

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
A/B Otic	Benzocaine and Antipyrine	X	30	X	15											
A+D Cracked Skin Relief Cream	Lidocaine, Benzalkonium Chloride	15	30	X	59											
A1C Now	Blood Glucose Meter										1	310				
Ablify 1mg/mL Solution	Aripiprazole					75										
Ablify 9.75mg/1.3mL Vial	Aripiprazole					9.1										
Ablify Discmelt 10mg	Aripiprazole					7										
Ablify Discmelt 15mg	Aripiprazole					5										
Ablify Maintena ER 300 mg Syringe	Aripiprazole	30	30	X	1		1	21								
Ablify Maintena ER 300 mg vial	Aripiprazole	30	30	X	1		1	21								
Ablify Maintena ER 400 mg Syringe	Aripiprazole	30	30	X	1		1	21								
Ablify Maintena ER 400 mg vial	Aripiprazole	30	30	X	1		1	21								
Ablify Tablets 10mg	Aripiprazole					7.5										
Ablify Tablets 15mg	Aripiprazole					5										
Ablify Tablets 20mg	Aripiprazole					3.5										
Ablify Tablets 2mg	Aripiprazole					37.5										
Ablify Tablets 30mg	Aripiprazole					2.5										
Ablify Tablets 5mg	Aripiprazole					15										
Abreva 10% Cream	Docosanol	X	30	X	2											
Acanya 1.2%-2.5% Gel	Clindamycin Phosphate, Benzoyl Peroxide	15	30	X	50											
Accolate	Zafirlukast					2										
Accu-Check Aviva Plus Test Strips	Blood Sugar Diagnostic	X	50	X	X	1										
Accu-Check Compact Test Strips	Blood Sugar Diagnostic	X	50	X	X	1										
Accu-Chek	Blood Glucose Meter										1	310				
Accu-Chek	Blood Glucose Strips	X	50	X	X	1										
Accu-Chek Nano Smartview Meter	Blood-Glucose Meter										1	310				
Accu-Chek Safe-T-Pro 23G Lancets	Lancets	X	102	X	X	1										
Accu-Chek Smartview Strip	Blood Sugar Diagnostic	X	50	X	X	1										
AccuNeb	Albuterol					12.5										
Accupril 10mg	Quinapril					8										
Accupril 20mg	Quinapril					4										
Accupril 40mg	Quinapril					2										
Accupril 5mg	Quinapril					16										
Accuretic 10-12.5mg	Quinapril, Hydrochlorothiazide					4										
Accuretic 20-12.5mg	Quinapril, Hydrochlorothiazide					4										
Accuretic 20-25mg	Quinapril, Hydrochlorothiazide					2										
Accutrend Glucose Test Strip	Blood Sugar Diagnostic Strip	X	50	X	X	1										
Accutrend Plus Meter	Cholesterol - Blood Glucose Meter										1	310				
Accuzyme SE Spray Emulsion	Urea	15	30	X	30											
ACE ACD/Alum, Borofare	Acetic Acid in Aluminum Acetate	X	30	X	60											
Aceon	Perindopril					2										
Acetasol, Vosol	Acetic Acid	X	30	X	15											
Aciphex 20mg tablet	Rabeprazole					1										
Aciphex Sprinkle 5mg, 10mg capsules	Rabeprazole					1										
Aclovate Cream and Ointment	Alclometasone Dipropionate	15	30	X	15											
Acne Cleansing Bar	Benzoyl Peroxide Bar 10%	30	X	X	1											
Actemra 162mg/0.9mL Syringe	Tocilizumab										1.8	24				
Actemra 200mg/10mL Vial	Tocilizumab										40	24				
Actemra 400mg/20mL Vial	Tocilizumab										40	24				
Actemra 80mg/4mL Vial	Tocilizumab										40	24				
Acticlate 150mg tablet	Doxycycline Hyclate					4										
Acticlate 75mg tablet	Doxycycline Hyclate					2										
Actimmune	Interferon Gamma-1b										12	24				
Activella 0.5-0.1mg	Estradiol, Norethindrone					1										
Activella 1-0.5mg	Estradiol, Norethindrone					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Activite Tab	B-Complex W/C & Folic Acid Tab 1mg	X	100	X	100											
Actonel 150mg Tablet	Risedronate	28	30	X	1											
Actonel 30mg Tablet	Risedronate					1										
Actonel 35 mg	Risedronate	28	30	X	4											
Actonel 5 mg	Risedronate					1										
Actonel 75 mg	Risedronate	28	30	X	2											
Actonel w/Calcium	Risedronate					1										
Actoplus Met	Pioglitazone and Metformin					3										
ActoPlus Met XR 15-1000mg Tablet	Pioglitazone, Metformin					2										
ActoPlus Met XR 30-1000mg Tablet	Pioglitazone, Metformin					1										
Actos	Pioglitazone					1										
Acular	Ketorolac tromethamine	12	30	X	5											
Acular LS	Ketorolac Tromethamine										20	310				
Acular PF	Ketorolac tromethamine	3	30	X	12						12	30				
Acura Plus Meter Kit	Blood Glucose Meter										1	310				
Acura Starter Kit	Blood Glucose Meter										1	310				
Acura Test Strips	Blood Glucose Strips	X	50	X	X	1										
Acuvail 0.45% Ophthalmic Solution	Ketorolac Tromethamine	X	14	X	30											
Aczone 5% Gel	Dapsone	30	60	X	60											
Aczone 7.5% gel	Dapsone	30	60	X	60											
Adacel	Diphtheria, Tetanus, and Acellular Pertussis Booster Vaccine										0.5	Lifetime				19
Adalat CC 30mg	Nifedipine					1										
Adalat CC 60mg	Nifedipine					1										
Adalat CC 90mg	Nifedipine					1										
Adcirca	Tadalafil	30				2										
Adderall 10mg tab	Amphetamine, Dextroamphetamine					6										
Adderall 12.5mg tab	Amphetamine, Dextroamphetamine					5										
Adderall 15mg tab	Amphetamine, Dextroamphetamine					4										
Adderall 20mg tab	Amphetamine, Dextroamphetamine					3										
Adderall 30mg tab	Amphetamine, Dextroamphetamine					2										
Adderall 5mg tab	Amphetamine, Dextroamphetamine					12										
Adderall 7.5mg tab	Amphetamine, Dextroamphetamine					8										
Adderall XR 10mg	Amphetamine, Dextroamphetamine					6										
Adderall XR 15mg	Amphetamine, Dextroamphetamine					4										
Adderall XR 20mg	Amphetamine, Dextroamphetamine					3										
Adderall XR 25mg	Amphetamine, Dextroamphetamine					2										
Adderall XR 30mg	Amphetamine - Dextroamphetamine					2										
Adderall XR 5	Amphetamine, Dextroamphetamine					12										
Adeks Tablet Chew	Multivitamins, Zinc Oxide	X	100	X	X											
Adempas	Riociguat					3										
Adipex	Phentermine					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Adjustable lancing device	Lancet device	X	30	X	1						2	310				
Adjustable Lancing Device	Diabetic Supplies, Misc.	X	30	X	1						2	310				
Adlyxin	Lixisenatide	28	30	X	6											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Admelog 3ml vial	Insulin Lispro	3	100	X	3											
Admelog inj 100unit/ml	Insulin Lispro	10	100	X	10 (19 yrs and older) 20 (18 years and younger)											
Admelog Solostar	Insulin Lispro	15	160	X	15 (19 yrs and older) 30 (18 years and younger)											
Adoxa 100mg	Doxycycline					3										
Adoxa 150mg	Doxycycline Monohydrate					2										
Adoxa 50mg	Doxycycline					4										
Adoxa 75mg	Doxycycline					2										
Adrenaclck 0.15 mg Auto-Inject	Epinephrine	X	30	X	2						4	30				
Adrenaclck 0.15mg Auto-Injector	Epinephrine	X	30	X	2						4	30				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Adrenaclick 0.3 mg Auto-Inject	Epinephrine	X	30	X	2						4	30				
Advair Diskus	Fluticasone/Salmeterol					2										
Advair HFA	Fluticasone/Salmeterol	30	30	X	12											
Advance	Blood Glucose Meter										1	310				
Advance	Blood Glucose Strips	X	50	X	X	1										
Advance Mis	Blood Glucose Monitoring Devices	X	30	X	1											
Advanced AM/PM Combo Pack	omega-3 fatty acids, calcium carbonate, cholecalciferol, folic acid, multivitamin combination					4										
Advate	Antihemophilic Factor VIII Plasma/Albumin Free	X	30	X	80000											
Advicor 1000 40 mg	Niacin and Lovastatin					4										
Advicor 1000mg-20mg	Lovastatin, Niacin					2										
Advicor 500mg-20mg, 750mg-20mg	Lovastatin, Niacin					2										
Advil 200mg Tablet	Ibuprofen					16										
Advocate	Blood Glucose Meter										1	310				
Advocate	Blood Glucose Strips	X	50	X	X	1										
Advocate Duo Meter	Blood Glucose Meter and Wrist Blood Pressure Monitor										1	310				
Advocate lancing device	Lancet device	X	30	X	1						2	310				
Advocate Redi-Code Glucose Monitor	Blood Glucose Meter										1	310				
Advocate Redi-Code Glucose Monitor	Blood Glucose Meter										1	310				
Advocate Redi-Code Test Strips	Blood Sugar Diagnostic	X	50	X	X	1										
Advocate Redi-Code Test Strips	Diabetic Test Strips	X	50	X	X	1										
Advocate Test Strip	Blood Sugar Diagnostic	X	50	X	X	1										
Adzenys XR-ODT 3.1, 6.3, 9.4, 12.5, 15.7, 18.8mg	Amphetamine extended-release					1										
Aerobid/Aerobid-M Inhalers	Flunisolide	12	30	X	14											
Aerochamber	Spacer	7	30	X	1				2	310	2	365				
Aerohist Tablets	Chlorpheniramine and Methscopolamine					2										
Afinitor 10mg Tablet	Everolimus					2										
Afinitor 2.5mg Tablet	Everolimus					1										
Afinitor 5mg Tablet	Everolimus					3										
Afinitor Disperz 2mg Tablet	Everolimus					1										
Afinitor Disperz 3mg Tablet	Everolimus					1										
Afinitor Disperz 5mg Tablet	Everolimus					4										
Afluria 2015-2016 Syringe	Flu Vacc TS 2015-16 (5YR+)/PF										0.5	180				19
Afluria 2015-2016 Vial	Flu Vacc TS 2015-16 (5YR+)/PF										0.5	180				19
Afluria 2016-2017	Flu Vaccine TS2016-17										0.5	180				19
Afluria 2016-2017	Flu Vaccine TS2016-17										0.5	180				19
Afluria inj 20 2017-2018	Flu Vaccine TS2017-18										5	180				19
Afluria inj PF 2017-2018	Flu Vaccine TS2017-18										0.5	180				19
Afluria Quad INJ PF 2017-2018	Flu Vaccine TS2017-18										0.5	180				19
Afrezza	Insulin Regular, Human	X	30	X	180											
Afrin Nasal Spray/Solution	Oxymetazoline	X	30	X	20											
Agenerase 150mg Capsule	Amprenavir					16										
Agenerase 15mg/mL Oral Solution	Amprenavir					160										
Agenerase 50mg Capsule	Amprenavir					48										
Aggrenox	Aspirin, Dipyridamole					2										
AirDuo	Fluticasone/Salmeterol	30	30	X	1											
Akynzeo 300-0.5mg capsule	Netupitant, Palonosetron HCL										4	24				
Alamast	Pemrolast	12	30	X	10											
Alavert	Loratadine					1										
Alavert Allergy and Sinus	Loratadine					2										
Alaway	Ketotifen Fumarate	50	50	X	10											
Alba-3, Hydro, Oticin HC	Pramoxine, Chloroxylenol, Benzalkonium Chloride	X	30	X	15											
Albuterol AER HFA (Manufacturer PAR Pharmaceuticals)		15	30	X	6.7											
Albuterol Aer HFA (Manufacturer Teva)	Albuterol	15	30	X	8.5											
Albuterol MDI	Albuterol	17	30	X	17											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Albuterol Nebulizer Solution	Albuterol					18										
Albuterol Sulfate HFA (Manufacturer Prasco)	Albuterol	15	30	X	18											
Alcet	Oxycodone and Acetaminophen					8										
Alc-Free 0.1% Foam	Benzalkonium Chloride	15	30	X	X								1 even package size	0		
Alcis 10% Cream	Trolamine Salicylate	15	30	X	X								1 Even Pkg Size	0		
Alcohol 70% Prep Pads	Alcohol Antiseptic Pads	X	100	X	400											
Alcohol 70% Swabs	Alcohol Antiseptic Pads	X	100	X	400											
Alcohol Prep Pads	Alcohol Antiseptic Pads	X	100	X	400											
Alcohol Prep Swabs	Alcohol Antiseptic Pads	X	100	X	400											
Alcohol Swabs	Alcohol Antiseptic Pads	X	100	X	400											
Alcortin	Iodoquinol, Hydrocortisone, and Aloe					8										
Alcortin A Gel	Hydrocortisone Acetate, Iodoquinol, Aloe Polysaccharides #2					2										
Aldactone	Spirolactone	X	30	X	X	16										
Aldactone	Spirolactone	X	30	X	X	4										
Aldactone	Spirolactone	X	30	X	X	8										
Aldara	Imiquimod	28	28	X	12											
Alecensa	Alectinib	X	60	X	240	8										
Aleve 220mg Capsule	Naproxen					6										
Aleve 220mg Tablet	Naproxen					6										
Alclen 6% Shampoo	Salicylic acid	15	30	X	177											
Alimta 100mg Injection	Pemetrexed Disodium for IV solution								1	18						
Alinia Suspension (Age > 12)	Nitazoxanide										150	24				12
Alinia Suspension (Age up to 12)	Nitazoxanide										60	24				
Alinia Tabs	Nitazoxanide										6	24				
All Day Allergy 1mg/mL Solution	Cetirizine					10										
All Day Allergy-D 120mg-5mg Tablets	Cetirizine and Pseudoephedrine					2										
Allegra 180mg Tablets	Fexofenadine					1										
Allegra 30mg Tablets	Fexofenadine					2										
Allegra 60mg Tablets	Fexofenadine					2										
Allegra ODT 30mg Tablets	Fexofenadine					2										
Allegra Suspension	Fexofenadine					10										
Allegra-D Tablets 12 hour (Over-the-Counter)	Fexofenadine and Pseudoephedrine					2										
Allegra-D Tablets 12 hour (Prescription Required)	Fexofenadine and Pseudoephedrine					2										
Allegra-D Tablets 24 hour (Over-the-Counter)	Fexofenadine and Pseudoephedrine					1										
Allegra-D Tablets 24 hour (Prescription Required)	Fexofenadine and Pseudoephedrine					1										
Allergen	Benzocaine and Antipyrine	X	30	X	15											
Allergy Relief Spray	Diphenhydramine, Zinc Acetate	15	30	X	59											
Allerx-D	Pseudoephedrine and Methscopolamine					2										
ALLI 60mg (OTC Xenical)	Orlistat					6										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Alocane Gel 4%	Lidocaine HCL Gel 4%	15	30	X	75											
Alodox	Doxycycline and Eyelid Cleansers	30	30	X	1											
Aloe Grande Cream	Vitamin A, Vitamin E, Aloe Vera	15	30	X	120											
Aloe Vesta 36% Protective Spray	Hydrophilic Petrolatum	15	30	X	60											
Aloe Vesta 43% Protective Ointment	Petrolatum, White	15	30	X	X								1 even package size	0		
Alomide	Lodoxamide	12	30	X	10											
Alora 0.025mg/24 hr Patch	Estradiol	28	30	X	8											
Alora 0.05mg/24 hr Patch	Estradiol	28	30	X	8											
Alora 0.075mg/24 hr Patch	Estradiol	28	30	X	8											
Alora 0.1mg/24 hr Patch	Estradiol	28	30	X	8											
Aloxi 0.075mg/1.5mL vial	Palonosetron										6	24				
Aloxi 0.25mg/5mL Vial	Palonosetron										20	24				
Alphagan 0.2%	Brimonidine tartrate	15	30	X	5											
Alphagan P 0.1%	Brimonidine tartrate	15	30	X	5											
Alphagan P 0.15%	Brimonidine tartrate	15	30	X	5											
Alphanate	Human Antihemophilic Factor, Human Von Willebrand Factor	X	30	X	80000											
Alphanine SD	Factor IX	X	30	X	80000											
Alrex	Loteprednol	12	30	X	5											
Alsuma 6mg/0.5mL Auto-Injector	Sumatriptan						1				16	24				
Altanax Ointment	Retapamulin	15	30	X	30											
Altace 1.25mg, 2.5mg, 5mg Capsules	Ramipril	X	90	X	X	2										
Altace 10mg Capsule	Ramipril	X	90	X	X	2										
Altace Tablets	Ramipril					2										
Alternate site lancing device	lancet device	X	30	X	1						2	310				
Altoprev	Lovastatin						1									

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Altreno	Tretinoin	30	60	X	45											
Alunbrig	Brigatinib					6	1st and 2nd fill restricted to max DS of 14									
Alupent	Metaproterenol	17	30	X	X											
Aluvea 39% Cream	Urea	15	30	X	X								1 Even Pkg Size	0		
Aluvea 43% Cream	Urea	15	30	X	X								1 Even Pkg Size	0		
Alvesco 160mcg HFA inhaler	Ciclesonide	15	30	X	12.2											
Alvesco 80mcg HFA inhaler	Ciclesonide	30	30	X	6.1											
Amaryl 1mg Tablet	Glimepiride	X	90	X	X	8										
Amaryl 2mg Tablet	Glimepiride	X	90	X	X	4										
Amaryl 4mg Tablet	Glimepiride	X	90	X	X	2										
Ambien 10mg	Zolpidem					1										18
Ambien 5mg	Zolpidem					2										18
Ambien CR	Zolpidem					1										18
Amerge	Naratriptan					2					16	24				
Americaine, Oticaine, Omedia Otic	Benzocaine Otic Solution 20%	X	30	X	15											
Amitiza 24 mcg Capsule	Lubiprostone					2										
Amitiza 8 mcg Capsule	Lubiprostone					2										
Amlactin Cream, Lac-Hydrin Cream	Ammonium Lactate	X	30	X	385											
Amlactin Foot Cream	Sodium Lactate, Ammonium Lactate, Potassium Lactate	15	30	X	85											
Ammonium Lactate cream 12%	Lactic Acid (Ammonium Lactate)cream 12%	15	30	X	140											
Amoxil 200mg Chewable Tablet	Amoxicillin					15										
Amoxil 200mg/5mL Suspension	Amoxicillin					75										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Amoxil 250mg/5mL Suspension	Amoxicillin					60										
Amoxil 400mg Chewable Tablet	Amoxicillin					7										
Amoxil 400mg/5mL Suspension	Amoxicillin					37.5										
Amoxil 500mg Capsule	Amoxicillin					6										
Amoxil 500mg Tablet	Amoxicillin					6										
Amoxil 875mg Tablet	Amoxicillin					3										
Ampyra ER 10mg Tablet	Dalfampridine					2										
Amrix	Cyclobenzaprine					1										
Amturide 150-5-12.5mg Tablet	Aliskiren Hemifumarate, Amlodipine Besylate, Hydrochlorothiazide					1										
Amturide 300-10-12.5mg Tablet	Aliskiren Hemifumarate, Amlodipine Besylate, Hydrochlorothiazide					1										
Amturide 300-10-25mg Tablet	Aliskiren Hemifumarate, Amlodipine Besylate, Hydrochlorothiazide					1										
Amturide 300-5-12.5mg Tablet	Aliskiren Hemifumarate, Amlodipine Besylate, Hydrochlorothiazide					1										
Amturide 300-5-25mg Tablet	Aliskiren Hemifumarate, Amlodipine Besylate, Hydrochlorothiazide					1										
Anafranil 25mg	Clomipramine					10										
Anafranil 50mg	Clomipramine					5										
Anafranil 75mg	Clomipramine					3										
Analpram HC Cream	Hydrocortisone acetate and Pramoxine	15	30	X	30											
Analpram HC Lipo Cream	Hydrocortisone acetate and Pramoxine	15	30	X	30											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Anusol-HC/Anucort-HC	Hydrocortisone	15	X	X	30											
Anzemet 100mg Tablets	Dolasetron										4	24				
Anzemet 50mg Tablets	Dolasetron										4	24				
Anzemet Injection	Dolasetron										25	30				
Apexicon E	Diflorasone diacetate, Emollient	30	30	X	30											
Aphthasol 5% Paste	Amlexanox	15	30	X	5											
Apirda Solostar 100U/mL Insulin Pen	Insulin glulisine	15	160	X	15 (19 yrs and older) 30 (18 years and younger)											
Apirda Vial	Insulin glulisine	10	100	X	10 (19 yrs and older) 20 (18 years and younger)											
Aplenzin 348mg Tablet SR 24 Hour	Bupropion HBr						1									
Aplenzin 522mg Tablet SR 24 Hour	Bupropion HBr						1									
Aplenzin ER 174mg Tablet	Bupropion HBr						3									
Apokyn	Apomorphine hydrochloride						2									
Apriso ER 0.375 Gram Capsule (24 hour)	Mesalamine						4									
Aptensio XR	Methyphenidate Hcl						1									
Aptiom 200mg	Eslicarbazepine						1									
Aptiom 400mg	Eslicarbazepine						1									
Aptiom 600mg	Eslicarbazepine						2									

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Aptiom 800mg	Eslicarbazepine					2										
Aptivus 100mg/mL solution	Tipranavir, Vitamin E					10										
Aptivus 250mg Capsule	Tipranavir					4										
Aqua Care Cream 10%	Urea 10% cream	15	30	X	71											
Aquadeks Chewable Tablet	Multivitamins with Minerals, Folic Acid, Ubidecarenone	X	100	X	100											
Aquadeks Drops	Multiple vitamin	X	100	X	100											
Aquaphor	Emollient	20	30	X	454											
Aralast NP	Proteinase Inhibitor (Human)					858										
Arcalyst 200mg Inj	Rilonacept										10	28				
Arcapta Neohaler 75mcg Capsule	Indacaterol Maleate															
Arctic Relief 3.5% Gel	Menthol	X	30	X	110											
Arginine Packet	Arginine					750										
Aricept 10mg Tablet	Donepezil					2										18
Aricept 23mg Tablet	Donepezil					1										
Aricept 5mg Tablet	Donepezil					4										18
Arikayce	Amikacin Liposome	5	30	X	235.2	8.4										
Arimidex	Anastrozole					1										
Aristada 1064mg/3.9ml	Aripiprazole Lauroxil	60	60	X	3.9											
Aristada 441mg/1.6ml	Aripiprazole Lauroxil	30	30	X	1.6											
Aristada 662mg/2.4ml	Aripiprazole Lauroxil	30	30	X	2.4											
Aristada 882mg/3.2ml	Aripiprazole Lauroxil	30	42	X	3.2											
Aristada Initio 674 Syringe	Aripiprazole										2.4	Lifetime				
Aristocort 4mg Tablet	Triamcinolone					25										
Arixtra 10mg/0.8ml	Fondaparinux					0.8										
Arixtra 2.5mg/0.5ml	Fondaparinux					0.5										
Arixtra 5mg/0.4ml	Fondaparinux					0.4										
Arixtra 7.5mg/0.6ml	Fondaparinux					0.6										
Armonair Respiclick	Fluticasone					PT034										
Arnuity Ellipta	Fluticasone Furoate					1										
Arthrotec Tablets 50mg/200mcg	Diclofenac and Misoprostol					4										
Arthrotec Tablets 75mg/200 mcg	Diclofenac and Misoprostol					2										
Artificial Tears	Polyvinyl Alcohol	X	30	X	15											
Arymo ER	Morphine Sulfate					3										
Asacol	Mesalamine					12										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Asacol HD 800mg Tablet	Mesalamine					6										
Ascensia	Blood Glucose Meter										1	310				
Ascensia	Blood Glucose Strips	X	50	X	X	1										
Asendin 100mg	Amoxapine					6										
Asendin 150mg	Amoxapine					4										
Asendin 25mg	Amoxapine					24										
Asendin 50mg	Amoxapine					12										
Asmanex HFA 100mg and 200mg	Mometasone Furoate	30	60	X	13											
Asmanex Twisthaler 120, 60, 30, and 14 metered doses 220 mcg	Mometasone furoate	30	30	X	1											
Asmanex Twisthaler 30 metered doses 110mcg	Mometasone	30	30	X	1											
Aspercreme 10% Cream	Trolamine Salicylate, Aloe Vera	15	60	X	59.2											
Aspercreme 10% lotion	Trolamine Salicylate	30	30	X	177.4											
Aspercreme cream Lidocaine						3										
Aspercreme cream Lidocaine 4%						3										
Aspercreme Heat 10% Gel	Menthol	15	30	X	70.8											
Aspercreme Lidocaine 4% Cream	Lidocaine HCL	15	30	X	76.5											
Aspercreme Lidocaine 4% Pad/patch						3										
Aspercreme Liq 4% Lidocaine						3										
Aspercreme Pad Lidocaine 4%						3										
Aspercreme Pad Lidocaine 4%						3										
Aspercreme Paid Lidocaine 4%						3										
Aspirin/Baby Aspirin	Aspirin	X	100	X	X											
Assure	Blood Glucose Meter										1	310				
Assure	Blood Glucose Strips	X	50	X	X	1										
Assure Comfort Lancets	Lancets	X	102	X	X	1										
Astelin Nasal Spray	Azelastine	25	50	X	30				1	23						
Astepro	Azelastine	25	50	X	30				1	23						
At Last	Blood Glucose Meter										1	310				
At Last	Blood Glucose Strips	X	50	X	X	1										
Atabex EC Tablet DR	Prenatal Vitamins Combinatio No. 43, Iron, Folic Acid, Docusate					1										
Atacand 32mg	Candesartan					1									5	1
Atacand 4mg, 8mg, 16mg	Candesartan					2									5	1
Atacand HCT 16-12.5mg	Candesartan and Hydrochlorothiazide					2										
Atacand HCT 32/25mg Tablet	Candesartan, Hydrochlorothiazide					1										
Atacand HCT 32-12.5mg	Candesartan and Hydrochlorothiazide					1										
Atelvia DR 35mg Tablet	Risedronate Sodium	28	30	X	4											
Ativan tab 0.5mg,1mg,2mg Tab	Lorazepam					5										
Atopiclair	Emollient	15	30	X	100											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Atrac-Tain Cre 10%	Urea 10% cream	15	30	X	85											
Atralin 0.05% Gel	Tretinoin	15	30	X	45										35	
Atrapro CP Combo Pack	Emollient Combo No.47 & No.60	28	30	X	313											
Atripla	Efavirenz, Emtricitabine, Tenofovir						1									
Atrovent 0.02% Solution	Ipratropium						10									
Atrovent HFA	Ipratropium bromide	15	30	X	12.9											
Atrovent Inhaler	Ipratropium bromide	15	30	X	14.7											
Atrovent Nasal Soln 0.03%	Ipratropium bromide	24	30	X	30											
Atrovent Nasal Soln 0.06%	Ipratropium bromide	9	30	X	15											
Aubagio	Teriflunomide						1									
Augmentin 125 mg Chewable Tablet	Amoxicillin, Clavulanate potassium						14									
Augmentin 200mg Chewable Tablet	Amoxicillin, Clavulanate potassium						8									
Augmentin 250mg Chewable Tablet	Amoxicillin, Clavulanate potassium						7									
Augmentin 250mg Tablet	Amoxicillin, Clavulanate potassium						7									
Augmentin 400mg Chewable Tablet	Amoxicillin Clavulanate						4									
Augmentin 500mg Tablet	Amoxicillin, Clavulanate potassium						3									
Augmentin 875mg Tablet	Amoxicillin Clavulanate						2									
Augmentin Suspension 125mg	Amoxicillin and Clavulanate potassium	10	30	X	75										1	X
Augmentin Suspension 200mg	Amoxicillin and Clavulanate potassium	X	30	X	400											
Augmentin Suspension 250mg	Amoxicillin and Clavulanate potassium	X	30	X	450											
Augmentin Suspension 400mg	Amoxicillin and Clavulanate potassium	X	30	X	400											
Augmentin Suspension ES-600mg	Amoxicillin and K Clavulanate for Susp 600-42.9mg/5ml	X	30	X	400	33.3										
Augmentin XR	Amoxicillin, Clavulanate potassium	X	10	X	40											
Auro-Dri, Dri-Ear, Ear Dry, Swim Ear	Boric Acid in Isopropyl Alcohol	X	30	X	30											
Auroguard	Benzocaine and Antipyrine	X	30	X	15											
Auryxia 210mg Tablet	Ferric Citrate						12									
Austedo	Deutetrabenazine						4									
Autolet	Lancet	X	102	X	X		1									
Auvi-Q 0.15 mg Auto-Injector	Epinephrine	X	30	X	2					4	30					
Auvi-Q 0.3 mg Auto-Injector	Epinephrine	X	30	X	2					4	30					
Avalide 150/12.5mg	Irbesartan, Hydrochlorothiazide						2									
Avalide 300/12.5mg	Irbesartan and HCTZ						1									
Avalide 300/25mg	Irbesartan and HCTZ						1									
Avandamet	Metformin, Rosiglitazone						2									
Avandaryl 1mg-4mg, 2mg-4mg	Rosiglitazone and Glimepiride						2									

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Avandaryl 2mg-8mg, 4mg-4mg, 4mg-8mg	Rosiglitazone and Glimepiride					1										
Avandia 2mg	Rosiglitazone					2										
Avandia 4mg	Rosiglitazone					2										
Avandia 8mg	Rosiglitazone					1										
Avapro 150mg	Irbesartan					1										
Avapro 300mg	Irbesartan					1										
Avapro 75mg	Irbesartan					1										
Avar Gel	Sodium Sulfacetamide Emulsion	15	30	X	45											
Avar LS 10%-2% Cleanser	Sulfacetamide Sodium, Sulfur	30	60	X	227											
Avar-E LS 10%-2% Cream	Sulfacetamide Sodium, Sulfur	15	30	X	45											
Aveed	Testosterone Undecanoate	X	70	X	3	0.108					3	60				
Aveeno 1% Cream	Hydrocortisone, Colloidal Oatmeal, Aloe, Vitamin E	X	30	X	28											
Aveeno 1.3% Lotion	Colloidal Oatmeal, Dimethicone	15	30	X	227											
Aveeno 2.5% Lotion (354mL)	Dimethicone, Menthol, Oatmeal	15	30	X	354											
Aveeno 2.5% Skin	Dimethicone, Menthol, Colloidal Oatmeal	15	30	X	227											
Aveeno 3%-1% Cream (28gm)	Calamine, Pramoxine, Oatmeal	15	30	X	28											
Aveeno Anti-Itch Lotion	Pramoxine HCl, Camphor, Colloidal Oatmeal, Calamine	15	30	X	118											
Aveeno Baby Cream	Colloidal Oatmeal	15	30	X	X								1 Even Pkg Size	0		
Aveeno Baby Diaper Rash Cream 13%	Zinc Oxide, Oats, Epilobium Angustifolium XT	15	30	X	105											
Avelox 400mg Tablet	Moxifloxacin					1										18
Avidoxy 100mg Tablet	Doxycycline Monohydrate					3										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Avidoxy DK 100mg-2-30 Kit	Doxycycline, Salicylic Acid, Zinc Oxide	X	30	X	1											
Avinza 30mg	Morphine						1									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Avinza 45mg	Morphine						1									
Avinza 60mg	Morphine						1									
Avinza 75mg	Morphine						2									
Avinza 90mg	Morphine						2									
Avita Cream	Tretinoin Cream	30	30	X	20										35	
Avita Gel	Tretinoin Gel	30	30	X	15										35	
Avodart	Dutasteride						1									
Avonex Administration Pack	Interferon Beta-1a	28	30	X	4											
Avonex Pen	Interferon Beta-1a	28	30	X	2											
Avonex Prefilled Syringe (1 syringe in 1 tray)	Interferon Beta-1a	28	30	X	2											
Avonex Prefilled Syringe (4 trays in 1 carton)	Interferon Beta-1a	28	30	X	1											
Axert	Almotriptan						2				16	24				
Axid 150mg	Nizatidine						2									
Axid 300mg	Nizatidine						1									

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Axid AR (75mg)	Nizatidine					4										
Axid Oral Solution	Nizatidine					20										
Axiron	Testosterone					6										
Ayr Sinus Rinse	Sodium Chloride/Sodium Bicarbonate	X	30	X	100											
AzaSite Ophthalmic Soln	Azithromycin	7	30	X	2.5											
Azelex	Azelaic acid	30	30	X	30											
Azilect	Rasagiline					1										
Azmacort	Triamcinolone	15	30	X	20											
AZO Standard 97.5mg Tablet	Phenazopyridine					2										
AZO Urinary Tab	Phenazopyridine HCL Tab 99.5mg					6										
Azopt	Brinzolamide	28	67	X	10		67									
Azor	Amlodipine and Olmesartan					1										
B Complex + C Tab TR	B Complex W/C & Folic Acid Tab ER	X	100	X	100											
B-12 Sublingual Tablet (OTC)	Cyanocobalamine and Cobamamide	X	100	X	X											
Baby's Only Organic Dairy Powder	Pediatric Nutritional Therapy, Milk Based, Iron						750									
Baby's Only Organic Lactose Free	Pediatric Nutritional Therapy, Iron, Lactose Free						750									
Baby's Only Organic Soy Powder	Pediatric Nutritional Supplement, Soy, Iron						750									
Baciguent 500 U/gm ointment	Bacitracin	14	30	X	14											
Baciguent 500U/gm Eye Ointment	Bacitracin	X	30	X	3.5											
Bacitracin Zinc 500 Unit/Gram Ointment	Bacitracin Zinc	30	30	X	15											
Baclofen 5mg tablet	Baclofen					4										
Bactrim DS	Sulfamethoxazole, Trimethoprim					10										
Bactrim SS Tabs	Sulfamethoxazole and Trimethoprim					20										
Bactroban 2% Nasal Ointment	Mupirocin	5	30	X	10											
Bactroban Cream	Mupirocin	15	30	X	15											
Bactroban Ointment	Mupirocin	10	60	X	22											
Balacet 325 Tablet	Propoxyphene, Acetaminophen					6										
Balcoltra	Levonorgestrel/Ethinyl Estradiol/Ferrous Bisglycinate	21	30	X	28											
Balmex Cream	Zinc Oxide, Panthenol, Vitamine E	15	30	X	56											
Banzei 200mg Tablet	Rufinamide					16										
Banzei 400mg Tablet	Rufinamide					8										
Baraclude 0.5 mg Tablets	Entecavir					1										
Baraclude 1.0 mg Tablets	Entecavir					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Baraclude oral solution	Entecavir					20										
Basaglar	Insulin Glargine	15	140	X	15											
Baxdela injection	Delafloxacin					2					28	Lifetime				
Baxdela Tablet	Delafloxacin					2					28	Lifetime				
B-Complex/Folic Acid/Vitamin C	B-Complex W/C & Folic Acid Tab ER	X	100	X	100											
B-D	Lancet device	X	30	X	1						2	310				
B-D	Blood Glucose Strips	X	50	X	X	1										
BD Autosield Pen Needle	Needles, Insulin Disp., Safety	X	100	X	100											
BD Autosield Pen Needle	Needles, Insulin Disp., Safety	X	100	X	100											
BD Blunt Needle 18G x 1 1/2 inch	Disposable Blunt Needle	X	100	X	100											
BD Eclipse Needle 21Gx1"	Needles, Safety	X	100	X	100											
BD Lancets 33G	Lancets	X	102	X	X	1										
B-D Latitude	Blood Glucose Meter										1	310				
B-D Logic	Blood Glucose Meter										1	310				
BD Nano Needle 33Gx5/32"	Needles, Insulin Disposable	X	100	X	100											
BD Single Use Swab	Alcohol Antiseptic Pads	X	100	X	400											
Bebulin	Factor IX	X	30	X	80000											
Beconase AQ Nasal Spray 0.042%	Beclomethasone dipropionate	20	30	X	25											
Belbuca	Buprenorphine					2										
Belsomra	Suvorexant					1										18
Benadryl Itch Stopping Cream 1%-0.1%	Diphenhydramine and Zinc Acetate	15	30	X	30											
Benadryl Itch Stopping Gel 1%-1%	Diphenhydramine and Zinc Acetate	15	30	X	120											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Benadryl Itch Stopping Gel 2%-1%	Diphenhydramine and Zinc Acetate	15	30	X	120											
Bencort 5%-0.5% Suspension	Benzoyl Peroxide, Hydrocortisone	15	30	X	25											
Benefix	Factor IX	X	30	X	80000											
Bengay Ultra Strength Cream	Methyl Salicylate, Menthol, Camphor	X	30	X	57											
Benicar 20mg, 40mg	Olmesartan						1									
Benicar 5 mg	Olmesartan						3									
Benicar-HCT 20-12.5mg	Olmesartan and Hydrochlorothiazide						1									
Benicar-HCT 40-12.5mg	Olmesartan and Hydrochlorothiazide						2									
Benicar-HCT 40-25mg	Olmesartan and Hydrochlorothiazide						2									
Bentyl	Dicyclomine						8									
Benzac AC 5% Gel	Benzoyl Peroxide	30	30	X	60											
Benzac AC Wash 10% Liquid	Benzoyl Peroxide	15	30	X	148											
Benzaclin Carekit	Clindamycin Phosphate, Benzoyl Peroxide, Hyaluronate Sodium	15	30	X	X								1 even package size	0		
Benzaclin Gel (25gm)	Clindamycin and Benzoyl Peroxide	25	30	X	25											
Benzaclin Gel (50gm)	Clindamycin and Benzoyl Peroxide	50	90	X	50											
Benzaclin Gel Pump	Clindamycin, Benzoyl Peroxide	15	30	X	50											
Benzamycin 3-5% Gel	Erythromycin, Benzoyl Peroxide	15	30	X	22.3											
Benzamycin Pak	Benzoyl Peroxide and Erythromycin	30	30	X	60		2									
Benzefoam 5.3% Emollient Foam	Benzoyl Peroxide	15	30	X	60											
Benziq Wash	Benzoyl Peroxide, Aloe Vera	15	30	X	175											
Benziq/Benziq LS Gel	Benzoyl Peroxide	15	30	X	50											
Benzotic	Benzocaine and Antipyrine	X	30	X	15											
Benzoyl Peroxide 10% Gel	Benzoyl Peroxide	15	30	X	60											
Benzoyl Peroxide 10% Gel	Benzoyl Peroxide	15	30	X	42.5											
Benzoyl Peroxide 10% Lotion	Benzoyl Peroxide	30	30	X	30											
Benzoyl Peroxide 3% Cleanser	Benzoyl Peroxide	15	30	X	300.2											
Benzoyl Peroxide 3% Pad	Benzoyl peroxide						2									
Benzoyl Peroxide 4% Wash Kit	Benzoyl Peroxide, Skin Cleanser Combination No. 5	15	30	X	1											
Benzoyl Peroxide 5% Gel	Benzoyl Peroxide	30	30	X	60											
Benzoyl Peroxide 5% Lotion	Benzoyl Peroxide	30	30	X	30											
Benzoyl Peroxide 5.75% Cleanser	Benzoyl Peroxide	15	30	X	473											
Benzoyl Peroxide 6% Cleanser	Benzoyl Peroxide	30	30	X	170.3											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Benzoyl Peroxide 6% Pad	Benzoyl peroxide					2										
Benzoyl Peroxide 9% Cleanser	Benzoyl Peroxide	30	30	X	170.3											
Benzoyl Peroxide 9% Pad	Benzoyl peroxide					2										
Benztropine 0.5mg Tab	Benztropine Mesylate Tab 0.5mg		90			16										
Benztropine 1mg Tab	Benztropine Mesylate Tab 1mg		90			8										
Benztropine 2mg Tab	Benztropine Mesylate Tab 2mg		90			4										
Benzotropine 2mg/2mL Vial	Benzotropine Mesylate					6										
Bepreve 1.5% Eye Drops	Bepotastine Besilate	50	50	X	10											
Besivance 0.6% Eye Drops	Besifloxacin Hydrochloride	7	30	X	X								1 even package size	0		
Betadine	Bacitracin Zinc, Polymyxin B sulfate	28	30	X	28											
Betaseron 0.3mg Kit	Interferon Beta-1B	X	30	X	15											
Betaseron 0.3mg Vial	Interferon Beta-1b	X	30	X	15											
Betatar Shampoo	Coal Tar	15	30	X	480											
Bethkis	Tobramycin					8					224	48				
Betimol 0.25% Eye Drops	Timolol	25	30	X	5											
Betimol 0.5% Eye Drops	Timolol	25	30	X	5											
Bevespi Aerosphere	Glycopyrrolate and formoterol fumarate	30	30	X	10.7											
Bevyxxa 40mg	Betrixaban					1										
Bevyxxa 80mg	Betrixaban					1										
Bexsero		X	30	X	0.5						1	Year				
Beyaz 28 Tablet	Drospirenone, Ethinyl Estradiol, Levomefolate Calcium	21	30	X	28											
BG	Blood Glucose Meter										1	310				
BG Monitor	Blood Glucose Meter										1	310				
BG-Star Glucose Test Strips	Glood Sugar Diagnostic	X	50	X	X	1										
Biaxin 250 mg	Clarithromycin					6										
Biaxin 500 mg	Clarithromycin					3										
BIDil	Isosorbide dinitrate and Hydralazine					6										
Biktarvy	Bictegravir sodium, emtricitabine, and tenofovir alafenamide					1										
Binosto 70mg Tablet	Alendronate	28	30	X	4											
Bio-35 Glute Cap Free	Multiple vitamins w/ minerals cap	50	50	X	50	1										
BIO-35 Softgel	Multiple vitamin	X	100	X	X											
Bionime	Blood Glucose Meter										1	310				
Bionime	Blood Glucose Strips	X	50	X	X	1										
Bioscanner	Blood Glucose Strips	X	50	X	X	1										
Biotel	Blood Glucose Strips	X	50	X	X	1										
Biotene Moisturizing Mouth Spray	Saliva Stimulant Agents Combination 3										45	30				
Biotene Oralbalance Liquid	Saliva Stimulant Agents Combination 2										45	30				
Biothrax Vaccine Vial	Anthrax Vaccine	28	30	X	0.5											18
Biotin Plus-Calcium & Vitamin D3 (OTC)	Multiple vitamin	X	100	X	X											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Bite & Itch 1%-2% Lotion	Pramoxine, Diphenhydramine	15	30	X	118											
Blood Glucose Meter	Blood Glucose meter										1	310				
Blood Glucose Test	Blood Glucose Strips	X	50	X	X	1										
Body, Hair, Skin & Nails Capsules	Multiple vitamin	X	100	X	X											
Boniva 150mg Tablet	Ibandronate	28	30	X	1											
Boniva 3mg/3mL Syringe	Ibandronate	90	90	X	3											
Boniva Tablets (2.5 mg)	Ibandronate					1										
Bonjesta	Doxylamine Succinate/Pyridoxine					2										
Bontril 105mg SR/ER	Phendimetrazine					1										
Bontril 35 mg tablet	Phendimetrazine					6										
Boost Kid Essentials Liquid	Pediatric Nutrition with Iron, Lactose Free					750										
Boost Kid Essentials-Fiber Liquid	Pediatric Nutrition with Iron, Lactose Free with Fiber					750										
Boost Pudding	Milk Based Formula					750										
Boostrix	Diphtheria, Tetanus, and Acellular Pertussis Booster Vaccine										0.5	Lifetime				19
Boostrix TDAP	Boostrix														X	19
Bosulif	Bosutinib	X	14	X	X	1										
Botox 100 Unit Vial	OnabotulinumtoxinA	14	90	X	3											
Botox 200 Unit Vial	OnabotulinumtoxinA	14	90	X	1											
BP Prenate Pak	Prenatal Multiple Vitamin with DHA	X	100	X	X	1										
BP Vit 3	Folic Acid-Vit B6-Vit B12-Omega 3-Phytosterols Cap 1mg					4										
BP Wash 2.5% Liquid	Benzoyl Peroxide	30	30	X	227											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
BPO 4% gel	Benzoyl Peroxide	30	30	X	42.5											
BPO 8% gel	Benzoyl Peroxide	30	30	X	42.5											
Braftovi 50mg	Encorafenib					2										
Braftovi 75mg	Encorafenib					6										
Breatherite MDI Spacer	Inhaler, Assist Device	7	30	X	1				2	310	2	310				

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Breo Ellipta	Fluticasone/Vilanterol						2									
Brevoxyl 4%	Benzoyl Peroxide	30	30	X	170.1											
Brevoxyl 8% Cleanser	Benzoyl Peroxide	30	30	X	170.1											
Brevoxyl 8% Kit	Benzoyl Peroxide	28	30	X	1											
Brevoxyl Cleansing Liq. 4%	Benzoyl Peroxide	30	30	X	297											
Brevoxyl Cleansing Liq. 8%	Benzoyl Peroxide	30	30	X	297											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Brevoxyl-4 4%-5% Combination Package	Benzoyl Peroxide										212.1	30				
Brevoxyl-8 8%-5% Combination Package	Benzoyl Peroxide										212.1	30				
Breze 4.75% Pads Kit	Benzoyl Peroxide, Blemish Concealer	15	30	X	31											
Breze 7.75% Pads Kit	Benzoyl Peroxide, Blemish Concealer	15	30	X	31											
Brilinta 90mg Tablet	Ticagrelor					2										
Brintellix	Vortioxetine Hydrobromide					1										
Brisdelle 7.5mg	Paroxetine Mesylate					1										
Briviact Soln 10 and 50mg	Brivaracetam					20										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Briviact Tabs 25, 50, 75, and 100mg	Brivaracetam					2										
Bromday 0.09% Eye Drops	Bromfenac	17	30	X	1.7											
Bromhist PDX 3-12.5-1mg/mL Drops	Dextromethorphan, Pseudoephedrine, Brompheniramine	X	30	X	30											
Bromsite	Bromfenac	25	30	X	5											
Bronkaid Dual Action 25mg-400mg Tablet	Ephedrine Sulfate, Guaifenesin					6										
Brovana Neb Soln	Arformoterol					4										
Bumm Balm Ointment	Zinc Oxide	15	30	X	500											
Bunavail 2.1-0.3mg Film	Buprenorphine, Naloxone					15										
Bunavail 4.2-0.7mg Film	Buprenorphine, Naloxone					7										
Bunavail 6.3-1mg Film	Buprenorphine, Naloxone					5										
Burn Jel Plus 2.5% Gel	Lidocaine, Vitamin E, Tea Tree Oil	15	30	X	118											
Butrans 10mcg/hr Patch	Buprenorphine					0.15					4	26				18
Butrans 15mcg/hr Patch	Buprenorphine					0.15					4	26				18
Butrans 20mcg/hr Patch	Buprenorphine					0.15					4	26				18
Butrans 5mcg/hr Patch	Buprenorphine					0.15					4	26				18
Butrans 7.5mcg/hr Patch	Buprenorphine					0.15					4	26				18
Bydureon 2mg Pen Inject	Exenatide Microspheres					0.143										
Bydureon 2mg Vial	Exenatide					0.143										
Bydureon Boise 2mg/.85ml Susp Inject	Exenatide Extended Release					0.122										
Byetta 10mcg Injection	Exenatide	30	30	X	X								1 even package size	0		
		30	30	X	2.4											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Byetta 5mcg Injection	Exenatide	30	30	X	X								1 even package size	0		
		30	30	X	1.2											
Bystolic 10mg Tablets	Nebivolol					1										
Bystolic 2.5mg Tablets	Nebivolol					1										
Bystolic 20mg Tablet	Nebivolol HCl					2										
Bystolic 5mg Tablets	Nebivolol					1										
Byvalson	Nebivolol/Valsartan					1										
Cabometyx 20, 40, and 60mg	Cabozantinib					1										
Caduet	Amlodipine and Atorvastatin					1										
Cafergot	Ergotamine w/ Caffeine					1.5										
Caladryl Lotion	Pramoxine HCl, Calamine	15	30	X	180											
Calagel 2%-0.15% Gel	Diphenhydramine, Benzethonium Chloride, Zinc Acetate	15	30	X	177.4											
Calamine Clear Lotion	Pramoxine, Camphor, Zinc Acetate	15	30	X	180											
Calan SR 120mg	Verapamil					4										
Calcifolic-D	Calcium Carbonate, Magnesium Oxide, Cholecalciferol, Cyanocobalamin, Folic Acid, Pyridoxine, Boron	X	100	X	X											
Calcium Carbonate Powder	Calcium Carbonate	X	100	X	X											
Calcium Citrate + D Tablet (OTC)	Calcium Citrate, Vitamin D3	X	100	X	X											
Caldyphen Clear Lotion	Pramoxine, Zinc Oxide	15	30	X	177											
Calomist 25 mcg Nasal Spray	Cyanocobalamin	15	30	X	10.7											
Calquence	Acalabrutinib					2										
Caltrate 600+D Soft Chew Tab	Calcium Carbonate					2										
Caltrate Plus Tablet	Calcium Carbonate, Cholecalciferol, Minerals	X	100	X	X											
Cambia 50mg Powder Pack	Diclofenac Potassium					1										18
Camino Pro 15 Oral Suspension	Nut. Tx For PKU With Iron, #26					750										
Camino Pro 15 Oral Suspension	Nutrit. Therapy, MSUD with Iron					750										
Camino Pro 15 PKU Better Milk	Nutritional Therapy for PKU with Iron No. 41					750										
Campath 30mg/mL Vial	Alemtuzumab										12	24				
Camprial	Acamprosate					6										
Capex Shampoo	Fluocinolonone acetonide	15	30	X	120											
Capital with Codeine 120mg-12mg/5 mL Suspension	Acetaminophen, Codeine					90										
Capoten 100mg	Captopril	X	30	X	X	4.5										
Capoten 12.5mg	Captopril	X	30	X	X	3										
Capoten 25mg	Captopril	X	30	X	X	3										
Capoten 50mg	Captopril	X	30	X	X	3										
Capozide 25-15 mg, 50-15 mg	Captopril and Hydrochlorothiazide					3										
Capozide 25-25 mg, 50-25 mg	Captopril and Hydrochlorothiazide					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Caprelsa tabs	Vandetanib					1	1st and 2nd fill restricted to max DS of 14									
Capsaicin 0.1% Cream	Capsaicin	15	30	X	X								1 even package size	0		
Capzain Quick Relief Gel	Capsaicin, Menthol	15	30	X	X								1 even package size	0		
Carac 0.5% Cream	Fluorouracil	30	30	X	30											
Carasens N Test Strips	Blood Sugar Diagnostic	X	50	X	X	1										
Carasens N Blood Glucose System	Blood Glucose Meter										1	310				
Carasens N Test Strips	Blood Sugar Diagnostic	X	50	X	X	1										
Carbatrol 100mg	Carbamazepine					16										
Carbatrol 200mg	Carbamazepine					8										
Carbatrol 300mg	Carbamazepine					5										
Carbex 5mg Tablet	Selegiline					2										
Carb-O-Lan10 Cream	Emollient Combination No. 50	15	30	X	X								1 Even Pkg Size	0		
Carb-O-Sal5 Cream	Salicylic Acid, Urea, White Petrolatum	15	30	X	X								1 Even Pkg Size	0		
Cardene Immediate Release Capsules (20mg & 30mg)	Nicardipine					3										
Cardene Sustained Release Capsules (30mg, 45mg, 60mg)	Nicardipine					2										
Cardiotek Tablet	Multiple vitamin	X	100	X	X											
Cardiotek-RX Tablet	Multiple vitamin	X	100	X	X											
Cardizem LA	Diltiazem					1										
Cardura 1mg	Doxazosin					16										
Cardura 2mg	Doxazosin					8										
Cardura 4mg	Doxazosin					4										
Cardura 8mg	Doxazosin					2										
Cardura XL	Doxazosin					1										
Careone	Lancet	X	102	X	X	1										
Carmol 10% Scalp Lotion	Sulfacetamide Sodium, Urea	15	30	X	85											
Carmol Cre 20%	Ureacin-20 Cre 20%	15	30	X	113.4											
Carmol Lot 10%	Aqua Care Lot 10%	15	30	X	237											
Carmol Lot 40%	Urea Lotion 40%	15	30	X	226.8											
Carnitor SF oral solution	Levocarnitine					750										
Carospir	Spironolactone					20										
Casodex	Bicalutamide					1										
Cataflam 50mg	Diclofenac					4										
Catapres 0.1mgTab	Clonidine	X	100	X	X	24										
Catapres-TTS Patch	Clonidine	28	30	X	8											
Cathflo Activase	Alteplase	X	30	X	2											
Cayston 75mg Inhalation Solution	Aztreonam Lysine					3										
Cedax 400mg	Ceftibuten	X	10	X	X	1										
Cedax Suspension	Ceftibuten	X	10	X	X	11										
Cefzil 125mg/5ml Suspension	Cefprozil	10	30	X	400											
Cefzil 250mg Tablets	Cefprozil					4										
Cefzil 250mg/5ml Suspension	Cefprozil	10	30	X	200											
Cefzil 500mg Tablets	Cefprozil					2										
Celebrex 100 and 200mg	Celecoxib					2										
Celebrex 400mg	Celecoxib					2										
Celebrex 50 mg	Celecoxib					2										
Celestone 0.6mg/5mL Solution	Betamethasone					60										
Celexa 10mg	Citalopram					8										
Celexa 10mg/5mL	Citalopram					40										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Celexa 20mg	Citalopram					4										
Celexa 40mg	Citalopram					2										
Cem-Urea Sol 45%	Urea Soln 45%	15	30	X	20											
Cenestin 0.3mg	Synthetic Conjugated Estrogens					1										
Cenestin 0.45mg	Synthetic Conjugated Estrogens					1										
Cenestin 0.625mg	Synthetic Conjugated Estrogens					1										
Cenestin 0.9mg	Synthetic Conjugated Estrogens					1										
Cenestin 1.25mg	Synthetic Conjugated Estrogens					1										
Centany Kit	Mupirocin	X	30	X	1											
Centrum Cardio Tablet (OTC)	Multiple vitamin	X	100	X	X											
Centrum Complete	Multivitamin Combination No. 21, Iron, Folic Acid	X	100	X	X											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Centrum Jr. Products	Multiple vitamin	X	60	X	X											
Centrum Kids Chew Tab	Pediatric Multivitamin Combination No.68/Iron Carbonyl	X	80	X	80	1										
Centrum Performance Tablet	Multivitamins with Minerals, Ferrous Fumarate, Folic Acid, Korean Ginseng	X	100	X	X											
Centrum Ultra Men's Tablet	Multivitamins with Calcium and other minerals, Ferrous Fumarate, Folic Acid, Lycopene	X	100	X	X											
Cepacol Dual Relief Spray 5mg-5%-30%	Dextromethorphan, Dextromethorphan, Benzocaine, Glycerin	12	15	X	20.2											
Cerave Cleanser	Ceramides	15	30	X	355											
Cerave Cream	Ceramides	15	30	X	453											
Cerave Moisturizing Lotion	Ceramides	15	30	X	355											
Cergelga	Eliquis					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Cerisa Wash	Sulfacetamide Sodium, Sulfur	30	30	X	170.1											
Cerovite Liquid	Multiple vitamin	X	30	X	473						473	26				
Cervarix Vaccine Syringe	Human Papillomavirus Vaccine, Preservative Free	X	30	X	0.5						1.5	Lifetime			26	19
Cervarix Vaccine Vial	Human Papillomavirus Vaccine, Preservative Free	X	30	X	0.5						1.5	Lifetime			26	19
Cesamet	Nabilone						6									

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Cetaphil Cream	Cetyl alcohol, stearyl alcohol, propylene glycol, sodium lauryl sulfate	X	30	X	454											
Cetaphil Dermacontrol Moisture	Avobenzene, Octocrylene, Octyl Salicylate	15	30	X	118											
Cetaphil Hand Cream	Glycerin, Dimethicone, Shea Tree, Stearyl Alcohol	15	30	X	170											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Cetaphil Liquid	Emollient Combination No. 40	15	30	X	226											
Cetaphil Lotion	Emollient	15	30	X	473											
Cetaphil Moisturizing Cream	Glycerin, Dimethicone, White Petrolatum, Water	X	30	X	454											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Cetraxal 0.2% Ear Solution	Ciprofloxacin HCl	7	30	X	28											
Chantix Starting Pak	Varenicline						2									18
Chantix Tablet and Continuing Pak	Varenicline						2									18
Checkmate	Blood Glucose Strips	X	50	X	X	1					1	310				
Checkmate	Blood Glucose Meter															
Checkmate	Blood Glucose Strips	X	50	X	X	1										
Chemstrip	Blood Glucose + Ketone Strips	X	50	X	X	1										
Chemstrip BG test kit	Blood Sugar Diagnostics	X	102	X	X	1										
Chemstrip-10 With SG	Blood Glucose Urine Test Strips	X	30	X	100											
Chenodal 250mg Tablet	Chenodiol						3									
Cheracol-d Liq	Dextromethorphan-Gauifenesin						120									
Chicken/Carrots/Brown Rice	Nutritional Supplement Liquid						750									
Children's Advil 100mg/5mL	Ibuprofen						160									
Children's Multi-Vit Gummies	Pediatric Multivitamin No. 19, Folic Acid	X	100	X	X	1										
Children's Multivitamin Chew	Multivitamins with Calcium, Other Minerals, Ferrous Fumarate, Folic Acid	X	100	X	X	1										
Childs All Day Allergy Solution	Cetirizine						10									
Child's Zyrtec Allergy 5mg/5mL Solution (OTC)	Cetirizine						10									
Child's Zyrtec Allergy 5mg/5mL Spoon	Cetirizine						10									
Chlorpram Z Otic Drops	Chloroxylenol, Pramoxine, Zinc Acetate	10	30	X	15											
Cholbam 250mg capsule	Cholic Acid	7	30	X	X	6										
Cholbam 50mg capsule	Cholic Acid	7	30	X	X	4										
Chromagen		X	30	X	100											
Chromagen FA, Ferrovite FA, Multigen Folic, Trimagen FA	Ferrous Asparto Glycinate, Ascorbate Calcium, Cyanocobalamin, Folic Acid, Calcium Threonate, Succinic Acid	X	100	X	X											
Ciloxan Ophthalmic Ointment	Ciprofloxacin	7	30	X	3.5											1
Ciloxan Ophthalmic Solution	Ciprofloxacin	X	30	X	10											
Cimduo	Lamivudine, Tenofovir Disoproxil Fumarate						1									
Cimzia 200mg/mL Syringe Kit	Certolizumab Pegol (2 x 200mg/ml)										1	24				

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Cimzia 200mg/mL Syringe Kit	Certolizumab Pegol inj Kit (6 x 200mg/ml)										3	24				
Cimzia Kit	Certolizumab										1	24				
Cinryze 500 unit Vial	C1 Esterase Inhibitor										16	26				
Cipro 100mg	Ciprofloxacin					15										
Cipro 250mg	Ciprofloxacin					6										1
Cipro 500mg Tablet	Ciprofloxacin					3										1
Cipro 750mg	Ciprofloxacin					2										1
Cipro HC Ear Drops	Ciprofloxacin and Hydrocortisone										10	14				
Cipro XR 1000mg	Ciprofloxacin					1										18
Cipro XR 500mg	Ciprofloxacin					1										18
Ciprodex Otic	Ciprofloxacin and Dexamthasone	9	30	X	7.5											
Ciprofloxacin 0.2% Ear Solution	Ciprofloxacin HCl	7	30	X	28											
Citracal	Multiple Vitamin	X	100	X	X	2										
Citracal + D ER Tablet	Calcium Combination No. 2, Cholecalciferol	X	100	X	X											
Citracal + D Maximum Caplet	Calcium citrate, Cholecalciferol	X	100	X	X											
Citracal D + Heart Health Tablet	Calcium Combination No. 2, Cholecalciferol, Phytosterol	X	100	X	X											
Citracal Plus Magnesium Tablet	Calcium Citrate, Magnesium, Cholecalciferol, Zinc Oxide, Copper Gluconate, Manganese Gluconate, Boron	X	100	X	100											
Citracal Prenatal + DHA Pak	Multiple vitamin	X	100	X	X											
Citracal-Vitamin D 200mg-250mg Tablet	Calcium citrate, Cholecalciferol	X	100	X	X											
Citranatal 90 DHA Pack	Prenatal Vitamins Combination No 64, Fe Carbonyl, Fe Gluconate, Folic Acid, Docusate Sodium, Docosahexanoic Acid					1										
Citranatal Assure Combination Package	Prenatal Vitamin No. 38, Iron, Folic Acid, Docusate Sodium, DHA					1										
Citranatal B-Calm Pack	Prenatal Vitamins Combination No 63, Carbonyl Iron, Folic Acid, Pyridoxine HCl					1										
Citranatal DHA Pack	Prenatal Vitamins Combinatio No. 41, Iron, Folic Acid, Docusate, DHA	X	100	X	X	1										
Citranatal Harmony Capsule	Prenatal Vitamins Combination No. 69, Carbonyl Iron, Folic Acid, Docusate Sodium, Docosahexanoic Acid					1										
Citranatal Pak 90 DHA	Multiple vitamin	X	100	X	X	1										
Citranatal Tab Rx	Multiple vitamin	X	100	X	X	1										
Citrulline 1000 Powder Sachets	Citrulline					750										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Clarifoam EF Foam	Sulfacetamide sodium with sulfur	15	30	X	60											
Clarinex Redi-Tabs	Desloratadine						1									
Clarinex Syrup	Desloratadine						10									
Clarinex-D 12 HR Tablets	Desloratadine and Pseudoephedrine						2									
Clarinex-D 24 HR Tablets	Desloratadine and Pseudoephedrine						1									
Claritin 10 mg Tablets	Loratadine						1									
Claritin 5mg Chewable Tabs	Loratadine						2									
Claritin D 12-Hour	Loratadine, Pseudoephedrine						2									
Claritin D 24-Hour	Loratadine, Pseudoephedrine						1									
Claritin Syrup	Loratadine (OTC)	X	96	X	240	10										
Cleanse & Treat Plus Kit	Salicylic Acid, Benzoyl Peroxide, Emollient Combination No. 47	15	30	X	1											
Clenia	Sodium Sulfacetamide Emulsion	30	30	X	170.3											
Clenia Emollient Cream	Sulfacetamide sodium with sulfur	15	30	X	28											
Clenia Emulsion Foaming Wash	Sulfacetamide sodium with sulfur	30	30	X	170.3											
Clenpiq	Sodium picosulfate, magnesium oxide, anhydrous citric acid	X	30	X	320											
Cleocin Sup 100mg	Clindamycin Phosphate Vaginal Suppos	X	30	X	3	1										
Cleocin-T 1% Pledgets (60 count package size)	Clindamycin 1% Pledgets	30	60	X	60											
Cleocin-T 1% Pledgets (69 count package size)	Clindamycin 1% Pledgets	30	69	X	69											
Cleocin-T Solution	Clindamycin phosphate	30	30	X	30											
Cleocin-T, Clindamax Gel	Clindamycin phosphate	30	30	X	30											
Cleocin-T, Clindamax Lotion	Clindamycin phosphate	60	60	X	60											
Clever	Blood Glucose Meter										1	310				
Clever Chek	Blood Glucose Strips	X	50	X	X	1										
Clever Chek Blood Glucose System	Blood Glucose Meter										1	310				
Clever Choice Pro Test Strip	Blood Sugar Diagnostic Test Strips	X	50	X	X	1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
CLIDINIUM/CHLORDIAZEPOXIDE	CHLORDIAZEPOXIDE HCL-CLIDINIUM BROMIDE CAP 5-2.5 MG					8										
Climara	Estradiol	28	30	X	4											
Climara Pro	Estradiol/Levonorgestrel	28	30	X	4											
Clindacin Pac Kit	Clindamycin Phosphate, Skin Cleanser Combination No. 19	15	30	X	X								1 even package size	0		
Clindagel	Clindamycin phosphate	15	30	X	X								1 Even Pkg Size	0		
Clindesse 2% Vaginal Cream	Clindamycin	X	30	X	5.8											
Clindets 1% Pledgets	Clindamycin 1% Pledgets	30	69	X	69											
Clinoril 150mg	Sulindac					3										
Clinoril 200mg						2										
Clobex Lotion	Clobetasol propionate	7	30	X	59											
Clobex Shampoo	Clobetasol propionate	15	30	X	118											
Clobex Spray	Clobetasol propionate	7	30	X	59											
Cloderm	Clocortolone Pivalate	15	30	X	30											
Cloderm Cream 0.1% Pump	Clocortolone Pivalate	15	30	X	30											
Clotrimazole	Clotrimazole 1% Soln	15	30	X	30											
Clozaril 100mg Tablet	Clozapine					14										
Clozaril 12.5mg Tablet	Clozapine					112										
Clozaril 200mg Tablet	Clozapine					7										
Clozaril 25mg Tablet	Clozapine					56										
Clozaril 50mg Tablet	Clozapine					28										
Coartem 20mg-120mg Tablet	Artemether, Lumefantrine	X	3	X	24											
Cogentin Tablet	Benzotropine	X	90	X	X											
Cognex	Tacrine					4										18
Colace 100mg	Docusate	X	100	X	X											
Colchicine 0.6mg Tablet	Colchicine					4										
Colcrys 0.6mg Tablet	Colchicine					4										
Combigan 0.2%-0.5% Eye Drops	Brimonidine Tartrate, Timolol	25	50	X	5											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Combipatch 0.05-0.14mg/day	Estradiol, Norethindrone	28	30	X	8											
Combipatch 0.05-0.25mg/day	Estradiol, Norethindrone	28	30	X	8											
Combivent Inhaler	Albuterol and Ipratropium	15	30	X	14.7											
Combivent Respimat	Ipratropium bromide, Albuterol	30	30	X	4											
Combivir 150mg/300mg Tablet	Zidovudine / Lamivudine					2										
Combunox	Oxycodone and Ibuprofen					4										
Cometriq	Cabozantinib S-Malate						1st and 2nd fill restricted to max DS of 14									
Comfort EZ	Insulin Syringe	X	100	X	100											
Compact Space Mis SM Mask	Spacer/Aerosol-Holding Chambers-Device	7	X	X	1											
Compact Space Mis Chamber	Space/Aerosol-Holding Chambers-Device	7	X	X	1											
Compact Space Mis LG Mask	Spacer/Aerosol-Holding Chambers-Device	7	X	X	1											
Compact Space Mis MD Mask	Spacer/Aerosol-Holding Chambers-Device	7	X	X	1											
Companion	Blood Glucose Meter										1	310				
Companion	Blood Glucose Strips	X	50	X	X	1										
Compleat Tube Feeding	Milk Based Formula					750										
Complera	Emtricitabine, Rilpivirine, Tenofovir					1										
Completenate Tablet Chew	prenatal vitamin combination, ferrous fumarate, folic acid					1										
Complex Essential Powder	Nutritional Therapy, MSUD with Iron					750										
Complex Junior MSD Powder	Nutritional Therapy, MSUD with iron; Flaxseed Oil					750										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Compressors	Compressors										1	365				
Comtan	Entacapbone					8										
Concedex 0.5mg/5mL Solution/Elixir	Dexamethasone					240										
Concept DHA Capsule	Prenatal Vitamin Combination No. 16, Ferrous Fumarate, Iron Polysaccharides Complex, Folic Acid, Omega-3 Fatty Acids, Docosahexanoic Acid, Eicosapentanoic Acid					1										
Concept OB Capsule	Prenatal Vitamin Combination No. 15, Ferrous Fumarate, Iron Polysaccharides Complex, Folic Acid					1										
Concerta 18mg	Methylphenidate					6										
Concerta 27mg	Methylphenidate					4										
Concerta 36 mg	Methylphenidate					3										
Concerta 54mg	Methylphenidate					2										
Condoms	Condoms					2										
Condylox 0.5% Gel	Podofilox	14	60	X	3.5											
Condylox 0.5% Solution	Podofilox	14	30	X	3.5											
Contour Blood Glucose Meter	Blood-Glucose Meter										1	310				
Contour Test Strips	Blood Glucose	X	50	X	X	1										
Contour USB Meter	Blood Glucose Meter										1	310				
Contrave ER	Naltrexone Hydrochloride, Bupropion Hydrochloride					4										
Control	Blood Glucose Strips	X	50	X	X	1										
Conzip ER 100mg Capsule	Tramadol					1										18
Conzip ER 200mg Capsule	Tramadol					1										18
Conzip ER 300mg Capsule	Tramadol					1										18
Copaxone (generic) 20 mg/ml Syringe (Glatopa)	Glatiramer acetate					1										
Copaxone 40 mg/ml Syringe	Glatiramer acetate					0.43										
Copegus	Ribavirin	X	28	X	X	6										
Copiktra	Duvelisib					2										
Cordran (ointment)	Flurandrenolide	X	30	X	60											
Cordran (tape)	Flurandrenolide	15	30	X	1											
Cordran, Cordran SP (cream and lotion)	Flurandrenolide	15	30	X	30											
Coreg 12.5mg	Carvedilol	X	90	X	X	2										
Coreg 25mg	Carvedilol	X	90	X	X	4										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Coreg 3.125mg	Carvedilol	X	90	X	X	2										
Coreg 6.25mg	Carvedilol	X	90	X	X	2										
Coreg CR	Carvedilol					1										
Corlanor	Ivabradine					2										
Cortaid 0.5% Cream	Hydrocortisone Acetate	7	30	X	60											
Cortaid 1% Ointment	Hydrocortisone Acetate	7	30	X	60											
Cortef 10mg Tablet	Hydrocortisone					80										
Cortef 20mg Tablet	Hydrocortisone					40										
Cortef 5mg Tablet	Hydrocortisone					160										
Cortenema Ene 100mg	Hydrocort Ene					1										
Cortic, Zolene HC	Pramoxine, Hydrocortisone and Chloroxylenol	X	30	X	15											
Corticaine 1% Cream	Hydrocortisone Acetate	7	30	X	60											
Cortic-ND Drops	Pramoxine, Hydrocortisone, and Chloroxylenol	X	30	X	15											
Cortisone 25mg Tablet	Cortisone					12										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Cortisporin 0.5% Cream	Neomycin Sulfate, Polymyxin B Sulfate, Hydrocortisone	X	7	X	X								1 even package size	0		
Cortisporin 1% Ointment	Neomycin, Bacitracin, Polymyxin B, Hydrocortisone	X	7	X	X								1 even package size	0		
Cortisporin, Cortomycin, Pediotic	Neomycin, Polymyxin and Hydrocortisone										20	10				
Cortisporin-TC	Neomycin, Colistin, Hydrocortisone, Thonzonium										20	9				
Corvita 150 Tablet	Carbonyl Iron, Folic Acid, Ascorbic Acid, Pyridoxine HCl, Cyanocobalamin, Zinc						1									
Corvita Tablet	multivitamins with minerals, folic acid, lycopene, lutein						1									
Corvite 150 Tablet	Carbonyl Iron, Folic Acid, Ascorbic Acid, Pyridoxine HCl, Cyanocobalamin, Zinc Citrate						1									
Corvite Fe Tablet	Carbonyl Iron, Ferrous Asparto Glycinate, Folic Acid, Multivitamins with Minerals no. 27						1									
Corvite Free	multivitamins with minerals, folic acid, lycopene, lutein, ubidecarenone						1									
Corvite Tablet	Multivitamins, Ther with minerals; Folic Acid; Lycopene; Lutein	X	100	X	X		1									
Corzide 40mg-5mg	Nadolol, Bendroflumethiazide						1									
Corzide 80mg-5mg	Nadolol, Bendroflumethiazide						1									
Cosentyx	Secukinumab										2	24				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Cosopt PF Eye Drops	Dorzolamide, Timolol, Preservative Free					2										
Cotellic	Cobimetnib fumarate					3	1st and 2nd fill restricted to max DS of 14				63 qty	24 days				
Cotempla-XR ODT 17.3mg	Methylphenidate extended-release					2										
Cotempla-XR ODT 25.9mg	Methylphenidate extended-release					2										
Cotempla-XR ODT 8.6mg	Methylphenidate extended-release					1										
Covaryx 1.25-2.5 mg	Esterified Estrogens, Methyltestosterone					1										
Covaryx HS 0.625-1.25 mg	Esterified Estrogens, Methyltestosterone					1										
Covera HS	Verapamil					2										
Cozaar 100mg	Losartan	X	90	X	X	1										
Cozaar 25mg, 50mg	Losartan	X	90	X	X	2										
C-Phen 3.5-1mg/mL Drops	Phenylephrine, Chlorpheniramine	X	30	X	30											
CR Prenate Pak	Prenatal Multiple Vitamin with DHA	X	100	X	X	1										
Cresemba 186mg capsule	Isavuconazonium sulfate					2										
Cresemba 372mg vial	Isavuconazonium sulfate					1										
Crestor	Rosuvastatin					1										
Cresylate	Cresyl Acetate	X	30	X	15											
Crixivan 100mg Capsule	Indinavir					30										
Crixivan 200mg Capsule	Indinavir					15										
Crixivan 333mg Capsule	Indinavir					9										
Crixivan 400mg Capsule	Indinavir					8										
Crolom	Cromolyn 4% eye drops					1.2										
Cromolyn Sodium Solution	Cromolyn Sodium					8										
Crysivita 10mg,20mg,30mg	Burosumab-Twza										3	24				
Cuprimine 250mg Capsule	Penicillamine					16										
Cutivate Cream and Ointment	Fluticasone	15	30	X	15											
Cutivate Lotion	Fluticasone	15	30	X	30											
Cutter Backwoods 25% Spray	Diethyltoluamide	X	30	X	170				2	30						
Cutter Skinsations 7% Spray	Diethyltoluamide	X	30	X	177				2	30						
Cuvposa 1mg/5mL Solution	Glycopyrrolate					45										
CVS Calcium + Vitamin D & K Chewable	Calcium Carbonate, Cholecalciferol (Vitamin D3), Phytonadione	X	100	X	X											
CVS Diabetes Health Support	Multivitamins with calcium, other minerals, folic acid, bioflavonoids	50	50	X	50											
CVS Eye Care Formula Tablet	Multivitamins with Minerals, Inositol, Choline Bitartrate, Bioflavonoids	X	100	X	X											
CVS Eye Itch Relief Drop 0.025%	Ketotifen	25	30	X	5											
CVS Fast Clearing Spot 2% Gel	Salicylic Acid	15	30	X	30											
CVS First Aid Ointment	White Petrolatum, Lanolin	15	30	X	42.5											
CVS Spectravite Senior Tablet	Folic Acid, Multivitamins with Minerals, Lycopene, Lutein	X	100	X	X											
CVS Vitamin B-12 250mcg Gummy	Cyanocobalamin	X	100	X	X											
CVS Vitamin C 1,000 mg Powder	Ascorbate Calcium, Multivitamins with Minerals	X	100	X	X											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
CVS Whey Protein Powder	Amino Acids, Whey Protein Concentrate, Whey Protein Isolate					750										
Cyanocobalamin	Cyanocobalamin inj 1000mcg/ml	X	30	X	X	0.15										
Cyclocort	Amcinonide	15	30	X	30											
Cycloset 0.8mg Tablet	Bromocriptine Mesylate					6										
Cymbalta 20mg	Duloxetine					6										
Cymbalta 30mg	Duloxetine					4										
Cymbalta 60mg	Duloxetine					2										
Cystaran	Cysteamine HCL	7	30	X	60	2.15										
D3 + K2 Dots 1000 Units Tablet	Vitamin D3, Menaquinone 7	X	100	X	X											
D3-50 Capsule	Cholecalciferol					1										
Daily Multi Tab Women 50+	Folic Acid, MVI with Minerals, Iron	X	100	X	100	4										
Daily Multi Tablet	Folic Acid, MVI with Minerals, Iron	X	100	X	X											
Daklinza	Daclatasvir Dihydrochloride	X	28	X	X	1					84	Lifetime				
Daliresp 250mcg and 500mcg	Roflumilast					1										
Dantrium 100mg	Dantrolene					4										
Dantrium 25mg	Dantrolene					4										
Dantrium 50mg	Dantrolene					4										
Darvocet A500	Propoxyphene, Acetaminophen					6										
Darvocet-N 100	Propoxyphene and Acetaminophen					6										
Darvocet-N 50 Tablet	Propoxyphene, Acetaminophen					12										
Darvon 65mg	Propoxyphene					6										
Darvon Compound 32-389-32mg	Propoxyphene HCl/ASA/Caffeine					10										
Darvon Compound-65 Capsule	Propoxyphene, Aspirin, Caffeine					6										
Darvon-N 100mg	Propoxyphene					6										
Daypro 600mg Caplet	Oxaprozin					3										
Daytrana Patch	Methylphenidate					1										
DDAVP 0.01% Nasal Spray (5 ml)	Desmopressin	12	30	X	10											
DDAVP 0.01% Solution (2.5 ml)	Desmopressin	6	30	X	12.5											
DDAVP Tablets 0.1 mg	Desmopressin					3										
DDAVP Tablets 0.2 mg	Desmopressin					6										
Debrox, Auraphene-B, Dents Ear Wax Drops, Ear Wax Drops	Carbamide peroxide										15	6				
Decadron 0.1% Eye Drops	Dexamethasone Sodium Phosphate	2	30	X	5											
Decadron 0.25mg Tablet	Dexamethasone					96										
Decadron 0.5mg Tablet	Dexamethasone					48										
Decadron 0.75mg Tablet	Dexamethasone					32										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Decadron 1.5mg Tablet	Dexamethasone					16										
Decadron 1mg Tablet	Dexamethasone					24										
Decadron 2mg Tablet	Dexamethasone					12										
Decadron 4mg Tablet	Dexamethasone					6										
Decadron 6mg Tablet	Dexamethasone					4										
Dec-Chlorphen/Dec-Chlorphen DM Drops	Chlorpheniramine and Phenylephrine/ Chlorpheniramine, Phenylephrine and Dextromethorphan	7	30	X	30											
Declomycin 150mg Tablet	Demeclocycline HCl					4										
Declomycin 300mg Tablet	Demeclocycline HCl					2										
Decubi Vite Capsule	Multivitamins, Folic Acid, Zinc Sulfate, Ascorbic Acid	X	100	X	X											
Degarelix 120mg Vial	Degarelix Acetate										2	Lifetime				
Degarelix 80mg Vial	Degarelix Acetate	28	30	X	1											
Delstrigo	Doravirine, lamivudine, tenofovir disoproxil					1										
Deltasone 10mg Tablet	Prednisone					25										
Deltasone 2.5mg Tablet	Prednisone					100										
Deltasone 20mg Tablet	Prednisone					12.5										
Deltasone 50mg Tablet	Prednisone					5										
Deltasone 5mg Tablet	Prednisone					50										
Delzicol DR 400mg capsule	Mesalamine					12										
Denavir Cream	Penciclovir	4	30	X	5											
Dengvaxia	Dengue Tetravalent Vaccine, Live										1.5	Lifetime				
Depen 250mg Tablet	Penicillamine					16										
Depo-Provera	Medroxyprogesterone	84	98	X	1											
Depo-SubQ Provera 104	Medroxyprogesterone	84	98	X	1											
Dermarest Psoriasis Skin Treatment	Salicylic Acid	15	30	X	118											
Derma-Smoothe/FS 0.01% Oil	Fluocinolone	10	30	X	118.28											
Dermatop 0.1% Cream	Prednicarbate	60	60	X	60											
Dermatop Ointment	Prednicarbate	15	30	X	15											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Dermavantage	Lanolin/Mineral oil	15	30	X	250											
Dermotic	Fluocinolone acetonide	15	30	X	40											
Descovy	Emtricitabine, tenofovir alafenamide						1									
Desetin 13% Ointment	Zinc Oxide	15	30	X	X								1 even package size	0		
Desogen	Desogestrel-Ethinyl Estradiol	21	30	X	28											
Desonate 0.05% Gel	Desonide	15	30	X	60											
Desowen Cream	Desonide	15	30	X	15											
Desowen Lotion	Desonide	15	30	X	60											
Desowen Ointment	Desonide	15	30	X	15											
Desquam-X 5% Wash	Benzoyl Peroxide	30	30	X	148											
Desvenlafaxine Fumarate ER 100mg	Desvenlafaxine Fumarate						4									
Desvenlafaxine Fumarate ER 50mg	Desvenlafaxine Fumarate						1									
Desyrel 100mg	Trazodone						6									
Desyrel 150mg	Trazodone						4									
Desyrel 300mg	Trazodone						2									
Desyrel 50mg	Trazodone						12									
Detrol 1mg Tablet	Tolterodine						2									
Detrol LA	Tolterodine						1									
DeVilbiss Pulmo-Aide Compressor	Compressor								1	365						
Dexamethasone Intensol 0.5mg/0.5mL Drops	Dexamethasone						24									
Dexcom	Continuous Blood Glucose System Receiver										1	310				
Dexilant (Kapidex) 30mg Capsule	Dexlansoprazole						1									
Dexilant (Kapidex) 60mg Capsule	Dexlansoprazole						1									
Dexpak	Dexamethasone						16									
Dexpak 1.5mg Tablet Dose Pack	Dexamethasone	X	30	X	21											
Dexpak 10 Day 1.5mg Tablet Dose Pack	Dexamethasone	10	30	X	35											
Dexpak 13 Day 1.5mg Tablet Dose Pack	Dexamethasone	13	30	X	51											
Dextrostix	Blood Glucose Strips	X	50	X	X		1									
Diabeta 1.25mg Tablet	Glyburide						16									
Diabeta 2.5mg Tablet	Glyburide						8									
Diabeta 5mg Tablet	Glyburide						4									
Diabetes Health Formula Caplet	Folic Acid, Multivitamins with Minerals, Lutein	X	100	X	X											
Diabetic Test Strip (Glucose Blood, Glucose Urine, Ketone Blood)	Glucose testing product	X	50	X	X		1									
Diabetic.com starter	Blood Glucose Meter										1	310				
Diabetic.com test strip	Blood Glucose Strips	X	50	X	X		1									
Diabetsource AC Liquid	Nutritional Therapy Glucose Intolerance, Lactose-Free, Soy, Fiber						750									
Diabinese 100mg Tablet	Chlorpropamide						5									
Diabinese 250mg Tablet	Chlorpropamide						2									
Dialet	Lancet	X	102	X	X		1									
Dialyvite 5000 Tablet	Multivitamins with Minerals No. 11, Folic Acid	X	100	X	X											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Dialyvite 800-Ultra D Tablet	Folic Acid, Vitamin B Complex with C, Zinc, Cholecalciferol	X	100	X	100											
Diaper Rash Ointment	Zinc Oxide	X	30	X	57											
Diascan	Blood Glucose Meter										1	310				
Diascan	Blood Glucose Strips	X	50	X	X	1										
Diascan Meter	Blood Glucose Meter										1	310				
Diastat	Diazepam										5	26				
Diclegis DR 10-10mg tablet	Doxylamine, Pyridoxine HCL					4										
Dicyclomine 10mg/5ml	Dicyclomine					80										
Didrex	Benzphetamine					3										
Differin 0.1% Lotion	Adapalene	60	90	X	59										35	
Differin 0.3% Gel	Adapalene	60	90	X	45										35	
Differin Cream	Adapalene	60	90	X	45										35	
Differin OTC 0.1% gel	Adapalene	30	60	X	15										35	0
Differin Pads	Adapalene					2									35	
Differin Rx 0.1% Gel	Adapalene	60	90	X	45											
Diflucan 200mg Tablet	Fidaxomicin	X	10	X	X	2										
Difil-G 300-200mg Tablet	Guaifenesin, Dyphylline					8										
Difil-G 400 (400mg-200mg) Tablet	Guaifenesin, Dyphylline					8										
Diflucan 100mg	Fluconazole					1										
Diflucan 150 mg Tablets	Fluconazole	X	30	X	3	1					4	24				
Diflucan 50mg	Fluconazole					1										
Diget Meter	Blood Glucose Meter										1	310				
Dilantin 100mg	Phenytoin					6										
Dilantin 200mg Capsule	Phenytoin					3										
Dilantin 300mg Capsule	Phenytoin					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Dilantin 30mg	Phenytoin					20										
Dilantin 50mg Chewable Tablet	Phenytoin					12										
Dilex-G Syrup 200-100/5mL	Guaifenesin, Dyphylline					40										
Dior 200mg Tablet	Dyphylline					8										
Dilor 400mg Tablet	Dyphylline					4										
Dimetapp DM Cold & Cough Elixir (Brotapp DM)	Pseudoephed-Bromphen-DM Elixir 15-1.5mg/5ml					20										
Diovan 160mg	Valsartan					2										
Diovan 320mg	Valsartan					1										
Diovan 40mg	Valsartan					2										
Diovan 80mg	Valsartan					2										
Diovan HCT 160/12.5	Valsartan, Hydrochlorothiazide					1										
Diovan HCT 160/25mg	Valsartan and HCTZ					1										
Diovan HCT 320/12.5mg	Valsartan and HCTZ					1										
Diovan HCT 320/25mg	Valsartan and HCTZ					1										
Diovan HCT 80/12.5	Valsartan, Hydrochlorothiazide					1										
Dipentum	Olsalazine					4										
Diprolene AF Cream	Augmented Betamethasone Dipropionate	15	30	X	15											
Diprolene Gel and Lotion	Augmented Betamethasone Dipropionate	15	30	X	30											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Diprolene Ointment	Augmented Betamethasone Dipropionate	15	30	X	15											
Diprosone cream	Betamethasone Dipropionate	15	30	X	15											
Diprosone lotion	Betamethasone Dipropionate	30	30	X	60											
Diprosone ointment	Betamethasone Dipropionate	15	30	X	15											
Ditropan 5mg	Oxybutynin						6									
Ditropan XL 10mg	Oxybutynin Chloride						2									
Ditropan XL 15mg	Oxybutynin Chloride						2									
Ditropan XL 5mg	Oxybutynin Chloride						1									
Divigel	Estradiol						1									
Dolgic Plus Tablet	Butalbital, Acetaminophen, Caffeine						5									
Dolotic	Benzocaine and Antipyrine	X	30	X	15											
Doptelet	Avatromopag	X	5	X	15	3										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Doral 15mg	Quazepam						1									
Doribax 500mg Inj	Doripenem	X	14	X	X	3										
Dostinex 0.5mg Tablet	Cabergoline										88	24				
Dovonex Cream, Ointment, Solution	Calcipotriene	30	30	X	60											
Dritho-Crème HP	Anthralin Cream 1%	15	50	X	50											
Drug Emp	Blood Glucose Meter										1	310				
Duac CS 1-5% Kit	Clindamycin and Benzoyl Peroxide	X	30	X	1											
Duac Gel	Clindamycin phosphate and Benzoyl peroxide	30	30	X	45											
Dual Action Complete Tablet Chew	Famotidine, Calcium Carbonate, Magnesium						2									
Duavee	Conjugated estrogens, bazedoxifene acetate						1									
Duet	Blood Glucose Meter										1	310				
Duet	Blood Glucose Strips	X	50	X	X	1										
Duet	Multiple vitamin	X	100	X	X	2										
Duet DHA	Prenatal Vitamins Combination No. 2,						2									
Duet DHA EC	Prenatal Vitamin No. 19, Iron, Folic Acid,	X	100	X	X	1										
Duet DHA With Ferrazone	Prenatal Vitamins Combination No. 48,						1									
Duetact	Pioglitazone and Glimepiride						1.5									
Duexis 800-26.6mg Tablet	Ibuprofen, Famotidine						3									
Dulera Inhaler	Mometasone, Formoterol	30	60	X	13											
Dulera 100mcg/5mcg, 200mcg/5mcg	Mometasone, Formoterol	30	60	X	13											
Duo-Care	Blood Glucose Strips	X	50	X	X	1										
Duofer	Polysaccharide Fe Complex-Fe Heme Polypeptide 28mg Tab	X	100	X	100											
Duoneb Solution	Albuterol and Ipratropium						18									
Duopa 4.63mg-20mg/mL suspension	Carbidopa, Levodopa						100									
Dupixent	Dupilumab						0.15									

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Duraflex Comfort Gel	Methyl Salicylate, Glucosamine, Methylsulfonylmethane, Cayenne, Menthol, Aloe Vera	15	30	X	60											
Duragesic	Fentanyl Patches					0.3										
Durezol 0.05% Eye Drop	Difluprednate	12	30	X	5											
Durlaza	Aspirin					1										
Dutoprol 100-12.5mg Tablet	Metoprolol, Hydrochlorothiazide					2										
Dutoprol 25-12.5mg Tablet	Metoprolol, Hydrochlorothiazide					4										
Dutoprol 50-12.5mg Tablet	Metoprolol, Hydrochlorothiazide					4										
Duzallo	Lesinurad and Allopurinol					1										
Dyanavel XR	Amphetamine					8										
Dyfilin GG 100mg-100mg/15mL Liquid	Guaifenesin, Dyphylline					120										
Dyfilin GG 200-200mg Tablet	Guaifenesin, Dyphylline					4										
Dylix Elixir 100mg/15mL	Dyphylline					180										
Dymelor 250mg Tablet	Acetohexamide					6										
Dymelor 500mg Tablet	Acetohexamide					3										
Dymista Nasal Spray	Azelastine, Fluticasone	30	30	X	23											
Dynabac	Dirithromycin					2										
Dynacirc 2.5mg	Isradipine					8										
Dynacirc 5mg	Isradipine					4										
Dynacirc CR	Isradipine					2										
Dyphyl-G Syrup 50-100mg/5 ml	Guaifenesin, Dyphylline					80										
Dysport 500 Units Vial	AbobotulinumtoxinA	X	90	X	X											
E.E.S. 400mg Filmtab	Erythromycin Ethylsuccinate					10										
Ear Health Tab	Vitamins w/ Lipotropics Tab	X	100	X	100											
Ear-Gesic	Benzocaine, Phenylephrine and Antipyrine	X	30	X	15											
Easivent Holding Chamber	Inhaler, Assist Device	7	30	X	1				2	310	2	310				
Easy Check	Blood Glucose Meter										1	310				
Easy Check	Blood Glucose Strips	X	50	X	X	1										
Easy Check Blook Glucose Kit	Blood Glucose Meter										1	310				
Easy Click	Lancet	X	102	X	X	1										
Easy Click Lancing Device	Lancing Device	X	30	X	1						2	310				
Easy Comfort Lancets	Lancets	X	102	X	X	1										
Easy Gluco	Blood Glucose Strips	X	50	X	X	1										
Easy Pro	Blood Glucose Strips	X	50	X	X	1										
Easy Pro Plus	Blood Glucose Meter										1	310				
Easy Pro Plus Blood Glucose Kit	Blood Glucose Meter										1	310				
Easy Touch Alcohol 70% Pads	Alcohol Antiseptic Pads	X	100	X	400											
Easygluco	Blood Glucose Meter										1	310				
Easygluco	Blood Glucose Strips	X	50	X	X	1										
Easymax Blood Glucose Meter	Blood Glucose Meter										1	310				
Easymax N Glucose Test Strips	Blood Sugar Diagnostic Test Strips	X	50	X	X	1										
Easymax N Kit System	Blood Glucose Meter	X	X	X	1											
Easymax Speaking Glucose System	Blood Glucose Meter										1	310				
Easypro	Blood Glucose Meter										1	310				
Easypro	Blood Glucose Strips	X	50	X	X	1										
Eckerd	Blood Glucose Meter										1	310				
Eclipse	Blood Glucose Meter										1	310				
Eclipse	Blood Glucose Strips	X	50	X	X	1										
EC-Naprosyn 500mg	Naproxen					3										
Ecoza	Econazole	30	30	X	70											
Edarbi 40mg Tablet	Azilsartan Medoxomil					1										
Edarbi 80mg Tablet	Azilsartan Medoxomil					1										
Edarbyclor 40-12.5mg Tablet	Azilsartan, Chlorthalidone					1										
Edarbyclor 40-25mg Tablet	Azilsartan, Chlorthalidone					1										
Edluar 10mg SL Tablet	Zolpidem Tartrate					1										18
Edluar 5mg SL Tablet	Zolpidem Tartrate					2										18
Eduurant	Rilpivirine					1										
Effexor 100mg	Venlafaxine					3										
Effexor 25mg	Venlafaxine					15										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Effexor 37.5mg	Venlafaxine					10										
Effexor 50mg	Venlafaxine					7.5										
Effexor 75mg	Venlafaxine					5										
Effexor XR 150 MG	Venlafaxine					2										
Effexor XR 37.5mg	Venlafaxine					10										
Effexor XR 75mg	Venlafaxine					5										
Effient 10mg Tablet	Prasugrel Hydrochloride					1										
Effient 5mg Tablet	Prasugrel Hydrochloride					1										
Efudex	Fluorouracil	14	30	X	40											
Egrifta 1mg Vial	Tesamorelin acetate					2										
Elavil 100mg	Amitriptyline					3										
Elavil 10mg	Amitriptyline					30										
Elavil 10mg/mL	Amitriptyline					30										
Elavil 150mg	Amitriptyline					2										
Elavil 25mg	Amitriptyline					12										
Elavil 50mg	Amitriptyline					6										
Elavil 75mg	Amitriptyline					4										
Eldepryl 5mg Capsule	Selegiline					2										
Element	Blood Glucose Meter										1	310				
Element	Blood Glucose Strips	X	50	X	X	1										
Elestrin	Estradiol	50	50	X	144											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Eletone cream	Emollient Combination No. 25	15	30	X	100											
Elidel 1%	Pimecrolimus	X	30	X	30						60	90				2
Eligard 22.5mg	Leuprolide	84	90	X	1											
Eligard 30mg	Leuprolide	112	120	X	1											
Eligard 45mg	Leuprolide	168	180	X	1											
Eligard 7.5mg	Leuprolide	28	30	X	1											
Elimite Lotion and Cream	Permethrin	7	30	X	X								1 even package	0		
Eliquis	Apixaban						2									
Eliquis Starter Pack	Apixaban						2.5				74	Lifetime				
Elite OB Caps w/DHA	Prenatal Multiple Vitamin with DHA	X	100	X	X		1									
Elite-OB Caplet	iron carbonyl, folic acid, multivitamins with minerals						1									
Ella 30mg Tablet	Ulipristal Acetate	X	30	X	1						4	28				
Elocon Cream and Ointment	Mometasone furoate	15	30	X	15											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Elocon Lotion	Mometasone Furoate Solution 0.1% (Lotion)	15	60	X	30											
Elon Matrix Complete Tablet	Biotin, Silicon Dioxide, Cysteine, Lutein, Multivitamins with Minerals	X	100	X	100											
Emadine	Emedastine	12	30	X	5											
Embrace Mis	Blood Glucose Strips	X	X	X	1											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Embrace Test Strips	Blood Glucose Strips	X	50	X	X	1										
Emend 115mg Vial	Aprepitant										40	24				
Emend 125mg	Aprepitant										4	24				
Emend 150mg Vial	Aprepitant										4	24				
Emend 40mg	Aprepitant	X	30	X	1											
Emend 80/125mg Pack	Aprepitant										12	24				
Emend 80mg	Aprepitant										8	24				
Emflaza	Deflazacort						MDD-1 (all strengths of tablets) MDD-.7 for suspension									
Emgel 2% topical gel	Erythromycin base, ethyl alcohol	30	30	X	30											
Emla	Lidoaine-Prilocaine	15	30	X	30											
Emollia Cream	Emollient Combination No. 39	15	30	X	240											
Emollia Liquid	Emollient Combination No. 39	15	30	X	240											
Empirin w/Codeine 325-60mg	ASA/Codeine										12					
Empirin with Codeine 325-30mg Tablet	Aspirin, Codeine										12					
Emsam	Selegiline					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Emtriva 10mg/mL Oral Solution	Emtricitabine					24										
Emtriva 200mg Capsule	Emtricitabine					1										
Emu-Lac Hydrating Cream	Ammonium Lactate, Emu Oil	15	30	X	X								1 even package size	0		
Emverm	Mebendazole					2										
Enablex	Darifenacin					1										
Enbrel 25 mg Syringe	Etanercept					0.146										
Enbrel 25mg Kit	Etanercept					0.29										
Enbrel 50 mg	Etanercept					0.14										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Enbrel Mini	Etanercept					0.14										
Endari	L-Glutamine					6										
Endocet 10/325mg	Oxycodone w/Acetaminophen					12										
Endocet 2.5-325	Oxycodone w/Acetaminophen					12										
Endocet 5/325	Oxycodone w/Acetaminophen					12										
Endocet 7.5/325mg	Oxycodone w/Acetaminophen					12										
Engerix-B	Hepatitis B Vaccine Recombinant	X	30	X	1				1	26	1	26				19
											3	Lifetime				
Enlive Liquid	Nutritional Therapy Impaired Digestive Function					750										
Enlive Nutritional Liquid	Nutritional Supplement					750										
Enstilar	Calcipotriene, betamethasone dipropionate	15	30	X	60											
Ensure Clinical Strength Liquid	Lactose Free Food					750										
Ensure Immune Health Liquid	Lactose Free Food					750										
Ensure Muscle Health Liquid	Lactose-Free Food					750										
Entresto	Sacubitril , Valsartan					2										
Entyvio 300mg vial	Vedolizumab										1	48				
Enulose 10gm/15ml Soln	Lactulose					180										
Envision Blood Glucose Kit	Blood Glucose Meter										1	310				
Envision Blood Glucose Strip	Blood Sugar Diagnostic Strip	X	50	X	X	1										
Epaned 1mg/mL solution	Enalapril Maleate					40										
Epclusa	Sofosbuvir/Velpatasvir	X	28	X	X	1										
Epclusa (Generic)	Sofosbuvir/Velpatasvir	X	28	X	X	1										
Ephedrine 25mg Capsule	Ephedrine					6										
Epiceram Emulsion	Emollient Combination No. 32	15	30	X	90											
Epiduo 0.1%-2.5% Gel	Adapalene, Benzoyl Peroxide	15	30	X	45											
Epiduo Forte 0.3-2.5% Gel Pump	Adapalene, Benzoyl Peroxide	15	30	X	45											
Epifoam	hydrocortisone, pramoxine	10	30	X	10											
EpiPen 2-Pak 0.3 mg Auto-Injector	Epinephrine	X	30	X	2						4	30				
EpiPen Jr 2-Pak 0.15 mg Injector	Epinephrine	X	30	X	2						4	30				
Epivir 10mg/mL Oral Solution	Lamivudine					30										
Epivir 150mg Tablet	Lamivudine					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Epivir 300mg Tablet	Lamivudine					1										
Epivir HBV liquid	Lamivudine					20										
Epivir HBV tablet	Lamivudine					1										
Epzicom	Abacavir, Lamivudine					1										
Equetro 100mg Capsule	Carbamazepine					16										
Equetro 200mg Capsule	Carbamazepine					8										
Equetro 300 mg	Carbamazepine					5										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Erivedge	Vismodegib					1	1st and 2nd fill restricted to max DS of 14									
Erleada	Apalutamide					4										
Ertaczo Cream	Sertaconazole nitrate	15	30	X	X								1 Even Pkg Size	0		
Ery 2% Pads	Erythromycin base, ethanol					2										
Erygel	Erythromycin	15	30	X	30											
Ery-Ped 200mg/5mL suspension	Erythromycin Ethylsuccinate					10										
Ery-Ped 400mg/5mL suspension	Erythromycin Ethylsuccinate					10										
Ery-Tab 250mg EC Tablet	Erythromycin Base					8										
Ery-Tab 333mg EC Tablet	Erythromycin Base					8										
Ery-Tab 500mg EC Tablet	Erythromycin Base					8										
Erythrocin Stearate 250mg Filmtab	Erythromycin Stearate					8										
Erythromycin 250mg EC Capsule	Erythromycin Base					16										
Erythromycin 250mg Filmtab	Erythromycin Base					4										
Erythromycin 500mg Filmtab	Erythromycin Base					8										
Esbriet	Pirfenidone					9										
Esomeprazole Strontium	Esomeprazole Strontium					1										
Estrace 0.5mg Tablet	Estradiol					1										
Estrace 1mg Tablet	Estradiol					1										
Estrace 2mg Tablet	Estradiol					1										
Estraderm	Estradiol	28	30	X	8											
Estradiol .01mg Patch	Estradiol	28	X	X	8											
Estratab 0.3mg	Esterified Estrogens					1										
Estratab 0.625mg	Esterified Estrogens					1										
Estring		90	90	X	1											
Eucerin	Emollient	15	30	X	120											
Eucerin Calm Itch-Relief Lotion	Menthol, Colloidal Oatmeal	15	30	X	X								1 even package size	0		
Eucerin Original Liquid	Lanolin/Mineral oil	15	30	X	250											
Eucrisa	Crisaborole	30	90	X	60						60	90				
Euflexxa	Sodium hyaluronate										6	153				
Eurax	Crotamiton	15	30	X	60											
Evencare	Blood Glucose Meter										1	310				
Evencare	Blood Glucose Strips	X	50	X	X	1										
Evoclin Foam	Clindamycin phosphate	15	30	X	50											
Evolution	Blood Glucose Strips	X	50	X	X	1										
Evolution Blood Glucose Meter	Blood Glucose Meter										1	310				
Evotaz 300mg-150mg tablet	Atazanavir Sulfate, Cobicistat					1										
Evzio 0.4mg Auto-Injector	Naloxone HCl	X	30	X	1.6											
Exactech	Blood Glucose Meter										1	310				
Exactech	Blood Glucose Strips	X	50	X	X	1										
Exalgo ER 12mg Tablet	Hydromorphone					5										
Exalgo ER 12mg Tablet	Hydromorphone					5										
Exalgo ER 16mg Tablet	Hydromorphone					4										
Exalgo ER 16mg Tablet	Hydromorphone					4										
Exalgo ER 32mg Tablet	Hydromorphone					2										
Exalgo ER 8mg Tablet	Hydromorphone					1										
Excel	Blood Glucose Strips	X	50	X	X	1										
Exelderm	Sulconazole	15	30	X	30											
Exelon Capsules	Rivastigmine					2										18
Exelon Patch	Rivastigmine					1										18
Exelon Solution	Rivastigmine					6										18
Exforge (all other strengths)	Amlodipine and Valsartan					1										
Exforge 5-160 mg	Amlodipine and Valsartan					1.5										
Exforge HCT 10-160-12.5mg	Amlodipine, Valsartan, Hydrochlorothiazide					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Exforge HCT 10-160-25mg	Amlodipine, Valsartan, Hydrochlorothiazide					1										
Exforge HCT 10-320-25mg	Amlodipine, Valsartan, Hydrochlorothiazide					1										
Exforge HCT 5-160-12.5mg	Amlodipine, Valsartan, Hydrochlorothiazide					1										
Exforge HCT 5-160-25mg	Amlodipine, Valsartan, Hydrochlorothiazide					1										
Expecta Lipil DHA Supplement	Docosahexaenoic acid (DHA)					1										
Express	Blood Glucose Meter										1	310				
Express	Blood Glucose Strips	X	50	X	X	1										
Extavia 0.3 mg Kit	Interferon Beta-1B					0.5										
Extina Foam	Ketoconazole	15	30	X	50											
Eye Itch Relief 0.025% Drop	Ketotifen Fumarate	25	30	X	5											
Eylea 2 mg/0.05 mL Vial	Aflibercept										0.05	24				
EZ Flu Shot Inj 2018-19	Influenza Vac Tiss-Cult Subunit Quad Sus Pref Syr Kit 0.5ml										1	180				19
EZ Smart	Blood Glucose Meter										1	310				
EZ Smart	Blood Glucose Strips	X	50	X	X	1										
EZ Smart Plus	Blood Glucose Strips	X	50	X	X	1										
E-Z Spacer	Inhaler, Assist Devices	7	30	X	1				2	365	2	310				
Fabior 0.1% Foam	Tazarotene	30	30	X	50											
Factive	Gemifloxacin	X	30	X	7	1										18
Famvir 125mg Tablet	Famciclovir					2										
Famvir 250mg Tablet	Famciclovir					3					60	26				
Famvir 500mg Tablet	Famciclovir					3					60	26				
Fanapt 10mg Tablet	lloperidone					2										
Fanapt 1-2-4-6mg Tablet Dose Pack	lloperidone	2	X	X	8											
Fanapt 12mg Tablet	lloperidone					2										
Fanapt 1mg Tablet	lloperidone					3										
Fanapt 2mg Tablet	lloperidone					4										
Fanapt 4mg Tablet	lloperidone					4										
Fanapt 6mg Tablet	lloperidone					4										
Fanapt 8mg Tablet	lloperidone					3										
Fanaxrex Oral Suspension 25mg/mL	Gabapentin					144										
Fareston	Toremifene Citrate							1st and 2nd fill restricted to max DS of 14								
Farxiga	Dapagliflozin					1										
Farydak	Panobinostat Lactate	X	14	X	6	0.29		1st and 2nd fill restricted to max DS of 14			96	LIFETIME				
Fasenra	Benralizumab										1	47				
Fast Take	Blood Glucose Meter										1	310				
Fast Take	Blood Glucose Strips	X	50	X	X	1										
FastTake Compact Kit	Blood Glucose Meter										1	310				
Fazaclo 100mg	Clozapine					14										
Fazaclo 12.5mg	Clozapine					112										
Fazaclo 150mg	Clozapine					9										
Fazaclo 200mg	Clozapine					7										
Fazaclo 25mg	Clozapine					56										
Feiba	Anti-Inhibitor Coagulant	X	30	X	80000											
Femcon FE	Norethindrone and Ethinyl Estradiol	21	30	X	28											
Femecal OB Plus DHA Combo Pack	Prenatal Vitamins Combination No. 8, Iron Polysaccharides Complex, Ferrous Asparto Glycinate, Folic Acid, Docosahexanoic Acid					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Femecal OB Tablet	Prenatal Vitamins Combination No. 8, Iron Polysaccharides Complex, Ferrous Asparto Glycinate, Folic Acid						1									
FemHRT 1mg-5mcg	Norethindrone, Ethinyl Estradiol						1									
FemHRT Low Dose	Norethindrone and Ethinyl Estradiol						1									
Fenofibrate 160mg Tablet (AHP)	Fenofibrate						1									
Fenofibrate 160mg Tablet (Mylan)	Fenofibrate						1									
Fenoglide 120mg	Fenofibrate						1									
Fenoglide 40mg	Fenofibrate						2									
Feosol 65mg Tablet		X	100	X	100											
Fer-In-Sol 15mg/mL Drops	Ferrous Sulfate	X	100	50	50											
Ferralet 90 Dual-Iron tablet	Ferrous Carbonyl-Ferrous Gluconate, Folic Acid, Cyanocobalamin, Ascorbic Acid, Docusate Sodium	X	30	X	X		1									
Ferralet 90 Tablet	Iron, Folic Acid, B-12, Docusate, Vitamins C	X	100	X	X		1									
Ferraplus 90 Tablet	Iron, Folic Acid, Vitamin B12, Vitamin C, Docusate Sodium	X	30	X	X		1									
Ferrex 150 Forte Plus Cap	Ferrous Asparto Glycinate, Iron Polysaccharides Complex, Ascorbate Calcium, Cyanocobalamin, Folic Acid, Calcium Threonate, Succinic Acid	X	30	X	100											
Ferrous Sulfate	Ferrous Sulfate	X	100	X	X											
Fetzima	Levominacipran Hydrochloride						1									
Fexmid 7.5mg Tablet	Cyclobenzaprine						4									
Fiasp FlexTouch	Insulin Aspart	15	160	X	15 (19 yrs and older) 30 (18 years and younger)											
Fiasp vial	Insulin Aspart	10	100	X	10 (19 yrs and older) 20 (18 years and younger)											
Fibricor 105mg Tablet	Fenofibric Acid						1									
Fibricor 35mg Tablet	Fenofibric Acid						2									
Fifty50 2.0 Glucose Meter	Blood Glucose Meter										1	310				
Fifty50 Glucose Test Strip	Blood Sugar Diagnostic	X	50	X	X		1									
Finacea	Azelaic acid	15	30	X	50											
Finacea Aer 15%	Azelaic acid	15	30	X	50											
Finacea Plus 15% Kit	Azelaic Acid, Ceramide	15	30	X	1										40	
Fioricet Capsules	Butalbital, Acetaminophen and Caffeine						6									
Fioricet Tablets	Butalbital, Acetaminophen and Caffeine						6									
Fioricet w/Codeine	Butalbital, Acetaminophen, Caffeine and Codeine						6									
Fioricet with Codeine 50mg-300mg-40mg-30mg	Butalbital, Acetaminophen, Caffeine, Codeine						6									
Fiorinal	Butalbital, Aspirin and Caffeine						6									
Fiorinal w/Codeine	Butalbital, Aspirin, Caffeine, and Codeine						6									
Firazyr 30mg/3mL Syringe	Icatibant Acetate						9									
First Choice	Blood Glucose Strips	X	50	X	X		1									
First-Bxn Mouthwash 1.6g/237mL Susp Recon	Nystatin, Lidocaine HCl, Diphenhydramine HCl	15	30	X	237											
First-Vancomycin Sol 25mg/ml		X	10	X	150											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Firvanq 25mg/ml,50mg/ml (150ml bottle)	Vancomycin	X	X	X	150											
Firvanq 25mg/ml50mg/ml (300ml bottle)	Vancomycin	X	X	X	300											
Flagyl 250mg Tablet	Metronidazole					16										
Flagyl 375mg Capsule	Metronidazole					10										
Flagyl 500mg Tablet	Metronidazole					8										
Flagyl 750mg Tablet	Metronidazole					1										
Flector 1.3% Pad	Diclofenac					2										
Fleet Pediatric Enema	Sodium phosphates enema					66.6										
Flexall Plus Gel	Methyl Salicylate, Menthol, Camphor	15	30	X	113.3											
Flexeril 10mg Tablet	Cyclobenzaprine					3										
Flexeril 5mg tablets	Cyclobenzaprine					6										
Flintstones Chew Toddler	Pediatric Multiple Vitamin w/ Minerals & C Chew 40mg	X	100	X	X	1										
Flintstones Complete Chew Tab	Pediatric Multivitamin Combination No. 43, Ferrous Fumarate	X	100	X	X	1										
Flintstones Iron Tab Chew	Pediatric Multivitamin Combination No. 17, Ferrous Fumarate	X	100	X	X	1										
Flintstones Tablet Chewable	Pediatric Nmultivitamin Combination No. 7, Folic Acid	X	100	X	X	1										
Flonase	Fluticasone	30	120	X	16											
Flonase Allergy Relief	Fluticasone Propionate	30	30	X	15.8											
Florastor 250mg Capsule	Saccharomyces Boulardii					4										
Florastor Kids 250mg Packets	Saccharomyces Boulardii					4										
Floriva Chew						1										
Floriva Drop Plus		X	50	X	50	1										
Floriva Drops		X	50	X	50	1										
Flovent Diskus 100mcg	Fluticasone					20										
Flovent Diskus 250mcg	Fluticasone					8										
Flovent Diskus 50mcg	Fluticasone					40										
Flovent HFA Inhalers 110 mcg	Fluticasone	30	60	X	12											
Flovent HFA Inhalers 220 mcg	Fluticasone	15	60	X	12											
Flovent HFA Inhalers 44 mcg	Fluticasone	30	60	X	10.6											
Floxin 200mg Tablet	Ofloxacin					2										
Floxin 400mg Tablet	Ofloxacin					2										
Floxin Otic (Bottle)	Ofloxacin	X	30	X	5	2										
Floxin Otic Singles	Ofloxacin	X	30	X	20											
FLUAD 2016-2017	Flu Vacc TS2016										0.5	180				65
Fluad 2017-2018	Flu Vacc TS2016										0.5	180				19
Fluarix Quad 2015-2016 syringe (PF)	Influenza QS 2015-16 (36MOS+)/PF										0.5	180				19
Fluarix, Flulaval, Fluzone QUAD	Flu Vacc QS2016-17										0.5	180				19
Fluarix, Flulaval, Fluzone QUAD	Flu Vacc QS2016-17										0.5	180				19
Fluarix, Flulaval, Fluzone QUAD	Flu Vacc QS2017-18										0.5	180				19
FluBlok 2015-2016 Vial	Flu Vac TV 2015(18YR+)/RCM/PF										0.5	180				19
Flucelvax (Flucivx) 2017-2018	Flu Vacc TS 17-18										0.5	180				19
Flucelvax (Flucivx) 2017-2018	Flu Vacc TS 17-18										5	180				
Flucelvax 2015-2016 Syringe	Flu Vacc TS 15-16(18+)/Cell/PF										0.5	180				19
Flulaval Fluzone 2017-2018	Flu Vaccine TS										5	180				19
Flulaval 2015-2016 Vial	Flu Vaccine TS 2015-16(36MOS+)										0.5	180				19
Fluor-a-Day 0.25mg Tablet Chew	Sodium Fluoride, Xylitol	X	30	X	X	1										
Fluor-a-Day 0.5mg Tablet Chew	Sodium Fluoride, Xylitol	X	30	X	X	1										
Fluor-a-Day 1mg Tablet Chew	Sodium Fluoride, Xylitol	X	30	X	X	1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Fluor-a-Day Drop 0.125mg/ml	Sodium Fluoride, Xylitol	X	30	X	30											
Fluor-a-Day Drop 0.125mg/ml	Sodium Fluoride, Xylitol	X	30	X	30											
Fluoroplex	Fluorouracil	14	30	X	30											
Fluoroquinolones																12
Fluvirin 2015-2016 Syringe	Flu Vaccine TS 2015-16 (4 YR+)/PF										0.5	180				19
Fluvirin 2015-2016 Vial	Flu Vaccine TS 2015-16 (4 YR+)										0.5	180				19
Fluvirin 2016-2017	Flu Vaccine TS2016-17										5	180				19
Fluvirin 2016-2017	Flu Vaccine TS2016-17										0.5	180				19
Fluvirin 2017-2018	Flu Vaccine TS2017-18										0.5	180				19
Fluvirin 2017-2018	Flu Vaccine TS2017-18										5	180				19
Fluzone 2015-2016 Vial	Flu Vaccine TS 2015-16 (6MOS+)										0.5	180				19
Fluzone High Dose 2016-2017	Flu Vacc TS2016-2017										0.5	180				65
Fluzone High-Dose 2015-2016 Syringe	Flu Vacc TS 2015-16 (65YR+)/PF										0.5	180				65
Fluzone Intraderm QUAD	Flu Vacc QS2016										0.1	180				19
Fluzone QUAD 2017-2018	Flu Vaccine										0.5	180				65
Fluzone QUAD 2017-2018	Flu Vaccine										0.25	180				19
Fluzone Quadrivalent 2015-2016 Vial	Flu Vaccine 2015-16(36MOS+)/PF										0.5	180				19
Fluzone Quadrivalent 2015-2016 Vial	Flu Vaccine QS 2015-16(6MOS+)										0.5	180				19
FML Liquefilm 0.1% Eye Drops	Fluorometholone	12	30	X	5											
FML S.O.P 0.1% Ophthalmic Ointment	Fluorometholone	X	30	X	3.5											
Focalin 10mg	Dexmethylphenidate															
Focalin 2.5 mg	Dexmethylphenidate															
Focalin 5mg	Dexmethylphenidate															
Focalin XR 10mg	Dexmethylphenidate															
Focalin XR 15mg	Dexmethylphenidate															
Focalin XR 20mg	Dexmethylphenidate															
Focalin XR 25mg	Dexmethylphenidate															

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Focalin XR 30mg	Dexmethylphenidate					1										
Focalin XR 35 mg capsule	Dexmethylphenidate Hcl					1										
Focalin XR 40mg	Dexmethylphenidate					1										
Focalin XR 5mg	Dexmethylphenidate					8										
Folbee Plus CZ Tablet	Multiple vitamin	X	30	X	X											
Folcaps Care One Capsule	Multivitamins with Mineral No. 19, Iron, Ferrous Asparto Glycinate, Folic Acid, Docusate, Omega-3 Fatty Acids, Docosahexanoic Acid Eicosapentanoic Acid, Linolenic Acid	X	100	X	X											
Folcaps Omega-3 Capsule	Prenatal Vitamins with Calcium No. 37, Carbonyl Iron, Ferrous Aspartate & Glycinate, Folic Acid, Omega-3 Fatty Acids					1										
Folic Acid (OTC)	Folic Acid	X	100	X	X											
Folica-Be	B-Complex W/E & Folic Acid CAP 1mg					1										
Folika-T	B-Complex W/C & Folic Acid Tab 1mg					1										
Foltabs 90 Plus DHA Pack	Prenatal Vitamins Combination No. 45, Carbonyl Iron, Folic Acid, Docusate Sodium, Docosahexanoic Acid					1										
Foltabs Prenatal Plus DHA	Prenatal Vitamins Combination No. 22, Iron, Folic Acid, Docusate, Docosahexanoic Acid					1										
Foltabs RX	Prenatal Vitamin No. 22, Iron, Folic Acid, Docusate	X	100	X	X											
Fora Blood Glucose System	Blood Glucose Meter										1	310				
Fora D15 Blood Glucose System	Blood Glucose and Blood Pressure Meter										1	310				
Fora Glucose Test Strips	Glucose Testing Strips	X	50	X	X	1										
Foradil	Formoterol					2										
Forfivo XL	Bupropion					1										
Fortamet 1000mg	Metformin					2										
Fortamet 500mg	Metformin					1										
Forteo 20mcg/Dose Pen Injection (2.4mL pre-filled pen)	Teriparatide	28	30	X	3											
Fortesta 10mg Gel Pump	Testosterone					3.5										
Fosamax 10mg Tablet	Alendronate Sodium					1										
Fosamax 35mg Tablet	Alendronate Sodium										4	24				
Fosamax 40mg Tablet	Alendronate Sodium					1										
Fosamax 5mg Tablet	Alendronate					1										
Fosamax 70mg Tablet	Alendronate										4	24				
Fosamax 70mg/75mL Oral Solution	Alendronate Sodium										300	24				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Fosamax Plus D	Alendronate and Cholecalciferol										4	24				
Fosteum (Medical Food)	Multiple ingredients					2										
Freedavite Tablet	Multivitamins with Calcium and Minerals, Ferrous Fumarate, Folic Acid	X	100	X	X											
Freestyle	Blood Glucose Meter										1	310				
Freestyle	Blood Glucose Strips	X	102	X	X	1										
Freestyle Freedom Lite Blood Glucose Kit	Blood Glucose Meter										1	310				
Freestyle Lite Test Strips	Diabetic	X	50	X	X	1										
Freshkote Drops	Polyvinyl Alcohol, Povodine and Dimethylamine	X	30	X	15											
Freshkote PF Drops	Polyvinyl Alcohol, Povodine and Dimethylamine	X	30	X	10											
Frova	Frovatriptan						3				16	24				
Fulphila	Pegfilgrastim-jmdb										1.2	24				
Fulyzaq 125mg DR tablet	Crofelemer						2									
Fungi Cure Intensive 1% Spray	Clotrimazole	15	30	X	X								1 Even Pkg Size	0		
Furadantin Suspension	Nitrofurantin Suspension					80										
Fuzeon 90mg Vial	Enfuvirtide					2										
Fuzeon Convenience Kit	Enfuvirtide	30	30	X	1											
Fycompa Oral Suspension 0.5mg/1ml	Perampanel					24										
Fycompa Tabs	Perampanel					1										
G-4	Blood Glucose Meter										1	310				
G-4	Blood Glucose Strips	X	50	X	X	1										
GA	Blood Glucose Strips	X	50	X	X	1										
Gabadone	Medical Food	X	100	X	100	750										
Galafold	Migalastat					0.5										
Garamycin	Gentamicin	15	30	X	10											
Gardasil	Quadrivalent Human Papillomavirus (HPV) Recombinant Vaccine Injection	X	30	X	0.5						1.5	Lifetime			45	19
Gastrocrom 20mg/mL Solution	Cromolyn					80										
Gavilax	Polyethylene glycol 3350					2										
Gavilyte	polyethylene glycol 3350, Na sulf, Bicarb, Cl, KCl	X	30	X	4000											
Gdrive Blood Glucose System	Blood Glucose Meter										1	310				
Gelnique 10% Gel Packet	Oxybutynin Chloride						1									
Gelsyn	Sodium Hyaluronate										6	153				
Generess Fe	Norethindrone, Ethinyl Estradiol, Iron	21	30	X	28											
Genesis Health Blood Glucose Test Strip	Blood Glucose Strips	X	50	X	X	1										
Genicin Tab Vita-S	B-Complex W/C & Folic Acid Tab 1mg	X	100	X	100											
Gentel Gel Drops	Carboxymethylcellulose Sodium, Hypromellose	X	30	X	25											
Gentel Mild 0.2% Eye Drops	Hypromellose	X	30	X	25											
Gentel Mild-Moderate Eye Drop	Hypromellose	X	30	X	30											
Gentle Cream	Vitamin E, vitamins A&D, Zinc Oxide	15	30	X	120											
Gentle Draw	Lancet	X	102	X	X	1										
Gentle-Let	Lancet	X	102	X	X	1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Genvisc 850 INJ 25	SODIUM HYALURONATE INTRA-ARTICULAR SOLN PREF SYR 25 MG/2.5ML										12.5	153				
Genvoya	Elvitegravir, Cobicistat, Emtricitabine, Tenofovir Alafenamide					1										
Geodon Capsules 20mg	Ziprasidone					32										
Geodon Capsules 40mg	Ziprasidone					16										
Geodon Capsules 60mg	Ziprasidone					10										
Geodon Capsules 80mg	Ziprasidone					8										
Geodon Powder For Solution (20mg Vial)	Ziprasidone					32										
Gerl-Hydrolac 12% Lotion	Ammonium Lactate	15	30	X	227											
Gesticare Tablets	Prenatal vitamin with Calcium No. 30, Iron, Folic Acid					1										
Gesticare DHA 27-1-250mg Combination tablet MP	Prenatal Vitamin with Calcium #60, Ferrous Fumarate, Folic Acid, Docosahexanoic Acid					1										
Gesticare DHA Tablets	Prenatal vitamin with Calcium No. 30, Iron, Folic Acid, DHA					1										
Giant Eagle	Blood Glucose Meter										1	310				
Giazo	Balsalazide Disodium					6										
Gilenya 0.5mg Capsule	Fingolimod HCl					1										
Gilotrif	Afatinib Dimaleate							1st and 2nd fill restricted to max DS of 14								
Glassia 1gm/50mL Vial	Alpha-1-Proteinase Inhibitor					858										
Gleevec 100mg Tablets	Imatinib					3		1st and 2nd fill restricted to max DS of 14								
Gleevec 400mg Tablets	Imatinib					2		1st and 2nd fill restricted to max DS of 14								
Gleostine	Lomustine							1st and 2nd fill restricted to max DS of 14								
Glucagon Inj 1mg	Glucagon HCL Diagnostic For Inj 1mg (Base Equiv)	X	30	X	2											
Glucagon Kit 1mg	Glucagon (RDNA) For Inj Kit 1mg	X	30	X	2											
Glucocard	Blood Glucose Meter										1	310				
Glucocard	Blood Glucose Strips	X	50	X	X	1										
Glucocard 01 Meter Kit	Blood Glucose Meter										1	310				
Glucocard 01 Sensor Test Strip	Blood Sugar Diagnostic Strip	X	50	X	X	1										
Glucocard Sensor Test Strips	Blood Glucose Strips	X	50	X	X	1										
Glucocard Sensor Test Strips	Blood Glucose Strips	X	50	X	X	1										
Glucocard Vital Meter Kit	Blood-Glucose Meter										1	310				
Glucocard Vital Sensor Strip	Blood Sugar Diagnostic	X	50	X	X	1										
Glucocard Vital Sensor Strip	Blood Sugar Diagnostic Strip	X	50	X	X	1										
Glucocard X-Sensor Test Strip	Blood Sugar Diagnostic Strip	X	50	X	X	1										
Glucocom	Blood Glucose Meter										1	310				
Glucocom	Blood Glucose Strips	X	50	X	X	1										
Glucofilm	Blood Glucose Strips	X	50	X	X	1										
Glucolab	Blood Glucose Meter										1	310				
Glucolab	Blood Glucose Strips	X	102	X	X	1										
Glucoleader	Lancet	X	102	X	X	1										
Glucoleader	Blood Glucose Meter										1	310				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Glucoclear	Blood Glucose Strips	X	50	X	X	1										
Glucostat	Lancet	X	102	X	X	1										
Glucometer	Blood Glucose Meter										1	310				
Glucometer	Blood Glucose Strips	X	50	X	X	1										
Glucometer/Glucometer Elite	Blood Glucose Meter										1	310				
Glucophage 1000mg	Metformin	X	90	X	X	3										
Glucophage 500 mg	Metformin	X	90	X	X	6										
Glucophage 850 mg	Metformin	X	90	X	X	3										
Glucophage XR 500 mg	Metformin					4										
Glucophage XR 750mg	Metformin					2										
Glucoprotein	Blood Glucose Strips	X	50	X	X	1										
Glucoscan	Blood Glucose Strips	X	50	X	X	1										
Glucose Alert	Blood Glucose Meter										1	310				
Glucose Alert	Blood Glucose Strips	X	50	X	X	1										
Glucose test strip	Blood Glucose Strips	X	50	X	X	1										
Glucosource	Lancet	X	102	X	X	1										
Glucostix	Blood Glucose Strips	X	50	X	X	1										
Glucotrol 10mg Tablet	Glipizide	X	90	X	X	4										
Glucotrol 5mg Tablet	Glipizide	X	90	X	X	8										
Glucotrol XL 10mg Tablet	Glipizide					2										
Glucotrol XL 2.5mg	Glipizide					8										
Glucotrol XL 5mg Tablet	Glipizide					4										
Glucovance 1.25-250mg Tablet	Glyburide, Metformin					4										
Glucovance 2.5-500mg Tablet	Glyburide, Metformin					4										
Glucovance 5-500mg Tablet	Glyburide, Metformin					4										
Glucowatch	Blood Glucose Meter										1	310				
Glumetza 1000mg Tablet	Metformin					2										
Glumetza 500mg Tablet	Metformin					4										
Glutament Powder Pack	Glutamine	X	100	X	100											
Glycron 4.5mg Tablet	Glyburide micronized					2										
Glynase 1.5mg Tablet	Glyburide micronized					8										
Glynase 3mg Tablet	Glyburide micronized					4										
Glynase 6mg Tablet	Glyburide micronized					2										
Glyset 100mg Tablet	Miglitol					3										
Glyset 25mg Tablet	Miglitol					12										
Glyset 50mg Tablet	Miglitol					6										
Glyxambi	Empaglifozin, Linagliptin					1										
GM100 Blood Glucose System	Blood Glucose Meter										1	310				
Gmate 30G Lancets	Lancets	X	102	X	X	1										
Gmate Lancing Device	Lancing Device	X	30	X	1						2	310				
GNP LIDOCAIN PAD 4%	LIDOCAINE PATCH 4%					3										
Gocovri 137mg cap	Amantadine					2										
Gocovri 68.5mg cap	Amantadine					1										
Gold Bond 0.5-5% Body Lotion	Menthol, Dimethicone, Aloe Vera, Vitamin E Acetate	15	30	X	226											
Gold Bond 1% Foot Spray	Menthol	15	30	X	100											
Gold Bond Medicated Anti-Itch Cream	Pramoxine, Menthol	15	30	X	56.6											
Gold Bond Medicated Foot Powder	Menthol	15	30	X	283											
Gold Bond Quick Spray	Benzethonium Chloride, Menthol	15	30	X	X								1 Even Pkg Size	0		
Gold Bond Ultimate Healing Cream	Dimethicone, White Petrolatum, Vitamin A, Ascorbic Acid, Vitamin E, Aloe Vera	15	30	X	99											
Gold Bond Ultimate Healing Liquid	Emollient Combination No. 41	15	30	X	155											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Gold Bond Ultimate Skin Lotion	Emollient Combination No. 31										396	30				
Gonitro	Nitroglycerin	X	100	X	36											
Gordon's Urea Oin 22%	Urea Ointment 22%	15	30	X	30											
Gordon's Vite A Cream	Vitamin A	15	30	X	70											
Gormel Cream 20%	Urea 20% Cream	15	30	X	75											
Gralise 30-Day Starter Pack	Gabapentin										78	Lifetime				
Gralise ER 300mg Tablet	Gabapentin						1									
Gralise ER 600mg Tablet	Gabapentin						3									
Granix 300mcg/0.5mL Syringe	tbo-filgrastim						1									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Granix 480mcg/0.5mL Syringe	tbo-filgrastim					0.8										
Grastek 2,800 BAU SL Tablet	Grass Pollen-Timothy, Std					1										
GRX Vitamin E Lotion	Emollient Combination No. 49	15	30	X	X								1 Even Pkg Size	0		
Guardian Real-Time Diabetes Meter	Blood Glucose Meter										1	310				
Gynazole-1	Butoconazole	X	30	X	5											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Gyne-Lotrimin 100mg Vaginal Tablet	Clotrimazole	X	30	X	7											
Gyne-Lotrimin 3-Day Vaginal Cream 2%	Clotrimazole	X	30	X	22.2											
Gyne-Lotrimin 7-Day Vaginal Cream 1%	Clotrimazole	X	30	X	45											
Gyne-Lotrimin Suppository-Cream Combination Pack	Clotrimazole	X	30	X	1											
Gynodiol 1.5mg Tablet	Estradiol						1									
Halac Combo Kit	Halobetasol, Ammonium Lactate	15	30	X	275											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Halcion 0.125mg	Triazolam					4										
Halcion 0.25mg	Triazolam					2										
Halog	Halcinonide	15	30	X	30											
Harvoni 90-400mg Tablet	Ledipasvir/Sofosbuvir	X	28	X	X	1					84	Lifetime				
Havrix Injection 1440 EL unit/ml (Adult dose)	Hepatitis A Vaccine								1	153	2	Lifetime				19
											1	26				
Havrix Injection 720 EL unit/ml (Pediatric dose)	Hepatitis A Vaccine								1	153	2	Lifetime				19
											1	26				
HCA Value pack	Blood Glucose Meter										1	310				
HCU Cooler Oral Suspension	Nutritional supplement					750										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Health Alliance	Blood Glucose Meter										1	310				
Helixate FS	Human Recombinant Antihemophilic Factor	X	30	X	80000											
Hemangeol 4.28 mg/mL oral solution	Propranolol HCl					9.6	194	Lifetime							2	
Hematogen Cap	Iron Combination Cap	X	30	X	100											
Hemmorex-HC 25mg sup		15	X	X	30											
Hemmorex-HC 30mg sup		15	X	X	30											
Hemofil M	Human Antihemophilic Factor	X	30	X	80000											
Hepelisav-B Inj	Hepatitis B Vaccine Recombinant Adjuvanted	X	30	X	0.5				2	Lifetime	0.5	26				19
Hepsera 10mg tab	Adefovir					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Herceptin Injection	Trastuzumab										4	24				
Hellioz	Tasimelteon					1										
HIP Prenatal Tablet	Prenatal vitamins without calcium No. 8, Iron Polysaccharides Complex, Fe Heme Polypeptide, Folic Acid					1										
Histex SR	Brompheniramine and Pseudoephedrine					2										
Horizant ER 600 mg Tablet	Gabapentin					1										
Hot Cocoa Mix Packet (Protein Supplement)	Protein Supplement					750										
Humalog 100 units/ml cartridge	Insulin Lispro	15	160	X	15											
Humalog 100 units/ml vial (10ml vial)		10	100	X	10 (19 yrs and older) 20 (18 years and younger)											
Humalog 100 units/ml vial (3ml vial)	Insulin Lispro	3	100	X	3											
Humalog Junior Kwikpen		15	160	X	15 (19 yrs and											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Humalog Kwikpen U-100	Insulin Lispro	15	160	X	15 (19 yrs and older) 30 (18 years and younger)											
Humalog Kwikpen U-200	Insulin Lispro	30	60	X	6										11	
Humalog Mix 50-50 Kwikpen	Insulin Lispro protamine , Insulin Lispro	15	160	X	15 (19 yrs and older) 30 (18 years and younger)										11	
Humalog Mix 50-50 vial	Insulin Lispro protamine , Insulin Lispro	10	100	X	10 (19 yrs and older) 20 (18 years and younger)											
Humalog Mix 75-25 Kwikpen	Insulin Lispro protamine , Insulin Lispro	15	160	X	15 (19 yrs and older) 30 (18 years and younger)										11	
Humalog Mix 75-25 vial	Insulin Lispro protamine , Insulin Lispro	10	100	X	10 (19 yrs and older) 20 (18 years and younger)											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Humate-P	Human Antihemophilic Factor, Human Von Willebrand Factor	X	30	X	80000											
Humidifiers	Humidifiers						1	365								
Humira 40mg/0.8ml	Adalimumab										2	24				
Humira Inj 10/0.1ml	Adalimumab										2	24				
Humira Inj 10/0.2ml	Adalimumab										2	24				
Humira Inj 20mg/0.2ml	Adalimumab										2	24				
Humira Inj 20mg/0.4ml	Adalimumab										2	24				
Humira Inj 40/0.4 ml	Adalimumab										2	24				
Humira Inj 80mg/0.8ml (Ped Crohns Starter Pack)	Adalimumab										3	Lifetime				
Humira Inj 80mg/0.8ml & 40mg/0.4ml (Ped Crohns Starter Pack)	Adalimumab										2	Lifetime				
Humira Pen 40/0.4ml Kit	Adalimumab										2	24				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Humira Pen Kit CD/UC/HS (80mg/0.8ml - Starter Package)	Adalimumab										3	Lifetime				
Humira Pen Kit PS/UV (80mg/0.8ml and 40mg/0.4ml - Starter Package)	Adalimumab										3	Lifetime				
Humulin 70/30 Kwikpen	Human Insulin NPH, Human Regular Insulin	15	160	X	15 (19 yrs and older)										11	
Humulin 70-30 Vial	Human Insulin Isophane NPH, Human Insulin Regular	10	100	X	10 (19 yrs and older) 20 (18 years and younger)											
Humulin N 100units/mL Vial	NPH, Human Insulin Isophane	10	100	X	10 (19 yrs and older)											
Humulin N Kwikpen	NPH, Human Insulin Isophane	15	160	X	15 (19 yrs and older) 30 (18 years and younger)										11	
Humulin R U-500mg Kwikpen		X	100	X	12											
Humulin R 100units/mL Vial	Insulin Regular, Human	10	100	X	10 (19 yrs and older)											
Humulin R 500 units/mL	Insulin Regular, Human	X	100	X	20											
Hyalgan	Sodium Hyaluronate						10	153								
Hycet 7.5-325mg/15mL	Hydrocodone/APAP						90									
Hycodan tab 5-1.5mg	Hydroco/Homat						6									
Hycufenix	Hydrocodone, pseudoephedrine, guaifenesin						60									
Hydro 35 Foam	Urea	15	30	X	150											
Hydro 40% Aer Foam	Umecta Mouss Aer 40%	15	30	X	120											
Hydrocerin Iotion	Mineral oil/l-Prop myr/water	15	X	X	236											
Hydrocerin Plus Cream	Emollient Combination No. 30	15	30	X	140											
Hydro-Lan Crème	Emollient Combination No. 51	15	30	X	X								1 Even Pkg Size	0		
Hydromet Syrup	Hydrocodone, Homatropine					30										
Hydrophor 42% Ointment	Petrolatum, White	20	30	X	454											
Hylatopic Emollient Foam	Emollient Combination No. 44	15	30	X	X								1 even package size	0		

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Hylavite	B-Complex W/C & Folic Acid Tab					2										
Hylira Hydrating Lotion	Hyaluronate Sodium	15	30	X	300											
Hymovis	high molecular weight viscoelastic hyaluronan										6	153				
Hypodermic Needles		X	100	X	100	9										
Hypotears Eye Drops	Polyethylene Glycol 400, Polyvinyl Alcohol	X	30	X	30											
Hysingla ER	Hydrocodone Bitartrate					1										
Hytone	Hydrocortisone	15	30	X	60											
Hytone 1% Cream	Hydrocortisone	15	30	X	60											
Hytone 1% Lotion	Hydrocortisone	30	30	X	120											
Hytone 2.5% Cream	Hydrocortisone	15	30	X	60											
Hytone 2.5% Lotion	Hydrocortisone	15	30	X	59											
Hytone 2.5% Ointment	Hydrocortisone	15	30	X	60											
Hytrin 1mg Capsule	Terazosin					20										
Hytrin 5mg Capsule	Terazosin					8										
Hyzaar	Losartan and Hydrochlorothiazide	X	90	X	X	1										
IBG-Star Blood Glucose System	Blood Glucose Meter										1	310				
Ibrance	Palbociclib	X	X	X	21	1	1st and 2nd fill restricted to max DS of 14									
ICaps AREDS Formula DR Tablet	Beta-Carotene, Ascorbic Acid, Vitamine E acetate, Zinc oxide, Cupric Oxide					4										
Iclusig 15mg tablet	Ponatinib	X	14	X	X	2										
Iclusig 30mg tablet	Ponatinib	X	14	X	X	1										
Iclusig 45mg tablet	Ponatinib	X	14	X	X	1										
Icy Hot No Mess Applicator Liquid	Menthol	15	30	X	73											
Icy Hot Ointment	Methyl Salicylate, Menthol	15	30	X	99.2											
Icy Hot Pain Relieving Gel 2.5%	Menthol	15	30	X	70.8											
Idhifa	Enasidenib					1										
Ilaris 150mg Vial	Canakinumab, Preservative Free	56	60	X	1											
Ilaris 180mg Vial	Canakinumab, Preservative Free	56	60	X	1											
Ilevro	Nepafenac	15	30	X	1.7											
Ilotycin Eye Ointment	Erythromycin	X	30	X	3.5											
Ilumya	Tildrakizumab-Asmn	X	84	X	1						1	71				
Imbruvica 140mg cap	Ibrutinib					3										
Imbruvica 140mg tab	Ibrutinib					1										
Imbruvica 280mg tab	Ibrutinib					1										
Imbruvica 420mg tab	Ibrutinib					1										
Imbruvica 560mg tab	Ibrutinib					1										
Imbruvica 70 cap	Ibrutinib					1										
Imitrex 20mg Nasal Spray	Sumatriptan					2					16	24				
Imitrex 4mg/0.5mL Injection Kit Refill	Sumatriptan					1					8	24				
Imitrex 4mg/0.5mL Syringe Kit	Sumatriptan					1					8	24				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Imitrex 4mg/0.5mL Vial	Sumatriptan Succinate					1					8	26				
Imitrex 5mg Nasal Spray	Sumatriptan					8					16	24				
Imitrex 6mg/0.5mL Injection Kit Refill	Sumatriptan					1					8	24				
Imitrex 6mg/0.5mL Injection Vial	Sumatriptan					1					8	24				
Imitrex 6mg/0.5mL Pen Injection Kit	Sumatriptan					1					8	24				
Imitrex Tablets	Sumatriptan					2					16	24				
Imodium A-D 1mg/7.5mL Liquid	Loperamide					120										
Imodium A-D 2mg Caplet	Loperamide					8										
Imodium A-D 2mg Chewable Tablet	Loperamide HCl					8										
Imodium Multi-Symptom Relief 2mg-125mg Caplet	Loperamide, Simethicone					4										
Imodium Multi-Symptom Relief 2mg-125mg Chew	Loperamide, Simethicone					4										
Impact Glutamine Liquid	Nutritional Therapy Comp. Immune System, Soy Fiber					750										
Impact Tube Feeding	Lactose Free Food					750										
Impavidio	Millettosine					3										
Impoyz 0.025% cream	Clobetasol Propionate	30	60	X	60											
Invexxy Maintenance Pack	Estradiol										8	24				
Invexxy Starter Pack	Estradiol										18	Lifetime				
Incharge	Blood Glucose Meter										1	310				
Incruse Ellipta 62.5 mcg Inhaler	Umeclidinium Bromide					1										
Inderal 10mg Tablet	Propranolol	X	90	X	X											
Inderal 20mg Tablet	Propranolol	X	90	X	X											
Inderal 40mg Tablet	Propranolol	X	90	X	X											
Inderide 40-25mg	Propranolol, Hydrochlorothiazide					2										
Inderide 80-25mg	Propranolol, Hydrochlorothiazide					2										
Infant's Advil	Ibuprofen	X	30	X	15											
Infergen 15mcg/0.5ml	Interferon Alfacon-1	28	30	X	6											
Infergen 9mcg/0.3ml	Interferon Alfacon-1	28	30	X	3.6											
Infinity	Blood Glucose Meter										1	310				
Infinity Blood Glucose Strips	Blood Glucose Strips	X	50	X	X	1										
Infinity Blood Glucose Kit	Blood Glucose Meter										1	310				
Infinity Test Strips	Blood Glucose Strips	X	50	X	X	1										
Inflectra	Infliximab-dyyb		56								3	47				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Ingrezza 40mg cap	Valbenazine Tosylate	9	X	X	X	1										
Ingrezza 80mg cap	Valbenazine Tosylate	8	X	X	X	1										
Inlyta 1mg	Axitinib					5	1st and 2nd fill restricted to max DS of 14									
Inlyta 5mg	Axitinib					4	1st and 2nd fill restricted to max DS of 14									
Innopran XL/Inderal XL 120mg	Propranolol					1										
Innopran XL/Inderal XL 80mg	Propranolol					1										
Innospire Essence (Respironics)	Nebulizer/Compressor for Nebulizer								1	365						
Insect Repellent 20% Spray	Icaridin	X	30	X	118				2	30						
Inspirease Spacers	Inhaler, Assist Devices								2	365						
Inspra 25mg Tablets	Eplerenone					2										
Inspra 50mg Tablets	Eplerenone					2										
Insulin Pen Needles (Comfort EZ,Pro Comfort,Easy Comfort)	Insulin Pen Needles	X	100	X	100											
Insulin Syringe 1ml	Insulin Syringe	X	100	X	100											
Insulin Syringes	Insulin Syringes	X	100	X	300	9										
Insulin Syringes(Easy Comfort,Comfort EZ,	Insulin Syringe	X	100	X	100											
Intal Inhaler 14.2g	Cromolyn sodium	22	30	X	14.2											
Intal Inhaler 8.1g	Cromolyn sodium	12	30	X	8.1											
Intelligence 100mg Tabs	Etravirine					2										
Intelligence 200mg Tablet	Etravirine					2										
Intelligence 25mg Tablet	Etravirine					4										
Intermezzo 1.75 mg Tab Subling	Zolpidem Tartrate					1										18
Intermezzo 3.5 mg Tab Subling	Zolpidem Tartrate					1										18
Intrarosa	Prasterone					1										
Intuniv ER 1mg Tablet	Guanfacine HCl					4										
Intuniv ER 2mg Tablet	Guanfacine HCl					2										
Intuniv ER 3mg Tablet	Guanfacine HCl					1										
Intuniv ER 4mg Tablet	Guanfacine HCl					1										
Invega 1.5mg	Paliperidone					10										
Invega 3mg	Paliperidone					5										
Invega 6mg	Paliperidone					2										
Invega 9mg	Paliperidone					1										
Invega Sustenna 117mg Prefilled Syringe	Paliperidone Palmitate	30	30	X	X						0.75	21				
Invega Sustenna 156mg Prefilled Syringe	Paliperidone Palmitate	30	30	X	X						2	21				
Invega Sustenna 230mg Prefilled Syringe	Paliperidone Palmitate	30	30	X	X						3	21				
Invega Sustenna 39mg Prefilled Syringe	Paliperidone Palmitate	30	30	X	X						0.25	21				
Invega Sustenna 78mg Prefilled Syringe	Paliperidone Palmitate	30	30	X	X						0.5	21				

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Invega Trinza 273mg/0.875ml	Paliperidone Palmitate	90	90	X	0.875		0.875	72								
Invega Trinza 410mg/1.315ml	Paliperidone Palmitate	90	90	X	1.315		1.315	72								
Invega Trinza 546mg/1.75ml	Paliperidone Palmitate	90	90	X	1.75		1.75	72								
Invega Trinza 819mg/2.625ml	Paliperidone Palmitate	90	90	X	2.625		2.625	72								
Invirase 200mg Capsule	Saquinavir						10									
Invirase 500mg Tablet	Saquinavir						4									
Invokamet	Canagliflozin-Metformin HCL						2									
Invokamet XR 150-1000mg	Canagliflozin-Metformin ER						2									
Invokamet XR 150-500mg	Canagliflozin-Metformin ER						2									
Invokamet XR 50-1000mg	Canagliflozin-Metformin ER						2									
Invokamet XR 50-500mg	Canagliflozin-Metformin ER						2									
Invokana	Canagliflozen						1									
Iplex Injection	Mecasermin														17	
Iprivask 15mg Vial	Desirudin						12	60								
Iquix	Levofloxacin	10	30	X	30											
Irenka	Duloxetine HCL						3									
Iressa	Gefitinib						1									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Iron Supplements (Liquid)	Iron Supplements (Liquid)	X	30	X	473											
Iron Supplements (Tablets)	Iron Supplements (Tablets)	X	100	X	100											
Isentress 100mg Powder Packet	Raltegravir					2										
Isentress 100mg Tablets Chew	Raltegravir					6										
Isentress 25mg Tablets Chew	Raltegravir					6										
Isentress 400mg Tablets	Raltegravir					2										
Isentress HD	RALTEGRAVIR POTASSIUM TAB 600 MG (BASE EQUIV)					2										
Isoleucine Packet	Isoleucine, carbohydrate supplement					750										
Isoptin SR 240mg	Verapamil					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Isopto Tears 0.5% Eye Drops	Hypromellose	X	30	X	15											
Isosource 1.5 Cal Tube Feed	Lactose Free Food/Fiber					750										
Isosource HN Tube Feeding	Lactose Free Food					750										
Istalol	Timolol	25	30	X	2.5											
Itch-X 1% Foam	Hydrocortisone	15	30	X	88.7											
Ivites Rx Tablet	Vitamin B Complex No. 3, Folic Acid, Ascorbic Acid, Biotin, Zinc Oxide	X	100	X	X											
Jadenu 180mg tablet	Deferasirox					3										
Jadenu 360mg tablet	Deferasirox					8										
Jadenu 90mg tablet	Deferasirox					3										
Jakafi	Ruxolitinib Phosphate					2	1st and 2nd fill restricted to max DS of 14									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Jalyn 0.5-0.4mg Capsule	Dutasteride, Tamsulosin					1										
Janumet 50-500 and 50-1000mg	Sitagliptin and Metformin					2										
Janumet XR 100mg-1000mg	Sitagliptin, Metformin					1										
Janumet XR 50mg-1000mg	Sitagliptin, Metformin					2										
Janumet XR 50mg-500mg	Sitagliptin, Metformin					2										
Januvia 25, 50, and 100mg Tablet	Sitagliptin					1										
Jardiance	Empagliflozin					1										
Jentadueto 2.5-1000mg Tablet	Linagliptin, Metformin					2										
Jentadueto 2.5-500mg Tablet	Linagliptin, Metformin					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Jentadueto 2.5-850mg Tablet	Linagliptin, Metformin					2										
Jentadueto XR 2.5/1000mg	Linagliptin and metformin hydrochloride extended-release					2										
Jentadueto XR 5/1000mg	Linagliptin and metformin hydrochloride extended-release					1										
Jevity 1.5 Cal Liquid	Lactose-Free Food, Fiber					750										
Jublia 10% Topical Solution	Efinaconazole	20	200	X	4											
Juluca	Dolutegravir/Rilpivirine					1										
Just D 400 units/mL Drops	Cholecalciferol					1										
Juven Packet	Arginine, Glutamine, Calcium					750										
Juxtapid 10 mg	Lomitapide Mesylate					1										
Juxtapid 20 mg	Lomitapide Mesylate					3										
Juxtapid 5 mg	Lomitapide Mesylate					1										
Jynarque 45/15mg,60/30mg,90/30mg	Tolvaptan	X	X	7	X	2										
Kadian	Morphine Sulfate					2										
Kaletra 133.3mg/33.3mg Capsule	Lopinavir, Ritonavir					6										
Kaletra 200mg/50mg Tablet	Lopinavir, Ritonavir					4										
Kaletra 80mg-20mg/mL Oral Solution	Lopinavir, Ritonavir					10										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Kaletra Tablets (100mg-25mg)	Lopinavir, Ritonavir					8										
Kalydeco	Ivactofor					2										
Kaspargo Sprinkles	Metoprolol					1										
Kapvay ER 0.1mg Tablet	Clonidine					4										
Karbinal ER 4mg/5mL Susp	Carbinoxamine Maleate					40										
Kazano	Alogliptin Benzoate, Metformin HCL					2										
Keflex 500mg	Cephalexin CAP 500mg					8										
Kenalog 0.025% Cream, Ointment	Triamcinolone Acetonide	15	30	X	15											
Kenalog 0.025% Lotion	Triamcinolone Acetonide	15	30	X	60											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Kenalog 0.1% Cream	Triamcinolone	15	30	X	30											
Kenalog 0.1% Lotion	Triamcinolone Acetonide	15	30	X	60											
Kenalog 0.1% Ointment	Triamcinolone	15	30	X	30											
Kenalog 0.5% Cream, Ointment	Triamcinolone Acetonide	15	30	X	15											
Kenalog Aerosol Spray	Triamcinolone Acetonide	15	30	X	X								1 even package size	0		
Kenalog in Orabase 0.1% Paste	Triamcinolone	X	30	X	5											
Keppra 1000mg Tablet	Levetiracetam					6										
Keppra 100mg/mL Solution	Levetiracetam					60										
Keppra 250mg Tablet	Levetiracetam					24										
Keppra 500mg Tablet	Levetiracetam					12										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Keppra 500mg/5mL Solution	Levetiracetam					60										
Keppra 750mg Tablet	Levetiracetam					8										
Keppra XR 500mg Tablet	Levetiracetam					12										
Keppra XR 750mg Tablet	Levetiracetam					8										
Kerafoam 42% Foam	Urea	15	30	X	60											
Keralac Cream 47%	Urea Cre 47%	15	30	X	142											
Keralac Cream 50%	Urea Cre 50%	15	30	X	142											
Keralac Nailstik	Urea	15	30	X	14.4											
Keralyt Scalp Complete Kit	Salicylic Acid	15	30	X	1											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Keri Liquid	Emollient Combination No. 42	15	30	X	241											
Kerlone 10mg Tablet	Betaxolol					2										
Kerlone 20mg Tablet	Betaxolol					1										
Kerol 50% Emulsion	Urea, Lactic Acid, Zinc Undecylenate	15	30	X	283.5											
Kerol AD 45% Emulsion	Urea, Lactic Acid, Zinc Undecylenate	15	30	X	240											
Kerol ZX 50% Pre-Filled Applicator	Urea, Lactic Acid, Zinc Undecylenate	15	30	X	12											
Kerydin 5% Topical Solution	Tavaborole	15	90	X	4											
Ketek	Telithromycin	X	10	X	X	2					20	24				
Ketocal 4:1 Liquid	Ketogenic Soy Nutritional Therapy					750										
Ketocal Powder	Ketogenic Soy Nutritional Therapy					750										
Ketocare (100 count)	Acetone (Urine) test strip	X	100	X	X											
Ketocare (50 count)	Acetone (Urine) test strip	X	50	X	X											
Ketocon + Plus Combo Pack	Ketoconazole, Hydrocortisone	15	30	X	X								1 Even Pkg Size	0		
Ketoconazole	Ketoconazole 2% cream	15	30	X	15											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Ketostix Test Strips	Acetone (Urine) test strip	X	100	X	100											
Ketovolve Powder	Nutritional Therapy, Ketogenic, Whey					750										
Keveyis	Dichlorphenamide)					4										
Kevzara	Sarilumab					PT09										
Keynote	Blood Glucose Meter										1	310				
Keynote	Blood Glucose Strips	X	50	X	X	1										
Keytruda 50mg and 100mg	Pembrolizumab					0.39										
Khedezla ER 100mg	Desvenlafaxine extended-release					4										
Khedezla ER 50mg	Desvenlafaxine extended-release					1										
Kids Multivitamin-Minerals Chewable Tablet	Pediatric Multivitamin Combination 11/FA	X	100	X	X	1										
Kids Omega-3 with DHA Chewable Tablet	Omega-3, DHA, EPA, Tuna Oil	X	100	X	X	1										
Kineret	Anakinra					0.67										
Kinrix Syringe	Diphtheria,Pertussis (acellular),Tetanus,Polio - Preservative Free										0.5	Lifetime				
Kinrix Vial	Diphtheria,Pertussis (acellular),Tetanus,Polio - Preservative Free										0.5	Lifetime				
Kionex	Sodium Polystyrene	X	30	X	480											
Kisqali	Ribociclib					3					63	24				
Kisqali Femara 200mg Co-Pack	Ribociclib/Letrozole					2					49	24				
Kisqali Femara 400mg Co-Pack	Ribociclib/Letrozole					3					70	24				
Kisqali Femara 600mg Co-Pack	Ribociclib/Letrozole					4					91	24				
Kitabis Pak 300mg/5mL	Tobramycin, Nebulizer	X	30	X	280	10					280	48				
Klaron 10% Lotion	Sodium Sulfacetamide	15	30	X	118											
Klonopin 0.5mg,1mg,2mg Tabs	Clonazepam					10										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Koate-DVI	Human Antihemophilic Factor	X	30	X	80000											
Kogenate FS	Human Recombinant Antihemophilic Factor	X	30	X	80000											
Kombiglyze XR 2.5-1000mg Tablet	Saxagliptin, Metformin					2										
Kombiglyze XR 5-1000mg Tablet	Saxagliptin, Metformin					1										
Kombiglyze XR 5-500mg Tablet	Saxagliptin, Metformin					1										
Korlym 300mg Tablet	Mifepristone					2										
Kristalose 10gm Packet	Lactulose					4										
Kristalose 20gm Packet	Lactulose					2										
Kuric 2% Cream	Ketoconazole	15	30	X	30											
Kuvan 100mg pack	Sapropterin Dihydrochloride Powder Packet					20										
Kuvan 100mg Tablet	Sapropterin Dihydrochloride Soluble Tablet					20										
Kuvan 500mg pack	Sapropterin Dihydrochloride Powder Packet					4										
Kynamro 200 mg/mL syringe	Mipomersen Sodium	28	30	X	4											
Kyodex	Blood Glucose Strips	X	50	X	X	1										
Kytril 1mg Tablets	Granisetron										8	24				
Kytril 2mg/10mL Oral Solution	Granisetron										40	24				
Kytril 4mg/4mL Vial	Granisetron										16	24				

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lac-Hydrin Five Liquid (5%)	Ammonium Lactate	15	30	X	226											
Lacrisert 5mg Eye Insert	Hydroxypropyl Cellulose					2										
Lactinex Tablets	Lactobacillus					16										
Lactinol HX Cream	Lactic Acid	15	30	X	X								1 even package size	0		

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lactulose	Lactulose solution 10gm/15ml					180										
Lamictal 100mg Tablet	Lamotrigine					10										
Lamictal 150mg Tablet	Lamotrigine					6										
Lamictal 200mg Tablet	Lamotrigine					5										
Lamictal 25mg Chewable Dispersable Tablet	Lamotrigine					40										
Lamictal 25mg Tablet	Lamotrigine					40										
Lamictal 2mg Chewable Dispersable Tablet	Lamotrigine					500										
Lamictal 5mg Chewable Dispersable Tablet	Lamotrigine					200										
Lamictal ODT 100mg	Lamotrigine					10										
Lamictal ODT 200mg	Lamotrigine					5										
Lamictal ODT 25mg	Lamotrigine					40										
Lamictal ODT 50mg	Lamotrigine					20										
Lamictal ODT Starter Kit (Blue)	Lamotrigine					2										
Lamictal ODT Starter Kit (Green)	Lamotrigine					2										
Lamictal ODT Starter Kit (Orange)	Lamotrigine					2										
Lamictal XR 100mg Tablet	Lamotrigine					10										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lamictal XR 200mg Tablet	Lamotrigine					5										
Lamictal XR 25mg Tablet	Lamotrigine					40										
Lamictal XR 50mg Tablet	Lamotrigine					20										
Lamictal XR Starter Kit (Blue)	Lamotrigine	X	35	X	X						28	Lifetime				
Lamictal XR Starter Kit (Green)	Lamotrigine	X	35	X	X						35	Lifetime				
Lamictal XR Starter Kit (Orange)	Lamotrigine	X	35	X	X						35	Lifetime				
Lamisil 1% Spray	Terbinafine HCl	15	30	X	125											
Lamisil 250mg Tabs	Terbinafine					1					84	102				
Lamisil AT Cream	Terbinafine	15	30	X	30											
Lamisil Granules 125mg Packet	Terbinafine					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lancet Devices	Lancet Devices	X	30	X	1						2	310				
Lancets	Lancets	X	102	X	X	1										
Lancing device	Lancet device	X	30	X	1						2	310				

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lancing Device	Lancing Device	X	30	X	1						2	310				
Lancing Device	Lancing Device	X	30	X	1						2	310				
Lantus Solostar	Insulin Glargine	15	100	X	15											
Lantus Vial	Insulin Glargine	10	100	X	10											
Lariam	Mefloquine										5	30				
Lasette	Lancet	X	102	X	X	1										
Lasix 10 mg/mL Solution	Furosemide					60										
Lasix 40 mg/5mL Solution	Furosemide					75										
Lasix Tablets	Furosemide	X	100	X	X	7.5										
Lastacaft 0.25% Eye Drops	Alcaftadine	30	30	X	3										2	
Latitude	Blood Glucose Meter										1	310				
Latuda 120mg Tablet	Lurasidone					1										
Latuda 20 mg Tablet	Lurasidone					2										
Latuda 40 mg Tablet	Lurasidone					3										
Latuda 60 mg Tablet	Lurasidone					2										
Latuda 80 mg Tablet	Lurasidone					2										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lavoclen-4 4% Acne Wash Kit	Benzoyl Peroxide, Skin Cleanser Combination No. 5	15	30	X	1											
Leader	Blood Glucose Meter										1	310				
Lemtrada 12mg/1.2mL vial	Alemtuzumab										9.6	Lifetime				
											6	310 days				
Lenvima 10mg Daily Dose	Lenvatinib Mesylate					1	1st and 2nd fill restricted to max DS of 14									
Lenvima 12mg CAP Daily Dose	Lenvatinib Cap Therapy Pack 4 (3)mg					3	1st and 2nd fill restricted to max DS of 14									
Lenvima 14mg Daily Dose	Lenvatinib Mesylate					2	1st and 2nd fill restricted to max DS of 14									
Lenvima 18mg CAP Daily Dose	Lenvatinib Cap Therapy Pack 10 & 4 (2)mg						1st and 2nd fill restricted to max DS of 14									
Lenvima 20mg Daily Dose	Lenvatinib Mesylate					2	1st and 2nd fill restricted to max DS of 14									
Lenvima 24mg Daily Dose	Lenvatinib Mesylate					3	1st and 2nd fill restricted to max DS of 14									
Lenvima 4mg CAP Daily Dose	Lenvatinib Cap Therapy Pack 4mg					1	1st and 2nd fill restricted to max DS of 14									
Lenvima 8mg CAP Daily Dose	Lenvatinib Mesylate	X	14	X	X	2	1st and 2nd fill restricted to max DS of 14									
Lenzapro	Lidocaine-Menthol Patch 4-4%					2										
Lescol 20mg, Lescol XL 80mg	Fluvastatin					1										
Lescol 40mg	Fluvastatin					2										
Letairis Tablet	Ambrisentan					1										
Leukine 250mg vial	Sargramostim					1										
Leukine 500mg vial	Sargramostim					2										
Levaquin Oral Solution	Levofloxacin					30										12
Levaquin Tablets	Levofloxacin					1										12
Levermir Flextouch	Insulin Detemir	15	100	X	15											
Levermir Vial	Insulin Detemir	10	100	X	10											
Levite	Norethindrone and Ethinyl Estradiol	21	30	X	28											
Levorphanol 2mg Tab	Levorphanol Tartrate Tab 2mg					6										
Lexapro 10mg Tablet	Escitalopram					5										
Lexapro 20mg Tablet	Escitalopram					2										
Lexapro 5mg Tablet	Escitalopram					10										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lexapro 5mg/5mL Solution	Escitalopram					50										
Lexiva 50mg/mL Oral Suspension	Fosamprenavir					56										
Lexiva 700mg Tablet	Fosamprenavir					4										
Lialda	Mesalamine					4										
Lice Treatment Kits (I.e. RID, etc.)	Multiple products	10	30	X	2											
Lidamantle Cream	Lidocaine	15	30	X	85											
Lidamantle Lotion	Lidocaine	15	30	X	177											
Lidex gel, cream, ointment	Fluocinonide	15	30	X	15											
Lidex solution	Fluocinonide	20	30	X	20											
Lidex-E	Fluocinonide Emulsified Base Cream	15	30	X	15											
Lidocaine 3%		15	30	X	36											
Lidocaine 4% cream	Pain Relief Cream 4%	15	30	X	80											
Lidocaine 4% cream	Gold Bond Cream 4%	15	30	X	49											
Lidocaine 4% cream	CVS Pain Cream 4%	15	30	X	76.5											
Lidocaine Ointment	Lidocaine	15	30	X	35.44											
Lidocort Gel 2.5-3% Kit	Hydrocortisone, Lidocaine	15	30	X	1											
Lidoderm Patch	Lidocaine					3										
Lidotrex Gel 2%	Lidocaine-HCL-Collagen-Aloe Vera Gel 2%	15	60	X	30											
Lidtopic Max		X	30	X	30											
Life Medical	Blood Glucose Meter										1	310				
Life Medical	Blood Glucose Strips	X	50	X	X	1										
Lifescan/Roche Diabetic Meters	Blood Glucose Meter										1	310				
Limbitrol 12.5-5mg	Amitriptyline / Chlordiazepoxide					12										
Limbitrol DS 25-10mg	Amitriptyline / Chlordiazepoxide					6										
Lindane Lotion 1% (indicated for Scabies)	Lindane	30	30	X	60											
Lindane Shampoo 1% (Indicated for Lice)	Lindane	30	30	X	60											
Linzess	Linaclotide					1										
Lioresal 10mg	Baclofen					8										
Lioresal 20mg	Baclofen					4										
Lipitor	Atorvastatin					1										
Lipofen 150mg	Fenofibrate					1										
Lipofen 50mg	Fenofibrate					2										
Liptruzet	Ezetimibe, Atorvastatin					1										
LiquADD 5mg/5mL Solution	D-Amphetamine Sulfate					60									5	
Liquicet 3.33-167mg/5mL	Hydrocodone/APAP					119										
Lite Touch	Lancet	X	102	X	X	1										
Liteaire	Inhaler, Assist Devices	7	30	X	1						2	310				
Lithostat	Acetohydroxamic Acid					6										
Livalo 1mg Tablet	Pitavastatin					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Livalo 2mg Tablet	Pitavastatin					1										
Livalo 4mg Tablet	Pitavastatin					1										
Livixil Pak Kit		15	30	X	1											
LMX 4 cream	Lidocaine 4% cream	15	30	X	30											
Lo Loestrin Fe 1-10 Tablet	Norethindrone AE Estradiol, Ferrous Fumarate	21	30	X	28											
Lo Minastrin FE	Norethindrone Acetate/Ethinyl Estradiol, ferrous fumarate	21	30	X	28											
Locoid 0.1% Topical Liquid	Hydrocortisone butyrate	15	30	X	59											
Locoid 0.1% Topical Solution	Hydrocortisone butyrate	20	30	X	20											
Locoid Cream and Ointment	Hydrocortisone butyrate	15	30	X	15											
Locoid Lipocream	Hydrocortisone butyrate	15	30	X	15											
Lodine 200mg Capsule	Etodolac					6										
Lodine 300mg Capsule	Etodolac					4										
Lodine 400mg Capsule	Etodolac					3										
Lodine 500mg Capsule	Etodolac					2										
Lodine XL 400mg Tablet	Etodolac					3										
Lodine XL 500mg Tablet	Etodolac					2										
Lodine XL 600mg Tablet	Etodolac Tab ER 600mg					2										
Lodosyn 25mg Tablet	Carbidopa					8										
Loestrin-24 FE Tabs	Norethindrone, Ethinyl Estradiol and Iron	21	30	X	28											
Lofibra 130mg	Fenofibrate					1										
Lofibra 160mg Tablet	Fenofibrate					1										
Lofibra 200mg	Fenofibrate					1										
Lofibra 54mg Tablet	Fenofibrate					1										
Lofibra 67mg	Fenofibrate					2										
Logic	Blood Glucose Meter										1	310				
Lokelma 10g Packet	Sodium Zirconium Cyclosilicate					1										
Lokelma 5g Packet	Sodium Zirconium Cyclosilicate					2										
Longs	Blood Glucose Strips	X	50	X	X	1										
Lonhala Magnair /Refill and Starter Kit	Glycopyrrolate					2										
Lonsurf	Trifluridine/Tipiracil						1st and 2nd fill restricted to max DS of 14									
Loperamide	Loperamide HCL					8										
Lopressor 100mg	Metoprolol					4										
Lopressor 25mg	Metoprolol					16										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lopressor 37.5mg	Metoprolol					10										
Lopressor 50mg	Metoprolol					8										
Lopressor 75mg	Metoprolol					5										
Lopressor HCT 100-25mg	Metoprolol, Hydrochlorothiazide					2										
Lopressor HCT 100-50mg	Metoprolol, Hydrochlorothiazide					1										
Lopressor HCT 50-25mg	Metoprolol, Hydrochlorothiazide					2										
Loprox Cream	Ciclopirox	15	30	X	30											
Loprox Lotion, Gel	Ciclopirox	15	30	X	30											
Loprox Shampoo	Ciclopirox	28	30	X	120											
Loprox Suspension	Ciclopirox	15	30	X	30											
Lorcet 10mg/650mg	Hydrocodone and Acetaminophen					6										
Lorcet HD 5mg-500mg Capsule	Hydrocodone, Acetaminophen					8										
Lorcet Plus 7.5-650mg	Hydrocodone/APAP					6										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lorid Tab	B-Complex W/C & Folic Acid Tab 1mg	X	100	X	100											
Lortab 10mg/500mg	Hydrocodone and Acetaminophen					8										
Lortab 2.5-167mg/5mL	Hydrocodone/APAP					120										
Lortab 2.5mg, 5mg, & 7.5mg	Hydrocodone and Acetaminophen					8										
Lortab 2.5mg-167mg/5mL Solution	Hydrocodone, Acetaminophen					120										
Lortab 325mg-60mg Tablet	Aspirin, Codeine					6										
Lortab 5mg-333mg/10 mL Solution	Hydrocodone, Acetaminophen					120										
Lortab 7.5-500mg/15mL	Hydrocodone/APAP					120										
Lortab 7.5mg-500mg/15mL Solution	Hydrocodone, Acetaminophen					120										
Lortab ASA 5mg-500mg Tablet	Hydrocodone, Aspirin					8										
Lorzone 375mg	Chlorzoxazone					4										
Lorzone 750mg	Chlorzoxazone					4										
LoSeasonique Tablet Pack	Levonorgestrel, Ethinyl Estradiol	91	91	X	91											
Lotemax 0.5% Eye Drops	Loteprednol	2	30	X	5											
Lotemax 0.5% Eye Ointment	Loteprednol Etabonate	X	30	X	3.5											
Lotemax 0.5% Ophthalmic Gel	Loteprednol Etabonate	6	30	X	5											
Lotensin 40mg	Benazepril					2										
Lotensin 5mg, 10mg, 20mg	Benazepril					2										
Lotensin HCT 20-25mg	Benazepril, Hydrochlorothiazide					2										
Lotensin HCT 5-6.25mg, 10-12.5mg, 20-12.5mg	Benazepril, Hydrochlorothiazide					2										
Lotrel 10-20mg	Amlodipine, Benazepril					1										
Lotrel 10-40mg	Amlodipine, Benazepril					1										
Lotrel 2.5-10mg	Amlodipine, Benazepril					1										
Lotrel 5-10mg	Amlodipine, Benazepril					1										
Lotrel 5-20mg	Amlodipine, Benazepril					1										
Lotrel 5-40mg	Amlodipine, Benazepril					1										
Lotrimin AF 1% Cream	Clotrimazole	15	X	X	15											
LOTRIMIN ULTRA 1% CREAM	BUTENAFINE HCL	X	30	X	30											
Lotrisone Cream	Clotrimazole, Betamethasone	15	30	X	X								1 even package size	0		
Lotronex	Alosetron					2										18
Lovaza	Omega-3 Acid Ethyl Esters					4										
LPS 15-30 Liquid	Amino Acid, Protein, Fructose					750										
LPS CC Liquid	AA, Prot, Fruc, C, Zn, Cooper, Argin					750										
Lucemyra	Lofexidine	X	14	X	224	16										
Lucentis	Ranibizumab	26	30	X	0.1											
Ludiomil 25mg	Maprotiline					9										
Ludiomil 50mg	Maprotiline					4.5										
Ludiomil 75mg	Maprotiline					3										
Lumigan 0.01% Drops	Bimatoprost	25	50	X	2.5											
Lumigan 0.03% Drops	Bimatoprost	25	50	X	2.5											
Lunesta 1mg	Eszopiclone					3										18
Lunesta 2mg	Eszopiclone					1										18
Lunesta 3mg	Eszopiclone					1										18

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lupaneta Pack 11.25-5mg 3 month kit	Leuprolide Acetate, Norethindrone Acetate	84	90	X	1											
Lupaneta Pack 3.75-5mg 1 month kit	Leuprolide Acetate, Norethindrone Acetate	28	30	X	1											
Lupron Depot - Ped 11.25 (3-month)	Leuprolide	84	90	X	1											
Lupron Depot 11.25, 22.5 (3-month)	Leuprolide	84	90	X	1											
Lupron Depot 3.75mg, 7.5mg	Leuprolide	28	30	X	1											
Lupron Depot 30 (4-month)	Leuprolide	112	120	X	1											
Lupron Depot 45mg 6 month kit	Leuprolide Acetate	168	180	X	1											
Lupron Depot Ped	Leuprolide	28	30	X	1											
Lupron Depot Ped 11.25 (monthly dose)	Leuprolide	28	30	x	1											
Lupron Depot-Ped 30mg 3 month kit	Leuprolide Acetate	84	90	X	1											
Luride 0.5mg/mL Drops	Sodium Fluoride	X	50	X	X	2										
Luride Lozi-tabs	Sodium Fluoride	X	120	X	X	1										
Luvox 100mg	Fluvoxamine					3										
Luvox 25mg	Fluvoxamine					12										
Luxiq Foam	Betamethasone valerate	15	30	X	50											
Luzu	Luliconazole	7	30	X	60											
Lynox 10-300mg	Oxycodone/APAP					13										
Lynox 5-300mg	Oxycodone/APAP					13										
Lynox 7.5-300mg	Oxycodone/APAP					13										
Lynparza 100 tablets	Olaparib					4	1st and 2nd fill restricted to max DS of 14									
Lynparza 150 tablets	Olaparib					4	1st and 2nd fill restricted to max DS of 14									
Lynparza 50 capsule	Olaparib					16	1st and 2nd fill restricted to max DS of 14									
Lyrica 150 mg	Pregabalin					4										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Lyrica 200mg	Pregabalin					3										
Lyrica 225mg, 300mg	Pregabalin					2										
Lyrica 25mg, 50mg, 75mg, 100 mg	Pregabalin					5										
Lyrica CR 330mg	Pregabalin					2										
Lyrica CR 165mg	Pregabalin					1										
Lyrica CR 82.5mg	Pregabalin					1										
Lysodren	Mitotane						1st and 2nd fill restricted to max DS of 14									
Lysteda 650mg Tablet	Tranexamic Acid										30	24				
Macutek Smooth Dissolve Tablet	Beta-Carotene, Ascorbic Acid, DL-Alpha Tocopheryl Acetate, Zinc Oxide, Cupric Oxide, Lutein, Zeaxanthin	X	100	X	X											
Magnacet	Oxycodone and Acetaminophen					10										
Magnesium Gluconate 500mg Tablet	Magnesium Gluconate	X	100	X	100											
Makena	Hydroxyprogesterone Caproate	X	35	X	X	0.15										
Makena auto-injector						0.158										
Marnatal-F Capsule	Prenatal Vitamins Combination No 65, Iron Polysaccharides Complex, Folic Acid					1										
Marplan 10mg	Isocarboxazid					6										
Matulane	Procarbazine						1st and 2nd fill restricted to max DS of 14									
Mavik 1mg, 2mg	Trandolapril					2										
Mavik 4mg	Trandolapril					2										
Mavyret tab 100-40mg	Glecaprevir-Pibrentasvir	X	28	X	84	3					168	Lifetime				
Maxalt, MLT	Rizatriptan					3	16	24								
Maxidex 0.1% Eye Drops	Dexamethasone	8	30	X	5											
Maxidone 10mg-750 mg Tablet	Hydrocodone, Acetaminophen					5										
Maxiflor	Diflorasone diacetate	30	30	X	30											
MCT Procal Powder	Nutritional Therapy Impaired Digestive Function					750										
Mederma Cream (OTC)	Emollient Combination No. 46	15	30	X	40											
Medisense	Blood Glucose Meter										1	310				
Medisense	Blood Glucose Strips	X	50	X	X	1										
Medrol 16mg Tablet	Methylprednisolone					3										
Medrol 2mg Tablet	Methylprednisolone					30										
Medrol 32 mg Tablet	Methylprednisolone					1.5										
Medrol 4mg Tablet	Methylprednisolone					15										
Medrol 8mg Tablet	Methylprednisolone					7.5										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Medrox 0.0375-20% Ointment	Capsaicin, Methylsalicylate, Menthol	15	30	X	60											
Megace 40mg/ml Oral Suspension	Megestrol Acetate					20										
Megace ES Liquid 625mg/5mL	Megestrol Acetate					5										
Mekinist 0.5mg	Trametinib Dimethyl Sulfoxide					3										
Mekinist 2mg	Trametinib Dimethyl Sulfoxide					1										
Mektovi	Binimetinib					6	1st and 2nd fill restricted to max DS of 14									
Melatonin 3mg tablet	Calcium phosphate,Melatonin					2										
Menactra	Meningococcal (A, C, Y, and W-135) Conjugate Vaccine										0.5	Lifetime				
Menest 1.25mg Tablet	Esterified Estrogens					6										
Menest 2.5mg Tablet	Esterified Estrogens					3										
Menomune 10-dose Vial	Meningococcal Polysaccharide Vaccine, Groups A, C, Y and W-135 Combined										1	Lifetime				
Menomune Single Dose Vials	Meningococcal Polysaccharide Vaccine, Groups A, C, Y and W-135 Combined										1	Lifetime				
Menostar	Estradiol	28	30	X	4											
Men's 50+ Advanced Multivitamin Caplet	Multivitamins with Minerals, Folic Acid, Lycopene, Omega 3,6,9 Combination No. 3	X	100	X	X											
Menveo A-C-Y-W-135-DIP Vial	Meningococcal Vaccine A, C, Y, W-135 Dip, Preservative Free										0.5	Lifetime				
Meridia	Sibutramine					1										
Meruvax Injection	Rubella Virus Live	X	30	X	10											
Metadate CD 10mg	Methylphenidate					6										
Metadate CD 20mg	Methylphenidate					3										
Metadate CD 30mg	Methylphenidate					2										
Metadate CD 40mg	Methylphenidate					1										
Metadate CD 50mg	Methylphenidate					1										
Metadate CD 60mg	Methylphenidate					1										
Metadate ER 10mg Tablet	Methylphenidate					6										
Metadate ER 20mg Tablet	Methylphenidate					3										
Metaglip 2.5mg-250mg	Glipizide, Metformin					2										
Metaglip 2.5mg-500mg, 5mg-500mg	Glipizide and Metformin					4										
Methionine Powder Sachet	Methionine, Carbohydrate Supplement					750										
Methylin 10mg Chew	Methylphenidate					6										
Methylin 10mg Tablet	Methylphenidate					6										
Methylin 10mg/5mL Solution	Methylphenidate					30										
Methylin 2.5mg Chew	Methylphenidate					24										
Methylin 20mg Tablet	Methylphenidate					3										
Methylin 5mg Chew	Methylphenidate					12										
Methylin 5mg Tablet	Methylphenidate					12										
Methylin 5mg/5mL Solution	Methylphenidate					60										
Methylin ER 10mg Tablet	Methylphenidate					6										
Methylin ER 20mg Tablet	Methylphenidate					3										
Meticorten 1mg Tablet	Prednisone					250										
Metoprolol 37.5mg Tablet	Metoprolol Tartrate	X	30	X	X	10										
Metoprolol 75 mg Tablet	Metoprolol Tartrate	X	30	X	X	5										
Metoprolol Tartrate 100mg Tablet	Metoprolol Tartrate	X	30	X	X	4										
Metoprolol Tartrate 25mg Tablet	Metoprolol Tartrate	X	30	X	X	16										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Metoprolol Tartrate 50mg Tablet	Metoprolol Tartrate	X	30	X	X	8										
Metozolv ODT 10mg Tablet	Metoclopramide HCl					4										
Metozolv ODT 5mg Tablet	Metoclopramide HCl					4										
Metrogel 0.75% Topical Gel, Cream	Metronidazole	30	30	X	45											
Metrogel 0.75% Topical Lotion	Metronidazole	15	30	X	59											
Metrogel 1% Topical Gel	Metronidazole	30	30	X	60											
Metrogel Kit	Metronidazole and Cleanser Kit	30	30	X	1											
Metrogel Vaginal Gel	Metronidazole	5	30	X	70											
Metvixia 16.8% Cream	Methyl Aminolevulinate HCl	14	30	X	2											
Mevacor 10mg	Lovastatin					8										
Mevacor 20mg	Lovastatin					4										
Mevacor 40mg	Lovastatin					2										
MG-Plus-Protein Tablet	Magnesium Oxide, Magnesium Amino Acid Chelate	X	100	X	X											
Miacalcin	Calcitonin (salmon)	30	30	X	4											
Micardis	Telmisartan					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Micardis HCT 40-12.5mg	Telmisartan and Hydrochlorothiazide					2										
Micardis HCT 80-12.5mg	Telmisartan and Hydrochlorothiazide					2										
Micardis HCT 80-25mg	Telmisartan and Hydrochlorothiazide					1										
Microdot	Blood Glucose Meter										1	310				
Microdot	Blood Glucose Strips	X	50	X	X	1										
Microlet	Lancet	X	102	X	X	1										
Micronor Tablet	Norethindrone	21	30	X	28											
Microzide	Hydrochlorothiazide (HCTZ)	X	100	X	X											
Microzide 12.5mg Capsule	Hydrochlorothiazide	X	90	X	X											
Migergot	Ergotamine w/Caffeine Suppos 2-100mg					2					20	24				
Migranal 4mg/mL Nasal Spray (8ml bottle)	Dihydroergotamine					1					8	48				

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Milk Thistle Tab 175mg		X	100	X	100											
Millipred 10mg/5mL Solution	Prednisolone Sod Phosphate						40									
Millipred 5mg Tablet	Prednisolone						50									
Mimyx	Emollient	15	30	X	140											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Minastrin 24 FE	Norethindrone Acetate/Ethinyl Estradiol, ferrous fumarate	21	30	X	28											
Minivelle	Estradiol	28	30	X	8											
Minocin 100mg Combination Package	Minocycline HCl, Skin Cleanser No. 4	30	30	X	1											
Minocin 50mg Combination Package	Minocycline HCl, Skin Cleanser No. 4	30	30	X	1											
Min-O-Ear Drops	Mineral Oil	X	30	X	22											
Miralax Powder	Polyethylene Glycol 3350						34									
Miralax Powder Packet	Polyethylene Glycol 3350						2									
Mirapex 0.75mg Tabs	Pramipexole						3									
Mirapex ER 0.375mg Tablet	Pramipexole						1									
Mirapex ER 0.75mg Tablet	Pramipexole						1									
Mirapex ER 1.5mg Tablet	Pramipexole						1									
Mirapex ER 3mg Tablet	Pramipexole						1									
Mirapex ER 4.5mg Tablet	Pramipexole						1									
Mircera 100mcg/0.3mL Syringe	Methoxy Peg-Epoetin Beta						0.022									

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Mircera 150mcg/0.3mL Syringe	Methoxy Peg-Epoetin Beta					0.022										
Mircera 200mcg/0.3mL Syringe	Methoxy Peg-Epoetin Beta					0.022										
Mircera 30mcg/0.3mL Syringe	Methoxy Peg-Epoetin Beta					0.022										
Mircera 50mcg/0.3mL Syringe	Methoxy Peg-Epoetin Beta					0.022										
Mircera 75mcg/0.3mL Syringe	Methoxy Peg-Epoetin Beta					0.022										
Mirvaso	Brimonidine Tartrate	30	30	X	30											
Mitigare 0.6mg Capsule (Brand)	Colchicine					4										
Mitigare 0.6mg Capsule (Generic)	Colchicine					4										
M-M-R II Vaccine	Measles, Mumps & Rubella Vaccine	X	X	X	1						2	Lifetime				19
Mobic 15 mg	Meloxicam					1										
Mobic 7.5 mg tabs	Meloxicam					2										
Mobic Suspension	Meloxicam					10										
Moisture Eyes	Glycerin, Propylene Glycol	X	30	X	30											
Momexin 0.1%-12% Combo Pack	Mometasone Furoate, Ammonium Lactate	15	30	X	X								1 even package size	0		
Monistat 3 Combination Pack	Miconazole 200mg suppository/2% cream combination pack	3	30	X	1											
Monistat 3 Vaginal Suppositories 200mg	Miconazole	3	30	X	3											
Monistat 7 100mg Vaginal Suppository	Miconazole Nitrate	7	30	X	7											
Monistat 7 Combination Pack	Miconazole Nitrate	7	30	X	44											
Monistat Soothing Care Powder	Zinc Oxide, Starch	15	30	X	X								1 even package size	0		
Monistat-Derm Cream	Miconazole	15	30	X	30											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Monoclate-P	Human Antihemophilic Factor	X	30	X	80000											
Monodox 100mg	Doxycycline Monohydrate					3										
Monodox 50mg	Doxycycline Monohydrate					2										
Monojector	Lancet	X	102	X	X	1										
Mononine	Factor IX	X	30	X	80000											
Monopril 10mg	Fosinopril					8										
Monopril 20mg	Fosinopril					4										
Monopril 40mg	Fosinopril					2										
Monopril HCT 10-12.5mg	Fosinopril, Hydrochlorothiazide					4										
Monopril HCT 20-12.5mg	Fosinopril and Hydrochlorothiazide					4										
Monovisc	Hyaluronate										4	153				
Morphabond	Morphine Sulfate					2										
Motrin 100mg	Ibuprofen					32										
Motrin 100mg Chewable	Ibuprofen					32										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Motrin 200mg	Ibuprofen					16										
Motrin 400mg	Ibuprofen					8										
Motrin 50mg Chewable	Ibuprofen					32										
Motrin 600mg	Ibuprofen					5										
Motrin 800mg	Ibuprofen					4										
Movantik	Naloxegol Oxalate					1										
Moviprep	Polyethylene Glycol 3350, Sodium Sulfate, Sodium Chloride, Potassium	X	30	X	1											
Moxatag 775mg Tablet	Amoxicillin Trihydrate					1										
Moxeza 0.5% Eye Drops	Moxifloxacin	X	7	X	3											
Mozobil 24mg/1.2mL Vial	Plerixafor					2.4										
MS Contin	Morphine Sulfate ER					3										
Mucinex 1200mg Maximum Strength Tablet	Guaifenesin					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Mucinex 600mg Tablet	Guaifenesin					4										
Mucinex Cold 100mg-2.5mg/5mL Liquid	Guaifenesin, Phenylephrine					60										
Mucinex Cough 100mg-5mg Granule Pack	Guaifenesin, Dextromethorphan					24										
Mucinex D 1200mg-120mg Maximum Strength Tablet	Guaifenesin, Pseudoephedrine					2										
Mucinex D 600mg-60mg Tablet	Guaifenesin, Pseudoephedrine					4										
Mucinex-DM	Guaifenesin and Dextromethorphan					2										
Mucus Clearing Devices	Mucus Clearing Devices								2	365						
Mupleta	Lusutrombopag	2	7	X	7	1										
Multaq 400mg Tablet	Dronedarone HCl					2										
Multi-day plus minerals	Multivitamin-min,iron,folic acid, vitamin K					1										
Multi-Delyn Liquid	Multivitamins	X	150	X	150											
Multi-Delyn with Iron Liquid	Multivitamins with Iron	X	150	X	150											
Multi-Nate 30 DHA 430mg Vitamin	Prenatal Vitamins Combination No. 54, Ferr Bis-Gly Chel-Iron Succionate, Folic Acid, Omega-3 Fatty Acids					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Multi-Nate 30 DHA Prenatal Vitamin	Prenatal Vitamins Combination No. 53, Ferr Bis-Gly Chel-Iron Succionate, Folic Acid, Omega-3 Fatty Acids						1									
Multi-Nate DHA Extra Prenatal	Prenatal Vitamins Combination No. 19, Ferr Bis-Gly Chel-Iron Succionate, Folic Acid, Omega-3 Fatty Acids						1									
Multi-Nate DHA Extra Prenatal	Prenatal Vitamins Combination No. 55, Ferr Bis-Gly Chel-Iron Succionate, Folic Acid, Omega-3 Fatty Acids						1									
Multi-Vit W-Fluor 0.25mg/mL	Pediatric Multivitamin Combination No.2, Sodium Fluoride	50	50	X	50	1										
Multi-Vit W-Fluor 0.5mg/mL	Pediatric Multivitamin Combination No.2, Sodium Fluoride	50	50	X	50	1										
Multivital Tablet	Multivitamins with Ca, Fe, other minerals; Ferrous Fumarate; Folic Acid; Lycopene; Lutein	X	100	X	X											
Multivitamins		X	100	X	100											
Multivitamins Chewable Tablet	pediatric multivitamin combination, cholecalciferol, phytonadione						2									
Multivitamins Softgels	multivitamins combination with cholecalciferol, phytonadione						2									
Multivit-Fluor 0.25 mg/mL	Pediatric Multivitamin Combo No.82, Sodium Fluoride	50	50	X	50	1										
Multivit-Fluor 0.5 mg/mL	Pediatric Multivitamin Combo No.82, Sodium Fluoride	50	50	X	50	1										
Multi-Vit-Fluor 0.5mg Tablet Chew	Pediatric Multivitamin Combination No. 17, Sodium Fluoride						1									
Multivit-Fluoride 0.25mg Tablet Chew	Pediatric Multivitamin Combination No. 17, Sodium Fluoride						1									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Multivit-Fluoride 1mg Tablet Chew	Pediatric Multivitamin Combination No. 17, Sodium Fluoride					1										
MVC-Fluoride 0.25mg Chewable Tablet	Pediatric Multivitamin Combination No. 12, Sodium Fluoride					1										
MVC-Fluoride 0.5mg Chewable Tablet	Pediatric Multivitamin Combination No. 12, Sodium Fluoride					1										
MVC-Fluoride 1mg Chewable Tablet	Pediatric Multivitamin Combination No. 12, Sodium Fluoride					1										
Myalept	Metreleptin					1										
Mycos Nail A 25% Solution	Undecylenic Acid	15	30	X	30											
Mycolog II	Nystatin, Triamcinolone	15	30	X	15											
Mycostatin 100,000 units/g cream, ointment, powder	Nystatin	15	30	X	15											
Mycostatin 100,000 units/ml Susp	Nystatin					24										
Mydayis	Amphetamine mixed salts					1										
Myfortic 180mg	Mycophenolate Sodium					2										
Myfortic 360mg	Mycophenolate Sodium					4										
Myglucohealth Monitoring Kit	Blood Glucose Meter										1	310				

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Myglucohealth Test Strips	Diabetic Test Strips	X	50	X	X	1										
MyKidz Iron Suspension	Iron and Vitamins A, C and D3	X	118	X	118											
Myobloc	Botulinum Toxin Type B	X	90	X	X											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Myrbetriq	Mirabegron					1										
Mytesi	Crofelemer					2										
Naftin 1% cream	Naftifine	30	60	X	60											
Naftin 1% gel	Naftifine	15	30	X	30											
Naftin 2% cream, gel	Naftifine	30	45	X	45											
Naifon 400mg Capsule	Fenoprofen Calcium					8										
Namenda 10mg Tablets	Memantine					2										18
Namenda 5mg Tablets	Memantine					2										18
Namenda Solution	Memantine					10										18
Namenda Titration Pak 5mg-10mg	Memantine										49	310				18
Namenda XR	Memantine HCL					1										18
Namzaric	Memantine HCl, Donepezil					1										
Nano VM 1-3 Powder	Pediatric Multivitamin Combination No. 14, Ferrous Fumarate, Folic Acid	X	100	X	X	1										
Nano VM 4-8 Powder	Pediatric Multivitamin Combination No. 15, Ferrous Fumarate, Folic Acid	X	100	X	X	1										
Naphcon 0.012% Eye Drops	Naphazoline and Pheniramine	18	30	X	15											
Naprelan 375mg Tablet	Naproxen Sodium					4										
Naprelan 500mg Tablet	Naproxen Sodium					3										
Naprelan 750mg Tablet SR 24 Hours	Naproxen Sodium					2										
Naprosyn 250mg Tablet	Naproxen					6										
Naprosyn 500mg	Naproxen					3										
Narcan	Naloxone	X	30	X	4											
Nardil 15mg	Phenelzine					6										
Nasacort Allergy 24HR Spray (120 spray bottle)	Triamcinolone Acetonide	30	30	X	16.9											
Nasacort Allergy 24HR Spray (60 spray bottle)	Triamcinolone Acetonide	30	30	X	10.8											
Nasacort AQ	Triamcinolone	30	60	X	16.5											
Nasarel Spray 29mcg	Flunisolide	10	30	X	25											
Nascobal 500mcg Nasal Spray	Cyanocobalamin	7	28	X	4											
Nasonex	Mometasone furoate	30	120	X	17										3	
Natazia 28 Tablet	Estradiol Valerate, Dienogest	21	30	X	28											
Natelle One Capsule	Prenatal Vitamins Combination No 62, Ferrous Fumarate, Folic Acid, Docosahexanoic Acid					1										
Natelle One Capsule	Prenatal Vitamins Combination No. 70, Ferrous Fumarate, Folic Acid, Docosahexanoic Acid					1										
Natelle Plus MIS w/ DHA	Multiple vitamin	X	100	X	X	1										
Natelle-EZ	Prenatal Vitamins Combination No. 89, Ferrous Fumarate, Folic Acid					1										
Natesto Nasal 5.5 mg/0.122 gm	Testosterone					0.732										
Natpara	Parathyroid Hormone					0.072										
Natpara	Parathyroid Hormone					0.072										
Natrapel 20% Spray	Icaridin	X	30	X	177				2	30						
Natroba 0.9% Topical Suspension	Spinosad	7	30	X	X								1 even package size	0		
Natural Balance Tears	Hypromellose	X	30	X	15											
Nature-Throid 16.25mg	Thyroid					1										
Nature-Throid 97.5mg	Thyroid					1										
Nebupent	Pentamidine	28	30	X	1											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Neevo DHA Capsule	Prenatal Vitamin/DHA					1										
Neobenz Micro 7% Cleanser	Benzoyl Peroxide Microspheres	15	30	X	180											
Neobenz Micro Wash Plus Pack	Benzoyl Peroxide Microspheres	15	30	X	1											
Neocate Jr with Prebiotics Powder	Nutritional Therapy Impaired Digestive Function, Fiber					750										
Neocate Nutra Powder	Nutritional Therapy Impaired Digestive Function					750										
Neophe Powder	Nutritional Therapy for PKU, #38					750										
Neosalus Cream	Emollient Combination No. 47	15	30	X	X								1 even package size	0		
Neosalus Foam	Emollient Combination No. 38	15	30	X	70											
Neosporin	Triple Antibiotic	X	30	X	30											
Nerlynx	Neratinib					6	1st and 2nd fill restricted to max DS of 14									
Nesina	Alogliptin Benzoate					1										
Nestabs DHA Combo	Prenatal vitamins with calcium, ferrous bis-glycinate chelate, folic acid, docosahexanoic acid					2										
Nestabs Tablet	Prenatal Vitamins Combination No. 86, Ferrous Bisglycinate Chelate, Folic Acid					1										
Neulasta 6mg/0.6mL Delivery Kit	Pegfilgrastim										1.2	24				
Neulasta 6mg/0.6mL syringe	Pegfilgrastim										1.2	24				
Neumega	Oprelvekin										21	24				
Neupogen 300mcg/0.5ml syringe	Filgrastim					2										
Neupogen 300mcg/ml vial	Filgrastim					4										
Neupogen 480mcg/0.8ml syringe	Filgrastim					1.6										
Neupogen 480mcg/1.6ml vial	Filgrastim					3.2										
Neurontin 100mg	Gabapentin					60										
Neurontin 300mg	Gabapentin					20										
Neurontin 400mg	Gabapentin					15										
Neurontin 600mg	Gabapentin					10										
Neurontin 800mg	Gabapentin					7.5										
Nexavar Tablet	Sorafenib Tosylate					4	1st and 2nd fill restricted to max DS of 14									
Nexgen Meter	Blood Glucose Meter										1	310				
Nexgen Test Strips	Blood Glucose Strips	X	50	X	X	1										
Nexium 24HR (OTC) capsule	Esomeprazole					2										
Nexium 24HR OTC Tablet	Esomeprazole					2										
Nexium Capsules (Prescription Required)	Esomeprazole					1										
Nexium Granules (for oral suspension 10mg, 20mg, 40mg)	Esomeprazole					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Nexium Granules (for oral suspension 2.5mg, 5mg)	Esomeprazole					1										
Niaspan ER 1000mg Tablet	Niacin					2										
Niaspan ER 500mg Tablet	Niacin					4										
Niaspan ER 750mg Tablet	Niacin					2										
Nicoderm Patches	Nicotine	X	30	X	X	1										18
Nicorette Gum	Nicotine					25										18
Nicotine Lozenge 2mg and 4mg	Nicotine Polacrilex Lozenge					25										18
Nicotrol Inhaler	Nicotine	X	30	X	X	16										18
Nicotrol Spray	Nicotine	X	30	X	X	4										18
Niferex Caps	Multiple vitamin	X	100	X	X											
Niferex Gold Tabs	Multiple vitamin	X	100	X	X											
Niferex-150 Caps	Multiple vitamin	X	100	X	X											
Niferex-150 Forte Caps	Multiple vitamin	X	100	X	X											
Nimotop 30mg Capsule	Nimodipine	X	21	X	252						252	Lifetime				
Ninlaro	Ixazomb Citrate						1st and 2nd fill restricted to max DS of 14				3	24				
Niravam 0.25mg	Alprazolam					40										
Niravam 0.5mg	Alprazolam					20										
Niravam 1.0mg	Alprazolam					10										
Niravam 2mg	Alprazolam					5										
Nitrostat Tablet	Nitroglycerin	X	100	X	X											
Nivestym 300mcg/0.5 ml syringe	Filgrastim-aafi					2										
Nivestym 300mcg/ml vial	Filgrastim-aafi					4										
Nivestym 480mcg/0.8 ml syringe	Filgrastim-aafi					1.6										
Nivestym 480mcg/1.6 ml vial	Filgrastim-aafi					3.2										
Nix 1% Crème Rinse Liquid	Permethrin	7	60	X	59											
Nizoral Cream	Keotconazole	15	30	X	30											
Nizoral Shampoo	Ketoconazole	15	30	X	120											
No Doz 100mg Tablet	Caffeine					8										
No Doz 200mg Tablet	Caffeine					4										
Noble Formula 0.25% Cream	Pyrithione Zinc	15	30	X	X								1 even package size	0		

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Noble Formula S Spray	Salicylic Acid, Pyrithione Zinc	15	30	X	X								1 even package size	0		
Norco 10-325mg	Hydrocodone/APAP					12										
Norco 5mg, 7.5mg, & 10mg	Hydrocodone and Acetaminophen					12										
Norflex 100mg	Orphenadrine					2										
Noritrate 1% Cream	Metronidazole	30	30	X	60											
Noroxin 400mg	Norfloxacin															18
Norpramin 100mg	Desipramine		30			3										
Norpramin 10mg	Desipramine		30			30										
Norpramin 150mg	Desipramine		30			2										
Norpramin 25mg	Desipramine		30			12										
Norpramin 50mg	Desipramine		30			6										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Norpramin 75mg	Desipramine		30			4										
Northera 100mg, 200mg	Droxidopa					3	14	Lifetime								
Northera 300mg	Droxidopa					6	14	Lifetime								
Norvasc 10 mg	Amlodipine	X	90	X	X	2										
Norvasc 2.5 mg	Amlodipine	X	90	X	X	8										
Norvasc 5 mg	Amlodipine	X	90	X	X	4										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Norvir 100mg Capsule	Ritonavir					12										
Norvir 100mg Tablet	Ritonavir					12										
Norvir 80mg/mL Oral Solution	Ritonavir					15										
Nova Max	Blood Glucose Strips	X	50	X	X	1										
Nova Max Blood Glucose Meter	Blood Glucose Meter										1	310				
Novacet 10%-5% Lotion	Sodium Sulfacetamide, Sulfur	15	30	X	30											
Novacort	Hydrocortisone Acetate, Pramoxine HCl, Aloe Polysaccharides	15	30	X	29											
Novolin 70/30 Vial	Human Insulin Isophane NPH, Human Insulin Regular	10	100	X	10 (19 yrs and older)											
Novolin N Vial	NPH, Human Insulin Isophane	10	100	X	10 (19 yrs and older)											
Novolin R Vial	Insulin Regular, Human	10	100	X	10 (19 yrs and older) 20 (18 years and younger)											
Novolog cartridge	Insulin Aspart	15	160	X	15 (19 yrs and older) 30 (18 years and younger)											
Novolog Flexpen	Insulin Aspart	15	160	X	15 (19 yrs and older) 30 (18 years and younger)											
Novolog Mix 70-30 Flexpen	Insulin Aspart protamine , Insulin Aspart	15	160	X	15 (19 yrs and older) 30 (18 years and younger)										11	

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Novolog Mix 70-30 Vial	Insulin Aspart protamine , Insulin Aspart	10	100	X	10 (19 yrs and older) 20 (18 years and younger)											
Novolog Vial	Insulin Aspart	10	100	X	10 (19 yrs and older) 20 (18 years and younger)											
Novoseven	Coagulation Factor VIIA Recombinant	X	30	X	80000											
Noxafil 200mg/5mL Suspension	Posaconazole					20										
Noxafil 300mg/16.7mL Vial	Posaconazole					16.7										
Noxafil DR 100mg Tablet	Posaconazole					1										
Nucala 100mg vial	Mepolizumab, recombinant												1 qty	24 days		
Nucort 2% Liquid	Hydrocortisone Acetate, Aloe Vera	15	30	X	60											
Nucynta 100mg Tablet	Tapentadol Hydrochloride					7										
Nucynta 50mg Tablet	Tapentadol Hydrochloride					7										
Nucynta 75mg Tablet	Tapentadol Hydrochloride					7										
Nucynta ER 100mg Tablet	Tapentadol Hydrochloride					2										
Nucynta ER 150mg Tablet	Tapentadol Hydrochloride					2										
Nucynta ER 200mg Tablet	Tapentadol Hydrochloride					3										
Nucynta ER 250mg Tablet	Tapentadol Hydrochloride					2										
Nucynta ER 50mg Tablet	Tapentadol Hydrochloride					2										
Nuedexta 20-10mg Capsule	Dextromethorphan, Quinidine					2										
Nulytely	Sodium Chloride, Sodium Bicarbonate, Potassium Chloride, Polyethylene Glycol	1	30	X	4000											
Nuplazid	Pimavanserin					2										
Nutravance 1mg Tablet	Multivitamin with minerals, Folic Acid	X	100	X	X											
Nutren	Nutritional Supplement, Fiber					750										
Nutridox 75mg Combo Pack	Doxycycline, Omega-3, Eye Mask	30	30	X	131											
Nutritional Supplements	Nutritional Supplements					750										
Nuvaring	Etonogestrel and Ethinyl Estradiol										1	24				
NuVessa Vaginal 1.3% Gel	Metronidazole	X	30	X	5											
Nuvigil 150mg Tablet	Armodafinil					1										
Nuvigil 250mg Tablet	Armodafinil					1										
Nuvigil 50mg Tablet	Armodafinil					5										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Nydrazid 100mg Tablet	Isoniazid	X	90	X	X											
Nydrazid 300mg Tablet	Isoniazid	X	90	X	X											
Nymalize 60mg/20mL solution	Nimodipine	X	X	X	2520	120										
OB Complete 400 Softgel	Prenatal Vitamins No. 17, Carbonyl Iron, Ferrous Bis-Glycinate Chelate, Folic Acid, Fish Oil, Docosahexanoic Acid, Omega 3,6 Combination No. 1						1									
OB Complete Caplet	iron carbonyl, folic acid, multivitamins with minerals						1									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
OB Complete with DHA Capsules	Multiple vitamin	X	100	X	X	1										
OB-Natal One Capsule	Prenatal Vitamin with Calcium No 37, Iron, Folic Acid, Omega-3					1										
Obredon 2.5-200 mg/ 5mL solution	Guaifenesin, Hydrocodone					60										
Obstetrix DHA	Prenatal Vitamin No. 12, Iron, Folic Acid, Docusate Sodium, Omega 3					1										
Obtrex DHA Capsules	Prenatal Vitamin No. 12, Iron, Folic Acid, Docusate Sodium, Omega-3					1										
Ocaliva	Obeticholic Acid					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Ocean Ultra Moisturizing Gel	Glycerin, Hyaluronate Sodium	15	30	X	28											
Ocuflox Eye Drops	Ofloxacin	X	30	X	10											
Ocuvite Softgel (OTC)	Vitamin C, Vitamin E, Lutein, Minerals, Omega-3	X	100	X	X	1										
Odactra	House Dust Mite Allergen Extract					1										
Odefsey	Emtricitabine, rilpivirine, tenofovir alafenamide					1										
Odomzo	Sonidegib Phosphate					1	1st and 2nd fill restricted to max DS of 14									
Ofev	Nintedanib Esylate					2										
Off Active 15% Spray	Diethyltoluamide	X	30	X	170				2	30						
Off Deep Woods 25% Spray	Diethyltoluamide	X	30	X	170				2	30						
Off Deep Woods Dry 25% Spray	Diethyltoluamide	X	30	X	113				2	30						
Off Familycare 15% Powder Spray	Diethyltoluamide	X	30	X	71				2	30						
Ogen 0.75mg	Estropipate					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Ogen 1.5mg	Estropipate						1									
Olepro ER 150mg Tablet	Trazodone					2.5										
Olepro ER 300mg Tablet	Trazodone					1										
Olumiant	Baricitinib					1										
Olux Foam	Clobetasol propionate	15	30	X	50											
Olux-E	Clobetasol propionate	15	30	X	100											
Olysio	Simeprevir Sodium	X	28	X	X	1					84	Lifetime				
Omeclamox	Omeprazole, Clarithromycin, Amoxicillin	10	10	X	80	8										
Omeprazole 20mg tabs	Omeprazole					2										
Omnaris Nasal Suspension	Ciclesonide	X	60	X	X											
Omnicef 125mg/5mL Suspension	Cefdinir					24										
Omnicef 250mg/5mL Suspension	Cefdinir					12										
Omnicef 300mg Capsule	Cefdinir					2										
Ondansetron-NS 8mg/50mL Bag	Ondansetron, Normal Saline										600	24				
One daily essential	Multivitamin with Folic Acid					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
One Touch	Blood Glucose Meter										1	310				
One Touch	Blood Glucose Strips	X	50	X	X	1										
One Touch Delica Lancets	Lancets	X	102	X	X	1										
One Touch Finepoint 25G Lancets	Lancets	X	102	X	X	1										
One Touch InDuo	Blood Glucose Meter										1	310				
One Touch Ultra Mini Blood Glucose Meter	Blood Glucose Meter										1	310				
One Touch Ultralink	Blood Glucose Meter										1	310				
One Touch Ultralink	Blood Glucose Meter										1	310				
One Touch Verio IQ Meter	Blood Glucose Meter										1	310				
One Touch Verio Sync System Kit	Blood Glucose Meter										1	310				
One Touch Verio Test Strips	Blood Sugar Diagnostic	X	50	X	X	1					1	310				
One-A-Day Prenatal DHA Pack	Prenatal Vitamins Combination No. 75, Ferrous Fumarate, Folic Acid, Omega-3 Fatty Acids, Docosahexanoic Acid, Eicosapentanoic Acid					2										
Onexton 1.2%-3.75% gel pump	Clindamycin Phosphate, Benzoyl Peroxide	50	90	X	50											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Onexton 1.2%-3.75% gel tube	Clindamycin Phosphate, Benzoyl Peroxide	7	30	X	3.5											
Onfi 10mg Tablet	Clobazam					4										
Onfi 20mg Tablet	Clobazam					2										
Onfi 5mg Tablet	Clobazam					8										
Onfi Suspension	Clobazam					16										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Onglyza 2.5mg Tablet	Saxagliptin Hydrochloride					1										
Onglyza 5mg Tablet	Saxagliptin Hydrochloride					1										
Onmel 200mg tablet	Itraconazole					1					84	102				
Onsolis 1200mcg Soluble Film	Fentanyl Citrate					4										
Onsolis 200mcg Soluble Film	Fentanyl Citrate					16										
Onsolis 400mcg Soluble Film	Fentanyl Citrate					4										
Onsolis 600mcg Soluble Film	Fentanyl Citrate					4										
Onsolis 800mcg Soluble Film	Fentanyl Citrate					4										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
On-The-Spot 2.5% Acne Cream	Benzoyl Peroxide	15	30	X	X								1 even package size	0		
Onzetra	Sumatriptan										32	24				
Opana ER	Oxymorphone					2										
Opsumit	Macitentan					1										
Optichamber	Inhaler, Assist Devices	7	30	X	1				2	310						
Optimum	Blood Glucose Meter										1	310				
Optinate	Multiple vitamin	X	100	X	X	1										
OptionHome Compressor Nebulizer (Respironics)	Nebulizer/Compressor for Nebulizer										1	365				
Optium	Blood Glucose Strips	X	50	X	X	1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Optivar (6ml)	Azelastine	30	30	X	6											
Orajel Dry Mouth Gel	Glycerin	15	30	X	42											
Oral Contraceptives	Oral Contraceptives	21	30	X	28											
Oralair 300 IR Sublingual Tab	Grass Pollen-Orchard Grass, std; Grass Pollen-Sweet Vernal, std; Grass Pollen-Perennial Rye, std; Grass Pollen-Kentucky(june)std; Grass Pollen-Timothy, Std						1									
Orapred ODT 10mg Tablet	Prednisolone						8									
Orapred ODT 15mg Tablet	Prednisolone						5									
Orapred ODT 30mg Tablet	Prednisolone						2									
Orapred Solution 15mg/5mL	Prednisolone Sod Phosphate						26.7									
Oravig 50mg Buccal Tablet	Miconazole	X	14	X	14	1										
Orencia	Abatacept										4	24				
Orenitram ER 0.125 mg Tablet	Treprostinil Diolamine						3									
Orenitram ER 0.25 mg Tablet	Treprostinil Diolamine						3									
Orenitram ER 1 mg Tablet	Treprostinil Diolamine						3									
Orenitram ER 2.5 mg Tablet	Treprostinil Diolamine						8									
Organic Pediasmart Powder	Pediatric Nutritional Supplement, Soy, Iron, Fiber						750									
Orilissa 150mg	Elagolix						1									
Orilissa 200mg	Elagolix						2									
Orinase 500mg Tablet	Tolbutamide						6									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Orkambi	Lumacaftor, Ivacaftor					4										
Ortho Evra	Norelgestromin and Ethinyl Estradiol	28	30	X	3											
Ortho Tri-Cyclen Lo	Norgestimate and Ethinyl Estradiol	21	30	X	28	1										
Orthovisc	Hyaluronan						8	153								
Oruvail	ketoprofen ER					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Oscion 3% Cleanser	Benzoyl Peroxide	15	30	X	170.3											
Oscion 3% Pad	Benzoyl peroxide					2										
Oseni	Alogliptin Benzoate, Pioglitazone						1									
Osmolex ER 129mg,193mg,258mg	Amantadine						1									
Osmoprep	Sodium phosphate monobasic, monohydrate, Sodium phosphate, dibasic anhydrous	2	30	X	32											
Osphena 60mg tablet	Ospemifene					1										18
Osteo-Poretical Tablet	Calcium Carbonate, Cholecalciferol	X	100	X	X											
Otezla	Apremilast					2										
Otic Edge	Antipyrine, Benzocaine, Acetic Acid, Polycosanol 1	X	30	X	14											
Otilam	Urea, Antipyrine, Benzocaine	X	30	X	15											
Otiprio		X	X	X	1											
Otix Drops	Carbamide Peroxide	X	30	X	1											
Otosporin, Star-Otic	Acetic Acid, Aluminum Acetate, Boric Acid	X	30	X	15											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Otovel	Ciprofloxacin and fluocinolone acetonide	7	30	X	28											
Otrexup	Methotrexate					0.06										
Ovace Plus 10% Cream	Sulfacetamide Sodium	15	30	X	45											
Ovace Plus 10% Gel	Sulfacetamide Sodium Cleansing Gel 10%	30	30	X	355											
Ovace Plus 10% Shampoo	Sulfacetamide Sodium	15	30	X	X								1 even package size	0		
Ovace Plus Wash 10% Cleansing Gel	Sulfacetamide Sodium	15	30	X	X								1 Even Pkg Size	0		
Ovace Plus Wash 10% Liquid	Sulfacetamide Sodium	15	30	X	480											
Ovace Wash 10% Liquid	Sulfacetamide Sodium	15	30	X	X								1 even package size	0		
Ovcon	Norethindrone and Ethinyl Estradiol	21	30	X	28											
Ovcon-35 FE Chw Tabs	Norethindrone, Ethinyl Estradiol and Iron	21	30	X	28											
Ovcon-50	Norethindrone and Ethinyl Estradiol	21	30	X	28											
Ovide	Malathion	7	30	X	X								1 even package size	0		6
Oxervate	Cenegermin-bkbj					1					56	Lifetime				
Oxistat	Oxiconazole	15	30	X	30											
Oxtellar XR 150mg	Oxcarbazepine					2										
Oxtellar XR 300mg	Oxcarbazepine					1										
Oxtellar XR 600mg	Oxcarbazepine					4										
Oxycontin Tablet	Oxycodone					2										
Oxytrol (OTC) 3.9mg/24HR	Oxybutynin					0.29										
Oxytrol 3.9mg/24HR	Oxybutynin					0.29										
Ozempic	Semaglutide	X	56	X	1.5	0.054										
Ozempic	Semaglutide	X	28	X	3	0.108										
Pacnex 7% Cleanser	Benzoyl Peroxide	15	30	X	480											
Pacnex MX 4.25% Cleanser	Benzoyl Peroxide	15	30	X	X								1 even package size	0		
Palynziq 10mg-0.5ml	Pegvalise-Pqpz										7	Lifetime				
Palynziq 2.5mg-0.5ml	Pegvalise-Pqpz										3	Lifetime				
Palynziq 20mg/ml	Pegvalise-Pqpz						1									
Pamelor 10mg	Nortriptyline					15										
Pamelor 10mg/5mL	Nortriptyline					75										
Pamelor 25mg	Nortriptyline					6										
Pamelor 50mg	Nortriptyline					3										
Pamelor 75mg	Nortriptyline					2										
Panamin 100mg Tablet	Aminophylline					7										
Panamin 200mg Tablet	Aminophylline					3.5										
Panlor DC 16-356-30mg	Dihydrocodeine/APAP / Caffeine					11										
Panoxyl 10% Acne Spot Treatment	Benzoyl Peroxide	15	30	X	42.5											
Panretin Gel 0.1%	Alitretinoin	15	30	X	60											
Papfyll Foam	Papain, Urea, Chlorophyll	15	30	X	45											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Paradigm	Blood Glucose Meter										1	310				
Paraflex 250mg	Chlorzoxazone					12										
Parafon Forte 500mg	Chlorzoxazone					6										
Parcopa	Carbidopa and Levodopa					8										
Parnate 10mg	Tranylcypromine					6										
Pataday	Olopatadine	25	30	X	2.5											
Patanase	Olopatadine	30	120	X	30.5											
Patanol	Olopatadine	25	30	X	5											
Paxil 10mg	Paroxetine					6										
Paxil 20mg	Paroxetine					4										
Paxil 30mg	Paroxetine					2										
Paxil 40mg	Paroxetine					2										
Paxil CR 12.5mg	Paroxetine					6										
Paxil CR 25mg	Paroxetine					3										
Paxil CR 37.5mg	Paroxetine					2										
Paxil Oral Suspension	Paroxetine					30										
Pazeo 0.7% Eye Drops	Olopatadine	25	30	X	2.5											
PCE 500mg Tablet	Erythromycin Base					8										
Peak Flow Meters	Peak Flow Meters	X	30	X	1				2	365						
Peak Flow Meters Kit	Peak Flow Meters	X	30	X	1											
Pediaderm AF Kit	Nystatin, Emollient Combination No. 54	15	30	X	144											
Pediaderm HC 2% Kit	Hydrocortisone, Emollient Combination No. 45	15	30	X	1											
Pediahist DM Drops	Dextromethorphan, Pseudoephedrine, Brompheniramine	X	30	X	38	4										
Pediapred 15mg/5mL Solution	Prednisolone					83.4										
Pediapred 5mg/5mL Solution	Prednisolone Sod Phosphate					80										
Pediasure 1.5 Liquid	Pediatric Nutrition, Iron, Lactose free					750										
Pediasure 1.5 with Fiber Liquid	Pediatric Nutrition, Iron, Lactose free; Fiber					750										
Pediasure Liquid	Lactose Free Pediatric Nutrition with iron					750										
Pediasure with Fiber Liquid	Pediatric Nutrition, Fiber					750										
Pediatric Multivitamins (drops and solutions)		40	60	X	60	1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Pediatric Multivitamins (tabs and caps)		X	100	X	X	1										
Pediatric Multivitamins with fluoride +/- iron (tablets and chewable tablets)		X	100	X	X	1										
PediaVit		X	120	X	X											
PEG 3350 Powder	Polyethylene Glycol 3350	X	30	X	4000											
PEG 3350 Solution	Polyethylene Glycol 3350	X	30	X	4000											
Pegasys Proclick 135mcg/0.5mL	Peginterferon Alfa-2A	28	30	X	2											
Pegasys Proclick 180mcg/0.5mL	Peginterferon Alfa-2A	28	30	X	2											
Pegasys syringe, vial	Peginterferon Alfa-2A	28	30	X	4											
Peleverus Clear 0.9% Ointment	Zinc Acetate	15	30	X	100											
Pen	Blood Glucose Meter										1	310				
Penetran + Plus 2.5% Lotion	Ammonia Solution, Strong	15	30	X	X								1 even package size	0		
Penlac Solution	Ciclopirox	15	30	X	6.6											
Penlet-II Kit w/ Meter	Blood Glucose Meter										1	310				
Pennsaid 1.5% Solution	Diclofenac Sodium					16										
Pentacel Kit Injection	Diphtheria, Tetanus, Pertussis, Poliovirus, HIB Vaccine										5	Lifetime				
Pentasa 250mg	Mesalamine					16										
Pentasa 500mg	Mesalamine					8										
Pepcid 10mg	Famotidine					4										
Pepcid 40mg	Famotidine					1										
Pepcid Complete 10mg-800mg-165mg Tablet (OTC)	Famotidine, Calcium Carbonate, Magnesium					2										
Peptamin OS 0.07G-1.5 Liquid	Nutritional Therapy for Impaired Digenstional Function					750										
Peranex HC Kit	Lidocaine and Hydrocortisone acetate	12	30	X	1											
Peranex-HC 3-1% Pad	Lidocaine and Hydrocortisone acetate					2										
Perocet 10mg/650mg	Oxycodone and Acetaminophen					6										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Percocet 10mg-325mg Tablet	Oxycodone, Acetaminophen					12										
Percocet 2.5mg/325mg & 5mg/325mg	Oxycodone and Acetaminophen					12										
Percocet 7.5mg/500mg	Oxycodone and Acetaminophen					8										
Percocet 7.5mg-325mg Tablet	Oxycodone, Acetaminophen					12										
Percodan 4.5mg-325mg Tablet	Oxycodone, Aspirin					12										
Percodan 4.8355mg-325mg Tablet	Oxycodone, Aspirin					12										
Percodan Demi 2.44-325mg	Oxycodone/ASA					12										
Peri-Colace	Casanthranol, Docusate Sodium	X	100	X	X											
Peridex 0.12% Solution	Chlorhexidine Gluconate					30										
Periflex Advance PKU Powder	Nutritional Therapy for PKU with Iron No. 20					750										
Periflex Junior Powder (25G-374)	Nutritional Therapy for PKU with Iron No. 3					750										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Periflex Junior Powder (25G-394)	Nutritional Therapy for PKU with Iron No. 3					750										
Perloxx 2.5mg-300mg	Oxycodone and Acetaminophen					13										
Persa-Gel 10% Gel	Benzoyl Peroxide	15	30	X	42.5											
Perseris	Risperidone	30	30	X	1											
Petrolatum White	White Petrolatum Gel or Oint	X	X	X	454											
Pexeva 20mg	Paroxetine					3										
Pexeva 10mg	Paroxetine					6										
Pexeva 30mg	Paroxetine					2										
Pexeva 40mg	Paroxetine					1.5										
Pharmacist Pain Relief Lotion	Capsaicin, Methyl Salicylate, Menthol	15	30	X	59											
Phenergan DM	Promethazine, Dextromethorphan					30										
Phenergan Tab 50mg	Promethazine Tab					2										
Phenergan w/codeine syrup	Promethazine, codeine					30										
Phenergan, Promethegan	Promethazine															2
Phenylade Essential Powder Packs	Nutritional Therapy for PKU with Iron					750										
Phenylade Essential Powder	Nutritional Therapy for PKU with Iron					750										
Phenylade60 Drink Mix Powder	Nutritional Therapy for PKU with Iron #27					750										
Phenylade60 Powder Packet	Nutritional Therapy for PKU with Iron #27					750										
PhisoHex 3% Cleanser	Hexachlorophene	15	30	X	148											
Picato 0.015% Gel	Ingenol Mebutate	3	30	X	3											
Picato 0.05% Gel	Ingenol Mebutate	2	30	X	2											
PKU 2 Tomato Powder Pack	Nut. Tx for PKU with Iron #37					750										
PKU Lophlex LQ 20 Pouch	Nutritional Therapy for PKU with Iron #40					750										
PKU Lophlex LQ 20 Pouch	Nutritional Therapy for PKU with Iron #42					750										
Plan B One-Step 1.5mg Tablet	Levonorgestrel	X	30	X	1	1					4	28				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Plavix 300mg Tabs	Clopidogrel										1	Lifetime				
Plavix 75mg Tablet	Clopidogrel					1										
Plegridy 125mcg/0.5mL	Peginterferon Beta 1-a					0.036										
Plegridy Starter Pack	Peginterferon Beta 1-a	28	30	X	1						1	Lifetime				
Plendil 10mg	Felodipine					1										
Plendil 2.5mg	Felodipine					1										
Plendil 5mg	Felodipine					1										
Plenvu	Polyethylene glycol 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride and potassium chloride	X	30	X	3											
Pletal 50mg Tablet	Cilostazol					4										
Plexion 10-5% Cleansing Cloths	Sodium Sulfacetamide, Sulfur					2										
Plexion Cleanser 9.8-4.8%	Sodium with Sulfur Cleanser	30	60	X	285											
Plexion Cleansing Emulsion 10-5%	Sodium Sulfacetamide Emulsion	30	30	X	170.3											
Plexion SCT cream 10	Sulfacetamide Sodium w/Sulfur Cream 10-5%	30	60	X	28											
Pneumovax	Pneumococcal 23-Valent Polysaccharide Vaccine	X	30	X	0.5						0.5	Lifetime				65
PNV-DHA Plus Softgel	Prenatal Vitamins Combination No. 42, Ferrous Fumarate, Folic Acid, L-Methylfolate Calcium, Docosahexanoic Acid					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Pocketchem	Blood Glucose Strips	X	50	X	X	1										
Pocketchem EZ	Blood Glucose Meter										1	310				
Poison Ivy Wash	Vitamin E Acetate, Nonoxynol 9, Aloe Vera	15	30	X	29											
Polydose Liquid	Glucose Polymers					750										
Polydose Powder	Glucose Polymers					750										
Polytrim	Polymyxin B, Trimethoprim Sulfate	X	30	X	10											
Poly-Vi-Flor 0.25mg Drops	Pedi Mvi No.33 With Fluoride	X	50	X	50	1										
Poly-Vi-Flor 0.25mg Tab Chew	Pedi Mvi No.33 With Fluoride					1										
Poly-Vi-Flor 0.5mg Tab Chew	Pedi Mvi No.33 With Fluoride					1										
Poly-Vi-Flor 1mg Tab Chew	Pedi Mvi No.33 With Fluoride					1										
Poly-Vi-Flor With Iron 0.25 mg	Pedi Mvi No.33 With Fluoride, Iron	X	50	X	50	1										
Poly-Vi-Flor With Iron 0.5 mg	Pedi Mvi No.33 With Fluoride, Iron					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Poly-Vi-Sol Drops	Pediatric Multivitamin Combination No. 20	40	60	X	60	1										
Poly-Vi-Sol Drops	Pediatric Multivitamin Combination No. 2	50	50	X	50	1										
Poly-Vi-Sol with Iron	Pediatric Multivitamin Combination No. 46, Ferrous Sulfate	50	50	X	50											
Poly-Vi-Sol-Iron Drops	Pediatric Multivitamin Combination No. 45, Ferrous Sulfate	50	50	X	50	1										
Pomalyst	Pomalidomide							1st and 2nd fill restricted to max DS of 14								
Potiga 200 mg Tablet	Ezogabine					4										
Potiga 300 mg Tablet	Ezogabine					4										
Potiga 400 mg Tablet	Ezogabine					3										
Potiga 50 mg Tablet	Ezogabine					8										
Pradaxa 150mg Capsule	Dabigatran Etexilate Mesylate					2										
Pradaxa 75mg Capsule	Dabigatran Etexilate Mesylate					2										
Praluent	Alicromab					0.072	2	24								
Pramosone 1% Cream	Pramoxine and Hydrocortisone	15	30	X	28.4											
Pramosone 1% Lotion	Pramoxine and Hydrocortisone	15	30	X	59											
Pramosone 1% Ointment	Pramoxine and Hydrocortisone	15	30	X	28.4											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Pramosone 2.5% Lotion	Pramoxine and Hydrocortisone	15	30	X	59											
Pramosone 2.5% Ointment	Pramoxine and Hydrocortisone	15	30	X	28.4											
Pramosone E 2.5% Cream	Hydrocortisone Acetate, Pramoxine HCl, Emollient	15	30	X	28.4											
Pramotic, Uni-Otic	Pramoxine and Chloroxylenol	X	30	X	10											
Prandimet 1mg-500mg Tablet	Repaglinide, Metformin					5										
Prandimet 2mg-500mg Tablet	Repaglinide, Metformin					5										
Prandin 0.5mg Tablet	Repaglinide					32										
Prandin 1mg Tablet	Repaglinide					16										
Prandin 2mg Tablet	Repaglinide					8										
Prascion	Sodium Sulfacetamide Emulsion	30	30	X	170.3											
Pravachol 10mg	Pravastatin					8										
Pravachol 20mg	Pravastatin					4										
Pravachol 40mg	Pravastatin					2										
Pravachol 80mg	Pravastatin					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Precare Conceive	Multiple vitamin	X	100	X	X	1										
Precare Premier	Multiple vitamin	X	100	X	X	1										
Precare Prenatal	Multiple vitamin	X	100	X	X	1										
Precision	Blood Glucose Strips	X	50	X	X	1										
Precision	Blood Glucose Meter										1	310				
Precose 100mg Tablet	Acarbose					3										
Precose 25mg Tablet	Acarbose					12										
Precose 50mg Tablet	Acarbose					6										
Pred-Forte 1% Eye Drops	Prednisolone Acetate	6	30	X	5											
Prednisone Intensol 5mg/mL	Prednisone					50										
Prednisone Oral Solution 5mg/5mL	Prednisone					250										
Prefera OB Tablet	Prenatal Vitamins Combination NO. 21, Iron Polysaccharides Complex Fe Heme					1										
Prefera-OB One Softgel	Prenatal Vitamins No. 19, Iron Polysaccharides Complex, Fe Heme Polypeptide, Folic Acid, Docosahexanoic Acid					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Prefest	Estradiol, Norgestimate					1										
Prelone 5mg/5mL	Prednisolone					250										
Premarin 0.3mg Tablet	Conjugated Synthetic Estrogens					1										
Premarin 0.45mg Tablet	Conjugated Synthetic Estrogens					1										
Premarin 0.625mg Tablet	Conjugated Synthetic Estrogens					1										
Premarin 0.9mg Tablet	Conjugated Synthetic Estrogens					1										
Premarin 1.25mg Tablet	Conjugated Estrogens					1										
Premarin vaginal cream 0.625mg	Estrogen Conjugated Vaginal Cream	15	80	X	30						60	40				
Premesis Rx	Multiple vitamin	X	100	X	X	1										
Premphase Tablet	Conjugated Estrogens, Medroxyprogesterone Acetate					1										
Prempro 0.3-1.5mg Tablet	Conjugated Estrogens, Medroxyprogesterone Acetate					1										
Prempro 0.45-1.5mg Tablet	Conjugated Estrogens, Medroxyprogesterone Acetate					1										
Prempro 0.625/5mg Tablet	Conjugated Estrogens, Medroxyprogesterone Acetate					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Prempro 0.625-2.5mg Tablet	Conjugated Estrogens, Medroxyprogesterone Acetate					1										
Prenatal Capsule	Prenatal Vitamins Combination No. 58, Ferrous Bis-Glycinate Chelate, Folic Acid					1										
Prenatal Low Iron Tablet	Prenatal Vitamins Combination No. 74, Ferrous Fumarate, Folic Acid					1										
Prenatal tablet	Prenatal Vitamins Combination No. 96, Ferrous Fumarate, Folic Acid					1										
Prenatal Vitamin	Prenatal Vit NO. 124/Iron/FA					1										
Prenatal Vitamins						1										
Prenate Chewable Tablet	prenatal vitamins with calcium, methyltetrahydrofolate folic acid					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Prenate DHA	Multiple vitamin	X	100	X	X	1										
Prenate DHA Softgel	Prenatal Vitamins Combo No. 47, Ferrous Fumarate, Folic Acid & L-Methylfolate, Docosahexanoic Acid					1										
Prenate Elite Tablet	Prenatal Vitamins Combination No. 40, Ferrous Fumarate, Folic Acid and L-Methylfolate	X	100	X	X	1										
Prenate Essential Softgel	Prenatal Vitamins Combination No. 68, Ferrous Fumarate, Folic Acid & L-Methylfolate, Docosahexanoic Acid					1										
Prenate Plus Tablet	Prenatal Vitamins Combination No. 72, Ferrous Fumarate, Folic Acid					1										
Prenexa 30-1.2-55mg Capsule	Prenatal Vitamin No. 39, iron Fumarate, Folic Acid, Docusate Sodium, DHA					1										
Prenexa Capsule	Prenatal Vitamins Combination No. 66, Ferrous Fumarate, Folic Acid, Docusate Sodium, Docosahexanoic Acid					1										
Preparation H Cream	Phenylephrine, Pramoxine, Glycerin, White Petrolatum	15	30	X	57											
Preparation H Cream	Phenylephrine, Pramoxine, Glycerin, White Petrolatum	15	30	X	57											
Preparation H Suppositories	Phenylephrine, Pramoxine, Glycerin, White Petrolatum					4										
Prepopik	Sodium Picosulfate, Magnesium Oxide, Citric Acid	X	30	X	2											
Preque 10 Tablet	Prenatal Vitamins No. 18, Carbonyl Iron, Folic Acid, Ubidecarenone, Docosahexanoic Acid					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Prestalia	Perindopril arginine, amlodipine besylate					1										
Prestige	Lancet	X	102	X	X	1										
Prestige	Blood Glucose Meter										1	310				
Prestige	Blood Glucose Strips	X	50	X	X	1										
Prevacid 24HR (OTC)	Lansoprazole					2										
Prevacid Capsules (Prescription Required)	Lansoprazole					1										
Prevacid Naprapac	Lansoprazole and Naproxen					3										
Prevacid SoluTabs/Granules	Lansoprazole					1									2	
Prevident 5000 Booster Paste (Brand)	Sodium Fluoride	15	30	X	100								1 even package size	0		

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Prevident 5000 Booster Paste (Generic)	Sodium Fluoride	15	30	X	100											
Prevident 5000 Plus	Sodium Fluoride	15	30	X	51											
Prevident 5000 Sensitive Paste	Potassium Fluoride, Potassium Nitrate	15	30	X	100								1 even package size	0		
Prevnar 13 Syringe	Pneumococcal 13-Valent Conjugated Diphtheria, Preservative Free	X	30	X	0.5						0.5	Lifetime				65
Prevymis 240mg/12ml vial	Letemovir	6	30	X	360	12	100	Lifetime								
Prevymis 480mg/24ml vial	Letemovir	6	30	X	720	24	100	Lifetime								
Prevymis tabs	Letemovir	8	30	X	30	1	100	Lifetime								
Prezcobix 800mg-150mg tablet	Darunavir, Cobistat					1										
Prezista 400mg Tablet	Darunavir					4										
Prezista 100 mg/mL suspension	Darunavir					12										
Prezista 150mg Tablet	Darunavir					6										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Prezista 300mg Tablet	Darunavir					4										
Prezista 600mg Tablet	Darunavir					2										
Prezista 75mg Tablet	Darunavir					7										
Prezista 800mg Tablet	Darunavir					1										
Prilosec 10mg Capsule	Omeprazole					1										
Prilosec 10mg Packet for Suspension	Omeprazole Magnesium					4										
Prilosec 2.5mg Packet for Suspension	Omeprazole Magnesium					3										
Prilosec 20mg Capsule	Omeprazole					2										
Prilosec 40mg	Omeprazole 40mg					1										
Prilosec OTC	Omeprazole-Magnesium					2										
Primacare	Multiple vitamin	X	30	X	X	2										
Primacare Advantage	Prenatal Vitamin					1										
Primacare One Capsule	Prenatal Vitamin with Calcium No. 35, Iron, Folic Acid, Docusate, Omega-3	X	100	X	X	1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Primalev 10mg-300mg Tablet	Oxycodone, Acetaminophen						13									
Primalev 2.5mg-300mg Tablet	Oxycodone, Acetaminophen						13									
Primalev 5mg-300mg Tablet	Oxycodone, Acetaminophen						13									
Primalev 7.5mg-300mg	Oxycodone, Acetaminophen						13									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Primatene Mist Inhaler	Epinephrine					0.66										
Primeaire Chamber	Inhaler, Assist Device	7	30	X	1						2	365				
Prinivil 10mg	Lisinopril	X	90	X	X	8										
Prinivil 2.5mg	Lisinopril	X	90	X	X	32										
Prinivil 20mg	Lisinopril	X	90	X	X	4										
Prinivil 30mg and 40mg	Lisinopril	X	90	X	X	2										
Prinivil 5mg	Lisinopril	X	90	X	X	16										
Prinzide 10-12.5mg	Lisinopril, Hydrochlorothiazide	X	90	X	X	4										
Prinzide 20/12.5mg	Lisinopril and Hydrochlorothiazide	X	90	X	X	4										
Prinzide 20/25mg	Lisinopril and Hydrochlorothiazide	X	90	X	X	2										
Pristiq 100mg Tablet	Desvenlafaxine					4										
Pristiq 50mg	Desvenlafaxine					8										
Proair HFA	Albuterol	15	30	X	8.5											
Probarimin QT 4mg-0.3mg Rapid Dissolve Tablet	Multivitamin, Mineral Combination #17, Iron, FA, Min AA	X	100	X	X											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Pro-Cal Powder	Casein, Milk (nonfat dried skim) Palm Oil					750										
Pro-Cal Powder Sachet	Casein Sodium, Dried Nonfat Milk, Palm Oil	X	100	X	100											
Procardia XL 30mg	Nifedipine					2										
Procardia XL 60mg Tablet	Nifedipine					2										
Procardia XL 90mg Tablet	Nifedipine					1										
Procel Packet	Protein Supplement					750										
Procentra 5mg/5mL Solution	Dextroamphetamine Sulfate					60									5	
Prochamber Holding Chamber	Inhaler, Assist Device	7	30	X	1				2	310	2	310				
Procomycin Cream	Neomycin Sulfate, Bacitracin Zinc, Polymyxin B Sulfate, Lidocaine HCl	15	30	X	X								1 even package size	0		
Procorct	Hydrocortisone	15	30	X	60											
Proctozone-HC 2.5%	Hydrocortisone	15	30	X	30											
Prodigy	Blood Glucose Strips	X	50	X	X	1										
Prodigy	Blood Glucose Meter										1	310				
Prodigy Duo	Blood Glucose Meter										1	310				
Prodigy Lancets	Lancets	X	102	X	X	1										
Prodigy Lancing Device	Diabetic Supplies, Misc.	X	30	X	1						2	310				
Prodigy No Coding Test Strips	Blood Sugar Diagnostic Strip	X	50	X	X	1										
Prodigy Pocket	Blood Glucose Meter										1	310				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Prodigy Pocket	Blood Glucose Meter										1	310				
Prodigy Pocket	Blood Glucose Meter										1	310				
Prodigy Preferred Meter Kit	Blood-Glucose Meter										1	310				
Profilnine	Factor IX	X	30	X	80000											
Progestin Contraceptives - Injectable	Progestin Contraceptives - Injectable	84	98	X	1											
Proglycem	Diazoxide					21										
Prolastin-C	Alpha-1-Proteinase Inhibitor					858										
Prolensa 0.07% Eye Drops	Bromfenac sodium	16	30	X	3											
Proleukin	Aldesleukin										84	24				
Prolia 60mg/mL Syringe	Denosumab	X	180	X	1						1	153				
Prolixin Decanoate	Fluphenazine Deanoate	7	30	X	5											
Promacta 12.5mg Packet						2										
Promacta 12.5mg Tablet	Eltrombopag Olamine					1										
Promacta 25mg Tablet	Eltrombopag Olamine					3										
Promacta 50mg Tablet	Eltrombopag Olamine					1										
Promacta 75mg Tablet	Eltrombopag Olamine					1										
Promiseb Topical Cream	Emollient Combination No. 43	15	30	X	30											
Propacil 50mg Tablet	Propylthiouracil	X	90	X	X											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Proquin XR	Ciprofloxacin					1										18
Proscar	Finasteride					1										18
Prosource Plus Protein Liquid	Amino Acids, Protein Hydrolysate					750										
Prosource Protein Liquid	Amino Acids, Protein Hydrolysate					750										
Prosource ZAC Liquid	Amino Acid, Protein, Vitamin C, Zinc					750										
Pro-Stat 64 Liquid	Amino Acids, Protein Hydrolysate					750										
Pro-Stat RC Liquid	Nutritional Therapy Impaired Renal Function, Lactose-Free					750										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Pro-Stat RC Liquid Packet	Nutritional Therapy Impaired Renal Function, Lactose-Free					750										
Protonix 40mg Packet for Suspension	Pantoprazole					1										
Protonix Tablet	Pantoprazole					1										
Protopic	Tacrolimus	X	30	X	30						60	90				
Provent	Provent								2	365						
Provent Nasal Device	Nasal Exhalation Resistance Device	7	30	X	1						2	310				
Proventil 4mg 12-Hour Tablet	Albuterol					8										
Proventil HFA	Albuterol	15	30	X	6.7											
Provide Regular Liquid	Amino Acids, Protein					750										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Provide Sugar Free Liquid	Amino Acids, Protein					750										
Provigil 100mg	Modafinil					6										
Provigil 200mg	Modafinil					3										
Prozac 10mg Capsule	Fluoxetine					8										
Prozac 10mg Tab	Fluoxetine					8										
Prozac 20mg Capsule	Fluoxetine					4										
Prozac 20mg Tab	Fluoxetine					4										
Prozac 40mg Capsule	Fluoxetine					2										
Prozac Liquid 20mg/5ml	Fluoxetine					20										
Prozac Weekly	Fluoxetine										8	24				
Pruet DHA Combination Pack	Prenatal Vitamin, Iron, Folic Acid, Omega-3 Acids					1										
Pruet DHA EC Combination Pack	Prenatal Vitamin, Iron, Folic Acid, Omega-3 Acids					1										
PTS Panel	Blood Glucose Strips	X	50	X	X	1										
Pulmicort Flexhaler	Budesonide	15	30	X	1											
Pulmicort Respules 0.25mg/2mL	Budesonide					8										8
Pulmicort Respules 0.5mg/2mL	Budesonide					8										8

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Pulmicort Respules 1mg/2mL	Budesonide					4									8	
Pulmicort Turbuhaler	Budesonide	25	100	X	1											
Pulmozyme	Dornase Alfa					5										
Pylera	Bismuth, Metronidazole tabs and Tetracycline	10	10	X	120											
Pyridoxine 50mg Tablet	Pyridoxine	X	100	X	100											
Qbrelis	Lisinopril					40										
QC Prenatal Tablet	Prenatal Vitamins with calcium Comb No.85, Ferrous Fumarate, Folic Acid					1										
Qnasl 80mcg Nasal Spray	Beclomethasone Dipropionate	30	30	X	10.6											
Q-PAP 160mg/5ml liquid	Acetaminophen					125										
Qtern	Dapagliflozin/Saxagliptin					1										
Quartette	Levonorgestrel/Ethinyl Estradiol, Ethinyl estradiol	91	91	X	91											
Qudexy XR 150mg, 200mg	Topiramate					2										
Qudexy XR 25mg, 50mg, 100mg	Topiramate					1										
Quflora FE						1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Quflora Ped Drop		X	50	X	50	1										
Quflora Pediatric chew						1										
Quibron 90-150mg Capsule	Guaifenesin, Theophylline					8										
Quibron-300 180mg-300mg Tablet	Guaifenesin, Theophylline					4										
Quibron-T 300mg Tablet	Theophylline anhydrous					3										
Quick-Check	Blood Glucose Strips	X	50	X	X	1										
Quicklance	Lancet	X	102	X	X	1										
Quicktek	Blood Glucose Meter										1	310				
Quicktek	Blood Glucose Strips	X	50	X	X	1										
Quillichew XR	Methylphenidate							20, 40mg is 1 30mg is 2								
Quillivant XR	Methylphenidate HCL							12								
Quixin 0.5% Ophthalmic Solution	Levofloxacin	7	30	X	10											
Qutenza 8% Kit	Capsaicin, Skin Cleanser										4	84				
											2	84				
Qvar 40 mcg	Beclomethasone	15	60	X	8.7											
Qvar 80 mcg	Beclomethasone	15	60	X	17.4											
Qvar Redihaler 40mcg	Beclomethasone Diprop HFA Breath Act Inhaler Aer	30	60	X	10.6											
Qvar Redihaler 80mcg	Beclomethasone Diprop HFA Breath Act Inhaler Aer	15	60	X	10.6											
Ragwitek Sublingual Tablet	Weed-Pollen-Short Ragweed					1										
Ranexa 1000mg Tablet	Ranolazine					2										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Ranexa 500mg Tablet	Ranolazine					4										
Rapaflo 4mg Capsule	Sildenafil					1										
Rapaflo 8mg Capsule	Sildenafil					1										
Rash Relief Antibacterial Spray	Bacitracin, Dimethicone, Zinc Oxide	15	30	X	42											
Rash Relief Antifungal Spray	Miconazole nitrate, Dimethicone, Zinc Oxide	15	30	X	56											
Rash Relief Clear Spray	Dimethicone, White Petrolatum	15	30	X	55											
Rash Relief-Silver Spray	Dimethicone, Zinc Oxide, Colloidal Silver	15	30	X	56											
Rash Relief-Zinc Oxide Spray	Dimethicone, Zinc Oxide	15	30	X	56											
Rasuvo 10mg/0.20mL	Methotrexate Preservative free					0.023										
Rasuvo 12.5mg/0.25mL	Methotrexate Preservative free					0.036										
Rasuvo 15mg/0.30mL	Methotrexate Preservative free					0.043										
Rasuvo 17.5mg/0.35mL	Methotrexate Preservative free					0.05										
Rasuvo 20mg/0.40mL	Methotrexate Preservative free					0.058										
Rasuvo 22.5mg/0.45mL	Methotrexate Preservative free					0.065										
Rasuvo 25mg/0.50mL	Methotrexate Preservative free					0.072										
Rasuvo 27.5mg/0.55mL	Methotrexate Preservative free					0.079										
Rasuvo 30mg/0.60mL	Methotrexate Preservative free					0.086										
Rasuvo 7.5mg/0.15mL	Methotrexate Preservative free					0.022										
Ravicti 1.1 gram/mL liquid	Glycerol Phenylbutyrate					17.5										
Rayaldee	Calcifediol					2										
Rayos 1mg	Prednisone					2										
Rayos 2mg	Prednisone					4										
Razadyne 4mg/mL Oral Solution	Galantamine					6										18
Razadyne ER	Galantamine					1										18
Razadyne Tablets	Galantamine					2										18
RE 10 Wash	Sulfacetamide Sodium	15	30	X	X								1 even package size	0		
Reagent	Blood Glucose Strips	X	50	X	X	1										
Rebetol Capsules	Ribavirin	X	28	X	X	6										
Rebetol Solution	Ribavirin	X	28	X	X	30										
Rebif 22mcg/0.5mL and 44mcg/0.5mL Syringes	Interferon Beta-1A	X	30	X	6											
Rebif Rebidose 22mcg/0.5mL and 44mcg/0.5mL Pen Injector	Interferon Beta-1A, Albumin	28	30	X	6											
Rebif Rebidose Titration Pack	Interferon Beta-1A, Albumin	X	30	X	4.2				1	Lifetime						
Rebif Titration Pack	Interferon Beta-1A	X	30	X	4.2				1	Lifetime						
Reclast	Zoledronic Acid	364	365	100	100											
Recombinate	Human Recombinant Antihemophilic Factor	X	30	X	80000											
Recombivax HB	Hepatitis B Vaccine Recombinant	X	30	X	1				1	26	1	26				19
											3	Lifetime				
Rectagel	Lidocaine and Hydrocortisone acetate	5	30	X	100											
Recticare 5% Cream	Lidocaine	15	30	X	15											
Recticare Wipes	Lidocaine Hcl, Glycerin	X	30	X	12											
Rectiv 0.4% Ointment	Nitroglycerin	15	30	X	X								1 Even Pkg Size	0		
Refresh 0.025% Drops	Ketotifen Fumarate	25	30	X	10											
Refresh Celluvisc 1% Eye Drops	Carboxymethylcellulose Sodium	X	30	X	30											
Refresh Classic Eye Drops	Polyvinyl Alcohol, Povidone, Preservative Free	X	30	X	50											
Refresh Lacri-Lube Ointment	Mineral Oil, White Petrolatum,	X	30	X	7											
Refresh Liquigel 1% Eye Drops	Carboxymethylcellulose Sodium	X	30	X	15											
Refresh Optive Advanced Drops	Carboxymethylcellulose Sodium, Glycerin, Polysorbate 80	X	30	X	10											
Refresh Optive Eye Drops	Carboxymethylcellulose Sodium, Glycerin	X	30	X	15											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Refresh Plus 0.5% Eye Drops	Carboxymethylcellulose Sodium	X	30	X	70											
Refresh Tears 0.5% Eye Drops	Carboxymethylcellulose Sodium	X	30	X	30											
Refuah Plus Monitoring System	Blood-Glucose Meter										1	310				
Regenecare	Lidocaine, Collagen and Aloe Vera	X	30	X	14											
Regenecare	Lidocaine, Collagen and Aloe Vera	15	30	X	30											
Regranex	Becaplermin	26	30	X	15		90	365								
Relafen 500mg Tablet	Nabumetone					4										
Relafen 750mg Tablet	Nabumetone					2										
Relagesic Liquid	Acetaminophen, Phenyltoloxamine					25										
Relenza	Zanamivir										20	153				5
Relief Plus	Blood Glucose Strips	X	50	X	X	1										
Relion	Blood Glucose Meter										1	310				
Relion	Blood Glucose Strips	X	50	X	X	1										
Relion Confirm System Kit	Blood Glucose Meter										1	310				
Relion Micro Meter	Blood Glucose Meter										1	310				
Relion Micro Test Strips	Blood Glucose Strips	X	50	X	X	1										
Relistor 12mg/0.6mL	Methylnaltrexone Bromide					0.6										
Relistor 8mg/0.4mL	Methylnaltrexone Bromide					0.2										
Relpax	Eletriptan					2					16	24				
Remedy Calazime	Menthol and Zinc Oxide	15	30	X	113											
Remedy Cleansing Body Cleanser 1.5%	Dimethicone	15	30	X	946											
Remeron 15mg	Mirtazapine					5										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Remeron 30mg	Mirtazapine					2.5										
Remeron 45mg	Mirtazapine					1.5										
Remeron SolTab 15mg	Mirtazapine					5										
Remeron SolTab 30mg	Mirtazapine					2.5										
Remeron SolTab 45mg	Mirtazapine					1.5										
Remicade	Infliximab		56								3	47				
Rena Start Powder Sachet	Nutritional Therapy for impaired Renal Function, Whey					750										
Renatabs	Multiple vitamin	X	100	X	X											
Renatabs with Iron	Vitamin B Complex #9, iron, Vitamin C & E	X	100	X	X	2										
Renate DHA Combination Package	Prenatal Vitamins Combination No. 54, Iron, Folic Acid, Omega-3 Fatty Acids					1										
Renate DHA Extra Combination Package	Prenatal Vitamins Combination No. 55, Iron, Folic Acid, Omega-3 Fatty Acids					1										
Renflexis	Infliximab-abda		56								3	47				
Renvela 0.8gm Powder Packet	Sevelamer Carbonate					17										
Renvela 2.4gm Powder Packet	Sevelamer Carbonate					5										
Renvela 800mg Tabs	Sevelamer					17										
Repatha Pushtrex System 420mg	Evolocumab	28	28	X	3.5											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Repatha Syringe/Sureclick 140mg	Evolocumab										2	24				
Repel Sportsmen 25% Spray	Diethyltoluamide	X	30	X	184				2	30						
Repel Sportsmen Max 40% Spray	Diethyltoluamide	X	30	X	184				2	30						
Repliva 21/7 Tab	Multiple vitamin	X	100	X	X											
REQ49+ 200mcg-1.5mg Tablet	Multivitamin and Mineral Combination No. 16, Folic Acid, Lutein, Lycopene	X	100	X	X											
Requip XL 12mg Tablet	Ropinirole HCl					2										
Requip XL 2mg Tablets	Ropinirole HCl					3										
Requip XL 4mg Tablets	Ropinirole HCl					3										
Requip XL 6mg Tablets	Ropinirole					3										
Requip XL 8mg Tablets	Ropinirole HCl					3										
Rescriptor 100mg Tablet	Delavirdine					12										
Rescriptor 200mg Tablet	Delavirdine					6										
Resource Dairy Thick Liquid	Milk Based Formula , Corn Starch					750										
Resource Thickenup Powder	Corn Starch					750										
Restasis	Cyclosporine										60	26				
Restore Skin Conditioning Cream	Emollient Combination No. 36	15	30	X	118											
Restoril 15mg	Temazepam					2										
Restoril 22.5mg Capsule	Temazepam					1										
Restoril 30mg	Temazepam					1										
Restoril 7.5mg	Temazepam					4										
Retin-A Cream	Tretinoin	30	30	X	20										35	
Retin-A Gel	Tretinoin	30	30	X	15										35	
Retin-A Micro Gel (0.04% & 0.1%)	Tretinoin	48	90	X	20										35	
Retin-A Micro Gel 0.06% Pump	Tretinoin Microsphere Gel	15	30	X	50						50	135			35	
Retin-A Micro Gel Pump	Tretinoin	15	30	X	50						50	135			35	
Retrovir 100mg Capsule	Zidovudine					6										
Retrovir 10mg/mL Oral Syrup	Zidovudine					60										
Retrovir 300mg Capsule	Zidovudine					2										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Revatio 10mg/12.5mL Vial	Sildenafil Citrate					300										
Revatio 20mg Tablet	Sildenafil					12										
Revcovi	Elapegademase-Ivtr										100	24				
Revia 50mg tabs	Naltrexone					1										
Revimid	Lenalidomide					1	1st and 2nd fill restricted to max DS of 14									
Rexulti	Brexipiprazole					1										
Reyataz 100mg Capsule	Atazanavir					1										
Reyataz 300mg Capsule	Atazanavir					1										
Reyataz Capsule (150mg and 200mg)	Atazanavir					1 -for 150mg 2-for 200mg										
Rhinocort AQ Susp	Budesonide	15	30	X	8.6											
Rhofade	Oxymetazoline	30	30	X	30											
Rhogam Inj	Rho(D) Immune Globulin										3	230				
Rhopressa	Netarsudil	25	50	X	2.5											
Ribapak	Ribavirin	X	28	X	X	2										
Ribasphere 400mg, 600mg	Ribavirin	X	28	X	X	2										
Ribatab	Ribavirin	X	28	X	X	2										
Riboflavin	Riboflavin	X	30	X	X											
RID Lice Kit & RID Products	Piperonyl butoxide and Pyrethrum extract										2	10				
Ridaura	Auranofin					3										
Rifadin 150mg Capsule	Rifampin					4										
Rifadin 300mg Capsule	Rifampin					2										
Rifampin 150mg Capsule	Rifampin					6										
Rifampin 300mg Capsule	Rifampin					2										
RighTest GD500 Lancing Device	Diabetic Supplies, Misc	X	30	X	1						2	310				
Rightest GS550 Test Strips	Blood Sugar Diagnostic	X	50	X	X	1										
Riomet	Metformin					26										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Risamine	Menthol, Zinc Oxide	15	30	X	X								1 even package size	0		
Risperdal 0.25mg ODT	Risperidone					64										
Risperdal 1mg/mL Oral Solution	Risperidone	X	120	X	X	16										
Risperdal Consta	Risperidone	14	30	X	2						2	21				
Risperdal M Tab 0.5mg	Risperidone					32										
Risperdal M Tab 1mg	Risperidone					16										
Risperdal M Tab 2mg	Risperidone					8										
Risperdal M Tab 3mg	Risperidone					5										
Risperdal M Tab 4mg	Risperidone					4										
Risperdal Tablet 0.25mg	Risperidone					64										
Risperdal Tablet 0.5mg	Risperidone					32										
Risperdal Tablet 1mg	Risperidone					16										
Risperdal Tablet 2mg	Risperidone					8										
Risperdal Tablet 3mg	Risperidone					5										
Risperdal Tablet 4mg	Risperidone					4										
Ritalin 10mg	Methylphenidate					6										
Ritalin 20mg	Methylphenidate					3										
Ritalin 5mg	Methylphenidate					12										
Ritalin LA 10mg	Methylphenidate					6										
Ritalin LA 20mg	Methylphenidate					3										
Ritalin LA 30mg	Methylphenidate					2										
Ritalin LA 40mg	Methylphenidate					1										
Ritalin SR 20mg	Methylphenidate					3										
Riteflo Spacer	Inhaler, Assist Devices	7	30	X	1						2	310				
Rituxan Inj 100mg	Rituximab	X	X	20	X											
Rituxan Inj 500mg	Rituximab															
Robaxin 500mg	Methocarbamol					16										
Robaxin 750mg	Methocarbamol					10										
Rocaltrol 0.25mcg Capsule	Calcitriol					12										
Rocaltrol 0.5mcg Capsule	Calcitriol					6										
Rocephin	Ceftriaxone Sodium					2										
Rocephin	Ceftriaxone Sodium					4										
Rocephin	Ceftriaxone Sodium					8										
Rocephin	Ceftriaxone Sodium					16										
Rondec-DM Drops	Phenylephrine, Chlorpheniramine and Dextromethorphan	X	60	X	30	8										
Rosaderm	Sodium Sulfacetamide Emulsion	15	30	X	170.3											
Rosanil	Sodium Sulfacetamide Emulsion	15	30	X	170.3											
Rosula 10%-4% Foam	Sulfacetamide Sodium, Sulfur	15	30	X	X								1 Even Pkg Size	0		
Rosula 10%-4% Wash	Sodium Sulfacetamide, Sulfur	30	30	X	473											
Rosula 10%-5%-10% Cleanser	Sodium Sulfacetamide, Sulfur Cleanser	30	30	X	355											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Rosula CLK Kit	Sulfacetamide Sulfur in Urea Emulsion and Sunscreen Cream	X	30	X	1											
Rosula NS 10-10% Pads	Sodium Sulfacetamide, Sulfur					2										
Rotarix Suspension	Rotavirus Vaccine, Live Attenuated	26	30	X	1						2	Lifetime				
Rowasa Enema	Mesalamine Enema					60										
Rowasa Enema Kit	Mesalamine Enema Kit					1										
Roxicet 5-325mg/5mL	Oxycodone/APAP					61										
Roxicet 5mg-500mg Tablet	Oxycodone, Acetaminophen					8										
Rozerem	Ramelteon					1										18
Rubraca	Rucaparib					4	1st and 2nd fill restricted to max DS of 14									
Ruconest	C1 Esterase Inhibitor (Recombinant) For IV INJ 2100 Unit					4										
Rybix ODT 50mg Tablet	Tramadol					8										
Rydapt	Midostaurin	3	30	X	X	8	1st and 2nd fill restricted to max DS of 14									
Rynatuss Tablet	Phenylephrine, Carbetapentane, Ephedrine and Chlorpheniramine					4										
Rytary ER 23.75-95mg cap	Carbidopa, Levodopa					6										
Rytary ER 36.25-145mg cap	Carbidopa, Levodopa					16										
Rytary ER 48.75-195mg cap	Carbidopa, Levodopa					12										
Rytary ER 61.25-245mg cap	Carbidopa, Levodopa					10										
Ryvent	Carbinoxamine Maleate					5.4										
Ryzolt 100mg Tablet	Tramadol HCl					1										16
Ryzolt 200mg Tablet	Tramadol HCl					1										16
Ryzolt 300mg Tablet	Tramadol HCl					1										16
S-2 2.25% Nebulizer Vial	Racipinephrine					8										
Sabriil 500mg Tablet	Vigabatrin					6										
Safeguard 76 Vaporizer	Vaporizer								2	365						

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Safety Seal Lancets	Lancets	X	102	X	X	1										
Safyral Tablet	Drospirenone, Ethinyl Estradiol, Levomefolate Calcium	21	30	X	28											
Salex 6% Cream Kit	Salicylic Acid	15	30	X	1											
Salex 6% Lotion Kit	Salicylic Acid	25	30	X	592											
Salex Cream	Salicylic acid	25	30	X	400											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Salex Lotion	Salicylic acid	25	30	X	414											
Salex Shampoo	Salicylic acid	15	30	X	177											
Salicylic Acid 6% Foam	Salicylic Acid	30	30	X	70											
Salicylic Acid 6% Gel	Salicylic Acid	15	30	X	40											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Salkera 6% Foam	Salicylic Acid, Ammonium Lactate, Aloe Vera	15	30	X	60											
Salvax Duo Combo Pack	Salicylic Acid, Urea	15	30	X	X								1 even package size	0		
Salvax Duo Plus Combination Package	Salicylic Acid, Urea	15	30	X	220											
Samsca 15mg Tablet	Tolvaptan						1									
Samsca 30mg Tablet	Tolvaptan						2									
Sanctura	Trospium		30				2									
Sanctura XR 60mg Cap	Trospium		30				1									
Sancuso	Granisetron										4	24				
Sandostatin 0.05mg/mL Ampule	Octreotide						30									
Sandostatin 0.1mg/mL Ampule	Octreotide						15									
Sandostatin 0.2mg/mL Vial	Octreotide						7.5									
Sandostatin 0.5mg/mL Ampule	Octreotide						3									
Sandostatin 1mg/mL Vial	Octreotide						1.5									
Sandostatin LAR 10mg Kit	Octreotide										1	24				
Sandostatin LAR 20mg Kit	Octreotide										2	24				
Sandostatin LAR 30mg Kit	Octreotide										1	24				
Santyl Ointment	Collagenase	14	30	X	30											
Saphris 10mg Tablet Sublingual	Asenapine Maleate						2									
Saphris 2.5mg Tablet Sublingual	Asenapine Maleate						3									

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Saphris 5mg Tablet Sublingual	Asenapine Maleate					4										
Sapsicare Twist Top Lancets		X	102	X	X	1										
Sarafem 10mg	Fluoxetine					8										
Sarafem 15mg	Fluoxetine					5										
Sarafem 20mg						4										
Sarna 0.5%-0.5% Lotion	Menthol, Camphor	15	30	X	59											
Sarna Sensitive 0.2% Cleanser (OTC)	Triclosan	15	30	X	237											
Savaysa	Edoxaban Tosylate					1										
Savella 100mg Tablet	Milnacipran HCl					2										17
Savella 12.5mg Tablet	Milnacipran HCl					2										17
Savella 25mg Tablet	Milnacipran HCl					2										17
Savella 50mg Tablet	Milnacipran HCl					2										17
Savella Titration Pack	Milnacipran HCl					2										17
Sayman Salve Ointment	Zinc Oxide, White Petrolatum	15	30	X	X								1 Even Pkg Size	0		
Scalacort DK 2%-2%-2% Combination Package	Hydrocortisone, Salicylic Acid	15	30	X	265.6											
Scandishake	Dietary Supplement					750										
Scytera 2% Foam	Coal Tar	15	30	X	100											
SE BPO 7% Wash	Benzoyl Peroxide	15	30	X	X								1 even package size	0		
Seasonale	Levonorgestrel, Ethinyl Estradiol	91	91	X	91											
Seasonique	Levonorgestrel, Ethinyl Estradiol	91	91	X	91											
Sebulex Medicated 2%-2% Shampoo	Salicylic Acid, Sulfur	15	30	X	200											
Sectral 200mg Capsule	Acebutolol					6										
Sectral 400mg Capsule	Acebutolol					3										
Seebri Neohaler	Glycopyrrolate					2										
Segluromet 2.5-1000mg	Ertugliflozin and Metformin)					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Segluromet 2.5-500mg	Ertugliflozin and Metformin)					2										
Segluromet 7.5-1000mg	Ertugliflozin and Metformin)					2										
Segluromet 7.5-500mg	Ertugliflozin and Metformin)					2										
Select GT	Blood Glucose Meter										1	310				
Select GT	Blood Glucose Strips	X	50	X	X	1										
Select-Lite	Lancet	X	102	X	X	1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Select-OB + DHA Combination Package	Prenatal Vitamin Combination No. 13, Iron, DHA						1									
Select-OB Chewable Caplet	Prenatal Vitamin without Calcium, Iron Polysaccharides Complex, Folic Acid						1									
Selenos 2.25% Shampoo	Selenium Sulfide	15	30	X	X								1 even package size	0		
Selfemra 10mg Capsule	Fluoxetine HCl						8									
Selfemra 20mg Capsule	Fluoxetine HCl						1									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Selsun 2.5% Lotion-Shampoo	Selenium sulfide	10	30	X	120											
Selsun Blue 1% Shampoo	Selenium Sulfide, Menthol	15	30	X	118											
Selzentry 150mg	Maraviroc						2									
Selzentry 300mg	Maraviroc						4									
Semprex-D	Acrivastine and Pseudoephedrine						4									
Senova	Blood Glucose Meter										1	310				
Senova	Blood Glucose Strips	X	50	X	X		1									
Sensi-Care Moisturizing 2 Cream	Dimethicone, White Petrolatum	15	30	X	85											
Sensi-Care Protective Ointment	Zinc Oxide, White Petrolatum	15	30	X	113											
Sensipar 30mg, 60mg Tablet.	Cinacalcet						4									
Sensipar 90mg Tablet	Cinacalcet						4									
Sentry	Blood Glucose Meter										1	310				
Sentry	Blood Glucose Strips	X	50	X	X		1									
Seralyzer	Blood Glucose Strips	X	50	X	X		1									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Serevent Disk	Salmeterol					2										
Sernivo Spray	Betamethasone dipropionate	28	28	X	120											
Seromycin 250mg Capsule	Cycloserine					4										
Seroquel 100mg Tablet	Quetiapine					16										
Seroquel 200mg Tablet	Quetiapine					8										
Seroquel 25mg Tablet	Quetiapine					64										
Seroquel 300mg Tablet	Quetiapine					5										
Seroquel 400mg Tablet	Quetiapine					4										
Seroquel 50mg Tablet	Quetiapine					32										
Seroquel XR 150mg Tablet	Quetiapine					10										
Seroquel XR 200mg Tablet	Quetiapine					8										
Seroquel XR 300mg Tablet	Quetiapine					5										
Seroquel XR 400mg Tablet	Quetiapine					4										
Seroquel XR 50mg Tablet	Quetiapine					32										
Seroquel XR 50mg Tablet	Quetiapine					32										
Serostim	Somatropin					1										
Serzone 100mg	Nefazodone					6										
Serzone 150mg	Nefazodone					4										
Serzone 200mg	Nefazodone					3										
Serzone 250mg	Nefazodone					2										
Serzone 50mg	Nefazodone					12										
Sidekick	Blood Glucose Meter										1	310				
Signifor	Pasireotide Diapartate					2										
Signifor LAR	Pasireotide Pamoate										1	24				
Siklos 1000mg	Hydroxyurea					2										
Siklos 100mg	Hydroxyurea					9										
Silenor 3mg Tablet	Doxepin					2										
Silenor 6mg Tablet	Doxepin					1										
Siliq	Brodalumab										3	24				
Simbrinza	Brinzolamide, Brimonidine tartrate	26	30	X	8											
Simcor 1000mg-20mg	Niacin/Simvastatin					2										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Simcor 1000mg-40mg	Niacin-Simvastatin					1										
Simcor 500mg-20mg	Niacin/Simvastatin					1										
Simcor 500mg-40mg	Niacin-Simvastatin					1										
Simcor 750mg-20mg	Niacin/Simvastatin					2										
Simlac Advance 2.07g/100 Oral Suspension (946mL)	Nutritional Supplement					750										
Simply Saline 3% Nasal Mist	Sodium Chloride	X	30	X	59											
SimplyThick	Xanthan Gum					750										
Simponi 50mg/0.5mL Pen Injector	Golimumab	28	30	X	0.5											
Simponi 50mg/0.5mL Syringe	Golimumab	28	30	X	0.5											
Sinequan 100mg	Doxepin					3										
Sinequan 10mg	Doxepin					30										
Sinequan 10mg/mL	Doxepin					30										
Sinequan 150mg	Doxepin					2										
Sinequan 25mg	Doxepin					12										
Sinequan 50mg	Doxepin					6										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Sinequan 75mg	Doxepin					4										
Singulair 10mg Tablet	Montelukast					1										15
Singulair 4mg	Montelukast					1									5	0
Singulair 5mg	Montelukast					1										6
Sirturo 100mg tablet	Bedaquiline Fumarate	168	168	X	188											
Sitavig 50mg Buccal Tablet	Acyclovir					1					1	26				
Sivextro 200mg vial, tablet	Tedizolid	X	6	X	6	1										
Skelaxin	Metaxalone					4										
Sklice	Ivermectin	X	30	X	117											
Slo-Bid 125mg SR Capsule	Theophylline anhydrous					7										
Slo-Bid 300mg SR Capsule	Theophylline anhydrous					3										
Slo-Bid 50mg SR Capsule	Theophylline anhydrous					18										
Slo-Bid 75mg SR Capsule	Theophylline anhydrous					12										
Slo-Niacin 250 mg	Niacin					1										
Slo-Niacin 500 mg	Niacin					4										
Slo-Niacin 750 mg	Niacin					2										
Smart Caresens N Glucose System	Blood Glucose Meter										1	310				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Smartest	Blood Glucose Meter										1	310				
Smartest	Blood Glucose Strips	X	50	X	X	1										
Smartest Personal Glucose Meter	Blood Glucose Meter										1	310				
Smartest Personal Starter Kit	Blood Glucose Meter										1	310				
Smartest Pronto Glucose Meter	Blood Glucose Meter										1	310				
Smartest Pronto Starter kit	Blood Glucose Meter										1	310				
Smartest Smart Code Blood Glucose Kit	Blood Glucose Meter										1	310				
Smartest Talking Blood Glucose Kit	Blood Glucose Meter										1	310				
Smithfield	Blood Glucose Meter										1	310				
Smoking Cessation Products		X	30	X	X											18
Sodium Edecrin 50mg Vial	Ethacrynate Sodium					4										
Sodium Flouride Tablets		X	100	X	100											
Sodium Flouride Tablets	Sodium Fluoride	X	120	X	X	1										
Soft Touch	Lancet	X	102	X	X	1										
Sof-Tact	Blood Glucose Strips	X	50	X	X	1										
Softclix	Lancet	X	102	X	X	1										
Softclix Lancet Device	Lancing Device	X	30	X	1						2	310				
Solaraze Gel	Diclofenac	30	30	X	100											
Soliqua	Insulin glargine and lixisenatide	5	100	X	15	0.6										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Solo V2 Meter System Kit	Blood-Glucose Meter										1	310				
Solo V2 Test Strips	Blood Sugar Diagnostic	X	50	X	X		1									
Solodyn ER 105mg Tablet	Minocycline HCl						1									
Solodyn ER 115mg Tablet	Minocycline HCl						1									
Solodyn ER 65mg Tablet	Minocycline HCl						2									
Solodyn ER 80mg Tablet	Minocycline HCl						1									
Solosec	Secnidazole	1	X	X	1		1									
Soluclenz Rx 5% Gel	Benozyl Peroxide	15	30	X	27											
Soma 250mg	Carisprodol						4									
Soma 350mg	Carisprodol						4									
Soma Compound	Carisoprodol, Aspirin						8									
Somatuline 120mg Injection	Lanreotide Acetate	28	30	X	0.5											
Somatuline 60mg Injection	Lanreotide Acetate	28	30	X	0.2											
Somatuline 90mg Injection	Lanreotide Acetate	28	30	X	0.3											
Sonata 10mg Capsule	Zaleplon						2									18
Sonata 5mg Capsule	Zaleplon						2									18
Soolantra 1% cream	Ivermectin	30	30	X	45											
Soothe & Cool Medseptic Skin Protectant	Lanolin	15	30	X	120											
Soothe & Cool Medseptic Skin Protectant	Lanolin	15	30	X	30											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Soothe & Cool Moisture Barrier Ointment	Petrolatum, Vitamins A and D, Aloe Vera Extract	15	30	X	30											
Soothe & Cool Moisture Barrier Ointment with Aloe	White Petrolatum, Vitamin A, Cholecalciferol, Vitamin E, Aloe Vera Extract	15	30	X	X								1 even package size	0		
Soothe Lubricant Eye Drops	Glycerin, Propylene Glycol	X	30	X	28											
Soriatane 10mg	Acitretin						4									
Soriatane 17.5mg Capsule	Acitretin						2									
Soriatane 22.5mg Capsule	Acitretin						2									
Soriatane 25mg	Acitretin						2									
Soriatane CK Kit	Acitretin, Emollient Combination No. 26	15	30	X	2											
Sorilux 0.005% Foam	Calcipotriene	30	30	X	X								1 Even Pkg Size	0		
Sotylize 5mg/mL oral solution	Sotalol HCl						128									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Sovaldi	Sofosbuvir	X	28	X	X	1										
Soy Isoflavone 50mg Capsule	Soy Isoflavone	X	100	X	X											
Spacers	Spacers								2	365						
Spectazole	Econazole	15	30	X	30											
Spectracef 400mg Tablet	Cefditoren Pivoxil						2									
Spiriva Handihaler	Tiotropium	X	60	X	X	1										
Spiriva Respimat 1.25mcg and 2.5mcg	Tiotropium Bromide	30	60	X	4											
Spirometers	Spirometers								2	365						

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Sporanox 100mg Capsules	Itraconazole										56	102				
Sporanox Pulsepak	Itraconazole										56	102				
Spritam 250mg,500mg,750mg,1000mg	Levetiracetam					250, 500, and 1000mg 2 750mg 4										
Sprix 15.75mg Nasal Spray	Ketorolac	X	30	X	5	1										
Sprycel 100mg Tablet	Dasatinib					1	14 28	Every 11 days For first two fills each (to limit to 14 day supply per fill) and then allow one month fills thereafter								
Sprycel 140mg Tablet	Dasatinib					1	14 28	Every 11 days For first two fills each (to limit to 14 day supply per fill) and then allow one month fills thereafter								
Sprycel 20mg Tablet	Dasatinib					3	14 28	Every 11 days For first								
Sprycel 50mg Tablet	Dasatinib					1	14 28	Every 11 days For first two fills each (to limit to 14 day supply per fill) and then allow one month fills thereafter								

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Sprycel 70mg Tablet	Dasatinib					1	14 28	Every 11 days For first two fills each (to limit to 14 day supply per fill) and then allow one month fills thereafter								
Sprycel 80mg Tablet	Dasatinib					1	14 28	Every 11 days For first two fills each (to limit to 14 day supply per fill) and								
SPS	Sodium Polystyrene Sulfon/Sorb	X	30	X	480											
SPS	Sodium Polystyrene Sulfon/Sorb	X	30	X	480											
Stadol 10mg/mL Nasal Solution	Butorphanol tartrate					1.6					12	30				
Stagesic-10 10-250mg	Hydrocodone/APAP					16										
Stalevo 125 Tablet (31.25-125mg)	Carbidopa, Levodopa, Entacapone					8										
Stalevo 200	Carbidopa, Entacapone, Levodopa					6										
Stalevo 50, 100, 150	Carbidopa, Entacapone, Levodopa					8										
Stalevo 75 Tablet (18.75-75mg)	Carbidopa, Entacapone, Levodopa					8										
Starlix 120mg Tablet	Nateglinide					3										
Starlix 60mg Tablet	Nateglinide					6										
Steglatro 15mg	Ertugliflozin					1										
Steglatro 5mg	Ertugliflozin					1										
Steglujan 15-100mg	Ertugliflozin-Sitagliptin					1										
Steglujan 5-100mg	Ertugliflozin-Sitagliptin					1										
Stelara 45mg/0.5mL Syringe	Ustekinumab	X	84	X	X						0.5	71				
Stelara 45mg/0.5mL Vial	Ustekinumab	X	84	X	X						0.5	71				
Stelara 90mg/mL Syringe	Ustekinumab	X	84	X	X						1	71				
Sterile Water for Irrigation	Sterile Water for Irrigation					4000										
Sterilube Ophthalmic Ointment	Mineral Oil, White Petrolatum	X	30	X	3.5											
Stiolto RespiMat	Tiotropium romide, Olodaterol	30	30	X	4											
Stivarga	Regorafenib	X	14	X	X						84 (quantity)	24 (days)				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Strattera 100mg	Atomoxetine					1										
Strattera 10mg	Atomoxetine					10										
Strattera 18mg	Atomoxetine					5										
Strattera 25mg	Atomoxetine					4										
Strattera 40mg	Atomoxetine					2										
Strattera 60mg, 80mg	Atomoxetine					1										
Strensiq	Asfotase alfa	7	30	X	7											
Striant	Testosterone buccal mucoadhesive system					2										
Stribild	Elvitegravir, Cobicistat, Emtricitabine, Tenofovir					1										
Striverdi Respimat	Olodaterol	30	30	X	4											
Strongstart Chewables & Tablets	Multiple vitamin	X	100	X	X	1										
Strovite Forte	multivitamins, minerals, ferrous fumarate, folic acid					1										
Strovite One	multivitamins, minerals, folic acid, cholecalciferol, alpha lipoic acid, lutein					1										
Suboxone 12mg-3mg Sublingual Film	Buprenorphine, Naloxone					2										
Suboxone 2mg-0.5mg Sublingual Film	Buprenorphine, Naloxone					16										
Suboxone 2mg-0.5mg Tablet	Buprenorphine and naloxone					16										
Suboxone 4mg-1mg Sublingual Film	Buprenorphine and naloxone					8										
Suboxone 8mg-2mg Sublingual Film	Buprenorphine, Naloxone					4										
Suboxone 8mg-2mg Tablet	Buprenorphine and naloxone					4										
Subutex 2mg	Buprenorphine					16										
Subutex 8mg	Buprenorphine					4										
Suclear Bowel Prep Kit	polyethylene glycol 3350, bowel pre #2, two part prep	X	30	X	2480											
Sudafed PE 2.5mg/5mL Solution	Phenylephrine HCl					60										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Sular 10mg, 20mg, 40mg	Nisoldipine					1										
Sular 17mg	Nisoldipine					2										
Sular 25.5mg	Nisoldipine					1										
Sular 30mg	Nisoldipine					2										
Sular 34mg Tablet	Nisoldipine					1										
Sular 8.5mg	Nisoldipine					4										
Sulfacet-R 10%-5% Lotion	Sodium Sulfacetamide, Sulfur	30	60	X	30											
Sumadan Kit	Sodium Sulfacetamide/Sulfur	30	60	X	1											
Sumadan Wash	Sodium Sulfacetamide/Sulfur	30	60	X	454											
Sumavel Dosepro 6mg/0.5mL	Sumatriptan Succinate										16	24				
Sumaxin Wash	Sulfacetamide Sodium, Sulfur	15	30	X	480											
Supartz FX INJ 25	SODIUM HYALURONATE INTRA-ARTICULAR SOLN PREF SYR 25 MG/2.5ML										12.5	153				
Supartz Injection	Sodium Hyaluronate						12.5	Lifetime								
Super Multiple Capsule	Multiple vitamin	X	100	X	X											
Super Omega-3 Softgel	Fish Oil, Vitamin E, Fatty Acid Combination No. 5, Herbal Complex No. 137	X	100	X	X											
Supervite EC Caplet	Multivitamins with Minerals No. 21, Folic Acid	X	100	X	100	1										
Supprelin LA	Histrelin Acetate Implant Kit										1	310				
Suprax 400mg Tablet	Cefixime					1										
Suprax Suspension	Cefixime					10										
Supreme	Blood Glucose Meter										1	310				
Supreme	Blood Glucose Strips	X	50	X	X	1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Suprep Bowel Prep Kit	Sodium Sulfate, Potassium Sulfate, Magnesium Sulfate	X	30	X	354											
Sure Comfort Lancing Pen	Diabetic Supplies, Misc.	X	30	X	1						2	310				
Sure Edge Blood Glucose Meter	Blood Glucose Meter										1	310				
Sure Edge Test Strips	Blood Sugar Diagnostic	X	50	X	X	1										
Surecheck	Blood Glucose Strips	X	50	X	X	1										
Sureflex	Lancet	X	102	X	X	1										
Sure-pen	Lancet	X	102	X	X	1										
Surestep	Blood Glucose Meter										1	310				
Surestep	Blood Glucose Strips	X	50	X	X	1										
Sure-Test	Blood Glucose Meter										1	310				
Sure-Test	Blood Glucose Strips	X	50	X	X	1										
Sure-Test Easyplus Mini Blood Glucose Kit	Blood Glucose Meter										1	310				
Surmontil 100mg	Trimipramine					3										
Surmontil 25mg	Trimipramine					12										
Surmontil 50mg	Trimipramine					6										
Sustiva 100mg Capsule	Efavirenz					5										
Sustiva 200mg Capsule	Efavirenz					2										
Sustiva 50mg Capsule	Efavirenz					7										
Sustiva 600mg Tablet	Efavirenz					1										
Sutent	Sunitinib					1	1st and 2nd fill restricted to max DS of 14									
Swiftcheck	Blood Glucose Strips	X	50	X	X	1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Swiftcheck	Blood Glucose Meter										1	310				
Symax Duotab	Hyoscyamine					4										
Symbicort	Budesonide, Formoterol	30	30	X	10.2											
Symbyax 12mg-25mg Capsule	Olanzapine, Fluoxetine					4										
Symbyax 12mg-50mg Capsule	Olanzapine, Fluoxetine					2										
Symbyax 3mg-25mg Capsule	Olanzapine, Fluoxetine					4										
Symbyax 6mg-25mg Capsule	Olanzapine, Fluoxetine					4										
Symbyax 6mg-50mg Capsule	Olanzapine, Fluoxetine					2										
Symdeko	Tezacaftor/ivacaftor, ivacaftor	X	30	4	X	2										
Symfi and Symfi Lo	Efavirenz, Lamivudine, Tenofovir Disoproxil Fumarate)					1										
Symlin Vial	Pramlintide	30	30	X	20											
Symlinpen 120 Injection	Pramlintide	30	30	X	10.8											
Symlinpen 60 Injection	Pramlintide	30	30	X	6											
Symproic	Naldemedine					1										
Symtuza	Darunavir, Cobicistat, Emtricitabine, Tenofovir alafenamide					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Synagis 100mg	Palivizumab	28	30	X	1											
Synagis 50mg	Palivizumab	28	30	X	0.5											
Synalar 0.01% Cream	Fluocinolone	15	30	X	15											
Synalar 0.01% Solution	Fluocinolone	15	30	X	60											
Synalar 0.025% Cream	Fluocinolone	15	30	X	15											
Synalar 0.025% Ointment	Fluocinolone	15	30	X	15											
Synalgos-DC 16-356-30mg	Dihydrocodeine/ASA/ Caffeine						11									
Synalgos-DC Capsule	Dihydrocodeine, Aspirin, Caffeine						10									
Synarel	Nafarelin Acetate										40	25				
Syndion-SF Multivitamin Liquid	Antioxidant Multivitamin Combination No. 7, Multivitamins with Minerals, Folic Acid & Folinic Acid #3	X	100	X	X											
Synera	Lidocaine and Tetracaine Topical Patch						1									
Synjardy	Empagliflozin/Metformin						2									
Synjardy XR 25/1000	Empagliflozin/Metformin ER						2									
Synjardy XR 5/1000, 10/10000, 12.5	Empagliflozin/Metformin ER						2									
Synthroid 112mcg,125mcg,137mcg,175mcg,200mcg	Levothyroxine Sodium						2									
Synthroid 25mcg,50mcg,75mcg,88mcg,100mcg,150mcg	Levothyroxine Sodium						1.5									
Synvisc	Hyaluronate						6	153								
Synvisc-One 48mg/6mL Syringe	Hylan G-F 20						6	153								
Syprine 250mg capsule	Trientine HCL						8									
Syringes	Multiple Products	X	100	X	300											
Systane 0.3%-0.4% Eye Drops	Propylene Glycol, PEG 400	X	30	X	60											
Systane Balance 0.6% Eye Drop	Propylene Glycol	X	30	X	20											
Systane Ultra 0.4-0.3% Eye Drop	Propylene Glycol, Polyethylene Glycol 400	X	30	X	24											
Systane/Systane Ultra	Propylene Glycol, PEG 400	X	30	X	60											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Tablet	Thioguanine						1st and 2nd fill restricted to max DS of 14									
Taclonex Ointment	Calcipotriene and Betamethasone dipropionate	15	30	X	60											
Taclonex Scalp Suspension	Calcipotriene and Betamethasone dipropionate	15	30	X	60											
Tafinlar	Dabrafenib Mesylate						1st and 2nd fill restricted to max DS of 14									
Tagamet 200mg (HB)	Cimetidine					12										
Tagamet 300mg Tablets	Cimetidine					4										
Tagamet 400mg	Cimetidine					6										
Tagamet 800mg	Cimetidine					3										
Tagrisso	Osimertinib					1	1st and 2nd fill restricted to max DS of 14									
Takhzyro	Lanadelumab-flyo					0.15										
Talacen	Pentazocine and Acetaminophen					6										
Taliva/Vitamez	Folic Acid-Vit B6-Vit B12-Omega 3 Phytosterols caps 1mg					4										
Taltz 80mg	Ixekizumab										1	24				
Talwin Compound 12.5-325mg	Pentazocine/ASA					12										
Tamiflu 30mg Caps	Oseltamivir phosphate					4					20	153				
Tamiflu 45mg Caps	Oseltamivir phosphate					2					10	153				
Tamiflu 6 mg/mL Suspension	Oseltamivir					25					180	180				
Tamiflu 75mg Capsule	Oseltamivir					2					10	153				
Tandem DHA	Prenatal Vitamins without Calcium No. 10, Fe Fumarate-Fe Polysaccharide, Folic Acid, Omega-3 Fatty Acids					1										
Tanzeum Pen Inject	Abiglutide					0.143										
Taperdex 6 Pack	Dexamethason	X	60	X	X	16										
Tarceva	Erlotinib						1st and 2nd fill restricted to max DS of 14									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Targradox	Doxycycline Hyclate					4										
Targretin	Bexarotene						1st and 2nd fill restricted to max DS of 14									
Tarka 1/240 mg	Trandolapril, Verapamil					1										
Tarka 2/180 mg	Trandolapril, Verapamil					1										
Tarka 2/240 mg	Trandolapril, Verapamil					1										
Tarka 4/240 mg	Trandolapril, Verapamil					1										
Tasigna 150mg Capsule	Nilotinib Hydrochloride					4										
Tasigna 200mg Caps	Nilotinib					4										
Tasigna 50mg Capsule						4										
Tavalisse	Fostamatinib					2										
Tazorac Cream & Gel	Tazarotene	30	30	X	30											
Tears Naturale Free 0.1%-0.3% Dropperette	Dextran 70, Hypromellose	X	30	X	60											
Tecfidera	Dimethyl Fumarate					2										
Technivie	Ombitasvir, Paritaprevir, Ritonavir	X	28	X	X	2					84	Lifetime				
Tekamlo 150mg-10mg Tablet	Aliskiren, Amlodipine					1										
Tekamlo 150mg-5mg Tablet	Aliskiren, Amlodipine					1										
Tekamlo 300mg-10mg Tablet	Aliskiren, Amlodipine					1										
Tekamlo 300mg-5mg Tablet	Aliskiren, Amlodipine					1										
Tekturna	Aliskiren					1										
Tekturna HCT	Aliskiren and Hydrochlorothiazide					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Temovate 0.05% Cream	Clobetasol propionate	15	30	X	15											
Temovate E 0.05% Cream	Clobetasol propionate	15	30	X	15											
Temovate Gel	Clobetasol propionate	15	30	X	30											
Temovate Ointment	Clobetasol propionate	15	30	X	45											
Temovate Scalp Application 0.05%	Clobetasol	7	50	X	50											
Tender Care Lanolin Cream	Lanolin	15	30	X	59											
Tenex 1mg	Guanfacine					4										
Tenex 2mg	Guanfacine					3										
Tenoretic 100mg-25mg	Atenolol, Chlorthalidone					1										
Tenoretic 50mg-25mg	Atenolol, Chlorthalidone					1										
Tenormin Tablets	Atenolol	X	90	X	X											
Tenuate	Diethylpropion					3										
Tenuate Dospan 75mg	Diethylpropion					1										
Tera-Gel Tar 0.5% Shampoo	Coal Tar	15	30	X	X								1 even package size	0		

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Terazol 3 Cream, Zazole 0.8% Cream	Terconazole	3	30	X	20											
Terazol 3 Suppositories	Terconazole	3	30	X	3											
Terazol 7 Cream, Zazole 0.4% Cream	Terconazole	7	30	X	45											
Terbinex Kit	Terbinafine tabs, Hydroxypropyl Chitosan	15	30	X	1											
Tessalon 100mg Capsule	Benzonatate					6										11
Tessalon 200mg Capsule	Benzonatate					3										11
Test strip	Blood Glucose Strips	X	50	X	X	1										
Testim	Testosterone					10										
Testosterone 1% Gel (25 mg)	Testosterone					2.5										
Testosterone 1% Gel (50 mg)	Testosterone					10										
Testred 10mg capsule	Methyltestosterone					5										
Teveten 400mg	Eprosartan					2										
Teveten 600mg	Eprosartan					1										
Teveten HCT 600 - 25mg	Eprosartan and HCTZ					1										
Teveten HCT 600-12.5mg	Eprosartan, Hydrochlorothiazide					1										
Texacort 2.5% solution	Hydrocortisone	30	30	X	30											
Thalomid Capsule	Thalidomide					4										
Theo-24 400 mg SR Capsule	Theophylline anhydrous					2										
Theo-24 100mg SR Capsule	Theophylline anhydrous					9										
Theo-24 200mg SR Capsule	Theophylline anhydrous					4										
Theo-Dur 100 mg SR Tablet	Theophylline anhydrous					9										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Theo-Dur 200mg SR Tablet	Theophylline anhydrous					4.5										
Theo-Dur 300mg SR Tablet	Theophylline anhydrous					3										
Theo-Dur 450mg SR Tablet	Theophylline anhydrous					2										
Theolair Elixir 80mg/15mL	Theophylline anhydrous					168.75										
Thera Tears 0.25% Eye Drops	Carboxymethylcellulose Sodium	X	30	X	32											
Thera-Derm Lotion	Lanolin/Mineral oil	15	30	X	250											
Theraflu Tab SE	Cold Head Tab					10										
Therapeutic Mineral Ice 2% Gel	Menthol	15	30	X	99.2											
Thicken Up	Corn Starch					750										
Thick-It	Starch					750										
Thik & Clear	Cellulose Gum					750										
Tibsovo	Ivosidenib					2	1st and 2nd fill restricted to max DS of 14									
Tiger Balm 10%-11% Cream	Menthol, Camphor	15	30	X	50											
Tiger Balm 28%-16% Liniment	Methyl Salicylate, Menthol	15	30	X	57											
Tiger Balm Arthritis Rub Cream	Menthol, Camphor, Antiarthritic Combination No. 1	15	30	X	113											
Tiger Balm Muscle Rub Cream	Methyl Salicylate, Menthol, Camphor	15	30	X	57											
Tilade	Nedocromil										30	22				
Timoptic 0.25% Eye Drops	Timolol	25	30	X	5											
Timoptic Ocodose	Timolol					2										
Tinactin 1% Spray	Tolnaftate	15	30	X	151											
Tindamax 250 mg	Tinidazole					8										3
Tindamax 500 mg	Tinidazole					4										3
Tirosint 100mcg Capsule	Levothyroxine Sodium					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Tirosint 112mcg Capsule	Levothyroxine Sodium					1										
Tirosint 125mcg Capsule	Levothyroxine Sodium					1										
Tirosint 137mcg Capsule	Levothyroxine Sodium					1										
Tirosint 13mcg Capsule	Levothyroxine Sodium					1										
Tirosint 150mcg Capsule	Levothyroxine Sodium					1										
Tirosint 25mcg Capsule	Levothyroxine Sodium					1										
Tirosint 50mcg Capsule	Levothyroxine Sodium					1										
Tirosint 75mcg Capsule	Levothyroxine Sodium					1										
Tirosint 88mcg Capsule	Levothyroxine Sodium					1										
Tivicay	Dolutegravir					2										
Tivorbex	Indomethacin, submicronized					3										
Tobi	Tobramycin	X	30	X	280	10					280	48				
Tobi Podhaler 28mg Inhale Cap	Tobramycin					8					224	48				

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Tobradex 0.3-0.1% Ophthalmic Drops	Tobramycin Sulfate, Dexamethasone	X	30	X	5											
Tobradex 0.3-0.1% Ophthalmic Ointment	Tobramycin Sulfate, Dexamethasone	X	30	X	3.5											
Tobradex ST Eye Drops	Tobramycin, Dexamethasone	X	30	X	5											
Tobrex	Tobramycin	X	30	X	5											
Tobrex 0.5% Eye Ointment	Tobramycin	X	30	X	3.5											
Toddler Multivitamin-DHA Drops	Pediatric Multivitamin Combination No. 13, Docosahexanoic Acid	X	100	X	X	1										
Tofranil 10mg	Imipramine					30										
Tofranil 25mg	Imipramine					12										
Tofranil 50mg	Imipramine					6										
Tofranil-PM 100mg	Imipramine					3										
Tofranil-PM 125mg, 150 mg	Imipramine					2										
Tofranil-PM 75mg	Imipramine					4										
Tolak	Fluorouracil	28	28	X	40											
Tolinase 100mg Tablet	Tolazamide					10										
Tolinase 250mg Tablet	Tolazamide					4										
Tolinase 500mg Tablet	Tolazamide					2										
Topamax 25mg Tablet	Topiramate	X	30	X	X	64										
Topamax 100mg tablet	Topiramate	X	30	X	X	16										
Topamax 15mg Sprinkle Capsule	Topiramate					106										
Topamax 200mg Tablet	Topiramate	X	30	X	X	8										
Topamax 25mg Sprinkle Capsule	Topiramate					64										
Topamax 50mg Tablet	Topiramate	X	30	X	X	32										
Topicort 0.05% Gel	Desoximetasone	15	30	X	15											
Topicort 0.25% Cream	Desoximetasone	15	30	X	15											
Topicort 0.25% Ointment	Desoximetasone	15	30	X	15											
Topicort 0.25% Spray	Desoximetasone	28	30	X	100											
Topicort-LP 0.05% Cream	Desoximetasone	60	60	X	60											
Toprol XL 100mg Tablet	Metoprolol succinate					3										
Toprol XL 200mg Tablet	Metoprolol succinate					2										
Toprol XL 25mg Tablet	Metoprolol succinate					3										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Toprol XL 50mg Tablet	Metoprolol succinate					3										
Toradol 10mg Tablet	Ketorolac	X	5	X	X	4										
Toujeo Solostar	Insulin Glargine	15	100	X	4.5											
Toviaz 4mg Tablet	Fesoterodine Fumarate					1										
Toviaz 8mg Tablet	Fesoterodine Fumarate					1										
Tracer	Blood Glucose Strips	X	50	X	X	1										
Trackease	Blood Glucose Meter										1	310				
Trackease	Blood Glucose Strips	X	50	X	X	1										
Tracleer Tablet	Bosentan					2										
Tradjenta	Linagliptin					1										
Trainex	triamcinolone acetonide	17	30	X	17											
Travatan	Travoprost	25	50	X	2.5											
Travatan Z	Travoprost	25	50	X	2.5											
Treagan Otic	Acetic Acid, Antipyrine, Benzocaine, Polycosanol, Aluminum Acetate	X	30	X	15											
Trelegy Ellipta	Fluticasone/Uneclidinium/Vilanterol					2										
Trelstar 22.5mg Syringe	Triptorelin Pamoate										1	142				
Trelstar 22.5mg Vial	Triptorelin Pamoate										1	142				
Trelstar Depot 3.75mg Syringe	Triptorelin Pamoate										1	24				
Trelstar Depot 3.75mg Vial	Triptorelin Pamoate										1	24				
Trelstar LA 11.25mg Syringe	Triptorelin Pamoate										1	71				
Trelstar LA 11.25mg Vial	Triptorelin Pamoate										1	71				
Tremfya	Guselkumab										1	47				
Trendstrips	Blood Glucose Strips	X	50	X	X	1										
Tresiba	Insulin Degludec	15	100	X	15											
Tresiba	Insulin Degludec	9	100	X	9											
Tretin-X 0.0375% Cream	Tretinoin	15	30	X	X								1 Even Pkg Size	0		

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit	
Tretin-X Cream and Gel	Tretinoin with Cleanser and Moisturizer	15	30	X	1											35	
Treximet 85/500mg Tablet	Sumatriptan and Naproxen					2					9	23					
Trezix 320.5-30-16mg Capsule	Dihydrocodeine, Acetaminophen, Caffeine					10											
Trezix 325-30-16mg Capsule	Dihydrocodeine, Acetaminophen, Caffeine					9											
Triax 3% Cleanser	Benzoyl Peroxide	15	30	X	170.3												
Triax 3% Pad	Benzoyl peroxide					2											
Triax 6% Towelette	Benzoyl Peroxide					2											
Triax 9% Foaming Cloths	Benzoyl Peroxide					2											
Triax Gel	Benzoyl peroxide	15	30	X	42.5												

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Tribenzor 20-5-12.5mg Tablet	Olmesartan, Amlodipine, Hydrochlorothiazide					1										
Tribenzor 40-10-12.5mg Tablet	Olmesartan, Amlodipine, Hydrochlorothiazide					1										
Tribenzor 40-10-25mg Tablet	Olmesartan, Amlodipine, Hydrochlorothiazide					1										
Tribenzor 40-5-12.5mg Tablet	Olmesartan, Amlodipine, Hydrochlorothiazide					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Tribenzor 40-5-25mg Tablet	Olmesartan, Amlodipine, Hydrochlorothiazide					1										
Tricare DHA 301 Capsule	Prenatal Vitamin with Calcium No. 32, Ferrous Fumarate, Folic Acid, Fish Oil					1										
Tricor 145mg	Fenofibrate					1										
Tricor 160mg	Fenofibrate					1										
Tricor 48mg	Fenofibrate					2										
Tricor 54mg	Fenofibrate					2										
Trience 40mg/ml Injection	Triamcinolone	X	30	X	1											
Trigels-F Cap Forte	FE Fumarate-Vit C Vit B 12-FA CAP 460-60-0.01-1 MG	X	30	X	100											
Triglide 160mg	Fenofibrate					1										
Triglide 50mg	Fenofibrate					2										
Trileptal 150mg tab	Oxcarbazepine					16										
Trileptal 300mg tab	Oxcarbazepine					8										
Trileptal 300mg/5ml Susp	Oxcarbazepine					40										
Trileptal 600mg tab	Oxcarbazepine					4										
Trilipix 135mg Capsule Delayed Release	Fenofibric Acid					1										
Trilipix 45mg Capsule Delayed Release	Fenofibric Acid					2										
Trimagen Forte, Chromagen Forte, Anemagen Forte, Ferrovite Forte, Multigen Plus	Ferrous Fumarate, Ferrous Asparto Glycinate, Ascorbate Calcium, Cyanocobalamin, Folic Acid, Calcium Threonate, Succinic Acid	X	100	X	X											
Trimo-San Gel 0.025-0.01%	Oxyquinoline Sulfate-Sod Lauryl Sulfate Vag Gel 0.025%	15	30	X	113.4											
Trinate	Prenatal Vitamins Combination No. 73, Ferrous Fumarate, Folic Acid					1										
Tri-Norinyl	Norethindrone and Ethinyl Estradiol	21	30	X	28	1										
Trintellix	Vortioxetine Hydrobromide					1										
Trioxin Otic Suspension 1-15-10mg/mL Drops	Chloroxyleneol, Benzocaine, Hydrocortisone												1 even package size	0		
Triptodur	Triporelin	X	180	X	1						1	142				

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Triumeq	Abacavir sulfate, Dolutegravir sodium, Lamivudine					1										
Tri-Vit-Fluor 0.25mg/mL Drop	Pediatric Multivitamins A, C, D# #21, Sodium Fluoride	X	50	X	50											
Tri-Vit-Fluor 0.5mg/mL Drop	Pediatric Multivitamin No. 21 with Fluoride	X	50	X	50											
Trizivir 300mg/ 150mg/ 300mg Tablet	Zidovudine, Lamivudine, Abacavir					2										
Trokendi XR 200mg	Topiramate					2										
Trokendi XR 25mg, 50mg, 100mg	Topiramate					1										
Tronvite	B-Complex W/C & Folic Acid Tab 1mg					1										
Tropazone Lotion	Emollient Combination No.48	15	30	X	140											
True2Go Blood Glucose System	Blood Glucose Meter										1	310				
Trueresult	Blood Glucose Meter										1	310				
Truetest Glucose Test Strips	Blood Sugar Diagnostic	X	50	X	X	1										
Truetest Glucose Test Strips	Blood Sugar Diagnostic Test Strips	X	50	X	X	1										
Truetrack	Blood Glucose Meter										1	310				
Truetrack	Blood Glucose Strips	X	50	X	X	1										
Truetrack Glucose Test Strips	Blood Sugar Diagnostic Test Strips	X	50	X	X	1										
Trulance	Plecanatide					1										
Trulicity	Dulaglutide					0.072										
Trumenba	N. Meningitis B Lipid FHBP RC	X	30	X	0.5						1.5	Year				
Tru-Micin 10% lotion	Trolamine Salicylate	30	30	X	100											
Truvada	Emtricitabine, Tenofovir					1										
TT Diab monitor	Blood Glucose Meter										1	310				
TT strips	Blood Glucose Strips	X	50	X	X	1										
Tudorza Pressair	Acidinium Bromide	30	60	X	1											
Turetest	Blood Glucose Strips	X	50	X	X	1										
Tuzistra XR	Codeine polistirex, Chlorpheniramine polistirex					20										18 (min)
Twinrix	Hepatitis A/Hepatitis B vaccine	X	30	X	1						4	Lifetime				19
Twocal HN Liquid	Special Formulation Lactose Free Nutritional Supplement with Iron, Fructooligosaccharides					750										
Twynsta 40-10 mg Tablet	Telmisartan, Amlodipine					1										
Twynsta 40-5 mg Tablet	Telmisartan, Amlodipine					1										
Twynsta 80-10 mg Tablet	Telmisartan, Amlodipine					1										
Twynsta 80-5 mg Tablet	Telmisartan, Amlodipine					1										
Tybest 150mg Tablet	Cobicistat					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Tykerb	Lapatinib					22	1st and 2nd fill restricted to max DS of 14									
Tylenol #2, #3, #4 Tablets	Acetaminophen and Codeine					13										
Tylenol 100mg/mL Drops	Acetaminophen	X	30	X	30	40										
Tylenol 325mg Tab	Acetaminophen					12										
Tylenol 8 HR TAB 650mg	Acetaminophen Tab ER 650mg					6										
Tylenol 80mg/0.8mL Drops	Acetaminophen	X	30	X	30											
Tylenol w/ Codeine Elixir	Acetaminophen and Codeine					165										
Tylox	Oxycodone and Acetaminophen					8										
Tymlos	Abaloparatide					PT052										
Tyvaso	Treprostinil					2.9										
Tyvaso Inhalation Starter Kit	Treprostinil, Nebulizer, Nebulizer Accessories					2.9					81.2	Lifetime				
Tyzeka 600mg Tablet	Telbivudine					1										
Uceris 2mg Rectal Foam	Budesonide	28	30	X	66.8											
Uceris 9mg ER tablet	Budesonide					1										
Udenyca	Pegfilgrastim-cbqv										1.2	24				
Ulesfia 5% Lotion	Benzyl Alcohol	7	30	X	227											
Uloric 40mg Tablet	Febuxostat					1										
Uloric 80mg Tablet	Febuxostat					1										
Ultilet	Blood Glucose Meter										1	310				
Ultima	Blood Glucose Meter										1	310				
Ultima	Blood Glucose Strips	X	50	X	X	1										
Ultra	Blood Glucose Meter										1	310				
Ultra	Blood Glucose Strips	X	50	X	X	1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Ultra Freeda Tablet	Multivitamins with Calcium and other Minerals, Folic Acid	X	100	X	X											
Ultra Freeda with Iron Tablet	Multivitamins with Calcium and other minerals, Ferrrous Fumarate, Folic Acid	X	100	X	100											
Ultra Glycemx Plus 360 Powder	Nutritional Min, Met. Dis, MV, Minerals #3					750										
Ultra Inflamm Plus 360 Powder	Nutritional Min, Met. Dis, MV, Minerals #4					750										
Ultra Potent-C 1000mg Tablet	Ascorbic Acid, Multivitamins with Minerals No. 18	X	100	X	X											
Ultracet	Tramadol and Acetaminophen					8										16
Ultram	Tramadol					8										16
Ultram ER	Tramadol					1										18
Ultrason Cream	Emollient Combination No. 39	15	30	X	240											
Ultratrak Pro Glucose Meter	Blood-Glucose Meter										1	310				
Ultratrak Test Strip	Blood Sugar Diagnostic	X	50	X	X	1										
Ultravate Cream	Halobetasol	15	30	X	15											
Ultravate Lotion 0.05%	Halobetasol Propionate Lotion 0.05%	30	60		60											
Ultravate Ointment	Halobetasol	15	30	X	15											
Ultravate Pac 0.05%-12% Combination Package	Halobetasol, Ammonium Lactate	15	30	X	275											
Urnecta 40% Nail Film Suspension	Urea, Hyaluronate Sodium	15	30	X	18											
Uni-check	Blood Glucose Strips	X	50	X	X	1										
Uniphyl 600mg SA Tablet	Theophylline anhydrous					1										
Uniphyl 400mg SA Tablet	Theophylline anhydrous					2										
Uniretic 15/12.5mg, 15/25mg	Moexipril and Hydrochlorothiazide					4										
Uniretic 7.5/12.5mg	Moexipril and Hydrochlorothiazide					1										
Unistik	Lancet	X	102	X	X	1										
Unistik 3 Lancets	Lancets	X	102	X	X	1										
Univasc 15mg	Moexipril					4										
Univasc 7.5mg	Moexipril					1										
Upravi	Selexipag					2										
Uramaxin 20% Foam	Urea	15	30	X	100											
Uramaxin 45% Lotion	Urea	15	30	X	480											
Uramaxin 45% Nail Gel	Urea	15	30	X	28											
Urea 20 Intn Cre 20%	Uream Cream 20%	15	30	X	85											
Urea Cream 40%	Urea Cre 40%	15	30	X	85											
Ureacin-10 Lot 10%	Urea Lotion 10%	15	30	X	236.56											
Urecholine 10mg	Bethanechol					20										
Urecholine 25mg	Bethanechol					8										
Urecholine 50mg	Bethanechol					4										
Urecholine 5mg	Bethanechol					40										
Urispas	Flavoxate					8										
Urocit-K ER 15mEq Tablet	Potassium Citrate					4										
Uroxatral	Alfuzosin					1										
Utibron	Indacaterol, Glycopyrrolate					2										
Utopic Cre 41%	Urea Cream 41%	15	30	X	227											
Vagifem 10mcg Vaginal Tablet	Estradiol										18	24				
Vagifem 25mcg Tablets	Estradiol										18	24				
Valcyte 50mg/mL Oral Solution	Valganciclovir HCl					36										
Valine Packet	Valine, carbohydrate supplement					750										
Valisone cream, ointment	Betamethasone Valerate	15	30	X	15											
Valisone lotion	Betamethasone Valerate	30	30	X	60											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Valtrex 1 gm	Valacyclovir					4										
Valtrex 500mg	Valacyclovir					3										
Valturna 150-160mg Tablet	Aliskiren, Valsartan					1										
Valturna 300-320mg Tablet	Aliskiren, Valsartan					1										
Valustrip	Blood Glucose Strips	X	50	X	X	1										
Vanamine PD	DIPHENHYDRAMINE HCL LIQUID 6.25 MG/ML					12										
Vanatol LQ Sol Vanatol S Sol	Butalbital-Acetaminophen-Caffeine Soln 50-325-40mg/15ml					90										
Vancocin 125mg Capsule	Vancomycin	X	14	X	X	4										
Vancocin 250 mg Capsule	Vancomycin	X	14	X	X	8										
Vancomycin Inj 1.5gm/250ml-0.9%						500										
Vancomycin Inj 1.5gm/300ml-0.9%						600										
Vancomycin Inj 1.5gm/500ml-0.9%						1000										
Vancomycin Inj 1.75gm/250ml-0.9%						500										
Vancomycin Inj 1.75gm/300ml-0.9%						600										
Vancomycin Inj 1.75gm/500ml-0.9%						1000										
Vancomycin Inj 2.5gm/500ml-0.9%						1000										
Vancomycin Inj 2gm/250ml-0.9%						500										
Vancomycin Inj 2gm/500ml-0.9%						1000										
Vancomycin Inj 500mg/50ml-0.9%						100										
Vancomycin 1.25gm/150ml-0.9% IV soln						300										
Vancomycin 1.25gm/250ml-0.9% IV soln						500										
Vancomycin 1.5gm/150ml-0.9% IV soln						300										
Vancomycin 1gm/150ml-0.9% IV soln						300										
Vancomycin 1gm/200ml-0.9% IV soln						400										
Vancomycin 1gm/250ml-0.9% IV soln						500										
Vancomycin 250mg IV Soln						2										
Vancomycin 500mg/100ml-0.9% Inj						200										
Vancomycin 750mg/150ml-0.9% Inj						300										
Vancomycin 750mg/150ml-5% IV Soln						300										
Vancomycin 750mg/250ml-0.9% Inj						500										
Vancomycin Sus + Syrspen		X	10	X	120											
Vancomycin-D5W 1.25gm/250mL-5% IV Bag	Vancomycin, Dextrose 5% Water					500										
Vancomycin-D5W 1.5gm/250mL-5% IV Bag						500										
Vancomycin-D5W 1.5gm/500mL-5% IV Bag						1000										
Vancomycin-D5W 1.75gm/500mL-5% IV Bag						1000										
Vancomycin-D5W 1gm/100mL Bag	Vancomycin, Dextrose 5% Water					200										
Vancomycin-D5W 1gm/250ml-5%						500										
Vancomycin-D5W 2gm/500mL-5% IV Bag						1000										
Vancosol Pack		X	10	X	1											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vanicream	Emollient	15	30	X	X								1 even package size	0		
Vaniply 1% Ointment	Dimethicone	15	30	X	70											
Vanos	Fluocinonide	30	30	X	30											
Vanoxide-HC Lotion	Hydrocortisone and Benzoyl Peroxide	15	30	X	85											
Vantas Implant	Histrelin										1	310				
Vantin 100mg Tablets	Cefpodoxime						2									
Vantin 200mg Tablets	Cefpodoxime						4									
Vantin Suspension 100mg/5ml	Cefpodoxime						40									
Vantin Suspension 50mg/5ml	Cefpodoxime						10									
Vaporizers	Vaporizers								2	365						
Vaqta Injection 25 units (Pediatric dose)	Hepatitis A Vaccine								1	153	2	Lifetime				19
Vaqta Injection 50 units (Adult dose)	Hepatitis A Vaccine								1	153	2	Lifetime				19
											1	26				
Varubi	Rolapitant	14	30	X	2											
Vascepa	Icosapent Ethyl						4									
Vaseretic 5-12.5mg, 10-25mg	Enalapril and Hydrochlorothiazide						2									
Vasotec 10mg	Enalapril						4									
Vasotec 2.5mg	Enalapril						16									
Vasotec 20mg	Enalapril						2									
Vasotec 5mg	Enalapril						8									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vectical 3mcg/gm Ointment	Calcitriol	7	30	X	200											
Velphoro	Sucroferric Oxyhydroxide					6										
Veltassa	Patiromer					1										
Veltin	Clindamycin, Tretinoin	15	30	X	X								1 even package size	0		
Vemlidy	Tenofovir Alafenamide					1										
Venatal-FA Tablet	Prenatal Vitamins Combination No. 78, Ferrous Fumarate, Folic Acid					1										
Venclexta 100mg	Ventoclox					6										
Venclexta 10mg	Ventoclox					2										
Venclexta 50mg	Ventoclox					1										
Venelex Ointment	Balsam Peru, Castor Oil	15	30	X	X								1 even package size	0		
Venlafaxine XR 150mg Tablets	Venlafaxine HCl					2										
Venlafaxine XR 225mg Tablets	Venlafaxine HCl					1										
Venlafaxine XR 37.5mg Tablets	Venlafaxine HCl					10										
Venlafaxine XR 75mg Tablets	Venlafaxine HCl					5										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Venofer	Iron Sucrose	X	30	X	100											
Ventavis	Iloprost					9										
Ventolin 2.5mg/0.5 ml Nebulizer Vial	Albuterol					12										
Ventolin 2mg Tablet	Albuterol					16										
Ventolin 2mg/5mL Syrup	Albuterol					80										
Ventolin 4mg Tablet	Albuterol					8										
Ventolin 5mg/ml Inhalation Solution	Albuterol					6										
Ventolin AG	Albuterol	15	30	X	18											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Ventolin HFA 90mcg Inhaler	Albuterol	15	30	X	18											
Ventolin HFA 90mcg Inhaler (8gm Package Size)	Albuterol Sulfate	5	30	X	8											
Ventolin HFA 90mcg Inhaler (Relion 8gm Package Size)	Albuterol	5	30	X	8											
Verdeso 0.05% Foam	Desonide	15	30	X	50											
Verdrocet	Hydrocodone-Acetaminophen Tab 2.5-325mg						12									
Verelan 120mg	Verapamil						1									
Verelan 360mg	Verapamil						1									

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vereelan PM 100mg, 300mg	Verapamil					1										
Vereelan PM 200mg	Verapamil					2										
Veripred 20mg/5mL Solution	Prednisolone Sodium Phosphate					20										
Versacloz	Clozapine					18										
Verzenio	Abemaciclib					2										
Vesanoid Caps	Tretinoin						1st and 2nd fill restricted to max DS of 14									
Vesicare	Solifenacin					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vexel	Rimexolone	2	30	X	5											
Vfend 200mg Tablet	Voriconazole					4										
Vfend 200mg/5mL suspension	Voriconazole					16										
Vfend 50mg Tablet	Voriconazole					4										
Viactiv Caplet	Calcium Carbonate, Cholecalciferol (Vitamin D3), Phytonadione	X	100	X	X											
Viadur	Leuprolide Acetate										1	310				
Viberzi	Eluxadoline					2										
Vicks Warm Mist Humidifier	Humidifier						1	365								
Vicodin 5mg-300mg Tablet	Hydrocodone and Acetaminophen					12										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vicodin ES 7.5mg-300mg Tablet	Hydrocodone and Acetaminophen					6										
Vicodin HP 10mg-300mg Tablet	Hydrocodone and Acetaminophen					6										
Vicodin Tuss 100-5mg/5mL	Guaifenesin/Hydrocodone					120										
Vicoprofen	Hydrocodone and Ibuprofen					5										
Victoza 18mg/3mL Injection Pen	Liraglutide					0.3										
Videx 100mg Chewable Tablet	Didanosine					4										
Videx 100mg Oral Powder for Solution	Didanosine					4										
Videx 167mg Oral Powder for Solution	Didanosine					2										
Videx 250mg Oral Powder for Solution	Didanosine					1										
Videx 25mg Chewable Tablet	Didanosine					16										
Videx 50mg Chewable Tablet	Didanosine					8										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Videx Chewable Tablet (150mg and 200mg)	Didanosine					2										
Videx EC Capsule (125mg and 200mg)	Didanosine					1										
Videx EC Capsule (250mg and 400mg)	Didanosine					1										
Videx Pediatric Solution (2gm and 4gm)	Didanosine					40										
Viekira Pak	Ombitasvir, Paritaprevir, Ritonavir, Dasabuvir sodium	X	28	X	X	4					84	Lifetime				
Viekira XR	Dasabuvir, Ombitasvir, Paritaprevir, Ritonavir	X	28	X	X	3					84	Lifetime				
Vigamox	Moxifloxacin	7	30	X	3											
Viibryd 10mg Tablet	Vilazodone					4										
Viibryd 20mg Tablet	Vilazodone					2										
Viibryd 40mg Tablet	Vilazodone					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vimizim	Elosulfase Alfa	7	7	X	200											
Vimovo 375-20mg Tablet	Naproxen, Esomeprazole					2										
Vimovo 500-20mg Tablet	Naproxen, Esomeprazole					2										
Vimpat 100mg Tablet	Lacosamide					2										
Vimpat 10mg/mL Solution	Lacosamide					40										
Vimpat 150mg Tablet	Lacosamide					2										
Vimpat 200mg Tablet	Lacosamide					3										
Vimpat 200mg/20mL Vial	Lacosamide					60										
Vimpat 50mg Tablet	Lacosamide					2										
Viracept 250mg Tablet	Nelfinavir					9										
Viracept 50mg/gm Oral Powder for Suspension	Nelfinavir					50										
Viracept 625mg Tablet	Nelfinavir					4										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Viramune 200mg Tablet	Nevirapine					2										
Viramune 50mg/5mL Oral Suspension	Nevirapine					40										
Viramune XR 400mg	Nevirapine					1										
Viread 150mg Tablet	Tenofovir					1										
Viread 200mg Tablet	Tenofovir					1										
Viread 300mg Tablet	Tenofovir					1										
Viread Powder	Tenofovir					7.5										
Viroptic	Trifluridine	8	30	X	7.5											
Visco-3 INJ 25	SODIUM HYALURONATE INTRA-ARTICULAR SOLN PREE SYR 25										7.5	153				
Visidex	Blood Glucose Strips	X	50	X	X	1										
Visine 0.05% Eye Drops	Tetrahydrozoline HCl	X	30	X	15											
Visine Allergy Relief 0.05-0.25% Drops	Tetrahydrozoline, Zinc Sulfate	X	30	X	15											
Visine Max Redness Relief Drop	Tetrahydrozoline, Polyethylene Glycol 400, Hypromellose, Glycerin	X	30	X	15											
Visine Tired Eye Relief Drop	Polyethylene Glycol 400, Hypromellose, Glycerin	X	30	X	15											
Vistogard	Uridine Triacetate	5	30	X	20											
Vitafof Cap Ultra						1										
Vitafof Nano Tablet	Prenatal vitamins, ferrous fumarate, folic acid, levomefolate					1										
Vitafof Tablet	Multiple Vitamin					1										
Vitafof-OB Caplet	Prenatal vitamins with calcium, ferrous fumarate, folic acid					1										
Vitafof-OB+DHA	Prenatal Multivitamin	X	100	X	X	1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vitafo1-One Capsule	Prenatal vitamins, iron polysaccharide complex, folic acid, docosahexanoic acid					1										
Vitajoule Powder	Glucose Polymers					750										
Vital-D Rx Tabs	Multiple vitamin	X	100	X	X											
Vitalet Chw	Flintstones Chw	X	100	X	X	2										
Vitamin A & D Ointment	Vitamin A & D, White Petrolatum, Lanolin	15	30	X	99											
Vitamin B12-Folic Acid Tablet	Cyanocobalamin, Folic Acid	X	100	X	X											
Vitamin D3 50,000 units	Cholecalciferol					1										
Vitamin D3 5000 Unit Tablet	Calcium Carbonate, Cholecalciferol	X	100	X	X											

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vitapro Powder	Protein Hydrolysate, Milk					750										
Vita-Respa Tablet	Cyanocobalamin, Folic Acid, Pyridoxine	X	100	X	X											
Vitaspire Tablet	Prenatal Vitamin Combination No. 44, Iron, Folic Acid					1										
Vitatab MV Caplet	Multivitamins with Mineral No. 12, Folic Acid, Lycopene, Lutein	X	100	X	X											
Vitekta	Elvitegravir					1										
Vitrakvi caps	Larotrectinib					2	1st and 2nd fill restricted to max DS of 14									
Vitrakvi soln	Larotrectinib					10	1st and 2nd fill restricted to max DS of 14									
Vituz Solution	Hydrocodone Bitartrate, Chlorpheniramine maleate					20										
Viva DHA Prenatal Softgel	Prenatal Vitamins No. 11, Ferrous Fumarate, Folic Acid, Omega-3 Fatty Acids					1										
Vivactil 10mg	Protriptyline					6										
Vivactil 5mg	Protriptyline					12										
Vivelle, Vivelle-Dot	Estradiol	28	30	X	8											
Vivitrol	Naltrexone	28	30	X	1											
Vivlodex	Meloxicam					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vivotif Capsule	Typhoid Vaccine, Live Attenuated										4	1550				
Vogelxo	Testosterone					10										
Vol-Plus Tablet	Prenatal Vitamins Combination No. 71, Ferrous Fumarate, Folic Acid					1										
Vol-Tab Rx Tablet	Prenatal Vitamins Combination No. 76, Carbonyl Iron, Folic Acid					1										
Voltaren 1% Gel	Diclofenac	3	30	X	100	32										
Voltaren 100mg	Diclofenac					2										
Vopac 650mg-30mg Tablet	Acetaminophen, Codeine					6										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vortex Holding Chamber	Spacer	7	30	X	1						2	365				
Vosevi Tab	Sofosbuvir-Velpatasvir-Voxilaprevir	X	28	X	28	1					84	Lifetime				
Vospire ER 8mg Tablet	Albuterol					4										
Votrient 200mg Tablet	Pazopanib HCl					4	1st and 2nd fill restricted to max DS of 14									
Vraylar	Cariprazine					1										
Vusion	Miconazole, Zinc Oxide and White Petrolatum	15	30	X	50											
Vytorin	Ezetimibe and Simvastatin					1										
Vyvanse 10mg	Lisdexamfetamine					1										
Vyvanse 20mg	Lisdexamfetamine					3										
Vyvanse 30mg	Lisdexamfetamine					2										
Vyvanse 40mg	Lisdexamfetamine					1										
Vyvanse 50mg	Lisdexamfetamine					1										
Vyvanse 60mg	Lisdexamfetamine					1										
Vyvanse 70mg	Lisdexamfetamine					1										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Vyzulta	Latanoprostene	50	100	X	5											
Watchhaler Spacer	Inhaler, Assist Device	7	30	X	1						2	310				
Wavesense	Blood Glucose Meter										1	310				
Wavesense	Blood Glucose Strips	X	50	X	X	1										
Wavesense Amp System Kit	Blood Glucose Meter										1	310				
Wavesense Amp Test Strips	Blood Glucose Strips	X	50	X	X	1										
Wavesense Jazz Glucose Kit	Blood Glucose Meter										1	310				
Wavesense Presto Blood Glucose Kit	Blood Glucose Meter										1	310				
Wavesense Presto Blood Glucose Meter	Blood Glucose Meter										1	310				
Welchol 3.75gm Packet	Colesevelam HCl					1										
Welchol 625mg Tablet	Cholesevelam					6										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Wellbutrin 100mg	Bupropion					4.5										
Wellbutrin 75mg	Bupropion					6										
Wellbutrin SR 100mg	Bupropion					4										
Wellbutrin SR 150mg	Bupropion					2										
Wellbutrin SR 200mg	Bupropion					2										
Wellbutrin XL 150mg	Bupropion					3										
Wellbutrin XL 300mg	Bupropion					2										
Westcort	Hydrocortisone valerate	15	30	X	15											
Wilate	Human Antithemophilic Factor, Human Von Willebrand Factor	X	30	X	80000											
Women's Prenatal + DHA	Prenatal Vitamins Combination No. 61, Ferrous Fumarate, Folic Acid, Docosahexanoic Acid.					1										
Wygesic 65mg-650mg Tablet	Propoxyphene, Acetaminophen					6										
Xadago	Safinamide					1										
Xalatan	Latanoprost	25	50	X	2.5											
Xalkori	Crizotinib					2	1st and 2nd fill restricted to max DS of 14									
Xanax 0.25mg	Alprazolam					10										
Xanax 0.5mg	Alprazolam					10										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Xanax 1mg	Alprazolam					10										
Xanax 2mg	Alprazolam					4										
Xanax XR 0.5mg	Alprazolam					20										
Xanax XR 1.0mg	Alprazolam					10										
Xanax XR 2mg	Alprazolam					5										
Xanax XR 3mg	Alprazolam					3										
Xarelto 10mg Tablet	Rivaroxaban					1										
Xarelto 15mg Tablet	Rivaroxaban					1										
Xarelto 2.5mg	Rivaroxaban					2										
Xarelto 20mg Tablet	Rivaroxaban					1										
Xartemis XR 7.5-325 mg Tablet	Oxycodone HCL, Acetaminophen					4										
Xeljanz 5mg	Tofacitinib Citrate					2										
Xeljanz XR	Tofacitinib Citrate					1										
Xenazine 12.5mg Tablet	Tetrabenazine					8										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Xenazine 25mg Tablet	Tetrabenazine					4										
Xenical	Orlistat					3										
Xeomin 100 units Vial	IncobotulinumtoxinA	X	90	X	X											
Xeomin 50 units Vial	IncobotulinumtoxinA	X	90	X	X											
Xerese 5%-1% Cream	Acyclovir, Hydrocortisone	15	30	X	X								1 even package size	0		
Xermelo	Telotristat					3										
Xgeva 120mg/1.7mL Vial	Denosumab										1.7	24				
Xhance	Fluticasone	15	60	X	16											
Xifaxan 200mg Tablet	Rifaximin										9	26				
Xifaxan 550mg Tablet	Rifaximin					2										
Xigduo XR 5-1000mg	Dapagliflozin-Metformin HCL					2										
Xigduo XR 5-500mg Xigduo XR 10-500mg Xigduo XR 10-1000	Dapagliflozin-Metformin HCL					1										
Xiidra	Lifitegrast										60	26				

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Ximino 45mg	Minocycline					1.5										
Ximino 90mg and 135mg	Minocycline					1										
Xodol 10mg-300mg Tablet	Hydrocodone, Acetaminophen					6										
Xodol 5mg-300mg Tablet	Hydrocodone, Acetaminophen					12										
Xodol 7.5mg-300mg Tablet	Hydrocodone, Acetaminophen					6										
Xolegel 2% Gel	Ketoconazole	15	30	X	30											
Xolegel Corepak 2%-1% Gel	Ketoconazole and Hydrocortisone	15	30	X	67.7											
Xopenex 1.25mg/3mL Nebulizer Solution	Levalbuterol					9 mL (if 5 years of age or older) 18 mL (if less than 5 years of age)									5	12
Xopenex Concentrate Nebulizer Solution	Levalbuterol					3									5	12
Xopenex HFA Inhaler	Levalbuterol	15	30	X	15											
Xopenex Nebulizer Solution 0.31mg/3mL and 0.63mg/3mL	Levalbuterol					9 mL (if 5 years of age or older)										
Xospata	Gilteritinib					3										
X-Seb T Plus Shampoo	Coal Tar	15	30	X	236											
Xtampza ER 9, 13.5, 18, 27, 36mg	Oxycodone					2										
Xtandi	Enzalutamide					4		1st and 2nd fill restricted to max DS of 14								
Xultophy	Insulin Degludec and Liraglutide	6	150	X	15	0.5										
Xuriden	Uridine triacetate					4										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Xvite 1mg Tab	B-Complex W/C & Folic Acid Tab 1mg	X	100	X	100											
Xylocaine 2% Jelly	Lidocaine	15	30	X	X								1 even package	0		
Xyntha	Antihemophilic Factor VIII Plasma/Albumin Free	X	30	X	80000											
Xyrem	Sodium Oxybate					18										
Xyzal 2.5mg/5mL Solution	Levocetirizine					10										
Xyzal 5mg Tablet	Levocetirizine					1										
Yasmin, Ocella	Drospirenone and Ethinyl Estradiol	21	30	X	28											
Yaz	Drospirenone and Ethinyl Estradiol	21	30	X	28											
Yonsa	Abiraterone					4	1st and 2nd fill restricted to max DS of 14									
Yosprala 325-40mg	Aspirin/Omeprazole					1										
Yosprala 81-40mg	Aspirin/Omeprazole					1										
Zaclir	Benzoyl peroxide	15	30	X	297											
Zaditor OTC 0.025% Eye Drops	Ketolifen Fumarate	25	30	X	5											
Zamiset 10-325mg/15mL	Hydrocodone, Acetaminophen					184										
Zamiset 10mg-325mg/15mL	Hydrocodone, Acetaminophen					184										
Zamiset 5-163/7.5mL	Hydrocodone, Acetaminophen					184										
Zanaflex 2mg Tablets	Tizanidine					4										
Zanaflex 4mg Tablets	Tizanidine					9										
Zanaflex Capsules 2mg	Tizanidine					4										
Zanaflex Capsules 4mg	Tizanidine					9										
Zanaflex Capsules 6mg	Tizanidine					6										
Zantac 150mg	Ranitidine					4										
Zantac 150mg caps	Ranitidine					4										
Zantac 300mg caps	Ranitidine					1										

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Zantac 300mg tabs	Ranitidine					1										
Zantac 75mg	Ranitidine					4										
Zantac Syrup	Ranitidine					40										
Zarontin 250mg cap	Ethosuximide					6										
Zarontin 250mg/5ml Susp	Ethosuximide					30										
Zarxio 300mcg/0.5mL syringe	Filgrastim-SDNZ					2										
Zarxio 480mcg/0.8mL syringe	Filgrastim-SDNZ					1.6										
Zavesca	Miglustat					3										
Z-Dex Drops	Phenylephrine, Dextromethorphan and Guaifenesin	X	30	X	30	12										
Z-Dex Syrup	Guaifenesin/Dextromethorphan/ Phenylephrine					30										
Zecuity	Sumatriptan Succinate					2	4	24								
Zegerid 20mg & 40mg	Omeprazole					1										
Zegerid OTC	Omeprazole					2										
Zejula	Niraparib					3	1st and 2nd fill restricted to max DS of 14									
Zelapar	Selegiline					2										
Zelboraf	VEMURAFENIB					8	1st and 2nd fill restricted to max DS of 14									
Zemaira	(Alpha-1-Proteinase Inhibitor)					858										
Zembrace Symtouch	Sumatriptan succinate					2					16	24				
Zenieve Combination Package	Emollient Combination No. 35, Skin Cleanser Combination No. 7	15	30	X	X								1 even package size	0		
Zenieve Cream	Emollient Combination No. 35	15	30	X	70											
Zenzedi 15mg	Dextroamphetamine Sulfate					3										
Zenzedi 2.5mg, 7.5mg	Dextroamphetamine Sulfate					3										
Zenzedi 20mg	Dextroamphetamine Sulfate					3										
Zenzedi 30mg	Dextroamphetamine Sulfate					3										
Zepatier	Elbasvir	X	28	X	X	1					84	Lifetime				
Zerit 1mg/mL Oral Solution	Stavudine					80										
Zerit Capsules	Stavudine					2										
Zestoretic 10/12.5mg	Lisinopril and Hydrochlorothiazide	X	90	X	X	4										
Zestoretic 20/12.5mg	Lisinopril and Hydrochlorothiazide	X	90	X	X	4										
Zestoretic 20/25mg	Lisinopril and Hydrochlorothiazide	X	90	X	X	2										
Zestril 10mg	Lisinopril	X	90	X	X	8										
Zestril 2.5mg	Lisinopril	X	90	X	X	32										
Zestril 20mg	Lisinopril	X	90	X	X	4										
Zestril 30mg and 40mg	Lisinopril	X	90	X	X	2										
Zestril 5mg	Lisinopril	X	90	X	X	16										
Zetia 10mg Tablet	Ezetimibe					1										
Zetonna Nasal Spray	Ciclesonide	30	30	X	6.1											
Ziagen 20mg/mL Oral Solution	Abacavir					30										
Ziagen 300mg Tablet	Abacavir					2										
Ziana	Ciindamycin and Tretinoin	15	30	X	30											
ZILRETTA INJ 32MG	TRIAMCINOLONE ACETONIDE INTRA-ARTICULAR INJ ER SUSP 32 MG										1	Lifetime				
Zinbryta	Daclizumab	28	30	X	1											
Zingo 0.5MG Pen Injector	Lidocaine HCl					1										
Zinotic EX 0.1%-1%-1% Ear Drops	Chloroxylenol, Pramoxine, Zinc Acetate	7	30	X	15											
Zioptan 0.0015% Eye Drops	Tafuprost					1										
Zipsor 25mg Capsule	Diclofenac Potassium					4										
Zirgan 0.15% Ophthalmic Gel	Ganciclovir	7	30	X	5											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Zithranol-RR 1.2% Cream	Anthralin	30	45	X	45											
Zithromax 100mg/5mL Suspension	Azithromycin	X	30	X	45											
Zithromax 200mg/5mL Suspension	Azithromycin	X	30	X	62.5	12.5										
Zithromax 250mg Tablet	Azithromycin	X	30	X	6											
Zithromax 500mg Tablet	Azithromycin					2					30	26				
Zithromax 600mg	Azithromycin					1										
Zithromax Tri-Pak	Azithromycin					3										
Zithromax Z-Pak	Azithromycin	5	30	X	6											
Zocor 10mg	Simvastatin					8										
Zocor 20mg	Simvastatin					4										
Zocor 40mg	Simvastatin					2										
Zocor 5mg	Simvastatin					16										
Zocor 80mg	Simvastatin					1										
Zoderm 4.5%-10% Cleanser	Benzoyl Peroxide, Urea	15	30	X	400											
Zoderm 6.5% Redi-Pads	Benzoyl Peroxide, Urea	15	30	X	30	2										
Zoderm 8.5% Redi-Pads	Benzoyl Peroxide, Urea	15	30	X	30	2										
Zoderm Cleanser	Benzoyl Peroxide, Urea	15	30	X	473											
Zofran 24mg Tablets	Ondansetron					1										
Zofran 2mg/mL Injection	Ondansetron					12										
Zofran 32mg/50mL Injection	Ondansetron					150					600	24				
Zofran 4mg Tablets	Ondansetron					3										
Zofran 8mg Tablets	Ondansetron					3										
Zofran ODT Tablets 4 mg	Ondansetron					3										
Zofran ODT Tablets 8 mg	Ondansetron					3										
Zofran Oral Solution 4mg/5mL	Ondansetron					30										
Zohydro ER	Hydrocodone					2										
Zoladex	Goserelin Acetate										1	24				
Zolene HC	Pramoxine, Hydrocortisone and Chloroxylenol	5	30	X	10											
Zolinza	Vorinostat					4	1st and 2nd fill restricted to max DS of 14									
Zoloft 100mg Tablet	Sertraline					4										
Zoloft 20mg/mL Oral Concentrate	Sertraline	X	60	X	X	10										
Zoloft 25mg Tablet	Sertraline					8										
Zoloft 50mg Tablet	Sertraline					4										
Zolpimist 5mg Oral Spray	Zolpidem Tartrate					2										18
Zometa 4mg/5mL Vial Pkg size 100ml	Zoledronic Acid	X	30	X	100						400	24				
Zometa 4mg/5mL Vial Pkg size 5ml	Zoledronic Acid	X	30	X	5						20	24				
Zomig Nasal Spray	Zolmitriptan					16					16	24				
Zomig, Zomig ZMT	Zolmitriptan					2					16	24				
Zonatuss 150mg Capsule	Benzonatate					4										11
Zonegran 100mg Capsule	Zonisamide					6										
Zonegran 25mg Capsule	Zonisamide					24										
Zonegran 50mg Capsule	Zonisamide					12										
Zontivity	Vorapaxar Sulfate					1										
Zorbtive Injection	Somatropin					1										
Zortress 0.25mg Tablet	Everolimus					2										
Zortress 0.5mg Tablet	Everolimus					2										
Zortress 0.75mg Tablet	Everolimus					2										
Zortress 1mg Tablet	Everolimus					2										
Zorvolex	Diclofenac Submicronized					3										
Zostavax Injection	Zoster Vaccine Live										1	Lifetime				50
Zostrix 0.025% Cream	Capsaicin	15	30	X	X								1 even package size	0		
Zostrix Diabetic 0.075% Cream	Capsaicin	15	30	X	X								1 Even Pkg Size	0		
Zostrix Neuropathy 0.25% Cream	Capsaicin	15	30	X	60											

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Zotane HC, Cortane-B	Pramoxine, Hydrocortisone and Chloroxylenol	X	30	X	10											
Zotex Drops (Generic only--I.e. Z-Dex Drops)	Phenylephrine, Dextromethorphan and Guaifenesin	X	30	X	30											
Zotex LA	Phenylephrine, Dextromethorphan and Guaifenesin					2										
Zotex Pediatric syrup (Dexcon-DM/ Z-Dex syrup)	Phenylephrine, Dextromethorphan and Guaifenesin	X	30	X	473											
Zotex-12 Susp	Phenylephrine, Pyrilamine and Dextromethorphan	X	30	X	473											
Zovirax 200mg Capsule	Acyclovir					5										
Zovirax 200mg/5mL Suspension	Acyclovir					100										
Zovirax 400mg Tablet	Acyclovir					2										
Zovirax 5% Cream	Acyclovir	4	30	X	5											
Zovirax 5% Ointment	Acyclovir	7	30	X	30											
Zovirax 800mg Tablet	Acyclovir					5										
Zubsolv 0.7-0.18mg tablet	Buprenorphine, Naloxone					45										
Zubsolv 1.4-0.36mg tablet	Buprenorphine, Naloxone					22										
Zubsolv 11.4-2.9mg tablet	Buprenorphine, Naloxone					2										
Zubsolv 2.9-0.71mg tablet	Buprenorphine, Naloxone					11										
Zubsolv 5.7-1.4mg tablet	Buprenorphine, Naloxone					5										
Zubsolv 8.6-2.1mg tablet	Buprenorphine, Naloxone					3										
Zuplenz 4mg Soluble Film	Ondansetron					9					24	24				
Zuplenz 8mg Soluble Film	Ondansetron										12	24				
Zurampic	Lesinurad					1										
Zyban	Bupropion	X	30	X	X											18
Zyclara 3.75% Cream	Imiquimod	28	30	X	14											
Zydelig	Verinostat					2										
Zydone	Hydrocodone and Acetaminophen					10										
Zyflo	Zileuton					4										
Zyflo CR	Zileuton					4										
Zykadia 150mg Capsule	Certinib					3	1st and 2nd fill restricted to max DS of 14									
Zylet ointment	Loteprednol and Tobramycin	X	30	X	7											
Zylet solution	Loteprednol and Tobramycin	X	30	X	20											
Zyloprim 100mg Tablet	Allopurinol	X	90	X	X											
Zyloprim 300mg Tablet	Allopurinol	X	90	X	X											
Zymar	Gatifloxacin	7	30	X	5											
Zymaxid 0.5% Eye Drops	Gatifloxacin	7	30	X	5											
Zypitamag 1mg,2mg,4mg	Pitavastatin					1										
Zypram 2.35%-1% Cream Kit	Hydrocortisone, Pramoxine, Skin Cleanser Combination No. 16	15	30	X	X								1 even package size	0		
Zyprexa 10mg Vial (IM Powder for Solution)	Olanzapine					6										
Zyprexa Relprevv 210mg Vial	Olanzapine Pamoate	28	30	X	X						2	21				
Zyprexa Relprevv 300mg Vial	Olanzapine Pamoate	28	30	X	X						2	21				
Zyprexa Relprevv 405mg Vial	Olanzapine Pamoate	28	30	X	X						1	21				
Zyprexa Tablet 10mg	Olanzapine					6										
Zyprexa Tablet 15mg	Olanzapine					4										
Zyprexa Tablet 2.5mg	Olanzapine					24										
Zyprexa Tablet 20mg	Olanzapine					3										
Zyprexa Tablet 5mg	Olanzapine					12										
Zyprexa Tablet 7.5mg	Olanzapine					8										
Zyprexa Zydys Disintegrating Tablet 10mg	Olanzapine					6										
Zyprexa Zydys Disintegrating Tablet 15mg	Olanzapine					4										

Horizon NJ Health Plan Limitations

Medication Branded Name	Medication Generic Name	Minimum Days Supply per Prescription	Maximum Days Supply per Prescription	Minimum Quantity per Prescription	Maximum Quantity per Prescription	Maximum Quantity Per Day	Maximum Days Supply (days)	Maximum Days Supply Time Frame (days)	Maximum Number of Fills	Maximum Number of Fills Time Frame (days)	Maximum Quantity	Maximum Quantity Time Frame (days)	Maximum Number of Units	Maximum Number of Units Time Frame (days)	Maximum Age Limit	Minimum Age Limit
Zyprexa Zydys Disintegrating Tablet 20mg	Olanzapine					3										
Zyprexa Zydys Disintegrating Tablet 5mg	Olanzapine					12										
Zyrtec 10mg Liquid Gels (OTC)	Cetirizine					2										
Zyrtec 1mg/mL Syrup (Rx Required)	Cetirizine					20										
Zyrtec Chewables (Rx Only)	Cetirizine					2										
Zyrtec Itchy Eye 0.025% Drops	Ketolifen Fumarate	25	30	X	5											
Zyrtec Itchy Eye 0.025% Drops	Ketolifen Fumarate	25	30	X	5											
Zyrtec OTC Chewables	Cetirizine					2										
Zyrtec OTC Syrup	Cetirizine					20										
Zyrtec OTC Tablets	Cetirizine					2										
Zyrtec Tablets (Rx Only)	Cetirizine					2										
Zyrtec-D (Rx Only)	Cetirizine and Pseudoephedrine					2										
Zyrtec-D OTC	Cetirizine and Pseudoephedrine					2										
Zytiga 250mg	ABIRATERONE ACETATE					4		1st and 2nd fill restricted to max DS of 14								
Zytiga 500mg	ABIRATERONE ACETATE					2		1st and 2nd fill restricted to max DS of 14								