



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|--|
| Abilify (aripiprazole) 2mg, 5mg, 20mg, 30mg tablets | Minimum age = 6; Maximum of 1 tablet per day |
| Abilify (aripiprazole) 10mg, 15mg tablets | Minimum age = 6; Maximum of 15mg per day for ages = 6 - 11; Maximum of 30mg per day for ages = 12-17 Maximum of 1 tablet per day |
| Abilify (aripiprazole) Discmelt 10mg, 15mg tabs | Minimum age = 6; Maximum of 15mg per day for ages = 6 - 11; Maximum of 30mg per day for ages = 12-17; Maximum of 2 tablets per day |
| Abilify (aripiprazole) 1mg/ml solution | Minimum age = 6; Maximum of 15ml per day for ages = 6 - 11; Maximum of 30ml per day for ages = 12-17; Maximum of 30ml per day for ages ≥ 18 |
| Abilify Maintena (aripiprazole) syringe/vial | Minimum age = 18; Maximum of 1 syringe or vial every 28 days |
| Absorica (isotretinoin) capsules/LD capsules | Minimum age = 12 |
| Abstral (fentanyl citrate) sublingual tablets | Minimum age = 18; Maximum of 4 sublingual tablets per day |
| Acanya (benzoyl peroxide/clindamycin)Gel, gel pump | Minimum Age= 12 |
| Accolate (zafirlukast) tablets | Maximum of 3 tablets per day |
| Aciphex (rabeprazole) 5mg, 10mg sprinkle capsules | Minimum age = 1; Maximum age = 11; Maximum of 1 capsule per day |
| Aciphex (rabeprazole) 20mg tablets | Minimum age = 1; Maximum of 2 tablets per day |
| Actemra (tocilizumab) syringe/vial/Actpen | Minimum age= 2 For Vials: Maximum of 40 mLs every 28 days For Syringe/Actpen: Maximum of 3.6 mLs every 28 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|---|
| Actimmune (Interferon Gamma-1b) | Maximum of 6ml every 28 days |
| Actiq (fentanyl citrate) Lozenges | Minimum age = 18; Maximum of 4 lozenges per day |
| Activella (estradiol/norethindrone) tablets | Minimum age = 18 |
| Actonel (risedronate) 30mg tablets | Maximum of 60 tablets every 120 days |
| Actonel (risedronate) Weekly | Maximum of 4 tablets every 28 days |
| Acyclovir oral suspension | Maximum age = 17 |
| Aczone (dapsone) 5% gel | Minimum Age= 12 |
| Aczone (dapsone) 7.5% gel pump | Minimum Age= 9 |
| Adakveo (crizanlizumab-tmca) 100 mg/10 ml vial | Minimum age = 16 |
| Adderall (dextroamphetamine/amphetamine) 5mg, 7.5mg | Minimum age = 3; Maximum of 2 tablets per day for ages = 0-5; Maximum of 6 tablets per day for ages =/> 18 |
| Adderall (dextroamphetamine/amphetamine) 10mg tablets | Minimum age = 3; Maximum of 1 tablet per day for ages = 0-5; Maximum of 6 tablets per day for ages ≥ 18 |
| Adderall (dextroamphetamine/amphetamine) 12.5mg, 15mg tablets | Minimum age = 3; Maximum of 1 tablet per day for ages = 0-5; Maximum of 4 tablets per day for ages ≥ 18 |
| Adderall (dextroamphetamine/amphetamine) 20mg tablets | Minimum age = 3; Maximum of 0.75 tablets per day for ages = 0-5; Maximum of 3 tablets per day for ages ≥ 18 |
| Adderall (dextroamphetamine/amphetamine) 30mg tablets | Minimum age = 3; Maximum of 0.5 tablets per day for ages = 0-5; Maximum of 2 tablets per day for ages ≥ 18 |
| Adderall XR (dextroamphetamine/amphetamine) 5mg, 10mg, 15mg capsules | Minimum age =6; Maximum of 1 capsule per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Adderall XR (dextroamphetamine/amphetamine) 20mg capsules | Minimum age =6; Maximum of 0.75 capsules per day for ages = 0-5 Maximum of 2 capsules per day for ages ≥ 18 |
| Adderall XR (dextroamphetamine/amphetamine) 25mg capsules | Minimum age =6; Maximum of 0.6 capsules per day for ages = 0-5 Maximum of 2 capsules per day for ages ≥ 18 |
| Adderall XR (dextroamphetamine/amphetamine) 30mg capsules | Minimum age =6; Maximum of 0.5 capsules per day for ages = 0-5 Maximum of 2 capsules per day for ages ≥ 18 |
| Adhansia (methylphenidate) XR capsules | Minimum age = 6 |
| Admelog (insulin lispro) vial, Solostar | Minimum age = 3 |
| Adzenys (dextroamphetamine/amphetamine) ER 1.25mg/mL suspension | Minimum age = 6; Maximum of 10 mLs per day |
| Adzenys (dextroamphetamine/amphetamine) XR-ODT tablets | Minimum age = 6 |
| Advair (fluticasone and salmeterol) diskus, HFA inhaler | Minimum age = 4 (Diskus formulation) Minimum age = 5 (HFA formulation); Maximum of 1 inhaler every 30 days |
| Aerospan (flunisolide) HFA inhaler | Minimum age = 5 |
| Afinitor (everolimus) 2.5mg, 5mg, 7.5mg , 10mg tablets | Minimum age = 1; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Afinitor (everolimus) 2mg, 5mg disperz tablet for suspension | Minimum age = 1; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |
| Afinitor (everolimus) 3mg disperz tablet for suspension | Minimum age = 1; Maximum of 3 tablets per day; Maximum of 90 tablets every 30 days. |
| Ajovy (fremanezumab-vfrm) auto-injector, syringe | Minimum age = 18; Maximum of 4.5ml (3 syringes) every 90 days; Maximum day supply per fill = 90 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Aklief (trifarotene) cream | Minimum age = 9 |
| Albenza (albendazole) 200mg tablets | Maximum of 4 tablets per day |
| Albuterol HFA inhaler | Maximum of 2 inhalers every 30 days |
| Albuterol Nebulization (0.63mg/3ml, 1.25mg/3ml, and 2.5mg/3ml) | Maximum of 375ml every 30 days |
| Albuterol Nebulization (2.5mg/0.5ml) | Maximum of 120ml every 30 days |
| Albuterol Nebulizations (20ml bottle) | Maximum of 60ml every 30 days |
| Aldara (imiquimod) | Minimum age = 12; Maximum of 2 boxes every 16 weeks |
| Alecensa (alectinib) capsules | Minimum age = 18; Maximum of 8 capsules per day Maximum of 240 capsules every 30 days |
| Alkeran (melphalan) tablets | Minimum age = 18 |
| Alora (estradiol) patches | Maximum of 8 patches every 30 days |
| Aloxi (palonosetron) 0.25mg/5 ml vial | Maximum of 40ml every 28 days |
| Alphagan P (brimonidine) drops | Maximum of 10ml every 30 days |
| Alpha-1 Proteinase Inhibitors (Aralast NP, Glassia, Prolastin C, Zemaira) | Minimum age = 18 |
| Alprazolam Intensol Solution | Maximum of 6ml per day |
| Altabax (retapamulin) ointment | Maximum of 15gm every 30 days; Maximum of 2 prescription fills every 60 days |
| Altreno (tretinoin) lotion | Minimum age = 9 |
| Alunbrig (brigatinib) tablets/dose pack | Minimum age = 18 For 30mg tablets: Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days For 90mg and 180mg tablets, 90-180mg dose pack: Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Alvesco (ciclesonide) inhaler | Minimum age = 5 |
| Amabelz (estradiol/norethindrone) tablets | Minimum age = 18 |
| Amantadine | Minimum age = 1 |
| Amaryl (glimepiride) 4mg tablet | Maximum of 2 tablets per day |
| Ambien/Ambien CR (zolpidem) Tablets | Minimum age = 18 |
| Amerge (naratriptan) tablets | Maximum of 9 tablets every 30 days; Minimum age = 18 |
| Amitiza (lubiprostone) capsules | Minimum age 18; Maximum quantity per fill = 60 tablets |
| Amitriptyline tablets | Minimum age = 12; Maximum of 150 mg per day; For 10mg tablets: Maximum of 8 tablets per day For 25mg and 50mg tablets: Maximum of 4 tablets per day For 75mg tablets: Maximum of 2 tablets per day For 100mg and 150mg tablets: Maximum of 1 tablet per day |
| Amitriptyline/Chlordiazepoxide tablets | Minimum age = 18; Maximum of 6 tablets per day |
| Amnesteem (isotretinoin) 10mg, 20mg, 40mg capsules | Minimum age = 12 |
| Amoxapine tablets | Minimum age = 16; Maximum of 400 mg per day; For 25 mg, 50 mg, 150 mg tablets: Maximum of 3 tablets per day For 100 mg tablets: Maximum of 4 tablets per day |
| Ampyra (dalfampridine) 10mg ER tablets | Minimum age= 18 Maximum 2 tablets per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Amzeeq (minocycline hcl) 4% foam | Minimum age = 9 |
| Anafranil (clomipramine) capsules | Minimum age = 10 |
| Analgesic, narcotics (excluding short acting narcotics) | Maximum days supply = 30 |
| Analgesic, short acting narcotics | For Schedule II: Maximum day supply = 3 Maximum of two 3-day supplies every 30 days For Schedule II with 'Acute Pain Exemption' on Rx: Maximum day supply = 7 Maximum of two 7-day supplies every 30 days For Schedule III-V: Maximum days supply = 14 Maximum of 14 day supply every 30 days *excluding recipients with a diagnosis of Cancer, Sickle Cell, CNMP (chronic non-malignant pain) or LTC (Long term care coverage indicator) |
| Androderm (testosterone) patch | Minimum age = 18 |
| Androgel (testosterone) Transdermal packet, MD pump | Minimum age = 18 |
| Annovera (segesteron/ethinyl estradiol) vaginal ring | Minimum age = 12 |
| Antitussives-expectorants; Cough and Cold Preparations | Maximum age = 20; Maximum of 300ml every 30 days |
| Antitussive, non-narcotic | Maximum age = 20 |
| Anzemet (dolasetron) 50mg and 100mg tablet | Maximum of 8 tablets every 28 days |
| Anzemet (dolasetron) 12.5mg vial | Maximum of 5ml every 28 days |
| Anzemet (dolasetron) 20mg/ml vial | Maximum of 40ml every 28 days |
| Anxiolytic Benzodiazepines** | Maximum of 90 tablets/capsules every 30 days |
| Apadaz (benzhydrocodone/acetaminophen) tablets | Minimum age = 18 |
| Apidra (insulin glulisine) cartridge, Solostar, vial | Minimum age = 4 |
| Aplenzin (bupropion) ER tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 552 mg per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--|--|
| Apokyn (apomorphine) | Minimum age = 18 |
| Aptensio XR (methylphenidate) 10mg, 15mg, 20mg capsules | Minimum age = 6; Maximum of 1 capsule per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Aptensio XR (methylphenidate) 30mg capsules | Minimum age = 6; Maximum of 0.833 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Aptensio XR (methylphenidate) 40mg capsules | Minimum age = 6; Maximum of 0.625 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Aptensio XR (methylphenidate) 50mg capsules | Minimum age = 6; Maximum of 0.50 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Aptensio XR (methylphenidate) 60mg capsules | Minimum age = 6; Maximum of 0.416 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Aptiom (eslicarbazepine acetate) tablets | Minimum age = 4 |
| Aquadeks (vitamins) Pediatric Solution | Maximum age = 3; Maximum of 60mls every 30 days |
| Aquadeks (vitamins) Softgel & chewable tablets | Minimum age of 4 years; Maximum of 2 per day |
| Arazlo (tazarotene) lotion | Minimum age = 9 |
| Arcalyst (riloncept) powder for injection | Minimum age = 12; Maximum of 4 vials every 28 days |
| Arcapta (indacaterol) Neohaler capsules, Powder for inhalation | Minimum age = 18; Maximum of 1 fill every 30 days; Maximum of 30 capsules per fill |
| Aricept (donepezil) | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Arimidex (anastrozole) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Aristada (aripiprazole ER) 441mg/1.6ml syringe | Minimum age =18 Maximum of 882mg (1.6 mLs) every 28 days |
| Aristada (aripiprazole ER) 662mg/2.4ml syringe | Minimum age =18 Maximum of 882mg (2.4 mLs) every 28 days |
| Aristada (aripiprazole ER) 882mg/3.2 ml syringe | Minimum age =18 Maximum of 882 mg (3.2 mLs) every 28 days Maximum day supply = 42 |
| Aristada (aripiprazole ER) 1064mg/3.9 ml syringe | Minimum age =18; Maximum of 1064 mg (3.9 mLs) every 60 days Maximum day supply = 60 |
| Aristada (aripiprazole ER) Initio ER 675mg/2.4ml syringe | Minimum age =18; Maximum of 1 fill (2.4mLs) every 6 months (180 days) |
| Armonair (fluticasone propionate) Respiclick | Minimum age = 12 |
| Arnuity Ellipta (fluticasone furoate) inhaler | Minimum age = 5 |
| Aromasin (exemestane) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Arymo (morphine sulfate) ER tablets | Minimum age = 18 |
| Asceniv (immunoglobulin,gamma(igg)slra) 10% vial | Minimum age = 12 |
| Asmanex (mometasone) inhaler | Minimum age = 4 (Twisthaler formulation) Minimum age = 5 (HFA formulation) Maximum of 1 inhaler every 30 days |
| Asparlas (calaspargase pegol-mknl) vial | Maximum age = 21 |
| Ativan (lorazepam) 0.5mg, 1mg, 2mg tablets | Maximum of 5 tablets per day; Maximum of 150 tablets every 30 days |
| Ativan (lorazepam intensol) | Maximum of 5ml per day |
| Atralin (tretinoin) gel | Minimum Age= 10 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|--|
| Atripla (efavirenz/emtricitab/tenofovir) tablets | Minimum age = 12; Maximum of 1 tablet per day |
| Atrovent (ipratropium) HFA inhaler | Maximum of 25.8 gm (2 inhalers) every 30 days |
| Atrovent (ipratropium) Nasal Spray 0.03% | Maximum of 60ml every 30 days(2 bottles) |
| Atrovent (ipratropium) Nasal Spray 0.06% | Maximum of 30ml every 30 days(2 bottles) |
| Aubagio (teriflunomide) tablets | Minimum age = 18 Maximum of 1 tablet per day Maximum 14mg per day |
| Austedo (deutetrabenazine) tablets | Minimum age = 18; Maximum of 48mg per day For 6 mg tablets: Maximum of 2 tablets per day For 9 mg & 12 mg tablets: Maximum of 4 tablets per day |
| Avelox (moxifloxacin) tablets | Minimum age = 12 |
| Avita (tretinoin) cream, gel | Minimum Age= 12 |
| Avonex (interferon beta-1a) 30mcg/0.5ml dispense syringe, injectable pen | Minimum age = 18; Maximum of 4ml every 28 days |
| Avonex (interferon beta-1a) 30mcg/0.5ml kit | Minimum age = 18; Maximum of 4 kits every 28 days |
| Avsola (infliximab-axxq) vial | Minimum age = 6 |
| Axert (almotriptan) 6.25mg and 12.5mg tablets | Minimum age = 12; Maximum of 6 tablets every 30 days |
| Axiron (testosterone) MD pump | Minimum age = 18 |
| Ayvakit (avapritinib) tablets | Minimum age = 18 |
| Azasite drops (azithromycin) | Maximum of 2.5ml every 30 days |
| Azelex (azelaic acid) Cream | Minimum Age= 12 |
| Azilect (rasagiline) | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--|--|
| Baclofen 10mg & 20mg tablets | Maximum 80mg per day Maximum 4 tablets per day |
| Baclofen intrathecal (Gablofen IT; Lioresal IT) solution for injection | Minimum age = 4; Maximum days = 120 days |
| Bactroban (mupirocin) Nasal ointment | Maximum of 10g (1box) every 30 days |
| Balversa (erdafitinib) tablets | Minimum age = 18 |
| Banzel (rufinamide) Suspension, tablets | Minimum age = 1 |
| Baqsimi (glucagon) spray | Minimum age = 4 |
| Basaglar (insulin glargine,hum.rec.anlog) Kwikpen | Minimum age = 6 |
| Baxdela (delafloxacin meglumine) vials, tablets | Minimum age = 18 |
| Belbuca (buprenorphine) film | Minimum age = 16 |
| Belsomra (suvorexant) tablets | Minimum age = 18 |
| Benlysta (belimumab) | For 120mg, 400mg vial: Minimum age = 5 For 200mg/mL auto injector/syringe: Minimum age = 18 |
| Benzaclin(benzoyl peroxide /clindamycin) gel pump | Minimum Age= 12 |
| Benzamycin (erythromycin/ benzoyl peroxide) gel | Minimum Age= 12 |
| Benzoyl peroxide/Benzoyl peroxide based combination acne products | Minimum Age= 12 |
| Berinert kit/vial | Minimum age = 12; Maximum of 16 vials every 28 days |
| Betamethasone/clotrimazole Lotion | Maximum of 60ml every 30 days |
| Betaseron (interferon beta-1B) 0.3mg vial/ kit | Minimum age= 18 Maximum 14 vials/syringes(1kit) every 28 days |
| Bethkis (tobramycin) 300mg/4ml ampule | Maximum of 224 mLs every 56 days |
| Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) tablets | Minimum age = 6 |
| Blephamide (sulfacetamide/prednisolone) drops | Maximum of 10ml every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Blephamide (sulfacetamide/prednisolone) S.O.P. ointment | Maximum of 3.5g every 30 days |
| Bonjesta (doxylamine succinate/vit b6) tablets | Minimum age = 18 |
| Boniva (ibandronate) 3mg injection | Maximum of 1 injection every 84 days |
| Bosulif (bosutinib) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Braftovi (encorafenib) capsules | Minimum age = 18 For 50mg capsules: Maximum of 9 capsules per day; Maximum of 270 capsules every 30 days For 75 mg capsules: Maximum of 6 capsules per day; Maximum of 180 capsules every 30 days |
| Breo Ellipta (fluticasone/vilanterol) | Minimum age = 18 |
| Brisdelle (paroxetine) capsules | Minimum age = 18 |
| Briviact (brivaracetam) tablets, solution | Minimum age = 4 |
| Briviact (brivaracetam) vials | Minimum age = 16 |
| Brovana (arformoterol) Nebulizer Solution | Minimum age =18; Maximum of 1 fill every 30 days; Maximum of 120ml per fill |
| Brukinsa (zanubrutinib) 80 mg capsule | Minimum age = 18 |
| Budesonide nasal spray 32mcg | Maximum of 8.4g every 30 days |
| Bunavail (buprenorphine/naloxone) Film | Minimum age = 16; Maximum of 3 film per day |
| Buprenex (buprenorphine) ampule | Minimum age = 16 |
| Buprenorphine sublingual tablets | Minimum age = 16; Maximum of 3 sublingual tablets per day; Maximum of 7 days of induction therapy every 60 days (may approve a 2nd 7 day induction therapy via phone) |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Buprenorphine-naloxone sublingual film/tablets | Minimum age = 16; Maximum of 3 sublingual film/tabs per day; Maximum of 7 days of induction therapy every 60 days (may approve a 2nd 7 day induction therapy via phone) |
| Bupropion IR tablets | Minimum age = 6 Maximum of 450 mg per day For 75 mg tablets: Maximum of 6 tablets per day For 100mg tablets: Maximum of 4 tablets per day |
| Butalbital compounds | Maximum of 120 every 365 days |
| Butorphanol Tartrate Nasal Spray | Maximum of 2.5ml (1 canister) every 30 days |
| Butrans (buprenorphine) Transdermal Patch | Minimum age = 18; Maximum of 1 prescription every 28 days; Maximum quantity per fill = 1 box |
| Cabergoline Tablet | Maximum of 16 tablets every 30 days |
| Cablivi (caplacizumab-yhdp) kit/vial | Minimum age = 18 |
| Cabometyx (cabozantinib) 20mg, 40mg, and 60mg tablets | Minimum Age= 18 Maximum of 1 tablet per day Maximum of 30 tablets every 30 days |
| Cafcit (caffeine citrate) | Maximum of 90ml every 30 days; Maximum age = 11 months |
| Calcipotriene 0.005% cream/ointment | Minimum age = 18 Maximum of 120 grams every 30 days; Maximum of 2 fills every 90 days |
| Calcipotriene-betamethasone dipropionate ointment | Minimum age = 12 |
| Calquence (acalabrutinib) capsule | Minimum age = 18; Maximum of 2 capsules per day; Maximum of 60 capsules every 30 days |
| Candida (caspofungin) 50mg | Maximum of 13 vials every 28 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Candidas (caspofungin) 70mg | Maximum of 1 vial every 28 days |
| Caplyta (lumateperone tosylate) capsule | Minimum age = 18; Maximum of 1 tablet per day |
| Caprelsa (vandetanib) 100mg tablets | Minimum age = 18; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |
| Caprelsa (vandetanib) 300mg tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Carbidopa/Levodopa | Minimum age = 18 |
| Casodex (bicalutamide) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Catapres-TTS (clonidine) patches | Maximum of 8 patches every 30 days |
| Cathflo Activase (alteplase) Injection | Maximum of 2 vials every 28 days |
| Cayston (aztreonam) Powder for neb solution | Minimum age = 7; Maximum of 84 ml every 56 days |
| Cefepime 1g/50ml Piggy Back | Maximum of 1500 ml every 30 days |
| Cefepime 2 gm Piggy Back | Maximum of 3000 ml every 30 days |
| Cefprozil tablets | Maximum of 4 tablets per day |
| Cefprozil suspension 250mg/5ml | Maximum of 20ml per day |
| Ceftriaxone vials | Maximum of 2 vials per day |
| Celebrex (celecoxib) 50mg, 100mg, 200mg capsules | Maximum of 2 capsules per day |
| Celebrex (celecoxib) 400mg capsules | Maximum of 1 capsule per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Celexa (citalopram) solution, tablets | Minimum age = 6; Maximum of 40 mg per day; For 10mg, 40mg tablets: Maximum of 1 tablet per day For 20mg tablets: Maximum of 1.5 tablets per day For 10mg/5mL Solution: Maximum age = 11; Maximum of 30ml per day |
| Cellcept (mycophenolate mofetil) Suspension | Maximum age = 11 |
| Cephalexin suspension 250mg/5ml | Maximum of 80ml per day |
| Cerdelga (eliglustat) Capsules | Minimum age = 18; Maximum of 2 capsules per day |
| Cetirizine Syrup | Maximum age = 11 |
| Chantix (varenicline) tablets | Minimum age = 18; Maximum of 2 tablets per day; *Maximum of 90 days of therapy every 730 days without prior authorization *A second 90 days of therapy may be approved immediately following the first 90 days of therapy if criteria is met via a negative nicotine/cotinine lab test (blood or urine only) |
| Chlordiazepoxide 5mg, 10mg, 25mg tablets | Minimum age = 6; Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Chlorpromazine 25/ml ampule | Minimum age = 18; Maximum of 40ml per day for ages ≥ 18 |
| Chlorpromazine 10mg, 25mg, 50mg, 100mg tablets | Minimum age = 18; Maximum of 4 tablets per day for ages ≥ 18 |
| Chlorpromazine 200mg tablets | Minimum age = 18; Maximum of 5 tablets per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--|--|
| Ciloxan eye ointment (ciprofloxacin) | Maximum quantity per fill = 3.5g |
| Cimzia (certolizumab) 400mg powder for injection kit, 200mg/mL prefilled syringe | Minimum age= 18; Maximum of 1 injection/kit every 28 days |
| Cimzia (certolizumab) 200mg/mL starter kit | Minimum age= 18; Maximum of 1 fill every 365 days |
| Cinqair (reslizumab) vial | Minimum age = 18 |
| Cinryze (c1 esterase inhibitor) Powder for solution for injection | Minimum age = 6; Maximum of 20 vials every 28 days |
| Cipro (ciprofloxacin) suspension | Maximum age = 11 |
| Cipro/XR (ciprofloxacin) tablets | Minimum age = 12 |
| Claravis (isotretinoin) 10mg, 20mg, 30mg, 40mg capsules | Minimum age = 12 |
| Claritin syrup (loratadine) | Maximum age = 11 |
| Clenpiq (sod picosulf/mag ox/citric ac) solution | Minimum age = 9 |
| Cleocin granules (clindamycin) | Maximum age = 11 |
| Climara / Climara Pro (estradiol) patches | Maximum of 4 patches every 30 days |
| Clindacin (clindamycin) Pac Kit/ ETZ Kit | Minimum Age= 12 |
| Clindagel (clindamycin) | Minimum Age= 12 |
| Clindamycin Phosphate 1% solution, medicated swab, lotion, and gel | Minimum Age= 12; For Solution: Maximum of 120mls every 30 days |
| Clorazepate 3.75mg, 7.5mg, 15mg tablets | Minimum age = 9; Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Clotrimazole 1% solution | Maximum of 90mls every 30 days |
| Clozaril (clozapine) 12.5mg tablets | Minimum age = 6; Maximum of 12 tablets per day for ages = 6 - 17; Maximum of 2 tablets per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Clozaril (clozapine) 25mg tablets | Minimum age = 6; Maximum of 8 tablets per day for ages = 6 - 17; Maximum of 2 tablets per day for ages ≥ 18 |
| Clozaril (clozapine) 50mg tablets | Minimum age = 6; Maximum of 300mg per day for ages = 6 - 11; Maximum of 600mg per day for ages = 12-17; Maximum of 2 tablets per day for ages ≥ 18 |
| Clozaril (clozapine) 100mg tablets | Minimum age = 6; Maximum of 300mg per day for ages = 6 - 11; Maximum of 600mg per day for ages = 12-17; Maximum of 9 tablets per day for ages ≥ 18 |
| Clozaril (clozapine) 200mg tablets | Minimum age = 6; Maximum of 300mg per day for ages = 6 - 11; Maximum of 600mg per day for ages = 12-17; Maximum of 4 tablets per day for ages ≥ 18 |
| Codeine containing products (excluding cough and cold preparations) | Minimum age = 12 |
| Codeine containing cough and cold preparations | Minimum age = 18 Maximum age = 20 |
| Cogentin (benztropine) | Minimum age = 3 |
| Colcrys (colchicine) tablets | Minimum age = 4 ; Maximum of 6 tablets every 30 days |
| Combivent (ipratropium/albuterol sulfate) Respimat 20-100 mcg | Maximum of 8gm (2 inhalers) every 25 days |
| Cometriq (cabozantinib) 60mg/day blister card | Minimum age = 18; Maximum of 84 capsules every 28 days |
| Cometriq (cabozantinib) 100mg/day blister card | Minimum age = 18; Maximum of 56 capsules every 28 days |
| Cometriq (cabozantinib) 140mg/day blister card | Minimum age = 18; Maximum of 112 capsules every 28 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|--|
| Complera (emtricitabine/rilpivirine/ tenofovir) | Minimum age = 12; Maximum of 1 tablet per day |
| Compound Claims | Maximum of \$300.00 Topical products only (dosage forms = creams, lotions, ointments, powder, emulsion, or shampoo) |
| Comtan (entacapone) tablets | Maximum of 8 tablets per day; Minimum age = 18 |
| Concerta (methylphenidate) 18mg tablets | Minimum age = 6; Maximum of 1 tablet per day for ages = 0-5 Maximum of 1 tablet per day for ages ≥ 18 |
| Concerta (methylphenidate) 27mg tablets | Minimum age = 6; Maximum of 0.925 tablets per day for ages = 0-5 Maximum of 1 tablet per day for ages ≥ 18 |
| Concerta (methylphenidate) 36mg tablets | Minimum age = 6; Maximum of 0.694 tablets per day for ages = 0-5 Maximum of 2 tablets per day for ages ≥ 18 |
| Concerta (methylphenidate) 54mg tablets | Minimum age = 6; Maximum of 0.462 tablets per day for ages = 0-5 Maximum of 1 tablet per day for ages ≥ 18 |
| Condylox (podofilox) gel | Maximum quantity per fill = 3.5g |
| Conzip (tramadol extended release) capsules | Minimum age = 18; Maximum of 1 capsule per day; Maximum of 30 capsules every 30 days |
| Copaxone (glatiramer acetate) | Maximum of 1 kit every 28 days; Minimum age= 18; Maximum 12mL every 28 days for 40mg/mL syringe |
| Copiktra (duvelisib) capsules | Minimum age = 18; Maximum of 2 capsules per day; Maximum of 60 capsules every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Cosentyx (secukinumab) 150mg/mL pen, syringe | Minimum age= 18; Maximum of 2ml every 28 days |
| Cosopt (dorzolamide/timolol) drops | Maximum of 10ml every 30 days |
| Cotellic (cobimetinib) tablets | Minimum age = 18; Maximum of 3 tablets per day; Maximum of 63 tablets every 28 days |
| Cotempla (methylphenidate) XR-ODT tablets | Minimum age = 6; For 8.6 mg & 17.3 mg tablets: Maximum of 1 tablet per day For 25.9 mg tablets: Maximum of 2 tablet per day Maximum of 51.8 mg per day |
| Coumadin (warfarin) tablets | Maximum of 4 tablets per day |
| Cubicin (daptomycin) vials | Maximum of 2 vials per day |
| Cyanocobalamin (Vitamin B-12) injections | Maximum quantity 2ml every 28 days |
| Cymbalta (duloxetine) capsules | Minimum age = 6; Maximum of 2 capsules per day For ≤ 6 years: Maximum of 60 mg per day For ≥ 7 years: Maximum of 120 mg per day |
| Cystaran (cysteamine) 0.44% ophthalmic drops | Maximum of 60 mL every 28 days |
| Daklinza (daclatasvir) tablets | Minimum age = 18 |
| Daliresp (roflumilast) tablets | Minimum age = 18; Maximum of 1 tablet per day |
| Dalvance (dalbavancin) 500 mg vial | Minimum age = 18 |
| Darzalex (daratumumab-hyaluronidase-fihj) Faspro, vials | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Daurismo (glasdegib maleate) tablets | Minimum age = 18 For 25mg tablets: Maximum of 2 tablets per day; Maximum of 60 tablets every 28 days For 100mg tablets: Maximum of 1 tablet per day; Maximum of 30 tablets every 28 days |
| Daytrana (methylphenidate) 10mg/9hr, 15mg/9hr, 20mg/9hr patches | Minimum age = 6; Maximum of 30 patches every 30 days for ages = 0-5 Maximum of 30 patches every 30 days for ages ≥ 18 |
| Daytrana (methylphenidate) 30mg/9hr patches | Minimum age = 6; Maximum of 0.833 patches per day for ages = 0-5 Maximum of 30 patches every 30 days for ages ≥ 18 |
| Dayvigo (lemborexant) tablets | Minimum age = 18 |
| Demerol (meperidine) | Maximum of 12 tablets per day (100mg) Maximum of 24 tablets per day (50mg) |
| Denavir (penciclovir) 1% cream | Maximum of 5 grams every 30 days |
| Depo-Estradiol (estradiol) | Maximum days supply = 90 |
| Depo-Provera (medroxyprogesterone) | Maximum of 1 unit every 84 days |
| Depo-SubQ Provera (medroxyprogesterone) 104mg | Maximum of 0.65ml every 84 days |
| Descovy (emtricitabine/tenofovir) tablets | Maximum of 1 tablet per day |
| Desoxyn (methamphetamine) 5mg tablets | Maximum of 3 tablets per day for ages = 0-5 Maximum of 5 tablets per day for ages ≥ 18 |
| Desvenlafaxine fumarate ER 50mg, 100mg tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 100 mg per day |
| Detrol/Detrol LA (tolterodine) | Minimum age = 5 Maximum age = 18 |
| Dexedrine (dextroamphetamine) 5mg tablets | Maximum of 2 tablets per day for ages = 0-5 Maximum of 2 tablets per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--|---|
| Dexedrine (dextroamphetamine) 10mg tablets | Maximum of 1 tablet per day for ages = 0-5 Maximum of 2 tablets per day for age ≥ 18 |
| Dexedrine ER (dextroamphetamine) 5mg capsules | Minimum age = 6; Maximum of 2 capsules per day for ages = 0-5 Maximum of 2 capsules per day for ages ≥ 18 |
| Dexedrine ER (dextroamphetamine) 10mg capsules | Minimum age = 6; Maximum of 1 capsule per day for ages = 0-5 Maximum of 2 capsules per day for ages ≥ 18 |
| Dexedrine ER (dextroamphetamine) 15mg capsules | Minimum age = 6; Maximum of 1 capsule per day for ages = 0-5 Maximum of 4 capsules per day for ages ≥ 18 |
| Dexilant (dexlansoprazole) 30mg, 60mg capsules | Minimum age = 12: Maximum of 1 capsule per day |
| Diacomit (stiripentol) capsules, powder pack | Minimum age = 2 |
| Diastat (diazepam) | Maximum of 2 kits every 30 days; Maximum age = 18 |
| Diazepam 2mg, 5mg, 10mg tablets | Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Diazepam solution 5mg/5ml | Maximum of 40ml per day |
| Diazepam Intensol solution 5mg/ml | Maximum of 8ml per day |
| Differin (adapalene) 0.1% cream, gel, gel pump, lotion, pledgets, solution, swab | Minimum Age= 12 |
| Difucid (fidaxomicin) tablets | Minimum age = 18; Maximum 2 tablets per day; Maximum day supply = 10 |
| Diclegis (doxylamine/pyridoxine) tablets | Minimum age = 18; Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days; Maximum of 2 fills every rolling 90 days |
| Diuril (chlorothiazide) solution 250mg/5ml | Maximum age = 11 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Docefrez (docetaxel) vials | Minimum age = 18 |
| Docetaxel vials | Minimum age = 18 |
| Doptelet (avatrombopag maleate) tablets | Minimum age = 18 |
| Doxepin capsules, solution | Minimum age = 12; Maximum of 300mg per day; For 10mg capsules: Maximum of 8 tablets per day For 25mg, 50mg, 75mg, and 100mg capsules: Maximum of 3 tablets per day For 150mg capsules: Maximum of 2 tablets per day For 10mg/mL solution: Maximum of 30mLs per day |
| Doxepin 5% cream | Minimum age = 18; Maximum of 90 grams every 30 days |
| Drizalma (duloxetine) Sprinkle DR capsules | Minimum age = 7; Maximum of 2 capsules per day |
| Droperidol Solution for Injection | Minimum age = 18 |
| Duac (benzoyl peroxide/clindamycin) gel, CS Convenience Kit | Minimum Age= 12 |
| Duaklir (aclidinium/formoterol) Pressair inhaler | Minimum age = 18 |
| Dulera (mometasone/formoterol) | Minimum age = 5; Maximum of 1 inhaler every 30 days; Maximum of 13 grams per fill |
| Duobrii (halobetasol/tazarotene) 0.01%-0.045% lotion | Minimum age = 18 |
| Dupixent (dupilumab) 200mg/1.14ml, 300mg/2ml syringe | Minimum age = 6 |
| Duragesic (fentanyl) patches | Minimum age = 18 Maximum of 10 patches every 30 days |
| Dyanavel (dextroamphetamine/amphetamine) XR suspension | Minimum age = 6 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--|---|
| Econazole nitrate 1% cream | Maximum of 90gm every 30 days |
| Edurant (rilpivirine) tablet | Minimum age = 12; Maximum of 1 tablet per day |
| Effexor (venlafaxine) IR capsules/tablets | Minimum age = 6; For ≤ 12 years: Maximum of 112.5 mg per day For 13 – 17 years: Maximum of 225mg per day For ≥ 18 years: Maximum of 375 mg per day For 25mg, 37.5mg, & 50mg: Maximum of 4 tablet per day For 75mg: Maximum of 5 tablet per day; For 100mg: Maximum of 3 tablet per day; |
| Effexor (venlafaxine) ER/XR capsules/tablets | Minimum age = 6; Maximum of 225 mg per day For 37.5mg & 150mg: Maximum of 1 tablet per day For 75mg: Maximum of 3 tablet per day |
| Effexor (venlafaxine) XR 75mg capsule | Maximum of 3 tablet per day |
| Effient (prasugrel) tablet | Maximum of 1 unit per day |
| Egaten (triclabendazole) tablet | Minimum age = 6 |
| Eldepryl (selegiline) | Minimum age = 18 |
| Ellelyso (taliglucerase alfa) Vials | Minimum age = 4; Maximum of 82 vials every 28 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Elidel (pimecrolimus) 1% cream | Maximum of 1 fill every 30 days; For 15gm, 30gm, 60gm, & 100gm pkg size, 1 tube every 30 days |
| Eligard (leuprolide) Suspension for injection 45mg | Minimum age = 18; Maximum days supply =180 days; Maximum of 1 kit every 175 days |
| Eligard (leuprolide) Suspension for injection 30mg | Minimum age = 18; Maximum days supply = 120; Maximum of 1 kit every 118 days |
| Eligard (leuprolide) Suspension for injection 22.5mg | Minimum age = 18; Maximum days supply = 90; Maximum of 1 kit every 84 days |
| Eligard (leuprolide) Suspension for injection 7.5mg | Minimum age = 18; Maximum of 1 kit every 27 days |
| Eliquis (apixaban) 2.5mg, 5mg tablets, 5mg Starter Pack | Minimum age = 18; For 2.5mg tablets: Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days For 5mg tablets: Maximum of 4 tablets per day; Maximum of 74 tablets every 30 days |
| Ella (ulipristal) tablets | Minimum age = 12; Maximum of 2 tablets every 30 days |
| Elzonris (tagraxofusp-erzs) 1,000 mcg/ml vial | Minimum age = 2 |
| Embeda (morphine sulfate/naltrexone) ER capsules | Minimum age = 18; Maximum of 2 capsules per day (Excluding recipients with a diagnosis of cancer or sickle cell) |
| Emcyt (estramustine) capsules | Minimum age = 18; Maximum of 30 capsules every 30 days |
| Emend (aprepitant) 40mg | Maximum of 4 capsules every 28 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Emend (aprepitant) 80mg | Maximum of 4 capsules every 28 days |
| Emend (aprepitant) 125mg | Maximum of 2 capsules every 28 days |
| Emend (aprepitant) Trifold | Maximum of 6 capsules every 28 days |
| Enemeez (docusate sodium) / Enemeez Plus (docusate sodium/benzocaine) enema | Minimum age =12 |
| Emgality (galcanezumab-gnlm) pen/syringe | Minimum age = 18 |
| Emsam (selegiline) patches | Minimum age = 12; Maximum of 1 patch per day; Maximum of 30 patches every 30 days; Maximum of 12 mg per day |
| Enbrel (etanercept) 25mg/ kit | Minimum age= 2; Maximum of 2 kits every 28 days |
| Enbrel (etanercept) 25mg/0.5 ml prefilled syringe | Minimum age= 2; Maximum of 4ml every 28 days |
| Enbrel (etanercept) 50mg/ml cartridge, sureclick, & syringe | Minimum age= 2; Maximum of 8ml every 28 days |
| Enhertu (fam-trastuzumab deruxtecan-nxki) vial | Minimum age = 18 |
| Enspryng (satralizumab-mwge) 120 mg/ml syringe | Minimum age = 18 |
| Enstilar (calcipotriene/betamethasone) foam | Minimum age = 12 |
| Entyvio (vedolizumab) 300mg Vial | Minimum age = 18; Maximum of 1 vial every 56 days; Maximum days supply = 56 |
| Epaned (enalapril) powder for oral solution | Maximum age = 11 |
| Epclusa (sofosbuvir/velpatasvir) tablets | Minimum age = 6 |
| Epidiolex (cannabidiol (cbd)) 100 mg/ml solution | Minimum age = 1 |
| EpiDuo (adapalene/benzoyl peroxide)gel, gel w/pump | Minimum Age= 9 |
| EpiDuo (adapalene/benzoyl peroxide)Forte gel w/ pump | Minimum Age= 12 |
| Epipen / Epipen Jr/ Auvi Q / Twinject (epinephrine) pen | Maximum of 2 pens every 30 days |
| Equetro (carbamazepine ER) | Minimum age = 6 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Erivedge (vismodegib) capsules | Minimum age = 18; Maximum of 1 capsule per day; Maximum of 30 capsules every 30 days |
| Erleada (apalutamide) 60mg tablets | Minimum age = 18; Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Erythromycin 2% gel,pads, pledgets, solution | Minimum Age= 12 |
| Erythromycin Ethylsuccinate Sulfisoxazole suspension | Maximum age = 11 |
| Esbriet (pirfenidone) capsules/tablets | Minimum age = 18 |
| Estradiol valerate vial | Maximum days supply = 50 |
| Estring (estradiol) | Maximum of 1 unit every 84 days; Maximum day supply = 91 |
| Ethanol (ethyl alcohol) 98% Solution for Injections | Maximum of 1ml per day; Maximum of 30ml every 30 days |
| Etoposide Capsules | Maximum of 8 capsules per day; Maximum of 40 capsules every 21 days |
| Eucrisa (crisaborole) 2% ointment | Maximum of 60 grams every 30 days |
| Evista (raloxifene) Tablets | Minimum age = 18 |
| Evoclin (clindamycin phosphate) foam | Minimum age = 12 |
| Evotaz (atazanavir/cobicistat) Tablets | Minimum age = 12; Maximum of 1 tablet per day |
| Exalgo (hydromorphone) ER Tablets | Minimum age = 18; Maximum of 1 tablet per day (Excluding recipients with a diagnosis of cancer or sickle cell) |
| Exelon (rivastigmine) | Minimum age = 18 |
| Exjade (deferasirox) Tablets | Minimum age = 2 |
| Extavia (interferon beta-1B) 0.3mg vial/ kit | Minimum age= 18; Maximum 14 vials/syringes(1kit) every 28 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Ezallor (rosuvastatin) sprinkle capsule | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Fabior (tazarotene) foam | Minimum Age= 12 |
| Fabrazyme (agalsidase beta) vials | Minimum age = 8 |
| Fanapt (iloperidone) 1mg, 2mg, 4mg, 6mg, titration pack/ tablets | Minimum age = 18; Maximum of 2 tablets per day for ages = 6 - 17; Maximum of 2 tablets per day for ages ≥ 18 |
| Fanapt (iloperidone) 8mg, 10mg, 12mg tablets | Minimum age = 18; Maximum of 1 tablet per day for ages = 6 - 11; Maximum of 2 tablets per day for ages = 12 - 17; Maximum of 2 tablets per day for ages ≥ 18 |
| Farydak (panobinostat) capsules | Minimum age = 18; Maximum of 6 capsules every 21 days |
| Fareston (toremifene) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Fasenra (benralizumab) pen/syringe | Minimum age = 12 |
| Fazaclo (clozapine) 12.5mg ODT tablets | Minimum age = 6; Maximum of 12 tablets per day for ages = 6 - 17; Maximum of 2 tablets per day for ages ≥ 18 |
| Fazaclo (clozapine) 25mg ODT tablets | Minimum age = 6; Maximum of 8 tablets per day for ages = 6 - 17; Maximum of 4 tablets per day for ages ≥ 18 |
| Fazaclo (clozapine) 100mg ODT tablets | Minimum age = 6; Maximum of 300mg per day for ages = 6 - 11; Maximum of 600mg per day for ages = 12-17; Maximum of 2 tablets per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Fazaclo (clozapine) 150mg ODT tablets | Minimum age = 6; Maximum of 300mg per day for ages = 6 - 11; Maximum of 600mg per day for ages = 12-17; Maximum of 6 tablets per day for ages ≥ 18 |
| Fazaclo (clozapine) 200mg ODT tablets | Minimum age = 6; Maximum of 300mg per day for ages = 6 - 11; Maximum of 600mg per day for ages = 12-17; Maximum of 4 tablets per day for ages ≥ 18 |
| Femara (letrozole) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Fensolvi (leuprolide acetate) syringe kit | Minimum age = 2 |
| Fentora (fentanyl citrate) buccal tablets | Minimum age = 18; Maximum of 4 tablets per day |
| Ferrlecit (sod ferric gluc complex/suc) | Maximum age = 18 |
| Fetroja (cefiderocol sulfate tosylate) vial | Minimum age = 18 |
| Fetzima (levomilnacipran) 20mg, 40mg, 80mg, 120mg capsules | Maximum of 120mg per day Maximum of 1 capsule per day |
| Fetzima (levomilnacipran) 20-40mg dose pack | Maximum of 1 capsule per day |
| Fiasp (insulin aspart-niacinamide) cartridge, flextouch, vial | Minimum age = 2 |
| Fintepla (fenfluramine) solution | Minimum age = 2 |
| Fioricet (butalbital, acetaminophen, caffeine) Fioricet (butalbital, acetaminophen, caffeine) with codeine Fiorinal (butalbital, aspirin, caffeine) Fiorinal (butalbital, aspirin, caffeine) with codeine | Maximum of 120 capsule/tablets every 365 days |
| Firazyr (icatibant) Solution for Injection | Minimum age = 18; Maximum of 9mls every 28 days |
| Firdapse (amifampridine) tablet | Minimum age = 18 |
| Flector (diclofenac) patches | Maximum of 2 patches per day; Maximum of 60 patches every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--------------------------------------|--|
| Flomax (tamsulosin) capsules | Maximum of 2 capsules per day |
| Flonase (fluticasone) nasal spray | Maximum of 16g every 30 days |
| Flovent (fluticasone) HFA inhalers | Maximum of 2 inhalers every 30 days |
| Flovent (fluticasone) Diskus | Minimum age = 4; Maximum of 2 inhalers every 30 days |
| Flu vaccines | Maximum of 1 vaccine every 365 days of prefilled syringe or single dose vial; FDA minimum/maximum age limitations apply; LTC residents |
| Flunisolide nasal spray | Maximum of 25ml every 30 days |
| Fluoxetine 20mg/5ml solution | Minimum age = 6; Maximum age = 11; Maximum of 20mLs per day For ages ≤ 5 years: Maximum of 10 mg per day For ages 6 – 17: Maximum of 60 mg per day For ages ≥ 18 years: Maximum of 80 mg per day |
| Fluphenazine 2.5mg/ml vials | Minimum age = 18; Maximum of 8ml per day for ages ≥ 18 |
| Fluphenazine 25 mg/ml vials | Minimum age = 18 |
| Fluphenazine 5mg/ml oral concentrate | Minimum age = 6; Maximum of 5mg per day for age = 6-11; Maximum of 10mg per day for ages = 12-17; Maximum of 4mls per day for ages ≥ 18 |
| Fluphenazine 2.5mg/5ml oral elixir | Minimum age = 6; Maximum of 5mg per day for age = 6-11; Maximum of 10mg per day for ages = 12-17; Maximum of 40mls per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|---|
| Fluphenazine 1mg, 2.5mg, 5mg tablets | Minimum age = 6; Maximum of 5mg per day for age = 6-11; Maximum of 10mg per day for ages = 12-17; Maximum of 4 tablets per day for ages ≥ 18 |
| Fluphenazine 10mg tablets | Minimum age = 6; Maximum of 5mg per day for age = 6-11; Maximum of 10mg per day for ages = 12-17; Maximum of 20mg per day for ages ≥ 18 |
| Flurazepam capsules | Minimum age = 15 |
| Flutamide capsules | Minimum age = 18; Maximum of 6 capsules per day; Maximum of 180 capsules every 30 days |
| Fluvoxamine tablets | Minimum age = 6; For ages ≤ 5 years: Maximum of 75 mg per day For ages 6 – 11: Maximum of 200 mg per day For ages ≥ 12 years: Maximum of 300 mg per day |
| Fluvoxamine ER Capsules | Minimum age = 18; Maximum of 300mg per day |
| Focalin (dexamethylphenidate) 2.5mg, 5mg tablets | Maximum of 2 tablets per day for ages = 0-5 Maximum of 2 tablets per day for ages ≥ 18 |
| Focalin (dexamethylphenidate) 10mg tablets | Maximum of 1.5 tablets per day for ages = 0-5 Maximum of 2 tablets per day for ages ≥ 18 |
| Focalin XR (dexamethylphenidate) 5mg, 10mg, 15mg capsules | Minimum age = 6; Maximum of 1 capsule per day |
| Focalin XR (dexamethylphenidate) 20mg capsules | Minimum age = 6; Maximum of 1 capsule per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Focalin XR (dexamethylphenidate) 25mg capsules | Minimum age = 6; Maximum of 0.6 capsules per day for ages = 0-5; Maximum of 1 capsule per day for ages ≥ 18 |
| Focalin XR (dexamethylphenidate) 30mg capsules | Minimum age = 6; Maximum of 0.75 capsules per day for ages = 0-5; Maximum of 1 capsule per day for ages ≥ 18 |
| Focalin XR (dexamethylphenidate) 35mg capsules | Minimum age = 6; Maximum of 0.428 capsules per day for ages = 0-5; Maximum of 1 capsule per day for ages ≥18 |
| Focalin XR (dexamethylphenidate) 40mg capsules | Minimum age = 6; Maximum of 0.375 capsules per day for ages = 0-5; Maximum of 1 capsule per day for ages ≥18 |
| Forteo (teriparatide) | Maximum of 1 kit every 30 days |
| Fortesta (testosterone) gel MD pump | Minimum age = 18 |
| Forfivo (bupropion) XL tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 450 mg per day |
| Frova (frovatriptan) | Minimum age = 18; Maximum of 9 tablets every 30 days |
| Furadantin (nitrofurantoin) 25 mg/5 ml susp | Maximum age = 11 |
| Fuzeon (enfuvirtide) vial | Minimum age = 6 |
| Fyavolv (norethindrone/ethinyl estradiol) tablets | Minimum age = 18 |
| Fycompa (perampanel) tablets | Minimum age = 4 |
| Gattex (teduglutide) 5mg powder for injection | Minimum age = 18 |
| Gattex (teduglutide) Kit | Minimum age = 18 |
| Gentamicin 0.1% cream, ointment | Maximum of 60gm every 30 days |
| Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir) Tablets | Minimum age = 12; Maximum of 1 tablet per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Geodon (ziprasidone) 20mg capsules | Minimum age = 6; Maximum of 4 capsules per day for ages = 6 - 17; Maximum of 2 capsules per day for ages ≥ 18 |
| Geodon (ziprasidone) 40mg , 80mg capsules | Minimum age = 6; Maximum of 80mg per day for ages = 6 - 11; Maximum of 160mg per day for ages = 12-17; Maximum of 2 capsules per day for ages ≥ 18 |
| Geodon (ziprasidone) 60mg capsules | Minimum age = 6; Maximum of 80mg per day for ages = 6 - 11; Maximum of 160mg per day for ages = 12-17; Maximum of 4 capsules per day for ages ≥ 18 |
| Geodon (ziprasidone) vial | Minimum age = 18 |
| Gilenya (fingolimod) 0.5mg capsules | Minimum age = 10; Maximum 1 capsule per day |
| Gilotrif (afatinib) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Givlaari (givosiran) vial | Minimum age = 18 |
| Glatopa (glatiramer) | Minimum age= 18; Maximum 1mL per day |
| Gleevec (imatinib) 100mg tablets | Minimum age = 1; Maximum of 3 tablets per day; Maximum of 90 tablets every 30 days |
| Gleevec (imatinib) 400mg tablets | Minimum age = 1; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |
| Gloperba (colchicine) 0.6 mg/5 ml solution | Minimum age = 18 |
| Glucagon Kit | Maximum quantity per fill = 1 |
| Glyxambi (linagliptin/empagliflozin) tablets | Minimum age = 18; Maximum 1 tablet per day |
| Gocovri (amantadine) ER Capsules | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Golytely, Colyte, Nulytely (polyethylene glycol-electrolyte solution) | Maximum quantity per fill = 4000ml; Maximum of 4000ml per day |
| Golytely packets | Maximum of 1packet per day |
| Granisetron 1mg tablet and 1mg/ml vial | Maximum of 8 tablets/ml every 28 days |
| Gvoke (glucagon) hypopen/syringe | Minimum age = 2 |
| H2RAs, Acid reducers | Maximum of 2 tablets/capsules per day |
| Haegarda (C1 esterase inhibitor) vials | Minimum age = 12 |
| Halcion (triazolam) Tablets | Minimum age = 18; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |
| Haldol (haloperidol) decanoate 100mg/ml ampules, vials | Minimum age = 18; Maximum of 4.5ml every 28 days for ages ≥ 18 |
| Haldol (haloperidol) decanoate 50mg/ml ampules, vials | Minimum age = 18; Maximum of 3ml every 28 days for ages ≥ 18 |
| Haldol (haloperidol) 2mg/ml oral concentrate | Minimum age = 6; Maximum of 5mg per day for ages = 6-11; Maximum of 10 mg per day for ages = 12-17; Maximum of 50ml per day for ages ≥ 18 |
| Haldol (haloperidol) 0.5mg, 1mg, 2mg, 5mg, 10mg tablets | Minimum age = 6; Maximum of 5mg per day for ages = 6-11; Maximum of 10 mg per day for ages = 12-17; Maximum of 3 tablets per day for ages ≥ 18 |
| Haldol (haloperidol) 20mg tablets | Minimum age = 6; Maximum of 5mg per day for ages = 6-11; Maximum of 10 mg per day for ages = 12-17; Maximum of 5 tablets per day for age ≥ 18 |
| Harvoni (ledipasvir/sofosbuvir) pellet packet, tablets | Minimum age = 3 |
| Herzuma (trastuzumab-pkrb) vials | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Hetlioz (tasimelteon) capsules | Minimum age = 18; Maximum of 1 capsule per day; Maximum of 30 capsules every 30 days |
| Hexalen (altretamine) tablets | Minimum age = 18; Maximum of 126 tablets every 28 days |
| H.P. Acthar (corticotropin) vial | Maximum 1mL (80 units) per day ages ≤17 years; Maximum 1.5mL (120 units) per day ages ≥18 years |
| Humalog (insulin lispro) cartridge, Kwikpen, vial, and Jr Kwikpen | Minimum age = 3 |
| Humalog (insulin lispro) 75-25 vial & Kwikpen | Minimum age = 18 |
| Humalog (insulin lispro) 50-50 vial & Kwikpen | Minimum age = 18 |
| Humira 10mg/0.2ml, 20mg/0.4ml Syringe Kit | Maximum of 1 kit every 28 days |
| Humira Ped Crohn 40mg/0.8ml Starter kit Humira Crohn-UC-HS 40mg/0.8ml Starter kit Humira Crohn-UC-HS 80mg/0.8ml Pen Humira 40mg/0.8ml Psoriasis- Uveitis Starter Kit | Maximum of 1 kit/pen every 365 days |
| Humira 40mg/0.8ml Syringe/Pen kit | Maximum of 2 kits every 28 days |
| Humira Crohn-UC-HS 80mg/0.8ml Pen | Maximum of 3 pens every 28 days |
| Hycamtin (topotecan) capsules | Minimum age = 18; Maximum of 20 capsules every 28 days |
| Hydrea (hydroxyurea) capsules | Maximum of 90 capsules every 28 days |
| Hydrocodone containing cough and cold preparations | Minimum age = 18 Maximum age = 20 |
| Hyperrho (Rho (D) immune globulin) | Maximum of 2 prescriptions every 365 days |
| Hysingla (hydrocodone) ER tablets | Minimum age = 18; Maximum of 1 tablet per day (Excluding recipients with a diagnosis of cancer or sickle cell) |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--------------------------------------|---|
| Ibrance (palbociclib) capsules | Minimum age = 18; Maximum of 1 capsule per day; Maximum of 21 capsules every 28 days |
| Iclusig (ponatinib) 15mg tablets | Minimum age = 18; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days. |
| Iclusig (ponatinib) 45mg tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| IDHIFA (enasidenib mesylate) tablets | Minimum age = 18 For 50mg tablets: Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days For 100mg tablets: Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Ilaris (canakinumab) 180mg vial | Minimum age= 2; Maximum of 2 vials every 28 days |
| Ilumya (tildrakizumab) 100mg Syringe | Minimum age = 18; Maximum of 1ml every 84 days; Maximum days supply = 84 |
| Imbruvica (ibrutinib) | Minimum age = 18; For 70mg capsules: Maximum of 3 capsules per day; Maximum of 90 capsules every 30 days For 140mg capsules: Maximum of 4 capsules per day; Maximum of 120 capsules every 30 days For 140mg, 280mg, 420mg, 560mg tablets: Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Imipramine pamoate capsules | Minimum age = 18; Maximum of 300 mg per day For 75mg and 100mg tablets: Maximum of 2 tablets per day For 125mg and 150mg tablets: Maximum of 1 tablet per day |
| Imitrex (sumatriptan) 25mg, 50mg and 100mg tablets | Minimum age = 18; Maximum of 9 tablets every 30 days |
| Imitrex (sumatriptan 4mg/0.5ml pen injection; 6mg/0.5ml kit/vial | Minimum age = 18; Maximum of 3ml every 30 days |
| Imitrex (sumatriptan) nasal spray | Maximum of 6 units every 30 days; Minimum age = 18 |
| Impavido (miltefosine) capsule | Minimum age = 12 |
| Increlex (mecasermin) Solution for Injection | Minimum age = 2 |
| Inbrija (levodopa) inhalation capsules | Minimum age = 18 |
| Indocin (indomethacin) suspension | Maximum age = 11; Maximum of 300ml every 30 days |
| Inflectra (infliximab-DYYB) 100mg vial | Minimum age = 6; Maximum of 8 vials every 42 days; Maximum days supply = 56 |
| Ingrezza (valbenazine) initiation pack | Minimum age = 18 |
| Ingrezza (valbenazine) tablets | Minimum age = 18; Maximum of 1 capsule per day Maximum of 80 mg per day |
| Inlyta (axitinib) tablets | Minimum age = 18; Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Inqovi (decitabine/cedazuridine) tablet | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Insulin Cartridges/Pens | Maximum of 2 boxes every 30 days; Maximum day supply per fill = 140 excluding : Soliqua pen: Maximum day supply per fill = 100 days Xultophy pen: Maximum day supply per fill = 105 days |
| Insulin vials | Maximum of 70 mls every 30 days; (excluding Humulin R-U 500) Humulin R-U500 vial: Maximum of 20mls every 30 days |
| Intermezzo (zolpidem tartrate) sublingual tablets | Minimum age = 18 |
| Invega (paliperidone) 1.5mg, 3mg tablets | Minimum age = 18; Maximum of 1 tablet per day for ages = 6 - 17; Maximum of 1 tablet per day for ages ≥ 18 |
| Invega (paliperidone) 6mg tablet | Minimum age = 18; Maximum of 1 tablet per day for ages = 6 - 11; Maximum of 2 tablets per day for ages = 12 - 17; Maximum of 2 tablets per day for ages ≥ 18 |
| Invega (paliperidone) 9mg tablet | Minimum age = 18; Maximum of 0.67 tablet per day for ages = 6 - 11; Maximum of 1 tablet per day for ages = 12 - 17; Maximum of 1 tablet per day for ages ≥ 18 |
| Invega Sustenna 234mg/1.5ml prefilled syringe Invega Sustenna 156mg/ml prefilled syringe Invega Sustenna 117mg/0.75ml prefilled syringe Invega Sustenna 78mg/0.5ml prefilled syringe Invega Sustenna 39mg/0.25ml prefilled syringe | Minimum age = 18; Ages ≥ 18: Maximum of 390 mg every 28 days Maximum of 2 fills every 28 days Initiation dose: maximum of 390mg every 28 days Maintenance dose: maximum of 234mg every 28 days |
| Invega Trinza 819mg/2.625ml syringe Invega Trinza 546mg/1.75ml syringe Invega Trinza 410mg/1.315ml syringe Invega Trinza 273mg/0.875ml syringe | Minimum age = 18; Ages ≥ 18: Maximum of 1 syringe every 84 days; Maximum of 819mg every 84 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Iressa (gefitinib) tablets | Minimum age = 18; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |
| Isturisa (osilodrostat phosphate) tablet | Minimum age = 18 |
| Jadenu (deferasirox) tablets, sprinkle granules | Minimum age = 2 |
| Jakafi (ruxolitinib) tablets | Minimum age = 12; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |
| Janumet/XR (sitagliptin/metformin) 50-500mg and 50-1000mg tablets | Minimum age = 18; Maximum 2 tablets per day |
| Janumet/XR (sitagliptin/metformin) 100-1000mg tablets | Minimum age = 18; Maximum 1 tablet per day |
| Januvia (sitagliptin) tablets | Minimum age = 18; Maximum 1 tablet per day |
| Jentadueto/XR (linagliptin/metformin) 2.5-500mg, 2.5-850mg, and 2.5-1000mg tablets | Minimum age = 18; Maximum 2 tablets per day |
| Jentadueto/XR (linagliptin/metformin) 5-1000mg tablets | Minimum age = 18; Maximum 1 tablet per day |
| Jivi (fviii rec,b-dom delet peg-aucl) vial | Minimum age = 12 |
| Jornay PM (methylphenidate) capsule | Minimum age = 6; Maximum of 1 capsule per day For Ages ≥ 6: Maximum of 100mg per day |
| Jublia (efinaconazole) 10% Topical Solution | Minimum age = 6 |
| Juluca (dolutegravir/rilpivirine) tablets | Minimum age = 18; Maximum of 1 tablet per day |
| Juxtapid (lomitapide) capsules | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Kadian (morphine sulfate) ER Capsules | Minimum age = 18; Maximum of 2 capsules per day (Excluding recipients with a diagnosis of cancer or sickle cell) |
| Kalydeco (ivacaftor) Tablets | Minimum age = 6 |
| Kalydeco (ivacaftor) granules | Maximum age = 5 |
| Kapvay (clonidine ER) tablets | Minimum age = 6 |
| Kazano (alogliptin/metformin) tablets | Minimum age = 18; Maximum 2 tablets per day |
| Kepivance (palifermin) vials | Minimum age = 18 |
| Ketoconazole 2% cream | Maximum of 120gm every 30 days |
| Ketorolac tablets/injection | Minimum age = 17; Maximum day supply = 5; Maximum of 4 tablets or 4mL per day; Maximum days of therapy is 30 days every 180 day Maximum 120mg per day for intramuscular/injection |
| Kevzara (sarilumab) 150mg & 200mg Syringe | Minimum age = 18; Maximum of 2.28ml every 28 days |
| Khedezla (desvenlafaxine) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 100 mg per day |
| Kineret (anakinra) 100mg/0.67ml Syringe | Maximum of 18.76ml every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Kisqali (ribociclib succinate) tablets | <p>Minimum age = 18</p> <p>For 200mg tablet: Maximum of 1 tablet per day; Maximum of 21 tablets every 28 days</p> <p>For 400mg tablet: Maximum of 2 tablet per day; Maximum of 42 tablets every 28 days</p> <p>For 600mg tablet: Maximum of 3 tablet per day; Maximum of 63 tablets every 28 days</p> |
| Kisqali Femara (ribociclib succinate/letrozole) tablets | <p>Minimum age = 18</p> <p>For 200-2.5mg tablets: Maximum of 2 tablet per day; Maximum of 49 tablets every 28 days</p> <p>For 400mg-2.5mg tablets: Maximum of 3 tablet per day; Maximum of 70 tablets every 28 days</p> <p>For 600mg-2.5mg tablets: Maximum of 4 tablet per day; Maximum of 91 tablets every 28 days</p> |
| Kitabis (tobramycin) Pak 300mg/5ml nebulizer solution | Maximum of 280ml every 56 days |
| Klonopin (clonazepam) | <p>Maximum of 90 tablets/wafers every 30 days;</p> <p>Maximum of 3 tablets per day</p> |
| Kombiglyze XR (saxagliptin/metformin) 2.5-1000mg tablets | <p>Minimum age = 18;</p> <p>Maximum 2 tablet per day</p> |
| Kombiglyze XR (saxagliptin/metformin) 5-500mg, 5-1000mg tablets | <p>Minimum age = 18;</p> <p>Maximum 1 tablet per day</p> |
| Korlym (mifepristone) 300mg tablets | Minimum age = 18 |
| Krintafel (tafenoquine) 150 mg tablet | Minimum age = 16 |
| Krystexxa (pegloticase) vial | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Kynmobi (apomorphine) sublingual film, titration kit | Minimum age = 18 |
| Lacrisert (hydroxypropyl cellulose) ophthalmic | Minimum age = 18 |
| Lactulose | Maximum of 5400ml every 30 days |
| Lamictal (lamotrigine) dose pack (25mg) | Maximum of 35 tablets (1 dose packet) every 30 days |
| Lamictal (lamotrigine) dose pack (25-100mg) | Package size 98 - maximum of 98 tablets (1 dose packet) every 30 days; Package size 49 - maximum of 49 tablets (1 dose packet) every 30 days |
| Lamictal (lamotrigine) dose pack (25-50-100mg ODT) | Maximum of 35 tablets every 30 days |
| Lamictal (lamotrigine) XR tablets | Minimum age = 13 |
| Lamictal (lamotrigine) dose pack (25-50mg ODT) | Maximum of 28 tablets every 30 days |
| Lamictal (lamotrigine) dose pack (50-100mg ODT) | Maximum of 56 tablets every 30 days |
| Lamictal (lamotrigine) dose pack (25-50mg XR) | Minimum age = 13; Maximum of 28 tablets every 30 days |
| Lamictal (lamotrigine) dose pack (25-50-100mg XR) | Minimum age = 13; Maximum 35 tablets every 30 days |
| Lamictal (lamotrigine) dose pack (50-100-200mg XR) | Minimum age = 13; Maximum 35 tablets every 30 days |
| Lamisil (terbinafine) | Maximum of 1 tablet per day; Maximum of 84 tablets every 365 days |
| Lantus (insulin glargine,hum.rec.anlog) cartridge, pen, vial | Minimum age = 6 |
| Latuda (lurasidone) 20mg, 40mg, 60mg | Minimum age = 10; Maximum of 1 tablet per day for ages = 6-17; Maximum of 1 tablet per day for ages ≥ 18 |
| Latuda (lurasidone) 80mg tablets | Minimum age = 10; Maximum of 1 tablet per day for ages = 6-17; Maximum of 2 tablets per day for ages ≥ 18 |
| Latuda (lurasidone) 120mg tablets | Minimum age = 10; Maximum of 0.67 tablets per day for ages = 6-17; Maximum of 1 tablet per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|---|
| Lazanda (fentanyl citrate) spray/pump | Minimum age = 18; Maximum of 1 unit per day |
| Lenvima (lenvatinib) capsules | Minimum age = 18 For 4 mg capsules: Maximum of 30 capsules every 30 days For 8mg/day capsules: Maximum of 60 capsules every 30 days For 10mg/day capsules: Maximum of 30 capsules every 30 days For 12mg/day capsules: Maximum of 90 capsules every 30 days For 14mg/day capsules: Maximum of 60 capsules every 30 days For 18mg/day capsules: Maximum of 90 capsules every 30 days For 20mg/day capsules: Maximum of 60 capsules every 30 days For 24mg/day capsules: Maximum of 90 capsules every 30 days |
| Leuprolide acetate solution for injection 1mg/0.2ml | Maximum of 2 units every 27 days. |
| Levaquin (levofloxacin) oral solution | Maximum age = 11 |
| Levaquin (levofloxacin) tablets | Minimum age = 12 |
| Levemir (insulin detemir) flextouch, vial | Minimum age = 2 |
| Levodopa | Minimum age = 18 |
| Levorphanol 2mg, 3mg tablets | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Lexapro (escitalopram) solution, tablets | Minimum age = 6 For solution: Maximum age = 11; Maximum of 20ml per day For tablets: Maximum of 1 tablet per day For ages ≤ 5 years: Maximum of 10 mg per day For ages 6-12 and ≥ 18 years: Maximum of 20 mg per day For ages 13 – 17: Maximum of 30 mg per day |
| Lidocaine 2.5%/Prilocaine 2.5% cream | Maximum of 30g every 30 days |
| Lidocaine 3%, 4%, 5% cream, and 5% ointment | Maximum of 60 grams every 30 days |
| Lidoderm (lidocaine) patches | Maximum of 90 patches every 30 days |
| Linzess (linaclotide) capsules | Minimum age = 18 |
| Lipitor (atorvastatin) tablets | Maximum of 1 tablet per day |
| Lithium (lithium citrate) 8mEq/5ml solution | Minimum age = 6; Maximum age = 11 |
| Lithium carbonate IR/ ER capsules and tablets | Minimum age = 6 |
| Lithobid (lithium carbonate) ER tablets | Minimum age = 6 |
| Livalo (pitavastatin) tablets | Maximum of 1 tablet per day |
| Lodosyn (carbidopa) | Minimum age = 18 |
| Lomustine capsules | Maximum of 6 capsules per fill; Maximum of 1 fill every 42 days |
| Lonsurf (tipiracil/trifluridine) 15-6.14mg tablets | Minimum age = 18; Maximum of 10 tablets per day; Maximum of 100 tablets every 28 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Lonsurf (tipiracil/trifluridine) 20-8.19mg tablets | Minimum age = 18; Maximum of 8 tablets per day; Maximum of 80 tablets every 28 days |
| Lopreeza (estradiol/norethindrone) tablets | Minimum age = 18 |
| Loratadine tablets | Maximum of 1 tablet per day |
| Lorbrena (lorlatinib) tablets | Minimum age = 18 For 25mg tablets: Maximum of 3 tablets per day; Maximum of 90 tablets every 30 days For 100mg tablets: Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Loseasonique (ethinyl estradiol/levonorgestrel) | Maximum days supply = 91; Maximum of 91 tablets every 84 days |
| Loxapine 5mg, 10mg, 25mg capsules | Minimum age = 18; Maximum of 4 capsules per day for ages ≥ 18 |
| Loxapine 50mg capsules | Minimum age = 18; Maximum of 3 capsules per day for ages ≥ 18 |
| Lovaza (omega-3 acid ethyl esters) | Minimum age = 18; Maximum of 4g per day |
| Lovenox (enoxaparin) syringes | Maximum of 2 syringes per day |
| Lovenox (enoxaparin) vials | Maximum of 1 vial per day |
| Lucemyra (lofexidine) tablets | Minimum age = 18 |
| Lunesta (eszopiclone) | Minimum age = 18; Maximum of 90 tablets every 365 days |
| Lupaneta (leuprolide/norethindrone acetate) 3.75mg/5mg kit | Minimum age = 18; Maximum of 1 kit every 27 days; Maximum of 12 months of therapy per lifetime |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--|---|
| Lupaneta (leuprolide/norethindrone acetate) 11.25mg/5mg kit | Minimum age = 18; Minimum day supply = 84 days; Maximum day supply = 90 days; Maximum of 1kit every 84 days; Maximum of 12 months of therapy per lifetime |
| Lupron (leuprolide) (6 months) Depot 45mg | Minimum age = 18; Maximum day supply =175 days; Maximum of 1 kit every 175 days; Maximum quantity per fill =1 |
| Lupron (leuprolide) (4 months) Depot 30mg | Minimum age = 18; Maximum day supply = 120; Maximum of 1 kit every 118 days; Maximum quantity per fill = 1 |
| Lupron (leuprolide) (3 months) Depot 22.5mg | Minimum age = 18; Maximum day supply = 90; Maximum of 1 kit every 84 days; Maximum quantity per fill = 1 |
| Lupron (leuprolide) (3 months) Depot 11.25mg | Minimum age = 18; Maximum day supply = 90; Maximum of 1 kit every 84 days; Maximum quantity per fill = 1 |
| Lupron (leuprolide) (monthly) Depot 7.5mg | Minimum age = 18; Maximum of 1 kit every 28 days; Maximum quantity per fill = 1 |
| Lupron (leuprolide) (monthly) Depot 3.75mg | Minimum age = 18; Maximum of 1 kit every 28 days; Maximum quantity per fill = 1 |
| Lupron (leuprolide) (3 months) Depot Ped 11.25mg, 30mg | Minimum age = 2; Maximum age = 12; Maximum day supply = 90; Maximum of 1 kit every 84 days; Maximum quantity per fill = 1 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Lupron (leuprolide) (monthly) Depot Ped 7.25mg, 11.25mg, 15mg | Minimum age = 2; Maximum age = 12; Maximum of 1 kit every 28 days; Maximum quantity per fill = 1 |
| Lynparza (olaparib) capsules | Minimum age = 18; For 50mg Capsules: Maximum of 16 capsules per day; Maximum of 480 capsules every 30 days For 100mg & 150mg Capsules: Maximum of 4 tablets per day; Maximum of 120 capsules every 30 days |
| Lyrica (pregabalin) capsules/solution | Maximum of 600mg per day |
| Lysodren (mitotane) tablets | Minimum age = 18; Maximum of 38 tablets per day; Maximum of 1,140 tablets every 30 days |
| Lysteda (tranexamic acid) | Maximum of 30 tablets every 28 days |
| Lyumjev (insulin lispro-aabc) Kwikpen, vial | Minimum age = 18 |
| Makena (hydroxyprogesterone caproate) 250mg/ml Solution for Injection (single dose vial-package size 1ml) | Minimum age = 16; Maximum of 4 vials every 28 days |
| Makena (hydroxyprogesterone caproate) 275mg/1.1mL Auto-Injector | Minimum age = 16; Maximum of 4.4 mLs every 28 days |
| Maprotiline tablets | Minimum age = 18; Maximum of 225 mg per day; Maximum of 3 tablets per day |
| Marplan (isocarboxazid) | Minimum age = 16; Maximum of 60 mg per day; Maximum of 6 tablets per day |
| Matulane (procarbazine) capsules | Maximum of 56 capsules every 30 days |
| Mavenclad (cladribine) tablets | Minimum age = 18 |
| Mavyret (glecaprevir/pibrentasvir) tablets | Minimum age = 12 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|--|
| Maxalt (rizatriptan) 5mg, 10mg, 5mgMLT, 10mgMLT | Minimum age = 6; Maximum of 12 tablets every 30 days |
| Mayzent (siponimod) starter pack, tablets | Minimum age = 18 |
| Mekinist (trametinib) | Minimum age = 18; For 0.5mg: Maximum of 3 tablets per day; Maximum of 90 tablets every 30 days For 2mg: Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Mektovi (binimetinib) tablets | Minimum age = 18; Maximum of 6 tablets per day; Maximum of 180 tablets every 30 days |
| Mephyton (phytonadione (vit k1)) 5mg tablets | Maximum of 5 tablets every 30 days |
| Mercaptopurine tablets | Maximum of 90 tablets every 30 days |
| Methylphenidate 10mg, 20mg capsules | Minimum age = 6; Maximum of 1 capsule per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Methylphenidate 30mg capsules | Minimum age = 6; Maximum of 0.833 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Methylphenidate 40mg capsules | Minimum age = 6; Maximum of 0.625 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Methylphenidate 50mg capsules | Minimum age = 6; Maximum of 0.5 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Methylphenidate 60mg capsules | Minimum age = 6; Maximum of 0.416 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Metadate ER 20mg tablets | Minimum age = 6; Maximum of 1 tablet per day for ages = 0-5 Maximum of 4.5 tablets per day for ages ≥ 18 |
| Metformin 500mg/ 500mg XR tablets | Maximum of 5 tablets per day |
| Metformin ER 750mg tablets | Maximum of 3.5 tablets per day |
| Metformin 850mg tablets | Maximum of 3 tablets per day |
| Metformin 1000mg tablets | Maximum of 2.5 tablets per day |
| Methadone ODT/tablets/suspension/injection/diskets dispersible tablets | Minimum age = 18; For tablets and solution: Maximum 60mg per day (Excluding recipients with a diagnosis of cancer or sickle cell) |
| Methotrexate (oral) | Maximum of 300 tablets every 30 days |
| Methylphenidate 2.5mg, 5mg chewable tablets | Maximum of 5 tablets per day for ages = 0-5 Maximum of 3 tablets per day for ages ≥ 18 |
| Methylphenidate 10mg chewable tablets | Maximum of 2 tablets per day for ages = 0-5 Maximum of 3 tablets per day for ages ≥ 18 |
| Methylin (methylphenidate) 5mg/5ml solution | Maximum of 25mls per day for ages = 0-5 Maximum of 60mls per day for ages ≥ 18 |
| Methylin (methylphenidate) 10mg/5ml solution | Maximum of 12.5mls per day for ages = 0-5 Maximum of 30mls per day for ages ≥ 18 |
| Methylphenidate ER 10mg | Minimum age = 6; Maximum of 2 tablets per day for ages = 0-5 Maximum of 4.5 tablets per day for ages ≥ 18 |
| Metoclopramide 5mg, 10mg tablet, ODT, & solution | Maximum of 40mg per day for ages < 18 Maximum of 60mg per day for ages ≥ 18 Maximum of 3 fills with day supply ≥ 28 (12 weeks) of therapy every 365 days |
| Metrocream (metronidazole) 0.75% cream | Maximum of 90gm every 30 days |
| Metronidazole 0.75% lotion | Maximum of 90gm every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|---|
| Midazolam oral syringe/syrup | Maximum of 10mls per fill (prescription) |
| Miacalcin (calcitonin) | Minimum age = 18; Maximum of 3.7ml every 28 days |
| Mimvey, Mimvey Lo (estradiol/norethindrone) Tablets | Minimum age = 18 |
| Minivelle (estradiol) patches | Maximum of 8 patches every 30 days |
| Minolira (minocycline) ER tablet | Minimum age = 12 |
| Miralax (polyethylene glycol-electrolyte solution) | Maximum of 527g every 30 days |
| Mirapex, Mirapex ER (pramipexole) | Minimum age = 18 |
| Mitigare (colchicine) capsules | Minimum age = 18; Maximum of 6 capsules every 30 days |
| Mitoxantrone 2mg/ml vials | Minimum age= 18 |
| Moderiba (ribavirin) tablets | Minimum age = 5 |
| Molindone Tablets | Minimum age = 18 |
| Monjuvi (tafasitamab-cxix) vial | Minimum age = 18 |
| Morphabond (morphine sulfate) ER tablets | Minimum age = 18 |
| Motegrity (prucalopride) tablets | Minimum age = 18 |
| MS Contin (morphine sulfate ER) tablets | Minimum age = 18; Maximum of 3 tablets per day (Excluding recipients with a diagnosis of cancer or sickle cell) |
| Mucolytics | Maximum age = 20 |
| Multivitamins with fluoride | Maximum age = 12 |
| Mupirocin cream | Maximum of 60g every 30 days |
| Mupirocin ointment | Maximum of 44g every 30 days |
| Mydayis (dextroamphetamine/amphetamine) capsules | Minimum age = 13; Maximum of 1 capsule per day; For Age ≥ 18 years: Maximum of 50mg per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--|--|
| Myleran (busulfan) tablets | Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Myorisan (isotretinoin) 10mg,20mg,30mg,40mg Capsules | Minimum age = 12 |
| Myrbetriq (mirabegron) | Minimum age = 18 |
| Mytesi (crofelemer) tablets | Minimum age = 18 |
| Naglazyme (galsulfase) Solution for Injection | Minimum age = 5 |
| Namenda (memantine) tablets/solution | Minimum age = 18 |
| Namenda XR (memantine) capsules | Minimum age = 18; Maximum of 1 capsule per day |
| Namzaric (memantine/donepezil) capsules | Minimum age = 18 |
| Narcan (naloxone) nasal spray | Maximum 2 (1 kit) every 365 days |
| Nardil (phenelzine sulfate) tablets | Minimum age = 18; Maximum of 90 mg per day; Maximum of 6 tablets per day |
| Nasonex (mometasone furoate) | Maximum of 17g every 30 days |
| Natesto (testosterone) nasal gel pump | Minimum age = 18 |
| Nayzilam (midazolam) 5 mg nasal spray | Minimum age = 12; Maximum of 10 sprays every 30 days |
| Nefazodone tablets | Minimum age = 18; Maximum of 600 mg per day; For 50 mg, 150 mg, 200 mg, 250 mg tablets: Maximum of 2 tablets per day For 100 mg tablets: Maximum of 6 tablets per day |
| Nerlynx (neratinib maleate) tablets | Minimum age = 18; Maximum of 6 tablets per day; Maximum of 180 tablets every 30 days |
| Nesina (alogliptin) tablets | Minimum age = 18; Maximum 1 tablet per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|--|
| Neuac (benzoyl peroxide/clindamycin) gel, kit | Minimum Age= 12 |
| Neupro (rotigotine) | Minimum age = 18 |
| Nexavar (sorafenib) tablets | Minimum age = 18; Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Nexium (esomeprazole) oral suspension packets | Maximum age = 11; Maximum of 30 packets every 30 days |
| Nexium (esomeprazole) capsules | Maximum of 1 capsule per day |
| Nexium (esomeprazole) vials | Minimum age = 1; Maximum of 1 vial per day |
| Nexletol (bempedoic acid) tablets | Minimum age = 18 |
| Nexlizet (bempedoic acid/ezetimibe) tablet | Minimum age = 18 |
| Nicotine products | Minimum age = 18; Maximum of 168 days (24 weeks) of therapy every 365 days |
| Nilandron (nilutamide) tablets | Minimum age = 18; Maximum of 30 tablets every 30 days |
| Nilutamide tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Nimodipine capsules | Minimum age = 18 |
| Ninlaro (ixazomid) capsules | Minimum age = 18; Maximum of 3 capsules every 28 days |
| Nitroglycerin patches | Maximum of 1 patch per day |
| Nitroglycerin SL tablets | Maximum of 16 tablets per day |
| Norethindrone (norethindrone acetate) 5 mg tab (Lupaneta) | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Norpramin (desipramine) tablets | Minimum age = 13; For ages ≤ 17 years: Maximum of 150mg per day For ages ≥ 18 years: Maximum of 200mg per day For 10mg tablets: Maximum of 8 tablets per day For 25mg, 50mg, 75mg, and 100mg tablets: Maximum of 2 tablets per day For 150mg tablets: Maximum of 1 tablet per day |
| Nortriptyline 10mg/5ml solution | Minimum age = 13; Maximum of 150 mg per day; Maximum of 75 mL per day |
| Norvir (ritonavir) capsules/tablets | Maximum days supply = 60 |
| Norvir (ritonavir) solution | Maximum days supply = 90 |
| Nourianz (istradefylline) tablets | Minimum age = 18 |
| Novolog (insulin aspart) cartridge, flexpen, vial | Minimum age = 2 |
| Novolog (insulin aspart) 70-30 vial, Flexpen | Minimum age = 18 |
| Nucala (mepolizumab) auto injector/syringe/vial | For vials: Minimum age = 6 For auto injector/syringe: Minimum age = 12 |
| Nucynta (tapentadol) Tablets | Minimum age = 18 |
| Nucynta (tapentadol) ER Tablets | Minimum age = 18; Maximum of 2 tablets per day |
| Nuedexta (dextromethorphan/quinidine) Capsules | Minimum age = 18 |
| Nuplazid (pimavanserin tartrate) tablets | Minimum age = 18 |
| Nurtec (rimegepant sulfate) ODT tablets | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|---|
| NuvaRing (etonogestrel/ethinyl estradiol) | Minimum age = 12; Maximum of 1 ring every 21 days; |
| Nuvigil (armodafinil) tablets | Minimum age= 18; Maximum 250mg per day For 50mg: Maximum 2 tablets per day For 150mg, 200mg, 250mg: Maximum 1 tablet per day |
| Nuzyra (omadacycline tosylate) tablet/vial | Minimum age = 18 |
| Nymalize (nimodipine) oral syringes | Minimum age = 18 |
| Nystatin 100,000 unit/gm cream, ointment | Maximum of 90gm every 30 days |
| Odomzo (sonidegib) capsules | Minimum age = 18; Maximum of 1 capsule per day; Maximum of 30 capsules every 30 days |
| Odefsey (emtricitabine/rilpivirine/tenofovir) tablets | Minimum age = 12; Maximum of 1 tablet per day |
| Ofloxacin tablets | Minimum age = 12 |
| Olumiant (baricitinib) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Olysio (simeprevir) capsules | Minimum age = 18 |
| Omega-3 acid ethyl esters | Minimum age = 18 |
| Onexton (benzoyl peroxide/clindamycin) gel/pump | Minimum Age= 12 |
| Onfi (clobazam) oral suspension/tablets | Minimum age = 2 |
| Ogivri (trastuzumab-dkst) vial | Minimum age = 18 |
| Onglyza (saxagliptin) tablets | Minimum age = 18; Maximum 1 tablet per day |
| Onzetra Xsail (sumatriptan succinate) nosepiece | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--|--|
| Oral contraceptives | Maximum of 1 tablet per day; Minimum age = 12 |
| Orap (Pimozide) Tablets | Minimum age = 18; Maximum of 1 tablet per day for ages = 6 - 17 |
| Oravig (miconazole nitrate) Buccal Tablet | Minimum age = 17 |
| Orencia (abatacept) 50mg/0.4mL and 87.5/0.7mL syringe | Minimum age = 2; Maximum of 4ml every 28 days |
| Orencia (abatacept) 125mg Clickject/syringe/auto inj, 250mg vial | Minimum age= 6; Maximum of 4ml every 28 days |
| Orkambi (lumacaftor/ivacaftor) granule packet | Minimum age = 2 Maximum age = 5 |
| Orkambi (lumacaftor/ivacaftor) 100-125mg tablet | Minimum age = 6; Maximum of 4 tablets per day |
| Orkambi (lumacaftor/ivacaftor) 200-125mg tablet | Minimum age = 12; Maximum of 4 tablets per day |
| Ortikos (budesonide) ER capsules | Minimum age = 8 |
| Oseni (alogliptin/pioglitazone) tablets | Minimum age = 18; Maximum 1 tablet per day |
| Osmolex (amantadine) ER tablets | Minimum age = 18 |
| Otezla (apremilast) 10-20-30mg tablet dose pack, 30mg tablets | Minimum age= 18; For 30mg tablets: Maximum of 2 tablets per day; For starter/dose pack: Maximum of 1 pack every 365 days |
| Ovide (malathion) | Maximum of 60ml every 30 days; Maximum of 2 prescription fills every 60 days |
| Oxandrolone tablets | Maximum of 8 tablets per day |
| Oxazepam capsules | Minimum age = 6; Maximum of 4 capsules per day; Maximum of 120 capsules every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Oxbryta (voxelotor) tablets | Minimum age = 12 |
| Oxtellar (oxcarbazepine) XR tablet | Minimum age = 6 |
| Oxycodone IR | For 5mg: Maximum of 12 tablets per day (360 tabs every 30 days) For 5mg/5ml oral soln: Maximum of 60ml per day (1800ml every 30 days) For 7.5mg: Maximum of 8 tablets per day (240 tabs every 30 days) For 10mg, 15mg, 30mg: Maximum of 6 tablets per day (180 tabs every 30 days) For 20mg tab and 20mg/ml oral soln: Maximum of 9 tablets/ml per day (270 tabs/ml every 30 days) |
| Oxycontin (oxycodone SR) | Minimum age = 11; For 10mg, 15mg, 20mg, 30mg, 40mg, 60mg: Maximum of 2 tablets per day (60 tabs every 30 days) For 80mg: Maximum of 4 tablets per day (120 tabs every 30 days) |
| Oxycodone/Ibuprofen tablets | Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Oxymorphone ER Tablets | Minimum age = 18; Maximum of 2 tablets per day (Excluding recipients with a diagnosis of cancer or sickle cell) |
| Oxytrol (oxybutynin) Patch | Maximum of 8 patches every 30 days |
| Ozobax (baclofen) 5 mg/5 ml solution | Minimum age = 12 |
| Paclitaxel Solution for Injection | Maximum of 1 prescription every 7 days |
| Padcev (enfortumab vedotin-efyv) vial | Minimum age = 18 |
| Palforzia (peanut allergen powder-dnfp) capsule/sachet | Minimum age = 4 |
| Palynziq (pegvaliase-PQPZ) syringe | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|----------------------------------|--|
| Pamelor (nortriptyline) capsules | Minimum age = 13; Maximum of 150 mg per day; For 10 mg capsules: Maximum of 8 capsules per day For 25 mg capsules: Maximum of 4 capsules per day For 50 mg capsules: Maximum of 3 capsules per day For 75 mg capsules: Maximum of 2 capsules per day |
| Paregoric | Maximum of 1200mls every 30 days |
| Parlodel (bromocriptine) | Minimum age = 11 |
| Paxil (paroxetine) suspension | Minimum age = 6; Maximum age = 11; Maximum 30 mL per day; Maximum of 60mg per day |
| Paxil (paroxetine) IR/CR tablets | Minimum age = 6; Maximum of 2 tablets per day (excluding the 12.5mg CR strength) For 12.5mg CR: Maximum of 1 tablet per day; For 10mg IR, 20mg IR, 30mg IR, 40mg IR tablets and 10mg/5mL soln: Maximum of 60mg per day For 10mg IR, 20mg IR, 40mg IR tablets: Maximum of 1 tablet per day For 12.5mg CR, 25mg CR, and 37.5mg CR: Maximum of 75 mg per day |
| Pediatric vitamin preparations | Maximum age = 12 *except Aquadeks pediatric liquid: maximum age = 3 |
| Pegasys (Peginterferon Alfa-2a) | Minimum age = 3; Maximum of 1 kit every 28 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Peg Intron (peginterferon alfa-2b) | Minimum age = 3 |
| Pemazyre (pemigatinib) tablet | Minimum age = 18 |
| Percocet (oxycodone/acetaminophen) 2.5/325, 5/325 | Maximum of 12 tablets per day |
| Percocet (oxycodone/acetaminophen) 7.5/325 | Maximum of 8 tablets per day |
| Percocet (oxycodone/acetaminophen) 10/325 | Maximum of 6 tablets per day |
| Perforomist (formoterol) Neb solution | Minimum age = 18; Maximum of 1 fill every 30 days; Maximum of 120ml per fill. |
| Perphenazine 2mg Tablets | Minimum age = 6; Maximum of 6 tablets per day for age = 6 - 11; Maximum of 11 tablets per day for ages = 12-17; Maximum of 4 tablets per day for ages ≥ 18 |
| Perphenazine 4mg Tablets | Minimum age = 6; Maximum of 3 tablets per day for age = 6 - 11; Maximum of 5.5 tablets per day for ages = 12-17; Maximum of 4 tablets per day for ages ≥ 18 |
| Perphenazine 8mg Tablets | Minimum age = 6; Maximum of 1.5 tablets per day for age = 6 - 11; Maximum of 2.75 tablets per day for ages = 12-17; Maximum of 4 tablets per day for ages ≥ 18 |
| Perphenazine 16mg Tablets | Minimum age = 6; Maximum of 0.75 tablets per day for age = 6 - 11; Maximum of 1.375 tablets per day for ages = 12-17; Maximum of 4 tablets per day for ages ≥ 18 |
| Perphenazine/Amitriptyline 2-10mg Tablets | Minimum age = 18; Maximum of 8 tablets per day for ages ≥ 18 |
| Perphenazine/Amitriptyline 2-25mg ,4-10mg, 4-25mg, 4-50mg tablets | Minimum age = 18; Maximum of 4 tablets per day for ages ≥ 18 |
| Perseris (risperidone) ER syringe kit | Minimum age = 18; Maximum of 120mg per month Maximum of 1 fill per month |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Pexeva (paroxetine mesylate) tablets | Minimum age = 18; Maximum of 60mg per day; For 10mg, 20mg, and 40mg tablets: Maximum of 1 tablet per day For 30mg tablets: Maximum of 2 tablets per day |
| Phesgo (pertuzumab-trastuzumab-hy-zzxf) vial | Minimum age = 18 |
| Phexxi (lactic acid/citric/potassium) vaginal gel | Minimum age = 12 |
| Plan B One Step / Aftera/ Econtra EZ/ FallBack Solo / My Way / Next Choice / Opcicon / Take Action (levonorgestrel) | Minimum age = 12; Maximum of 2 packages every 30 days |
| Plegridy (peginterferon beta-1A) 63-94mcg syringe; pen injection | Minimum age= 18; Maximum 250mcg per day; Maximum 1 kit every 28 days |
| Plegridy (peginterferon beta-1A) 125mcg/0.5ml syringe; pen injection | Minimum age= 18; Maximum 250mcg per day; Maximum 1mL every 28 days |
| Pneumovax 23 | LTC residents; Minimum age = 2; Recipients ages = 50-64 are allowed 2 vaccines per life time and a fill limit of 1 prescription every 5 years; Recipients ages > 65 are allowed 1 vaccine per lifetime |
| Pomalyst (pomalidomide) capsules | Minimum age = 18; Maximum of 1 capsule per day; Maximum of 21 caps every 28 days |
| Pradaxa (dabigatran etexilate) Capsules | Minimum age = 18 |
| Praluent (alirocumab) syringe/pen injection | Minimum age = 18 |
| Prednisolone Tab Rapids (ODT) | Maximum age = 11 |
| Premarin (estrogens, conjugated/equine) Vaginal | Maximum quantity per fill = 42.5g |
| Premphase (estrogens, conjugated/equine, and medroxyprogesterone) | Maximum of 1 tablet per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Prempro (estrogen, conjugated/equine, and medroxyprogesterone) | Maximum of 1 tablet per day |
| Prepopik (sod picosulf/mag ox/citric ac) powder packet | Minimum age = 9 |
| Pretomanid 200 mg tablet | Minimum age = 18 |
| Prevacid (lansoprazole) 15mg solutabs/ODT | Minimum age = 1; Maximum age = 11; Maximum of 2 capsules/tablets per day for ages = 1-11 Maximum of 3 capsules/tablets per day for ages ≥ 12 |
| Prevacid (lansoprazole) 30mg solutabs/ODT | Minimum age = 1; Maximum age = 11; Maximum of 1 capsule/tablet per day for ages = 1-11 Maximum of 3 capsules/tablets per day for ages ≥ 12 |
| Prevacid (lansoprazole) 15mg capsules | Minimum age = 1; Maximum of 2 capsule/tablet per day for ages = 1-11 Maximum of 3 capsules/tablets per day for ages ≥ 12 |
| Prevacid (lansoprazole) 30mg capsules | Minimum age = 1; Maximum of 1 capsule/tablet per day for ages = 1-11 Maximum of 3 capsules/tablets per day for ages ≥ 12 |
| Prevnar 13 | LTC residents; Maximum of 1 vaccine per lifetime |
| Prevpac (lansoprazole/amoxicillin/clarithromycin) | Maximum of 8 tablets per day; Maximum of 224 tablets/capsules (2 packs) every 28 days |
| Prezcobix (darunavir/cobicistat) tablets | Minimum age = 12; Maximum of 1 tablet per day |
| Prilosec (omeprazole) 10mg, 20mg, 40mg capsules | Minimum age = 1; Maximum of 1 capsule per day |
| Prilosec (omeprazole) 2.5mg suspension packet | Maximum of 3 packets per day |
| Prilosec (omeprazole) 10mg suspension packet | Maximum of 2 packets per day |
| Primaxin (imipenem/cilastatin) IM 500mg | Maximum of 3 vials per day |
| Primaxin (imipenem/cilastatin) IV 500mg | Maximum of 8 vials per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Pristiq (desvenlafaxine succinate) | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days; Maximum of 100 mg per day |
| ProAir (albuterol) HFA | Maximum of 2 inhalers every 30 days |
| Probuphine (buprenorphine) 74.2mg implant | Minimum age = 16; Maximum days supply = 180; Maximum of 1 package (4 implants) every 180 days |
| Procentra (dextroamphetamine) Solution | Minimum age = 3; Maximum age = 5 Maximum of 15 mls per day for ages 0-5 |
| Prolastin C (alpha-1-proteinase inhibitor human) | Minimum age = 18 |
| Prolia (denosumab) 60mg injection | Maximum of 1 injection (1ml) every 175 days |
| Proton Pump Inhibitors | Maximum of 1 fill every 30 days; Maximum of 6 fills every 365 days; (excluding recipients with a diagnosis of Zollinger-Ellison syndrome, Barrett's esophagus, gastric malignancy, cystic fibrosis, or history of gastric bypass, gastroparesis, gastrostomy, gastroenterostomy, gastrojejunostomy, jejunostomy, nasogastric tube, nasointestinal, or Barrett's esophagus without dysplasia) |
| Protonix (pantoprazole) suspension packets | Minimum age = 5; Maximum age = 11; Maximum of 30 packets every 30 days |
| Protonix (pantoprazole) 20mg tablets | Minimum age = 5; Maximum of 1 tablet per day |
| Protonix (pantoprazole) 40mg tablets/vials | Minimum age = 5; Maximum of 2 tablets/vials per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--------------------------------------|--|
| Protopic (tacrolimus) 0.1% ointment | Minimum age = 16; Maximum of 1 fill every 30 days; For 15gm, 30gm, 60gm, & 100gm pkg size, 1 tube every 30 days |
| Protopic (tacrolimus) 0.03% ointment | Maximum of 1 fill every 30 days; For 15gm, 30gm, 60gm, & 100gm pkg size, 1 tube every 30 days |
| Protriptyline tablets | Minimum age = 13; Maximum of 60 mg per day; For 5 mg tablets: Maximum of 12 tablets per day For 10 mg tablets: Maximum of 6 tablets per day |
| Proventil (albuterol) HFA | Maximum of 14g (2 inhalers) every 30 days |
| Provigil (modafinil) 100mg tablets | Minimum age = 18; Maximum 3 tablets per day |
| Provigil (modafinil) 200mg tablets | Minimum age = 18; Maximum 2 tablets per day |
| Prozac (fluoxetine) capsules | Minimum age = 6; For 10mg, 20mg, and 40mg capsules: Maximum of 2 capsules per day For 60mg capsules: Maximum of 1 capsule per day For ages ≤ 5 years: Maximum of 10 mg per day For ages 6 – 17: Maximum of 60 mg per day For ages ≥ 18 years: Maximum of 80 mg per day |
| Prozac (fluoxetine) Weekly | Minimum age = 6; Maximum of 4 capsules every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Pulmicort (budesonide) Flexhaler | Minimum age = 5; Maximum of 1 inhaler every 30 days |
| Pulmicort (budesonide) Respules | Minimum age = 1 Maximum age = 8; Maximum of 2 respules per day |
| Pulmozyme (dornase alpha) | Maximum age = 65; Maximum quantity per fill = 150mls; Maximum of 2 ampules (5ml) per day |
| Purixan (mercaptopurine) suspension | Maximum of 100mls every 30 days |
| Qinlock (ripretinib) tablet | Minimum age = 18 |
| Qnasl 40mcg (beclomethasone) HFA inhaler | Minimum age = 4; Maximum age = 11 |
| Qnasl 80mcg (beclomethasone) HFA inhaler | Minimum age = 12; Maximum age = 17 |
| Quartette (ethinyl estradiol/levonorgestrel) tablets | Maximum days supply = 91; Maximum of 91 tablets every 84 days |
| Quillichew ER (methylphenidate extended release) chewable tablets | Minimum age = 6 |
| Quillivant XR (methylphenidate extended release) powder for suspension | Minimum age = 6; Maximum of 5 mls per day for ages = 0-5 Maximum of 12 mls per day for ages ≥ 18 |
| Qvar (beclomethasone) inhaler | Minimum age = 5 |
| Qvar (beclomethasone) Redihaler | Minimum age = 4 |
| Razadyne / ER (galantamine) | Minimum age = 18 |
| Recarbrio (imipenem/cilastatin/relebactam) vial | Minimum age = 18 |
| Reclast (zoledronic acid) 5mg injection | Maximum of 100ml (1 injection) every 355 days |
| Regranex (becaplermin) Gel | Minimum age = 16; Maximum of 140g every 365 days; Maximum quantity per fill = 15g |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Rebif (interferon beta-1a) 22mcg/0.5ml , 44mcg/0.5ml dispense syringes/pens | Maximum of 6 mls every 28 days |
| Rebif (interferon beta-1a) 8.8-22 mcg titration pack | Maximum of 4.20mls every 28 days |
| Rebif Rebidose(interferon beta-1a) 8.8-22mcg titration pack | Maximum of 4.20mls every 28 days |
| Reblozyl (luspatercept-aamt) 75 mg vial | Minimum age = 18 |
| Rectiv (nitroglycerin) ointment | Minimum age = 18 |
| Relenza (zanamivir) | Minimum age = 6; Maximum of 2 prescriptions every 365 days; Maximum quantity per fill = 20g |
| Relaxii (methylphenidate) ER 72 mg tablet | Minimum age = 6 |
| Relpax (eletriptan) | Minimum age = 18; Maximum of 6 tablets every 30 days |
| Remeron (mirtazapine) tablets and ODT | Minimum age = 6; Maximum of 45 mg per day; Maximum of 1 tablet per day |
| Remicade (infliximab) 100mg vial | Minimum age= 6; Maximum of 8 vials every 42 days; Maximum days supply = 56 |
| Renflexis (infliximab-ABDA) 100mg vial | Minimum age = 6; Maximum of 8 vials every 42 days; Maximum days supply = 56 |
| Renvela (sevelamer) powder for oral suspension | Maximum age = 11 |
| Repatha (evolocumab) Pen Injection/Syringe | Minimum age = 18 |
| Requip, Requip XL (ropinirole) | Minimum age = 18 |
| Restoril (temazepam) Capsules | Minimum age = 18 |
| Retevmo selpercatinib) capsule | Minimum age = 12 |
| Retin-A (tretinoin) 0.01% & 0.025% gel, 0.025%, 0.05%, 0.1% cream, 0.05% liquid/solution | Minimum Age= 12 |
| Retin-A Micro (tretinoin) 0.04% 0.1% gel, gel pump | Minimum Age= 12 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Revlimid (lenalidomide) capsules | Minimum age = 18; Maximum of 1 capsule per day; Maximum of 30 capsules every 28 days |
| Rexulti (brexpiprazole) tablets | Minimum age = 18 |
| Rhopressa (netarsudil mesylate) 0.02% eye drops | Minimum age = 18; Maximum of 2.5 mL every 25 days |
| Ribavirin (Rebetol; Virazole) Capsules, Tablets, Oral solution, Powder for nebulizer solution | Minimum age = 5 |
| Rinvoq (upadacitinib) ER tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Rozlytrek (entrectinib) capsules | Minimum age = 12 |
| Risperdal (risperidone) Consta | Minimum age = 18; Maximum of 2 boxes every 28 days |
| Risperdal (risperidone) 1mg/ml solution | Minimum age = 6; Maximum of 4mls per day for ages = 6 - 11; Maximum of 6mls per day for ages = 12-17; Maximum of 16mls per day for ages ≥ 18 |
| Risperdal (risperidone) 0.25mg, 0.5mg tablets (including M/ODT) | Minimum age = 6; Maximum of 8 tablets per day for ages = 6 - 17; Maximum of 2 tablets per day for ages ≥ 18 |
| Risperdal (risperidone) 1mg tablets (including M/ODT) | Minimum age = 6; Maximum of 4 tablets per day for ages = 6 - 11; Maximum of 6 tablets per day for ages = 12-17; Maximum of 2 tablets per day for ages ≥ 18 |
| Risperdal (risperidone) 2mg tablets (including M/ODT) | Minimum age = 6; Maximum of 2 tablets per day for ages = 6 - 11; Maximum of 3 tablets per day for ages = 12-17 Maximum of 2 tablets per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Risperdal (risperidone) 3mg tablets (including M/ODT) | Minimum age = 6; Maximum of 1.33 tablets per day for ages = 6 - 11; Maximum of 2 tablets per day for ages = 12-17; Maximum of 4 tablets per day for ages ≥ 18 |
| Risperdal (risperidone) 4 mg tablets (including M/ODT) | Minimum age = 6; Maximum of 1 tablet per day for ages = 6 - 11; Maximum of 1.5 tablets per day for ages = 12-17; Maximum of 4 tablets per day for ages ≥ 18 |
| Ritalin (methylphenidate) 5mg tablets | Maximum of 5 tablets per day for ages = 0-5 Maximum of 3 tablets per day for ages ≥ 18 |
| Ritalin (methylphenidate) 10mg tablets | Maximum of 2 tablets per day for ages = 0-5 Maximum of 3 tablets per day for ages ≥ 18 |
| Ritalin (methylphenidate) 20mg tablets | Maximum of 1 tablet per day for ages = 0-5 Maximum of 3 tablets per day for ages ≥ 18 |
| Ritalin LA (methylphenidate) 10mg, 20mg capsules | Minimum age = 6; Maximum of 1 capsule per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Ritalin LA (methylphenidate) 30mg capsules | Minimum age = 6; Maximum of 0.833 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Ritalin LA (methylphenidate) 40mg capsules | Minimum age = 6; Maximum of 0.625 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Ritalin LA (methylphenidate) 60mg capsules | Minimum age = 6; Maximum of 0.416 capsules per day for ages = 0-5 Maximum of 1 capsule per day for ages ≥ 18 |
| Robinul (glycopyrrolate) vials | Maximum 30ml per day |
| Rocklatan (netarsudil mesylate/latanoprost) 0.02%- 0.005% eye drops | Minimum age = 18 |
| Rosadan (metronidazole) 0.75% cream, gel | Maximum of 90gm every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| RoxyBond (oxycodone) tablets | Minimum age = 18 |
| Rozerem (ramelteon) Tablets | Minimum age = 65 Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Rubraca (rucaparib) tablets | Minimum age = 18; Maximum of 4 tablets per day Maximum of 1200 mg per day |
| Ruconest (C1 esterase inhibitor [recombinant]) 2100 unit vial | Minimum age = 12 Maximum of 8 vials every 30 days |
| Rukobia (fostemsavir tromethamine) ER tablets | Minimum age = 18 |
| Ruxience (rituximab-pvvr) vial | Minimum age = 18 |
| Ruzurgi (amifampridine) tablet | Minimum age = 6; Maximum age = 16 |
| Rydapt (midostaurin) capsules | Minimum age = 18; Maximum of 8 tablets per day; Maximum of 240 tablets every 30 days |
| Sandostatin LAR Depot (octreotide) kit, Powder for suspension for Injection | Minimum age = 6 |
| Saphris (asenapine) 5mg SL tablets | Minimum age = 10; Maximum of 2 tablets per day for ages = 6-17; Maximum of 2 tablets per day for ages ≥ 18 |
| Saphris (asenapine) 10mg SL tablets | Minimum age = 10; Maximum of 1 tablet per day for ages = 6-11; Maximum of 2 tablets per day for ages = 12-17; Maximum of 2 tablets per day for ages ≥ 18 |
| Sarafem (fluoxetine) tablet | Minimum age = 6 |
| Sarclisa (isatuximab-irfc) vials | Minimum age = 18 |
| Savaysa (edoxaban tosylate) tablets | Minimum age = 18; Maximum of 1 tablet per day; Minimum of 30 tablets every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Schedule II – V controlled substances | Maximum of 4 fills per 30days For a diagnosis of Sickle Cell or Cancer or LTC (Long term care coverage indicator): Maximum of 6 fills every 30 days |
| Seasonique (ethinyl estradiol/levonorgestrel) | Maximum days supply = 91; Maximum of 91 tablets every 84 days |
| Secuado (asenapine) patch | Minimum age = 18; Maximum of 30 patches every 30 days |
| Sedative Hypnotics, non-barbiturate *** (excluding injectable formulations) | Maximum of 30 tablets/capsules every 30 days |
| Selzentry (maraviroc) tablets | Minimum age = 16 |
| Sensipar (cinacalcet) Tablets | Minimum age = 18 |
| Serevent (salmeterol) Diskus | Minimum age = 4; Maximum of 1 inhaler every 30 days |
| Seroquel (quetiapine) 25mg tablets | Minimum age = 6; Maximum of 8 tablets per day for ages = 6 - 17; Maximum of 2 tablets per day for ages ≥ 18 |
| Seroquel (quetiapine) 50 mg tablets | Minimum age = 6; Maximum of 6 tablets per day for ages = 6 - 17; Maximum of 2 tablets per day for ages ≥ 18 |
| Seroquel (quetiapine) 100mg tablets | Minimum age = 6; Maximum of 4 tablets per day for ages = 6 - 11; Maximum of 5 tablets per day for ages = 12 -17; Maximum of 2 tablets per day for ages ≥ 18 |
| Seroquel (quetiapine) 200mg tablets | Minimum age = 6; Maximum of 2 tablets per day for ages = 6 - 11; Maximum of 4 tablets per day for ages = 12 -17; Maximum of 5 tablets per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Seroquel (quetiapine) 300mg tablets | Minimum age = 6; Maximum of 1.33 tablets per day for ages = 6-11; Maximum of 2.7 tablets per day for ages = 12-17; Maximum of 3 tablets per day for ages ≥ 18 |
| Seroquel (quetiapine) 400mg tablets | Minimum age = 6; Maximum of 1 tablets per day for ages = 6 - 11; Maximum of 2 tablets per day for ages = 12 -17; Maximum of 2 tablets per day for ages ≥ 18 |
| Seroquel (quetiapine) 150mg & 200mg XR tablets | Minimum age = 6; Maximum of 1 tablet per day |
| Seroquel (quetiapine) 50mg, 300mg, & 400mg XR tablets | Minimum age = 6; Maximum of 2 tablets per day |
| Serostim (somatropin) 4mg, 5mg, 6mg vials | Minimum age = 18 |
| Setlakin (ethinyl estradiol/levonorgestrel) | Maximum days supply = 91; Maximum of 91 tablets every 84 days |
| Shingrix (varicella-zoster virus) vaccination | Minimum age = 50 |
| Silenor (doxepin) tablets | Minimum age = 6 |
| Siliq (brodalumab) 210mg Syringe | Minimum age = 18; Maximum of 3ml every 28 days |
| Simponi (golimumab) pen injector/syringe | Minimum age = 18; Maximum of 1ml every 28 days |
| Simponi Aria (golimumab) vial | Minimum age = 18; Maximum of 16ml every 56 days; Maximum days supply = 56 |
| Singulair (montelukast) | Maximum of 30 tablets every 30 days |
| Singulair (montelukast) 4mg granules | Maximum age = 4 |
| Sirturo (bedaquiline fumarate) tablet | Minimum age = 5 |
| Sivextro (tedizolid phosphate) tablets, vial | Minimum age = 12 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Skeletal Muscle Relaxants Baclofen Tablets Lorzone (chlorzoxazone) Tablets Amrix/Fexmid (cyclobenzaprine) Capsules/Tablets Orphenadrine ER Tablets Robaxin (methocarbamol) Tablets Zanaflex (tizanidine) Capsules/Tablets | Maximum of 6 fills every 365 days Note: Baclofen and Zanaflex duration limitation is dependent upon the diagnosis; please review the automation logic via : http://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria.shtml |
| Skyrizi (risankizumab-rzaa) syringe | Minimum age = 18; Maximum days supply = 84; For 75mg/0.83ml syringe: Maximum of 1.66ml every 84 days For 150mg dose kit- 2syringe: Maximum of 1 kit every 84 days |
| Slynd (drospirenone) tablets | Minimum age = 12 |
| Smoking Deterrents | Minimum age = 18; Maximum of 168 days (24 weeks) of therapy every 365 days |
| Sodium Fluoride Drops | Maximum days supply = 50 |
| Solaraze (diclofenac) 3% gel | Minimum age = 18; Maximum of 200gm every 30 days |
| Soliqua (insulin glargine/lixisenatide) pen | Minimum age = 18; Maximum of 30 mLs (2 boxes) every 30 days; Maximum day supply per fill = 100 days |
| Soltamox (tamoxifen citrate) solution | Minimum age = 18; Maximum of 20ml per day; Maximum of 600mls every 30 days |
| Sonata (zaleplon) Capsules | Minimum age = 18; Maximum of 2 capsules per day; Maximum of 60 capsules every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|--|
| Soma (carisoprodol)/ Carisoprodol-Aspirin/ Carisoprodol-Aspirin-Codeine | Maximum 120 tablets every 365 days |
| Somatropin (Genotropin cartridge, miniquick syringes Humatrope cartridge, vials Norditropin cartridge, vials Norditropin Flexpro cartridges Nutropin AQ cartridges, vials Saizen cartridges, vials, Zomacton vials, Zorbtive vials) | Maximum age = 16 |
| Sorilux (calcipotriene) 0.005% Foam | Minimum age = 4; Maximum of 2 fills every 90 days |
| Sovaldi (sofobuvir) pellet packet, tablets | Minimum age = 3 |
| Spiriva (tiotropium) 18mcg capsules with device | Minimum age = 18; Maximum of 30 capsules every 30 days |
| Sporanox (itraconazole) | Maximum of 6 tablets per day |
| Sprix (ketorolac tromethamine) 15.75mg Spray | Minimum age = 2 |
| Sprycel (dasatinib) 50mg, 70mg 100mg, 140mg tablets | Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Sprycel (dasatinib) 20mg, 80mg tablets | Maximum of 2 tablet per day; Maximum of 60 tablets every 30 days |
| Stalevo (carbidopa/levodopa/entacapone) | Minimum age = 18 |
| Statins | Maximum of 2 tablets per day [excluding Lipitor (atorvastatin) and Livalo (pitavastatin)] |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Stelara (ustekinumab) syringe/vial | Minimum age = 6 For 45mg/0.5mL syringe/vials: Maximum of 0.5 mL every 84 days For 90mg/mL syringe: Maximum of 1 mL every 56 days For 130mg/26mL vial: Maximum of 4 vials (104mL) every 365 days |
| Stiolto (tiotropium/olodaterol) Respimat inhalation spray | Maximum of 4gm (1 inhaler) every 25 days |
| Stivarga (regorafenib) capsules | Minimum age = 18; Maximum of 4 capsules per day; Maximum of 120 capsules every 30 days |
| Strattera (atomoxetine) capsules | Minimum age = 6 |
| Striant (testosterone) buccal system | Minimum age = 18 |
| Stribild (elvitegravir/cobicistat/emtricitabine/tenofovir) | Minimum age = 12; Maximum of 1 tablet per day |
| Sublocade (buprenorphine) Soler Syringe | Minimum age = 18; Maximum of 300 mg every 30 days |
| Subsys (fentanyl) spray | Minimum age = 18; Maximum of 4 units per day; Maximum of 120 units every 30 days |
| Sumavel System (sumatriptan) DosePro Needless System | Minimum age = 18; Maximum of 3mL every 30 days |
| Sunosi (solriamfetol) tablets | Minimum age = 18 |
| Supprelin LA (histrelin) implant | Minimum age =2; Maximum age = 12; Maximum day supply =355 days; Maximum of 1 kit every 355 days; Maximum quantity per fill =1 |
| Suprep (sodium, potassium,mag sulfates) bowel prep kit | Minimum age = 12 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|--|
| Surmontil (trimipramine) capsules | Minimum age = 13; For ≤ 17 years: Maximum of 100 mg per day For ≥ 18 years: Maximum of 200 mg per day For 25 mg, 50 mg tablets: Maximum of 3 tablets per day For 100 mg tablets: Maximum of 2 tablets per day |
| Sutent (sunitinib) capsules | Minimum age = 18; Maximum of 1 capsule per day; Maximum of 30 capsules every 30 days |
| Symbicort (budesonide and formoterol) inhaler | Minimum age = 5 Maximum of 1 inhaler every 30 days; For 6 count: Maximum of 6 grams per fill For 6.9 count: Maximum of 6.9 grams per fill For 10.2 count: Maximum of 10.2 grams per fill |
| Symbyax (olanzapine/fluoxetine) capsules | Minimum age = 10; Maximum of 1 capsule per day |
| Symdeko (tezacaftor/ivacaftor) tablets | Minimum age = 6 |
| Sympazan (clobazam) film | Minimum age = 2 |
| Synagis (palivizumab) | Maximum age = 2; Maximum of one 50mg vial per fill; Maximum of 5 doses per season Refer to criteria for the season in each region: https://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria_pdf/Synagis_Criteria.pdf |
| Synarel (nafarelin) nasal spray | Maximum of 40mg (5 bottles) every 27 days. |
| Synribo (omacetaxine) vial | Minimum age = 18 |
| Tabrecta (capmatinib hydrochloride) tablet | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Tafinlar (dabrafenib) capsules | Minimum age = 18; Maximum of 4 capsules per day; Maximum of 120 capsules every 30 days |
| Tagrisso (osimertinib) tablets | Minimum age = 18 Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Taclonex (calcipotriene/betamethasone) ointment, suspension | Minimum age = 12 |
| Talicia (omeprazole/amoxicill/rifabutin) DR capsule | Minimum age = 18 |
| Taltz (ixekizumab) 80mg/ml Auto Inj, Syringe | Minimum age = 6; Maximum of 1ml every 28 days |
| Talzenna (talazoparib tosylate) capsules | Minimum age = 18 For 0.25mg capsules: Maximum of 3 capsules per day; Maximum of 90 capsules every 30 days For 1mg capsules: Maximum of 1 capsule per day; Maximum of 30 capsules every 30 days |
| Tamiflu (oseltamivir) capsules/suspension | Maximum of 2 prescriptions every 365 days; For 30 mg Capsules: Maximum of 20 capsules per fill; For 45 mg & 75 mg Capsules: Maximum of 10 capsules per fill; For 6 mg/mL Suspension: Maximum age = 12; Maximum quantity of 180 mL per fill (36 mL per day) |
| Tamoxifen 10mg tablets | Minimum age = 18; Maximum of 3 tablets per day; Maximum of 90 tablets every 30 days |
| Tamoxifen 20mg tablets | Minimum age = 18; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Tarceva (erlotinib) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Targretin (bexarotene) capsules | Minimum age = 18; Maximum of 60 capsules every 30 days |
| Tasigna (nilotinib) capsules | Minimum age = 1 For 50mg capsules: Maximum of 4 capsules per day For 50mg, 150mg, & 200mg capsules: Maximum of 4 capsules per day; Maximum of 120 capsules every 30 days |
| Tasmar (tolcapone) | Minimum age = 18 |
| Tazorac (tazarotene) | Maximum of 30g every 30 days |
| Tazverik (tazemetostat hydrobromide) tablet | Minimum age = 16 |
| Tecfidera (dimethyl fumarate) | Minimum age = 18; Maximum 2 capsules per day |
| Technivie (ombitasvir/paritaprevir/ritonavir) Tablets | Minimum age = 18 |
| Tekturna (aliskiren hemifumarate) tablets | Minimum age = 6 |
| Tekturna (aliskiren/hydrochlorothiazide) HCT tablets | Minimum age = 18 |
| Temodar (temozolomide) capsules | Maximum of 60 capsules every 28 days |
| Testim (testosterone) gel | Minimum age = 18 |
| Testopel (testosterone) pellet | Minimum age = 18 |
| Terazol (terconazole) 7 cream | Maximum quantity per fill = 45g |
| Thalomid (thalidomide) capsules | For 50mg, 100mg, 150mg capsules: Maximum of 1 capsule per day; Maximum of 30 capsules every 28 days For 200mg capsules: Maximum of 2 capsules per day; Maximum of 60 capsules every 28 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|--|
| Thioridazine 10mg, 25mg, 50mg tablets | Minimum age = 18; Maximum of 4 tablets per day for ages ≥ 18 |
| Thioridazine 100mg tablets | Minimum age = 18; Maximum of 8 tablets per day for ages ≥ 18 |
| Thiothixene 1mg, 2mg, 5mg capsules | Minimum age = 18; Maximum of 3 capsules per day for ages ≥ 18 |
| Thiothixene 10mg capsules | Minimum age = 18; Maximum of 6 capsules per day for ages ≥ 18 |
| Tibsovo (ivosidenib) tablets | Minimum age = 18; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |
| Timolol drops | Maximum of 15ml every 30 days |
| Tobramycin drops | Maximum of 10ml every 30 days |
| Tobi (tobramycin) solution for inhalation 300mg/5ml | Maximum of 280ml every 56 days |
| Tofranil (imipramine) tablets | Minimum age = 6 For ages ≤ 12 years: Maximum of 50mg per day For ages 13 – 17: Maximum of 100mg per day For ages ≥ 18 years: Maximum of 200mg per day For 10mg tablets: Maximum of 8 tablets per day For 25mg tablets: Maximum of 3 tablets per day For 50mg tablets: Maximum of 4 tablets per day |
| Tolsura (itraconazole) capsule | Minimum age = 18 |
| Tosymra (sumatriptan) nasal spray | Minimum age = 18 |
| Toujeo (insulin glargine, hum.rec.anlog) pen | Minimum age = 6 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Toviaz (fesoterodine) 4mg, 8mg tablets | Minimum age = 18 |
| Tradjenta (linagliptin) tablets | Minimum age = 18; Maximum 1 tablet per day |
| Tramadol 100mg tablet | Minimum age = 12 |
| Tramadol extended release 100mg, 200mg, 300mg tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Trandate (labetalol) | Maximum of 8 tablets per day |
| Transderm Scop (scopolamine) 1.5mg/3day Patches | Minimum age = 18; Maximum of 10 patches every 30 days |
| Tranlycypromine tablets | Minimum age = 18; Maximum of 60 mg per day; Maximum of 6 tablets per day |
| Travatan (travoprost) Z drops | Maximum of 5ml every 30 days |
| Trazodone tablets | Minimum age = 6; Maximum of 400 mg per day; For 50 mg, 150 mg tablets: Maximum of 2 tablets per day For 100 mg tablets: Maximum of 4 tablets per day For 300 mg tablets: Maximum of 1 tablet per day |
| Tremfya (guselkumab) 100mg Syringe & Auto-injector | Minimum age = 18; Maximum of 1ml every 56 days; Maximum days supply = 56 |
| Tresiba (insulin degludec) flextouch, vial | Minimum age = 1 |
| Tretinoin capsules | Minimum age = 1 |
| Treximet (sumatriptan/naproxen) | Minimum age = 12; Maximum of 9 tablets every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Trifluoperazine 1mg, 2mg, 5mg tablets | Minimum age = 18; Maximum of 3 tablets per day for ages ≥ 18 |
| Trifluoperazine 10mg tablets | Minimum age = 18 Maximum of 4 tablets per day for ages ≥ 18 |
| Trihexyphenidyl | Minimum age = 18 |
| Trijardy (empagliflozin/linagliptin/metformin) XR tablets | Minimum age = 18 |
| Trintellix (vortioxetine) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 20 mg per day |
| Triptodur (triptorelin pamoate) 22.5 mg kit/vial | Minimum age = 2 Maximum age = 12 |
| Trumeq (abacavir/dolutegravir/lamivudine) tablets | Minimum age = 18; Maximum of 1 tablet per day |
| Trodelyv (sacituzumab govitecan-hziy) vial | Minimum age = 18 |
| Trogarzo (ibalizumab-uiyk) vial | Minimum age = 18 |
| Trokendi (topiramate XR) capsules | Minimum age = 6 |
| Trospium Tablets, ER | Minimum age = 17 |
| Truvada (emtricitabine; tenofovir disoproxil fumarate) tablets | Maximum of 1 tablet per day |
| Truxima (rituximab-abbs) 100 mg/10 ml vial | Minimum age = 18 |
| Tukysa (tucatinib) tablet | Minimum age = 18 |
| Turalio (pexidartinib hydrochloride) capsules | Minimum age = 18 |
| Twirla (levonorgestrel/ethinyl estradiol) patch | Minimum age = 12 |
| Tybost (cobicistat) tablets | Minimum age = 12; Maximum of 1 tablet per day |
| Tygacil (tigecycline) powder for injection | Minimum age = 18 |
| Tykerb (lapatinib) tablets | Minimum age = 18; Maximum of 6 tablets per day; Maximum of 180 tablets every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Tylenol (acetaminophen) containing products | Maximum of 4GM (4000mg) per day |
| Tylenol (acetaminophen) 160mg chew tablets, disintegrating tablets, elixir, liquid, solution, suspension | Maximum age = 6 |
| Tylenol (acetaminophen) Arthritis | Maximum of 150 tablets every 30 days |
| Tylenol (acetaminophen) with codeine tablets | Minimum age = 12; Maximum of 12 tablets per day |
| Tysabri (natalizumab) 300mg/15ml vial | Minimum age= 18; Maximum 15mL every 28 days |
| Tyvaso (treprostinil) nebulizer solution | Maximum of 81.20mls every 28 days |
| Ubrelyv (ubrogepant) tablets | Minimum age = 18 |
| Ultracet (tramadol/acetaminophen) tablets | Minimum age = 18; Maximum of 8 tablets per day |
| Ultram (tramadol) 50mg tablets | Minimum age = 12 Maximum of 8 tablets per day; For ages 0-15 years: Maximum of 60 tablets every 27 days |
| Uplizna (inebilizumab-cdon) vial | Minimum age = 18 |
| Vagifem vaginal tablets (estradiol) | Maximum 1 fill every 28 days; Package size 8 - maximum of 8 tabs every 28 days; Package size 18 - maximum of 18 tabs every 28 days; |
| Valtoco (diazepam) nasal spray | Minimum age = 6; Maximum of 5 packs (10 sprays) every 30 days |
| Vanatol LQ (butalbital/acetaminophen/caffeine) oral solution | Maximum of 180 mL every 355 days |
| Veltin (clindamycin/tretinoin) gel | Minimum Age= 12 |
| Vemlidy (tenofovir alafenamide fumarate) tablet | Minimum age = 18 |
| Venclexta (Venetoclax) 10-50-100mg Dose Pack | Minimum age= 18; Maximum of 42 tablets every 30 days; Maximum of 1 fill every 365 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|--|
| Venclexta (Venetoclax) 10mg tablet | Minimum age= 18; Maximum of 2 tablets per day; Maximum of 14 tablets every 30 days |
| Venclexta (Venetoclax) 50mg tablet | Minimum age= 18; Maximum of 1 tablet per day; Maximum of 7 tablets every 30 days |
| Venclexta (venetoclax) 100 mg tablet | Minimum age= 18; Maximum of 6 tablets per day; Maximum of 180 tablets every 30 days |
| Venlafaxine ER 37.5mg, 75mg, 150mg, & 225mg tablets | Maximum of 1 tablet per day |
| Ventolin (albuterol) HFA | Maximum quantity of 2 inhalers every 30 days |
| Veregen (sinecatechins) Ointment | Minimum age = 18 |
| Ventavis (iloprost) nebulizer solution | Maximum of 270ml every 30 days |
| Versacloz (clozapine) 50mg/ml suspension | Minimum age = 6; Maximum of 300mg per day for ages = 6 - 11; Maximum of 600mg per day for ages = 12-17; Maximum of 18ml per day for ages ≥ 18 |
| Verzenio (abemaciclib) tablets | Minimum age = 18; Maximum of 2 tablets per day; Maximum of 56 tablets every 28 days |
| Vesicare (solifenacin) 5mg, 10mg tablets | Minimum age = 18 |
| Vibativ (telavancin) | Minimum age = 18 |
| Vicodin (hydrocodone/acetaminophen) 5/300mg | Maximum of 8 tablets per day |
| Vicodin (hydrocodone/acetaminophen) ES 7.5/300mg | Maximum of 6 tablets per day |
| Vicodin HP (hydrocodone/acetaminophen) 10/300mg | Maximum of 6 tablets per day |
| Victoza (liraglutide) Solution for Injection | Minimum age = 10 |
| Viekira (dasabuvir/ombitasvir/paritaprevir/ritonavir) Dose Pak, XR tablet | Minimum age = 18 |
| Vigamox (moxifloxacin) drops | Maximum of 6ml every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Viibryd (vilazodone) tablets, starter kit | Minimum age = 18; Maximum of 40 mg per day (excluding starter kits) For Starter Kits: Maximum of 30 tablets (1 kit) every 30 days Maximum of 1 fill every 180 days For 10 mg tablets: Maximum of 1 tablet per day For 20 mg tablets: Maximum of 2 tablets per day |
| Vimpat (lacosamide) solution/tablets | Maximum of 400 mg per day For tablets: Maximum of 2 tablets per day For solution: Maximum of 40 mLs per day |
| Viokace (lipase/protease/amylase) tablets | Minimum age = 18 |
| Vivelle-Dot (estradiol) patches | Maximum of 8 patches every 30 days |
| Vivitrol (naltrexone) 380mg ER suspension for injection | Minimum age = 18; Maximum 1 injection every 28 days |
| Vizimpro (dacomitinib) tablets | Minimum age = 18; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Vogelxo (testosterone) gel | Minimum age = 18 |
| Vosevi (sofosbuvir/velpatasvir/voxilaprevir) 400-100mg tablets | Minimum age = 18 |
| Votrient (pazopanib) tablets | Minimum age = 18; Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Vpriv (velaglucerase alfa) Vials | Minimum age = 4; Maximum of 41 vials every 28 days |
| Vraylar (cariprazine) capsules | Minimum age = 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Vumerity (diroximel fumarate) DR 231mg capsule | Minimum age = 18 |
| Vyepti (eptinezumab-jjmr) vials | Minimum age = 18 |
| Vyndamax (tafamidis) capsules | Minimum age = 18 |
| Vyndaqel (tafamidis meglumine) capsule | Minimum age = 18 |
| Vyvanse (lisdexamfetamine) capsules | Minimum age = 6; Maximum of 1 capsule per day |
| Wakix (pitolisant) tablets | Minimum age = 18 |
| Wellbutrin (bupropion) SR 100mg, 150mg, & 200mg tablets | Minimum age = 6 Maximum of 2 tablets per day; Maximum of 400 mg per day |
| Wellbutrin (bupropion) XL 150mg & 300mg tablets | Minimum age = 6 Maximum of 1 tablet per day; Maximum of 300 mg per day |
| WinRho (Rho(D) Immune Globulin) | Maximum of 2 prescriptions every 365 days |
| Wixela (fluticasone/salmeterol) inhub | Minimum age = 4 |
| Xalatan (latanoprost) drops | Maximum of 5ml every 30 days |
| Xalkori (crizotinib) Capsules | Minimum age = 18; Maximum of 2 capsules per day; Maximum of 60 capsules every 30 days |
| Xanax (alprazolam) – not including XR/ER | Minimum age = 7; Maximum of 5 tablets per day; Maximum of 150 tablets every 30 days |
| Xanax XR (alprazolam ER) | Minimum age = 18; Maximum of 30 tablets every 30 days |
| Xarelto (rivaroxaban) tablets/dose pack | Minimum age = 18 |
| Xeljanz (tofacitinib) tablets | Minimum age = 18; Maximum 2 tablet per day |
| Xeljanz (tofacitinib) XR tablets | Minimum age = 18; Maximum 1 tablet per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|---|
| Xeloda (capecitabine) Tablets | Minimum age = 18; Maximum of 120 tablets every 30 days |
| Xembify (immune globulin, gamma(igg)klhw) vial | Minimum age = 2 |
| Xenazine (tetrabenazine) Tablets | Minimum age = 18 Maximum of 100 mg per day For 12.5 mg tablets: Maximum of 3 tablets per day For 25 mg tablets: Maximum of 4 tablets per day |
| Xenleta (lefamulin acetate) tablets/vials | Minimum age = 18 |
| Xerava (eravacycline di-hydrochloride) vial | Minimum age = 18 |
| Xermelo (telotristat ethyl) 25mg tablets | Minimum age = 18 |
| Xifaxan (rifaximin) Tablets | Minimum age = 12 |
| Ximino (minocycline) ER capsule | Minimum age = 12 |
| Xofluza (baloxavir marboxil) tablets | Minimum age = 12 |
| Xolair (omalizumab) Powder for Injection | Minimum age = 6 |
| Xopenex (levalbuterol) Nebulizer solution | Maximum of 288ml (4 Boxes) every 30 days |
| Xopenex (levalbuterol) HFA | Maximum of 30g (2 inhalers) every 30 days |
| Xospata (gilteritinib) tablets | Minimum age = 18; Maximum of 3 tablets per day; Maximum of 90 tablets every 30 days |
| Xtampza ER (oxycodone myristate) capsules | Minimum Age= 18 |
| Xtandi (enzalutamide) Capsules | Minimum age = 18; Maximum of 4 capsules per day; Maximum of 120 capsules every 30 days |
| Xulane (ethinyl estradiol /norelgestromin) Transdermal Patch | Minimum age = 12 |
| Xultophy (insulin degludec/liraglutide) pen | Minimum age = 18; Maximum of 15 mLs (1 box) every 30 days; Maximum day supply per fill = 105 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|--|--|
| Xyosted (testosterone enanthate) auto-injector | Minimum age = 18 |
| Xyrem (sodium oxybate) Solution | Minimum age = 7 |
| Yervoy (ipilimumab) solution for injection | Minimum age = 12 |
| Yonsa (abiraterone acet,submicronized) 125 mg tablet | Minimum age = 18; Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days |
| Zavesca (miglustat) Capsules | Minimum age = 18; Maximum of 3 capsules per day |
| Zegerid (omeprazole/sodium bicarbonate) capsules/packets | Minimum age = 18; Maximum of 1 capsule/packet per day |
| Zejula (niraparib tosylate) capsules | Minimum age = 18; Maximum of 3 tablets per day; Maximum of 90 tablets every 30 days |
| Zelapar (selegiline) | Minimum age = 18 |
| Zelboraf (vemurafenib) Tablet | Minimum age = 18; Maximum of 8 tablets per day; Maximum of 240 tablets every 30 days |
| Zelnorm (tegaserod hydrogen maleate) tablets | Minimum age = 18 Maximum age = 64 |
| Zemaira (alpha-1-proteinase inhibitor human) | Minimum age = 18 |
| Zembrace (sumatriptan) Symtouch pen injectable | Minimum age = 18; Maximum of 2mL every 30 days |
| Zenatane (isotretinoin)10mg,20mg,30mg,40mg capsules | Minimum age = 12 |
| Zenzedi (dextroamphetamine) 2.5mg, 5mg, 7.5mg Tablets | Maximum of 2 tablet per day for ages = 0-5 Maximum of 2 tablets per day for ages ≥ 18 |
| Zenzedi (dextroamphetamine) 10mg, 15mgTablets | Maximum of 1 tablet per day for ages = 0-5 Maximum of 2 tablets per day for ages ≥ 18 |
| Zenzedi (dextroamphetamine) 20mg Tablets | Maximum of 0.75 tablets per day for ages = 0-5 Maximum of 2 tablets per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|---|--|
| Zenzedi (dextroamphetamine) 30mg Tablets | Maximum of 0.5 tablets per day for ages = 0-5 Maximum of 2 tablets per day for ages ≥ 18 |
| Zepatier (elbasvir/grazoprevir) tablets | Minimum age = 18 |
| Zeposia (ozanimod) capsule, kit, starter pack | Minimum age = 18 |
| Zepzelca (lurbinectedin) vial | Minimum age = 18 |
| Zetia (ezetimibe) Tablets | Minimum age = 10; Maximum of 1 tablet per day; Maximum of 30 tablets every 30 days |
| Ziana (clindamycin/tretinoin) Gel | Minimum Age= 12 |
| Zilxi (minocycline) 1.5% foam | Minimum age = 18 |
| Zinecard (dexrazoxane) 250mg, 500 mg vial | Minimum age = 18 |
| Zofran (ondansetron) 2mg/ml Vial | Maximum of 32ml every 28 days |
| Zofran (ondansetron)/ODT 4mg, 8mg | Maximum of 60 tablets every 30 days |
| Zofran (ondansetron) 4mg/5ml Solution | Maximum of 600ml every 28 days |
| Zohydro (hydrocodone) ER Capsules | Minimum age = 18; Maximum of 2 capsules per day (Excluding recipients with a diagnosis of cancer or sickle cell) |
| Zoladex (goserelin) implant 3.6mg | Minimum age = 18 |
| Zoladex (goserelin) implant 10.8mg | Minimum age = 18 |
| Zolgensma (onasemnogene abeparvovec-xioi) kit | Maximum age = 1 (includes age up until 2nd birthday) |
| Zolinza (vorinostat) Capsules | Minimum age = 18; Maximum of 4 capsules per day; Maximum of 120 capsules every 30 days |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

| Summary of Drug Limitations | |
|---|---|
| Zoloft (sertraline) tablets, solution | Minimum age =6; For ages ≤ 5 years: Maximum of 75 mg per day For ages ≥ 6 years: Maximum of 200 mg per day For 25mg and 50mg tablets: Maximum of 3 tablets per day For 100mg tablets: Maximum of 2 tablets per day For 20mg/mL solution: Maximum age = 11; Maximum of 10ml per day |
| Zolpimist (zolpidem tartrate) oral spray | Minimum age = 18 |
| Zomig (zolmitriptan) 2.5mg, 5mg, 2.5mg ZMT, 5mg ZMT tablets | Minimum age = 18; Maximum of 6 tablets every 30 days |
| Zomig (zolmitriptan) Nasal Spray | Minimum age = 12; Maximum of 6 units every 30 days |
| Zortress (everolimus) tablets | Minimum age = 18 |
| Zostavax (varicella virus) vaccination | LTC residents; Minimum age = 50; Maximum of 1 vaccination per lifetime |
| Zovirax (acyclovir) cream/ointment | Minimum age = 12; For Cream: Maximum of 15 grams every 30 days For Ointment: Maximum of 30 grams every 30 days |
| ZTlido (lidocaine) 1.8% topical system | Maximum of 90 patches every 30 days |
| Zubsolv (buprenorphine/naloxone) sublingual tablets | Minimum age = 16; Maximum of 3 sublingual tablets per day |
| Zyban (bupropion) ER tablets | Minimum age = 18; Maximum of 2 tablets per day |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|--|--|
| Zyclara (imiquimod) cream pump | Minimum age = 12 |
| Zydelig (idelalisib) tablets | Minimum age = 18; Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |
| Zykadia (ceritinib) capsules | Minimum age = 18; Maximum of 5 capsules per days; Maximum of 150 capsules every 30 days |
| Zyprexa (olanzapine) tablets (excluding vials) | Minimum age = 6; Maximum of 10mg per day for ages = 6 - 11; Maximum of 20mg per day for ages = 12-17 |
| Zyprexa (olanzapine) tablets (excluding vials and 15mg tablets) | Minimum age = 6; Maximum of 1 tablet per day for age ≥ 18 |
| Zyprexa (olanzapine) 15mg tablet | Minimum age = 6; Maximum of 2 tablets (30mg) per day for age ≥ 18 |
| Zyprexa Relprevv 210mg, 300mg vials | Minimum age = 18; Maximum of 2 vials every 28 day for ages ≥ 18 |
| Zyprexa Relprevv 405mg vials | Minimum age = 18; Maximum of 1 vial every 28 day for ages ≥ 18 |
| Zyprexa 10mg vial | Minimum age = 18; Maximum of 3 vials per day for ages ≥ 18 |
| Zyprexa (olanzapine) Zydis 5mg, 10mg, 20mg tablets | Minimum age = 6; Maximum of 1 tablet per day for ages = 6 -17; Maximum of 1 tablet per day for ages ≥ 18 |
| Zyprexa (olanzapine) Zydis 15mg tablets | Minimum age = 6; Maximum of 1 tablet per day for ages = 6 -17; Maximum of 2 tablet per day for ages ≥ 18 |



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

SUMMARY OF DRUG LIMITATIONS

**Medications listed in this document may or may not require a prior authorization. Please view the Preferred Drug List at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**

| Summary of Drug Limitations | |
|------------------------------|--|
| Zytiga (abiraterone) tablets | Minimum age = 18; For 250mg tablets: Maximum of 4 tablets per day; Maximum of 120 tablets every 30 days For 500mg tablets: Maximum of 2 tablets per day; Maximum of 60 tablets every 30 days |

* All limitations are applicable to Brand and Generic formulations

** Separate quantity limits for Xanax, Ativan, and Diazepam tablets

***Separate quantity limits for Halcion, Midazolam, and Sonata