

# Value Formulary Tiered

## Medicines with Clinical Requirements: Quantity Limits (QL)

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>chlordiazepoxide</i>	360 capsules	1,080 capsules
	<i>Clonazepam orally disintegrating tablet</i>	300 tablets	900 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, FIRVANQ</i>	450 mL/10 days	450 mL/10 days
	<i>vancomycin capsules, VANCOCIN</i>	80 capsules/10 days	80 capsules/10days
Antipuritics	PRUDOXIN, ZONALON, doxepin	90 grams	90 grams
Asthma* Steroid Inhalants	AEROSPAN HFA†	240 inhalations/2 packages	720 inhalations/6 packages
	ALVESCO 80 mcg/actuation†	180 inhalations/3 packages	540 inhalations/9 packages
	ALVESCO 160 mcg/actuation†	120 inhalations /2 packages	360 inhalations/6 packages
	ARMONAIR RESPICLICK	1 package	3 packages
	ARNUIITY ELLIPTA	30 inhalations/1 package	90 inhalations/3 packages
	ASMANEX 110 mcg/inh, 60-220 mcg/inh†	2 inhalations/2 packages	6 inhalations/6 packages
	ASMANEX 30-220 mcg/inh†	4 inhalations/4 packages	12 inhalations/12 packages
	ASMANEX 120-220 mcg/inh†	1 inhalations/1 package	3 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 DISKUS 50 mcg/blister	180 blisters/3 packages	540 blisters/9 packages

Category* Drug Class	Medicines with Quantity Limits	Limit for 30-Day Prescriptions	Limit for 90-Day Prescriptions
	FLOVENT DISKUS 100 mcg/blister, 250 mcg/blister	240 blisters/4 packages	720 blisters/12 packages
	FLOVENT HFA	24 grams/2 packages	72 grams/6 packages
	PULMICORT FLEXHALER 90 mcg/actuation†	3 inhalations/3 packages	9 inhalations/9 packages
	PULMICORT FLEXHALER 180 mcg/actuation†	2 inhalations/2 packages	6 inhalations/6 packages
	PULMICORT RESPULES 0.25 mg	180 mL	540 mL
	PULMICORT RESPULES 0.5 mg	120 mL	360 mL
	PULMICORT RESPULES 1 mg	60 mL	180 mL
	QVAR	240 inhalations/2 packages	720 inhalations/6 packages
<b>Asthma* or Chronic Obstructive Pulmonary Disease (COPD)* Steroid/Beta Agonist Combinations</b>	ADVAIR	60 blisters/1 package	180 blisters/3 packages
	ADVAIR HFA	120 inhalations/1 package	360 inhalations/3 packages
	AIRDUO RESPICLICK	1 package	3 packages
	BREO ELLIPTA†	30 inhalations/1 package	90 inhalations/3 packages
	DULERA†	120 inhalations/1 package	360 inhalations/3 packages
	SYMBICORT†	120 inhalations/1 package	360 inhalations/3 packages
<b>Attention Deficit Hyperactivity Disorder*</b>	atomoxetine 10 mg, 18 mg, 25 mg	120 capsules	360 capsules
	atomoxetine 40 mg	60 capsules	180 capsules
	atomoxetine 60 mg, 80 mg, 100 mg	30 capsules	90 capsules
	DAYTRANA†	30 patches	90 patches
	DESOXYN†	150 tablets	450 tablets
	dexmethylphenidate extended-release 30 mg, 35 mg, 40 mg	30 capsules	90 capsules
	methylphenidate 5 mg/5 mL solution	1,800 mL	3,600 mL
	methylphenidate extended-release 10 mg, 20 mg, 30 mg	60 capsules	180 capsules
	methylphenidate extended-release 60 mg APTENSIO XR 60 mg†	30 capsules	90 capsules
	VYVANSE 10 mg, 20 mg, 30 mg†	60 capsules	180 capsules
VYVANSE 40 mg, 50 mg, 60 mg, 70 mg†	30 capsules	90 capsules	
<b>Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics, Long-Acting</b>	INCRUSE ELLIPTA, LONHALA MAGNAIR STARTER AND REFILL KIT, SEEBRI NEOHALER, SPIRIVA RESPIMAT, YUPELRI revefenacin inhalation solution, glycopyrrolate	1 package	3 packages
	ATROVENT HFA, COMBIVENT RESPIMAT, CROMOLYN INHALATION SOLUTION, ipratropium, ipratropium/albuterol	2 packages	6 packages
	ipratropium Inhalation solution 0.02%,	313 mL	938 mL
	Ipratropium Bromide/albuterol sulfate inhalation solution	540 mL	1620 mL
	SPIRIVA HANDIHALER tiotropium	30 capsules	90 capsules
	TUDORZA PRESSAIR acclidinium	60 Inhalations	180 Inhalations

<b>Category* Drug Class</b>	<b>Medicines with Quantity Limits</b>	<b>Limit for 30-Day Prescriptions</b>	<b>Limit for 90-Day Prescriptions</b>
<i>Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergic Combinations</i>	ANORO ELLIPTA	1 package	3 packages
	BEVESPI AEROSPHERE	30 inhalations/60 blisters/ 1 package	90 inhalations/180 blisters/ 3 packages
<i>Chronic Obstructive Pulmonary Disease (COPD)* Beta Agonists, Long-Acting</i>	ARCAPTA NEOHALER†	30 capsules/1 package	90 capsules/3 packages
	BROVANA†	120 mL	360 mL
	PERFORMIST	120 mL	360 mL
	SEREVENT	60 blisters/1 package	180 blisters/3 packages
	STRIVERDI RESPIMAT	60 inhalations/1 package	180 inhalations/3 packages
<i>Chronic Obstructive Pulmonary Disease (COPD)* Beta Agonists, Short-Acting</i>	albuterol (PROAIR DIGHALER, 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
<i>Long-Acting Beta2- Adrenergic Agonist/Anticholinergic/ Corticosteroid</i>	TRELEGY ELLIPTA	1 package	3 packages
<i>Opioid Dependence Agents*</i>	BUNAVAIL 2.1-0.3 mg, 4.2-0.7 mg†	90 films	270 films
	BUNAVAIL 6.3-1.0 mg†	60 films	180 films
	<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
	ZUBSOLV 1.4-0.36 mg, 2.9-0.71 mg, 5.7-1.4 mg†	90 tablets	270 tablets
	ZUBSOLV 8.6-2.1 mg†	60 tablets	180 tablets
	ZUBSOLV 11.4-2.9 mg†	30 tablets	90 tablets
	<i>Pain and Inflammation* Butalbital Products</i>	<i>butalbital/acetaminophen</i>	60 units
<i>butalbital/acetaminophen/caffeine</i>		60 units	180 units
<i>butalbital/acetaminophen/caffeine/codeine</i>		60 units	180 units
<i>butalbital/aspirin/caffeine</i>		60 units	180 units
<i>butalbital-aspirin-caffeine-codeine</i>		60 units	180 units
<i>Pain and Inflammation* Carisoprodol Products</i>	<i>carisoprodol</i>	84 tablets^	84 tablets^
	<i>carisoprodol/aspirin</i>	168 tablets^	168 tablets^
	<i>carisoprodol/aspirin/codeine</i>	168 tablets^	168 tablets^
<i>Pain and Inflammation* Opioid Agents, Long-Acting</i>	<i>fentanyl lozenges (PA)</i>	120 lozenges	360 lozenges
	<i>methadone 10 mg/mL oral concentrate</i>	30 mL^	30 mL^
	NUCYNTA ER 50 mg†	300 tablets	900 tablets

<b>Category* Drug Class</b>	<b>Medicines with Quantity Limits</b>	<b>Limit for 30-Day Prescriptions</b>	<b>Limit for 90-Day Prescriptions</b>
	NUCYNTA ER 100 mg†	150 tablets	450 tablets
	NUCYNTA ER 150 mg†	90 tablets	270 tablets
	NUCYNTA ER 200 mg, 250 mg†	60 tablets	180 tablets
	<i>tramadol extended-release</i>	30 capsules/30 tablets	90 capsules/90 tablets
	XARTEMIS XR†	120 tablets^	120 tablets^
<b>Pain and Inflammation* Opioid Agents, Short-Acting</b>	<i>codeine/acetaminophen oral solution codeine/acetaminophen suspension</i>	2,700 mL	8,100 mL
	<i>codeine/acetaminophen 15-300 mg</i>	400 tablets	1,200 tablets
	<i>codeine/acetaminophen 30-300 mg</i>	360 tablets	1,080 tablets
	<i>codeine/acetaminophen 60-300 mg</i>	180 tablets	540 tablets
	<i>dihydrocodeine/acetaminophen/caffeine 16-320.5-30 mg</i>	300 capsules	900 capsules
	<i>dihydrocodeine/aspirin/caffeine 16-356.4-30 mg</i>	300 capsules	900 capsules
	<i>hydrocodone/acetaminophen 10-300 mg/15 mL solution</i>	6,000 mL	18,000 mL
	<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
<b>Pain and Inflammation* Opioid Agents, Short-Acting</b>	<i>hydrocodone/ibuprofen</i>	50 tablets^	50 tablets^
	NUCYNTA 50 mg†	360 tablets	1,080 tablets
	NUCYNTA 75 mg†	240 tablets	720 tablets
	NUCYNTA 100 mg†	180 tablets	540 tablets
	<i>oxycodone/aspirin</i>	308 tablets	924 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>oxycodone/ibuprofen</i>	28 tablets^	28 tablets^
	<i>pentazocine/naloxone</i>	180 tablets^	180 tablets^
	<i>tramadol</i>	240 tablets	720 tablets
	<i>tramadol/acetaminophen</i>	40 tablets^	40 tablets^
	<b>Skin Conditions</b>	<i>doxepin, Prudoxin, Zonalon</i>	90 grams
<b>Sleep Agents* Hypnotics, Benzodiazepines</b>	<i>estazolam</i>	15 tablets	45 tablets
	<i>flurazepam</i>	15 capsules	45 capsules
	<i>quazepam</i>	15 tablets	45 tablets
	<i>temazepam</i>	15 tablets	45 tablets
	<i>triazolam</i>	10 tablets	30 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.

† This indicates a non-listed brand and is subject to very high copay or exclusion (i.e., the plan does not cover the medicine) without an authorization for medical necessity.

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

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