

Quantity Limits

For these limited-quantity drugs, your prescription benefit plan will cover a specified amount of medication within a specified time period. These quantity limits are established to help ensure that you receive the appropriate amount of medication to treat your condition and are based on FDA-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs.

The limits affect only the amount of medication for which your prescription benefit plan will pay, not whether or not you can get a greater quantity. The final decision about the amount of medication you receive remains between you and your doctor.

For some medications you may be able to obtain a prior authorization in order for your prescription benefit plan to pay for a larger quantity than the amount specified below. Those drugs with a prior authorization available are noted in the chart. **If your doctor has determined that a greater amount is appropriate, your doctor should call CVS Caremark to request prior authorization for a larger quantity.**

Please contact CVS Caremark Customer Care at 1-888-217-4161 for specific questions about quantity limits.

The drug classes listed in the below chart are subject to quantity limits.

Quantity Limit Classes	Drug Name Examples – Includes generics, where available; Also may be subject to formulary prior authorization coverage	Prior Authorization Available (To Exceed Quantity)
All Respiratory Inhalers (for asthma, COPD, allergies and other respiratory disorders)	Long and Short Acting Beta2 Agonists (examples: Advair, Proair products) Intranasal Steroids and Antihistamines (example: Nasonex) Anticholinergic, Combination and Mast Cell Stabilizer (example: Spiriva) Corticosteroid Inhalers (example: Flovent)	No
Pain	Nucynta, Nucynta ER (tapentadol products)	No
	Xartemis XR (oxycodone/APAP ER)	No
	Extended Release Morphine Products (Avinza, Kadian, MorphaBond, Embeda, MS Contin)	Yes
	Oxycontin (oxycodone ER)	Yes
	Hydrocodone ER (Hysingla ER, Zohydro ER)	Yes
	Opana ER (oxymorphone ER)	Yes
	Hydromorphone (Exalgo)	Yes
	Tramadol products (Ultram, Ultracet)	No
Migraine Therapies	Stadol NS (butorphanol)	Yes
	Amerge, Axert, Frova, Alsuma, Imitrex, Maxalt, Relpax, Sumavel Dosepro, Treximet, Zomig, Migranal	Yes (except Migranal)
Influenza	Tamiflu, Relenza	Yes
Erectile Dysfunction	Cialis, Levitra, Staxyn, Stendra, Viagra, Caverject, Edex, Muse	No (except Cialis 5 mg)

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

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