



Pennsylvania Employees Benefit Trust Fund (PEBTF) and Non-Medicare Eligible Retired Employees Health Program (REHP) 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. The prior authorization process ensures that you are receiving the appropriate drugs for the treatment of specific conditions and in quantities approved by the U.S. Food and Drug Administration (FDA).

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. *Note: some products listed below may also be subject to formulary coverage prior authorization.*

Acne (PA required age 20+)

Topical Retinoids: Altreno, Atralin, Avita, Retin-A, Retin-A Micro, tretinoin

ADHD/Narcolepsy (PA required age 20+)

Amphetamine products: Adderall, Adderall XR, Adzenys ER, Adzenys XR-ODT, Desoxyn, Dexedrine, dextroamphetamine products, Dynavel XR, Evekeo, Mydayis, ProCentra, Vyvanse, Zenzedi

Methylphenidate products: Adhansia XR, Aptensio XR, Concerta, Cotempla XR-ODT, Daytrana, Focalin products, Jornay PM, Metadate products, Methylin products, Quillichew ER, Quillivant XR, Ritalin products

Other products: Azstarys (serdexmethylphenidate/dexmethylphenidate), Qelbree (viloxazine), Strattera (atomoxetine)

Anti-fungals

Penlac (ciclopirox)

Compounded Medications*

Select medications (check with the pharmacy)

*A compounded medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.

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. Dispensing limits and/or prior authorization requirements apply to all brand and generic equivalents unless otherwise indicated. Products distributed and therapies covered by CVS Caremark may change or expand from time to time. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.



Diabetes

Fortamet (metformin ER), Glumetza (metformin ER) – *generic of Glucophage XR (metformin ER) preferred*

Heart Failure

Entresto (sacubitril/valsartan)

Insomnia

Belsomra (suvorexant)

Dayvigo (lemborexant)

Ulcer Drugs

Zegerid (omeprazole/sodium bicarbonate)

Miscellaneous

Regranex (becaplermin)

Arava (leflunomide)

Ivermectin tablets

Pain

Oral-Intranasal Fentanyl (Abstral, Actiq, Fentora, Lazanda, Subsys)

Specialty Guideline Management – Prior Authorization for Specialty Drugs

Your doctor needs to get prior authorization for specialty drugs before they will be covered by your prescription benefit plan. The prior authorization process ensures that you are receiving the appropriate drugs for the treatment of specific conditions.

For a full list of specialty drugs, refer to **CVSspecialty.com**. For specialty drug prior authorization review, your **doctor** should call CVS Specialty® at **1-866-814-5506** before you go to the pharmacy. The prior authorization line is for your doctor's use only. *Note: some products on the specialty list may also be subject to formulary coverage prior authorization.*

Step Therapy

You are required to try another drug before your prescription benefit plan will cover one of the drugs listed below. Please consult with your doctor about what covered medications are right for you. Your **doctor** should call CVS Caremark at **1-800-294-5979** to request prior authorization. The prior authorization line is for

your doctor's use only. *Note: some products listed below may also be subject to formulary coverage prior authorization.*

Anti-diabetes/GLP-1 Receptor Agonists – must have other diabetes therapy in claims history

Adlyxin (lixisenatide)
Bydureon (exenatide extended release)
Byetta (exenatide)
Ozempic (semaglutide)
Rybelsus (semaglutide)
Trulicity (dulaglutide)
Victoza (liraglutide)

Brand Angiotensin II Blockers (ARBs) and Direct Renin Inhibitors – try a generic first

Tekturna HCT

COX-2 Inhibitors

Celebrex (celecoxib)

Sedative Hypnotics – try a generic first

Edluar (zolpidem sublingual tablet)
Intermezzo (zolpidem sublingual tablet)
Zolpimist (zolpidem oral spray)

Quantity Limits

The drugs listed on the following pages have limits based on 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 on the following pages. 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. Note: some products listed below may also be subject to formulary coverage prior authorization.

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Anti-Migraine (quantities accumulate across the class)			
Amerge (naratriptan)	12 tablets	36 tablets	Yes
Axert (almotriptan)	12 tablets	36 tablets	Yes
Frova (frovatriptan)	18 tablets	54 tablets	Yes
Imitrex (sumatriptan) 4 mg Injection Syringes	18 units (9 mL)	54 units (27 mL)	Yes
Imitrex (sumatriptan) 6 mg Injection Syringes	12 units (6 mL)	36 units (19 mL)	Yes
Imitrex (sumatriptan) 6 mg Injection Vials	12 units (6 mL)	40 units (20 mL)	Yes
Imitrex (sumatriptan) 5 mg nasal spray (NS)	24 nasal units	72 nasal units	Yes
Imitrex (sumatriptan) 20 mg nasal spray (NS)	12 nasal units	36 nasal units	Yes
Imitrex (sumatriptan) oral	12 tablets	36 tablets	Yes
Maxalt, Maxalt MLT (rizatriptan)	18 tablets	54 tablets	Yes
Migranal (dihydroergotamine nasal spray)	8 nasal units	24 nasal units	No
Onzetra Xsail (sumatriptan nasal)	16 nasal units (1 kit)	64 nasal units (4 kits)	Yes
Relpax (eletriptan)	12 tablets	36 tablets	Yes
Tosymra (sumatriptan nasal) 10mg	18 units	54 units	Yes
Treximet 85/500 mg (sumatriptan/naproxen sodium)	9 tablets	36 tablets	Yes
Zembrace SymTouch (sumatriptan)	24 injectors	72 injectors	Yes
Zomig nasal spray (zolmitriptan)	12 nasal units	36 nasal units	Yes
Zomig/Zomig ZMT (zolmitriptan)	12 tablets	36 tablets	Yes
Influenza			
Relenza Caps (zanamivir inhalation)	40 blisters per 90 days		Yes
Tamiflu 30 mg Caps (oseltamivir)	40 capsules per 90 days		Yes
Tamiflu 45 mg, 75 mg Caps (oseltamivir)	20 capsules per 90 days		Yes
Tamiflu 30 mg/5 mL Oral Liquid (oseltamivir)	360 mL per 90 days		Yes

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Xofluza (baloxavir marboxil) 20 mg per tablet (2 tablets per blister card)	4 tablets per 90 days		Yes
Xofluza (baloxavir marboxil) 40 mg per tablet (1 tablet per blister card)	2 tablets per 90 days		Yes
Xofluza (baloxavir marboxil) 40 mg per tablet (2 tablets per blister card)	4 tablets per 90 days		Yes
Xofluza (baloxavir marboxil) 80 mg per tablet (1 tablet per blister card)	2 tablets per 90 days		Yes
Xofluza (baloxavir marboxil) 40mg/20 mL Suspension	80 mL per 90 days		Yes
Lidocaine – Topical Products			
Emla 2.5%-2.5% cream (lidocaine -prilocaine 2.5-2.5% cream)	30 gm per 25 days		Yes
Lidocaine 2% gel	30 gm per 25 days		Yes
Lidocaine 4% gel	30 gm per 25 days		Yes
Lidocaine 5% ointment	50 gm per 25 days		Yes
Lidocaine 4% solution	50 mL per 25 days		Yes
Lidocaine-collagen-aloe vera 2%	30 g per 25 days		Yes
Lidocaine urethral/mucosal 2% gel	60 mL per 25 days		Yes
Pliaglis 7-7% cream/ (Lidocaine-tetracaine 7-7% cream)	30 gm per 25 days		Yes
Synera 70-70 mg patch (Lidocaine-tetracaine 70-70 mg patch)	2 patches per 25 days		Yes
Pain – Nasal Spray			
butorphanol (Stadol NS)	2 bottles	6 bottles	Yes
Pain – Opioids – Immediate Release			
<i>Coverage is provided without prior authorization for a 30- or 90-day supply of immediate-release opioids based on dosage frequency or maximum daily dosing recommendations in product labeling. Coverage for quantities above the initial limit for a 30- or 90-day supply is provided through prior authorization when criteria for approval are met.</i>			
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

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Hydromorphone supp 3 mg	120 supps	360 supps	Yes
Hydromorphone tab 2 mg	180 tabs	540 tabs	Yes
Hydromorphone tab 4 mg	180 tabs	540 tabs	Yes
Hydromorphone tab 8 mg	180 tabs	540 tabs	Yes
Levorphanol tab 1mg	120 tabs	360 tabs	Yes
Levorphanol tab 2 mg	120 tabs	360 tabs	Yes
Levorphanol tab 3mg	120 tabs	360 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)	180 mL	540 mL	Yes
Morphine sulfate oral soln 10 mg/5 mL	900 mL	2700 mL	Yes
Morphine sulfate oral soln 20 mg/5 mL	900 mL	2700 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	180 supps	540 supps	Yes
Morphine sulfate supp 30 mg	180 supps	540 supps	Yes
Morphine sulfate tab 15 mg	180 tabs	540 tabs	Yes
Morphine sulfate tab 30 mg	180 tabs	540 tabs	Yes
Oxycodone cap 5 mg	180 caps	540 caps	Yes
Oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)	180 mL	540 mL	Yes
Oxycodone soln 5 mg/5 mL	900 mL	2700 mL	Yes
Oxaydo 5 mg	360 tabs	1080 tabs	Yes
Oxaydo 7.5 mg	360 tabs	1080 tabs	Yes
Oxycodone tab 5 mg	180 tabs	540 tabs	Yes
Oxycodone tab 10 mg	180 tabs	540 tabs	Yes
Oxycodone tab 15 mg	180 tabs	540 tabs	Yes
Oxycodone tab 20 mg	180 tabs	540 tabs	Yes
Oxycodone tab 30 mg	180 tabs	540 tabs	Yes
Oxymorphone tab 5 mg	180 tabs	540 tabs	Yes
Oxymorphone tab 10 mg	180 tabs	540 tabs	Yes
Pentazocine/naloxone 50/0.5 mg	180 tabs ^{**}	180 tabs ^{**}	Yes

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
RoxyBond 5 mg	360 tabs	1080 tabs	Yes
RoxyBond 15 mg	180 tabs	540 tabs	Yes
RoxyBond 30 mg	180 tabs	540 tabs	Yes
Tapentadol 50 mg	180 tabs	540 tabs	Yes
Tapentadol 75 mg	180 tabs	540 tabs	Yes
Tapentadol 100 mg	180 tabs	540 tabs	Yes
Tapentadol Oral Solution 20mg/mL	900 mL	270 mL	Yes
Tramadol 50 mg	180 tabs	540 tabs	Yes
Tramadol 100mg	90 tabs	270 tabs	Yes
Tramadol Oral Solution 5mg/mL	1800 mL	5400 mL	Yes
<p><i>**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 30 days at a time.</i></p> <p><i>†Due to risk of accumulation, the 30- and 90-day initial limits allow a 3-day supply only and the 30- and 90-day post limits allow a 4-day supply only.</i></p>			
<p>Pain – Opioids – Combinations Products</p> <p><i>Coverage is provided without prior authorization for 30- or 90-day IR opioid combo product prescriptions for an amount ≤ 90 MME; quantity limits are set at ≤ 4 g APAP (acetaminophen) or ASA (aspirin) and ≤ 3200 mg ibuprofen OR the maximum recommended daily dose based on prescribing information, whichever is lower. Maximum quantities may accumulate across products in this class.</i></p>			
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

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Benzhydrocodone/APAP tab 4.08/325 mg	168 tabs	168 tabs**	No
Benzhydrocodone/APAP tab 6.12/325 mg	168 tabs	168 tabs**	No
Benzhydrocodone/APAP tab 8.16/325 mg	168 tabs	168 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	360 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	40 tabs	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
**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 30 days at a time.			
Pain – Opioids – Extended-Release Products			
Coverage is provided without prior authorization for 30- or 90-day supply of extended-release opioid based on dosage frequency recommendations in product labeling. Coverage for quantities above the initial limit for a 30- or 90-day supply is provided through prior authorization when coverage conditions are met.			
Arymo ER 15 mg	90 tabs	270 tabs	Yes
Arymo ER 30 mg	90 tabs	270 tabs	Yes

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Arymo ER 60 mg	90 tabs	270 tabs	Yes
Avinza 30 mg	30 caps	90 caps	Yes
Avinza 45 mg	30 caps	90 caps	Yes
Avinza 60 mg	30caps	90 caps	Yes
Avinza 75 mg	30 caps	90 caps	Yes
Avinza 90 mg	30 caps	90 caps	Yes
Avinza 120 mg	30 caps	90 caps	Yes
Belbuca 75 mcg	60 films	180 films	Yes
Belbuca 150 mcg	60 films	180 films	Yes
Belbuca 300 mcg	60films	180 films	Yes
Belbuca 450 mcg	60 films	180 films	Yes
Belbuca 600 mcg	60 films	180 films	Yes
Belbuca 750 mcg	60 films	180 films	Yes
Belbuca 900 mcg	60 films	180 films	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	4 patches	12 patches	Yes
Butrans 20 mcg/hr	4 patches	12 patches	Yes
Conzip 100 mg	30 caps	90 caps	Yes
Conzip 200 mg	30 caps	90 caps	Yes
Conzip 300 mg	30 caps	90 caps	Yes
Dolophine 5 mg	90 tabs	270 tabs	Yes
Dolophine 10 mg	90 tabs	270 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	10 patches	30 patches	Yes
Duragesic 62.5 mcg	10 patches	30 patches	Yes
Duragesic 75 mcg	10 patches	30 patches	Yes
Duragesic 87.5 mcg	10 patches	30 patches	Yes
Duragesic 100 mcg	10 patches	30 patches	Yes
Embeda 20/0.8 mg	60 caps	180 caps	Yes
Embeda 30/1.2 mg	60 caps	180 caps	Yes

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Embeda 50/2 mg	60 caps	180 caps	Yes
Embeda 60/2.4 mg	60caps	180 caps	Yes
Embeda 80/3.2 mg	60caps	180 caps	Yes
Embeda 100/4 mg	60 caps	180 caps	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	30 tabs	90 tabs	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	30 tabs	90 tabs	Yes
Hysingla ER 120 mg	30 tabs	90 tabs	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	60 caps	180 caps	Yes
Kadian 60 mg	60 caps	180 caps	Yes
Kadian 80 mg	60 caps	180 caps	Yes
Kadian 100 mg	60 caps	180 caps	Yes
Kadian 200 mg	60 caps	180 caps	Yes
Methadone 10 mg/mL Intensol soln	90 mL	270 mL	Yes
Methadone 5 mg/5 mL Oral soln	450 mL	1350 mL	Yes
Methadone 10 mg/5 mL Oral soln	450 mL	1350 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	90 tabs	270 tabs	Yes
MorphaBond 15 mg	90 tabs	270 tabs	Yes
MorphaBond 30 mg	90 tabs	270 tabs	Yes
MorphaBond 60 mg	90 tab	270 tab	Yes

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
MorphaBond 100 mg	90 tabs	270 tabs	Yes
MS Contin 15 mg	90 tabs	270 tabs	Yes
MS Contin 30 mg	90 tabs	270 tabs	Yes
MS Contin 60 mg	90 tabs	270 tabs	Yes
MS Contin 100 mg	90 tabs	270 tabs	Yes
MS Contin 200 mg	90 tabs	270 tabs	Yes
Nucynta ER 50 mg	60 tabs	180 tabs	Yes
Nucynta ER 100 mg	60 tabs	180 tabs	Yes
Nucynta ER 150 mg	60 tabs	180 tabs	Yes
Nucynta ER 200 mg	60 tabs	180 tabs	Yes
Nucynta ER 250 mg	60 tabs	180 tabs	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	60 tabs	180 tabs	Yes
Opana ER 30 mg	60 tabs	180 tabs	Yes
Opana ER 40 mg	60 tabs	180 tabs	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	60 tabs	180 tabs	Yes
OxyContin 60 mg	60 tabs	180 tabs	Yes
OxyContin 80 mg	60 tabs	180 tabs	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	60 tabs	180 tabs	Yes
Tramadol ER 100 mg	30 tabs	90 tabs	Yes
Tramadol ER 150 mg	30 caps	90 caps	Yes
Tramadol ER 200 mg	30 tabs	90 tabs	Yes
Tramadol ER 300 mg	30 tabs	90 tabs	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

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Troxyca ER 30 mg/3.6 mg	60 caps	180 caps	Yes
Troxyca ER 40 mg/4.8 mg	60 caps	180 caps	Yes
Troxyca ER 60 mg/7.2 mg	60 caps	180 caps	Yes
Troxyca ER 80 mg/9.6 mg	60 caps	180 caps	Yes
Ultram ER 100 mg	30 tabs	90 tabs	Yes
Ultram ER 200 mg	30 tabs	90 tabs	Yes
Ultram ER 300 mg	30 tabs	90 tabs	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	60 tabs	180 tabs	Yes
Vantrela ER 90 mg	60 tabs	180 tabs	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	60 caps	180 caps	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	60 caps	180 caps	Yes
Sedative/hypnotics (quantities accumulate across the class)			
<i>Benzodiazepines</i>			
Doral (quazepam)	15 tablets	45 tablets	Yes
estazolam (Prosom)	15 tablets	45 tablets	Yes
flurazepam (Dalmane)	15 capsules	45 capsules	Yes
temazepam (Restoril, Strazepam)	15 capsules	45 capsules	Yes
triazolam (Halcion)	10 tablets	30 tablets	Yes
<i>Non-Benzodiazepines</i>			
Lunesta (eszopiclone)	15 tablets	45 tablets	Yes
Rozerem (ramelteon)	15 tablets	45 tablets	Yes

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
zaleplon (Sonata)	15 capsules	45 capsules	Yes
zolpidem (Ambien/Ambien CR)	15 tablets	45 tablets	Yes
Respiratory – SHORT-ACTING Beta 2 Agonist/Combinations			
Albuterol inhalation solution (AccuNeb) 0.63 mg/3 mL and 1.25 mg/3 mL	120 - 125 vials (360 - 375 mL), varies by package size	360 - 375 vials (1,180 -1,125 mL), varies by package size	No
Albuterol inhalation solution 0.083%	120 - 125 vials (375 mL)	360 - 375 vials (1125 mL)	No
Albuterol inhalation solution 0.5%	3 (20 mL) containers or 120 vials	9 (20 mL) containers or 360 vials	No
ProAir Digihaler (albuterol)	2 containers	6 containers	No
ProAir HFA inhaler (albuterol)	2 containers, varies by package size	6 containers, varies by package size	No
ProAir RespiClick (albuterol)	2 containers	6 containers	No
Proventil HFA inhaler (albuterol)	2 containers, varies by package size	6 containers, varies by package size	No
Ventolin HFA inhaler (albuterol) – 8 gram container (60 inhalations/container)	6 containers (48 gm)	18 containers (144 gm)	No
Ventolin HFA inhaler (albuterol) – 18 gram container (200 inhalations/container)	2 containers (36 gm)	6 containers (108 gm)	No
Xopenex HFA inhaler (levalbuterol) – 15 gram container (200 inhalations/ container)	2 containers (30 gm)	6 containers (90 gm)	No
Xopenex inhalation solution 0.31 mg/3 mL, 0.63 mg/3mL, 1.25 mg/3mL (levalbuterol)	90 - 100 vials (270 - 300 mL), varies by package size	270 - 300 vials (810 - 900 mL), varies by package size	No
Xopenex inhalation soln conc 1.25 mg/ 0.5 mL (levalbuterol)	90 vials (90 ea)	270 vials (270 ea)	No
Respiratory – LONG-ACTING Beta 2 Agonist/Combinations			
Advair Diskus (fluticasone/salmeterol)	1 container (60 ea)	3 containers (180 ea)	No

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Advair HFA (fluticasone/salmeterol)	1 container (12 g)	3 containers (36 g)	No
AirDuo Digihaler (fluticasone/salmeterol)	1 container (60 ea)	3 containers (180 ea)	No
AirDuo RespiClick (fluticasone/salmeterol)	1 container (60 ea)	3 containers (180 ea)	No
Anoro Ellipta (umeclidinium/vilanterol)	1 container (60 ea)	3 containers (180 ea)	No
Arcapta Neohaler (indacaterol)	1 container (30 ea)	3 containers (90 ea)	No
Bevespi Aerosphere (glycopyrrolate/formoterol fumarate)	1 container (11 g)	3 containers (33 g)	No
Breo Ellipta (fluticasone furoate/vilanterol)	1 container (60 ea)	3 containers (180 ea)	No
Breztri Aerosphere (budesonide/glycopyrrolate/formoterol fumarate)	1 container (120 ea)	3 containers (360 ea)	No
Brovana inhalation solution (arformoterol tartrate)	60 vials (120 mL)	180 vials (360 mL)	No
Duaklir Pressair (aclidinium bromide/formoterol fumarate)	1 containers (60 ea)	3 containers (180 ea)	No
Dulera Inhalation Aerosol 100 mcg/5 mcg and 200 mcg/5 mcg (mometasone/ formoterol)	1 container (13 gm)	3 containers (39 gm)	No
Perforomist inhalation solution (formoterol)	60 vials (120 mL)	180 vials (360 mL)	No
Serevent Diskus (salmeterol)	1 container (60 ea)	3 containers (180 ea)	No
Stiolto Respimat (tiotropium bromide/olodaterol)	1 container (4 gm)	3 containers (12 gm)	No
Striverdi Respimat (olodaterol)	1 container (4 gm)	3 containers (12 gm)	No
Symbicort inhalation aerosol (budesonide/formoterol)	3 containers (31 gm)	9 containers (93 gm)	No
Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol)	1 container (60 ea)	3 containers (180 ea)	No
Utibron Neohaler (indacaterol/ glycopyrrolate)	1 package (60 capsules)	3 packages (180 capsules)	No

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Respiratory – Mast Cell Stabilizers and Anticholinergics			
Atrovent HFA Inhaler (ipratropium bromide)	2 containers (26 gm)	6 containers (78 gm)	No
Combivent Respimat Inhaler (ipratropium/albuterol)	2 containers (8 gm)	6 containers (24 gm)	No
Cromolyn Inhalation Solution (cromolyn)	120 units (240 mL)	360 units (720 mL)	No
DuoNeb Inhalation Solution (ipratropium/albuterol)	180 vials (540 mL)	540 vials (1620 mL)	No
Incruse Ellipta (umeclidinium) Inhaler	1 package (30 blisters)	3 packages (90 blisters)	No
Ipratropium Inhalation Solution (ipratropium bromide)	120 - 125 units (300 - 313 mL)	360 - 375 units (900 - 939 mL)	No
Ipratropium bromide/albuterol sulfate inhalation solution	180 vials	540 vials	No
Lonhala Magnair (glycopyrrolate)	1 package (60 ea)	3 packages (180 ea)	No
Seebri Neohaler (glycopyrrolate)	1 package (60 capsules)	3 packages (180 capsules)	No
Spiriva Handihaler (tiotropium)	30 units + 1 Handihaler device	90 units + 1 Handihaler device	No
Spiriva Respimat (tiotropium bromide)	1 container	3 containers	No
Tudorza Pressair Inhaler (aclidinium bromide)	1 -2 containers (varies by package size)	3 - 6 containers (varies by package size)	No
Yupelri (revefenacin)	1 package (30 ea)	3 packages (90 ea)	No
Respiratory – Inhaled Corticosteroids			
Alvesco inhalation 80 mcg (ciclesonide)	3 containers	9 containers	No
Alvesco inhalation 160 mcg (ciclesonide)	2 containers	6 containers	No
Armonair Digihaler 55 mcg (fluticasone propionate)	1 container	3 containers	No
ArmonAir Digihaler 113 mcg (fluticasone propionate)	1 container	3 containers	No

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
ArmonAir Digihaler 232 mcg (fluticasone propionate)	1 container	3 containers	No
Arnuity Ellipta 50 mcg (fluticasone furoate)	1 container	3 containers	No
Arnuity Ellipta 100 mcg (fluticasone furoate)	1 container	3 containers	No
Arnuity Ellipta 200 mcg (fluticasone furoate)	1 container	3 containers	No
Asmanex HFA 50 mcg (mometasone furoate)	1 package	3 packages	No
Asmanex HFA 100 mcg(mometasone furoate)	1 package	3 packages	No
Asmanex HFA 200 mcg (mometasone furoate)	1 package	3 packages	No
Asmanex Twisthaler 110 mcg (mometasone furoate)	2 packages	6 packages	
Asmanex Twisthaler 220 mcg (mometasone furoate)	1 – 4 packages (Varies by package size)	3 – 12 packages (Varies by package size)	No
Flovent Diskus 50 mcg mcg/inhalation (fluticasone)	3 packages	9 packages	No
Flovent Diskus 100 mcg/inhalation (fluticasone)	4 packages	12 packages	No
Flovent Diskus 250 mcg/inhalation (fluticasone)	4 packages	12 packages	No
Flovent HFA 44 mcg/inhalation (fluticasone)	2 containers	6 containers	No
Flovent HFA 110 mcg/inhalation (fluticasone)	2 containers	6 containers	No
Flovent HFA 220 mcg/inhalation (fluticasone)	2 containers	6 containers	No
Pulmicort Flexhaler 180 mcg/inhalation (budesonide)	2 containers	6 containers	No
Pulmicort Flexhaler 90 mcg/inhalation (budesonide)	3 containers	9 containers	No
Pulmicort Respules 0.25 mg per respule (budesonide)	90 respules	270 respules	No
Pulmicort Respules 0.5 mg per respule (budesonide)	60 respules	180 respules	No

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
Pulmicort Respules 1 mg per respule (budesonide)	30 respules	90 respules	No
Qvar Redihaler 40 mcg (beclomethasone)	2 containers	6 containers	No
Qvar Redihaler 80 mcg (beclomethasone)	2 containers	6 containers	No
Allergy – Intranasal Steroids/Antihistamines			
azelastine	2 containers	6 containers	No
Beconase AQ (beclomethasone)	2 containers	6 containers	No
Dymista (azelastine/fluticasone)	1 container	3 containers	No
fluticasone propionate	1 container	3 containers	No
Flunisolide (flunisolide)	3 containers	9 containers	No
Nasonex (mometasone)	2 containers	6 containers	No
Omnaris (ciclesonide)	1 container	3 containers	No
Patanase (olopatadine)	1 container	3 containers	No
Qnasl (beclomethasone)	1 container	3 containers	No
Xhance (fluticasone propionate)	2 containers	6 containers	No
Zetonna (ciclesonide)	1 container	3 containers	No

Log in to **Caremark.com** to check coverage and copay[‡] information for a specific medicine. For more information, contact a CVS Caremark Customer Care Representative at **1-888-321-3261**.

[‡]Copay, copayment or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.