

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
----------------------------	-----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

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
--	-----------------------------------

H1119_QL20_C
Formulary ID: 20169 Version 15
Last Updated: 08/31/2020
Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Apokyn

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

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
--	-----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Ascomp-Codeine

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

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
--	-----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
---	----------------------------------

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
---	------------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
<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
----------------------------	-----------------------------------

H1119_QL20_C
Formulary ID: 20169 Version 15
Last Updated: 08/31/2020
Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
---	-----------------------------------

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>clonazepam 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
--	------------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
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
---	-----------------------------------

H1119_QL20_C
Formulary ID: 20169 Version 15
Last Updated: 08/31/2020
Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
---------------------------	-----------------------------------

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
--	-----------------------------------

H1119_QL20_C
Formulary ID: 20169 Version 15
Last Updated: 08/31/2020
Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
-------------------------	------------------------------------

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
---	----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
--	-----------------------------------

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
---	-----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
---	-----------------------------------

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

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
---	-----------------------------------

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

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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

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

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
--	------------------------------------

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

H1119_QL20_C
Formulary ID: 20169 Version 15
Last Updated: 08/31/2020
Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
-------------------------------------	-----------------------------------

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
---	-----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
---------------------------	------------------------------------

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

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
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
---------------------------------	------------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
--	----------------------------------

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
---	-----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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

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
---	-----------------------------------

H1119_QL20_C
Formulary ID: 20169 Version 15
Last Updated: 08/31/2020
Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
--------------------------------	-----------------------------------

Soliqua

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

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
----------------------------------	-----------------------------------

SymlinPen 120

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

H1119_QL20_C
Formulary ID: 20169 Version 15
Last Updated: 08/31/2020
Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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
---	----------------------------------

Temazepam

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

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Temazepam

<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 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

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 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

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

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Vizimpro

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

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
-------------------------------------	------------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Xalkori

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

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
---	----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Xolair

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

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
----------------------------	-----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

Zelboraf

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

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
--	-----------------------------------

H1119_QL20_C

Formulary ID: 20169 Version 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

Valor 2020 Formulary Quantity Limit Criteria

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

Zytiga

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

H1119_QL20_C
Formulary ID: 20169 Version 15
Last Updated: 08/31/2020
Effective date: 09/01/2020

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 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

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 15

Last Updated: 08/31/2020

Effective date: 09/01/2020

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 15
Last Updated: 08/31/2020
Effective date: 09/01/2020