Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Abilify (aripiprazole)		30 tabs
Abilify Discmelt (aripiprazole ODT)		60 tabs
Abilify Mycite		30 tabs
Abilify oral solution (aripiprazole)		750 mL
Abrilada		2 pens or syringes / 28 days
Abstral		120 tabs
Aciphex (rabeprazole)	20 mg tab	60 tabs
Aclovate (alclometasone dipropionate)	cream or ointment	120 grams
Actemra	162 mg syringe or auto-injector	4 syringes or autoinjectors / 28 days
Acthar		7 vials / 21 days
Actiq (fentanyl citrate)		120 units
Actonel (risedronate)	5 mg, 30 mg	30 tabs
Actonel (risedronate)	35 mg	4 tabs
Actonel (risedronate)	150 mg	1 tab
Adbry	150 mg/ml syringe	4 syringes / 28 days
Adbry	300 mg/2 ml auto injectors	2 auto injectors / 28 days
Adcirca (tadalafil 20mg(PAH))		60 tabs
Adderall (amphetamine-dextroamphetamine)	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	60 tabs
Adderall (amphetamine-dextroamphetamine)	20 mg	90 tabs
Adderall XR (amphetamine-dextroamphetamine ER)	5 mg, 10 mg, 15 mg	30 caps
Adderall XR (amphetamine-dextroamphetamine ER)	20 mg, 25 mg, 30 mg	60 caps
adefovir dipivoxil		30 tabs
Adempas		90 tabs
Advair Diskus (fluticasone/salmeterol)		60 blisters
Advair HFA (fluticasone/salmeterol)		1 canister
Adzenys XR ODT	3.1 mg, 6.3 mg	60 tabs
Adzenys XR ODT	9.4 mg, 18.8 mg, 12.5 mg, 15.7 mg	30 tabs
Aemcolo		12 tabs / 180 days
Aerospan		2 canisters
Afinitor (everolimus)		30 tabs
Afinitor Disperz (everolimus)	2 mg, 5 mg	60 tabs
Afinitor Disperz (everolimus)	3 mg	90 tabs
Afrezza	4 unit	2520 cartridges
Afrezza	8 unit	1260 cartridges

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Afrezza	12 unit	900 cartridges
Afrezza mix pack	4 unit (90 count) + 8 unit (90 count)	1800 cartridges
Afrezza mix pack	4 unit (60 count) + 8 unit (60 count) + 12 unit (60 count)	1260 cartridges
Afrezza mix pack	8 unit (90 count) + 12 unit (90 count)	1080 cartridges
Agamree	o anii (oo ooani) - 12 anii (oo ooani)	300 ml
Aimovig	70 mg (1 auto-injector pack)	1 auto-injector / 28 days
Aimovig	140 mg	1 auto-injector / 28 days
AirDuo Digihaler, Respiclick		1 inhaler
Airsupra		3 inhalers
Ajovy		3 syringes or autoinjectors / 84 days
Akeega		60 tabs
Akynzeo		2 caps
Ala-Scalp	2% lotion	118.4 mL
albendazole		120 tabs
(albuterol HFA)		2 inhalers
Alecensa		240 caps
Alhemo	60 mg/1.5 ml	14 pens / 28 days
Alhemo	150 mg/1.5 ml	6 pens / 28 days
Alinia ( <b>nitazoxanide</b> )	tablet	12 tabs / 90 days
Alinia	suspension	300 mL / 90 days
Allzital		360 tabs
Alora		8 patches / 28 days
Altoprev		30 tabs
Alunbrig	30 mg	180 tabs
Alunbrig	90 mg, 180 mg	30 tabs
Alunbrig	Therapy pack	30 tabs / 180 days
Alvaiz	9 mg, 18 mg	30 tabs
Alvaiz	36 mg, 54 mg	60 tabs
Alvesco	80 mcg	1 canister
Alvesco	160 mcg	2 canisters
Alyftrek	4-20-50	84 tabs / 28 days
Alyftrek	10-50-125	56 tabs / 28 days
Alyq		60 tabs
Ambien (zolpidem)		30 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Ambien CR (zolpidem ER)		30 tabs
Amitiza (lubiprostone)	8 mcg	120 caps
Amitiza (lubiprostone)	24 mcg	60 caps
Amjevita		2 syringes or pens / 28 days
Ampyra (dalfampridine)		60 tabs
AndroGel 1% pump (testosterone gel)		4 pumps
AndroGel 1.62% packet (testosterone gel)	40.5 / 2.5 gm	60 packets
AndroGel 1.62% pump (testosterone gel)		2 pumps
Android		600 caps
Androxy		120 tabs
Anoro Ellipta		60 blisters
Anzemet	50 mg	7 tabs
Apadaz		360 tabs
ApexiCon E (diflorasone diacetate)	0.05% cream	120 grams
Aplenzin		30 tabs
Aptensio XR (methylphenidate ER)		30 caps
Aptivus	250 mg	120 caps
Aqneursa		112 packets / 28 days
Arcalyst		4 vials / 28 days
Aristocort ( <b>triamcinolone acetonide</b> )	0.025% cream, 0.1% cream or ointment, 0.5% cream	454 grams
Aristocort HP (triamcinolone acetonide)	0.5% ointment	120 grams
Armonair Digihaler, Respiclick		1 inhaler
Arnuity Ellipta		30 blisters
Asmanex		1 inhaler
Asmanex HFA		1 inhaler
Atacand (candesartan)	4 mg, 8 mg, 16 mg	60 tabs
Atacand (candesartan)	32 mg	30 tabs
Atacand HCT (candesartan/hydrochlorothiazide)		30 tabs
Atelvia (risedronate)		4 tabs / 28 days
Atorvaliq		600 mL
Atrovent HFA		2 inhalers
Attruby		112 tabs / 28 days
Aubagio (teriflunomide)		30 tabs
Augtyro	40 mg	240 caps

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Augtyro	160 mg	60 caps
Austedo	6 mg	60 tabs
Austedo	9 mg, 12 mg	120 tabs
Austedo XR	6 mg, 12 mg, 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	30 tabs
Austedo XR	24 mg	60 tabs
Austedo XR	Titration kit	1 kit / 180 days
Auvelity		60 tabs
Avalide (irbesartan/hydrochlorothiazide)		30 tabs
Avapro (irbesartan)		30 tabs
Aveed		1 vial / 28 days
Avonex		4 vials/syringes / 28 days
Axert (almotriptan)		12 tabs
Axiron (testosterone solution)		2 pumps
Ayvakit		30 tabs
Azor (amlodipine/olmesartan medoxomil)		30 tabs
Azstarys		30 caps
Bafiertam		120 caps
Balversa	3 mg	90 tabs
Balversa	4 mg	60 tabs
Balversa	5 mg	30 tabs
Baraclude (entecavir)		30 tabs
Baraclude (entecavir)	Oral solution	630 mL
Baxdela		28 tablets / 14 days
Belbuca (buprenorphine buccal film)		60 films
Belsomra		30 tabs
Benicar (olmesartan)	5 mg	60 tabs
Benicar (olmesartan)	20 mg, 40 mg	30 tabs
Benicar HCT (olmesartan/hydrochlorothiazide)		30 tabs
Benlysta		4 auto-injectors/syringes / 28 days
Berinert		16 vials
Besremi		2 syringes / 28 days
Betaseron		14 vials/syringes / 28 days
Bevespi		1 canister
Biktarvy		30 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Bimatoprost		2.5 mL
Bimzelx	160 mg/ml	2 pens / syringes per 56 days
Bimzelx	320 mg/2 ml	1 pen / syringe per 28 days
Binosto		4 tabs / 28 days
Boniva (ibandronate)	2.5 mg	30 tabs
Boniva (ibandronate)	150 mg	1 tab
Bonjesta		60 tabs
Bosulif	50 mg caps	30 caps
Bosulif	100 mg caps	150 caps
Bosulif	100 mg tabs	120 tabs
Bosulif	400 mg, 500 mg	30 tabs
Braftovi		180 caps
Breo Ellipta (fluticasone/vilanterol)		1 inhaler
Brexafemme		4 tabs / 90 days
Breyna		3 inhalers
Breztri		1 inhaler
Brenzavvy (bexagliflozin)		30 tabs
Brixadi	64 mg/0.18 ml, 96 mg/0.27 ml, 128 mg/0.36 ml	1 syringe / 28 days
Brixadi	8 mg/0.16 ml, 16 mg/0.32 ml, 24 mg/0.48ml, 32 mg/0.64ml	4 syringes / 28 days
Brukinsa		120 caps
Bryhali		200 grams / 28 days
Buphenyl (sodium phenylbutyrate)	Tablet	1200 tabs
Buphenyl (phenylbutyrate)	Powder	600 grams
buprenorphine	2 mg, 8 mg	90 tabs
Butalbital Compound (butalbital-acetaminophen)		180 tabs
butalbital-acetaminophen		180 caps
butorphanol tartrate nasal spray		2 bottles
Butrans (buprenorphine)	All strengths	4 systems / 28 days
Bydureon		4 syringes / 28 days
Bydureon BCise		4 auto-injectors / 28 days
Byetta	pre-filled pen (60 doses)	1 pen
Bylvay 1200 mcg		150 caps
Bylvay 200 mcg		900 caps
Bylvay 400 mcg		450 caps

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Bylvay 600 mcg		300 caps
Byvalson (nebivolol/valsartan)		30 tabs
Cablivi		30 kits
Cabometyx		30 tabs
Cafergot (ergotamine/caffeine)		40 tabs / 28 days
calcipotriene	cream, ointment	120 grams
calcipotriene	solution	120 mL
Calquence		60 tabs
Cambia (diclofenac)		9 packets
Camzyos		30 caps
Сарех	0.01% shampoo	840 mL / 28 days
Caplyta		30 caps
Caprelsa	100 mg	60 tabs
Caprelsa	300 mg	30 tabs
Capvaxive		1 vaccine / 90 days
Carac (Fluorouracil)	0.5% cream	30 grams / 28 days (4 week supply limit)
Celebrex (celecoxib)	50 mg, 100 mg, 200 mg	60 caps
Celebrex (celecoxib)	400 mg	30 caps
Cequa		60 doses
Cerdelga		60 caps
Cesamet		42 caps
chloroquine	250 mg	40 tabs / 90 days
chloroquine	500 mg	20 tabs / 90 days
Cialis (tadalafil)	2.5 mg, 5 mg	30 tabs
Cibinqo		30 tabs
ciclopirox 8% solution		6.6 mL
Cimduo		30 tabs
Cimzia	Starter kit	1 kit / 180 days
Cimzia	200 mg syringe kit (2 pack)	2 kits / 28 days
Cinryze		20 vials
Cleocin T (clindamycin)	1% topical solution	120 mL
Climara (estradiol)		4 patches
Climara Pro		4 patches
clobetasol propionate	0.5% foam	200 grams / 28 days
clobetasol propionate	0.05% cream or ointment	210 grams

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
	0.05% gel	
clobetasol propionate	0.05% solution	200 mL
clobetasol propionate	0.05% emollient cream	210 grams
Clobex (clobetasol propionate)	0.05% spray and shampoo	236 mL / 28 days
Clobex (clobetasol propionate)	0.05% lotion	177 mL / 28 days
Cloderm (clocortolone pivalate)	0.1% cream	135 grams
Clozaril (clozapine)	25 mg, 50mg	90 tabs
Clozaril (clozapine)	100 mg	270 tabs
Clozaril ( <b>clozapine</b> )	200 mg	120 tabs
Cobenfy		60 caps
Cobenfy Starter Pack		1 kit / 180 days
Codeine tablets		180 tabs
Combipatch		8 patches / 28 days
Combivent		2 inhalers
Combivent Respimat		2 inhalers
Combivent Respimat		2 bottles
Combivir (lamivudine/zidovudine)		60 tabs
Cometriq		1 kit / 28 days
Complera		30 tabs
Concerta (methylphenidate ER)	18 mg, 27 mg, 54 mg	30 tabs
Concerta (methylphenidate ER)	36 mg	60 tabs
Cortrophin Gel		7 vials / 21 days
Conzip		30 tabs
Copaxone (glatiramer acetate)	20 mg	30 syringes
Copaxone (glatiramer acetate)	40 mg	12 syringes / 28 days
Copiktra		60 caps
Cordran (flurandrenolide)	4 mcg/cm <sup>2</sup>	1 box
Cosentyx	Loading dose: 150 mg / ml (injector or syringe)	1 injector or syringe per week for 5 weeks
Cosentyx	Maintenance dose: 150 mg / ml (injector or syringe), 75 mg / 0.5 ml	1 injector or syringe / 28 days
Cosentyx	Loading dose for plaque psoriasis or psoriatic arthritis with plaque psoriasis: 300 mg (2 x 150 mg / ml injector or syringe per package)	1 package per week for 5 weeks
Cosentyx	Maintenance dose: 300 mg (2 x 150 mg / ml injectors or syringes per package)	1 package (2 syringes) / 28 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Cosentyx Cosentyx Uno	Maintenance dose: 300 mg/2 ml auto injector	1 injector / 28 days
Cotellic	Injector	63 tabs / 28 days
Cotempla XR ODT	8.6 mg	30 tabs
Cotempla XR ODT	17.3 mg, 25.9 mg	60 tabs
Cozaar (losartan)	25 mg, 50 mg	60 tabs
Cozaar (losartan)	100 mg	30 tabs
Crenessity	100 mg	60 caps
Crenessity	Oral solution	120 ml
Crestor (rosuvastatin)	5 mg, 10 mg, 20 mg	45 tabs
Crestor (rosuvastatin)	40 mg	30 tabs
Cyclocort (amcinonide)	0.1% cream, 0.1% ointment	120 grams
Cyclocort (amcinonide)	0.1% lotion	120 mL
Cyltezo (adalimumab-adbm)	0.17,0.104.01.	2 syringes or pens / 28 days
Cyltezo (adalimumab-adbm)	Starter Kits - Crohn's kit, Ulcerative Colitis, Hidradenitis, Psoriasis	1 starter kit / 180 days
Cystadrops		20 mL / 28 days
Cystaran		60 mL / 28 days
Daklinza		30 tabs
Daliresp		30 tabs
Danziten		112 tabs / 28 days
Daraprim (pyrimethamine)		90 tabs
darifenacin ER		30 tabs
Daurismo	25 mg	60 tabs
Daurismo	100 mg	30 tabs
Daybue		3600 mL
Daytrana (methylphenidate)		30 patches
Dayvigo		30 tabs
Delatestryl (testosterone enanthate)	200 mg/5 ml	1 vial / 28 days
Delstrigo		30 tabs
Demerol (meperidine) liquid		2,400 ml
Demerol (meperidine) tablets		360 tabs
Depo Testosterone (testosterone cypionate)	1 ml vial	10 vials/ 28 days
Depo Testosterone (testosterone cypionate)	10 ml vial	1 vial / 28 days
Depo Testosterone (testosterone cypionate)	30 ml vial	1 vial / 84 days
Derma-Smoothe (fluocinolone acetonide)	0.01% oil (body or scalp)	118.28 mL

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025 Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Dermatop (prednicarbate)	0.1% ointment	120 grams
Descovy		30 tabs
desonide	0.05% gel	120 grams
DesOwen (desonide)	0.05% cream or ointment	120 grams
DesOwen (desonide)	0.05% lotion	118 mL
Desoxyn (methamphetamine)		150 tabs
Desvenlafaxine		30 tabs
Detrol (tolterodine)		60 tabs
Detrol LA (tolterodine ER)		30 caps
Dexcom Receiver		1 receiver / 365 days
Dexcom Transmitter		1 transmitter / 90 days
Dexcom Sensor		3 sensors / 30 days
Dexedrine (dextroamphetamine)	5 mg	90 tabs
Dexedrine (dextroamphetamine)	10 mg	180 tabs
Dexedrine Spansule (dextroamphetamine sulfate ext-release)	5 mg	90 caps
Dexedrine Spansule (dextroamphetamine sulfate ext-release)	10 mg, 15 mg	120 caps
Dexilant (dexlansoprazole)		30 caps
Diabetic test strips (all brands)		204 strips/discs
Diclegis (doxylamine/pyridoxine)		120 tabs
diclofenac 3% gel		100 grams / 30 days (90 day supply limit)
Dificid suspension		272 mLs / 180 days
Dificid tablets		40 tabs / 180 days
dihydroergotamine		24 ampules / 28 days
Dilaudid (hydromorphone) liquid		1,440 ml
Dilaudid (hydromorphone) suppository		120 suppositories
Dilaudid (hydromorphone) tablets		180 tabs
Diovan (valsartan)	320 mg	30 tabs
Diovan (valsartan)	40 mg, 80 mg, 160 mg	60 tabs
Diovan HCT (valsartan-hydrochlorothiazide)		30 tabs
Diprolene (betamethasone dipropionate augmented)	0.05% gel or ointment	200 grams
Diprolene (betamethasone dipropionate augmented)	0.05% lotion	210 mL
Diprolene AF (betamethasone dipropionate augmented)	0.05% cream	200 grams
Diprosone (betamethasone dipropionate)	0.05% cream or ointment	135 grams
Diprosone (betamethasone dipropionate)	0.05% lotion	120 mL
Ditropan XL (oxybutynin ext-release)	5 mg	30 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Divigel (estradiol)		30 packets
Doptelet		30 tabs
Dovato		30 tabs
Doxepin	5% cream	45 grams
Drizalma Sprinkle		60 caps
Duaklir Pressair		1 inhaler
Duexis (ibuprofen/famotidine)		90 tabs
Dulera		3 canisters
Duobrii		100 grams
Dupixent	Maintenance on Day 15 and beyond	2 syringes OR pens / 28 days
Duvyzat		280 mls / 28 days
Duzallo		30 tabs
Dyanavel XR		240 ml
Dyanavel XR Chew		30 tabs
Ebglyss		1 pen / 28 days
econazole	1% cream	120 grams
Edarbi		30 tabs
Edarbyclor		30 tabs
Edluar		30 tabs
Edurant		30 tabs
efavirenz/emtricitabine/tenofovir		30 tabs
Efudex (fluorouracil)		240 grams / 84 days
Elestrin		26 grams
Elidel (pimecrolimus)	1% cream	100 grams
Eliquis	2.5 mg	60 tabs
Eliquis	5 mg	74 tabs
Eliquis starter pack		1 pack/ /180 days
Elyxyb		6 bottles
Emend	suspension	6 packages
Emend (aprepitant)	80 mg	4 caps
Emend (aprepitant)	125 mg	2 caps
Emend Tripack (aprepitant)		2 Therapy Packs
Emflaza (deflazacort)	6 mg	60 tabs
Emflaza (deflazacort)	18 mg	30 tabs
Emgality	100 mg / mL	9 syringes / 180 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Emgality	120 mg / ml	1 auto-injector or syringe / 28 days
Empaveli		8 vials / 28 days
Emtriva	10 mg/ml	680 ml
Emtriva (emtricitabine)		30 caps
Emverm		180 tabs
Enbrel	25 mg vial kit	8 vials / 28 days
Enbrel	25 mg autoinjector, cartridge, or syringe	8 injections/ 28 days
Enbrel	50 mg autoinjector, cartridge or syringe	4 injections / 28 days
Endocet (oxycodone/acetaminophen)	2.5-325, 5-325	360 tabs
Endocet (oxycodone/acetaminophen)	7.5-325	240 tabs
Endocet (oxycodone/acetaminophen)	10-325	180 tabs
Enspryng		1 syringe / 28 days
Enstilar		120 grams
Entresto	6/6 mg, 15/16 mg	240 tabs
Entresto (sacubitril/valsartan)	24/26 mg, 49/51 mg, 97/103 mg	60 tabs
Entyvio		2 pens / 28 days
Eohilia		600 mls / 30 days
Epclusa	200-50 mg	28 tabs / 28 days
Epclusa (sofosbuvir/velpatasvir)	400-100 mg	28 tabs / 28 days
Epclusa Pak oral pellets	150-37.5 mg	28 packets / 28 days
Epclusa Pak oral pellets	200-50 mg	56 packets / 28 days
Epivir (lamivudine)	10 mg/ml	960 ml
Epivir (lamivudine)	5 mg/ml oral solution	600 ml
Epivir (lamivudine)	100 mg	30 tabs
Epivir (lamivudine)	150 mg	60 tabs
Epivir (lamivudine)	300 mg	30 tabs
Epzicom (abacavir/lamivudine)		30 tabs
Equapax/atorvastatin & CoQ10		60 caps
Ergomar		20 tabs / 28 days
Erivedge		30 caps
Erleada	60 mg	120 tabs
Erleada	240 mg	30 tabs
Esbriet (pirfenidone)	267 mg caps	180 caps
Esbriet (pirfenidone)	267 mg tabs	180 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Esbriet (pirfenidone)	801 mg tabs	90 tabs
Esgic (butalbital-acetaminophen-caffeine)	50-325-40	180 caps or tabs
Estraderm		8 patches / 28 days
Estrasorb		56 pouches
Estring		1 ring / 90 days
Estrogel (estradiol gel)		1 pump
Eucrisa		100 grams
EvaMist		5 bottles per 93 days
Evekeo (amphetamine)	5 mg	90 tabs
Evekeo (amphetamine)	10 mg	180 tabs
Evekeo ODT		60 tabs
Evotaz		30 tabs
Evrysdi		160 mLs / 24 days
Exforge (amlodipine-valsartan)		30 tabs
Exforge HCT (amlodipine-valsartan-hydroclorothiazide)		30 tabs
Exservan		60 films
Extavia		15 vials / syringes
Fabhalta		60 caps
Fanapt	all strengths	60 tabs
Fanapt titration pack		1 pack (8 tabs) / 180 days
Farxiga (dapagliflozin)		30 tabs
Fasenra		1 pen / 56 days
FazaClo (clozapine)	12.5 mg, 100 mg	90 tabs
FazaClo (clozapine)	25 mg	270 tabs
FazaClo (clozapine)	150 mg	180 tabs
FazaClo (clozapine)	200 mg	120 tabs
Femring		1 ring / 90 days
fentanyl citrate transmucosal		120 units
fentanyl transdermal patch		15 patches
Fentora		120 tabs
Fetzima		30 caps
Fetzima	Titration pack	1 pack/180 days
Filspari		30 tabs
Filsuvez		30 tubes
Fioricet (butalbital-acetaminophen-caffeine)		180 tabs

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Quantity Limit Authorization Form

5 1/6 :	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Brand/Generic name	an strengths ir none listed	unicss otherwise noted
Fioricet w/codeine (butalbital-acetaminophen-caffeine- codeine)		180 caps
Fiorinal (butalbital-aspirin-caffeine)		180 caps
Fiorinal w/codeine (butalbital-aspirin-caffeine-codeine)		180 caps
Firazyr (icatibant)		12 syringes
Firdapse		240 tabs
Firvanq	50 mg / ml	1200 mls
Flector patch (diclofenac)		60 patches
Flolipid	20 mg/ 5 ml	150 ml
Flolipid	40 mg/ 5 ml	300 ml
Florone (diflorasone diacetate)	0.05% ointment	120 grams
Flovent Diskus (fluticasone diskus)	50 mcg, 100 mcg	1 carton (60 blisters)
Flovent Diskus (fluticasone diskus)	250 mcg	4 cartons (240 blisters)
Flovent HFA (fluticasone HFA)	44 mcg, 110 mcg	1 inhaler
Flovent HFA (fluticasone HFA)	220 mcg	2 inhalers
flu vaccines		1 injection / 90 days
Fluocinolone	0.01% cream	120 grams
Fluoxetine	60 mg	30 tabs
flurandrenolide	0.05% lotion	120 mL
flurandrenolide	0.05% cream	120 grams
fluticasone	0.05% cream, 0.005% ointment	120 grams
fluticasone	0.05% lotion	120 mL
fluvoxamine	25 mg, 50 mg	30 caps
fluvoxamine	100 mg	90 caps
Focalin (dexmethylphenidate)		60 tabs
Focalin XR (dexmethylphenidate ER)		30 caps
Foradil Aerolizer		1 blister pack (12 or 60)
Forfivo (bupropion XL)		30 tabs
Fortesta (testosterone gel)		2 pumps
Fosamax (alendronate)	35 mg, 70 mg	4 tabs
Fosamax (alendronate)	oral solution	300 ml/28 days
Fosamax (alendronate)	5 mg, 10 mg, 40 mg	30 tabs
Fosamax Plus D		4 tabs
Fotivda		21 caps / 28 days
Freestyle Libre	10 day reader	1 reader / 365 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Freestyle Libre	10 day sensor	3 sensors
Freestyle Libre	14 day reader	1 reader / 365 days
Freestyle Libre	14 day sensor	2 sensors / 28 days
Freestyle Libre 2	reader	1 reader / 365 days
Freestyle Libre 2 / Freestyle Libre 2 Plus	sensor	2 sensors / 28 days
Freestyle Libre 3	reader	1 reader / 365 days
Freestyle Libre 3	sensor	2 sensors / 28 days
Freestyle Libre 3 Plus	sensor	2 sensors / 28 days
Frova (frovatriptan)		18 tabs
Fruzaqla	1 mg	84 caps / 28 days
Fruzaqla	5 mg	21 caps / 28 days
Fulphila		2 syringes / 28 days
Fulzyaq		60 tabs
Furoscix		8 kits / 30 days (with max of 2 kits per day)
Fuzeon		60 vials
Fylnetra		2 syringes / 28 days
Galafold		15 tabs
Gattex		30 vials
Gavreto		120 caps
Gelnique	10%	30 sachets
Gemtesa		30 tabs
gentamicin	0.1% topical cream	60 grams
Genvoya		30 tabs
Geodon (ziprasidone)		60 tabs
Gilenya ( <b>fingolimod</b> )		30 caps
Gilotrif	All strengths	30 tabs
glatopa (glatiramer acetate)	20 mg	30 syringes
glatopa (glatiramer acetate)	40 mg	12 syringes / 28 days
Gleevec (imatinib)	100 mg	90 tabs
Gleevec (imatinib)	400 mg	60 tabs
Glucose Test Strips (all brands)		204 strips / discs
Glucose test strips combo		200 strips
Glyxambi		30 tabs
Gralise (gabapentin ER once daily tablets)	300 mg, 450 mg, 750 mg	30 tabs
Gralise	900 mg	60 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Gralise (gabapentin ER once daily tablets)	600 mg	90 tabs
Gralise	Starter pack	78 tabs / 180 days
granisetron		14 tabs
Hadlima		2 syringes or pens / 28 days
Haegarda		16 vials
Halog (halcinonide)	0.1% cream, ointment, solution	120 grams or ml
Harvoni pellet packs		30 packets
Harvoni tabs (ledipasvir-sofosbuvir)		30 tabs
Hetlioz (tasimelteon)	20mg	30 caps
Hetlioz LQ	4 mg/ml	158 ml
Horizant	300 mg	60 tabs
Horizant	600 mg	60 tabs
Hulio (adalimumab-fkjp)		2 syringes or pens / 28 days
Humira	10 mg, 20 mg, 40 mg, 80 mg	2 syringes or pens / 28 days
Humira	Starter pack	1 kit / 180 days
Humira pediatric Crohn's kit	Starter pack	1 kit / 180 days
Hycet (hydrocodone-acetaminophen)		3600 mL
hydrocodone-acetaminophen	2.5 mg-325mg	360 tabs
hydrocodone-acetaminophen	10 mg/325 mg per 15 ml solution	2700 ml
hydrocodone ER		60 caps
hydromorphone ER		30 tabs
Hyftor		70 grams / 84 days
Hympavzi		4 pens / 28 days
Hyrimoz (adalimumab-adaz)		2 syringes or pens / 28 days
Hyrimoz	Starter pack	1 kit / 180 days
Hysingla ER (hydrocodone bitartrate ER)		30 tabs
Hytone (hydrocortisone)	1% ointment	453.6 grams
Hytone ( <b>hydrocortisone</b> )	1% cream 2.5% cream or ointment	454 grams
Hytone (hydrocortisone)	2.5% lotion	118 mL
Hyzaar (losartan/hydrochlorothiazide)		30 tabs
Ibrance		21 caps or tabs / 28 days
Ibudone (hydrocodone-ibuprofen)	10-200	150 tabs
Ibsrela		60 tabs
Iclusig		30 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

	Strength	Dispensing Limit Per Montl
<b>Brand/Generic name</b>	all strengths if none listed	unless otherwise noted
Idacio (adalimumab-aacf)	Prefilled syringe kit, auto-injector kit	1 kit (2 syringes/pens) / 28 days
	Auto injector Psoriasis starter kit,	
Idacio (adalimumab-aacf)	Auto injector Crohn's starter kit, Uveitis kit, CD/UC/HS kit	1 kit / 180 days
Idhifa	Crons Int, OB/CO/110 Int	30 tabs
llet	Insulin Pump	1 kit / 720 days
	llet Starter Kit – Inset 23" 6mm, llet Starter Kit – Inset 32" 6mm, llet Inset 23" 6mm, llet Inset 32" 6mm,	
llet	llet Contact Detach 23" 6mm	1 kit / 30 days
llet	llet Starter Kit – Contact Detach 23" 6mm	2 kits / 30 days
Imbruvica	70 mg cap	30 caps
Imbruvica	140 mg cap	120 caps
	140 mg, 280 mg, 420 mg, 560 mg	120 00,00
Imbruvica	tabs	30 tabs
Imbruvica	70 mg/ml oral suspension	216 ml
Imcivree		10 vials / 30 days
imiquimod	3.75% cream for actinic keratosis	56 packets / 6 weeks
imiquimod	3.75% cream for actinic keratosis	15 grams / 6 weeks
imiquimod	3.75% cream for genital or perianal warts	56 packets / 8 weeks
·	3.75% cream for genital or perianal	
imiquimod	warts	15 grams / 8 weeks
imiquimod	5% cream, actinic keratosis	3 boxes (36 packets) for up to 16 weeks
imiquimod	5% cream, external genital and perianal warts	12 packets / 30 days for up to 16 weeks
imiquimod	5% cream, basal cell carcinoma	3 boxes (36 packets) for up to 6 weeks
lmitrex (sumatriptan)	nasal soln, 5 mg	6 packages (36 units)
lmitrex (sumatriptan)	nasal soln, 20 mg	2 packages (12 units)
lmitrex (sumatriptan)	25 mg	36 tabs
Imitrex (sumatriptan)	50 mg, 100 mg	18 tabs
Imitrex (sumatriptan)	vial 6 mg/0.5 mL	5 mL (10 vials)
Imitrex STATdose (sumatriptan)		6 mL (12 injections)
Imkeldi		280 ml / 28 days
Impeklo		204 grams / 28 days
Impoyz	0.025% cream	240 grams
Imvexxy		8 vaginal inserts / 28 days
Imvexxy Starter Pack		18 vaginal inserts / 180 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Incivek		168 tabs / 28 days
Incruse Ellipta		30 blisters
Ingrezza	40 mg, 60 mg, 80 mg	30 caps
Ingrezza	Initiation pack	28 caps / 180 days
Inlyta	1 mg	180 tabs
Inlyta	5 mg	120 tabs
Inpefa		30 tabs
Inqovi		5 tabs / 28 days
Inrebic		120 caps
Intelence	25 mg	120 tabs
Intelence (etravirine)	100 mg, 200 mg	60 tabs
Intuniv (guanfacine ER)		30 tabs
Invega (paliperidone)	1.5mg, 3 mg, 9 mg	30 tabs
Invega (paliperidone)	6 mg	60 tabs
Invokamet		60 tabs
Invokamet XR		60 tabs
Invokana		30 tabs
Iprivask		30 vials / 3 months
lqirvo		30 tabs
Irenka (duloxetine)		90 caps
Iressa (gefitinib)		30 tabs
Isentress	25 mg, 100 mg	180 tabs
Isentress	400 mg, 600 mg	60 tabs
Isentress	Powder	60 packets
Isturisa	1 mg	240 tabs
Isturisa	5 mg	300 tabs
Isturisa	10 mg	180 tabs
Itovebi	3 mg	56 tabs / 28 days
Itovebi	9 mg	28 tabs / 28 days
lwilfin		240 tabs
lyuzeh		30 containers
Jakafi		60 caps
Janumet		60 tabs
Janumet XR	50-500, 100-1000	30 tabs
Janumet XR	50-1000	60 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Januvia		30 tabs
Jardiance		30 tabs
Jatenzo	237 mg	60 caps
Jatenzo	158 mg, 198 mg	120 caps
Jaypirca	50 mg	30 tabs
Jaypirca	100 mg	60 tabs
Jentadueto	2.5/500, 2.5/850, 2.5/1000	60 tabs
Jentadueto XR	2.5/1000	60 tabs
Jentadueto XR	5/1000	30 tabs
Joenja		60 tabs
Jornay PM		30 caps
Jublia		4 mL
Juluca		30 tabs
Juvisync		30 tabs
Juxtapid		28 caps / 28 days
Jynarque	15 mg	60 tabs
Jynarque	30 mg	30 tabs
Jynarque	Blister card	56 tabs (4 blister cards) / 28 days
Kadian (morphine once daily)	10 mg, 20 mg, 30 mg, 50 mg	60 caps
Kadian (morphine once daily)	60 mg, 70 mg, 80 mg, 130 mg, 150	60 caps
Kadian (morphine once daily)	100 mg	120 caps
Kalbitor	100 mg	12 vials
Kaletra (lopinavir/ritonavir)	80 mg/20 ml	480 ml
Kaletra (lopinavir/ritonavir)	100 mg/25 mg	180 tabs
Kaletra (lopinavir/ritonavir)	200 mg/50 mg	120 tabs
Kaletta (lopinavii/ittoriavii/)  Kalydeco	200 Hig/30 Hig	60 tabs
Kalydeco		56 packets / 28 days
Kapyay	0.2 mg, Dose pack	60 tabs
Kapvay (clonidine ER)	0.1 mg	120 tabs
Kazano (alogliptin/metformin)	U. I Hig	60 tabs
·	0.147 ma/am agracal anray	126 grams
Kenalog (triamcinolone acetonide)  Kenalog (triamcinolone acetonide)	0.147 mg/gm aerosol spray 0.025% cream or ointment, 0.1% cream or ointment 0.5% cream	454 grams
Kenalog (triamcinolone acetonide)	0.025% or 0.1% lotion	120 mL

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Kerendia		30 tabs
Kerydin ( <b>tavaborole)</b>		4 mL
Kesimpta		1 pen / 28 days
ketoconazole	2% cream	120 grams
ketorolac	10 mg	20 tabs / 5 days
Keveyis (dichlorphenamide)	-	120 tabs
Kevzara		2 syringes or pens / 28 days
Kineret		28 syringes / 28 days
Kisqali	200 mg	63 tabs / 28 days
Kisqali Femera Pack	200 mg – 2.5 mg	91 tabs / 28 days
Klarity-C		120 vials / 30 days
Klisyri		5 packets / 90 days
Kloxxado		4 bottles
Kombiglyze XR (saxagliptin-metformin)	5-500, 5-1000	30 tabs
Kombiglyze XR (saxagliptin-metformin)	2.5-1000	60 tabs
Konvomep		600 mls
Korlym (mifepristone)		120 tabs
Koselugo	10 mg	240 caps
Koselugo	25 mg	120 caps
Krazati		180 tabs
Kynamro		4 vials / 28 days
Kyzatrex	100 mg	60 caps
Kyzatrex	150 mg, 200 mg	120 caps
Lagevrio (molnupiravir)		40 caps
Lampit	30 mg	540 tabs / 180 days
Lampit	120 mg	450 tabs / 180 days
Latuda ( <b>lurasidone</b> )	20 mg, 40 mg, 60 mg, 120 mg	30 tabs
Latuda ( <b>lurasidone</b> )	80 mg	60 tabs
Lazcluze	80 mg	60 tabs
Lazcluze	240 mg	30 tabs
Lenvima	4 mg	30 caps
Lenvima	8 mg therapy pack (two 4 mg daily)	60 caps
Lenvima	10 mg	30 caps
Lenvima	12 mg therapy pack (three 4 mg daily)	90 caps

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025 Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Lenvima	14 mg therapy pack (10 mg and 4 mg daily)	60 caps
Lenvima	18 mg therapy pack (10 mg and two 4 mg daily)	90 caps
Lenvima	20 mg therapy pack (two 10 mg daily)  24 mg therapy pack (two 10 mg and	60 caps
Lenvima	one 4 mg daily)	90 caps
Lescol (fluvastatin)		60 caps
Lescol XL(fluvastatin ER)		30 tabs
Letairis (ambrisentan)		30 tabs
leuprolide	1 mg / 0.2 ml kit	6 kits
Levodromoran (levorphanol) tablets		120 tabs
Lexette (halobetasol propionate)	0.05% foam	200 grams
Lexiva (fosamprenavir)	50 mg/ml	1800 ml
Lexiva (fosamprenavir)	700 mg	120 tabs
Licart		30 patches
Lidex (fluocinonide)	0.05% cream, gel or ointment	120 grams
Lidex (fluocinonide)	0.05% solution	120 mL
Lidex-E (fluocinonide)	0.05% emulsified cream	120 grams
lidocaine / prilocaine cream 2.5% / 2.5%		2 grams / day
lidocaine topical ointment 5%		3.3334 grams / day
Lidoderm (lidocaine patch, tridocaine) 5%		3 patches / day
Linzess		30 caps
Lipitor (atorvastatin)	10 mg, 20 mg, 40 mg	45 tabs
Lipitor (atorvastatin)	80 mg	30 tabs
Lipofen	50 mg	60 caps
Lipofen	150 mg	30 caps
Liqrev		244 mls
Litfulo		28 caps / 28 days
Livalo ( <b>pitavastatin</b> )	1 mg, 2 mg	45 tabs
Livalo ( <b>pitavastatin</b> )	4 mg	30 tabs
Livdelzi		30 caps
Livmarli	9.5 mg/ml	90 ml
Livmarli	19 mg/ml	60 ml
Livtencity		120 tabs
Locoid (hydrocortisone butyrate)	0.1% cream or ointment	135 grams

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Locoid (hydrocortisone butyrate)	0.1% lotion	118 mL
Locoid (hydrocortisone butyrate)	0.1% solution	120 mL
Locoid Lipocream (hydrocortisone butyrate)	0.1% hydrophilic lipocream	120 grams
Lonsurf	15 mg / 6.14 mg	100 tabs / 28 days
Lonsurf	20 mg / 8.19 mg	80 tabs / 28 days
Lorbrena	25 mg	90 tabs
Lorbrena	100 mg	30 tabs
Lortab elixir (hydrocodone-acetaminophen)	7.5 mg/500 mg/15 ml	2700 ml
Lotronex (alosetron)		60 tabs
Lucemyra ( <b>lofexidine</b> )		228 tabs / 180 days
Lumakras	320 mg	90 tabs
Lumakras	240 mg	120 tabs
Lumakras	120 mg	240 tabs
Lumigan (bimatoprost)		2.5 mL
Lumryz		30 packets / 30 days
Lumryz starter kit		28 packets / 180 days
Lunesta (eszopiclone)		30 tabs
Lupkynis		180 caps
Luvox CR (fluvoxamine ER)		60 caps
Luxiq (betamethasone valerate)	0.12% foam	150 grams
Lybalvi		30 tabs
Lynparza	100 mg, 150 mg	120 tabs
Lyrica ( <b>pregabalin</b> )	25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	90 caps
Lyrica (pregabalin)	225 mg, 300 mg	60 caps
Lyrica (pregabalin)  Lyrica (pregabalin)	20mg/ml	900 ml
Lyrica CR (pregabalin CR)	82.5mg, 165 mg	30 tabs
Lyrica CR (pregabalin CR)	330 mg	60 tabs
Lytgobi	4 mg pack (12 mg daily dose)	84 tabs / 28 days
Lytgobi	4 mg pack (16 mg daily dose)	112 tabs / 28 days
Lytgobi	4 mg pack (20 mg daily dose)	140 tabs / 28 days
Mavenclad	4 tab pack	8 tabs / 301 days
Mavenciad	5 tab pack	10 tabs / 301 days
Mavenciad	6 tab pack	12 tabs/ 301 days
Mavenciad	7 tab pack	14 tabs / 301 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Mavenclad	8 tab pack	8 tabs / 301 days
Mavenclad	9 tab pack	9 tabs / 301 days
Mavenclad	10 tab pack	20 tabs / 301 days
Mavyret		84 tabs / 28 days
Mavyret packet		140 packets / 28 days
Maxair Autohaler		1 canister
Maxalt, Maxalt-MLT (rizatriptan, rizatriptan ODT)	5 mg	24 tabs
Maxalt, Maxalt-MLT (rizatriptan, rizatriptan ODT)	10 mg	18 tabs
Mayzent	0.25 mg	120 tabs
Mayzent	1 mg, 2 mg	30 tabs
Mayzent	Starter pack	1 pack / 180 days
Mekinist	0.5 mg	90 tabs
Mekinist	2 mg	30 tabs
Mekinist	solution	1170 mL / 28 days
Mektovi		180 caps
Menostar		4 patches
Metadate CD (methylphenidate ext-release)		30 caps
Metadate ER (methylphenidate ext-release)		90 caps
methadone liquid	5mg / 5 ml	900 ml
methadone liquid	10mg / 5 ml	450 ml
methadone liquid	10mg / ml	90 ml
methadone tablets	all strengths	90 tabs
Methergine (methylergonovine)		28 tabs / 270 days
Methitest		600 caps
Methylin (methylphenidate)	5 mg/5 ml	450 ml
Methylin (methylphenidate)	10 mg/5 ml	900 ml
Methylin ER		90 tabs
methylphenidate chew	2.5 mg, 5 mg	90 tabs
methylphenidate chew	10 mg	180 tabs
Methylphenidate ER	27 mg, 54, mg 72 mg	30 tabs
Methylphenidate ER	36 mg	60 tabs
Methylphenidate ER (methylphenidate ext-release)	10 mg, 20 mg	90 tabs
Methylphenidate osmotic release	45 mg, 63 mg, 72 mg	30 tabs
Mevacor (lovastatin)		60 tabs
Micardis (telmisartan)		30 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Micardis HCT (telmisartan/hydrochlorothiazide)	40 mg/12.5 mg, 80 mg/25 mg	30 tabs
Micardis HCT (telmisartan/hydrochlorothiazide)	80 mg/12.5 mg	60 tabs
Micort-HC	2.5% cream	120 grams
Miebo	eye drops	1 bottle (3mls) per 30 days
Migergot		20 suppositories / 28 days
Migranal (dihydroergotamine)		8 vials / 28 days
Minivelle		8 patches / 28 days
Miplyffa		90 caps
mometasone furoate	0.1% cream or ointment	135 grams
mometasone furoate	0.1% lotion or solution	120 mL
morphine liquid	10mg / 5ml	2,700 ml
morphine liquid	20mg / 5ml	1,350 ml
morphine liquid	20mg / ml	270 ml
morphine suppository		180 suppositories
morphine tablets	15mg	240 tabs
morphine tablets	30mg	180 tabs
Motegrity (prucalopride)		30 tabs
Mounjaro	2.5mg	4 pens / 180 days
Mounjaro	5mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	4 pens / 28 days
Movantik		30 tabs
MS Contin (morphine sulfate ext-release)	15 mg, 30 mg, 60 mg	120 tabs
MS Contin (morphine sulfate ext-release)	100 mg, 200 mg	180 tabs
Mulpleta		7 tabs / 7 days
Myalept		30 vials
Mycapssa		120 caps
Mydayis (amphetamine-dextroamphetamine)		30 caps
Myfembree		30 tabs
Myrbetriq (mirabegron)	tablets	30 tabs
Myrbetriq	granules for oral suspension	300 ml / 28 days
Nalocet (oxycodone-acetaminophen)	2.5 mg/300 mg	360 tabs
Naloxone	0.4 mg/1 ml syringe, 1 mg/1 ml, 2 mg/2 ml	4 syringes
Naloxone	0.4 mg/1 ml vial, 1 mg/1 ml vial	4 vials
Naloxone	0.4 mg/ml 10 ml vial	1 vial
naratriptan	o.+ mg/mi To mi viai	18 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Narcan (naloxone)	4 mg/ 0.1 ml nasal spray	4 bottles
Natesto		3 pumps
Nayzilam		10 bottles
Nemluvio		2 pens / 28 days
Nerlynx		180 tabs
Nesina (alogliptin)		30 tabs
Neulasta		2 syringes/28 days
nevirapine	200 mg	60 tabs
nevirapine ER	100 mg	90 tabs
nevirapine ER	400 mg	30 tabs
nevirapine oral suspension	50 mg/5 ml	1200 ml
Nexavar (sorafenib)		120 tabs
Nexium (esomeprazole)		30 caps
Nexium granules (esomeprazole)		30 packets
Nexletol		30 tabs
Nexlizet		30 tabs
Ninlaro		3 caps / 28 days
Norco (hydrocodone-acetaminophen)	5 mg/325 mg	360 tabs
Norco (hydrocodone-acetaminophen)	7.5 mg/325 mg, 10 mg/325 mg	180 tabs
Northera (droxidopa)	100 mg	450 caps
Northera (droxidopa)	200 mg, 300 mg	180 caps
Norvir (ritonavir)	100 mg	360 caps or tabs
Nubeqa		120 tabs
Nucala	100 mg / ml	3 syringes / 28 days
Nucala	40 mg / 0.4 ml	1 syringe / 28 days
Nucynta		180 tabs
Nucynta ER		60 tabs
Nuedexta		60 caps
Nuplazid		30 tabs
Nurtec		16 tabs
Nuzyra		30 tabs / 180 days
Nyvepria		2 syringes / 28 days
Ocaliva		30 tabs
Odefsey		30 tabs
Odomzo		30 caps

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Ofev		60 caps
Ogsiveo	50 mg	180 tabs
Ogsiveo	100 mg, 150 mg	56 tabs / 28 days
Ojemda	oral suspension	96 ml / 28 days
Ojemda	100 mg tablet	24 tabs / 28 days
Ojjaara		30 tabs
Oleptro	150 mg	45 tabs
Oleptro	300 mg	30 tabs
Olpruva		1 kit / 30 days
Olumiant		30 tabs
Olux-E (clobetasol propionate)	0.5% emulsion foam	200 grams
Olysio		30 tabs
Omnipod 5-pack (G6, G7), Omnipod Dash 5-pack, Omnipod Classic pods, Omnipod 5 DX pods, Omnipod 5 LB pods Omnipod Dash Kit System, Omnipod Dash Intro Kit, Omnipod 5 G7 Kit, Omnipod 5 DX Kit, Omnipod 5 LB Kit		30 pods 1 kit per 720 days
Omnipod Go		10 kits per 30 days
Omvoh	100 mg/ml	2 pens or syringes / 28 days
Ondansetron	16 mg ODT	1 tab
Ondansetron	24 mg	1 tab
One Touch combo pack		1000 pouches
Onglyza (saxagliptin)		30 tabs
Onsolis		120 films
Onureg		14 tabs / 28 days
Onyda XR suspension		120 mls
Onzetra		32 powders (2 kits)
Opfolda		8 caps / 28 days
Opipza	2 mg	30 films
Opipza	5 mg and 10 mg	90 films
Opsumit		30 tabs
Opsynvi		30 tabs / 30 days
Opvee		4 bottles
Opzelura		60 grams
Orbivan		180 caps
Orbivan CF		180 tabs
Orencia subcutaneous or autoinjector		4 syringes or autoinjectors / 28 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Orenitram titration kit	Month 1, Month 2, Month 3	1 kit (of each month) / 180 days
Orgovyx		30 tabs
Oriahnn		56 caps / 28 days
Orilissa	150 mg	30 tabs
Orilissa	200 mg	60 tabs
Orkambi		120 tabs
Orkambi		60 packets
Orladeyo		30 caps
Ormalvi		120 tabs
Orserdu	345 mg	30 tabs
Orserdu	86 mg	90 tabs
Oseni (Alogliptin/Pioglitazone)		30 tabs
Otezla	20 mg, 30 mg	60 tabs
Otezla Starter Pack		1 kit / 180 days
Oxaydo		120 tabs
Oxbryta	300 mg, 500 mg	90 tabs
Oxervate		28 vials / 28 days (for one eye)
Oxervate		56 vials / 28 days (for two eyes)
oxybutynin solution		600 mL
oxybutynin ext-release	10 mg, 15 mg	60 tabs
Oxybutynin tabs	2.5 mg	90 tabs
oxycodone immediate release	5 mg	360 caps or tabs
oxycodone immediate release	10 mg	180 tabs
oxycodone liquid	5mg / 5ml	5,400 ml
oxycodone liquid	20mg / ml	270 ml
Oxycodone/Acetaminophen	5 mg/300 mg	360 tabs
Oxycodone/Acetaminophen	7.5 mg/300 mg	240 tabs
Oxycodone/Acetaminophen	10 mg/300 mg	180 tabs
OxyContin (oxycodone ext-release)		90 tabs
oxymorphone ER		60 tabs
oxymorphone IR		180 tabs
Oxytrol		8 patches
Ozempic		1 pen / 28 days
Palforzia	Dose escalation kit	1 pack (13 caps) / 180 days
Palforzia	1 mg capsule pack (3 pack)	90 caps

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Palforzia	1 mg capsule pack (6 pack)	180 caps
Palforzia	20 mg capsule pack (1 pack)	30 caps
Palforzia	20 mg capsule pack (2 pack)	60 caps
Palforzia	20 mg capsule pack (4 pack)	120 caps
Palforzia	300 mg packet	30 packets
Palforzia	1 mg (2 pack) and 10 mg (1 pack)	90 caps
Palforzia	20 mg (1 pack) and 100 mg (1 pack)	60 caps
Palforzia	20 mg (3 pack) and 100 mg (1 pack)	120 caps
Palforzia	100 mg (2 pack)	60 caps
Palforzia	20 mg (2 pack) and 100 mg (2 pack)	120 caps
Palynziq	2.5 mg/0.5ml, 10 mg/0.5ml	30 syringes
Palynziq	20 mg/ml	60 syringes
Pandel	0.1% cream	160 grams
Paxil CR (paroxetine ER)	12.5 mg	30 tabs
Paxil CR (paroxetine ER)	25 mg, 37.5 mg	60 tabs
Paxlovid	150 mg / 100 mg (4 tablet blister)	20 tabs per 30 days
Paxlovid	300 mg / 100 mg (6 tablet blister)	30 tabs per 30 days
Pemazyre		14 tabs / 21 days
Pennsaid (diclofenac)	2%	224 mL
Pennsaid (diclofenac)	1.5%	150 mL
pentazocine-naloxone		360 tabs
Percocet (oxycodone-acetaminophen)	2.5-325, 5-325	360 tabs
Percocet (oxycodone-acetaminophen)	7.5-325	240 tabs
Percocet (oxycodone-acetaminophen)	10-325	180 tabs
Pexeva (paroxetine)	10 mg, 20 mg, 40 mg	30 tabs
Pexeva (paroxetine)	30 mg	60 tabs
Pheburane		7 bottles / 29 days
Pifeltro		30 tabs
Piqray		1 pack / 28 days
Pirfenidone	534 mg	21 tabs / 180 days
Plegridy	Starter kit	1 kit / 180 days
Plegridy		2 syringes or pens / 28 days
Pliaglis		4 grams / day
Pneumovax 23		1 vaccine / 90 days
Pomalyst		21 caps / 28 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Ponvory	14 day starter pack	14 tabs / 180 days
Ponvory	20 mg	30 tabs
Pradaxa (dabigatran)	110 mg	120 caps
Pradaxa (dabigatran)	75 mg, 150 mg	60 caps
Pradaxa Pak	20 mg, 150 mg	60 packets
Pradaxa Pak	30 mg, 40 mg, 50 mg, 110 mg	120 packets
pravastatin	10 mg, 20 mg, 40 mg	45 tabs
pravastatin	80 mg	30 tabs
Pretomanid		182 tabs / 365 days
Prevacid (lansoprazole)	15 mg, 30mg	60 packets / caps
Prevacid Solutab (lansoprazole)		60 tabs
Prevnar 13		1 vaccine / 90 days
Prevnar 20		1 vaccine / 90 days
Prezcobix		30 tabs
Prezista	75 mg	300 tabs
Prezista	150 mg	180 tabs
Prezista (darunavir)	600 mg	60 tabs
Prezista (darunavir)	800 mg	30 tabs
Prezista	oral suspension	400 ml
Prilosec (omeprazole delayed-release)	10 mg, 40mg	60 caps
Prilosec suspension packet	2.5 mg	60 packs
Prilosec suspension packet	10 mg	30 packs
Pristiq (desvenlafaxine ER)		30 tabs
ProAir Digihaler		2 inhalers
ProAir Respiclick		2 inhalers
Procentra (dextroamphetamine)		1800 ml
Prolate oral solution (oxycodone/acetaminophen solution)	10-300 mg / 5 ml	900 mLs
Prolate tablets	5-300 mg	360 tabs
Prolate tablets	7.5-300 mg	240 tabs
Prolate tablets	10-300 mg	180 tabs
Promacta	powder pack for suspension	30 packets
Promacta		30 tabs
Protonix (pantoprazole delayed-release)		60 packets / tabs
Proventil HFA (albuterol HFA)		2 inhalers
Prudoxin	5% cream	45 grams

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Psorcon (diflorasone diacetate)	0.5% cream	120 grams
Pulmicort Flexhaler	90 mcg	1 inhaler
Pulmicort Flexhaler	180 mcg	2 inhalers
Pylera (bismuth/metronidazole/tetracycline)		120 caps / 90 days (1 single 10 day course per 3 months)
Pyrukynd	5 mg, 20 mg, 50 mg	56 tabs / 28 days
Pyrukynd Taper Pack		1 pack / 365 days
Qbrexza		30 cloths
Qdolo (tramadol)		2400 mL
Qelbree	100 mg	30 caps
Qelbree	150 mg	60 caps
Qelbree	200 mg	90 caps
Qinlock		90 tabs
Qtern		30 tabs
Qualaquin (quinine)		42 caps / 3 months
Qudexy XR (topiramate ER sprinkle capsules)	25 mg, 50 mg, 100 mg , 150 mg	30 caps
Qudexy XR (topiramate ER sprinkle capsules)	200 mg	60 caps
Quetiapine	150 mg	30 tabs
Quillichew ER	20 mg, 40 mg	30 tabs
Quillichew ER	30 mg	60 tabs
Quillivant XR		360 ml
Qulipta		30 tabs
Quviviq		30 tabs
Qvar	40 mcg	1 canister / 28 days
Qvar	80 mcg	2 canister / 28 days
Qvar RediHaler	40 mcg	1 canister / 28 days
Qvar RediHaler	80 mcg	2 canister / 28 days
rabeprazole cap DR sprinkle	10 mg	30 caps
Radicava oral suspension		50 ml / 28 days
Radicava oral suspension starter		70 ml / 180 days
Ravicti		525 mls
Rebif Titration Pack		1 kit / 28 days
Rebif/Rebif Rebidose		12 syringes or autoinjectors / 28 days
Recorlev		240 tabs
Relenza		40 inhalations / 120 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Relexxii	18 mg, 27 mg, 45 mg, 54 mg, 63 mg, 72 mg	30 tabs
Relexxii	36 mg	60 tabs
Relistor	150 mg	90 tabs
Relistor	8 mg / 0.4 mL syringe	30 syringes
Relistor	12 mg / 0.6 mL syringe, syringe kit	30 syringes
Relistor	12 mg / 0.6 mL vials	60 vials
Relpax (eletriptan)		12 tabs
Remeron (mirtazapine)		30 tabs
Remeron SLTB (mirtazapine ODT)		30 tabs
Repatha, Repatha Sureclick	140 mg/ml	6 auto-injectors or prefilled syringes / 28 days
Repatha Pushtronex	420 mg/3.5 ml	2 cartridges / 28 days
Reprexain (hydrocodone-ibuprofen)	5-200	150 tabs
Rescula		5 ml
Restasis	multidose bottle	1 bottle (5.5 mL)
Restasis (cyclosporine)	single-use vials	60 doses
Retevmo	40 mg	90 caps or tabs
Retevmo	80 mg, 120 mg, 160 mg	60 caps or tabs
Retrovir (zidovudine)	50 mg/5 ml	1920 ml
Retrovir (zidovudine)	100 mg	180 caps
Retrovir (zidovudine)	300 mg	60 tabs
Revatio (sildenafil)	Oral suspension	224 mL
Revatio (sildenafil)	20 mg	90 tabs
Revlimid (lenalidomide)		30 caps
Revuforj	160 mg	60 tabs
Revuforj	110 mg	120 tabs
Rextovy		4 devices
Rexulti		30 tabs
Reyataz	50 mg	240 packets
Reyataz (atazanavir)	150 mg, 300 mg	30 caps
Reyataz (atazanavir)	200 mg	60 caps
Reyvow		8 tabs
Rezdiffra		30 tabs
Rezlidhia		60 caps
Rezurock		30 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025 Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Rhinocort Aqua		2 inhalers
Rhopressa		2.5 mL
Rinvoq	15 mg ER, 30 mg ER	30 tabs
Rinvoq	45 mg ER	84 tabs / 365 days
Rinvoq LQ		360 mls / 30 days
Risperdal (risperidone)	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	60 tabs
Risperdal (risperidone)	4 mg	120 tabs
Risperdal M-tab (risperidone)	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	60 tabs
Risperdal M-tab (risperidone)	4 mg	120 tabs
Risperdal oral solution (risperidone)		480 mL
Ritalin (methylphenidate)		90 tabs
Ritalin LA (methylphenidate LA)	All strengths	30 caps
Ritalin SR (methylphenidate ext-release)		90 tabs
Rivfloza	128 mg /0.8 ml, 160 mg/ml	1 syringe
Rivfloza	80 mg/0.5 ml	2 vials
Rocklatan		2.5 mL
Roszet (Rosuvastain/Ezetimibe)		30 tabs
Roxicet (oxycodone-acetaminophen)	5-325 mg	360 tabs
Roxicet solution (oxycodone-acetaminophen oral soln)	5-325 mg /5 ml	1800 mL
Roxicodone (oxycodone immediate release)	15 mg, 20 mg, 30 mg	120 tabs
Roxybond	5 mg	360 tabs
Roxybond (oxycodone)	10 mg, 15 mg, 30 mg	180 tabs
Rozerem (ramelteon)		30 tabs
Rozyltrek	50 mg pak	336 packets / 28 days
Rozlytrek	100 mg	30 caps
Rozlytrek	200 mg	90 caps
Rubraca		120 tabs
Ruconest		40 vials
Rukobia		60 tabs
Rybelsus	3 mg	30 tabs / 180 days
Rybelsus	7 mg and 14 mg	30 tabs
Rydapt		240 caps
Ryzolt (tramadol ER)	100 mg, 200 mg, 300 mg	30 tabs
sajazir (icatibant)		12 syringes
Samsca (tolvaptan)	15 mg	30 tabs / 365 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Samsca (tolvaptan)	30 mg	60 tabs / 365 days
Sanctura (trospium)		60 tabs
Sanctura XR (trospium ext-release)		30 tabs
Sancuso		2 patches
Santyl		90 grams
Saphris (asenapine)		60 tabs
Savaysa		30 tabs
Savella		60 tabs
Savella	Titration pack	1 pack / 180 days
Scemblix	20 mg	60 tabs
Scemblix	40 mg	240 tabs
Scemblix	100 mg	120 tabs
Secuado		30 patches
Seebri Neohaler		60 caps
Seglentis		120 tabs
Segluromet	2.5 mg/500 mg	120 tabs
Segluromet	2.5 mg/ 1000 mg, 7.5 mg/500 mg, 7.5 mg/1000 mg	60 tabs
Selzentry	25 mg	240 tabs
Selzentry (maraviroc)	75 mg, 150 mg	60 tabs
Selzentry (maraviroc)	300 mg	120 tabs
Selzentry	20 mg / ml	1840 ml
Serevent Diskus		1 package
Sernivo	0.5% spray	120 mL
Seroquel (quetiapine)	25 mg, 50 mg, 100 mg, 200 mg	90 tabs
Seroquel (quetiapine)	300 mg, 400 mg	60 tabs
Seroquel XR (quetiapine ER)	50 mg, 300 mg, 400 mg	60 tabs
Seroquel XR (quetiapine ER)	150 mg, 200 mg	30 tabs
Sertraline capsules		30 caps
Shingrix		2 vaccines / lifetime
Sidekick blood glucose system		200 strips
Signifor		60 amps
Signifor LAR		1 kit / 28 days
Silenor (doxepin)		30 tabs
Siliq		2 syringes / 28 days

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Simponi		1 syringe or autoinjector / 28 days
Simlandi (adalimumab-RYVK)		2 syringes or pens / 28 days
Sirturo	20 mg	940 tabs / 365 days
Sirturo	100 mg	188 tabs / 365 days
Sitagliptin/Metformin		60 tabs
Sivextro		6 tabs
Skyclarys		90 caps
Skyrizi	150 mg / ml	1 pen, syringe, or kit / 84 days
Skyrizi	150 mg / ml cartridge	1 cartridge / 56 days
Sofdra		1 bottle
Sohonos	1 mg, 1.5 mg	112 caps / 28 days
Sohonos	2.5 mg	140 caps / 28 days
Sohonos	5 mg	84 caps / 28 days
Sohonos	10 mg	56 caps / 28 days
Sonata (zaleplon)		30 caps
Sorilux		120 grams
Sotyktu		30 tabs / 30 days
Sovaldi pellet packs		30 packets
Sovaldi tabs		30 tabs
Spevigo	150 mg / 1 ml	2 syringes / 28 days
Spiriva Handihaler (tiotropium bromide)		30 caps
Spiriva Respimat		1 canister
Sporanox (itraconazole)	100 mg capsules	120 caps
Sporanox (itraconazole)	10 mg / mL solution	1200 mL
Spravato		4 packs / 28 days
Sprix		5 bottles
Sprycel (dasatinib)	20 mg	90 tabs
Sprycel (dasatinib)	50 mg, 70 mg, 80 mg, 100 mg, 140 mg	30 tabs
Steglatro	5 mg	60 tabs
Steglatro	15 mg	30 tabs
Steglujan		30 tabs
Stelara	45 mg	1 syringe or vial / 84 days
Stelara	90 mg	1 syringe / 56 days
Stimufend		2 syringes / 28 days

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Stiolto Respimat		4 grams
Stivarga		84 tabs / 28 days
Strattera (atomoxetine)	10 mg, 18 mg, 25 mg, 40 mg	60 caps
Strattera (atomoxetine)	60 mg, 80 mg, 100 mg	30 caps
Striant		60 buccal systems
Stribild		30 tabs
Striverdi Respimat		1 canister
Sublocade	100 mg/0.5 ml	1 syringe / 28 days
Sublocade	300 mg/1.5ml	2 syringes / 180 days
Suboxone (buprenorphine/naloxone)	2mg / 0.5mg	120 tabs or films
Suboxone (buprenorphine/naloxone)	4mg / 1mg	60 films
Suboxone (buprenorphine/naloxone)	8mg / 2mg	90 tabs or films
Suboxone (buprenorphine/naloxone)	12mg / 3 mg film	60 films
Sucraid		236 ml / 29 days
Sumatriptan	nasal soln, 5 mg	6 units
Sumatriptan	nasal soln, 20 mg	2 units
sumatriptan	25 mg	36 tabs
sumatriptan	50 mg, 100 mg	18 tabs
sumatriptan	vial, 4 mg/0.5 mL	6 mL (12 injections)
sumatriptan	syringe, 6mg/0.5ml	6 ml (12 injections)
sumatriptan	auto-injector, 6mg/0.5ml	6 ml (12 injections)
Sumavel DosePro		12 injections
Sunosi		30 tabs
Sunlenca	4 tablet pack	4 tablets / 365 days
Sunlenca	5 tablet pack	5 tablets / 365 days
Sustiva (efavirenz)	50 mg	90 caps
Sustiva (efavirenz)	200 mg	60 caps
Sustiva (efavirenz)	600 mg	30 tabs
Sutent (sunitinib)	12.5 mg	90 caps
Sutent (sunitinib)	25 mg, 37.5 mg, 50 mg	30 caps
Symbicort (budesonide/formoterol)		3 inhalers
Symbyax (olanzapine/fluoxetine)		30 caps
Symdeko	50 mg / 75 mg	56 tabs / 28 days
Symdeko	100 mg / 150 mg	60 tabs
Symfi (efavirenz/lamivudine/tenofovir)		30 tabs

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Symfi Lo (efavirenz/lamivudine/tenofovir)		30 tabs
Symproic		30 tabs
Symtuza		30 tabs
Synalar (fluocinolone acetonide)	0.025% cream or ointment	120 grams
Synalar (fluocinolone acetonide)	0.01% solution	120 mL
Synera patch		4 patches
Synjardy		60 tabs
Synjardy XR	5mg / 1000mg, 10 mg / 1000 mg, 12.5 mg / 1000 mg	60 tabs
Synjardy XR	25 mg / 1000mg	30 tabs
Tabrecta		120 tabs
Taclonex (calipotriene/betamethasone)	ointment	120 grams
Taclonex (calipotriene/betamethasone)	suspension	120 mL
tacrolimus	0.1% and 0.03% ointment	100 grams
Tadliq	suspension	300 ml
Tafinlar	10 mg tablet for oral suspension	840 tablets / 28 days
Tafinlar	50 mg	120 caps
Tafinlar	75 mg	120 caps
Tagrisso		30 tabs
 Takhzyro		2 syringes or vials / 28 days
Taltz		1 syringe / 28 days
Talzenna	0.25 mg	90 caps
Talzenna	0.1 mg, 0.35 mg, 0.5 mg, 0.75 mg, 1 mg	30 caps
Tamiflu (oseltamivir)	susp, 6mg/ml	300 mL / 120 days
Tamiflu (oseltamivir)	30 mg	40 caps / 120 days
Tamiflu (oseltamivir)	45 mg, 75 mg	20 caps / 120 days
Tanzeum		4 syringes / 28 days
Tarceva (erlotinib)	25 mg	60 tabs
Tarceva (erlotinib)	100 mg, 150 mg	30 tabs
Tarpeyo	-	120 caps
Tascenso ODT		30 tabs
Tasigna		120 caps
Tavalisse		60 tabs
Tavneos		180 caps
Tazorac (tazarotene)	gel	100 grams

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Current 4/1/2025 Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Tazorac (tazarotene)	cream	120 grams
Tazverik		240 tabs
Tecfidera (dimethyl fumarate)	starter pack	1 pack/ 180 days
Tecfidera (dimethyl fumarate)	120 mg	14 caps/ 180 days
Tecfidera (dimethyl fumarate)	240 mg	60 caps
Teglutik		600 ml
Tegsedi		4 syringes / 28 days
Tekturna (aliskiren)		30 tabs
Tekturna HCT		30 tabs
telmisartan – amlodipine		30 tabs
Tepmetko		60 tabs
Terbinafine		30 tabs
Testim (testosterone gel)		60 tubes
Testopel		6 pellets / 90 days
testosterone gel 1% packet		60 packets
testosterone gel 1.62% packet	20.25 mg / 1.25 gm	30 packets
Testred		600 caps
Texacort (hydrocortisone)	2.5% solution	120 mL
Tezspire	Auto injector	1 pen / 28 days
Thalomid	50 mg	90 caps
Thalomid	100 mg	120 caps
Thalomid	150 mg, 200 mg	60 caps
Thiola (tiopronin)		600 tabs
Thiola EC (tiopronin DR)	100 mg	600 tabs
Thiola EC (tiopronin DR)	300 mg	180 tabs
Tibsovo		60 tabs
Tiglutik		600 mL
Tivicay	10 mg	240 tabs
Tivicay	25 mg and 50 mg	60 tabs
Tivicay PD		360 tabs
Tlando		120 caps
Tolak 4% cream		40 grams / 28 days
Tolsura		120 caps
Topicort (desoximetasone)	0.05% cream, gel, or ointment' 0.25% cream or ointment	120 grams

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

Current 4/1/2025

Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Topicort (desoximetasone)	0.25% spray	100 mL
Topiramate extended-release	25 mg, 50 mg, 100 mg, 150 mg	30 caps
Topiramate extended-release	200 mg	60 caps
Torpenz		30 tabs
Tosymra		18 sprays
Toviaz (fesoterodine ER)		30 tabs
Tracleer	32 mg	120 tabs
Tracleer (bosentan)	62.5 mg, 125 mg	60 tabs
Tradjenta		30 tabs
Tramadol	25 mg	240 tabs
tramadol	50 mg	240 tabs
Tramadol	75 mg	150 tabs
tramadol	100 mg	120 tabs
tramadol 37.5 mg -acetaminophen 325 mg		240 tabs
Travatan Z (travoprost)		2.5 mL
Travoprost		2.5 mL
Trelegy Ellipta		60 blisters
Tremfya	100 mg / ml	1 pen or syringe / 56 days
Tremfya	200 mg / 2 ml	1 pen or prefilled syringe / 28 days
Treximet (sumatriptan/naproxen)	85 – 500 mg	18 tabs
Trezix (acetaminophen/caffeine/dihydrocodeine)		300 caps
Trianex (triamcinolone)	0.05% ointment	430 grams
Tribenzor (olmesartan/amlodipine/hydrochlorothiazide)		30 tabs
Tridesilon (desonide)	0.05% cream or ointment	120 grams
Trijardy XR	5 mg/2.5 mg/1000 mg tab	60 tabs
Trijardy XR	10 mg/5 mg/1000 mg tab	30 tabs
Trijardy XR	12.5 mg/2.5 mg/1000 mg tab	60 tabs
Trijardy XR	25 mg/5 mg/1000 mg tab	30 tabs
Trikafta	tablets	90 tabs
Trikafta	oral granules	56 packets / 28 days
Trintellix		30 tabs
Triumeq		30 tabs
Triumeq PD	tablet for oral suspension	180 tabs
Trizivir		60 tabs
Trokendi XR (topiramate ER)	25 mg, 50 mg, 100 mg	30 caps

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Trokendi XR (topiramate ER)	200 mg	60 caps
Trudhesa nasal spray		12 per 28 days
Trulance		30 tabs
Trulicity		4 pens / 28 days
Truqap		64 tabs/ 28 days
Truseltiq		1 blister pack / 28 days
Truvada (emtricitabine/tenofovir disoproxil fumarate)		30 tabs
Tryngolza		1 pen / 28 days
Tudorza		1 canister
Tukysa	50 mg	300 tabs
Tukysa	150 mg	120 tabs
Turalio		120 caps
Twiist	Refill Kit	15 kits / 30 days
Twiist	Starter Kit, Refill Kit/Infusion Set	1 kit / 720 days
Tybost		30 tabs
Tyenne		4 pens or syringes / 28 days
Tykerb (lapatinib)		180 tabs
Tylenol w/Codeine (acetaminophen-codeine)	300 mg/15 mg, 300 mg/30 mg	360 tabs
Tylenol w/Codeine (acetaminophen-codeine)	300 mg/60 mg	180 tabs
Tylenol w/Codeine elixir (acetaminophen-codeine)		2700 mL
Tyrvaya		2 bottles
Tyvaso		28 amps / 28 days
Tyvaso	Starter kit	1 kit / 180 days
Tyvaso DPI	16 mcg, 32 mcg, 48 mcg, 64 mcg	112 cartridges / 28 days
Tyvaso DPI	32-48 mcg,	224 cartridges / 28 days
Tyvaso DPI	16-32 mcg	196 cartridges / 180 days
Tyvaso DPI	16-32-48 mcg	252 cartridges / 180 days
Ubrelvy		16 tabs / 30 days
Udenyca		2 syringes or pens / 28 days
Ultravate (halobetasol propionate)	0.05% cream or ointment	200 grams / 28 days
Ultravate (halobetasol propionate)	0.05% lotion	240 mL
Undecatrex	200 mg	120 caps
Uptravi	Titration pack	1 pack / 180 days
Uptravi	All strengths	60 tabs
Valisone (betamethasone valerate)	0.1% cream or ointment	135 grams

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Valisone (betamethasone valerate)	0.1% lotion	120 mL
Valsartan oral solution		2400 ml
Valtoco		10 bottles
Valturna		30 tabs
Vancomycin	50 mg / ml	1200 mls
Vancocin (vancomycin)	125 mg	480 caps
Vancocin (vancomycin)	250 mg	240 caps
Vancocin (vancomycin)	250 mg / 5 mL	1200 mL
Vanflyta	17.7 mg	28 tabs / 28 days
Vanflyta	26.5 mg	56 tabs / 28 days
Vanos (fluocinonide)	0.1% cream	240 grams
Varubi		4 tabs
Vascepa (icosapent)	0.5 g	240 caps
Vascepa (icosapent)	1 g	120 caps
Vaxneuvance		1 vaccine / 90 days
Vectical		200 grams
Velsipity		30 tabs
Vemlidy		30 tabs
Venclexta	10 mg	60 tabs
Venclexta	50 mg	30 tabs
Venclexta	100 mg	120 tabs
Venclexta	Starter pack	1 pack / 180 days
Venlafaxine ER	112.5 mg, 225 mg	30 tabs
Ventavis		68 amps / 30 days
Ventolin HFA (albuterol HFA)	8 gm, 18 gm	2 canisters
Venxxiva	100 mg	600 tablets
Venxxiva	300 mg	180 tablets
Veozah		30 tabs
Veramyst		1 inhaler
Verdeso	0.05% foam	100 grams
Verkazia		120 vials / 30 days
Verquvo		30 tabs
Versacloz		540 ml
Verzenio		60 tabs
Vesicare (solifenacin)		30 tabs

<sup>\*</sup>Refer to the medication guide to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage for certain members.

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Vesicare LS		300 mLs
Vevye	eye drops	2mls
V-Go 20, 30, and 40		30 devices
Viberzi		60 tabs
Vicoprofen (hydrocodone-ibuprofen)		150 tabs
Victoza (Liraglutide)		9 ml (3 pens)
Victrelis		336 caps / 28 days
Viekira Pak		112 tabs / 28 days
Viibryd ( <b>vilazodone</b> )	10 mg, 20 mg, 40 mg	30 tabs
Viibryd Starter Kit		1 kit / 28 days
Vijoice	50 mg, 125 mg	28 tabs or granules / 28 days
Vijoice	250 mg	56 tabs / 28 days
Vimovo (naproxen/esomeprazole)		60 tabs
Viracept	250 mg	270 tabs
Viracept	625 mg	120 tabs
Viread (tenofovir disoproxil fumarate)		30 tabs
Viread (tenofovir disoproxil fumarate)	40 mg/1 gm	240 grams
Vitekta		30 tabs
Vitrakvi	25 mg	180 caps
Vitrakvi	100 mg	60 caps
Vitrakvi	20 mg/ml solution	300 ml
Vivelle Dot (estradiol)		8 patches / 28 days
Vivjoa		18 caps / 180 days
Vizimpro		30 tabs
Vogelxo (testosterone gel)		60 tubes or packets
Vogelxo (testosterone gel pump)		4 pumps
Voltaren gel (diclofenac)		1000 grams
Vonjo		120 caps
Voquezna	10 mg, 20 mg	30 tabs
Voranigo	10 mg	60 tabs
Voranigo	40 mg	30 tabs
Vosevi		30 tabs
Votrient (pazopanib)		120 tabs
Voxzogo		30 vials
Voydeya		180 tabs

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Vraylar		30 caps
Vraylar	Titration pack	1 pack / 180 days
Vtama Cream		60 grams
Vumerity	Starter bottle	106 caps / 180 days
Vumerity		120 caps
Vyalev		56 vials / 28 days
Vyndamax		30 caps
Vyndaqel		120 caps
Vytorin (ezetimibe/simvastatin)	all strengths	30 tabs
Vyvanse (lisdexamfetamine)		30 caps
Vyvanse chewable (lisdexamfetamine)		30 tabs
Vyzulta		2.5 mL
Wainua		1 pen / 28 days
Wakix		60 tabs
Welireg		90 tabs
Westcort (hydrocortisone valerate)	0.2% cream or ointment	120 grams
Winrevair		1 kit / 21 days
Wynzora		120 grams
Xalatan (latanoprost)		2.5 mL
Xalkori	200 mg, 250 mg	60 caps
Xalkori sprinkle	20 mg, 50 mg	120 caps
Xalkori sprinkle	150 mg	180 caps
Xarelto	Starter pack	51 tabs
Xarelto	2.5 mg, 15 mg	60 tabs
Xarelto	10 mg, 20 mg	30 tabs
Xarelto	Suspension	620 ml
Xartemis XR		120 tabs
Xeljanz	5 mg	60 tabs
Xeljanz	10 mg	240 tabs / 365 days
Xeljanz oral solution	1 mg/mL	240 mL
Xeljanz XR	11 mg	30 tabs
Xeljanz XR	22 mg	120 tabs / 365 days
Xelpros		2.5 mL
Xelstrym		30 patches
Xenazine (tetrabenazine)	12.5 mg	240 tabs

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Current 4/1/2025 Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Xenazine (tetrabenazine)	25 mg	120 tabs
Xenleta		10 tabs / 180 days
Xhance		2 bottles
Xifaxan	200 mg	9 tabs / 3 days
Xifaxan	550 mg	Up to 90 tabs
Xigduo XR (dapagliflozin/metformin)	5 mg/500 mg, 10 mg/500 mg, 10 mg/1000 mg	30 tabs
Xigduo XR (dapagliflozin/metformin)	2.5 mg/1000 mg, 5 mg/1000 mg	60 tabs
Xiidra		60 doses
Xodol (hydrocodone/acetaminophen)	5 mg/300 mg	360 tabs
Xodol (hydrocodone/acetaminophen)	7.5 mg/300 mg, 10 mg/300 mg	180 tabs
Xofluza	(2 x 40 mg / 80mg dose)	4 tabs / 120 days
Xofluza	(1 x 40 mg / 40mg dose), (1 x 80 mg / 80 mg dose	2 tabs / 120 days
Xolair	75 mg syringe	2 syringes / 28 days
Xolair	150 mg syringe	8 syringes / 28 days
Xolremdi		120 caps
Xopenex HFA		2 canisters
Xospata		90 tabs
Xphozah		60 tabs
Xpovio	20 mg (40 mg once weekly)	8 tabs / 28 days
Xpovio	20 mg (40 mg twice weekly)	16 tabs / 28 days
Xpovio	20 mg (60 mg once weekly)	12 tabs / 28 days
Xpovio	20 mg (60 mg twice weekly)	24 tabs / 28 days
Xpovio	20 mg (80 mg once weekly)	16 tabs / 28 days
Xpovio	20 mg (80 mg twice weekly)	32 tabs / 28 days
Xpovio	40 mg (40 mg once weekly)	4 tabs / 28 days
Xpovio	40 mg (40 mg twice weekly)	8 tabs / 28 days
Xpovio	40 mg (80 mg once weekly)	8 tabs / 28 days
Xpovio	50 mg (100 mg once weekly)	8 tabs / 28 days
Xpovio	60 mg (60 mg once weekly)	4 tabs / 28 days
Xtampza ER		180 caps
Xtandi	40 mg capsules	120 caps
Xtandi	40 mg tablets	120 tabs
Xtandi	80 mg tablets	60 tabs
Xyosted		4 autoinjectors / 28 days

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Xyrem (sodium oxybate)		540 ml
Xywav		540 mL
Yargesa		90 caps
Yonsa		120 tabs
Yorvipath		2 pens / 28 days
Yosprala		30 tabs
Yuflyma (adalimumab-AATY)		2 syringes or pens / 28 days
Yuflyma CD/UC/HS Starter Kit		1 kit / 180 days
Yusimry		2 syringes or pens / 28 days
Zavesca (miglustat)		90 caps
Zavzpret	nasal spray	8 devices
Zecuity		12 patches
Zegerid (omeprazole/sodium bicarbonate)	20 mg, 40 mg	30 packets / caps
Zejula capsules	100 mg	90 caps
Zejula tablets	100 mg, 200 mg, 300 mg	30 tabs
Zelboraf		240 tabs
Zembrace		24 pens
Zenzedi (dextroamphetamine)	2.5 mg, 5 mg, 7.5 mg, 15 mg, 20 mg	90 tabs
Zenzedi (dextroamphetamine)	10 mg	180 tabs
Zenzedi (dextroamphetamine)	30 mg	60 tabs
Zepatier		30 tabs
Zeposia	7 day starter pack	7 caps / 180 days
Zeposia	Starter kit	28 caps / 180 days
Zeposia	0.92mg caps	30 caps
Zerit (stavudine)	1 mg/1 ml	2400 ml
Zerit (stavudine)	all capsules	60 caps
Zerviate		60 vials
Ziagen (abacavir)	20 mg/ml	960 ml
Ziagen <b>(abacavir)</b>		60 tabs
Ziextenzo		2 syringes / 28 days
Zilbrysq		28 syringes / 28 days
zileuton ER		120 tabs
Zioptan (tafluprost)		30 single-use containers
Zimhi		4 syringes
Zipsor (diclofenac potassium)		120 caps

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Zituvimet		60 tabs
Zituvimet XR	100 mg/1000 mg	30 tabs
Zituvimet XR	50 mg/1000 mg, 50 mg/500 mg	60 tabs
Zituvio (sitagliptin)		30 tabs
Zocor (simvastatin)	5 mg, 10 mg, 40 mg	45 tabs
Zocor (simvastatin)	20 mg	60 tabs
(simvastatin)	80 mg	30 tabs
Zolinza		120 caps
Zolpidem tartrate	sublingual	30 tabs
Zolpidem tartrate ER	7.5 mg	30 caps
Zolpimist		1 canister
Zomig (zolmitriptan)	nasal soln	12 units
Zomig(zolmitriptan)		12 tabs
Zonalon	5% cream	45 grams
Zorvolex		90 caps
Zoryve		60 grams
Ztalmy		1100 ml
ZTlido		3 systems / day
Zubsolv	1.4 mg/0.36 mg,	90 tabs
Zubsolv	0.7 mg / 0.18 mg, 2.9 mg/0.71 mg, 5.7mg/1.4mg, 11.4 mg/2.9mg	30 tabs
Zubsolv	8.6 mg/2.1 mg	60 tabs
Zurampic	200 mg	30 tabs
Zurzuvae	20 mg, 25 mg	28 caps
Zurzuvae	30 mg	14 caps
Zyclara packets (imiquimod)  Zyclara packets (imiquimod)	3.75% cream, for actinic keratosis 3.75% cream, for genital or perianal warts	56 packets / 6 weeks 56 packets / 8 weeks
Zyclara pump	2.5% cream	15 grams / 6 weeks
Zyclara pump (imiquimod)	3.75% cream, for actinic keratosis	15 grams / 6 weeks
Zyclara pump (imiquimod)	3.75% cream, for genital or perianal warts	15 grams / 8 weeks
Zydelig		60 tabs
Zykadia		90 caps or tabs
Zymfentra		2 pens or syringes / 28 days
Zypitamag	1 mg, 2 mg	45 tabs

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Quantity Limit Authorization Form

Brand/Generic name	Strength all strengths if none listed	Dispensing Limit Per Month unless otherwise noted
Zypitamag	4 mg	30 tabs
Zyprexa, Zyprexa Zydis (olanzapine, olanzapine ODT)		30 tabs
Zytiga (abiraterone)	250 mg	120 tabs
Zytiga (abiraterone)	500 mg	60 tabs

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