Restricted Medications List (This list is not all-inclusive and is subject to change.)

The following is a list of medications that are subject to prior authorization and/or quantity limits.

Category/Medication Name	Generic Available	Prior Authorization	Quantity Limits
Anti-Influenza Agents	GA	PA	QL
Relenza (zanamivir)		✔	✔
Tamiflu Capsules/Suspensions (osteltamivir)		✔	✔
Anti-Narcolepsy Therapies	GA	PA	QL
Nuvigil (armodafinil)		✔	✔
Provigil (modafinil)	✔	✔	✔
Xyrem (sodium oxybate)		✔	✔
Anti-Nausea Therapies	GA	PA	QL
Akynzeo (netupitant/palonosetron)			✔
Aloxi (palonosetron)			✔
Anzemet (dolasetron)			✔
Emend (aprepitant)			✔
Kytril (granisetron HCL)	✔		✔
Marinol (dronabinol)	✔		✔
Nabilone (cesamet)	✔		✔
Sancuso (granisetron)			✔
Zofran (odansetron)	✔		✔
Zuplenz (ondansetron)			✔
Asthma / COPD / Steroid Inhalers	GA	PA	QL
Accuneb (albuterol)	✔		✔
Advair Diskus (fluticasone/salmeterol)			✔
Advair HFA (fluticasone/salmeterol)			✔
Anoro Ellipta (umeclidinium/vilanterol)			✔
Arcapta (indacaterol)			✔
Arnuity Ellipta (fluticasone)			✔
Asmanex (mometasone)			✔
Atrovent (ipratropium)			✔
Breo Ellipta (fluticasone/vilanterol)			✔
Brovana (arformoterol)			✔
Combivert (ipratropium/albuterol)			✔
Dulera (mometasone/formoterol)			✔
DuoNeb (ipratropium/albuterol)	✔		✔
Flovent (fluticasone)			✔
Foradil (formoterol)			✔
Intal Nebules (cromolyn)			✔
Perforomist (formoterol)			✔
ProAir HFA (albuterol)			✔
Pulmicort Flexhaler (budesonide)			✔
Pulmicort Respules (budesonide)	✔		✔

Category/Medication Name	Generic Available	Prior Authorization	Quantity Limits
Asthma / COPD / Steroid Inhalers (continued)	GA	PA	QL
QVAR (beclomethasone)			✔
Serevent Diskus (salmeterol)			✔
Spiriva (tiotropium)			✔
Stiolto Respimat (tiotropium/olodaterol)			✔
Striverdi (olodaterol)			✔
Xopenex Nebules (levalbuterol)	✔		✔
BPH Agents	GA	PA	QL
Cialis (tadalafil)		✔	✔
CNS Stimulants – prior authorization required for ages 21 and older	GA	PA	QL
Adderall (amphetamine/dextroamphetamine)	✔		
Adderall XR (amphetamine/dextroamphetamine)	✔		
Aptensio XR (methylphenidate)			✔
Concerta (methylphenidate)	✔		✔
Daytrana (methylphenidate)			✔
Desoxyn (methamphetamine)	✔		✔
Dexedrine (dextroamphetamine)	✔		✔
Dexedrine Spansule (dextroamphetamine)	✔		
Dextrostat (dextroamphetamine)	✔		✔
Evekeo (amphetamine)			✔
Focalin (dexmethylphenidate)	✔		✔
Focalin XR (dexmethylphenidate)	✔		✔
Metadate CD (methylphenidate)	✔		✔
Methylin ER (methylphenidate)	✔		✔
ProCentra (dextroamphetamine)	✔		✔
Quillivant XR (methylphenidate)			✔
Ritalin (methylphenidate)	✔		✔
Ritalin SR (methylphenidate)	✔		✔
Ritalin LA (methylphenidate)	✔		✔
Strattera (atomoxetine)			✔
Vyvanse (lisdexamfetamine)			✔
Compounded Medications above $300	GA	PA	QL
Compounded Medications		✔	✔
Migraine Therapies	GA	PA	QL
Alsuma (sumatriptan)			✔
Amerge (naratriptan)	✔		✔
Axert (almotriptan)	✔		✔
Frova (frovatriptan)			✔
Imitrex (sumatriptan)	✔		✔
Imitrex Injection (sumatriptan)	✔		✔
Imitrex NS (sumatriptan)	✔		✔

Category/Medication Name	Generic Available	Prior Authorization	Quantity Limits
Migraine Therapies (continued)	GA	PA	QL
Maxalt (rizatriptan)	✔		✔
Maxalt-MLT (rizatriptan)	✔		✔
Migranal NS (dihydroergotamine)	✔		✔
Relpax (eletriptan)			✔
Sumavel (sumatriptan)			✔
Treximet (sumatriptan and naproxen)			✔
Zomig (zolmitriptan)	✔		✔
Zomig NS (zolmitriptan)			✔
Zomig-ZMT (zolmitriptan)	✔		✔
Narcotic Therapy	GA	PA	QL
Abstral (fentanyl)		✔	✔
Actiq (fentanyl)	✔	✔	✔
Avinza (morphine)			✔
Embeda (morphine)			✔
Fentora (fentanyl)		✔	✔
Hysingla ER (hydrocodone)			✔
Kadian (morphine)			✔
Lazanda (fentanyl)		✔	✔
MS Contin (morphine)			✔
Nucynta (tapentadol)			✔
Onsolis (fentanyl)		✔	✔
Opana ER (oxymorphone)			✔
OxyContin (oxycodone)			✔
Stadol (butorphanol)			✔
Subsys (fentanyl)		✔	✔
Xaretmis XR (oxycodone/APAP)			✔
Zohydro ER (hydrocodone)			✔
Nasal Antihistamines / Steroids	GA	PA	QL
Astelin/Astepro (azelastine)	✔		✔
Flonase (fluticasone propionate)	✔		✔
Nasacort (AQ) (triamcinolone)	✔		✔
Nasarel (flunisolide)	✔		✔
Nasonex (mometasone)			✔
Patanase (olopatadine)	✔		✔
Rhinocort Aqua (budesonide)	✔		✔
Proton Pump Inhibitors	GA	PA	QL
Aciphex (rabeprazole)	✔		✔
Dexilant (dexlansoprazole)			✔
Nexium (exomeprazole)	✔		✔
Prevacid (lansoprazole)	✔		✔
Prilosec (omeprazole)	✔		✔

Category/Medication Name	Generic Available	Prior Authorization	Quantity Limits
Proton Pump Inhibitors (continued)	GA	PA	QL
Protonix (pantoprazole)	✔		✔
Zegerid (omeprazole/sodium bicarb)	✔		✔
Sedative-Hypnotic Therapies	GA	PA	QL
Ambien (zolpidem)	✔		✔
Ambien CR (zolpidem)	✔		✔
Dalmane (flurazepam)	✔		✔
Doral (quazepam)			✔
Edluar (zolpidem tartrate)			✔
Halcion (triazolam)	✔		✔
ProSom (estazolam)	✔		✔
Restoril (temazepam)	✔		✔
Sonata (zaleplon)	✔		✔
Steroid Products	GA	PA	QL
Anadrol-50 (oxymetholone)		✔	
Androderm (testosterone)		✔	
Aveed (testosterone inj)		✔	
Axiron (testosterone)		✔	
Delatestryl (testosterone inj)	✔	✔	
Depo-Testosterone (testosterone inj)	✔	✔	
Oxandrin (oxandrolone)		✔	
Striant (testosterone buccal)		✔	
Testopel (testosterone pellets)		✔	
Topical Retinoid Therapies – Prior authorization required for ages 30 and older	GA	PA	QL
Atralin (tretinoin)		✔	
Avita (tretinoin)		✔	
Differin (adapalene) all dosage forms	✔	✔	
Fabior (tazarotene)		✔	
Retin-A (tretinoin) all dosage forms	✔	✔	
Tazorac (tazarotene) all dosage forms		✔	
Tretin-X (tretinoin)		✔	
Veltin (clindamycin/tretinoin)		✔	
Ziana (clindamycin/tretinoin)		✔	