
Title: Quantity Level Limits for Pharmaceuticals Covered Under the Prescription Drug Benefit

Policy #: Rx.01.76

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for medications that have quantity limits as provided under the member's prescription drug benefit. Applicable medications may not be appropriate for members when prescribed in quantities above quantity level limits. Quantities exceeding the quantity level limits may create safety concerns or inappropriate utilization issues. Medications subject to quantity level limits are reviewed by the Pharmacy and Therapeutics (P&T) Committee.

Description:

Quantity limits are designed to allow a sufficient supply of medication based upon FDA-approved or medically accepted maximum daily doses and length of therapy of a particular drug. Quantity limits may be expressed as quantity over time or maximum daily dose. Additionally, there are some medications to which a limit on the days' supply is applied.

- A. Quantity over time: This quantity limit is based on dosing guidelines over a rolling time period, usually 30 days.
- B. Maximum daily dose (maximum quantity per day): This quantity limit is based on maximum number of units of the drug allowed per day.
- C. Days' supply limit: This limits the numbers of days of therapy in a defined time period. Maximum daily dose applies to days' supply limits.

Refer to the specific manufacturer's prescribing information for additional details.

Quantity limits for opioids and stimulants are included in their respective opioid and stimulant policies.

Quantity limits apply to some drugs to achieve dose optimization, which is a utilization management strategy that encourages consolidation of medication regimen to the lowest number of units when medically appropriate. The goal of dose optimization is to reduce pill burden and waste. Exceptions may be made when medical necessity is established such as dose titration, inability to swallow larger pills or the requested dose is not commercially available. For example, when a medication is available in tablets of 10mg and 20mg strengths, with a maximum dose 20mg per day; the quantity limit in place will favor the 20mg tablet once daily over two tablets of the 10mg strength once daily. However, if the individual is unable to swallow the 20mg tablet due to its size; an exception may be made to allow two tablets of the 10mg strength per day.

Policy:

General quantity limit criteria

Quantity limit requests are approved when ONE of the following is met: (drug specific criteria below).

- A. Requests that exceed the cumulative daily maximum dose, maximum dose frequency, or maximum duration of therapy approved by the FDA or as stated in accepted compendia¹ are considered off-label and are reviewed per Off-Label Use policy, OR

- B. Requests that do not exceed the cumulative daily maximum dose, maximum dose frequency or maximum duration of therapy approved by the FDA or as stated in accepted compendia¹: A quantity limit exceeding those listed in the following table is approved when ONE of the following is met:
 - 1. Documentation of the inability to reach the requested dose with higher strengths of commercially available dosage forms due to member specific characteristics (i.e., inability to swallow larger pills, malabsorption, presence of a feeding tube, etc.); or
 - 2. The requested dose is not commercially available; or
 - 3. The requested dose is used for titration or loading-dose purposes (one-time authorization); or
- C. Requests that do not have a cumulative daily maximum dose, maximum dose frequency or maximum duration of therapy approved by the FDA or as stated in accepted compendia¹: A quantity limit exceeding those listed in the following table is approved when there is documentation of medical necessity.

¹ Please refer to the Off-Label Use policy for definition of accepted compendia

Authorization duration: 2 years

Drug specific quantity limit criteria:

Icatibant (Firazyr®) specific criteria:

A quantity limit exceeding those listed is approved when BOTH of the following criteria are met:

- 1. The total dose does not exceed FDA approved maximum dose; and
- 2. ONE of the following:
 - a. For Hereditary Angioedema (HAE) Types I and II: documentation of an inadequate response or inability to tolerate C1 inhibitor replacement therapy (e.g., Cinryze®, Berinert®); or
 - b. For HAE non-Type I or II: documentation of medical necessity

Authorization duration: 2 years

Acute migraine Agents specific criteria:

An increased quantity of a migraine agent is approved when there is a diagnosis of acute treatment of migraine headache and all of the following inclusion criteria are met:

- 1. Trial of prophylactic treatment with one of the following: beta blocker, calcium channel blocker, tricyclic antidepressant, valproic acid, cyproheptadine, calcitonin gene-related peptide receptor antagonist (CGRP) indicated for prophylaxis (e.g., Erenumab [Aimovig™], fremanezumab [Ajovy™] or galcanezumab [Emgality™] 120mg/ml) or topiramate; and
- 2. Requested quantity does not exceed the manufacturer-recommended maximum doses; and
- 3. The member has been examined by a neurologist within the past three years.

Authorization duration: 2 years

Proton pump inhibitor specific criteria:

Increased quantity limits of proton pump inhibitors are approved when ONE of the following is met:

- 1. Pathological hypersecretory condition including Zollinger-Ellison syndrome; or
- 2. Barrett's esophagus; or
- 3. Upper gastrointestinal bleed (gastric or duodenal); or
- 4. Failure of once daily proton pump inhibitor therapy with ONE of the following:
 - a. Gastroesophageal reflux disease (GERD) with nocturnal symptoms; or
 - b. GERD or erosive esophagitis for member less than 11 years old; or
 - c. Laryngopharyngeal reflux; or
 - d. Treatment for the eradication of H pylori with triple therapy (duration of therapy will be limited to 14 days)

Authorization duration: 2 years

Doxycycline DR (Doryx DR®) 200mg specific criteria

A quantity limit exceeding those listed is approved when ONE of the following criteria are met:

1. Diagnosis of acne and inadequate response or inability to tolerate 2 generic alternatives (e.g doxycycline, minocycline, tetracycline); or
2. Other diagnosis approved by the FDA or as stated in accepted compendia are considered off-label and are reviewed per Off-Label policy

Authorization duration: 2 years

Smoking Cessation Agents specific criteria:

Additional days' supply of bupropion (Zyban®), Varenicline (Chantix®, Apo-varenicline) and Nicotine Replacements (Nicotine gum, patches, inhalers, and spray) are approved when all the following are met:

1. One month has passed since last treatment failure with any product indicated for smoking cessation; and
2. Member is enrolled in a Smoking Cessation Program (in person or online); and
3. Member is currently a smoker

Authorization duration: 6 months

Epinephrine pens/ auto-injectors

A quantity limit exceeding those listed may be considered with documentation that a member needs an additional supply based on medical necessity (where additional doses or storage at additional locations are required).

Authorization duration: 6 months

Lofexidine (Lucemyra®)

Criteria for approving more than two 14-day supplies:

Lofexidine (Lucemyra®): An exception for increased days' supply is approved when there is documentation that lofexidine (Lucemyra®) will be used concurrently with comprehensive addiction care (this includes participation in nonpharmacological interventions such as drug abuse counseling, self-help programs, behavioral therapy, or other psychosocial services)

Authorization duration: 6 months

Caplacizumab-yhdp (Cablivi®)

Criteria for approving more than 30-day supply per 365 days:

Caplacizumab-yhdp (Cablivi®): Additional quantities will be approved when the total duration of therapy does not exceed 58 doses after the last plasma exchange.

Authorization duration: 30 days

**Black Box Warning as shown in the drug Prescribing Information:
Antivirals/Anti-infective**

Truvada® (emtricitabine and tenofovir disoproxil fumarate), tenofovir, Viread® (tenofovir disoproxil fumarate)

- A. Severe acute exacerbations of hepatitis B virus (HBV) have been reported in HBV-infected patients who have discontinued Truvada® and tenofovir. Hepatic function should be monitored closely in HBV-infected patients who discontinue Truvada® and tenofovir. If appropriate, initiation of anti-hepatitis B therapy may be warranted.

Truvada® (emtricitabine and tenofovir disoproxil fumarate)

TRUVADA used for HIV-1 PrEP must only be prescribed to individuals confirmed to be HIV-negative immediately prior to initiating and at least every 3 months during use. Drug resistant HIV-1 variants have been identified with the use of TRUVADA for HIV-1 PrEP following undetected acute HIV-1 infection. Do not initiate TRUVADA for HIV-1 PrEP if signs or symptoms of acute HIV infection are present unless negative infection status is confirmed. Tenofovir

- A. Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogs, including VIREAD, in combination with other antiretrovirals. A majority of these cases have been in women. Obesity and prolonged nucleoside exposure may be risk factors. Particular caution should be exercised when administering nucleoside analogs to any patient with known risk factors for liver disease; however, cases have also been reported in patients with no known risk factors. Treatment with VIREAD should be suspended in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or pronounced hepatotoxicity (which may include hepatomegaly and steatosis even in the absence of marked transaminase elevations).

Strattera®

- A. Suicidal ideation in children and adolescents: increases the risk of suicidal ideation in short-term studies in children and adolescents with ADHD. Anyone considering the use in a child or adolescent must balance this risk with the clinical need. Co-morbidities occurring with ADHD may be associated with an increase in the risk of suicidal ideation and/or behavior. Patients who are started on therapy should be monitored closely for suicidality (suicidal thinking and behavior), clinical worsening, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. Strattera® is approved for ADHD in pediatric and adult patients. Strattera® is not approved for major depressive disorder. Pooled analyses of short-term (6 to 18 weeks) placebo-controlled trials in children and adolescents (a total of 12 trials involving over 2200 patients, including 11 trials in ADHD and 1 trial in enuresis) have revealed a greater risk of suicidal ideation early during treatment in those receiving Strattera® compared to placebo. The average risk of suicidal ideation in patients receiving Strattera® was 0.4% (5/1357 patients), compared to none in placebo-treated patients (851 patients). No suicides occurred in these trials.

Impavido®

- A. Impavido® may cause fetal harm. Fetal death and teratogenicity occurred in animals administered Impavido® at doses lower than the recommended human dose. Do not administer Impavido® to pregnant women. Obtain a serum or urine pregnancy test in females of reproductive potential prior to prescribing Impavido®.
- B. Females of reproductive potential should be advised to use effective contraception during Impavido® therapy and for 5 months after therapy.

Fluoroquinolones (Baxdela®)

- A. Fluoroquinolones have been associated with disabling and potentially irreversible serious adverse reactions that have occurred together including:
 - a. Tendinitis and tendon rupture
 - b. Peripheral neuropathy
 - c. Central nervous system effects
- B. Discontinue immediately and avoid the use of fluoroquinolones in patients who experience any of these serious adverse reactions.
 - a. Fluoroquinolones may exacerbate muscle weakness in patients with myasthenia gravis. Avoid fluoroquinolones in patients with known history of myasthenia gravis.

Antidepressants

Prozac® Weekly™

- A. Suicidal thoughts and behaviors: antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term studies. These studies did not show an increased risk. These studies did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use in patients over age 24; there was a reduction in risk with antidepressant use in patients aged 65 and older.
- B. In patients of all ages who are started in antidepressant therapy, monitor closely for worsening and for emergence of suicidal thoughts and behaviors. Advise families and caregivers of the need for close observation and communication with the prescriber.
- C. Not approved for use in children less than 7 years of age.

Attention Deficit Hyperactivity Disorder (ADHD)

Qelbree™

- A. In clinical trials, higher rates of suicidal thoughts and behavior were reported in pediatric patients treated with Qelbree than in patients treated with placebo. Closely monitor for worsening and emergence of suicidal thoughts and behaviors.

Contraceptives

NuvaRing®, Xulane®, Annovera®, Twirla®

- A. Cigarette smoking and serious cardiovascular events: cigarette smoking increases the risk of serious cardiovascular events from combination hormonal contraceptive (CHC) use. This risk increases with age, particularly in women over 35 years of age and with the number of cigarettes smoked. For this reason, CHCs should not be used by women who are over 35 years of age and smoke.

Xulane®

- A. Risk of venous thromboembolism: the risk of VTE among women aged 15-44 who used the patch compared to women who used several different oral contraceptives was assessed in five U.S. epidemiologic studies using electronic healthcare claims data. The relative risk estimates ranged from 1.2 to 2.2; one of the studies found a statistically significant increased relative risk of VTE for current users.
- B. Pharmacokinetic profile of ethinyl estradiol: the PK profile for the patch is different from the PK profile for oral contraceptives in that it has a higher steady state concentration and a lower peak concentration. Area under the time-concentration curve (AUC) and average concentration at steady state (C_{ss}) for EE are approximately 60% higher in women than compared with women using an oral contraceptive containing 35 mcg of EE. In contrast, the peak concentration (C_{max}) for EE is approximately 25% lower in women using the patch. It is not known whether there are changes in the risk of serious adverse events based on the differences in PK profiles of EE in women using norelgestromin and ethinyl estradiol transdermal system compared with women using oral contraceptives containing 30–35 mcg of EE. Increased estrogen exposure may increase the risk of adverse events, including VTE.

Depo-Provera®

- A. Loss of bone mineral density: women may lose significant bone mineral density. Bone loss is greater with increasing duration of use and may not be completely reversible. It is unknown if use during adolescence or early adulthood, a critical period of bone accretion, will reduce peak bone mass and increase the risk for osteoporotic fracture in later life. It should not be used as a long-term birth control method (i.e., longer than 2 years) unless other birth control methods are considered inadequate.

Diabetic Supplies/Drugs

Rybelsus™

Warning: Risk of Thyroid C-Cell Tumors

In rodents, semaglutide causes thyroid C-cell tumors. It is unknown whether semaglutide causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as the human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined.

Semaglutide is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk of MTC and symptoms of thyroid tumors.

Migraine Agents

Butorphanol tartrate NS

- A. Exposes patients and others to the risks of opioid addiction, abuse, and misuse, which can lead to overdose and death. Assess each patient's risk prior to prescribing and monitor all patients regularly for the development of these behaviors and conditions.
- B. Serious, life-threatening, or fatal respiratory depression may occur with use. Monitor for respiratory depression, especially during initiation or following a dose increase.
- C. Accidental exposure, especially by children, can result in fatal overdose.
- D. Prolonged use during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening if not recognized and treated, and requires management according to protocols developed by neonatology experts.
- E. Interactions with drugs affecting cytochrome P450 isoenzymes: the concomitant use of butorphanol tartrate NS with all cytochrome P450 3A4 inhibitors may result in an increase in butorphanol plasma concentrations, which could increase or prolong adverse reactions and potentially fatal respiratory depression. Discontinuation of a concomitantly used cytochrome P450 3A4 inducer may result in an increase in butorphanol concentration. The effects of concomitant use or discontinuation of cytochrome P450 3A4 inducers, 3A4 inhibitors, or 2D6 inhibitors with tramadol or codeine are complex and requires careful consideration of the effects on the parent drug and the active metabolite.
- F. Concomitant use of opioids with benzodiazepines or other CNS depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death.

Migranal®, Trudhesa™

- A. Serious and/or life-threatening peripheral ischemia has been associated with the co-administration of dihydroergotamine with potent CYP 3A4 inhibitors including protease inhibitors and macrolide antibiotics. Because CYP 3A4 inhibition elevates the serum levels of dihydroergotamine, the risk for vasospasm leading to cerebral ischemia and/or ischemia of the extremities is increased. Hence, concomitant use of these medications is contraindicated.

Treximet® (sumatriptan/naproxen)

- A. May cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk. TREXIMET® is contraindicated in the setting of coronary artery bypass graft.
- B. NSAID containing products cause an increased risk of serious gastrointestinal adverse events including bleeding, ulceration, and perforation of the stomach or intestines which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients are at greater risk for serious gastrointestinal events

Miscellaneous agents

Flector® patch, Zipsor®, Sprix®, Licart™

- A. Cardiovascular thrombotic events: NSAIDs cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in treatment and may increase with duration of use. It is contraindicated in the setting of coronary artery bypass graft surgery.

- B. Gastrointestinal bleeding, ulceration, and perforation: NSAIDs cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events.

Entresto™

- A. Fetal toxicity: when pregnancy is detected, discontinue as soon as possible. Drugs that act directly on the renin-angiotensin system can cause injury and death to the developing fetus.

Oxandrin®

- A. Peliosis hepatis, a condition in which liver and sometimes splenic tissue is replaced with blood-filled cysts, has been reported in patients receiving androgenic anabolic steroid therapy. These cysts are sometimes present with minimal hepatic dysfunction, but at other times they have been associated with liver failure. They are often not recognized until life-threatening liver failure or intra-abdominal hemorrhage develops. Withdrawal of drug usually results in complete disappearance of lesions. Liver cell tumors are also reported. Most often these tumors are benign and androgen-dependent, but fatal malignant tumors have been reported. Withdrawal of drug often results in regression or cessation of progression of the tumor. However, hepatic tumors associated with androgens or anabolic steroids are much more vascular than other hepatic tumors and may be silent until life-threatening intra-abdominal hemorrhage develops. Blood lipid changes that are known to be associated with increased risk of atherosclerosis are seen in patients treated with androgens or anabolic steroids. These changes include decreased high-density lipoproteins and sometimes increased low-density lipoproteins. The changes may be very marked and could have a serious impact on the risk of atherosclerosis and coronary artery disease.

Xyrem®, Xywav™

- A. Central nervous system depression: Xyrem and Xywav are CNS depressants. Clinically significant respiratory depression and obtundation may occur in patients treated with Xyrem and Xywav at recommended doses. Many patients who received Xyrem and Xywav during clinical trials in narcolepsy were receiving central nervous system stimulants.
- B. Misuse and abuse: Xyrem and Xywav are sodium salt of gamma hydroxybutyrate (GHB). Abuse of GHB, either alone or in combination with other CNS depressants, is associated with CNS adverse reactions, including seizure, respiratory depression, decreases in the level of consciousness, coma, and death. Because of the risks of CNS depression, abuse, and misuse, it is available only through a restricted distribution program called the Xyrem and Xywav REMS Program, using the central pharmacy that is specially certified. Prescribers must enroll in the program.

Bevyxxa®

- A. Epidural or spinal hematomas may occur in patients treated with betrixaban who are receiving neuraxial anesthesia or undergoing spinal puncture. The risk of these events may be increased by the use of in-dwelling epidural catheters or the concomitant use of medical products affecting hemostasis. These hematomas may result in long-term or permanent paralysis. Consider these risks when scheduling patients for spinal procedures.

Verquvo® (vericiguat)

- A. Embryo-fetal toxicity
 - a. Do not administer Verquvo® to a pregnant female because it may cause fetal harm.
 - b. Females of reproductive potential: Exclude pregnancy before the start of treatment. To prevent pregnancy, females of reproductive potential must use effective forms of contraception during treatment and for one month after stopping treatment.

Lupkynis™ (voclosporin)

- A. Malignancies and serious infections
 - a. Increased risk for developing serious infections and malignancies with Lupkynis or other immunosuppressants that may lead to hospitalization or death.

Sedative Hypnotics

Estazolam, Flurazepam HCL, Restoril®, Halcion®, Nayzilam®, Valtoco®

- A. Concomitant use of benzodiazepines and opioids: may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate. Limit dosages and duration to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation.

Nayzilam®, Valtoco®

- A. The use of benzodiazepines, including Nayzilam, exposes users to risks of abuse, misuse, and addiction, which can lead to overdose or death. Before prescribing Nayzilam and throughout treatment, assess each patient's risk for abuse, misuse, and addiction.
- B. Although Nayzilam is indicated only for intermittent use if used more frequently than recommended, abrupt discontinuation or rapid dosage reduction of Nayzilam may precipitate acute withdrawal reactions, which can be life-threatening. For patients using Nayzilam more frequently than recommended, to reduce the risk of withdrawal reactions, use a gradual taper to discontinue Nayzilam.

Zolpidem, Ambien ®, Ambien CR ®, Zolpimist®, Intermezzo®, Edluar®, (eszopiclone) Lunesta®, (zaleplon) Sonata®

- A. Complex Sleep Behaviors: Complex sleep behaviors including sleepwalking, sleep driving, and engaging in other activities while not fully awake have been reported following use of the above agents. Some of these events have resulted in serious injuries, including death. Discontinue use immediately if a patient experiences a complex sleep behavior.

Smoking Cessation Products

Bupropion hydrochloride (oral tablet/extended release tablet)

- A. Suicidality and antidepressant drugs: although it is not indicated for the treatment of depression, it contains the same active ingredient as the antidepressant medication Wellbutrin®. Antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term trials. These trials did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use in subjects over age 24; there was a reduction in risk with antidepressant use in subjects aged 65 and older. In patients of all ages who are started on antidepressant therapy, monitor closely for worsening, and for emergence of suicidal thoughts and behaviors. Advise families and caregivers of the need for close observation and communication with the prescriber.

Miscellaneous

Gimoti™

- A. Tardive Dyskinesia: Metoclopramide can cause tardive dyskinesia (TD), a serious movement disorder that is often irreversible. The risk of developing TD increases with duration of treatment and total cumulative dosage. Discontinue Gimoti in patients who develop signs or symptoms of TD. Avoid treatment with metoclopramide (all dosage forms and routes of administration) for longer than 12 weeks because of the risk of developing TD with longer-term use.

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed

in this pharmacy policy are met. Any services that are off-Label Use policy or cosmetic are benefit contract exclusions for all products of the Company.

References:

AcipHex® (rabeprazole) [prescribing information]. Woodcliff Lake, NJ: Eisai Inc.; September 2019. Available from: <https://www.aciphex.com/-/media/Files/Aciphex/aciphexpi.pdf>. Accessed January 27, 2022.

AcipHex® Sprinkle™ (rabeprazole) [prescribing information]. Chesterfield, MO: Avadel Pharmaceuticals (USA), Inc.; June 2018. Accessed January 27, 2022.

Actonel® (risedronate sodium) [prescribing information]. Parsippany, NJ: Allergan, Inc; November 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020835s052lbl.pdf. Accessed January 27, 2022.

Aemcolo™ (rifamycin) [prescribing information]. San Diego, CA: Aries Pharmaceuticals, Inc. December 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/210910s000lbl.pdf. Accessed January 27, 2022.

Alinia® (nitazoxanide) [prescribing information]. Tampa, FL: Romark, L.C.; April 2017. Available from: <https://91012-1505295-raikfcquaxqncofqfm.stackpathdns.com/wp-content/uploads/2017/08/prescribing-information.pdf>. Accessed January 27, 2022.

Ambien® (zolpidem tartrate) [prescribing information]. Paris, France: Sanofi-Aventis U.S. LLC; August 2019. Available from: products.sanofi.us/ambien/Ambien.pdf. Accessed January 27, 2022.

Ambien® CR (zolpidem tartrate) [prescribing information]. Paris, France: Sanofi-Aventis U.S. LLC; August 2019. Available from: products.sanofi.us/ambien/Ambien.pdf. Accessed January 27, 2022.

Alendronate [prescribing information]. South Beloit, IL: TAGI Pharma, Inc.; 2019. Accessed January 27, 2022.

Amerge® (naratriptan) [prescribing information]. Philadelphia, PA: GlaxoSmithKline LLC; October 2020. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020763s011lbl.pdf. Accessed January 27, 2022.

Ampyra® (dalfampridine) [prescribing information]. Ardsley, NY: Acorda Therapeutics, Inc.; December 2019. Available from: <https://ampyra.com/prescribing-information.pdf?v=2>. Accessed January 27, 2022.

Annovera® (segesterone acetate) [prescribing information]. Boca Raton, FL. Therapeutics MD; January 2020. <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=37bb9ebd-2e99-4453-bbe6-9dd4a2897193&type=display>. Accessed January 27, 2022.

Atelvia® (risedronate) [prescribing information]. Parsippany, NJ: Warner Chilcott (US), LLC; August 2020. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/022560s011lbl.pdf. Accessed January 27, 2022.

Auvi-Q® (epinephrine) [prescribing information]. Richmond, VA: Kaleo, Inc.; September 2019. Available from: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=6180fb40-7fca-4602-b3da-ce62b8cd2470&type=display>. Accessed January 27, 2022.

Avonex® (interferon beta-1a) [prescribing information]. Cambridge, MA: Biogen Inc.; March 2020. Available from: https://www.avonex.com/content/dam/commercial/avonex/pat/en_us/pdf/Avonex_US_Prescribing_Information.pdf. Accessed January 27, 2022.

Ayvakit™ (avapritinib) [prescribing information]. Cambridge, MA: Blueprint Medicines Corporation; 2020. Available from: <https://www.blueprintmedicines.com/uspi/AYVAKIT.pdf>. Accessed January 27, 2022.

Baxdela® (delafloxacin) [package insert]. Lincolnshire, IL. Melinta Therapeutics, Inc. October 2020. Available at: <https://baxdela.com/docs/baxdela-prescribing-information.pdf>. Accessed January 27, 2022.

Belsomra® (suvorexant) [prescribing information]. Kenilworth, NJ: Merck Sharp & Dohme Corp; February 2021. Available from: https://www.merck.com/product/usa/pi_circulars/b/belsomra/belsomra_pi.pdf. Accessed January 27, 2022.

Betaseron® (interferon beta-1b) [prescribing information]. Montville, NJ: Bayer HealthCare Pharmaceuticals Inc.; October 2020. Available from: https://labeling.bayerhealthcare.com/html/products/pi/Betaseron_PI.pdf. Accessed January 27, 2022.

Bevyxxa® (betrixaban) [prescribing information]. South San Francisco, CA: Portola Pharmaceuticals, Inc.; October 2019. Available from: <https://bevyxxa.com/wp-content/uploads/2020/04/BevyxxaPI.pdf>. Accessed January 27, 2022.

Binosto™ (alendronate) [prescribing information]. San Antonio, TX: Mission Pharmacal Company; June 2020. Available from: https://www.binosto.com/sites/default/files/200609_NDA%20202344%20S13%20FDA%20approved_clean_2020BIN0021.pdf. Accessed January 27, 2022.

Boniva® (ibandronate) [prescribing information]. Phoenixville, PA: Genentech, Inc.; December 2016. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021455s021lbl.pdf. Accessed January 27, 2022.

Butorphanol tartrate NS [prescribing information]. Weston, FL: Apotex Corp.; 2018. Accessed January 27, 2022.

Cablivi® (caplacizumab-hydp) [prescribing information]. Cambridge, MA: Genzyme Corporation. September 2020. Available from: products.sanofi.us/Cablivi/Cablivi.pdf. Accessed January 27, 2022.

Caverject® (alprostadil) [prescribing information]. Peapack, NJ: Pharmacia and Upjohn Company LLC; November 2017. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/020379s034lbl.pdf. Accessed January 27, 2022. Chantix® (varenicline) [prescribing information]. Collegeville, PA: Pfizer Laboratories Div Pfizer Inc; February 2019. Available from: labeling.pfizer.com/ShowLabeling.aspx?id=557. Accessed January 27, 2022.

Cialis® (tadalafil) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; Feb 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/021368s029lbl.pdf. Accessed January 27, 2022.

Copaxone® (glatiramer acetate) [prescribing information]. Isreal: Teva Neuroscience, Inc.; July 2020. Available from: <https://www.copaxone.com/globalassets/copaxone/prescribing-information.pdf>. Accessed January 27, 2022.

Cresamba® (isavuconazonium) [prescribing information]. Northbrook, IL: Astellas Pharma US, Inc.; December 2019. Available from: <https://www.astellas.us/docs/cresamba.pdf>. Accessed January 27, 2022.

Cystadrops® (cysteamine ophthalmic solution) [prescribing information]. Lebanon, NJ: Recordati Rare Diseases Inc; August 2020. Available from: <https://www.cystadrops.com/wp-content/uploads/cystadrops-prescribing-information.pdf>. Accessed January 27, 2022.

Cystaran® (cysteamine) [prescribing information]. Gaithersburg, MD: Leadiant Biosciences Inc., April 2020. Available at: http://www.cystaran.com/Cystaran_PI.pdf Accessed January 27, 2022.

Dayvigo™ (lemborexant) [prescribing information]. Woodcliff Lake, NJ: Eisai Inc. April 2020. Available at: <https://www.dayvigohcp.com/-/media/Files/DAYVIGOHCP/PDF/prescribing-information.pdf>. Accessed January 27, 2022.

Denavir® (penciclovir) [prescribing information]. Roseland, NJ: New American Therapeutics, Inc.; November 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/020629s019lbl.pdf. Accessed January 27, 2022.

Depo-Provera® (medroxyprogesterone acetate) [prescribing information]. Peapack, NJ: Pharmacia and Upjohn Company LLC; 2019. Available from:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021583s016,%20s024,%20s029lbl.pdf. Accessed January 27, 2022.

Dexilant® (dexlansoprazole) [prescribing information]. Lake County, IL: Takeda Pharmaceuticals America, Inc.; September 2020. Available from: <https://general.takedapharm.com/DEXILANTPI>. Accessed January 27, 2022..

Dificid® (fidaxomicin) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; April 2020. Available from: https://www.merck.com/product/usa/pi_circulars/d/dificid/dificid_pi.pdf. Accessed January 27, 2022.

Doryx® (doxycycline hyclate delayed-release tablets) [prescribing information]. Greenville, NC: Mayne Pharma; February 2020. Available from: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=99cf2de6-e0a3-42f2-9929-d33e107af948>. Accessed January 27, 2022.

Edex® (alprostadil) [prescribing information]. Lake Forest, IL: Actient Pharmaceuticals, LLC; July 2018. Available from: https://www.endo.com/File%20Library/Products/Prescribing%20Information/edex_prescribing_information.html. Accessed January 27, 2022..

Edluar™ (zolpidem tartrate) [prescribing information]. Somerset, NJ: Meda Pharmaceuticals; August 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021997s010lbl.pdf. Accessed January 27, 2022.

Ella® (ulipristal) [prescribing information]. Charleston, SC: Afaxys Inc.; May 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/022474s010lbl.pdf. Accessed January 27, 2022.

Emend® (aprepitant) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; October 2020. Available from: https://www.merck.com/product/usa/pi_circulars/e/emend/emend_pi.pdf. Accessed January 27, 2022.

Emgality® (galcanezumab-gnlm) [prescribing information]. Indianapolis, IN. December 2019. https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/761063s004lbl.pdf. Accessed January 27, 2022.

Emverm® (mebendazole) [prescribing information]. Wilmington, NC: Impax Laboratories, Inc.; January 2019. Available from: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=a8c46363-f739-4f6e-bca8-1ce5e8d3f78d&type=display>. Accessed January 27, 2022.

Entresto™ (sacubutril/valsartan) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; February 2021. Available from: <https://www.novartis.us/sites/www.novartis.us/files/entresto.pdf>. Accessed January 27, 2022.

EpiPen® (epinephrine) [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals Inc.; December 2020. Available from: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?type=display&setid=7560c201-9246-487c-a13b-6295db04274a>. Accessed January 27, 2022.

Estazolam [prescribing information]. Parsippany, NJ: Actavis Pharma, Inc.; December 2018. Accessed April 1, 2021. Evzio® (naloxone) [prescribing information]. Richmond, VA: Kaleo, Inc.; October 2016. Available from: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=5f8e8d17-a72f-406d-a736-48e61620f9d8&type=display>. Accessed January 27, 2022.

Extavia® (interferon beta-1b) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2020. Available from: <https://www.novartis.us/sites/www.novartis.us/files/extavia.pdf>. Accessed January 27, 2022. Firazyr® (icatibant) [prescribing information]. Exton, PA: Shire US Manufacturing Inc.; August 2020. Available from: https://www.shirecontent.com/PI/PDFs/Firazyr_USA_ENG.pdf. Accessed January 27, 2022.

Flector® patch (diclofenac) [prescribing information]. Collegeville, PA: Pfizer Laboratories Div Pfizer Inc; May 2019. Available from: https://www.flector.com/dam/jcr:d4fe0a09-ef18-4956-bec1-5bf33c9c2f5f/FLECTOR%20PI%20HR%20PM-03-21-0009_12_15_20.pdf. Accessed January 27, 2022.

Flurazepam HCL [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals Inc.; December 2018. Accessed January 27, 2022.

Follistim® AQ (follitropin beta) [prescribing information]. Roseland, NJ: Organon USA Inc.; June 2020. Available from: https://www.merck.com/product/usa/pi_circulars/f/follistim_aq_cartridge/follistim_cartridge_pi.pdf. Accessed January 27, 2022.

Fosamax® (alendronate) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; August 2019. Available from: https://www.merck.com/product/usa/pi_circulars/f/fosamax/fosamax_pi.pdf. Accessed January 27, 2022.

Fosamax® Plus D (alendronate) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; August 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021762s022lbl.pdf. Accessed January 27, 2022.

Frova® (frovatriptan) [prescribing information]. Malvern, PA: Endo Pharmaceuticals Inc.; August 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021006s022lbl.pdf. Accessed January 27, 2022.

Galafold® (migalastat) [prescribing information]. Cranbury, NJ: Amicus Therapeutics U.S., Inc., February 2021. Available from: <https://www.amicusrx.com/pi/galafold.pdf>. Accessed January 27, 2022.

Gimoti™ (metoclopramide) [prescribing information]. Solana Beach, CA: Evoke Pharma, Inc; January 2021. Available from: <https://evokepharma.com/wp-content/uploads/Prescribing-Information-Gimoti%E2%84%A2-metoclopramide-nasal-spray.pdf>. Available January 27, 2022.

Gonal-F® (follitropin alpha) [prescribing information]. Billerica, MA: EMD Serono, Inc.; 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2007/021765s007lbl.pdf. Accessed January 27, 2022.

Gonsi-F® RFF (follitropin alpha) [prescribing information]. Billerica, MA: EMD Serono, Inc.; 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/021684s036lbl.pdf. Accessed January 27, 2022.

Halcion® (triazolam) [prescribing information]. Kalamazoo, MI: Pharmacia and Upjohn Company LLC; October 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/017892s050lbl.pdf. Accessed January 27, 2022.

Hetlioz® (tasimelteon) [prescribing information]. Washington, DC: Vanda Pharmaceuticals Inc.; December 2020. Available from: <https://hetlioz.com/assets/HetliozPI.pdf>. Accessed January 27, 2022.

Imitrex® (sumatriptan) [prescribing information]. Philadelphia, PA: GlaxoSmithKline LLC; December 2017. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/020132s029lbl.pdf. Accessed January 27, 2022.

Impavido® (miltefosine) [prescribing information]. Orlando, FL: Profounda, Inc.; October 2015. Available from: https://0e3920e2-2fe1-4afd-ae37-227dbbfff50d8.filesusr.com/ugd/a54292_eb861bfce29a43a185892ee0a7b15edb.pdf. Accessed January 27, 2022.

Intuniv® ER (guanfacine HCL) [prescribing information]. Exton, PA: Shire US Manufacturing Inc.; December 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/022037s019lbl.pdf. Accessed January 27, 2022.

Isturisa® (osilodrostat) [prescribing information]. Lebanon, NJ: Recordati Rare Disease, Inc.; March 2020. Available from: <https://www.isturisa.com/pdf/isturisa-prescribing-information.pdf>. Accessed January 27, 2022.

Kapvay™ (clonidine) [prescribing information]. Oakville, Ontario: Concordia Pharmaceuticals Inc.; February 2020. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/022331s021lbl.pdf. Accessed January 27, 2022..

KLOXXADO™ (naloxone hydrochloride) [prescribing information]. Columbus, OH: Hikma Pharmaceuticals USA Inc.; April 2021. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/212045s000lbl.pdf. Accessed January 27, 2022.

Kynmobi™ (apomorphine hydrochloride) [prescribing information]. Marlborough, MA: Sunovion Pharmaceuticals Inc.; May 2020. Available from: <https://www.kynmobi.com/Kynmobi-Prescribing-Information.pdf>. Accessed January 27, 2022.

Levitra® (vardenafil) [prescribing information]. Philadelphia, PA: GlaxoSmithKline LLC; August 2017. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/021400s020lbl.pdf. Accessed January 27, 2022. Licart™ (diclofenac epolamine) [prescribing information]. Parsippany, NJ: IBSA Pharma Inc; September 2020. Available from: https://www.licart.com/dam/jcr:a838cbdf-bff8-4046-b14d-0503443ed34f/IBSA-15431_LicartPI_R3.pdf. Accessed January 27, 2022.

Lidoderm® (lidocaine) [prescribing information]. Malvern, PA: Endo Pharmaceuticals Inc.; November 2018. Available from: https://www.endo.com/File%20Library/Products/Prescribing%20Information/LIDODERM_prescribing_information.html. Accessed January 27, 2022.

Lunesta® (eszopiclone) [prescribing information]. Marlborough, MA: Sunovion Pharmaceuticals Inc.; October 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021476Orig1s038rplLBL.pdf. Accessed January 27, 2022.

Lucemyra™ (lofexidine) [prescribing information]. Louisville, KY: US WorldMeds, LLC. August 2020. Available from: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=bdcfe803-b556-47db-a54f-ae0f0e5be016>. Accessed January 27, 2022.

Lupkynis™ (voclosporin) [prescribing information]. Rockville, MD: Aurinia Pharma U.S., Inc. January 2021. Available at: <https://d1io3yog0oux5.cloudfront.net/auriniapharma/files/pages/lupkynis-prescribing-information/FPI-0011+Approved+USPI++MG.pdf>. Accessed January 27, 2022.

Maxalt® (rizatriptan) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; October 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020864s023,020865s024lbl.pdf. Accessed January 27, 2022.

Maxalt® MLT (rizatriptan) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; October 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020864s023,020865s024lbl.pdf. Accessed January 27, 2022.

Menopur® (menotropins) [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; May 2018. Available from: <http://www.ferringusa.com/wp-content/uploads/2019/04/Menopur-PI-Rev.-05.2018-20Mar2019.pdf>. Accessed January 27, 2022.

Migranal® (dihydroergotamine) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; August 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020148Orig1s025lbl.pdf. Accessed January 27, 2022.

Minolira™ (minocycline ER) [prescribing information]. Charleston, SC: EPI Health, LLC. June 2018. Available from: <http://173.203.188.208/live/minolira/wp-content/uploads/2019/03/MinoLira-PI.pdf>. Accessed January 27, 2022.

Muse® (alprostadil) [prescribing information]. Somerset, NJ: Meda Pharmaceuticals Inc.; April 2018. Accessed January 27, 2022.

MyWay™ (levonorgestrel) [prescribing information]. Somerset, NJ: GAVIS Pharmaceuticals, LLC; 2013. Accessed January 27, 2022. Narcan® (naloxone nasal spray) [prescribing information]. Radnor, PA: Adapt Pharma, Inc. August 2020. Available from: <https://www.narcan.com/static/Gen2-Prescribing-Information.pdf>. Accessed January 27, 2022.

Nayzilam® (midazolam) [prescribing information]. Smyrna, GA: UCB, Inc.; February 2021. Available from: https://www.ucb-usa.com/up/ucb_usa_com_kopie/documents/Nayzilam_PI.pdf. Accessed January 27, 2022.

Nexium (esomeprazole magnesium) [prescribing information]. Somerset, NJ: GAVIS Pharmace]. Gaithersburg, MD: AstraZeneca Pharmaceuticals LP; June 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021153s053,022101s017,021957s020lbl.pdf. Accessed January 27, 2022. Next Choice One Dose® (levonorgestrel) [prescribing information]. Parsippany-Troy Hills, NJ: Actavis Pharma, Inc.; 2014. Accessed January 27, 2022.

Nicotine [prescribing information]. Camp Hill, PA: Rite Aid Corporation; 2016. Accessed January 27, 2022.

Nicotrol® NS (nicotine nasal spray) [prescribing information]. New York, NY: Pfizer Inc.; August 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020385s011lbl.pdf. Accessed January 27, 2022.

Noxafil® (posaconazole) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; March 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/022003s024,205053s008,205596s007lbl.pdf. Accessed January 27, 2022.

Nurtec™ ODT (rimegepant) [prescribing information]. New Haven, CT: Biohaven Pharmaceuticals, Inc.; March 2020. Available from: <https://www.nurtec.com/pi>. Accessed January 27, 2022.

NuvaRing® (ethinyl estradiol/ etonogestrel) [prescribing information]. Roseland, NJ: Organon USA Inc.; January 2020. Available from: <https://www.nuvaring.com/static/pdf/nuvaring-pi.pdf>. Accessed January 27, 2022.

Nuzyra™ (omadacycline) [prescribing information]. Boston, MA: Paratek Pharmaceutical, Inc. October 2020. Available at: <https://www.nuzyra.com/nuzyra-pi.pdf>. Accessed January 27, 2022.

Onzetra™ Xsail™ (sumatriptan nasal powder) [prescribing information]. Aliso Viejo, CA: Avanir Pharmaceuticals, Inc.; December 2019. Available from: https://www.onzetra.com/sites/default/files/onzetra_xsail_prescribing_information.pdf. Accessed January 27, 2022.

Oxandrin® (oxandrolone) [prescribing information]. East Brunswick NJ: Savient Pharmaceuticals, Inc.; April 2007. Available from: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f622616e-4c11-4149-bf00-5ea5ce97800b>. Accessed January 27, 2022.

Oxervate™ (cenegermin-bkbj) [prescribing information]. Boston MA: Dompe U.S. Inc.; October 2019. Available from: https://oxervate.com/wp-content/uploads/2020/05/OXERVATE_Prescribing_Information_102019.pdf. January 27, 2022.

Plan B One-Step® (levonorgestrel) [prescribing information]. Cincinnati, OH: Teva Women's Health, Inc.; 2016. Accessed January 27, 2022.

Plegridy™ (peginterferon beta 1-a) [prescribing information]. Cambridge, MA: Biogen Inc.; January 2021. Available from: https://www.plegridy.com/content/dam/commercial/plegridy/pat/en_us/pdf/plegridy-prescribing-information.pdf. Accessed January 27, 2022.

Prevacid® (lansoprazole) [prescribing information], MA: Biogen Inc.; 2017. Accessed August 18, 2017: Takeda Pharmaceuticals America, Inc; 2016. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/020406s087s088,021428s034s035lbl.pdf. January 27, 2022.

Prilosec® (omeprazole magnesium) [prescribing information]. Gaithersburg, MD: AstraZeneca Pharmaceuticals LP; December 2016. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/019810s102,022056s019lbl.pdf. Accessed January 27, 2022.

Proair Digihaler (albuterol sulfate) [prescribing information]. Frazer, PA: Teva Respiratory LLC. February 2019. Available from: <https://www.proair.com/wp-content/uploads/ProAirDoseCounter-Prescribing-Information.pdf>. Accessed January 27, 2022.

Proair [Respiclick] (albuterol sulfate) [prescribing information]. Horsham, PA: Teva Respiratory LLC. September 2020. Available from: <https://www.proair.com/wp-content/uploads/RespiClick-PI.pdf>. Accessed January 27, 2022.

Protonix® (pantoprazole sodium) [prescribing information]. Collegeville, PA: Wyeth Pharmaceuticals Inc., a subsidiary of Pfizer Inc.; April 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020987s055_022020s0171bl.pdf. Accessed January 27, 2022.

Prozac® Weekly™ (fluoxetine) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; March 2017. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/018936s103_021235s0231bl.pdf. Accessed January 27, 2022.

Prudoxin™ (doxepin) [prescribing information]. Newtown, PA: Prestium Pharma, Inc.; 2017. Accessed January 27, 2022.

Qbrexza™ (glycopyrronium) [prescribing information]. Menlo Park, CA: Dermira, Inc., June 2018. Available from: pi.dermira.com/QbrexzaPI.pdf. Accessed January 27, 2022.

Qelbree® (viloxazine extended-release capsules) [prescribing information]. Rockville, MD: Supernus Pharmaceuticals; April 2021. Available from: <https://www.supernus.com/sites/default/files/Qelbree-Prescribing-Info.pdf>. Accessed January 27, 2022.

Rebif® (interferon beta-1a) [prescribing information]. Billerica, MA: EMD Serono, Inc.; October 2020. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/103780s5203s52071bl.pdf. Accessed January 27, 2022.

Relenza® (zanamivir) [prescribing information]. Philadelphia, PA: GlaxoSmithKline LLC; June 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021036s0301bl.pdf. Accessed January 27, 2022.

Relpax® (eletriptan) [prescribing information]. Belmont, WA: Roerig; March 2020. Available from: labeling.pfizer.com/ShowLabeling.aspx?id=621. Accessed January 27, 2022.

Restasis® (cyclosporine) [prescribing information]. Parsippany, NJ: Allergan, Inc; July 2017. Available from: https://media.allergan.com/actavis/actavis/media/allergan-pdf-documents/product-prescribing/Combined-Restasis-and-MultiDose-PI_8-3-17.pdf. Accessed January 27, 2022.

Restoril™ (temazepam) [prescribing information]. UK: Mallinckrodt, Inc.; December 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/018163s0651bl.pdf. Accessed January 27, 2022.

Reyvow™ (lasmiditan) [package insert]. Indianapolis, IN: Lilly USA, LLC; January 2021. Available at: <http://pi.lilly.com/us/reyvow-uspi.pdf>. Accessed January 27, 2022.

Rozerem® (ramelteon) [prescribing information]. Lake County, IL: Takeda Pharmaceuticals America, Inc; December 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021782s0211bl.pdf. Accessed January 27, 2022.

Rybelsus™ (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc. January 2020. <https://www.novo-pi.com/rybelsus.pdf>. Available from: <https://www.novo-pi.com/rybelsus.pdf>. Accessed January 27, 2022.

Semprex®-D (acrivastine and pseudoephedrine hydrochloride) [prescribing information]. Malvern, PA: Endo Pharmaceuticals Inc.; January 2019. Available from: https://www.endo.com/File%20Library/Products/Prescribing%20Information/Semprex_prescribing_information.html. Accessed January 27, 2022.

Seysara™ (sarecycline) [prescribing information]. Exton, PA: Almirall, Inc. June 2020. Available from: https://www.almirall.us/pdf/Seysara_uspi_final_Jun2020.pdf. Accessed January 27, 2022.

Sitavig® (acyclovir) [prescribing information]. Charleston, SC: Epihealth, LLC. December 2019. Available from: <http://sitavig.com/wp-content/uploads/2020/03/Sitavig-PI-Dec2019-FINAL.pdf>. Accessed January 27, 2022.

Sivextro® (tedizolid phosphate) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; October 2020. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/205435s011,205436s006lbl.pdf. Accessed January 27, 2022.

Solodyn® (minocycline ER) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC. September 2017. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/050808s023lbl.pdf. Accessed January 27, 2022.

Sonata® (zaleplon) [prescribing information]. Collegeville, PA: Pfizer Laboratories Div Pfizer Inc; August 2019. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020859s016lbl.pdf. Accessed January 27, 2022.

Sprix® (ketorolac tromethamine) [prescribing information]. Wayne, PA: Egalet US Inc.; September 2019. Available from: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=97005a1c-167e-4676-bae7-e49b38c36f9e>. Accessed January 27, 2022. Staxyn® (vardenafil) [prescribing information]. Philadelphia, PA: GlaxoSmithKline LLC; August 2017. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/200179s005lbl.pdf. Accessed January 27, 2022.

Stendra® (avanafil) [prescribing information]. Cranford, NJ: Mist Pharmaceuticals, LLC; September 2019. Available from: <https://www.stendra.com/pdfs/stendra-prescribing-information.pdf>. Accessed January 27, 2022.

Strattera® (atomoxetine) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; February 2020. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/021411s049lbl.pdf. Accessed January 27, 2022.

Sumavel® (sumatriptan) [prescribing information]. Malvern, PA: Endo Pharmaceuticals Inc.; January 2020. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/022239s007lbl.pdf. Accessed January 27, 2022.

Symjepi™ (epinephrine injection) [prescribing information]. San Diego, CA: Adamis Pharmaceuticals Corporation. November 2020. Available from: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=b1c6a201-4f23-489f-9fca-f8c82bb9fa58>. Accessed January 27, 2022.

Tamiflu® (oseltamivir) [prescribing information]. Phoenixville, PA: Genentech, Inc.; August 2019. Available from: https://www.gene.com/download/pdf/tamiflu_prescribing.pdf. Accessed January 27, 2022.

Tosymra™ (sumatriptan) [prescribing information] Princeton, New Jersey. Dr. Reddy's Laboratories Limited; July 2019 Available at <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=7260d567-3824-230d-836d-8065302baaec&type=display>. Accessed January 27, 2022.

Treximet® (sumatriptan/naproxen) [prescribing information]. Philadelphia, PA: GlaxoSmithKline LLC; November 2020. Available from: www.treximet.com/areas/patient/contents/pdf/prescribing-information.pdf. Accessed January 27, 2022.

TRUDHESA™ (dihydroergotamine mesylate) [prescribing information]. Seattle, WA: Impel NeuroPharma Inc.; September 2021. <https://trudhesa.com/trudhesa-prescribing-information.pdf>. Accessed January 27, 2022.

Truvada® (emtricitabine and tenofovir disoproxil fumarate) [prescribing information]. Foster City, CA: Gilead Sciences, Inc.; June 2020. Available from: https://www.gilead.com/~media/Files/pdfs/medicines/hiv/truvada/truvada_pi.pdf. Accessed January 27, 2022.

Twirla® (levonorgestrel and ethinyl estradiol) [prescribing information]. Princeton, NJ: Agile Therapeutics, Inc.; February 2020. Available from: <https://www.twirla.com/pdf/Twirla%20FINAL%20PI%20IFU%20PPI.pdf>. Accessed January 27, 2022.

Ubrelvy™ (ubrogepant) [package insert]. Madison, NJ: Allergan USA, Inc; June 2020. Available at: https://media.allergan.com/products/Ubrelvy_pi.pdf. Accessed January 27, 2022.

Valtoco® (diazepam nasal spray) [prescribing information]. San Diego, CA: Neurelis, Inc.; February 2021. Available from: https://www.valtoco.com/sites/default/files/Prescribing_Information.pdf. Accessed January 27, 2022.

Ventolin® (albuterol sulfate) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline, February 2021. Available from: https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Ventolin_HFA/pdf/VENTOLIN-HFA-PI-PIL-IFU.PDF. Accessed January 27, 2022.

Verquvo® (vericiguat) [prescribing information] Whitehouse Station, NJ: Merck & Co., Inc. June 2021. Available at: https://www.merck.com/product/usa/pi_circulars/v/verquvo/verquvo_pi.pdf. Accessed January 27, 2022.

Viagra® (sildenafil) [prescribing information]. Collegeville, PA: Pfizer Laboratories Div Pfizer Inc; December 2017. Available from: labeling.pfizer.com/ShowLabeling.aspx?id=652. Accessed January 27, 2022.

Viread® (tenofovir disoproxil fumarate) [prescribing information]. Foster City, CA: Gilead Sciences, Inc.; April 2019. Available from: https://www.gilead.com/~media/Files/pdfs/medicines/liver-disease/viread/viread_pi.pdf. Accessed January 27, 2022.

Vyleesi® (bremelanotide injection) [prescribing information]. Waltham, MA: AMAG Pharmaceuticals, Inc.; February 2021. Available from: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=9146ae05-918b-483e-b86d-933485ce36eb&type=display>. Accessed January 27, 2022.

Wakix® (pitolisant) [prescribing information]. Plymouth Meeting, PA: Harmony Biosciences, LLC.; October 2020. Available from: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=8daa5562-824e-476c-9652-26ceef3d4b0e&type=display>. Accessed January 27, 2022.

Xenleta™ (lefamulin) [prescribing information]. Ireland DAC. Nabriva Therapeutics; October 2019. Available at <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=101db63d-2fe2-48df-8506-1382d6dcd4a3&type=display#section-1.1>. Accessed January 27, 2022.

Ximino® (minocycline hydrochloride extended-release) [prescribing information]. Scottsdale, AZ: Journey Medical Corp.; November 2020. Available from: <https://www.ximinorx.com/pdf/ximino-er-caps-full-prescribing-information.pdf>. Accessed January 27, 2022.

Xofluza™ (baloxavir marboxil) [prescribing information]. South San Francisco, CA. Genentech USA Inc., November 2020. Available at: https://www.gene.com/download/pdf/xofluza_prescribing.pdf. Accessed January 27, 2022.

Xulane® (ethinyl estradiol/norelgestromin) [prescribing information]. Mylan Pharmaceuticals Inc.; February 2021. Available from: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?type=display%20&setid=f7848550-086a-43d8-8ae5-047f4b9e4382>. Accessed January 27, 2022.

Xyrem® (sodium oxybate) [prescribing information]. Dublin, Ireland: Jazz Pharmaceuticals; September 2020. Available from: <https://pp.jazzpharma.com/pi/xyrem.en.USPI.pdf>. Accessed January 27, 2022.

Xywav™ (calcium, magnesium, potassium, and sodium oxybates) [prescribing information]. Palo, Alto, CA: Jazz Pharmaceuticals, Inc; February 2021. Available from: <https://pp.jazzpharma.com/pi/xywav.en.USPI.pdf>. Accessed January 27, 2022.

Zegerid® (omeprazole and sodium bicarbonate) [prescribing information]. San Diego, CA: Santarus, Inc.; June 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021636s020.021849s015lbl.pdf. Accessed January 27, 2022.

Zembrace™ SymTouch™ (sumatriptan succinate injection for subcutaneous use) [prescribing information]. Princeton, NJ: Promius Pharma, LLC.; July 2019. Available from: <https://www.zembrace.com/wp-content/uploads/2019/10/PM-000429.01-ZEM-Marketing-Insert-REV-07-2019.pdf>. Accessed January 27, 2022.

Zipsor® (diclofenac potassium) [prescribing information]. Newark, CA: Depomed, Inc.; May 2016. Available from: <https://www.zipsor.com/pdf/prescribing-information.pdf>. Accessed January 27, 2022.

Zolpimist® (zolpidem tartrate spray) [prescribing information]. Henrico, VA: ECR Pharmaceuticals; August 2019. Available from: <https://myzolpimist-ugrgkocy.stackpathdns.com/wp-content/uploads/2019/10/Zolpimist-Full-Prescribing-Information.pdf>. Accessed January 27, 2022.

Zomig® (zolmitriptan) [prescribing information]. Hayward, CA: Impax Specialty Pharma; May 2019. Available from: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=84b51cb9-83f3-4a49-7fa3-1adc0f963658&type=display>. Accessed January 27, 2022.

Zomig® ZMT (zolmitriptan) [prescribing information]. Hayward, CA: Impax Specialty Pharma; December 2018. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/020768s023.021231s014.021450s010lbl.pdf. Accessed January 27, 2022.

Zonalon® (doxepin) [prescribing information]. Newtown, PA: Prestium Pharma, Inc.; June 2017. Accessed January 27, 2022.

Zovirax® (acyclovir cream) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; April 2014. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/021478s007lbl.pdf. Accessed January 27, 2022.

Zovirax® (acyclovir ointment) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; 2017. Accessed January 27, 2022.

Ztlido™ (lidocaine topical system 1.8%) [prescribing information]. San Diego, CA: Scilex Pharmaceuticals Inc. July 2018. Available from: <https://www.ztlido.com/sites/default/files/pdfs/ZTlido-LABEL.pdf>. Accessed January 27, 2022.

Zyvox® (linezolid) [package insert]. New York, NY: Pfizer. May 2020. Available at: <http://labeling.pfizer.com/ShowLabeling.aspx?id=649>. Accessed January 27, 2022.

Micromedex. Available at <http://www.micromedexsolutions.com/>. Accessed January 27, 2022.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

| Medication | Maximum Quantity per day | Quantity limit per rolling 30 days, unless otherwise specified (tablets, capsules, mL) | |
|---|--------------------------|--|--|
| ADHD Agents | | | |
| Atomoxetine HCL (Strattera®) 10mg, 18mg, 25mg, 40mg | 2 | 60 | |
| Atomoxetine HCL (Strattera®) 60mg, 80mg, 100mg | 1 | 30 | |
| Clonidine HCL (Kapvay®) 0.1mg | 4 | 120 | |

| | | | |
|---|----|--------------------------------------|--|
| Guanfacine HCL (Intuniv ER®) 1mg, 2mg, 3mg, 4mg tablet | 1 | 30 | |
| Viloxazine (Qelbree™) 100 mg | 1 | 30 | |
| Viloxazine (Qelbree™) 150 mg, 200 mg | 2 | 60 | |
| Antiemetics | | | |
| Aprepitant (Emend®) 80mg | NA | 8 | |
| Aprepitant (Emend®) 40mg | NA | 2 | |
| Aprepitant (Emend®) 125mg | NA | 4 | |
| Aprepitant (Emend®) trifold pack | NA | 4 packs | |
| Antidepressant | | | |
| Fluoxetine (Prozac weekly®) | NA | 4 | |
| Anti-Seizure Agents | | | |
| Diazepam (Valtoco®) nasal spray | NA | 5 boxes (10 units) | |
| Midazolam (Nayzilam®) nasal spray | NA | 5 boxes (10 single dose spray units) | |
| Antivirals/Anti-infectives | | | |
| Acyclovir (Sitavig®) | | 2/30 | |
| Baloxavir marboxil (Xofluza™) Therapy Packs 2 x 20mg (40mg dose) 2 x 40mg (80mg dose) | NA | 2 tablets (1 box)/28 days | |
| Baloxavir marboxil (Xofluza™) Therapy packs 1 x 40mg (40mg dose) 1 x 80mg (80mg dose) | NA | 1 tablet/28 days | |
| Mebendazole (Emverm®) | NA | 6/21 days | |
| Fidaxomicin (Dificid®) tablets | NA | 20/10 days | |
| Fidaxomicin (Dificid®) suspension | NA | 136 ml per 10 days | |
| Isavuconazonium (Cresamba®) capsule | NA | 68 | |
| Lefamulin (Xenleta™) | NA | 10 tablets for 5 days | |
| Linezolid (Zyvox®) tablet 600mg | NA | 56 tablets per 28 days | |
| Linezolid (Zyvox®) oral suspension 100mg/5ml | NA | 1680 ml per 28 days | |
| Delafloxacin (Baxdela®) tablet 450mg | NA | 28 tablets per 14 days | |
| Omadacycline (Nuzyra®) tablet 150mg | NA | 30 tablets per 14 days | |
| Minocycline ER (Solodyn®, Minolira™, Ximino®) | NA | 84 days' supply per 180 days | |

| | | | |
|---|-------|------------------------------|--|
| Nitazoxanide (Alinia®) tablet | NA | 12 tablets per 6 days | |
| Nitazoxanide (Alinia®) suspension | NA | 300ml per 6 days | |
| Oseltamivir (Tamiflu®) 6mg/ml | NA | 180mL (3 bottles) per Rx | |
| Oseltamivir (Tamiflu®) 30mg | NA | 20 per Rx | |
| Oseltamivir (Tamiflu®) 45mg, 75mg | NA | 10 per Rx | |
| Posaconazole (Noxafil®) 100mg tab | NA | 93 | |
| Posaconazole (Noxafil®) 40mg/1ml oral suspension | 20 ml | NA | |
| Rifamycin tablet delayed release 194 mg (Aemcolo™) | NA | 12 tablets per 30 days | |
| Sarecycline (Seysara™) | NA | 84 days' supply per 180 days | |
| Tedizolid phosphate (Sivextro®) | NA | 6 per 6 days | |
| Tenofovir 300mg (Viread®) | 1 | 30 | |
| Truvada® 200mg-300mg (emtricitabine/tenofovir disoproxil fumarate) | 1 | 30 | |
| Penciclovir (Denavir®) | NA | 5 grams | |
| Zanamivir (Relenza®) | NA | 1 Diskhaler per Rx | |
| Rifaximin (Xifaxan® 200mg) | NA | 9/ 90days | |
| Acyclovir cream (Zovirax®) | NA | 5g | |
| Acyclovir ointment (Zovirax®) | NA | 30g | |
| Doxycycline DR (Doryx DR®) 200mg | 1 | 7 days' supply per 30 days | |
| Miltefosine (Impavido®) | NA | 84 per 28 days | |
| Bowel Prep Kits | | | |
| Peg 3350-electrolyte (Nulytely, Trilyte, Golytely) | NA | 2 kits/year (8000ml) | |
| Peg-prep kits | NA | 2 kits/year | |
| Contraceptives | | | |
| Diaphragm | NA | 1 per year | |
| Ethinyl estradiol/etonogestrel (Nuvaring®) | NA | 1per 28 days | |
| Ethinyl estradiol/norelgestromine (Xulane patch®, Zafemy®) | NA | 3 | |
| Ethinyl estradiol/segesterone acetate (Annovera®) | NA | 1 per 365 days | |
| Female condoms | NA | 15 | |
| Levonorgestrel 1.5mg (My Way®, Next Choice®, One Dose®, Plan B one-step®) | NA | 3 | |
| Levonorgestrel-ethinyl estradiol TD patch weekly (Twirla®) | NA | 3 | |
| Medroxyprogesterone acetate (Depo-Provera®) | NA | 1 per 90 days | |
| Ulipristal (Ella®) | NA | 3 | |

| | | | |
|---|-----|---------------|--|
| Diabetic Supplies/Drugs | | | |
| Blood glucose monitor | NA | 2 per year | |
| Diabetic test strips | NA | 200 | |
| Freestyle Libre® reader; Dexcom® receiver | NA | 2 per year | |
| Dexcom® transmitters | NA | 4 per year | |
| Guardian® transmitters | NA | 2 per year | |
| Freestyle Libre® 14-day sensor, Freestyle Libre® 2 sensor | NA | 2 per 28 days | |
| Freestyle Libre® 10-day sensor | NA | 3 per 30 days | |
| Dexcom G4, G5, G6 sensor | NA | 4 per 28 days | |
| Guardian sensor, Enlite sensor | NA | 5 per 30 days | |
| Insulin injecting device (e.g., Novopen®) | NA | 2 per year | |
| Insulin syringes and pen needles | NA | 200 | |
| Lancets | NA | 200 | |
| Insulin products | 2mL | 60 | |
| Rybelsus™ | 1 | 30 | |
| Erectile Dysfunction | | | |
| Alprostadil (Caverject®, IFE- PG20) | NA | 8 per 30 days | |
| Alprostadil (Edex®, Muse®) | NA | 8 per 30 days | |
| Avanafil (Stendra®) | NA | 8 per 30 days | |
| Sildenafil (Viagra®) | NA | 8 per 30 days | |
| Tadalafil (Cialis®) 2.5mg, 5mg | 1 | 30 | |
| Tadalafil (Cialis®) 10mg, 20mg | NA | 8 | |
| Vardenafil (Levitra®, Staxyn®) | NA | 8 | |
| Injectable Fertility | | | |
| Follitropin Beta (Follistim AQ®) 75 unit vial | NA | 60 | |
| Follitropin Beta (Follistim AQ®) 150 unit vial | NA | 30 | |
| Follitropin Beta (Follistim AQ®) 300 unit cartridge | NA | 15 | |
| Follitropin Beta (Follistim AQ®) 600 unit cartridge | NA | 8 | |
| Follitropin Beta (Follistim AQ®) 900 unit cartridge | NA | 5 | |
| Follitropin Alfa (Gonal-F®) 450 units vial | NA | 10 | |
| Follitropin Alfa (Gonal-F®) 1050 units vial | NA | 5 | |
| Follitropin Alfa (Gonal-F RFF®) 300/0.5ml pen injector | NA | 15 | |
| Follitropin Alfa (Gonal-F RFF®) 450/0.75ml pen injector | NA | 10 | |

| | | | |
|---|----|-----------------------------|--|
| Follitropin Alfa (Gonal-F RFF®) 900/1.5ml pen injector | NA | 5 | |
| Follitropin Alfa (Gonal-F RFF®) 75 unit vial | NA | 60 | |
| Menotropins (Menopur®, Repronex®) 75 units vial | NA | 60 | |
| Migraine Agents | | | |
| Eletriptan (Relpax®) 20mg, 40mg | NA | 12 | |
| Butorphanol nasal spray | NA | 10 | |
| Dihydroergotamine (Migranal®) | NA | 8 | |
| Dihydroergotamine mesylate HFA (Trudhesa™) | NA | 12/28 days | |
| Emgality 100mg/ml | NA | 9 injections/ 180 days | |
| Frovatriptan (Frova®) 2.5mg | NA | 18 | |
| Lasmiditan (Reyvow™) 50mg | NA | 4 | |
| Lasmiditan (Reyvow™) 100mg | NA | 8 | |
| Naratriptan (Amerge®) 1mg, 2.5mg | NA | 9 | |
| Rimegepant (Nurtec ODT®) | NA | 18 | |
| Rizatriptan (Maxalt® and Maxalt MLT®) 5mg and 10mg | NA | 12 | |
| Sumatriptan (Imitrex®) 4mg injections | NA | 14 kits (28 injections) | |
| Sumatriptan (Imitrex®) 6mg injections | NA | 9 kits (18 injections) | |
| Sumatriptan (Imitrex®) 5mg/actuation nasal spray | NA | 36 | |
| Sumatriptan (Imitrex®) 20mg/actuation nasal spray | NA | 18 | |
| Sumatriptan (Imitrex®) 6mg/0.5ml subcutaneous cartridge/pen injection | NA | 9ml | |
| Sumatriptan (Imitrex®) 4mg/0.5ml subcutaneous cartridge/pen injection | NA | 14ml | |
| Sumatriptan (Imitrex®) 25mg, 50mg, 100mg | NA | 18 | |
| Sumatriptan (Onzetra Xsail®) nasal | NA | 16 | |
| Sumatriptan (Tosymra®) | NA | 12 single dose nasal sprays | |
| Sumatriptan/Naproxen (Treximet®) 85mg/500mg | NA | 18 | |
| Sumatriptan (Zembrace symtouch®) 3mg/0.5mL | NA | 8 | |
| Ubrogepant (Ubrovelvy™) | NA | 16 | |
| Zolmitriptan (Zomig®, Zomig ZMT®) 2.5mg, 5mg | NA | 9 | |
| Zolmitriptan (Zomig®) 2.5mg, 5mg nasal spray | NA | 9 | |
| Miscellaneous | | | |

| | | | |
|---|--------------|--|--|
| Acrivastine & pseudoephedrine (Semprex D®) | 4 | 14 days | |
| Avapritinib (Ayvakit™) | 1 | 30 | |
| Bremelanotide (Vyleesi™) | NA | 8 | |
| Caplacizumab-yhdp (Cablivi®) | 1 kit (11mg) | 30 days' supply per 365 days | |
| Cenegermin-BKBJ (Oxervate™) | 2 | 60 | |
| Cyclosporine (Restasis®) | 2 | 60 | |
| Cysteamine (Cystaran®) 0.44% ophthalmic solution | NA | 4 bottles/30 days | |
| Cysteamine (Cystadrops®) | NA | 20/28 days | |
| Diclofenac (Flector®) patch | 2 | 60 | |
| Diclofenac (Licart®) patch | 1 | 30 | |
| Diclofenac potassium (Zipsor®) | 4 | 120 | |
| Doxepin 5% cream (Prudoxin®, Zonalon®) | NA | 45g/ 90 days | |
| Epinephrine pens/auto-injectors (Epi-Pen®, Auvi-Q®, Symjepi™) | NA | 3 twin packs (6 injections) per 180 days | |
| Gimoti® | NA | 56 days' supply per 180 days | |
| Glycopyrronium (Qbrexza™) | 1 | 30 | |
| Icatibant (Firazyr® 30mg/3ml syringe) | NA | 27mL | |
| Ketorolac tromethamine (Sprix®) | NA | 5 | |
| Lidocaine (Lidoderm®, Ztlido™) patch | 3 | 90 | |
| Migalastat (Galafold®) | NA | 14 tablets per 28 days | |
| Naloxone (Evzio®) | NA | 4 (1.6mL) | |
| Naloxone (Narcan®) | NA | 6 | |
| Naloxone (Kloxxado™) | NA | 6 | |
| Oxandrolone 2.5mg | 8 | 30 days/180 days | |
| Oxandrolone 10mg | 2 | 30 days/180 days | |
| Osilodrostat (Isturisa®) 1mg | 8 | 240 | |
| Osilodrostat (Isturisa®) 5mg | 2 | 60 | |
| Osilodrostat (Isturisa®) 10mg | 6 | 180 | |
| Pitolisant (Wakix®) 4.45mg | 3 | NA | |
| Pitolisant (Wakix®) 17.8mg | 2 | NA | |
| Sacubitril/valsartan (Entresto®) | 2 | 60 | |
| Sodium oxybate (Xyrem®), calcium, magnesium, | 18 | 540 | |

| | | | |
|---|----|--------------------------|---------------------------------|
| potassium and sodium oxybates (Xywav™) | | | |
| Betrixaban (Bevyxxa®) | NA | 42 days' supply/180 days | |
| Lofexidine (Lucemyra™) | 16 | 480 | Two 14 days' supply in 365 days |
| Apomorphine (Kynmobi™) | 5 | NA | |
| Vericiguat (Verquvo®) | 1 | 30 | |
| Voclosporin (Lupkynis™) | 6 | 180 | |
| Multiple sclerosis agents | | | |
| Dalfampridine (Ampyra®) | 2 | 60 | |
| Interferon beta-1a (Avonex®) | NA | 4 | |
| Interferon beta-1a (Rebif/Rebif Rebidose®) | NA | 12 | |
| Interferon beta-1b (Betaseron®) | NA | 15 | |
| Interferon beta-1b (Extavia®) | NA | 15 | |
| Glatiramer acetate (Copaxone® 20mg) | 1 | 30 | |
| Glatiramer acetate (Copaxone® 40mg) | NA | 12 | |
| Peginterferon beta-1a (Plegridy®) | NA | 1mL per 28 days | |
| Osteoporosis Agents | | | |
| Alendronate 70mg/75ml solution | NA | 300mL per 28 days | |
| Alendronate (Fosamax® and Binosto®) 35mg, 70mg | NA | 4 per 28 days | |
| Alendronate with Vitamin D (Fosamax plus D®) 70mg/2.8ml, 70mg/5.6ml | NA | 4 per28 days | |
| Ibandronate (Boniva®) 150mg | NA | 1 | |
| Risedronate sodium (Actonel® and Atelvia®) 35mg | NA | 4 per28 days | |
| Risedronate sodium (Actonel®) 150mg | NA | 1 per30 days | |
| Proton Pump Inhibitor | | | |
| Dexlansoprazole (Dexilant®) | 2 | 60 | |
| Esomeprazole magnesium (Nexium®) and strontium capsules | 2 | 60 | |
| Esomeprazole magnesium (Nexium®) packet | 1 | 30 | |
| Lansoprazole (Prevacid®) | 2 | 60 | |
| Lansoprazole (Prevacid®) solu-tab | 1 | 30 | |
| Omeprazole (Prilosec®) | 2 | 60 | |
| Omeprazole/sodium bicarbonate (Zegerid®) packets | 1 | 30 | |
| Prilosec 2.5mg pak | 1 | 30 | |

| | | | |
|--|----|------------------------|--|
| Pantoprazole sodium (Protonix®) | 2 | 60 | |
| Pantoprazole sodium (Protonix®) packet | 1 | 30 | |
| Rabeprazole (Aciphex®) | 2 | 60 | |
| Rabeprazole (Aciphex®) sprinkle | 1 | 30 | |
| Sedative Hypnotics | | | |
| Estazolam | 1 | 30 | |
| Eszopiclone (Lunesta®) 1mg | 2 | 60 | |
| Eszopiclone (Lunesta®) 2mg, 3mg | 1 | 30 | |
| Flurazepam HCL | 1 | 30 | |
| Lemborexant (Dayvigo™) | 1 | 30 | |
| Ramelteon (Rozerem®) | 1 | 30 | |
| Suvorexant (Belsomra®) | 1 | 30 | |
| Tasimelteon (Hettlioz®) | 1 | 30 | |
| Temazepam (Restoril®) | 1 | 30 | |
| Triazolam (Halcion®) | 1 | 30 | |
| Zaleplon | 1 | 30 | |
| Zolpidem (Zolpimist®) | NA | 7.7ml (1 pump) | |
| Zolpidem tartrate (Ambien®, Ambien CR®, Edluar®, Intermezzo®) | 1 | 30 | |
| Smoking Cessation Products | | | |
| Bupropion HCL | 2 | 60 | 180 cumulative days' supply per 365 days |
| Nicotine gum/inhaler/lozenges | 10 | 300 | |
| Nicotine nasal spray (Nicotrol® NS) | NA | 80ml per 30 days | |
| Nicotine patches | 1 | 30 | |
| Varenicline (Chantix®, Apo-varenicline) | 2 | 60 | |
| Bronchodilator Inhalers | | | |
| Albuterol sulfate (Proair HFA, Proair Respiclick, Proair Digihaler, Ventolin HFA, Proventil HFA) | NA | 2 inhalers per 30 days | |
| Levalbuterol tartrate (Xopenex HFA) | NA | 2 inhalers per 30 days | |

Cross References:

Cenegermin-bkbj (Oxervate) Rx.01.217
Diclofenac Products Rx.01.155
Dalfampridine (Ampyra) Rx.01.122
Epinephrine Pen Policy Rx.01.142
Off-Label Use Policy Rx.01.33
Fabry Disease Agents Policy Rx.01.2012
Glycopyrronium Topical (Qbrexza™) policy Rx.01.2014
Insulin, human U-500 (Humulin R U-500)
Hereditary Angioedema Agents Rx.01.109
Hypoactive Sexual Desire Disorder (HSDD) Agents Policy Rx.01.177
Migraine and Headache Agents Rx.01.251
Naloxone Rx.01.167

Oncology agents Rx.01.67
New Jersey Oncology agents Rx.01.238
Opioid policy Rx.01.197
Oral Anti-infective Agents Rx.01.66
Prior Authorization of Select Drugs Rx.01.202
New Jersey Prior Authorization of Select Drugs Rx.01.239
Proton Pump Inhibitors Rx.01.75
New Jersey Proton Pump Inhibitors Rx.01.241
Sleep Agents Rx.01.84
Sodium oxybate (Xyrem®)/Calcium, Magnesium, Potassium and Sodium Oxybates (Xywav™) Rx.01.124

| | |
|-----------------------------------|-------------------|
| Policy Version Number: | 41.00 |
| P&T Approval Date: | December 09, 2021 |
| Policy Effective Date: | April 01, 2022 |
| Next Required Review Date: | June 10, 2022 |

The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

