



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
<i>abiraterone acetate</i>	Yes	Provided during PA Review	
Absorica	Yes	Provided during PA Review	
Abstral	Yes	Provided during PA Review	
Aclovate	No*	120 units/month	360 units/month
<i>acitretin</i> (Soriatane)	Yes	Provided during PA Review	
Actiq	Yes	Provided during PA Review	
<i>adapalene cream, gel, solution</i>	Yes	Provided during PA Review	
<i>adapalene pad</i>	Yes [†]	Provided during PA Review	
Adderall 5mg, 7.5mg, 10mg, 12.5mg	Yes* [†]	90 tabs/month	270 tabs/3 months
Adderall 15mg, 20mg	Yes* [†]	60 tabs/month	180 tabs/3 months
Adderall 30mg	Yes* [†]	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
Adhansia XR 25 mg, 35 mg, 45 mg	No	60 caps/25 days	180 caps/75 days
Adhansia XR 55 mg, 70 mg, 85 mg	No	30 caps/25 days	90 caps/75 days
Advair Diskus	No	1 package/month	3 packages/3 months
Advair HFA	No	1 package/month	3 packages/3 months
Adzenys ER oral Suspension	Yes* [†]	450ml/month	1350ml/month
Adzenys XR-ODT 3.1mg, 6.3mg, 9.4mg	Yes* [†]	60 tabs/month	180 tabs/3 months
Adzenys XR-ODT 12.5mg, 15.7mg, 18.8mg	Yes* [†]	30 tabs/month	90 tabs/3 months

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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
Afinitor (<i>everolimus</i>)	Yes	Provided during PA Review	
Afinitor Disperz	Yes	Provided during PA Review	
Aimovig (CGRP Antagonists)	Yes [†]	Provided during PA Review	
Airduo Resplick/Digihaler	No	1 package/month	3 packages/3 months
Ajovy (CGRP Antagonists)	Yes	Provided during PA Review	
Akynzeo	No*	2 capsules/21 days	2 capsules/21 days
Akynzeo vial	No*	40 mL/21 days	40 mL/21 days
Akynzeo powder for injection	No*	2 vials/21 days	2 vials/21 days
Ala-Scalp	No*	120 units/month	360 units/3 months
<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>albuterol HFA (ProAir HFA)</i>	No	2 packages/month	6 packages/3 months
<i>albuterol HFA (Proventil HFA)</i>	No	2 packages/month	6 packages/3 months
<i>albuterol HFA (Ventolin HFA 18g inhaler)</i>	No	2 packages/month	6 packages/3 months
<i>alclometasone cream/ointment</i>	No*	120 units/month	360 units/3 months
Alecensa	Yes	Provided during PA Review	
<i>almotriptan malate</i>	No*	12 tablets/month	36 tablets/3 months
<i>alose tron (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
Altreno (all topical forms)	Yes	Provided during PA Review	
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

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<i>amcinonide cream/lotion/ointment</i>	No*	120 units/month	360 units/3 months
Amitiza	Yes [†]	Provided during PA Review	
Amnesteem	Yes	Provided during PA Review	
<i>amphetamine 5mg, 10mg</i>	No*	120 tabs/month	360 tabs/3 months
<i>amphetamine ER suspension 1.25mg/ml</i>	No*	450ml/month	1350ml/3 months
<i>amphetamine/dextroamphetamine 5mg, 7.5mg, 10mg, 12.5mg</i>	No*	90 tablets/month	270 tablets/3 months
<i>amphetamine/dextroamphetamine 15mg, 20mg</i>	No*	60 tablets/month	180 tablets/3 months
<i>amphetamine/dextroamphetamine 30mg</i>	No*	30 tablets/month	90 tablets/3 months
Androderm	Yes	Provided during PA Review	
Androgel	Yes [†]	Provided during PA Review	
Anoro Ellipta	No	1 package/month	3 packages/3 months
Androxy	Yes	Provided during PA Review	
Anzemet Tablets	No*	6 tabs/21 days	6 tabs/21 days
Apadaz 4.08 mg/325 mg	No	168 tablets/month	168 tablets/3 months
Apadaz 6.12 mg/325 mg	No	168 tablets/month	168 tablets/3 months
Apadaz 8.16 mg/325 mg	No	168 tablets/month	168 tablets/3 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
<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
Apexicon E Cream	Yes* [†]	120 units/month	360 units/3 months
<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	Yes* [†]	60 caps/month	180 caps/3 months
Aptensio XR 40mg, 50mg	Yes* [†]	30 caps/month	90 caps/3 months
Aptensio XR 60mg	Yes* [†]	30 caps/ month	90 caps/ 3 months
Arcapta Neohaler	No	1 package/ month	3 packages/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
<i>armodafinil</i> (Nuvigil)	Yes	Provided during PA Review	
Armonair Digihaler 30mcg	No	1 package/month	3 packages/3 months
Armonair Digihaler 55mcg	No	1 package/month	3 packages/3 months
Armonair Digihaler 113mcg	No	1 package/month	3 packages/3 months
Armonair Digihaler 232mcg	No	1 package/month	3 packages/3 months
Arnuity Ellipta 50, 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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Asmanex HFA	Yes [†]	1 package/month	3 packages/3 months
Asmanex Twisthaler 110mcg (30 inhalation units)	Yes [†]	2 packages/month	6 packages/3 months
Asmanex Twisthaler 220mcg (30 inhalation units)	Yes [†]	4 packages/month	12 packages /3 months
Asmanex Twisthaler 220mcg (60 inhalation units)	Yes [†]	2 packages/month	6 packages /3 months
Asmanex Twisthaler 220mcg (120 inhalation units)	Yes [†]	1 packages/month	3 packages /3 months
<i>atomoxetine 10mg, 18mg, 25mg</i>	No	120 caps/month	360 caps/3 months
<i>atomoxetine 40mg</i>	No	60 caps/month	180 caps/3 months
<i>atomoxetine 60mg, 80mg 100mg</i>	No	30 caps/month	90 caps/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/3 months
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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Avita (all topical forms)	Yes	Provided during PA Review	
Axiron	Yes	Provided during PA Review	
Ayvakit	Yes	Provided during PA Review	
azelastine nasal solution	No	2 packages/month	6 packages /3 months
Azstarys 26.1 mg/5.2 mg, 39.2 mg/7.8 mg, 52.3 mg/10.4 mg	No	30 capsules/month	90 capsules/3 months
Balversa	Yes	Provided during PA Review	

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Belbuca 750 mcg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Belbuca 900 mcg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>benzhydrocodone/acetaminophen 4.08 mg/325 mg</i>	No	168 tablets/month	168 tablets/3 months
<i>benzhydrocodone/acetaminophen 6.12 mg/325 mg</i>	No	168 tablets/month	168 tablets/3 months
<i>benzhydrocodone/acetaminophen 8.16 mg/325 mg</i>	No	168 tablets/month	168 tablets/3 months
<i>betamethasone dipropionate cream/lotion/ointment/gel</i>	No*	120 units/month	360 units/3 months
<i>betamethasone valerate cream/foam/lotion/ointment</i>	No*	120 units/month	360 units/3 months
Bevespi Aerosphere	Yes [†]	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	
Braftovi	Yes	Provided during PA Review	
Breo Ellipta	No	1 package/month	3 packages/3 months
Breztri Aerosphere	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
Brukinsa	Yes	Provided during PA Review	
Bryhali	No*	120 units/month	360 units/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
<i>buprenorphine 75 mcg</i>	No*	720 films/month	2160 films/3 months
<i>buprenorphine 150 mcg</i>	No*	60 films/month	180 films/3 months
<i>buprenorphine 300 mcg</i>	No*	60 films/month	180 films/3 months
<i>buprenorphine 450 mcg</i>	No*	60 films/month	180 films/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
<i>buprenorphine 600 mcg</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>buprenorphine 750 mcg</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>buprenorphine 900 mcg</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>buprenorphine transdermal 5 mcg/hr</i>	No*	4 patches/month	12 patches/3 months
<i>buprenorphine transdermal 7.5 mcg/hr</i>	No*	4 patches/month	12 patches/3 months
<i>buprenorphine transdermal 10 mcg/hr</i>	No*	4 patches/month	12 patches/3 months
<i>buprenorphine transdermal 15 mcg/hr</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>buprenorphine transdermal 20 mcg/hr</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>butorphanol nasal spray</i>	No*	2 bottles/month	6 bottles/3 months
Butrans 5 mcg/hr	Yes*†	4 patches/month	12 patches/3 months
Butrans 7.5 mcg/hr	Yes*†	4 patches/month	12 patches/3 months
Butrans 10 mcg/hr	Yes*†	4 patches/month	12 patches/3 months
Butrans 15 mcg/hr	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Butrans 20 mcg/hr	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Cabometyx	Yes	Provided during PA Review	
<i>calcipotriene ointment, solution</i>	Yes	Provided during PA Review	
<i>calcipotriene cream, foam</i>	Yes†	Provided during PA Review	
<i>calcipotriene/betamethasone topical products</i>	Yes†	Provided during PA Review	
<i>calcitriol ointment</i>	Yes†	Provided during PA Review	
Calcitrene	Yes	Provided during PA Review	
Calquence	Yes	Provided during PA Review	
<i>capecitabine</i>	Yes	Provided during PA Review	
Capex shampoo	No*	120 units/month	360 units/3 months
CapCof syrup	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Caprelsa	Yes	Provided during PA Review	
Cesamet	No*	18ea/21 days	18ea/21 days
Ciclodan Kit	Yes	Provided during PA Review	
Ciclopirox topical solution 8%	Yes	Provided during PA Review	
Cinvanti	No*	2 vials/21 days	2 vials/21 days
Claravis	Yes	Provided during PA Review	
<i>clindamycin/tretinoin (all topical forms)</i>	Yes	Provided during PA Review	
<i>clobetason E</i>	No*	120 units/month	360 units/3 months

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		Retail	Mail Order
<i>clobetasol cream/lotion/ointment/foam/gel/shampoo</i>	No*	120 units/month	360 units/3 months
<i>clobetasol spray</i>	Yes*†	120 units/month	360 units/3 months
Clobex Lotion	No*†	120 units/month	360 units/3 months
Clobex Spray	Yes*†	120 units/month	360 units/3 months
<i>clocortolone</i>	Yes*†	120 units/month	360 units/3 months
Cloderm Cream	No*	120 units/month	360 units/3 months
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
Coditussin AC	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Coditussin DAC	No*	40 mL/day (7 day limit)	40 mL/day (7 day limit)
<i>collagenase ointment</i>	Yes	Provided during PA Review	
Combivent Respimat	No†	2 packages /month	6 packages /3 months
Combunox	No	28ea/month	28ea/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/month	90 tabs/3 months
Conzip 100 mg	No*	30 caps/month	90 caps/3 months
Conzip 200 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Conzip 300 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Copiktra	Yes	Provided during PA Review	
Cordran cream/lotion	Yes*†	120 units/month	360 units/3 months
Cordran ointment	Yes*†	120 units/month	360 units/3 months
Cordran tape	No*	1 package/month	3 packages/3 months
Cotellic	Yes	Provided during PA Review	
Cotempla XR 8.6mg, 17.3mg, 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

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		Retail	Mail Order
Cutivate	No*	120 units/month	360 units/3 months
Daurismo	Yes	Provided during PA Review	
Daytrana Patch 10mg, 15mg, 20mg, 30mg	Yes [†]	30 patches/month	90 patches/3 months
Delatestryl	Yes	Provided during PA Review	
Depo-Testosterone	Yes	Provided during PA Review	
Derma-Smooth/FS body oil/scalp oil	No*	120 units/month	360 units/3 months
Dermatop Cream/Ointment	No*	120 units/month	360 units/3 months
Desonate	No*	120 units/month	360 units/3 months
<i>desonide cream, lotion, ointment</i>	No*	120 units/month	360 units/3 months
<i>desonide gel</i>	Yes* [†]	120 units/month	360 units/3 months
DesOwen	No*	120 units/month	360 units/3 months
<i>desRx</i>	Yes* [†]	120 units/month	120 units/month
<i>desoximetasone ointment 0.05%</i>	Yes* [†]	120 units/month	360 units/3 months
<i>desoximetasone cream/gel/ointment 0.25%/spray</i>	No*	120 units/month	360 units/3 months
Desoxyn 5mg	No	150 tabs/month	450 tabs/3 months
<i>dexmethylphenidate 2.5mg, 5mg</i>	No*	120 tabs/month	360 tabs/3 months
<i>dexmethylphenidate 10mg</i>	No*	60 tabs/month	180 tabs/3 months
<i>dexmethylphenidate extended release 5mg, 10mg, 15mg, 20mg</i>	No*	60 caps/month	180 caps/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 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	Yes* [†]	204 test strips/month	612 test strips/3 months
<i>diclofenac sodium topical gel 1%</i>	Yes [†]	Provided during PA Review	
<i>diclofenac sodium topical gel 3%</i>	Yes	Provided during PA Review	
<i>diclofenac sodium topical solution 1.5% & 2%</i>	Yes	Provided during PA Review	
Differin	Yes [†]	Provided during PA Review	
<i>diflorasone cream/ointment</i>	Yes* [†]	120 units/month	360 units/3 months
<i>dihydroergotamine (Migranal)</i>	Yes [†]	1 kit x 8 nasal units/ month	3 kits x 24 nasal units/3 months
Diprolene cream/lotion/ointment	No*	120 units/month	360 units/3 months
Diprolene AF cream	No*	120 units/month	360 units/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
Dolophine 5 mg	No*	90 tabs/month	270 tabs/3 months
Dolophine 10 mg	No*	60 tabs/month	180 tabs/3 months
Doral (<i>quazepam</i>)	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
Duaklir Pressair 30 inhalations	No	2 packages (30 inh each)/month	6 packages (30 inh each)/month
Duaklir Pressair 60 inhalations	No	1 package (60 inh each)/month	3 packages (60 inh each)/month
Duexis	Yes	Provided during PA Review	
Dulera	Yes [†]	1 package/month	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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Duragesic 62.5 mcg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Duragesic 75 mcg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Duragesic 87.5 mcg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Duragesic 100 mcg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Durolane	Yes	Provided during PA Review	
Dyanavel Oral Suspension	No	240mL/month	720mL/3 months
Dyanavel XR 5mg, 10mg	No	60 tabs/month	180 tabs/3 months
Dyanavel XR 15mg, 20mg	No	30 tabs/month	90 tabs/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 (<i>pimecrolimus</i>)	Yes [†]	Provided during PA Review	
Elcon	No*	120 units/month	360 units/3 months
Emgality (CGRP Antagonists)	Yes	Provided during PA Review	
Emend 150mg Injection	No*	2 vials /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

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
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
Enstilar	Yes	Provided during PA Review	
Erivedge	Yes	Provided during PA Review	
Erleada	Yes	Provided during PA Review	
<i>erlotinib</i> (Tarceva)	Yes	Provided during PA Review	
<i>estazolam</i>	No	30ea/month	90ea/3 months
<i>eszopiclone</i> (Lunesta)	No	30ea/month	90ea/3 months
Euflexxa	Yes	Provided during PA Review	
Evekeo 5mg, 10mg	Yes*†	120 tabs/month	360 tabs/3 months
Evekeo ODT 2.5mg, 5mg, 10mg	Yes*†	120 tabs/month	360 tabs/3 months
Evekeo ODT 15mg, 20mg	Yes*†	60 tabs/month	180 tabs/3 months
<i>everolimus</i> (Afinitor)	Yes	Provided during PA Review	
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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Exkivity	Yes	Provided during PA Review	
Fabior	Yes†	Provided during PA Review	
Farydak	Yes	Provided during PA Review	
<i>fentanyl patch 12 mcg, 25 mcg, 37.5 mcg</i> (Duragesic)	No*	10 patches/month	30 patches/3 months
<i>fentanyl patch 50 mcg, 62.5 mcg, 75 mcg, 87.5 mcg, 100 mcg</i> (Duragesic)	Np*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>fentanyl transmucosal lozenge, nasal spray, sublingual spray, sublingual tablet, buccal tablet, buccal soluble film)</i>	Yes	Provided during PA Review	
Fentora	Yes	Provided during PA Review	
First Testosterone	Yes	Provided during PA Review	
<i>fluocinolone cream/ointment/body oil/scalp oil</i>	No*	120 units/month	360 units/3 months
<i>fluocinonide 0.05% solution/gel/ointment</i>	No*	120 units/month	360 units/3 months
<i>fluocinonide 0.1%, 0.05% cream</i>	No*†	120 units/month	360 units/3 months
<i>fluocinonide-e topical</i>	No*	120 units/month	360 units/3 months
<i>fluoxymesterone tablet (Androxy)</i>	Yes	Provided during PA Review	
<i>flurandrenolide lotion/ointment/cream</i>	Yes*†	120 units/month	360 units/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>fluticasone topical</i>	No*	120 units/month	360 units/3 months
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	Yes*†	60 caps/month	180 caps/3 months
Focalin XR 25mg, 30mg, 35mg, 40mg	Yes†	30 caps/month	90 caps/3 months
Foradil Aerolizer	No	1 package/ month	3 packages/3 months
Fortamet	Yes†	Provided during PA Review	
Fortesta	Yes†	Provided during PA Review	
Fotivda	Yes	Provided during PA Review	
Frova 2.5mg	Yes*†	18 tablets/month	54 tablets/3 months
<i>frovatriptan 2.5mg</i>	No*	18 tablets/month	54 tablets/3 months
Gavreto	Yes	Provided during PA Review	
Gel-One	Yes†	Provided during PA Review	
Gelsyn-3	Yes	Provided during PA Review	
Genvisc 850	Yes	Provided during PA Review	
<i>G Tussin AC oral solution</i>	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
<i>GG/codeine oral solution</i>	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Gilotrif	Yes	Provided during PA Review	
Gleevec (<i>imatinib</i>)	Yes†	Provided during PA Review	
Glumetza	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
<i>Guaifenesin AC syrup</i>	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
<i>Guaiatuss AC syrup</i>	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
<i>halcinonide cream</i>	Yes*†	120 units/month	360 units/3 months
Halcion	No*	10ea/25 days	30ea/75 days

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
<i>halobetasol topical</i>	No*	120 units/month	360 units/3 months
Halog	Yes*†	120 units/month	360 units/3 months
<i>hc butyrate topical</i>	No*	120 units/month	360 units/3 months
<i>hc valerate topical</i>	No*	120 units/month	360 units/3 months
Histex AC	No*	20 mL/day (7 day limit)	20 mL/day (7 day limit)
Hyalgan	Yes†	Provided during PA Review	
Hycodan syrup	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
Hycamtin	Yes	Provided during PA Review	
<i>hydrocodone ER cap 10 mg, 15 mg, 20 mg, 30 mg, 40 mg (Zohydro ER)</i>	No*	60 caps/month	180 caps/3 months
<i>hydrocodone ER cap 50 mg (Zohydro ER)</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>hydrocodone/APAP soln 7.5/325 mg/ 15 mL</i>	No	2700mL/month	8100mL/month
<i>hydrocodone/APAP elixir 10/300 mg/15 mL</i>	No	2025mL/month	6075mL/month
<i>hydrocodone/APAP soln 10/325 mg/ 15 mL</i>	No	2700mL/month	8100mL/month
<i>hydrocodone/APAP tab 2.5/325 mg</i>	No	360 tabs/month	1080 tabs/3 months
<i>hydrocodone/APAP tab 5/300 mg</i>	No	240 tabs/month	720 tabs/3 months
<i>hydrocodone/APAP tab 5/325 mg</i>	No	240 tabs/month	720 tabs/3 months
<i>hydrocodone/APAP tab 7.5/300 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 7.5/325 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 10/300 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>hydrocodone/APAP tab 10/325 mg</i>	No	180 tabs/month	540 tabs/3 months
<i>hydrocodone and homatropine 5/1.5 mg/ 5 mL solution</i>	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
<i>hydrocodone/homatropine 5/1.5 mg tablets</i>	No*	6 tablets/day (7 day limit)	6 tablets/day (7 day limit)
<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>hydrocodone polistirex/chlorpheniramine ER suspension</i>	No*	10 mL/day (7 day limit)	10 mL/day (7 day limit)
Hydromet syrup	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
<i>hydrocortisone cream/lotion/ointment</i>	No*	120 units/month	360 units/3 months
<i>hydrocortisone acetate topical</i>	No*	120 units/month	360 units/3 months
<i>hydrocortisone butyrate cream/ointment/solution</i>	No*	120 units/month	360 units/3 months
<i>hydrocortisone butyrate lipophilic cream 0.1%</i>	Yes*†	120 units/month	360 units/3 months
<i>hydrocortisone butyrate lotion</i>	Yes*†	120 units/month	360 units/3 months
<i>hydrocortisone probutate topical</i>	No*	120 units/month	360 units/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
<i>hydrocortisone valerate topical</i>	No*	120 units/month	360 units/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*	150 tabs/month	450 tabs/3 months
<i>hydromorphone tab 8 mg</i>	No*	60 tabs/month	180 tabs/3 months
<i>hydromorphone ER 8 mg</i>	No*	30 tabs/month	90 tabs/3 months
<i>hydromorphone ER 12 mg</i>	No*	30 tabs/month	90 tabs/3 months
<i>hydromorphone ER 16 mg</i>	No*	30 tabs/month	90 tabs/3 months
<i>hydromorphone ER 32 mg</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Hymovis	Yes	Provided during PA Review	
Hyperinflationary Drugs, Standard Formulary	Yes	Provided during PA Review	
Hysingla ER 20 mg	Yes*†	30 tabs/month	90 tabs/3 months
Hysingla ER 30 mg	Yes*†	30 tabs/month	90 tabs/3 months
Hysingla ER 40 mg	Yes*†	30 tabs/month	90 tabs/3 months
Hysingla ER 60 mg	Yes*†	30 tabs/month	90 tabs/3 months
Hysingla ER 80 mg	Yes*†	30 tabs/month	90 tabs/3 months
Hysingla ER 100 mg	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Hysingla ER 120 mg	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Ibrance	Yes	Provided during PA Review	
<i>ibuprofen/famotidine (Duexis)</i>	Yes†	Provided during PA Review	
Iclusig	Yes	Provided during PA Review	
Idhifa	Yes	Provided during PA Review	
Impoyz	No*	120 units/month	360 units/3 months
<i>imatinib mesylate (Gleevec)</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
Impeklo	No*	120 units/month	360 units/3 months
Impoyz Cream	No*	120 units/month	360 units/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Incruse Ellipta	Yes [†]	1 package/month	3 packages/3 months
Inlyta	Yes	Provided during PA Review	
Inqovi	Yes	Provided during PA Review	
Inrebic	Yes	Provided during PA Review	
<i>ipratropium inhalation solution 25 vials</i>	No	5 packages/month	15 packages /3 months
<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	
<i>isotretinoin</i>	Yes	Provided during PA Review	
Jakafi	Yes	Provided during PA Review	
Jatenzo	Yes	Provided during PA Review	
Jornay PM 20 mg, 40 mg	No	60 caps/month	180 caps/3 months
Jornay PM 60 mg, 80 mg, 100mg	No	30 caps/month	90 caps/3 months
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*	30 caps/month	90 caps/3 months
Kadian 60 mg	No*	30 caps/month	90 caps/3 months
Kadian 70 mg	No*	30 caps/month	90 caps/3 months
Kadian 80 mg	No*	30 caps/month	90 caps/3 months
Kadian 100 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Kadian 200 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Kenalog spray	No*	120 units/month	360 units/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	
Koselugo	Yes	Provided during PA Review	
<i>lapatinib (Tykerb)</i>	Yes	Provided during PA Review	
Lazanda	Yes [†]	Provided during PA Review	

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		Retail	Mail Order
<i>lenalidomide</i> (Revlimid)	Yes	Provided during PA Review	
Lenvima	Yes	Provided during PA Review	
Lexette	No*	120 units/month	360 units/3 months
<i>levalbuterol HFA</i>	No	2 packages/month	6 packages/3 months
<i>levalbuterol inhalation solution</i>	No	4 packages /month	12 packages /3 months
<i>levorphanol tab 1mg, 2 mg</i>	Yes*†	120 tabs/month	360 tabs/3 months
<i>levorphanol tab 3mg</i>	Yes*†	60 tabs/month	180 tabs/3 months
<i>lidocaine patch 5%</i>	Yes	Provided during PA Review	
<i>lidocaine gel 2%, 4%</i>	No*	30mL/month	30mL/month
<i>lidocaine urethral/mucosal 2% gel</i>	No*	60mL/month	60mL/month
<i>lidocaine ointment 5%</i>	No*	50gm/month	50gm/month
<i>lidocaine-prilocaine 2.5-2.5% cream</i>	No*	30gm/month	30gm/month
<i>lidocaine topical solution 4%</i>	No*	50mL/month	50mL/month
<i>lidocaine-tetracaine 7-7% cream</i>	Yes*†	30gm/month	30gm/month
<i>lidocaine-tetracaine 70-70mg patch</i>	No*	2 patches/month	2 patches/month
Lidoderm patch 5%	Yes	Provided during PA Review	
<i>linaclotide</i> (Linzess)	Yes	Provided during PA Review	
<i>linezolid</i> (Zyvox)	Yes	Provided during PA Review	
Linzess	Yes	Provided during PA Review	
Locoid topical	No*	120 units/month	360 units/3 months
LoKara	No*	120 units/month	360 units/3 months
Lonhala Magnair Starter and Refill Kits	No	1 package/month	3 packages/3 months
Lonsurf	Yes	Provided during PA Review	
Lorbrena	Yes	Provided during PA Review	
Lotronex	Yes	Provided during PA Review	
Lunesta	Yes†	30ea/month	90ea/3 months
<i>lubiprostone</i>	Yes	Provided during PA Review	
Lumakras	Yes	Provided during PA Review	
Luxiq	No*	120 units/month	360 units/3 months
Lynparza	Yes	Provided during PA Review	
Mar-cof BP syrup	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Mar-cof CG syrup	No*	45 mL/day (7 day limit)	45 mL/day (7 day limit)
Marinol 2.5mg, 5mg, 10mg	No*	60 caps/month	180 caps/3 months
Maxalt / Maxalt MLT 5mg, 10mg	Yes*†	18 tablets/month	54 tablets/3 months
<i>Maxi-Tuss AC oral solution</i>	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
<i>Maxi-Tuss CD oral solution</i>	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
M-Clear WC oral solution	No*	90 mL/day (7 day limit)	90 mL/day (7 day limit)

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Mekinist	Yes	Provided during PA Review	
Mektovi	Yes	Provided during PA Review	
M-END PE oral solution	No*	90 mL/day (7 day limit)	90 mL/day (7 day limit)
<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
<i>metformin extended-release (Glumetza and Fortamet)</i>	Yes [†]	Provided during PA Review	
<i>methadone 5 mg tablets</i>	No*	90 tabs/month	270 tabs/3 months
<i>methadone 10 mg tablets</i>	No*	60 tabs/month	180 tabs/3 months
<i>methadone 5 mg/5 mL Oral soln</i>	No*	450mL/month	1350mL/3 months
<i>methadone 10 mg/5 mL Oral soln</i>	No*	300mL/month	900mL/3 months
<i>methadone 10 mg/mL intensol soln</i>	No*	60mL/month	180mL/3 months
<i>methadone 200 mg/20 mL inj</i>	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
<i>methamphetamine 5mg</i>	No	150 tabs/month	450 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 chewable 2.5mg, 5mg, 10mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>methylphenidate CD 10mg, 20mg, 30mg</i>	No*	60 caps/month	180 caps/3 months
<i>methylphenidate CD 40mg, 50mg</i>	No*	30 caps/month	90 caps/3 months
<i>methylphenidate CD 60mg</i>	No	30 caps/month	90 caps/3 months
<i>methylphenidate LA 10mg, 20mg, 30mg</i>	No*	60 caps/month	180 caps/3 months
<i>methylphenidate LA 60mg</i>	No	30 caps/month	90 caps/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 (tablets)</i>	Yes	Provided during PA Review	
<i>methyltestosterone oral (capsules)</i>	Yes	Provided during PA Review	
MiCort HC	No*	120 units/month	360 units/3 months
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	

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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>mometasone nasal spray</i>	No	2 packages/month	6 packages/3 months
<i>mometasone topical</i>	No*	120 units/month	360 units/3 months
Monovisc	Yes [†]	Provided during PA Review	
MorphaBond ER 15 mg	No*	90 tabs/month	270 tabs/3 months
MorphaBond ER 30 mg	No*	90 tabs/month	270 tabs/3 months
MorphaBond ER 60 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
MorphaBond ER 100 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>morphine sulfate ER cap 30 mg, 45 mg, 60 mg, 75 mg, 90 mg (Avinza)</i>	No*	30 caps/month	90 caps/3 months
<i>morphine sulfate ER cap 120 mg (Avinza)</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>morphine sulfate ER cap 10 mg, 20 mg, 30 mg, 40 mg (Kadian)</i>	No*	60 caps/month	180 caps/3 months
<i>morphine sulfate ER cap 50 mg, 60 mg, 80 mg (Kadian)</i>	No*	30 caps/month	90 caps/3 months
<i>morphine sulfate ER cap 100 mg, 120 mg (Kadian)</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>morphine sulfate ER tab 15 mg, 30 mg</i>	No*	90 tabs/month	270 tabs/3 months
<i>morphine sulfate ER tab 60 mg, 100 mg, 200 mg</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)</i>	No*	135mL/month	405mL/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*	675mL/month	2025mL/3 months
<i>morphine sulfate oral soln 20 mg/mL</i>	No*	180mL/month	540mL/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*	120 supps/month	360 supps/3 months
<i>morphine sulfate supp 30 mg</i>	No*	90 supps/month	270 supps/3 months
<i>morphine sulfate tab 15 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>morphine sulfate tab 30 mg</i>	No*	90 tabs/month	270 tabs/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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
MS Contin 100 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
MS Contin 200 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Mugard	No	Provided during PA Review	
Mydayis 12.5mg	No*	60 caps/month	180 caps/3 months
Mydayis 25mg	No	60 caps/month	180 caps/3 months
Mydayis 37.5mg, 50mg	No	30 caps/month	90 caps/3 months
Myobloc	Yes	Provided during PA Review	
Myorisan	Yes	Provided during PA Review	
<i>naratriptan</i>	No*	12 tablets/month	36 tablets/3 months
<i>naproxen/esomeprazole (Vimovo)</i>	Yes [†]	Provided during PA Review	
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 (<i>sorafenib</i>)	Yes	Provided during PA Review	
Ninjacof-XG oral liquid	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Ninlaro	Yes	Provided during PA Review	
Nolix	No*	120 units/month	360 units/3 months
Nubeqa	Yes	Provided during PA Review	
Nucynta 50 mg	No*	120 tabs/month	360 tabs/3 months
Nucynta 75 mg	No*	90 tabs/month	270 tabs/3 months
Nucynta 100mg	No*	60 tabs/month	180 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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Nucynta ER 200 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Nucynta ER 250 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
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
Olux/Olux-E	No	120 units/month	360 units/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

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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>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>	No*	200ml/21 days	200ml/21 days
Onsolis	Yes	Provided during PA Review	
Onureg	Yes	Provided during PA Review	
Onzetra Xsail	No*	1 kit (8 pouches)/ month	4 kits (24 pouches)/ 3 months
Opana ER 5mg, 7.5mg, 10mg, 15mg	No*	60 tabs/month	180 tabs/ 3 months
Opana ER 20mg, 30mg, 40mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Orgovyx	Yes	Provided during PA Review	
Orthovisc	Yes [†]	Provided during PA Review	
<i>oseltamivir 30mg</i>	No*	40 caps/90 days	40 caps/90 days
<i>oseltamivir 45mg</i>	No*	20 caps/90 days	20 caps/90 days
<i>oseltamivir liquid 6mg/ml suspension</i>	No*	360ml/90 days	360ml/90 days
<i>oseltamivir 75mg</i>	No*	20 caps/90 days	20 caps/90 days
Oxaydo 5 mg	No*	180 tabs/month	540 tabs/3 months
Oxaydo 7.5 mg	No*	180 tabs/month	540 tabs/3 months
<i>oxycodone cap 5 mg</i>	No*	180 caps/month	540 caps/3 months
<i>oxycodone ER tab 10 mg, 20 mg, 30 mg</i>	No*	60 tabs/month	180 tabs/3 months
<i>oxycodone ER tab 40 mg, 60 mg, 80 mg</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<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*	120 tabs/month	360 tabs/3 months
<i>oxycodone tab 20 mg</i>	No*	90 tabs/month	270 tabs/3 months
<i>oxycodone tab 30 mg</i>	No*	60 tabs/month	180 tabs/3 months
<i>oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)</i>	No*	90mL/month	270mL/3 months
<i>oxycodone soln 5 mg/5 mL</i>	No*	900mL/month	2700mL/3 months
<i>oxycodone/APAP soln 5-325mg/5 mL</i>	No	1800mL/month	5400mL/3 months
<i>oxycodone/APAP soln 10-300mg/5 mL</i>	No	900mL/month	2700mL/3 months
<i>oxycodone/APAP tab 2.5/300mg</i>	No	360 tabs/month	1080 tabs/3 months
<i>oxycodone/APAP tab 2.5/325 mg</i>	No	360 tabs/month	1080 tabs/3 months
<i>oxycodone/APAP tab 5/300 mg</i>	No	360 tabs/month	1080 tabs/3 months
<i>oxycodone/APAP tab 5/325 mg</i>	No	360 tabs/month	1080 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
<i>oxycodone/APAP tab 10/300 mg</i>	No	180 tabs/month	540 tabs/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
<i>oxycodone/APAP tab 10/325 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/3 months
<i>oxycodone-ibuprofen 5/400mg (Combunox)</i>	No	28ea/month	28ea/3 months
OxyContin 10 mg	Yes*†	60 tabs/month	180 tabs/3 months
OxyContin 15 mg	Yes*†	60 tabs/month	180 tabs/3 months
OxyContin 20 mg	Yes*†	60 tabs/month	180 tabs/3 months
OxyContin 30 mg	Yes*†	60 tabs/month	180 tabs/3 months
OxyContin 40 mg	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
OxyContin 60 mg	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
OxyContin 80 mg	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>oxymorphone tab 5 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>oxymorphone tab 10 mg</i>	No*	90 tabs/month	270 tabs/3 months
<i>oxymorphone ER tab 5 mg, 7.5 mg, 10 mg, 15 mg</i>	Yes*†	60 tabs/month	180 tabs/3 months
<i>oxymorphone ER tab 20 mg, 30 mg, 40mg</i>	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>palonosetron HCl Injection 0.25mg/2ml</i>	No*	4ml/21 days	4ml/21 days
<i>palonosetron HCl Injection 0.25mg/5ml</i>	No*	10ml/21 days	10ml/21 days
Pandel	No*	120 units/month	360 units/3 months
Patanase	No	1 package/month	3 packages /3 months
Pedipirox Nail Kit	Yes	Provided during PA Review	
Pemazyre	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*	120 tabs/month	120 tabs/3 months
Perforomist 30 vials/carton	No	2 packages/month	6 packages/3 months
Perforomist 60 vials/carton	No	1 package/month	3 packages/3 months
Pliaglis	No*	30gm/month	30gm/month
<i>pimecrolimus cream (Elidel)</i>	Yes	Provided during PA Review	
Piqray	Yes	Provided during PA Review	
Poly-Tussin AC oral solution	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
Pomalyst	Yes	Provided during PA Review	
Praluent	Yes	Provided during PA Review	
<i>prednicarbate topical</i>	No*	120 units/month	360 units/3 months
ProAir Digihaler	No	2 packages/month	6 packages/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
ProAir HFA	Yes [†]	2 packages/month	6 packages /3 months
ProAir RespiClick	Yes [†]	2 packages/month	6 packages /3 months
Pro-RED AC syrup	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
ProCentra oral solution	No*	1200mL/month	3600mL/3 months
<i>promethazine/codeine 6.25/10mg / 5mL syrup</i>	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
<i>promethazine/codeine/phenylephrine 6.25/10/5mg / 5 mL</i>	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
<i>promethazine VC with codeine syrup</i>	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
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	
Psorcon	Yes* [†]	120 units/month	360 units/3 months
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
Purixan	Yes	Provided during PA Review	
QDOLO oral soln 5 mg/mL	No*	1800 mL/month	5400 mL/3 months
Qelbree 100 mg, 150 mg, 200 mg	No	60 capsules/month	180 capsules/3 months
Qinlock	Yes	Provided during PA Review	
QNASL 40mcg	Yes [†]	1 package (6.8gm) / month	3 packages (6.8gm) / 3 months
QNASL 80mcg	Yes [†]	1 package (10.6gm) / month	3 packages (10.6gm) / 3 months
Qualaquin	Yes	Provided during PA Review	
<i>quazepam</i>	Yes [†]	30ea/month	90ea/3 months
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 (Qualaquin)</i>	Yes	Provided during PA Review	
QVAR RediHaler 40mcg	No	2 packages/month	6 packages/3 months
QVAR RediHaler 80mcg	No	2 packages/month	6 packages/3 months
<i>ramelteon</i>	No	30ea/month	90ea/3 months
Relenza	No*	40 blisters/90 days	40 blisters/90 days
Relpax 20mg, 40mg	No*	12 tablets/month	36 tablets/3 months
Repatha	Yes [†]	Provided during PA Review	

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Restoril	No	30ea/month	90ea/3 months
Retevmo	Yes	Provided during PA Review	
Retin-A (all topical forms)	Yes	Provided during PA Review	
Retin-A Micro (all topical forms)	Yes	Provided during PA Review	
Revlimid (<i>lenalidomide</i>)	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*	180 tabs/month	540 tabs/3 months
RoxyBond 15 mg	No*	120 tabs/month	360 tabs/3 months
RoxyBond 30 mg	No*	60 tabs/month	180 tabs/3 months
Rozlytrek	Yes	Provided during PA Review	
Rozerem (<i>ramelteon</i>)	Yes [†]	30ea/month	90ea/3 months
Rubraca	Yes	Provided during PA Review	
Rydapt	Yes	Provided during PA Review	
Rydex oral solution	No*	90 mL/day (7 day limit)	90 mL/day (7 day limit)
Sancuso 3.1mg/24hr patch	No*	2 patches/21 days	2 patches/21 days
Santyl	Yes	Provided during PA Review	
Seebri Neohaler	No	1 package (60 capsules)/month	3 packages (180 capsules)/3 months
Seglentis	No	120 tabs/month	360 tabs/3 months
Serevent Diskus	No	1 package/ month	3 packages/3 months
Sernivo spray	No*	120 units/month	360 units/3 months
Sodium hyaluronate	Yes	Provided during PA Review	
Solaraze	Yes	Provided during PA Review	
Sonata	No	30ea/month	90ea/3 months
<i>sorafenib (Nexavar)</i>	Yes	Provided during PA Review	
Soriatane	Yes	Provided during PA Review	
Sorilux	Yes [†]	Provided during PA Review	
Sotret	Yes	Provided during PA Review	
Spravato	Yes	Provided during PA Review	
Spiriva Handihaler 30 caps/carton	No	1 package/month	3 packages/3 months
Spiriva Handihaler 90 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	

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
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
Sublocade	Yes	Provided during PA Review	
Subsys	Yes	Provided during PA Review	
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
sumatriptan/naproxen 85mg/500mg	Yes*†	9 tablets/month	36 tablets/month
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	3 package/month	9 packages/3 months
Syndros oral solution	No*	120ml/month	360ml/3 months
Synera	No*	2 patches/month	2 patches/month
Synlar	No*	120 units/month	360 units/3 months
Synvisc	Yes†	Provided during PA Review	
Synvisc One	Yes†	Provided during PA Review	
Tabrecta	Yes	Provided during PA Review	
Taclonex	Yes	Provided during PA Review	
tacrolimus ointment (Protopic)	Yes	Provided during PA Review	
Tamiflu 30mg	No*	40 caps/90 days	40 caps/90 days
Tamiflu 45mg	No*	20 caps/90days	20 caps/90 days
Tamiflu liquid 6mg/ml suspension	No*	360ml/90 days	360ml/90 days
Tamiflu 75mg	No*	20 caps/90days	20 caps/90 days
Tafinlar	Yes	Provided during PA Review	
Tagrisso	Yes	Provided during PA Review	
Talzenna	Yes	Provided during PA Review	
tapentadol oral soln 20mg/mL	No*	300mL/ month	900mL/ 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
<i>tapentadol 50 mg</i>	No*	120 tabs/month	360 tabs/3 months
<i>tapentadol 75 mg</i>	No*	90 tabs/month	270 tabs/3 months
<i>tapentadol 100 mg</i>	No*	60 tabs/month	180 tabs/3 months
<i>tapentadol ER 50 mg</i>	No*	60 tabs/ month	180 tabs/3 months
<i>tapentadol ER 100 mg</i>	No*	60 tabs/ month	180 tabs/3 months
<i>tapentadol ER 150 mg</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>tapentadol ER 200 mg</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>tapentadol ER 250 mg</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Tarceva (<i>erlotinib</i>)	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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Targretin	Yes	Provided during PA Review	
Tasigna	Yes [†]	Provided during PA Review	
Tazorac	Yes [†]	Provided during PA Review	
<i>tazarotene</i>	Yes	Provided during PA Review	
Tazverik	Yes	Provided during PA Review	
<i>temazepam</i>	No	30ea/month	90ea/3 months
Temodar	Yes	Provided during PA Review	
Temovate	No*	120 units/month	360 units/3 months
Temovate E	No*	120 units/month	360 units/3 months
<i>temozolomide</i>	Yes	Provided during PA Review	
Tepmetko	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 (topical and nasal)</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	
Texacort	No*	120 units/month	360 units/3 months
Thalomid	Yes	Provided during PA Review	
Tibsovo	Yes	Provided during PA Review	
Tlando	Yes	Provided during PA Review	
Topicort	No*	120 units/month	360 units/3 months
Tosymra	No*	18 units/month	54 units/3 months
<i>tramadol 50 mg</i>	No*	180 tabs/month	540 tabs/3 months
<i>tramadol 100 mg</i>	Yes*†	90 tabs/month	270 tabs/3 months
<i>tramadol ER 100 mg tab</i>	No*	30 tabs/month	90 tabs/3 months
<i>tramadol ER 100 mg cap</i>	Yes*†	30 caps/month	90 caps/3 months
<i>tramadol ER 150 mg cap</i>	Yes*†	30 caps/month	90 caps/3 months
<i>tramadol ER 200 mg cap</i>	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>tramadol ER 200 mg tab</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>tramadol ER 300 mg cap</i>	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>tramadol ER 200 mg tab</i>	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
<i>tramadol oral soln 5 mg/mL</i>	No*	1800 mL/month	5400 mL/3 months
<i>tramadol/APAP 37.5/325 mg</i>	No	40 tabs/month	40 tabs/3 months
Trelegy Ellipta	No	1 package/ month	3 packages/3 months
<i>tretinoin (all topical forms)</i>	Yes	Provided during PA Review	
Treximet 85mg/500mg	Yes†	9 tablets/month	36 tablets/3 months
<i>triamcinolone topical cream/lotion/ointment 0.025%, 0.1%, 0.5%/spray</i>	No*	120 units/month	360 units/3 months
<i>triamcinolone topical ointment 0.05%/spray</i>	Yes*†	120 units/month	360 units/3 months
Trianax	Yes*†	120 units/month	360 units/3 months
<i>triazolam</i>	No*	10ea/month	30ea/3 months
Tridesilon	No*	120 units/month	360 units/3 months
Triluron	Yes	Provided during PA Review	
Trivisc	Yes	Provided during PA Review	
Troxyca ER 10 mg/1.2 mg	No*	60 caps/month	180 caps/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Troxyca ER 60 mg/7.2 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Troxyca ER 80 mg/9.6 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Trudhesa	No	3 packages/month	9 packages/month
Truseltiq	Yes	Provided during PA Review	
Trymine CG syrup	No*	45 mL/day (7 day limit)	45 mL/day (7 day limit)
Tudorza Pressair 60 inhalations	Yes [†]	1 package/month	3 packages/3 months
Tudorza Pressair 30 inhalations	Yes [†]	2 packages/month	6 packages/3 months
Tukysa	Yes	Provided during PA Review	
Turalio	Yes	Provided during PA Review	
Tusnel C syrup	No*	40 mL/day (7 day limit)	40 mL/day (7 day limit)
TussiCaps	No*	2 capsules/day (7 day limit)	2 capsules/day (7 day limit)
Tuxarin ER	No*	2 tablets/day (7 day limit)	2 tablets/day (7 day limit)
Tuzistra XR suspension	No*	20 mL/day (7 day limit)	20 mL/day (7 day limit)
Twynéo (all topical forms)	Yes	Provided during PA Review	
Tykerb (<i>lapatinib</i>)	Yes	Provided during PA Review	
Ukoniq	Yes	Provided during PA Review	
Ultram ER 100 mg	No*	30 tabs/month	90 tabs/3 months
Ultram ER 200 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Ultram ER 300 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Ultravate cream/ointment/lotion	No*	120 units/month	360 units/3 months
Utibron Neohaler	No	1 package/month	3 packages /3 months
Valchlor Gel	Yes	Provided during PA Review	
<i>vandetanib</i> (Caprelsa)	Yes	Provided during PA Review	
Vanos	No*	120 units/month	360 units/3 months
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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Vantrela ER 90 mg	No*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Varubi single dose package	No	2 packs/21 days	2 packs/21 days
Vectical	Yes [†]	Provided during PA Review	
Veltin Gel	Yes [†]	Provided during PA Review	
Venclexta	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
Verzenio	Yes	Provided during PA Review	
Viberzi	Yes	Provided during PA Review	
Vimovo	Yes	Provided during PA Review	
<i>Virtussin AC oral solution</i>	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Virtussin DAC oral solution	No*	40 mL/day (7 day limit)	40 mL/day (7 day limit)
Visco-3	Yes [†]	Provided during PA Review	
Vitrakvi	Yes	Provided during PA Review	
Vivitrol	Yes	Provided during PA Review	
Vizimpro	Yes	Provided during PA Review	
Vogelxo	Yes [†]	Provided during PA Review	
Voltaren Gel	Yes	Provided during PA Review	
Vonjo	Yes	Provided during PA Review	
Votrient	Yes	Provided during PA Review	
Vyepti	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
Welireg	Yes	Provided during PA Review	
Westcort	No*	120 units/month	360 units/3 months
Wynzora	Yes	Provided during PA Review	
Xalkori	Yes	Provided during PA Review	
Xeloda	Yes	Provided during PA Review	
Xeomin	Yes	Provided during PA Review	
Xermelo	Yes	Provided during PA Review	
Xhance	No	2 packages/month	6 packages/3 months
Xofluza 20mg and 40mg (2 tablets per blister card)	No*	4 tablets/3 months	4 tablets/3 months
Xofluza 40mg and 80mg (1 tablet per blister card)	No*	2 tablets/3 months	2 tablets/3 months
Xofluza 40mg/20mL suspension	No*	80mL/3 months	80mL/3 months

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
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
Xospata	Yes	Provided during PA Review	
Xpovio	Yes	Provided during PA Review	
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*	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Xtandi	Yes	Provided during PA Review	
Xylocaine 4% topical	No*	50mL/month	50mL/3 months
Xyosted	Yes	Provided during PA Review	
Yondelis	No	Limit does not apply	
Yonsa	Yes	Provided during PA Review	
Yupelri	No	1 package (30 vials x 3mL)/month	3 packages (90 vials x 3mL)/3 months
zanamivir	No*	40 blisters/month	40 blisters/3 months
Zegerid	Yes [†]	Provided during PA Review	
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*	120 tabs/month	360 tabs/3 months
Zenzedi 15mg, 20mg	No*	60 tabs/month	180 tabs/3 months
Zenzedi 30mg	No*	30 tabs/month	90 tabs/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	Yes* [†]	60 caps/month	180 caps/month
Zohydro ER 15 mg	Yes* [†]	60 caps/month	180 caps/month

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Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Zohydro ER 20 mg	Yes*†	60 caps/month	180 caps/month
Zohydro ER 30 mg	Yes*†	60 caps/month	180 caps/month
Zohydro ER 40 mg	Yes*†	60 caps/month	180 caps/month
Zohydro ER 50 mg	Yes*†	Request reviewed during post limit authorization	Request reviewed during post limit authorization
Zolinza	Yes	Provided during PA Review	
<i>zolmitriptan nasal spray 2.5mg, 5mg</i>	No*	12 units/month	36 units/3 months
<i>zolmitriptan orally disintegrating 2.5mg, 5mg</i>	No*	12 tablets/month	36 tablets/3 months
<i>zolpidem</i>	No	30ea/month	90ea/3 months
<i>zolpidem CR</i>	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	
ZTLido	Yes	Provided during PA Review	
Zuplenz	Yes*†	18 films/21 days	18 films/21 days
Zydelig	Yes†	Provided during PA Review	
Zykadia	Yes	Provided during PA Review	
Zytiga (<i>abiraterone acetate</i>)	Yes†	Provided during PA Review	
Zyvox	Yes	Provided during PA Review	

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