

Value Formulary Narrow

Medicines with Clinical Requirements: Quantity Limits

Below is a list of medicines by drug class that have limits on the amounts of medicine that Value Formulary plans cover. This is to help make sure that you receive the correct amounts of medicine to effectively treat your health condition. The limits listed below only affect the amount of medicine covered by your plan. No further action from your doctor is required if your current prescription includes an amount of medicine less than these limits.

Category* Drug Class	Medicines with Quantity Limits	Limit for 30-Day Prescriptions	Limit for 90-Day Prescriptions
Anti-Anxiety*	ALPRAZOLAM INTENSOL	120 mL	360 mL
	<i>alprazolam 0.25 mg, 0.5 mg, 1 mg</i>	90 tablets	270 tablets
	<i>alprazolam 2 mg</i>	60 tablets	180 tablets
	<i>clorazepate</i>	120 tablets	360 tablets
	DIAZEPAM INTENSOL	240 mL	720 mL
	<i>diazepam oral solution</i>	1,200 mL	3,600 mL
	<i>diazepam</i>	120 tablets	360 tablets
	<i>lorazepam concentrated solution</i>	150 mL	450 mL
	<i>lorazepam</i>	150 tablets	450 tablets
	<i>oxazepam</i>	120 capsules	360 capsules
Anti-Infectives* Miscellaneous	<i>vancomycin</i>	80 capsules	80 capsules
Asthma* Steroid Inhalants	ARNUITY ELLIPTA	30 inhalations/1 package	90 inhalations/3 packages
	<i>budesonide 0.25 mg/respule</i>	120 mL/3 packages	360 mL/9 packages
	<i>budesonide 0.50 mg/respule</i>	120 mL/2 packages	360 mL/6 packages
	<i>budesonide 1 mg/respule</i>	60 mL/1 package	180 mL/3 packages
	FLOVENT 50 mcg/blister	180 blisters/3 packages	540 blisters/9 packages
	FLOVENT 100 mcg/blister, 250 mcg/blister	240 blisters/4 packages	720 blisters/12 packages
	FLOVENT HFA	24 grams/2 packages	72 grams/6 packages
	QVAR	240 inhalations/2 packages	720 inhalations/6 packages
Asthma* or Chronic Obstructive Pulmonary Disease (COPD)* Steroid/Beta Agonist Combinations	ADVAIR	60 blisters/1 package	180 blisters/3 packages
	ADVAIR HFA	120 inhalations/1 package	360 inhalations/3 packages
	BREO ELLIPTA†	30 inhalations/1 package	90 inhalations/3 packages
	SYMBICORT	120 inhalations/ 1 package	360 inhalations/3 packages

Attention Deficit Hyperactivity Disorder*	<i>atomoxetine 10 mg, 18 mg, 25 mg</i>	120 capsules	360 capsules
	<i>atomoxetine 40 mg</i>	60 capsules	180 capsules
	<i>atomoxetine 60 mg, 80 mg, 100 mg</i>	30 capsules	90 capsules
	<i>methylphenidate 5 mg/5 mL solution</i>	1,800 mL	3,600 mL
	<i>methylphenidate extended-release 60 mg</i>	30 capsules	90 capsules
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics, Long-Acting	INCRUSE ELLIPTA	30 inhalations/1 package	90 inhalations/3 packages
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergic Combinations	BEVESPI AEROSPHERE	30 inhalations/60 blisters/ 1 package	90 inhalations/180 blisters/ 3 packages
Chronic Obstructive Pulmonary Disease (COPD)* Beta Agonists, Long-Acting	PERFOROMIST	120 mL	360 mL
	STRIVERDI RESPIMAT	60 inhalations/1 package	180 inhalations/3 packages
Chronic Obstructive Pulmonary Disease (COPD)* Beta Agonists, Short-Acting	albuterol (PROAIR DIGIHALER, PROAIR HFA, PROAIR RESPICKLICK, PROVENTIL HFA, VENTOLIN HFA)	400 inhalations/2 packages	1,200 inhalations/6 packages
	levalbuterol (Xopenex)	400 inhalations/2 packages	1,200 inhalations/6 packages
Opioid Dependence Agents*	<i>buprenorphine/naloxone sublingual</i>	90 tablets	270 tablets
	SUBOXONE 2-0.5 mg, 4-1 mg, 8-2 mg	90 films	270 films
	SUBOXONE 12-3 mg	60 films	180 films
	naloxone hydrochloride injection (EVZIO) 1137-H	2 cartons (4 auto-injectors) per 180 days	2 cartons (4 auto-injectors) per 180 days
	naloxone hydrochloride nasal spray (NARCAN NASAL SPRAY) 1137-H	2 cartons (4 nasal sprays) per 180 days	2 cartons (4 nasal sprays) per 180 days
Pain and Inflammation* Opioid Agents, Long-Acting	<i>fentanyl lozenges (PA)</i>	120 lozenges	360 lozenges
	<i>methadone 10 mg/mL oral concentrate</i>	30 mL^	30 mL^
	<i>tramadol extended-release</i>	30 capsules/30 tablets	90 capsules/90 tablets
Pain and Inflammation* Opioid Agents, Short-Acting	<i>codeine/acetaminophen oral solution codeine/acetaminophen suspension</i>	5,000 mL	15,000 mL
	<i>codeine/acetaminophen 15-300 mg, 30-300 mg, 60-300 mg</i>	400 tablets	1,200 tablets
	<i>hydrocodone/acetaminophen 7.5-325 mg/15 mL, 10-325 mg/15 mL solution</i>	5,540 mL	16,620 mL
	<i>hydrocodone/acetaminophen 5-300 mg, 7.5-300 mg, 10-300 mg</i>	400 tablets	1,200 tablets
	<i>hydrocodone/acetaminophen 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg</i>	375 tablets	1,125 tablets
	<i>oxycodone/acetaminophen solution</i>	1,850 mL	5,550 mL
	<i>oxycodone/acetaminophen 2.5-300 mg, 5-300 mg, 7.5-300 mg, 10-300 mg</i>	400 tablets	1,200 tablets
	<i>oxycodone/acetaminophen 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg</i>	375 tablets	1,125 tablets

	<i>tramadol</i>	240 tablets	720 tablets
Skin Conditions	<i>doxepin</i>	90 grams	90 grams
Sleep Agents* Hypnotics, Benzodiazepines	<i>temazepam</i>	15 tablets	45 tablets

The medicines indicated above, along with their quantity limits, are subject to change.

There may be additional drugs subject to prior authorization or other plan design restrictions. Though covered by your plan, some generics may not be listed in your plan's formulary. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug alternative considerations. Log in to Caremark.com to check coverage and copay information for a specific drug. Copay means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark® assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable state law restrictions.

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

^ This denotes medicines that have the same quantity limit for both 30-day and 90-day prescriptions.

Key abbreviations: (QL) = quantity limit; (PA) = prior authorization; (ST, PA) = step therapy with post-step prior authorization.

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