



Medicare Part D Drugs with Quantity Limit Restrictions

For certain drugs, MVP Health Care limits the amount of the drug that is covered. For example, MVP provides coverage for 1 tablet per day of JANUVIA. This means that you will need to get approval from MVP if you or your doctor believes that you require more than the quantity limit. If you don't get approval first, MVP may not cover more than the covered quantity. You can ask MVP to make an exception to our coverage rules. For more information, refer to the MVP Health Care Medicare Part D Formulary ("How do I request an exception to MVP's Medicare Part D Formulary").

Drugs with quantity limit restrictions have the abbreviation "QL" in the Formulary under the Notes column next to the drug name.

Drug Name	Quantity Limit Description
ABILIFY MAIN INJ 300MG	1 injection every 28 days
ABILIFY MAIN INJ 400MG	1 injection every 28 days
ADEMPAS TAB 0.5MG	90 tabs every 30 days
ADEMPAS TAB 1.5MG	90 tabs every 30 days
ADEMPAS TAB 1MG	90 tabs every 30 days
ADEMPAS TAB 2.5MG	90 tabs every 30 days
ADEMPAS TAB 2MG	90 tabs every 30 days
ALMOTRIPTAN TAB 12.5MG	8 tabs every 30 days
ALMOTRIPTAN TAB 6.25MG	12 tabs every 30 days
ALPRAZOLAM TAB 0.25MG	150 tabs every 30 days
ALPRAZOLAM TAB 1MG	150 tabs every 30 days
ALPRAZOLAM TAB 2MG	150 tabs every 30 days
ALPRAZOLAM TAB 0.5MG	150 tabs every 30 days
APAP/CODEINE TAB 300-15MG	360 tabs every 30 days
APAP/CODEINE TAB 300-30MG	360 tabs every 30 days
APAP/CODEINE TAB 300-60MG	360 tabs every 30 days
APREPITANT CAP 125MG	2 caps every 30 days
APREPITANT CAP 40MG	1 cap every 30 days
APREPITANT CAP 80MG	8 caps every 30 days

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APREPITANT PAK 80 & 125	6 caps every 30 days
ARMODAFINIL TAB 50 MG	60 tabs every 30 days
ARMODAFINIL TAB 150MG	30 tabs every 30 days
ARMODAFINIL TAB 200MG	30 tabs every 30 days
ARMODAFINIL TAB 250MG	30 tabs every 30 days
ATOVAQUONE SUS 750/5ML	300 mL every 30 days
AUBAGIO TAB 14MG	30 tabs every 30 days
AUBAGIO TAB 7MG	30 tabs every 30 days
BENLYSTA INJ 200MG/ML	4 auto-injectors every 28 days
BENLYSTA INJ 200MG/ML	4 syringes every 28 days
BUDESONIDE TAB ER 9MG	30 tabs every 30 days
BUPRENORPHINE PTCH 5MCG	4 patches every 28 days
BUPRENORPHINE PTCH 7.5MCG	4 patches every 28 days
BUPRENORPHINE PTCH 10MCG	4 patches every 28 days
BUPRENORPHINE PTCH 15MCG	4 patches every 28 days
BUPRENORPHINE PTCH 20MCG	4 patches every 28 days
BUPRENORPHINE 2 MG / NALOXONE 0.5 MG ORAL STRIP	90 strips every 30 days
BUPRENORPHINE 4 MG / NALOXONE 1 MG ORAL STRIP	90 strips every 30 days
BUPRENORPHINE 8 MG / NALOXONE 2 MG ORAL STRIP	90 strips every 30 days
BUPRENORPHINE 12 MG / NALOXONE 3 MG ORAL STRIP	90 strips every 30 days
BUPREN/NALOX SUB 2-0.5MG	90 tabs every 30 days
BUPREN/NALOX SUB 8-2MG	90 tabs every 30 days
BUTAL/APAP TAB 50-325MG	60 tabs per 30 days
BUT/APAP/CAF CAP	60 caps per 30 days
BUT/APAP/CAF TAB	60 tabs per 30 days
BUT/APAP/CAF CAP CODEINE	60 caps per 30 days
BUT/ASA/CAFF CAP	60 caps per 30 days
BUTORPHANOL SOL 10MG/ML	4 bottles every 30 days
BYDUREON INJ BCISE	4 pens every 28 days
BYETTA INJ 10MCG	1 pen every 30 days
BYETTA INJ 5MCG	1 pen every 30 days
CAPRELSA TAB 100MG	60 tabs every 30 days
CAPRELSA TAB 300MG	30 tabs every 30 days
CLOBETASOL PROPIONATE 0.05% GEL	120 gm every 30 days

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CLOBETASOL PROPIONATE 0.05% CREAM	120 gm every 30 days
CLOBETASOL PROPIONATE 0.05% CREAM	120 gm every 30 days
CLOBETASOL PROPIONATE 0.05% LOTION	120 mL every 30 days
CLOBETASOL PROPIONATE 0.05% MEDICATED SHAMPOO	120 mL every 30 days
CLOBETASOL PROPIONATE 0.05% SOLUTION	100 mL every 30 days
CLOBETASOL PROPIONATE 0.05% FOAM	100 gm every 30 days
CLOBETASOL PROPIONATE 0.05% SPRAY	120 mL every 30 days
CLOBETASOL PROPIONATE 0.05% EMOLLIENT CREAM	120 gm every 30 days
CLOBETASOL PROPIONATE 0.05% EMOLLIENT FOAM	100 gm every 30 days
CLOTRIMAZOLE 1% SOLUTION	90 mL every 30 days
CLOTRIMAZOLE/ BETAMETHASONE CREAM	90 gm every 30 days
COLCHICINE TAB 0.6MG	60 tabs every 30 days
DALFAMPRIDINE ER 10 MG	60 tabs every 30 days
DESONIDE 0.05% CREAM	90 gm every 30 days
DESONIDE 0.05% OINTMENT	90 gm every 30 days
DESONIDE 0.05% LOTION	120 mL every 30 days
DEXLANSOPRAZ CAP 30MG DR	30 caps every 30 days
DEXLANSOPRAZ CAP 60MG DR	30 caps every 30 days
DICLOFENAC GEL 1%	500 gm every 30 days
DICLOFENAC SOLUTION 1.5%	300 mL every 30 days
DIGOXIN TAB 0.125MG	30 tabs every 30 days
DIHYDROERGOT INJ 1MG/ML	24 ampules every 30 days
DIHYDROERGOT SPR 4MG/ML	8 ml every 28 days
DIMETHYL FUMARATE CAPSULE 120 MG	60 caps every 30 days
DIMETHYL FUMARATE CAPSULE 240 MG	60 caps every 30 days
DOXEPIN 3 MG TABLET	30 tabs every 30 days
DOXEPIN 6 MG TABLET	30 tabs every 30 days
DRONABINOL CAP 10MG	60 caps every 30 days
DRONABINOL CAP 2.5MG	60 caps every 30 days
DRONABINOL CAP 5MG	60 caps every 30 days

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DROXIDOPA 100 MG ORAL CAPSULE	90 caps every 30 days
DROXIDOPA 200 MG ORAL CAPSULE	180 caps every 30 days
DROXIDOPA 300 MG ORAL CAPSULE	180 caps every 30 days
ELETRIPTAN TAB 20MG	12 tabs every 30 days
ELETRIPTAN TAB 40MG	8 tabs every 30 days
ENDOCET TAB 2.5-325 MG	360 tabs every 30 days
ENDOCET TAB 5-325 MG	360 tabs every 30 days
ENDOCET TAB 7.5-325 MG	360 tabs every 30 days
ENDOCET TAB 10-325 MG	360 tabs every 30 days
EPINEPHRINE INJ 0.15MG	4 pens every 30 days
EPINEPHRINE INJ 0.3MG	4 pens every 30 days
ERGOT/CAFFEN TAB 1-100MG	43 tabs every 30 days
EVEROLIMUS 0.25 MG TABLET	60 tabs every 30 days
FARXIGA TAB 10MG	30 tabs every 30 days
FARXIGA TAB 5MG	30 tabs every 30 days
FEBUXOSTAT 40 MG	30 tabs every 30 days
FEBUXOSTAT 80 MG	30 tabs every 30 days
FENTANYL 0.1 MG BUCCAL TABLET	120 tabs every 30 days
FENTANYL 0.2 MG BUCCAL TABLET	120 tabs every 30 days
FENTANYL 0.4 MG BUCCAL TABLET	120 tabs every 30 days
FENTANYL 0.6 MG BUCCAL TABLET	120 tabs every 30 days
FENTANYL 0.8 MG BUCCAL TABLET	120 tabs every 30 days
FENTANYL DIS 100MCG/H	20 patches every 30 days
FENTANYL DIS 12MCG/HR	20 patches every 30 days
FENTANYL DIS 25MCG/HR	20 patches every 30 days
FENTANYL DIS 50MCG/HR	20 patches every 30 days
FENTANYL DIS 75MCG/HR	20 patches every 30 days
FENTANYL OT LOZ 1200MCG	120 lozenges every 30 days
FENTANYL OT LOZ 1600MCG	120 lozenges every 30 days
FENTANYL OT LOZ 200MCG	120 lozenges every 30 days
FENTANYL OT LOZ 400MCG	120 lozenges every 30 days
FENTANYL OT LOZ 600MCG	120 lozenges every 30 days
FENTANYL OT LOZ 800MCG	120 lozenges every 30 days

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FINGOLIMOD CAP 0.5MG	30 caps every 30 days
FIRMAGON INJ 80MG	4 vials every 28 days
FLUOCIN ACET OIL SCALP	120 ml every 30 days
FLUOCIN ACET SOL 0.01%	120 ml every 30 days
FLUOCINONIDE SOL 0.05%	120 ml every 30 days
FLURAZEPAM 15MG CAP	30 caps every 30 days
FLURAZEPAM 30MG CAP	30 caps every 30 days
FORTEO SOL 600/2.4	2.4 ml every 28 days
FYCOMPA TAB 2MG	30 tabs every 30 days
GILENYA CAP 0.25MG	30 caps every 30 days
GILENYA CAP 0.5MG	30 caps every 30 days
GLATIRAMER INJ 20MG/ML	30 syringes every 30 days
GLATOPA INJ 20MG/ML	30 ml every 30 days
GLIMEPIRIDE TAB 1MG	240 tabs every 30 days
GLIMEPIRIDE TAB 2MG	120 tabs every 30 days
GLIMEPIRIDE TAB 4MG	60 tabs every 30 days
GLIP/METFORM TAB 2.5-250M	240 tabs every 30 days
GLIP/METFORM TAB 2.5-500M	120 tabs every 30 days
GLIP/METFORM TAB 5-500MG	120 tabs every 30 days
GLIPIZIDE ER TAB 10MG	60 tabs every 30 days
GLIPIZIDE ER TAB 2.5MG	240 tabs every 30 days
GLIPIZIDE ER TAB 5MG	120 tabs every 30 days
GLIPIZIDE TAB 10MG	120 tabs every 30 days
GLIPIZIDE TAB 5MG	240 tabs every 30 days
GLYXAMBI TAB 10-5 MG	30 tabs every 30 days
GLYXAMBI TAB 25-5 MG	30 tabs every 30 days
GRANISETRON TAB 1MG	30 tabs every 30 days
HALOBETASOL CRE 0.05%	120 gm every 30 days
HALOBETASOL OIN 0.05%	120 gm every 30 days
HYDROCO/APAP TAB 10-325MG	360 tabs every 30 days
HYDROCO/APAP TAB 5-300MG	360 tabs every 30 days
HYDROCO/APAP TAB 5-325MG	360 tabs every 30 days
HYDROCO/APAP TAB 7.5-325	360 tabs every 30 days
HYDROMORPHON TAB 2MG	250 tabs every 30 days
HYDROMORPHON TAB 4MG	250 tabs every 30 days
HYDROMORPHON TAB 8MG	250 tabs every 30 days
IMATINIB MES TAB 100MG	90 tabs every 30 days
IMATINIB MES TAB 400MG	60 tabs every 30 days

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INREBIC CAP 100MG	120 caps every 30 days
INVEGA HAFYERA	1 syringe every 180 days
INVEGA SUST INJ 117/0.75	1 injection every 28 days
INVEGA SUST INJ 156MG/ML	1 injection every 28 days
INVEGA SUST INJ 234/1.5	1 injection every 28 days
INVEGA SUST INJ 39/0.25	1 injection every 28 days
INVEGA SUST INJ 78/0.5ML	1 injection every 28 days
INVEGA TRINZ INJ 273MG	1 syringe every 90 days
INVEGA TRINZ INJ 410MG	1 syringe every 90 days
INVEGA TRINZ INJ 546MG	1 syringe every 90 days
INVEGA TRINZ INJ 819MG	1 syringe every 90 days
INVOKAMET TAB 150-1000	60 tabs every 30 days
INVOKAMET TAB 150-500	60 tabs every 30 days
INVOKAMET TAB 50-1000	60 tabs every 30 days
INVOKAMET TAB 50-500MG	60 tabs every 30 days
INVOKAMET XR TAB 150-1000	60 tabs every 30 days
INVOKAMET XR TAB 150-500	60 tabs every 30 days
INVOKAMET XR TAB 50-1000	60 tabs every 30 days
INVOKAMET XR TAB 50-500MG	60 tabs every 30 days
INVOKANA TAB 100MG	60 tabs every 30 days
INVOKANA TAB 300MG	30 tabs every 30 days
JAKAFI TAB 10MG	60 tabs every 30 days
JAKAFI TAB 15MG	60 tabs every 30 days
JAKAFI TAB 20MG	60 tabs every 30 days
JAKAFI TAB 25MG	60 tabs every 30 days
JAKAFI TAB 5MG	60 tabs every 30 days
JANUMET TAB 50-1000	60 tabs every 30 days
JANUMET TAB 50-500MG	60 tabs every 30 days
JANUMET XR TAB 100-1000	30 tabs every 30 days
JANUMET XR TAB 50-1000	60 tabs every 30 days
JANUMET XR TAB 50-500MG	60 tabs every 30 days
JANUVIA TAB 100MG	30 tabs every 30 days
JANUVIA TAB 25MG	30 tabs every 30 days
JANUVIA TAB 50MG	30 tabs every 30 days
JARDIANCE TAB 10MG	60 tabs every 30 days
JARDIANCE TAB 25MG	30 tabs every 30 days
JENTADUETO TAB 2.5-1000	60 tabs every 30 days
JENTADUETO TAB 2.5-500	60 tabs every 30 days
JENTADUETO TAB 2.5-850	60 tabs every 30 days

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JENTADUETO TAB XR	30 tabs every 30 days
JENTADUETO TAB XR	30 tabs every 30 days
KALYDECO TAB 150MG	60 tabs every 30 days
KORLYM TAB 300MG	120 tabs every 30 days
LANSOPRAZOLE CAP 15MG DR	60 caps every 30 days
LANSOPRAZOLE CAP 30MG DR	60 caps every 30 days
LIDOCAINE GEL 2% JELLY	30 mL every 30 days
LIDOCAINE PAD 5%	90 patches every 30 days
LIDOCAN III PAD 5%	90 patches every 30 days
LIDO/PRILOCN CRE 2.5-2.5%	30 gm every 30 days
LINZESS CAP 145MCG	30 caps every 30 days
LINZESS CAP 290MCG	30 caps every 30 days
LINZESS CAP 72MCG	30 caps every 30 days
LUBIPROSTONE CAP 0.008 MG	60 caps every 30 days
LUBIPROSTONE CAP 0.024 MG	60 caps every 30 days
LUPKYNIS CAP 7.9MG	180 caps every 30 days
METFORMIN TAB 1000MG	75 tabs every 30 days
METFORMIN TAB 500MG	150 tabs every 30 days
METFORMIN TAB 500MG ER	120 tabs every 30 days
METFORMIN TAB 750MG ER	60 tabs every 30 days
METFORMIN TAB 850MG	90 tabs every 30 days
MODAFINIL TAB 100MG	30 tabs every 30 days
MODAFINIL TAB 200MG	60 tabs every 30 days
MORPHINE SUL TAB 15MG ER	90 tabs every 30 days
MORPHINE SUL TAB 30MG ER	90 tabs every 30 days
MORPHINE SUL TAB 60MG ER	60 tabs every 30 days
MORPHINE SUL TAB 100MG ER	60 tabs every 30 days
MORPHINE SUL TAB 200MG ER	60 tabs every 30 days
MORPHINE SUL TAB 15MG	300 tabs every 30 days
MORPHINE SUL TAB 30MG	300 tabs every 30 days
MOUNJARO INJ 2.5/0.5	4 pens every 28 days
MOUNJARO INJ 5/0.5	4 pens every 28 days
MOUNJARO INJ 7.5/0.5	4 pens every 28 days
MOUNJARO INJ 10/0.5	4 pens every 28 days
MOUNJARO INJ 12.5/0.5	4 pens every 28 days
MOUNJARO INJ 15/0.5	4 pens every 28 days
NARATRIPTAN TAB 1MG	18 tabs every 30 days
NARATRIPTAN TAB 2.5MG	9 tabs every 30 days
NURTEC TAB 75MG ODT	16 tabs every 30 days

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OMEPRAZOLE CAP 10MG	60 caps every 30 days
OMEPRAZOLE CAP 20MG	60 caps every 30 days
OMEPRAZOLE CAP 40MG	60 caps every 30 days
OMNIPOD DASH 5 PACK	10 pods every 30 days
OMNIPOD KIT STARTER	1 kit every 365 days
OMNIPOD MIS 5 PACK	10 pods every 30 days
OSELTAMIVIR CAP 30MG	168 caps every year
OSELTAMIVIR CAP 45MG	84 caps every year
OSELTAMIVIR CAP 75MG	84 caps every year
OSELTAMIVIR SUS 6MG/ML	720 mL every 180 days
OXANDROLONE TAB 2.5MG	120 tabs every 30 days
OXYCOD/APAP TAB 10-325MG	360 tabs every 30 days
OXYCOD/APAP TAB 2.5-325	360 tabs every 30 days
OXYCOD/APAP TAB 5-325MG	360 tabs every 30 days
OXYCOD/APAP TAB 7.5-325	360 tabs every 30 days
OXYCODONE CON 100/5ML	120 ml every 30 days
OXYCODONE TAB 10MG	240 tabs every 30 days
OXYCODONE TAB 10MG ER	90 tabs every 30 days
OXYCODONE TAB 15MG	200 tabs every 30 days
OXYCODONE TAB 20MG	200 tabs every 30 days
OXYCODONE TAB 20MG ER	90 tabs every 30 days
OXYCODONE TAB 30MG	200 tabs every 30 days
OXYCODONE TAB 40MG ER	60 tabs every 30 days
OXYCODONE TAB 5MG	240 tabs every 30 days
OXYCODONE TAB 80MG ER	60 tabs every 30 days
OXYCONTIN TAB 10MG CR	90 tabs every 30 days
OXYCONTIN TAB 15MG CR	90 tabs every 30 days
OXYCONTIN TAB 20MG CR	90 tabs every 30 days
OXYCONTIN TAB 30MG CR	90 tabs every 30 days
OXYCONTIN TAB 40MG CR	60 tabs every 30 days
OXYCONTIN TAB 60MG CR	60 tabs every 30 days
OXYCONTIN TAB 80MG CR	60 tabs every 30 days
OXYMORPHONE TAB HCL 10MG	200 tabs every 30 days
OXYMORPHONE TAB HCL 5MG	240 tabs every 30 days
OZEMPIC 2MG/3ML INJ	1 pen every 28 days
OZEMPIC 4MG/3ML INJ	1 pen every 28 days
OZEMPIC 8MG/3ML INJ	1 pen every 28 days
PANTOPRAZOLE TAB 20MG	60 tabs every 30 days

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PANTOPRAZOLE TAB 40MG	60 tabs every 30 days
PIOGLITA/MET TAB 15-500MG	90 tabs every 30 days
PIOGLITA/MET TAB 15-850MG	90 tabs every 30 days
PIOGLITAZONE TAB 15MG	30 tabs every 30 days
PIOGLITAZONE TAB 30MG	30 tabs every 30 days
PIOGLITAZONE TAB 45MG	30 tabs every 30 days
POMALYST CAP 1MG	30 caps every 30 days
POMALYST CAP 2MG	30 caps every 30 days
POMALYST CAP 3MG	30 caps every 30 days
POMALYST CAP 4MG	30 caps every 30 days
PRALUENT INJ 150MG/ML	2 injections every 28 days
PRALUENT INJ 75MG/ML	2 injections every 28 days
PREGABALIN CAP 100 MG	90 caps every 30 days
PREGABALIN CAP 300 MG	60 caps every 30 days
PREGABALIN CAP 150 MG	90 caps every 30 days
PREGABALIN CAP 200 MG	90 caps every 30 days
PREGABALIN CAP 225 MG	60 caps every 30 days
PREGABALIN CAP 25 MG	90 caps every 30 days
PREGABALIN CAP 75 MG	90 caps every 30 days
PREGABALIN CAP 50 MG	90 caps every 30 days
PREGABALIN SOLN 20 MG/ML	946 mL every 30 days
PROCRIT INJ 40000/ML	8 vials every 30 days
PROLIA SOL 60MG/ML	2 injections every year
QBREXZA	30 pledgets every 30 days
QUININE SULF CAP 324MG	84 caps every 365 days
RABEPRAZOLE 20 MG TABLET	60 caps every 30 days
RAMELTEON TAB 8 MG	30 tabs every 30 days
REGANEX GEL 0.01%	30 gm every 30 days
RELENZA MIS DISKHALE	3 inhalers every 180 days
REPAGLINIDE TAB 1-500MG	150 tabs every 30 days
REPAGLINIDE TAB 2-500MG	150 tabs every 30 days
REXULTI TAB 2MG	30 tabs every 30 days
REXULTI TAB 3MG	30 tabs every 30 days
REXULTI TAB 4MG	30 tabs every 30 days
RIZATRIPTAN TAB 10MG	12 tabs every 30 days
RIZATRIPTAN TAB 10MG ODT	12 tabs every 30 days
RIZATRIPTAN TAB 5MG	12 tabs every 30 days
RIZATRIPTAN TAB 5MG ODT	12 tabs every 30 days
RYBELSUS TAB 3MG	30 tabs every 30 days

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RYBELSUS TAB 7MG	30 tabs every 30 days
RYBELSUS TAB 14MG	30 tabs every 30 days
SCOPOLAMINE 1MG/3 DAY PATCH	10 patches every 30 days
SELZENTRY TAB 25MG	120 tabs every 30 days
SHINGRIX INJ 50MCG	2 injections in lifetime
SILDENAFIL 10 MG/ML ORAL SUSPENSION	180 mL every 30 days
SILDENAFIL TAB 20MG	90 tabs every 30 days
SOD OXYBATE SOL 500MG/ML	540 mL every 30 days
SUMATRIPTAN INJ 6MG/0.5	8 vials every 30 days
SUMATRIPTAN SPR 20MG/ACT	12 units every 30 days
SUMATRIPTAN SPR 5MG/ACT	12 units every 30 days
SUMATRIPTAN TAB 100MG	9 tabs every 30 days
SUMATRIPTAN TAB 25MG	18 tabs every 30 days
SUMATRIPTAN TAB 50MG	18 tabs every 30 days
SYMDEKO TAB	60 tabs every 30 days
SYNJARDY TAB 12.5-1000	60 tabs every 30 days
SYNJARDY TAB 5-500MG	120 tabs every 30 days
SYNJARDY TAB 5-1000MG	60 tabs every 30 days
SYNJARDY TAB 12.5-500	60 tabs every 30 days
SYNJARDY XR TAB 12.5-1000	60 tabs every 30 days
SYNJARDY XR TAB 5-1000MG	60 tabs every 30 days
SYNJARDY XR TAB 10-1000	60 tabs every 30 days
SYNJARDY XR TAB 25-1000	30 tabs every 30 days
TADALAFIL TAB 2.5 MG	30 tabs every 30 days
TADALAFIL TAB 5 MG	30 tabs every 30 days
TEMAZEPAM 7.5MG CAP	30 caps every 30 days
TEMAZEPAM 15MG CAP	30 caps every 30 days
TEMAZEPAM 22.5MG CAP	30 caps every 30 days
TEMAZEPAM 30MG CAP	30 caps every 30 days
TENCON TABS	60 tabs every 30 days
TERBINAFINE TAB 250MG	84 tabs every 365 days
TERIFLUNOMIDE TAB 7MG	30 tabs every 30 days
TERIFLUNOMIDE TAB 14MG	30 tabs every 30 days
TERIPARATIDE INJ 600/2.4	2.4 mL every 28 days
TERIPARATIDE PEN INJECTOR	2.48 mL every 28 days
TIVICAY TAB 10MG	30 tabs every 30 days
TOVET TOPICAL FOAM	100gm every 30 days

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TRADJENTA TAB 5MG	30 tabs every 30 days
TRIJARDY XR 5 MG/ 2.5 MG/1000 MG	60 tabs every 30 days
TRIJARDY XR 10 MG/ 5 MG/1000 MG	30 tabs every 30 days
TRIJARDY XR 12.5 MG/ 2.5 MG/1000 MG	60 tabs every 30 days
TRIJARDY XR 25 MG/ 5 MG/1000 MG	30 tabs every 30 days
TRIKAFTA	84 tabs per 28 days
TRULICITY INJ 0.75/0.5	4 pens every 28 days
TRULICITY INJ 1.5/0.5	4 pens every 28 days
TRULICITY INJ 3/0.5	4 pens every 28 days
TRULICITY INJ 4.5/0.5	4 pens every 28 days
ULBRELVY 50MG TAB	16 tabs every 30 days
UBRELVY 100MG TAB	16 tabs every 30 days
V-GO 20 KIT	30 devices (1 box) every 30 days
V-GO 30 KIT	30 devices (1 box) every 30 days
V-GO 40 KIT	30 devices (1 box) every 30 days
VARUBI TAB 90MG	4 tabs every 30 days
VERDESO TOPICAL FOAM	100 gm every 30 days
VONJO CAP 100MG	120 caps every 30 days
VOWST CAP	12 caps every 30 days
WAKIX 4.45MG	60 tablets per 30 days
WAKIX 17.8MG	60 tablets per 30 days
XERMELO TAB 250MG	90 tabs every 30 days
XIFAXAN TAB 200MG	9 tabs every 30 days
XIGDUO XR TAB 10-1000	30 tabs every 30 days
XIGDUO XR TAB 10-500MG	30 tabs every 30 days
XIGDUO XR TAB 2.5-1000	60 tabs every 30 days
XIGDUO XR TAB 5-1000MG	60 tabs every 30 days
XIGDUO XR TAB 5-500MG	60 tabs every 30 days
XOFLUZA 40 MG TAB	4 tabs every 180 days
XOFLUZA 80MG TAB	4 tabs every 180 days
XYREM SOL 500MG/ML	540 ml every 30 days
ZALEPLON CAP 10MG	30 caps every 30 days
ZALEPLON CAP 5MG	30 caps every 30 days
ZOLMITRIPTAN SPR 2.5MG	12 units every 30 days

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ZOLMITRIPTAN TAB 2.5 MG	12 tabs every 30 days
ZOLMITRIPTAN TAB ODT 2.5MG	12 tabs every 30 days
ZOLMITRIPTAN SPR 5MG	12 units every 30 days
ZOLMITRIPTAN TAB 5MG	8 tabs every 30 days
ZOLMITRIPTAN TAB ODT 5MG	8 tabs every 30 days
ZOLPIDEM TAB 5MG	30 tabs every 30 days
ZOLPIDEM TAB 10MG	30 tabs every 30 days
ZOLPIDEM TAB 6.25MG	30 tabs every 30 days
ZOLPIDEM TAB 12.5MG	30 tabs every 30 days

If your Part D coverage is through your former employer and includes enhanced drug coverage, please check the Employer Group Formulary.

^{PA} Drugs that require prior authorization have the abbreviation "PA" in the Formulary under the Notes column next to the drug name.

ST Drugs with step therapy requirements have the abbreviation "ST" in the Formulary under the Notes column next to the drug name.

*A formulary exception request may be required for a brand name drug if the drug is not listed on the Formulary and there is a generic equivalent available.