

Covered medications with quantity limits

Our quantity limit (QL) program encourages safe medication use. Certain medications are available in limited quantities based on the FDA's approved dosing guidelines.

Talk to your doctor to find the right drug therapies that your health plan covers.

This list is current as of October 26, 2018. It is subject to change without notice. If you have a question about any drug, call MESSA Member Services at 800.336.0013.

Note: Under Essentials by MESSA, if a brand name drug has a generic available, the brand name drug is not covered and the QL applies to the generic version.

Medication	Strength	Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Abstral [®] (fentanyl)	All strengths	4 tablets per day	Not covered
Accolate [®] (zafirlukast)	All strengths	2 tablets per day	2 tablets per day
Aciphex [®] sprinkle (rabeprazole)	All strengths	2 capsules per day	Not covered
Actemra [®] (tocilizumab)	All strengths	4 packages (4 syringes) per 30 days	4 packages (4 syringes) per 30 days
Acticlate [®] tablet (doxycycline hyclate)	150 mg	40 tablets per 30 days	Not covered
Actiq [®] (fentanyl citrate)	All strengths	4 lollipops per day	4 lollipops per day
Actonel [®] (risedronate)	150 mg	1 tablet per 30 days	1 tablet per 30 days
Actonel [®] (risedronate)	35 mg	4 tablets per 30 days	4 tablets per 30 days

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Actonel® (risedronate)	5 mg, 30 mg	1 tablet per day	1 tablet per day
Adacel®	All strengths	0.5 ml per fill	0.5 ml per fill
Adcirca® (tadalafil)	All strengths	2 tablets per day	2 tablets per day
Adderall XR® (amphetamine + dextroamphetamine)	All strengths	2 capsules per day	2 capsules per day
Adderall® (amphetamine + dextroamphetamine)	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	4 tablets per day	4 tablets per day
Adderall® (amphetamine + dextroamphetamine)	20 mg	3 tablets per day	3 tablets per day
Adderall® (amphetamine + dextroamphetamine)	30 mg	2 tablets per day	2 tablets per day
Addyi™ (fibanserin)	All strengths	1 tablet per day	Not covered
Adempas® (riociguat)	All strengths	3 tablets per day	3 tablets per day
Adlyxin® (lixisenatide)	All strengths	2 pens per month	Not covered
Advair Diskus® (fluticasone propionate + salmeterol)	All strengths	1 box (60 blisters) per 30 days	1 box (60 blisters) per 30 days
Advair HFA® (fluticasone propionate + salmeterol)	All strengths	1 inhaler per 30 days	1 inhaler per 30 days
Adzenys ER™ (amphetamine extended-release)	All strengths	15 ml (18.8mg) per day	Not covered
Adzenys XR-ODT™ (amphetamine extended-release)	All strengths	2 tablets per day	Not covered

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Aerospan® inhaler (flunisolide HFA)	All strengths	2 inhalers per 30 days	2 inhalers per 30 days
Afinitor®, Disperz (everolimus)	All strengths	Limited to a 15 day supply per fill	Limited to a 15 day supply per fill
Aimovig™ (erenumab)	All strengths	140 mg per 30 days	140 mg per 30 days
Akynzeo® (etupitant + palonosetron)	All strengths	4 capsules per 30 days	4 capsules per 30 days
Albenza® (albendazole)	All strengths	4 tablets per day	4 tablets per day
Alecensa® (alectinib)	All strengths	8 capsules per day	8 capsules per day
Alsuma® (sumatriptan)	6 mg	6 syringes / units per Rx	4 syringes / units per 30 days
Alunbrig™ (brigatinib)	30 mg	2 tablets per day	2 tablets per day
Alunbrig™ (brigatinib)	90 mg, 180 mg	1 tablet per day	1 tablet per day
Alunbrig™ (brigatinib)	Starter pack	1 pack per year	1 pack per year
Ambien CR® (zolpidem tartrate)	All strengths	1 tablet per day	1 tablet per day
Ambien® (zolpidem tartrate)	All strengths	1 tablet per day	1 tablet per day
Amerge® (naratriptan)	All strengths	12 tablets per Rx	9 tablets per 30 days
Amitiza® (lubiprostone)	All strengths	2 capsules per day	2 capsules per day
Ampyra® (dalfampridine)	10 mg	2 tablets per day	2 tablets per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Androderm[®] (testosterone)	2 mg, 4 mg	1 patch per day	1 patch per day
AndroGel[®] pump (testosterone)	1%	4 bottles (300 gm) per 30 days	4 bottles (300 gm) per 30 days
AndroGel[®] packet (testosterone)	1% (2.5 gm / day)	90 packets (225 gm) per 30 days	90 packets (225 gm) per 30 days
AndroGel[®] packet (testosterone)	1% (5 gm / day)	60 packets (300 gm) per 30 days	60 packets (300 gm) per 30 days
AndroGel[®] pump (testosterone)	1.62%	2 bottles (150 gm) per 30 days	2 bottles (150 gm) per 30 days
AndroGel[®] packet (testosterone)	1.62% (1.25 gm)	30 packets (38 gm) per 30 days	30 packets (38 gm) per 30 days
AndroGel[®] packet (testosterone)	1.62% (2.5 gm)	60 packets (150 gm) per 30 days	60 packets (150 gm) per 30 days
Anoro[®] Ellipta[™] (umeclidinium + vilanterol)	All strengths	1 inhalation per day	1 inhalation per day
Anturol[®] topical gel (oxybutynin)	All strengths	1 bottle per 30 days	Not covered
Aptensio[™] XR (methyphenidate extended-release)	All strengths	1 capsule per day	Not covered
Aptiom[®] (eslicarbazepine acetate)	200 mg, 400 mg	1 tablet per day	Not covered
Aptiom[®] (eslicarbazepine acetate)	600 mg, 800 mg	2 tablets per day	Not covered
Arcapta[™] Neohaler[™] (indacaterol)	All strengths	1 capsule per day	1 capsule per day
Aricept[®] (donepezil)	23 mg	1 tablet per day	Not covered
ArmonAir[™] Resplick[®] (fluticasone propionate)	All strengths	1 inhaler per 30 days	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Arnuity™ Ellipta® (fluticasone furoate)	All strengths	1 inhaler per 30 days	Not covered
Asmanex® HFA (mometasone furoate)	All strengths	1 inhaler per 30 days	1 inhaler per 30 days
Astelin® (azelastine)	137 mcg / spray	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days
Astepro® (azelastine)	205.5 mcg / spray	2 (30 ml bottles) per 30 days	Not covered
Atelvia® (risedronate)	All strengths	4 tablets per 30 days	4 tablets per 30 days
Atrovent HFA® (ipratropium bromide)	17 mcg / puff	2 inhalers per 30 days	2 inhalers per 30 days
Atrovent® nasal solution (ipratropium bromide)	21 mcg / spray	2 (30 ml bottles) per 30 days	2 (30 ml bottles) per 30 days
Atrovent® nasal solution (ipratropium bromide)	42 mcg / spray	3 (15 ml bottles) per 30 days	3 (15 ml bottles) per 30 days
Aubagio® (teriflunomide)	All strengths	1 tablet per day	1 tablet per day
Austedo™ (deutetrabenazine)	6 mg	7 tablets per day	7 tablets per day
Austedo™ (deutetrabenazine)	9 mg & 12 mg	4 tablets per day	4 tablets per day
Avonex® (interferon beta 1a)	All strengths	4 syringes per 30 days	4 syringes per 30 days
Axert® (almotriptan)	All strengths	12 tablets per Rx	9 tablets per 30 days
Axiron® (testosterone)	All strengths	2 bottles (180 ml) per 30 days	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Beconase AQ[®] (beclomethasone dipropionate)	42 mcg / spray	2 (25 gm bottles) per 30 days	Not covered
Belbuca[™] (buprenorphine)	All strengths	2 films per day, (Limited to 30 day supply per fill)	Not covered
Belsomra[®] (suvorexant)	All strengths	1 tablet per day	Not covered
Belviq[®] (lorcaserin)	10 mg	2 tablets per day	Not covered
Belviq XR[®] (locaserin extended-release)	All strengths	1 tablet per day	Not covered
Benlysta[™] (belimumab)	All strengths	4 injections per 30 days	4 injections per 30 days
Benznidazole (benznidazole)	12.5 mg	12 tablets per day	12 tablets per day
Benznidazole (benznidazole)	100 mg	4 tablets per day	4 tablets per day
Betaseron[®] (interferon beta 1b)	All strengths	14 syringes per 30 days	14 syringes per 30 days
Bethkis[®] (tobramycin)	300 mg / 4 ml ampule	56 ampules per 56 rolling days	Not covered
Bevespi Aerosphere[®] (glycopyrrolate + formoterol fumarate)	4.8 mcg	1 cannister per 30 days	Not covered
Bevyxxa[™] (betrixaban)	All strengths	1 tablet per day	1 tablet per day
Biktarvy[®] (bictegravir + emtricitabine + tenofovir alafenamide)	All strengths	1 tablet per day	1 tablet per day
Binosto[™] (alendronate)	All strengths	4 tablets per 30 days	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Boniva [®] (ibandronate)	150 mg	1 tablet per 30 days	1 tablet per 30 days
Boniva [®] (ibandronate)	2.5 mg	1 tablet per day	1 tablet per day
Bonjesta (doxylamine succinate + pyridoxine extended-release)	All strengths	2 tablets per day	Not covered
Boostrix [™] / Boostrix [™] TDAP vaccine	All strengths	0.5 ml per fill	0.5 ml per fill
Bosulif [®] (bosutinib)	100 mg	120 tablets per 30 days (Limited to 15 day supply per fill)	120 tablets per 30 days (Limited to 15 day supply per fill)
Bosulif [®] (bosutinib)	400 mg, 500 mg	30 tablets per 30 days (Limited to 15 day supply per fill)	30 tablets per 30 days (Limited to 15 day supply per fill)
Braftovi [™] (encorafenib)	50 mg	1 carton (2 bottles of 60 capsules) per 30 days	1 carton (2 bottles of 60 capsules) per 30 days
Braftovi [™] (encorafenib)	75 mg	1 carton (2 bottles of 90 capsules) per 30 days	1 carton (2 bottles of 90 capsules) per 30 days
Breo Ellipta [®] (fluticasone furoate + vilanterol)	All strengths	1 inhalation per day	Not covered
Bowel preparation medications (Generic polyethylene glycol 3350 products Bisacodyl Magnesium Citrate Magnesium hydroxide Phosphate laxative)	All strengths	1 regimen per 365 days	1 regimen per 365 days
Brisdelle [™] (paroxetine mesylate)	All strengths	1 capsule per day	Not covered
Briviact [®] oral solution (brivaracetam)	All strengths	20 ml per day	20 ml per day
Briviact [®] tablet (brivaracetam)	All strengths	2 tablets per day	2 tablets per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Bunavail™ (buprenorphine + naloxone)	All strengths	2 tablets per day	2 tablets per day
Buphenyl® (sodium phenylbutyrate)	500 mg	40 tablets per day	40 tablets per day
butalbital + acetaminophen + caffeine + codeine	All strengths	Limited to 30 day supply per fill	Limited to 30 day supply per fill
butalbital + aspirin + caffeine + codeine (Fiorinal w/codeine, Ascomp w/codeine, Butalbital compound w/codeine)	All strengths	Limited to 30 day supply per fill	Limited to 30 day supply per fill
Butrans® (buprenorphine)	All strengths	4 patches per 30 days, (Limited to 30 day supply per fill)	4 patches per 30 days, (Limited to 30 day supply per fill)
Bydureon® (exenatide)	All strengths	4 vials / pens per 30 days	4 vials / pens per 30 days
Byetta® (exenatide)	All strengths	1 pen per 30 days	1 pen per 30 days
Byvalson™ (nebivolol + valsartan)	All strengths	1 tablet per day	Not covered
Cabometyx™ (cabozantinib)	20 mg & 60 mg	30 tablets per 30 days (Limited to a 15 day supply per fill)	30 tablets per 30 days (Limited to a 15 day supply per fill)
Cabometyx™ (cabozantinib)	40 mg	60 tablets per 30 days (Limited to a 15 day supply per fill)	60 tablets per 30 days (Limited to a 15 day supply per fill)
Caduet® (amlodipine + atorvastatin)	All strengths	1 tablet per day	1 tablet per day
Calquence® (acalabrutinib)	All strengths	120 capsules per 30 days (Limited to a 15 day supply per fill)	120 capsules per 30 days (Limited to a 15 day supply per fill)
Cambia™ (diclofenac)	50 mg	9 packets per 30 days	Not covered
Caprelsa® (vandetanib)	100 mg	60 tablets per 30 days (Limited to 15 day supply per fill)	60 tablets per 30 days (Limited to 15 day supply per fill)

Medication		Quantity limits for:	
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Caprelsa® (vandetanib)	300 mg	30 tablets per 30 days (Limited to 15 day supply per fill)	30 tablets per 30 days (Limited to 15 day supply per fill)
Carac® (fluorouracil)	0.5%	30 gm (1 tube) per 30 days	Not covered
carisoprodol + aspirin + codeine	All strengths	Limited to 30 day supply per fill	Not covered
Caverject® (alprostadil)	All strengths	12 vials / units per 30 days	Not covered
Cayston® (aztreonam)	All strengths	1 kit per 28 days	1 kit per 28 days
Cerdelga™ (eliglustat)	All strengths	1 capsule per day	1 capsule per day
Chantix® (varenicline)	All strengths	2 tablets per day	2 tablets per day
Cholbam® (cholic acid)	All strengths	8 capsules per day	8 capsules per day
chorionic gonadotropin	All strengths	Not applicable	2 vials per 30 days, 6 vials per year
Cialis® (tadalafil)	All strengths	12 tablets per 30 days	Not covered
Cimduo™ (lamivudine + tenofovir disoproxil fumarate)	All strengths	1 tablet per day	1 tablet per day
Cimzia® (certolizumab)	All strengths	1 package (2 syringes) per 30 days	1 package (2 syringes) per 30 days
Clarinex D® 12 hour (desloratadine + pseudoephedrine)	2.5 mg / 120 mg	2 tablets per day	Not covered
Clarinex® / Clarinex Reditab (desloratadine)	2.5 mg, 5 mg	1 tablet per day	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Clomid (clomiphene)	All strengths	Not applicable	10 tablets per 30 days, 30 tablets per year
Cometriq™ (cabozantinib)	All strengths	4 cards (1 box) per 30 days (Limited to a 15 day supply per fill)	4 cards (1 box) per 30 days (Limited to a 15 day supply per fill)
codeine	All strengths	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Complera® (emtricitabine + rilpivirine + tenofovir disoproxil fumarate)	All strengths	1 tablet per day	1 tablet per day
Conceptrol® (nonoxinol 9)	All strengths	1 package (25.5 grams) per 30 days	1 package (25.5 grams) per 30 days
Contrave® (naltrexone HCl + bupropion HCl extended-release)	All strengths	4 tablets per day	Not covered
ConZip® (tramadol extened-release)	All strengths	Limited to 30 day supply for per fill	Not covered
Copaxone® (glatiramer acetate)	20 mg	1 syringe per day	1 syringe per day
Copaxone® (glatiramer acetate)	40 mg	12 syringes per 30 days	12 syringes per 30 days
Corlanor® (ivabradiene)	All strengths	2 tablets per day	2 tablets per day
Cosentyx™ (secukinumab)	All strengths	1 package per 30 days	1 package per 30 days
Cotellic™ (cobimetinib)	All strengths	63 tablets per 30 days	63 tablets per 30 days
Cresemba® (isavuconazonium sulfate)	All strengths	70 capsules per 30 days	70 capsules per 30 days
Crestor® (rosuvastatin)	All strengths	1.5 tablets per day	1.5 tablets per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Cycloset [®] (bromocriptine mesylate)	All strengths	6 tablets per day	6 tablets per day
Cystaran [™] (cysteamine)	0.44 % solution	4 vials per 3 days	4 vials per 3 days
Daklinza [™] (daclatasvir)	All strengths	1 tablet per day	1 tablet per day
Daliresp [®] (roflumilast)	All strengths	1 tablet per day	1 tablet per day
Dalmane [®] (flurazepam)	All strengths	1 capsule per day	1 capsule per day
Descovy [®] (emtricitabine + tenofovir)	All strengths	1 tablet per day	1 tablet per day
desvenlafaxine ER	All strengths	1 tablet per day	Not covered
Dibenzyliline [®] (phenoxybenzamine)	All strengths	12 capsules per day	12 capsules per day
Diclegis [®] (doxylamine succinate + pyridoxine)	10 mg / 10 mg	4 tablets per day	Not covered
Didronel [®] (etidronate)	200 mg	75 tablets per 30 days	85 tablets per 30 days
Didronel [®] (etidronate)	400 mg	150 tablets per 30 days	170 tablets per 30 days
Dificid [®] (fidaxomicin)	All strengths	28 tablets per Rx	28 tablets per Rx
Doptelet [®] (avatrombopag)	All strengths	15 tablets per Rx	15 tablets per Rx
Doral [®] (quazepam)	15 mg	1 tablet per day	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Doxepin cream	All strengths	1 tube per 365 days	1 tube per 365 days
Dulera® (mometasone furoate + formoterol fumarate)	All strengths	1 inhaler per 30 days	1 inhaler per 30 days
Dupixent® (dupliumab)	All strengths	2 syringes per 30 days	2 syringes per 30 days
Duopa™ (carbidopa + levodopa)	All strengths	4 cartons (2800ml) per 30 days	4 cartons (2800ml) per 30 days
Duzallo® (lesinurad + allopurinol)	All strengths	1 tablet per day	Not covered
Dyanavel™ XR (amphetamine extended-release)	All strengths	8 ml per day	Not covered
Dymista® (azelastine + fluticasone)	All strengths	1 bottle (23 gm) per 30 days	Not covered
Ecoza™ (econazole)	All strengths	1 bottle per 30 days	Not covered
Edarbi™ (azilsartan medoxomil)	All strengths	1 tablet per day	1 tablet per day
Edarbyclor™ (azilsartan medoxomil + chlorthalidone)	All strengths	1 tablet per day	1 tablet per day
Edex® (alprostadil)	All strengths	12 vials per 30 days	Not covered
Edluar® (zolpidem)	All strengths	1 tablet per day	Not covered
Edurant® (rilpivirine)	All strengths	1 tablet per day	1 tablet per day
Egrifta® (tesamorelin)	1 mg	2 vials per day	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Egrifta [®] (tesamorelin)	2 mg	1 vial per day	Not covered
Eliquis [®] (apixaban)	All strengths	74 tablets per 30 days 194 tablets per 90 days	74 tablets per 30 days 194 tablets per 90 days
Eliquis [®] (apixaban)	Starter pack	1 pack per year	1 pack per year
Ella [®] (ulipristal acetate)	30 mg	1 tablet per Rx	1 tablet per Rx
Embeda [®] (morphine sulfate + naltrexone)	All strengths	2 capsules per day, (Limited to 30 day supply per fill)	Not covered
Emend [®] oral suspension (aprepitant)	All strengths	6 pouches per month	6 pouches per month
Emverm [™] (mebendazole)	100 mg	6 tablets per 30 days	Not Covered
Enablex [®] (darifenacin)	All strengths	1 tablet per day	1 tablet per day
Enbrel [®] (etanercept)	25 mg	8 syringes / vials per 30 days	8 syringes / vials per 30 days
Enbrel [®] (etanercept)	50 mg	4 syringes / vials per 30 days	4 syringes / vials per 30 days
Endari [™] (l-glutamine)	All strengths	6 packets per day	6 packets per day
Enstilar [®] (calcipotriene + betamethasone dipropionate)	0.005% / 0.064%	7 cans per 30 days	Not covered
Entresto [™] (sacubitril + valsartan)	All strengths	2 tablets per day	2 tablets per day
Epclusa [®] (sofosbuvir + velpatasvir)	400 mg / 100 mg	1 tablet per day	1 tablet per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Epiduo® Forte (adapalene + benzoyl peroxide)	0.3% / 2.5%	1 pump per 30 days	Not covered
epinephrine auto-injector (Adrenaclick®)	All strengths	4 injections per Rx	4 injections per Rx
Erivedge™ (vismodegib)	All strengths	30 tablets per 30 days (Limited to 15 day supply per fill)	30 tablets per 30 days (Limited to 15 day supply per fill)
Erleada™ (apalutamide)	All strengths	4 tablets per day	4 tablets per day
Esbriet® (pirfenidone)	267 mg	9 capsules / tablets per day	9 capsules / tablets per day
Esbriet® (pirfenidone)	801 mg	3 tablets per day	3 tablets per day
Esomeprazole strontium	All strengths	2 capsules a day	Not covered
Eucrisa™ (crisaborole)	2%	1 tube per Rx	Not covered
Evekeo™ (amphetamine sulfate)	All strengths	4 tablets per day	Not covered
Evista® (raloxifene)	All strengths	1 tablet per day	1 tablet per day
Evotaz™ (atazanavir + cobicistat)	All strengths	1 tablet per day	1 tablet per day
Exalgo® (hydromorphone)	All strengths	2 tablets per day, (Limited to 30 day supply per fill)	1 tablet per day, (Limited to 30 day supply per fill)
Exjade® (deferasirox)	All strengths	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Extavia® (interferon beta 1b)	All strengths	14 vials / kits per 30 days	14 vials / kits per 30 days
Fabior™ (tazarotene)	All strengths	1 canister per 30 days	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Farxiga [®] (dapagliflozin)	All strengths	1 tablet per day	1 tablet per day
Farydak [®] (panobinostat)	All strengths	6 capsules per 21 days	6 capsules per 21 days
Female Condom	All strengths	6 per 30 days	6 per 30 days
Fenoprofen	200 mg, 400 mg	8 tablets per day	8 tablets per day
Fenoprofen	600 mg	5 tablets per day	5 tablets per day
Fentanyl (Duragesic)	All strengths	Limited to 30 day supply per fill	Limited to 30 day supply per fill
Fentora [®] (fentanyl citrate)	All strengths	4 buccal tablets per day	Not covered
Ferriprox [®] tablet (deferiprone)	All strengths	18 tablets per day	18 tablets per day
Ferriprox [®] oral solution (deferiprone)	All strengths	90 ml per day	90 ml per day
Fetzima [™] (levomilnacipran)	All strengths	1 capsule per day	Not covered
Fetzima [™] titration pack (levomilnacipran)	All strengths	1 pack per year	Not covered
Finacea [®] Foam (azelaic acid 0.15%)	All strengths	1 can per 30 days	Not covered
Firazyr [®] (icatibant)	30 mg / 3 ml	6 syringes per 30 days	6 syringes per 30 days
Firvanq [™] (vancomycin)	All strengths	1 gram per day	1 gram per day
Flector [®] patch (diclofenac)	All strengths	2 patches per day	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Flonase® (fluticasone)	50 mcg / spray	1 (16 gm bottle) per 30 days	1 (16 gm bottle) per 30 days
Flovent® Diskus (fluticasone propionate)	100 mcg / dose, 250 mcg / dose	2 units (120 doses) per 30 days	2 units (120 doses) per 30 days
Flovent® Diskus (fluticasone propionate)	50 mcg / dose	1 unit (60 doses) per 30 days	1 unit (60 doses) per 30 days
Flovent® HFA (fluticasone propionate)	110 mcg / puff, 220 mcg / puff	2 inhalers per 30 days	2 inhalers per 30 days
Flovent® HFA (fluticasone propionate)	44 mcg / puff	1 inhaler per 30 days	1 inhaler per 30 days
Flowtuss (hydrocodone bitartrate + guaifenesin)	All strengths	240 ml per Rx	Not covered
Flu vaccines (Afluria, Quad; Fluad; Flublok, Quad; Flucelvax Quad; Flucelvax Quad; Flulaval; Fluzone)	All strengths	0.5 ml per fill ≥ 9 yrs old 1 vaccine per 180 days	0.5 ml per fill ≥ 9 yrs old 1 vaccine per 180 days
Flumist®	All strengths	2 nasal spray syringes per 6 months	2 nasal spray syringes per 6 months
flunisolide nasal spray	All strengths	3 (25 ml bottles) per 30 days	Not covered
fluticasone-salmeterol inhalation powder	All strengths	1 inhaler per 30 days	Not covered
Follistim® AQ (follitropinbeta)	150 IU / 0.5 ml vial	Not applicable	30 vials per 30 days, 90 vials per year
Follistim® AQ (follitropin beta)	75 IU / 0.5 ml vial	Not applicable	60 vials per 30 days, 180 vials per year
Follistim® AQ cartridge (follitropin beta)	300 IU / 0.36 ml	Not applicable	15 cartridges per 30 days, 45 cartridges per year
Foradil® (formoterol fumarate)	12 mcg / dose	1 box (60 blisters) per 30 days	1 box (60 blisters) per 30 days

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Forfivo XL[®] (bupropion)	All strengths	1 tablets per day	Not covered
Forteo[®] (teriparatide)	All strengths	1 injection pen per 30 days	1 injection pen per 30 days
Fortesta[®] (testosterone)	All strengths	2 canisters (120 gm) per 30 days	Not covered
Fosamax Plus D[®] (alendronate + vitamin D)	All strengths	4 tablets per 30 days	Not covered
Fosamax[®] (alendronate)	35 mg, 70 mg	4 tablets per 30 days	4 tablets per 30 days
Fosamax[®] (alendronate)	5 mg, 10 mg, 40 mg	1 tablet per day	1 tablet per day
Fosamax[®] (alendronate)	70 mg / 75 ml	4 bottles (300 ml) per 30 days	4 bottles (300 ml) per 30 days
Frova[®] (frovatriptan)	All strengths	12 tablets per Rx	9 tablets per 30 days
Fycompa[™] oral suspension (perampanel)	0.5 mg/mL	2 bottles (680 ml) per 30 days	2 bottles (680 ml) per 30 days
Fycompa[™] tablet (perampanel)	All strengths	1 tablet per day	1 tablet per day
Gardasil[®] / Gardasil[®]9 vaccine	All strengths	0.5 ml per fill	0.5 ml per fill
Gattex[®] (teduglutide)	5 mg vial	1 vial per day	1 vial per day
Gelnique[®] 10% sachet (oxybutynin)	1 gm / sachet	1 sachet per day	Not covered
Gelnique[®] pump (oxybutynin)	10%	1 gram per day	Not covered

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Genvoya™ (elvitegravir + cobicstat + emtricitabine + tenofovir alafenamide)	All strengths	1 tablet per day	1 tablet per day
Giazo® (balsalazide)	All strengths	6 tablets per day	6 tablets per day
Gilenya™ (fingolimod)	0.5 mg	1 capsule per day	1 capsule per day
Gilotrif™ (afatinib)	40 mg	30 tablets per 30 days (Limited to 15 day supply per fill)	30 tablets per 30 days (Limited to 15 day supply per fill)
Glassia® Alpha-1 Proteinase Inhibitor (Human)	1 G / 50 ml	9 vials per 30 days	9 vials per 30 days
Glatopa™ (glatiramer acetate)	All strengths	1 syringe per day	1 syringe per day
Gleevec® (imatinib mesylate)	All strengths	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Glyxambi® (empagliflozin + linagliptin)	All strengths	1 tablet per day	Not covered
Gonal-f® (follitropin alfa)	1050 units / vial	Not applicable	4 vials per 30 days, 12 vials per year
Gonal-f® (follitropin alfa)	450 units / vial	Not applicable	7 vials per 30 days, 21 vials per year
Gonal-f® RFF Pen (follitropin alfa)	300 units / 0.5 ml	Not applicable	15 cartridges per 30 days, 45 cartridges per year
Gonal-f® RFF (follitropin alfa)	75 units / vial	Not applicable	10 vials per 30 days, 30 vials per year
Gonal-f® RFF Pen (follitropin alfa)	450 units / 0.75 ml cartridge	Not applicable	10 cartridges per 30 days, 30 cartridges per year
Gonal-f® RFF Pen (follitropin alfa)	900 units / 1.5 ml cartridge	Not applicable	5 cartridges per 30 days, 15 cartridges per year

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Gralise® (gabapentin)	All strengths	3 tablets per day	Not covered
Gralise® starter pack (gabapentin)	All strengths	78 tablets per year	Not covered
Grastek® (timothy grass pollen allergen extract)	All strengths	1 tablet per day	Not covered
Gynol II® (nonoxinol 9)	All strengths	1 package (81 grams) per 30 days	1 package (81 grams) per 30 days
H.P. Acthar Gel® (repository corticotropin)	All strengths	4 vials per 30 days	Not covered
Halcion® (triazolam)	0.125 mg	1 tablet per day	1 tablet per day
Halcion® (triazolam)	0.25 mg	2 tablets per day	2 tablets per day
Harvoni® (ledipasvir + sofosbuvir)	All strengths	1 tablet per day	1 tablet per day
Havrix® vaccine	720 / 0.5 ml	0.5 ml per fill	0.5 ml per fill
Havrix® vaccine	1440 / 1 ml	1 ml per fill	1 ml per fill
Hemangeol™ (propranolol)	All strengths	3 bottles per 30 days	Not covered
Hetlioz™ (tasimelteon)	All strengths	1 capsule per day	1 capsule per day
Horizant® (gabapentin enacarbil)	All strengths	2 tablets per day	Not covered
Humira® (adalimumab)	10 mg / 0.2 ml 20 mg / 0.4 ml	1 package (2 syringes) per 30 days	1 package (2 syringes) per 30 days

Medication	Strength	Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Humira® (adalimumab)	40 mg / 0.8 ml	2 packages (4 syringes/pens) per 30 days	2 packages (4 syringes/pens) per 30 days
Humira® Pen Starter Pack (adalimumab)	All strengths	2 packages per year	2 packages per year
Hycofenix (hydrocodone bitartrate + pseudoephedrin + guaifenesin)	All strengths	240 ml per Rx	Not covered
hydrocodone / acetaminophen, oxycodone / acetaminophen, codeine / acetaminophen (Capital with Codeine, Endocet, Lorcet, Lortab, Margesic #3, Norco, Percocet, Tylenol with Codeine, Verdrocdet, Vicodin, Xodol)	These drugs accumulate between all strengths	4 grams acetaminophen per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)	4 grams acetaminophen per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)
hydrocodone + ibuprofen (Ibudone, Reprexain, Xylon 10)	All strengths	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
hydromorphone (Dilaudid)	All strengths	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Hysingla™ ER (hydrocodone extended-release)	All strengths	1 tablet per day (Limited to 30 day supply per fill)	Not Covered
Ibrance® (palbociclib)	All strengths	21 capsules per 30 days	21 capsules per 30 days
Iclusig™ (ponatinib)	15 mg	2 tablets per day	2 tablets per day
Iclusig™ (ponatinib)	45 mg	1 tablet per day	1 tablet per day
Idhifa® (enasidenib)	All strengths	1 tablet per day	1 tablet per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Imbruvica™ capsule (ibrutinib)	All strengths	120 capsules per 30 days (Limited to a 15 day supply per fill)	120 capsules per 30 days (Limited to a 15 day supply per fill)
Imbruvica™ tablet (ibrutinib)	All strengths	1 tablet per day	1 tablet per day
Imitrex® injection (sumatriptan)	All strengths	6 syringes / units per Rx	4 syringes / units per 30 days
Imitrex® nasal spray (sumatriptan)	All strengths	6 units per Rx	6 units per Rx
Imitrex® tablets (sumatriptan)	All strengths	12 tablets per Rx	9 tablets per 30 days
Impavido® (miltefosine)	All strengths	84 capsules per 30 days	84 capsules per 30 days
Imvexxy™ (estradiol)	Starter pack	1 starter pack (18 inserts) per 365 days	1 starter pack (18 inserts) per 365 days
Imvexxy™ (estradiol)	Maintenance pack	1 package (8 inserts) per 30 days	1 package (8 inserts) per 30 days
Incruse™ Ellipta® (umeclidinium)	All strengths	1 capsule per day	Not covered
Ingrezza™ (valbenazine)	All strengths	1 capsule per day	1 capsule per day
Inlyta® (axitinib)	1 mg	6 tablets per day	6 tablets per day
Inlyta® (axitinib)	5 mg	4 tablets per day	4 tablets per day
Insulin Needles and Syringes	All sizes	Not applicable	200 per 30 days
Intermezzo® (zolpidem)	All strengths	1 tablet per day	Not covered
Intrarosa™ (prasterone)	All strengths	1 insert per day	1 insert per day

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Intuniv[®] (guanfacine hydrochloride)	All strengths	1 tablet per day	Not covered
Invega[®] (paliperidone)	1.5 mg, 3 mg, 9 mg	1 tablet per day	1 tablet per day
Invega[®] (paliperidone)	6 mg	2 tablets per day	2 tablets per day
Invega Trinza[™] (paliperidone palmitate)	All strengths	4 kits per 365 days	Not covered
Invokamet[®] (canagliflozin + metformin)	All strengths	2 tablets per day	2 tablets per day
Invokamet[®] XR (canagliflozin + metformin extended-release)	All strengths	2 tablets per day	2 tablets per day
Invokana[™] (canagliflozin)	All strengths	1 tablet per day	1 tablet per day
Iressa[®] (gefitinib)	All strengths	1 tablet per day	1 tablet per day
Jadenu[®] (deferasirox)	All strengths	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Jakafi[®] (ruxolitinib)	All strengths	2 capsules per day	2 capsules per day
Jalyn[™] (dutasteride + tamsulosin)	All strengths	1 capsule per day	1 capsule per day
Janumet XR[®] (sitagliptin + metformin)	50 mg / 1000 mg	2 tablets per day	2 tablets per day
Janumet XR[®] (sitagliptin + metformin)	50 mg / 500 mg, 100 mg / 1000 mg	1 tablet per day	1 tablet per day
Januvia[®] (sitagliptin)	All strengths	1 tablet per day	1 tablet per day
Jardiance[®] (empagliflozin)	All strengths	1 tablet per day	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Jentaduetto[®] (linagliptin + metformin)	All strengths	2 tablets per day	Not covered
Jentaduetto XR[®] (linagliptin + metformin extended-release)	2.5 mg / 1000 mg	2 tablets per day	Not covered
Jentaduetto XR[®] (linagliptin + metformin extended-release)	5 mg / 1000 mg	1 tablet per day	Not covered
Juluca (dolutegravir + rilpivirine)	All strengths	1 tablet per day	1 tablet per day
Juvisync[™] (sitagliptin + simvastatin)	All strengths	1 tablet per day	1 tablet per day
Juxtapid[™] (lomitapide)	All strengths	1 capsule per day	Not covered
Jynarque[™] (tolvaptan)	15 mg, 30 mg	4 tablets per day	4 tablets per day
Jynarque[™] (tolvaptan)	45 mg, 60 mg, 90 mg	1 tablet per day	1 tablet per day
Kalydeco[™] granule (ivacaftor)	All strengths	2 packets per day	2 packets per day
Kalydeco[™] tablet (ivacaftor)	All strengths	2 tablets per day	2 tablets per day
Kapvay[®] (clonidine extended-release)	All strengths	4 tablets per day	4 tablets per day
Karbinal[™] ER (carbinoxamine maleate extended-release)	All strengths	1440 ml per 30 days	Not covered
Kazano[®] (alogliptin + metformin)	All strengths	2 tablets per day	Not covered
Keveyis[™] (dichlorphenamide)	All strengths	4 tablets per day	4 tablets per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Kevzara® (sarilumab)	All strengths	2 syringes (1 pack) per month	2 syringes (1 pack) per month
Khedezia® ER (desvenlafaxine)	All strengths	1 tablet per day	Not covered
Kineret® (anakinra)	SC syringe	1 syringe per day	1 syringe per day
Kisqali® (ribociclib)	All strengths	63 tablets per 30 days	63 tablets per 30 days
Kisqali® Femara® Co-pack (ribociclib + letrozole)	All strengths	91 tablets per 30 days	91 tablets per 30 days
Korlym™ tablet (mifepristone)	All strengths	4 tablets per day	4 tablets per day
Kynamro™ (mipomersen)	200 mg / ml	4 doses per 30 days	4 doses per 30 days
Lazanda® (fentanyl citrate)	All strengths	1 bottle per day	Not covered
Lenvima™ (lenvatinib)	10 mg	30 capsules per 30 days (Limited to a 15 day supply per fill)	30 capsules per 30 days (Limited to a 15 day supply per fill)
Lenvima™ (lenvatinib)	8mg, 14mg, 20mg	60 capsules per 30 days (Limited to a 15 day supply per fill)	60 capsules per 30 days (Limited to a 15 day supply per fill)
Lenvima™ (lenvatinib)	18mg, 24mg	90 capsules per 30 days (Limited to a 15 day supply per fill)	90 capsules per 30 days (Limited to a 15 day supply per fill)
Lescol® (fluvastatin)	All strengths	1 capsule per day	1 capsule per day
Lescol® XL (fluvastatin)	80 mg	1 tablet per day	1 tablet per day
Letairis® (ambrisentan)	All strengths	1 tablet per day	1 tablet per day
Levitra® (vardenafil)	All strengths	12 tablets per 30 days	Not covered

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
levonorgestrel (Plan B) (emergency OC)	1.50 mg	1 tablet per Rx	1 tablet per Rx
levorphanol	All strengths	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Linzess™ (linaclotide)	All strengths	1 capsule per day	1 capsule per day
Lipitor® (atorvastatin)	All strengths	1.5 tablets per day	1.5 tablets per day
Livalo® (pitavastatin)	All strengths	1 tablet per day	1 tablet per day
Lokelma™ (sodium zirconium cyclosilicate)	5 gm	3 boxes (90 packets) per 30 days	3 boxes (90 packets) per 30 days
Lokelma™ (sodium zirconium cyclosilicate)	10 gm	1 box (30 packets) per 30 days	1 box (30 packets) per 30 days
Long acting opioids + narcotics Brand and generic	All strengths	Limited to a 30 day supply per fill	Limited to a 30 day supply per fill
Long acting opioids + narcotic combination products Brand and generic	All strengths	Limited to a 30 day supply per fill	Limited to a 30 day supply per fill
Lonhala™ Magnair™ (glycopyrrolate)	Refill pack	2 vials per day	2 vials per day
Lonhala™ Magnair™ (glycopyrrolate)	Starter pack	1 starter pack per year	1 starter pack per year
Lonsurf® (trifluridine + tipiracil)	All strengths	100 tablets per 30 days	100 tablets per 30 days
LoSeasonique® (levonorgestrel + ethinyl estradiol tablets + ethinyl estradiol)	84 tablets 1 mg / 0.02 mg and 7 tablets 0.01 mg	1 blister pack per 91 days	1 blister pack per 91 days

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Lucemyra™ (lofexidine)	All strengths	224 tablets per 30 days	224 tablets per 30 days
Lunesta® (eszopiclone)	All strengths	1 tablet per day	1 tablet per day
Luzu® (luliconazole)	All strengths	1 tube per 30 days	Not covered
Lynparza™ capsule (olaparib)	All strengths	480 capsules per 30 days (Limited to a 15 day supply per fill)	480 capsules per 30 days (Limited to a 15 day supply per fill)
Lynparza™ tablet (olaparib)	All strengths	4 tablets per day	4 tablets per day
Lyrica CR® (pregabalin extended-release)	82.5 mg, 165 mg	1 tablet per day	Not covered
Lyrica CR® (pregabalin extended-release)	330 mg	2 tablets per day	Not covered
Lysteda® (tranexamic acid)	All strengths	1 tablet per day	1 tablet per day
Mavyret™ (glecaprevir + pibrentasvir)	All strengths	3 tablets per day	3 tablets per day
Maxalt® / Maxalt MLT® (rizatriptan)	All strengths	12 tablets per Rx	9 tablets per 30 days
Mekinist™ (trametinib)	0.5 mg	3 tablets per day	3 tablets per day
Mekinist™ (trametinib)	2 mg	1 tablet per day	1 tablet per day
Mektovi® (binimetinib)	All strengths	6 tablets per day	6 tablets per day
Menactra® vaccine	All strengths	0.5 ml per fill	0.5ml per fill

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Menveo (Meningococcal diphtheria conjugate vaccine)	All strengths	1 kit per Rx	1 kit per Rx
meperidine (Demerol)	All strengths	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Methadone (Diskets, Dolophine, Methadose)	All strengths	Limited to a 30 day supply per fill	Limited to a 30 day supply per fill
Methergine [®] (methylergonovine)	All strengths	8 tablets per day	8 tablets per day
Methylphenidate ER (methylphenidate extended-release)	72 mg	1 tablet per day	1 tablet per day
Mevacor [®] (lovastatin)	10 mg, 20 mg	1.5 tablets per day	1.5 tablets per day
Mevacor [®] (lovastatin)	40 mg	2 tablets per day	2 tablets per day
Migranal [®] nasal spray (dihydroergotamine)	4 mg / 1 ml ampule	8 ampules per Rx	8 ampules per Rx
Mirapex ER [®] (pramipexole extended-release)	All strengths	1 tablet per day	Not covered
Mircera [®] (methoxy polyethylene glycol-epoetin beta)	All strengths	2 syringes per 30 days	Not covered
Morphine ER (Arymo ER, Kadian, Morphine Sulfate, Morphine Sulfate CR, MS Contin)	All strengths	Limited to 30 day supply per fill	Limited to 30 day supply per fill
Movantik [™] (naloxegol)	All strengths	1 tablet per day	Not covered
Mulpleta [®] (lusutrombopag)	All strengths	1 package (7 tablets) per fill	1 package (7 tablets) per fill
Multaq [®] (dronedarone)	400 mg	2 tablets per day	2 tablets per day

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
MUSE [®] (alprostadil)	All strengths	12 pouches per 30 days	Not covered
Myalept [™] (metreleptin)	All strengths	1 vial per day	1 vial per day
Myrbetriq [®] (mirabegron extended-release)	All strengths	1 tablet per day	1 tablet per day
Mytesi [™] (crofelemer delayed-release)	All strengths	2 tablets per day	2 tablets per day
Naftin [®] (naftifine)	All strengths	1 bottle per 30 days	Not covered
Namenda XR [®] (memantine extended-release)	All strengths	1 tablet per day	Not covered
Namenda XR [®] (memantine extended-release)	Titration pack	2 packs per year	Not covered
Namzarcic [™] (memantine + donepezil)	All strengths	1 tablet per day	Not covered
Namzarcic [™] titration pack (memantine + donepezil)	All strengths	1 pack (28 capsules) per 365 days	Not covered
Narcan [®] nasal spray (naloxone hydrochloride)	All strengths	2 cartons (4 doses) per fill	2 cartons (4 doses) per fill
Nasacort AQ [®] (triamcinolone acetonide)	55 mcg / spray	1 bottle (16.5 gm) per 30 days	1 bottle (16.5 gm) per 30 days
Nasonex [®] (mometasone furoate)	50 mcg / spray	2 bottle (17 gm) per 30 days	Not covered
Natesto [™] (testosterone)	All strengths	3 bottles per 30 days	Not covered
Natpara [®] (parathyroid hormone)	All strengths	2 cartridges per 30 days	2 cartridges per 30 days

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Nerlynx™ (neratinib)	All strengths	180 tablets per 30 days (Limited to a 15 day supply per fill)	180 tablets per 30 days (Limited to a 15 day supply per fill)
Nesina® (alogliptin)	All strengths	1 tablet per day	Not covered
Neulasta® (pegfilgrastim)	6 mg / 0.6 ml syringe	2 syringes per 30 days	2 syringes per 30 days
Neupro® (rotigotine)	All strengths	1 patch per day	Not covered
Nexavar® (sorafenib)	All strengths	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Nicorette® gum / lozenges (nicotine)	All strengths	770 pieces per 30 days	770 pieces per 30 days
Nicotine patch (nicotine)	All strengths	1 patch per day	1 patch per day
Nicotrol® inhaler (nicotine)	All strengths	3 packages per 30 days	3 packages per 30 days
Nicotrol® NS nasal spray (nicotine)	10 mg / ml	40 ml (4 bottles) per 30 days	40 ml (4 bottles) per 30 days
Ninlaro® (ixazomib)	All strengths	3 tablets per 30 days	3 tablets per 30 days
Noctiva™ (desmopressin acetate)	All strengths	1 bottle per 30 days	Not covered
Northera™ (droxidopa)	100 mg, 200 mg	3 capsules per day	Not covered
Northera™ (droxidopa)	300 mg	6 capsules per day	Not covered
Novarel® (chorionic gonadotropin)	All strengths	Not applicable	2 vials per 30 days, 6 vials per year
Noxafil® (posaconazole delayed-release)	All strengths	93 tablets for 30 days	93 tablets for 30 days

Medication	Strength	Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Nucynta® (tapentadol)	All strengths	6 tablets per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)	6 tablets per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)
Nucynta® ER (tapentadol)	All strengths	2 tablets per day (Limit to 30 day supply per fill)	2 tablets per day (Limit to 30 day supply per fill)
Nuedexta® (dextromethorphan HBr + quinidine sulfate)	All strengths	2 tablets per day	2 tablets per day
Nuplazid™ (pimavanserin)	All strengths	1 tablet/capsule per day	1 tablet/capsule per day
Nuvaring® (etonogestrel + ethinyl estradiol)	0.12 mg / 0.015 mg	1 vaginal ring per 30 days	1 vaginal ring per 30 days
Nuvigil® (armodafinil)	All strengths	1 tablet per day	1 tablet per day
Nymalize® (nimodipine)	All strengths	2,520 ml per 21 days, 5,040 ml per year	2,520 ml per 21 days, 5,040 ml per year
Obredon® (hydrocodone + guaifenisin)	All strengths	240 ml per Rx	Not covered
Ocaliva™ (obeticholic acid)	All strengths	1 tablet per day	1 tablet per day
Odactra™ (house dust mite allergan extract)	All strengths	1 tablet per day	Not covered
Odefsey® (emtricitabine + rilpivirine + tenofovir)	200 mg / 25 mg / 25mg	1 tablet per day	1 tablet per day
Odomzo® (sonidegib)	All strengths	1 capsule per day	1 capsule per day
Ofev® (nintedanib)	All strengths	2 tablets per day	2 tablets per day

Medication	Strength	Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Olumiant® (baricitinib)	All strengths	1 tablet per day	1 tablet per day
Olysio™ (simeprevir)	All strengths	1 capsule per day	1 capsule per day
Omnaris® (ciclesonide)	50 mcg / spray	1 bottle (13 gm) per 30 days	Not covered
Onexton™ (clindamycin + benzoyl peroxide)	All strengths	1 bottle per 30 days	Not covered
Onfi® (clobazam)	All strengths	3 tablets per day	3 tablets per day
Onfi® oral suspension (clobazam)	All strengths	16 ml per day	16 ml per day
Onglyza® (saxagliptin)	All strengths	1 tablet per day	1 tablet per day
Onzetra™ Xsail™ (sumatriptan)	All strengths	1 dose pack per month	Not covered
Opana® (oxymorphone)	All strengths	6 tablets per day, (Limit to 5 day supply for the 1st fill, 30 day supply for each subsequent fill)	Not covered
Opana® ER (oxymorphone extended-release)	All strengths	4 tablets per day (Limited to 30 day supply per fill)	Not covered
Opium + Belladonna alkaloids	All strengths	Limited to 30 day supply per fill	Limited to 30 day supply per fill
Opsumit® (macitentan)	All strengths	1 tablet per day	1 tablet per day
Oralair® (mixed grass pollens allergens extract)	All strengths	1 tablet per day	Not covered
Oralair® (mixed grass pollens allergens extract)	Starter pack	1 pack per year	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Oravig[®] (miconazole)	All strengths	1 tablet per day	Not covered
Orencia[®] (abatacept)	All strengths	4 syringes per 30 days	4 syringes per 30 days
Orenitram[™] (treprostinil)	All strengths	9 tablets per day	9 tablets per day
Orilissa[™] (elagolix)	150 mg	1 carton (28 tablets) per 30 days	1 carton (28 tablets) per 30 days
Orilissa[™] (elagolix)	200 mg	1 carton (56 tablets) per 30 days	1 carton (56 tablets) per 30 days
Orkambi[™] tablet (lumacaftor + ivacaftor)	All strengths	112 tablets per 30 days	112 tablets per 30 days
Orkambi[™] granules (lumacaftor + ivacaftor)	All strengths	56 packets per 30 days	56 packets per 30 days
Ortho Evra[®] (ethinyl estradiol + norelgestromin)	20 mcg / 150 mcg / 24 [°]	3 patches per 30 days	3 patches per 30 days
Oseni[®] (alogliptin + pioglitazone)	All strengths	1 tablet per day	Not covered
Otezla[®] (apremilast)	All strengths	2 tablets per day	2 tablets per day
Otrexup[™] (methotrexate)	All strengths	4 injections per 30 days	Not covered
Ovidrel[®] (choriogonadotropin alfa i)	All strengths	Not applicable	2 syringes per 30 days, 6 syringes per year
Oxistat[®] (oxiconazole)	All strengths	1 bottle per 30 days	Not covered
Oxtellar XR[™] (oxcarbazepine extended-release)	150 mg, 300 mg	1 tablet per day	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Oxtellar XR™ (oxcarbazepine extended-release)	600 mg	4 tablets per day	Not covered
oxycodone immediate release	All strengths	6 tablets per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)	6 tablets per day, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)
oxycodone oral concentrate	20 mg / ml	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	150 ml per 30 days, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)
oxycodone oral solution	5 mg / 5 ml	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	2400 ml per 30 days, (Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill)
oxycodone + aspirin	All strengths	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
oxycodone + ibuprofen	All strengths	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Not covered
Oxycontin® (oxycodone extended-release)	All strengths	6 tablets per day (Limited to 30 day supply per fill)	2 tablets per day (Limited to 30 day supply per fill)
Ozempic® (semaglutide)	All strengths	4 pens per 30 days	Not covered
Palynziq™ (pegvaliase-pqpz)	2.5 mg / 0.5 ml	8 injections per 30 days	8 injections per 30 days
Palynziq™ (pegvaliase-pqpz)	10 mg / 0.5 ml	1 injection per day	1 injection per day
Palynziq™ (pegvaliase-pqpz)	20 mg / ml	2 injections per day	2 injections per day
Patanase® (olopatadine)	665 mcg / spray	1 bottle (30 gm) per 30 days	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Pazeo™ (olopatadine hydrochloride 0.7%)	All strengths	2 bottles per 30 days	Not covered
Pegasys® (peginterferon alfa-2a)	All strengths	4 syringes / vials / pens per 30 days	4 syringes / vials / pens per 30 days
Peg-intron® (peginterferon alfa-2b)	All strengths	4 vials / redipens per 30 days	4 vials / redipens per 30 days
Pennsaid® (diclofenac sodium)	All strengths	2 bottles per 30 days	Not covered
pentazocine + naloxone	All strengths	Limit to 30 day supply per fill	Limit to 30 day supply per fill
Picato® (ingenol mebutate)	All strengths	1 carton per 90 days	1 carton per 90 days
Plegridy™ (peginterferon beta- 1a)	All strengths	1 carton (2 syringes) per 30 days	Not covered
Pneumovax®23 vaccine	All strengths	0.5 ml per fill	0.5 ml per fill
Pomalyst® (pomalidomide)	All strengths	21 capsules per 30 days	21 capsules per 30 days
Pradaxa® (dabigatran)	All strengths	2 capsules per day	2 capsules per day
Praluent™ (alirocumab)	All strengths	2 doses per 30 days	2 doses per 30 days
Pravachol® (pravastatin)	All strengths	1.5 tablets per day	1.5 tablets per day
Pregnyl® (chorionic gonadotropin)	All strengths	Not applicable	2 vials per 30 days, 6 vials per year
Prestalia® (perindopril arginine + amlodipine)	All strengths	1 tablet per day	Not covered
Prevacid® (lansoprazole)	All strengths	Not applicable	2 capsules per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Prevnar 13[®] vaccine	All strengths	0.5 ml per fill	0.5 ml per fill
Prevymis[™] (letermovir)	All strengths	28 tablets (1 carton) per 30 days	28 tablets (1 carton) per 30 days
Prezcobix[™] (darunavir + cobicistat)	All strengths	1 tablet per day	1 tablet per day
Prilosec[®] (omeprazole)	All strengths	Not applicable	2 capsules per day
ProAir[®] HFA / Proventil[®] HFA / Ventolin[®] HFA (albuterol sulfate)	All strengths	4 inhalers per 30 days	4 inhalers per 30 days
ProAir[®] Respiclick (albuterol sulfate)	All strengths	4 inhalers per 30 days	4 inhalers per 30 days
Prosom[™] (estazolam)	All strengths	1 tablet per day	1 tablet per day
Protonix[®] (pantoprazole)	All strengths	Not applicable	2 tablets per day
Provigil[®] (modafinil)	All strengths	2 tablets per day	2 tablets per day
Prozac[®] (fluoxetine)	60 mg	1 tablet per day	1 tablet per day
Prozac[®] Weekly (fluoxetine)	90 mg	4 capsules per 30 days	4 capsules per 30 days
Pulmicort Flexhaler[®] (budesonide)	All strengths	2 canisters per 30 days	2 canisters per 30 days
Qbrelis[™] (lisinopril)	All strengths	40 ml per day	Not covered
Qbrexza[™] (glycopyrronium cloth)	All strengths	1 box (30 pouches) per 30 days	Not covered

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Qnasi[®] (beclomethasone)	All strengths	1 canister per 30 days	Not covered
Qsymia[®] (phentermine + topiramate)	All strengths	1 capsule per day	Not covered
Qtern[®] (dapagliflozin + saxagliptin)	All strengths	1 tablet per day	1 tablet per day
Quartette[™] (levonorgestrel + ethinyl estradiol)	All strengths	1 blister pack per 91 days	1 blister pack per 91 days
Qudexy[™] XR (topiramate)	200 mg	2 capsules per day	Not covered
Qudexy[™] XR (topiramate)	25 mg, 50 mg, 100 mg, 150 mg	1 capsule per day	Not covered
Quillichew ER[™] (methylphenidate extended-release)	20 mg	1.5 tablets per day	Not covered
Quillichew ER[™] (methylphenidate extended-release)	30 mg	2 tablets per day	Not covered
Quillichew ER[™] (methylphenidate extended-release)	40 mg	1 tablet per day	Not covered
Quillivant XR[™] 120ml /150ml /180ml bottle (methylphenidate extended-release)	All strengths	2 bottles per 30 days	Not covered
Quillivant XR[™] 60ml bottle (methylphenidate extended-release)	All strengths	1 bottle per 30 days	Not covered
Qvar[®] (beclomethasone dipropionate)	All strengths	2 inhalers per 30 days	2 inhalers per 30 days
Qvar[®] RediHaler[™] (beclomethasone dipropionate)	All strengths	1 inhaler per 30 days	1 inhaler per 30 days
Ragwitek[™] (short ragweed pollen allergen extract)	All strengths	1 tablet per day	Not covered

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Rapaflo [®] (silodosin)	All strengths	1 capsule per day	1 capsule per day
Rasuvo [™] (methotrexate)	All strengths	4 injections per 30 days	Not covered
Ravicti [™] (glycerol phenylbutyrate)	1.1 gm / ml	525 ml per 30 days	525 ml per 30 days
Rayaldee [®] (calcifediol extended-release)	All strengths	2 capsules per day	Not covered
Rayos [®] (prednisone delayed-release)	All strengths	3 tablets per day	Not covered
Rebif [®] (interferon beta 1a)	All strengths	12 syringes / pens per 30 days	12 syringes / pens per 30 days
Rebif [®] (interferon beta 1a)	Titration pack	1 pack per year	1 pack per year
Rebif [®] Rebidose (interferon beta 1a)	All strengths	1 pack per year	1 pack per year
Rectiv [™] (nitroglycerin)	All strengths	1 tube (30 gm) per 30 days	1 tube (30 gm) per 30 days
Relenza [®] (zanamivir)	All strengths	20 capsules per Rx, 40 capsules per 6 months	20 capsules per Rx, 40 capsules per 6 months
Relistor [®] tablet (methylnaltrexone)	All strengths	3 tablets per day	Not covered
Relpax [®] (eletriptan)	All strengths	12 tablets per Rx	9 tablets per 30 days
Repatha [™] (evolocumab)	All strengths	3 ml per 30 days	3 ml per 30 days
Repatha [®] Pushtronex [™] (evolocumab)	All strengths	1 injector per 30 days	1 injector per 30 days

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Restoril™ (temazepam)	All strengths	1 capsule per day	1 capsule per day
Revatio® (sildenafil citrate)	20 mg	3 tablets per day	3 tablets per day
Revatio® suspension (sildenafil)	150 ml bottle	2 bottles per 30 days	2 bottles per 30 days
Revlimid® (lenalidomide)	All strengths	1 tablet per day	1 tablet per day
Rexulti® (brexpiprazole)	All strengths	1 tablet per day	Not covered
Rezira™ oral solution (hydrocodone + pseudoephedrine)	All strengths	240 ml per Rx	Not covered
Rhinocort Aqua® (budesonide)	32 mcg / spray	2 bottles (8.6 gm) per 30 days	Not covered
Rhopressa® (netarsudil)	All strengths	2 (2.5ml) bottles per 30 days	Not covered
Rozerem® (ramelteon)	All strengths	1 tablet per day	1 tablet per day
Rubraca® (rucaparib)	All strengths	4 tablets per day	4 tablets per day
Ruconest™ (C1 esterase inhibitor, [recombinant])	All strengths	4 vials (8,400 units) per 30 days	4 vials (8,400 units) per 30 days
Rydapt® (midostaurin)	All strengths	8 capsules per day	8 capsules per day
Rytary™ (carbidopa + levodopa extended- release)	All strengths	12 capsules per day	Not covered
Samsca® (tolvaptan)	15 mg	1 tablet per day	1 tablet per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Samsca [®] (tolvaptan)	30 mg	2 tablets per day	2 tablets per day
Sanctura [®] (trospium)	20 mg	2 tablets per day	2 tablets per day
Sanctura XL [®] (trospium chloride extended-release)	60 mg	1 capsule per day	1 capsule per day
Sancuso [®] (granisetron extended-release)	3.1 mg	4 patches per 30 days	4 patches per 30 days
Saphris [®] (asenapine)	All strengths	2 tablets per day	2 tablets per day
Savaysa [™] (edoxaban)	All strengths	1 tablet per day	1 tablet per day
Savella [®] (milnacipran)	All strengths	2 tablets per day	2 tablets per day
Saxenda [®] (liraglutide)	All strengths	5 pens per 30 days	Not covered
Seasonale [®] / Jolessa [®] / Quasense [®] (levonorgestrel + ethinyl estradiol)	0.15 mg / 0.03 mg	1 blister pack per 91 days	1 blister pack per 91 days
Seasonique [®] (levonorgestrel + ethinyl estradiol + ethinyl estradiol)	84 tablets 0.15 mg / 0.03 mg and 7 tablets 0.01 mg	1 blister pack per 91 days	1 blister pack per 91 days
Seebri [™] Neohaler [®] (glycopyrrolate)	All strengths	2 inhalations per day	Not covered
Segluromet [™] (vertugliflozin + metformin)	2.5 mg / 500 mg	4 tablets per day	Not covered
Segluromet [™] (vertugliflozin + metformin)	2.5 mg / 1000 mg; 7.5 mg / 500 mg; 7.5 mg / 1000 mg	2 tablets per day	Not covered
Serevent Diskus [®] (salmeterol xinafoate)	50 mcg / dose	1 box (60 blisters) per 30 days	1 box (60 blisters) per 30 days

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Seroquel XR® (quetiapine fumarate)	All strengths	2 tablets per day	2 tablets per day
Shingrix (zoster vaccine recombinant, adjuvanted)	All strengths	1 vial kit per RX	1 vial kit per RX
Short acting immediate release opioids + narcotics Brand and generic	All strengths	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Short acting immediate release opioids + narcotics combination products Brand and generic	All strengths	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill
Signifor® (pasireotide)	All strengths	2 ampules per day	2 ampules per day
Signifor® LAR (pasireotide)	All strengths	1 kit per 30 days	Not covered
Silenor® (doxepin)	All strengths	1 tablet per day	Not covered
Simponi® (golimumab)	All strengths	1 syringe per 30 days	1 syringe per 30 days
Singulair® (montelukast)	All strengths	1 tablet per day	1 tablet per day
Singulair® (montelukast)	4 mg packet	1 packet per day	1 packet per day
Sitavig® (acyclovir)	All strengths	1 tablet per 30 days	Not covered
Sivextro™ (tedizolid phosphate)	All strengths	6 tablets per Rx	6 tablets per Rx
Sklice® lotion (ivermectin)	All strengths	1 tube per 30 days	1 tube per 30 days

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Solaraze® (diclofenac sodium)	All strengths	100 gm (1 tube) per 30 days	100 gm (1 tube) per 30 days
Soliqua™ (insulin glargine + lixisenatide injection)	All strengths	5 pens per 30 days	Not covered
Somatuline® Depot (lanreotide)	All strengths	1 syringe per 30 days	1 syringe per 30 days
Sonata® (zaleplon)	10 mg	2 capsules per day	2 capsules per day
Sonata® (zaleplon)	5 mg	1 capsule per day	1 capsule per day
Soolantra® (ivermectin)	All strengths	1 tube per 30 days	Not covered
Sovaldi™ (sofosbuvir)	All strengths	1 tablet per day	1 tablet per day
Spiriva Handihaler® (tiotropium bromide)	18 mcg / dose	1 box (30 capsules) per 30 days	1 box (30 capsules) per 30 days
Spiriva Respimat® (tiotropium)	All strengths	1 inhaler per 30 days	1 inhaler per 30 days
Spritam® (levetiracetam)	250 mg, 500 mg, 1000 mg	2 tablets per day	Not covered
Spritam® (levetiracetam)	750 mg	4 tablets per day	Not covered
Sprix® (ketorolac tromethamine)	All strengths	5 bottles per 30 days	Not covered
Sprycel® (dasatinib)	All strengths	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Stadol NS® (Butorphanol)	10 mg / ml	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Limited to a 5 day supply for the 1st fill, 30 day supply for each subsequent fill

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Staxyn™ (vardenafil)	10 mg	12 tablets per 30 days	Not covered
Steglatro™ (ertugliflozin)	5 mg	2 tablets per day	Not covered
Steglatro™ (ertugliflozin)	15 mg	1 tablet per day	Not covered
Steglujan™ (ertugliflozin + sitagliptan)	All strengths	1 tablet per day	Not covered
Stelara® (ustekinumab)	All strengths	1 syringe/vial every 56 days	1 syringe/vial every 56 days
Stendra™ (avanafil)	All strengths	12 tablets per 30 days	Not covered
Stiolto™ Respimat® (tiotropium bromide + olodaterol)	All strengths	1 inhaler per 30 days	1 inhaler per 30 days
Stivarga® (regorafenib)	All strengths	84 tablets per 30 days	84 tablets per 30 days
Stremsiq™ (asfotase alfa)	18 mg, 28 mg, 40 mg vial	24 vials per 30 days	24 vials per 30 days
Stremsiq™ (asfotase alfa)	80 mg vial	48 vials per 30 days	48 vials per 30 days
Striant® (testosterone)	30 mg	2 buccal systems per day	Not covered
Stribild™ (elvitegravir + cobicistat + emtricitabine + tenofovir disoproxil fumarate)	All strengths	1 tablet per day	1 tablet per day
Striverdi® Respimat® (olodaterol)	All strengths	1 inhaler per 30 days	Not covered
Suboxone® film + tablet (buprenorphine + naloxone)	All strengths	3 films / tablets per day	3 films / tablets per day

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Subutex® (buprenorphine)	All strengths	3 tablets per day	3 tablets per day
Subsys® (fentanyl)	All strengths	4 sprays per day	Not covered
Sumavel® DosePro® (sumatriptan)	All strengths	6 units per 30 days	Not covered
Sutent® (sunitinib)	All strengths	1 tablet per day	1 tablet per day
Sylatron™ (peginterferon alfa-2b)	All strengths	4 vials per 30 days	4 vials per 30 days
Symbicort® (budesonide + formoterol)	All strengths	1 inhaler per 30 days	1 inhaler per 30 days
Symdeko® (tezacaftor + ivacaftor)	All strengths	1 carton (56 tablets) per 28 days	1 carton (56 tablets) per 28 days
Symfi™ (efavirenz + lamivudine + tenofovir disoproxil fumarate)	All strengths	1 tablet per day	1 tablet per day
Symfi Lo™ (efavirenz + lamivudine + tenofovir disoproxil fumarate)	All strengths	1 tablet per day	1 tablet per day
Symproic® (naldemedine)	All strengths	1 tablet per day	Not Covered
Symtuza™ (darunavir + cobicistat + emtricitabine + tenofovir alafenamide)	All strengths	1 tablet per day	1 tablet per day
Synjardy® (empagliflozin + metformin)	All strengths	2 tablets per day	Not covered
Synjardy® XR (empagliflozin + metformin extended- release)	5mg / 1000mg 12.5 mg / 1000 mg	2 tablets per day	Not covered

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Synjardy® XR (empagliflozin + metformin extended-release)	10 mg / 1000 mg 25 mg / 1000 mg	1 tablet per day	Not covered
Syprine® (trientine)	All strengths	8 capsules per day	8 capsules per day
Tafinlar® (dabrafenib)	All strengths	4 capsules per day	4 capsules per day
Tagrisso™ (osimertinib)	All strengths	1 tablet per day, (Limited to 15 day supply per fill)	1 tablet per day, (Limited to 15 day supply per fill)
Taltz® 3 pack (ixekizumab)	All strengths	1 pack per year	Not covered
Taltz® 2 pack (ixekizumab)	All strengths	2 packs per year	Not covered
Taltz® single pack (ixekizumab)	All strengths	1 pack per 30 days	Not covered
Tamiflu® (oseltamivir)	30 mg	40 capsules per 6 months	40 capsules per 6 months
Tamiflu® (oseltamivir)	45 mg, 75 mg	20 capsules per 6 months	20 capsules per 6 months
Tamiflu® suspension 60 ml bottle (oseltamivir)	6 mg / ml	6 bottles (360 ml) per 6 months	6 bottles (360 ml) per 6 months
tamoxifen citrate	All strengths	2 tablets per day	2 tablets per day
Tanzeum™ (albiglutide)	All strengths	4 syringes per 30 days	Not covered
Tarceva® (erlotinib)	All strengths	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Tasigna® (nilotinib)	All strengths	4 capsules per day, (Limited to 15 day supply per fill)	4 capsules per day, (Limited to 15 day supply per fill)

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Tavalisse™ (fostamatinib disodium hexahydrate)	All strengths	2 tablets per day	2 tablets per day
Tecfidera™ (dimethyl fumarate delayed-release)	All strengths	2 tablets per day	2 tablets per day
Tecfidera™ (dimethyl fumarate delayed-release)	Starter pack	1 pack per year	1 pack per year
Technivie™ (ombitasvir + paritaprevir + ritonavir)	All strengths	56 tablets per 30 days	56 tablets per 30 days
Tekamlo™ (aliskiren + amlodipine)	All strengths	1 tablet per day	1 tablet per day
Testim® (testosterone)	1% (50 mg)	2 cartons (60 tubes) per 30 days	Not covered
Tibsovo® (ivosidenib)	All strengths	60 tablets per 30 days, (Limited to a 15 day supply per fill)	60 tablets per 30 days, (Limited to a 15 day supply per fill)
Tivorbex™ (indomethacin)	All strengths	3 capsules per day	Not covered
Tobi® (tobramycin)	300 mg / 5 ml ampule	56 ampules per 56 rolling days	56 ampules per 56 rolling days
Tobi® Podhaler™ (tobramycin)	28 mg / capsule	224 capsules per 56 rolling days	Not covered
Today Contraceptive Sponge® (nonoxynol-9)	All strengths	6 units per 30 days	6 units per 30 days
Tolak™ (fluorouracil)	4%	40 gm (1 tube) per 30 days	40 gm (1 tube) per 30 days
Topiramate ER	200 mg	2 capsules per day	Not covered
Topiramate ER	25 mg, 50 mg, 100 mg, 150 mg	1 capsule per day	Not covered
Toradol® (ketorolac)	10 mg	20 tablets per Rx	20 tablets per Rx

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Toviaz[®] (fesoterodine)	All strengths	1 tablet per day	1 tablet per day
Tracleer[®] (bosentan)	All strengths	2 tablets per day	2 tablets per day
Tradjenta[®] (linagliptin)	All strengths	1 tablet per day	1 tablet per day
Tramadol ER	All strengths	Limited to 30 day supply for per fill	Limited to 30 day supply for per fill
Trelegy[™] Ellipta[®] (fluticasone + umeclidinium + vilanterol)	All strengths	30 inhalations (60 blisters) per 30 days	30 inhalations (60 blisters) per 30 days
Tremfya[™] (guselkumab)	All strengths	8 syringes per year	8 syringes per year
Treximet[®] (sumatriptan + naproxen)	85 mg / 500 mg	9 tablets per Rx	Not covered
Trexix[®] (acetaminophen + caffeine + dihydrocodeine)	All strengths	Limited to 5 day supply for the 1st fill, 30 day supply for each subsequent fill	Not covered
Tribenzor[®] (olmesartan + amlodipine + hydrochlorothiazide)	All strengths	1 tablet per day	1 tablet per day
Trintellix[®] (vortioxetine)	All strengths	1 tablet per day	1 tablet per day
Triumeq[®] (abacavir + dolutegravir + lamivudine)	All strengths	1 tablet per day	1 tablet per day
Trokendi XR[™] (topiramate extended-release)	All strengths	2 tablets per day	Not covered
Trulicity[™] (dulaglutide)	All strengths	4 syringes per 30 days	Not covered
Tudorza[™] Pressair[™] (acclidinium bromide)	All strengths	1 inhaler per 30 days	1 inhaler per 30 days

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
TussiCaps® (hydrocodone + chlorpheniramine)	All strengths	14 capsules per Rx	Not covered
Tuzistra™ XR (codeine + chlorpheniramine extended-release)	All strengths	240 ml per Rx	Not covered
Tybost® (cobicistat)	All strengths	1 tablet per day	1 tablet per day
Tymlos™ (abaloparatide)	All strengths	1 unit per 30 days	1 unit per 30 days
Tyvaso® (treprostinil)	All strengths	4 ampules per day	4 ampules per day
Uceris™ (budesonide extended-release)	All strengths	1 tablet per day	Not covered
Uloric® (febuxostat)	All strengths	1 tablet per day	1 tablet per day
Ultracet® (tramadol + acetaminophen)	All strengths	Limited to 30 day supply per fill	Limited to 30 day supply per fill
Ultram® (tramadol)	All strengths	Limited to 30 day supply per fill	Limited to 30 day supply per fill
Uptravi® (selexipag)	All strengths	2 tablets per day	2 tablets per day
Uptravi® Starter Pack (selexipag)	All strengths	1 pack per 365 days	1 pack per 365 days
Utibron™ Neohaler® (indacaterol + glycopyrrolate)	All strengths	2 inhalations per day	Not covered
Vaqta® vaccine	25 / 0.5 ml	0.5 ml per fill	0.5 ml per fill
Vaqta® vaccine	50 / 1 ml	1 ml per fill	1 ml per fill

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Varubi™ (rolapitant)	All strengths	8 tablets per 30 days	Not covered
Vascepa® (icosapent ethyl)	All strengths	4 capsules per day	Not covered
VCF® contraceptive film (nonoxynol-9)	All strengths	6 units per day	6 units per day
VCF® contraceptive foam (nonoxynol-9)	12.5%	1 box (17 gm) per 30 days	1 box (17 gm) per 30 days
Vecamyl® (mecamylamine)	All strengths	10 tablets per day	Not covered
Veltassa™ (patiromer)	8.4 gm	2 packets per day	2 packets per day
Veltassa™ (patiromer)	16.8 gm, 25.2 gm	1 packet per day	1 packet per day
Vemlidy® (tenofovir alafenamide)	All strengths	1 tablet per day	1 tablet per day
Venclexta™ (venetoclax)	100 mg	4 tablets per day	4 tablets per day
Venclexta™ wallets (venetoclax)	10 mg, 50 mg	4 wallets per 30 days	4 wallets per 30 days
Venclexta™ unit dose (venetoclax)	10 mg, 50 mg	28 unit packs per 30 days	28 unit packs per 30 days
Venclexta™ starter pack (venetoclax)	10 mg – 50 mg – 100 mg	1 pack per year	1 pack per year
Ventavis® (iloprost)	All strengths	9 ampules per day	9 ampules per day
Veramyst® (fluticasone)	27.5 mcg / spray	1 bottle (10 gm) per 30 days	Not covered
Verzenio™ (abemaciclib)	All strengths	60 tablets per 30 days (Limited to a 15 day supply per fill)	60 tablets per 30 days (Limited to a 15 day supply per fill)

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Vesicare [®] (solifenacin)	All Strengths	1 tablet per day	1 tablet per day
Viagra [®] (sildenafil)	All strengths	12 tablets per 30 days	Not covered
Viberzi [™] (eluxadoline)	All strengths	2 tablets per day	Not covered
Victoza [®] injection (liraglutide)	All strengths	3 pens (9 ml) per 30 days	3 pens (9 ml) per 30 days
Viibryd [®] (vilazodone)	All strengths	1 tablet per day	1 tablet per day
Viibryd [®] (vilazodone)	Titration pack	1 pack per year	1 pack per year
Vitekta [®] (elvitegravir)	All strengths	1 tablet per day	1 tablet per day
Vistogard [®] (uridine triacetate)	All strengths	20 packets per fill	20 packets per fill
Vituz [®] (chlorpheniramine + hydrocodone)	4 mg / 5 mg / 5 ml	240 ml per Rx	Not covered
Vivlodex [™] (meloxicam)	All strengths	1 capsule per day	Not covered
Vogelxo [™] (testosterone)	All strengths	2 packets per day	Not covered
Voltaren [®] gel (diclofenac)	All strengths	10 tubes per 30 days	10 tubes per 30 days
Vosevi [™] (sofosbuvir + velpatasvir + voxilaprevir)	All strengths	1 tablet per day	1 tablet per day
Votrient [®] (pazopanib)	All strengths	Limited to a 15 day supply per fill	Limited to a 15 day supply per fill
Vraylar [™] (cariprazine)	All strengths	1 capsule per day	1 capsule per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Vraylar™ dose pack (cariprazine)	1.5 mg – 3 mg	4 packs per 30 days	4 packs per 30 days
Vytorin® (ezetimibe + simvastatin)	All strengths	1 tablet per day	1 tablet per day
Vyvanse® (lisdexamfetamine)	All strengths	1 capsule / chew tablet per day	1 capsule / chew tablet per day
Xadago® (safinamide)	All strengths	1 tablet per day	1 tablet per day
Xalkori® (crizotinib)	All strengths	2 capsules per day	2 capsules per day
Xarelto® (rivaroxaban)	10 mg, 20 mg	1 tablet per day	1 tablet per day
Xarelto® (rivaroxaban)	Starter pack	1 pack per year	1 pack per year
Xarelto® (rivaroxaban)	15 mg	2 tablets per day	2 tablets per day
Xartemis™ XR (oxycodone + acetaminophen extended-release)	All strengths	4 tablets per day	4 tablets per day
Xeljanz® (tofacitinib)	All strengths	2 tablets per day	2 tablets per day
Xeljanz® XR (tofacitinib extended-release)	11 mg	1 tablet per day	1 tablet per day
Xenazine® (tetrabenazine)	All strengths	2 tablets per day	2 tablets per day
Xermelo™ (telotristat ethyl)	All strengths	3 tablets per day	3 tablets per day
Xifaxan® (rifaximin)	550 mg	84 tablets per 30 days	84 tablets per 30 days
Xigduo™ XR (dapagliflozin + metformin)	5/500 mg, 10/500 mg, 10/1000 mg	1 tablet per day	1 tablet per day

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Xigduo™ XR (dapagliflozin + metformin)	5/1000 mg	2 tablets per day	2 tablets per day
Xiidra™ (lifitegrast)	5%	2 vials per day	Not covered
Xolegel® (ketoconazole)	All strengths	1 tube (45 g) per 30 days	Not covered
Xopenex® HFA (levalbuterol)	45 mcg / puff	2 inhalers per 30 days	2 inhalers per 30 days
Xtandi® (enzalutamide)	All strengths	4 capsules per day	4 capsules per day
Xultophy® (insulin degludec + liraglutide)	All strengths	5 pens per month	Not covered
Xuriden™ (uridine triacetate)	All strengths	4 packets per day	4 packets per day
Xyrem® (sodium oxybate)	500 mg / ml	3 bottles (540 ml) per 30 days	3 bottles (540 ml) per 30 days
Xyzal® oral solution (levocetirizine)	2.5 mg / 5 ml	296 ml per 30 days	296 ml per 30 days
Xyzal® tablet (levocetirizine)	5 mg	1 tablet per day	1 tablet per day
Yonsa® (abiraterone acetate)	All strengths	120 tablets per 30 days, (Limited to 15 day supply per fill)	120 tablets per 30 days, (Limited to 15 day supply per fill)
Zavesca™ (miglustat)	100 mg	3 capsules per day	3 capsules per day
Zegerid® capsule (omeprazole-sodium bicarbonate)	All strengths	1 capsule per day	Not covered
Zegerid® packets (omeprazole-sodium bicarbonate)	All Strengths	1 packet per day	Not covered

		Quantity limits for:	
Medication	Strength	MESSA 3 Tier Plan	Essentials by MESSA
Zejula [®] (niraparib)	All strengths	90 capsules per 30 days (Limited to a 15 day supply per fill)	90 capsules per 30 days (Limited to a 15 day supply per fill)
Zelboraf [®] (vemurafenib)	All strengths	240 tablets per 30 days (Limited to a 15 day supply per fill)	240 tablets per 30 days (Limited to a 15 day supply per fill)
Zembrace [™] SymTouch [™] (sumatriptan succinate)	All strengths	4 injections per 30 days	Not covered
Zetia [®] (ezetimibe)	10 mg	1 tablet per day	1 tablet per day
Zepatier [™] (elbasvir + grazoprevir)	50mg / 100mg	1 tablet per day	1 tablet per day
Zetonna [®] (ciclesonide)	All strengths	1 canister per 30 days	Not covered
Zinbryta [™] (daclizumab)	All strengths	1 ml per month	Not covered
Zipsor [™] (diclofenac)	All strengths	4 capsules per day	Not covered
Zocor [®] (simvastatin)	All strengths	1.5 tablets per day	1.5 tablets per day
Zohydro ER [®] (hydrocodone)	All strengths	2 tablets per day, (Limited to 30 day supply per fill)	2 tablets per day, (Limited to 30 day supply per fill)
Zoladex [®] (goserelin acetate)	All strengths	1 syringe per Rx	1 syringe per Rx
Zolinza [®] (vorinostat)	All strengths	Limited to 15 day supply per fill	Limited to 15 day supply per fill
Zomig ZMT [®] (zolmitriptan)	All strengths	12 tablets per Rx	9 tablets per 30 days
Zomig [®] (zolmitriptan)	All strengths	12 tablets per Rx	9 tablets per 30 days
Zomig [®] nasal spray (zolmitriptan)	All strengths	6 units per Rx	6 units per Rx

Medication		Quantity limits for:	
		MESSA 3 Tier Plan	Essentials by MESSA
Zontivity™ (vorapaxar)	All strengths	1 tablet per day	1 tablet per day
Zorvolex™ (diclofenac)	All strengths	3 capsules per day	Not covered
Zubsolv® (buprenorphine + naloxone)	All strengths	3 tablets per day	3 tablets per day
Zurampic® (lesinurad)	All strengths	1 tablet per day	Not covered
Zutripro® (pseudoephed + hydrocod)	All strengths	240 ml per Rx	Not covered
Zyban™ (bupropion extended-release)	150 mg	2 tablets per day	2 tablets per day
Zyclara® (imiquimod)	3.75%	1 sachet per day	1 sachet per day
Zyclara® cream pump (imiquimod)	All strengths	1 bottle (8 gm) per 30 days	1 bottle (8 gm) per 30 days
Zydelig™ (idelalisib)	All strengths	2 tablets per day	2 tablets per day
Zyflo CR® (zileuton extended-release)	600 mg	4 tablets per day	4 tablets per day
Zyflo® (zileuton)	600 mg	4 tablets per day	4 tablets per day
Zykadia™ (ceritinib)	All strengths	5 capsules per day	5 capsules per day
Zytiga® (abiraterone)	250 mg	120 tablets per 30 days (Limited to a 15 day supply per fill)	120 tablets per 30 days (Limited to a 15 day supply per fill)
Zytiga® (abiraterone)	500 mg	120 tablets per 30 days (Limited to a 15 day supply per fill)	120 tablets per 30 days (Limited to a 15 day supply per fill)