



Medicare Part D Drugs with Quantity Limit Restrictions

For certain drugs, MVP Health Care limits the amount of the drug that is covered. For example, MVP provides coverage for 3 capsules per day of LYRICA. This means that you will need to get approval from MVP if you or your doctor believes that you require more than the quantity limit. If you don't get approval first, MVP may not cover more than the covered quantity. You can ask MVP to make an exception to our coverage rules. For more information, refer to the MVP Health Care Medicare Part D Formulary ("How do I request an exception to MVP's Medicare Part D Formulary").

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

Brand Name	Quantity Limit Description
ABILIFY MAIN INJ 300MG	1 injection every 28 days
ABILIFY MAIN INJ 300MG	1 injection every 28 days
ABILIFY MAIN INJ 400MG	1 injection every 28 days
ADEMPAS TAB 0.5MG	90 tabs every 30 days
ADEMPAS TAB 1.5MG	90 tabs every 30 days
ADEMPAS TAB 1MG	90 tabs every 30 days
ADEMPAS TAB 2.5MG	90 tabs every 30 days
ADEMPAS TAB 2MG	90 tabs every 30 days
ALMOTRIP MAL TAB 12.5MG	8 tabs every 30 days
ALMOTRIP MAL TAB 6.25MG	12 tabs every 30 days
AMITIZA CAP 24MCG	60 caps every 30 days
AMITIZA CAP 8MCG	60 caps every 30 days

Brand Name	Quantity Limit Description
AMPYRA TAB 10MG	60 tabs every 30 days
APAP/CODEINE TAB 300-15MG	360 tabs every 30 days
APAP/CODEINE TAB 300-30MG	360 tabs every 30 days
APAP/CODEINE TAB 300-60MG	360 tabs every 30 days
APREPITANT CAP 125MG	2 caps every 30 days
APREPITANT CAP 40MG	1 cap every 30 days
APREPITANT CAP 80MG	8 caps every 30 days
APREPITANT PAK 80 & 125	6 caps every 30 days
AUBAGIO TAB 14MG	30 tabs every 30 days
AUBAGIO TAB 7MG	30 tabs every 30 days
BUPREN/NALOX SUB 2-0.5MG	90 tabs every 30 days
BUPREN/NALOX SUB 8-2MG	90 tabs every 30 days
BUTORPHANOL SOL 10MG/ML	4 bottles every 30 days
BYDUREON INJ 2MG	4 vials every 28 days
BYDUREON PEN INJ 2MG	4 pens every 28 days
BYETTA INJ 10MCG	1 pen every 30 days
BYETTA INJ 5MCG	1 pen every 30 days
CAPRELSA TAB 100MG	60 tabs every 30 days
CAPRELSA TAB 300MG	30 tabs every 30 days
CIALIS TAB 2.5MG	30 tabs every 30 days
CIALIS TAB 5MG	30 tabs every 30 days
CLOBETASOL CRE 0.05%	60 gm every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
CLOBETASOL E CRE 0.05%	60 gm every 30 days
CLOBETASOL GEL 0.05%	60 gm every 30 days
CLOBETASOL OIN 0.05%	60 gm every 30 days
COLCHICINE TAB 0.6MG	60 tabs every 30 days
DIGITEK TAB 0.125MG	30 tabs every 30 days
DIGOXIN TAB 0.125MG	30 tabs every 30 days
DIHYDROERGOT INJ 1MG/ML	24 ampules every 30 days
DIHYDROERGOT SPR 4MG/ML	8 mL every 28 days
DRONABINOL CAP 10MG	60 caps every 30 days
DRONABINOL CAP 2.5MG	60 caps every 30 days
DRONABINOL CAP 5MG	60 caps every 30 days
ENDOCET TAB 10-325MG	360 tabs every 30 days
ENDOCET TAB 5-325MG	360 tabs every 30 days
ENDOCET TAB 7.5-325	360 tabs every 30 days
EPINEPHRINE INJ 0.15MG	2 pens every 30 days
EPINEPHRINE INJ 0.3MG	4 pens every 30 days
EPINEPHRINE INJ 0.3MG	4 pens every 30 days
EPOGEN INJ 10000/ML	12 vials every 30 days
EPOGEN INJ 2000/ML	12 vials every 30 days
EPOGEN INJ 3000/ML	12 vials every 30 days
EPOGEN INJ 4000/ML	12 vials every 30 days
ERGOT/CAFFEN TAB 1-100MG	43 tabs every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
FARXIGA TAB 10MG	30 tabs every 30 days
FARXIGA TAB 5MG	30 tabs every 30 days
FENTANYL DIS 100MCG/H	20 patches every 30 days
FENTANYL DIS 12MCG/HR	20 patches every 30 days
FENTANYL DIS 25MCG/HR	20 patches every 30 days
FENTANYL DIS 50MCG/HR	20 patches every 30 days
FENTANYL DIS 75MCG/HR	20 patches every 30 days
FENTANYL OT LOZ 1200MCG	120 lozenges every 30 days
FENTANYL OT LOZ 1600MCG	120 lozenges every 30 days
FENTANYL OT LOZ 200MCG	120 lozenges every 30 days
FENTANYL OT LOZ 400MCG	120 lozenges every 30 days
FENTANYL OT LOZ 600MCG	120 lozenges every 30 days
FENTANYL OT LOZ 800MCG	120 lozenges every 30 days
FENTORA TAB 100MCG	120 tabs every 30 days
FENTORA TAB 200MCG	120 tabs every 30 days
FENTORA TAB 400MCG	120 tabs every 30 days
FENTORA TAB 600MCG	120 tabs every 30 days
FENTORA TAB 800MCG	120 tabs every 30 days
FIRMAGON INJ 80MG	4 vials every 28 days
FLUOCIN ACET OIL 0.01% SC	120 mL every 30 days
FLUOCIN ACET OIL BODY	120 mL every 30 days
FLUOCIN ACET SOL 0.01%	120 mL every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
FLUOCINONIDE CRE 0.1%	60 gm every 30 days
FLUOCINONIDE SOL 0.05%	120 mL every 30 days
FLUTICASONE LOT 0.05%	120 mL every 30 days
FORTEO SOL 600/2.4	2.4 mL every 28 days
FYCOMPA TAB 2MG	30 tabs every 30 days
GILENYA CAP 0.5MG	30 caps every 30 days
GLATOPA INJ 20MG/ML	30 ml every 30 days
GLIMEPIRIDE TAB 1MG	240 tabs every 30 days
GLIMEPIRIDE TAB 2MG	120 tabs every 30 days
GLIMEPIRIDE TAB 4MG	60 tabs every 30 days
GLIP/METFORM TAB 2.5-250M	240 tabs every 30 days
GLIP/METFORM TAB 2.5-500M	120 tabs every 30 days
GLIP/METFORM TAB 5-500MG	120 tabs every 30 days
GLIPIZIDE ER TAB 10MG	60 tabs every 30 days
GLIPIZIDE ER TAB 2.5MG	240 tabs every 30 days
GLIPIZIDE ER TAB 5MG	120 tabs every 30 days
GLIPIZIDE TAB 10MG	120 tabs every 30 days
GLIPIZIDE TAB 5MG	240 tabs every 30 days
GRANISETRON TAB 1MG	30 tabs every 30 days
HALOBETASOL CRE 0.05%	120 gm every 30 days
HALOBETASOL OIN 0.05%	120 gm every 30 days
HYDROCO/APAP TAB 10-325MG	360 tabs every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
HYDROCO/APAP TAB 2.5-325	360 tabs every 30 days
HYDROCO/APAP TAB 5-300MG	360 tabs every 30 days
HYDROCO/APAP TAB 5-325MG	360 tabs every 30 days
HYDROCO/APAP TAB 7.5-325	360 tabs every 30 days
HYDROMORPHON TAB 2MG	250 tabs every 30 days
HYDROMORPHON TAB 4MG	250 tabs every 30 days
HYDROMORPHON TAB 8MG	250 tabs every 30 days
IMATINIB MES TAB 100MG	90 tabs every 30 days
IMATINIB MES TAB 400MG	60 tabs every 30 days
INVEGA SUST INJ 117/0.75	1 injection every 28 days
INVEGA SUST INJ 156MG/ML	1 injection every 28 days
INVEGA SUST INJ 234/1.5	1 injection every 28 days
INVEGA SUST INJ 39/0.25	1 injection every 28 days
INVEGA SUST INJ 78/0.5ML	1 injection every 28 days
INVEGA TRINZ INJ 273MG	1 syringe every 90 days
INVEGA TRINZ INJ 410MG	1 syringe every 90 days
INVEGA TRINZ INJ 546MG	1 syringe every 90 days
INVEGA TRINZ INJ 819MG	1 syringe every 90 days
INVOKAMET TAB 150-1000	60 tabs every 30 days
INVOKAMET TAB 150-500	60 tabs every 30 days
INVOKAMET TAB 50-1000	60 tabs every 30 days
INVOKAMET TAB 50-500MG	60 tabs every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
INVOKAMET XR TAB 150-1000	60 tabs every 30 days
INVOKAMET XR TAB 150-500	60 tabs every 30 days
INVOKAMET XR TAB 50-1000	60 tabs every 30 days
INVOKAMET XR TAB 50-500MG	60 tabs every 30 days
INVOKANA TAB 100MG	60 tabs every 30 days
INVOKANA TAB 300MG	30 tabs every 30 days
JAKAFI TAB 10MG	60 tabs every 30 days
JAKAFI TAB 15MG	60 tabs every 30 days
JAKAFI TAB 20MG	60 tabs every 30 days
JAKAFI TAB 25MG	60 tabs every 30 days
JAKAFI TAB 5MG	60 tabs every 30 days
JANUMET TAB 50-1000	60 tabs every 30 days
JANUMET TAB 50-500MG	60 tabs every 30 days
JANUMET XR TAB 100-1000	30 tabs every 30 days
JANUMET XR TAB 50-1000	60 tabs every 30 days
JANUMET XR TAB 50-500MG	60 tabs every 30 days
JANUVIA TAB 100MG	30 tabs every 30 days
JANUVIA TAB 25MG	30 tabs every 30 days
JANUVIA TAB 50MG	30 tabs every 30 days
JENTADUETO TAB 2.5-1000	60 tabs every 30 days
JENTADUETO TAB 2.5-850	60 tabs every 30 days
JENTADUETO TAB XR	30 tabs every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
JENTADUETO TAB XR	30 tabs every 30 days
KALYDECO TAB 150MG	60 tabs every 30 days
KORLYM TAB 300MG	120 tabs every 30 days
LANSOPRAZOLE CAP 15MG DR	60 caps every 30 days
LANSOPRAZOLE CAP 30MG DR	60 caps every 30 days
LAZANDA SPR 100MCG	60 bottles every 30 days
LAZANDA SPR 300MCG	60 bottles every 30 days
LAZANDA SPR 400MCG	60 bottles every 30 days
LIDO/PRILOCN CRE 2.5-2.5%	30 gm every 30 days
LINZESS CAP 145MCG	30 caps every 30 days
LINZESS CAP 290MCG	30 caps every 30 days
LINZESS CAP 72MCG	30 caps every 30 days
LORCET HD TAB 10-325MG	360 tabs every 30 days
LORCET TAB 5-325MG	360 tabs every 30 days
LORTAB TAB 10-325MG	360 tabs every 30 days
LORTAB TAB 5-325MG	360 tabs every 30 days
LORTAB TAB 7.5-325	360 tabs every 30 days
LYRICA CAP 100MG	90 caps every 30 days
LYRICA CAP 150MG	90 caps every 30 days
LYRICA CAP 200MG	90 caps every 30 days
LYRICA CAP 225MG	60 caps every 30 days
LYRICA CAP 25MG	90 caps every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
LYRICA CAP 300MG	60 caps every 30 days
LYRICA CAP 50MG	90 caps every 30 days
LYRICA CAP 75MG	90 caps every 30 days
LYRICA SOL 20MG/ML	946 ml every 30 days
METFORMIN TAB 1000MG	75 tabs every 30 days
METFORMIN TAB 500MG	150 tabs every 30 days
METFORMIN TAB 500MG ER	120 tabs every 30 days
METFORMIN TAB 750MG ER	60 tabs every 30 days
METFORMIN TAB 850MG	90 tabs every 30 days
MODAFINIL TAB 100MG	30 tabs every 30 days
MODAFINIL TAB 200MG	60 tabs every 30 days
MORPHINE SUL TAB 100MG ER	60 tabs every 30 days
MORPHINE SUL TAB 15MG	300 tabs every 30 days
MORPHINE SUL TAB 15MG ER	90 tabs every 30 days
MORPHINE SUL TAB 200MG ER	60 tabs every 30 days
MORPHINE SUL TAB 30MG	300 tabs every 30 days
MORPHINE SUL TAB 30MG ER	90 tabs every 30 days
MORPHINE SUL TAB 60MG ER	60 tabs every 30 days
NARATRIPTAN TAB 1MG	18 tabs every 30 days
NARATRIPTAN TAB 2.5MG	9 tabs every 30 days
NARCAN SPR	4 sprays every 30 days
NORTHERA CAP 100MG	90 caps every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
NORTHERA CAP 200MG	180 caps every 30 days
NORTHERA CAP 300MG	180 caps every 30 days
OMEPRAZOLE CAP 10MG	60 caps every 30 days
OMEPRAZOLE CAP 20MG	60 caps every 30 days
OMEPRAZOLE CAP 40MG	60 caps every 30 days
ONDANSETRON TAB 24MG	14 tabs every 30 days
ONDANSETRON TAB 4MG	45 tabs every 30 days
ONDANSETRON TAB 4MG ODT	45 tabs every 30 days
ONDANSETRON TAB 8MG	45 tabs every 30 days
ONDANSETRON TAB 8MG ODT	45 tabs every 30 days
OSELTAMIVIR CAP 30MG	56 caps every 180 days
OSELTAMIVIR CAP 45MG	28 caps every 180 days
OSELTAMIVIR CAP 75MG	28 caps every 180 days
OXANDROLONE TAB 2.5MG	120 tabs every 30 days
OXYCOD/APAP TAB 10-325MG	360 tabs every 30 days
OXYCOD/APAP TAB 2.5-325	360 tabs every 30 days
OXYCOD/APAP TAB 5-325MG	360 tabs every 30 days
OXYCOD/APAP TAB 7.5-325	360 tabs every 30 days
OXYCODONE CON 100/5ML	120 mL every 30 days
OXYCODONE TAB 10MG	240 tabs every 30 days
OXYCODONE TAB 10MG ER	90 tabs every 30 days
OXYCODONE TAB 15MG	200 tabs every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
OXYCODONE TAB 15MG ER	90 tabs every 30 days
OXYCODONE TAB 20MG	200 tabs every 30 days
OXYCODONE TAB 20MG ER	90 tabs every 30 days
OXYCODONE TAB 30MG	200 tabs every 30 days
OXYCODONE TAB 30MG ER	90 tabs every 30 days
OXYCODONE TAB 40MG ER	60 tabs every 30 days
OXYCODONE TAB 5MG	240 tabs every 30 days
OXYCODONE TAB 60MG ER	60 tabs every 30 days
OXYCODONE TAB 80MG ER	60 tabs every 30 days
OXYCONTIN TAB 10MG CR	90 tabs every 30 days
OXYCONTIN TAB 15MG CR	90 tabs every 30 days
OXYCONTIN TAB 20MG CR	90 tabs every 30 days
OXYCONTIN TAB 30MG CR	90 tabs every 30 days
OXYCONTIN TAB 40MG CR	60 tabs every 30 days
OXYCONTIN TAB 60MG CR	60 tabs every 30 days
OXYCONTIN TAB 80MG CR	60 tabs every 30 days
OXYMORPHONE TAB HCL 10MG	200 tabs every 30 days
OXYMORPHONE TAB HCL 5MG	240 tabs every 30 days
PANTOPRAZOLE TAB 20MG	60 tabs every 30 days
PANTOPRAZOLE TAB 40MG	60 tabs every 30 days
PIOGLITA/MET TAB 15-500MG	90 tabs every 30 days
PIOGLITA/MET TAB 15-850MG	90 tabs every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
PIOGLITAZONE TAB 15MG	30 tabs every 30 days
PIOGLITAZONE TAB 30MG	30 tabs every 30 days
PIOGLITAZONE TAB 45MG	30 tabs every 30 days
POMALYST CAP 1MG	30 caps every 30 days
POMALYST CAP 2MG	30 caps every 30 days
POMALYST CAP 3MG	30 caps every 30 days
POMALYST CAP 4MG	30 caps every 30 days
PRALUENT INJ 150MG/ML	2 injections every 28 days
PRALUENT INJ 75MG/ML	2 injections every 28 days
PROCRIT INJ 10000/ML	12 vials every 30 days
PROCRIT INJ 2000/ML	12 vials every 30 days
PROCRIT INJ 3000/ML	12 vials every 30 days
PROCRIT INJ 4000/ML	12 vials every 30 days
PROLIA SOL 60MG/ML	2 injections every year
QUININE SULF CAP 324MG	84 caps every 365 days
RELENZA MIS DISKHALE	3 inhalers every 180 days
REPAGLINIDE TAB 1-500MG	150 tabs every 30 days
REPAGLINIDE TAB 2-500MG	150 tabs every 30 days
REXULTI TAB 2MG	30 tabs every 30 days
REXULTI TAB 3MG	30 tabs every 30 days
REXULTI TAB 4MG	30 tabs every 30 days
RIZATRIPTAN TAB 10MG	12 tabs every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
RIZATRIPTAN TAB 10MG ODT	12 tabs every 30 days
RIZATRIPTAN TAB 5MG	12 tabs every 30 days
RIZATRIPTAN TAB 5MG ODT	12 tabs every 30 days
ROZEREM TAB 8MG	30 tabs every 30 days
SELZENTRY TAB 25MG	120 tabs every 30 days
SILDENAFIL TAB 20MG	90 tabs every 30 days
SILENOR TAB 3MG	30 tabs every 30 days
SILENOR TAB 6MG	30 tabs every 30 days
STRATTERA CAP 100MG	30 caps every 30 days
STRATTERA CAP 40MG	60 caps every 30 days
STRATTERA CAP 60MG	30 caps every 30 days
STRATTERA CAP 80MG	30 caps every 30 days
SUBOXONE MIS 12-3MG	90 films every 30 days
SUBOXONE MIS 2-0.5MG	90 films every 30 days
SUBOXONE MIS 4-1MG	90 films every 30 days
SUBOXONE MIS 8-2MG	90 films every 30 days
SUMATRIPTAN INJ 6MG/0.5	8 injections every 30 days
SUMATRIPTAN INJ 6MG/0.5	8 injections every 30 days
SUMATRIPTAN SPR 20MG/ACT	12 units every 30 days
SUMATRIPTAN SPR 5MG/ACT	12 units every 30 days
SUMATRIPTAN TAB 100MG	9 tabs every 30 days
SUMATRIPTAN TAB 25MG	18 tabs every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
SUMATRIPTAN TAB 50MG	18 tabs every 30 days
TAMIFLU SUS 6MG/ML	360 ml every 180 days
TECFIDERA CAP 120MG	60 caps every 30 days
TECFIDERA CAP 240MG	60 caps every 30 days
TERBINAFINE TAB 250MG	84 tabs every 365 days
TIVICAY TAB 10MG	30 tabs every 30 days
TRADJENTA TAB 5MG	30 tabs every 30 days
TRULICITY INJ 0.75/0.5	4 pens every 28 days
TRULICITY INJ 1.5/0.5	4 pens every 28 days
VARUBI TAB 90MG	4 tabs every 30 days
VICTOZA INJ 18MG/3ML	3 pens every 30 days
XIFAXAN TAB 200MG	9 tabs every 30 days
XIGDUO XR TAB 10-1000	30 tabs every 30 days
XIGDUO XR TAB 10-500MG	30 tabs every 30 days
XIGDUO XR TAB 5-1000MG	60 tabs every 30 days
XIGDUO XR TAB 5-500MG	60 tabs every 30 days
XYREM SOL 500MG/ML	540 ml every 30 days
ZALEPLON CAP 10MG	90 caps every year
ZALEPLON CAP 5MG	90 caps every year
ZOLMITRIPTAN TAB 2.5 MG	12 tabs every 30 days
ZOLMITRIPTAN TAB 2.5MG	12 tabs every 30 days
ZOLMITRIPTAN TAB 5MG	8 tabs every 30 days

Formulary ID 18464, Version 7
Last Updated 09/15/2017
Y0051_1642 Accepted 09/20/2012

Brand Name	Quantity Limit Description
ZOLMITRIPTAN TAB 5MG	8 tabs every 30 days
ZOLPIDEM TAB 10MG	90 tabs every year
ZOLPIDEM TAB 5MG	90 tabs every year
ZORTRESS TAB 0.25MG	60 tabs every 30 days

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

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

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

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