



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	
Accuneb (albuterol)	No	5 packages /month	15 packages /3 months
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	
Akyzeno	No*	2 capsule /21 days	2 capsule /21 days
albuterol 0.5% 30 vials size	No	4 packages /month	12 packages /3 months
albuterol solution 0.083% 25 vials size	No	5 packages /month	15 packages /3 months
albuterol solution 0.083% 30 vials size	No	4 packages /month	12 packages /3 months
albuterol solution 0.083% 60 vials size	No	2 packages /month	6 packages /3 months
albuterol solution 0.5% 20mL container	No	3 packages /month	9 packages /3 months

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

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Alecensa	Yes	Provided during PA Review	
almotriptan malate	No*	18/month	54/3 months
alosetron	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
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
Anzemet Tablets	No*	6ea/21 days	6ea/21 days
Anzemet 100mg/5ml & 12.5mg/0.625ml Injection	No	15ml/6 months	15ml/6 months
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	
Arnuity Ellipta	No	1 package/ month	3 packages/3 months
Asmanex HFA	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
Astelin	No	2 packages/month	6 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
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	No	2 packages/month	6 packages /3 months
Beconase AQ	Yes†	2 packages/month	6 packages /3 months
Bevespi Aerosphere	No	1 package/ month	3 packages/3 months

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		Retail	Mail Order
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	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
Buphenyl	Yes	Provided during PA Review	
butorphanol nasal spray	No*	2 bottles/month	6 bottles/3 months
Cabometyx	Yes	Provided during PA Review	
capecitabine	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	
CNL8 Nail Kit	Yes	Provided during PA Review	
Combivent Respimat	No	2 packages /month	6 packages /3 months
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
Cotellic	Yes	Provided during PA Review	
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
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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Dexedrine Spansule 15mg	No*	60 caps/ month	180 caps/ 3 months
<i>diclofenac sodium topical gel</i>	Yes	Provided during PA Review	
Differin	Yes	Provided during PA Review	
Doral	No	30ea/month	90ea/3 months
Dulera	No	1 package/ 3 months	3 packages/3 months
DuoNeb Inhalation Solution 30 vials	No	6 packages /month	18 packages /3 months
DuoNeb Inhalation Solution 60 vials	No	3 packages /month	9 packages /3 months
Duragesic	No*	10 patches/ month	30 patches/ month
Dyanavel Oral Suspension	No	240mL/ month	720mL/ 3 months
Dymista	No	1 package/month	3 packages /3 months
Elidel	Yes	Provided during PA Review	
Emend 150mg vial	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*	2ea/21 days	2ea/21 days
Emend 40mg	No*	3ea/6 months	3ea/6 months
Emend 80mg	No*	4ea/21 days	4ea/21 days
Emend Therapy Tri Pack (2 x 80mg and 1 x 125mg combined)	No*	2 Tri Pak/21 days	2 Tri Pak /21 days
Emla	No*	30gm/ month	30gm/ 3 months
Erivedge	Yes	Provided during PA Review	
Estazolam	No	30ea/month	90ea/3 months
eszopiclone	No	30ea/month	90ea/3 months
Evekeo	No*	120 tabs/ month	360 tabs/ 3 months
Exalgo	No*	30ea/month	90ea/3 months
Fabior	Yes	Provided during PA Review	
Farydak	Yes	Provided during PA Review	
fentanyl OT Loz	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	No	3 packages/month	9 packages /3 months
flurazepam	No	30ea/month	90ea/3 months
fluticasone	No	1 package/ month	3 packages/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
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 Aerolizer	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	No*	12 tablets/ 21 days	12 tablets/21 days
granisetron Injection 0.1 mg/mL or 1 mg/mL	No*	2ml/21 days	2ml/21 days
Halcion	No*	10ea/25 days	30ea/75 days
Hycamtin	Yes	Provided during PA Review	
Ibrance	Yes	Provided during PA Review	
Iclusig	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 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	
Intal Solution	No	240ml/month	720ml/3 months
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
Iressa	Yes	Provided during PA Review	
Jakafi	Yes	Provided during PA Review	
Jublia	Yes	Provided during PA Review	
Kerydin	Yes	Provided during PA Review	
Kytril 0.1mg/ml	No*	1ml/15 days	1ml/15 days
Kytril 1mg	No*	6ea/15 days	6ea/15 days
Kytril 1mg/ml	No*	1ml/15 days	1ml/15 days

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Lazanda	Yes	Provided during PA Review	
levalbuterol inhalation solution 25 vials	No	4 packages /month	12 packages /3 months
levalbuterol 0.31mg	No	288ml/month	864ml/3 months
levalbuterol 0.63mg	No	288ml/month	864ml/3 months
levalbuterol 1.25mg	No	288ml/month	864ml/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
Lidoderm	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*	60ea/month	180ea/3 months
Maxalt / Maxalt MLT 5mg, 10mg	No*	18 tablets/month	54 tablets/3 months
Mekinist	Yes	Provided during PA Review	
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
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	1x 8mL/ month	3x 8mL/ 3 months
modafinil	Yes	Provided during PA Review	
Mugard	No	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	
Nexavar	Yes	Provided during PA Review	

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Ninlaro	Yes	Provided during PA Review	
Nucynta 50mg	No	360 ea/month	360 ea/month
Nucynta 75mg	No	240ea/month	240ea/month
Nucynta 100mg	No	180 ea/month	180 ea/month
Nucynta ER 50mg and 100mg	No	120 ea/ month	360 ea/3 months
Nucynta ER 150mg, 200mg, 250mg	No	60ea/month	180ea/3 months
Nuvigil	Yes	Provided during PA Review	
Odomzo	Yes	Provided during PA Review	
Oforta	Yes	Provided during PA Review	
olopatadine	No	1 package/month	3 packages /3 months
Omnaris	Yes [†]	1 package/month	3 packages /3 months
Ondansetron 4 mg & 8 mg ODT	No*	18ea/21 days	18ea/21 days
Ondansetron 4 mg (tablets)	No*	18ea/21 days	18ea/21 days
Ondansetron 8 mg (tablets)	No*	18ea/21 days	18ea/21 days
Ondansetron 24 mg (tablet)	No*	2ea/21 days	2ea/21 days
Ondansetron 32mg/50ml IV inj – Dextrose	No*	30ml/21 days	30ml/21 days
Ondansetron 32mg/50ml IV inj – NaCl	No*	30ml/21 days	30ml/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
Oxycontin 10mg, 15mg, 20mg, 30mg 40mg, 60mg	No*	60ea/month	180ea/3 months
Oxycontin 80mg	Yes	Provided during PA Review	
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	
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
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	
Pulmicort Flexhaler 90mcg	No	3 packages /month	9 packages /3 months

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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 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	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 caps/ 90 days	40 caps/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
Rozerem	Yes [†]	30ea/month	90ea/3 months
Sancuso 3.1mg/24hr patch	No*	2ea/21 days	2ea/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
sodium phenylbutyrate	Yes	Provided during PA Review	
Sonata	No	30ea/month	90ea/3 months
Soriatane	Yes	Provided during PA Review	
Sotret	Yes	Provided during PA Review	
Spiriva Handihaler 30 package	No	1 package/month	3 packages/3 months
Spiriva Handihaler 90 package	No	1 package/ 3 months	1 packages/3 months
Spiriva Respimat	No	1 package/ month	3 packages/3 months

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		Retail	Mail Order
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
Sutent	Yes	Provided during PA Review	
Symbicort Aerosol	Yes†	1 package/ month	3 packages/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	No*	180ml/90days	180ml/90 days
Tamiflu 75mg	No*	14 caps/90days	14 caps/90 days
Tafinlar	Yes	Provided during PA Review	
Tarceva	Yes	Provided during PA Review	
Targretin	Yes	Provided during PA Review	
Tasigna	Yes	Provided during PA Review	
Tazorac	Yes	Provided during PA Review	
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 Enanthate (Bulk)	Yes	Provided during PA Review	
Testosterone Gel	Yes†	Provided during PA Review	
Testosterone Misc	Yes	Provided during PA Review	

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* **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
Testosterone Powder	Yes	Provided during PA Review	
Testosterone Propionate Cream	Yes	Provided during PA Review	
Testosterone Propionate Ointment	Yes	Provided during PA Review	
Testosterone Propionate Powder	Yes	Provided during PA Review	
Testosterone PT24	Yes	Provided during PA Review	
Thalomid	Yes	Provided during PA Review	
tretinoin cream/gel	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 spray	No	17g/month	51g/3 months
triamcinolone acetonide	No	1 package/month	3 packages /3 months
triazolam	No*	10ea/month	30ea/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	
Utibron Neohaler	No	1 package/month	3 packages /3 months
Valchlor Gel	Yes	Provided during PA Review	
vandetanib	Yes	Provided during PA Review	
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	
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	
Xeloda	Yes	Provided during PA Review	
Xopenex 0.31mg	Yes [†]	4 packages/month	12 packages/3 months
Xopenex 0.63mg	Yes [†]	4 packages/month	12 packages/3 months
Xopenex 1.25mg	Yes [†]	4 packages/month	12 packages/3 months
Xopenex concentrate 1.25mg	Yes [†]	3 packages /month	9 packages /3 months
Xopenex HFA	Yes [†]	2 packages/month	6 packages/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
Xtampza ER 9mg, 13.5mg, 18mg	No*	120 capsules/ month	360 capsules/3 months
Xtampza ER27mg, 36mg	No*	60 capsules/ month	180 capsules/3 months
Xtandi	Yes	Provided during PA Review	
Yondelis	No	Limit does not apply	
Zelboraf	Yes	Provided during PA Review	
Zembrace Sym Touch	No*	24 injectors/ month	72 injectors/ 3 months
Zenatane	Yes	Provided during PA Review	
Zetonna	Yes [†]	1 package/month	3 packages /3 months
Ziana (all topical forms)	Yes	Provided during PA Review	
Zofran 2mg/ml inj	No*	20ml/15 days	20ml/15 days
Zofran 4 mg & 8 mg ODT	No*	18ea/21 days	18ea/21 days
Zofran 4 mg (tablets)	No*	18ea/21 days	18ea/21 days
Zofran 8 mg (tablets)	No*	18ea/21 days	18ea/21 days
Zofran Oral Solution	No*	200ml/21 days	200ml/21 days
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
Zuplenz	No*	18ea/21 days	18ea/21 days
Zykadia	Yes	Provided during PA Review	
Zytiga	Yes	Provided during PA Review	
Zyvox	Yes	Provided during PA Review	

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