

QUANTITY LEVEL LIMITS

Quantity Level Limits

Quantity level limits help ensure that coverage is provided for the appropriate amount of medication, while minimizing your health risks and encouraging cost-effective use. These limits are based on the drug manufacturer’s recommendations, the Federal Drug Administration (FDA) guidelines, and WellDyneRx’s Pharmacy and Therapeutics (P&T) Committee (a team of doctors, nurses and pharmacists) review. As long as medications subject to quantity limits are prescribed within these limits, your plan covers their costs. If your prescription is written for more than the allowed quantity, only the maximum allowed amount will be dispensed unless prior authorization has been obtained by your doctor for a higher quantity.

Please Note: This drug list is subject to change. For the most current Quantity Level Limits and program criteria, please visit emhp.welldynernx.com.

The drugs listed below are shown with their maximum quantity level limit.

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Accucaine 1 % KIT	1	1
ACT Kit KIT	1	1
Adapalene-Benzoyl Per-Clindamy 0.3-2.5-1 % GEL	1	1
Adapalene-Benzoyl Per-Niacinam 0.3-2.5-4 % GEL	1	1
Adhansia XR 25 MG CAP ER 24H	21	90
Adhansia XR 35 MG CAP ER 24H	21	90
Adhansia XR 45 MG CAP ER 24H	21	90
Adhansia XR 55 MG CAP ER 24H	21	90
Adhansia XR 70 MG CAP ER 24H	21	90
Adhansia XR 85 MG CAP ER 24H	21	90
Advair Diskus 100-50 MCG/DOSE AER POW BA	1	1
Aemcolo 194 MG TAB DR	1	2
AirDuo Digihaler 113-14 MCG/ACT AER POW BA	1	1
AirDuo Digihaler 232-14 MCG/ACT AER POW BA	1	1
AirDuo Digihaler 55-14 MCG/ACT AER POW BA	1	1
Ajoy 225 MG/1.5ML SOLN A-INJ	1	1
Aklief 0.005 % CREAM	1	1
Akynzeo 235-0.25 MG/20ML SOLUTION	1	1
Albuterol Sulfate HFA 108 (90 Base) MCG/ACT AERO SOLN	1	1
Aliskiren Fumarate 150 MG TAB,Tekturna 150 MG TAB	21	90
Aliskiren Fumarate 300 MG TAB,Tekturna 300 MG TAB	21	90

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Amzeeq 4 % FOAM	1	1
Analpram Advanced 2.5-1 % KIT	1	1
Anesthesia S/I-60 200 MG/20ML KIT, Anesthesia S/I-40 200 MG/20ML KIT, Anesthesia S/I-40S 200 MG/20ML KIT, Anesthesia S/I-40A 200 MG/20ML KIT, Anesthesia S/I-40H 200 MG/20ML KIT	1	1
Annovera 0.013-0.15 MG/24HR RING	1	1
Apadaz 4.08-325 MG TAB,Benzhydrocodone-Acetaminophen 4.08-325 MG TAB	168	168
Apadaz 6.12-325 MG TAB,Benzhydrocodone-Acetaminophen 6.12-325 MG TAB	168	168
Apadaz 8.16-325 MG TAB,Benzhydrocodone-Acetaminophen 8.16-325 MG TAB	168	168
Aprizio Pak 2.5-2.5 % KIT	1	1
Arazlo 0.045 % LOTION	1	1
ArmonAir Digihaler 113 MCG/ACT AER POW BA	1	1
ArmonAir Digihaler 232 MCG/ACT AER POW BA	1	1
ArmonAir Digihaler 55 MCG/ACT AER POW BA	1	1
Asmanex HFA 50 MCG/ACT AEROSOL	1	1
Aspirin-Omeprazole 81-40 MG TAB DR,Yosprala 81-40 MG TAB DR	21	90
Assess Full Range Peak Meter DEVICE, Asthma Check Meter-Zone System DEVICE, AsthmaMentOr DEVICE, Assess Low Range Peak Meter DEVICE, Personal Best Full Range DEVICE, Personal Best Low Range DEVICE, Piko 1 DEVICE, Pocket Peak Flow Meter DEVICE, Mini Wright Peak Flow Meter DEVICE, Airzone Peak Flow Meter DEVICE, Microlife Digital Peak Flow DEVICE, Peak Air Peak Flow Meter DEVICE, Peak Flow Meter Universal Rang DEVICE, Lung Perform Peak Flow Meter DEVICE, Assess Peak Flow Meter DEVICE, Zoey AsthmaMentOr DEVI, Zoey Personal Best Peak Meter DEVI,Pocketpeak Peak Flow Meter DEVICE, Peak Flow Meter DEVICE	1	1
Ayvakit 100 MG TAB	21	30
Ayvakit 200 MG TAB	21	30
Ayvakit 300 MG TAB	21	30
Azelaic Acid-Niacinamide 15-4 % CREAM	1	1
Azelastine-Fluticasone 137-50 MCG/ACT SUSPENSION	1	1
Azesco 13-1 MG TAB,Zalvit 13-1 MG TAB	1	1

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Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Bafiertam 95 MG CAP DR	84	120
Balversa 3 MG TAB	63	84
Balversa 4 MG TAB	42	56
Balversa 5 MG TAB	21	28
Baqsimi Two Pack 3 MG/DOSE POWDER, Baqsimi One Pack 3 MG/DOSE POWDER	1	1
Bayer Breeze 2 System w/Device KIT, Bayer Contour Link Monitor w/Device KIT, Contour Next Link w/Device KIT, Contour Monitor w/Device KIT, Contour Next EZ w/Device KIT, Contour Next Monitor w/Device KIT, Contour Next USB Monitor w/Device KIT, IBC STAR Blood Glucose System w/Device KIT, Glucocard Expression Monitor w/Device KIT, ReliOn Micro w/Device KIT, ReliOn Confirm Glucose Monitor w/Device KIT, Glucocard 01-mini Glucose w/Device KIT, Glucocard 01 Blood Glucose w/Device KIT, Glucocard Vital Monitor w/Device KIT, Rexall Blood Glucose System w/Device KIT, CareOne Blood Glucose System w/Device KIT, Control Blood Glucose System w/Device KIT, Maxima Starter w/Device KIT, Maxima Meter w/Device KIT, Maxima Blood Glucose System w/Device KIT, Infinity Blood Glucose System w/Device KIT, Acura Blood Glucose Starter w/Device KIT, Acura Blood Glucose Meter w/Device KIT, Acura Plus Blood Glucose Sys w/Device KIT, EasyGluco Plus Starter w/Device KIT, EasyGluco Plus w/Device KIT, Prodigy Pocket Blood Glucose w/Device KIT	1	1
Benz Per-Clind-Niacin-Tretin 2.5-1-2-0.025 % GEL	1	1
Benz Per-Clind-Niacin-Tretin 5-1-2-0.025 % GEL	1	1
Benz Per-Clind-Niacin-Tretin 5-1-2-0.05 % GEL	1	1
BenzePrO 5.2 % FOAM	1	1
BenzePrO 5.8 % MISC	1	1
BenzePrO 9.7 % FOAM	1	1
Benzo-Lidocaine-Tetracaine 20-10-10 % OINTMENT	1	1
Beovu 6 MG/0.05ML SOLUTION	1	1
Beser 0.05 % KIT	1	1
Betamethasone Diprop-Minoxidil 0.05-5 % SOLUTION	1	1
Bevacizumab 2.5 MG/0.1ML SOLN PRSYR	1	1
Bevacizumab 3.25 MG/0.13ML SOLN PRSYR	1	1
Bevacizumab 3.75 MG/0.15ML SOLN PRSYR	1	1

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Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Biifenac 1000 1.5-4 % THER PACK	1	1
Biifenac 500 1.5-4 % THER PACK	1	1
Bijuva 1-100 MG CAP	21	90
BL Injection 0.5 & 2 % KIT	1	1
Bosentan 125 MG TAB	42	60
Breztri Aerosphere 160-9-4.8 MCG/ACT AEROSOL	1	1
Brukinsa 80 MG CAP	84	120
Buprenorphine 10 MCG/HR PATCH WK	1	1
Buprenorphine 15 MCG/HR PATCH WK	1	1
Buprenorphine 20 MCG/HR PATCH WK	1	1
Buprenorphine 5 MCG/HR PATCH WK	1	1
Buprenorphine HCl-Naloxone HCl 12-3 MG FILM	63	90
Buprenorphine HCl-Naloxone HCl 4-1 MG FILM	63	90
Buprenorphine HCl-Naloxone HCl 8-2 MG FILM	63	90
Butalbital-Acetaminophen 50-300 MG CAP	126	540
Butrans 10 MCG/HR PATCH WK	1	1
Butrans 15 MCG/HR PATCH WK	1	1
Butrans 20 MCG/HR PATCH WK	1	1
Butrans 5 MCG/HR PATCH WK	1	1
Cablivi 11 MG KIT	21	58
Calcipotriene-Clobetasol Prop 0.005-0.05 % SOLUTION	1	1
Caplyta 42 MG CAP	21	90
Ciclopirox-Clobetasol 0.77-0.05 % SHAMPOO	1	1
Ciclopirox-Clobetasol-Sal Acid 0.77-0.05-3 % SHAMPOO	1	1
Ciclopirox-Salicylic Acid 0.77-2 % SHAMPOO	1	1
Cimetidine-Lido-Salicylic Acid 10-5-40 % CREAM	1	1
CitraNatal Essence 35-1 & 300 MG THER PACK	42	180
Clindamy-Benzoyl Per-Niacinam 1-5-4 % GEL	1	1
Clindamy-Benzoyl Per-Niacinam 2.5-1-4 % GEL	1	1
Clindamycin Phos-Niacinamide 1-4 % GEL	1	1
Clindamycin Phos-Niacinamide 1-4 % LOTION	1	1

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Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Clindamycin-Niacin-Tretinoin 1-4-0.025 % CREAM	1	1
Clind-Niacin-Spironolac-Tretin 1-4-2-0.025 % GEL	1	1
Clobetasol Prop-Levocetirizine 0.05-2 % SHAMPOO	1	1
Clobetasol Prop-Niacinamide 0.05-4 % CREAM	1	1
Clobetasol Prop-Niacinamide 0.05-4 % OINTMENT	1	1
Clobetasol Prop-Niacinamide 0.05-4 % SOLUTION	1	1
Consensi 10-200 MG TAB	21	90
Consensi 2.5-200 MG TAB	21	90
Consensi 5-200 MG TAB	21	90
Contrast Allergy PreMed Pack 50 (3) & 50 (1) MG KIT	1	1
Corlanor 5 MG/5ML SOLUTION	315	1350
Cyclobenzaprine Comfort Pac 10 MG KIT	1	1
Cyclobenzaprine HCl ER 15 MG CAP ER 24H	21	90
Dapsone-Niacinamide 6-4 % GEL	1	1
Dapsone-Niacinamide 8.5-4 % GEL	1	1
Dapsone-Niacinamide-Spironolac 6-2-5 % GEL	1	1
Dapsone-Niacinamide-Spironolac 8.5-2-5 % GEL	1	1
DayVigo 10 MG TAB	21	90
DayVigo 5 MG TAB	21	90
D-Care 100X 1 %-1:200000 KIT	1	1
Demser 250 MG CAP	480	480
DermacinRx Skin Repair 5 % CREAM	1	1
Diacomit 250 MG CAP	126	180
Diacomit 250 MG PACKET	126	180
Diacomit 500 MG CAP	126	180
Diacomit 500 MG PACKET	126	180
Diclofenac-Na Hyaluron-Niacin 3-2-4 % GEL	1	1
Diclofretex 1.5 & 4-10 % THER PACK	1	1
Diclofretex 1.5 & 2-2.5-4 % KIT	1	1
Diclofretex M 1.5-8 % THER PACK	1	1
Dimethyl Fumarate 120 MG CAP DR	1	3
Dimethyl Fumarate 240 MG CAP DR	42	60

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Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
DMT SUIK 10 MG/ML KIT	1	1
Dolotranz 2.5-2.5 & 4 % KIT	1	1
Dovato 50-300 MG TAB	21	30
Drizalma Sprinkle 20 MG CAP DR	42	180
Drizalma Sprinkle 30 MG CAP DR	63	270
Drizalma Sprinkle 40 MG CAP DR	21	90
Drizalma Sprinkle 60 MG CAP DR	42	180
DST Plus Pak 1 % KIT, Diclo Gel 1 % KIT	1	1
Duaklir Pressair 400-12 MCG/ACT AER POW BA	1	1
Dulera 50-5 MCG/ACT AEROSOL	1	1
Duobrii 0.01-0.045 % LOTION	1	1
Dupixent 300 MG/2ML SOLN PEN	1	2
Dynabac 5.0 1.5 % THER PACK	1	1
Econasil 1 % KIT	1	1
Econazole Nitrate-Niacinamide 1-4 % CREAM	1	1
Efavirenz-lamiVUDine-Tenofovir 400-300-300 MG TAB	21	90
Ellzia Pak 0.1 & 5 % THER PACK	1	1
EluRyng 0.12-0.015 MG/24HR RING,Etonogestrel-Ethinyl Estradiol 0.12-0.015 MG/24HR RING	1	1
Emgality 100 MG/ML SOLN PRSYR	2	3
Emvoren CREAM,Zyvodol CREAM	1	1
Enbrel 25 MG RECON SOLN	3	4
Enbrel 25 MG/0.5ML SOLUTION	3	4
EnovaRX-Lidocaine HCl 5 % CREAM	1	1
Enspryng 120 MG/ML SOLN PRSYR	1	1
Erlotinib HCl 100 MG TAB	21	30
Erlotinib HCl 150 MG TAB	21	30
Erlotinib HCl 25 MG TAB	21	30
Esomeprazole Magnesium 10 MG PACKET	21	90
Esomeprazole Magnesium 20 MG PACKET	21	90
Esomeprazole Magnesium 40 MG PACKET	21	90
Evekeo 10 MG TAB	126	540

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Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Evekeo 5 MG TAB	63	270
Evekeo ODT 10 MG TAB DISP	21	90
Evekeo ODT 15 MG TAB DISP	21	90
Evekeo ODT 20 MG TAB DISP	63	270
Evekeo ODT 5 MG TAB DISP	21	90
Everolimus 2.5 MG TAB	21	90
Everolimus 5 MG TAB	21	90
Everolimus 7.5 MG TAB	21	90
Evrysdi 0.75 MG/ML RECON SOLN	140	200
Extardol CREAM,Innoprax-5 CREAM	1	1
Ezallor Sprinkle 10 MG CAP SPRINK	21	90
Ezallor Sprinkle 20 MG CAP SPRINK	21	90
Ezallor Sprinkle 40 MG CAP SPRINK	21	90
Ezallor Sprinkle 5 MG CAP SPRINK	21	90
Fasenra Pen 30 MG/ML SOLN A-INJ	1	1
Fenofibrate 160 MG TAB,Triglide 160 MG TAB	21	90
fentaNYL Citrate 400 MCG TAB,Fentora 400 MCG TAB	84	120
Fibricor 35 MG TAB	42	180
Finasteride-Minoxidil 0.1-7 % SOLUTION	1	1
Fintepla 2.2 MG/ML SOLUTION	252	360
Firdapse 10 MG TAB	168	240
FlexePax 10 & 0.0375-5 MG & % THER PACK,CyclobenzaprinePax 10 & 0.0375-5 MG & % THER PACK	1	1
Fluad Quadrivalent 0.5 ML PRSYR	1	1
Flucon-Ibuprof-Itracon-Terbina 4-2-1-4 % SOLUTION	1	1
Fluocinolone Acet-Niacinamide 0.01-4 % CREAM	1	1
Fluocinolone Acet-Niacinamide 0.025-4 % CREAM	1	1
Fluopar 0.1 & 5 % KIT	1	1
Fluovix 0.1 % THER PACK	1	1
Gabacaine 300 & 5 MG & % THER PACK	1	1
Gabapal 100 & 3.88 MG & % THER PACK	1	1
Gabapentin-Naproxen Cmpd Kit 5-10 % CREAM	1	1

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Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Gelfoam-JMI Powder KIT, Gel-Flow KIT	1	1
Gelfoam-JMI Sponge KIT	1	1
Genadur KIT	1	1
Gloperba 0.6 MG/5ML SOLUTION	1	6
Glucagon Emergency 1 MG/ML RECON SOLN	1	1
GPL Pak 300-4.12 MG-% THER PACK	1	1
Gvoke HypoPen 2-Pack 0.5 MG/0.1ML SOLN A-INJ,Gvoke HypoPen 1-Pack 0.5 MG/0.1ML SOLN A-INJ	1	1
Gvoke HypoPen 2-Pack 1 MG/0.2ML SOLN A-INJ,Gvoke HypoPen 1-Pack 1 MG/0.2ML SOLN A-INJ	1	1
Gvoke PFS 0.5 MG/0.1ML SOLN PRSYR	1	1
Gvoke PFS 1 MG/0.2ML SOLN PRSYR	1	1
Halog 0.1 % SOLUTION	1	1
Harvoni 33.75-150 MG PACKET	21	28
Harvoni 45-200 MG PACKET	42	56
Harvoni 45-200 MG TAB	21	28
Helidac Therapy MISC	1	1
HepMed 100&0.9&2.5-2.5 UT/ML&%&% KIT	1	1
Hyaluronate-Niacinam-Tretinoin 0.5-4-0.025 % CREAM	1	1
Hyaluronate-Niacinam-Tretinoin 0.5-4-0.05 % CREAM	1	1
Hyaluronate-Niacinam-Tretinoin 0.5-4-0.1 % CREAM	1	1
Hyaluronate-Niacin-Tacrolimus 1-4-0.1 % CREAM	1	1
Hyaluronic Acid-Hydroquinone 1-6 % EMULSION	1	1
HYDROcodone Bitartrate ER 10 MG CP12 DETER,Zohydro ER 10 MG CP12 DETER	42	60
HYDROcodone Bitartrate ER 15 MG CP12 DETER,Zohydro ER 15 MG CP12 DETER	42	60
HYDROcodone Bitartrate ER 30 MG CP12 DETER,Zohydro ER 30 MG CP12 DETER	42	60
Hydroquinone 8 % EMULSION	1	1
Hydroquinone-HC-Tretinoin 4-0.5-0.025 % EMULSION	1	1
Hydroquinone-HC-Tretinoin 6-0.5-0.025 % EMULSION	1	1
Hydroquinone-HC-Tretinoin 6-0.5-0.05 % EMULSION	1	1

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Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Hydroquinone-HC-Tretinoin 8-0.5-0.025 % EMULSION	1	1
Hydroquinone-HC-Tretinoin 8-0.5-0.05 % EMULSION	1	1
Hydroquinone-HC-Tretinoin 8-1-0.05 % EMULSION	1	1
Hydroquinone-Hydrocortisone 6-0.5 % EMULSION	1	1
Ibrance 100 MG TAB	15	21
Ibrance 125 MG TAB	15	21
Ibrance 75 MG TAB	15	21
IBU 600-EZS 600 MG KIT	1	1
Iclusig 45 MG TAB	21	30
ID NOW COVID-19 KIT, Lyra Direct SARS-CoV-2 Assay KIT, Lyra SARS-CoV-2 Assay KIT	1	1
ID Now COVID-19 Control KIT	1	1
Imiquimod-Levocetirizin-Niacin 5-1-2 % GEL	1	1
Imiquimod-Levocet-Tretinoin 5-1-0.05 % GEL	1	1
Inbrija 42 MG CAP	1	1
Inflatherm 75 & 3-3 MG & % THER PACK	1	1
Inflatherm 75-10 MG-% KIT	1	1
Ingrezza 40 & 80 MG CAP THPK	1	1
Inqovi 35-100 MG TAB	3	5
Inrebic 100 MG CAP	84	120
Iodoquinol-HC-Ketoconazole 1-2.5-2 % CREAM	1	1
Isturisa 1 MG TAB	168	240
Isturisa 10 MG TAB	126	180
Isturisa 5 MG TAB	42	60
IV Infusion CPI 2.5-2.5 & 0.9 % KIT, PrepIV Supply 2.5-2.5 & 0.9 % KIT, IV Novice Pack 2.5-2.5 & 0.9 % KIT	1	1
Ivermectin-Metronidazol-Niacin 1-1-4 % GEL	1	1
Jatenzo 158 MG CAP	42	180
Jatenzo 198 MG CAP	84	360
Jatenzo 237 MG CAP	42	180
Jornay PM 100 MG CAP ER 24H	21	90
Jornay PM 20 MG CAP ER 24H	21	90

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Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Jornay PM 40 MG CAP ER 24H	21	90
Jornay PM 60 MG CAP ER 24H	21	90
Jornay PM 80 MG CAP ER 24H	21	90
Jynarque 15 MG TAB THPK	42	56
Jynarque 30 & 15 MG TAB THPK	42	56
Kalydeco 25 MG PACKET	42	60
Katerzia 1 MG/ML SUSPENSION	210	900
Kesimpta 20 MG/0.4ML SOLN A-INJ	1	1
Ketoconazole-Hydrocortisone 2-2.5 % CREAM	1	1
Keveyis 50 MG TAB	84	120
Koselugo 10 MG CAP	168	240
Koselugo 25 MG CAP	84	120
Krintafel 150 MG TAB	1	1
Kynmobi 10 MG FILM	1	1
Kynmobi 15 MG FILM	1	1
Kynmobi 20 MG FILM	1	1
Kynmobi 25 MG FILM	1	1
Kynmobi 30 MG FILM	1	1
Kynmobi Titration Kit 10/15/20/25/30 MG KIT	1	1
Lactic Acid-Niacinamide 10-4 % CREAM	1	1
LamoTRlgine 25 & 50 & 100 MG KIT	1	1
Levitra 10 MG TAB	4	18
Levitra 2.5 MG TAB	4	18
Levitra 20 MG TAB	4	18
Levitra 5 MG TAB	4	18
Licart 1.3 % PATCH 24HR	21	90
Lido GB-300 300 & 4.12 MG & % THER PACK	1	1
Lidocaine-Tetracaine 23-7 % CREAM	1	1
LidoStream 5 & 10 % KIT	1	1
Lidotin 100-3.88 MG-% THER PACK	1	1
Lidovix 75 & 5 MG & % KIT	1	1
Lipritin 100 MG THER PACK,Lipritin II 100 MG THER PACK	1	1

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Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
LMR Plus 5 & 0.5-0.5 % KIT	1	1
Lofibra 160 MG TAB	21	90
Lorbrena 100 MG TAB	21	30
Lorbrena 25 MG TAB	63	90
Luvira 1.22 GM CAP	63	270
Mavenclad (10 Tabs) 10 MG TAB THPK	1	1
Mavenclad (5 Tabs) 10 MG TAB THPK	1	1
Mavenclad (6 Tabs) 10 MG TAB THPK	1	1
Mavenclad (7 Tabs) 10 MG TAB THPK	1	1
Mavenclad (8 Tabs) 10 MG TAB THPK	1	1
Mavenclad (9 Tabs) 10 MG TAB THPK	1	1
Mayzent 2 MG TAB	21	30
Mesalamine 400 MG CAP DR	126	540
metFORMIN HCl 500 MG/5ML SOLUTION	525	2250
Methylphenidate HCl ER (XR) 15 MG CAP ER 24H,Aptensio XR 15 MG CAP ER 24H	21	90
Methylphenidate HCl ER (XR) 50 MG CAP ER 24H,Aptensio XR 50 MG CAP ER 24H	21	90
metyroSINE 250 MG CAP	480	480
Microvix LP 2.5-2.5 % THER PACK	1	1
Migraine Pack 50 MG THER PACK	1	1
Minocycline HCl ER 45 MG CAP ER 24H,Ximino 45 MG CAP ER 24H	21	90
Minocycline HCl ER 55 MG TAB ER 24H	21	90
Minocycline HCl ER 80 MG TAB ER 24H	21	90
Minocycline HCl ER 90 MG CAP ER 24H,Ximino 90 MG CAP ER 24H	21	90
Minoxidil-Progest-Tretinoin 7-0.1-0.025 % SOLUTION	1	1
Motegrity 1 MG TAB	21	90
Motegrity 2 MG TAB	21	90
Mycapssa 20 MG CAP DR	84	120
Naproxen-Esomeprazole 375-20 MG TAB DR	42	180
Naproxen-Esomeprazole 500-20 MG TAB DR	42	180

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Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Nayzilam 5 MG/0.1ML SOLUTION	3	15
NexIUM 20 MG PACKET	21	90
NexIUM 40 MG PACKET	21	90
Nexletol 180 MG TAB	21	90
Nexlizet 180-10 MG TAB	21	90
Niacinamide-Spironolactone 4-5 % GEL	1	1
Niacinamide-Sulfacetamide 4-10 % CREAM	1	1
Niacinamide-Tacrolimus 4-0.1 % OINTMENT	1	1
Niacinamide-Tazarotene 4-0.05 % CREAM	1	1
Niacinamide-Tazarotene 4-0.1 % CREAM	1	1
Niacinamide-Tretinoin 4-0.025 % CREAM	1	1
Niacinamide-Tretinoin 4-0.025 % GEL	1	1
Niacinamide-Tretinoin 4-0.05 % CREAM	1	1
Niacinamide-Tretinoin 4-0.05 % GEL	1	1
Niacinamide-Triamcinolone Acet 4-0.1 % CREAM	1	1
Niacin-Spironolacton-Tretinoin 2-5-0.025 % GEL	1	1
Niacin-Spironolacton-Tretinoin 2-5-0.05 % GEL	1	1
NOpioid-TC Kit 7.5 & 4-4 MG & % THER PACK	1	1
Nourianz 20 MG TAB	21	90
Nourianz 40 MG TAB	21	90
Novclair 0.2-0.3-2 % CREAM,Nuvya 0.2-0.3-2 % CREAM	1	1
Nubeqa 300 MG TAB	84	120
NuDermRxPAK 120 0.005-5 % THER PACK,NuDermRxPAK 60 0.005-5 % THER PACK	1	1
Nurtec 75 MG TAB DISP	21	30
Nuvakaan-II 2.5-2.5 % KIT	1	1
Olumiant 1 MG TAB	21	30
Onycho-Med 2-250 %-MG KIT	1	1
Oriahnn 300-1-0.5 & 300 MG CAP THPK	42	56
Orphenadrine-Aspirin-Caffeine 50-770-60 MG TAB,Orphengesic Forte 770-60-50 MG TAB	84	360
Ortikos 6 MG CAP ER 24H	21	90

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Ortikos 9 MG CAP ER 24H	21	90
Osmolex ER 129 & 193 MG TB24 THPK	42	180
Oveeza 0.5 MG CAP	21	90
Oxbryta 500 MG TAB	63	90
Ozobax 5 MG/5ML SOLUTION	1680	7200
PainGo KFT 2.5-2.5-10-30 % KIT	1	1
Palforzia Initial Escalation 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	1	1
Pantoprazole Sodium 40 MG PACKET	42	180
Paradigm Link Glucose Monitor w/Device KIT, D-Care Glucometer w/Device KIT	1	1
Parafon Forte DSC 500 MG TAB	126	540
P-Care D40 40 MG/ML KIT, P-Care D80 40 MG/ML KIT	1	1
P-Care M 0.5 % KIT	1	1
PedizolPak 2 & 2 % THER PACK	1	1
Pemazyre 13.5 MG TAB	14	14
Pemazyre 4.5 MG TAB	14	14
Pemazyre 9 MG TAB	14	14
Pentican 100 & 5 MG & % THER PACK	1	1
Pentosan Polysulfate Sodium 150 MG CAP DR	42	180
Pentosan Polysulfate Sodium 200 MG CAP DR	21	90
Phesgo 60-60-2000 MG-MG-U/ML SOLUTION	1	1
Phesgo 80-40-2000 MG-MG-U/ML SOLUTION	1	1
Phexxi 1.8-1-0.4 % GEL	16	72
Piqray (250 MG Daily Dose) 200 & 50 MG TAB THPK	1	1
Piqray 200MG Daily Dose 200 MG TAB THPK	1	1
Piqray 300MG Daily Dose 2x150 MG TAB THPK	1	1
Pliaglis 7-7 % CREAM,Lidocaine-Tetracaine 7-7 % CREAM	1	1
PR Benzoyl Peroxide 6.9 % LIQUID	1	1
Praluent 150 MG/ML SOLN PRSYR	1	2
Praluent 75 MG/ML SOLN PRSYR	1	2
Pregabalin 100 MG CAP	63	270
Pregabalin 150 MG CAP	63	270

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Pregabalin 20 MG/ML SOLUTION	420	1800
Pregabalin 200 MG CAP	63	270
Pregabalin 225 MG CAP	63	270
Pregabalin 25 MG CAP	63	270
Pregabalin 300 MG CAP	42	180
Pregabalin 50 MG CAP	63	270
Pregabalin 75 MG CAP	63	270
Prenara 15-1 MG CAP	21	90
Pretomanid 200 MG TAB	21	90
Prilo Patch 2.5 % KIT	1	1
Prilopentin 300-2.5-2.5 MG-% THER PACK	1	1
Primaquine Phosphate 26.3 MG TAB	1	1
Primaquine Phosphate 26.3 MG TAB	1	1
Prizotral 2.5-2.5 & 3.88 % KIT	1	1
Progesterone-Minoxidil 0.1-7 % SOLUTION	1	1
Promacta 25 MG PACKET	21	30
ProSilk GEL	1	1
Protonix 40 MG PACKET	42	180
Qinlock 50 MG TAB	63	90
Qmiiz ODT 15 MG TAB DISP	21	90
Qmiiz ODT 7.5 MG TAB DISP	21	90
Qtern 5-5 MG TAB	21	90
Quinixil 0.1 & 5 % THER PACK	1	1
Quinosone 0.1 & 12 % KIT	1	1
Radiaderm System R1+R2 KIT	1	1
Ramelteon 8 MG TAB	21	90
Ranolazine ER 1000 MG TAB ER 12H	42	180
Ranolazine ER 500 MG TAB ER 12H	42	180
ReadySharp Anesth + Betameth 6 & 0.5 & 1 MG/ML-%-% KIT, Pod-Care 100CMX 6 & 0.5 & 1 MG/ML-%-% KIT	1	1
Relafen DS 1000 MG TAB	42	180
Relexxii 72 MG TAB ER,Methylphenidate HCl ER 72 MG TAB ER	21	90

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
ReliOn Premium Monitor DEVICE, ReliOn Blood Pressure Monitor DEVICE, RA Blood Pressure Cuff Monitor MISC, Blood Pressure Monitor MISC, Blood Pressure Monitor/Wrist DEVICE, Blood Pressure Monitor DEVICE, Blood Pressure Unit MISC, SM Wrist Cuff BP Monitor MISC, SM Blood Pressure Monitor MISC, SM Blood Pressure Monitor DEVICE, EQL Blood Pressure Monitor DEVICE, H-E-B inControl BP Monitor MISC, CVS Blood Pressure Monitor MISC, Microlife BP Monitor DEVICE, Microlife Deluxe BP Monitor DEVICE, QC Blood Pressure Monitor MISC, Kroger Blood Pressure Monitor DEVICE, Blood Pressure Monitor/Arm DEVICE, RA Blood Pressure Cuff Monitor DEVICE, Microlife Wrist BP Monitor DEVICE, HM Blood Pressure Monitor DEVICE, CVS Advanced BP Monitor DEVICE, TGT Blood Pressure Monitor DEVICE, CVS Advanced Automatic BP DEVICE, Self-Taking Blood Pressure MISC, 3 Series BP Monitor/Wrist DEVICE, 7 Series BP Monitor/Wrist DEVICE, 3 Series BP Monitor/Upper Arm DEVICE, 5 Series BP Monitor/Upper Arm DEVICE, 7 Series BP	1	1
Retevmo 40 MG CAP	126	180
Retevmo 80 MG CAP	84	120
ReVia 50 MG TAB	42	180
Reyvow 100 MG TAB	5	24
Reyvow 50 MG TAB	2	12
Rinvoq 15 MG TAB ER 24H	21	30
Riomet ER 500 MG/5ML SRER	420	1800
Rozlytrek 100 MG CAP	105	150
Rozlytrek 200 MG CAP	63	90
Rukobia 600 MG TAB ER 12H	42	60
Ruzurgi 10 MG TAB	210	300
Rybelsus 14 MG TAB	21	90
Rybelsus 3 MG TAB	21	90
Rybelsus 7 MG TAB	21	90
Salicylic Acid-Sulfacetamide 2-8 % SUSPENSION	1	1
Salicylic Acid-Sulfacetamide 5-10 % SUSPENSION	1	1
Scenesse 16 MG IMPLANT	1	1
Scopolamine 1 MG/3DAYS PATCH 72HR	7	30
Secuado 3.8 MG/24HR PATCH 24HR	21	90

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Secuado 5.7 MG/24HR PATCH 24HR	21	90
Secuado 7.6 MG/24HR PATCH 24HR	21	90
Sila III 0.1 % THER PACK	1	1
Sildenafil Citrate 10 MG/ML RECON SUSP	126	540
Sirturo 20 MG TAB	185	800
Sofia2 SARS Antigen FIA KIT	1	1
Solaravix 3 % THER PACK	1	1
Solifenacin Succinate 10 MG TAB	21	90
Solu-Pref 100&0.9&2.5-2.5 UT/ML&%&% KIT	1	1
Sorilux 0.005 % FOAM	1	1
Sorilux 0.005 % FOAM,Calcipotriene 0.005 % FOAM	1	1
Sovaldi 150 MG PACKET	21	28
Sovaldi 200 MG PACKET	42	28
Spravato (56 MG Dose) 28 MG/DEVICE SOLN THPK	6	8
Spravato (84 MG Dose) 28 MG/DEVICE SOLN THPK	8	12
Suboxone 12-3 MG FILM	63	90
Suboxone 4-1 MG FILM	63	90
Suboxone 8-2 MG FILM	63	90
Sunosi 150 MG TAB	21	90
Sunosi 75 MG TAB	21	90
Supartz 25 MG/2.5ML SOLN PRSYR,Supartz FX 25 MG/2.5ML SOLN PRSYR,GenVisc 850 25 MG/2.5ML SOLN PRSYR,Visco-3 25 MG/2.5ML SOLN PRSYR,TriVisc 25 MG/2.5ML SOLN PRSYR	1	5
Sure Result O3D3 System 1 & 1000 GM & UNIT KIT, Omega-3/D-3 Wellness Pack 1 & 1000 GM & UNIT KIT	1	1
Sx1 Medicated Post-Operative 2 % KIT	1	1
Symdeko 50-75 & 75 MG TAB THPK	42	56
Symjepi 0.15 MG/0.3ML SOLN PRSYR	1	1
Symjepi 0.3 MG/0.3ML SOLN PRSYR	1	1
Symploc 0.2 MG TAB	21	90
Tabrecta 150 MG TAB	84	120
Tabrecta 200 MG TAB	84	120
Tacrolimus 0.1 % CREAM	1	1

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Talicia 250-12.5-10 MG CAP DR	168	168
Tasoprol 0.05 % KIT	1	1
Tazverik 200 MG TAB	168	240
Tecentriq 840 MG/14ML SOLUTION	1	2
Tepezza 500 MG RECON SOLN	1	1
Teriparatide (Recombinant) 620 MCG/2.48ML SOLN PEN	1	1
Tetrix KIT, Aurstat Anti-Itch Hydrogel KIT, MB HydroGel KIT, PR Cream KIT, HPR PLUS HydroGel KIT, Alevicyn Plus KIT	1	1
Tirosint 100 MCG CAP	21	90
Tirosint 112 MCG CAP	21	90
Tirosint 125 MCG CAP	21	90
Tirosint 13 MCG CAP	21	90
Tirosint 137 MCG CAP	21	90
Tirosint 150 MCG CAP	21	90
Tirosint 175 MCG CAP	21	90
Tirosint 200 MCG CAP	21	90
Tirosint 25 MCG CAP	21	90
Tirosint 50 MCG CAP	21	90
Tirosint 75 MCG CAP	21	90
Tirosint 88 MCG CAP	21	90
Tirosint-SOL 100 MCG/ML SOLUTION	21	90
Tirosint-SOL 112 MCG/ML SOLUTION	21	90
Tirosint-SOL 125 MCG/ML SOLUTION	21	90
Tirosint-SOL 13 MCG/ML SOLUTION	21	90
Tirosint-SOL 137 MCG/ML SOLUTION	21	90
Tirosint-SOL 150 MCG/ML SOLUTION	21	90
Tirosint-SOL 175 MCG/ML SOLUTION	21	90
Tirosint-SOL 200 MCG/ML SOLUTION	21	90
Tirosint-SOL 25 MCG/ML SOLUTION	21	90
Tirosint-SOL 50 MCG/ML SOLUTION	21	90
Tirosint-SOL 75 MCG/ML SOLUTION	21	90
Tirosint-SOL 88 MCG/ML SOLUTION	21	90

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Tivicay PD 5 MG TAB SOL	126	180
Tolvaptan 30 MG TAB	42	60
Tosymra 10 MG/ACT SOLUTION	1	6
traMADol HCl 100 MG TAB	84	120
Tremfya 100 MG/ML SOLN PEN	1	1
Trijardy XR 10-5-1000 MG TAB ER 24H	21	90
Trijardy XR 12.5-2.5-1000 MG TAB ER 24H	42	180
Trijardy XR 25-5-1000 MG TAB ER 24H	21	90
Trijardy XR 5-2.5-1000 MG TAB ER 24H	42	180
Trikafta 100-50-75 & 150 MG TAB THPK	63	84
TruZone Peak Flow Meter DEVICE	1	1
Tukysa 150 MG TAB	84	120
Tukysa 50 MG TAB	84	120
Turalio 200 MG CAP	84	120
Tuxarin ER 54.3-8 MG TAB ER 12H	42	180
Twirla 120-30 MCG/24HR PATCH WK	2	9
Tykerb 250 MG TAB	126	180
Ubrely 100 MG TAB	10	16
Ubrely 50 MG TAB	10	16
Ultomiris 300 MG/30ML SOLUTION	4	12
Uplizna 100 MG/10ML SOLUTION	1	1
Upneeq 0.1 % SOLUTION	1	1
Valtoco 10 MG Dose 10 MG/0.1ML LIQUID	7	30
Valtoco 15 MG Dose 7.5 MG/0.1ML LIQD THPK	14	60
Valtoco 20 MG Dose 10 MG/0.1ML LIQD THPK	14	60
Valtoco 5 MG Dose 5 MG/0.1ML LIQUID	7	30
Vardenafil HCl 10 MG TAB	4	18
Vardenafil HCl 10 MG TAB DISP	4	18
Vardenafil HCl 2.5 MG TAB	4	18
Vardenafil HCl 20 MG TAB	4	18
Vardenafil HCl 5 MG TAB	4	18
Varophen 1.5-10-15 % KIT	1	1

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Venipuncture CPI 2.5-2.5 % KIT, CadiraMD 2.5-2.5 % KIT	1	1
Ventolin HFA 108 (90 Base) MCG/ACT AERO SOLN,ProAir HFA 108 (90 Base) MCG/ACT AERO SOLN,Albuterol Sulfate HFA 108 (90 Base) MCG/ACT AERO SOLN	1	1
VESicare 10 MG TAB	21	90
VESicare 5 MG TAB	21	90
Vitrakvi 100 MG CAP	42	60
Vitrakvi 20 MG/ML SOLUTION	105	150
Vitrakvi 25 MG CAP	126	180
Vumerity (Starter) 231 MG CAP DR	1	1
Vumerity 231 MG CAP DR	84	120
Vyepti 100 MG/ML SOLUTION	1	3
Vyleesi 1.75 MG/0.3ML SOLN A-INJ	5	8
Vyndamax 61 MG CAP	21	30
Vyndaqel 20 MG CAP	84	120
Wakix 17.8 MG TAB	42	60
Wakix 4.45 MG TAB	42	60
Wixela Inhub 100-50 MCG/DOSE AER POW BA,Fluticasone-Salmeterol 100-50 MCG/DOSE AER POW BA	1	1
Wixela Inhub 250-50 MCG/DOSE AER POW BA,Fluticasone-Salmeterol 250-50 MCG/DOSE AER POW BA	1	1
Wixela Inhub 500-50 MCG/DOSE AER POW BA,Fluticasone-Salmeterol 500-50 MCG/DOSE AER POW BA	1	1
WPR Plus Wound Healing System 4 & 10-30 % THER PACK	1	1
Xcopri (250 MG Daily Dose) 50 & 200 MG TAB THPK	21	90
Xcopri (350 MG Daily Dose) 150 & 200 MG TAB THPK	42	180
Xcopri 100 MG TAB	21	90
Xcopri 14 x 12.5 MG & 14 x 25 MG TAB THPK	21	90
Xcopri 14 x 150 MG & 14 x200 MG TAB THPK	21	90
Xcopri 14 x 50 MG & 14 x100 MG TAB THPK	21	90
Xcopri 150 MG TAB	21	90
Xcopri 200 MG TAB	21	90
Xcopri 50 MG TAB	21	90

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

Quantity Level Limits

Label Name	WellDyne Quantity Level Limit Per 21 Days	WellDyne Quantity Level Limit Per 90 Days
Xeljanz XR 22 MG TAB ER 24H	21	30
Xenleta 150 MG/15ML SOLUTION	14	14
Xenleta 600 MG TAB	10	10
Xofluza 20 (2) MG TAB THPK	1	1
Xofluza 40 (2) MG TAB THPK	1	1
Xospata 40 MG TAB	63	90
Xpovio (100 MG Once Weekly) 20 MG TAB THPK	14	20
Xpovio (40 MG Once Weekly) 20 MG TAB THPK	1	1
Xpovio (40 MG Twice Weekly) 20 MG TAB THPK	1	1
Xpovio (60 MG Once Weekly) 20 MG TAB THPK	9	12
Xpovio (60 MG Twice Weekly) 20 MG TAB THPK	1	1
Xpovio (80 MG Once Weekly) 20 MG TAB THPK	10	16
Xpovio (80 MG Twice Weekly) 20 MG TAB THPK	24	32
Yupelri 175 MCG/3ML SOLUTION	1	1
ZCORT 7-Day 1.5 MG (25) TAB THPK	1	1
Zelnorm 6 MG TAB	42	180
Zenevix 5 & 20 % & MG/ML THER PACK	1	1
Zeposia 0.92 MG CAP	21	30
Zeposia 7-Day Starter Pack 4 x 0.23MG & 3 x 0.46MG CAP THPK	1	1
Zeposia Starter Kit 0.23MG & 0.46MG & 0.92MG CAP THPK	1	1
Zilacaine Patch 5 % THER PACK	1	1
Zolpak 1 % KIT	1	1
Zostrix Hot & Cold Therapy 0.025 & 4 % KIT	1	1
Zykadia 150 MG TAB	63	90

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