

Dietary Management

Astamed Myo	LDL Care	Methylfo/ME CBL/P5P
Availnex	Limbrel	Neoke BHB
Axona	L-Methyl-MC	Nicazyme
Cerefolin	L-Methyl B6-B12	Pro-Citric
Cerefolin NAC	L-Methylfoia Algal	Podiopin
Deplin	L-Methylfoia	Proleva
Elfolate	L-Methylfoia Forte	Proteolin
Elfolate Plus	Lormate	Tobaikient
Enlyte	Medactiv	Vascazen
Enteragam	Metafolbic	Vasculera
Folbic RF	Metafolbic Plus	VBG P5P
Foltx	Metafolbic Plus RF	Xaquil XR
Foltanx RF	Metanx	Westab Max
Foltanx	Methaver	Zyvexol
Galaxtra	Metholfol/CA ME-CBL	

GLP-1 Agonists; GLP-1

Rybelsus	Trulicity	Victoza
Ozempic		

Immunotherapy – Oral

Palforzia

Infertility (Non-Specialty)

Clomid	Crinone	Serophene
Clomiphene	Endometrin	

Lidocaine Products

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

Migraine

Migranal NS

Narcolepsy Medications

amodafinil	modafinil	Xyrem
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Ophthalmic/Tear Production

Restasis	Xiidra	
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Oral/Intranasal Fentanyl Medications

Actiq	fentanyl sublingual	Subsys
Fentora		

Osteoarthritis Pain

Diclofenac 1% Gel

Diclofenac 1.5% Solution

Sucrase Deficiency

Sucraid

Testosterone Topical/Buccal Medications

Androderm

testosterone gel

testosterone solution

Natesto

Topical Acne Medications***(Prior Authorization Required for 35 Years and Older)***

adapalene gel

Avita

tazarotene

Altreno

Retin-A

tretinoin

Atralin

Retin-A Micro

Twynéo

Topical Itch Cream

Prudoxin

Zonalon

Topical Steroids – Brand Versions Only

ALCLOMETASONE

DESOXIMETASONE

HALCINONIDE

AMCINONIDE

DIFLORASONE

HALOBETASOL

BETAMETHASONE

FLUOCINOLONE

HYDROCORTISONE

CLOBETASOL

FLUOCINONIDE

MOMETASONE

CLOCORTOLONE

FLURANDRENOLIDE

PREDNICARBATE

DESONIDE

FLUTICASONE

TRIAMCINOLONE

Topical Steroids – Generics Only

Clobetasol

Hydrocortisone 1% in Abso

Hydrocortisone Butyrate

Topical Psoriasis – Vitamin D Analogs

Calcitrene

Dovonex

Taclonex

Calcipotriene Scalp

Enstilar

Step Therapy**Antifungal**

Oxiconazole

Atypical Antipsychotics – Brand Only

Abilify Mycite

Lybalvi

Secuado

Caplyta Geodon Caps

Rexulti

Seroquel

Invega oral tablets

Risperdal

Vraylar

Latuda

Saphris

Zyprexa

CGRP – Migraine

Ajovy

Emgality

Minocycline ER Brand Only

Minolira

Solodyn

Ximino



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	30-Day Limit	90-Day 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 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
Akynzeo injection	40 mL per 21 days	40 mL 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
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
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
Anti-Migraine Medications			
Amerge (naratriptan) tablets	12 tabs per 25 days	36 tabs per 75 days	Yes
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	72 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
Tosymra (sumatriptan nasal)	18 units per 25 days	54 units per 75 days	Yes
Treximet (sumatriptan/naproxen) 85 mg/500 mg tabs	9 tabs per 25 days	36 tabs per 75 days	Yes
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	Yes
Biltricide (praziquantel) tablets	24 tabs per 365 days	24 tabs per 365 days	Yes
Egaten (triclabendazole) tablets	16 tabs per 365 days	16 tabs per 365 days	Yes

Emverm (mebendazole) tablets	12 tabs per 365 days	12 tabs per 365 days	Yes
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
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	360 mL per 90 days	360 mL per 90 days	Yes
Xofluza (baloxavir marboxil) 20 mg tablets (2 tabs per blister card)	4 tabs per 90 days	4 tabs per 90 days	Yes
Xofluza (baloxavir marboxil) 40 mg tablets (1 tabs per blister card)	2 tabs per 90 days	2 tabs per 90 days	Yes
Xofluza (baloxavir marboxil) 40 mg tablets (2 tabs per blister card)	4 tabs per 90 days	4 tabs per 90 days	Yes

Xofluza (baloxavir marboxil) 80 mg tablets (1 tabs per blister card)	2 tabs per 90 days	2 tabs per 90 days	Yes
Xofluza (baloxavir marboxil) 40 mg/20 mg susp	80 tabs per 90 days	80 tabs per 90 days	Yes
Lidocaine Products			
Lidocaine/collagen/aloë 2% Gel	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
Lidocaine urethral/mucosal 2% and 4% gel	60 mL per 25 days	60 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
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
Anti-Infective			
Firvanq	450 mL per 10 days	450 mL per 10 days	No
Vancocin	80 per 10 days	80 per 10 days	No
Topical Antifungals			
Ciclopirox solution	13.2 mL per 25 days	39.6 mL per 75 days	No
Ciclopirox Gel	200 g per 25 days	600 g per 75 days	No
Ciclopirox Cream	90 g per 25 days	270 g per 75 days	No
Ciclopirox Susp	60 mL per 25 days	180 mL per 75 days	No
Clotrimazole Cream	120 g per 25 days	360 g per 75 days	No
Econazole Cream	120 g per 25 days	360 g per 75 days	No
Ketoconazole Cream	120 g per 25 days	360 g per 75 days	No
Ketoconazole Aerosol	120 g per 25 days	360 g per 75 days	No
Luliconazole Cream	120 g per 25 days	360 g per 75 days	No
Nystatin Powder	450 g per 25 days	1350 g per 75 days	No
Nystatin Cream	300 g per 25 days	900 g per 75 days	No
Nystatin Ointment	300 g per 25 days	900 g per 75 days	No
Mupirocin Cream	120 g per 25 days	120 g per 25 days	No
Mupirocin Ointment	88 g per 25 days	88 g per 25 days	No
Clindamycin Sol	120 ml per 25 days	360 mL per 75 days	No

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 30-Day Limit*	Initial 90-Day 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
Duragesic 75 mcg	0***	0***	Yes
Duragesic 87.5 mcg	0***	0***	Yes
Duragesic 100 mcg	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
Methadone 5 mg****	90 tabs	270 tabs	Yes
Methadone 10 mg****	60 tabs	180 tabs	Yes
MorphaBond 15 mg	90 tabs	270 tabs	Yes
MorphaBond 30 mg	90 tabs	270 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
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

*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

****Calculating MME for methadone in clinical practice often involves a sliding-scale approach whereby the conversion factor increases with increasing dose.

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 30-Day Limit*	Initial 90-Day Limit*	Prior Authorization Available (To Exceed Quantity Limit)
Codeine sulfate tab 15 mg	42 tabs‡	Does not apply‡	Yes
Codeine sulfate tab 30 mg	42 tabs‡	Does not apply‡	Yes
Codeine sulfate tab 60 mg	42 tabs‡	Does not apply‡	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****	Does Not Apply****	Yes
Meperidine tab 50 mg	18 tabs****	Does Not Apply****	Yes
Meperidine tab 100 mg	18 tabs****	Does Not Apply****	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
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***	Does Not Apply***	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 oral soln 20 mg/mL†	300ml	900ml	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 oral soln 5 mg/ml	1800 ml	5400ml	Yes
Tramadol 50 mg	180 tabs	540 tabs	Yes
Tramadol 100 mg	90	270	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. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 90-day supplies filled.*

*****Due to risk of accumulation, the initial quantity limit will be set at a quantity that corresponds to a 3-day supply. The post limit quantity will be set at a quantity that corresponds to a 4-day supply. This drug is indicated for short-term acute use; therefore, the 30-day limit will be the same as the 90-day limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 90-day supplies filled.*

†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.

‡ The initial quantity limit for codeine will be set at a quantity that corresponds to a one-week supply. The post limit quantity will be set at a quantity that corresponds to a two-week supply. This drug is indicated for short-term acute use; therefore, the 30-day limit will be the same as the 90-day limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 90-day supplies filled.

Opioid Analgesics IR Combo Products Quantity Limits Chart

Coverage is provided without prior authorization for a 30-day or 90-day supply of an immediate-release combination product opioid for a monthly quantity that does not exceed the maximum daily dose listed in product labeling. Quantities also do not exceed 90 MME/day (unless maximum FDA-labeled strength/dose/frequency exceeds 90 MME/day), 4 g/day of acetaminophen or aspirin, or 3200 mg/day of ibuprofen. 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.

This quantity limit will accumulate drugs in the following 5 groups up to highest quantity listed in each group depending on the order the claims are processed: 1) Acetaminophen-containing solutions, suspensions, elixirs accumulate together, 2) Acetaminophen-containing tablets and capsules accumulate together, 2a) Acetaminophen-containing tablets with the same 30-day and 90-day limit accumulate together, 3) Aspirin- containing tablets and capsules accumulate together, 4) Ibuprofen-containing tablets accumulate together, 5) Celecoxib-containing tablets accumulate together. See Accumulation Group column in chart below for more detail.

Drug/Strength	Initial 30-Day Limit*	Initial 90-Day Limit*	Prior Authorization Available (To Exceed Quantity Limit)
APAP/codeine soln 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 elixir 10/300 mg/15 mL	2025 mL	6075 mL	No
Hydrocodone/APAP soln 10/325 mg/ 15 mL	2700 mL	8100 mL	No
Oxycodone/APAP soln 5-325 mg/ 5 mL	1800 mL	5400 mL	No
Oxycodone/APAP soln 10-300 mg/5 mL	900 mL	2700 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
Benzhydrocodone/APAP 4.08 mg/325 mg	168 tabs	Does Not Apply****	No

Benzhydrocodone/APAP 6.12/325 mg	168 tabs	Does Not Apply****	No
Benzhydrocodone/APAP 8.16 mg/325 mg	168 tabs	Does Not Apply****	No
Celecoxib/Tramadol 56 mg/44 mg	120 tabs	360 tabs	No
Hydrocodone/APAP tab 2.5/325 mg	360 tabs	1080 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 7.5/300 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 7.5/325 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 10/300 mg	180 tabs	540 tabs	No
Hydrocodone/APAP tab 10/325 mg	180 tabs	540 tabs	No
Oxycodone/ APAP tab 2.5/300 mg	260 tabs	1080 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 7.5/300 mg	240 tabs	720 tabs	No
Oxycodone/APAP tab 7.5/325 mg	240 tabs	720 tabs	No
Oxycodone/APAP tab 10/300 mg	180 tabs	540 tabs	No
Oxycodone/APAP tab 10/325 mg	180 tabs	540 tabs	No
Tramadol/APAP 37.5/325 mg	40 tabs	Does Not Apply****	No
Oxycodone/ASA tab 4.8355/325 mg	360 tabs	1080 tabs	No
Hydrocodone/ibuprofen tab 5/200 mg	50 tabs	Does Not Apply****	No
Hydrocodone/ibuprofen tab 7.5/200 mg	50 tabs	Does Not Apply****	No
Hydrocodone/ibuprofen tab 10/200 mg	50 tabs	Does Not Apply****	No



Oxycodone/ibuprofen tab 5/400 mg	28 tabs	Does Not Apply****	No
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**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. Limits are set up both as quantity versus time and daily dose edits.*

***Unless maximum FDA-labeled strength/dose/frequency exceeds 90 MME/day.*

****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. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 90-day supplies filled.*

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-name drugs:	These preferred select brand-name 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>	aliskiren amlodipine-benazepril benazepril/benazepril HCTZ candesartan/candesartan HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ 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 HCT	<i>Preferred select brand not available in class</i>

Drug Class <i>Condition Treated^{SS}</i>	Step 1: You may have to try one or two ^S of these generic medications first:	Step 2: Before you can try one of these brand-name drugs:	These preferred select brand-name drugs do not require use of a generic first:
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>
Prostaglandin Analogues and Combinations <i>Glaucoma</i>	latanoprost travoprost	Lumigan Rocklatan Vyzulta Xelpros Zioptan	<i>Preferred select brand not available in class</i>
Selective Serotonin Agonists/Combinations <i>Migraine</i>	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan zolmitriptan	Onzetra Xsail Zembrace Symtouch	<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-name drugs:	These preferred select brand-name drugs do not require use of a generic first:
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) <i>Depression</i>	desvenlafaxine 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 (except fluoxetine 60 mg tablet) fluvoxamine/fluvoxamine ER paroxetine HCl/paroxetine HCl ER sertraline	Trintellix	<i>Preferred select brand not available in class</i>
Sleeping Agents <i>Insomnia/Sleep Problems</i>	doxepin tabs eszopiclone ramelteon zaleplon zolpidem/zolpidem ext-rel	Belsomra Edluar	<i>Preferred select brand not available in class</i>
Urinary Antispasmodics[§] <i>Overactive Bladder/Incontinence</i>	darifenacin ext-rel oxybutynin/oxybutynin ext-rel tolterodine/tolterodine ext-rel trospium/trospium ext-rel	Gelnique	<i>Preferred select brand not available in class</i>

[§]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.

^{§§}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.



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