

Valor 2020 Formulary Quantity Limit Criteria

Abilify MyCite

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

Abiraterone Acetate

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

Adefovir Dipivoxil

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

Adempas

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

Afinitor Disperz

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

Afinitor

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

Valor 2020 Formulary Quantity Limit Criteria

Albuterol Sulfate HFA

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

Alinia

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

Almotriptan Malate

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

Alunbrig

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

Ambrisentan

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

Apokyn

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Aprepitant

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

Aptiom

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

ARIPiprazole

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

Armodafinil

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

Ascomp-Codeine

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Atomoxetine HCl

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

Austedo

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

Banzel

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

Baraclude

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

Belsomra

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

Bicalutamide

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

Bimatoprost

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Bosentan

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

Bosulif

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

Briviact

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

Bupap

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

Butalbital-Acetaminophen

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

Butalbital-APAP-Caff-Cod

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

Butalbital-APAP-Caffeine

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Butalbital-APAP-Caffeine

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

Butalbital-ASA-Caff-Codeine

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

Butalbital-Aspirin-Caffeine

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

Calquence

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

Caplyta

CAPLYTA ORAL CAPSULE 42 MG	Quantity Limit: 30 EA Per 30 Days
----------------------------	-----------------------------------

Caprelsa

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

Celecoxib

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Cinacalcet HCl

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

CloBAZam

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

Cometriq (100 MG Daily Dose)

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

Cometriq (140 MG Daily Dose)

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

Cometriq (60 mg Daily Dose)

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

Copiktra

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

Corlanor

CORLANOR ORAL SOLUTION 5 MG/5ML	Quantity Limit: 450 ML Per 30 Days
---------------------------------	------------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Corlanor

CORLANOR ORAL TABLET 5 MG, 7.5 MG	Quantity Limit: 60 EA Per 30 Days
-----------------------------------	-----------------------------------

Cystaran

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

Dalfampridine ER

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

Dexilant

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

Diclofenac Sodium

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

Digitek

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

Digox

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Digoxin

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

Dihydroergotamine Mesylate

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

Drizalma Sprinkle

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

Dronabinol

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

Eletriptan Hydrobromide

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

Emsam

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

Endari

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

Valor 2020 Formulary Quantity Limit Criteria

Entecavir

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

Entresto

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

EPINEPHrine

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

Ergotamine-Caffeine

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

Erleada

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

Erlotinib HCl

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

Everolimus

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Exemestane

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

Fanapt

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

Fanapt Titration Pack

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

FentaNYL Citrate

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

FentaNYL

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

Fetzima

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Fetzima Titration

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

Firdapse

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

Flurazepam HCl

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

Forteo

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

Gocovri

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

Granisetron HCl

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

H1119_QL20_C
 Formulary ID: 20169 Version 18
 Last Updated: 11/30/2020
 Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Iclusig

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

IDHIFA

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

Imatinib Mesylate

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

Inlyta

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

Isturisa

ISTURISA ORAL TABLET 1 MG	Quantity Limit: 240 EA Per 30 Days
ISTURISA ORAL TABLET 10 MG	Quantity Limit: 180 EA Per 30 Days
ISTURISA ORAL TABLET 5 MG	Quantity Limit: 120 EA Per 30 Days

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Jakafi

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

Janumet

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

Janumet XR

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

Januvia

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

Korlym

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

Latanoprost

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Latuda

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

Levalbuterol Tartrate

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

Lidocaine

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

Lidocaine HCl

<i>lidocaine hcl external solution 4 %</i>	Quantity Limit: 50 ML Per 30 Days
--	-----------------------------------

Lidocaine HCl Urethral/Mucosal

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

Lidocaine-Prilocaine

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

Linezolid

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Lumigan

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

Modafinil

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

Naratriptan HCl

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

Nerlynx

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

NexAVAR

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

Nilutamide

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

Nubeqa

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

Valor 2020 Formulary Quantity Limit Criteria

OLANZapine

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

Ondansetron HCl

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

Ondansetron

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

Opsumit

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

Oxtellar XR

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Oxtellar XR

OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	Quantity Limit: 120 EA Per 30 Days
---	------------------------------------

Paliperidone ER

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

Paxil

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

Pregabalin

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

ProAir HFA

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

ProAir RespiClick

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Promacta

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

Rasagiline Mesylate

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

Restasis

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

Rexulti

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

Rivastigmine

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

Rizatriptan Benzoate

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Rydapt

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

Saphris

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

Savella

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

Savella Titration Pack

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

Signifor

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

Sildenafil Citrate

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

Silenor

SILENOR ORAL TABLET 3 MG, 6 MG	Quantity Limit: 30 EA Per 30 Days
--------------------------------	-----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Soliqua

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

Spritam

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

Sprycel

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

SUMAtriptan Succinate

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

Sunosi

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

Valor 2020 Formulary Quantity Limit Criteria

SymlinPen 120

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

SymlinPen 60

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

Sympazan

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

Targretin

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

Tasigna

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

Tavalisse

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

Tegsedi

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Temazepam

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

Tencon

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

Teriparatide (Recombinant)

<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Quantity Limit: 2.48 ML Per 28 Days
---	-------------------------------------

Tetrabenazine

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

Tobramycin

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

Toremifene Citrate

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

Tracleer

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

traMADol HCl

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

Tramadol-Acetaminophen

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

Travoprost (BAK Free)

<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Quantity Limit: 2.5 ML Per 20 Days
--	------------------------------------

Trintellix

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

Trokendi XR

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

Tykerb

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Uptravi

UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Quantity Limit: 60 EA Per 30 Days
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	Quantity Limit: 400 EA Per 365 Days

Valchlor

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

Viibryd

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

Viibryd Starter Pack

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

Vimpat

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

Vizimpro

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Voriconazole

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

Votrient

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

Vraylar

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

Vyndamax

VYNDAMAX ORAL CAPSULE 61 MG	Quantity Limit: 30 EA Per 30 Days
-----------------------------	-----------------------------------

Vyzulta

VYZULTA OPHTHALMIC SOLUTION 0.024 %	Quantity Limit: 2.5 ML Per 20 Days
-------------------------------------	------------------------------------

Xalkori

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Xcopri (250 MG Daily Dose)

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

Xcopri (350 MG Daily Dose)

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

Xcopri

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

Xgeva

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

Xolair

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

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Xtandi

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

Xultophy

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

Xyrem

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

Yonsa

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

Zaleplon

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

Zejula

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

Zelboraf

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

Valor 2020 Formulary Quantity Limit Criteria

Zioptan

ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Quantity Limit: 30 EA Per 30 Days
--------------------------------------	-----------------------------------

Ziprasidone HCl

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

Zolinza

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

ZOLMitriptan

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

Zolpidem Tartrate ER

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

Zolpidem Tartrate

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

Zydelig

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

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Zytiga

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

Valor 2020 Formulary Quantity Limit Criteria

Alphabetical Listing

A	
Abilify MyCite.....	1
Abiraterone Acetate	1
Adefovir Dipivoxil.....	1
Adempas	1
Afinitor.....	1
Afinitor Disperz	1
Albuterol Sulfate HFA	2
Alinia.....	2
Almotriptan Malate.....	2
Alunbrig	2
Ambrisentan	2
Apokyn.....	3
Aprepitant	3
Aptiom	3
ARIPiprazole.....	3
Armodafinil.....	3
Ascomp-Codeine.....	4
Atomoxetine HCl	4
Austedo	4
B	
Banzel	4
Baraclude	4
Belsomra	4
Bicalutamide	5
Bimatoprost.....	5
Bosentan.....	5
Bosulif.....	5
Briviact.....	5
Bupap	5
Butalbital-Acetaminophen	6
Butalbital-APAP-Caff-Cod.....	6
Butalbital-APAP-Caffeine	6
Butalbital-ASA-Caff-Codeine	6
Butalbital-Aspirin-Caffeine	6
C	
Calquence.....	6
Caplyta	7
Caprelsa.....	7
Celecoxib	7
Cinacalcet HCl.....	7
CloBAZam.....	7
Cometriq (100 MG Daily Dose)	7
Cometriq (140 MG Daily Dose)	8
Cometriq (60 mg Daily Dose).....	8
Copiktra.....	8
Corlanor	8
Cystaran	8
D	
Dalfampridine ER	8
Dexilant.....	9
Diclofenac Sodium.....	9
Digitek.....	9
Digox.....	9
Digoxin	9
Dihydroergotamine Mesylate.....	9
Drizalma Sprinkle	10
Dronabinol	10
E	
Eletriptan Hydrobromide	10
Emsam.....	10
Endari	10
Entecavir	10
Entresto	10
EPINEPHrine	11
Ergotamine-Caffeine.....	11
Erleada	11
Erlotinib HCl.....	11
Everolimus	11
Exemestane	11
F	
Fanapt.....	11
Fanapt Titration Pack.....	12
FentaNYL	12
FentaNYL Citrate.....	12
Fetzima.....	12
Fetzima Titration.....	12
Firdapse.....	12

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Flurazepam HCl	13	P	
Forteo	13	Paliperidone ER	18, 19
G		Paxil	19
Gocovri	13	Pregabalin	19
Granisetron HCl	13	ProAir HFA.....	19
I		ProAir RespiClick.....	19
Iclusig.....	13	Promacta	19, 20
IDHIFA	13	R	
Imatinib Mesylate	14	Rasagiline Mesylate	20
Inlyta	14	Restasis	20
Isturisa.....	14	Rexulti.....	20
J		Rivastigmine	20
Jakafi	14	Rizatriptan Benzoate.....	20
Janumet	14	Rydapt.....	20
Janumet XR.....	14, 15	S	
Januvia	15	Saphris.....	21
K		Savella.....	21
Korlym	15	Savella Titration Pack.....	21
L		Signifor	21
Latanoprost	15	Sildenafil Citrate	21
Latuda	15	Silenor	21
Levalbuterol Tartrate	15	Soliqua	21
Lidocaine.....	15, 16	Spritam.....	22
Lidocaine HCl.....	16	Sprycel	22
Lidocaine HCl Urethral/Mucosal.....	16	SUMatriptan Succinate	22
Lidocaine-Prilocaine	16	Sunosi.....	22
Linezolid	16	SymlinPen 120	22
Lumigan	16	SymlinPen 60	23
M		Sympazan.....	23
Modafinil.....	16	T	
N		Targretin.....	23
Naratriptan HCl.....	17	Tasigna.....	23
Nerlynx	17	Tavalisse	23
NexAVAR.....	17	Tegsedi.....	23
Nilutamide.....	17	Temazepam	23, 24
Nubeqa	17	Tencon.....	24
O		Teriparatide (Recombinant)	24
OLANZapine	17	Tetrabenazine	24
Ondansetron	18	Tobramycin.....	24
Ondansetron HCl	17, 18	Toremifene Citrate	24
Opsumit.....	18	Tracleer	24
Oxtellar XR.....	18	traMADol HCl	25

H1119_QL20_C

Formulary ID: 20169 Version 18

Last Updated: 11/30/2020

Effective date: 12/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Tramadol-Acetaminophen	25	Xcopri (250 MG Daily Dose)	28
Travoprost (BAK Free).....	25	Xcopri (350 MG Daily Dose)	28
Trintellix	25	Xgeva	28
Trokendi XR	25	Xolair	28, 29
Tykerb	25	Xtandi.....	29
U		Xultophy	29
Uptravi	26	Xyrem	29
V		Y	
Valchlor.....	26	Yonsa	29
Viibryd	26	Z	
Viibryd Starter Pack.....	26	Zaleplon	29
Vimpat.....	26	Zejula	29
Vizimpro	26	Zelboraf.....	29
Voriconazole	27	Zioptan	30
Votrient	27	Ziprasidone HCl.....	30
Vraylar	27	Zolinza	30
Vyndamax	27	ZOLMitriptan.....	30
Vyzulta	27	Zolpidem Tartrate	30
X		Zolpidem Tartrate ER	30
Xalkori	28	Zydelig	31
Xcopri	28	Zytiga	31

H1119_QL20_C
Formulary ID: 20169 Version 18
Last Updated: 11/30/2020
Effective date: 12/01/2020