



**eoocco**

EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION

## Prescription medications requiring authorization

Some medications have special requirements that could affect your prescription. This list of medication authorizations changes periodically. To learn about a medication's prior effective date, request authorization or see if your medication needs it, please contact our Pharmacy Customer Service team.

### Prior authorization

Your healthcare provider must work directly with Moda Health to obtain approval before we can process payment for a specific medication.

All specialty medications require prior authorization before they can be dispensed. The list below does not include all applicable specialty medications. To determine if the medication you are taking is a specialty medication, please refer to the EOCCO Pharmacy Formulary at [eooco.com/members/pharmacy.shtml](http://eooco.com/members/pharmacy.shtml).

### Quantity limits

Some medications have limits to how much you can get per prescription or refill based on FDA recommendations.

### Step therapy

Step therapy requires you to try one or more “first-line” medications before proceeding to higher cost alternative treatments.

### Age limits

Some medications are limited to certain ages based on FDA recommendation or plan benefit limitations.

### Questions?

Call our Pharmacy Customer Service team toll-free at 888-474-8539.

## Prior authorization

Your healthcare provider must work directly with Moda Health to obtain approval before we can process payment for a specific medication.

All specialty medications require prior authorization before they can be dispensed. The list below does not include all applicable specialty medications. To determine if the medication you are taking is a specialty medication, please refer to the EOCCO Pharmacy Formulary at [eocco.com/members/pharmacy.shtml](http://eocco.com/members/pharmacy.shtml). You can log in to your myModa account at [modahealth.com](http://modahealth.com).

Brand Name	Generic Name	Dosage Form	Details
Abiraterone Acetate	Abiraterone Acetate	Tablet	Clinical Criteria
Actimmune	Interferon Gamma-1b,Recomb.	Vial	Clinical Criteria
Advate	Antihemoph.Fviii,Full Length	Vial	Clinical Criteria
Afstyla	Antihem.Fviii,Sin-Chn,B-Dm Tru	Vial	Clinical Criteria
Ajovy	Fremanezumab-Vfrm	Syringe	Clinical Criteria
Alecensa	Alectinib Hcl	Capsule	Clinical Criteria
Alferon N	Interferon Alfa-N3	Vial	Clinical Criteria
Alfuzosin HCl ER	Alfuzosin HCl	Tab ER 24h	Clinical Criteria
Alunbrig	Brigatinib	Tablet	Clinical Criteria
Ambrisentan	Ambrisentan	Tablet	Clinical Criteria
Amicar	Aminocaproic Acid	Solution	Clinical Criteria
Amicar	Aminocaproic Acid	Tablet	Clinical Criteria
Anadrol-50	Oxymetholone	Tablet	Clinical Criteria
Androxy	Fluoxymesterone	Tablet	Clinical Criteria
Anzemet	Dolasetron Mesylate	Tablet	Clinical Criteria
Apidra Solostar	Insulin Glulisine	InsulN Pen	Clinical Criteria
Apokyn	Apomorphine HCl	Cartridge	Clinical Criteria
Aralast NP	Alpha-1-Proteinase Inhibitor	Vial	Clinical Criteria
Aranesp	Darbepoetin Alfa In Polysorbat	Syringe	Clinical Criteria
Aranesp	Darbepoetin Alfa In Polysorbat	Vial	Clinical Criteria
Arcalyst	Rilonacept	Vial	Clinical Criteria
Aubagio	Teriflunomide	Tablet	Clinical Criteria
Austedo	Deutetrabenazine	Tablet	Clinical Criteria
Avonex	Interferon Beta-1a/Albumin	Kit	Clinical Criteria
Avonex	Interferon Beta-1a	Syringe	Clinical Criteria
Avonex	Interferon Beta-1a	Syringekit	Clinical Criteria
Avonex Pen	Interferon Beta-1a	Pen Ij Kit	Clinical Criteria
Avonex Pen	Interferon Beta-1a	Pen Injctr	Clinical Criteria
Bethkis	Tobramycin	Ampul-Neb	Clinical Criteria
Bivigam	Immun Glob G(Igg)/Gly/Iga Ov50	Vial	Clinical Criteria
Bosentan	Bosentan	Tablet	Clinical Criteria
Bosulif	Bosutinib	Tablet	Clinical Criteria
Briviact	Brivaracetam	Tablet	Clinical Criteria
Buphenyl	Sodium Phenylbutyrate	Tablet	Clinical Criteria
Buproban	Bupropion HCl	Tab ER 12h	Clinical Criteria
Bupropion HCl SR (Zyban)	Bupropion HCl	Tab ER 12h	Clinical Criteria
Calquence	Acalabrutinib	Capsule	Clinical Criteria
Celecoxib	Celecoxib	Capsule	Clinical Criteria

Brand Name	Generic Name	Dosage Form	Details
Cholbam	Cholic Acid	Capsule	Clinical Criteria
Copaxone	Glatiramer Acetate	Syringe	Clinical Criteria
Cosentyx	Secukinumab	Pen Ij Kit	Clinical Criteria
Creon	Lipase/Protease/Amylase	Capsule DR	Clinical Criteria
Cresemba	Isavuconazonium Sulfate	Capsule	Clinical Criteria
Cuvitru	Immun Glob G(Igg)/Gly/Iga Ov50	Vial	Clinical Criteria
Cyclophosphamide	Cyclophosphamide	Capsule	Clinical Criteria
Cystadane	Betaine	Powder	Clinical Criteria
Cystagon	Cysteamine Bitartrate	Capsule	Clinical Criteria
Daklinza	Daclatasvir Dihydrochloride	Tablet	Clinical Criteria
Desmopressin Acetate	Desmopressin Acetate	Ampul	Clinical Criteria
Desmopressin Acetate	Desmopressin Acetate	Solution	Clinical Criteria
Desmopressin Acetate	Desmopressin Acetate	Spray/Pump	Clinical Criteria
Desmopressin Acetate	Desmopressin Acetate	Tablet	Clinical Criteria
Desmopressin Acetate	Desmopressin Acetate	Vial	Clinical Criteria
Donepezil HCl ODT	Donepezil HCl	Tab Rapdis	Clinical Criteria
Dronabinol	Dronabinol	Capsule	Clinical Criteria
Dupilxent	Dupilumab	Syringe	Clinical Criteria
Emcyt	Estramustine Phosphate Sodium	Capsule	Clinical Criteria
Emgality	Galcanezumab-Gnlm	Pen Injctr	Clinical Criteria
Enbrel	Etanercept	Cartridge	Clinical Criteria
Enbrel	Etanercept	Pen Injctr	Clinical Criteria
Enbrel	Etanercept	Syringe	Clinical Criteria
Enbrel	Etanercept	Vial	Clinical Criteria
Epogen	Epoetin Alfa	Vial	Clinical Criteria
Erleada	Apalutamide	Tablet	Clinical Criteria
Erlotinib HCl	Erlotinib HCl	Tablet	Clinical Criteria
Etoposide	Etoposide	Capsule	Clinical Criteria
Exjade	Deferasirox	Tab Disper	Clinical Criteria
Farydak	Panobinostat Lactate	Capsule	Clinical Criteria
Feiba Nf	Anti-Inhibitor Coagulant Comp.	Vial	Clinical Criteria
Forteo	Teriparatide	Pen Injctr	Clinical Criteria
Fulphila	Pegfilgrastim-JMDB	Syringe	Clinical Criteria
Fulyzaq	Crofelemer	Tablet DR	Clinical Criteria
Galantamine ER	Galantamine Hbr	Cap24h Pel	Clinical Criteria
Galantamine Hbr	Galantamine Hbr	Tablet	Clinical Criteria
Galantamine Hydrobromide	Galantamine Hbr	Solution	Clinical Criteria
Genotropin	Somatropin	Cartridge	Clinical Criteria
Genotropin	Somatropin	Syringe	Clinical Criteria
Gilenya	Fingolimod Hcl	Capsule	Clinical Criteria
Glatopa	Glatiramer Acetate	Syringe	Clinical Criteria
Gleostine	Lomustine	Capsule	Clinical Criteria
Granix	Tbo-Filgrastim	Vial	Clinical Criteria
Helixate FS	Antihemoph.Fviii,Full Length	Vial	Clinical Criteria

Brand Name	Generic Name	Dosage Form	Details
Hemlibra	Emicizumab-Kxwh	Vial	Clinical Criteria
Hexalen	Altretamine	Capsule	Clinical Criteria
Humalog	Insulin Lispro	Cartridge	Clinical Criteria
Humalog Kwikpen U-100	Insulin Lispro	Insuln Pen	Clinical Criteria
Humalog Mix 75-25 Kwikpen	Insulin Lispro Protamin/Lispro	Insuln Pen	Clinical Criteria
Humatrope	Somatropin	Cartridge	Clinical Criteria
Humatrope	Somatropin	Vial	Clinical Criteria
Humira	Adalimumab	Syringekit	Clinical Criteria
Humira Pediatric Crohn's	Adalimumab	Syringekit	Clinical Criteria
Humira Pen	Adalimumab	Pen Ij Kit	Clinical Criteria
Humira Pen Crohn-Uc-Hs Starter	Adalimumab	Pen Ij Kit	Clinical Criteria
Humira Pen Psoriasis-Uveitis	Adalimumab	Pen Ij Kit	Clinical Criteria
Ibrance	Palbociclib	Capsule	Clinical Criteria
Icatibant	Icatibant	Syringe	Clinical Criteria
Idelvion	Factor Ix Recomb,Albumin Fusion	Vial	Clinical Criteria
Imatinib Mesylate	Imatinib Mesylate	Tablet	Clinical Criteria
Imbruvica	Ibrutinib	Capsule	Clinical Criteria
Imbruvica	Ibrutinib	Tablet	Clinical Criteria
Imiquimod	Imiquimod	Cream Pack	Clinical Criteria
Impavido	Miltefosine	Capsule	Clinical Criteria
Increlex	Mecasermin	Vial	Clinical Criteria
Ingrezza	Valbenazine Tosylate	Capsule	Clinical Criteria
Intron A	Interferon Alfa-2b,Recomb.	Vial	Clinical Criteria
Iressa	Gefitinib	Tablet	Clinical Criteria
Jadenu	Deferasirox	Tablet	Clinical Criteria
Janumet	Sitagliptin Phos/Metformin HCl	Tablet	Clinical Criteria
Janumet Xr	Sitagliptin Phos/Metformin HCl	Tbmp 24hr	Clinical Criteria
Januvia	Sitagliptin Phosphate	Tablet	Clinical Criteria
Jivi	Fviii Rec,B-Dom Delet Peg-Aucl	Vial	Clinical Criteria
Jynarque	Tolvaptan	Tablet	Clinical Criteria
Jynarque	Tolvaptan	Tablet Seq	Clinical Criteria
Kalydeco	Ivacaftor	Gran Pack	Clinical Criteria
Keveyis	Dichlorphenamide	Tablet	Clinical Criteria
Kevzara	Sarilumab	Pen Injctr	Clinical Criteria
Kineret	Anakinra	Syringe	Clinical Criteria
Kisqali	Ribociclib Succinate	Tablet	Clinical Criteria
Kisqali Femara Co-Pack	Ribociclib Succinate/Letrozole	Tablet	Clinical Criteria
Kitabis Pak	Tobramycin/Nebulizer	Ampul-Neb	Clinical Criteria
Kogenate FS	Antihemoph.Fviii,Full Length	Vial	Clinical Criteria
Kovaltry	Antihemoph.Fviii,Full Length	Vial	Clinical Criteria
Kuvan	Sapropterin Dihydrochloride	Powd Pack	Clinical Criteria
Kuvan	Sapropterin Dihydrochloride	Tablet Sol	Clinical Criteria
Kynamro	Mipomersen Sodium	Syringe	Clinical Criteria
Lantus Solostar	Insulin Glargine,Hum.Rec.Anlog	Insuln Pen	Clinical Criteria

Brand Name	Generic Name	Dosage Form	Details
Lenvima	Lenvatinib Mesylate	Capsule	Clinical Criteria
Leukeran	Chlorambucil	Tablet	Clinical Criteria
Leuprolide Acetate	Leuprolide Acetate	Kit	Clinical Criteria
Leuprolide Acetate	Leuprolide Acetate	Vial	Clinical Criteria
Levemir Flextouch	Insulin Detemir	Insulin Pen	Clinical Criteria
Lonsurf	Trifluridine/Tipiracil HCl	Tablet	Clinical Criteria
Lucentis	Ranibizumab	Vial	Clinical Criteria
Lupron Depot	Leuprolide Acetate	Syringekit	Clinical Criteria
Lupron Depot (Lupaneta)	Leuprolide Acetate	Syringekit	Clinical Criteria
Lupron Depot-Ped	Leuprolide Acetate	Kit	Clinical Criteria
Lyrica	Pregabalin	Capsule	Clinical Criteria
Lyrica	Pregabalin	Solution	Clinical Criteria
Macugen	Pegaptanib Sodium	Syringe	Clinical Criteria
Matulane	Procarbazine HCl	Capsule	Clinical Criteria
Mavyret	Glecaprevir/Pibrentasvir	Tablet	Clinical Criteria
Melphalan	Melphalan	Tablet	Clinical Criteria
Memantine HCl	Memantine HCl	Solution	Clinical Criteria
Mesnex	Mesna	Tablet	Clinical Criteria
Methitest	Methyltestosterone	Tablet	Clinical Criteria
Methoxsalen	Methoxsalen	Cap Lq Rap	Clinical Criteria
Methyltestosterone	Methyltestosterone	Capsule	Clinical Criteria
Mircera	Methoxy Peg-Epoetin Beta	Syringe	Clinical Criteria
Mulpleta	Lusutrombopag	Tablet	Clinical Criteria
Myleran	Busulfan	Tablet	Clinical Criteria
Mytesi	Crofelemer	Tablet DR	Clinical Criteria
Natpara	Parathyroid Hormone	Cartridge	Clinical Criteria
Nebupent	Pentamidine Isethionate	Vial-Neb	Clinical Criteria
Neulasta	Pegfilgrastim	Syr W/ Inj	Clinical Criteria
Neulasta	Pegfilgrastim	Syringe	Clinical Criteria
Neumega	Oprelvekin	Vial	Clinical Criteria
Nexavar	Sorafenib Tosylate	Tablet	Clinical Criteria
Nicotrol	Nicotine	Cartridge	Clinical Criteria
Nicotrol Ns	Nicotine	Spray	Clinical Criteria
Nilutamide	Nilutamide	Tablet	Clinical Criteria
Nivistym	Filgrastim-Aafi	Syringe	Clinical Criteria
Norditropin Flexpro	Somatropin	Pen Injctr	Clinical Criteria
Novolin 70-30 Flexpen	Insulin Nph Hum/Reg Insulin Hm	Insulin Pen	Clinical Criteria
Noxafil	Posaconazole	Oral Susp	Clinical Criteria
Noxafil	Posaconazole	Tablet DR	Clinical Criteria
Nuplazid	Pimavanserin Tartrate	Tablet	Clinical Criteria
Nutropin Aq	Somatropin	Cartridge	Clinical Criteria
Nutropin Aq Nuspin	Somatropin	Pen Injctr	Clinical Criteria
Nuwiq	Antihemoph.Fviii,Hek B-Delete	Vial	Clinical Criteria
Ocaliva	Obeticholic Acid	Tablet	Clinical Criteria

Brand Name	Generic Name	Dosage Form	Details
Octreotide Acetate	Octreotide Acetate	Ampul	Clinical Criteria
Octreotide Acetate	Octreotide Acetate	Syringe	Clinical Criteria
Octreotide Acetate	Octreotide Acetate	Vial	Clinical Criteria
Omnitrope	Somatropin	Cartridge	Clinical Criteria
Omnitrope	Somatropin	Vial	Clinical Criteria
Opsumit	Macitentan	Tablet	Clinical Criteria
Orencia	Abatacept	Syringe	Clinical Criteria
Orencia Clickject	Abatacept	Auto Injct	Clinical Criteria
Orkambi	Lumacaftor/Ivacaftor	Tablet	Clinical Criteria
Orkambi	Lumacaftor/Ivacaftor	Gran Pack	Clinical Criteria
Oxandrolone	Oxandrolone	Tablet	Clinical Criteria
Paragard T 380-A	Copper	Iud	Clinical Criteria
Paricalcitol	Paricalcitol	Capsule	Clinical Criteria
Pegasys	Peginterferon Alfa-2a	Syringe	Clinical Criteria
Pegasys	Peginterferon Alfa-2a	Vial	Clinical Criteria
Pegintron	Peginterferon Alfa-2b	Kit	Clinical Criteria
Pegintron Redipen	Peginterferon Alfa-2b	Pen Ij Kit	Clinical Criteria
Pomalyst	Pomalidomide	Capsule	Clinical Criteria
Praluent Pen	Alirocumab	Pen Injctr	Clinical Criteria
Praluent Syringe	Alirocumab	Syringe	Clinical Criteria
Prialt	Ziconotide Acetate	Vial	Clinical Criteria
Procrit	Epoetin Alfa	Vial	Clinical Criteria
Prolastin C	Alpha-1-Proteinase Inhibitor	Vial	Clinical Criteria
Pulmozyme	Dornase Alfa	Solution	Clinical Criteria
Quillivant Xr	Methylphenidate HCl	Su ER Rc24	Clinical Criteria
Rebif	Interferon Beta-1a/Albumin	Syringe	Clinical Criteria
Rebif Rebidose	Interferon Beta-1a/Albumin	Pen Injctr	Clinical Criteria
Recombinate	Antihemophilic Factor, Hum Rec	Vial	Clinical Criteria
Remodulin	Treprostinil Sodium	Vial	Clinical Criteria
Repatha Pushtronex	Evolocumab	Wear Injct	Clinical Criteria
Repatha Sureclick	Evolocumab	Pen Injctr	Clinical Criteria
Repatha Syringe	Evolocumab	Syringe	Clinical Criteria
Retacrit	Epoetin Alfa-Epbx	Vial	Clinical Criteria
Revlimid	Lenalidomide	Capsule	Clinical Criteria
Ribasphere	Ribavirin	Capsule	Clinical Criteria
Ribasphere	Ribavirin	Tablet	Clinical Criteria
Ribavirin	Ribavirin	Capsule	Clinical Criteria
Ribavirin	Ribavirin	Tablet	Clinical Criteria
Ribavirin	Ribavirin	Vial-Neb	Clinical Criteria
Riluzole	Riluzole	Tablet	Clinical Criteria
Rivastigmine	Rivastigmine	Patch Td24	Clinical Criteria
Rubraca	Rucaparib Camsylate	Tablet	Clinical Criteria
Rydapt	Midostaurin	Capsule	Clinical Criteria
Saizen	Somatropin	Cartridge	Clinical Criteria

Brand Name	Generic Name	Dosage Form	Details
Saizen	Somatropin	Vial	Clinical Criteria
Saizen-Saizenprep	Somatropin	Cartridge	Clinical Criteria
Serostim	Somatropin	Vial	Clinical Criteria
Simponi	Golimumab	Pen Injctr	Clinical Criteria
Simponi	Golimumab	Syringe	Clinical Criteria
Simvastatin (80mg)	Simvastatin	Tablet	Clinical Criteria
Sofosbuvir/Velpatasvir	Sofosbuvir/Velpatasvir	Tablet	Clinical Criteria
Somatuline Depot	Lanreotide Acetate	Syringe	Clinical Criteria
Somavert	Pegvisomant	Vial	Clinical Criteria
Sovaldi	Sofosbuvir	Tablet	Clinical Criteria
Sprycel	Dasatinib	Tablet	Clinical Criteria
Stelara	Ustekinumab	Syringe	Clinical Criteria
Stimate	Desmopressin Acetate	Spray/Pump	Clinical Criteria
Stivarga	Regorafenib	Tablet	Clinical Criteria
Strensiq	Asfotase Alfa	Vial	Clinical Criteria
Sutent	Sunitinib Malate	Capsule	Clinical Criteria
Sylatron	Peginterferon Alfa-2b	Kit	Clinical Criteria
Symdeko	Tezacaftor/Ivacaftor	Tablet Seq	Clinical Criteria
Symlinpen 120	Pramlintide Acetate	Pen Injctr	Clinical Criteria
Symlinpen 60	Pramlintide Acetate	Pen Injctr	Clinical Criteria
Synagis	Palivizumab	Vial	Clinical Criteria
Synarel	Nafarelin Acetate	Spray	Clinical Criteria
Synribo	Omacetaxine Mepesuccinate	Vial	Clinical Criteria
Tabloid	Thioguanine	Tablet	Clinical Criteria
Taltz Autoinjector	Ixekizumab	Auto Injct	Clinical Criteria
Taltz Autoinjector (2 Pack)	Ixekizumab	Auto Injct	Clinical Criteria
Taltz Autoinjector (3 Pack)	Ixekizumab	Auto Injct	Clinical Criteria
Taltz Syringe	Ixekizumab	Syringe	Clinical Criteria
Taltz Syringe (2 Pack)	Ixekizumab	Syringe	Clinical Criteria
Taltz Syringe (3 Pack)	Ixekizumab	Syringe	Clinical Criteria
Targretin	Bexarotene	Gel (Gram)	Clinical Criteria
Tasigna	Nilotinib HCl	Capsule	Clinical Criteria
Tazarotene	Tazarotene	Cream (G)	Clinical Criteria
Tazorac	Tazarotene	Gel (Gram)	Clinical Criteria
Tazorac (0.05%)	Tazarotene	Cream (G)	Clinical Criteria
Tecfidera	Dimethyl Fumarate	Capsule DR	Clinical Criteria
Temozolomide	Temozolomide	Capsule	Clinical Criteria
Testosterone Cypionate	Testosterone Cypionate	Vial	Clinical Criteria
Testosterone Enanthate	Testosterone Enanthate	Vial	Clinical Criteria
Thalomid	Thalidomide	Capsule	Clinical Criteria
Thiola	Tiopronin	Tablet	Clinical Criteria
Tobi Podhaler	Tobramycin	Cap W/Dev	Clinical Criteria
Tobi Podhaler	Tobramycin	Capsule	Clinical Criteria
Tobramycin	Tobramycin In 0.225% Sod Chlor	Ampul-Neb	Clinical Criteria

Brand Name	Generic Name	Dosage Form	Details
Tracleer	Bosentan	Tablet	Clinical Criteria
Tradjenta	Linagliptin	Tablet	Clinical Criteria
Tramadol HCl ER	Tramadol HCl	Tab ER 24h	Clinical Criteria
Tremfya	Guselkumab	Auto Injct	Clinical Criteria
Tykerb	Lapatinib Ditosylate	Tablet	Clinical Criteria
Tymlos	Abaloparatide	Pen Injctr	Clinical Criteria
Udenyca	Pegfilgrastim-Cbqv	Syringe	Clinical Criteria
Uptravi	Selexipag	Tab Ds Pk	Clinical Criteria
Uptravi	Selexipag	Tablet	Clinical Criteria
Vemlidy	Tenofovir Alafenamide Fumarate	Tablet	Clinical Criteria
Venclexta	Venetoclax	Tablet	Clinical Criteria
Venclexta Starting Pack	Venetoclax	Tab Ds Pk	Clinical Criteria
Verzenio	Abemaciclib	Tablet	Clinical Criteria
Vistogard	Uridine Triacetate	Gran Pack	Clinical Criteria
Vonvendi	Von Willebrand Factor	Vial	Clinical Criteria
Vosevi	Sofosbuvir/Velpatas/Voxilaprev	Tablet	Clinical Criteria
Vyvanse	Lisdexamfetamine Dimesylate	Capsule	Clinical Criteria
Vyvanse	Lisdexamfetamine Dimesylate	Tab Chew	Clinical Criteria
Xeljanz	Tofacitinib Citrate	Tablet	Clinical Criteria
Xeljanz Xr	Tofacitinib Citrate	Tab ER 24h	Clinical Criteria
Xifaxan	Rifaximin	Tablet	Clinical Criteria
Xolair	Omalizumab	Syringe	Clinical Criteria
Xolair	Omalizumab	Vial	Clinical Criteria
Xtandi	Enzalutamide	Capsule	Clinical Criteria
Xuriden	Uridine Triacetate	Gran Pack	Clinical Criteria
Xyrem	Sodium Oxybate	Solution	Clinical Criteria
Zarxio	Filgrastim-Sndz	Syringe	Clinical Criteria
Zavesca	Miglustat	Capsule	Clinical Criteria
Zemaira	Alpha-1-Proteinase Inhibitor	Vial	Clinical Criteria
Zepatier	Elbasvir/Grazoprevir	Tablet	Clinical Criteria
Zinbryta	Daclizumab	Syringe	Clinical Criteria
Zoladex	Goserelin Acetate	Implant	Clinical Criteria
Zomacton	Somatropin	Vial	Clinical Criteria
Zontivity	Vorapaxar Sulfate	Tablet	Clinical Criteria
Zorbtive	Somatropin	Vial	Clinical Criteria
Zurampic	Lesinurad	Tablet	Clinical Criteria
Zykadia	Ceritinib	Capsule	Clinical Criteria
Zykadia	Ceritinib	Tablet	Clinical Criteria



## Quantity limits

Some medications have limits to how much you can get per prescription or refill based on FDA recommendations.

Brand Name	Generic Name	Strength	Dosage Form	Details
Acarbose	Acarbose	100 mg	Tablet	Limited to 90 tabs per 30 days
Acarbose	Acarbose	25 mg	Tablet	Limited to 90 tabs per 30 days
Acarbose	Acarbose	50 mg	Tablet	Limited to 90 tabs per 30 days
Acetaminophen-Codeine	Acetaminophen With Codeine	120-12mg/5	Solution	Limited to 990ml per 30 days
Acetaminophen-Codeine	Acetaminophen With Codeine	300mg/12.5	Solution	Limited to 390ml per 30 days
Acetaminophen-Codeine	Acetaminophen With Codeine	300mg-15mg	Tablet	Limited to 360 tabs per 30 days
Acetaminophen-Codeine	Acetaminophen With Codeine	300mg-30mg	Tablet	Limited to 360 tabs per 30 days
Acetaminophen-Codeine	Acetaminophen With Codeine	300mg-60mg	Tablet	Limited to 180 tabs per 30 days
Actoplus Met Xr	Pioglitazone HCl/Metformin HCl	15-1000 mg	Tbmp 24hr	Limited to 90 tabs per 30 days
Actoplus Met Xr	Pioglitazone HCl/Metformin HCl	30-1000 mg	Tbmp 24hr	Limited to 90 tabs per 30 days
Admelog	Insulin Lispro	100/ml	Vial	Limited to 60ml per 30 days
Admelog Solostar	Insulin Lispro	100/ml	Insuln Pen	Limited to 60ml per 30 days
Advair Hfa	Fluticasone/Salmeterol	115-21mcg	Hfa Aer Ad	Limited to 12 gm per 30 days
Advair Hfa	Fluticasone/Salmeterol	230-21mcg	Hfa Aer Ad	Limited to 12 gm per 30 days
Advair Hfa	Fluticasone/Salmeterol	45-21mcg	Hfa Aer Ad	Limited to 12 gm per 30 days
Ajovy	Fremanezumab-Vfrm	225mg/1.5	Syringe	Limited to 1.5ml per 28 days
Albuterol Sulfate HFA	Albuterol Sulfate	90 mcg	Hfa Aer Ad	Limited to 36 gm per 30 days
Albuterol Sulfate HFA	Albuterol Sulfate	90 mcg	Inh	Limited to 2 inhalers per 30 days
Alecensa	Alectinib Hcl	150 mg	Capsule	Limited to 240 caps
Amethia	L-Norgest/E.Estradiol-E.Estrad	150-30(84)	Tbdspk 3mo	Limited to 91 tabs per 91 days
Amethia Lo	L-Norgest/E.Estradiol-E.Estrad	100-20(84)	Tbdspk 3mo	Limited to 91 tabs per 91 days
Annovera	Segesterone Ac/Ethin Estradiol	.15-.013mg	Vag Ring	Limited to 1 ring per 273 days
Anzemet	Dolasetron Mesylate	100 mg	Tablet	Limited to 1 tab per 30 days
Anzemet	Dolasetron Mesylate	50 mg	Tablet	Limited to 1 tab per 30 days
Apidra	Insulin Glulisine	100/ml	Vial	Limited to 60ml per 30 days
Apidra Solostar	Insulin Glulisine	100/ml	Insuln Pen	Limited to 60ml per 30 days
Arnuity Ellipta	Fluticasone Furoate	50 mcg	Blst W/Dev	Limited to 30 blisters per 30 days
Arnuity Ellipta	Fluticasone Furoate	100 mcg	Blst W/Dev	Limited to 30 blisters per 30 days
Arnuity Ellipta	Fluticasone Furoate	200 mcg	Blst W/Dev	Limited to 30 blisters per 30 days
Ashlyna	L-Norgest/E.Estradiol-E.Estrad	150-30(84)	Tbdspk 3mo	Limited to 91 tabs per 91 days
Aspirin-Caffeine-Dihydrocodein	Aspirin/Caffein/Dihydrocodeine	356-30-16	Capsule	Limited to 360 caps per 30 days
Aubagio	Teriflunomide	14 mg	Tablet	Limited to 30 tabs per 30 days
Aubagio	Teriflunomide	7 mg	Tablet	Limited to 30 tabs per 30 days
Austedo	Deutetrabenazine	6 mg	Tablet	Limited to 120 tabs per 30 days
Austedo	Deutetrabenazine	9 mg	Tablet	Limited to 120 tabs per 30 days
Avonex	Interferon Beta-1a/Albumin	30 mcg	Kit	Limited to 4 syringes per 28 days
Avonex	Interferon Beta-1a	30mcg/.5ml	Syringe	Limited to 2 syringes per 28 days
Avonex	Interferon Beta-1a	30mcg/.5ml	Syringekit	Limited to 1 kit per 28 days
Avonex Pen	Interferon Beta-1a	30mcg/.5ml	Pen Ij Kit	Limited to 1 kit per 28 days
Avonex Pen	Interferon Beta-1a	30mcg/.5ml	Pen Injctr	Limited to 1 kit per 28 days
Basaglar Kwikpen U-100	Insulin Glargine, Hum.Rec.Anlog	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days

2019.3 (8/26/2019).

For prior effective dates, please contact EOCCO.

Brand Name	Generic Name	Strength	Dosage Form	Details
Benznidazole	Benznidazole	12.5mg	Tablet	Limited to 360 tabs per 365 days
Bethkis	Tobramycin	300 mg/4ml	Ampul-Neb	Limited to 56 ampules per 28 days
Bosulif	Bosutinib	100 mg	Tablet	Limited to 120 tabs per 30 days
Bosulif	Bosutinib	500 mg	Tablet	Limited to 30 tabs per 30 days
Bunavail	Buprenorphine HCl/Naloxone HCl	2.1-0.3 mg	Film	Limited to 60 films per 30 days
Bunavail	Buprenorphine HCl/Naloxone HCl	4.2-0.7 mg	Film	Limited to 60 films per 30 days
Bunavail	Buprenorphine HCl/Naloxone HCl	6.3mg-1mg	Film	Limited to 60 films per 30 days
Butalb-Acetaminoph-Caff-Codein	Butalbit/Acetamin/Caff/Codeine	50-300-30	Capsule	Limited to 180 caps per 30 days
Butalb-Caff-Acetaminoph-Codein	Butalbit/Acetamin/Caff/Codeine	50-325-30	Capsule	Limited to 180 caps per 30 days
Butalbital-Acetaminophen-Caffe	Butalb/Acetaminophen/Caffeine	50-300-40	Capsule	Limited to 180 caps per 30 days
Bystolic	Nebivolol HCl	10 mg	Tablet	Limited to 30 tabs per 30 days
Bystolic	Nebivolol HCl	2.5 mg	Tablet	Limited to 30 tabs per 30 days
Bystolic	Nebivolol HCl	5 mg	Tablet	Limited to 30 tabs per 30 days
Cabergoline	Cabergoline	0.5 mg	Tablet	Limited to 16 tabs per 30 days
Calquence	Acalabrutinib	100mg	Capsule	Limited to 60 caps per 30 days
Camrese	L-Norgest/E.Estradiol-E.Estrad	150-30(84)	Tbdspk 3mo	Limited to 30 tabs per 30 days
Camrese Lo	L-Norgest/E.Estradiol-E.Estrad	100-20(84)	Tbdspk 3mo	Limited to 91 tabs per 91 days
Capital W-Codeine	Acetaminophen With Codeine	120-12mg/5	Oral Susp	Limited to 990ml per 30 days
Celecoxib	Celecoxib	100 mg	Capsule	Limited to 60 caps per 30 days
Celecoxib	Celecoxib	200 mg	Capsule	Limited to 60 caps per 30 days
Celecoxib	Celecoxib	400 mg	Capsule	Limited to 60 caps per 30 days
Celecoxib	Celecoxib	50 mg	Capsule	Limited to 60 caps per 30 days
Cesamet	Nabilone	1 mg	Capsule	Limited to 30 caps per 30 days
Chantix	Varenicline Tartrate	0.5 (11)-1	Tab Ds Pk	Limited to 60 tabs per 30 days (and 180 days per year).
Chantix	Varenicline Tartrate	0.5 mg	Tablet	Limited to 60 tabs per 30 days (and 180 days per year).
Chantix	Varenicline Tartrate	1 mg	Tablet	Limited to 60 tabs per 30 days (and 180 days per year).
Clonidine	Clonidine	0.1mg/24hr	Patch Tdwk	Bill 7 day supply or greater for each patch dispensed
Clonidine	Clonidine	0.2mg/24hr	Patch Tdwk	Bill 7 day supply or greater for each patch dispensed
Clonidine	Clonidine	0.3mg/24hr	Patch Tdwk	Bill 7 day supply or greater for each patch dispensed
Combivent Respimat	Ipratropium/Albuterol Sulfate	20-100 mcg	Mist Inhal	Limited to 8 gm per 30 days
Complera	Emtricitabine/Rilpivirine/Tenof DF	200-25-300	Tablet	Limited to 30 tabs per 30 days
Copaxone	Glatiramer Acetate	40 mg/ml	Syringe	Limited to 12 syringes per 28 days
Daklinza	Daclatasvir Dihydrochloride	30 mg	Tablet	Limited to 30 tabs per 30 days
Daklinza	Daclatasvir Dihydrochloride	60 mg	Tablet	Limited to 30 tabs per 30 days
Daklinza	Daclatasvir Dihydrochloride	90 mg	Tablet	Limited to 30 tabs per 30 days
Daysee	L-Norgest/E.Estradiol-E.Estrad	150-30(84)	Tbdspk 3mo	Limited to 180 tabs per 30 days
Delzicol	Mesalamine	400 mg	Cap(Drtab)	Limited to 180 caps per 30 days
Delzicol	Mesalamine	400 mg	Capsule DR	Limited to 180 caps per 30 days
Depo-Provera	Medroxyprogesterone Acetate	400 mg/ml	Vial	Limited to 2.5ml per 84 days
Depo-Subq Provera 104	Medroxyprogesterone Acetate	104mg/0.65	Syringe	Limited to 1 injection per 84 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Dexcom G6 Receiver Kit	Blood Glucose Meter, Continuous		Kit	Limited to 1 kit per 365 days
Dexcom G6 Transmitter Kit	Blood Glucose Transmitter		Kit	Limited to 4 kits per 365 days
Dexcom G6 Sensor Kit	Blood Glucose Sensor		Sensor	Limited to 3 sensors per 30 days
Dexmethylphenidate HCl	Dexmethylphenidate HCl	10 mg	Tablet	Limited to 60 tabs per 30 days
Dexmethylphenidate HCl	Dexmethylphenidate HCl	2.5 mg	Tablet	Limited to 60 tabs per 30 days
Dexmethylphenidate HCl	Dexmethylphenidate HCl	5 mg	Tablet	Limited to 60 tabs per 30 days
Dextroamphetamine Sulfate	Dextroamphetamine Sulfate	5 mg/5 ml	Solution	Limited to 1200ml per 30 days
Dextroamphetamine Sulfate ER	Dextroamphetamine Sulfate	10 mg	Capsule ER	Limited to 120 caps per 30 days
Dextroamphetamine Sulfate ER	Dextroamphetamine Sulfate	15 mg	Capsule ER	Limited to 120 caps per 30 days
Dextroamphetamine Sulfate ER	Dextroamphetamine Sulfate	5 mg	Capsule ER	Limited to 60 caps per 30 days
Dextroamphetamine-Amphet ER	Dextroamphetamine/Amphetamine	10 mg	Cap ER 24h	Limited to 60 caps per 30 days
Dextroamphetamine-Amphet ER	Dextroamphetamine/Amphetamine	15 mg	Cap ER 24h	Limited to 60 caps per 30 days
Dextroamphetamine-Amphet ER	Dextroamphetamine/Amphetamine	20 mg	Cap ER 24h	Limited to 60 caps per 30 days
Dextroamphetamine-Amphet ER	Dextroamphetamine/Amphetamine	25 mg	Cap ER 24h	Limited to 60 caps per 30 days
Dextroamphetamine-Amphet ER	Dextroamphetamine/Amphetamine	30 mg	Cap ER 24h	Limited to 60 caps per 30 days
Dextroamphetamine-Amphet ER	Dextroamphetamine/Amphetamine	5 mg	Cap ER 24h	Limited to 60 caps per 30 days
Diazepam	Diazepam	2.5 mg	Kit	Limited to 1 kit per 30 days
Diazepam	Diazepam	5-7.5-10mg	Kit	Limited to 1 kit per 30 days
Dupixent	Dupilumab	200mg/1.14	Syringe	Limited to 2 syringes per 28 days
Elmiron	Pentosan Polysulfate Sodium	100 mg	Capsule	Limited to 90 caps per 90 days
Emgality	Galcanezumab-Gnlm	120 mg/ml	PEN INJCTR	Limited to 1ml per 28 days
Enbrel	Etanercept	50 mg/ml	Pen Injctr	Limited to 3.92ml per 28 days
Enbrel	Etanercept	25mg/0.5ml	Syringe	Limited to 4.08ml per 28 days
Enbrel	Etanercept	50 mg/ml	Syringe	Limited to 3.92ml per 28 days
Enbrel	Etanercept	25 mg	Vial	Limited to 8 doses per 28 days
Endocet	Oxycodone HCl/Acetaminophen	10mg-325mg	Tablet	Limited to 360 tabs per 30 days
Endocet	Oxycodone HCl/Acetaminophen	2.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Endocet	Oxycodone HCl/Acetaminophen	5 mg-325mg	Tablet	Limited to 360 tabs per 30 days
Endocet	Oxycodone HCl/Acetaminophen	7.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Epclusa	Sofosbuvir/Velpatasvir	400-100 mg	Tablet	Limited to 28 tabs per 28 days
Epinephrine	Epinephrine	0.15/0.15	Auto Injct	Limited to 2 pens per 30 days
Epinephrine	Epinephrine	0.15mg/0.3	Auto Injct	Limited to 2 pens per 30 days
Epinephrine	Epinephrine	0.3mg/0.3	Auto Injct	Limited to 2 pens per 30 days
Eplerenone	Eplerenone	25 mg	Tablet	Limited to 60 tabs per 30 days
Eplerenone	Eplerenone	50 mg	Tablet	Limited to 60 tabs per 30 days
Erleada	Apalutamide	60 mg	Tablet	Limited to 120 tabs per 30 days
Estrogel	Estradiol	1.25 G	Gel Md Pmp	Limited To 50gm Per 30 Days
Exemestane	Exemestane	25 mg	Tablet	Limited to 30 tabs per 30 days
Factive	Gemifloxacin Mesylate	320 mg	Tablet	Limited to 7 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Famciclovir	Famciclovir	125 mg	Tablet	Limited to 60 tabs per 30 days
Famciclovir	Famciclovir	250 mg	Tablet	Limited to 60 tabs per 30 days
Famciclovir	Famciclovir	500 mg	Tablet	Limited to 21 tabs per 30 days
Farydak	Panobinostat Lactate	10 mg	Capsule	Limited to 6 caps per 21 days
Farydak	Panobinostat Lactate	15 mg	Capsule	Limited to 6 caps per 21 days
Farydak	Panobinostat Lactate	20 mg	Capsule	Limited to 6 caps per 21 days
Fentanyl	Fentanyl	100 mcg/Hr	Patch Td72	Limited to 15 patches per 30 days
Fentanyl	Fentanyl	12 mcg/Hr	Patch Td72	Bill 3 day supply or greater for every patch dispensed
Fentanyl	Fentanyl	25 mcg/Hr	Patch Td72	Limited to 15 patches per 30 days
Fentanyl	Fentanyl	37.5mcg/Hr	Patch Td72	Limited to 15 patches per 30 days
Fentanyl	Fentanyl	50mcg/Hr	Patch Td72	Limited to 15 patches per 30 days
Fentanyl	Fentanyl	62.5mcg/Hr	Patch Td72	Limited to 15 patches per 30 days
Fentanyl	Fentanyl	75mcg/Hr	Patch Td72	Limited to 15 patches per 30 days
Fentanyl	Fentanyl	87.5mcg/Hr	Patch Td72	Limited to 15 patches per 30 days
Fiasp	Insulin Aspart (Niacinamide)	100ml	Vial	Limited to 60ml per 30 days
Fluticasone Propionate	Fluticasone Propionate	50 mcg	Spray Susp	Limited to 16gm per 30 days
Freestyle Insulinx	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Freestyle Insulinx Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Freestyle Libre 14 Day Reader	Flash Glucose Scanning Reader		Reader	Limited to 1 reader per 365 days
Freestyle Libre 14 Day Sensor	Flash Glucose Scanning Sensor		Sensor	Limited to 2 sensors per 28 day
Freestyle Lite Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Freesyle Precision Neo	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Freestyle Test Strips	Blood Sugar Diagnostic		Strip	Limited to 300 strips per 30 days
Fulyzaq	Crofelemer	125 mg	Tablet DR	Limited to 60 tabs per 30 days
Galantamine ER	Galantamine Hbr	16 mg	Cap24h Pel	Limited to 30 caps per 30 days
Galantamine ER	Galantamine Hbr	24 mg	Cap24h Pel	Limited to 30 caps per 30 days
Galantamine ER	Galantamine Hbr	8 mg	Cap24h Pel	Limited to 30 caps per 30 days
Galantamine Hbr	Galantamine Hbr	12 mg	Tablet	Limited to 60 tabs per 30 days
Galantamine Hbr	Galantamine Hbr	4 mg	Tablet	Limited to 60 tabs per 30 days
Galantamine Hbr	Galantamine Hbr	8 mg	Tablet	Limited to 60 tabs per 30 days
Glatopa	Glatiramer Acetate	20 mg/ml	Syringe	Limited to 30 syringes per 30 days
Granisetron HCl	Granisetron HCl	1 mg	Tablet	Bill 15 day supply or greater for every tablet dispensed
Humalog	Insulin Lispro	100/ml	Cartridge	Limited to 60ml per 30 days
Humalog Kwikpen U-200	Insulin Lispro	200/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Humalog Mix 50-50	Insulin Lispro Protamin/Lispro	50-50/ml	Vial	Limited to 60ml per 30 days
Humalog Mix 50-50 Kwikpen	Insulin Lispro Protamin/Lispro	50-50/ml	Insuln Pen	Limited to 60ml per 30 days
Humalog Mix 75-25	Insulin Lispro Protamin/Lispro	75-25/ml	Vial	Limited to 60ml per 30 days
Humalog Mix 75-25 Kwikpen	Insulin Lispro Protamin/Lispro	75-25/ml	Insuln Pen	Limited to 60ml per 30 days
Humira	Adalimumab	10mg/0.1ml	Syringekit	Limited to 2 syringes per 28 days
Humira	Adalimumab	10mg/0.2ml	Syringekit	Limited to 2 syringes per 28 days
Humira	Adalimumab	20mg/0.2ml	Syringekit	Limited to 2 syringes per 28 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Humira	Adalimumab	20mg/0.4ml	Syringekit	Limited to 2 syringes per 28 days
Humira	Adalimumab	40mg/0.4ml	Syringekit	Limited to 2 syringes per 28 days
Humira	Adalimumab	40mg/0.8ml	Syringekit	Limited to 2 syringes per 28 days
Humira Pediatric Crohn's	Adalimumab	40mg/0.8ml	Syringekit	Limited to 3 syringes per 28 days
Humira Pediatric Crohn's	Adalimumab	80 mg-40mg	Syringekit	Limited to 2 syringes per 28 days
Humira Pediatric Crohn's	Adalimumab	80mg/0.8ml	Syringekit	Limited to 3 syringes per 28 days
Humira Pen	Adalimumab	40mg/0.4ml	Pen Ij Kit	Limited to 2 pens per 28 days
Humira Pen	Adalimumab	40mg/0.8ml	Pen Ij Kit	Limited to 2 pens per 28 days
Humira Pen Crohn-Uc-Hs Starter	Adalimumab	40mg/0.8ml	Pen Ij Kit	Limited to 6 pens per 28 days
Humira Pen Crohn-Uc-Hs Starter	Adalimumab	80mg/0.8ml	Pen Ij Kit	Limited to 3 pens per 28 days
Humira Pen Psoriasis-Uveitis	Adalimumab	40mg/0.8ml	Pen Ij Kit	Limited to 4 pens per 28 days
Humira Pen Psoriasis-Uveitis	Adalimumab	80 mg-40mg	Pen Ij Kit	Limited to 3 pens per 28 days
Humulin 70/30 Kwikpen	Insulin Nph Hum/Reg Insulin Hm	70-30/ml	Insuln Pen	Limited to 60ml per 30 days
Humulin 70-30	Insulin Nph Hum/Reg Insulin Hm	70-30/ml	Vial	Limited to 60ml per 30 days
Humulin N	Insulin Nph Human Isophane	100/ml	Vial	Limited to 60ml per 30 days
Humulin R	Insulin Regular, Human	100/ml	Vial	Limited to 60ml per 30 days
Humulin R U-500	Insulin Regular, Human	500/ml	Vial	Limited to 20ml per 30 days
Humulin R U-500 Kwikpen	Insulin Regular, Human	500/ml (3)	Insuln Pen	Limited to 18ml per 30 days
Hydrocodone-Acetaminophen	Hydrocodone/Acetaminophen	10-325/15	Solution	Limited to 5400ml per 30 days
Hydrocodone-Acetaminophen	Hydrocodone/Acetaminophen	5-163/7.5	Solution	Limited to 2700ml per 30 days
Hydrocodone-Acetaminophen	Hydrocodone/Acetaminophen	7.5-325/15	Solution	Limited to 2700ml per 30 days
Hydrocodone-Acetaminophen	Hydrocodone/Acetaminophen	10mg-300mg	Tablet	Limited to 390 tabs per 30 days
Hydrocodone-Acetaminophen	Hydrocodone/Acetaminophen	10mg-325mg	Tablet	Limited to 360 tabs per 30 days
Hydrocodone-Acetaminophen	Hydrocodone/Acetaminophen	5 mg-300mg	Tablet	Limited to 390 tabs per 30 days
Hydrocodone-Acetaminophen	Hydrocodone/Acetaminophen	5 mg-325mg	Tablet	Limited to 360 tabs per 30 days
Hydrocodone-Acetaminophen	Hydrocodone/Acetaminophen	7.5-300 mg	Tablet	Limited to 390 tabs per 30 days
Hydrocodone-Acetaminophen	Hydrocodone/Acetaminophen	7.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Ibandronate Sodium	Ibandronate Sodium	150 mg	Tablet	Limited to 1 tab per 28 days
Ibrance	Palbociclib	100 mg	Capsule	Limited to 21 caps per 28 days
Ibrance	Palbociclib	125 mg	Capsule	Limited to 21 caps per 28 days
Ibrance	Palbociclib	75 mg	Capsule	Limited to 21 caps per 28 days
Icatibant	Icatibant	300 mg/3 ml	Syringe	Limited to 36ml per 30 days
Imbruvica	Ibrutinib	140 mg	Tablet	Limited to 30 tabs per 30 days
Imbruvica	Ibrutinib	280 mg	Tablet	Limited to 30 tabs per 30 days
Imbruvica	Ibrutinib	420 mg	Tablet	Limited to 30 tabs per 30 days
Imbruvica	Ibrutinib	560 mg	Tablet	Limited to 30 tabs per 30 days
Imbruvica	Ibrutinib	70mg	Capsule	Limited to 30 caps per 30 days
Imbruvica	Ibrutinib	140 mg	Capsule	Limited to 120 caps per 30 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Incruse Ellipta	Umeclidinium Bromide	62.5 mcg	Blst W/Dev	Limited to 30 blisters per 30 days
Ingrezza	Valbenazine Tosylate	80 mg	Capsule	Limited to 30 caps per 30 days
Insulin Lispro	Insulin Lispro	100/ml	Insuln Pen	Limited to 30ml per 30 days
Insulin Lispro Kwikpen U-100	Insulin Lispro	100/ml	Vial	Limited to 30ml per 30 days
Introvale	Levonorgestrel-Ethin Estradiol	0.15-0.03	Tbdsbk 3mo	Limited to 91 tabs per 91 days
Janumet	Sitagliptin Phos/Metformin HCl	50-1000 mg	Tablet	Limited to 60 tabs per 30 days
Janumet	Sitagliptin Phos/Metformin HCl	50mg-500mg	Tablet	Limited to 60 tabs per 30 days
Janumet Xr	Sitagliptin Phos/Metformin HCl	100-1000mg	Tbmp 24hr	Limited to 30 tabs per 30 days
Janumet Xr	Sitagliptin Phos/Metformin HCl	50-1000 mg	Tbmp 24hr	Limited to 60 tabs per 30 days
Janumet Xr	Sitagliptin Phos/Metformin HCl	50mg-500mg	Tbmp 24hr	Limited to 30 tabs per 30 days
Januvia	Sitagliptin Phosphate	100 mg	Tablet	Limited to 30 tabs per 30 days
Januvia	Sitagliptin Phosphate	25 mg	Tablet	Limited to 30 tabs per 30 days
Januvia	Sitagliptin Phosphate	50 mg	Tablet	Limited to 30 tabs per 30 days
Jardiance	Empagliflozin	10 mg	Tablet	Limited to 30 tabs per 30 days
Jardiance	Empagliflozin	25 mg	Tablet	Limited to 30 tabs per 30 days
Jolessa	Levonorgestrel-Ethin Estradiol	0.15-0.03	Tbdsbk 3mo	Limited to 91 tabs per 91 days
Jynarque	Tolvaptan	15 mg	Tablet	Limited to 30 tabs per 30 days
Jynarque	Tolvaptan	30 mg	Tablet	Limited to 60 tabs per 30 days
Jynarque	Tolvaptan	45 mg-15mg	Tablet Seq	Limited to 30 tabs per 30 days
Jynarque	Tolvaptan	60 mg-30mg	Tablet Seq	Limited to 30 tabs per 30 days
Jynarque	Tolvaptan	90 mg-30mg	Tablet Seq	Limited to 30 tabs per 30 days
Ketorolac Tromethamine	Ketorolac Tromethamine	10 mg	Tablet	Limited to 20 tabs per 30 days
Keveyis	Dichlorphenamide	50 mg	Tablet	Limited to 120 tabs per 30 days
Kevzara	Sarilumab	150mg/1.14	Pen Injctr	Limited to 2 pens per 28 days
Kevzara	Sarilumab	200mg/1.14	Pen Injctr	Limited to 2 pens per 28 days
Kineret	Anakinra	100mg/0.67	Syringe	Limited to 28 syringes per 28 days
Kisqali	Ribociclib Succinate	200 mg/Day	Tablet	Limited to 63 tabs per 28 days
Kisqali	Ribociclib Succinate	400 mg/Day	Tablet	Limited to 63 tabs per 28 days
Kisqali	Ribociclib Succinate	600 mg/Day	Tablet	Limited to 63 tabs per 28 days
Kisqali Femara Co-Pack	Ribociclib Succinate/Letrozole	200-2.5 mg	Tablet	Limited to 49 tabs per 28 days
Kisqali Femara Co-Pack	Ribociclib Succinate/Letrozole	400-2.5 mg	Tablet	Limited to 70 tabs per 28 days
Kisqali Femara Co-Pack	Ribociclib Succinate/Letrozole	600-2.5 mg	Tablet	Limited to 91 tabs per 28 days
Kitabis Pak	Tobramycin/Nebulizer	300 mg/5ml	Ampul-Neb	Limited to 280ml per 28 days
Kombiglyze Xr	Saxagliptin HCl/Metformin HCl	2.5-1000mg	Tbmp 24hr	Limited to 60 tabs per 30 days
Kombiglyze Xr	Saxagliptin HCl/Metformin HCl	5 mg-500mg	Tbmp 24hr	Limited to 30 tabs per 30 days
Kombiglyze Xr	Saxagliptin HCl/Metformin HCl	5mg-1000mg	Tbmp 24hr	Limited to 30 tabs per 30 days
Krintafel	Tafenoquine Succinate	150 mg	Tablet	Limited to 2 tabs per 365 days
Lantus Solostar	Insulin Glargine, Hum.Rec.Anlog	100/ml (3)	Insuln Pen	Limited to 60ml per 30 days
Levalbuterol Concentrate	Levalbuterol HCl	1.25mg/0.5	Vial-Neb	Limited to 288ml per 30 days
Levalbuterol HCl	Levalbuterol HCl	0.31mg/3ml	Vial-Neb	Limited to 288ml per 30 days
Levalbuterol HCl	Levalbuterol HCl	0.63mg/3ml	Vial-Neb	Limited to 288ml per 30 days
Levalbuterol HCl	Levalbuterol HCl	1.25mg/3ml	Vial-Neb	Limited to 288ml per 30 days
Levalbuterol Tartrate Hfa	Levalbuterol Tartrate	45 mcg	Hfa Aer Ad	Limited to 2 inhalers per 30 days
Levemir	Insulin Detemir	100/ml	Vial	Limited to 60ml per 30 days



Brand Name	Generic Name	Strength	Dosage Form	Details
Levocetirizine Dihydrochloride	Levocetirizine Dihydrochloride	2.5 mg/5ml	Solution	Limited to 148ml per 30 days
Levonorgestrel-Eth Estradiol	Levonorgestrel-Ethin Estradiol	0.15-0.03	Tbdspk 3mo	Limited to 91 tabs per 91 days
Levonorg-Eth Estrad Eth Estrad	L-Norgest/E.Estradiol-E.Estrad	100-20(84)	Tbdspk 3mo	Limited to 91 tabs per 91 days
Levonorg-Eth Estrad Eth Estrad	L-Norgest/E.Estradiol-E.Estrad	150-30(84)	Tbdspk 3mo	Limited to 91 tabs per 91 days
Linzess	Linacotide	145 mcg	Capsule	Limited to 30 caps per 30 days
Linzess	Linacotide	290 mcg	Capsule	Limited to 30 caps per 30 days
Linzess	Linacotide	72 mcg	Capsule	Limited to 30 caps per 30 days
Lonsurf	Trifluridine/Tipiracil HCl	15-6.14 mg	Tablet	Limited to 80 tabs per 28 days
Lonsurf	Trifluridine/Tipiracil HCl	20-8.19 mg	Tablet	Limited to 80 tabs per 28 days
Lorcet	Hydrocodone/Acetaminophen	5 mg-325mg	Tablet	Limited to 360 tabs per 30 days
Lorcet Hd	Hydrocodone/Acetaminophen	10mg-325mg	Tablet	Limited to 360 tabs per 30 days
Lorcet Plus	Hydrocodone/Acetaminophen	7.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Lyrica	Pregabalin	100 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	150 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	200 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	225 mg	Capsule	Limited to 60 caps per 30 days
Lyrica	Pregabalin	25 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	300 mg	Capsule	Limited to 60 caps per 30 days
Lyrica	Pregabalin	50 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	75 mg	Capsule	Limited to 90 caps per 30 days
Lyrica	Pregabalin	20 mg/ml	Solution	Limited to 900ml per 30 days
Makena	Hydroxyprogesterone Caproat/Pf	275mg/1.1	Auto Injt	Limited to 4.4ml per 28 days
Medroxyprogesterone Acetate	Medroxyprogesterone Acetate	150 mg/ml	Syringe	Limited to 1 syringe per 84 days
Medroxyprogesterone Acetate	Medroxyprogesterone Acetate	150 mg/ml	Vial	Limited to 1ml per 84 days
Mefenamic Acid	Mefenamic Acid	250 mg	Capsule	Limited to 120 caps per 30 days
Mesalamine	Mesalamine	800 mg	Tablet DR	Limited to 180 tabs per 30 days
Metadate ER	Methylphenidate HCl	20 mg	Tablet ER	Limited to 90 tabs per 30 days
Methylphenidate ER	Methylphenidate HCl	20 mg	Cpbp 50-50	Limited to 60 caps per 30 days
Methylphenidate ER	Methylphenidate HCl	30 mg	Cpbp 50-50	Limited to 60 caps per 30 days
Methylphenidate ER	Methylphenidate HCl	40 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Methylphenidate ER	Methylphenidate HCl	18 mg	Tab ER 24	Limited to 60 tabs per 30 days
Methylphenidate ER	Methylphenidate HCl	27 mg	Tab ER 24	Limited to 60 tabs per 30 days
Methylphenidate ER	Methylphenidate HCl	36 mg	Tab ER 24	Limited to 60 tabs per 30 days
Methylphenidate ER	Methylphenidate HCl	54 mg	Tab ER 24	Limited to 60 tabs per 30 days
Methylphenidate ER	Methylphenidate HCl	72 mg	Tab ER 24	Limited to 60 tabs per 30 days
Methylphenidate ER	Methylphenidate HCl	10 mg	Tablet ER	Limited to 90 tabs per 30 days
Methylphenidate ER	Methylphenidate HCl	20 mg	Tablet ER	Limited to 90 tabs per 30 days
Methylphenidate HCl	Methylphenidate HCl	10 mg/5 ml	Solution	Limited to 900ml per 30 days
Methylphenidate HCl	Methylphenidate HCl	5 mg/5 ml	Solution	Limited to 1800ml per 30 days
Methylphenidate HCl Cd	Methylphenidate HCl	10 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Methylphenidate HCl Cd	Methylphenidate HCl	20 mg	Cpbp 30-70	Limited to 60 caps per 30 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Methylphenidate HCl Cd	Methylphenidate HCl	30 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Methylphenidate HCl Cd	Methylphenidate HCl	40 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Methylphenidate HCl ER	Methylphenidate HCl	10 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Methylphenidate HCl ER	Methylphenidate HCl	20 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Methylphenidate HCl ER	Methylphenidate HCl	30 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Methylphenidate HCl ER	Methylphenidate HCl	40 mg	Cpbp 30-70	Limited to 60 caps per 30 days
Methylphenidate La	Methylphenidate HCl	10 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Methylphenidate La	Methylphenidate HCl	20 mg	Cpbp 50-50	Limited to 60 caps per 30 days
Methylphenidate La	Methylphenidate HCl	30 mg	Cpbp 50-50	Limited to 60 caps per 30 days
Methylphenidate La	Methylphenidate HCl	40 mg	Cpbp 50-50	Limited to 30 caps per 30 days
Miglitol	Miglitol	100 mg	Tablet	Limited to 90 tabs per 30 days
Miglitol	Miglitol	25 mg	Tablet	Limited to 90 tabs per 30 days
Miglitol	Miglitol	50 mg	Tablet	Limited to 90 tabs per 30 days
Morphine Sulfate ER	Morphine Sulfate	120 mg	Cpmp 24hr	Limited to 60 caps per 30 days
Morphine Sulfate ER	Morphine Sulfate	30 mg	Cpmp 24hr	Limited to 30 caps per 30 days
Morphine Sulfate ER	Morphine Sulfate	45 mg	Cpmp 24hr	Limited to 30 caps per 30 days
Morphine Sulfate ER	Morphine Sulfate	60 mg	Cpmp 24hr	Limited to 30 caps per 30 days
Morphine Sulfate ER	Morphine Sulfate	75 mg	Cpmp 24hr	Limited to 30 caps per 30 days
Morphine Sulfate ER	Morphine Sulfate	90 mg	Cpmp 24hr	Limited to 60 caps per 30 days
Mulpleta	Lusutrombopag	3mg	Tablet	Limited to 21 tabs per 365 days
Mytesi	Crofelemer	125 mg	Tablet DR	Limited to 60 tabs per 30 days
Naratriptan	Naratriptan HCl	1 mg	Tablet	Bill 3 day supply or greater for every tablet dispensed
Naratriptan	Naratriptan HCl	2.5 mg	Tablet	Bill 3 day supply or greater for every tablet dispensed
Naratriptan HCl	Naratriptan HCl	1 mg	Tablet	Bill 3 day supply for each tablet dispensed
Naratriptan HCl	Naratriptan HCl	2.5 mg	Tablet	Bill 3 day supply for each tablet dispensed
Natpara	Parathyroid Hormone	100 mcg	Cartridge	Limited to 2 cartridges per 28 days
Natpara	Parathyroid Hormone	25mcg/Dose	Cartridge	Limited to 2 cartridges per 28 days
Natpara	Parathyroid Hormone	50mcg/Dose	Cartridge	Limited to 2 cartridges per 28 days
Natpara	Parathyroid Hormone	75mcg/Dose	Cartridge	Limited to 2 cartridges per 28 days
Nebupent	Pentamidine Isethionate	300 mg	Vial-Neb	Limited to 1 vial per 30 days
Neulasta	Pegfilgrastim	6mg/0.6ml	Syringe	Limited to maximum of 15 day supply per fill.
Neulasta	Pegfilgrastim	6mg/0.6ml	Syr W/ Inj	Limited to maximum of 15 day supply per fill.
Neumega	Oprelvekin	5 mg	Vial	Limited To 21ml Per Prescription
Nevirapine ER	Nevirapine	100 mg	Tab ER 24h	Limited to 30 tabs per 30 days
Nevirapine ER	Nevirapine	400 mg	Tab ER 24h	Limited to 30 tabs per 30 days
Nicotrol	Nicotine	10 mg	Cartridge	Limited to 504 cartridges per 30 days
Nicotrol Ns	Nicotine	10 mg/ml	Spray	Limited to 120ml per 30 days
Novolin 70-30	Insulin Nph Hum/Reg Insulin Hm	70-30/ml	Vial	Limited to 60ml per 30 days
Novolin 70-30 Flexpen	Insulin Nph Hum/Reg Insulin Hm	70-30/ml	Insuln Pen	Limited to 60ml per 30 days
Novolin N	Insulin Nph Human Isophane	100/ml	Vial	Limited to 60ml per 30 days
Novolin R	Insulin Regular, Human	100/ml	Vial	Limited to 60ml per 30 days



Brand Name	Generic Name	Strength	Dosage Form	Details
Novolog	Insulin Aspart	100/ml	Cartridge	Limited to 60ml per 30 days
Novolog	Insulin Aspart	100/ml	Vial	Limited to 60ml per 30 days
Novolog Flexpen	Insulin Aspart	100/ml	Insulin Pen	Limited to 60ml per 30 days
Novolog Mix 70-30	Insulin Aspart Prot/Insulin Asp	70-30/ml	Vial	Limited to 60ml per 30 days
Novolog Mix 70-30 Flexpen	Insulin Aspart Prot/Insulin Asp	70-30/ml	Insulin Pen	Limited to 60ml per 30 days
Nuvaring	Etonogestrel/Ethinyl Estradiol	.12-.015mg	Vag Ring	Limited to 1 ring per 28 days
Omeprazole	Omeprazole	10 mg	Capsule DR	Limited to 30 caps per 30 days
Omeprazole	Omeprazole	20 mg	Tablet DR	Limited to 60 tabs per 30 days
Omeprazole-Sodium Bicarbonate	Omeprazole/Sodium Bicarbonate	20mg-1.1g	Capsule	Limited to 60 caps per 30 days
Omeprazole-Sodium Bicarbonate	Omeprazole/Sodium Bicarbonate	40mg-1.1g	Capsule	Limited to 60 caps per 30 days
Omeprazole-Sodium Bicarbonate	Omeprazole/Sodium Bicarbonate	20-1680mg	Packet	Limited to 30 packets per 30 days
Omeprazole-Sodium Bicarbonate	Omeprazole/Sodium Bicarbonate	40-1680mg	Packet	Limited to 30 packets per 30 days
Ondansetron HCl	Ondansetron HCl	4 mg/5 ml	Solution	Limited to 150ml per 30 days
Ondansetron HCl	Ondansetron HCl	24 mg	Tablet	Limited to 1 tab per 30 days
Ondansetron HCl	Ondansetron HCl	4 mg	Tablet	Limited to 180 tabs per 30 days
Ondansetron HCl	Ondansetron HCl	8 mg	Tablet	Limited to 90 tabs per 30 days
Ondansetron ODT	Ondansetron	4 mg	Tab Rapdis	Limited to 91 tabs per 91 days
Ondansetron ODT	Ondansetron	8 mg	Tab Rapdis	Limited to 90 tabs per 30 days
Orencia	Abatacept	50mg/0.4ml	Syringe	Limited to 4 syringes per 28 days
Orencia	Abatacept	87.5mg/0.7	Syringe	Limited to 4 syringes per 28 days
Orencia Clickject	Abatacept	125 mg/ml	Auto Injct	Limited To 4ml Per 28 Days
Orkambi	Lumacaftor/Ivacaftor	150-188 mg	Gran Pack	Limited to 60 packs per 30 days
Orkambi	Lumacaftor/Ivacaftor	100-125 mg	Gran Pack	Limited to 60 packs per 30 days
Oseltamivir Phosphate	Oseltamivir Phosphate	30 mg	Capsule	Limited to 1 fill of 28 caps per 90 days
Oseltamivir Phosphate	Oseltamivir Phosphate	45 mg	Capsule	Limited to 1 fill of 14 caps per 90 days
Oseltamivir Phosphate	Oseltamivir Phosphate	75 mg	Capsule	Limited to 1 fill of 14 caps per 90 days
Oseltamivir Phosphate	Oseltamivir Phosphate	6 mg/ml	Susp Recon	Limited to 1 fill of 252ml per 90 days
Oxybutynin Chloride	Oxybutynin Chloride	5 mg/5 ml	Syrup	Limited to 20ml per 30 days
Oxybutynin Chloride	Oxybutynin Chloride	5 mg	Tablet	Limited to 120 tabs per 30 days
Oxybutynin Chloride ER	Oxybutynin Chloride	10 mg	Tab ER 24	Limited to 60 tabs per 30 days
Oxybutynin Chloride ER	Oxybutynin Chloride	5 mg	Tab ER 24	Limited to 30 tabs per 30 days
Oxycodone HCl	Oxycodone HCl	5 mg	Capsule	Limited to 480 caps per 30 days
Oxycodone HCl	Oxycodone HCl	5 mg/5 ml	Solution	Limited to 2400ml per 30 days
Oxycodone HCl	Oxycodone HCl	10mg/0.5ml	Syringe	Limited to 240 syringes per 30 days
Oxycodone HCl	Oxycodone HCl	10 mg	Tablet	Limited to 240 tabs per 30 days
Oxycodone HCl	Oxycodone HCl	15 mg	Tablet	Limited to 160 tabs per 30 days
Oxycodone HCl	Oxycodone HCl	20 mg	Tablet	Limited to 120 tabs per 30 days
Oxycodone HCl	Oxycodone HCl	30 mg	Tablet	Limited to 60 tabs per 30 days
Oxycodone HCl	Oxycodone HCl	5 mg	Tablet	Limited to 480 tabs per 30 days
Oxycodone HCl ER	Oxycodone HCl	10 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxycodone HCl ER	Oxycodone HCl	15 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxycodone HCl ER	Oxycodone HCl	20 mg	Tab ER 12h	Limited to 90 tabs per 30 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Oxycodone HCl ER	Oxycodone HCl	30 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxycodone HCl ER	Oxycodone HCl	40 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxycodone HCl ER	Oxycodone HCl	60 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxycodone HCl ER	Oxycodone HCl	80 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxycodone-Acetaminophen	Oxycodone HCl/Acetaminophen	5-325/5 ml	Solution	Limited to 1800ml per 30 days
Oxycodone-Acetaminophen	Oxycodone HCl/Acetaminophen	10mg-325mg	Tablet	Limited to 360 tabs per 30 days
Oxycodone-Acetaminophen	Oxycodone HCl/Acetaminophen	2.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Oxycodone-Acetaminophen	Oxycodone HCl/Acetaminophen	5 mg-325mg	Tablet	Limited to 360 tabs per 30 days
Oxycodone-Acetaminophen	Oxycodone HCl/Acetaminophen	7.5-325 mg	Tablet	Limited to 360 tabs per 30 days
Oxycontin	Oxycodone HCl	15 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxycontin	Oxycodone HCl	30 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxycontin	Oxycodone HCl	60 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxymorphone HCl ER	Oxymorphone HCl	10 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxymorphone HCl ER	Oxymorphone HCl	15 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxymorphone HCl ER	Oxymorphone HCl	20 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxymorphone HCl ER	Oxymorphone HCl	30 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxymorphone HCl ER	Oxymorphone HCl	40 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxymorphone HCl ER	Oxymorphone HCl	5 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxymorphone HCl ER	Oxymorphone HCl	7.5 mg	Tab ER 12h	Limited to 90 tabs per 30 days
Oxytrol	Oxybutynin	3.9mg/24hr	Patch Tdsw	Limited to 10 patches per 30 days
Pantoprazole Sodium	Pantoprazole Sodium	20 mg	Tablet DR	Limited to 60 tabs per 30 days
Pantoprazole Sodium	Pantoprazole Sodium	40 mg	Tablet DR	Limited to 60 tabs per 30 days
Pegasys	Peginterferon Alfa-2a	180mcg/0.5	Syringe	Limited to 4 syringes per 28 days
Pegintron	Peginterferon Alfa-2b	120mcg/0.5	Kit	Limited to 5 vials per 30 days
Pegintron	Peginterferon Alfa-2b	150mcg/0.5	Kit	Limited to 5 vials per 30 days
Pegintron	Peginterferon Alfa-2b	50 mcg/0.5	Kit	Limited to 5 vials per 30 days
Pegintron	Peginterferon Alfa-2b	80mcg/0.5	Kit	Limited to 5 vials per 30 days
Pegintron Redipen	Peginterferon Alfa-2b	120mcg/0.5	Pen Ij Kit	Limited to 5 pens per 30 days
Pegintron Redipen	Peginterferon Alfa-2b	150mcg/0.5	Pen Ij Kit	Limited to 5 pens per 30 days
Pegintron Redipen	Peginterferon Alfa-2b	50 mcg/0.5	Pen Ij Kit	Limited to 5 pens per 30 days
Pegintron Redipen	Peginterferon Alfa-2b	80mcg/0.5	Pen Ij Kit	Limited to 5 pens per 30 days
Pioglitazone HCl	Pioglitazone HCl	15 mg	Tablet	Limited to 30 tabs per 30 days
Pioglitazone HCl	Pioglitazone HCl	30 mg	Tablet	Limited to 30 tabs per 30 days
Pioglitazone HCl	Pioglitazone HCl	45 mg	Tablet	Limited to 30 tabs per 30 days
Pioglitazone-Glimepiride	Pioglitazone HCl/Glimepiride	30 mg-2 mg	Tablet	Limited to 45 tabs per 30 days
Pioglitazone-Glimepiride	Pioglitazone HCl/Glimepiride	30 mg-4 mg	Tablet	Limited to 45 tabs per 30 days
Pioglitazone-Metformin	Pioglitazone HCl/Metformin HCl	15mg-500mg	Tablet	Limited to 90 tabs per 30 days
Pioglitazone-Metformin	Pioglitazone HCl/Metformin HCl	15mg-850mg	Tablet	Limited to 90 tabs per 30 days
Pomalyst	Pomalidomide	1 mg	Capsule	Limited to 21 caps per 28 days
Pomalyst	Pomalidomide	2 mg	Capsule	Limited to 21 caps per 28 days
Pomalyst	Pomalidomide	3 mg	Capsule	Limited to 21 caps per 28 days
Pomalyst	Pomalidomide	4 mg	Capsule	Limited to 21 caps per 28 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Precision Xtra	Blood Ketone Test, Strips		Strip	Limited to 300 strips per 30 days
Prezista	Darunavir Ethanolate	800 mg	Tablet	Limited to 30 tabs per 30 days
Primlev	Oxycodone HCl/Acetaminophen	10mg-300mg	Tablet	Limited to 390 tabs per 30 days
Primlev	Oxycodone HCl/Acetaminophen	5 mg-300mg	Tablet	Limited to 390 tabs per 30 days
Primlev	Oxycodone HCl/Acetaminophen	7.5-300 mg	Tablet	Limited to 390 tabs per 30 days
Pulmicort Flexhaler	Budesonide	180 mcg	Aer Pow Ba	Limited to 2 bottles per 30 days
Pulmicort Flexhaler	Budesonide	90 mcg	Aer Pow Ba	Bill 15 day supply or greater for each inhaler dispensed
Quasense	Levonorgestrel-Ethin Estradiol	0.15-0.03	Tbdspk 3mo	Limited to 91 tabs per 91 days
Quillichew ER	Methylphenidate HCl	20 mg	Tab Cbp24h	Limited to 90 tabs per 30 days
Quillichew ER	Methylphenidate HCl	30 mg	Tab Cbp24h	Limited to 60 tabs per 30 days
Quillichew ER	Methylphenidate HCl	40 mg	Tab Cbp24h	Limited to 30 tabs per 30 days
Quillivant Xr	Methylphenidate HCl	5 mg/ml	Su ER Rc24	Limited to 60ml per 30 days
Qvar	Beclomethasone Dipropionate	40 mcg	Aer W/Adap	Limited to 8.7 gm per 10 days/26.1 gm per 30 days
Qvar	Beclomethasone Dipropionate	80 mcg	Aer W/Adap	Limited to 8.7 gm per 10 days/26.1 gm per 30 days
Qvar Redihaler	Beclomethasone Dipropionate	40 mcg	Hfa Aeroba	Limited to 1 inhaler per 10 days/3 inhalers per 30 days
Qvar Redihaler	Beclomethasone Dipropionate	80 mcg	Hfa Aeroba	Limited to 1 inhaler per 10 days/3 inhalers per 30 days
Rebif	Interferon Beta-1a/Albumin	22mcg/.5ml	Syringe	Limited to 12 syringes per 28 days
Rebif	Interferon Beta-1a/Albumin	44mcg/.5ml	Syringe	Limited to 12 syringes per 28 days
Rebif	Interferon Beta-1a/Albumin	8.8-22(6)	Syringe	Limited to 12 syringes per 28 days
Relenza	Zanamivir	5 mg	Blst W/Dev	Limited to 20 blisters per fill
Riluzole	Riluzole	50 mg	Tablet	Limited to 60 tabs per 30 days
Ritalin La	Methylphenidate HCl	10 mg	Cpbp 50-50	Limited to 60 caps per 30 days
Rizatriptan	Rizatriptan Benzoate	10 mg	Tab Rapdis	Limited to 12 tabs per 30 days
Rizatriptan	Rizatriptan Benzoate	5 mg	Tab Rapdis	Limited to 12 tabs per 30 days
Rizatriptan	Rizatriptan Benzoate	10 mg	Tablet	Limited to 12 tabs per 30 days
Rizatriptan	Rizatriptan Benzoate	5 mg	Tablet	Limited to 12 tabs per 30 days
Rubraca	Rucaparib Camsylate	200 mg	Tablet	Limited to 120 tabs per 30 days
Rubraca	Rucaparib Camsylate	300 mg	Tablet	Limited to 120 tabs per 30 days
Serevent Diskus	Salmeterol Xinafoate	50 mcg	Blst W/Dev	Limited to 60 diskus blisters per 15 days/120 blisters per 30 days
Setlakin	Levonorgestrel-Ethin Estradiol	0.15-0.03	Tbdspk 3mo	Limited to 91 tabs per 91 days
Shingrix	Varicella-Zoster Ge/As01b/Pf	50 mcg/0.5	Kit	Limited to 2 times per lifetime
Shingrix Ge Antigen Component	Varicella-Zoster Ge Vac, 2 Of 2	50 mcg	Vial	Limited to 2 times per lifetime
Shingrix Adjuvant Component	Adjuvant As01b/Pf, Vial 1 Of 2	N/A	Vial	Limited to 2 times per lifetime
Simponi	Golimumab	50mg/0.5ml	Pen Injctr	Limited to 1 syringe per 28 days
Simponi	Golimumab	100 mg/ml	Syringe	Limited To 1ml Per 28 Days
Simponi	Golimumab	50mg/0.5ml	Syringe	Limited to 1 syringe per 28 days
Simvastatin	Simvastatin	40 mg	Tablet	Limited to 30 tabs per 30 days
Simvastatin	Simvastatin	80 mg	Tablet	Limited to 30 tabs per 30 days
Sovaldi	Sofosbuvir	400 mg	Tablet	Limited to 28 tabs per 28 days
Spiriva	Tiotropium Bromide	18 mcg	Cap W/Dev	Limited to 1 inhaler per 30 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Spiriva Respimat	Tiotropium Bromide	1.25 mcg	Mist Inhal	Limited to 4 gm per 30 days
Spiriva Respimat	Tiotropium Bromide	2.5 mcg	Mist Inhal	Limited to 4 gm per 30 days
Stivarga	Regorafenib	40 mg	Tablet	Limited to 84 tabs per 28 days
Strensiq	Asfotase Alfa	18mg/.45ml	Vial	Limited to 10.8ml per 28 days
Strensiq	Asfotase Alfa	28mg/0.7ml	Vial	Limited to 16.8ml per 28 days
Strensiq	Asfotase Alfa	40 mg/ml	Vial	Limited to 24ml per 28 days
Strensiq	Asfotase Alfa	80mg/0.8ml	Vial	Limited to 19.2ml per 28 days
Stribild	Elviteg/Cob/Emtri/Tenofo Disop	150-200 mg	Tablet	Limited to 30 tabs per 30 days
Sumatriptan	Sumatriptan	20 mg	Spray	Bill 30 days supply or greater for each 6ml dispensed
Sumatriptan	Sumatriptan	5 mg	Spray	Bill 30 days supply or greater for each 6ml dispensed
Sumatriptan Succinate	Sumatriptan Succinate	100 mg	Tablet	Limited to 9 tabs per 30 days
Sumatriptan Succinate	Sumatriptan Succinate	25 mg	Tablet	Limited to 9 tabs per 30 days
Sumatriptan Succinate	Sumatriptan Succinate	50 mg	Tablet	Limited to 9 tabs per 30 days
Symdeko	Tezacaftor/Ivacaftor	50 mg-75mg	Tablet Seq	Limited to 56 tabs per 28 days
Symdeko	Tezacaftor/Ivacaftor	100-150 mg	Tablet Seq	Limited to 56 tabs per 28 days
Symjepi	Epinephrine	0.15mg/0.3	Syringe	Limited to 4 per 30 days
Synjardy	Empagliflozin/Metformin	5mg-500mg	Tablet	Limited to 60 tabs per 30 days
Synjardy	Empagliflozin/Metformin	5mg-1000mg	Tablet	Limited to 60 tabs per 30 days
Synjardy	Empagliflozin/Metformin	12.5mg-1000mg	Tablet	Limited to 60 tabs per 30 days
Synjardy	Empagliflozin/Metformin	12.5mg-500mg	Tablet	Limited to 60 tabs per 30 days
Tasigna	Nilotinib HCl	50 mg	Capsules	Limited to 60 caps per 30 days
Tecfidera	Dimethyl Fumarate	120 mg	Capsule DR	Limited to 60 caps per 30 days
Tecfidera	Dimethyl Fumarate	120-240 mg	Capsule DR	Limited to 60 caps per 30 days
Tecfidera	Dimethyl Fumarate	240 mg	Capsule DR	Limited to 60 caps per 30 days
Terbinafine HCl	Terbinafine HCl	250 mg	Tablet	Limited to 30 tabs per 30 days
Terconazole	Terconazole	0.40%	Cream/Apl	Limited to 45gm per fill
Terconazole	Terconazole	0.80%	Cream/Apl	Limited to 20gm per fill
Terconazole	Terconazole	80 mg	Supp.Vag	Limited to 3 suppositories per fill
Tivicay	Dolutegravir Sodium	50 mg	Tablet	Limited to 60 tabs per 30 days
Tobi Podhaler	Tobramycin	28 mg	Cap W/Dev	Limited to 1 fill of 224 caps per 56 days
Tobi Podhaler	Tobramycin	28 mg	Capsule	Limited to 1 fill of 224 caps per 56 days
Tobramycin	Tobramycin In 0.225% Sod Chlor	300 mg/5ml	Ampul-Neb	Limited to 280ml per 30 days
Tolterodine Tartrate	Tolterodine Tartrate	1 mg	Tablet	Limited to 60 tabs per 30 days
Tolterodine Tartrate	Tolterodine Tartrate	2 mg	Tablet	Limited to 60 tabs per 30 days
Tradjenta	Linagliptin	5 mg	Tablet	Limited to 30 tabs per 30 days
Tramadol HCl ER	Tramadol HCl	100 mg	Tab ER 24h	Limited to 30 tabs per 30 days
Tramadol HCl ER	Tramadol HCl	200 mg	Tab ER 24h	Limited to 30 tabs per 30 days
Tramadol HCl ER	Tramadol HCl	300 mg	Tab ER 24h	Limited to 30 tabs per 30 days
Tramadol HCl-Acetaminophen	Tramadol HCl/Acetaminophen	37.5-325mg	Tablet	Limited to 180 tabs per 30 days
Tranexamic Acid	Tranexamic Acid	650 mg	Tablet	Limited to 30 tabs per 28 days
Trelegy Ellipta	Fluticasone/Umeclidin/Vilanter	100-62.5	Blst W/Dev	Limited to 1 inhaler per 30 days
Trospium Chloride	Trospium Chloride	20 mg	Tablet	Limited to 60 caps per 30 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Trospium Chloride ER	Trospium Chloride	60 mg	Cap ER 24h	Limited to 30 caps per 30 days
Trulicity	Dulaglutide	0.75mg/0.5ml	Pen Injctr	Limited to 4ml per 28 days
Trulicity	Dulaglutide	1.5mg/0.5ml	Pen Injctr	Limited to 4ml per 28 days
Tudorza Pressair	Acclidinium Bromide	400 mcg	Aer Pow Ba	Limited to 1 inhalers per 30 days
Vemlidy	Tenofovir Alafenamide Fumarate	25 mg	Tablet	Limited to 30 tabs per 30 days
Veregen	Sinecatechins	15%	Oint. (G)	Limited to 15 gm per 30 days
Verzenio	Abemaciclib	50mg	Tablet	Limited to 56 tabs per 28 days
Verzenio	Abemaciclib	100mg	Tablet	Limited to 56 tabs per 28 days
Verzenio	Abemaciclib	150mg	Tablet	Limited to 56 tabs per 28 days
Verzenio	Abemaciclib	200mg	Tablet	Limited to 56 tabs per 28 days
Vicodin	Hydrocodone/Acetaminophen	5 mg-300mg	Tablet	Limited to 390 tabs per 30 days
Vicodin Es	Hydrocodone/Acetaminophen	7.5-300 mg	Tablet	Limited to 390 tabs per 30 days
Vicodin Hp	Hydrocodone/Acetaminophen	10mg-300mg	Tablet	Limited to 390 tabs per 30 days
Victoza 2-Pak	Liraglutide	0.6 mg/0.1	Pen Injctr	Limited to 6ml per 30 days
Victoza 3-Pak	Liraglutide	0.6 mg/0.1	Pen Injctr	Limited to 9ml per 30 days
Voriconazole	Voriconazole	200 mg/5ml	Susp Recon	Limited to 450ml per 30 days
Voriconazole	Voriconazole	200 mg	Tablet	Limited to 90 tabs per 30 days
Voriconazole	Voriconazole	50 mg	Tablet	Limited to 90 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	10 mg	Capsule	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	20 mg	Capsule	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	30 mg	Capsule	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	40 mg	Capsule	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	50 mg	Capsule	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	60 mg	Capsule	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	70 mg	Capsule	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	10 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	20 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	30 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	40 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	50 mg	Tab Chew	Limited to 30 tabs per 30 days
Vyvanse	Lisdexamfetamine Dimesylate	60 mg	Tab Chew	Limited to 30 tabs per 30 days
Wixela Inhub	Fluticasone/Salmeterol	100-50 mcg	Blst W/Dev	Limited to 60 diskus blisters per 30 days
Wixela Inhub	Fluticasone/Salmeterol	250-50 mcg	Blst W/Dev	Limited to 60 diskus blisters per 30 days
Wixela Inhub	Fluticasone/Salmeterol	500-50 mcg	Blst W/Dev	Limited to 60 diskus blisters per 30 days
Xarelto	Rivaroxaban	15 mg-20mg	Tab Ds Pk	Limited to 51 tabs per 30 days
Xarelto	Rivaroxaban	10 mg	Tablet	Limited to 60 tabs per 30 days
Xarelto	Rivaroxaban	15 mg	Tablet	Limited to 60 tabs per 30 days
Xarelto	Rivaroxaban	20 mg	Tablet	Limited to 30 tabs per 30 days
Xeljanz	Tofacitinib Citrate	5 mg	Tablet	Limited to 60 tabs per 30 days
Xeljanz Xr	Tofacitinib Citrate	11 mg	Tab ER 24h	Limited to 30 tabs per 30 days
Xifaxan	Rifaximin	200 mg	Tablet	Limited to 90 tabs per 30 days
Xifaxan	Rifaximin	550 mg	Tablet	Limited to 60 tabs per 30 days
Xtandi	Enzalutamide	40 mg	Capsule	Limited to 120 caps per 30 days
Zaleplon	Zaleplon	10 mg	Capsule	Limited to 60 caps per 30 days

Brand Name	Generic Name	Strength	Dosage Form	Details
Zaleplon	Zaleplon	5 mg	Capsule	Limited to 60 caps per 30 days
Zarxio	Filgrastim-Sndz	300mcg/0.5	Syringe	Limited to 7.5ml per 15 days. (Maximum of 15 day supply per fill.)
Zarxio	Filgrastim-Sndz	480mcg/0.8	Syringe	Limited to 12ml per 15 days. (Maximum of 15 day supply per fill.)
Zepatier	Elbasvir/Grazoprevir	50mg-100mg	Tablet	Limited to 28 tabs per 28 days
Zolmitriptan	Zolmitriptan	2.5 mg	Tablet	Limited to 6 tabs per 30 days
Zolmitriptan	Zolmitriptan	5 mg	Tablet	Limited to 6 tabs per 30 days
Zolmitriptan ODT	Zolmitriptan	2.5 mg	Tab Rapdis	Limited to 6 tabs per 30 days
Zolmitriptan ODT	Zolmitriptan	5 mg	Tab Rapdis	Limited to 6 tabs per 30 days
Zolpidem	Zolpidem Tartrate	5mg	Tablet	Limited to 60 tabs per 30 days
Zolpidem Tartrate	Zolpidem Tartrate	10 mg	Tablet	Limited to 30 tabs per 30 days
Zolpidem Tartrate	Zolpidem Tartrate	10mg	Tablet	Limited to 30 tabs per 30 days
Zolpidem Tartrate	Zolpidem Tartrate	5 mg	Tablet	Limited to 60 tabs per 30 days
Zolpidem Tartrate	Zolpidem Tartrate	5mg	Tablet	Limited to 60 tabs per 30 days
Zolpidem Tartrate ER	Zolpidem Tartrate	12.5 mg	Tab Mphase	Limited to 30 tabs per 30 days
Zolpidem Tartrate ER	Zolpidem Tartrate	6.25 mg	Tab Mphase	Limited to 30 tabs per 30 days
Zurampic	Lesinurad	200 mg	Tablet	Limited to 30 tabs per 30 days
Zykadia	Ceritinib	150 mg	Capsule	Limited to 150 caps per 30 days
Zykadia	Ceritinib	150 mg	Tablet	Limited to 150 tabs per 30 days

## Step therapy

Step therapy requires you to try one or more “first-line” medications before proceeding to higher cost alternative treatments.

Brand Name	Generic Name	Dosage	Details
Actoplus Met Xr	Pioglitazone HCl/Metformin HCl	Tbmp 24hr	Must try/fail generic metformin
Candesartan Cilexetil	Candesartan Cilexetil	Tablet	Must try/fail at least 2 of the following generics: irbesartan, irbesartan/HCTZ, losartan potassium, or losartan/HCTZ
Candesartan-Hydrochlorothiazid	Candesartan/Hydrochlorothiazid	Tablet	Must try/fail at least 2 of the following generics: irbesartan, irbesartan/HCTZ, losartan potassium, or losartan/HCTZ
Diclofenac Sodium	Diclofenac Sodium	Gel (Gram)	Must try/fail at least 1 generic NSAID.
Dulera	Mometasone/Formoterol	Hfa Aer Ad	Must try/fail at least 1 of the following alternatives: Asmanex, Flovent, Pulmicort or Qvar
Entresto	Sacubitril/Valsartan	Tablet	Must try/fail at least 1 ACE inhibitor/ARB
Eprosartan Mesylate	Eprosartan Mesylate	Tablet	Must try/fail at least 2 of the following generics: irbesartan, irbesartan/HCTZ, losartan potassium, or losartan/HCTZ
Fentanyl	Fentanyl	Patch Td72	Must try/fail generic morphine ER tablets
Granisetron HCl	Granisetron HCl	Tablet	Must try/fail generic ondansetron
Jardiance	Empagliflozin	Tablet	Must try/fail metformin
Kombiglyze Xr	Saxagliptin HCl/Metformin HCl	Tbmp 24hr	Must try/fail at least 2 of the following: metformin and Janumet or Januvia
Levalbuterol Concentrate	Levalbuterol HCl	Vial-Neb	Must try/fail at least 1 of the following: Ventolin or albuterol sulfate nebulizer solution.
Levalbuterol HCl	Levalbuterol HCl	Vial-Neb	Must try/fail at least 1 of the following: Ventolin or albuterol sulfate nebulizer solution.
Levalbuterol Tartrate Hfa	Levalbuterol Tartrate	Hfa Aer Ad	Must try/fail Ventolin
Miglitol	Miglitol	Tablet	Must try/fail generic metformin
Montelukast Sodium	Montelukast Sodium	Gran Pack	Must try/fail at least 1 of the following: Symbicort, Breo Ellipta, Advair, Dulera, Arnuity Ellipta, Flovent, Pulmicort, Aerospan, Alvesco, Foradil, Perforomist, Asmanex, Xopenex, Ventolin, Proair, or Proventil.
Montelukast Sodium	Montelukast Sodium	Tab Chew	Must try/fail at least 1 of the following: Symbicort, Breo Ellipta, Advair, Dulera, Arnuity Ellipta, Flovent, Pulmicort, Aerospan, Alvesco, Foradil, Perforomist, Asmanex, Xopenex, Ventolin, Proair, or Proventil.
Montelukast Sodium	Montelukast Sodium	Tablet	Must try/fail at least 1 of the following: Symbicort, Breo Ellipta, Advair, Dulera, Arnuity Ellipta, Flovent, Pulmicort, Aerospan, Alvesco, Foradil, Perforomist, Asmanex, Xopenex, Ventolin, Proair, or Proventil.
Oxycodone HCl ER	Oxycodone HCl	Tab ER 12h	Must try/fail at least 2 of the following: generic morphine sulfate ER and Fentanyl patches.
Oxycontin	Oxycodone HCl	Tab ER 12h	Must try/fail at least 2 of the following: generic morphine sulfate ER and Fentanyl patches.
Oxymorphone HCl ER	Oxymorphone HCl	Tab ER 12h	Must try/fail at least 2 of the following: generic morphine sulfate ER and Fentanyl patches.
Pioglitazone-Glimepiride	Pioglitazone HCl/Glimepiride	Tablet	Must try/fail generic metformin
Pioglitazone-Metformin	Pioglitazone HCl/Metformin HCl	Tablet	Must try/fail generic metformin



Brand Name	Generic Name	Dosage	Details
Prilosec	Omeprazole Magnesium	Suspdr Pkt	Must try/fail at least 2 of the following generics: lansoprazole, omeprazole, or pantoprazole
Prilosec Otc	Omeprazole Magnesium	Tablet DR	Must try/fail at least 2 of the following generics: lansoprazole, omeprazole, or pantoprazole
Repaglinide	Repaglinide	Tablet	Must try/fail generic metformin
Repaglinide-Metformin HCl	Repaglinide/Metformin HCl	Tablet	Must try/fail generic metformin
Soltamox	Tamoxifen Citrate	Solution	Must try/fail generic tamoxifen citrate
Symbicort	Budesonide/Formoterol Fumarate	Hfa Aer Ad	Must try/fail at least 1 of the following alternatives: Asmanex, Flovent, Pulmicort or Qvar
Synjardy	Empagliflozin/Metformin Hcl	Tablet	Must try/fail metformin
Travoprost	Travoprost (Benzalkonium)	Drops	Must try/fail generic latanoprost drops
Trelegy Ellipta	Fluticasone/Umeclidin/Vilanter	Blst W/Dev	Must try/fail ipratropium/albuterol, Combivent, Stiolto, or Advair AND budesonide, Flovent, Qvar or Spiriva
Trulicity	Dulaglutide	Pen Injctr	Must try/fail generic metformin
Vancomycin HCl	Vancomycin HCl	Capsule	Must try/fail generic oral metronidazole
Victoza 2-Pak	Liraglutide	Pen Injctr	Must try/fail generic metformin
Victoza 3-Pak	Liraglutide	Pen Injctr	Must try/fail generic metformin
Zolpidem Tartrate ER	Zolpidem Tartrate	Tab Mphase	Must try/fail generic zolpidem 5mg or 10mg



## Age limits

Some medications are limited to certain ages based on FDA recommendation or plan benefit limitations.

Brand Name	Generic Name	Dosage Form	Details
Cervarix	Human Papillomav Vacc Bival/Pf	Syringe	Must be between the age of 9 and 26 years of age.
Fluoride Containing Drugs		All	Must be 18 years old or under.
Gardasil	Human Papillomavirus Vac,Qval/Pf	Syringe	Must be between the age of 9 and 26 years of age.
Gardasil	Human Papillomavirus Vac,Qval/Pf	Vial	Must be between the age of 9 and 26 years of age.
Gardasil 9	Hpv Vaccine 9-Valent/Pf	Syringe	Must be between the age of 9 and 26 years of age.
Gardasil 9	Hpv Vaccine 9-Valent/Pf	Vial	Must be between the age of 9 and 26 years of age.
Griseofulvin	Griseofulvin, Microsize	Oral Susp	Prior authorization required for members over 17 years of age.
Pevnar 13	Pneumoc 13-Val Conj-Dip Crm/Pf	Syringe	Must be 65 years old and older.
Quillichew ER	Methylphenidate HCl	Tab Cbp24h	Prior authorization required for members 5 years of age and under or 13 years of age and older.
Quillivant Xr	Methylphenidate HCl	Su ER Rc24	Prior authorization required for members 5 years of age and under or 13 years of age and older.
Shingrix	Varicella-Zoster Ge/As01b/Pf	Kit	Must be 50 years old and older.
Shingrix Ge Antigen Component	Varicella-Zoster Ge Vac,2 Of 2	Vial	Must be 50 years old and older.
Shingrix Adjuvant Component	Adjuvant As01b/Pf, Vial 1 Of 2	Vial	Must be 50 years old and older.
Zostavax	Zoster Vaccine Live/Pf	Vial	Must be 60 years old and older.

This document is provided for informational purposes only, and is intended as a quick reference. For cost and further details of the coverage, including exclusions, prior authorization requirements, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

*Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska.*

# EOCCO nondiscrimination notice

**EOCCO and network providers must treat you fairly. We and our providers must follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's: age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation**

Everyone has a right to know about EOCCO's programs and services. All members have a right to use our programs and services. We give free help when you need it.

Some examples of the free help we can give are: sign language interpreters, spoken language interpreters for other languages, written materials in other languages, braille, large print, audio and other formats.

**If you need any of the services listed above, contact:**

**EOCCO Customer Service,**  
888-788-9821 (TDD/TTY 711)

**If you feel that EOCCO has not treated you fairly you may file a written grievance by mailing or faxing it to:**

EOCCO  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

**If you need help or need help filing a grievance, please call:**

**EOCCO Customer Service,**  
888-788-9821 (TDD/TTY 711)

**You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). Contact that office one of these ways:**

Web: [www.hhs.gov](http://www.hhs.gov)

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

Phone: 800-368-1019, 800-537-7697 (TDD)

Mail: OCR  
200 Independence Avenue SW  
Room 509F HHH Bldg  
Washington, DC 20201

**To report your concern or get more information please contact our Civil Rights Manager one of these ways:**

Email: [compliance@modahealth.com](mailto:compliance@modahealth.com)

Phone: 855-232-9111, TTY: 711

Mail: Tom Bikales, VP Legal Affairs  
601 SW Second Ave.  
Portland, OR 97204



ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.