

Value Formulary Tiered Medicines with Clinical Requirements: Quantity Limits with Post-Limit Prior Authorization (QL, PA)

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*	RELENZA†	40 blisters [^]	40 blisters [^]
	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 [^]
Anti-Infectives Miscellaneous*	vancomycin	80 capsules [^]	80 capsules [^]
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
	dexmethylphenidate 2.5 mg, 5 mg	120 tablets	360 tablets
	dexmethylphenidate 10 mg	60 tablets	180 tablets
	dexmethylphenidate extended-release 5 mg, 10 mg, 15 mg, 20 mg	60 capsules	180 capsules
	dexmethylphenidate extended-release 25 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
	EVEKEO† 5 mg, 10 mg	120 tablets	360 tablets
	methylphenidate 2.5 mg, 5 mg, 10 mg chewable	180 tablets	540 tablets
	methylphenidate 10 mg/5 mL solution	900 mL	2,700 mL

Category* Drug Class	Medicines with Quantity Limits with Post-Limit Prior Authorization	Limit for 30-Day Prescriptions	Limit for 90-Day Prescriptions
Attention Deficit Hyperactivity Disorder*	<i>methylphenidate 5 mg, 10 mg</i>	180 tablets	540 tablets
	<i>methylphenidate 20 mg</i>	90 tablets	270 tablets
	<i>methylphenidate extended-release 20 mg, 30 mg</i> APTENSIO XR 10 mg, 15 mg, 20 mg, 30 mg† RITALIN LA 10 mg	60 capsules	180 capsules
	<i>methylphenidate extended-release 40 mg, 50 mg</i> APTENSIO XR 40 mg, 50 mg†	30 capsules	90 capsules
	<i>methylphenidate extended-release 10 mg, 20 mg</i>	90 tablets	270 tablets
	<i>methylphenidate extended-release 18 mg, 27 mg, 36 mg</i>	60 tablets	180 tablets
	<i>methylphenidate extended-release 54 mg</i>	30 tablets	90 tablets
	PROCENTRA 5 mg/5 mL oral solution†	1,200 mL	3,600 mL
	QUILLIVANT XR extended-release suspension†	360 mL	1,080 mL
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, oils, shampoos, solutions and sprays) or milliliters (topical lotions)
Gastrointestinal Agents* Anti-Nausea Agents	<i>aprepitant 40 mg</i>	3 capsules ^A	3 capsules ^A
	<i>aprepitant 80 mg</i>	4 capsules ^A	4 capsules ^A
	<i>aprepitant 125 mg</i>	2 capsules ^A	2 capsules ^A
	<i>aprepitant 125 mg-80 mg kit</i>	2 packs ^A	2 packs ^A
	EMEND 125 mg/5 mL oral suspension	12 kits ^A	12 kits ^A
	VARUBI rolapitant	2 packs/21 days	2 packs/21 days
Migraine*	AXERT <i>almotriptan</i>	12 tablets	36 tablets
	ALSUMA injector†	12 injectors	36 injectors
	<i>frovatriptan</i>	18 tablets	54 tablets
	<i>naratriptan</i>	12 tablets	36 tablets
	RELPAx†	12 tablets	36 tablets
	<i>rizatriptan</i>	18 tablets	54 tablets
	SUMAVEL DOSEPRO 4 mg/0.5 mL†	18 jet-injectors	54 jet-injectors
	SUMAVEL DOSEPRO 6 mg/0.5 mL†	12 jet-injectors	36 jet-injectors
	IMITREX <i>sumatriptan 25 mg, 50 mg, 100 mg</i>	12 tablets	36 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
	TREXIMET 85 mg/500 mg†	9 tablets	27 tablets
	ZOMIG†	12 nasal spray units	36 nasal spray units
	<i>zolmitriptan</i>	12 tablets	36 tablets

Category* Drug Class	Medicines with Quantity Limits with Post-Limit Prior Authorization	Limit for 30-Day Prescriptions	Limit for 90-Day Prescriptions
<i>Opioid Dependence Agents*</i>	NARCAN	2 cartons [^]	2 cartons [^]
<i>Pain and Inflammation* Local Anesthetics, Topical Agents</i>	<i>lidocaine 2%, 4% gel</i>	30 grams [^]	30 grams [^]
	<i>lidocaine 5% ointment</i>	50 grams [^]	50 grams [^]
	<i>lidocaine 4% solution</i>	50 mL [^]	50 mL [^]
	<i>lidocaine/prilocaine 2.5-2.5% cream, cream kit</i>	30 grams [^]	30 grams [^]
	<i>lidocaine/tetracaine 7-7% cream</i>	30 grams [^]	30 grams [^]
	SYNERA [†]	2 patches [^]	2 patches [^]
<i>Pain and Inflammation* Opioid Agents, Long-Acting</i>	ARYMO [†]	180 tablets	540 tablets
	<i>butorphanol 2 mg/mL injection</i>	2 bottles	6 bottles
	EMBEDA	120 capsules	360 capsules
	<i>fentanyl patches</i>	10 patches	30 patches
	<i>hydromorphone extended-release</i>	60 tablets	180 tablets
	HYSINGLA ER [†]	60 tablets	180 tablets
	<i>methadone injection</i>	1 multi-dose vial	3 multi-dose vials
	<i>methadone 10 mg/mL Intensol oral concentrate</i>	90 mL	270 mL
	<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 beaded capsules</i>	30 capsules	90 capsules
	<i>morphine extended-release tablets</i>	90 tablets	270 tablets
	OXYCONTIN [†]	120 tablets	360 tablets
	OPANA ER [†]	120 tablets	360 tablets
	TROXYCA ER [†]	60 capsules	180 capsules
	VANTRELA ER 15 mg [†]	360 tablets	1,080 tablets
	VANTRELA ER 30 mg [†]	180 tablets	540 tablets
	VANTRELA ER 45 mg [†]	120 tablets	360 tablets
VANTRELA ER 60 mg [†]	90 tablets	270 tablets	
VANTRELA ER 90 mg [†]	60 tablets	180 tablets	

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, Long-Acting	XTAMPZA ER 9 mg	960 capsules	2,880 capsules
	XTAMPZA ER 13.5 mg	630 capsules	1,890 capsules
	XTAMPZA ER 18 mg	480 capsules	1,440 capsules
	XTAMPZA ER 27 mg	300 capsules	900 capsules
	XTAMPZA ER 36 mg	240 capsules	720 capsules
	ZOHYDRO ER†	120 capsules	360 capsules
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 suppositories</i>	120 suppositories	360 suppositories
	<i>hydromorphone</i>	180 tablets	540 tablets
	<i>levorphanol</i>	120 tablets	360 tablets
	<i>meperidine oral solution</i>	90mL [^]	90mL [^]
	<i>meperidine</i>	18 tablets [^]	18 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
	OXAYDO 5 mg†	540 tablets	1,620 tablets
	OXAYDO 7.5 mg†	360 tablets	1,080 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
	<i>oxymorphone</i>	180 tablets	540 tablets
ROXYBOND 5 mg†	540 tablets	1,620 tablets	
ROXYBOND 15 mg, 30 mg†	180 tablets	540 tablets	
Sleep Agents* Hypnotics, Non-Benzodiazepines	<i>eszopiclone</i>	15 tablets	45 tablets
	ROZEREM®	15 tablets	45 tablets
	<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.

† 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, PA) = quantity limit with post-limit prior authorization.

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