



## 2025 QUANTITY LIMITATION LIST

A quantity limit is the highest amount of a prescription drug that can be given to you by your pharmacy in a period of time (for example, 30 tablets per month). Some drugs have quantity limits to help encourage appropriate usage, ensure effectiveness and reduce costs.

If you're taking more than the quantity limit of a drug, please talk to your prescriber. Together you can discuss which options are best for you. Your prescriber can decide whether to write a new prescription or submit a request for you to continue your current quantity.

**PLEASE NOTE:** This list is subject to change. All the drugs listed may not be covered by your prescription-drug benefit programs. Check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card or the CerpassRx member service team at **(844) 636-7506**.

### CERPASSRX QUANTITY LIMITATION RECOMMENDATIONS

THERAPY CLASS	DRUG NAME	QUANTITY LIMITATION
<b>ADHD/Stimulant Agents</b>	Amphetamine-Dextroamphetamine ER Capsules (ADDERALL XR)	1 capsule per day
	Amphetamine-Dextroamphetamine Tablets (ADDERALL)	2 tablets per day
	Armodafinil Tablets (NUVIGIL)	2 tablets per day
	Atomoxetine Capsules (STRATTERA)	1 capsule per day
	DAYTRANA Patches	1 patch per day
	Dexmethylphenidate ER Capsules (FOCALIN XR)	1 capsule per day
	Dexmethylphenidate Tablets (FOCALIN)	2 tablets per day
	Dextroamphetamine ER Capsules (DEXEDRINE)	3 capsules per day
	Methamphetamine Tablets (DESOXYN)	5 tablets per day
	Methylphenidate Chewable Tablets (METHYLIN)	3 tablets per day
	Methylphenidate ER Capsules (METADATE CD)	2 capsules per day
	Methylphenidate ER Tablets (CONCERTA)	1 tablet per day
	Methylphenidate ER Tablets (METADATE ER)	1 tablet per day
	Methylphenidate LA Capsules (RITALIN LA)	2 capsules per day
	Methylphenidate Tablets (RITALIN)	3 tablets per day
	Modafinil Tablets (PROVIGIL)	1 tablet per day
	QELBREE Capsules	2 capsules per day
	QUILLIVANT XR Suspension	3 bottles per month
	SUNOSI Tablets	1 tablet per day
	VYVANSE Capsules	1 capsule per day
VYVANSE Chew Tablets	1 tablet per day	
WAKIX Tablets 4.45 MG	3 tablets per day	
WAKIX Tablets 17.8 MG	2 tablets per day	
<b>Antiemetics</b>	ANZEMET Tablets	4 tablets per month
	Aprepitant Capsule 40 MG (EMEND)	1 capsule per month
	Aprepitant Capsules 125 MG	4 capsules per month

**CERPASSRX QUANTITY LIMITATION RECOMMENDATIONS**

THERAPY CLASS	DRUG NAME	QUANTITY LIMITATION
	Aprepitant Capsules 80 & 125 MG (EMEND)	3 capsules per 15 days
	Aprepitant Capsules 80 MG (EMEND)	8 capsules per month
	EMEND Suspension	1 kit per 15 days
	Granisetron Tablets (GRANISOL)	8 tablets per month
	Ondansetron Solution	5 bottles per month
	Ondansetron Tablets (ZOFTRAN)	2 tablets per day
	Ondansetron Dispersible Tablet	2 tablets per day
	SANCUSO Patches	4 patches per month
<b>Diabetic Medications &amp; Supplies</b>	Diabetic Test Strips	8 test strips per day
	FARXIGA Tablets	1 tablet per day
	FREESTYLE LIBRE Sensors	2 sensors per 28 days
	GLYXAMBI Tablets	1 tablet per day
	INVOKAMET Tablets	2 tablets per day
	INVOKAMET XR Tablets	2 tablets per day
	INVOKANA Tablets	1 tablet per day
	JARDIANCE Tablets	1 tablet per day
	SYNJARDY Tablets	2 tablets per day
	SYNJARDY XR Tablets (5-1000 MG)	2 tablets per day
	SYNJARDY XR Tablets (10-1000 MG)	2 tablets per day
	SYNJARDY XR Tablets (12.5-1000 MG)	2 tablets per day
	SYNJARDY XR Tablets (25-1000 MG)	1 tablet per day
	TRIJARDY XR Tablets (5-2.5-1000MG)	2 tablets per day
	TRIJARDY XR Tablets (10-5-1000 MG)	1 tablet per day
	TRIJARDY XR Tablets (12.5-2.5-1000MG)	2 tablets per day
	TRIJARDY XR Tablets (25-5-1000 MG)	1 tablet per day
	VICTOZA Pens	3 pens per month
	XIGDUO XR Tablets	1 tablet per day
<b>Lifestyle Medications</b>	ADDYI Tablets	1 tablet per day
	CAVERJECT Vials, IMPULSE Kit	8 vials/kits per month
	CIALIS Tablets 2.5 MG	1 tablet per day
	CIALIS Tablets 5 MG	1 tablet per day
	CIALIS Tablets 10 MG	8 tablets per month
	CIALIS Tablets 20 MG	8 tablets per month
	EDEX Kit	8 kits per month
	LEVITRA Tablets	8 tablets per month
	MUSE Pellets	8 pellets per month

**CERPASSRX QUANTITY LIMITATION RECOMMENDATIONS**

OTHER THERAPY CLASS	DRUG NAME	QUANTITY LIMITATION
	STAXYN Tablets	8 tablets per month
	STENDRA Tablets	8 tablets per month
	VIAGRA Tablets	8 tablets per month
	VYLEESI Syringes	8 doses per month
<b>Migraine Agents</b>		
	Almotriptan Tablets (AXERT)	9 tablets per month
	Dihydroergotamine Nasal Solution (MIGRANAL)	1 container per month
	Eletriptan Tablets (RELPAX)	9 tablets per month
	Frovatriptan Tablets (FROVA)	9 tablets per month
	Naratriptan Tablets (AMERGE)	9 tablets per month
	NURTEC ODT	16 tablets per month
	REYVOW Tablets 50MG	4 tablets per month
	REYVOW Tablets 100 MG	8 tablets per month
	Rizatriptan Dispersible Tablets (MAXALT-MLT)	9 tablets per month
	Rizatriptan Tablets (MAXALT)	9 tablets per month
	Sumatriptan Nasal Solution (IMITREX, TOSYMRA)	2 boxes per month
	Sumatriptan Subcutaneous Solution (IMITREX)	10 vials per month
	Sumatriptan Subcutaneous Solution Auto-injector (IMITREX Statdose, ZEMBRACE Symtouch)	6 syringes per month
	Sumatriptan Succinate Refill Subcutaneous Solution Cartridge (IMITREX)	8 cartridges per month
	Sumatriptan Tablets (IMITREX)	9 tablets per month
	SUMAVEL DosePro Subcutaneous Solution Jet-injector	6 syringes per month
	TREXIMET Tablets	9 tablets per month
	TRUDHESA Nasal Solution	1 container per month
	UBRELVY Tablets	16 tablets per month
	Zolmitriptan Dispersible Tablets (ZOMIG ZMT)	9 tablets per month
	Zolmitriptan Tablets (ZOMIG)	9 tablets per month
	ZOMIG Nasal Solution	12 spray devices per month
<b>Miscellaneous</b>		
	ADRENACLICK Auto-injector	2 pens per year
	ARISTADA INITIO	1 syringe per year
	AUVI-Q Auto-injector	2 injection devices per year
	BEVYXXA Tablets	42 days per year
	Epinephrine Auto-injector (EPIPEN)	2 pens per year
	Epinephrine Prefilled Syringes	2 syringes per year
	LUCEMYRA Tablets	224 tablets per 14 days
	LUTATHERA	1 vial per 56 days
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**CERPASSRX QUANTITY LIMITATION RECOMMENDATIONS**

OTHER THERAPY CLASS	DRUG NAME	QUANTITY LIMITATION
	ORLISSA 150 MG Tablet	1 tablet per day
	ORLISSA 200 MG Tablet	2 tablets per day
	Oseltamivir Capsules 30 MG (TAMIFLU)	20 capsules per treatment
	Oseltamivir Capsules 45 MG (TAMIFLU)	10 capsules per treatment
	Oseltamivir Capsules 75 MG (TAMIFLU)	10 capsules per treatment
	Oseltamivir Oral Suspension (TAMIFLU)	2 bottles per treatment
	RELENZA Diskhaler	1 diskhaler per month
	SYMJEPI	2 injection devices per year
	TIBSOVO	60 tablets per month
	TOBI Podhaler Capsules	1 package per 56 days
	XENLETA Tablets	10 tablets per 5 days
	XOFLUZA	2 tablets per month
<b>Opioid Analgesics</b>	Benzhydrocodone HCl-APAP (APADAZ)	28 tablets per 14 days
	EMBEDA Capsules	1 capsule per day
	Fentanyl Buccal Lozenges (ACTIQ)	4 lozenges per day
	Fentanyl Patches (DURAGESIC)	10 patches per month
	FENTORA Buccal Tablets	4 tablets per day
	Morphine ER Beads Capsules	1 capsule per day
	Morphine ER Capsules (KADIAN)	2 capsules per day
	Morphine ER Tablets (MS CONTIN)	2 tablets per day
	Oxycodone ER Tablets (OXYCONTIN)	4 tablets per day
	Oxymorphone Tablets (OPANA)	4 tablets per day
	Oxymorphone ER Tablets	2 tablets per day
<b>Sedative Hypnotics</b>	BELSOMRA Tablets	1 tablet per day
	DAYVIGO Tablets	1 tablet per day
	EDLUAR Tablets	1 tablet per day
	Eszopiclone Tablets (LUNESTA)	1 tablet per day
	ROZEREM Tablets	1 tablet per day
	Zaleplon Capsules (SONATA)	1 capsule per day
	Zolpidem ER Tablets (AMBIEN CR)	1 tablet per day
	Zolpidem Tablets (AMBIEN)	1 tablet per day
	Zolpidem SL Tablets (INTERMEZZO)	1 tablet per day
	ZOLPIMIST Solution	1 container per month