

Value Formulary Narrow

Medicines with Clinical Requirements: Quantity Limits with Post-Limit Prior Authorization

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.

If you have a unique medical situation that requires you to take amounts exceeding the limits listed below, your doctor can contact our Prior Authorization Department to authorize a larger amount.

Category* Drug Class	Medicines with Quantity Limits with Post-Limit Prior Authorization	Limit for 30-Day Prescriptions	Limit for 90-Day Prescriptions
Anti-Infectives Influenza Agents*	oseltamivir 30 mg	28 capsules^	28 capsules^
	oseltamivir 45 mg, 75 mg	14 capsules^	14 capsules^
	TAMIFLU 6 mg/mL suspension	180 mL ^	180 mL ^
Attention Deficit Hyperactivity Disorder*	amphetamine/dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg	90 tablets	270 tablets
	amphetamine/dextroamphetamine 15 mg, 20 mg	60 tablets	180 tablets
	amphetamine/dextroamphetamine 30 mg	30 tablets	90 tablets
	amphetamine/dextroamphetamine extended-release 5 mg, 10 mg	90 capsules	270 capsules
	amphetamine/dextroamphetamine extended-release 15 mg, 20 mg, 25 mg, 30 mg	30 capsules	90 capsules
	dextroamphetamine 2.5 mg, 5 mg, 7.5 mg, 10 mg	120 tablets	360 tablets
	dextroamphetamine 15 mg, 20 mg	60 tablets	180 tablets
	dextroamphetamine 30 mg	30 tablets	90 tablets
	dextroamphetamine extended-release 5 mg, 10 mg	120 capsules	360 capsules
	dextroamphetamine extended-release 15 mg	60 capsules	180 capsules
	methylphenidate 10 mg/5 mL solution	900 mL	2,700 mL
	methylphenidate 5 mg, 10 mg	180 tablets	540 tablets
	methylphenidate 20 mg	90 tablets	270 tablets
	methylphenidate extended-release 20 mg, 30 mg RITALIN LA 10 mg	60 capsules	180 capsules
	methylphenidate extended-release 40 mg	30 capsules	90 capsules
	methylphenidate extended-release 10 mg, 20 mg	90 tablets	270 tablets
	methylphenidate extended-release 18 mg, 27 mg, 36 mg	60 tablets	180 tablets
	methylphenidate extended-release 54 mg	30 tablets	90 tablets

Category* Drug Class	Medicines with Quantity Limits with Post-Limit Prior Authorization	Limit for 30-Day Prescriptions	Limit for 90-Day Prescriptions
Dermatology Skin Inflammation and Hives* Corticosteroids	<i>alclometasone, amcinonide, betamethasone, clocortolone, clobetasol, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone</i>	120 grams (topical creams, ointments, gels, foams, oils, shampoos, solutions and sprays) or milliliters (topical lotions)	360 grams (topical creams, ointments, gels, foams, oils, shampoos, solutions and sprays) or milliliters (topical lotions)
Gastrointestinal Agents* Anti-Nausea Agents	<i>aprepitant 40 mg</i>	3 capsules^	3 capsules^
	<i>aprepitant 80 mg</i>	4 capsules^	4 capsules^
	<i>aprepitant 125 mg</i>	2 capsules^	2 capsules^
	<i>aprepitant 125 mg-80 mg kit</i>	2 packs^	2 packs^
	<i>EMEND 125 mg/5 mL oral suspension</i>	12 kits^	12 kits^
Migraine*	<i>naratriptan</i>	12 tablets	36 tablets
	<i>rizatriptan</i>	18 tablets	54 tablets
	<i>sumatriptan 5 mg nasal spray</i>	24 nasal spray units	72 nasal spray units
	<i>sumatriptan 20 mg nasal spray</i>	12 nasal spray units	36 nasal spray units
	<i>sumatriptan 4 mg/0.5 mL injection</i>	18 syringes	54 syringes
	<i>sumatriptan 6 mg/0.5 mL injection</i>	12 syringes	36 syringes
	<i>zolmitriptan</i>	12 tablets	36 tablets
Opioid Dependence Agents*	<i>NARCAN nasal spray</i>	2 cartons^	2 cartons^
Pain and Inflammation* Opioid Agents, Long-Acting	<i>EMBEDA</i>	120 capsules	360 capsules
	<i>fentanyl patches</i>	10 patches	30 patches
	<i>methadone injection</i>	1 multi-dose vial	3 multi-dose vials
	<i>methadone 5 mg/5 mL oral solution</i>	450 mL	1,350 mL
	<i>methadone 10 mg/5 mL oral solution</i>	450 mL	1,350 mL
	<i>methadone</i>	90 tablets	270 tablets
	<i>methadone tablet for oral suspension</i>	9 tablets^	9 tablets^
	<i>morphine extended-release capsules</i>	120 capsules	360 capsules
	<i>morphine extended-release tablets</i>	90 tablets	270 tablets
	<i>XTAMPZA ER 9 mg</i>	960 capsules	2,880 capsules
	<i>XTAMPZA ER 13.5 mg</i>	630 capsules	1,890 capsules
	<i>XTAMPZA ER 18 mg</i>	480 capsules	1,440 capsules
	<i>XTAMPZA ER 27 mg</i>	300 capsules	900 capsules
	<i>XTAMPZA ER 36 mg</i>	240 capsules	720 capsules

Category* Drug Class	Medicines with Quantity Limits with Post-Limit Prior Authorization	Limit for 30-Day Prescriptions	Limit for 90-Day Prescriptions
Pain and Inflammation* Opioid Agents, Short-Acting	<i>codeine 30 mg/5 mL oral solution</i>	210 mL [^]	210 mL [^]
	<i>codeine</i>	42 tablets [^]	42 tablets [^]
	<i>hydromorphone liquid</i>	600 mL	1,800 mL
	<i>hydromorphone</i>	180 tablets	540 tablets
	<i>levorphanol</i>	120 tablets	360 tablets
	<i>morphine 20 mg/mL concentrated solution</i>	180 mL	540 mL
	<i>morphine 10 mg/5 mL, 20 mg/5 mL oral solution</i>	900 mL	2,700 mL
	<i>morphine suppositories</i>	180 suppositories	540 suppositories
	<i>morphine</i>	180 tablets	540 tablets
	<i>oxycodone</i>	180 capsules/ tablets	540 capsules/ tablets
	<i>oxycodone concentrated solution</i>	180 mL	540 mL
	<i>oxycodone oral solution</i>	900 mL	2,700 mL
Sleep Agents* Hypnotics, Non-Benzodiazepines	<i>zaleplon</i>	15 capsules	45 capsules
	<i>zolpidem</i>	15 tablets	45 tablets
	<i>zolpidem extended-release</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](https://www.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, PA) = quantity limit with post-limit prior authorization.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.

©2019 CVS Caremark. All rights reserved. 6579-32419H 100119

[Caremark.com](https://www.caremark.com)