

State of Tennessee Prior Authorization, Step Therapy and Quantity Limit List

Prior Authorization

Your doctor needs to get prior authorization for the drugs listed below before your prescription benefit plan administered by CVS Caremark® will cover them. These drugs can have serious side effects when not used appropriately.

For prior authorization review, your **doctor** should call CVS Caremark at **1-800-294-5979** before you go to the pharmacy. The prior authorization line is for your doctor's use only.

Prior Authorization

1-800-294-5979

ACNE

adapalene (Differin)
 tazarotene (Tazorac)
 Topical Tretinoin
 Atralin, tretinoin (Avita, Retin-A), tretinoin microsphere (Retin-A Micro), Tretin-X, Veltin, clindamycin/tretinoin (Ziana)

ACTINIC KERATOSES

diclofenac 3% (Solaraze)

ALLERGIC REACTION KIT

Auvi-Q

ANABOLIC STEROIDS

Anadrol-50
 oxandrolone (Oxandrin)

ANTIFUNGALS

ciclopirox (Penlac)
 itraconazole (Onmel, Sporanox)
 Jublia
 tavaborole (Kerydin)
 terbinafine (Lamisil)

ANTI-VIRALS

Sitavig

ATOPIC DERMATITIS

Eucrisa

COLLAGENASE TOPICAL

Santyl

COMPOUND MEDICATIONS

More than \$300

DENTAL

Arestin

GASTROINTESTINAL (GI) MOTILITY

alosetron (Lotronex)
 Linzess
 lubiprostone (Amitiza)
 Viberzi

HEART FAILURE

Entresto

HYPOACTIVE SEXUAL DESIRE

DISORDER (HSDD)

Addyi

IMMUNOTHERAPY

Grastek
 Odactra
 Oralair
 Palforzia
 Ragwitek

MEDICAL SUPPLIES

Artificial Saliva
 Dermatologic Products

NARCOLEPSY

armodafinil (Nuvigil)
 modafinil (Provigil)
 Sunosi
 Xyrem

NUTRITIONAL SUPPLEMENTS

Inborn errors of metabolism products

OMEGA-3 FATTY ACIDS

Lovaza

icosapent ethyl (Vascepa)

OPIOID DEPENDENCE

buprenorphine sublingual tabs

OSTEOARTHRITIS PAIN

diclofenac 1.5% (Pennsaid)
 Pennsaid 2%

PAIN

Abstral
 fentanyl citrate (Actiq)
 fentanyl citrate (Fentora)
 Lazanda
 Subsys

TESTOSTERONE

Androderm
 Androxy
 Depo-Testosterone
 methyltestosterone
 Natesto
 Striant
 Testopel Pellets
 testosterone CRM/OINT
 testosterone gel (AndroGel, Fortesta, Testim, Vogelxo)

WEIGHT LOSS

Contrave
 Qsymia
 Saxenda
 Wegovy

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Prior Authorization for Specialty Drugs

Your doctor needs to get prior authorization for the specialty drugs listed on the following pages before they will be covered by your prescription benefit plan. These drugs can have serious side effects when not used appropriately.

For specialty drug prior authorization review, your **doctor** should call CVS Caremark at **1-866-814-5506** before you go to the pharmacy. The prior authorization line is for your doctor's use only.

Prior Authorization for Specialty Drugs

(Limited to a 30-day supply)

1-866-814-5506

ACROMEGALY

Bynfezia
Mycapssa
octreotide
(SANDOSTATIN)
Sandostatin LAR Depot
Signifor LAR
Somatuline Depot
Somavert

ALCOHOL AND OPIOID DEPENDENCY

Vivitrol

ALPHA1-ANTITRYPSIN (AAT) DEFICIENCY

Aralast NP
Glassia
Prolastin-C
Zemaira

AMYLOIDOSIS

Onpattro
Tegsedi
Vyndamax
Vyndaqel

ANEMIA

Aranesp
Epogen
Mircera
Procrit
Reblozyl
Retacrit

ASTHMA

Cinqair
Dupixent
Fasenra
Nucala
Xolair

ATOPIC DERMATITIS

Dupixent

BONE DISORDERS

Strensiq**

BOTULINUM TOXINS

Botox
Dysport
Myobloc
Xeomin

CARDIAC DISORDERS

Tikosyn

CENTRAL PRECOCIOUS

PUBERTY (CPP)

Fensolvi
leuprolide
Lupron Depot-PED
Supprelin LA

CRYOPYRIN-ASSOCIATED

PERIODIC SYNDROMES (CAPS)

Arcalyst
Ilaris
Kineret

CUSHING'S SYNDROME

Isturisa
Korlym
Signifor

CYSTIC FIBROSIS (CF)

Bronchitol
Cayston
Kalydeco
Kitabis Pak
Orkambi
Pulmozyme
Symdeko
TOBI Podhaler
tobramycin (Bethkis)
tobramycin inhalation
solution (TOBI)
Trikafta

DUPUTRYENS CONTRACTURE

Xiaflex

ELECTROLYTE DISORDERS

Keveyis
tolvaptan (Samsca)

GI DISORDERS—OTHER

Chenodal
Cholbam
Gattex
Ocaliva
Zorbtive

GOUT

Krystexxa

GROWTH HORMONE (GH) AND RELATED DISORDERS

Genotropin
Humatrope
Increlex

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Norditropin
 Nutropin AQ
 Omnitrope
 Saizen
 Zomacton

HEMATOPOIETICS

Mozobil

HEMOPHILIA AND RELATED BLEEDING DISORDERS

Advate
 Adynovate
 Afstylia
 Alphanate
 AlphaNine SD
 Alprolix
 Bebulin VH
 BeneFIX
 Coagadex
 Cortifact
 Eloctate
 Esperoct
 Feiba NF
 Feiba VH
 Fibryga
 Helixate FS
 Hemlibra
 Hemofil M
 Humate-P
 Idelvion
 Ixinity
 Jivi
 Koate-DVI
 Kogenate FS
 Kovaltry
 Monoclate-P
 Mononine
 Novoeight
 NovoSeven
 Nuwiq
 Obizur
 Profilnine SD
 Rebinyn

Recombinate
 Riastap
 Rixubis
 SevenFact
 Stimute Nasal Spray
 Tretten
 Vonvendi
 Wilate
 Xyntha

HEPATITIS C

Epclusa
 Harvoni
 Mavyret
 Pegasys
 Ribavirin (ribavirin capsules/tablets, Copegus, Moderiba, Rebetol, Ribasphere, Ribasphere RibaPak, Ribatab)
 Sovaldi
 Viekira Pak/Viekira XR
 Vosevi
 Zepatier

HEREDITARY ANGIOEDEMA (HAE)

Berinert**
 Cinryze**
 Haegarda**
 icatibant (Firazyr)**
 Kalbitor**
 Orladeyo**
 Ruconest**
 Takhzyro**

HORMONAL THERAPIES

Aveed
 Eligard
 Fensolvi
 Firmagon
 leuprolide
 Lupaneta Pack
 Lupron Depot

Natpara
 Trelstar
 Triptodur
 Vantas
 Zoladex

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Cabenuva
 Egrifta
 Fuzeon
 Serostim

IMMUNE THERAPIES

Asceniv
 Bivigam
 Carimune NF
 Cutaquig
 Cuvitru
 Flebogamma
 GamaSTAN S/D
 Gammagard
 Gammaked
 Gammaplex
 Gamunex
 Hizentra
 HyQvia
 Octagam
 Panzyga
 Privigen
 Xembify

INFECTIOUS DISEASE

Actimmune
 Arikayce
 Veklury*

INFLAMMATORY BOWEL DISEASE (IBD)

Avsola
 Cimzia
 Entyvio
 Humira
 Inflectra
 Remicade
 Renflexis

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Simponi

Stelara†

Tysabri

IRON OVERLOAD

deferasirox (Exjade, Jadenu)

deferoxamine

(DESFERAL)

Ferriprox

LIPID DISORDERS

Evkeeza

Juxtapid

Kynamro

Praluent

Repatha

LIPODYSTROPHY

Myalept

LYSOSOMAL STORAGE

DISORDERS (LSD) AND

RELATED DISORDERS

Adagen

Aldurazyme

Brineura*

Cerdelga

Cerezyme

Cystadane

Cystadrops

Cystagon

Cystaran

Elaprase

Elelyso

Fabrazyme

Galafold

Kanuma

Lumizyme

Mepsevii

Naglazyme

Nityr

Orfadin

Procysbi

Vimizim

VPRIV

Zavesca

MENTAL HEALTH

Spravato

Zulresso

MOVEMENT DISORDERS

Apokyn

Austedo

droxidopa (Northera)

Duopa

Inbrija

Ingrezza

Kynmobi

Nuplazid

Radicava

tetrabenazine (Xenazine)

MULTIPLE SCLEROSIS (MS)

Aubagio

Avonex

Bafiertam

Betaseron

Copaxone

dalfampridine (Ampyra)

dimethyl fumarate
(Tecfidera)

Extavia

Gilenya

Glatopa

Kesimpta

Lemtrada

Mavenclad

Mayzent

mitoxantrone

Ocrevus

Plegridy

Ponvory

Rebif

Tysabri

Vumerity

Zeposia

MUSCULAR DYSTROPHY

Amondys 45

Emflaza

Exondys 51

Viltepso

Vyondys 53

NEUROMUSCULAR

Evrysdi**

Spinraza*

Zolgensma*

NEUTROPENIA

Fluphila

Granix

Leukine

Neulasta

Neupogen

Nivestym

Nyvepria

Udenyca

Zarxio

Ziextenzo

OCULAR DISORDERS

Avastin

Beovu

Eylea

Jetrea

Lucentis

Macugen

Oxervate

Tepezza

Visudyne

ONCOLOGY

Abecma*

abiraterone acetate (Zytiga)

Adcetris

Alecensa

Aliqopa

Alunbrig

Arzerra

Asparlas

Avastin

Ayvakit

azacitidine (Vidaza)

Balversa

Bavencio

Beleodaq

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Belrapzo	Halaven	Monjuvi
Bendamustine	Herceptin	Mvasi
Bendeka	Herceptin Hylecta	Mylotarg
Besponsa	Herzuma	Nerlynx
bexarotene (Targretin)	Hycamtin Capsules	Nexavar
Blenrep	Ibrance	Ninlaro
Blincyto	Iclusig	Nubeqa
Bosulif	Idhifa	Odomzo
Braftovi	imatinib (Gleevec)	Ogivri
Breyanzi*	Imbruvica	Oncaspar
Brukina	Imfinzi	Ontruzant
Calquence	Imlygic	Onureg
capecitabine (Xeloda)	Inlyta	Opdivo
Caprelsa	Inrebic	Orgovyx
Cabometyx	Intron-A	Padcev
Cometriq	Inqovi	Pemazyre
Copiktra	Iressa	Pepaxto
Cosela	Ixempra	Perjeta
Cotellic	Jakafi	Phesgo
Cyramza	Jelmyto*	Piqray
Danyelza	Jemperli	Polivy
Darzalex	Jevtana	Pomalyst
Darzalex Faspro	Kadcyla	Portrazza
Daurismo	Kanjinti	Poteligeo
decitabine (Dacogen)	Keytruda	Proleukin
Elzonris*	Khapzory	Purixan
Empliciti	Kisquali/Kisqali Femara Pak	Qinlock
Enhertu	Koselugo	Retevmo
Erbitux	Kymriah*	Revlimid
Erivedge	Kyprolis	Rituxan
Erleada	lapatinib (Tykerb)	Rituxan Hycela
erlotinib (Tarceva)	Lenvima	romidepsin (Istodax)
Erwinaze	Libatyo	Rozlytrek
everolimus (Afinitor)	Lonsurf	Rubraca
Farydak	Lorbrena	Ruxience
Faslodex	Lumoxiti	Rydapt
Folotyn	Lutathera*	Sarclisa
Fotivda	Lynparza	Sprycel
Fusilev	Margenza	Stivarga
Gavreto	Mekinist	Sutent
Gazyva	Mektovi	Sylatron
Gilotrif	mitoxantrone	Sylvant

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Synribo
 Tabrecta
 Tafenlar
 Tagrisso
 Talzenna
 Tassigna
 Tazverik
 Tecartus*
 Tecentriq
 temozolomide (Temodar)
 temsirolimus (Torisel)
 Tepmetko
 Thalomid
 Tibsovo
 Trazimera
 Treanda
 Trodelvy
 Tukysa
 Turalio
 Truxima
 Ukoniq
 Valchlor
 Vectibix
 Velcade
 Venclexta
 Verzenio
 Vitrakvi
 Vizimpro
 Votrient
 Xalkori
 Xermelo
 Xgeva
 Xospata
 Xpovio
 Xtandi
 Yervoy
 Yescarta*
 Yonsa
 Zaltrap
 Zejula
 Zelboraf
 Zepzelca

Zirabev
 zoledronic acid (Zometa)
 Zolinza
 Zydelig
 Zykadia
 Zynlonta

OSTEOARTHRITIS (OA)

Euflexxa
 Durolane
 Gel-One
 Gelsyn-3
 Genvisc-850
 Hyalgan
 Hymovis
 Monovisc
 Orthovisc
 Sodium Hyualuronate
 Supartz
 Synvisc/Synvisc One
 Triluron
 Trivisc
 Visco-3

OSTEOPOROSIS

Evenity
 Prolia
 teriparatide (Forteo)
 Tymlos
 zoledronic acid (Reclast)

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)

Soliris

PHENYLKETONURIA (PKU)

Palynziq
 sapropterin (Kuvan)
 Ultomiris

PRE-TERM BIRTH

hydroxyprogesterone capro
 (Makena)

PSORIASIS

Avsola
 Cosentyx
 Enbrel

Humira
 Ilumya
 Inflectra
 Otezla
 Otrexup
 Rasuvo
 RediTrex
 Remicade
 Renflexis
 Siliq
 Skyrizi
 Stelara†
 Taltz
 Tremfya

PULMONARY ARTERIAL HYPERTENSION (PAH)

Adempas
 ambrisentan (Letairis)
 bosentan (Tracleer)
 epoprostenol
 (Flolan)
 Opsumit
 Orenitram
 sildenafil (Revatio)
 tadalafil, Alyq (Adcirca)
 treprostinil (Remodulin)
 Tyvaso
 Uptravi
 Veletri
 Ventavis

PULMONARY DISORDERS—OTHER

Esbriet
 Ofev

RARE DISORDERS—OTHER

Crysvita
 Dojolvi
 Enspryng
 Firdapse
 Gamifant*
 Givlaari
 Luxturna*

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Ruzurgi
Scenesse*
Uplizna
Zokinvy

**RARE GENETIC ADIPOSE TISSUE
DISORDER**

Imcivree

RENAL DISORDERS

cinacalcet (Sensipar)
Jynarque
Oxlumo
Parsabiv
Thiola/Thiola EC

**RESPIRATORY SYNCYTIAL
VIRUS**

Synagis

RHEUMATOID ARTHRITIS (RA)

Actemra
Avsola
Cimzia
Enbrel
Humira
Inflectra
Kevzara

Kineret
Olumiant
Orencia
Otrexup
Rasuvo
RediTrex
Remicade
Renflexis
Riabni
Rinvoq
Rituxan
Simponi
Simponi Aria
Xeljanz/Xeljanz XR

SEIZURE DISORDERS

Acthar
Epidiolex
Fintepla
vigabatrin, Vigadrone
(Sabril)

SICKLE CELL DISEASE

Adakveo
Endari

Oxbryta
SLEEP DISORDERS
Hetlioz
Wakix
Xywav

**SYSTEMIC LUPUS
ERYTHEMATOSUS**

Benlysta
Lupkynis
THROMBOCYTOPENIA
Cabliivi
Doptelet
Mulpleta
Nplate
Promacta
Tavalisse

UREA CYCLE DISORDERS

Carbaglu
Ravicti
sodium phenylbutyrate
(Buphenyl)

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Step Therapy

You are required to try a generic drug or another preferred brand-name drug before your prescription benefit plan will cover one of the drugs listed below. Your **doctor** should call CVS Caremark at **1-800-294-5979** to request prior authorization for the atopic dermatitis drugs. For the ulcer drugs, your **doctor** should call CVS Caremark at **1-877-203-0003**. The prior authorization line is for your doctor's use only.

Step Therapy

1-800-294-5979

ANTI-FUNGAL

Oxiconazole

ATOPIC DERMATITIS

pimecrolimus (Elidel)

tacrolimus oint (Protopic)

EXTENDED-RELEASE OPIOIDS

A 7-day supply of an immediate-release opioid agent within the past 90 days

MIGRAINE

Nurtec ODT

Reyvow

Ubrelvy

MINOCYCLINE EXTENDED-RELEASE

Minolira

Solodyn

Ximino

WILSON'S DISEASE

Cuprimine

trientine hydrochloride (Syprine)

Trintellix

Viibryd

ENLARGED PROSTATE

Cardura XL

GLAUCOMA

Lumigan

Rocklatan

Vyzulta

Xelpros

Zioptan

HIGH BLOOD PRESSURE

Tekturna HCT

HIGH TRIGLYCERIDES

Antara

INSOMNIA/SLEEP DISORDER

Belsomra

Edluar

OSTEOPOROSIS

Binosto

Fosamax Plus D

OVERACTIVE BLADDER/INCONTINENCE

Gelnique

Myrbetriq

PAIN AND INFLAMMATION

Flector

Tivorbex

Vivlodex

Zipsor

STOMACH ACID

Dexilant

Prilosec Packets

Generic Step Therapy

1-877-203-0003

ACNE – TOPICAL

Azelex

Fabior

Riax

DEPRESSION

Fetzima

Pexeva

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Quantity Limits

The drugs listed below have limits based on U.S. Food and Drug Administration (FDA)-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs.

The limits listed below affect only the amount of medication that the prescription benefit plan pays for, not whether you can get a greater quantity. The final decision about the amount of medication you receive remains between you and your doctor.

Note: Some of the quantity limits have a prior authorization available if you exceed the drug's limit. Those drugs with a prior authorization available are noted in chart below. If your doctor has determined that a greater amount is appropriate, your **doctor** should call CVS Caremark at **1-800-294-5979** to request prior authorization for a larger quantity. The prior authorization line is for your doctor's use only.

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
ANTIEMETICS			
Akynzeo	2 capsule/21 days		Yes
Akynzeo Inj	2 vials/21 days		Yes
Anzemet tablets	6 tablets/21 days		Yes
aprepitant (Emend 40 mg)	3 capsules/6 months		Yes
aprepitant (Emend 80 mg)	4 capsules/21 days		Yes
aprepitant (Emend 125 mg)	2 capsules/21 days		Yes
aprepitant (Emend Tri-Pack)	2 pack/21 days		Yes
Cesamet	18 capsules	54 capsules	Yes
Cinvant 130 mg/18 ml	2 vials/21 days		Yes
dronabinol (Marinol)	60 capsules	180 capsules	Yes
Emend Oral Suspension Kit	6 kits/21 days		Yes
fosaprepitant (Emend inj)	2 vials/21 days		Yes
granisetron (Kytril tablets)	12 tablets/21 days		Yes
granisetron (Kytril inj)	2 mL/21 days		Yes
ondansetron 24 mg tablet	2 tablet/21 days		Yes
ondansetron (Zofran 4 mg & 8 mg tab/ODT)	18 quantity/21 days		Yes
ondansetron (Zofran oral solution)	200 mL/21 days		Yes

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ondansetron (Zofran inj)	20 mL/21 days		Yes
palonosetron hydrochloride 0.25 mg/5 mL (Aloxi)	10 mL/21 days		Yes
palonosetron hydrochloride 0.25 mg/4 mL (Aloxi)	4 mL/21 days		Yes
Sancuso	2 patches/21 days		Yes
Sustol Extended Release Injection 10 mg/0.4 mL	0.8 mL/21 days		Yes
Syndros	120 mL	360 mL	Yes
Varubi	2 packs/21 days		No
Zuplenz 4 mg & 8 mg	18 Film/21 days		Yes
ANTIMIGRAINE			
almotriptan (Axert)	12 tablets	36 tablets	Yes
dihydroergotamine (Migranal)	1 quantity	3 quantity	No
eletriptan (Relpax)	12 tablets	36 tablets	Yes
frovatriptan (Frova)	18 tablets	54 tablets	Yes
naratriptan (Amerge)	12 tablets	36 tablets	Yes
Onzentra Xsail Kits	1 kit	3 kits	Yes
rizatriptan (Maxalt/Maxalt MLT)	18 tablets	54 tablets	Yes
sumatriptan (Imitrex oral)	12 tablets	36 tablets	Yes
sumatriptan 5 mg (Imitrex nasal spray [NS])	24 quantity	72 quantity	Yes
sumatriptan 20 mg (Imitrex nasal spray [NS])	12 quantity	36 quantity	Yes
sumatriptan (Imitrex Inj Kit)	18 quantity	54 quantity	Yes
sumatriptan (Imitrex Inj vial)	12 vl	40 vl	Yes
sumatriptan/naproxen (Treximet)	9 tablets	18 tablets	Yes
Tosymra	18 quantity	54 quantity	Yes
Zembrace SymTouch	24 injs	72 injs	Yes
zolmitriptan (Zomig/Zomig ZMT)	12 tablets	36 tablets	Yes
Zomig nasal spray (NS)	12 quantity	36 quantity	Yes
ANTIPARASITICS			
albendazole (Albenza)	336 tablets per 365 days		Yes
Egaten	16 tablets per 365 days		Yes
mebendazole (Emverm)	12 tablets per 365 days		Yes
praziquantel (Biltricide)	24 tablets per 365 days		Yes
DIABETES SUPPLIES			
Continuous Glucose Monitor Receiver	1 receiver per 365 days		No
Diabetic Test Strips	204 strips	612 strips	Yes

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ERECTION DYSFUNCTION			
Caverject	6 quantity	18 quantity	No
Edex	6 quantity	18 quantity	No
Muse	6 quantity	18 quantity	No
sildenafil (Viagra)	6 quantity	18 quantity	No
Stendra	6 quantity	18 quantity	No
tadalafil (Cialis 2.5 mg, 5 mg)	30 quantity	90 quantity	No
tadalafil (Cialis 10 mg, 20 mg)	6 quantity	18 quantity	No
varidenafil (Levitra, Staxyn)	6 quantity	18 quantity	No
INFLUENZA			
Relenza Caps	40 quantity per 14 days		No
oseltamivir (Tamiflu 30 mg Caps)	28 quantity per 14 days		No
oseltamivir (Tamiflu 45 mg, 75 mg Caps)	14 quantity per 14 days		No
oseltamivir (Tamiflu 30 mg/5 mL & 60 mg/5 mL Oral Liquid)	180 mL per 14 days		No
PAIN			
butalbital, acetaminophen and caffeine solution	720 mL	2160 mL	No
butalbital 25 mg and acetaminophen 325 mg	96 units	288 units	No
butalbital, acetaminophen, caffeine and codeine	48 units	144 units	No
butalbital and acetaminophen	48 units	144 units	No
butalbital, aspirin and caffeine	48 units	144 units	No
butalbital, aspirin, caffeine and codeine	48 units	144 units	No
butorphanol (Stadol NS)	2 bottles	6 bottles	Yes
diclofenac epolamine (Flector)	30 patches		No
diclofenac 1% gel (Voltaren)	300 gm	900 gm	Yes
ketorolac oral (Toradol)	20 tablets per 30 days		No
ketorolac NS (Sprix)	5 bottles per 30 days		No
Licart	15 patches		No
lidocaine-prilocaine (Emla 2.5%-2.5% cream)	30 gm		Yes
lidocaine 2% gel	30 gm		Yes
lidocaine 4% gel	30 gm		Yes
lidocaine 5% ointment	50 gm		Yes
lidocaine 4% solution	50 mL		Yes
lidocaine-tetracaine (Pliaglis 7-7% cream)	30 gm		Yes

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Synera 70-70 mg patch	2 patches		Yes
OPIOID DEPENDENCE PROGRAMS			
Evzio	2 cartons (4 auto-injectors) per 180 days		Yes
Narcan Nasal Spray	2 cartons (4 nasal sprays) per 180 days		Yes
Bunavail 2.1 mg/0.3 mg, 4.2 mg/ 0.7 mg	90 units/ 25 days	270 units/ 75 days	No
Bunavail 6.3 mg/1 mg	60 units/ 25 days	180 units/ 75 days	No
Suboxone 2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg	90 units/ 25 days	270 units/ 75 days	No
Suboxone 12 mg/3 mg	60 units/ 25 days	180 units/ 75 days	No
Zubsolv 0.7 mg/0.18 mg, 1.4 mg/ 0.36 mg, 2.9 mg/0.71 mg, 5.7 mg/ 1.4 mg	90 units/ 25 days	270 units/ 75 days	No
Zubsolv 8.6 mg/2.1 mg	60 units/ 25 days	180 units/ 75 days	No
Zubsolv 11.4 mg/2.9 mg	30 units/ 25 days	90 units/ 75 days	No
Methadone Intensol 10 mg/mL (methadone Intensol oral concentrate)	30 mL/ 25 days**	30 mL/ 75 days**	No
Methadose 10 mg/mL (methadone oral concentrate)	30 mL/ 25 days**	30 mL/ 75 days**	No
Methadose 40 mg (methadone dispersible tablet)	9 tablets/ 25 days**	9 tablets/ 75 days**	No
SEDATIVE/HYPNOTICS			
<i>Benzodiazepines</i>			
estazolam (Prosom)	15 tablets	45 tablets	No
flurazepam (Dalmane)	15 capsules	45 capsules	No
quazepam (Doral)	15 tablets	45 tablets	No
temazepam (Restoril)	15 capsules	45 capsules	No
triazolam (Halcion)	10 tablets	30 tablets	No
<i>Non-Benzodiazepines</i>			
eszopiclone (Lunesta)	15 tablets	45 tablets	Yes
ramelteon (Rozerem)	15 tablets	45 tablets	Yes
zaleplon (Sonata)	15 capsules	45 capsules	Yes
zolpidem (Ambien/ Ambien CR)	15 tablets	45 tablets	Yes

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TOBACCO CESSATION – PRESCRIPTION PRODUCTS		
bupropion	168-day supply/year	No
Chantix	168-day supply/year	No
OTC Nicotine Replacement (Patches, Gum, Lozenges), Nicotrol NS, Nicotrol Inhaler	168-day supply/year	No

Topical Corticosteroids					
ALCLOMETASONE DIPROPIONATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
ALCLOMETASONE CREAM	0.05%	Generic	Low to medium	two or three times daily	240gm 720gm
ALCLOMETASONE OINTMENT	0.05%	Generic	Low to medium	two or three times daily	240gm 720gm
AMCINONIDE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
AMCINONIDE CREAM	0.1%	Generic	high	two to three times daily	180gm 540gm
AMCINONIDE LOTION	0.1%	Generic	high	two to three times daily	180mL 540mL
AMCINONIDE OINTMENT	0.1%	Brand	high	two to three times daily	180gm 540gm
BETAMETHASONE DIPROPIONATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
SERNIVO SPRAY	0.05%	Brand	medium	twice daily, 4 weeks	240mL 720mL
BETAMETHASONE DIPROPIONATE CREAM	0.05%	Generic	medium	once or twice daily	180gm 540gm
BETAMETHASONE DIPROPIONATE LOTION	0.05%	Generic	medium	twice daily	180mL 540mL
BETAMETHASONE DIPROPIONATE OINTMENT	0.05%	Generic	very high	once or twice daily / 50 g per week	180gm 540gm
DIPROLENE AF AUGMENTED CREAM	0.05%	Brand	high	once or twice daily / 50 g per week	180gm 540gm
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM	0.05%	Generic			
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	0.05%	Generic	very high	once or twice daily / 50 g per week, 2 weeks	180gm 540gm
BETAMETHASONE DIPROPIONATE AUGMENTED LOTION	0.05%	Generic	very high	once or twice daily / 50 mL per week, 2 weeks	180mL 540mL
DIPROLENE AUGMENTED OINTMENT	0.05%	Brand	very high	once or twice daily / 50 g per week	180gm 540gm
BETAMETHASONE DIPROPIONATE AUGMENTED OINTMENT	0.05%	Generic			
BETAMETHASONE VALERATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
BETAMETHASONE VALERATE CREAM	0.1%	Generic	medium	one to three times daily	180gm 540gm
LUXIQ AEROSOL FOAM	0.12%	Brand	medium	twice daily	180gm 540gm
BETAMETHASONE VALERATE AEROSOL FOAM	0.12%	Generic			
BETAMETHASONE VALERATE	0.1%	Generic	medium	twice daily	180mL

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LOTION					540mL
BETAMETHASONE VALERATE OINTMENT	0.1%	Generic	medium	one to three times daily	180gm 540gm
CLOBETASOL PROPIONATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
CLOBEX SPRAY	0.05%	Brand	very high	twice daily / 52 sprays per day, 59mL per week, 4 weeks	240mL 720mL
CLOBETASOL SPRAY	0.05%	Generic			
CLOBETASOL SOLUTION	0.05%	Generic	high	twice daily / 50mL per week, 2 weeks	180mL 540mL
IMPOYZ CREAM	0.025%	Brand	high	twice daily / 50gm per week, 2 weeks	180gm 540gm
TEMOVATE CREAM	0.05%	Brand	very high	twice daily / 50gm per week, 2 weeks	180gm 540gm
CLOBETASOL CREAM	0.05%	Generic			
OLUX AEROSOL FOAM	0.05%	Brand	very high	twice daily / 21 capfuls per week, 50gm per week, 2 weeks	180gm 540gm
CLOBETASOL AEROSOL FOAM	0.05%	Generic			
CLOBETASOL GEL	0.05%	Generic	very high	twice daily / 50gm per week, 2 weeks	180gm 540gm
CLOBEX LOTION	0.05%	Brand	very high	twice daily / 50mL per week, 2 weeks	180mL 540mL
CLOBETASOL LOTION	0.05%	Generic			
IMPEKLO LOTION	0.05%	Brand	very high	twice daily / 50gm per week, 2 weeks	240gm 540gm
TEMOVATE OINTMENT	0.05%	Brand	very high	twice daily / 50gm per week, 2 weeks	180gm 540gm
CLOBETASOL OINTMENT	0.05%	Generic			
CLOBEX SHAMPOO	0.05%	Brand	very high	once a day / 50mL per week, 4 weeks	240mL 720mL
CLOBETASOL SHAMPOO (Clodan)	0.05%	Generic			
CLOBETASOL E EMOLLIENT CREAM	0.05%	Generic	very high	twice daily / 50gm per week, psoriasis: 4 weeks; dermatoses: 2 weeks	180gm 540gm
OLUX-E AEROSOL EMULSION FOAM	0.05%	Brand	very high	twice daily / 21 capfuls per week, 50gm per week, 2 weeks	180gm 540gm
CLOBETASOL AEROSOL EMULSION FOAM (Tovet)	0.05%	Generic			
CLOCORTOLONE PIVALATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
CLODERM CREAM	0.10%	Brand	medium	three times a day	180gm 540gm
CLOCORTOLONE CREAM	0.10%	Generic			
DESONIDE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
DESOWEN CREAM	0.05%	Brand	Low to medium	two or three times daily	240gm 720gm
DESONIDE CREAM	0.05%	Generic			

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TRIDESILON CREAM	0.05%	Brand	Low	two to four times daily	
DESONIDE CREAM	0.05%	Generic			
VERDESO AEROSOL FOAM	0.05%	Brand	Low	twice daily, 4 weeks	240gm 720gm
DESONATE GEL	0.05%	Brand	Low	two times daily, 4 weeks	240gm 720gm
DESONIDE GEL	0.05%	Generic			
DESONIDE LOTION	0.05%	Generic	Low to medium	two or three times daily	240mL 720mL
DESONIDE OINTMENT	0.05%	Generic	Low	two to four times daily	240gm 720gm
DESOXIMETASONE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
TOPICORT SPRAY	0.25%	Brand	high to very high	twice daily, 4 weeks	240mL 720mL
DESOXIMETASONE SPRAY	0.25%	Generic			
TOPICORT CREAM	0.05%	Brand	medium	twice daily	180gm 540gm
DESOXIMETASONE CREAM	0.05%	Generic			
TOPICORT CREAM	0.25%	Brand	high	twice daily	180gm 540gm
DESOXIMETASONE CREAM	0.25%	Generic			
TOPICORT GEL	0.05%	Brand	high	twice daily	180gm 540gm
DESOXIMETASONE GEL	0.05%	Generic			
TOPICORT OINTMENT	0.05%	Brand	high	twice daily	180gm 540gm
DESOXIMETASONE OINTMENT	0.05%	Generic			
TOPICORT OINTMENT	0.25%	Brand	high	twice daily	180gm 540gm
DESOXIMETASONE OINTMENT	0.25%	Generic			
DIFLORASONE DIACETATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
PSORCON CREAM	0.05%	Brand	high	twice daily	180gm 540gm
DIFLORASONE CREAM	0.05%	Generic			
DIFLORASONE OINTMENT	0.05%	Generic	very high	one to three times daily	180gm 540gm
APEXICONE EMOLLIENT CREAM	0.05%	Brand	high	one to three times daily	180gm 540gm
FLUOCINOLONE ACETONIDE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
DERMA-SMOOTH /FS BODY OIL	0.01%	Brand	Low to medium	adults: three times daily; pediatrics: twice daily, 4 weeks	240mL 720mL
FLUOCINOLONE BODY OIL	0.01%	Generic			
DERMA-SMOOTH /FS SCALP OIL	0.01%	Brand	Low to medium	Apply for 4 hours or overnight	240mL 720mL
FLUOCINOLONE SCALP OIL	0.01%	Generic			

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SYNALAR SOLUTION	0.01%	Brand	Low	two to four times daily	240mL 720mL
FLUOCINOLONE SOLUTION	0.01%	Generic			
FLUOCINOLONE CREAM	0.01%	Generic	Low	two to four times daily	240gm 720gm
SYNALAR CREAM	0.025%	Brand	medium	two to four times daily	240gm 540gm
FLUOCINOLONE CREAM	0.025%	Generic			
SYNALAR OINTMENT	0.025%	Brand	medium	two to four times daily	240gm 540gm
FLUOCINOLONE OINTMENT	0.025%	Generic			
CAPEX SHAMPOO	0.01%	Brand	Low to medium	1 ounce once daily	240mL 720mL
FLUOCINONIDE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
FLUOCINONIDE SOLUTION	0.05%	Generic	high	two to four times daily	180mL 540mL
FLUOCINONIDE CREAM	0.05%	Generic	high	two to four times daily	180gm 540gm
VANOS CREAM	0.1%	Brand	very high	psoriasis: once or twice daily / 60gm per week, 2 weeks; atopic dermatitis, other dermatoses: once daily / 60gm per week, 2 weeks	180gm 540gm
FLUOCINONIDE CREAM	0.1%	Generic			
FLUOCINONIDE GEL	0.05%	Generic	high	two to four times daily	180gm 540gm
FLUOCINONIDE OINTMENT	0.05%	Generic	high	two to four times daily	180gm 540gm
FLUOCINONIDE-E EMULSIFIED CREAM	0.05%	Generic	high	two to four times daily	180gm 540gm
FLURANDRENOLIDE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
CORDRAN CREAM	0.025%	Brand	high	2 or 3 times a day	240gm 540gm
CORDRAN CREAM	0.05%	Brand	high	2 or 3 times a day	240gm 540gm
FLURANDRENOLIDE CREAM (Nolix)	0.05%	Generic			
CORDRAN LOTION	0.05%	Brand	high	2 or 3 times a day	240mL 540mL
FLURANDRENOLIDE LOTION (Nolix)	0.05%	Generic			
CORDRAN OINTMENT	0.05%	Brand	high	2 or 3 times a day	180gm 540gm
FLURANDRENOLIDE OINTMENT	0.05%	Generic			
CORDRAN TAPE	4 MCG / SQCM	Brand	high	replace tape every 12 hours	2 Rolls
FLUTICASONE PROPIONATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
FLUTICASONE CREAM	0.05%	Generic	medium	atopic dermatitis: once or twice daily; other dermatoses: twice daily / pediatrics: 4 weeks	180gm 540gm

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CUTIVATE LOTION	0.05%	Brand	medium	once daily / 4 weeks	240mL 540mL
FLUTICASON E LOTION (Beser)	0.05%	Generic			
FLUTICASON E OINTMENT	0.005%	Generic	medium	twice daily	180gm 540gm
HALCINONIDE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
HALOG CREAM	0.1%	Brand	high	two to three times daily	180gm 540gm
HALCINONIDE CREAM	0.1%	Generic			
HALOG OINTMENT	0.1%	Brand	high	two to three times daily	180gm 540gm
HALOG SOLUTION	0.1%	Brand	high	two to three times daily	240gm 540gm
HALOBETASOL PROPIONATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
ULTRAVATE CREAM	0.05%	Brand	very high	once or twice daily / 50gm per week, 2 weeks	180gm 540gm
HALOBETASOL CREAM	0.05%	Generic			
LEXETTE AEROSOL FOAM	0.05%	Brand	high to very high	twice daily / 50gm per week, 2 weeks	180gm 540gm
HALOBETASOL AEROSOL FOAM	0.05%	Brand			
BRYHALI LOTION	0.01%	Brand	high to very high	once daily / 50gm per week, 8 weeks	180gm 540gm
ULTRAVATE LOTION	0.05%	Brand	very high	twice daily / 50mL per week, 2 weeks	180mL 540mL
ULTRAVATE OINTMENT	0.05%	Brand	very high	once or twice daily / 50gm per week, 2 weeks	180gm 540gm
HALOBETASOL OINTMENT	0.05%	Generic			
HYDROCORTISONE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
TEXACORT SOLUTION	2.5%	Brand	Low	three or four times daily	240mL 720mL
HYDROCORTISONE CREAM (Ala-Cort)	1%	Generic	Low	two to four times daily	240gm 720gm
HYDROCORTISONE CREAM (Ala-Cort)	2.5%	Generic	Low	two to four times daily	240gm 720gm
ALA SCALP LOTION	2%	Brand	Low	two to four times daily	240mL 720mL
HYDROCORTISONE LOTION	2.5%	Generic	Low	two to four times daily	240mL 720mL
HYDROCORTISONE OINTMENT	1%	Generic	Low	three or four times a day	240gm 720gm
HYDROCORTISONE OINTMENT	2.5%	Generic	Low	two to four times daily	240gm 720gm
HYDROCORTISONE ACETATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
MICORT-HC CREAM	2.5%	Brand	Low	two to four times daily	240gm 720gm
HYDROCORTISONE VALERATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT

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HYDROCORTISONE VALERATE CREAM	0.2%	Generic	medium	two or three times daily	180gm 540gm
HYDROCORTISONE VALERATE OINTMENT	0.2%	Generic	medium	two or three times daily	180gm 540gm
HYDROCORTISONE PROBUTATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
PANDEL CREAM	0.1%	Brand	medium	once or twice a day	180gm 540gm
HYDROCORTISONE BUTYRATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
LOCOID SOLUTION	0.1%	Brand	medium	two or three times daily	180mL 540mL
HYDROCORTISONE BUTYRATE SOLUTION	0.10%	Generic			
LOCOID CREAM	0.1%	Brand	medium	2 to 3 times daily	180gm 540gm
HYDROCORTISONE BUTYRATE CREAM	0.1%	Generic			
LOCOID LOTION	0.1%	Brand	medium	two times daily, 4 weeks	180mL 540mL
HYDROCORTISONE BUTYRATE LOTION	0.1%	Generic			
HYDROCORTISONE BUTYRATE OINTMENT	0.1%	Generic	medium	two or three times daily	180gm 540gm
LOCOID HYDROPHILIC LIPOCREAM	0.1%	Brand	medium	2 or 3 times daily, 4 weeks	180gm 540gm
HYDROCORTISONE BUTYRATE HYDROPHILIC LIPOCREAM	0.10%	Generic			
MOMETASONE FUROATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
MOMETASONE SUTON (LOTION)	0.1%	Generic	medium	once daily	180mL 540mL
ELOCON CREAM	0.1%	Brand	medium	once daily	180gm 540gm
MOMETASONE CREAM	0.1%	Generic			
MOMETASONE OINTMENT	0.1%	Generic	medium	once daily	180gm 540gm
PREDNICARBATE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
PREDNICARBATE CREAM	0.1%	Generic	medium	twice daily, pediatrics: 3 weeks	180gm 540gm
PREDNICARBATE OINTMENT	0.1%	Generic	medium	twice daily	180gm 540gm
TRIAMCINOLONE ACETONIDE	Strength	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
KENALOG AEROSOL SPRAY	SPRAY	Brand	high	Three or four applications daily	240gm 720gm
TRIAMCINOLONE AEROSOL SPRAY	SPRAY	Generic			
TRIAMCINOLONE CREAM	0.025%	Generic	medium	two to four times daily	180gm 540gm
TRIAMCINOLONE CREAM (Triderm)	0.1%	Generic	medium	two or three times daily	180gm 540gm
TRIAMCINOLONE CREAM (Triderm)	0.5%	Generic	high	two or three times daily	180gm 540gm
TRIAMCINOLONE	0.025%	Generic	medium	three to four times daily	180mL

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LOTION					540mL
TRIAMCINOLONE LOTION	0.1%	Generic	medium	three to four times daily	180mL 540mL
TRIAMCINOLONE OINTMENT	0.025%	Generic	medium	two to four times daily	180gm 540gm
TRIANEX OINTMENT	0.05%	Brand	medium	two to four times a day	430gm 540gm
TRIAMCINOLONE OINTMENT (Trianex)	0.05%	Generic			
TRIAMCINOLONE OINTMENT	0.1%	Generic	medium	two or three times daily	180gm 540gm
TRIAMCINOLONE OINTMENT	0.5%	Generic	high	2 to 3 times daily	180gm 540gm

Opioid Analgesics Immediate-Release (IR) Quantity Limits			
Drug/Strength**	Initial 30-day Limit ≤ 90 MME/day (per 25 days)	Initial 90-day Limit ≤ 90 MME/day (per 75 days)	Post-Limit Prior Authorization
Codeine sulfate tab 15 mg	42 tabs§ (13.5 MME/day)	42 tabs§ (13.5 MME/day)	Yes
Codeine sulfate tab 30 mg	42 tabs§ (27 MME/day)	42 tabs§ (27 MME/day)	Yes
Codeine sulfate tab 60 mg	42 tabs§ (54 MME/day)	42 tabs§ (54 MME/day)	Yes
Hydromorphone oral soln 5 mg/ 5 mL (1 mg/mL)	600 mL (80 MME/day)	1800 mL (80 MME/day)	Yes
Hydromorphone supp 3 mg	120 supps (48 MME/day)	360 supps (48 MME/day)	Yes
Hydromorphone tab 2 mg	180 tabs (48 MME/day)	540 tabs (48 MME/day)	Yes
Hydromorphone tab 4 mg	150 tabs (80 MME/day)	450 tabs (80 MME/day)	Yes
Hydromorphone tab 8 mg	60 tabs (64 MME/day)	180 tabs (64 MME/day)	Yes
Levorphanol tab 1 mg	120 tabs (44 MME/day)	360 tabs (44 MME/day)	Yes
Levorphanol tab 2 mg	120 tabs (88 MME/day)	360 tabs (88 MME/day)	Yes
Levorphanol tab 3 mg	60 tabs (66 MME/day)	180 tabs (66 MME/day)	Yes
Meperidine oral soln 50 mg/5 mL	90 mL ††* (30 MME/day)	90 mL ††* (30 MME/day)	Yes
Meperidine tab 50 mg	18 tabs ††* (30 MME/day)	18 tabs ††* (30 MME/day)	Yes
Meperidine tab 100 mg	18 tabs ††* (60 MME/day)	18 tabs ††* (60 MME/day)	Yes
Morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)	135 mL (90 MME/day)	405 mL (90 MME/day)	Yes
Morphine sulfate oral soln 10 mg/5 mL	900 mL (60 MME/day)	2700 mL (60 MME/day)	Yes
Morphine sulfate oral soln 20 mg/5 mL	675 mL (90 MME/day)	2025 mL (90 MME/day)	Yes
Morphine sulfate supp 5 mg	180 supps (30 MME/day)	540 supps (30 MME/day)	Yes

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Morphine sulfate supp 10 mg	180 supps (60 MME/day)	540 supps (60 MME/day)	Yes
Morphine sulfate supp 20 mg	120 supps (80 MME/day)	360 supps (80 MME/day)	Yes
Morphine sulfate supp 30 mg	90 supps (90 MME/day)	270 supps (90 MME/day)	Yes
Morphine sulfate tab 15 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	Yes
Morphine sulfate tab 30 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
Oxaydo 5 mg	180 tabs (45 MME/day)	540 tabs (45 MME/day)	Yes
Oxaydo 7.5 mg	180 tabs (67.5 MME/day)	540 tabs (67.5 MME/day)	Yes
Oxycodone cap 5 mg	180 caps (45 MME/day)	540 caps (45 MME/day)	Yes
Oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)	90 mL (90 MME/day)	270 mL (90 MME/day)	Yes
Oxycodone soln 5 mg/5 mL	900 mL (45 MME/day)	2700 mL (45 MME/day)	Yes
Oxycodone tab 5 mg	180 tabs (45 MME/day)	540 tabs (45 MME/day)	Yes
Oxycodone tab 10 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	Yes
Oxycodone tab 15 mg	120 tabs (90 MME/day)	360 tabs (90 MME/day)	Yes
Oxycodone tab 20 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
Oxycodone tab 30 mg	60 tabs (90 MME/day)	180 tabs (90 MME/day)	Yes
Oxymorphone tab 5 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	Yes
Oxymorphone tab 10 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
Pentazocine/naloxone 50/0.5 mg	120 tabs†† (74 MME/day)	120 tabs†† (74 MME/day)	Yes
RoxyBond 5 mg	180 tabs (45 MME/day)	540 tabs (45 MME/day)	Yes
RoxyBond 15 mg	120 tabs (90 MME/day)	360 tabs (90 MME/day)	Yes
RoxyBond 30 mg	60 tabs (90 MME/day)	180 tabs (90 MME/day)	Yes
Tapentadol oral soln 20 mg/mL ^{§§}	300 mL (80 MME/day)	900 mL (80 MME/day)	Yes
Tapentadol tab 50 mg	120 tabs (80 MME/day)	360 tabs (80 MME/day)	Yes
Tapentadol tab 75 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
Tapentadol tab 100 mg	60 tabs (80 MME/day)	180 tabs (80 MME/day)	Yes
Tramadol oral soln 5 mg/mL	1800 mL (30 MME/day)	5400 mL (30 MME/day)	Yes
Tramadol 50 mg	180 tabs (30 MME/day)	540 tabs (30 MME/day)	Yes
Tramadol 100mg	90 tabs (30 MME/day)	270 tabs (30 MME/day)	Yes

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Opioid Analgesics Immediate-Release (IR) Combo Products Quantity Limits			
Drug/Strength	Initial 30-day Limit ≤ 90 MME/day and ≤ 4 g APAP or ASA and ≤ 3200 mg IBU (per 25 days)	Initial 90-day Limit ≤ 90 MME/day and ≤ 4 g APAP or ASA and ≤ 3200 mg IBU (per 75 days)	Post-Limit Prior Authorization
APAP/codeine soln 120-12 mg/5 mL	2700 mL (32.4 MME/day)	8100 mL (32.4 MME/day)	No
APAP/codeine tab 300/15 mg	400 tabs (30 MME/day)	1200 tabs (30 MME/day)	No
APAP/codeine tab 300/30 mg	360 tabs (54 MME/day)	1080 tabs (54 MME/day)	No
APAP/codeine tab 300/60 mg	180 tabs (54 MME/day)	540 tabs (54 MME/day)	No
APAP/caffeine/dihydrocodeine cap 320.5/30/16 mg	300 caps (40 MME/day)	900 caps (40 MME/day)	No
APAP/caffeine/dihydrocodeine tab 325/30/16 mg	300 tabs (40 MME/day)	900 tabs (40 MME/day)	No
Benzhydrocodone/APAP 4.08 mg/325 mg	168 tabs (60 MME/day)	168 tabs (60 MME/day)	No
Benzhydrocodone/APAP 6.12 mg/325 mg	168 tabs (90 MME/day)	168 tabs (90 MME/day)	No
Benzhydrocodone/APAP 8.16 mg/325 mg	168 tabs (120 MME/day)	168 tabs (120 MME/day)	No
Hydrocodone/APAP tab 2.5/325 mg	360 tabs (30 MME/day)	1080 tabs (30 MME/day)	No
Hydrocodone/APAP tab 5/300 mg	240 tabs (40 MME/day)	720 tabs (40 MME/day)	No
Hydrocodone/APAP tab 5/325 mg	240 tabs (40 MME/day)	720 tabs (40 MME/day)	No
Hydrocodone/APAP tab 7.5/300 mg	180 tabs (45 MME/day)	540 tabs (45 MME/day)	No
Hydrocodone/APAP tab 7.5/325 mg	180 tabs (45 MME/day)	540 tabs (45 MME/day)	No
Hydrocodone/APAP tab 10/300 mg	180 tabs (60 MME/day)	540 tabs (60 MME/day)	No
Hydrocodone/APAP tab 10/325 mg	180 tabs (60 MME/day)	540 tabs (60 MME/day)	No
Hydrocodone/APAP soln 7.5-325 mg/15 mL (5-217 mg/10 mL)	2700 mL (45 MME/day)	8100 mL (45 MME/day)	No
Hydrocodone/APAP elixir 10/300 mg/15 mL	2025 mL (45 MME/day)	6075 mL (45 MME/day)	No
Hydrocodone/APAP soln 10-325 mg/15 mL	2700 mL (60 MME/day)	8100 mL (60 MME/day)	No
Hydrocodone/ibuprofen tab 5/200 mg	50 tabs (25 MME/day)	50 tabs (25 MME/day)	No
Hydrocodone/ibuprofen tab 7.5/200 mg	50 tabs (37.5 MME/day)	50 tabs (37.5 MME/day)	No
Hydrocodone/ibuprofen tab 10/200 mg	50 tabs (50 MME/day)	50 tabs (50 MME/day)	No

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Oxycodone/APAP soln 5/325 mg/5 mL	1800 mL (90 MME/day)	5400 mL (90 MME/day)	No
Oxycodone/APAP soln 10/300 mg/5 mL	900 mL (90 MME/day)	2700 mL (90 MME/day)	No
Oxycodone/APAP tab 2.5/300 mg	360 tabs (45 MME/day)	1080 tabs (45 MME/day)	No
Oxycodone/APAP tab 2.5/325 mg	360 tabs (45 MME/day)	1080 tabs (45 MME/day)	No
Oxycodone/APAP tab 5/300 mg	360 tabs (90 MME/day)	1080 tabs (90 MME/day)	No
Oxycodone/APAP tab 5/325 mg	360 tabs (90 MME/day)	1080 tabs (90 MME/day)	No
Oxycodone/APAP tab 7.5/300 mg	240 tabs (90 MME/day)	720 tabs (90 MME/day)	No
Oxycodone/APAP tab 7.5/325 mg	240 tabs (90 MME/day)	720 tabs (90 MME/day)	No
Oxycodone/APAP tab 10/300 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	No
Oxycodone/APAP tab 10/325 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	No
Oxycodone/ASA tab 4.8355/325 mg	360 tabs (87 MME/day)	1080 tabs (87 MME/day)	No
Oxycodone/ibuprofen tab 5/400 mg	28 tabs (30 MME/day)	28 tabs (30 MME/day)	No
Tramadol/APAP 37.5/325 mg	40 tabs (30 MME/day)	40 tabs (30 MME/day)	No

Opioid Analgesics Extended-Release (ER) Quantity Limits			
Drug/Strength	Initial 30-day Limit ≤ 90 MME/day (per 25 days)	Initial 90-day Limit ≤ 90 MME/day (per 75 days)	Post-Limit Prior Authorization
Arymo ER 15 mg	90 tabs (45 MME/day)	270 tabs (45 MME/day)	Yes
Arymo ER 30 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
Arymo ER 60 mg	0††	0††	Yes
Avinza 30 mg	30 caps (30 MME/day)	90 caps (30 MME/day)	Yes
Avinza 45 mg	30 caps (45 MME/day)	90 caps (45 MME/day)	Yes
Avinza 60 mg	30 caps (60 MME/day)	90 caps (60 MME/day)	Yes
Avinza 75 mg	30 caps (75 MME/day)	90 caps (75 MME/day)	Yes
Avinza 90 mg	30 caps (90 MME/day)	90 caps (90 MME/day)	Yes
Avinza 120 mg	0††	0††	Yes
Belbuca 75 mcg	60 films (4.5 MME/day)	180 films (4.5 MME/day)	Yes
Belbuca 150 mcg	60 films (9 MME/day)	180 films (9 MME/day)	Yes

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Belbuca 300 mcg	60 films (18 MME/day)	180 films (18 MME/day)	Yes
Belbuca 450 mcg	60 films (27 MME/day)	180 films (27 MME/day)	Yes
Belbuca 600 mcg	0††	0††	Yes
Belbuca 750 mcg	0††	0††	Yes
Belbuca 900 mcg	0††	0††	Yes
Butrans 5 mcg/hr	4 patches (9 MME/day)	12 patches (9 MME/day)	Yes
Butrans 7.5 mcg/hr	4 patches (13.5 MME/day)	12 patches (13.5 MME/day)	Yes
Butrans 10 mcg/hr	4 patches (18 MME/day)	12 patches (18 MME/day)	Yes
Butrans 15 mcg/hr	0††	0††	Yes
Butrans 20 mcg/hr	0††	0††	Yes
Conzip 100 mg	30 caps (10 MME/day)	90 caps (10 MME/day)	Yes
Conzip 200 mg	0††	0††	Yes
Conzip 300 mg	0††	0††	Yes
Dolophine 5 mg	90 tabs (60 MME/day)	270 tabs (60 MME/day)	Yes
Dolophine 10 mg	60 tabs (80 MME/day)	180 tabs (80 MME/day)	Yes
Duragesic 12 mcg/hr	10 patches (28.8 MME/day)	30 patches (28.8 MME/day)	Yes
Duragesic 25 mcg/hr	10 patches (60 MME/day)	30 patches (60 MME/day)	Yes
Duragesic 37.5 mcg/hr	10 patches (90 MME/day)	30 patches (90 MME/day)	Yes
Duragesic 50 mcg/hr	0††	0††	Yes
Duragesic 62.5 mcg/hr	0††	0††	Yes
Duragesic 75 mcg/hr	0††	0††	Yes
Duragesic 87.5 mcg/hr	0††	0††	Yes
Duragesic 100 mcg/hr	0††	0††	Yes
Embeda 20 mg/0.8 mg	60 caps (40 MME/day)	180 caps (40 MME/day)	Yes
Embeda 30 mg/1.2 mg	60 caps (60 MME/day)	180 caps (60 MME/day)	Yes
Embeda 50 mg/2 mg	30 caps (50 MME/day)	90 caps (50 MME/day)	Yes
Embeda 60 mg/2.4 mg	30 caps (60 MME/day)	90 caps (60 MME/day)	Yes
Embeda 80 mg/3.2 mg	30 caps (80 MME/day)	90 caps (80 MME/day)	Yes
Embeda 100 mg/4 mg	0††	0††	Yes
Exalgo 8 mg	30 tabs (32 MME/day)	90 tabs (32 MME/day)	Yes
Exalgo 12 mg	30 tabs (48 MME/day)	90 tabs (48 MME/day)	Yes
Exalgo 16 mg	30 tabs (64 MME/day)	90 tabs (64 MME/day)	Yes
Exalgo 32 mg	0††	0††	Yes
Hysingla ER 20 mg	30 tabs (20 MME/day)	90 tabs (20 MME/day)	Yes
Hysingla ER 30 mg	30 tabs (30 MME/day)	90 tabs (30 MME/day)	Yes
Hysingla ER 40 mg	30 tabs	90 tabs	Yes

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	(40 MME/day)	(40 MME/day)	
Hysingla ER 60 mg	30 tabs (60 MME/day)	90 tabs (60 MME/day)	Yes
Hysingla ER 80 mg	30 tabs (80 MME/day)	90 tabs (80 MME/day)	Yes
Hysingla ER 100 mg	0††	0††	Yes
Hysingla ER 120 mg	0††	0††	Yes
Kadian 10 mg	60 caps (20 MME/day)	180 caps (20 MME/day)	Yes
Kadian 20 mg	60 caps (40 MME/day)	180 caps (40 MME/day)	Yes
Kadian 30 mg	60 caps (60 MME/day)	180 caps (60 MME/day)	Yes
Kadian 40 mg	60 caps (80 MME/day)	180 caps (80 MME/day)	Yes
Kadian 50 mg	30 caps (50 MME/day)	90 caps (50 MME/day)	Yes
Kadian 60 mg	30 caps (60 MME/day)	90 caps (60 MME/day)	Yes
Kadian 70 mg	30 caps (70 MME/day)	90 caps (70 MME/day)	Yes
Kadian 80 mg	30 caps (80 MME/day)	90 caps (80 MME/day)	Yes
Kadian 100 mg	0††	0††	Yes
Kadian 200 mg	0††	0††	Yes
Methadone 5 mg	90 tabs (60 MME/day)	270 tabs (60 MME/day)	Yes
Methadone 10 mg	60 tabs (80 MME/day)	180 tabs (80 MME/day)	Yes
Methadone 200 mg/ 20 mL injection	20 mL (1 multidose vial) (26.7 MME/day)	60 mL (3 multidose vials) (26.7 MME/day)	Yes
Methadone 10 mg/mL Intensol soln	60 mL (80 MME/day)	180 mL (80 MME/day)	Yes
Methadone 5 mg/5 mL Oral soln	450 mL (60 MME/day)	1350 mL (60 MME/day)	Yes
Methadone 10 mg/5 mL Oral soln	300 mL (80 MME/day)	900 mL (80 MME/day)	Yes
MorphaBond ER 15 mg	90 tabs (45 MME/day)	270 tabs (45 MME/day)	Yes
MorphaBond ER 30 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
MorphaBond ER 60 mg	0††	0††	Yes
MorphaBond ER 100 mg	0††	0††	Yes
MS Contin 15 mg	90 tabs (45 MME/day)	270 tabs (45 MME/day)	Yes
MS Contin 30 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
MS Contin 60 mg	0††	0††	Yes
MS Contin 100 mg	0††	0††	Yes
MS Contin 200 mg	0††	0††	Yes
Nucynta ER 50 mg	60 tabs (40 MME/day)	180 tabs (40 MME/day)	Yes
Nucynta ER 100 mg	60 tabs (80 MME/day)	180 tabs (80 MME/day)	Yes
Nucynta ER 150 mg	0††	0††	Yes

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Nucynta ER 200 mg	0††	0††	Yes
Nucynta ER 250 mg	0††	0††	Yes
Opana ER 5 mg	60 tabs (30 MME/day)	180 tabs (30 MME/day)	Yes
Opana ER 7.5 mg	60 tabs (45 MME/day)	180 tabs (45 MME/day)	Yes
Opana ER 10 mg	60 tabs (60 MME/day)	180 tabs (60 MME/day)	Yes
Opana ER 15 mg	60 tabs (90 MME/day)	180 tabs (90 MME/day)	Yes
Opana ER 20 mg	0††	0††	Yes
Opana ER 30 mg	0††	0††	Yes
Opana ER 40 mg	0††	0††	Yes
OxyContin 10 mg	60 tabs (30 MME/day)	180 tabs (30 MME/day)	Yes
OxyContin 15 mg	60 tabs (45 MME/day)	180 tabs (45 MME/day)	Yes
OxyContin 20 mg	60 tabs (60 MME/day)	180 tabs (60 MME/day)	Yes
OxyContin 30 mg	60 tabs (90 MME/day)	180 tabs (90 MME/day)	Yes
OxyContin 40 mg	0††	0††	Yes
OxyContin 60 mg	0††	0††	Yes
OxyContin 80 mg	0††	0††	Yes
Targiniq ER 10 mg/5 mg	60 tabs (30 MME/day)	180 tabs (30 MME/day)	Yes
Targiniq ER 20 mg/10 mg	60 tabs (60 MME/day)	180 tabs (60 MME/day)	Yes
Targiniq ER 40 mg/20 mg	0††	0††	Yes
Tramadol ER 100 mg	30 tabs (10 MME/day)	90 tabs (10 MME/day)	Yes
Tramadol ER 150 mg	30 caps (15 MME/day)	90 caps (15 MME/day)	Yes
Tramadol ER 200 mg	0††	0††	Yes
Tramadol ER 300 mg	0††	0††	Yes
Troxyca ER 10 mg/1.2 mg	60 caps (30 MME/day)	180 caps (30 MME/day)	Yes
Troxyca ER 20 mg/2.4 mg	60 caps (60 MME/day)	180 caps (60 MME/day)	Yes
Troxyca ER 30 mg/3.6 mg	60 caps (90 MME/day)	180 caps (90 MME/day)	Yes
Troxyca ER 40 mg/4.8 mg	0††	0††	Yes
Troxyca ER 60 mg/7.2 mg	0††	0††	Yes
Troxyca ER 80 mg/9.6 mg	0††	0††	Yes
Ultram ER 100 mg	30 tabs (10 MME/day)	90 tabs (10 MME/day)	Yes
Ultram ER 200 mg	0††	0††	Yes
Ultram ER 300 mg	0††	0††	Yes
Vantrela ER 15 mg	60 tabs (30 MME/day)	180 tabs (30 MME/day)	Yes
Vantrela ER 30 mg	60 tabs (60 MME/day)	180 tabs (60 MME/day)	Yes
Vantrela ER 45 mg	60 tabs (90 MME/day)	180 tabs (90 MME/day)	Yes
Vantrela ER 60 mg	0††	0††	Yes

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Vantrela ER 90 mg	0††	0††	Yes
Xtampza ER 9 mg	60 caps (30 MME/day)	180 caps (30 MME/day)	Yes
Xtampza ER 13.5 mg	60 caps (45 MME/day)	180 caps (45 MME/day)	Yes
Xtampza ER 18 mg	60 caps (60 MME/day)	180 caps (60 MME/day)	Yes
Xtampza ER 27 mg	60 caps (90 MME/day)	180 caps (90 MME/day)	Yes
Xtampza ER 36 mg	0††	0††	Yes
Zohydro ER 10 mg	60 caps (20 MME/day)	180 caps (20 MME/day)	Yes
Zohydro ER 15 mg	60 caps (30 MME/day)	180 caps (30 MME/day)	Yes
Zohydro ER 20 mg	60 caps (40 MME/day)	180 caps (40 MME/day)	Yes
Zohydro ER 30 mg	60 caps (60 MME/day)	180 caps (60 MME/day)	Yes
Zohydro ER 40 mg	60 caps (80 MME/day)	180 caps (80 MME/day)	Yes
Zohydro ER 50 mg	0††	0††	Yes

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Due to the large number of available medicines, this list may not be all inclusive and may change without notice. Products distributed and therapies covered by CVS Caremark may change or expand from time to time. Log in to **Caremark.com** to check coverage and copay information for a specific medicine. For additional information, contact a CVS Caremark Customer Care Representative at 1-877-522-TNRX (8679). This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

*This medication is managed under the medical benefit because of the way it is administered and/or other unique characteristics. **Specialty Guideline Management review performed by Medical Director. †Patient-specific dosing limits. ††The initial limit is zero. All requests for this drug and strength will be considered through post-limit prior authorization. § This drug is indicated for short-term acute use; therefore, the 30-day limit will be the same as the 90-day limit. The initial quantity limit for codeine will be set at a quantity that corresponds to a 7-day supply. The post-limit quantity will be set at a quantity that corresponds to a 14-day supply. §§ Available in 100 mL and 200 mL bottles. It is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.