KAISER PERMANENTE®

Northwest Quantity Limit List

Effective January 1, 2019, Kaiser Permanente considers the drugs 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. A drug's presence on this list does not guarantee coverage under your benefit. Please visit kp.org/formulary to determine whether your drug 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	120 PER 30 DAYS
ACALABRUTINIB (CALQUENCE) 100 MG CAPSULE	ORAL	60 PER 30 DAYS
ADALIMUMAB (HUMIRA) 10 MG / 0.2 ML SYRINGE KIT	SUBCUTANEOUS	2 SYRINGES (0.4 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 20 MG / 0.4 ML SYRINGE KIT	SUBCUTANEOUS	2 SYRINGES (0.8 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.8 ML SYRINGE KIT	SUBCUTANEOUS	2 SYRINGES (1.6 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.8 ML PEN KIT	SUBCUTANEOUS	2 PENS (1.6 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.4 ML SYRINGE KIT	SUBCUTANEOUS	2 SYRINGES (0.8 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.4 ML PEN KIT	SUBCUTANEOUS	2 PENS (0.8 ML) PER 28 DAYS
ADALIMUMAB (HUMIRA) 80 MG / 0.8 ML CD / UC / HS PEN STARTER PACK	SUBCUTANEOUS	1 PACK OF 3 PENS (2.4 ML) PER 365 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.4 ML PEDIATRIC CD / UC / HS PEN STARTER PACK	SUBCUTANEOUS	1 PACK OF 3 PENS (1.2 ML) PER 365 DAYS
ADALIMUMAB (HUMIRA) 40 MG / 0.8 ML CD / UC / HS PEN STARTER PACK	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	SUBCUTANEOUS	1 PACK OF 4 PENS (3.2 ML) PER 365 DAYS
AFATINIB (GILOTRIF) 20 MG TABLET	ORAL	30 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
AFATINIB (GILOTRIF) 30 MG TABLET	ORAL	30 PER 30 DAYS
AFATINIB (GILOTRIF) 40 MG TABLET	ORAL	30 PER 30 DAYS
ALIROCUMAB (PRALUENT) 75 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	2 SYRINGES (or ML) PER 28 DAYS
ALIROCUMAB (PRALUENT) 150 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	2 SYRINGES (or ML) PER 28 DAYS
ALIROCUMAB (PRALUENT) 75 MG/ML PRE-FILLED PEN	SUBCUTANEOUS	2 PENS (or ML) PER 28 DAYS
ALIROCUMAB (PRALUENT) 150 MG/ML PRE-FILLED PEN	SUBCUTANEOUS	2 PENS (or ML) PER 28 DAYS
AMPHETAMINE (DYANAVEL XR) 2.5 MG/ ML EXTENDED RELEASE SUSPENSION	ORAL	240 ML PER 30 DAYS
AMPHETAMINE SULFATE (EVEKEO) 5 MG TABLET	ORAL	30 PER 30 DAYS
AMPHETAMINE SULFATE (EVEKEO) 10 MG TABLET	ORAL	30 PER 30 DAYS
AMPHETAMINE SULFATE (EVEKEO) 5 MG ORAL DISINTEGRATING TABLET	ORAL	30 PER 30 DAYS
AMPHETAMINE SULFATE (EVEKEO) 10 MG ORAL DISINTEGRATING TABLET	ORAL	30 PER 30 DAYS
AMPHETAMINE SULFATE (EVEKEO) 15 MG ORAL DISINTEGRATING TABLET	ORAL	60 PER 30 DAYS
AMPHETAMINE SULFATE (EVEKEO) 20 MG ORAL DISINTEGRATING TABLET	ORAL	60 PER 30 DAYS
APALUTAMIDE (ERLEADA) 60 MG TABLET	ORAL	120 PER 30 DAYS
APIXIBAN (ELIQUIS) 2.5 MG TABLET	ORAL	30 PER 30 DAYS
APIXIBAN (ELIQUIS) 5 MG TABLET	ORAL	74 PER 30 DAYS
APREMILAST (OTEZLA) 30 MG TABLET	ORAL	60 PER 30 DAYS
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
ASENAPINE (SAPHRIS) 2.5 MG SUBLINGUAL TABLET	ORAL	60 PER 30 DAYS
ASENAPINE (SAPHRIS) 5 MG SUBLINGUAL TABLET	ORAL	60 PER 30 DAYS
ASENAPINE (SAPHRIS) 10 MG SUBLINGUAL TABLET	ORAL	60 PER 30 DAYS
BREXPIPRAZOLE (REXULTI) 1 MG TABLET	ORAL	15 PER 30 DAYS
BREXPIPRAZOLE (REXULTI) 2 MG TABLET	ORAL	15 PER 30 DAYS
BREXPIPRAZOLE (REXULTI) 3 MG TABLET	ORAL	30 PER 30 DAYS
BREXPIPRAZOLE (REXULTI) 4 MG TABLET	ORAL	30 PER 30 DAYS
BRIGATINIB (ALUNBRIG) 30 MG TABLET	ORAL	90 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
BRIGATINIB (ALUNBRIG) 90 MG TABLET	ORAL	30 PER 30 DAYS
BRIGATINIB (ALUNBRIG) 180 MG TABLET	ORAL	30 PER 30 DAYS
CABOZANTINIB (CABOMETYX) 20 MG TABLET	ORAL	30 PER 30 DAYS
CABOZANTINIB (CABOMETYX) 40 MG TABLET	ORAL	30 PER 30 DAYS
CABOZANTINIB (CABOMETYX) 60 MG TABLET	ORAL	30 PER 30 DAYS
CARIPRAZINE (VRAYLAR) 1.5 MG CAPSULE	ORAL	30 PER 30 DAYS
CARIPRAZINE (VRAYLAR) 3 MG CAPSULE	ORAL	30 PER 30 DAYS
CARIPRAZINE (VRAYLAR) 4.5 MG CAPSULE	ORAL	30 PER 30 DAYS
CARIPRAZINE (VRAYLAR) 6 MG CAPSULE	ORAL	30 PER 30 DAYS
CERTOLIZUMAB (CIMZIA) 200 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	1 SET OF 2 SYRINGES PER 28 DAYS
CERTOLIZUMAB (CIMZIA) 200 MG/ML PRE-FILLED SYRINGE STARTER KIT	SUBCUTANEOUS	3 SETS OF 2 SYRINGES PER 365 DAYS
COBIMETINIB (COTELLIC) 20 MG TABLET	ORAL	63 PER 28 DAYS
DABIGATRAN (PRADAXA) 75 MG CAPSULE	ORAL	60 PER 30 DAYS
DABIGATRAN (PRADAXA) 110 MG CAPSULE	ORAL	60 PER 30 DAYS
DABIGATRAN (PRADAXA) 150 MG CAPSULE	ORAL	60 PER 30 DAYS
DABRAFENIB (TAFINLAR) 50 MG CAPSULE	ORAL	120 PER 30 DAYS
DABRAFENIB (TAFINLAR) 75 MG CAPSULE	ORAL	120 PER 30 DAYS
DASATINIB (SPRYCEL) 20 MG TABLET	ORAL	60 PER 30 DAYS
DASATINIB (SPRYCEL) 50 MG TABLET	ORAL	30 PER 30 DAYS
DASATINIB (SPRYCEL) 70 MG TABLET	ORAL	30 PER 30 DAYS
DASATINIB (SPRYCEL) 80 MG TABLET	ORAL	15 PER 30 DAYS
DASATINIB (SPRYCEL) 100 MG TABLET	ORAL	30 PER 30 DAYS
DASATINIB (SPRYCEL) 140 MG TABLET	ORAL	30 PER 30 DAYS
DESVENLAFAXINE BASE 50 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
DESVENLAFAXINE BASE 100 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
DEUTETRABENAZINE (AUSTEDO) 6 MG TABLET	ORAL	60 PER 30 DAYS
DEUTETRABENAZINE (AUSTEDO) 9 MG TABLET	ORAL	120 PER 30 DAYS
DEUTETRABENAZINE (AUSTEDO) 12 MG TABLET	ORAL	120 PER 30 DAYS
DEXLANSOPRAZOLE (DEXILANT) 30 MG CAPSULE	ORAL	30 PER 30 DAYS
DEXLANSOPRAZOLE (DEXILANT) 60 MG CAPSULE	ORAL	30 PER 30 DAYS
EDOXABAN (SAVAYSA) 15 MG TABLET	ORAL	30 PER 30 DAYS
EDOXABAN (SAVAYSA) 30 MG TABLET	ORAL	30 PER 30 DAYS
EDOXABAN (SAVAYSA) 60 MG TABLET	ORAL	30 PER 30 DAYS
ELTROMBOPAG (PROMACTA) 12.5 MG TABLET	ORAL	90 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
ELTROMBOPAG (PROMACTA) 25 MG TABLET	ORAL	60 PER 30 DAYS
ELTROMBOPAG (PROMACTA) 50 MG TABLET	ORAL	90 PER 30 DAYS
ELTROMBOPAG (PROMACTA) 75 MG TABLET	ORAL	60 PER 30 DAYS
ELTROMBOPAG (PROMACTA) 12.5 MG PACKET FOR SUSPENSION	ORAL	90 PER 30 DAYS
ELTROMBOPAG (PROMACTA) 25 MG PACKET FOR SUSPENSION	ORAL	60 PER 30 DAYS
EMPAGLIFLOZIN (JARDIANCE) 10 MG TABLET	ORAL	15 PER 30 DAYS
EMPAGLIFLOZIN (JARDIANCE) 25 MG TABLET	ORAL	30 PER 30 DAYS
ENZALUTAMIDE (XTANDI) 40 MG CAPSULE	ORAL	120 PER 30 DAYS
ERENUMAB-AOOE (AIMOVIG) 70 MG / ML PREFILLED SYRINGE	SUBCUTANEOUS	1 PER 28 DAYS
ERENUMAB-AOOE (AIMOVIG) 140 MG / ML PREFILLED SYRINGE	SUBCUTANEOUS	1 PER 28 DAYS
ERENUMAB-AOOE (AIMOVIG) 70 MG / ML AUTOINJECTOR	SUBCUTANEOUS	1 PER 28 DAYS
ERENUMAB-AOOE (AIMOVIG) 140 MG / ML AUTOINJECTOR	SUBCUTANEOUS	1 PER 28 DAYS
ERLOTINIB (TARCEVA) 25 MG TABLET	ORAL	90 PER 30 DAYS
ERLOTINIB (TARCEVA) 100 MG TABLET	ORAL	30 PER 30 DAYS
ERLOTINIB (TARCEVA) 150 MG TABLET	ORAL	30 PER 30 DAYS
ETANERCEPT (ENBREL) 25 MG VIAL	SUBCUTANEOUS	8 VIALS PER 28 DAYS
ETANERCEPT (ENBREL) 25 MG/0.5 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	8 SYRINGES PER 28 DAYS
ETANERCEPT (ENBREL) 50 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	4 SYRINGES PER 28 DAYS
ETANERCEPT (ENBREL) 50 MG/ML SURECLICK AUTOINJECTOR	SUBCUTANEOUS	4 SYRINGES PER 28 DAYS
EVOLOCUMAB (REPATHA) 140 MG/ML PRE-FILLED SYRINGE	SUBCUTANEOUS	2 SYRINGES (or ML) PER 28 DAYS
EVOLOCUMAB (REPATHA) 140 MG/ML SURECLICK PEN	SUBCUTANEOUS	2 PENS (or ML) PER 28 DAYS
EVOLOCUMAB (REPATHA) 420 MG/3.5ML PUSHTRONIX INJECTOR	SUBCUTANEOUS	1 INJECTOR (or 3.5 ML) PER 30 DAYS
EXEMESTANE (AROMASIN) 25 MG TABLET	ORAL	30 PER 30 DAYS
FEBUXOSTAT (ULORIC) 40 MG TABLET	ORAL	30 PER 30 DAYS
FEBUXOSTAT (ULORIC) 80 MG TABLET	ORAL	30 PER 30 DAYS
FESOTERODINE (TOVIAZ) 4 MG TABLET	ORAL	30 PER 30 DAYS
FESOTERODINE (TOVIAZ) 8 MG TABLET	ORAL	30 PER 30 DAYS
GABAPENTIN (GRALISE) 300 MG ER TABLET	ORAL	30 PER 30 DAYS
GABAPLETENTIN (GRALISE) 600 MG ER TABLET	ORAL	90 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
GABAPENTIN (GRALISE) STARTER PACK	ORAL	1 PACK (or 78 TABLETS) PER 365 DAYS
GABAPENTIN ENACARBIL (HORIZANT) 300 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
GABAPENTIN ENACARBIL (HORIZANT) 600 MG EXTENDED RELEASE TABLET	ORAL	60 PER 30 DAYS
GLECAPREVIR / PIBRENTASVIR (MAVYRET) 100MG/40MG TABLET	ORAL	84 PER 28 DAYS
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
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 (TREMFYA) 100 MG / ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (1 ML) PER 84 DAYS
GUSELKUMAB (TREMFYA) 100 MG / ML AUTOINJECTOR	SUBCUTANEOUS	1 AUTOINJECTOR (1 ML) PER 84 DAYS
IBRUTINIB (IMBRUVICA) 70 MG CAPSULE	ORAL	30 PER 30 DAYS
IBRUTINIB (IMBRUVICA) 140 MG CAPSULE	ORAL	90 PER 30 DAYS
IBRUTINIB (IMBRUVICA) 280 MG TABLET	ORAL	30 PER 30 DAYS
IBRUTINIB (IMBRUVICA) 420 MG TABLET	ORAL	30 PER 30 DAYS
IBRUTINIB (IMBRUVICA) 560 MG TABLET	ORAL	30 PER 30 DAYS
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	60 PER 30 DAYS
ILOPERIDONE (FANAPT) 2 MG TABLET	ORAL	60 PER 30 DAYS
ILOPERIDONE (FANAPT) 4 MG TABLET	ORAL	60 PER 30 DAYS
ILOPERIDONE (FANAPT) 6 MG TABLET	ORAL	30 PER 30 DAYS
ILOPERIDONE (FANAPT) 8 MG TABLET	ORAL	60 PER 30 DAYS
ILOPERIDONE (FANAPT) 10 MG TABLET	ORAL	60 PER 30 DAYS
ILOPERIDONE (FANAPT) 12 MG TABLET	ORAL	60 PER 30 DAYS
LACOSAMIDE (VIMPAT) 50 MG TABLET	ORAL	60 PER 30 DAYS
LACOSAMIDE (VIMPAT) 100 MG TABLET	ORAL	60 PER 30 DAYS
LACOSAMIDE (VIMPAT) 150 MG TABLET	ORAL	60 PER 30 DAYS
LACOSAMIDE (VIMPAT) 200 MG TABLET	ORAL	90 PER 30 DAYS
LACOSAMIDE (VIMPAT) 10 MG / ML ORAL SOLUTION	ORAL	1,200 ML PER 30 DAYS
LANSOPRAZOLE (PREVACID SOLU-TAB) 15 MG ORAL DISINTEGRATING TABLETS	ORAL	30 PER 30 DAYS
LANSOPRAZOLE (PREVACID SOLU-TAB) 30 MG ORAL DISINTEGRATING TABLETS	ORAL	30 PER 30 DAYS
LANTHANUM (FOSRENOL) 500 MG CHEWABLE TABLET	ORAL	150 PER 30 DAYS
LANTHANUM (FOSRENOL) 750 MG CHEWABLE TABLET	ORAL	180 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
LANTHANUM (FOSRENOL) 1,000 MG CHEWABLE TABLET	ORAL	120 PER 30 DAYS
LANTHANUM (FOSRENOL) 750 MG ORAL POWDER	ORAL	180 PER 30 DAYS
LANTHANUM (FOSRENOL) 1,000 MG ORAL POWDER	ORAL	120 PER 30 DAYS
LAPATINIB (TYKERB) 250 MG TABLET	ORAL	180 PER 30 DAYS
LEDIPASVIR/SOFOSBUVIR (HARVONI) 90 MG /400 MG TABLET	ORAL	28 PER 28 DAYS
LENALIDOMIDE (REVLIMID) 2.5 MG CAPSULE	ORAL	28 PER 28 DAYS
LENALIDOMIDE (REVLIMID) 5 MG CAPSULE	ORAL	28 PER 28 DAYS
LENALIDOMIDE (REVLIMID) 10 MG CAPSULE	ORAL	28 PER 28 DAYS
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
LETERMOVIR (PREVYMIS) 240 MG TABLET	ORAL	30 PER 30 DAYS
LETERMOVIR (PREVYMIS) 480 MG TABLET	ORAL	30 PER 30 DAYS
LEVODOPA / CARBIDOPA (RYTARY) 23.75-95 MG EXTENDED RELEASE CAPSULES	ORAL	150 PER 30 DAYS
LEVODOPA / CARBIDOPA (RYTARY) 36.25-145 MG EXTENDED RELEASE CAPSULES	ORAL	300 PER 30 DAYS
LEVODOPA / CARBIDOPA (RYTARY) 48.75-195 MG EXTENDED RELEASE CAPSULES	ORAL	360 PER 30 DAYS
LEVODOPA / CARBIDOPA (RYTARY) 61.25-245 MG EXTENDED RELEASE CAPSULES	ORAL	300 PER 30 DAYS
LEVOMILNACIPRAN (FETZIMA) 120 MG CAPSULE	ORAL	30 PER 30 DAYS
LEVOMILNACIPRAN (FETZIMA) 20 MG CAPSULE	ORAL	30 PER 30 DAYS
LEVOMILNACIPRAN (FETZIMA) 40 MG CAPSULE	ORAL	30 PER 30 DAYS
LEVOMILNACIPRAN (FETZIMA) 80 MG CAPSULE	ORAL	30 PER 30 DAYS
LEVOMILNACIPRAN (FETZIMA) 20 MG (2) - 40 MG (26) DOSE PACK	ORAL	1 PACK (or 28 TABLETS) PER 365 DAYS
LINACLOTIDE (LINZESS) 72 MG CAPSULE	ORAL	30 PER 30 DAYS
LINACLOTIDE (LINZESS) 145 MG CAPSULE	ORAL	30 PER 30 DAYS
LINACLOTIDE (LINZESS) 290 MG CAPSULE	ORAL	30 PER 30 DAYS
LISDEXAMFETAMINE (VYVANSE) 10 MG CAPSULE OR CHEW TABLET	ORAL	30 PER 30 DAYS
LISDEXAMFETAMINE (VYVANSE) 20 MG CAPSULE OR CHEW TABLET	ORAL	30 PER 30 DAYS
LISDEXAMFETAMINE (VYVANSE) 30 MG CAPSULE OR CHEW TABLET	ORAL	30 PER 30 DAYS
LISDEXAMFETAMINE (VYVANSE) 40 MG CAPSULE OR CHEW TABLET	ORAL	30 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
LISDEXAMFETAMINE (VYVANSE) 50 MG CAPSULE OR CHEW TABLET	ORAL	30 PER 30 DAYS
LISDEXAMFETAMINE (VYVANSE) 60 MG CAPSULE OR CHEW TABLET	ORAL	30 PER 30 DAYS
LISDEXAMFETAMINE (VYVANSE) 70 MG CAPSULE	ORAL	30 PER 30 DAYS
LOFEXIDINE (LUCEMYRA) 0.18 MG TABLET	ORAL	132 PER 90 DAYS
LUBIPROSTONE (AMITIZA) 8 MCG CAPSULE	ORAL	60 PER 30 DAYS
LUBIPROSTONE (AMITIZA) 24 MCG CAPSULE	ORAL	60 PER 30 DAYS
LURASIDONE (LATUDA) 20 MG TABLET	ORAL	15 PER 30 DAYS
LURASIDONE (LATUDA) 40 MG TABLET	ORAL	15 PER 30 DAYS
LURASIDONE (LATUDA) 60 MG TABLET	ORAL	15 PER 30 DAYS
LURASIDONE (LATUDA) 80 MG TABLET	ORAL	30 PER 30 DAYS
LURASIDONE (LATUDA) 120 MG TABLET	ORAL	30 PER 30 DAYS
METHAMPHETAMINE (DESOXYN) 5 MG TABLET	ORAL	150 PER 30 DAYS
METHYLPHENIDATE HCL (APTENSIO XR) 10 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (APTENSIO XR) 15 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (APTENSIO XR) 20 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (APTENSIO XR) 30 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (APTENSIO XR) 40 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (APTENSIO XR) 50 MG EXTENDED RELEASE CAPSULE	ORAL	60 PER 30 DAYS
METHYLPHENIDATE HCL (APTENSIO XR) 60 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE (COTEMPLA XR ODT) 8.6 MG ORAL DISINTEGRATING TABLET	ORAL	30 PER 30 DAYS
METHYLPHENIDATE (COTEMPLA XR ODT) 17.3 MG ORAL DISINTEGRATING TABLET	ORAL	60 PER 30 DAYS
METHYLPHENIDATE (COTEMPLA XR ODT) 25.9 MG ORAL DISINTEGRATING TABLET	ORAL	60 PER 30 DAYS
METHYLPHENIDATE (DAYTRANA) 10 MG TRANDERMAL PATCH	TRANSDERMAL	30 PER 30 DAYS
METHYLPHENIDATE (DAYTRANA) 15 MG TRANDERMAL PATCH	TRANSDERMAL	30 PER 30 DAYS
METHYLPHENIDATE (DAYTRANA) 20 MG TRANDERMAL PATCH	TRANSDERMAL	60 PER 30 DAYS
METHYLPHENIDATE (DAYTRANA) 30 MG TRANDERMAL PATCH	TRANSDERMAL	60 PER 30 DAYS
METHYLPHENIDATE HCL (JORNAY PM) 20 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (JORNAY PM) 40 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
METHYLPHENIDATE HCL (JORNAY PM) 60 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (JORNAY PM) 80 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (JORNAY PM) 100 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (QUILLICHEW ER) 20 MG EXTENDED RELEASE CHEW TABLET	ORAL	30 PER 30 DAYS
METHYLPHENIDATE HCL (QUILLICHEW ER) 30 MG EXTENDED RELEASE CHEW TABLET	ORAL	60 PER 30 DAYS
METHYLPHENIDATE HCL QUILLICHEW ER) 40 MG EXTENDED RELEASE CHEW TABLET	ORAL	30 PER 30 DAYS
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
MILNACIPRAN (SAVELLA) 12.5 MG TABLET	ORAL	30 PER 30 DAYS
MILNACIPRAN (SAVELLA) 25 MG TABLET	ORAL	30 PER 30 DAYS
MILNACIPRAN (SAVELLA) 50 MG TABLET	ORAL	30 PER 30 DAYS
MILNACIPRAN (SAVELLA) 100 MG TABLET	ORAL	60 PER 30 DAYS
MILNACIPRAN (SAVELLA) 12.5 MG (5) – 25 MG (8) – 50 MG (42) DOSE PACK	ORAL	1 PACK (or 55 TABLETS) PER 365 DAYS
MIRABEGRON (MYRBETRIQ) 25 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
MIRABEGRON (MYRBETRIQ) 50 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
MIXED AMPHETAMINE SALTS (MYDAYIS) 12.5 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
MIXED AMPHETAMINE SALTS (MYDAYIS) 25 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
MIXED AMPHETAMINE SALTS (MYDAYIS) 37.5 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
MIXED AMPHETAMINE SALTS (MYDAYIS) 50 MG EXTENDED RELEASE CAPSULE	ORAL	30 PER 30 DAYS
NEBIVOLOL (BYSTOLIC) 5 MG TABLET	ORAL	15 PER 30 DAYS
NEBIVOLOL (BYSTOLIC) 10 MG TABLET	ORAL	15 PER 30 DAYS
NEBIVOLOL (BYSTOLIC) 2.5 MG TABLET	ORAL	15 PER 30 DAYS
NEBIVOLOL (BYSTOLIC) 20 MG TABLET	ORAL	30 PER 30 DAYS
OBETICHOLIC ACID (OCALIVA) 5 MG TABLET	ORAL	30 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
OBETICHOLIC ACID (OCALIVA) 10 MG TABLET	ORAL	30 PER 30 DAYS
PALBOCICLIB (IBRANCE) 75 MG CAPSULE	ORAL	21 PER 28 DAYS
PALBOCICLIB (IBRANCE) 100 MG CAPSULE	ORAL	21 PER 28 DAYS
PALBOCICLIB (IBRANCE) 125 MG CAPSULE	ORAL	21 PER 28 DAYS
PALIPERIDONE (INVEGA) 1.5 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
PALIPERIDONE (INVEGA) 3 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
PALIPERIDONE (INVEGA) 6 MG EXTENDED RELEASE TABLET	ORAL	60 PER 30 DAYS
PALIPERIDONE (INVEGA) 9 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
PIMAVANSERIN (NUPLAZID) 10 MG TABLET	ORAL	30 PER 30 DAYS
PIMAVANSERIN (NUPLAZID) 34 MG TABLET	ORAL	30 PER 30 DAYS
PITAVASTATIN (LIVALO) 1 MG TABLET	ORAL	15 PER 30 DAYS
PITAVASTATIN (LIVALO) 2 MG TABLET	ORAL	30 PER 30 DAYS
PITAVASTATIN (LIVALO) 4 MG TABLET	ORAL	30 PER 30 DAYS
PLECANATIDE (TRULANCE) 3 MG TABLET	ORAL	30 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
PREGABALIN (LYRICA CR) 82.5 MG ER TABLET	ORAL	30 PER 30 DAYS
PREGABALIN (LYRICA CR) 165 MG ER TABLET	ORAL	30 PER 30 DAYS
PREGABALIN (LYRICA CR) 330 MG ER TABLET	ORAL	60 PER 30 DAYS
PRUCALOPRIDE (MOTEGRITY) 1 MG TABLET	ORAL	30 PER 30 DAYS
PRUCALOPRIDE (MOTEGRITY) 2 MG TABLET	ORAL	30 PER 30 DAYS
RIFAXIMIN (XIFAXAN) 200 MG TABLET	ORAL	90 PER 30 DAYS
RIFAXIMIN (XIFAXAN) 550 MG TABLET	ORAL	60 PER 30 DAYS
RISANKIZUMAB-RZAA (SKYRIZI) 75 MG / 0.83 ML PREFILLED SYRINGE	SUBCUTANEOUS	1 SYRINGE (0.83 ML) PER 84 DAYS
RIVAROXABAN (XARELTO) 2.5 MG TABLET	ORAL	60 PER 30 DAYS
RIVAROXABAN (XARELTO) 10 MG TABLET	ORAL	30 PER 30 DAYS
RIVAROXABAN (XARELTO) 15 MG TABLET	ORAL	60 PER 30 DAYS
RIVAROXABAN (XARELTO) 20 MG TABLET	ORAL	30 PER 30 DAYS
RIVAROXABAN (XARELTO) STARTER PACK FOR DVT	ORAL	1 PACK (or 51 TABLETS) PER 180 DAYS
SACUBITRIL-VALSARTAN (ENTRESTO) 24- 26 MG TABLET	ORAL	30 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
SACUBITRIL-VALSARTAN (ENTRESTO) 49- 51 MG TABLET	ORAL	30 PER 30 DAYS
SACUBITRIL-VALSARTAN (ENTRESTO) 97- 103 MG TABLET	ORAL	60 PER 30 DAYS
SECUKINUMAB (COSENTYX) 150 MG/ML (300 MG DOSE) PRE-FILLED SYRINGE	ORAL	2 SYRINGES PER 28 DAYS
SECUKINUMAB (COSENTYX) 150 MG/ML (300 MG DOSE) SENSOREADY PEN	ORAL	2 PENS PER 28 DAYS
SOFOSBUVIR / VELPATASVIR / (EPCLUSA) 400 MG / 100 MG TABLET	ORAL	28 PER 28 DAYS
SOFOSBUVIR / VELPATASVIR / VOXILAPREVIR / (VOSEVI) 400 MG / 100 MG/ 100 MG TABLET	ORAL	28 PER 28 DAYS
SONIDEGIB (ODOMZO) 200 MG CAPSULE	ORAL	30 PER 30 DAYS
SUVOREXANT (BELSOMRA) 5 MG TABLET	ORAL	30 PER 30 DAYS
SUVOREXANT (BELSOMRA) 10 MG TABLET	ORAL	30 PER 30 DAYS
SUVOREXANT (BELSOMRA) 15 MG TABLET	ORAL	30 PER 30 DAYS
SUVOREXANT (BELSOMRA) 20 MG TABLET	ORAL	30 PER 30 DAYS
TETRABENAZINE (XENAZINE) 12.5 MG TABLET	ORAL	84 PER 28 DAYS
TETRABENAZINE (XENAZINE) 25 MG TABLET	ORAL	56 PER 28 DAYS
THALIDOMIDE (THALOMID) 50 MG CAPSULE	ORAL	28 PER 28 DAYS
THALIDOMIDE (THALOMID) 100 MG CAPSULE	ORAL	28 PER 28 DAYS
THALIDOMIDE (THALOMID) 150 MG CAPSULE	ORAL	28 PER 28 DAYS
THALIDOMIDE (THALOMID) 200 MG CAPSULE	ORAL	56 PER 28 DAYS
TOCILIZUMAB (ACTEMRA) 162 / 0.9 ML MG PEN	SUBCUTANEOUS	4 PENS PER 28 DAYS
TOCILIZUMAB (ACTEMRA) 162 MG / 0.9 ML PRE-FILLED SYRINGE	SUBCUTANEOUS	4 PENS PER 28 DAYS
TOFACITINIB (XELJANZ) 5 MG TABLET	ORAL	30 PER 30 DAYS
TOFACITINIB (XELJANZ) 10 MG TABLET	ORAL	60 PER 30 DAYS
TOFACITINIB (XELJANZ) 11 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 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 56 DAYS
VALBENAZINE (INGREZZA) 40 MG CAPSULE	ORAL	30 PER 30 DAYS
VALBENAZINE (INGREZZA) 80 MG CAPSULE	ORAL	30 PER 30 DAYS
VENLAFAXINE 37.5 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
VENLAFAXINE 75 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS

DRUG / FORM / DOSE	ROUTE	QUANTITY PER DAYS SUPPLY LIMIT
VENLAFAXINE 150 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
VENLAFAXINE 225 MG EXTENDED RELEASE TABLET	ORAL	30 PER 30 DAYS
VILAZODONE (VIIBRYD) 10 MG TABLET	ORAL	15 PER 30 DAYS
VILAZODONE (VIIBRYD) 20 MG TABLET	ORAL	15 PER 30 DAYS
VILAZODONE (VIIBRYD) 40 MG TABLET	ORAL	30 PER 30 DAYS
VILAZODONE (VIIBRYD) 10 MG (7) – 20 MG (23) DOSE PACK	ORAL	1 PACK (or 30 TABLETS) PER 365 DAYS
VILAZODONE (VIIBRYD) 10 MG (7) – 20 MG (7) – 40 MG (16) DOSE PACK	ORAL	1 PACK (or 30 TABLETS) PER 365 DAYS
VISMODEGIB (ERIVEDGE) 150 MG TABLET	ORAL	28 PER 28 DAYS
VORITOXETINE (TRINTELLIX) 5 MG TABLET	ORAL	30 PER 30 DAYS
VORITOXETINE (TRINTELLIX) 10 MG TABLET	ORAL	30 PER 30 DAYS
VORITOXETINE (TRINTELLIX) 20 MG TABLET	ORAL	30 PER 30 DAYS