



Medicare Part D Drugs with Quantity Limit Restrictions

Employer-based Plan Formulary

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 |
| AMPHET/DEXTR CAP 10MG ER | 30 caps every 30 days |
| AMPHET/DEXTR CAP 15MG ER | 30 caps every 30 days |
| AMPHET/DEXTR CAP 20MG ER | 30 caps every 30 days |
| AMPHET/DEXTR CAP 25MG ER | 30 caps every 30 days |
| AMPHET/DEXTR CAP 30MG ER | 30 caps every 30 days |
| AMPHET/DEXTR CAP 5MG ER | 30 caps every 30 days |
| APAP/CODEINE TAB 300-15MG | 360 tabs every 30 days |
| APAP/CODEINE TAB 300-30MG | 360 tabs every 30 days |

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| 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 |
| 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 |
| ASCOMP/COD CAP 30MG | 60 caps every 30 days |
| ATOVAQUONE SUS 750/5ML | 300mL per 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 |
| 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 |
| BUT/APAP/CAF CAP | 60 caps every 30 days |
| BUT/APAP/CAF CAP | 60 caps every 30 days |
| BUT/APAP/CAF CAP CODEINE | 60 caps every 30 days |
| BUT/APAP/CAF TAB | 60 tabs every 30 days |
| BUT/ASA/CAFF CAP | 60 caps every 30 days |
| BUTAL/APAP TAB 50-325MG | 60 tabs every 30 days |
| BUTORPHANOL SOL 10MG/ML | 4 bottles every 30 days |

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| BYDUREON INJ 2MG | 4 vials every 28 days |
| BYDUREON INJ BCISE | 4 pens every 28 days |
| BYDUREON PEN INJ 2MG | 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 |
| CAVERJECT INJ 20MCG | 6 vials every 30 days |
| CAVERJECT INJ 40MCG | 6 vials every 30 days |
| CAVERJECT KIT 10MCG | 6 kits every 30 days |
| CAVERJECT KIT 20MCG | 6 kits every 30 days |
| COLCHICINE TAB 0.6MG | 60 tabs every 30 days |
| CIALIS TAB 10MG | 4 tabs every 30 days |
| CIALIS TAB 20MG | 4 tabs every 30 days |
| CLOBETASOL PROPIONATE 0.05% GEL | 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 |
| DALFAMPRIDINE TAB 10 MG ER | 60 tabs every 30 days |
| DESONIDE 0.05% CREAM | 90 gm every 30 days |
| DESONIDE 0.05% OINTMENT | 90 gm every 30 days |

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| DESONIDE 0.05% LOTION | 120 mL every 30 days |
| DEXILANT CAP 30MG DR | 30 caps every 30 days |
| DEXILANT CAP 60MG DR | 30 caps 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 mL per 30 days |
| DICLOFENAC SOLUTION 1.5% | 300 mL per 30 days |
| DIFLORASONE CRE 0.05% | 60 gm every 30 days |
| DIFLORASONE OIN 0.05% | 60 gm every 30 days |
| DIGITEK TAB 0.125MG | 30 tabs every 30 days |
| DIGOXIN TAB 0.125MG | 30 tabs every 30 days |
| DIHYDROERGOT INJ 1MG/ML | 24 ampules every 30 days |
| DIMETHYL FUMARATE CAPSULE 120 MG | 60 caps every 30 days |
| DIMETHYL FUMARATE CAPSULE 240 MG | 60 caps every 30 days |
| DOXEPIN HCL CREAM 5% | 45 gm per 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 |
| 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 |
| EDEX KIT 10MCG | 6 kits every 30 days |
| EDEX KIT 20MCG | 6 kits every 30 days |
| EDEX KIT 40MCG | 6 kits every 30 days |
| ELETRIPTAN TAB 20MG | 12 tabs every 30 days |
| ELETRIPTAN TAB 40MG | 8 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 |
| ESOMEPRA MAG CAP 20MG DR | 30 caps every 30 days |

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| ESOMEPRAMAG CAP 40MG DR | 30 caps 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 TAB 40 MG | 30 tabs every 30 days |
| FEBUXOSTAT TAB 80 MG | 30 tabs every 30 days |
| FENTANYL 0.1 MG BUCCAL | 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 |
| 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 CRE 0.1% | 60 gm every 30 days |
| FLUOCINONIDE SOL 0.05% | 120 ml every 30 days |
| FLUTICASONE LOT 0.05% | 120 ml every 30 days |
| FORTEO SOL 600/2.4 | 2.4 ml every 28 days |
| FROVATRIPTAN TAB 2.5MG | 12 tabs every 30 days |
| FYCOMPA TAB 2MG | 30 tabs every 30 days |
| GILENYA CAP 0.5MG | 30 caps every 30 days |
| GLATIRAMER INJ 20MG/ML | 30 syringes every 30 days |

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| 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 |
| 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 10-300MG | 360 tabs every 30 days |
| HYDROCO/APAP TAB 10-325MG | 360 tabs every 30 days |
| HYDROCO/APAP TAB 2.5-325 | 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 7.5-300 | 360 tabs every 30 days |
| HYDROCO/APAP TAB 7.5-325 | 360 tabs every 30 days |
| HYDROCOD/IBU TAB 10-200MG | 150 tabs every 30 days |
| HYDROCOD/IBU TAB 5-200MG | 150 tabs every 30 days |
| HYDROCOD/IBU TAB 7.5-200 | 150 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 |
| INREBIC 100MG CAP | 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 |

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| 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 |
| 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 |
| JENTADUETO TAB XR | 30 tabs every 30 days |
| JENTADUETO TAB XR | 30 tabs every 30 days |
| KALYDECO TAB 150MG | 60 tabs every 30 days |
| KLOXXADO SPR 8MG | 4 sprays every 30 days |
| KORLYM TAB 300MG | 120 tabs every 30 days |
| LANOXIN TAB 0.125MG | 30 tabs every 30 days |

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| LANSOPRAZOLE CAP 15MG DR | 60 caps every 30 days |
| LANSOPRAZOLE CAP 30MG DR | 60 caps every 30 days |
| LEVITRA TAB 2.5MG | 4 tabs every 30 days |
| LEVITRA TAB 5MG | 4 tabs every 30 days |
| LEVITRA TAB 10MG | 4 tabs every 30 days |
| LEVITRA TAB 25MG | 4 tabs every 30 days |
| LIDOCAINE GEL 2% JELLY | 30 mL per 30 days |
| LIDOCAINE PAD 5% | 90 patches every 30 days |
| LIDOCAINE SOLUTION 4% | 50 mL 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 |
| LOREEV XR CAP 1.5MG | 60 caps every 30 days |
| LOREEV XR CAP 1MG | 60 caps every 30 days |
| LOREEV XR CAP 2MG | 60 caps every 30 days |
| LOREEV XR CAP 3MG | 60 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 CAP 100MG ER | 60 caps every 30 days |
| MORPHINE SUL CAP 10MG ER | 90 caps every 30 days |
| MORPHINE SUL CAP 120MG ER | 30 caps every 30 days |
| MORPHINE SUL CAP 20MG ER | 90 caps every 30 days |
| MORPHINE SUL CAP 30MG ER | 90 caps every 30 days |
| MORPHINE SUL CAP 30MG ER | 30 caps every 30 days |
| MORPHINE SUL CAP 45MG ER | 30 caps every 30 days |
| MORPHINE SUL CAP 50MG ER | 90 caps every 30 days |
| MORPHINE SUL CAP 60MG ER | 60 caps every 30 days |
| MORPHINE SUL CAP 60MG ER | 30 caps every 30 days |
| MORPHINE SUL CAP 75MG ER | 30 caps every 30 days |

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| MORPHINE SUL CAP 80MG ER | 60 caps every 30 days |
| MORPHINE SUL CAP 90MG ER | 30 caps every 30 days |
| MORPHINE SUL TAB 100MG ER | 60 tabs every 30 days |
| MORPHINE SUL TAB 15MG | 300 tabs every 30 days |
| MORPHINE SUL TAB 15MG ER | 90 tabs every 30 days |
| MORPHINE SUL TAB 200MG ER | 60 tabs every 30 days |
| MORPHINE SUL TAB 30MG | 300 tabs every 30 days |
| MORPHINE SUL TAB 30MG ER | 90 tabs every 30 days |
| MORPHINE SUL TAB 60MG ER | 60 tabs every 30 days |
| MUSE SUP 1000MCG | 6 sup every 30 days |
| MUSE SUP 125MCG | 6 sup every 30 days |
| MUSE SUP 250MCG | 6 sup every 30 days |
| MUSE SUP 500MCG | 6 sup every 30 days |
| NALOXONE HCL NASAL SPRAY 4MG/0.1ML | 4 sprays every 30 days |
| NARATRIPTAN TAB 1MG | 18 tabs every 30 days |
| NARATRIPTAN TAB 2.5MG | 9 tabs every 30 days |
| NARCAN SPR | 4 sprays every 30 days |
| NORTHERA CAP 100MG | 90 caps every 30 days |
| NORTHERA CAP 200MG | 180 caps every 30 days |
| NORTHERA CAP 300MG | 180 caps every 30 days |
| NURTEC TAB 75MG ODT | 15 tabs every 30 days |
| 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 |
| ONDANSETRON TAB 24MG | 14 tabs every 30 days |
| ONDANSETRON TAB 4MG | 45 tabs every 30 days |
| ONDANSETRON TAB 4MG ODT | 45 tabs every 30 days |
| ONDANSETRON TAB 8MG | 45 tabs every 30 days |
| ONDANSETRON TAB 8MG ODT | 45 tabs 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 |

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| 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 |
| OXYCOD/IBU TAB 5-400MG | 28 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 10MG ER | 90 tabs every 30 days |
| OXYMORPHONE TAB 15MG ER | 90 tabs every 30 days |
| OXYMORPHONE TAB 20MG ER | 90 tabs every 30 days |
| OXYMORPHONE TAB 30MG ER | 60 tabs every 30 days |
| OXYMORPHONE TAB 40MG ER | 60 tabs every 30 days |
| OXYMORPHONE TAB 5MG ER | 90 tabs every 30 days |
| OXYMORPHONE TAB 7.5MG ER | 90 tabs every 30 days |
| OXYMORPHONE TAB HCL 10MG | 200 tabs every 30 days |
| OXYMORPHONE TAB HCL 5MG | 240 tabs every 30 days |
| OZEMPIC 0.25MG, 0.5MG 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 |
| PANTOPRAZOLE TAB 40MG | 60 tabs every 30 days |
| PIOGLITA/MET TAB 15-500MG | 90 tabs every 30 days |

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| 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 |
| PROCRT 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 TAB 20MG | 60 tabs 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 |
| RETACRIT INJ 40,000 UNITS | 8 vials 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 |

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| SCOPOLAMINE DISC 1MG/3 DAYS | 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 25MG | 4 tabs every 30 days |
| SILDENAFIL TAB 50MG | 4 tabs every 30 days |
| SILDENAFIL TAB 100MG | 4 tabs every 30 days |
| SILDENAFIL TAB 20MG | 90 tabs every 30 days |
| STENDRA TAB 100MG | 4 tabs every 30 days |
| STENDRA TAB 200MG | 4 tabs every 30 days |
| STENDRA TAB 50MG | 4 tabs every 30 days |
| SUMATRIPTAN INJ 4MG/0.5 | 12 injections every 30 days |
| SUMATRIPTAN INJ 6MG/0.5 | 8 injections 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 |
| TADALAFIL TAB 2.5MG | 30 tabs every 30 days |
| TADALAFIL TAB 5MG | 30 tabs every 30 days |
| TADALAFIL TAB 10MG | 4 tabs every 30 days |
| TADALAFIL TAB 20MG | 4 tabs every 30 days |
| TECFIDERA CAP 120MG | 60 caps every 30 days |
| TECFIDERA CAP 240MG | 60 caps every 30 days |
| TENCON TAB 50-325MG | 24 tabs every 30 days |
| TERIPARATIDE PEN INJECTOR | 2.48 mL every 28 days |
| TERBINAFINE TAB 250MG | 84 tabs every 365 days |
| TIVICAY TAB 10MG | 30 tabs every 30 days |
| TOVET TOPICAL FOAM | 100gm every 30 days |
| TRADJENTA TAB 5MG | 30 tabs every 30 days |
| TRAMADOL HCL CAP ER 100MG | 30 caps every 30 days |
| TRAMADOL HCL CAP ER 200MG | 30 caps every 30 days |

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| TRAMADOL HCL CAP ER 300MG | 30 caps every 30 days |
| TRAMADOL HCL TAB 100MG ER | 30 tabs every 30 days |
| TRAMADOL HCL TAB 100MG ER | 30 tabs every 30 days |
| TRAMADOL HCL TAB 200MG ER | 30 tabs every 30 days |
| TRAMADOL HCL TAB 200MG ER | 30 tabs every 30 days |
| TRAMADOL HCL TAB 300MG ER | 30 tabs every 30 days |
| TRAMADOL HCL TAB 300MG ER | 30 tabs every 30 days |
| TRANDDERM-SC DISC 1.5MG | 10 patches 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 |
| UBRELVY TAB 50MG | 16 tabs every 30 days |
| UBRELVY TAB 100MG | 16 tabs every 30 days |
| VARDENAFIL TAB 2.5MG | 4 tabs every 30 days |
| VARDENAFIL TAB 5MG | 4 tabs every 30 days |
| VARDENAFIL TAB 10MG | 4 tabs every 30 days |
| VARDENAFIL TAB 10MG ODT | 4 tabs every 30 days |
| VARDENAFIL TAB 20MG | 4 tabs every 30 days |
| VARUBI TAB 90MG | 4 tabs every 30 days |
| VERDESO TOPICAL FOAM | 100 gm every 30 days |
| V-GO 20 KIT | 30 devices (1 box) every 30 days |

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| V-GO 30 KIT | 30 devices (1 box) every 30 days |
| V-GO 40 KIT | 30 devices (1 box) every 30 days |
| VIAGRA TAB 25MG | 4 tabs every 30 days |
| VIAGRA TAB 50MG | 4 tabs every 30 days |
| VIAGRA TAB 100MG | 4 tabs every 30 days |
| VICTOZA INJ 18MG/3ML | 3 pens every 30 days |
| WAKIX 4.45MG | 60 tablets per 30 days |
| WAKIX 17.8MG | 60 tablets per 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 TAB 2.5 MG | 12 tabs every 30 days |
| ZOLMITRIPTAN TAB ODT 2.5MG | 12 tabs every 30 days |
| ZOLMITRIPTAN SPR 2.5MG | 12 units every 30 days |
| ZOLMITRIPTAN TAB 5MG | 8 tabs every 30 days |
| ZOLMITRIPTAN TAB ODT 5MG | 8 tabs every 30 days |
| ZOLMITRIPTAN SPR 5MG | 12 units 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 |
| ZORTRESS TAB 0.25MG | 60 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.

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^{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.