



Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

MHBP provides benefits for most covered prescription drugs for up to a 30-day supply when purchased at a retail pharmacy, and receive up to a 90 day supply for maintenance medications when purchased through our mail order program or Maintenance Choice Program at CVS retail stores. Some drugs, however, have specific limits on the amount that can be dispensed. Other drugs have a prior authorization requirement, meaning that the Plan will not approve benefits for the drug until it has had an opportunity to review the purpose for the prescription with your doctor.

These precautions are in place to ensure that the medication is being prescribed and dispensed correctly, in accordance with US Food & Drug Administration (FDA) and/or MHBP clinical recommendations. MHBP regularly reviews clinical medical evidence and FDA recommendations regarding prescription drugs and updates dispensing limitations and prior authorization requirements for covered medications as appropriate.

Your doctor can request a prior authorization review by calling the CVS Caremark Prior Authorization department at 1-800-294-5979. Your doctor may be asked to provide details about your medical condition and treatment plan in order to evaluate the request. If you have questions about this or other pharmacy benefits, please contact CVS Caremark Customer Care at 1-866-623-1441.

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Absorica	Yes	Provided during PA Review	
Abstral	Yes	Provided during PA Review	
Actiq	Yes	Provided during PA Review	
adapalene	Yes	Provided during PA Review	
Adderall 5mg, 7.5mg, 10mg, 12.5mg	No*	90 tabs/month	270 tabs/3 months
Adderall 15mg, 20mg	No*	60 tabs/month	180 tabs/ 3 months
Adderall 30mg	No*	30 tabs/month	90 tabs/ 3 months
Adderall XR 5mg, 10mg	No*†	90 caps/ month	270 caps/ 3 months
Adderall XR 15mg, 20mg, 25mg, 30mg	No*†	30 caps/ month	90 caps/ 3 months
Advair Diskus	No	1 package/ month	3 packages/3 months
Advair HFA	No	1 package/ month	3 packages/3 months
Adzenys XR-ODT 3.1mg, 6.3mg, 9.4mg	No*	60 tabs/month	180 tabs/ 3 months
Adzenys XR-ODT 12.5mg, 15.7mg, 18.8mg	No*	30 tabs/month	90 tabs/ 3 months
Aerospan 8.9gm canister	Yes†	2 packages /month	6 packages /3 months
Afinitor	Yes	Provided during PA Review	
Afinitor Disperz	Yes	Provided during PA Review	
Airduo Respiclick	No	1 package/ month	3 packages/3 months
Akyzeno	No*	2 capsule /21 days	2 capsule /21 days

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^ Removed from the market

* Prior authorization may be required if dispensing limits are exceeded.

† Formulary Prior Authorization Required. Please contact 1-855-240-0536

MHBP Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
albuterol 0.5%, 2.5mg/0.5ml inhalation soln. 20ml/bottle size	No	3 packages /month	9 packages /3 months
albuterol 0.5%, 2.5mg/0.5ml inhalation soln. 30 vials/carton size	No	4 packages /month	12 packages /3 months
albuterol solution 0.083% 25 vials/carton size	No	5 packages /month	15 packages /3 months
albuterol solution 0.083% 30 vials/carton size	No	4 packages /month	12 packages /3 months
albuterol solution 0.083% 60 vials/carton size	No	2 packages /month	6 packages /3 months
Albuterol 0.021%, 0.63mg/3ml and 0.042%, 1.25mg/3ml inhalation solution 25 vials/carton size	No	5 packages /month	15 packages /3 months
Albuterol 0.021%, 0.63mg/3ml and 0.042%, 1.25mg/3ml inhalation solution 30 vials/carton size	No	4 packages /month	12 packages /3 months
Alecensa	Yes	Provided during PA Review	
almotriptan malate	No*	18/month	54/3 months
alosetron (Lotronex)	Yes	Provided during PA Review	
Aloxi 0.25mg/5ml inj	No*	10ml/21 days	10ml/21 days
Alsuma	No*	12 injectors/month	36 injectors/3 months
Alunbrig	Yes	Provided during PA Review	
Alvesco 160mcg	Yes†	2 packages/month	6 packages /3 months
Alvesco 80mcg	Yes†	3 packages/month	9 packages /3 months
Ambien	No	30ea/month	90ea/3 months
Ambien CR	No	30ea/month	90ea/3 months
Amerge 1mg, 2.5mg	No*	12 tablets/month	36 tablets/3 months
Amitiza	Yes	Provided during PA Review	
Amnesteem	Yes	Provided during PA Review	
Androderm	Yes	Provided during PA Review	
Androgel	Yes†	Provided during PA Review	
Anro Ellipta	No	1 package/ month	3 packages/3 months
Android	Yes	Provided during PA Review	
Androxy	Yes	Provided during PA Review	
Anzemet Tablets	No*	6ea/21 days	6ea/21 days
Anzemet 100mg/5ml & 12.5mg/0.625ml Injection	No	15ml/6 months	15ml/6 months
APAP/codeine soln 120-12 mg/5 mL	No	2700mL/month	8100mL/3 months
APAP/codeine susp 120-12 mg/5 mL	No	2700mL/month	8100mL/3 months
APAP/codeine tab 300/15 mg	No	400 tabs/month	1200 tabs/3 months
APAP/codeine tab 300/30 mg	No	360 tabs/month	1080 tabs/3 months
APAP/codeine tab 300/60 mg	No	180 tabs/month	540 tabs/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
APAP/caffeine/dihydrocodeine cap 320.5/30/16 mg	No	300 caps/month	900 caps/3 months
APAP/caffeine/dihydrocodeine tab 325/30/16 mg	No	300 tabs/month	900 tabs/3 months
APAP/caffeine/dihydrocodeine cap 356.4/30/16 mg	No	300 caps/month	900 caps/3 months
APAP/caffeine/dihydrocodeine tab 712.8/60/32 mg	No	150 tabs/month	450 tabs/3 months
ASA/caffeine/dihydrocodeine cap 356.4/30/16 mg	No ∞	300 caps/month	900 caps/3 months
aprepitant 150mg vial for injection	No*	2 vials/21 days	2 vials/21 days
aprepitant 125mg for Oral Suspension	No*	6 kits/ 21 days	6 kits/ 21 days
aprepitant 125mg	No*	2 caps/21 days	2 caps/21 days
aprepitant 40mg	No*	3 caps/6 months	3 caps/6 months
aprepitant 80mg	No*	4 caps/21 days	4 caps/21 days
aprepitant therapy tri pack (2 x 80mg and 1 x 125mg combined)	No*	2 Tri Packs/21 days	2 Tri Packs /21 days
Aptensio XR 10mg, 15mg, 20mg, 30mg	No*	60 caps/ month	180 caps/ 3 months
Aptensio XR 40mg, 50mg	No*	30 caps/ month	90 caps/ 3 months
Aptensio XR 60mg	No	30 caps/ month	90 caps/ 3 months
Arcapta Neohaler	No	1 package/ month	3 packages/3 months
armodafinil	Yes	Provided during PA Review	
Armonair Respiclick 55mcg	No	1 package/month	3 packages/3 months
Armonair Respiclick 113mcg	No	1 package/month	3 packages/3 months
Armonair Respiclick 232mcg	No	1 package/month	3 packages/3 months
Arnuity Ellipta 100 and 200	No	1 package/month	3 packages/3 months
Arymo ER 15 mg	No*	180 tabs/month	540 tabs/3 months
Arymo ER 30 mg	No*	180 tabs/month	540 tabs/3 months
Arymo ER 60 mg	No*	180 tabs/month	540 tabs/3 months
Asmanex HFA 100mcg, 200mcg	No	1 package/month	3 packages/3 months
Asmanex Twisthaler 110mcg (30 inhalation units)	No	2 packages/month	6 packages/3 months
Asmanex Twisthaler 220mcg (30 inhalation units)	No	4 packages/month	12 packages /3 months
Asmanex Twisthaler 220mcg (60 inhalation units)	No	2 packages/month	6 packages /3 months
Asmanex Twisthaler 220mcg (120 inhalation units)	No	1 packages/month	3 packages /3 months
Astepro	No	2 packages/month	6 packages /3 months
Atralin (all topical forms)	Yes	Provided during PA Review	
Atrovent HFA	No	2 packages /month	6 packages /3 months

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		Retail	Mail Order
Avinza 30 mg	No*	30 caps/month	90 caps/3 months
Avinza 45 mg	No*	30 caps/month	90 caps/3 months
Avinza 60 mg	No*	30 caps/month	90 caps/3 months
Avinza 75 mg	No*	30 caps/month	90 caps/3 months
Avinza 90 mg	No*	30 caps/month	90 caps/3 months
Avinza 120 mg	No*	30 caps/month	90 caps/3 months
Avita (all topical forms)	Yes	Provided during PA Review	
Axert 6.25mg, 12.5mg	No*	12 tablets/month	36 tablets/3 months
Axiron	Yes	Provided during PA Review	
azelastine nasal solution (Astelin)	No	2 packages/month	6 packages /3 months
Beconase AQ	Yes†	2 packages/month	6 packages /3 months
Belbuca 75 mcg	No*	720 films/month	2160 films/3 months
Belbuca 150 mcg	No*	360 films/month	1080 films/3 months
Belbuca 300 mcg	No*	180 films/month	540 films/3 months
Belbuca 450 mcg	No*	120 films/month	360 films/3 months
Belbuca 600 mcg	No*	60 films/month	180 films/3 months
Belbuca 750 mcg	No*	60 films/month	180 films/3 months
Belbuca 900 mcg	No*	60 films/month	180 films/3 months
Bevespi Aerosphere	No	1 package/ month	3 packages/3 months
bexarotene	Yes	Provided during PA Review	
Bosulif	Yes	Provided during PA Review	
Breo Ellipta	No	1 package/ month	3 packages/3 months
Brovana Solution 30 vial size	No	2 packages/month	6 packages/3 months
Brovana Solution 60 vials size	No	1 package/month	3 packages/3 months
budesonide nasal spray	No	2 packages/month	6 packages/3 months
budesonide Inhalation Suspension 0.25mg	No	3 packages/month	9 packages/3 months
budesonide Inhalation Suspension 0.5mg	No	2 packages /month	6 packages /3 months
budesonide Inhalation Suspension 1mg	No	1 package/month	3 packages /3 months
butorphanol nasal spray	No*	2 bottles/month	6 bottles/3 months
Butrans 5 mcg/hr	No*	16 patches/month	48 patches/3 months
Butrans 7.5 mcg/hr	No*	8 patches/month	24 patches/3 months
Butrans 10 mcg/hr	No*	8 patches/month	24 patches/3 months
Butrans 15 mcg/hr	No*	4 patches/month	12 patches/3 months
Butrans 20 mcg/hr	No*	4 patches/month	12 patches/3 months
Cabometyx	Yes	Provided during PA Review	
capecitabine	Yes	Provided during PA Review	
Caprelsa	Yes	Provided during PA Review	

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Cesamet	No*	18ea/month	54ea/3 months
Ciclodan Kit	Yes	Provided during PA Review	
Ciclopirox topical solution	Yes	Provided during PA Review	
Claravis	Yes	Provided during PA Review	
CNL8 Nail Kit	Yes	Provided during PA Review	
Codeine sulfate oral soln 30 mg/5 mL	No*	210mL/month	210mL/3 months
Codeine sulfate tab 15 mg	No*	42 tabs/month	42 tabs/3 months
Codeine sulfate tab 30 mg	No*	42 tabs/month	42 tabs/3 months
Codeine sulfate tab 60 mg	No*	42 tabs/month	42 tabs/3 months
Combivent Respimat	No	2 packages /month	6 packages /3 months
Combunox	No	28ea/month	28ea/month
Cometriq	Yes	Provided during PA Review	
Compounded Medications (Select medications-check with the pharmacy). Refill limits may apply. A compounded medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.	Yes	Provided during PA Review	
Concerta 18mg, 27mg, 36mg	No*	60 tabs/month	180 tabs/ 3 months
Concerta 54mg	No*	30 tabs/ 3 months	90 tabs/ 3 months
Conzip 100 mg	No*	30 caps/month	90 caps/3 months
Conzip 200 mg	No*	30 caps/month	90 caps/3 months
Conzip 300 mg	No*	30 caps/month	90 caps/3 months
Cotellic	Yes	Provided during PA Review	
Cotempla XR 8.6mg	No*	60 tabs/month	180 tabs/ 3 months
Cotempla XR 17.3, 25.9mg	No*	60 tabs/month	180 tabs/ 3 months
cromolyn inhalation solution 60 vials	No	2 packages /month	6 packages /3 months
cromolyn inhalation solution 120 vials	No	1 package/month	3 packages /3 months
Daytrana Patch 10mg, 15mg, 20mg, 30mg	No	30 patches/ month	90 patches/ 3 months
Delatestryl	Yes	Provided during PA Review	
Depo-Testosterone	Yes	Provided during PA Review	
Desoxyn 5mg	No	150 tabs/ month	450 tabs/ 3 months
dexamethylphenidate extended release 25mg, 30mg, 35mg, 40mg	No	30 caps/ month	90 caps/ 3 months
dextroamphetamine 2.5mg, 5mg, 7.5mg, 10mg	No*	120 tabs/ month	360 tabs/ 3 months
dextroamphetamine 15mg, 20mg	No*	60 tabs/ month	180 tabs/ 3 months
dextroamphetamine 30mg	No*	30 tabs/ month	90 tabs/ 3 months
Dexedrine Spansule 5mg, 10mg	No*	120 caps/ month	360 caps/ 3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Dexedrine Spansule 15mg	No*	60 caps/ month	180 caps/ 3 months
Diabetic Test Strips	No*†	200 test strips/ month	600 test strips/ month
diclofenac sodium topical gel 1%	Yes	Provided during PA Review	
Differin	Yes	Provided during PA Review	
Dolophine 5 mg	No*	90 tabs/month	270 tabs/3 months
Dolophine 10 mg	No*	90 tabs/month	270 tabs/3 months
Doral	No	30ea/month	90ea/3 months
doxepin cream	Yes	Provided during PA Review	
dronabinol	No*	60 caps/ month	180 caps/ 3 months
Dulera	No†	1 package/ 3 months	3 packages/3 months
Duragesic 12 mcg	No*	10 patches/month	30 patches/3 months
Duragesic 25 mcg	No*	10 patches/month	30 patches/3 months
Duragesic 37.5 mcg	No*	10 patches/month	30 patches/3 months
Duragesic 50 mcg	No*	10 patches/month	30 patches/3 months
Duragesic 62.5 mcg	No*	10 patches/month	30 patches/3 months
Duragesic 75 mcg	No*	10 patches/month	30 patches/3 months
Duragesic 87.5 mcg	No*	10 patches/month	30 patches/3 months
Duragesic 100 mcg	No*	10 patches/month	30 patches/3 months
Dyanavel Oral Suspension	No	240mL/ month	720mL/ 3 months
Dymista	No	1 package/month	3 packages /3 months
eletriptan	No*	12 tablets/month	36 tablets/3 months
Elidel	Yes	Provided during PA Review	
Embeda 20/0.8 mg	No*	120 caps/month	360 caps/3 months
Embeda 30/1.2 mg	No*	120 caps/month	360 caps/3 months
Embeda 50/2 mg	No*	120 caps/month	360 caps/3 months
Embeda 60/2.4 mg	No*	120 caps/month	360 caps/3 months
Embeda 80/3.2 mg	No*	120 caps/month	360 caps/3 months
Embeda 100/4 mg	No*	120 caps/month	360 caps/3 months
Emend 150mg Injection	No*	2 vial/21 days	2 vial/21 days
Emend 125mg for Oral Suspension	No*	6 kits/ 21 days	6 kits/ 21 days
Emend 125mg	No*	2 caps/21 days	2 caps/21 days
Emend 40mg	No*	3 caps/6 months	3 caps/6 months
Emend 80mg	No*	4 caps/21 days	4 caps/21 days
Emend Therapy Tri Pack (2 x 80mg and 1 x 125mg combined)	No*	2 Tri Packs/21 days	2 Tri Packs /21 days
Emla	No*	30gm/ month	30gm/ 3 months
Erivedge	Yes	Provided during PA Review	
estazolam	No	30ea/month	90ea/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
eszopiclone (Lunesta)	No	30ea/month	90ea/3 months
Evekeo	No*	120 tabs/ month	360 tabs/ 3 months
Exalgo 8 mg	No*	60 tabs/month	180 tabs/3 months
Exalgo 12 mg	No*	60 tabs/month	180 tabs/3 months
Exalgo 16 mg	No*	60 tabs/month	180 tabs/3 months
Exalgo 32 mg	No*	60 tabs/month	180 tabs/3 months
Fabior	Yes	Provided during PA Review	
Farydak	Yes	Provided during PA Review	
fentanyl lozenge	Yes	Provided during PA Review	
Fentora	Yes	Provided during PA Review	
First Testosterone	Yes	Provided during PA Review	
Flovent Diskus 50mcg	No	3 packages /month	9 packages /3 months
Flovent Diskus 100mcg	No	4 packages /month	12 packages /3 months
Flovent Diskus 250mcg	No	4 packages /month	12 packages /3 months
Flovent HFA 44mcg	No	2 packages /month	6 packages /3 months
Flovent HFA 110mcg	No	2 packages /month	6 packages /3 months
Flovent HFA 220mcg	No	2 packages /month	6 packages /3 months
flunisolide nasal solution	No	3 packages/month	9 packages /3 months
flurazepam	No	30ea/month	90ea/3 months
fluticasone propionate nasal spray	No	1 package/ month	3 packages/3 months
fluoxymesterone oral	Yes	Provided during PA Review	
Focalin 2.5mg, 5mg	No*	120 tabs/ month	360 tabs/ 3 months
Focalin 10mg	No*	60 tabs/ month	180 tabs/ 3 months
Focalin XR 5mg, 10mg, 15mg, 20mg	No*	60 caps/ month	180 caps/ 3 months
Focalin XR 25mg, 30mg, 35mg, 40mg	No	30 caps/ month	90 caps/ 3 months
Foradil Aeralizer	No	1 package/ month	3 packages/3 months
Fortesta	Yes†	Provided during PA Review	
Frova 2.5mg	No*	18 tablets/month	54 tablets/3 months
Gilotrif	Yes	Provided during PA Review	
Gleevec	Yes†	Provided during PA Review	
granisetron tablets (Kytril)	No*	12 tablets/ 21 days	12 tablets/21 days
granisetron injection 0.1 mg/mL or 1 mg/mL (Kytril)	No*	2ml/21 days	2ml/21 days
Halcion	No*	10ea/25 days	30ea/75 days
Hycamtin	Yes	Provided during PA Review	
Hydrocodone/APAP soln 7.5/325 mg/ 15 mL	No	2700mL/month	8100mL/month
Hydrocodone/APAP soln 7.5/500 mg/15 mL	No	2700mL/month	8100mL/month

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Hydrocodone/APAP elixir 10/300 mg/15 mL	No	2025mL/month	6075mL/month
Hydrocodone/APAP soln 10/325 mg/ 15 mL	No	2700mL/month	8100mL/month
Hydrocodone/APAP soln 10/500 mg/15 mL	No	2700mL/month	8100mL/month
Hydrocodone/APAP tab 2.5/325 mg	No	360 tabs/month	1080 tabs/3 months
Hydrocodone/APAP tab 2.5/500 mg	No	240 tabs/month	720 tabs/3 months
Hydrocodone/APAP tab 5/300 mg	No	240 tabs/month	720 tabs/3 months
Hydrocodone/APAP tab 5/325 mg	No	240 tabs/month	720 tabs/3 months
Hydrocodone/APAP tab 5/400 mg	No	240 tabs/month	720 tabs/3 months
Hydrocodone/APAP tab 5/500 mg	No	240 tabs/month	720 tabs/3 months
Hydrocodone/APAP tab 7.5/300 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 7.5/325 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 7.5/400 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 7.5/500 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 7.5/650 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 7.5/750 mg	No	150 tabs/month	450 tabs/3 months
Hydrocodone/APAP tab 10/300 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 10/325 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 10/400 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 10/500 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 10/650 mg	No	180 tabs/month	540 tabs/3 months
Hydrocodone/APAP tab 10/660 mg	No	150 tabs/month	450 tabs/3 months
Hydrocodone/APAP tab 10/750 mg	No	150 tabs/month	450 tabs/3 months
Hydrocodone/ibuprofen tab 2.5/200 mg	No	50 tabs/month	50 tabs/3 months
Hydrocodone/ibuprofen tab 5/200 mg	No	50 tabs/month	50 tabs/3 months
Hydrocodone/ibuprofen tab 7.5/200 mg	No	50 tabs/month	50 tabs/3 months
Hydrocodone/ibuprofen tab 10/200 mg	No	50 tabs/month	50 tabs/3 months
Hydromorphone liquid 1 mg/mL	No*	600mL/ month	1800mL/3 months
Hydromorphone supp 3 mg	No*	120 supps/month	360 supps/3 months
Hydromorphone tab 2 mg	No*	180 tabs/month	540 tabs/3 months
Hydromorphone tab 4 mg	No*	180 tabs/month	540 tabs/3 months
Hydromorphone tab 8 mg	No*	180 tabs/month	540 tabs/3 months
Hyperinflationary Drugs, Standard Formulary	Yes	Provided during PA Review	
Hysingla ER 20 mg	No*	60 tabs/month	180 tabs/3 months
Hysingla ER 30 mg	No*	60 tabs/month	180 tabs/3 months
Hysingla ER 40 mg	No*	60 tabs/month	180 tabs/3 months
Hysingla ER 60 mg	No*	60 tabs/month	180 tabs/3 months

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		Retail	Mail Order
Hysingla ER 80 mg	No*	60 tabs/month	180 tabs/3 months
Hysingla ER 100 mg	No*	60 tabs/month	180 tabs/3 months
Hysingla ER 120 mg	No*	60 tabs/month	180 tabs/3 months
Ibrance	Yes	Provided during PA Review	
Iclusig	Yes	Provided during PA Review	
Idhifa	Yes	Provided during PA Review	
imatinib mesylate	Yes	Provided during PA Review	
Imbruvica	Yes	Provided during PA Review	
Imitrex 20mg Nasal Spray	No*	12 units/month	36 units/3 months
Imitrex 5mg Nasal Spray	No*	24 units/month	72 units/3 months
Imitrex 25mg, 50mg, 100mg tablets	No*	12 tablets/month	36 tablets/3 months
Imitrex Inj Syringes 4mg	No*	18 syringes/month	54 syringes/3 months
Imitrex Inj Syringes 6mg	No*	12 syringes/month	36 syringes/3 months
Imitrex Inj 6mg Vial	No*	12 vials/month	40 vials/3 months
Incruse Ellipta	No	1 package/month	3 packages/3 months
Inlyta	Yes	Provided during PA Review	
ipratropium inhalation solution 25 vials	No	5 packages/month	15 packages /3 months
ipratropium inhalation solution 30 vials	No	4 packages /month	12 packages /3 months
ipratropium inhalation solution 60 vials	No	2 packages /month	6 packages /3 months
ipratropium bromide/albuterol sulfate inhalation solution 30 vials	No	6 packages/month	18 packages /3 months
ipratropium bromide/albuterol sulfate inhalation solution 60 vials	No	3 packages/month	9 packages /3 months
Iressa	Yes	Provided during PA Review	
Jakafi	Yes	Provided during PA Review	
Jublia	Yes	Provided during PA Review	
Kadian 10 mg	No*	120 caps/month	360 caps/3 months
Kadian 20 mg	No*	120 caps/month	360 caps/3 months
Kadian 30 mg	No*	120 caps/month	360 caps/3 months
Kadian 40 mg	No*	120 caps/month	360 caps/3 months
Kadian 50 mg	No*	120 caps/month	360 caps/3 months
Kadian 60 mg	No*	120 caps/month	360 caps/3 months
Kadian 70 mg	No*	120 caps/month	360 caps/3 months
Kadian 80 mg	No*	120 caps/month	360 caps/3 months
Kadian 100 mg	No*	120 caps/month	360 caps/3 months
Kadian 130 mg	No*	120 caps/month	360 caps/3 months
Kadian 150 mg	No*	120 caps/month	360 caps/3 months

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MHBP Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Kadian 200 mg	No*	120 caps/month	360 caps/3 months
Kerydin	Yes	Provided during PA Review	
Kisqali	Yes	Provided during PA Review	
Kisqali Femara	Yes	Provided during PA Review	
Lazanda	Yes	Provided during PA Review	
levalbuterol inhalation solution	No	4 packages /month	12 packages /3 months
Levorphanol tab 2 mg	No*	120 tabs/month	360 tabs/3 months
lidocaine patch 5%	Yes	Provided during PA Review	
lidocaine gel 2%, 4%	No*	30gm/ month	30gm/ 3 months
lidocaine ointment 5%	No*	50gm/ month	50gm/ 3 months
lidocaine solution 4%	No*	50mL/ month	50mL/ 3 months
lidocaine-tetracaine 7-7% cream	No*	30gm/ month	30gm/ 3 months
lidocaine-tetracaine 70-70mg patch	No*	2 patches/ month	2 patches/ month
Lidoderm patch 5%	Yes	Provided during PA Review	
linezolid	Yes	Provided during PA Review	
Linzess	Yes	Provided during PA Review	
Lonsurf	Yes	Provided during PA Review	
Lotronex	Yes	Provided during PA Review	
Lunesta	Yes†	30ea/month	90ea/3 months
Lynparza	Yes	Provided during PA Review	
Marinol 2.5mg, 5mg, 10mg	No*	60 caps/month	180 caps/3 months
Maxalt / Maxalt MLT 5mg, 10mg	No*	18 tablets/month	54 tablets/3 months
Mekinist	Yes	Provided during PA Review	
Meperidine oral soln 50 mg/5 mL	No*	90mL/month	90ml/3 months
Meperidine tab 50 mg	No*	18 tabs/month	18 tabs/3 months
Meperidine tab 100 mg	No*	18 tabs/month	18 tabs/3 months
Metadate CD 10mg, 20mg, 30mg	No*	60 caps/ month	180 caps/ month
Metadate CD 40mg, 50mg	No*	30 caps/ month	90 caps/ month
Metadate 60mg	No	30 caps/ month	90 caps/ month
metformin extended-release (Glumetza and Fortamet)	Yes	Provided during PA Review	
Methadone 5 mg/5 mL Oral soln	No*	450mL/month	1350mL/3 months
Methadone 10 mg/5 mL Oral soln	No*	450mL/month	1350mL/3 months
Methadone 10 mg/5 mL Intensol soln	No*	90mL/month	270mL/3 months
Methadone 200 mg/20 mL inj	No*	20mL (1 multidose vial)/month	60mL (3 multidose vials)/3 months
Methadose 5mg	No*	90 tabs/month	270 tabs/3 months
Methadose 10 mg	No*	90 tabs/month	270 tabs/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Methitest	Yes	Provided during PA Review	
Methylin Chewable	No*	180 tabs/ month	540 tabs/ 3 months
Methylphenidate 5mg, 10mg	No*	180 tabs/ month	540 tabs/ 3 months
Methylphenidate 20mg	No*	90 tabs/ month	270 tabs/ 3 months
Methylphenidate oral solution 5mg/ 5mL	No*	1800mL/ month	5400mL/ 3 months
Methylphenidate oral solution 10mg/5 mL	No*	900mL/ month	2700mL/ 3 months
Methylphenidate ER 10mg, 20mg	No*	90 tabs/ month	270 tabs/ 3 months
methyltestosterone oral (caps)	Yes	Provided during PA Review	
methyltestosterone oral (tabs)	Yes	Provided during PA Review	
Migranal Nasal Spray 8ml	No	1 kit x 8 nasal units/ month	3 kits x 24 nasal units/ 3 months
modafinil	Yes	Provided during PA Review	
MorphaBond 15 mg	No*	60 tabs/month	180 tabs/3 months
MorphaBond 30 mg	No*	60 tabs/month	180 tabs/3 months
MorphaBond 60 mg	No*	60 tabs/month	180 tabs/3 months
MorphaBond 100 mg	No*	60 tabs/month	180 tabs/3 months
Morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)	No*	180mL/month	540mL/ 3 months
Morphine sulfate oral soln 10 mg/5 mL	No*	900mL/month	2700mL/ 3 months
Morphine sulfate oral soln 20 mg/5 mL	No*	900mL/month	2700mL/ 3 months
Morphine sulfate supp 5 mg	No*	180 supps/month	540 supps/3 months
Morphine sulfate supp 10 mg	No*	180 supps/month	540 supps/3 months
Morphine sulfate supp 20 mg	No*	180 supps/month	540 supps/3 months
Morphine sulfate supp 30 mg	No*	180 supps/month	540 supps/3 months
Morphine sulfate tab 15 mg	No*	180 supps/month	540 supps/3 months
Morphine sulfate tab 30 mg	No*	180 supps/month	540 supps/3 months
MS Contin 15 mg	No*	90 tabs/month	270 tabs/3 months
MS Contin 30 mg	No*	90 tabs/month	270 tabs/3 months
MS Contin 60 mg	No*	90 tabs/month	270 tabs/3 months
MS Contin 100 mg	No*	90 tabs/month	270 tabs/3 months
MS Contin 200 mg	No*	90 tabs/month	270 tabs/3 months
Mugard	No	Provided during PA Review	
Mydayis 12.5mg, 25mg	No*	60caps/month	180caps/3 months
Mydayis 37.5mg, 50mg	No*	30caps/month	90caps/3 months
Myorisan	Yes	Provided during PA Review	
Naratriptan	No*	12 tablets/month	36 tablets/3 months
Nasonex	No	2 packages/month	6 packages/3 months
Natesto	Yes†	Provided during PA Review	

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MHBP Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
New to Market Drugs	Yes	Provided during PA Review	
Nerlynx	Yes	Provided during PA Review	
Nexavar	Yes	Provided during PA Review	
Ninlaro	Yes	Provided during PA Review	
Nucynta ER 50 mg	No*	300 tabs/ month	900 tabs/3 months
Nucynta ER 100 mg	No*	150 tabs/ month	450 tabs/3 months
Nucynta ER 150 mg	No*	90 tabs/ month	270 tabs/3 months
Nucynta ER 200 mg	No*	60 tabs/ month	180 tabs/3 months
Nucynta ER 250 mg	No*	60 tabs/ month	180 tabs/3 months
Nuvigil	Yes†	Provided during PA Review	
Odomzo	Yes	Provided during PA Review	
Oforta	Yes	Provided during PA Review	
olopatadine (Patanase)	No	1 package/month	3 packages /3 months
omeprazole/sodium bicarbonate (Zegerid)	Yes	Provided during PA Review	
Omnaris	Yes†	1 package/month	3 packages /3 months
Ondansetron 4 mg & 8 mg ODT	No*	18 tabs/21 days	18 tabs/21 days
Ondansetron 4 mg (tablets)	No*	18 tabs/21 days	18 tabs/21 days
ondansetron 8 mg (tablets)	No*	18 tabs/21 days	18 tabs/21 days
ondansetron 24 mg (tablet)	No*	2 tabs/21 days	2 tabs/21 days
ondansetron Injection	No*	20ml/21 days	20ml/21 days
ondansetron Oral Solution		200ml/21 days	200ml/21 days
Onsolis	Yes	Provided during PA Review	
Onzetra Xsail	No*	1 kit (8 pouches)/ month	3 kits (24 pouches)/ 3 months
Opana ER^ 5mg, 7.5mg, 10mg, 15mg, 20mg	No*	120ea/month	360ea/ 3months
Opana ER^30mg, 40mg	No*	60ea/month	180ea/3 months
Oxaydo 5 mg	No*	240 tabs/month	720 tabs/3 months
Oxaydo 7.5 mg	No*	360 tabs/month	1080 tabs/3 months
Oxycodone cap 5 mg	No*	180 caps/month	540 caps/3 months
Oxycodone tab 5 mg	No*	180 tabs/month	540 tabs/3 months
Oxycodone tab 10 mg	No*	180 tabs/month	540 tabs/3 months
Oxycodone tab 15 mg	No*	180 tabs/month	540 tabs/3 months
Oxycodone tab 20 mg	No*	180 tabs/month	540 tabs/3 months
Oxycodone tab 30 mg	No*	180 tabs/month	540 tabs/3 months
Oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)	No*	180mL/month	540mL/3 months
Oxycodone soln 5 mg/5 mL	No*	900mL/month	2700mL/3 months
Oxycodone/APAP soln 5-325 mg/5 mL	No	1800mL/month	5400mL/ 3 months

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MHBP Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Oxycodone/APAP tab 2.5/325 mg	No	360 tabs/month	1080 tabs/month
Oxycodone/APAP tab 5/300 mg	No	360 tabs/month	1080 tabs/month
Oxycodone/APAP tab 5/325 mg	No	360 tabs/month	1080 tabs/month
Oxycodone/APAP tab 5/400 mg	No	300 tabs/month	900 tabs/month
Oxycodone/APAP cap 5/500 mg	No	240 tabs/month	720 tabs/3 months
Oxycodone/APAP tab 7.5/300 mg	No	240 tabs/month	720 tabs/3 months
Oxycodone/APAP tab 7.5/325 mg	No	240 tabs/month	720 tabs/3 months
Oxycodone/APAP tab 7.5/400 mg	No	240 tabs/month	720 tabs/3 months
Oxycodone/APAP tab 7.5/500 mg	No	240 tabs/month	720 tabs/3 months
Oxycodone/APAP tab 10/300 mg	No	180 tabs/month	540 tabs/3 months
Oxycodone/APAP tab 10/325 mg	No	180 tabs/month	540 tabs/3 months
Oxycodone/APAP tab 10/400 mg	No	180 tabs/month	540 tabs/3 months
Oxycodone/APAP tab 10/500 mg	No	180 tabs/month	540 tabs/3 months
Oxycodone/APAP tab 10/650 mg	No	180 tabs/month	540 tabs/3 months
Oxycodone/ASA tab 4.8355/325 mg	No	360 tabs/month	1080 tabs/month
Oxycodone-ibuprofen 5/400mg (Combunox)	No	28ea/month	28ea/month
OxyContin 10 mg	No*	120 tabs/month	360 tabs/3 months
OxyContin 15 mg	No*	120 tabs/month	360 tabs/3 months
OxyContin 20 mg	No*	120 tabs/month	360 tabs/3 months
OxyContin 30 mg	No*	120 tabs/month	360 tabs/3 months
OxyContin 40 mg	No*	120 tabs/month	360 tabs/3 months
OxyContin 60 mg	No*	120 tabs/month	360 tabs/3 months
OxyContin 80 mg	No*	120 tabs/month	360 tabs/3 months
Oxymorphone tab 5 mg	No*	180 tabs/month	540 tabs/3 months
Oxymorphone tab 10 mg	No*	180 tabs/month	540 tabs/3 months
palonosetron HCl Injection 0.25mg/2ml	No	4ml/21 days	4ml/21 days
Patanase	No	1 package/month	3 packages /3 months
Pediprox Nail Kit	Yes	Provided during PA Review	
Penlac Nail Lacquer	Yes	Provided during PA Review	
Pentazocine/APAP tab 25/650 mg	No	180 caps/month	540 caps/3 months
Pentazocine/naloxone 50/0.5 mg	No*	180 tabs/month	540 tabs/3 months
Perforomist 30 vials/carton	No	2 package/ month	6 packages/3 months
Perforomist 60 vials/carton	No	1 package/ month	3 packages/3 months
Pliaglis	No*	30gm/ month	30gm/ 3 months
Pomalyst	Yes	Provided during PA Review	
ProAir HFA	Yes	2 packages /month	6 packages /3 months
ProAir RespiClick	Yes	2 packages /month	6 packages /3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
ProCentra oral solution	No*	1200mL/ month	3600mL/ 3 months
Protopic	Yes	Provided during PA Review	
Proventil HFA	Yes†	2 packages /month	6 packages /3 months
Provigil (all oral forms)	Yes	Provided during PA Review	
Prudoxin	Yes	Provided during PA Review	
Pulmicort Flexhaler 90mcg	No	3 packages /month	9 packages /3 months
Pulmicort Flexhaler 180mcg	No	2 packages /month	6 packages /3 months
Pulmicort Respules 0.25mg	No	3 packages/month	9 packages/3 months
Pulmicort Respules 0.5mg	No	2 packages /month	6 packages /3 months
Pulmicort Respules 1mg	No	1 package/month	3 packages /3 months
QNASL 40mcg	Yes†	1 package (4.9gm) / month	3 packages (4.9gm) / 3 months
QNASL 40mcg	Yes†	1 package (4.9gm) / month	2 packages (8.7gm) / 3 months
QNASL 80mcg	Yes†	1 package/month	3 packages /3 months
Quaaluan	Yes	Provided during PA Review	
QuilliChew ER 20mg, 30mg	No*	60 tabs/ month	180 tabs/ 3 months
QuilliChew ER 40mg	No*	30 tabs/ month	90 tabs/ 3 months
Quillivant XR oral suspension 25mg/5mL	No*	360mL/ month	1080ml/ 3 months
quinine (Quaaluan)	Yes	Provided during PA Review	
QVAR Inhaler 40mcg	No	2 packages /month	6 packages /3 months
QVAR Inhaler 80mcg	No	2 packages /month	6 packages /3 months
Relenza	No*	40 blisters/ 90 days	40 blisters/90 days
Relpax 20mg, 40mg	No*	12 tablets/month	36 tablets/3 months
Restoril	No	30ea/month	90ea/3 months
Retin-A (all topical forms)	Yes	Provided during PA Review	
Retin-A Micro (all topical forms)	Yes	Provided during PA Review	
Revlimid	Yes	Provided during PA Review	
Ritalin LA 10mg, 20mg, 30mg	No*	60 caps/ month	180 caps/ 3 months
Ritalin LA 40mg	No*	30 caps/ month	90 caps/ month
Ritalin LA 60mg	No	30 caps/ month	90 caps/ month
rizatriptan 5mg, 10mg	No*	18 tablets/month	54 tablets/3 months
rizatriptan orally disintegrating 5mg, 10mg	No*	18 tablets/month	54 tablets/3 months
RoxyBond 5 mg	No*	540 tabs/month	1620 tabs/3 months
RoxyBond 15 mg	No*	180 tabs/month	540 tabs/3 months
RoxyBond 30 mg	No*	180 tabs/month	540 tabs/3 months
Rozerem	Yes†	30ea/month	90ea/3 months
Rubraca	Yes	Provided during PA Review	

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MHBP Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Rydapt	Yes	Provided during PA Review	
Sancuso 3.1mg/24hr patch	No*	2 patches/21 days	2 patches/21 days
Seebri Neohaler	No	1 package (60 capsules)/ month	3 packages (180 capsules)/ 3 months
Serevent Diskus	No	1 package/ month	3 packages/3 months
Sonata	No	30ea/month	90ea/3 months
Soriatane	Yes	Provided during PA Review	
Sotret	Yes	Provided during PA Review	
Spiriva Handihaler 30 caps/carton	No	1 package/month	3 packages/3 months
Spiriva Handihaler 60 caps/carton	No	1 package/ 3 months	1 packages/3 months
Spiriva Respimat	No	1 package/ month	3 packages/3 months
Sprycel	Yes	Provided during PA Review	
Stiolto Respimat	No	1 package/month	3 packages/3 months
Stivarga	Yes	Provided during PA Review	
Strattera 10mg, 18mg, 25mg	No	120 caps/ month	360 caps/ 3 months
Strattera 40mg	No	60 caps/ month	180 caps/ 3 months
Strattera 60mg, 80mg, 100mg	No	30 caps/ month	90 caps/ month
Striant	Yes	Provided during PA Review	
Striverdi Respimat	No	1 package/ month	3 packages/3 months
Subsys	Yes	Provided during PA Review	
Sumavel DosePro 4mg	No*†	18 injections/month	54 injections/3 months
Sumavel DosePro 6mg	No*†	12 injections/month	36 injections/3 months
sumatriptan 20mg Nasal Spray	No*	12 units/month	36 units/3 months
sumatriptan 25mg, 50mg, 100mg tab	No*	12 tablets/month	36 tablets/3 months
sumatriptan 5mg Nasal Spray	No*	24 units/month	72 units/3 months
sumatriptan Inj Syringes 4mg	No*	18 syringes/month	54 syringes/3 months
sumatriptan Inj Syringes 6mg	No*	12 syringes/month	36 syringes/3 months
sumatriptan Inj Vial	No*	12 vials/month	40 vials/3 months
Sustol Extended-Release Injection 10mg/.4ml	No*	0.8ml/21 days	0.8ml/21 days
Sutent	Yes	Provided during PA Review	
Symbicort Aerosol	Yes	1 package/ month	3 packages/3 months
Syndros oral solution	No*	120ml/ month	360ml/ 3 months
Synera	No*	2 patches/ month	2 patches/ 3 months
Tamiflu 30mg	No*	28 caps/90 days	28 caps/90 days
Tamiflu 45mg	No*	14 caps/90days	14 caps/90 days
Tamiflu liquid 6mg/ml suspension	No*	180ml/90days	180ml/90 days
Tamiflu 75mg	No*	14 caps/90days	14 caps/90 days

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Tafinlar	Yes	Provided during PA Review	
Tagrisso	Yes	Provided during PA Review	
Tapentadol 50 mg	No*	360 tabs/month	1080 tabs/3 months
Tapentadol 75 mg	No*	240 tabs/month	720 tabs/3 months
Tapentadol 100 mg	No*	180 tabs/month	540 tabs/3 months
Tarceva	Yes	Provided during PA Review	
Targiniq ER 10 mg/5 mg	No*	480 tabs/month	1440 tabs/3 months
Targiniq ER 20 mg/10 mg	No*	240 tabs/month	720 tabs/3 months
Targiniq ER 40 mg/20 mg	No*	120 tabs/month	360 tabs/3 months
Targretin	Yes	Provided during PA Review	
Tasigna	Yes	Provided during PA Review	
Tazorac	Yes	Provided during PA Review	
temazepam	No	30ea/month	90ea/3 months
Temodar	Yes	Provided during PA Review	
temozolomide	Yes	Provided during PA Review	
Testim	Yes†	Provided during PA Review	
Testopel Pellets	Yes	Provided during PA Review	
Testosterone Cypionate Powder	Yes	Provided during PA Review	
Testosterone Cypionate Injection	Yes	Provided during PA Review	
Testosterone Enanthate (Bulk)	Yes	Provided during PA Review	
Testosterone Enanthate (Injection)	Yes	Provided during PA Review	
Testosterone Gel	Yes†	Provided during PA Review	
Testosterone Misc	Yes	Provided during PA Review	
Testosterone Powder	Yes	Provided during PA Review	
Testosterone Solution	Yes	Provided during PA Review	
Testosterone Cream	Yes	Provided during PA Review	
Testosterone Ointment	Yes	Provided during PA Review	
Testosterone Patches	Yes	Provided during PA Review	
Testosterone Pellets	Yes	Provided during PA Review	
Testosterone Propionate Ointment	Yes	Provided during PA Review	
Testosterone Propionate Powder	Yes	Provided during PA Review	
Testred	Yes	Provided during PA Review	
Thalomid	Yes	Provided during PA Review	
Tramadol 50 mg	No*	180 tabs/month	540 tabs/3 months
Tramadol ER 100 mg	No*	30 tabs/month	90 tabs/3 months
Tramadol ER 150 mg	No*	30 caps/month	90 caps/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Tramadol ER 200 mg	No*	30 tabs/month	90 tabs/3 months
Tramadol ER 300 mg	No*	30 tabs/month	90 tabs/3 months
Tramadol/APAP 37.5/325 mg	No	40 tabs/month	40 tabs/3 months
tretinoin (all topical forms)	Yes	Provided during PA Review	
Tretin-X (all topical forms)	Yes	Provided during PA Review	
Treximet 10mg/60mg	No*	9 tablets/month	18 tablets/ 3months
Treximet 85mg/500mg	No*	9 tablets/month	36 tablets/3 months
triamcinolone acetonide nasal spray	No	1 package/month	3 packages /3 months
triazolam	No*	10ea/month	30ea/3 months
Troxyca ER 10 mg/1.2 mg	No*	60 caps/month	180 caps/3 months
Troxyca ER 20 mg/2.4 mg	No*	60 caps/month	180 caps/3 months
Troxyca ER 30 mg/3.6 mg	No*	60 caps/month	180 caps/3 months
Troxyca ER 40 mg/4.8 mg	No*	60 caps/month	180 caps/3 months
Troxyca ER 60 mg/7.2 mg	No*	60 caps/month	180 caps/3 months
Troxyca ER 80 mg/9.6 mg	No*	60 caps/month	180 caps/3 months
Tudorza Pressair 60 inhalations	Yes†	1 package/month	3 packages /3 months
Tudorza Pressair 30 inhalations	Yes†	2 package/month	6 packages /3 months
Tykerb	Yes	Provided during PA Review	
Ultram ER 100 mg	No*	30 tabs/month	90 tabs/3 months
Ultram ER 200 mg	No*	30 tabs/month	90 tabs/3 months
Ultram ER 300 mg	No*	30 tabs/month	90 tabs/3 months
Utibron Neohaler	No	1 package/month	3 packages /3 months
Valchlor Gel	Yes	Provided during PA Review	
vandetanib	Yes	Provided during PA Review	
Vantrela ER 15 mg	No*	360 tabs/month	1080 tabs/month
Vantrela ER 30 mg	No*	180 tabs/month	540 tabs/month
Vantrela ER 45 mg	No*	120 tabs/month	360 tabs/month
Vantrela ER 60 mg	No*	90 tabs/month	270 tabs/month
Vantrela ER 90 mg	No*	60 tabs/month	180 tabs/month
Varubi	No	2 packs/ 21 days	2 packs/ 21 days
Veltin Gel	Yes	Provided during PA Review	
Ventolin HFA 18g inhaler	Yes†	2 packages/month	6 packages/3 months
Ventolin HFA 8g inhaler	Yes†	6 packages/month	18 packages/3 months
Veramyst	Yes	1 package/month	3 packages /3 months
Viberzi	Yes	Provided during PA Review	
Vogelxo	Yes†	Provided during PA Review	
Voltaren Gel	Yes	Provided during PA Review	

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^ Removed from the market

* Prior authorization may be required if dispensing limits are exceeded.

† Formulary Prior Authorization Required. Please contact 1-855-240-0536

MHBP Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Votrient	Yes	Provided during PA Review	
Vyvanse 10mg, 20mg, 30mg	No	60 caps/ month	180 caps/ 3 months
Vyvanse 40mg, 50mg, 60mg, 70mg	No	30 caps/ month	90 caps/ 3 months
Xalkori	Yes	Provided during PA Review	
Xartemis XR [^]	No	360 tabs/month	360 tabs/month
Xeloda	Yes	Provided during PA Review	
Xermelo	Yes	Provided during PA Review	
Xopenex 0.31mg/3ml	Yes [†]	4 packages/month	12 packages/3 months
Xopenex 0.63mg/3ml	Yes [†]	4 packages/month	12 packages/3 months
Xopenex 1.25mg/3ml	Yes [†]	4 packages/month	12 packages/3 months
Xopenex concentrate 1.25mg/0.5ml	Yes [†]	3 packages /month	9 packages /3 months
Xopenex HFA	Yes [†]	2 packages/month	6 packages/3 months
Xtampza ER 9 mg	No*	960 caps/month	2880 caps/3 months
Xtampza ER 13.5 mg	No*	630 caps/month	1890 caps/3 months
Xtampza ER 18 mg	No*	480 caps/month	1440 caps/3 months
Xtampza ER 27 mg	No*	300 caps/month	900 caps/3 months
Xtampza ER 36 mg	No*	240 caps/month	720 caps/3 months
Xtandi	Yes	Provided during PA Review	
Yondelis	No	Limit does not apply	
Zejula	Yes	Provided during PA Review	
Zelboraf	Yes	Provided during PA Review	
Zembrace Sym Touch	No*	24 injectors/ month	72 injectors/ 3 months
Zenatane	Yes	Provided during PA Review	
Zenzedi 2.5mg, 5mg, 7.5mg, 10mg	No*	120tabs/month	360tabs/3 months
Zenzedi 15mg, 20mg	No*	60tabs/month	180tabs/3 months
Zenzedi 30mg	No*	30tabs/month	90tabs/3 months
Zetonna	Yes [†]	1 package/month	3 packages /3 months
Ziana (all topical forms)	Yes	Provided during PA Review	
Zofran Injection	No*	20ml/21 days	20ml/21 days
Zofran 4 mg & 8 mg ODT	No*	18 tabs/21 days	18 tabs/21 days
Zofran 4 mg (tablets)	No*	18 tabs/21 days	18 tabs/21 days
Zofran 8 mg (tablets)	No*	18 tabs/21 days	18 tabs/21 days
Zofran Oral Solution	No*	200ml/21 days	200ml/21 days
Zohydro ER 10 mg	No*	120 caps/month	360 caps/month
Zohydro ER 15 mg	No*	120 caps/month	360 caps/month
Zohydro ER 20 mg	No*	120 caps/month	360 caps/month
Zohydro ER 30 mg	No*	120 caps/month	360 caps/month

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MHBP Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Zohydro ER 40 mg	No*	120 caps/month	360 caps/month
Zohydro ER 50 mg	No*	120 caps/month	360 caps/month
Zolinza	Yes	Provided during PA Review	
zolmitriptan 2.5mg, 5mg	No*	12 tablets/month	36 tablets/3 months
zolmitriptan orally disintegrating 2.5mg, 5mg	No*	12 tablets/month	36 tablets/3 months
zolpidem	No	30ea/month	90ea/3 months
zolpidem CR	No	30ea/month	90ea/3 months
Zomig Nasal Spray	No*	12 units/month	36 units/3 months
Zomig/Zomig ZMT 2.5mg, 5mg tablets	No*	12 tablets/month	36 tablets/3 months
Zonalon	Yes	Provided during PA Review	
Zuplenz	No*	18 films/21 days	18 films/21 days
Zykadia	Yes	Provided during PA Review	
Zytiga	Yes	Provided during PA Review	
Zyvox	Yes	Provided during PA Review	

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