



Northwest Quantity Limit List

Kaiser Permanente considers the drugs and devices listed below to be limited to the maximum quantity per days supply indicated. However, this list does not limit the total days supply you may be allowed per fill under your prescription benefit. If a generic equivalent is available for any brand on the list, the generic product is also subject to the same limits. Presence on this list does not guarantee coverage under your benefit. Please visit kp.org/formulary to determine whether it is on our formulary. This list is subject to change without notice.

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ABATACEPT (ORENCIA) 50 MG/0.4 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	4 SYRINGES (1.6 ML) PER 28 DAYS
ABATACEPT (ORENCIA) 87.5 MG/0.7 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	4 SYRINGES (2.8 ML) PER 28 DAYS
ABATACEPT (ORENCIA) 125 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	4 SYRINGES (4 ML) PER 28 DAYS
ABATACEPT (ORENCIA) CLICKJECT 125 MG/ML PREFILLED AUTOINJECTOR	SUBCUTANEOUS	4 AUTOINJECTORS (4 ML) PER 28 DAYS
ABIRATERONE (ZYTIGA) 250 MG TABLET	ORAL	4 PER DAY
ABIRATERONE (ZYTIGA) 500 MG TABLET	ORAL	2 PER DAY
ABROCITINIB (CIBINQO) 50 MG TABLET	ORAL	1 PER DAY
ABROCITINIB (CIBINQO) 100 MG TABLET	ORAL	1 PER DAY
ABROCITINIB (CIBINQO) 200 MG TABLET	ORAL	1 PER DAY
ACALABRUTINIB (CALQUENCE) 100 MG TABLET	ORAL	2 PER DAY
ACORAMIDIS (ATTRUBY) 356 MG TABLET	ORAL	4 PER DAY
ADAGRASIB (KRAZATI) 200 MG TABLET	ORAL	6 PER DAY
ADALIMUMAB (HUMIRA) 10 MG / 0.2 ML SYRINGE KIT 0074-6347-02	SUBCUTANEOUS	2 SYRINGES (0.4 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.8 ML SYRINGE KIT 0074-3799-02	SUBCUTANEOUS	2 SYRINGES (1.6 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.8 ML PEN KIT 0074-4339-02	SUBCUTANEOUS	2 PENS (1.6 ML) PER 28 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ADALIMUMAB (HUMIRA) CITRATE FREE 40 MG / 0.4 ML SYRINGE KIT 0074-0243-02	SUBCUTANEOUS	2 SYRINGES (0.8 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) CITRATE FREE 40 MG / 0.4 ML PEN KIT 0074-0554-02	SUBCUTANEOUS	2 PENS (0.8 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 10 MG / 0.1 ML SYRINGE KIT 0074-0817-02	SUBCUTANEOUS	2 SYRINGES (0.2 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 20 MG / 0.2 ML SYRINGE KIT 0074-0616-02	SUBCUTANEOUS	2 SYRINGES (0.4 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) CITRATE FREE 80 MG / 0.8 ML CD / UC / HS PEN STARTER PACK 0074-0124-03	SUBCUTANEOUS	1 PACK OF 3 PENS (2.4 ML) PER 365 DAYS
ADALIMUMAB (HUMIRA) CITRATE FREE 80 MG / 0.8 ML CD / UC / HS SYRINGE STARTER PACK 0074-2540-03	SUBCUTANEOUS	1 PACK OF 3 SYRINGES (2.4 ML) PER 365 DAYS
ADALIMUMAB (HUMIRA) CITRATE FREE 80 MG / 0.8 ML – 40 MG / 0.4 ML PED CROHNS SYRINGE STARTER PACK 0074-0067-02	SUBCUTANEOUS	1 PACK OF 2 SYRINGES (1.2 ML) PER 365 DAYS
ADALIMUMAB (HUMIRA) CITRATE FREE 80 MG / 0.8 ML – 40 MG / 0.4 ML PS / UV / ADOL HS PEN STARTER PACK 0074-1539-03	SUBCUTANEOUS	1 PACK OF 3 PENS (2.4 ML) PER 365 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.8 ML CD / UC / HS PEN STARTER PACK 0074-4339-06	SUBCUTANEOUS	1 PACK OF 6 PENS (4.8 ML) PER 365 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.8 ML PS / UV / ADOL HS PEN STARTER PACK 0074- 4339-07	SUBCUTANEOUS	1 PACK OF 4 PENS (3.2 ML) PER 365 DAYS
ADALIMUMAB-AACF (IDACIO) 40 MG/0.8 ML PEN AND PREFILLED SYRINGE 65219-0554-08, 65219-0556-18, 65219-0620-20, 65219-0612-99	SUBCUTANEOUS	2 PENS OR SYRINGES (1.6 ML) PER 28 DAYS
ADALIMUMAB-AACF (IDACIO) 40 MG/0.8 ML PS / UV PEN STARTER PACK 65219-0554-28, 65219-0612-69	SUBCUTANEOUS	2 PENS (1.6 ML) PER 28 DAYS
ADALIMUMAB-AACF (IDACIO) 40 MG/0.8 ML CD / UC / HS PEN STARTER PACK 65219-0554-38, 65219-0612-89	SUBCUTANEOUS	2 PENS (1.6 ML) PER 28 DAYS
ADALIMUMAB-AATY (YUFLYMA) 20 MG / 0.2 ML PREFILLED SYRINGE 72606-0024-01 & 72606-0041-01	SUBCUTANEOUS	2 SYRINGES (0.4 ML) PER 28 DAYS
ADALIMUMAB-AATY (YUFLYMA) 40 MG / 0.4 ML AUTOINJECTOR 72606-0030-09 & -10, 72606-0023-06, 72606-0022-06 & -09 & -10	SUBCUTANEOUS	2 AUTOINJECTORS (0.8 ML) PER 28 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ADALIMUMAB-AATY (YUFLYMA) 80 MG / 0.8 ML AUTOINJECTOR 72606-0023-04 & -04, 72606-0040-04 & -06	SUBCUTANEOUS	2 AUTOINJECTORS (1.6 ML) PER 28 DAYS
ADALIMUMAB-ADAZ (HYRIMOZ) 10 MG/0.1 ML PREFILLED SYRINGE 61314-0391-64	SUBCUTANEOUS	2 SYRINGES (0.2 ML) PER 28 DAYS
ADALIMUMAB-ADAZ (HYRIMOZ) 20 MG/0.2 ML PREFILLED SYRINGE 61314-0332-64	SUBCUTANEOUS	2 SYRINGES (0.4 ML) PER 28 DAYS
ADALIMUMAB-ADAZ (HYRIMOZ) 40 MG/0.4 ML PEN AND PREFILLED SYRINGE 61314-0327-20 & -64	SUBCUTANEOUS	2 PENS OR SYRINGES (0.8 ML) PER 28 DAYS
ADALIMUMAB-ADAZ (HYRIMOZ) 80 MG/0.8 ML PEN 61314-0454-36, 61314-0325-20	SUBCUTANEOUS	2 SYRINGES (1.6 ML) PER 28 DAYS
ADALIMUMAB-ADB (CYLTEZO) 10 MG/0.2 ML PREFILLED SYRINGE 00597-0400-89 & 00597-0585-89	SUBCUTANEOUS	2 SYRINGES (0.4 ML) PER 28 DAYS
ADALIMUMAB-ADB (CYLTEZO) 20 MG/0.4 ML PREFILLED SYRINGE 00597-0405-80, 00597-0555-80	SUBCUTANEOUS	2 SYRINGES (0.8 ML) PER 28 DAYS
ADALIMUMAB-ADB (CYLTEZO) 40 MG/0.4 ML PEN AND PREFILLED SYRINGE 00597-0485-20, 00597-0495-50, 00597-0565-20, 00597-0575-50	SUBCUTANEOUS	2 PENS OR SYRINGES (0.8 ML) PER 28 DAYS
ADALIMUMAB-ADB (CYLTEZO) 40 MG/0.4 ML PS / UV PEN STARTER PACK 00597-0495-40, 00597-0575-40	SUBCUTANEOUS	2 PENS (0.8 ML) PER 28 DAYS
ADALIMUMAB-ADB (CYLTEZO) 40 MG/0.4 ML CD / UC / HS PEN STARTER PACK 00597-0495-60 & 00597-0575-60	SUBCUTANEOUS	2 PENS (0.8 ML) PER 28 DAYS
ADALIMUMAB-ADB (CYLTEZO) 40 MG/0.8 ML PEN AND PREFILLED SYRINGE 00597-0370-82 & 00597-0375-97 & 00597-0595- 20 & 00597-0545-22	SUBCUTANEOUS	2 PENS OR SYRINGES (1.6 ML) PER 28 DAYS
ADALIMUMAB-ADB (CYLTEZO) 40 MG/0.8 ML PS / UV PEN STARTER PACK 00597-0375-23, 00597-0575-44	SUBCUTANEOUS	2 PENS (1.6 ML) PER 28 DAYS
ADALIMUMAB-ADB (CYLTEZO) 40 MG/0.8 ML CD / UC / HS PEN STARTER 00597-0375-16, 00597-0545-66	SUBCUTANEOUS	2 PENS (1.6 ML) PER 28 DAYS
ADALIMUMAB-AFZB (ABRILADA) 20 MG/0.4 ML PREFILLED SYRINGE 0025-0333-02, 00069-0333-02	SUBCUTANEOUS	2 SYRINGES (0.8 ML) PER 28 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ADALIMUMAB-AFZB (ABRILADA) 40 MG/0.8 ML PEN AND PREFILLED SYRINGE 00025-0328-02, 00025-0325-02 & -01, 00069- 0328-02, 00069-0325-02 & -01	SUBCUTANEOUS	2 PENS OR SYRINGES (1.6 ML) PER 28 DAYS
ADALIMUMAB-AQVH (YUSIMRY) 40 MG/0.8 ML PEN 70114-0220-02	SUBCUTANEOUS	2 PENS (1.6 ML) PER 28 DAYS
ADALIMUMAB-ATTO (AMJEVITA) 10 MG/0.2 ML PREFILLED SYRINGE 55513-413-01	SUBCUTANEOUS	6 SYRINGES (1.2 ML) PER 84 DAYS
ADALIMUMAB-ATTO (AMJEVITA) 20 MG/0.4 ML PREFILLED SYRINGE 55513-411-01	SUBCUTANEOUS	6 SYRINGES (2.4 ML) PER 84 DAYS
ADALIMUMAB-ATTO (AMJEVITA) 40 MG/0.8 ML PREFILLED SYRINGE 55513-410-01	SUBCUTANEOUS	12 SYRINGES (9.6 ML) PER 84 DAYS
ADALIMUMAB-ATTO (AMJEVITA) 40 MG/0.8 ML SURECLICK PEN 72511-400-01 & 72511-400-02	SUBCUTANEOUS	12 PENS (9.6 ML) PER 84 DAYS
ADALIMUMAB-ATTO (AMJEVITA) 20 MG/0.2 ML PREFILLED SYRINGE 55513-0399-01	SUBCUTANEOUS	6 SYRINGES (1.2 ML) PER 84 DAYS
ADALIMUMAB-ATTO (AMJEVITA) 40 MG/0.4 ML PREFILLED SYRINGE 55513-0479-01 & -02	SUBCUTANEOUS	12 SYRINGES (4.8 ML) PER 84 DAYS
ADALIMUMAB-ATTO (AMJEVITA) 40 MG/0.4 ML SURECLICK PEN 55513-0482-01	SUBCUTANEOUS	12 PENS (4.8 ML) PER 84 DAYS
ADALIMUMAB-ATTO (AMJEVITA) 80 MG/0.8 ML PREFILLED SYRINGE 55513-0481-01 & -02	SUBCUTANEOUS	6 SYRINGES (4.8 ML) PER 84 DAYS
ADALIMUMAB-ATTO (AMJEVITA) 80 MG/0.8 ML SURECLICK PEN 55513-0480-01 & -02	SUBCUTANEOUS	6 PENS (4.8 ML) PER 84 DAYS
ADALIMUMAB-BWWD (HADLIMA) 40 MG / 0.4 ML PREFILLED SYRINGE 78206-0186-01	SUBCUTANEOUS	4 SYRINGES (1.6 ML) PER 28 DAYS
ADALIMUMAB-BWWD (HADLIMA) 40 MG / 0.4 ML AUTOINJECTOR 78206-0187-01	SUBCUTANEOUS	4 AUTOINJECTORS (1.6 ML) PER 28 DAYS
ADALIMUMAB-BWWD (HADLIMA) 40 MG / 0.8 ML PREFILLED SYRINGE 78206-183-01	SUBCUTANEOUS	4 SYRINGES (3.2 ML) PER 28 DAYS
ADALIMUMAB-BWWD (HADLIMA) 40 MG / 0.8 ML AUTOINJECTOR 78206-184-01	SUBCUTANEOUS	4 AUTOINJECTORS (3.2 ML) PER 28 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ADALIMUMAB-FKJP (HULIO) 20 MG/0.4 ML PREFILLED SYRINGE 83257-0016-42, 49502-0381-02, 49502-0417-02	SUBCUTANEOUS	2 SYRINGES (0.8 ML) PER 28 DAYS
ADALIMUMAB-FKJP (HULIO) 40 MG/0.8 ML PEN AND PREFILLED SYRINGE 83257-0019-32, 49502-0380-02, 83257-0017-42, 49502-0382-02, 83257-0022-32, 49502-0416-02, 83257-0021-42, 49502-0418-02	SUBCUTANEOUS	2 PENS OR SYRINGES (0.8 ML) PER 28 DAYS
ADALIMUMAB-RYVK (SIMLANDI) 40 MG / 0.4 ML PREFILLED SYRINGE AND AUTOINJECTOR 51759-0412-22, 51759-0402-02 & -17	SUBCUTANEOUS	2 SYRINGES OR AUTOINJECTORS (0.8 ML) PER 28 DAYS
ADALIMUMAB-RYVK (SIMLANDI) 80 MG / 0.8 ML AUTOINJECTOR 51759-0274-17	SUBCUTANEOUS	2 AUTOINJECTORS (1.6 ML) PER 28 DAYS
AFATINIB (GILOTRIF) 20 MG TABLET	ORAL	1 PER DAY
AFATINIB (GILOTRIF) 30 MG TABLET	ORAL	1 PER DAY
AFATINIB (GILOTRIF) 40 MG TABLET	ORAL	1 PER DAY
ALBUTEROL-BUDESONIDE (AIRSUPRA) METERED DOSE INHALER 90-80 MCG PER ACTUATION	ORAL INHALATION	6 CANISTERS (64.2 GRAMS) PER 90 DAYS
ALECTINIB (ALECENSA) 150 MG TABLET	ORAL	8 PER DAY
ALIROCUMAB (PRALUENT) 75 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	2 SYRINGES (2 ML) PER 28 DAYS
ALIROCUMAB (PRALUENT) 150 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	2 SYRINGES (2 ML) PER 28 DAYS
ALIROCUMAB (PRALUENT) 75 MG/ML PRE-FILLED PEN	SUBCUTANEOUS	2 PENS (2 ML) PER 28 DAYS
ALIROCUMAB (PRALUENT) 150 MG/ML PRE-FILLED PEN	SUBCUTANEOUS	2 PENS (2 ML) PER 28 DAYS
ALOGLIPTIN (NESINA) 6.25 MG TABLET	ORAL	1 PER DAY
ALOGLIPTIN (NESINA) 12.5 MG TABLET	ORAL	1 PER DAY
ALOGLIPTIN (NESINA) 25 MG TABLET	ORAL	1 PER DAY
ALOGLIPTIN-METFORMIN (KAZANO) 12.5-500 MG TABLET	ORAL	2 PER DAY
ALOGLIPTIN-METFORMIN (KAZANO) 12.5-1,000 MG TABLET	ORAL	2 PER DAY
ALOGLIPTIN-PIOGLITAZONE (OSENİ) 12.5-15 MG TABLET	ORAL	1 PER DAY
ALOGLIPTIN-PIOGLITAZONE (OSENİ) 12.5-30 MG TABLET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ALOGLIPTIN-PIOGLITAZONE (OSEN) 12.5-45 MG TABLET	ORAL	1 PER DAY
ALOGLIPTIN-PIOGLITAZONE (OSEN) 25-15 MG TABLET	ORAL	1 PER DAY
ALOGLIPTIN-PIOGLITAZONE (OSEN) 25-30 MG TABLET	ORAL	1 PER DAY
ALOGLIPTIN-PIOGLITAZONE (OSEN) 25-45 MG TABLET	ORAL	1 PER DAY
AMBRISETAN (LETAIRIS) 5 MG TABLET	ORAL	1 PER DAY
AMBRISETAN (LETAIRIS) 10 MG TABLET	ORAL	1 PER DAY
AMIFAMPRIDINE PHOSPHATE (FIRDAPSE) 10 MG TABLET	ORAL	8 PER DAY
AMPHETAMINE (DYANAVEL XR) 2.5 MG/ ML EXTENDED RELEASE SUSPENSION	ORAL	8 ML PER DAY
AMPHETAMINE SULFATE (EVEKEO) 5 MG TABLET	ORAL	1 PER DAY
AMPHETAMINE SULFATE (EVEKEO) 10 MG TABLET	ORAL	1 PER DAY
ANAKINRA 100 MG / 0.67 ML PRE-FILLED SYRINGE (KINERET)	SUBCUTANEOUS	1 SYRINGE (0.67 ML) PER DAY
APALUTAMIDE (ERLEADA) 60 MG TABLET	ORAL	4 PER DAY
APIXIBAN (ELIQUIS) 2.5 MG TABLET	ORAL	1 PER DAY
APIXIBAN (ELIQUIS) 5 MG TABLET	ORAL	74 PER 30 DAYS
APREMILAST (OTEZLA) 20 MG TABLET	ORAL	2 PER DAY
APREMILAST (OTEZLA) 30 MG TABLET	ORAL	2 PER DAY
APREMILAST (OTEZLA XR) 75 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
APREMILAST (OTEZLA) 10 MG (4) -20 MG (5) -30 MG (42) STARTER PACK	ORAL	1 PACK (55 TABLETS) PER 365 DAYS
APREMILAST (OTEZLA) 10 MG (4) -20 MG (4) -30 MG (14) STARTER PACK	ORAL	1 PACK (27 TABLETS) PER 365 DAYS
APREMILAST (OTEZLA XR) 10 MG (8) -20 MG (9) -30 MG (1) -75 mg XR (23) STARTER PACK	ORAL	1 PACK (41) PER 365 DAYS
ARIMOCLOMOL (MIPLYFFA) 47 MG CAPSULE	ORAL	3 PER DAY
ARIMOCLOMOL (MIPLYFFA) 62 MG CAPSULE	ORAL	3 PER DAY
ARIMOCLOMOL (MIPLYFFA) 93 MG CAPSULE	ORAL	3 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ARIMOCLOMOL (MIPLYFFA) 124 MG CAPSULE	ORAL	3 PER DAY
ASCIMINIB (SCEMBLIX) 20 MG TABLET	ORAL	2 PER DAY
ASCIMINIB (SCEMBLIX) 240 MG TABLET	ORAL	2 PER DAY
ASENAPINE (SAPHRIS) 2.5 MG SUBLINGUAL TABLET	ORAL	2 PER DAY
ASENAPINE (SAPHRIS) 5 MG SUBLINGUAL TABLET	ORAL	2 PER DAY
ASENAPINE (SAPHRIS) 10 MG SUBLINGUAL TABLET	ORAL	2 PER DAY
ATOGEANT (QULIPTA) 10 MG TABLET	ORAL	1 PER DAY
ATOGEANT (QULIPTA) 30 MG TABLET	ORAL	15 PER 30 DAYS
ATOGEANT (QULIPTA) 60 MG TABLET	ORAL	1 PER DAY
AVACOPAN (TAVNEOS) 10 MG CAPSULE	ORAL	6 PER DAY
AVAPRITINIB (AYVAKIT) 25 MG TABLET	ORAL	1 PER DAY
AVAPRITINIB (AYVAKIT) 50 MG TABLET	ORAL	1 PER DAY
AVAPRITINIB (AYVAKIT) 100 MG TABLET	ORAL	1 PER DAY
AVAPRITINIB (AYVAKIT) 200 MG TABLET	ORAL	1 PER DAY
AVAPRITINIB (AYVAKIT) 300 MG TABLET	ORAL	1 PER DAY
AXITINIB (INLYTA) 1MG TABLET	ORAL	6 PER DAY
AXITINIB (INLYTA) 5MG TABLET	ORAL	2 PER DAY
BACLOFEN (OZOBAX DS) ORAL SOLUTION 10 MG/5 ML	ORAL	40 ML PER DAY
BACLOFEN (FLEQSUVY) ORAL SUSPENSION 25 MG/5 ML	ORAL	16 ML PER DAY
BACLOFEN (LYVISPAH) 5 MG ORAL GRANULES	ORAL	3 PER DAY
BACLOFEN (LYVISPAH) 10 MG ORAL GRANULES	ORAL	3 PER DAY
BACLOFEN (LYVISPAH) 20 MG ORAL GRANULES	ORAL	4 PER DAY
BARICITINIB (OLUMIANT) 1 MG TABLET	ORAL	1 PER DAY
BARICITINIB (OLUMIANT) 2 MG TABLET	ORAL	1 PER DAY
BARICITINIB (OLUMIANT) 4 MG TABLET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
BELIMUMAB (BENLYSTA) 200 MG/ML PRE-FILLED SYRINGE OR AUTOINJECTOR	SUBCUTANEOUS	4 SYRINGES OR AUTOINJECTORS (4 ML) PER 28 DAYS
BELUMOSUDIL (REZUROCK) 200 MG TABLET	ORAL	1 PER DAY
BELZUTIFAN (WELIREG) 40 MG TABLET	ORAL	4 PER DAY
BEMPEDOIC ACID (NEXLETOL) 180 MG TABLET	ORAL	1 PER DAY
BEMPEDOIC ACID-EZETIMIBE (NEXLIZET) 180 MG-10 MG TABLET	ORAL	1 PER DAY
BEROTRALSTAT (ORLADEYO) 110 MG CAPSULE	ORAL	1 PER DAY
BEROTRALSTAT (ORLADEYO) 150 MG CAPSULE	ORAL	1 PER DAY
BIMEKIZUMAB-BKZX (BIMZELX) 160 MG/ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (2 ML) PER 56 DAYS
BIMEKIZUMAB-BKZX (BIMZELX) 160 MG/ML AUTOINJECTOR	SUBCUTANEOUS	1 SYRINGE (2 ML) PER 56 DAYS
BOSUTINIB (BOSULIF) 100 MG TABLET	ORAL	4 PER DAY
BOSUTINIB (BOSULIF) 400 MG TABLET	ORAL	1 PER DAY
BOSUTINIB (BOSULIF) 500 MG TABLET	ORAL	1 PER DAY
BUDESONIDE (EOHILIA) 2 MG/10 ML ORAL SUSPENSION PACKET	ORAL	2 PACKETS PER DAY
BREMLANOTIDE (VYLEESI) 1.75 MG / 0.3 ML AUTOINJECTOR	SUBCUTANEOUS	4 AUTOINJECTORS PER 30 DAYS
BREXPIRAZOLE (REXULTI) 0.25 MG TABLET	ORAL	15 PER 30 DAYS
BREXPIRAZOLE (REXULTI) 0.5 MG TABLET	ORAL	15 PER 30 DAYS
BREXPIRAZOLE (REXULTI) 1 MG TABLET	ORAL	15 PER 30 DAYS
BREXPIRAZOLE (REXULTI) 2 MG TABLET	ORAL	15 PER 30 DAYS
BREXPIRAZOLE (REXULTI) 3 MG TABLET	ORAL	1 PER DAY
BREXPIRAZOLE (REXULTI) 4 MG TABLET	ORAL	1 PER DAY
BRIGATINIB (ALUNBRIG) 30 MG TABLET	ORAL	3 PER DAY
BRIGATINIB (ALUNBRIG) 90 MG TABLET	ORAL	1 PER DAY
BRIGATINIB (ALUNBRIG) 180 MG TABLET	ORAL	1 PER DAY
BRIVARACETAM (BRIVIACT) 10 MG TABLET	ORAL	2 PER DAY
BRIVARACETAM (BRIVIACT) 25 MG TABLET	ORAL	2 PER DAY
BRIVARACETAM (BRIVIACT) 50 MG TABLET	ORAL	2 PER DAY
BRIVARACETAM (BRIVIACT) 75 MG TABLET	ORAL	2 PER DAY

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BRIVARACETAM (BRIVIACT) 100 MG TABLET	ORAL	2 PER DAY
BRIVARACETAM (BRIVIACT) 10 MG/ML SOLUTION	ORAL	20 ML PER DAY
BUDESONIDE-FORMOTEROL INHALER (SYMBICORT AND GENERICS) 80-4.5 MCG PER ACTUATION	ORAL INHALATION	6 CANISTERS (61.8 GRAM MAX) PER 90 DAYS
BUDESONIDE-FORMOTEROL INHALER (SYMBICORT AND GENERICS) 160-4.5 MCG PER ACTUATION	ORAL INHALATION	6 CANISTERS (61.8 GRAM MAX) PER 90 DAYS
CABOZANTINIB (CABOMETYX) 20 MG TABLET	ORAL	1 PER DAY
CABOZANTINIB (CABOMETYX) 40 MG TABLET	ORAL	1 PER DAY
CABOZANTINIB (CABOMETYX) 60 MG TABLET	ORAL	1 PER DAY
CANAGLIFLOZIN (INVOKANA) 100 MG TABLET	ORAL	15 PER 30 DAYS
CANAGLIFLOZIN (INVOKANA) 300 MG TABLET	ORAL	1 PER DAY
CANAGLIFLOZIN-METFORMIN (INVOKAMET) 50- 500 MG TABLET	ORAL	2 PER DAY
CANAGLIFLOZIN-METFORMIN (INVOKAMET) 50- 1,000 MG TABLET	ORAL	2 PER DAY
CANAGLIFLOZIN-METFORMIN (INVOKAMET) 150-500 MG TABLET	ORAL	2 PER DAY
CANAGLIFLOZIN-METFORMIN (INVOKAMET) 150-1,000 MG TABLET	ORAL	2 PER DAY
CANAGLIFLOZIN-METFORMIN (INVOKAMET XR) 50-500 MG TABLET	ORAL	2 PER DAY
CANAGLIFLOZIN-METFORMIN (INVOKAMET XR) 50-1,000 MG TABLET	ORAL	2 PER DAY
CANAGLIFLOZIN-METFORMIN (INVOKAMET XR) 150-500 MG TABLET	ORAL	2 PER DAY
CANAGLIFLOZIN-METFORMIN (INVOKAMET XR) 150-1,000 MG TABLET	ORAL	2 PER DAY
CAPIVASERTINIB (TRUQAP) 160 MG TABLETS	ORAL	64 PER 30 DAYS
CAPIVASERTINIB (TRUQAP) 200 MG TABLETS	ORAL	64 PER 30 DAYS
CARIPRAZINE (VRAYLAR) 1.5 MG CAPSULE	ORAL	1 PER DAY
CARIPRAZINE (VRAYLAR) 3 MG CAPSULE	ORAL	1 PER DAY
CARIPRAZINE (VRAYLAR) 4.5 MG CAPSULE	ORAL	1 PER DAY
CARIPRAZINE (VRAYLAR) 6 MG CAPSULE	ORAL	1 PER DAY
CENEGERMIN-BKBJ (OXERVATE) 0.002% 20 MCG/ML OPHTHALMIC SOLUTION	OPHTHALMIC	1 VIAL (1 ML) PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
CENOBAMATE (XCOPRI) TITRATION PACK 12.5 MG (14) - 25 MG (14) TABLETS	ORAL	1 PACK PER 365 DAYS
CENOBAMATE (XCOPRI) TITRATION PACK 50 MG (14) - 100 MG (14) TABLETS	ORAL	1 PACK PER 365 DAYS
CENOBAMATE (XCOPRI) TITRATION PACK 150 MG (14) - 200 MG (14) TABLETS	ORAL	1 PACK PER 365 DAYS
CENOBAMATE (XCOPRI) 50 MG TABLET	ORAL	1 PER DAY
CENOBAMATE (XCOPRI) 100 MG TABLET	ORAL	1 PER DAY
CENOBAMATE (XCOPRI) 150 MG TABLET	ORAL	1 PER DAY
CENOBAMATE (XCOPRI) 200 MG TABLET	ORAL	1 PER DAY
CENOBAMATE (XCOPRI) 250 MG MAINTENANCE PACK 100 MG (28) - 150 MG (28) TABLETS	ORAL	1 PACK (56 TABLETS) PER 28 DAYS
CENOBAMATE (XCOPRI) 350 MG MAINTENANCE PACK 150 MG (28) - 200 MG (28) TABLETS	ORAL	1 PACK (56 TABLETS) PER 28 DAYS
CERITINIB (ZYKADIA) 150 MG TABLET	ORAL	3 PER DAY
CERTOLIZUMAB (CIMZIA) 200 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SET OF 2 SYRINGES (2 ML) PER 28 DAYS
CERTOLIZUMAB (CIMZIA) 200 MG/ML PRE-FILLED SYRINGE STARTER KIT	SUBCUTANEOUS	3 SETS OF 2 SYRINGES (6 ML) PER 365 DAYS
CLADRIBINE (MAVENCLAD) 10 MG TABLET PACKS (ALL PACK SIZES)	ORAL	10 TABLETS PER 28 DAYS
CLASCATERONE (WINLEVI) 1% CREAM	TOPICAL	60 GRAMS PER 30 DAYS
COBIMETINIB (COTELLIC) 20 MG TABLET	ORAL	63 PER 28 DAYS
CONJUGATED EQUINE ESTROGENS-BAZEDOXIFENE 0.45-20 MG TABLETS	ORAL	1 PER DAY
CRINECERFONT (CRENESSITY) 25 MG CAPSULE	ORAL	2 PER DAY
CRINECERFONT (CRENESSITY) 50 MG CAPSULE	ORAL	2 PER DAY
CRINECERFONT (CRENESSITY) 100 MG CAPSULE	ORAL	4 PER DAY
CRINECERFONT (CRENESSITY) 50 MG / ML SOLUTION	ORAL	2 ML PER DAY
DABIGATRAN (PRADAXA) 75 MG CAPSULE	ORAL	2 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
DABIGATRAN (PRADAXA) 110 MG CAPSULE	ORAL	2 PER DAY
DABIGATRAN (PRADAXA) 150 MG CAPSULE	ORAL	2 PER DAY
DABRAFENIB (TAFINLAR) 50 MG CAPSULE	ORAL	4 PER DAY
DABRAFENIB (TAFINLAR) 75 MG CAPSULE	ORAL	4 PER DAY
DAPAGLIFLOZIN (FARXIGA) 5 MG TABLET	ORAL	1 PER DAY
DAPAGLIFLOZIN (FARXIGA) 10 MG TABLET	ORAL	1 PER DAY
DAPAGLIFLOZIN-SAXAGLIPTIN (QTERN) 10-5 MG TABLET	ORAL	1 PER DAY
DAPAGLIFLOZIN-METFORMIN (XIGDUO XR) 2.5-1,000 MG TABLET	ORAL	2 PER DAY
DAPAGLIFLOZIN-METFORMIN (XIGDUO XR) 5-500 MG TABLET	ORAL	1 PER DAY
DAPAGLIFLOZIN-METFORMIN (XIGDUO XR) 5-1,000 MG TABLET	ORAL	2 PER DAY
DAPAGLIFLOZIN-METFORMIN (XIGDUO XR) 10-500 MG TABLET	ORAL	1 PER DAY
DAPAGLIFLOZIN-METFORMIN (XIGDUO XR) 10-1,000 MG TABLET	ORAL	1 PER DAY
DARIDOREXANT (QUVIVIQ) 25 MG TABLETS	ORAL	1 PER DAY
DARIDOREXANT (QUVIVIQ) 50 MG TABLETS	ORAL	1 PER DAY
DAROLUTAMIDE (NUBEQA) 300 MG TABLET	ORAL	4 PER DAY
DASATINIB (SPRYCEL) 20 MG TABLET	ORAL	2 PER DAY
DASATINIB (SPRYCEL) 50 MG TABLET	ORAL	1 PER DAY
DASATINIB (SPRYCEL) 70 MG TABLET	ORAL	1 PER DAY
DASATINIB (SPRYCEL) 80 MG TABLET	ORAL	15 PER 30 DAYS
DASATINIB (SPRYCEL) 100 MG TABLET	ORAL	1 PER DAY
DASATINIB (SPRYCEL) 140 MG TABLET	ORAL	1 PER DAY
DESVENLAFAXINE BASE 50 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
DESVENLAFAXINE BASE 100 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
DEUCRAVACITINIB (SOTYKTU) 6 MG TABLET	ORAL	1 PER DAY
DEUTETRABENAZINE (AUSTEDO) 6 MG TABLET	ORAL	2 PER DAY
DEUTETRABENAZINE (AUSTEDO) 9 MG TABLET	ORAL	4 PER DAY
DEUTETRABENAZINE (AUSTEDO) 12 MG TABLET	ORAL	4 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
DEXLANSOPRAZOLE (DEXILANT) 30 MG CAPSULE	ORAL	1 PER DAY
DEXLANSOPRAZOLE (DEXILANT) 60 MG CAPSULE	ORAL	1 PER DAY
DEXTROAMPHETAMINE (XELSTRYM) 4.5 MG / 9 HOURS TRANSDERMAL SYSTEM	ORAL	1 PER DAY
DEXTROAMPHETAMINE (XELSTRYM) 9 MG / 9 HOURS TRANSDERMAL SYSTEM	ORAL	1 PER DAY
DEXTROAMPHETAMINE (XELSTRYM) 13.5 MG / 9 HOURS TRANSDERMAL SYSTEM	ORAL	1 PER DAY
DEXTROAMPHETAMINE (XELSTRYM) 18 MG / 9 HOURS TRANSDERMAL SYSTEM	ORAL	1 PER DAY
DIAZEPAM (VALTOCO) 5 MG / 0.1 ML NASAL SPRAY	INHALATION	5 BOXES (2 UNITS OR 0.2 ML) PER 30 DAYS
DIAZEPAM (VALTOCO) 10 MG / 0.1 ML NASAL SPRAY	INHALATION	5 BOXES (2 UNITS OR 0.2 ML) PER 30 DAYS
DIAZEPAM (VALTOCO) 15 MG / 0.1 ML NASAL SPRAY	INHALATION	5 BOXES (2 UNITS OR 0.2 ML) PER 30 DAYS
DIAZEPAM (VALTOCO) 20 MG / 0.1 ML NASAL SPRAY	INHALATION	5 BOXES (2 UNITS OR 0.2 ML) PER 30 DAYS
DIAZOXIDE CHOLINE (VYKAT XR) 25 MG ER TABLET	ORAL	4 PER DAY
DIAZOXIDE CHOLINE (VYKAT XR) 75 MG ER TABLET	ORAL	7 PER DAY
DIAZOXIDE CHOLINE (VYKAT XR) 150 MG ER TABLET	ORAL	3 PER DAY
DULAGLUTIDE (TRULICITY) 0.75 MG / 0.5 ML PEN	SUBCUTANEOUS	4 PENS (2 ML) PER 28 DAYS
DULAGLUTIDE (TRULICITY) 1.5 MG / 0.5 ML PEN	SUBCUTANEOUS	4 PENS (2 ML) PER 28 DAYS
DULAGLUTIDE (TRULICITY) 3 MG / 0.5 ML PEN	SUBCUTANEOUS	4 PENS (2 ML) PER 28 DAYS
DULAGLUTIDE (TRULICITY) 4.5 MG / 0.5 ML PEN	SUBCUTANEOUS	4 PENS (2 ML) PER 28 DAYS
DUPILUMAB (DUPIXENT) 200 MG / 1.14 ML PEN	SUBCUTANEOUS	6.84 ML PER 84 DAYS
DUPILUMAB (DUPIXENT) 200 MG / 1.14 ML PREFILLED SYRINGE	SUBCUTANEOUS	6.84 ML PER 84 DAYS
DUPILUMAB (DUPIXENT) 300 MG / 2 ML PEN	SUBCUTANEOUS	12 ML PER 84 DAYS
DUPILUMAB (DUPIXENT) 300 MG / 2 ML PREFILLED SYRINGE	SUBCUTANEOUS	12 ML PER 84 DAYS
EDARAVONE (RADICAVA ORS) 105 MG/5 ML SUSPENSION	ORAL	50 ML PER 28 DAYS
EDOXABAN (SAVAYSA) 15 MG TABLET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
EDOXABAN (SAVAYSA) 30 MG TABLET	ORAL	1 PER DAY
EDOXABAN (SAVAYSA) 60 MG TABLET	ORAL	1 PER DAY
EFGARTIGIMOD ALFA-HYALURONIDASE (VYVGART HYTRULO) 1,000 MG-10,000 UNITS/5 ML PREFILLED SYRINGE	SUBCUTANEOUS	4 PER 30 DAYS
ELAFIBRANOR (IQIRVO) 80 MG TABLETS	ORAL	1 PER DAY
ELTROMBOPAG CHOLINE (ALVAIZ) 9 MG TABLET	ORAL	2 PER DAY
ELTROMBOPAG CHOLINE (ALVAIZ) 18 MG TABLET	ORAL	2 PER DAY
ELTROMBOPAG CHOLINE (ALVAIZ) 36 MG TABLET	ORAL	2 PER DAY
ELTROMBOPAG CHOLINE (ALVAIZ) 54 MG TABLET	ORAL	2 PER DAY
ELTROMBOPAG OLAMINE (PROMACTA) 12.5 MG TABLET	ORAL	3 PER DAY
ELTROMBOPAG OLAMINE (PROMACTA) 25 MG TABLET	ORAL	2 PER DAY
ELTROMBOPAG OLAMINE (PROMACTA) 50 MG TABLET	ORAL	3 PER DAY
ELTROMBOPAG OLAMINE (PROMACTA) 75 MG TABLET	ORAL	2 PER DAY
ELTROMBOPAG OLAMINE (PROMACTA) 12.5 MG PACKET FOR SUSPENSION	ORAL	3 PER DAY
ELTROMBOPAG OLAMINE (PROMACTA) 25 MG PACKET FOR SUSPENSION	ORAL	2 PER DAY
ELUXADOLINE 75 MG TABLET (VIBERZI)	ORAL	2 PER DAY
ELUXADOLINE 100 MG TABLET (VIBERZI)	ORAL	2 PER DAY
EMPAGLIFLOZIN (JARDIANCE) 10 MG TABLET	ORAL	15 PER 30 DAYS
EMPAGLIFLOZIN (JARDIANCE) 25 MG TABLET	ORAL	15 PER 30 DAYS
EMPAGLIFLOZIN-LINAGLIPTIN (GLYXAMBI) 10-5 MG TABLET	ORAL	1 PER DAY
EMPAGLIFLOZIN-LINAGLIPTIN (GLYXAMBI) 25-5 MG TABLET	ORAL	15 PER 30 DAYS
EMPAGLIFLOZIN-METFORMIN (SYNJARDY) 5-500 MG TABLET	ORAL	2 PER DAY
EMPAGLIFLOZIN-METFORMIN (SYNJARDY) 5-1,000 MG TABLET	ORAL	2 PER DAY
EMPAGLIFLOZIN-METFORMIN (SYNJARDY) 12.5-500 MG TABLET	ORAL	1 PER DAY
EMPAGLIFLOZIN-METFORMIN (SYNJARDY) 12.5-1,000 MG TABLET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
EMPAGLIFLOZIN-METFORMIN (SYNJARDY XR) 5-1,000 MG TABLET	ORAL	2 PER DAY
EMPAGLIFLOZIN-METFORMIN (SYNJARDY XR) 10-1,000 MG TABLET	ORAL	1 PER DAY
EMPAGLIFLOZIN-METFORMIN (SYNJARDY XR) 12.5-1,000 MG TABLET	ORAL	1 PER DAY
EMPAGLIFLOZIN-METFORMIN (SYNJARDY XR) 25-1,000 MG TABLET	ORAL	15 PER 30 DAYS
ENSIFENTRINE (OHTUVAYRE) 3 MG / 2.5 ML AMPULES	INHALATION	2 AMPULES (5 ML) PER DAY
ENZALUTAMIDE (XTANDI) 40 MG CAPSULE	ORAL	4 PER DAY
ENZALUTAMIDE (XTANDI) 40 MG TABLET	ORAL	4 PER DAY
ENZALUTAMIDE (XTANDI) 80 MG TABLET	ORAL	2 PER DAY
EPINEPHRINE (NEFFY) 2 MG / 0.1 ML NASAL SPRAY	INHALATION	2 PENS PER 180 DAYS
EPINEPHRINE (EPIPEN JR) 0.15 MG / 0.3 ML AUTOINJECTOR	SUBCUTANEOUS OR INTRAMUSCULAR	2 PENS PER 180 DAYS
EPINEPHRINE (EPIPEN) 0.3 MG / 0.3 ML AUTOINJECTOR	SUBCUTANEOUS OR INTRAMUSCULAR	2 PENS PER 180 DAYS
EPLONTERSEN (WAINUA) 45 MG/0.8 ML AUTOINJECTOR	SUBCUTANEOUS	1 PEN (0.8 ML) PER 30 DAYS
ERENUMAB-AOOE (AIMOVIG) 70 MG / ML AUTOINJECTOR	SUBCUTANEOUS	1 PEN (1 ML) PER 28 DAYS
ERENUMAB-AOOE (AIMOVIG) 140 MG / ML AUTOINJECTOR	SUBCUTANEOUS	1 PEN (1 ML) PER 28 DAYS
ERLOTINIB (TARCEVA) 25 MG TABLET	ORAL	3 PER DAY
ERLOTINIB (TARCEVA) 100 MG TABLET	ORAL	1 PER DAY
ERLOTINIB (TARCEVA) 150 MG TABLET	ORAL	1 PER DAY
ERTUGLIFLOZIN (STEGLATRO) 5 MG TABLET	ORAL	1 PER DAY
ERTUGLIFLOZIN (STEGLATRO) 15 MG TABLET	ORAL	1 PER DAY
ERTUGLIFLOZIN-METFORMIN (SEGLUROMET) 2.5-500 MG TABLET	ORAL	2 PER DAY
ERTUGLIFLOZIN-METFORMIN (SEGLUROMET) 2.5-1,000 MG TABLET	ORAL	2 PER DAY
ERTUGLIFLOZIN-METFORMIN (SEGLUROMET) 7.5-500 MG TABLET	ORAL	2 PER DAY
ERTUGLIFLOZIN-METFORMIN (SEGLUROMET) 7.5-1,000 MG TABLET	ORAL	2 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ERTUGLIFLOZIN-SITAGLIPTIN (STEGLUJAN) 5-100 MG TABLET	ORAL	1 PER DAY
ERTUGLIFLOZIN-SITAGLIPTIN (STEGLUJAN) 15-100 MG TABLET	ORAL	1 PER DAY
ESLICARBAZEPINE (APTiom) 200 MG TABLET	ORAL	0.5 PER DAY
ESLICARBAZEPINE (APTiom) 400 MG TABLET	ORAL	0.5 PER DAY
ESLICARBAZEPINE (APTiom) 600 MG TABLET	ORAL	2 PER DAY
ESLICARBAZEPINE (APTiom) 800 MG TABLET	ORAL	2 PER DAY
ESOMEPRazole (NEXIUM) 10 MG DELAYED RELEASE SUSPENSION PACKET	ORAL	1 PER DAY
ESOMEPRazole (NEXIUM) 20 MG DELAYED RELEASE SUSPENSION PACKET	ORAL	1 PER DAY
ESOMEPRazole (NEXIUM) 40 MG DELAYED RELEASE SUSPENSION PACKET	ORAL	1 PER DAY
ETANERCEPT (ENBREL) 25 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	8 SYRINGES (4 ML) PER 28 DAYS
ETANERCEPT (ENBREL) 50 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	4 SYRINGES (4 ML) PER 28 DAYS
ETANERCEPT (ENBREL) 50 MG/ML SURECLICK AUTOINJECTOR	SUBCUTANEOUS	4 SYRINGES (4 ML) PER 28 DAYS
ETRASIMOD (VELSIPITY) 2 MG TABLET	ORAL	1 PER DAY
EVOLOCUMAB (REPATHA) 140 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	6 SYRINGES (6 ML) PER 84 DAYS
EVOLOCUMAB (REPATHA) 140 MG/ML SURECLICK PEN	SUBCUTANEOUS	6 PENS (6 ML) PER 84 DAYS
EVOLOCUMAB (REPATHA) 420 MG/3.5ML PUSHTRONIX INJECTOR	SUBCUTANEOUS	3 INJECTORS (10.5 ML) PER 84 DAYS
EXEMESTANE (AROMASIN) 25 MG TABLET	ORAL	1 PER DAY
EXENATIDE (BYETTA) 5 MCG PEN	SUBCUTANEOUS	3 PENS (3.6 ML) PER 84 DAYS
EXENATIDE (BYETTA) 10 MCG PEN	SUBCUTANEOUS	3 PENS (7.2 ML) PER 84 DAYS
EZETIMIBE-ROSUVASTIN (ROSZET) 10 MG-5 MG TABLET	ORAL	1 PER DAY
EZETIMIBE-ROSUVASTIN (ROSZET) 10 MG-10 MG TABLET	ORAL	1 PER DAY
EZETIMIBE-ROSUVASTIN (ROSZET) 10 MG-20 MG TABLET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
EZETIMIBE-ROSUVASTIN (ROSZET) 10 MG-40 MG TABLET	ORAL	1 PER DAY
FENFLURAMINE (FINTEPLA) 2.2 MG/ML ORAL SOLUTION	ORAL	12 ML PER DAY
FESOTERODINE (TOVIAZ) 4 MG TABLET	ORAL	1 PER DAY
FESOTERODINE (TOVIAZ) 8 MG TABLET	ORAL	1 PER DAY
FINERENONE (KERENDIA) 10 MG TABLET	ORAL	15 PER 30 DAYS
FINERENONE (KERENDIA) 20 MG TABLET	ORAL	1 PER DAY
FOSCARBIDOPA-FOSLEVODOPA (VYALEV) 12-240 MG/ML SINGLE DOSE VIAL	SUBCUTANEOUS	126 VIALS (1,260 ML) PER 84 DAYS
FOSTAMATINIB DISODIUM HEXAHYDRATE (TAVALISSE) 100 MG TABLET	ORAL	2 PER DAY
FOSTAMATINIB DISODIUM HEXAHYDRATE (TAVALISSE) 150 MG TABLET	ORAL	2 PER DAY
FRUQUINTINIB (FRUZAQLA) 1 MG CAPSULES	ORAL	84 PER 30 DAYS
FRUQUINTINIB (FRUZAQLA) 5 MG CAPSULES	ORAL	21 PER 30 DAYS
GABAPENTIN (GRALISE) 300 MG ER TABLET	ORAL	1 PER DAY
GABAPLETENTIN (GRALISE) 600 MG ER TABLET	ORAL	3 PER DAY
GABAPENTIN (GRALISE) STARTER PACK	ORAL	1 PACK (78 TABLETS) PER 365 DAYS
GABAPENTIN ENACARBIL (HORIZANT) 300 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
GABAPENTIN ENACARBIL (HORIZANT) 600 MG EXTENDED RELEASE TABLET	ORAL	2 PER DAY
GANAXOLONE (ZTALMY) 50 MG/ML ORAL SUSPENSION	ORAL	36 ML (1,800 MG) PER DAY
GILTERITINIB (XOSPATA) 40 MG TABLET	ORAL	3 PER DAY
GIVINOSTAT (DUVYZAT) 8.86 MG/ML ORAL SUSPENSION	ORAL	12 ML PER DAY
GLECAPREVIR / PIBRENTASVIR (MAVYRET) 100MG/40MG TABLET	ORAL	3 PER DAY
GLYCOPYRRONIUM (QBREXZA) 2.4% TOPICAL CLOTH	TOPICAL	1 PER DAY
GOLIMUMAB (SIMPONI) 50 MG / 0.5 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.5 ML) PER 28 DAYS
GOLIMUMAB (SIMPONI) 50 MG / 0.5 ML AUTOINJECTOR	SUBCUTANEOUS	1 AUTOINJECTOR (0.5 ML) PER 28 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
GOLIMUMAB (SIMPONI) 100 MG / ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 28 DAYS
GOLIMUMAB (SIMPONI) 100 MG / ML AUTOINJECTOR	SUBCUTANEOUS	1 AUTOINJECTOR (1 ML) PER 28 DAYS
GUSELKUMAB (TREMFA) 100 MG / ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 56 DAYS
GUSELKUMAB (TREMFA) 200 MG / 2 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (2 ML) PER 56 DAYS
GUSELKUMAB (TREMFA) 100 MG / ML AUTOINJECTOR	SUBCUTANEOUS	1 AUTOINJECTOR (1 ML) PER 56 DAYS
IBRUTINIB (IMBRUVICA) 70 MG CAPSULE	ORAL	1 PER DAY
IBRUTINIB (IMBRUVICA) 140 MG CAPSULE	ORAL	4 PER DAY
IBRUTINIB (IMBRUVICA) 140 MG TABLET	ORAL	15 PER 30 DAYS
IBRUTINIB (IMBRUVICA) 280 MG TABLET	ORAL	15 PER 30 DAYS
IBRUTINIB (IMBRUVICA) 420 MG TABLET	ORAL	1 PER DAY
ICOSEPAANT ETHYL (VASCEPA) 0.5 GRAM CAPSULE	ORAL	2 PER DAY
ICOSEPAANT ETHYL (VASCEPA) 1 GRAM CAPSULE	ORAL	4 PER DAY
ILOPERIDONE (FANAPT) 1 MG (2) – 2 MG (2) – 4 MG (2) – 6 MG (2) DOSE PACK	ORAL	1 PACK (8 TABLETS) PER 365 DAYS
ILOPERIDONE (FANAPT) 1 MG TABLET	ORAL	2 PER DAY
ILOPERIDONE (FANAPT) 2 MG TABLET	ORAL	2 PER DAY
ILOPERIDONE (FANAPT) 4 MG TABLET	ORAL	2 PER DAY
ILOPERIDONE (FANAPT) 6 MG TABLET	ORAL	1 PER DAY
ILOPERIDONE (FANAPT) 8 MG TABLET	ORAL	2 PER DAY
ILOPERIDONE (FANAPT) 10 MG TABLET	ORAL	2 PER DAY
ILOPERIDONE (FANAPT) 12 MG TABLET	ORAL	2 PER DAY
INFLIXIMAB-DYYB (ZYMFAENTRA) 120 MG/ML PEN KIT	SUBCUTANEOUS	2 PER 28 DAYS
INFLIXIMAB-DYYB (ZYMFAENTRA) 120 MG/ML PREFILLED SYRINGE KIT	SUBCUTANEOUS	2 PER 28 DAYS
IXAZOMIB (NINLARO) 2.3 MG CAPSULE	ORAL	3 PER 28 DAYS
IXAZOMIB (NINLARO) 3 MG CAPSULE	ORAL	3 PER 28 DAYS
IXAZOMIB (NINLARO) 4 MG CAPSULE	ORAL	3 PER 28 DAYS
IXEKIZUMAB (TALTZ) 80 MG/ML SYRINGE	SUBCUTANEOUS	1 PER 28 DAYS
IXEKIZUMAB (TALTZ) 80 MG/ML PEN	SUBCUTANEOUS	1 PER 28 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
L-GLUTAMINE (ENDARI) 5G PACKET	ORAL	6 PER DAY
LAMOTRIGINE 25 MG ORAL DISINTEGRATING TABLET	ORAL	2 PER DAY
LAMOTRIGINE 50 MG ORAL DISINTEGRATING TABLET	ORAL	2 PER DAY
LAMOTRIGINE 100 MG ORAL DISINTEGRATING TABLET	ORAL	2 PER DAY
LAMOTRIGINE 200 MG ORAL DISINTEGRATING TABLET	ORAL	2 PER DAY
LANADELUMAB-FLYO (TAKHZYRO) 150 MG/1 ML PREFILLED SYRINGE	SUBCUTANEOUS	2 SYRINGES (2 ML) PER 28 DAYS
LANADELUMAB-FLYO (TAKHZYRO) 300 MG/2 ML PREFILLED SYRINGE	SUBCUTANEOUS	2 SYRINGES (4 ML) PER 28 DAYS
LANTHANUM (FOSRENOL) 500 MG CHEWABLE TABLET	ORAL	5 PER DAY
LANTHANUM (FOSRENOL) 750 MG CHEWABLE TABLET	ORAL	6 PER DAY
LANTHANUM (FOSRENOL) 1,000 MG CHEWABLE TABLET	ORAL	4 PER DAY
LANTHANUM (FOSRENOL) 750 MG ORAL POWDER	ORAL	6 PER DAY
LANTHANUM (FOSRENOL) 1,000 MG ORAL POWDER	ORAL	4 PER DAY
LAPATINIB (TYKERB) 250 MG TABLET	ORAL	6 PER DAY
LASMIDITAN (REYVOW) 50 MG TABLET	ORAL	10 PER 28 DAYS
LASMIDITAN (REYVOW) 100 MG TABLET	ORAL	10 PER 28 DAYS
LAZERTINIB (LAZCLUZE) 80 MG TABLET	ORAL	2 PER DAY
LAZERTINIB (LAZCLUZE) 240 MG TABLET	ORAL	1 PER DAY
LEBRIKIZUMAB-IBKZ (EBGLYSS) 250 MG/2 ML PREFILLED SYRINGE	SUBCUTANEOUS	2 PENS (4 ML) PER 28 DAYS
LEBRIKIZUMAB-IBKZ (EBGLYSS) 250 MG/2 ML PREFILLED SYRINGE	SUBCUTANEOUS	2 PENS (4 ML) PER 28 DAYS
LEDIPASVIR/SOFOSBUVIR (HARVONI) 90 MG /400 MG TABLET	ORAL	1 PER DAY
LEMBOREXANT (DAYVIGO) 5 MG TABLET	ORAL	15 PER 30 DAYS
LEMBOREXANT (DAYVIGO) 10 MG TABLET	ORAL	1 PER DAY
LENALIDOMIDE (REVLIMID) 2.5 MG CAPSULE	ORAL	1 PER DAY
LENALIDOMIDE (REVLIMID) 5 MG CAPSULE	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
LENALIDOMIDE (REVLIMID) 10 MG CAPSULE	ORAL	1 PER DAY
LENALIDOMIDE (REVLIMID) 15 MG CAPSULE	ORAL	21 PER 28 DAYS
LENALIDOMIDE (REVLIMID) 20 MG CAPSULE	ORAL	21 PER 28 DAYS
LENALIDOMIDE (REVLIMID) 25 MG CAPSULE	ORAL	21 PER 28 DAYS
LENIOLISIB (JOENJA) 70 MG TABLET	ORAL	2 PER DAY
LETERMOVIR (PREVYMIS) 240 MG TABLET	ORAL	1 PER DAY
LETERMOVIR (PREVYMIS) 480 MG TABLET	ORAL	1 PER DAY
LETERMOVIR (PREVYMIS) 20 MG PELLET PACKS	ORAL	4 PACKS PER DAY
LETERMOVIR (PREVYMIS) 120 MG PELLET PACKS	ORAL	4 PACKS PER DAY
LEVACETYLLAUCINE (AQNEURSA) GRANULES FOR SUSPENSION 1 GRAM PACKETS	ORAL	4 GRAMS (PACKETS) PER DAY
LEVODOPA (INBRIJA) 42 MG CAPSULE FOR INHALATION	INHALATION	10 PER DAY
LEVODOPA / CARBIDOPA (RYTARY) 23.75-95 MG EXTENDED RELEASE CAPSULES	ORAL	5 PER DAY
LEVODOPA / CARBIDOPA (RYTARY) 36.25-145 MG EXTENDED RELEASE CAPSULES	ORAL	10 PER DAY
LEVODOPA / CARBIDOPA (RYTARY) 48.75-195 MG EXTENDED RELEASE CAPSULES	ORAL	12 PER DAY
LEVODOPA / CARBIDOPA (RYTARY) 61.25-245 MG EXTENDED RELEASE CAPSULES	ORAL	10 PER DAY
LEVOMILNACIPRAN (FETZIMA) 120 MG CAPSULE	ORAL	1 PER DAY
LEVOMILNACIPRAN (FETZIMA) 20 MG CAPSULE	ORAL	1 PER DAY
LEVOMILNACIPRAN (FETZIMA) 40 MG CAPSULE	ORAL	1 PER DAY
LEVOMILNACIPRAN (FETZIMA) 80 MG CAPSULE	ORAL	1 PER DAY
LEVOMILNACIPRAN (FETZIMA) 20 MG (2) - 40 MG (26) DOSE PACK	ORAL	1 PACK (28 TABLETS) PER 365 DAYS
LINACLOTIDE (LINZESS) 72 MG CAPSULE	ORAL	1 PER DAY
LINACLOTIDE (LINZESS) 145 MG CAPSULE	ORAL	1 PER DAY
LINACLOTIDE (LINZESS) 290 MG CAPSULE	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
LINAGLIPTIN (TRADJENTA) 5 MG TABLET	ORAL	1 PER DAY
LINAGLIPTIN-METFORMIN (JENTADUETO) 2.5-500 MG TABLET	ORAL	2 PER DAY
LINAGLIPTIN-METFORMIN (JENTADUETO) 2.5-850 MG TABLET	ORAL	2 PER DAY
LINAGLIPTIN-METFORMIN (JENTADUETO) 2.5-1,000 MG TABLET	ORAL	2 PER DAY
LINAGLIPTIN-METFORMIN (JENTADUETO XR) 2.5-1,000 MG TABLET	ORAL	2 PER DAY
LINAGLIPTIN-METFORMIN (JENTADUETO XR) 5-1,000 MG TABLET	ORAL	1 PER DAY
LIRAGLUTIDE (VICTOZA) 18 MG / 3 ML PEN	SUBCUTANEOUS	9 PENS (27 ML) PER 90 DAYS
LIRAGLUTIDE-DEGLUDEC (XULTOPHY) 100- UNITS-3.6 MG 3 ML PEN	SUBCUTANEOUS	15 PENS (45 ML) PER 90 DAYS
LISDEXAMFETAMINE (VYVANSE GENERIC) 10 MG CAPSULE OR CHEW TABLET	ORAL	3 PER DAY
LISDEXAMFETAMINE (VYVANSE BRAND) 10 MG CAPSULE OR CHEW TABLET	ORAL	2 PER DAY
LISDEXAMFETAMINE (VYVANSE GENERIC) 20 MG CAPSULE OR CHEW TABLET	ORAL	3 PER DAY
LISDEXAMFETAMINE (VYVANSE BRAND) 20 MG CAPSULE OR CHEW TABLET	ORAL	2 PER DAY
LISDEXAMFETAMINE (VYVANSE GENERIC OR BRAND) 30 MG CAPSULE OR CHEW TABLET	ORAL	2 PER DAY
LISDEXAMFETAMINE (VYVANSE GENERIC OR BRAND) 40 MG CAPSULE OR CHEW TABLET	ORAL	1 PER DAY
LISDEXAMFETAMINE (VYVANSE GENERIC OR BRAND) 50 MG CAPSULE OR CHEW TABLET	ORAL	1 PER DAY
LISDEXAMFETAMINE (VYVANSE GENERIC OR BRAND) 60 MG CAPSULE OR CHEW TABLET	ORAL	1 PER DAY
LISDEXAMFETAMINE (VYVANSE GENERIC OR BRAND) 70 MG CAPSULE	ORAL	1 PER DAY
LIXISENATIDE-GLARGINE (SOLIQUA) 100 UNITS-33 MCG 3 ML PEN	SUBCUTANEOUS	15 PENS (45 ML) PER 84 DAYS
LOFEXIDINE (LUCEMYRA) 0.18 MG TABLET	ORAL	132 PER 90 DAYS
LORLATINIB (LORBRENA) 25 MG TABLET	ORAL	4 PER DAY
MANNITOL INHALATION POWDER (BRONCHITOL) 40 MG CAPSULE	ORAL INHALATION	20 PER DAY
MARIBAVIR (LIVTENCITY) 200 MG TABLET	ORAL	4 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
MAVACAMTEN (CAMZYOS) 2.5 MG CAPSULE	ORAL	1 PER DAY
MAVACAMTEN (CAMZYOS) 5 MG CAPSULE	ORAL	1 PER DAY
MAVACAMTEN (CAMZYOS) 10 MG CAPSULE	ORAL	1 PER DAY
MAVACAMTEN (CAMZYOS) 15 MG CAPSULE	ORAL	1 PER DAY
MAVORIXATOR (XOLREMDI) 100 MG CAPSULE	ORAL	4 PER DAY
METHAMPHETAMINE (DESOXYN) 5 MG TABLET	ORAL	5 PER DAY
METHYLNALTREXONE (RELISTOR) 150 MG TABLET	ORAL	3 PER DAY
METHYLNALTREXONE (RELISTOR) 12 MG / 0.6 ML INJECTION	SUBCUTANEOUS	1 SYRINGE OR VIAL (0.6 ML) PER DAY
METHYLNALTREXONE (RELISTOR) 8 MG / 0.4 ML INJECTION	SUBCUTANEOUS	1 SYRINGE (0.4 ML) PER DAY
METHYLPHENIDATE HCL (APTENSIO XR) 10 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE HCL (APTENSIO XR) 15 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE HCL (APTENSIO XR) 20 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE HCL (APTENSIO XR) 30 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE HCL (APTENSIO XR) 40 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE HCL (APTENSIO XR) 50 MG EXTENDED RELEASE CAPSULE	ORAL	2 PER DAY
METHYLPHENIDATE HCL (APTENSIO XR) 60 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE (COTEMPLA XR ODT) 8.6 MG ORAL DISINTEGRATING TABLET	ORAL	1 PER DAY
METHYLPHENIDATE (COTEMPLA XR ODT) 17.3 MG ORAL DISINTEGRATING TABLET	ORAL	2 PER DAY
METHYLPHENIDATE (COTEMPLA XR ODT) 25.9 MG ORAL DISINTEGRATING TABLET	ORAL	2 PER DAY
METHYLPHENIDATE (DAYTRANA) 10 MG TRANSDERMAL PATCH	TRANSDERMAL	1 PER DAY
METHYLPHENIDATE (DAYTRANA) 15 MG TRANSDERMAL PATCH	TRANSDERMAL	1 PER DAY
METHYLPHENIDATE (DAYTRANA) 20 MG TRANSDERMAL PATCH	TRANSDERMAL	2 PER DAY
METHYLPHENIDATE (DAYTRANA) 30 MG TRANSDERMAL PATCH	TRANSDERMAL	2 PER DAY
METHYLPHENIDATE HCL (JORNAY PM) 20 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
METHYLPHENIDATE HCL (JORNAY PM) 40 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE HCL (JORNAY PM) 60 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE HCL (JORNAY PM) 80 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE HCL (JORNAY PM) 100 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
METHYLPHENIDATE HCL (QUILLICHEW ER) 20 MG EXTENDED RELEASE CHEW TABLET	ORAL	1 PER DAY
METHYLPHENIDATE HCL (QUILLICHEW ER) 30 MG EXTENDED RELEASE CHEW TABLET	ORAL	2 PER DAY
METHYLPHENIDATE HCL QUILLICHEW ER) 40 MG EXTENDED RELEASE CHEW TABLET	ORAL	1 PER DAY
METHYLPHENIDATE HCL (QUILLIVANT XR) 25 MG / 5 ML EXTENDED RELEASE SUSPENSION 300 MG BOTTLE (60 ML)	ORAL	1 BOTTLE (60 ML) PER 30 DAYS
METHYLPHENIDATE HCL (QUILLIVANT XR) 25 MG / 5 ML EXTENDED RELEASE SUSPENSION 600 MG BOTTLE (120 ML)	ORAL	2 BOTTLES (240 ML) PER 30 DAYS
METHYLPHENIDATE HCL (QUILLIVANT XR) 25 MG / 5 ML EXTENDED RELEASE SUSPENSION 750 MG BOTTLE (150 ML)	ORAL	2 BOTTLES (300 ML) PER 30 DAYS
METHYLPHENIDATE HCL (QUILLIVANT XR) 25 MG / 5 ML EXTENDED RELEASE SUSPENSION 900 MG BOTTLE (180 ML)	ORAL	2 BOTTLES (360 ML) PER 30 DAYS
METRELEPTIN (MYALEPT) 11.3 MG LYOPHILIZED POWDER VIAL (5 MG/ML RECONSTITUTED)	SUBCUTANEOUS	1 VIAL (11.3 MG) PER DAY
MIDAZOLAM (NAYZILAM) 5 MG/0.1 ML NASAL SPRAY	INHALATION	5 BOXES (2 UNITS OR 0.2ML) PER 30 DAYS
MIGLUSTAT (ZAVESCA) 100 MG CAPSULE	ORAL	6 PER DAY
MILNACIPRAN (SAVELLA) 12.5 MG TABLET	ORAL	1 PER DAY
MILNACIPRAN (SAVELLA) 25 MG TABLET	ORAL	1 PER DAY
MILNACIPRAN (SAVELLA) 50 MG TABLET	ORAL	1 PER DAY
MILNACIPRAN (SAVELLA) 100 MG TABLET	ORAL	2 PER DAY
MILNACIPRAN (SAVELLA) 12.5 MG (5) – 25 MG (8) – 50 MG (42) DOSE PACK	ORAL	1 PACK (55 TABLETS) PER 365 DAYS
MIRABEGRON (MYRBETRIQ) 25 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
MIRABEGRON (MYRBETRIQ) 50 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
MIRIKIZUMAB-MRKZ (OMVOH) 100 MG / ML PREFILLED SYRINGE	SUBCUTANEOUS	2 SYRINGES (2 ML) PER 28 DAYS
MIRIKIZUMAB-MRKZ (OMVOH) 200 MG/2 ML-100 MG/ML PREFILLED SYRINGE	SUBCUTANEOUS	2 SYRINGES (3 ML) PER 28 DAYS
MIRIKIZUMAB-MRKZ (OMVOH) 100 MG / ML PREFILLED PEN	SUBCUTANEOUS	2 SYRINGES (2 ML) PER 28 DAYS
MIRIKIZUMAB-MRKZ (OMVOH) 200 MG / 2 ML - 100 MG / ML PREFILLED PEN	SUBCUTANEOUS	2 SYRINGES (3 ML) PER 28 DAYS
MITAPIVAT (PYRUKYND) 5 MG TABLETS	ORAL	2 PER DAY
MITAPIVAT (PYRUKYND) 20 MG TABLETS	ORAL	2 PER DAY
MITAPIVAT (PYRUKYND) 50 MG TABLETS	ORAL	2 PER DAY
MITAPIVAT (PYRUKYND) 5 MG (7)-20 MG (7) TAPER PACK	ORAL	1 PACK (14 TABLETS) PER 365 DAYS
MITAPIVAT (PYRUKYND) 20 MG (7)-50 MG (7) TAPER PACK	ORAL	2 PACK (14 TABLETS) PER 365 DAYS
MIXED AMPHETAMINE SALTS (ADDERALL) 5 MG IMMEDIATE RELEASE TABLET	ORAL	9 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL) 7.5 MG IMMEDIATE RELEASE TABLET	ORAL	9 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL) 10 MG IMMEDIATE RELEASE TABLET	ORAL	9 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL) 12.5 MG IMMEDIATE RELEASE TABLET	ORAL	7 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL) 15 MG IMMEDIATE RELEASE TABLET	ORAL	6 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL) 20 MG IMMEDIATE RELEASE TABLET	ORAL	4 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL) 30 MG IMMEDIATE RELEASE TABLET	ORAL	3 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL XR) 5 MG EXTENDED RELEASE CAPSULE	ORAL	4 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL XR) 10 MG EXTENDED RELEASE CAPSULE	ORAL	4 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL XR) 15 MG EXTENDED RELEASE CAPSULE	ORAL	4 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL XR) 20 MG EXTENDED RELEASE CAPSULE	ORAL	4 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL XR) 25 MG EXTENDED RELEASE CAPSULE	ORAL	3 PER DAY
MIXED AMPHETAMINE SALTS (ADDERALL XR) 30 MG EXTENDED RELEASE CAPSULE	ORAL	3 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
MIXED AMPHETAMINE SALTS (MYDAYIS) 12.5 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
MIXED AMPHETAMINE SALTS (MYDAYIS) 25 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
MIXED AMPHETAMINE SALTS (MYDAYIS) 37.5 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
MIXED AMPHETAMINE SALTS (MYDAYIS) 50 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
MOMELOTINIB (OJJAARA) 100 MG TABLET	ORAL	1 PER DAY
MOMELOTINIB (OJJAARA) 150 MG TABLET	ORAL	1 PER DAY
MOMELOTINIB (OJJAARA) 200 MG TABLET	ORAL	1 PER DAY
NALDEMEDINE (SYMPROIC) 0.2 MG TABLET	ORAL	1 PER DAY
NALOXEGOL (MOVANTIK) 12.5 MG TABLET	ORAL	15 PER 30 DAYS
NALOXEGOL (MOVANTIK) 25 MG TABLET	ORAL	1 PER DAY
NEMOLIZUMAB-ILTO (NEMLUVIO) 30 MG PREFILLED PEN	SUBCUTANEOUS	1 PEN (30 MG) PER 28 DAYS
NILOTINIB (TASIGNA) 50 MG CAPSULE	ORAL	2 PER DAY
NILOTINIB (TASIGNA) 150 MG CAPSULE	ORAL	4 PER DAY
NILOTINIB (TASIGNA) 200 MG CAPSULE	ORAL	4 PER DAY
NIRAPARIB (ZEJULA) 100 MG TABLET	ORAL	1 PER DAY
NIRAPARIB (ZEJULA) 200 MG TABLET	ORAL	1 PER DAY
NIRAPARIB (ZEJULA) 300 MG TABLET	ORAL	1 PER DAY
NIRMATRELVIR-RITONAVIR (PAXLOVID) 150-100 MG TABLET KITS (ALL SIZES)	ORAL	1 PACK PER 60 DAYS
NIROGACESTAT (OGSIVEO) 100 MG TABLET	ORAL	2 PER DAY
NIROGACESTAT (OGSIVEO) 150 MG TABLET	ORAL	2 PER DAY
NITISINONE (HARLIKU) 2 MG TABLET	ORAL	2 PER DAY
OBETICHOLIC ACID (OCALIVA) 5 MG TABLET	ORAL	1 PER DAY
OBETICHOLIC ACID (OCALIVA) 10 MG TABLET	ORAL	1 PER DAY
OCTREOTIDE (MYCAPSSA) 20 MG DELAYED RELEASE CAPSULE	ORAL	4 PER DAY
OMAVELOXOLONE (SKYCLARYS) 50 MG CAPSULE	ORAL	3 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
OPICAPONE (ONGENTYS) 25 MG CAPSULE	ORAL	1 PER DAY
OPICAPONE (ONGENTYS) 50 MG CAPSULE	ORAL	1 PER DAY
OSIMERTINIB (TAGRISSO) 40 MG TABLET	ORAL	15 PER 30 DAYS
OXYBATE SALTS (XYWAV) 500 MG/ ML SOLUTION	ORAL	18 ML PER DAY
OZANIMOD (ZEPOSIA) 0.23 / 0.46 MG CAPSULE 7-DAY STARTER PACK	ORAL	1 PACK PER 365 DAYS
OZANIMOD (ZEPOSIA) 0.92 MG CAPSULE	ORAL	1 PER DAY
PALBOCICLIB (IBRANCE) 75 MG CAPSULE OR TABLET	ORAL	21 PER 28 DAYS
PALBOCICLIB (IBRANCE) 100 MG CAPSULE OR TABLET	ORAL	21 PER 28 DAYS
PALBOCICLIB (IBRANCE) 125 MG CAPSULE OR TABLET	ORAL	21 PER 28 DAYS
PALIPERIDONE (INVEGA) 1.5 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
PALIPERIDONE (INVEGA) 3 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
PALIPERIDONE (INVEGA) 6 MG EXTENDED RELEASE TABLET	ORAL	2 PER DAY
PALIPERIDONE (INVEGA) 9 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
PALOPEGTERIPARATIDE (YORVIPATH) 168 MCG/0.56 ML PREFILLED PEN	SUBCUTANEOUS	2 PENS (1.12 ML) PER 28 DAYS
PALOPEGTERIPARATIDE (YORVIPATH) 294 MCG/0.98 ML PREFILLED PEN	SUBCUTANEOUS	2 PENS (1.96 ML) PER 28 DAYS
PALOPEGTERIPARATIDE (YORVIPATH) 420 MCG/1.4 ML PREFILLED PEN	SUBCUTANEOUS	2 PENS (2.8 ML) PER 28 DAYS
PEGFILGRASTIM (NEULASTA) 6 MG / 0.6 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 (0.6 ML) PER 14 DAYS
PEGFILGRASTIM-JMDB (FULPHILA) 6 MG / 0.6 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 (0.6 ML) PER 14 DAYS
PEGFILGRASTIM-APGF (NYVEPRIA) 6 MG / 0.6 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 (0.6 ML) PER 14 DAYS
PEGFILGRASTIM-CBQV (UDENCYA) 6 MG / 0.6 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 (0.6 ML) PER 14 DAYS
PEGFILGRASTIM-BMEZ (ZIEXTENZO) 6 MG / 0.6 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 (0.6 ML) PER 14 DAYS
PEMIGATINIB 4.5 MG TABLET (PEMAZYRE)	ORAL	14 PER 21 DAYS
PEMIGATINIB 9 MG TABLET (PEMAZYRE)	ORAL	14 PER 21 DAYS
PEMIGATINIB 13.5 MG TABLET (PEMAZYRE)	ORAL	14 PER 21 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
PENTOSAN POLYSULFATE SODIUM (ELMIRON) 100 MG CAPSULE	ORAL	3 PER DAY
PERFLUOROHEXYLOCTANE (MIEBO) 1.3 GM/ML OPHTHALMIC SOLUTION	OPHTHALMIC	9 ML (3 BOTTLES) PER 90 DAYS
PIMAVANSERIN (NUPLAZID) 10 MG TABLET	ORAL	1 PER DAY
PIMAVANSERIN (NUPLAZID) 34 MG TABLET	ORAL	1 PER DAY
PIRTOBRUTINIB (JAYPIRCA) 50 MG TABLET	ORAL	3 PER DAY
PIRTOBRUTINIB (JAYPIRCA) 100 MG TABLET	ORAL	2 PER DAY
PITAVASTATIN (LIVALO) 1 MG TABLET	ORAL	15 PER 30 DAYS
PITAVASTATIN (LIVALO) 2 MG TABLET	ORAL	1 PER DAY
PITAVASTATIN (LIVALO) 4 MG TABLET	ORAL	1 PER DAY
PLECANATIDE (TRULANCE) 3 MG TABLET	ORAL	1 PER DAY
PODOFILOX (CONDYLOX) 0.5% TOPICAL GEL	TOPICAL	3.5 GRAMS PER 30 DAYS
POMALIDOMIDE (POMALYST) 1 MG CAPSULE	ORAL	21 PER 28 DAYS
POMALIDOMIDE (POMALYST) 2 MG CAPSULE	ORAL	21 PER 28 DAYS
POMALIDOMIDE (POMALYST) 3 MG CAPSULE	ORAL	21 PER 28 DAYS
POMALIDOMIDE (POMALYST) 4 MG CAPSULE	ORAL	21 PER 28 DAYS
PONATINIB (ICLUSIG) 10 MG TABLET	ORAL	1 PER DAY
PONATINIB (ICLUSIG) 15 MG TABLET	ORAL	1 PER DAY
PONATINIB (ICLUSIG) 30 MG TABLET	ORAL	1 PER DAY
PONATINIB (ICLUSIG) 45 MG TABLET	ORAL	1 PER DAY
PREGABALIN (LYRICA CR) 82.5 MG ER TABLET	ORAL	1 PER DAY
PREGABALIN (LYRICA CR) 165 MG ER TABLET	ORAL	1 PER DAY
PREGABALIN (LYRICA CR) 330 MG ER TABLET	ORAL	2 PER DAY
PRUCALOPRIDE (MOTEGRITY) 1 MG TABLET	ORAL	1 PER DAY
RELUGOLIX (ORGOVYX) 120 MG TABLET	ORAL	1 PER DAY
RESMETIROM (REZDIFFRA) 60 MG TABLET	ORAL	1 PER DAY
RESMETIROM (REZDIFFRA) 80 MG TABLET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
RESMETIROM (REZDIFFRA) 100 MG TABLET	ORAL	1 PER DAY
REVUMENIB (REVUFORJ) 25 MG TABLET	ORAL	4 PER DAY
REVUMENIB (REVUFORJ) 110 MG TABLET	ORAL	4 PER DAY
REVUMENIB (REVUFORJ) 160 MG TABLET	ORAL	4 PER DAY
RIFAXIMIN (XIFAXAN) 200 MG TABLET	ORAL	120 PER 20 DAYS
RIFAXIMIN (XIFAXAN) 550 MG TABLET	ORAL	2 PER DAY
RILONACEPT (ARCALYST) 220 MG VIAL	SUBCUTANEOUS	4 PER 28 DAYS
RIMEGEPANT (NURTEC ODT) 75 MG ORAL DISINTEGRATING TABLET	ORAL	8 PER 28 DAYS
RIPRETINIB (QINLOCK) 50 MG TABLET	ORAL	3 PER DAY
RISANKIZUMAB-RZAA (SKYRIZI) 150 MG / ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
RISANKIZUMAB-RZAA (SKYRIZI) 150 MG / ML PEN	SUBCUTANEOUS	1 PEN (1 ML) PER 84 DAYS
RISANKIZUMAB-RZAA (SKYRIZI) 180 MG / ML ON BODY INJECTOR	SUBCUTANEOUS	1.2 ML PER 56 DAYS
RISANKIZUMAB-RZAA (SKYRIZI) 360 MG/ 2.4 ML PREFILLED CARTRIDGE WITH ON-BODY INJECTOR KIT	SUBCUTANEOUS	1 KIT (2.4 ML) PER 56 DAYS
RISDIPLAM (EVRYSDI) 5 MG TABLET	ORAL	1 PER DAY
RISDIPLAM (EVRYSDI) 0.75 MG/ML SOLUTION	ORAL	200 ML (150 MG) PER 30 DAYS
RITLECITINIB TOSYLATE (LITFULO) 50 MG CAPSULE	ORAL	1 PER DAY
RIVAROXABAN (XARELTO) 2.5 MG TABLET	ORAL	2 PER DAY
RIVAROXABAN (XARELTO) 10 MG TABLET	ORAL	1 PER DAY
RIVAROXABAN (XARELTO) 15 MG TABLET	ORAL	2 PER DAY
RIVAROXABAN (XARELTO) 20 MG TABLET	ORAL	1 PER DAY
RIVAROXABAN (XARELTO) STARTER PACK FOR DVT	ORAL	1 PACK (51 TABLETS) PER 180 DAYS
ROFLUMILAST (ZORYVE) 0.15% CREAM	TOPICAL	60 GRAMS PER 30 DAYS
ROFLUMILAST (ZORYVE) 0.3% CREAM	TOPICAL	60 GRAMS PER 30 DAYS
ROFLUMILAST (ZORYVE) 0.3% FOAM	TOPICAL	60 GRAMS PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ROPEGINTERFERON ALFA-2B (BESREMI) 500 MCG/ML PREFILLED SYRINGE	SUBCUTANEOUS	1 ML (1 SYRINGE) PER 30 DAYS
RUXOLITINIB (JAKAFI) 5 MG TABLET	ORAL	1 PER DAY
RUXOLITINIB (JAKAFI) 10 MG TABLET	ORAL	1 PER DAY
RUXOLITINIB (JAKAFI) 15 MG TABLET	ORAL	2 PER DAY
RUXOLITINIB (JAKAFI) 20 MG TABLET	ORAL	2 PER DAY
RUXOLITINIB (JAKAFI) 25 MG TABLET	ORAL	2 PER DAY
RUXOLITINIB (OPZELURA) 1.5% CREAM	TOPICAL	60 GRAMS PER 30 DAYS
SACROSIDASE (SUCRAID) 8500 IU/1 ML ORAL SOLUTION	ORAL	12 ML PER DAY
SACUBITRIL-VALSARTAN (ENTRESTO) 24- 26 MG TABLET	ORAL	2 PER DAY
SACUBITRIL-VALSARTAN (ENTRESTO) 49- 51 MG TABLET	ORAL	2 PER DAY
SACUBITRIL-VALSARTAN (ENTRESTO) 97- 103 MG TABLET	ORAL	2 PER DAY
SARILUMAB (KEVZARA)150 MG/1.14 ML PREFILLED SYRINGE OR PEN	SUBCUTANEOUS	4 SYRINGES OR PENS PER 28 DAYS
SARILUMAB (KEVZARA) 200 MG/1.14 ML PREFILLED SYRINGE OR PEN	SUBCUTANEOUS	4 SYRINGES OR PENS PER 28 DAYS
SATRALIZUMAB (ENSPRYNG) 120 MG / ML PREFILLED SYRINGE	SUBCUTANEOUS	1 ML PER 28 DAYS
SAXAGLIPTIN (ONGLYZA) 2.5 MG TABLET	ORAL	1 PER DAY
SAXAGLIPTIN (ONGLYZA) 5 MG TABLET	ORAL	1 PER DAY
SAXAGLIPTIN-METFORMIN (KOMBIGLYZE XR) 2.5-1,000 MG TABLET	ORAL	2 PER DAY
SAXAGLIPTIN-METFORMIN (KOMBIGLYZE XR) 5-500 MG TABLET	ORAL	1 PER DAY
SAXAGLIPTIN-METFORMIN (KOMBIGLYZE XR) 5-1,000 MG TABLET	ORAL	1 PER DAY
SECUKINUMAB (COSENTYX) 75 MG / 0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.5 ML) PER 28 DAYS
SECUKINUMAB (COSENTYX) 150 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	6 SYRINGES (6 ML) PER 84 DAYS
SECUKINUMAB (COSENTYX) 150 MG/ML SENSOREADY PEN	SUBCUTANEOUS	6 PENS (6 ML) PER 84 DAYS
SECUKINUMAB (COSENTYX) 300 MG/2 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGES (1 ML) PER 28 DAYS
SECUKINUMAB (COSENTYX) 300 MG/2 ML SENSOREADY PEN	SUBCUTANEOUS	3 PENS (3 ML) PER 84 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
SELADELPAR (LIVDELZI) 10 MG CAPSULE	ORAL	1 PER DAY
SELEXIPAG (UPTRAVI) 200 MG TABLET	ORAL	2 PER DAY
SELEXIPAG (UPTRAVI) 400 MG TABLET	ORAL	2 PER DAY
SELEXIPAG (UPTRAVI) 600 MG TABLET	ORAL	2 PER DAY
SELEXIPAG (UPTRAVI) 800 MG TABLET	ORAL	2 PER DAY
SELEXIPAG (UPTRAVI) 1,000 MG TABLET	ORAL	2 PER DAY
SELEXIPAG (UPTRAVI) 1,200 MG TABLET	ORAL	2 PER DAY
SELEXIPAG (UPTRAVI) 1,400 MG TABLET	ORAL	2 PER DAY
SELEXIPAG (UPTRAVI) 1,600 MG TABLET	ORAL	2 PER DAY
SELEXIPAG (UPTRAVI) 200 TO 800 MG TITRATION PACK	ORAL	3 PER 365 DAYS
SEMAGLUTIDE (RYBELSUS) 3 MG TABLET	ORAL	30 TABLETS PER 365 DAYS
SEMAGLUTIDE (RYBELSUS) 7 MG TABLET	ORAL	1 PER DAY
SEMAGLUTIDE (RYBELSUS) 14 MG TABLET	ORAL	1 PER DAY
SEMAGLUTIDE (OZEMPIC) 2 MG/3 ML PEN (0.25 OR 0.5 MG DOSE)	SUBCUTANEOUS	3 PENS (9 ML) PER 84 DAYS
SEMAGLUTIDE (OZEMPIC) 4 MG/ 3 ML PEN (1 MG DOSE)	SUBCUTANEOUS	3 PENS (9 ML) PER 84 DAYS
SEMAGLUTIDE (OZEMPIC) 8 MG/ 3 ML PEN (2 MG DOSE)	SUBCUTANEOUS	3 PENS (9 ML) PER 84 DAYS
SEMAGLUTIDE (WEGOVY) 0.25 MG / 0.5 ML PEN	SUBCUTANEOUS	4 PENS (2 ML) PER 28 DAYS
SEMAGLUTIDE (WEGOVY) 0.5 MG / 0.5 ML PEN	SUBCUTANEOUS	4 PENS (2 ML) PER 28 DAYS
SEMAGLUTIDE (WEGOVY) 1 MG / 0.5 ML PEN	SUBCUTANEOUS	4 PENS (2 ML) PER 28 DAYS
SEMAGLUTIDE (WEGOVY) 1.7 MG / 0.75 ML PEN	SUBCUTANEOUS	4 PENS (3 ML) PER 28 DAYS
SEMAGLUTIDE (WEGOVY) 2.4 MG / 0.75 ML PEN	SUBCUTANEOUS	4 PENS (3 ML) PER 28 DAYS
SEMAGLUTIDE (WEGOVY) 1.5 MG TABLET	ORAL	1 PER DAY
SEMAGLUTIDE (WEGOVY) 4 MG TABLET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
SEMAGLUTIDE (WEGOVY) 9 MG TABLET	ORAL	1 PER DAY
SEMAGLUTIDE (WEGOVY) 25 MG TABLET	ORAL	1 PER DAY
SERDEXMETHYLPHENIDATE- DEXMETHYLPHENIDATE (AZSTARYS) 26.1-5.2 MG CAPSULE	ORAL	1 PER DAY
SERDEXMETHYLPHENIDATE- DEXMETHYLPHENIDATE (AZSTARYS) 39.2-7.8 MG CAPSULE	ORAL	1 PER DAY
SERDEXMETHYLPHENIDATE- DEXMETHYLPHENIDATE (AZSTARYS) 52.3-10.4 MG CAPSULE	ORAL	1 PER DAY
SITAGLIPTIN BASE (ZITUVIO) 25 MG TABLET	ORAL	1 PER DAY
SITAGLIPTIN BASE (ZITUVIO) 50 MG TABLET	ORAL	1 PER DAY
SITAGLIPTIN BASE (ZITUVIO) 100 MG TABLET	ORAL	1 PER DAY
SITAGLIPTIN BASE-METFORMIN (ZITUVIMET) 50-500 MG TABLET	ORAL	1 PER DAY
SITAGLIPTIN BASE-METFORMIN (ZITUVIMET) 50-1,000 MG TABLET	ORAL	1 PER DAY
SITAGLIPTIN PHOSPHATE (JANUVIA) 25 MG TABLET	ORAL	1 PER DAY
SITAGLIPTIN PHOSPHATE (JANUVIA) 50 MG TABLET	ORAL	1 PER DAY
SITAGLIPTIN PHOSPHATE (JANUVIA) 100 MG TABLET	ORAL	1 PER DAY
SITAGLIPTIN PHOSPHATE-METFORMIN (JANUMET) 50-500 MG TABLET	ORAL	2 PER DAY
SITAGLIPTIN PHOSPHATE-METFORMIN (JANUMET) 50-1,000 MG TABLET	ORAL	2 PER DAY
SITAGLIPTIN PHOSPHATE-METFORMIN (JANUMET XR) 50-500 MG TABLET	ORAL	1 PER DAY
SITAGLIPTIN PHOSPHATE-METFORMIN (JANUMET XR) 50-1,000 MG TABLET	ORAL	2 PER DAY
SITAGLIPTIN PHOSPHATE-METFORMIN (JANUMET XR) 100-1,000 MG TABLET	ORAL	1 PER DAY
SMART INSULIN DELIVERY DEVICE (INPEN)	NA	1 PER 350 DAYS
SODIUM OXYBATE (XYREM) 500 MG/ ML SOLUTION	ORAL	18 ML PER DAY
SOFOSBUVIR / VELPATASVIR (EPCLUSA) 400 MG / 100 MG TABLET	ORAL	1 PER DAY
SOFOSBUVIR / VELPATASVIR (EPCLUSA) 150 MG / 37.5 MG PELLET PACKET	ORAL	1 PER DAY
SOFOSBUVIR / VELPATASVIR (EPCLUSA) 200 MG / 50 MG PELLET PACKET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
SOFOSBUVIR / VELPATASVIR (EPCLUSA) 200 MG / 50 MG TABLET	ORAL	1 PER DAY
SOFOSBUVIR / VELPATASVIR / VOXILAPREVIR / (VOSEVI) 400 MG / 100 MG/ 100 MG TABLET	ORAL	1 PER DAY
SOLRIAMFETOL (SUNOSI) 75 MG TABLET	ORAL	15 PER 30 DAYS
SOLRIAMFETOL (SUNOSI) 150 MG TABLET	ORAL	1 PER DAY
SONIDEGIB (ODOMZO) 200 MG CAPSULE	ORAL	1 PER DAY
SOTORASIB (LUMAKRAS) 120 MG TABLET	ORAL	8 PER DAY
SPESOLIMAB-SBZO (SPEVIGO) 150 MG/ML SYRINGE	SUBCUTANEOUS	2 SYRINGES (2 ML) PER 28 DAYS
SUNITINIB (SUTENT) 12.5 MG CAPSULES	ORAL	3 PER DAY
SUNITINIB (SUTENT) 25 MG CAPSULES	ORAL	1 PER DAY
SUNITINIB (SUTENT) 37.5 MG CAPSULES	ORAL	1 PER DAY
SUNITINIB (SUTENT) 50 MG CAPSULES	ORAL	1 PER DAY
SUVOREXANT (BELSOMRA) 5 MG TABLET	ORAL	1 PER DAY
SUVOREXANT (BELSOMRA) 10 MG TABLET	ORAL	1 PER DAY
SUVOREXANT (BELSOMRA) 15 MG TABLET	ORAL	1 PER DAY
SUVOREXANT (BELSOMRA) 20 MG TABLET	ORAL	1 PER DAY
SUZETRIGINE (JOURNAVX) 50 MG TABLET	ORAL	11 PER 5 DAYS
TALETRECTINIB (IBTROZI) 200 MG CAPSULE	ORAL	3 PER DAY
TAZEMETOSTAT (TAZVERIK) 200 MG TABLET	ORAL	8 PER DAY
TENAPANOR (XPHOZAH) 10 MG TABLET	ORAL	2 PER DAY
TENAPANOR (XPHOZAH) 20 MG TABLET	ORAL	2 PER DAY
TENAPANOR (XPHOZAH) 30 MG TABLET	ORAL	2 PER DAY
TENAPANOR (IBSRELA) 50 MG TABLET	ORAL	2 PER DAY
TEPOTINIB (TEPMETKO) 225 MG TABLET	ORAL	2 PER DAY
TERIPARATIDE (FORTEO) 560 MCG /2.24 ML PEN	SUBCUTANEOUS	1 PEN (2.24 ML) PER 28 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
TEZEPELUMAB-EKKO (TEZSPIRE) 210 MG/1.91 ML PREFILLED PEN	SUBCUTANEOUS	210 MG (1.91 ML) PER 28 DAYS
THALIDOMIDE (THALOMID) 50 MG CAPSULE	ORAL	1 PER DAY
THALIDOMIDE (THALOMID) 100 MG CAPSULE	ORAL	1 PER DAY
THALIDOMIDE (THALOMID) 150 MG CAPSULE	ORAL	1 PER DAY
THALIDOMIDE (THALOMID) 200 MG CAPSULE	ORAL	2 PER DAY
TIRBANIBULIN (KLISYRI) 1% OINTMENT 250 MG PACKET	TOPICAL	5 PACKETS (1,250 MG) PER 30 DAYS
TIRBANIBULIN (KLISYRI) 1% OINTMENT 350 MG PACKET	TOPICAL	5 PACKETS (1,750 MG) PER 30 DAYS
TIRZEPATIDE (MOUNJARO) 2.5 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (MOUNJARO) 5 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (MOUNJARO) 7.5 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (MOUNJARO) 10 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (MOUNJARO) 12.5 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (MOUNJARO) 15 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (ZEPBOUND) 2.5 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (ZEPBOUND) 5 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (ZEPBOUND) 7.5 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (ZEPBOUND) 10 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (ZEPBOUND) 12.5 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIRZEPATIDE (ZEPBOUND) 15 MG PEN	SUBCUTANEOUS	2 ML PER 28 DAYS
TIVOZANIB (FOTIVDA) 0.89 MG CAPSULE	ORAL	21 PER 28 DAYS
TIVOZANIB (FOTIVDA) 1.34 MG CAPSULE	ORAL	21 PER 28 DAYS
TOCILIZUMAB (TYENNE) 162 MG / 0.9 ML PEN	SUBCUTANEOUS	4 PENS PER 28 DAYS
TOCILIZUMAB (TYENNE) 162 MG / 0.9 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	4 SYRINGES PER 28 DAYS
TOCILIZUMAB (ACTEMRA) 162 MG / 0.9 ML PEN	SUBCUTANEOUS	4 PENS PER 28 DAYS
TOCILIZUMAB (ACTEMRA) 162 MG / 0.9 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	4 SYRINGES PER 28 DAYS
TOFACITINIB (XELJANZ) 5 MG TABLET	ORAL	1 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
TOFACITINIB (XELJANZ) 10 MG TABLET	ORAL	1 PER DAY
TOFACITINIB (XELJANZ XR) 11 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
TOFACITINIB (XELJANZ XR) 22 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
TOFACITINIB (XELJANZ) 1 MG/ML ORAL SOLUTION	ORAL	10 ML PER DAY
TOPIRAMATE (EPRONTIA) 25 MG/ML ORAL SOLUTION	ORAL	16 ML PER DAY
TOPIRAMATE (TROKENDI, QUDEXY, GENERICS) 25 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
TOPIRAMATE (TROKENDI, QUDEXY, GENERICS) 50 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
TOPIRAMATE (TROKENDI, QUDEXY, GENERICS) 100 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
TOPIRAMATE (QUDEXY, GENERICS) 150 MG EXTENDED RELEASE CAPSULE	ORAL	1 PER DAY
TOPIRAMATE (TROKENDI, QUDEXY, GENERICS) 200 MG EXTENDED RELEASE CAPSULE	ORAL	2 PER DAY
TRALOKINUMAB-LDRM (ADBRY) 150 MG/ML PREFILLED SYRINGE	SUBCUTANEOUS	4 ML PER 28 DAYS
TROFINETIDE (DAYBUE) 200 MG/ML ORAL SOLUTION	ORAL	120 ML PER DAY
UBROGEPANT (UBRELVY) 50 MG TABLET	ORAL	5 PER 28 DAYS
UBROGEPANT (UBRELVY) 100 MG TABLET	ORAL	10 PER 28 DAYS
UPADACITINIB (RINVOQ) 15 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
UPADACITINIB (RINVOQ) 30 MG EXTENDED RELEASE TABLET	ORAL	1 PER DAY
UPADACITINIB (RINVOQ) 45 MG EXTENDED RELEASE TABLET	ORAL	56 PER 365 DAYS
USTEKINUMAB-KFCE (YESINTEK) 45 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	3 SYRINGES (1.5 ML) PER 84 DAYS
USTEKINUMAB-KFCE (YESINTEK) 90 MG/1 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	3 SYRINGES (3 ML) PER 84 DAYS
USTEKINUMAB (STELARA) 45 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.5 ML) PER 84 DAYS
USTEKINUMAB (STELARA) 90 MG/1 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
USTEKINUMAB-AAUZ (OTULFI) 45 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.5 ML) PER 84 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
USTEKINUMAB-AAUZ (OTULFI) 90 MG/1 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
USTEKINUMAB-STBA (STEGEYMA) 45 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.5 ML) PER 84 DAYS
USTEKINUMAB-STBA (STEGEYMA) 90 MG/1 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
USTEKINUMAB-TTWE (PYZCHIVA) 45 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.5 ML) PER 84 DAYS
USTEKINUMAB-TTWE (PYZCHIVA) 90 MG/1 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
USTEKINUMAB-AEKN (SELARSDI) 45 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.5 ML) PER 84 DAYS
USTEKINUMAB-AEKN (SELARSDI) 90 MG/1 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
USTEKINUMAB-AUUB (WEZLANA) 45 MG/0.5 ML PRE-FILLED SYRINGE OR SINGLE DOSE VIAL	SUBCUTANEOUS	1 SYRINGE OR SINGLE DOSE VIAL (0.5 ML) PER 84 DAYS
USTEKINUMAB-AUUB (WEZLANA) 90 MG/1 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
USTEKINUMAB-SRLF (IMULDOSA) 45 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.5 ML) PER 84 DAYS
USTEKINUMAB- SRLF (IMULDOSA) 90 MG/1 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
USTEKINUMAB-HMNY (STARJEMZA) 45 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.5 ML) PER 84 DAYS
USTEKINUMAB- HMNY (STARJEMZA) 90 MG/1 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
VALBENAZINE (INGREZZA) 40 MG CAPSULE	ORAL	1 PER DAY
VALBENAZINE (INGREZZA) 80 MG CAPSULE	ORAL	1 PER DAY
VALBENAZINE (INGREZZA) 40 MG (7)-80 MG (21) CAPSULE STARTER PACK	ORAL	1 PER 365 DAYS
VEDOLIZUMAB (ENTYVIO) 108 MG / 0.68 ML PEN	SUBCUTANEOUS	4 PENS (2.72 ML) PER 28 DAYS
VIBEGRON (GEMTASA) 75 MG TABLET	ORAL	1 PER DAY
VIMSELTINIB (ROMVIMZA) 14 MG CAPSULE	ORAL	8 PER 28 DAYS
VIMSELTINIB (ROMVIMZA) 20 MG CAPSULE	ORAL	8 PER 28 DAYS
VIMSELTINIB (ROMVIMZA) 30 MG CAPSULE	ORAL	8 PER 28 DAYS
VISMODEGIB (ERIVEDGE) 150 MG TABLET	ORAL	1 PER DAY
VOCLOSPORIN (LUPKYNIS) 7.9 MG CAPSULE	ORAL	6 PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
VONOPRAZAN (VOQUEZNA) 10 MG TABLET	ORAL	1 PER DAY
VONOPRAZAN (VOQUEZNA) 20 MG TABLET	ORAL	1 PER DAY
VONOPRAZAN / AMOXICILLIN (VOQUEZNA DUAL PAK) 20 MG TABLET/ 500 MG CAPSULE	ORAL	1 PACK PER 365 DAYS
VONOPRAZAN / AMOXICILLIN/ CLARITHROMYCIN (VOQUEZNA TRIPLE PAK) 20 MG TABLET/ 500 MG CAPSULE/500 MG TABLET	ORAL	1 PACK PER 365 DAYS
VORASIDENIB (VORANIGO) 10 MG TABLET	ORAL	2 PER DAY
VORASIDENIB (VORANIGO) 40 MG TABLET	ORAL	1 PER DAY
VORTIOXETINE (TRINTELLIX) 5 MG TABLET	ORAL	1 PER DAY
VORTIOXETINE (TRINTELLIX) 10 MG TABLET	ORAL	1 PER DAY
VORTIOXETINE (TRINTELLIX) 20 MG TABLET	ORAL	1 PER DAY
VOSORITIDE (VOXZOGO) 0.4 MG PER VIAL	SUBCUTANEOUS	1 VIAL PER DAY
VOSORITIDE (VOXZOGO) 0.56 MG PER VIAL	SUBCUTANEOUS	1 VIAL PER DAY
VOSORITIDE (VOXZOGO) 1.2 MG PER VIAL	SUBCUTANEOUS	1 VIAL PER DAY
XANOMELINE-TROSPIUM (COBENFY) 50 MG-20 MG CAPSULES	ORAL	2 PER DAY
XANOMELINE-TROSPIUM (COBENFY) 100 MG-20 MG CAPSULES	ORAL	2 PER DAY
XANOMELINE-TROSPIUM (COBENFY) 125 MG-30 MG CAPSULES	ORAL	2 PER DAY
XANOMELINE-TROSPIUM (COBENFY) 50-20 mg (4) 100 MG-20 MG (52) CAPSULES STARTER PACK	ORAL	1 PER 365 DAYS
ZANUBRUTINIB (BRUKINSA) 160 MG TABLET	ORAL	2 PER DAY
ZAVEGEPANT (ZAVZPRET) 10 MG NASAL SPRAY	INHALATION	6 NASAL SPRAY UNITS PER 28 DAYS
ZILUCOPLAN (ZILBRYSQ) 16.6 MG / 0.416 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE PER DAY
ZILUCOPLAN (ZILBRYSQ) 23 MG / 0.574 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE PER DAY

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ZILUCOPLAN (ZILBRYSQ) 32.4 MG / 0.81 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE PER DAY
ZONISAMIDE (ZONISADE) 100 MG/5 ML SUSPENSION	ORAL	400 MG (20 ML) PER DAY
ZURANOLONE (ZURZUVAE) 20 MG CAPSULE	ORAL	28 PER 180 DAYS
ZURANOLONE (ZURZUVAE) 25 MG CAPSULE	ORAL	28 PER 180 DAYS
ZURANOLONE (ZURZUVAE) 30 MG CAPSULE	ORAL	14 PER 180 DAYS