



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. Generic products are listed in *italics*.

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	
<i>adapalene</i>	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	
Aimovig (CGRP Antagonists)	Yes	Provided during PA Review	
Ajovy (CGRP Antagonists)	Yes	Provided during PA Review	
Airduo Resplick	No	1 package/ month	3 packages/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Akyzeno	No*	2 capsule /21 days	2 capsule /21 days
<i>albuterol 0.5%, 2.5mg/0.5ml inhalation soln. 20ml/bottle size</i>	No	3 packages /month	9 packages /3 months
<i>albuterol 0.5%, 2.5mg/0.5ml inhalation soln. 30 vials/carton size</i>	No	4 packages /month	12 packages /3 months
<i>albuterol solution 0.083% 25 vials/carton size</i>	No	5 packages /month	15 packages /3 months
<i>albuterol solution 0.083% 30 vials/carton size</i>	No	4 packages /month	12 packages /3 months
<i>albuterol solution 0.083% 60 vials/carton size</i>	No	2 packages /month	6 packages /3 months
<i>albuterol 0.021%, 0.63mg/3ml and 0.042%, 1.25mg/3ml inhalation solution 25 vials/carton size</i>	No	5 packages /month	15 packages /3 months
<i>albuterol 0.021%, 0.63mg/3ml and 0.042%, 1.25mg/3ml inhalation solution 30 vials/carton size</i>	No	4 packages /month	12 packages /3 months
<i>alclometasone cream/ointment</i>	No*	120 units/month	360 units/month
Alecensa	Yes	Provided during PA Review	
<i>almotriptan malate</i>	No*	18/month	54/3 months
<i>alosetron (Lotronex)</i>	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
<i>amcinonide cream/lotion/ointment</i>	No*	120 units/month	360 units/month
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
<i>APAP/codeine soln 120-12 mg/5 mL</i>	No	2700mL/month	8100mL/3 months
<i>APAP/codeine susp 120-12 mg/5 mL</i>	No	2700mL/month	8100mL/3 months

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<i>APAP/codeine tab 300/15 mg</i>	No	400 tabs/month	1200 tabs/3 months
<i>APAP/codeine tab 300/30 mg</i>	No	360 tabs/month	1080 tabs/3 months
<i>APAP/codeine tab 300/60 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>APAP/caffeine/dihydrocodeine cap 320.5/30/16 mg</i>	No	300 caps/month	900 caps/3 months
<i>APAP/caffeine/dihydrocodeine tab 325/30/16 mg</i>	No	300 tabs/month	900 tabs/3 months
<i>APAP/caffeine/dihydrocodeine cap 356.4/30/16 mg</i>	No	300 caps/month	900 caps/3 months
<i>APAP/caffeine/dihydrocodeine tab 712.8/60/32 mg</i>	No	150 tabs/month	450 tabs/3 months
<i>ASA/caffeine/dihydrocodeine cap 356.4/30/16 mg</i>	No <u>∞</u>	300 caps/month	900 caps/3 months
Apexicon E Cream	No*	120 units/month	360 units/month
<i>aprepitant 150mg vial for injection</i>	No*	2 vials/21 days	2 vials/21 days
<i>aprepitant 125mg for Oral Suspension</i>	No*	6 kits/ 21 days	6 kits/ 21 days
<i>aprepitant 125mg</i>	No*	2 caps/21 days	2 caps/21 days
<i>aprepitant 40mg</i>	No*	3 caps/6 months	3 caps/6 months
<i>aprepitant 80mg</i>	No*	4 caps/21 days	4 caps/21 days
<i>aprepitant therapy tri pack (2 x 80mg and 1 x 125mg combined)</i>	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
<i>armodafinil</i>	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*	90 tabs/month	270 tabs/3 months
Arymo ER 30 mg	No*	90 tabs/month	270 tabs/3 months
Arymo ER 60 mg	No*	90 tabs/month	270 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

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		Retail	Mail Order
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
<i>augmented betamethasone gel</i>	No*	120 units/month	360 units/month
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	<u>No*</u>	30 caps/month	90 caps/3 months
Avinza 75 mg	<u>No*</u>	30 caps/month	90 caps/3 months
Avinza 90 mg	<u>No*</u>	30 caps/month	90 caps/3 months
Avinza 120 mg	<u>No*</u>	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*	60 films/month	180 films/3 months
Belbuca 150 mcg	No*	60 films/month	180 films/3 months
Belbuca 300 mcg	No*	60 films/month	180 films/3 months
Belbuca 450 mcg	No*	60 films/month	180 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
<i>betamethasone dipropionate cream/lotion/ointment</i>	No*	120 units/month	360 units/month
<i>betamethasone valerate cream/lotion/ointment</i>	No*	120 units/month	360 units/month
Bevespi Aerosphere	No	1 package/ month	3 packages/3 months
bexarotene	Yes	Provided during PA Review	
Bosulif	Yes	Provided during PA Review	
Botox	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
<i>budesonide nasal spray</i>	No	2 packages/month	6 packages/3 months
<i>budesonide Inhalation Suspension 0.25mg</i>	No	3 packages/month	9 packages/3 months
<i>budesonide Inhalation Suspension 0.5mg</i>	No	2 packages /month	6 packages /3 months
<i>budesonide Inhalation Suspension 1mg</i>	No	1 package/month	3 packages /3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
<i>buprenorphine 75 mcg</i>	No* No*	720 films/month	2160 films/3 months
<i>buprenorphine 150 mcg</i>	No* No*	360 films/month	1080 films/3 months
<i>buprenorphine 300 mcg</i>	No* No*	180 films/month	540 films/3 months
<i>buprenorphine 450 mcg</i>	No* No*	120 films/month	360 films/3 months
<i>buprenorphine 600 mcg</i>	No* No*	60 films/month	180 films/3 months
<i>buprenorphine 750 mcg</i>	No* No*	60 films/month	180 films/3 months
<i>buprenorphine 900 mcg</i>	No* No*	60 films/month	180 films/3 months
<i>buprenorphine transdermal 5 mcg/hr</i>	No* No*	16 patches/month	48 patches/3 months
<i>buprenorphine transdermal 7.5 mcg/hr</i>	No* No*	8 patches/month	24 patches/3 months
<i>buprenorphine transdermal 10 mcg/hr</i>	No* No*	8 patches/month	24 patches/3 months
<i>buprenorphine transdermal 15 mcg/hr</i>	No* No*	4 patches/month	12 patches/3 months
<i>buprenorphine transdermal 20 mcg/hr</i>	No* No*	4 patches/month	12 patches/3 months
<i>butorphanol nasal spray</i>	No*	2 bottles/month	6 bottles/3 months
Butrans 5 mcg/hr	No*	4 patches/month	12 patches/3 months
Butrans 7.5 mcg/hr	No*	4 patches/month	12 patches/3 months
Butrans 10 mcg/hr	No*	4 patches/month	12 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	
<i>calcipotriene topical products</i>	Yes	Provided during PA Review	
<i>calcitrene</i>	Yes	Provided during PA Review	
<i>capecitabine</i>	Yes	Provided during PA Review	
Caprelsa	Yes	Provided during PA Review	
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	
<i>clobetasol</i>	No*	120 units/month	360 units/month
<i>clobetason E</i>	No*	120 units/month	360 units/month
Clobex	No*	120 units/month	360 units/month
Cloderm	No*	120 units/month	360 units/month
CNL8 Nail Kit	Yes	Provided during PA Review	
<i>codeine sulfate oral soln 30 mg/5 mL</i>	No*	210mL/month	210mL/3 months
<i>codeine sulfate tab 15 mg</i>	No*	42 tabs/month	42 tabs/3 months
<i>codeine sulfate tab 30 mg</i>	No*	42 tabs/month	42 tabs/3 months
<i>codeine sulfate tab 60 mg</i>	No*	42 tabs/month	42 tabs/3 months
Combivent Respimat	No	2 packages /month	6 packages /3 months

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		Retail	Mail Order
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
Cordran	No*	120 units/month	360 units/month
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
<i>cromolyn inhalation solution 60 vials</i>	No	2 packages /month	6 packages /3 months
<i>cromolyn inhalation solution 120 vials</i>	No	1 package/month	3 packages /3 months
Cutivate	No*	120 units/month	360 units/month
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	
Desonate	No*	120 units/month	360 units/month
Desonide	No*	120 units/month	360 units/month
Desowen	No*	120 units/month	360 units/month
Desoximetas	No*	120 units/month	360 units/month
Desoxyn 5mg	No	150 tabs/ month	450 tabs/ 3 months
<i>dexmethylphenidate extended release 25mg, 30mg, 35mg, 40mg</i>	No	30 caps/ month	90 caps/ 3 months
<i>dextroamphetamine 2.5mg, 5mg, 7.5mg, 10mg</i>	No*	120 tabs/ month	360 tabs/ 3 months
<i>dextroamphetamine 15mg, 20mg</i>	No*	60 tabs/ month	180 tabs/ 3 months
<i>dextroamphetamine 30mg</i>	No*	30 tabs/ month	90 tabs/ 3 months
Dexedrine Spansule 5mg, 10mg	No*	120 caps/ month	360 caps/ 3 months
Dexedrine Spansule 15mg	No*	60 caps/ month	180 caps/ 3 months
Diabetic Test Strips	No*†	200 test strips/ month	600 test strips/ month
<i>diclofenac sodium topical gel 1%</i>	Yes	Provided during PA Review	
<i>diclofenac sodium topical solution 1.5% & 2%</i>	Yes	Provided during PA Review	

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		Retail	Mail Order
Differin	Yes	Provided during PA Review	
<i>diflorasone</i>	No*	120 units/month	360 units/month
Diprolene	No*	120 units/month	360 units/month
Diprolene AF	No*	120 units/month	360 units/month
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
Dovonex	Yes	Provided during PA Review	
<i>doxepin cream</i>	Yes	Provided during PA Review	
<i>dronabinol</i>	No*	60 caps/ month	180 caps/ 3 months
Duexis	Yes	Provided during PA Review	
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
Dysport	Yes	Provided during PA Review	
<i>eletriptan</i>	No*	12 tablets/month	36 tablets/3 months
Elidel	Yes	Provided during PA Review	
Elcon	No*	120 units/month	360 units/month
Embeda 20/0.8 mg	No*	60 caps/month	180 caps/3 months
Embeda 30/1.2 mg	No*	60 caps/month	180 caps/3 months
Embeda 50/2 mg	No*	60 caps/month	180 caps/3 months
Embeda 60/2.4 mg	No*	60 caps/month	180 caps/3 months
Embeda 80/3.2 mg	No*	60 caps/month	180 caps/3 months
Embeda 100/4 mg	No*	60 caps/month	180 caps/3 months
Emgality (CGRP Antagonists)	Yes	Provided during PA Review	
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

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		Retail	Mail Order
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
Enstilar	Yes	Provided during PA Review	
Erivedge	Yes	Provided during PA Review	
<i>estazolam</i>	No	30ea/month	90ea/3 months
<i>eszopiclone (Lunesta)</i>	No	30ea/month	90ea/3 months
Euflexxa	Yes	Provided during PA Review	
Evekeo	No*	120 tabs/ month	360 tabs/ 3 months
Exalgo 8 mg	No*	30 tabs/month	90 tabs/3 months
Exalgo 12 mg	No*	30 tabs/month	90 tabs/3 months
Exalgo 16 mg	No*	30 tabs/month	90 tabs/3 months
Exalgo 32 mg	No*	30 tabs/month	90 tabs/3 months
Fabior	Yes	Provided during PA Review	
Farydak	Yes	Provided during PA Review	
<i>fentanyl lozenge</i>	Yes	Provided during PA Review	
Fentora	Yes	Provided during PA Review	
First Testosterone	Yes	Provided during PA Review	
<i>fluocinonide acetate topical</i>	No*	120 units/month	360 units/month
<i>fluocinonide topical</i>	No*	120 units/month	360 units/month
<i>fluticasone topical</i>	No*	120 units/month	360 units/month
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
<i>flunisolide nasal solution</i>	No	3 packages/month	9 packages /3 months
<i>flurazepam</i>	No	30ea/month	90ea/3 months
<i>fluticasone propionate nasal spray</i>	No	1 package/ month	3 packages/3 months
<i>fluoxymesterone oral</i>	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 Aerolizer	No	1 package/ month	3 packages/3 months
Fortesta	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
Frova 2.5mg	No*	18 tablets/month	54 tablets/3 months
Gel-One	Yes	Provided during PA Review	
Gelsyn-3	Yes	Provided during PA Review	
Genvisc 850	Yes	Provided during PA Review	
Gilotrif	Yes	Provided during PA Review	
Gleevec	Yes†	Provided during PA Review	
<i>granisetron tablets (Kytril)</i>	No*	12 tablets/ 21 days	12 tablets/21 days
<i>granisetron injection 0.1 mg/mL or 1 mg/mL (Kytril)</i>	No*	2ml/21 days	2ml/21 days
Halcion	No*	10ea/25 days	30ea/75 days
<i>halobetasol topical</i>	No*	120 units/month	360 units/month
Halog	No*	120 units/month	360 units/month
<i>hc butyrate topical</i>	No*	120 units/month	360 units/month
<i>hc valerate topical</i>	No*	120 units/month	360 units/month
Hyalgan	Yes	Provided during PA Review	
Hycamtin	Yes	Provided during PA Review	
<i>hydrocodone/APAP soln 7.5/325 mg/ 15 mL</i>	<u>No</u>	2700mL/month	8100mL/month
<i>hydrocodone/APAP soln 7.5/500 mg/15 mL</i>	<u>No</u>	2700mL/month	8100mL/month
<i>hydrocodone/APAP elixir 10/300 mg/15 mL</i>	<u>No</u>	2025mL/month	6075mL/month
<i>hydrocodone/APAP soln 10/325 mg/ 15 mL</i>	<u>No</u>	2700mL/month	8100mL/month
<i>hydrocodone/APAP soln 10/500 mg/15 mL</i>	<u>No</u>	2700mL/month	8100mL/month
<i>hydrocodone/APAP tab 2.5/325 mg</i>	<u>No</u>	360 tabs/month	1080 tabs/3 months
<i>hydrocodone/APAP tab 2.5/500 mg</i>	<u>No</u>	240 tabs/month	720 tabs/3 months
<i>hydrocodone/APAP tab 5/300 mg</i>	<u>No</u>	240 tabs/month	720 tabs/3 months
<i>hydrocodone/APAP tab 5/325 mg</i>	<u>No</u>	240 tabs/month	720 tabs/3 months
<i>hydrocodone/APAP tab 5/400 mg</i>	<u>No</u>	240 tabs/month	720 tabs/3 months
<i>hydrocodone/APAP tab 5/500 mg</i>	<u>No</u>	240 tabs/month	720 tabs/3 months
<i>hydrocodone/APAP tab 7.5/300 mg</i>	<u>No</u>	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 7.5/325 mg</i>	<u>No</u>	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 7.5/400 mg</i>	<u>No</u>	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 7.5/500 mg</i>	<u>No</u>	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 7.5/650 mg</i>	<u>No</u>	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 7.5/750 mg</i>	<u>No</u>	150 tabs/month	450 tabs/3 months
<i>hydrocodone/APAP tab 10/300 mg</i>	<u>No</u>	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 10/325 mg</i>	<u>No</u>	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 10/400 mg</i>	<u>No</u>	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 10/500 mg</i>	<u>No</u>	180 tabs/month	540 tabs/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
<i>hydrocodone/APAP tab 10/650 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 10/660 mg</i>	No	150 tabs/month	450 tabs/3 months
<i>hydrocodone/APAP tab 10/750 mg</i>	No	150 tabs/month	450 tabs/3 months
<i>hydrocodone/ibuprofen tab 2.5/200 mg</i>	No	50 tabs/month	50 tabs/3 months
<i>hydrocodone/ibuprofen tab 5/200 mg</i>	No	50 tabs/month	50 tabs/3 months
<i>hydrocodone/ibuprofen tab 7.5/200 mg</i>	No	50 tabs/month	50 tabs/3 months
<i>hydrocodone/ibuprofen tab 10/200 mg</i>	No	50 tabs/month	50 tabs/3 months
<i>hydromorphone liquid 1 mg/mL</i>	No*	600mL/ month	1800mL/3 months
<i>hydromorphone supp 3 mg</i>	No*	120 supps/month	360 supps/3 months
<i>hydromorphone tab 2 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>hydromorphone tab 4 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>hydromorphone tab 8 mg</i>	No*	180 tabs/month	540 tabs/3 months
Hymovis	Yes	Provided during PA Review	
Hyperinflationary Drugs, Standard Formulary	Yes	Provided during PA Review	
Hysingla ER 20 mg	No*	30 tabs/month	90 tabs/3 months
Hysingla ER 30 mg	No*	30 tabs/month	90 tabs/3 months
Hysingla ER 40 mg	No*	30 tabs/month	90 tabs/3 months
Hysingla ER 60 mg	No*	30 tabs/month	90 tabs/3 months
Hysingla ER 80 mg	No*	30 tabs/month	90 tabs/3 months
Hysingla ER 100 mg	No*	30 tabs/month	90 tabs/3 months
Hysingla ER 120 mg	No*	30 tabs/month	90 tabs/3 months
Ibrance	Yes	Provided during PA Review	
Iclusig	Yes	Provided during PA Review	
Idhifa	Yes	Provided during PA Review	
Impoyz	No*	120 units/month	360 units/month
<i>imatinib mesylate</i>	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	
<i>ipratropium inhalation solution 25 vials</i>	No	5 packages/month	15 packages /3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
<i>ipratropium inhalation solution 30 vials</i>	No	4 packages /month	12 packages /3 months
<i>ipratropium inhalation solution 60 vials</i>	No	2 packages /month	6 packages /3 months
<i>ipratropium bromide/albuterol sulfate inhalation solution 30 vials</i>	No	6 packages/month	18 packages /3 months
<i>ipratropium bromide/albuterol sulfate inhalation solution 60 vials</i>	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*	60 caps/month	180 caps/3 months
Kadian 20 mg	No*	60 caps/month	180 caps/3 months
Kadian 30 mg	No*	60 caps/month	180 caps/3 months
Kadian 40 mg	No*	60 caps/month	180 caps/3 months
Kadian 50 mg	No*	60 caps/month	180 caps/3 months
Kadian 60 mg	No*	60 caps/month	180 caps/3 months
Kadian 70 mg	No*	60 caps/month	180 caps/3 months
Kadian 80 mg	No*	60 caps/month	180 caps/3 months
Kadian 100 mg	No*	60 caps/month	180 caps/3 months
Kadian 130 mg	No*	60 caps/month	180 caps/3 months
Kadian 150 mg	No*	60 caps/month	180 caps/3 months
Kadian 200 mg	No*	60 caps/month	180 caps/3 months
Kerydin	Yes	Provided during PA Review	
Kisqali	Yes	Provided during PA Review	
Kisqali Femara	Yes	Provided during PA Review	
Klofensaid II	Yes	Provided during PA Review	
Lazanda	Yes	Provided during PA Review	
<i>levalbuterol inhalation solution</i>	No	4 packages /month	12 packages /3 months
<i>levorphanol tab 2 mg</i>	No*	120 tabs/month	360 tabs/3 months
<i>lidocaine patch 5%</i>	Yes	Provided during PA Review	
<i>lidocaine gel 2%, 4%</i>	No*	30gm/ month	30gm/ 3 months
<i>lidocaine ointment 5%</i>	No*	50gm/ month	50gm/ 3 months
<i>lidocaine solution 4%</i>	No*	50mL/ month	50mL/ 3 months
<i>lidocaine-tetracaine 7-7% cream</i>	No*	30gm/ month	30gm/ 3 months
<i>lidocaine-tetracaine 70-70mg patch</i>	No*	2 patches/ month	2 patches/ month
Lidoderm patch 5%	Yes	Provided during PA Review	
<i>linezolid</i>	Yes	Provided during PA Review	
Linzess	Yes	Provided during PA Review	
Locoid	No*	120 units/month	360 units/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
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	
<i>meperidine oral soln 50 mg/5 mL</i>	No*	90mL/month	90ml/3 months
<i>meperidine tab 50 mg</i>	No*	18 tabs/month	18 tabs/3 months
<i>meperidine tab 100 mg</i>	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
<i>metformin extended-release (Glumetza and Fortamet)</i>	Yes	Provided during PA Review	
<i>methadone 5 mg tablets</i>	No* No*	90 tabs/month	270 tabs/3 months
<i>methadone 10 mg tablets</i>	No* No*	90 tabs/month	270 tabs/3 months
<i>methadone 5 mg/5 mL Oral soln</i>	No* No*	450mL/month	1350mL/3 months
<i>methadone 10 mg/5 mL Oral soln</i>	No* No*	450mL/month	1350mL/3 months
<i>methadone 10 mg/5 mL intensol soln</i>	No* No*	90mL/month	270mL/3 months
<i>methadone 200 mg/20 mL inj</i>	No* 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
Methitest	Yes	Provided during PA Review	
Methylin Chewable	No*	180 tabs/ month	540 tabs/ 3 months
<i>methylphenidate 5mg, 10mg</i>	No*	180 tabs/ month	540 tabs/ 3 months
<i>methylphenidate 20mg</i>	No*	90 tabs/ month	270 tabs/ 3 months
<i>methylphenidate oral solution 5mg/ 5mL</i>	No*	1800mL/ month	5400mL/ 3 months
<i>methylphenidate oral solution 10mg/5 mL</i>	No*	900mL/ month	2700mL/ 3 months
<i>methylphenidate ER 10mg, 20mg</i>	No*	90 tabs/ month	270 tabs/ 3 months
<i>methylphenidate Osmotic ER 72mg</i>	No*	30 tabs/ month	90 tabs/ 3 months
<i>methyltestosterone oral (caps)</i>	Yes	Provided during PA Review	
<i>methyltestosterone oral (tabs)</i>	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
<i>modafinil</i>	Yes	Provided during PA Review	
<i>mometasone solution</i>	No*	120 units/month	360 units/month

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Monovisc	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
<i>morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)</i>	No*	180mL/month	540mL/ 3 months
<i>morphine sulfate oral soln 10 mg/5 mL</i>	No*	900mL/month	2700mL/ 3 months
<i>morphine sulfate oral soln 20 mg/5 mL</i>	No*	900mL/month	2700mL/ 3 months
<i>morphine sulfate supp 5 mg</i>	No*	180 supps/month	540 supps/3 months
<i>morphine sulfate supp 10 mg</i>	No*	180 supps/month	540 supps/3 months
<i>morphine sulfate supp 20 mg</i>	No*	180 supps/month	540 supps/3 months
<i>morphine sulfate supp 30 mg</i>	No*	180 supps/month	540 supps/3 months
<i>morphine sulfate tab 15 mg</i>	No*	180 supps/month	540 supps/3 months
<i>morphine sulfate tab 30 mg</i>	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
Myobloc	Yes	Provided during PA Review	
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	
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 50 mg	No* No*	180 tabs/month	540 tabs/3 months
Nucynta 75 mg	No* No*	180 tabs/month	540 tabs/3 months
Nucynta ER 50 mg	No*	60 tabs/ month	180 tabs/3 months
Nucynta ER 100 mg	No*	60 tabs/ month	180 tabs/3 months
Nucynta ER 150 mg	No*	60 tabs/ month	180 tabs/3 months
Nucynta ER 200 mg	No*	60 tabs/ month	180 tabs/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
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	
<i>olopatadine (Patanase)</i>	No	1 package/month	3 packages /3 months
<i>omeprazole/sodium bicarbonate (Zegerid)</i>	Yes	Provided during PA Review	
Omnaris	Yes†	1 package/month	3 packages /3 months
<i>ondansetron 4 mg & 8 mg ODT</i>	No*	18 tabs/21 days	18 tabs/21 days
<i>ondansetron 4 mg (tablets)</i>	No*	18 tabs/21 days	18 tabs/21 days
<i>ondansetron 8 mg (tablets)</i>	No*	18 tabs/21 days	18 tabs/21 days
<i>ondansetron 24 mg (tablet)</i>	No*	2 tabs/21 days	2 tabs/21 days
<i>ondansetron Injection</i>	No*	20ml/21 days	20ml/21 days
<i>ondansetron Oral Solution</i>		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, 30mg, 40mg	No*	60 tabs/month	180 tabs/ 3 months
Orthovisc	Yes	Provided during PA Review	
Oxaydo 5 mg	No*	360 tabs/month	1080 tabs/3 months
Oxaydo 7.5 mg	No*	360 tabs/month	1080 tabs/3 months
<i>oxycodone cap 5 mg</i>	No*	180 caps/month	540 caps/3 months
<i>oxycodone tab 5 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>oxycodone tab 10 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>oxycodone tab 15 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>oxycodone tab 20 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>oxycodone tab 30 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)</i>	No*	180mL/month	540mL/3 months
<i>oxycodone soln 5 mg/5 mL</i>	No*	900mL/month	2700mL/3 months
<i>oxycodone/APAP soln 5-325 mg/5 mL</i>	No	1800mL/month	5400mL/ 3 months
<i>oxycodone/APAP tab 2.5/325 mg</i>	No	360 tabs/month	1080 tabs/month
<i>oxycodone/APAP tab 5/300 mg</i>	No	360 tabs/month	1080 tabs/month
<i>oxycodone/APAP tab 5/325 mg</i>	No	360 tabs/month	1080 tabs/month
<i>oxycodone/APAP tab 5/400 mg</i>	No	300 tabs/month	900 tabs/month
<i>oxycodone/APAP cap 5/500 mg</i>	No	240 tabs/month	720 tabs/3 months
<i>oxycodone/APAP tab 7.5/300 mg</i>	No	240 tabs/month	720 tabs/3 months
<i>oxycodone/APAP tab 7.5/325 mg</i>	No	240 tabs/month	720 tabs/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
<i>oxycodone/APAP tab 7.5/400 mg</i>	No	240 tabs/month	720 tabs/3 months
<i>oxycodone/APAP tab 7.5/500 mg</i>	No	240 tabs/month	720 tabs/3 months
<i>oxycodone/APAP tab 10/300 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>oxycodone/APAP tab 10/325 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>oxycodone/APAP tab 10/400 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>oxycodone/APAP tab 10/500 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>oxycodone/APAP tab 10/650 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>oxycodone/ASA tab 4.8355/325 mg</i>	No	360 tabs/month	1080 tabs/month
<i>oxycodone-ibuprofen 5/400mg (Combunox)</i>	No	28ea/month	28ea/month
OxyContin 10 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 15 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 20 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 30 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 40 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 60 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 80 mg	No*	60 tabs/month	180 tabs/3 months
<i>oxymorphone tab 5 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>oxymorphone tab 10 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>palonosetron HCl Injection 0.25mg/2ml</i>	No	4ml/21 days	4ml/21 days
Pandel	No*	120 units/month	360 units/month
Patanase	No	1 package/month	3 packages /3 months
Pedipirox Nail Kit	Yes	Provided during PA Review	
Penlac Nail Lacquer	Yes	Provided during PA Review	
Pennsaid	Yes	Provided during PA Review	
<i>pentazocine/APAP tab 25/650 mg</i>	No	180 caps/month	540 caps/3 months
<i>pentazocine/naloxone 50/0.5 mg</i>	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	
<i>prednicarbate topical</i>	No*	120 units/month	360 units/month
ProAir HFA	Yes	2 packages /month	6 packages /3 months
ProAir RespiClick	Yes	2 packages /month	6 packages /3 months
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	

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MHBP Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
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
<i>quinine (Quaaluan)</i>	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
<i>rizatriptan 5mg, 10mg</i>	No*	18 tablets/month	54 tablets/3 months
<i>rizatriptan orally disintegrating 5mg, 10mg</i>	No*	18 tablets/month	54 tablets/3 months
RoxyBond 5 mg	No*	360 tabs/month	1080 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	
Rydapt	Yes	Provided during PA Review	
Sancuso 3.1mg/24hr patch	No*	2 patches/21 days	2 patches/21 days
Santyl	Yes	Provided during PA Review	

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Seebri Neohaler	No	1 package (60 capsules)/ month	3 packages (180 capsules)/ 3 months
Serevent Diskus	No	1 package/ month	3 packages/3 months
Solaraze	Yes	Provided during PA Review	
Sonata	No	30ea/month	90ea/3 months
Soriatane	Yes	Provided during PA Review	
Sorilux	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
<i>sumatriptan 20mg Nasal Spray</i>	No*	12 units/month	36 units/3 months
<i>sumatriptan 25mg, 50mg, 100mg tab</i>	No*	12 tablets/month	36 tablets/3 months
<i>sumatriptan 5mg Nasal Spray</i>	No*	24 units/month	72 units/3 months
<i>sumatriptan Inj Syringes 4mg</i>	No*	18 syringes/month	54 syringes/3 months
<i>sumatriptan Inj Syringes 6mg</i>	No*	12 syringes/month	36 syringes/3 months
<i>sumatriptan Inj Vial</i>	No*	12 vials/month	40 vials/3 months
Supartz	Yes	Provided during PA Review	
Supartz FX	Yes	Provided during PA Review	
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
Synvisc	Yes	Provided during PA Review	
Synvisc One	Yes	Provided during PA Review	

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Taclonex	Yes	Provided during PA Review	
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
Tafinlar	Yes	Provided during PA Review	
Tagrisso	Yes	Provided during PA Review	
<i>tapentadol 50 mg</i>	No* No*	180 tabs/month	540 tabs/3 months
<i>tapentadol 75 mg</i>	No* No*	180 tabs/month	540 tabs/3 months
<i>tapentadol 100 mg</i>	No* No*	180 tabs/month	540 tabs/3 months
<i>tapentadol ER 50 mg</i>	No*	300 tabs/ month	900 tabs/3 months
<i>tapentadol ER 100 mg</i>	No*	150 tabs/ month	450 tabs/3 months
<i>tapentadol ER 150 mg</i>	No*	90 tabs/ month	270 tabs/3 months
<i>tapentadol ER 200 mg</i>	No*	60 tabs/ month	180 tabs/3 months
<i>tapentadol ER 250 mg</i>	No*	60 tabs/ month	180 tabs/3 months
Tarceva	Yes	Provided during PA Review	
Targiniq ER 10 mg/5 mg	No*	60 tabs/month	180 tabs/3 months
Targiniq ER 20 mg/10 mg	No*	60 tabs/month	180 tabs/3 months
Targiniq ER 40 mg/20 mg	No*	60 tabs/month	180 tabs/3 months
Targretin	Yes	Provided during PA Review	
Tasigna	Yes	Provided during PA Review	
Tazorac	Yes	Provided during PA Review	
<i>temazepam</i>	No	30ea/month	90ea/3 months
Temodar	Yes	Provided during PA Review	
<i>temozolomide</i>	Yes	Provided during PA Review	
Testim	Yes [†]	Provided during PA Review	
Testopel Pellets	Yes	Provided during PA Review	
<i>testosterone Cypionate Powder</i>	Yes	Provided during PA Review	
<i>testosterone Cypionate Injection</i>	Yes	Provided during PA Review	
<i>testosterone Enanthate (Bulk)</i>	Yes	Provided during PA Review	
<i>testosterone Enanthate (Injection)</i>	Yes	Provided during PA Review	
<i>testosterone Gel</i>	Yes [†]	Provided during PA Review	
<i>testosterone Misc</i>	Yes	Provided during PA Review	
<i>testosterone Powder</i>	Yes	Provided during PA Review	
<i>testosterone Solution</i>	Yes	Provided during PA Review	
<i>testosterone Cream</i>	Yes	Provided during PA Review	

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
<i>testosterone Ointment</i>	Yes	Provided during PA Review	
<i>testosterone Patches</i>	Yes	Provided during PA Review	
<i>testosterone Pellets</i>	Yes	Provided during PA Review	
<i>testosterone Propionate Ointment</i>	Yes	Provided during PA Review	
<i>testosterone Propionate Powder</i>	Yes	Provided during PA Review	
Testred	Yes	Provided during PA Review	
Thalomid	Yes	Provided during PA Review	
Topicort	No*	120 units/month	360 units/month
<i>tramadol 50 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>tramadol ER 100 mg</i>	No*	30 tabs/month	90 tabs/3 months
<i>tramadol ER 150 mg</i>	No*	30 caps/month	90 caps/3 months
<i>tramadol ER 200 mg</i>	No*	30 tabs/month	90 tabs/3 months
<i>tramadol ER 300 mg</i>	No*	30 tabs/month	90 tabs/3 months
<i>tramadol/APAP 37.5/325 mg</i>	No	40 tabs/month	40 tabs/3 months
<i>tretinoin (all topical forms)</i>	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
Trianex	No*	120 units/month	360 units/month
<i>triamcinolone acetonide nasal spray</i>	No	1 package/month	3 packages /3 months
<i>triazolam</i>	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
Ultravate	No*	120 units/month	360 units/month
Utibron Neohaler	No	1 package/month	3 packages /3 months
Valchlor Gel	Yes	Provided during PA Review	
vandetanib	Yes	Provided during PA Review	

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Vanos	No*	120 units/month	360 units/month
Vantrela ER 15 mg	No*	60 tabs/month	180 tabs/month
Vantrela ER 30 mg	No*	60 tabs/month	180 tabs/month
Vantrela ER 45 mg	No*	60 tabs/month	180 tabs/month
Vantrela ER 60 mg	No*	60 tabs/month	180 tabs/month
Vantrela ER 90 mg	No*	60 tabs/month	180 tabs/month
Varubi	No	2 packs/ 21 days	2 packs/ 21 days
Vectical	Yes	Provided during PA Review	
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	
Vimovo	Yes	Provided during PA Review	
Visco-3	Yes	Provided during PA Review	
Vogelxo	Yes [†]	Provided during PA Review	
Voltaren Gel	Yes	Provided during PA Review	
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	
Xeomin	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*	60 caps/month	180 caps/3 months
Xtampza ER 13.5 mg	No*	60 caps/month	180 caps/3 months
Xtampza ER 18 mg	No*	60 caps/month	180 caps/3 months
Xtampza ER 27 mg	No*	60 caps/month	180 caps/3 months
Xtampza ER 36 mg	No*	60 caps/month	180 caps/3 months
Xtandi	Yes	Provided during PA Review	
Yondelis	No	Limit does not apply	

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Medication Name	Prior Authorization Required	Dispensing Limit	
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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*	60 caps/month	180 caps/month
Zohydro ER 15 mg	No*	60 caps/month	180 caps/month
Zohydro ER 20 mg	No*	60 caps/month	180 caps/month
Zohydro ER 30 mg	No*	60 caps/month	180 caps/month
Zohydro ER 40 mg	No*	60 caps/month	180 caps/month
Zohydro ER 50 mg	No*	60 caps/month	180 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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