound**

|  |                                   |
|--|-----------------------------------|
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Quantity Limit: 0.5 ML Per 7 Days |
|--|-----------------------------------|

**ZOLMitriptan**

|                          |                                  |
|--------------------------|----------------------------------|
| zolmitriptan oral tablet | Quantity Limit: 6 EA Per 30 Days |
|--------------------------|----------------------------------|

|                                      |                                  |
|--------------------------------------|----------------------------------|
| zolmitriptan oral tablet dispersible | Quantity Limit: 6 EA Per 30 Days |
|--------------------------------------|----------------------------------|

**Zomig**

|                           |                                  |
|---------------------------|----------------------------------|
| ZOMIG NASAL SOLUTION 5 MG | Quantity Limit: 6 EA Per 30 Days |
|---------------------------|----------------------------------|

**Zurzuvae**

|                       |                                      |
|-----------------------|--------------------------------------|
| ZURZUVAE ORAL CAPSULE | Quantity Limit: 14 days Per 365 Days |
|-----------------------|--------------------------------------|

08.01.2024

## INDEX

|                                      |      |                                     |    |
|--------------------------------------|------|-------------------------------------|----|
| Aemcolo .....                        | 1    | Ingrezza .....                      | 6  |
| Airsupra .....                       | 1    | Insulin Glargine Max SoloStar ..... | 6  |
| Akynzeo .....                        | 1    | Insulin Glargine Solostar .....     | 6  |
| Albuterol Sulfate HFA .....          | 1    | Ketorolac Tromethamine .....        | 6  |
| Almotriptan Malate .....             | 1    | Kitabis Pak .....                   | 6  |
| Amphetamine-Dextroamphetamine .....  | 1    | Lagevrio .....                      | 6  |
| Anzemet .....                        | 1    | Lantus .....                        | 7  |
| Aprepitant .....                     | 1    | Lantus SoloStar .....               | 6  |
| Benzonatate .....                    | 1    | Levemir .....                       | 7  |
| Bethkis .....                        | 1    | Levonorgestrel .....                | 7  |
| Bromfenac Sodium .....               | 1    | Lisdexamfetamine Dimesylate .....   | 7  |
| Buprenorphine HCl .....              | 2    | Lucemyra .....                      | 7  |
| Caverject .....                      | 2    | Lyumjev .....                       | 7  |
| Caverject Impulse .....              | 2    | Lyumjev KwikPen .....               | 7  |
| Cayston .....                        | 2    | Mavenclad (10 Tabs) .....           | 7  |
| Clindamycin HCl .....                | 2    | Mavenclad (4 Tabs) .....            | 7  |
| Clomid .....                         | 2    | Mavenclad (5 Tabs) .....            | 7  |
| Clotrimazole-Betamethasone .....     | 2    | Mavenclad (6 Tabs) .....            | 7  |
| cloZAPine .....                      | 2    | Mavenclad (7 Tabs) .....            | 8  |
| CloZAPine .....                      | 2    | Mavenclad (8 Tabs) .....            | 8  |
| Coartem .....                        | 3    | Mavenclad (9 Tabs) .....            | 8  |
| Cromolyn Sodium .....                | 3    | Methylergonovine Maleate .....      | 8  |
| cycloSPORINE .....                   | 3    | Methylphenidate HCl .....           | 8  |
| Diclofenac Potassium(Migraine) ..... | 3    | Na Sulfate-K Sulfate-Mg Sulf .....  | 8  |
| Dihydroergotamine Mesylate .....     | 3    | Naratriptan HCl .....               | 8  |
| Doxylamine-Pyridoxine .....          | 3    | Nayzilam .....                      | 8  |
| Duopa .....                          | 3    | Nicotrol .....                      | 8  |
| Edex .....                           | 3    | Nicotrol NS .....                   | 8  |
| Eletriptan Hydrobromide .....        | 3    | Ninlaro .....                       | 8  |
| Ella .....                           | 3    | Ofloxacin .....                     | 8  |
| Emend .....                          | 3    | Omnipod 5 G6 Intro (Gen 5) .....    | 9  |
| Endometrin .....                     | 4    | Oseltamivir Phosphate .....         | 9  |
| EPINEPHrine .....                    | 4    | Paxlovid (150/100) .....            | 9  |
| Fabior .....                         | 4    | Paxlovid (300/100) .....            | 9  |
| Filspari .....                       | 4    | Pirfenidone .....                   | 9  |
| Fondaparinux Sodium .....            | 4    | Priftin .....                       | 9  |
| Fosfomycin Tromethamine .....        | 4    | QuiNINE Sulfate .....               | 9  |
| Fragmin .....                        | 4    | Relenza Diskhaler .....             | 9  |
| Frovatriptan Succinate .....         | 4    | Rizatriptan Benzoate .....          | 9  |
| Gabapentin (Once-Daily) .....        | 4    | Sancuso .....                       | 9  |
| Granisetron HCl .....                | 4    | Scopolamine .....                   | 10 |
| HumaLOG .....                        | 4, 5 | Sildenafil Citrate .....            | 10 |
| HumaLOG Junior KwikPen .....         | 5    | Soltamox .....                      | 10 |
| HumaLOG KwikPen .....                | 5    | Sotylize .....                      | 10 |
| HumaLOG Mix 50/50 .....              | 5    | Spinoad .....                       | 10 |
| HumaLOG Mix 50/50 KwikPen .....      | 5    | Sprix .....                         | 10 |
| HumaLOG Mix 75/25 .....              | 5    | SUMatriptan .....                   | 10 |
| HumaLOG Mix 75/25 KwikPen .....      | 5    | SUMatriptan Succinate .....         | 10 |
| HumuLIN 70/30 .....                  | 5    | SUMatriptan Succinate Refill .....  | 10 |
| HumuLIN 70/30 KwikPen .....          | 5    | Sutab .....                         | 10 |
| HumuLIN N .....                      | 5    | Tadalafil .....                     | 10 |
| HumuLIN N KwikPen .....              | 5    | Takhzyro .....                      | 11 |
| HumuLIN R .....                      | 6    | Tamiflu .....                       | 11 |
| HumuLIN R U-500 (CONCENTRATED) ..... | 6    | Tetrabenazine .....                 | 11 |
| HumuLIN R U-500 KwikPen .....        | 6    | Tobi Podhaler .....                 | 11 |
| Ibandronate Sodium .....             | 6    | Tobramycin .....                    | 11 |



|                                  |    |
|----------------------------------|----|
| Toujeo Max SoloStar .....        | 11 |
| Toujeo SoloStar .....            | 11 |
| Tresiba .....                    | 11 |
| Tresiba FlexTouch .....          | 11 |
| Valtoco 10 MG Dose .....         | 11 |
| Valtoco 15 MG Dose .....         | 12 |
| Valtoco 20 MG Dose .....         | 12 |
| Valtoco 5 MG Dose .....          | 12 |
| Varubi (180 MG Dose) .....       | 12 |
| Vijoice .....                    | 12 |
| Vistogard .....                  | 12 |
| Wegovy .....                     | 12 |
| Xcopri .....                     | 12 |
| Xcopri (250 MG Daily Dose) ..... | 12 |
| Xcopri (350 MG Daily Dose) ..... | 12 |
| Xifaxan .....                    | 13 |
| Xiidra .....                     | 13 |
| Xofluza (40 MG Dose) .....       | 13 |
| Xofluza (80 MG Dose) .....       | 13 |
| Zepbound .....                   | 13 |
| ZOLMitriptan .....               | 13 |
| Zomig .....                      | 13 |
| Zurzuvaе .....                   | 13 |