

Tribute Health Plan 2021 Formulary

Quantity Limit Criteria

Abilify MyCite

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

Abiraterone Acetate

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

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

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| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Quantity Limit: 90 Per 30 Days |
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Afinitor Disperz

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

Afinitor

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| AFINITOR ORAL TABLET 10 MG | Quantity Limit: 30 Per 30 Days |
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Alunbrig

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

Ambrisentan

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

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

Aptiom

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

ARIPiprazole

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

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ARIPiprazole

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| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i> | Quantity Limit: 60 Per 30 Days |
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Armodafinil

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| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | Quantity Limit: 30 Per 30 Days |
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Atomoxetine HCl

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

Austedo

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

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

Baraclude

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|------------------------------------|---------------------------------|
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | Quantity Limit: 600 Per 30 Days |
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Belsomra

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

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Bicalutamide

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

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

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

Briviact

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|---|---------------------------------|
| BRIVIACT ORAL SOLUTION 10 MG/ML | Quantity Limit: 600 Per 30 Days |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | Quantity Limit: 60 Per 30 Days |

Butalbital-APAP-Caff-Cod

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

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

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Butalbital-ASA-Caff-Codeine

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

Butalbital-Aspirin-Caffeine

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

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| CALQUENCE ORAL CAPSULE 100 MG | Quantity Limit: 60 Per 30 Days |
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Caplyta

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| CAPLYTA ORAL CAPSULE 42 MG | Quantity Limit: 30 Per 30 Days |
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Caprelsa

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

Cinacalcet HCl

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

CloBAZam

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|--|--------------------------------|
| <i>clonazepam oral tablet 10 mg, 20 mg</i> | Quantity Limit: 60 Per 30 Days |
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Cometriq (100 MG Daily Dose)

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|---|--------------------------------|
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | Quantity Limit: 60 Per 30 Days |
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Cometriq (140 MG Daily Dose)

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|--|---------------------------------|
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | Quantity Limit: 120 Per 30 Days |
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Cometriq (60 mg Daily Dose)

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

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

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| CORLANOR ORAL TABLET 5 MG, 7.5 MG | Quantity Limit: 60 Per 30 Days |
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Cystaran

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| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | Quantity Limit: 60 Per 30 Days |
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Daliresp

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| DALIRESP ORAL TABLET 250 MCG, 500 MCG | Quantity Limit: 30 Per 30 Days |
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Dexilant

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

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| DIGITEK ORAL TABLET 125 MCG | Quantity Limit: 30 Per 30 Days |
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Digox

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| DIGOX ORAL TABLET 125 MCG | Quantity Limit: 30 Per 30 Days |
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Digoxin

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| <i>digoxin oral tablet 125 mcg</i> | Quantity Limit: 30 Per 30 Days |
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Dihydroergotamine Mesylate

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| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> | Quantity Limit: 24 Per 28 Days |
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Doxepin HCl

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|---|--------------------------------|
| <i>doxepin hcl oral tablet 3 mg, 6 mg</i> | Quantity Limit: 30 Per 30 Days |
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Drizalma Sprinkle

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|--|--------------------------------|
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG | Quantity Limit: 60 Per 30 Days |
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Dronabinol

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

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

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

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| ENDARI ORAL PACKET 5 GM | Quantity Limit: 180 Per 30 Days |
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Entecavir

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

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

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

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|---------------------------|---------------------------------|
| ERLEADA ORAL TABLET 60 MG | Quantity Limit: 120 Per 30 Days |
|---------------------------|---------------------------------|

Erlotinib HCl

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

Estazolam

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|-----------------------------------|--------------------------------|
| <i>estazolam oral tablet 1 mg</i> | Quantity Limit: 60 Per 30 Days |
| <i>estazolam oral tablet 2 mg</i> | Quantity Limit: 30 Per 30 Days |

Everolimus

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|--|--------------------------------|
| <i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i> | Quantity Limit: 30 Per 30 Days |
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Fanapt

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| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Quantity Limit: 60 Per 30 Days |
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Fanapt Titration Pack

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

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| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | Quantity Limit: 180 Per 30 Days |
|---|---------------------------------|

FentaNYL

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|---|--------------------------------|
| <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 Per 30 Days |
|---|--------------------------------|

Fetzima

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

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

Flurazepam HCl

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

Gocovri

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| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG | Quantity Limit: 60 Per 30 Days |
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Tribute Health Plan 2021 Formulary Quantity Limit Criteria

Gocovri

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|---|--------------------------------|
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG | Quantity Limit: 30 Per 30 Days |
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Granisetron HCl

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

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

IDHIFA

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

Imatinib Mesylate

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

Inlyta

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

Isturisa

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|---------------------------|---------------------------------|
| ISTURISA ORAL TABLET 1 MG | Quantity Limit: 240 Per 30 Days |
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Isturisa

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|----------------------------|---------------------------------|
| ISTURISA ORAL TABLET 10 MG | Quantity Limit: 180 Per 30 Days |
| ISTURISA ORAL TABLET 5 MG | Quantity Limit: 120 Per 30 Days |

Jakafi

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

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

Janumet XR

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

Januvia

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

Korlym

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

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Latuda

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

Lidocaine

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

Lidocaine HCl

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|--|--------------------------------|
| <i>lidocaine hcl external solution 4 %</i> | Quantity Limit: 50 Per 30 Days |
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Lidocaine HCl Urethral/Mucosal

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

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

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

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

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|------------------------------------|--------------------------------|
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | Quantity Limit: 10 Per 30 Days |
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Nerlynx

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

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

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

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|---------------------------|---------------------------------|
| NUBEQA ORAL TABLET 300 MG | Quantity Limit: 120 Per 30 Days |
|---------------------------|---------------------------------|

OLANZapine

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|---|--------------------------------|
| <i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Quantity Limit: 60 Per 30 Days |
| <i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i> | Quantity Limit: 30 Per 30 Days |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> | Quantity Limit: 30 Per 30 Days |

Ondansetron HCl

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|--|---------------------------------|
| <i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i> | Quantity Limit: 360 Per 30 Days |
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Ondansetron HCl

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|---|---------------------------------|
| <i>ondansetron hcl oral solution 4 mg/5ml</i> | Quantity Limit: 450 Per 30 Days |
| <i>ondansetron hcl oral tablet 24 mg</i> | Quantity Limit: 30 Per 30 Days |
| <i>ondansetron hcl oral tablet 4 mg</i> | Quantity Limit: 180 Per 30 Days |
| <i>ondansetron hcl oral tablet 8 mg</i> | Quantity Limit: 90 Per 30 Days |

Ondansetron

| | |
|---|---------------------------------|
| <i>ondansetron oral tablet dispersible 4 mg</i> | Quantity Limit: 180 Per 30 Days |
| <i>ondansetron oral tablet dispersible 8 mg</i> | Quantity Limit: 90 Per 30 Days |

Opsumit

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| OPSUMIT ORAL TABLET 10 MG | Quantity Limit: 30 Per 30 Days |
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Oxtellar XR

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| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | Quantity Limit: 480 Per 30 Days |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG | Quantity Limit: 240 Per 30 Days |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG | Quantity Limit: 120 Per 30 Days |

Paliperidone ER

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

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Paxil

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|---------------------------------|---------------------------------|
| PAXIL ORAL SUSPENSION 10 MG/5ML | Quantity Limit: 900 Per 30 Days |
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Pregabalin

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

Promacta

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|---|---------------------------------|
| PROMACTA ORAL PACKET 12.5 MG | Quantity Limit: 360 Per 30 Days |
| PROMACTA ORAL PACKET 25 MG | Quantity Limit: 180 Per 30 Days |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | Quantity Limit: 60 Per 30 Days |

Ramelteon

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|-----------------------------------|--------------------------------|
| <i>ramelteon oral tablet 8 mg</i> | Quantity Limit: 30 Per 30 Days |
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Restasis

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| RESTASIS OPHTHALMIC EMULSION 0.05 % | Quantity Limit: 60 Per 30 Days |
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Rexulti

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

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

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

Rydapt

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

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| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG | Quantity Limit: 60 Per 30 Days |
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Savella

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|---|--------------------------------|
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | Quantity Limit: 60 Per 30 Days |
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Savella Titration Pack

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

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

Sildenafil Citrate

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

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

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

Sprycel

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

SUMATriptan Succinate

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

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Sunosi

| | |
|----------------------------------|--------------------------------|
| SUNOSI ORAL TABLET 150 MG, 75 MG | Quantity Limit: 30 Per 30 Days |
|----------------------------------|--------------------------------|

SymlinPen 120

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

SymlinPen 60

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

Sympazan

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

Targretin

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

Tasigna

| | |
|---|---------------------------------|
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | Quantity Limit: 120 Per 30 Days |
|---|---------------------------------|

Tavalisse

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

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Temazepam

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

Tetrabenazine

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

Toremifene Citrate

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

traMADol HCl

| | |
|--|---------------------------------|
| <i>tramadol hcl oral tablet 100 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>tramadol hcl oral tablet 50 mg</i> | Quantity Limit: 240 Per 30 Days |

Tramadol-Acetaminophen

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

Trintellix

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

Tribute Health Plan 2021 Formulary

Quantity Limit Criteria

Trokendi XR

| | |
|--|---------------------------------|
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG | Quantity Limit: 120 Per 30 Days |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG | Quantity Limit: 60 Per 30 Days |

Tykerb

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

Valchlor

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

Varubi (180 MG Dose)

| | |
|---|-------------------------------|
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG | Quantity Limit: 8 Per 30 Days |
|---|-------------------------------|

Viibryd

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

Viibryd Starter Pack

| | |
|--|--------------------------------|
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG | Quantity Limit: 30 Per 30 Days |
|--|--------------------------------|

Tribute Health Plan 2021 Formulary Quantity Limit Criteria

Vimpat

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

Vizimpro

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

Voriconazole

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

Votrient

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

Vraylar

| | |
|--|---------------------------------|
| VRAYLAR ORAL CAPSULE 1.5 MG | Quantity Limit: 120 Per 30 Days |
| VRAYLAR ORAL CAPSULE 3 MG | Quantity Limit: 60 Per 30 Days |
| VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG | Quantity Limit: 30 Per 30 Days |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | Quantity Limit: 14 Per 365 Days |

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Xalkori

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

Xcopri (250 MG Daily Dose)

| | |
|---|--------------------------------|
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG | Quantity Limit: 56 Per 28 Days |
|---|--------------------------------|

Xcopri (350 MG Daily Dose)

| | |
|--|--------------------------------|
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | Quantity Limit: 56 Per 28 Days |
|--|--------------------------------|

Xcopri

| | |
|--|--------------------------------|
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Quantity Limit: 60 Per 30 Days |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG | Quantity Limit: 28 Per 28 Days |

Xgeva

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

Xolair

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

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Xolair

| | |
|--|-------------------------------|
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | Quantity Limit: 6 Per 28 Days |
|--|-------------------------------|

Xtandi

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

Xultophy

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

Xyrem

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

Yonsa

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

Zaleplon

| | |
|--|--------------------------------|
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | Quantity Limit: 30 Per 30 Days |
|--|--------------------------------|

Zejula

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

Zelboraf

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

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Ziprasidone HCl

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

Zolinza

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

ZOLMitriptan

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

Zolpidem Tartrate

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

Zydelig

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

Zytiga

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

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Quantity Limit Criteria

Alphabetical Listing

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