

## Select 2019 Formulary Quantity Limit Criteria

### Abilify MyCite

ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Quantity Limit: 30 EA Per 30 Days
ABILIFY MYCITE ORAL TABLET 2 MG, 5 MG	Quantity Limit: 60 EA Per 30 Days

### Abiraterone Acetate

<i>abiraterone acetate oral tablet 250 mg</i>	Quantity Limit: 120 EA Per 30 Days
---	------------------------------------

### Adefovir Dipivoxil

<i>adefovir dipivoxil oral tablet 10 mg</i>	Quantity Limit: 30 EA Per 30 Days
---	-----------------------------------

### Adempas

ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Quantity Limit: 90 EA Per 30 Days
--	-----------------------------------

### Afinitor Disperz

AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	Quantity Limit: 30 EA Per 30 Days
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	Quantity Limit: 60 EA Per 30 Days

## Select 2019 Formulary Quantity Limit Criteria

### Afinitor

AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

### Albuterol Sulfate HFA

<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Quantity Limit: 17 GM Per 30 Days
--	-----------------------------------

### Alinia

ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Quantity Limit: 180 ML Per 30 Days
ALINIA ORAL TABLET 500 MG	Quantity Limit: 6 EA Per 30 Days

### Almotriptan Malate

<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Quantity Limit: 12 EA Per 30 Days
--	-----------------------------------

### Alunbrig

ALUNBRIG ORAL TABLET 180 MG	Quantity Limit: 30 EA Per 30 Days
ALUNBRIG ORAL TABLET 30 MG	Quantity Limit: 180 EA Per 30 Days
ALUNBRIG ORAL TABLET 90 MG	Quantity Limit: 60 EA Per 30 Days
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Quantity Limit: 30 EA Per 30 Days

H1587003\_QL19\_C

Formulary ID: 19550 Version 16

Last Updated: 11/26/2019

Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### Ambrisentan

<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

### Apokyn

APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Quantity Limit: 60 ML Per 30 Days
---	-----------------------------------

### Aprepitant

<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	Quantity Limit: 8 EA Per 30 Days
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	Quantity Limit: 12 EA Per 30 Days

### Aptiom

APTIOM ORAL TABLET 200 MG, 400 MG	Quantity Limit: 30 EA Per 30 Days
APTIOM ORAL TABLET 600 MG	Quantity Limit: 60 EA Per 30 Days
APTIOM ORAL TABLET 800 MG	Quantity Limit: 45 EA Per 30 Days

## Select 2019 Formulary Quantity Limit Criteria

### ARIPiprazole

<i>aripiprazole oral solution 1 mg/ml</i>	Quantity Limit: 750 ML Per 30 Days
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Quantity Limit: 30 EA Per 30 Days
<i>aripiprazole oral tablet 2 mg, 5 mg</i>	Quantity Limit: 60 EA Per 30 Days
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Quantity Limit: 60 EA Per 30 Days

### Armodafinil

<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

### Ascomp-Codeine

ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Quantity Limit: 180 EA Per 30 Days
--	------------------------------------

### Atomoxetine HCl

<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Quantity Limit: 60 EA Per 30 Days
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Quantity Limit: 30 EA Per 30 Days

## Select 2019 Formulary Quantity Limit Criteria

### Aubagio

AUBAGIO ORAL TABLET 14 MG, 7 MG	Quantity Limit: 30 EA Per 30 Days
---------------------------------	-----------------------------------

### Austedo

AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Quantity Limit: 120 EA Per 30 Days
---------------------------------------	------------------------------------

### Banzel

BANZEL ORAL SUSPENSION 40 MG/ML	Quantity Limit: 2400 ML Per 30 Days
BANZEL ORAL TABLET 200 MG, 400 MG	Quantity Limit: 240 EA Per 30 Days

### Baraclude

BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Quantity Limit: 600 ML Per 30 Days
-------------------------------------	------------------------------------

### Belsomra

BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

### Bethkis

BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	Quantity Limit: 224 ML Per 56 Days
---	------------------------------------

H1587003\_QL19\_C

Formulary ID: 19550 Version 16

Last Updated: 11/26/2019

Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### Bicalutamide

<i>bicalutamide oral tablet 50 mg</i>	Quantity Limit: 30 EA Per 30 Days
---------------------------------------	-----------------------------------

### Bimatoprost

<i>bimatoprost ophthalmic solution 0.03 %</i>	Quantity Limit: 5 ML Per 25 Days
---	----------------------------------

### Bosentan

<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Quantity Limit: 60 EA Per 30 Days
---	-----------------------------------

### Bosulif

BOSULIF ORAL TABLET 100 MG	Quantity Limit: 120 EA Per 30 Days
BOSULIF ORAL TABLET 400 MG, 500 MG	Quantity Limit: 30 EA Per 30 Days

### Bupap

BUPAP ORAL TABLET 50-300 MG	Quantity Limit: 180 EA Per 30 Days
-----------------------------	------------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Buprenorphine HCl

<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Quantity Limit: 240 EA Per 30 Days
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Quantity Limit: 90 EA Per 30 Days

### Buprenorphine HCl-Naloxone HCl

<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Quantity Limit: 90 EA Per 30 Days
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Quantity Limit: 120 EA Per 30 Days

### BuPROPion HCl ER (XL)

<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

### Butalbital-Acetaminophen

<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Quantity Limit: 180 EA Per 30 Days
---	------------------------------------

### Butalbital-APAP-Caff-Cod

<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Quantity Limit: 180 EA Per 30 Days
--	------------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Butalbital-APAP-Caffeine

<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	Quantity Limit: 180 EA Per 30 Days
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Quantity Limit: 180 EA Per 30 Days

### Butalbital-ASA-Caff-Codeine

<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Quantity Limit: 180 EA Per 30 Days
---	------------------------------------

### Butalbital-Aspirin-Caffeine

<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Quantity Limit: 180 EA Per 30 Days
--	------------------------------------

### Butorphanol Tartrate

<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Quantity Limit: 10 ML Per 30 Days
---	-----------------------------------

### Calquence

CALQUENCE ORAL CAPSULE 100 MG	Quantity Limit: 60 EA Per 30 Days
-------------------------------	-----------------------------------



## Select 2019 Formulary Quantity Limit Criteria

### Caprelsa

CAPRELSA ORAL TABLET 100 MG	Quantity Limit: 60 EA Per 30 Days
CAPRELSA ORAL TABLET 300 MG	Quantity Limit: 30 EA Per 30 Days

### Celecoxib

<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Quantity Limit: 60 EA Per 30 Days
---	-----------------------------------

### Cinacalcet HCl

<i>cinacalcet hcl oral tablet 30 mg, 90 mg</i>	Quantity Limit: 120 EA Per 30 Days
<i>cinacalcet hcl oral tablet 60 mg</i>	Quantity Limit: 150 EA Per 30 Days

### CloBAZam

<i>clobazam oral tablet 10 mg, 20 mg</i>	Quantity Limit: 60 EA Per 30 Days
--	-----------------------------------

### Combigan

COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Quantity Limit: 10 ML Per 25 Days
---	-----------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Cometriq (100 mg Daily Dose)

COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	Quantity Limit: 60 EA Per 30 Days
---	--------------------------------------

### Cometriq (140 mg Daily Dose)

COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	Quantity Limit: 120 EA Per 30 Days
---	---------------------------------------

### Cometriq (60 mg Daily Dose)

COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Quantity Limit: 90 EA Per 30 Days
---	--------------------------------------

### Copiktra

COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Quantity Limit: 60 EA Per 30 Days
---------------------------------------	--------------------------------------

### Cystaran

CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Quantity Limit: 60 ML Per 30 Days
--	--------------------------------------

### Dalfampridine ER

<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Quantity Limit: 60 EA Per 30 Days
--	--------------------------------------

H1587003\_QL19\_C  
Formulary ID: 19550 Version 16  
Last Updated: 11/26/2019  
Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### Daliresp

DALIRESP ORAL TABLET 250 MCG, 500 MCG	Quantity Limit: 30 EA Per 30 Days
--	--------------------------------------

### Dexilant

DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	Quantity Limit: 30 EA Per 30 Days
---	--------------------------------------

### Diclofenac Sodium

<i>diclofenac sodium transdermal gel 1 %</i>	Quantity Limit: 1000 GM Per 30 Days
<i>diclofenac sodium transdermal gel 3 %</i>	Quantity Limit: 300 GM Per 365 Days
<i>diclofenac sodium transdermal solution 1.5 %</i>	Quantity Limit: 450 ML Per 30 Days

### Digitek

DIGITEK ORAL TABLET 125 MCG	Quantity Limit: 30 EA Per 30 Days
-----------------------------	--------------------------------------

### Digox

DIGOX ORAL TABLET 125 MCG	Quantity Limit: 30 EA Per 30 Days
---------------------------	--------------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Digoxin

<i>digoxin oral tablet 125 mcg</i>	Quantity Limit: 30 EA Per 30 Days
------------------------------------	-----------------------------------

### Dihydroergotamine Mesylate

<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Quantity Limit: 24 ML Per 28 Days
--	-----------------------------------

### Dronabinol

<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Quantity Limit: 60 EA Per 30 Days
--	-----------------------------------

### Eletriptan Hydrobromide

<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Quantity Limit: 12 EA Per 30 Days
---	-----------------------------------

### Emsam

EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

### Endari

ENDARI ORAL PACKET 5 GM	Quantity Limit: 180 EA Per 30 Days
-------------------------	------------------------------------

H1587003\_QL19\_C  
Formulary ID: 19550 Version 16  
Last Updated: 11/26/2019  
Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### Entecavir

<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Quantity Limit: 30 EA Per 30 Days
---	-----------------------------------

### Entresto

ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Quantity Limit: 60 EA Per 30 Days
--	-----------------------------------

### EPINEPHrine

<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Quantity Limit: 2 EA Per 30 Days
---	----------------------------------

### Ergotamine-Caffeine

<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Quantity Limit: 40 EA Per 28 Days
---	-----------------------------------

### Erlotinib HCl

<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Quantity Limit: 30 EA Per 30 Days
<i>erlotinib hcl oral tablet 25 mg</i>	Quantity Limit: 90 EA Per 30 Days

### Exemestane

<i>exemestane oral tablet 25 mg</i>	Quantity Limit: 60 EA Per 30 Days
-------------------------------------	-----------------------------------

H1587003\_QL19\_C  
Formulary ID: 19550 Version 16  
Last Updated: 11/26/2019  
Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### Fanapt

FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Quantity Limit: 60 EA Per 30 Days
---	-----------------------------------

### Fanapt Titration Pack

FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Quantity Limit: 8 EA Per 180 Days
--	-----------------------------------

### FentaNYL

<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Quantity Limit: 10 EA Per 30 Days
---	-----------------------------------

### Fentora

FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Quantity Limit: 120 EA Per 30 Days
---	------------------------------------

### Fetzima

FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Quantity Limit: 30 EA Per 30 Days
---	-----------------------------------

### Fetzima Titration

FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Quantity Limit: 56 EA Per 365 Days
---	------------------------------------

**H1587003\_QL19\_C**

**Formulary ID: 19550 Version 16**

**Last Updated: 11/26/2019**

**Effective date: 12/01/2019**

## Select 2019 Formulary Quantity Limit Criteria

### Firdapse

FIRDAPSE ORAL TABLET 10 MG	Quantity Limit: 240 EA Per 30 Days
----------------------------	------------------------------------

### Flurazepam HCl

<i>flurazepam hcl oral capsule 15 mg</i>	Quantity Limit: 60 EA Per 30 Days
<i>flurazepam hcl oral capsule 30 mg</i>	Quantity Limit: 30 EA Per 30 Days

### Forteo

FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Quantity Limit: 2.4 ML Per 28 Days
---	------------------------------------

### Geodon

GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Quantity Limit: 60 EA Per 30 Days
--	-----------------------------------

### Gilenya

GILENYA ORAL CAPSULE 0.5 MG	Quantity Limit: 28 EA Per 28 Days
-----------------------------	-----------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Gocovri

GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	Quantity Limit: 60 EA Per 30 Days
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	Quantity Limit: 30 EA Per 30 Days

### Granisetron HCl

<i>granisetron hcl oral tablet 1 mg</i>	Quantity Limit: 60 EA Per 30 Days
---	-----------------------------------

### Iclusig

ICLUSIG ORAL TABLET 15 MG	Quantity Limit: 60 EA Per 30 Days
ICLUSIG ORAL TABLET 45 MG	Quantity Limit: 30 EA Per 30 Days

### IDHIFA

IDHIFA ORAL TABLET 100 MG	Quantity Limit: 30 EA Per 30 Days
IDHIFA ORAL TABLET 50 MG	Quantity Limit: 60 EA Per 30 Days



## Select 2019 Formulary Quantity Limit Criteria

### Imatinib Mesylate

<i>imatinib mesylate oral tablet 100 mg</i>	Quantity Limit: 180 EA Per 30 Days
<i>imatinib mesylate oral tablet 400 mg</i>	Quantity Limit: 60 EA Per 30 Days

### Inlyta

INLYTA ORAL TABLET 1 MG	Quantity Limit: 180 EA Per 30 Days
INLYTA ORAL TABLET 5 MG	Quantity Limit: 60 EA Per 30 Days

### Jakafi

JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Quantity Limit: 60 EA Per 30 Days
---	-----------------------------------

### Janumet

JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Quantity Limit: 60 EA Per 30 Days
---	-----------------------------------

### Janumet XR

JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	Quantity Limit: 30 EA Per 30 Days
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	Quantity Limit: 60 EA Per 30 Days

**H1587003\_QL19\_C**

**Formulary ID: 19550 Version 16**

**Last Updated: 11/26/2019**

**Effective date: 12/01/2019**

## Select 2019 Formulary Quantity Limit Criteria

### Januvia

JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

### Korlym

KORLYM ORAL TABLET 300 MG	Quantity Limit: 120 EA Per 30 Days
---------------------------	------------------------------------

### Latanoprost

<i>latanoprost ophthalmic solution 0.005 %</i>	Quantity Limit: 2.5 ML Per 20 Days
--	------------------------------------

### Latuda

LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	Quantity Limit: 30 EA Per 30 Days
LATUDA ORAL TABLET 60 MG, 80 MG	Quantity Limit: 60 EA Per 30 Days

### Levalbuterol Tartrate

<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Quantity Limit: 30 GM Per 30 Days
--	-----------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Lidocaine

<i>lidocaine external ointment 5 %</i>	Quantity Limit: 50 GM Per 30 Days
<i>lidocaine external patch 5 %</i>	Quantity Limit: 90 EA Per 30 Days

### Lidocaine HCl

<i>lidocaine hcl external gel 2 %</i>	Quantity Limit: 30 EA Per 30 Days
---------------------------------------	-----------------------------------

### Lidocaine HCl Urethral/Mucosal

<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	Quantity Limit: 30 ML Per 30 Days
--	-----------------------------------

### Lidocaine-Prilocaine

<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Quantity Limit: 30 GM Per 30 Days
--	-----------------------------------

### Linezolid

<i>linezolid oral tablet 600 mg</i>	Quantity Limit: 60 EA Per 30 Days
-------------------------------------	-----------------------------------

### Lumigan

LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Quantity Limit: 2.5 ML Per 20 Days
---------------------------------------	------------------------------------

H1587003\_QL19\_C  
Formulary ID: 19550 Version 16  
Last Updated: 11/26/2019  
Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### Lyrica

LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 50 MG, 75 MG	Quantity Limit: 120 EA Per 30 Days
LYRICA ORAL CAPSULE 300 MG	Quantity Limit: 60 EA Per 30 Days
LYRICA ORAL SOLUTION 20 MG/ML	Quantity Limit: 900 ML Per 30 Days

### Mayzent

MAYZENT ORAL TABLET 2 MG	Quantity Limit: 30 EA Per 30 Days
--------------------------	-----------------------------------

### Modafinil

<i>modafinil oral tablet 100 mg, 200 mg</i>	Quantity Limit: 30 EA Per 30 Days
---	-----------------------------------

### Naratriptan HCl

<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Quantity Limit: 12 EA Per 30 Days
---	-----------------------------------

### Narcan

NARCAN NASAL LIQUID 4 MG/0.1ML	Quantity Limit: 2 EA Per 30 Days
--------------------------------	----------------------------------

H1587003\_QL19\_C  
 Formulary ID: 19550 Version 16  
 Last Updated: 11/26/2019  
 Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### Nerlynx

NERLYNX ORAL TABLET 40 MG	Quantity Limit: 180 EA Per 30 Days
---------------------------	------------------------------------

### NexAVAR

NEXAVAR ORAL TABLET 200 MG	Quantity Limit: 120 EA Per 30 Days
----------------------------	------------------------------------

### Nilutamide

<i>nilutamide oral tablet 150 mg</i>	Quantity Limit: 60 EA Per 30 Days
--------------------------------------	-----------------------------------

### OLANZapine

<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Quantity Limit: 30 EA Per 30 Days
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Quantity Limit: 30 EA Per 30 Days

## Select 2019 Formulary Quantity Limit Criteria

### Ondansetron HCl

<i>ondansetron hcl oral solution 4 mg/5ml</i>	Quantity Limit: 450 ML Per 30 Days
<i>ondansetron hcl oral tablet 24 mg</i>	Quantity Limit: 30 EA Per 30 Days
<i>ondansetron hcl oral tablet 4 mg</i>	Quantity Limit: 120 EA Per 30 Days
<i>ondansetron hcl oral tablet 8 mg</i>	Quantity Limit: 60 EA Per 30 Days

### Ondansetron

<i>ondansetron oral tablet dispersible 4 mg</i>	Quantity Limit: 120 EA Per 30 Days
<i>ondansetron oral tablet dispersible 8 mg</i>	Quantity Limit: 60 EA Per 30 Days

### Opsumit

OPSUMIT ORAL TABLET 10 MG	Quantity Limit: 30 EA Per 30 Days
---------------------------	-----------------------------------

### Ozempic (0.25 or 0.5 MG/DOSE)

OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML	Quantity Limit: 6 ML Per 30 Days
--	----------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Ozempic (1 MG/DOSE)

OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML	Quantity Limit: 6 ML Per 30 Days
--	----------------------------------

### Paliperidone ER

<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	Quantity Limit: 60 EA Per 30 Days
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	Quantity Limit: 30 EA Per 30 Days

### Pregabalin

<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	Quantity Limit: 120 EA Per 30 Days
<i>pregabalin oral capsule 300 mg</i>	Quantity Limit: 60 EA Per 30 Days
<i>pregabalin oral solution 20 mg/ml</i>	Quantity Limit: 900 ML Per 30 Days

### Prevymis

PREVYMIS ORAL TABLET 240 MG, 480 MG	Quantity Limit: 100 EA Per 100 Days
--	--

### ProAir HFA

PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Quantity Limit: 17 GM Per 30 Days
---	--------------------------------------

H1587003\_QL19\_C

Formulary ID: 19550 Version 16

Last Updated: 11/26/2019

Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### ProAir RespiClick

PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Quantity Limit: 2 EA Per 30 Days
--	----------------------------------

### Promacta

PROMACTA ORAL PACKET 12.5 MG	Quantity Limit: 360 EA Per 30 Days
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Quantity Limit: 30 EA Per 30 Days

### Rasagiline Mesylate

<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Quantity Limit: 30 EA Per 30 Days
---	-----------------------------------

### Restasis Multidose

RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Quantity Limit: 5.5 ML Per 20 Days
--	------------------------------------

### Restasis

RESTASIS OPHTHALMIC EMULSION 0.05 %	Quantity Limit: 60 EA Per 30 Days
--	-----------------------------------

### Rexulti

REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Quantity Limit: 30 EA Per 30 Days
---	-----------------------------------

**H1587003\_QL19\_C**

**Formulary ID: 19550 Version 16**

**Last Updated: 11/26/2019**

**Effective date: 12/01/2019**



## Select 2019 Formulary Quantity Limit Criteria

### Ribavirin

<i>ribavirin oral capsule 200 mg</i>	Quantity Limit: 180 EA Per 30 Days
<i>ribavirin oral tablet 200 mg</i>	Quantity Limit: 180 EA Per 30 Days

### Rivastigmine

<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

### Rizatriptan Benzoate

<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Quantity Limit: 12 EA Per 30 Days
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Quantity Limit: 12 EA Per 30 Days

### Rydapt

RYDAPT ORAL CAPSULE 25 MG	Quantity Limit: 240 EA Per 30 Days
---------------------------	------------------------------------

### Saphris

SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	Quantity Limit: 60 EA Per 30 Days
---	-----------------------------------

**H1587003\_QL19\_C**  
**Formulary ID: 19550 Version 16**  
**Last Updated: 11/26/2019**  
**Effective date: 12/01/2019**

## Select 2019 Formulary Quantity Limit Criteria

### Savella

SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Quantity Limit: 60 EA Per 30 Days
---	-----------------------------------

### Savella Titration Pack

SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Quantity Limit: 110 EA Per 365 Days
---	-------------------------------------

### Signifor

SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Quantity Limit: 60 ML Per 30 Days
--	-----------------------------------

### Sildenafil Citrate

<i>sildenafil citrate oral tablet 20 mg</i>	Quantity Limit: 90 EA Per 30 Days
---	-----------------------------------

### Soliqua

SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Quantity Limit: 18 ML Per 30 Days
--	-----------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Spritam

SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	Quantity Limit: 90 EA Per 30 Days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	Quantity Limit: 120 EA Per 30 Days

### Sprycel

SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	Quantity Limit: 60 EA Per 30 Days
SPRYCEL ORAL TABLET 140 MG	Quantity Limit: 30 EA Per 30 Days
SPRYCEL ORAL TABLET 20 MG	Quantity Limit: 90 EA Per 30 Days

### Suboxone

SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG	Quantity Limit: 90 EA Per 30 Days
SUBOXONE SUBLINGUAL FILM 8-2 MG	Quantity Limit: 120 EA Per 30 Days

### SUMAtriptan Succinate

<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Quantity Limit: 12 EA Per 30 Days
---	--------------------------------------

**H1587003\_QL19\_C**  
**Formulary ID: 19550 Version 16**  
**Last Updated: 11/26/2019**  
**Effective date: 12/01/2019**

## Select 2019 Formulary Quantity Limit Criteria

### SymlinPen 120

SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Quantity Limit: 10.8 ML Per 28 Days
---	--

### SymlinPen 60

SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Quantity Limit: 10.8 ML Per 28 Days
--	--

### Sympazan

SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Quantity Limit: 60 EA Per 30 Days
--	--------------------------------------

### Targretin

TARGRETIN EXTERNAL GEL 1 %	Quantity Limit: 60 GM Per 30 Days
----------------------------	--------------------------------------

### Tasigna

TASIGNA ORAL CAPSULE 150 MG, 200 MG	Quantity Limit: 120 EA Per 30 Days
--	---------------------------------------

### Tavalisse

TAVALISSE ORAL TABLET 100 MG, 150 MG	Quantity Limit: 60 EA Per 30 Days
---	--------------------------------------

H1587003\_QL19\_C  
Formulary ID: 19550 Version 16  
Last Updated: 11/26/2019  
Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### Tegsedi

TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Quantity Limit: 6 ML Per 28 Days
---	----------------------------------

### Temazepam

<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	Quantity Limit: 30 EA Per 30 Days
<i>temazepam oral capsule 7.5 mg</i>	Quantity Limit: 120 EA Per 30 Days

### Tencon

TENCON ORAL TABLET 50-325 MG	Quantity Limit: 180 EA Per 30 Days
------------------------------	------------------------------------

### Tetrabenazine

<i>tetrabenazine oral tablet 12.5 mg</i>	Quantity Limit: 90 EA Per 30 Days
<i>tetrabenazine oral tablet 25 mg</i>	Quantity Limit: 120 EA Per 30 Days

### Tobi Podhaler

TOBI PODHALER INHALATION CAPSULE 28 MG	Quantity Limit: 224 EA Per 56 Days
---	------------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### **Tobramycin**

<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Quantity Limit: 280 ML Per 42 Days
---	---------------------------------------

### **Toremifene Citrate**

<i>toremifene citrate oral tablet 60 mg</i>	Quantity Limit: 30 EA Per 30 Days
---	--------------------------------------

### **Tracleer**

TRACLEER ORAL TABLET SOLUBLE 32 MG	Quantity Limit: 120 EA Per 30 Days
---------------------------------------	---------------------------------------

### **traMADol HCl**

<i>tramadol hcl oral tablet 50 mg</i>	Quantity Limit: 240 EA Per 30 Days
---------------------------------------	---------------------------------------

### **Tramadol-Acetaminophen**

<i>tramadol-acetaminophen oral tablet 37.5- 325 mg</i>	Quantity Limit: 240 EA Per 30 Days
--	---------------------------------------

### **Travatan Z**

TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Quantity Limit: 2.5 ML Per 20 Days
---	---------------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Trintellix

TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Quantity Limit: 30 EA Per 30 Days
---	-----------------------------------

### Trulicity

TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	Quantity Limit: 2 ML Per 30 Days
--	----------------------------------

### Tykerb

TYKERB ORAL TABLET 250 MG	Quantity Limit: 150 EA Per 30 Days
---------------------------	------------------------------------

### Valchlor

VALCHLOR EXTERNAL GEL 0.016 %	Quantity Limit: 60 GM Per 30 Days
-------------------------------	-----------------------------------

### Varubi

VARUBI ORAL TABLET 90 MG	Quantity Limit: 8 EA Per 30 Days
--------------------------	----------------------------------

### Victoza

VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Quantity Limit: 9 ML Per 30 Days
--	----------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Viibryd

VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Quantity Limit: 30 EA Per 30 Days
---	-----------------------------------

### Vimpat

VIMPAT ORAL SOLUTION 10 MG/ML	Quantity Limit: 1200 ML Per 30 Days
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Quantity Limit: 60 EA Per 30 Days

### Vizimpro

VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

### Voriconazole

<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Quantity Limit: 300 ML Per 30 Days
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Quantity Limit: 120 EA Per 30 Days

### Votrient

VOTRIENT ORAL TABLET 200 MG	Quantity Limit: 120 EA Per 30 Days
-----------------------------	------------------------------------



## Select 2019 Formulary Quantity Limit Criteria

### Vraylar

VRAYLAR ORAL CAPSULE 1.5 MG	Quantity Limit: 120 EA Per 30 Days
VRAYLAR ORAL CAPSULE 3 MG	Quantity Limit: 60 EA Per 30 Days
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	Quantity Limit: 30 EA Per 30 Days

### Xalkori

XALKORI ORAL CAPSULE 200 MG, 250 MG	Quantity Limit: 60 EA Per 30 Days
-------------------------------------	-----------------------------------

### Xgeva

XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Quantity Limit: 1.7 ML Per 28 Days
--	------------------------------------

### Xolair

XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Quantity Limit: 6 ML Per 28 Days
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Quantity Limit: 6 EA Per 28 Days

### Xtandi

XTANDI ORAL CAPSULE 40 MG	Quantity Limit: 120 EA Per 30 Days
---------------------------	------------------------------------

**H1587003\_QL19\_C**

**Formulary ID: 19550 Version 16**

**Last Updated: 11/26/2019**

**Effective date: 12/01/2019**

## Select 2019 Formulary Quantity Limit Criteria

### Xultophy

XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Quantity Limit: 15 ML Per 30 Days
--	--------------------------------------

### Xyrem

XYREM ORAL SOLUTION 500 MG/ML	Quantity Limit: 540 ML Per 30 Days
-------------------------------	---------------------------------------

### Yonsa

YONSA ORAL TABLET 125 MG	Quantity Limit: 120 EA Per 30 Days
--------------------------	---------------------------------------

### Zaleplon

<i>zaleplon oral capsule 5 mg</i>	Quantity Limit: 30 EA Per 30 Days
-----------------------------------	--------------------------------------

### Zejula

ZEJULA ORAL CAPSULE 100 MG	Quantity Limit: 90 EA Per 30 Days
----------------------------	--------------------------------------

### Zelboraf

ZELBORAF ORAL TABLET 240 MG	Quantity Limit: 240 EA Per 30 Days
-----------------------------	---------------------------------------

H1587003\_QL19\_C  
Formulary ID: 19550 Version 16  
Last Updated: 11/26/2019  
Effective date: 12/01/2019

## Select 2019 Formulary Quantity Limit Criteria

### Ziprasidone HCl

<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Quantity Limit: 60 EA Per 30 Days
--	-----------------------------------

### Zolinza

ZOLINZA ORAL CAPSULE 100 MG	Quantity Limit: 120 EA Per 30 Days
-----------------------------	------------------------------------

### ZOLMitriptan

<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Quantity Limit: 12 EA Per 30 Days
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Quantity Limit: 12 EA Per 30 Days

### Zolpidem Tartrate ER

<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Quantity Limit: 30 EA Per 30 Days
---	-----------------------------------

### Zolpidem Tartrate

<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Quantity Limit: 30 EA Per 30 Days
--	-----------------------------------

## Select 2019 Formulary Quantity Limit Criteria

### Zydelig

ZYDELIG ORAL TABLET 100 MG	Quantity Limit: 90 EA Per 30 Days
ZYDELIG ORAL TABLET 150 MG	Quantity Limit: 60 EA Per 30 Days

### Zytiga

ZYTIGA ORAL TABLET 500 MG	Quantity Limit: 120 EA Per 30 Days
---------------------------	------------------------------------

# Select 2019 Formulary Quantity Limit Criteria

## Alphabetical Listing

### A

Abilify MyCite.....	1
Abiraterone Acetate .....	1
Adefovir Dipivoxil.....	1
Adempas .....	1
Afinitor .....	1
Afinitor Disperz .....	1
Albuterol Sulfate HFA .....	2
Alinia.....	2
Almotriptan Malate.....	2
Alunbrig.....	2
Ambrisentan.....	2
Apokyn .....	3
Aprepitant .....	3
Aptiom.....	3
ARIPiprazole .....	3
Armodafinil .....	4
Ascomp-Codeine.....	4
Atomoxetine HCl.....	4
Aubagio .....	4
Austedo.....	4

### B

Banzel.....	4
Baraclude .....	5
Belsomra.....	5
Bethkis.....	5
Bicalutamide .....	5
Bimatoprost .....	5
Bosentan .....	5
Bosulif .....	6
Bupap .....	6
Buprenorphine HCl.....	6
Buprenorphine HCl-Naloxone HCl .....	6
BuPROPion HCl ER (XL).....	6
Butalbital-Acetaminophen.....	7
Butalbital-APAP-Caff-Cod .....	7
Butalbital-APAP-Caffeine.....	7
Butalbital-ASA-Caff-Codeine .....	7
Butalbital-Aspirin-Caffeine .....	7
Butorphanol Tartrate .....	7

### C

Calquence .....	8
Caprelsa .....	8
Celecoxib .....	8
Cinacalcet HCl .....	8
CloBAZam.....	8
Combigan.....	8
Cometriq (100 mg Daily Dose).....	9
Cometriq (140 mg Daily Dose).....	9
Cometriq (60 mg Daily Dose).....	9
Copiktra .....	9
Cystaran .....	9

### D

Dalfampridine ER .....	9
Daliresp.....	9
Dexilant .....	10
Diclofenac Sodium.....	10
Digitek .....	10
Digox .....	10
Digoxin .....	10
Dihydroergotamine Mesylate.....	10
Dronabinol .....	11

### E

Eletriptan Hydrobromide.....	11
Emsam .....	11
Endari .....	11
Entecavir .....	11
Entresto.....	11
EPINEPHrine.....	11
Ergotamine-Caffeine .....	12
Erlotinib HCl.....	12
Exemestane .....	12

### F

Fanapt .....	12
Fanapt Titration Pack .....	12
FentaNYL .....	12
Fentora .....	13
Fetzima .....	13
Fetzima Titration.....	13
Firdapse .....	13
Flurazepam HCl .....	13

**H1587003\_QL19\_C**

**Formulary ID: 19550 Version 16**

**Last Updated: 11/26/2019**

**Effective date: 12/01/2019**

## Select 2019 Formulary Quantity Limit Criteria

Forteo .....	13	Ozempic (0.25 or 0.5 MG/DOSE) .....	20
<b>G</b>		Ozempic (1 MG/DOSE) .....	20
Geodon .....	14	<b>P</b>	
Gilenva .....	14	Paliperidone ER .....	20
Gocovri.....	14	Pregabalin .....	21
Granisetron HCl.....	14	Prevymis .....	21
<b>I</b>		ProAir HFA.....	21
Iclusig .....	14	ProAir RespiClick .....	21
IDHIFA .....	15	Promacta .....	21
Imatinib Mesylate .....	15	<b>R</b>	
Inlyta .....	15	Rasagiline Mesylate .....	22
<b>J</b>		Restasis .....	22
Jakafi .....	15	Restasis Multidose.....	22
Janumet.....	15	Rexulti .....	22
Janumet XR .....	16	Ribavirin .....	22
Januvia.....	16	Rivastigmine .....	22
<b>K</b>		Rizatriptan Benzoate .....	23
Korlym .....	16	Rydapt.....	23
<b>L</b>		<b>S</b>	
Latanoprost .....	16	Saphris .....	23
Latuda.....	16	Savella .....	23
Levalbuterol Tartrate.....	17	Savella Titration Pack.....	23
Lidocaine .....	17	Signifor .....	23
Lidocaine HCl.....	17	Sildenafil Citrate .....	24
Lidocaine HCl Urethral/Mucosal.....	17	Soliqua.....	24
Lidocaine-Prilocaine .....	17	Spritam.....	24
Linezolid.....	17	Sprycel.....	24
Lumigan.....	18	Suboxone .....	24
Lyrica .....	18	SUMATriptan Succinate.....	25
<b>M</b>		SymlinPen 120 .....	25
Mayzent .....	18	SymlinPen 60 .....	25
Modafinil .....	18	Sympazan.....	25
<b>N</b>		<b>T</b>	
Naratriptan HCl.....	18	Targretin .....	25
Narcan .....	18	Tasigna.....	25
Nerlynx.....	19	Tavalisse .....	26
NexAVAR .....	19	Tegsedi.....	26
Nilutamide .....	19	Temazepam .....	26
<b>O</b>		Tencon .....	26
OLANZapine .....	19	Tetrabenazine .....	26
Ondansetron.....	20	Tobi Podhaler.....	26
Ondansetron HCl .....	19	Tobramycin.....	27
Opsumit .....	20	Toremifene Citrate .....	27

**H1587003\_QL19\_C**

**Formulary ID: 19550 Version 16**

**Last Updated: 11/26/2019**

**Effective date: 12/01/2019**

## Select 2019 Formulary Quantity Limit Criteria

Tracleer.....	27	Xgeva.....	30
traMADol HCl.....	27	Xolair.....	30
Tramadol-Acetaminophen.....	27	Xtandi.....	30
Travatan Z.....	27	Xultophy.....	30
Trintellix.....	27	Xyrem.....	30
Trulicity.....	28	<b>Y</b>	
Tykerb.....	28	Yonsa.....	31
<b>V</b>		<b>Z</b>	
Valchlor.....	28	Zaleplon.....	31
Varubi.....	28	Zejula.....	31
Victoza.....	28	Zelboraf.....	31
Viibryd.....	28	Ziprasidone HCl.....	31
Vimpat.....	29	Zolinza.....	31
Vizimpro.....	29	ZOLMitriptan.....	32
Voriconazole.....	29	Zolpidem Tartrate.....	32
Votrient.....	29	Zolpidem Tartrate ER.....	32
Vraylar.....	29	Zydelig.....	32
<b>X</b>		Zytiga.....	32
Xalkori.....	30		