

Cough Suppressant

Benzonatate 150 mg

Dietary Management

App-Trim-D	Apptrim	Astamed Myo
Av-Vite FB	Availnex	Axona
Cardiotek-RX	Cerefolin	Cerefolin NAC
Deplin	Elvolate	Elfolate Plus
Enlyte	Enteragam	Folbic RF
Folbic	Foltanx RF	Foltanx
Fosteum	Fosteum Plus	Fovex
Gabadone	Galaxtra	Hypertensa
L-Methyl-MC	L-Methyl MC NAC	L-Methyl B6-B12
L-Methylfolate Algal	L-Methylfolate Forte	L-Methylfolate
Levomefolate Algal	Limbrel	Lipichol
Lister-V	Macutek	Mebolic
Medactiv	Metafolbic	Metafolbic Plus
Metafolbic Plus RF	Metanx	Methaver
Methazel	Metholfol/CA ME-CBL	Methylfo/ME CBL/P5P
Neurepa	Nicaprin	Niva-Fol
Omnivex	Percura	Podiapiin
Proleva	Proteolin	Pulmona
Rheumate	Ribozele	Sentra AM
T-Support MAX	Theramine	Theramin Plus
TL-ICare	Trepadone	Vascazen
Vasculera	Vayacog	Vayarin
Vayarin Plus	Vayarol	Visbiome
Xaquil XR	Xyzbac	Zyvexol
Zyvit		

Folic Acid Combo Products

Folika D	Ortho DF
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GLP-1 Agonists

Victoza	Trulicity	Ozempic
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Infertility (Non-Specialty)

Clomid	Clomiphene	Crinone
Endometrin	Serophene	

Lidocaine Products

EMLA	Lidocaine/Prilocaine Cream	Lidocaine Gel
Lidocaine Ointment	Lidocaine Solution	Pliaglis
Synera	Xylocaine	

Migraine

Migranal NS

Muscle Relaxant

Chlorzoxazon 250 mg

Narcolepsy Medications

Nuvigil	Provigil	Xyrem
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Ophthalmic/Tear Production

Restasis	Xiidra
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Oral/Intranasal Fentanyl Medications

Actiq	Fentora	Lazanda
Onsolis	Subsys	Abstral

Osteoarthritis Pain

Diclofenac 1% Gel	Diclofenac 1.5% Solution	Voltaren Gel
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Pain

Vanatol LQ

Testosterone Topical/Buccal Medications

Androderm	Axiron	Striant
Androgel 1.62%		

Topical Acne Medications

(Prior Authorization Required for 35 Years and Older)

Atralin	Avita	Differin
Fabior	Retin-A	Retin-A Micro
Tazorac	Tretinoin	Tretin-X
Veltin	Ziana	Altreno

Topical Itch Cream

Doxepin Cream	Prudoxin	Zonalon
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Topical Steroids – Brand Only

Aclovate	Apexicon E	Clobex
Clodan	Cloderm	Cordran
Cordran SP	Cormax Scalp	Cutivate
Desonate	Desowen	Elocon
Halog	Kenalog	Locoid
Locid Lipocream	Lokara	Westcort
Olux	Olux-E	Pandel
Psorcon	Temovate	Temovate Scalp
Temovate E	Topicort	Trainex
Ultravate	Vanos	Verdeso
Ala-Scalp	Bryhali	Derma-Smoothe F/S
Dermatop	Diprolene	Diprolene AF
Impoyz	Lexette	Luxiq
Micro HC	Nolix	Sernivo
Synalar	Texacort	Tridesilon

Topical Steroids –

Fluocinonide 0.1%	Clobetasol	Diflorasone
Hydrocortisone 1% in Abso	Hydrocortisone Butyrate	Flurandrenolide

Topical Psoriasis – Vitamin D Analogs

Calcitrene	Dovonex	Enstilar
Calcipotriene Scalp	Sorilux	Taclonex
Vectical		

Select Medical Devices

Acuicyn AntiMicr	Acuicyn Daily Eyelid	Alevicyn Kit Plus
Amorph Wound Gel	Antipruritic Gel	Atopiclair Cre
Atrapro Gel	Avenova	Avenova/Neutrox
AVO Cream Emu	Beau RX Gel	Biafine Emu
Bionect Cre	CA Alginate Misc 12” Rope	Carrasyn Gel
Celacyn Gel	Ceracade Emu	Curity Hyper Mis
Dexeryl Cre	Diab F.D.G. Gel	Diab Gel
Eleton Cre	Emulsion SB Emu	Entty Emu Spray
Epiceram Emu	Gelclair	Genadur Liq
HPR Aer	HPR Plus Kit	HPR Plus Aer
HPR Plus Cre	Hylatopic Aer Plus	Hylatopic Cre Plus
Kamdoy	Keragel Gel	Keragelt Gel
Loutrex Cre	Loyon Sol	MB Hydrogel Kit
Mugard Liq	Neocera Cre	Neosalus Aer
Neosalus CP Cre	Neosalus Cre	Nivatopic Cre Plus

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Noxifine Emu
Ocusoft Lidscrub Foa
PR Cream Kit
Pruclair Cre
Radiagel Gel
Restizan Gel
Silvasorb Gel
Synaderm Emu
Therahoney Gel
Xeralux Cre

Nuvail Sol
Ocusoft Lidscrub Orig
Presera Aer
Prumyx Cre
Radiaplexrx Gel
Scar Manage Gel
Sonafine Emu
Tetravex Gel
Vascuderm Gel
Zanabin Gel

Ocusoft Hypochlor
Phlag Spr
Promiseb Cre
Protect Emu
Recedo Gel
Sil-K Pad
Spectragel Gel
Tetrix Cre
Vexasyn Gel

Select Medical Devices-Artificial Saliva

Bocasal Pow
Salivate RX Pow

Neutrasal Pow

Salivamax Pow

Ulcer Medications

Zegerid

Step Therapy

Antifungal

Oxiconazole

Atypical Antipsychotics – Brand Only

Abilify Tabs/Soln
Invega oral tablets
Saphris
Vraylar

Fanapt
Latuda
Seroquel

Geodon
Rexulti
Seroquel XR

CGRP – Migraine

Aimovig

Ajovy

Emgality

Minocycline ER Brand Only

Minolira

Solodyn

Ximino –

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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	1-Month Limit	3-Month Limit	Prior Authorization Available (To Exceed Quantity Limit)
Anti-Emetic Medications			
Aloxi	2 vials (10 mL) per 21 days	2 vials (10 mL) per 21 days	Yes
Anzemet Injection	15 mL per 6 months	15 mL per 6 months	No
Anzemet Tablets	6 tabs per 21 days	6 tabs per 21 days	Yes
Akynzeo capsules	2 caps per 21 days	2 caps per 21 days	Yes
Akynzeo injection	2 vials per 21 days	2 vials per 21 days	Yes
Cesamet capsules	18 caps per 21 days	18 caps per 21 days	Yes
Cinvanti 130 mg Vial	2 vials per 21 days	2 vials per 21 days	Yes
Emend 40 mg	3 caps per 180 days	3 caps per 180 days	Yes
Emend 80 mg	4 caps per 21 days	4 caps per 21 days	Yes
Emend 125 mg	2 caps per 21 days	2 caps per 21 days	Yes
Emend 150 mg injection	2 vials per 21 days	2 vials per 21 days	Yes

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Emend Tri-Pak	2 tri-packs per 21 days	2 tri-packs per 21 days	Yes
Emend Oral Susps-Kit	6 kits per 21 days	6 kits per 21 days	Yes
Kytril (Granisetron) 1 mg tab	12 tabs per 21 days	12 tabs per 21 days	Yes
Kytril (Granisetron) injection	2 mL per 21 days	2 mL per 21 days	Yes
Marinol (dronabinol) capsules	60 caps per 25 days	180 caps per 75 days	Yes
Palonosetron HCl Injection	4 mL per 21 days	4 mL per 21 days	Yes
Sancuso	2 patches per 21 days	2 patches per 21 days	Yes
Sustol Extended-Release Injection	0.8 mL per 21 days	0.8 mL per 21 days	Yes
Syndros oral solution	120 mL per 25 days	360 mL per 75 days	Yes
Varubi	2 packs (2 tabs/pack) per 21 days	2 packs (2 tabs/pack) per 21 days	No
Varubi Injectable Emulsion	2 vials per 21 days	2 vials per 21 days	No
Zofran (Ondansetron) 4 mg and 8 mg tabs	18 per 21 days	18 per 21 days	Yes
Zofran (Ondansetron) 4 mg and 8 mg ODT	18 per 21 days	18 per 21 days	Yes
Zofran (Ondansetron) 24 mg tab	2 tabs per 21 days	2 tabs per 21 days	Yes
Zofran (Ondansetron) 2 mg/mL injection	20 mL per 21 days	20 mL per 21 days	Yes
Zofran (Ondansetron) oral solution	200 mL per 21 days	200 mL per 21 days	Yes
Zuplenz 4 mg and 8 mg films	18 per 21 days	18 per 21 days	Yes
Anti-Inflammatory Medications			
Ketorolac tablets	20 tabs per 25 days	20 tabs per 25 days	No
Sprix nasal spray	5 bottles per 25 days	5 bottles per 25 days	No

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Toradol tablets	5 bottles per 25 days	20 tabs per 30 days	No
Anti-Migraine Medications			
Amerge (naratriptan) tablets	12 tabs per 25 days	36 tabs per 75 days	Yes
Axert (almotriptan) tablets	12 tabs per 25 days	36 tabs per 75 days	Yes
Frova (frovatriptan) tablets	18 tabs per 25 days	54 tabs per 75 days	Yes
Imitrex (sumatriptan) 5 mg nasal spray	24 units per 75 days	75 units per 75 days	Yes
Imitrex (sumatriptan) 20 mg nasal spray	12 units per 75 days	36 units per 75 days	Yes
Imitrex (sumatriptan) 4 mg injection syringes	9 mL (18 syringes) per 25 days	27 mL (54 syringes) per 75 days	Yes
Imitrex (sumatriptan) 6 mg injection syringes	6 mL (12 syringes) per 25 days	18 mL (36 syringes) per 75 days	Yes
Imitrex (sumatriptan) 6 mg injection vials	6 mL (12 vials) per 25 days	20 mL (40 vials) per 75 days	Yes
Imitrex (sumatriptan) tablets	12 tabs per 25 days	36 tabs per 75 days	Yes
Maxalt/Mazalt MLT (rizatriptan) tabs	18 tabs per 25 days	54 tabs per 75 days	Yes
Onzetra Xsail (sumatriptan)	1 kit per 25 days	4 kits per 75 days	Yes
Relpax (eletriptan)	12 tabs per 25 days	36 tabs per 75 days	Yes
Sumavel DosePro (sumatriptan) 4 mg	18 inj (9 mL) per 25 days	54 inj (27 mL) per 75 days	Yes
Sumavel DosePro (sumatriptan) 6 mg	12 inj (6 mL) per 25 days	36 (18 mL) per 75 days	Yes
Treximet (sumatriptan/naproxen) 10mg/60mg tabs	9 tabs per 25 days	18 tabs per 75 days	Yes
Treximet (sumatriptan/naproxen) 85 mg/500 mg tabs	9 tabs per 25 days	36 tabs per 75 days	Yes

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Zembrace SymTouch Injection	24 inj (12 mL) per 25 days	72 inj (25 mL) per 75 days	Yes
Zomig (zolmitriptan) nasal spray	12 units per 25 days	36 units per 75 days	Yes
Zomig/Zomig ZMT (zolmitriptan) tabs	12 units per 25 days	36 tabs per 75 days	Yes
Anti- Parasitic Medications			
Albenza (albendazole) tablets	336 tabs per 365 days	336 tabs per 365 days	No
Biltricide (praziquantel) tablets	24 tabs per 365 days	24 tabs per 365 days	No
Emverm (mebendazole) tablets	12 tabs per 365 days	12 tabs per 365 days	No
Erectile Dysfunction Medications			
Caverject (alprostadil)	8 units per 25 days	24 units per 75 days	No
Cialis (tadalafil) 2.5 mg & 5 mg	8 tabs per 25 days	24 tabs per 75 days	Yes
Cialis (tadalafil) 10 mg & 20 mg tablets	8 tabs per 25 days	24 tabs per 75 days	No
Edex (alprostadil)	8 units per 25 days	24 units per 75 days	No
Levitra (vardenafil HCl) tablets	8 tabs per 25 days	24 tabs per 75 days	No
Muse (alprostadil)	8 units per 25 days	24 units per 75 days	No
Staxyn (vardenafil HCl) tablets	8 tabs per 25 days	24 tabs per 75 days	No
Stendra (avanafil) tablets	8 tabs per 25 days	24 tabs per 75 days	No
Viagra (sildenafil) tablets	8 tabs per 25 days	24 tabs per 75 days	No
Influenza Medications			
Relenza (zanamivir) blisters	40 blisters per 90 days	40 blisters per 90 days	Yes

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Tamiflu (oseltamivir) 30 mg capsules	40 caps per 90 days	40 caps per 90 days	Yes
Tamiflu (oseltamivir) 45 mg and 75 mg caps	20 caps per 90 days	20 caps per 90 days	Yes
Tamiflu (oseltamivir) 6 mg/mL oral suspension	300 mL per 90 days	300 mL per 90 days	Yes
Xofluza (baloxavir marboxil) tablets	4 tabs per 90 days	4 tabs per 90 days	Yes
Lidocaine Products			
EMLA 2.5%-2.5% cream	30 gm per 25 days	30 gm per 25 days	No
Lidocaine/Prilocaine 2.5-2.5% cream	30 gm per 25 days	30 gm per 25 days	No
Lidocaine 2% & 4% Gel	30 mL per 25 days	30 mL per 25 days	No
Lidocaine 5% Ointment	50 gm per 25 days	50 gm per 25 days	No
Lidocaine 4% topical solution	50 mL per 25 days	50 mL per 25 days	No
Lidocaine-tetracaine 7-7% cream	30 gm per 25 days	30 gm per 25 days	No
Lidocaine-tetracaine 70-70 mg patch	2 patches per 25 days	2 patches per 25 days	No
Pliaglis 7-7% cream	30 gm per 25 days	30 gm per 25 days	No
Synera 70-70 mg patch	2 patches per 25 days	2 patches per 25 days	No
Xylocaine 4% topical solution	50 mL per 25 days	50 mL per 25 days	No
Pain Medications			
Butorphanol nasal spray	2 bottles per 25 days	6 bottles per 75 days	Yes
Sedative/Hypnotic Medications			
Ambien CR (zolpidem)	15 per 25 days	45 per 75 days	Yes
Ambien (zolpidem)	15 per 25 days	45 per 75 days	Yes
Doral	15 per 30 days	45 per 75 days	No

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Estazolam	15 per 30 days	45 per 75 days	No
Flurazepam	15 per 30 days	45 per 75 days	No
Halcion	10 per 30 days	30 per 75 days	No
Lunesta (eszopiclone)	15 per 30 days	45 per 75 days	Yes
Restoril	15 per 30 days	45 per 75 days	No
Rozerem	15 per 30 days	45 per 75 days	Yes
Sonata (zaleplon)	15 per 30 days	45 per 75 days	Yes

Opioid Analgesics ER Quantity Limits Chart

Coverage is provided without prior authorization for 30-day or 90-day ER opioid prescriptions for an amount \leq 90 MME/day (when Step Therapy criteria met). Coverage for quantities \leq 200 MME/day (unless minimum FDA-labeled strength/dose/frequency exceeds 200 MME/day) for a 30-day or 90-day supply is provided through prior authorization when coverage conditions are met.

These quantity limits should accumulate across all drugs of the same unit limit (i.e., drugs with 30 units accumulate together, drugs with 60 units accumulate together, etc.)

Drug/Strength	Initial 1-Month Limit*	Initial 3-Month Limit*	Prior Authorization Available (To Exceed Quantity Limit)
Arymo ER 15 mg	90 tabs	270 tabs	Yes
Arymo ER 30 mg	90 tabs	270 tabs	Yes
Arymo ER 60 mg	0***	0***	Yes
Avinza 30 mg	30 caps	90 caps	Yes
Avinza 45 mg	30 caps	90 caps	Yes
Avinza 60 mg	30 caps	90 caps	Yes
Avinza 75 mg	30 caps	90 caps	Yes
Avinza 90 mg	30 caps	90 caps	Yes
Avinza 120 mg	0***	0***	Yes
Belbuca 75 mcg	60 films	180 films	Yes
Belbuca 150 mcg	60 films	180 films	Yes
Belbuca 300 mcg	60 films	180 films	Yes
Belbuca 450 mcg	60 films	180 films	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	12 patches	Yes
Butrans 7.5 mcg/hr	4 patches	12 patches	Yes
Butrans 10 mcg/hr	4 patches	12 patches	Yes
Butrans 15 mcg/hr	0***	0***	Yes
Butrans 20 mcg/hr	0***	0***	Yes
Conzip 100 mg	30 caps	90 caps	Yes
Conzip 200 mg	0***	0***	Yes
Conzip 300 mg	0***	0***	Yes
Dolophine 5 mg	90 tabs	270 tabs	Yes
Dolophine 10 mg	60 tabs	180 tabs	Yes
Duragesic 12 mcg	10 patches	30 patches	Yes
Duragesic 25 mcg	10 patches	30 patches	Yes
Duragesic 37.5 mcg	10 patches	30 patches	Yes
Duragesic 50 mcg	0***	0***	Yes
Duragesic 62.5 mcg	0***	0***	Yes

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Duragesic 75 mcg	0***	0***	Yes
Duragesic 87.5 mcg	0***	0***	Yes
Duragesic 100 mcg	0***	0***	Yes
Embeda 20/0.8 mg	60 caps	180 caps	Yes
Embeda 30/1.2 mg	60 caps	180 caps	Yes
Embeda 50/2 mg	30 caps	90 caps	Yes
Embeda 60/2.4 mg	30 caps	90 caps	Yes
Embeda 80/3.2 mg	30 caps	90 caps	Yes
Embeda 100/4 mg	0***	0***	Yes
Exalgo 8 mg	30 tabs	90 tabs	Yes
Exalgo 12 mg	30 tabs	90 tabs	Yes
Exalgo 16 mg	30 tabs	90 tabs	Yes
Exalgo 32 mg	0***	0***	Yes
Hysingla ER 20 mg	30 tabs	90 tabs	Yes
Hysingla ER 30 mg	30 tabs	90 tabs	Yes
Hysingla ER 40 mg	30 tabs	90 tabs	Yes
Hysingla ER 60 mg	30 tabs	90 tabs	Yes
Hysingla ER 80 mg	30 tabs	90 tabs	Yes
Hysingla ER 100 mg	0***	0***	Yes
Hysingla ER 120 mg	0***	0***	Yes
Kadian 10 mg	60 caps	180 caps	Yes
Kadian 20 mg	60 caps	180 caps	Yes
Kadian 30 mg	60 caps	180 caps	Yes
Kadian 40 mg	60 caps	180 caps	Yes
Kadian 50 mg	30 caps	90 caps	Yes
Kadian 60 mg	30 caps	90 caps	Yes
Kadian 70 mg	30 caps	90 caps	Yes
Kadian 80 mg	30 caps	90 caps	Yes
Kadian 100 mg	0***	0***	Yes
Kadian 130 mg	0***	0***	Yes
Kadian 150 mg	0***	0***	Yes
Kadian 200 mg	0***	0***	Yes
Methadone 10 mg/mL Intensol soln	60 mL	180 mL	Yes
Methadone 5 mg/5 mL Oral soln	450 mL	1350 mL	Yes
Methadone 10 mg/5 mL Oral soln	300 mL	900 mL	Yes
Methadone 200 mg/20 mL inj	20 mL (1 multidose vial)	60 mL (3 multidose vials)	Yes
Methadose 5 mg	90 tabs	270 tabs	Yes
Methadose 10 mg	60 tabs	180 tabs	Yes
MorphaBond 15 mg	60 tabs	180 tabs	Yes
MorphaBond 30 mg	60 tabs	180 tabs	Yes
MorphaBond 60 mg	0***	0***	Yes
MorphaBond 100 mg	0***	0***	Yes
MS Contin 15 mg	90 tabs	270 tabs	Yes
MS Contin 30 mg	90 tabs	270 tabs	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	180 tabs	Yes
Nucynta ER 100 mg	60 tabs	180 tabs	Yes
Nucynta ER 150 mg	0***	0***	Yes
Nucynta ER 200 mg	0***	0***	Yes
Nucynta ER 250 mg	0***	0***	Yes
Opana ER 5 mg	60 tabs	180 tabs	Yes
Opana ER 7.5 mg	60 tabs	180 tabs	Yes

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Opana ER 10 mg	60 tabs	180 tabs	Yes
Opana ER 15 mg	60 tabs	180 tabs	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	180 tabs	Yes
OxyContin 15 mg	60 tabs	180 tabs	Yes
OxyContin 20 mg	60 tabs	180 tabs	Yes
OxyContin 30 mg	60 tabs	180 tabs	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	180 tabs	Yes
Targiniq ER 20 mg/10 mg	60 tabs	180 tabs	Yes
Targiniq ER 40 mg/20 mg	0***	0***	Yes
Tramadol ER 100 mg	30 tabs	90 tabs	Yes
Tramadol ER 150 mg	30 caps	90 caps	Yes
Tramadol ER 200 mg	0***	0***	Yes
Tramadol ER 300 mg	0***	0***	Yes
Troxyca ER 10 mg/1.2 mg	60 caps	180 caps	Yes
Troxyca ER 20 mg/2.4 mg	60 caps	180 caps	Yes
Troxyca ER 30 mg/3.6 mg	60 caps	180 caps	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	90 tabs	Yes
Ultram ER 200 mg	0***	0***	Yes
Ultram ER 300 mg	0***	0***	Yes
Vantrela ER 15 mg	60 tabs	180 tabs	Yes
Vantrela ER 30 mg	60 tabs	180 tabs	Yes
Vantrela ER 45 mg	60 tabs	180 tabs	Yes
Vantrela ER 60 mg	0***	0***	Yes
Vantrela ER 90 mg	0***	0***	Yes
Xtampza ER 9 mg	60 caps	180 caps	Yes
Xtampza ER 13.5 mg	60 caps	180 caps	Yes
Xtampza ER 18 mg	60 caps	180 caps	Yes
Xtampza ER 27 mg	60 caps	180 caps	Yes
Xtampza ER 36 mg	0***	0***	Yes
Zohydro ER 10 mg	60 caps	180 caps	Yes
Zohydro ER 15 mg	60 caps	180 caps	Yes
Zohydro ER 20 mg	60 caps	180 caps	Yes
Zohydro ER 30 mg	60 caps	180 caps	Yes
Zohydro ER 40 mg	60 caps	180 caps	Yes
Zohydro ER 50 mg	0***	0***	Yes
XARTEMIS XR	120 tablets****	120 tablets****	No

*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

**Unless minimum FDA-labeled strength/dose/frequency exceeds 200 MME/day.

***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 acute use; therefore, the 1 month, 3 month, retail and mail limit will be the same. The intent is for prescriptions of Xartemis XR to be filled one month at a time; there should be no 3-month supplies filled.

Opioid Analgesics IR Quantity Limits Chart

Coverage is provided without prior authorization (for patients not identified as potential first fills) for 30-day or 90-day IR opioid prescriptions for an amount \leq 90 MME/day. Coverage for quantities \leq 200 MME/day for a 30-day or 90-day supply is provided through prior authorization when criteria for approval are met.

These quantity limits should accumulate across all drugs of the same unit limit (i.e., drugs with 30 units accumulate together, drugs with 60 units accumulate together, etc.)

Drug/Strength	Initial 1-Month Limit*	Initial 3-Month Limit*	Prior Authorization Available (To Exceed Quantity Limit)
Codeine sulfate oral soln 30 mg/5 mL	210 mL***	210 mL***	Yes
Codeine sulfate tab 15 mg	42 tabs***	42 tabs***	Yes
Codeine sulfate tab 30 mg	42 tabs***	42 tabs***	Yes
Codeine sulfate tab 60 mg	42 tabs***	42 tabs***	Yes
Hydromorphone liquid 1 mg/mL	600 mL	1800 mL	Yes
Hydromorphone supp 3 mg	120 supps	360 supps	Yes
Hydromorphone tab 2 mg	180 tabs	540 tabs	Yes
Hydromorphone tab 4 mg	150 tabs	450 tabs	Yes
Hydromorphone tab 8 mg	60 tabs	180 tabs	Yes
Levorphanol tab 1 mg & 2 mg	120 tabs	360 tabs	Yes
Levorphanol tab 3 mg	60 tabs	180 tabs	Yes
Meperidine oral soln 50 mg/5 mL	90 mL****	90 mL****	Yes
Meperidine tab 50 mg	18 tabs****	18 tabs****	Yes
Meperidine tab 100 mg	18 tabs****	18 tabs****	Yes
Morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)	135 mL	405 mL	Yes
Morphine sulfate oral soln 10 mg/5 mL	900 mL	2700 mL	Yes
Morphine sulfate oral soln 20 mg/5 mL	675 mL	2025 mL	Yes
Morphine sulfate supp 5 mg	180 supps	540 supps	Yes
Morphine sulfate supp 10 mg	180 supps	540 supps	Yes
Morphine sulfate supp 20 mg	120 supps	360 supps	Yes
Morphine sulfate supp 30 mg	90 supps	270 supps	Yes

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Morphine sulfate tab 15 mg	180 tabs	540 tabs	Yes
Morphine sulfate tab 30 mg	90 tabs	270 tabs	Yes
Oxycodone cap 5 mg	180 caps	540 caps	Yes
Oxycodone oral concentrate 100 mg/ 5 mL (20 mg/mL)	90 mL	270 mL	Yes
Oxycodone soln 5 mg/5 mL	900 mL	2700 mL	Yes
Oxaydo 5 mg	180 tabs	540 tabs	Yes
Oxaydo 7.5 mg	180 tabs	540 tabs	Yes
Oxycodone tab 5 mg	180 tabs	540 tabs	Yes
Oxycodone tab 10 mg	180 tabs	540 tabs	Yes
Oxycodone tab 15 mg	120 tabs	360 tabs	Yes
Oxycodone tab 20 mg	90 tabs	270 tabs	Yes
Oxycodone tab 30 mg	60 tabs	180 tabs	Yes
Oxymorphone tab 5 mg	180 tabs	540 tabs	Yes
Oxymorphone tab 10 mg	90 tabs	270 tabs	Yes
Pentazocine/naloxone 50/0.5 mg	120 tabs***	120 tabs***	Yes
RoxyBond 5 mg	180 tabs	540 tabs	Yes
RoxyBond 15 mg	120 tabs	360 tabs	Yes
RoxyBond 30 mg	60 tabs	180 tabs	Yes
Tapentadol 50 mg	120 tabs	360 tabs	Yes
Tapentadol 75 mg	90 tabs	270 tabs	Yes
Tapentadol 100 mg	60 tabs	180 tabs	Yes
Tramadol 50 mg	180 tabs	540 tabs	Yes

*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

**The limit criteria apply to both brand and generic, if available.

***This drug is indicated for short-term acute use; therefore, the 30-day limit will be the same as the 90-day limit.

****Due to risk of accumulation, the 30-day and 90-day initial limit allows a 3-day supply only and the 30-day and 90-day post limit allows a 4-day supply only.

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Opioid Analgesics IR Combo Products Quantity Limits Chart

Coverage is provided without prior authorization for 30-day or 90-day IR opioid combo product prescriptions for an amount \leq 90 MME; quantity limits are set at \leq 4 g APAP or ASA and \leq 3200 mg ibuprofen OR the maximum recommended dose based on prescribing information, whichever is lower. If the patient is requesting more than the initial quantity limit, then the claim will reject with a message indicating that quantity limits are exceeded.

Drug/Strength	Initial 1-Month Limit*	Initial 3-Month Limit*	Prior Authorization Available (To Exceed Quantity Limit)
APAP/codeine soln 120-12 mg/5 mL	2700 mL	8100 mL	No
APAP/codeine susp 120-12 mg/5 mL	2700 mL	8100 mL	No
Hydrocodone/APAP soln 7.5/325 mg/15 mL	2700 mL	8100 mL	No
Hydrocodone/APAP soln 7.5/500 mg/15 mL	2700 mL	8100 mL	No
Hydrocodone/APAP elixir 10/300 mg/15 mL	2025 mL	6075 mL	No
Hydrocodone/APAP soln 10/325 mg/15 mL	2700 mL	8100 mL	No
Hydrocodone/APAP soln 10/500 mg/15 mL	2700 mL	8100 mL	No
Oxycodone/APAP soln 5-325 mg/5 mL	1800 mL	5400 mL	No
APAP/codeine tab 300/15 mg	400 tabs	1200 tabs	No
APAP/codeine tab 300/30 mg	360 tabs	1080 tabs	No
APAP/codeine tab 300/60 mg	180 tabs	540 tabs	No
APAP/caffeine/dihydrocodeine cap 320.5/30/16 mg	300 caps	900 caps	No
APAP/caffeine/dihydrocodeine tab 325/30/16 mg	300 tabs	900 tabs	No
APAP/caffeine/dihydrocodeine cap 356.4/30/16 mg	300 caps	900 caps	No
APAP/caffeine/dihydrocodeine tab 712.8/60/32 mg	150 tabs	450 tabs	No
Hydrocodone/APAP tab 2.5/325 mg	360 tabs	1080 tabs	No
Hydrocodone/APAP tab 2.5/500 mg	240 tabs	720 tabs	No
Hydrocodone/APAP tab 5/300 mg	240 tabs	720 tabs	No
Hydrocodone/APAP tab 5/325 mg	240 tabs	720 tabs	No
Hydrocodone/APAP tab 5/400 mg	240 tabs	720 tabs	No
Hydrocodone/APAP tab 5/500 mg	240 tabs	720 tabs	No

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Hydrocodone/APAP tab 7.5/300 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 7.5/325 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 7.5/400 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 7.5/500 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 7.5/650 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 7.5/750 mg	150 tabs	450 tabs	No
Hydrocodone/APAP tab 10/300 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 10/325 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 10/400 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 10/500 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 10/650 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 10/660 mg	150 tabs	450 tabs	No
Hydrocodone/APAP tab 10/750 mg	150 tabs	450 tabs	No
Oxycodone/APAP tab 2.5/325 mg	360 tabs	1080 tabs	No
Oxycodone/APAP tab 5/300 mg	360 tabs	1080 tabs	No
Oxycodone/APAP tab 5/325 mg	360 tabs	1080 tabs	No
Oxycodone/APAP tab 5/400 mg	300 tabs	900 tabs	No
Oxycodone/APAP cap 5/500 mg	240 caps	720 caps	No
Oxycodone/APAP tab 7.5/300 mg	240 tabs	720 tabs	No
Oxycodone/APAP tab 7.5/325 mg	240 tabs	720 tabs	No
Oxycodone/APAP tab 7.5/400 mg	240 caps	720 caps	No
Oxycodone/APAP tab 7.5/500 mg	240 caps	720 caps	No
Oxycodone/APAP tab 10/300 mg	180 tabs	540 tabs	No
Oxycodone/APAP tab 10/325 mg	180 tabs	540 tabs	No
Oxycodone/APAP tab 10/400 mg	180 tabs	540 tabs	No
Oxycodone/APAP tab 10/500 mg	180 tabs	540 tabs	No

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Oxycodone/APAP tab 10/650 mg	180 tabs	540 tabs	No
Pentazocine/APAP tab 25/650 mg	180 caps	540 caps	No
Tramadol/APAP 37.5/325 mg	40 tabs	40 tabs	No
ASA/caffeine/dihydrocodeine cap 356.4/30/16 mg	300 caps	900 caps	No
Oxycodone/ASA tab 4.8355/325 mg	360 tabs	1080 tabs	No
Hydrocodone/ibuprofen tab 2.5/200 mg	50 tabs	50 tabs	No
Hydrocodone/ibuprofen tab 5/200 mg	50 tabs	50 tabs	No
Hydrocodone/ibuprofen tab 7.5/200 mg	50 tabs	50 tabs	No
Hydrocodone/ibuprofen tab 10/200 mg	50 tabs	50 tabs	No
Oxycodone/ibuprofen tab 5/400 mg	28 tabs	28 tabs	No

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

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Generic Step Therapy

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, you may have to try one or two generic medication(s) first* before certain brand-name medications will be covered. The chart below shows you which drugs require the use of generics first. This chart only provides a sample list of generic drug options and may not include all drugs available

Drug Class <i>Condition Treated*</i>	Step 1: You may have to try one or two** of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations** <i>High Blood Pressure</i>	amlodipine-benazepril benazepril/benazepril HCTZ candesartan/candesartan HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ eprosartan fosinopril/fosinopril HCTZ irbesartan/irbesartan HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ olmesartan/olmesartan HCTZ quinapril/quinapril HCTZ ramipril telmisartan/telmisartan HCTZ trandolapril trandolapril-verapamil ext-rel valsartan/valsartan HCTZ	Tekturna/Tekturna HCT	<i>Preferred select brand not available in class</i>

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Drug Class <i>Condition Treated*</i>	Step 1: You may have to try one or two** of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
Acne/Topical <i>Skin</i>	benzoyl peroxide clindamycin solution clindamycin-benzoyl peroxide dapsone 5% erythromycin solution erythromycin-benzoyl peroxide sulfacetamide sodium	Aczone 7.5% Azelex Clindagel Fabior Riax	<i>Preferred select brand not available in class</i>
Benign Prostatic Hyperplasia-Alpha blockers <i>Prostate</i>	alfuzosin ext-rel doxazosin dutasteride dutasteride-tamsulosin finasteride silodosin tamsulosin terazosin	Cardura XL	<i>Preferred select brand not available in class</i>
Bisphosphonates/Combinations <i>Osteoporosis</i>	alendronate ibandronate risedronate	Binosto Fosamax Plus D	<i>Preferred select brand not available in class</i>

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Drug Class <i>Condition Treated*</i>	Step 1: You may have to try one or two** of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations** <i>Pain and Inflammation</i>	celecoxib diclofenac sodium/misoprostol fenoprofen ibuprofen meloxicam naproxen/naproxen ext-rel (additional generic NSAIDs available)	Cambia Flector Tivorbex Vivlodex Zipsor Zorvolex	<i>Preferred select brand not available in class</i>
Fibrates <i>High Triglycerides</i>	fenofibrate fenofibric acid gemfibrozil	Triglide	<i>Preferred select brand not available in class</i>
Ophthalmic/Prostaglandins <i>Glaucoma</i>	latanoprost	Zioptan	<i>Preferred select brand not available in class</i>
Proton Pump Inhibitors (PPIs)** <i>Stomach Acid</i>	esomeprazole lansoprazole delayed-rel omeprazole delayed-rel pantoprazole delayed-rel rabeprazole	Dexilant Prilosec Packets	<i>Preferred select brand not available in class</i>

Drug Class <i>Condition Treated*</i>	Step 1: You may have to try one or two** of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
Selective Serotonin Agonists/ Combinations <i>Migraine</i>	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan zolmitriptan	Onzetra Xsail Zembrace Sym Touch	<i>Preferred select brand not available in class</i>
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) <i>Depression</i>	desvenlafaxine succinate ext-rel duloxetine delayed-rel venlafaxine/venlafaxine ext-rel	Fetzima	<i>Preferred select brand not available in class</i>
Selective Serotonin Reuptake Inhibitors (SSRIs) <i>Depression</i>	citalopram escitalopram fluoxetine fluvoxamine/fluvoxamine ext-rel paroxetine/paroxetine ext-rel sertraline	Pexeva Trintellix Viibryd	<i>Preferred select brand not available in class</i>
Sleeping Agents <i>Insomnia/Sleep Problems</i>	eszopiclone zaleplon zolpidem/zolpidem ext-rel zolpidem sublingual	Belsomra Edluar Silenor Zolpimist	<i>Preferred select brand not available in class</i>



Drug Class <i>Condition Treated*</i>	Step 1: You may have to try one or two** of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
Urinary Antispasmodics** <i>Overactive Bladder/Incontinence</i>	darifenacin ext-rel oxybutynin/oxybutynin ext-rel tolterodine/tolterodine ext-rel trospium/trospium ext-rel	Gelnique Myrbetriq	<i>Preferred select brand not available in class</i>

*This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment. Discuss this information with your doctor or health care provider. CVS Caremark assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content.

**Please note: A member's plan determines whether the member must try one or two generics before a brand-name drug is allowed in select drug classes.