



# NALC Prescription Drugs with Dispensing Limits or Prior Authorization Requirements



**Certain drugs may require utilization management for safe and appropriate use. This can include, but is not limited to prior authorization, dispensing limits, step therapy, and duration limits.** Your Provider may contact CVS Caremark toll-free at 800-294-5979 for drugs that require prior authorization.

**For Your Information:** NALC provides benefits for most covered prescription drugs for up to a 30-day supply when purchased at a retail pharmacy, and up to a 90 day supply for maintenance medications when purchased through our mail order program or Maintenance Choice Program at CVS retail stores. Some drugs, however, have specific limits on the quantity or amount, days' supply, and duration of use that can be dispensed. Other drugs have a prior authorization requirement, meaning that the Plan will not approve benefits for the drug until it has had an opportunity to review the medical necessity for the prescription with your doctor. Some medications such as opioid prescriptions may require step therapy of an immediate-release opioid before an extended-release opioid is covered.

This is a summary of ADHD, anti-narcolepsy, CGRP antagonists, 510K products, and certain analgesic /opioid prescription medications with dispensing limits and/or prior authorization for the NALC Health Benefit Plan. It does not guarantee coverage. 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 listed below. 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.

Some medications may not be covered, or may be covered only under certain circumstances, regardless of their appearance on this document. For more information, please read the 2021 official Plan brochure, RI 71-009 (High Option, Consumer Driven Health Plan, Value Option). All benefits are subject to the definitions, limitations, and exclusions set forth in the 2021 official Plan brochure.

Generic products are listed in *italics*.

Your doctor can request a prior authorization review by calling the CVS Caremark Prior Authorization department at 800-294-5979. Your doctor may be asked to provide details about your medical condition and treatment plan in order to evaluate the request.

If you have questions about this or other pharmacy benefits, please contact CVS Caremark Customer Care at 800-933-6252 (NALC).

| Medication Name                        | Prior Authorization (PA) Required | Dispensing Limit          |                   |
|--|-----------------------------------|---------------------------|-------------------|
|  |                                   | Retail                    | Mail Order        |
| 510 K Products                         | Yes                               | Provided during PA Review |                   |
| Abstral                                | Yes                               | Provided during PA Review |                   |
| Actiq                                  | Yes                               | Provided during PA Review |                   |
| Adderall 5 mg, 7.5 mg, 10 mg, 12.5 mg  | No*                               | 90 tabs/month             | 270 tabs/3 months |
| Adderall 15 mg, 20 mg                  | No*                               | 60 tabs/month             | 180 tabs/3 months |
| Adderall 30 mg                         | No*                               | 30 tabs/month             | 90 tabs/3 months  |
| Adderall XR 5 mg, 10 mg                | No*                               | 90 caps/month             | 270 caps/3 months |
| Adderall XR 15 mg, 20 mg, 25 mg, 30 mg | No*                               | 30 caps/month             | 90 caps/3 months  |
| Adhansia XR 25 mg, 35 mg, 45 mg        | No                                | 60 caps/25 days           | 180 caps/75 days  |
| Adhansia XR 55 mg, 70 mg, 85 mg        | No                                | 30 caps/25 days           | 90 caps/75 days   |

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| Medication Name   | Prior Authorization (PA) Required | Dispensing Limit          |                      |
|---|-----------------------------------|---------------------------|----------------------|
|   |                                   | Retail                    | Mail Order           |
| Adzenys ER oral Suspension 1.25mg/ml  | No*                               | 450ml/month               | 1350ml/3 months      |
| Adzenys XR-ODT 3.1 mg, 6.3 mg, 9.4 mg   | No*                               | 60 tabs/month             | 180 tabs/3 months    |
| Adzenys XR-ODT 12.5 mg, 15.7 mg, 18.8 mg  | No*                               | 30 tabs/month             | 90 tabs/3 months     |
| Aimovig (CGRP Antagonists)  | Yes                               | Provided during PA Review |                      |
| Ajovy (CGRP Antagonists)  | Yes                               | Provided during PA Review |                      |
| Ambien  | No                                | 30ea/month                | 90ea/3 months        |
| Ambien CR   | No                                | 30ea/month                | 90ea/3 months        |
| <i>amphetamine extended release orally disintegrating 3.1 mg, 6.3 mg, 9.4 mg</i>    | No*                               | 60 tabs/month             | 180 tabs/3 months    |
| <i>amphetamine extended release orally disintegrating 12.5 mg, 15.7 mg, 18.8 mg</i> | No*                               | 30 tabs/month             | 90 tabs/3 months     |
| <i>amphetamine extended release oral suspension 1.25mg/ml</i>                       | No*                               | 450ml/month               | 1350ml/3 months      |
| <i>amphetamine extended release oral suspension 2.5mg/ml</i>                        | No                                | 240mL/month               | 720mL/3 months       |
| <i>amphetamine/dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg</i>                   | No*                               | 90 tabs/month             | 270 tabs/3 months    |
| <i>amphetamine/dextroamphetamine 15 mg, 20</i>                                      | No*                               | 60 tabs/month             | 180 tabs/3 months    |
| <i>amphetamine/dextroamphetamine 30 mg</i>  | No*                               | 30 tabs/month             | 90 tabs/3 months     |
| <i>amphetamine/dextroamphetamine extended release 5 mg, 10 mg</i>                   | No*                               | 90 caps/month             | 270 caps/3 months    |
| <i>amphetamine/dextroamphetamine extended release 15 mg, 20 mg, 25 mg, 30 mg</i>    | No*                               | 30 caps/month             | 90 caps/3 months     |
| <i>amphetamine/dextroamphetamine extended release 3 bead capsule 12.5mg, 25mg</i>   | No*                               | 60caps/month              | 180caps/3 months     |
| <i>amphetamine/dextroamphetamine extended release 3 bead capsule 37.5mg, 50mg</i>   | No*                               | 30caps/month              | 90caps/3 months      |
| <i>amphetamine sulfate</i>  | No*                               | 120 tabs/month            | 360 tabs/3 months    |
| Apadaz 4.08 mg/325 mg   | No                                | 168 tablets/month         | 168 tablets/3 months |
| Apadaz 6.12 mg/325 mg   | No                                | 168 tablets/month         | 168 tablets/3 months |
| Apadaz 8.16 mg/325 mg   | No                                | 168 tablets/month         | 168 tablets/3 months |
| APAP/codeine soln 120-12 mg/5 mL  | No                                | 2700mL/month              | 8100mL/3 months      |
| APAP/codeine susp 120-12 mg/5 mL  | No                                | 2700mL/month              | 8100mL/3 months      |
| APAP/codeine tab 300/15 mg  | No                                | 400 tabs/month            | 1200 tabs/3 months   |
| APAP/codeine tab 300/30 mg  | No                                | 360 tabs/month            | 1080 tabs/3 months   |
| APAP/codeine tab 300/60 mg  | No                                | 180 tabs/month            | 540 tabs/3 months    |
| APAP/caffeine/dihydrocodeine cap 320.5/30/16 mg                                     | No                                | 300 caps/month            | 900 caps/3 months    |
| APAP/caffeine/dihydrocodeine tab 325/30/16 mg                                       | No                                | 300 tabs/month            | 900 tabs/3 months    |
| APAP/caffeine/dihydrocodeine cap 356.4/30/16 mg                                     | No                                | 300 caps/month            | 900 caps/3 months    |

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|--|-----------------------------------|---------------------------|----------------------|
|  |                                   | Retail                    | Mail Order           |
| <i>APAP/caffeine/dihydrocodeine tab 712.8/60/32 mg</i>   | No                                | 150 tabs/month            | 450 tabs/3 months    |
| <i>ASA/caffeine/dihydrocodeine cap 356.4/30/16 mg</i>    | No                                | 300 caps/month            | 900 caps/3 months    |
| Aptensio XR 10 mg, 15 mg, 20 mg, 30 mg                   | No*                               | 60 caps/month             | 180 caps/3 months    |
| Aptensio XR 40 mg, 50 mg, 60 mg                          | No*                               | 30 caps/month             | 90 caps/3 months     |
| <i>armodafinil</i>                                       | Yes                               | Provided during PA Review |                      |
| Arymo ER 15 mg   | No*                               | 90 tabs/month             | 270 tabs/3 months    |
| Arymo ER 30 mg   | No*                               | 90 tabs/month             | 270 tabs/3 months    |
| Arymo ER 60 mg   | No*                               | 90 tabs/month             | 270 tabs/3 months    |
| <i>atomoxetine 10 mg, 18 mg, 25 mg</i>                   | No                                | 120 caps/month            | 360 caps/3 months    |
| <i>atomoxetine 40 mg</i>                                 | No                                | 60 caps/month             | 180 caps/3 months    |
| <i>atomoxetine 60 mg, 80 mg, 100 mg</i>                  | No                                | 30 caps/month             | 90 caps/3 months     |
| Avinza 30 mg   | No*                               | 30 caps/month             | 90 caps/3 months     |
| Avinza 45 mg   | No*                               | 30 caps/month             | 90 caps/3 months     |
| Avinza 60 mg   | No*                               | 30 caps/month             | 90 caps/3 months     |
| Avinza 75 mg   | No*                               | 30 caps/month             | 90 caps/3 months     |
| Avinza 90 mg   | No*                               | 30 caps/month             | 90 caps/3 months     |
| Avinza 120 mg  | No*                               | 30 caps/month             | 90 caps/3 months     |
| Azstarys 26.1 mg/5.2 mg, 39.2 mg/7.8 mg, 52.3 mg/10.4 mg | No                                | 30 capsules/month         | 90 capsules/3 months |
| Belbuca 75 mcg   | No*                               | 60 films/month            | 180 films/3 months   |
| Belbuca 150 mcg  | No*                               | 60 films/month            | 180 films/3 months   |
| Belbuca 300 mcg  | No*                               | 60 films/month            | 180 films/3 months   |
| Belbuca 450 mcg  | No*                               | 60 films/month            | 180 films/3 months   |
| Belbuca 600 mcg  | No*                               | 60 films/month            | 180 films/3 months   |
| Belbuca 750 mcg  | No*                               | 60 films/month            | 180 films/3 months   |
| Belbuca 900 mcg  | No*                               | 60 films/month            | 180 films/3 months   |
| <i>benzhydrocodone/acetaminophen 4.08 mg/325 mg</i>      | No                                | 168 tablets/month         | 168 tablets/3 months |
| <i>benzhydrocodone/acetaminophen 6.12 mg/325 mg</i>      | No                                | 168 tablets/month         | 168 tablets/3 months |
| <i>benzhydrocodone/acetaminophen 8.16 mg/325 mg</i>      | No                                | 168 tablets/month         | 168 tablets/3 months |
| Botox  | Yes                               | Provided during PA Review |                      |
| <i>buprenorphine 75 mcg</i>                              | No*                               | 60 films/month            | 180 films/3 months   |
| <i>buprenorphine 150 mcg</i>                             | No*                               | 60 films/month            | 180 films/3 months   |
| <i>buprenorphine 300 mcg</i>                             | No*                               | 60 films/month            | 180 films/3 months   |
| <i>buprenorphine 450 mcg</i>                             | No*                               | 60 films/month            | 180 films/3 months   |
| <i>buprenorphine 600 mcg</i>                             | No*                               | 60 films/month            | 180 films/3 months   |
| <i>buprenorphine 750 mcg</i>                             | No*                               | 60 films/month            | 180 films/3 months   |
| <i>buprenorphine 900 mcg</i>                             | No*                               | 60 films/month            | 180 films/3 months   |

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|--|-----------------------------------|---------------------------|---------------------|
|  |                                   | Retail                    | Mail Order          |
| <i>buprenorphine transdermal 5 mcg/hr</i>                            | No*                               | 4 patches/month           | 12 patches/3 months |
| <i>buprenorphine transdermal 7.5 mcg/hr</i>                          | No*                               | 4 patches/month           | 12 patches/3 months |
| <i>buprenorphine transdermal 10 mcg/hr</i>                           | No*                               | 4 patches/month           | 12 patches/3 months |
| <i>buprenorphine transdermal 15 mcg/hr</i>                           | No*                               | 4 patches/month           | 12 patches/3 months |
| <i>buprenorphine transdermal 20 mcg/hr</i>                           | No*                               | 4 patches/month           | 12 patches/3 months |
| Butrans 5 mcg/hr   | No*                               | 4 patches/month           | 12 patches/3 months |
| Butrans 7.5 mcg/hr   | No*                               | 4 patches/month           | 12 patches/3 months |
| Butrans 10 mcg/hr  | No*                               | 4 patches/month           | 12 patches/3 months |
| Butrans 15 mcg/hr  | No*                               | 4 patches/month           | 12 patches/3 months |
| Butrans 20 mcg/hr  | No*                               | 4 patches/month           | 12 patches/3 months |
| <i>codeine sulfate tab 15 mg</i>                                     | No*                               | 42 tabs/month             | 42 tabs/3 months    |
| <i>codeine sulfate tab 30 mg</i>                                     | No*                               | 42 tabs/month             | 42 tabs/3 months    |
| <i>codeine sulfate tab 60 mg</i>                                     | No*                               | 42 tabs/month             | 42 tabs/3 months    |
| Compounds  | Yes                               | Provided during PA Review |                     |
| Concerta 18 mg, 27 mg, 36 mg   | No*                               | 60 tabs/month             | 180 tabs/3 months   |
| Concerta 54 mg   | No*                               | 30 tabs/month             | 90 tabs/3 months    |
| Conzip 100 mg  | No*                               | 30 caps/month             | 90 caps/3 months    |
| Conzip 200 mg  | No*                               | 30 caps/month             | 90 caps/3 months    |
| Conzip 300 mg  | No*                               | 30 caps/month             | 90 caps/3 months    |
| Cotempla XR 8.6mg  | No*                               | 60 tabs/month             | 180 tabs/ 3 months  |
| Cotempla XR 17.3, 25.9mg   | No*                               | 60 tabs/month             | 180 tabs/ 3 months  |
| Daytrana Patch 10 mg, 15 mg, 20 mg, 30 mg                            | No                                | 30 patches/month          | 90 patches/3 months |
| Desoxyn 5 mg   | No                                | 150 tabs/month            | 450 tabs/3 months   |
| <i>dexmethylphenidate 2.5mg, 5mg</i>                                 | No*                               | 120 tabs/month            | 360 tabs/3 months   |
| <i>dexmethylphenidate 10mg</i>                                       | No*                               | 60 tabs/month             | 180 tabs/3 months   |
| <i>dexmethylphenidate extended release 5 mg, 10 mg, 15 mg, 20 mg</i> | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>dexmethylphenidate extended release XR 25 mg</i>                  | No*                               | 30 caps/month             | 90 caps/3 months    |
| <i>dexmethylphenidate extended release 30 mg, 35 mg, 40 mg</i>       | No                                | 30 caps/month             | 90 caps/3 months    |
| <i>dextroamphetamine 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>                 | No*                               | 120 tabs/month            | 360 tabs/3 months   |
| <i>dextroamphetamine 15 mg, 20 mg</i>                                | No*                               | 60 tabs/month             | 180 tabs/3 months   |
| <i>dextroamphetamine 30 mg</i>                                       | No*                               | 30 tabs/month             | 90 tabs/3 months    |
| <i>dextroamphetamine sulfate oral solution 5mg/5ml</i>               | No*                               | 1200 mL/month             | 3600mL/3 months     |
| <i>dextroamphetamine sustained release 5 mg, 10 mg</i>               | No*                               | 120 caps/month            | 360 caps/3 months   |
| <i>dextroamphetamine sustained release 15 mg</i>                     | No*                               | 60 caps/month             | 180 caps/3 months   |

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|---|-----------------------------------|---------------------------|---------------------|
|   |                                   | Retail                    | Mail Order          |
| Dexedrine Spansule 5 mg, 10 mg            | No*                               | 120 caps/month            | 360 caps/3 months   |
| Dexedrine Spansule 15 mg                  | No*                               | 60 caps/month             | 180 caps/3 months   |
| Dolophine 5 mg                            | No*                               | 90 tabs/month             | 270 tabs/3 months   |
| Dolophine 10 mg                           | No*                               | 90 tabs/month             | 270 tabs/3 months   |
| Doral                                     | No                                | 30 ea/month               | 90ea/3 months       |
| Duragesic 12 mcg                          | No*                               | 10 patches/month          | 30 patches/3 months |
| Duragesic 25 mcg                          | No*                               | 10 patches/month          | 30 patches/3 months |
| Duragesic 37.5 mcg                        | No*                               | 10 patches/month          | 30 patches/3 months |
| Duragesic 50 mcg                          | No*                               | 10 patches/month          | 30 patches/3 months |
| Duragesic 62.5 mcg                        | No*                               | 10 patches/month          | 30 patches/3 months |
| Duragesic 75 mcg                          | No*                               | 10 patches/month          | 30 patches/3 months |
| Duragesic 87.5 mcg                        | No*                               | 10 patches/month          | 30 patches/3 months |
| Duragesic 100 mcg                         | No*                               | 10 patches/month          | 30 patches/3 months |
| Durolane                                  | Yes                               | Provided during PA Review |                     |
| Dyanavel XR oral suspension 2.5 mg/mL     | No                                | 240mL/month               | 720mL/3 months      |
| Dysport                                   | Yes                               | Provided during PA Review |                     |
| Embeda 20/0.8 mg                          | No*                               | 60 caps/month             | 180 caps/3 months   |
| Embeda 30/1.2 mg                          | No*                               | 60 caps/month             | 180 caps/3 months   |
| Embeda 50/2 mg                            | No*                               | 60 caps/month             | 180 caps/3 months   |
| Embeda 60/2.4 mg                          | No*                               | 60 caps/month             | 180 caps/3 months   |
| Embeda 80/3.2 mg                          | No*                               | 60 caps/month             | 180 caps/3 months   |
| Embeda 100/4 mg                           | No*                               | 60 caps/month             | 180 caps/3 months   |
| Emgality (CGRP Antagonists)               | Yes                               | Provided during PA Review |                     |
| Emla 2.5%                                 | No*                               | 30gm/ month               | 30gm/ month         |
| <i>estazolam</i>                          | No                                | 30ea/month                | 90ea/3 months       |
| <i>eszopiclone</i>                        | No                                | 30ea/month                | 90ea/3 months       |
| Euflexxa                                  | Yes                               | Provided during PA Review |                     |
| Evekeo 5 mg, 10 mg                        | No*                               | 120 tabs/month            | 360 tabs/3 months   |
| Evekeo ODT 5 mg, 10 mg                    | No*                               | 120 tabs/month            | 360 tabs/3 months   |
| Evekeo ODT 15 mg, 20 mg                   | No*                               | 60 tabs/month             | 180 tabs/3 months   |
| Exalgo 8 mg                               | No*                               | 30 tabs/month             | 90 tabs/3 months    |
| Exalgo 12 mg                              | No*                               | 30 tabs/month             | 90 tabs/3 months    |
| Exalgo 16 mg                              | No*                               | 30 tabs/month             | 90 tabs/3 months    |
| Exalgo 32 mg                              | No*                               | 30 tabs/month             | 90 tabs/3 months    |
| <i>fentanyl OT Loz</i>                    | Yes                               | Provided during PA Review |                     |
| <i>fentanyl citrate buccal tab</i>        | Yes                               | Provided during PA Review |                     |
| <i>fentanyl transdermal system 12 mcg</i> | No*                               | 10 patches/month          | 30 patches/3 months |

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|   |                                   | Retail                    | Mail Order          |
| <i>fentanyl transdermal system 25 mcg</i>       | No*                               | 10 patches/month          | 30 patches/3 months |
| <i>fentanyl transdermal system 37.5 mcg</i>     | No*                               | 10 patches/month          | 30 patches/3 months |
| <i>fentanyl transdermal system 50 mcg</i>       | No*                               | 10 patches/month          | 30 patches/3 months |
| <i>fentanyl transdermal system 62.5 mcg</i>     | No*                               | 10 patches/month          | 30 patches/3 months |
| <i>fentanyl transdermal system 75 mcg</i>       | No*                               | 10 patches/month          | 30 patches/3 months |
| <i>fentanyl transdermal system 87.5 mcg</i>     | No*                               | 10 patches/month          | 30 patches/3 months |
| <i>fentanyl transdermal system 100 mcg</i>      | No*                               | 10 patches/month          | 30 patches/3 months |
| Fentora   | Yes                               | Provided during PA Review |                     |
| <i>flurazepam</i>                               | No                                | 30ea/month                | 90ea/3 months       |
| Focalin 2.5 mg, 5 mg                            | No*                               | 120 tabs/month            | 360 tabs/3 months   |
| Focalin 10 mg                                   | No*                               | 60 tabs/month             | 180 tabs/3 months   |
| Focalin XR 5 mg, 10 mg, 15 mg, 20 mg            | No*                               | 60 caps/month             | 180 caps/3 months   |
| Focalin XR 25 mg                                | No*                               | 30 caps/month             | 90 caps/3 months    |
| Focalin XR 30 mg, 35 mg, 40 mg                  | No                                | 30 caps/month             | 90 caps/3 months    |
| Gel One   | Yes                               | Provided during PA Review |                     |
| GelSyn 3  | Yes                               | Provided during PA Review |                     |
| GenVisc 850                                     | Yes                               | Provided during PA Review |                     |
| Halcion   | No                                | 10ea/25 days              | 30ea/75 days        |
| Hyalgan   | Yes                               | Provided during PA Review |                     |
| <i>hydrocodone/APAP soln 7.5/325 mg/ 15 mL</i>  | No                                | 2700mL/month              | 8100mL/month        |
| <i>hydrocodone/APAP elixir 10/300 mg/15 mL</i>  | No                                | 2025mL/month              | 6075mL/month        |
| <i>hydrocodone/APAP soln 10/325 mg/ 15 mL</i>   | No                                | 2700mL/month              | 8100mL/month        |
| <i>hydrocodone/APAP tab 2.5/325 mg</i>          | No                                | 360 tabs/month            | 1080 tabs/3 months  |
| <i>hydrocodone/APAP tab 5/300 mg</i>            | No                                | 240 tabs/month            | 720 tabs/3 months   |
| <i>hydrocodone/APAP tab 5/325 mg</i>            | No                                | 240 tabs/month            | 720 tabs/3 months   |
| <i>hydrocodone/APAP tab 7.5/300 mg</i>          | No                                | 180 tabs/month            | 540 tabs/3 months   |
| <i>hydrocodone/APAP tab 7.5/325 mg</i>          | No                                | 180 tabs/month            | 540 tabs/3 months   |
| <i>hydrocodone/APAP tab 10/300 mg</i>           | No                                | 180 tabs/month            | 540 tabs/3 months   |
| <i>hydrocodone/APAP tab 10/325 mg</i>           | No                                | 180 tabs/month            | 540 tabs/3 months   |
| <i>hydrocodone/ibuprofen tab 2.5/200 mg</i>     | No                                | 50 tabs/month             | 50 tabs/3 months    |
| <i>hydrocodone bitartrate ER capsules 10 mg</i> | No*                               | 60 caps/month             | 180 caps/month      |
| <i>hydrocodone bitartrate ER capsules 15 mg</i> | No*                               | 60 caps/month             | 180 caps/month      |
| <i>hydrocodone bitartrate ER capsules 20 mg</i> | No*                               | 60 caps/month             | 180 caps/month      |
| <i>hydrocodone bitartrate ER capsules 30 mg</i> | No*                               | 60 caps/month             | 180 caps/month      |
| <i>hydrocodone bitartrate ER capsules 40 mg</i> | No*                               | 60 caps/month             | 180 caps/month      |
| <i>hydrocodone bitartrate ER capsules 50 mg</i> | No*                               | 60 caps/month             | 180 caps/month      |
| <i>hydrocodone/ibuprofen tab 5/200 mg</i>       | No                                | 50 tabs/month             | 50 tabs/3 months    |

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## NALC Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

| Medication Name                             | Prior Authorization (PA) Required | Dispensing Limit          |                    |
|---|-----------------------------------|---------------------------|--------------------|
|   |                                   | Retail                    | Mail Order         |
| <i>hydrocodone/ibuprofen tab 7.5/200 mg</i> | No                                | 50 tabs/month             | 50 tabs/3 months   |
| <i>hydrocodone/ibuprofen tab 10/200 mg</i>  | No                                | 50 tabs/month             | 50 tabs/3 months   |
| <i>hydromorphone liquid 1 mg/mL</i>         | No*                               | 600mL/ month              | 1800mL/3 months    |
| <i>hydromorphone supp 3 mg</i>              | No*                               | 120 supps/month           | 360 supps/3 months |
| <i>hydromorphone tab 2 mg</i>               | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>hydromorphone tab 4 mg</i>               | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>hydromorphone tab 8 mg</i>               | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>hydromorphone ER 8 mg</i>                | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| <i>hydromorphone ER 12 mg</i>               | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| <i>hydromorphone ER 16 mg</i>               | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| <i>hydromorphone ER 32 mg</i>               | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| Hymovis                                     | Yes                               | Provided during PA Review |                    |
| Hysingla ER 20 mg                           | No*                               | 30 tabs/month             | 90 tabs/3 months   |
| Hysingla ER 30 mg                           | No*                               | 30 tabs/month             | 90 tabs/3 months   |
| Hysingla ER 40 mg                           | No*                               | 30 tabs/month             | 90 tabs/3 months   |
| Hysingla ER 60 mg                           | No*                               | 30 tabs/month             | 90 tabs/3 months   |
| Hysingla ER 80 mg                           | No*                               | 30 tabs/month             | 90 tabs/3 months   |
| Hysingla ER 100 mg                          | No*                               | 30 tabs/month             | 90 tabs/3 months   |
| Hysingla ER 120 mg                          | No*                               | 30 tabs/month             | 90 tabs/3 months   |
| Jornay PM 20mg, 40mg                        | No                                | 60 tabs/month             | 180 tabs/3 months  |
| Jornay PM 60mg, 80mg, 100mg                 | No                                | 30 tabs/month             | 90 tabs/3 months   |
| Kadian 10 mg                                | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 20 mg                                | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 30 mg                                | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 40 mg                                | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 50 mg                                | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 60 mg                                | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 70 mg                                | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 80 mg                                | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 100 mg                               | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 130 mg                               | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 150 mg                               | No*                               | 60 caps/month             | 180 caps/3 months  |
| Kadian 200 mg                               | No*                               | 60 caps/month             | 180 caps/3 months  |
| Lazanda                                     | Yes                               | Provided during PA Review |                    |
| <i>levorphanol tab 1mg</i>                  | No*                               | 120 tabs/month            | 360 tabs/3 months  |
| <i>levorphanol tab 2 mg</i>                 | No*                               | 120 tabs/month            | 360 tabs/3 months  |
| <i>levorphanol tab 3mg</i>                  | No*                               | 120 tabs/month            | 360 tabs/3 months  |

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## NALC Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

| Medication Name   | Prior Authorization (PA) Required | Dispensing Limit              |                                   |
|---|-----------------------------------|-------------------------------|-----------------------------------|
|   |                                   | Retail                        | Mail Order                        |
| <i>lidocaine gel 2%</i>                                       | No*                               | 30gm/month                    | 30gm/month                        |
| <i>lidocaine gel 4%</i>                                       | No*                               | 30gm/month                    | 30gm/month                        |
| <i>lidocaine ointment 5%</i>                                  | No*                               | 50gm/month                    | 50gm/month                        |
| <i>lidocaine solution 4%</i>                                  | No*                               | 50ml/month                    | 50ml/month                        |
| <i>lidocaine-prilocaine 2.5%-2.5% cream</i>                   | No*                               | 30gm/month                    | 30gm/month                        |
| <i>lidocaine-tetracaine 7-7% cream</i>                        | No*                               | 30gm/month                    | 30gm/month                        |
| <i>lidocaine-tetracaine 70-70mg patch</i>                     | No*                               | 2 patches/ month              | 2 patches/ month                  |
| <i>lisdexamfetamine 10 mg, 20 mg, 30 mg</i>                   | No                                | 60 caps/month                 | 180 caps/3 months                 |
| <i>lisdexamfetamine 40 mg, 50 mg, 60 mg, 70 mg</i>            | No                                | 30 caps/month                 | 90 caps/3 months                  |
| Lunesta   | No                                | 30ea/month                    | 90ea/3 months                     |
| <i>meperidine oral soln 50 mg/5 mL</i>                        | No*                               | 90mL/month                    | 90ml/3 months                     |
| <i>meperidine tab 50 mg</i>                                   | No*                               | 18 tabs/month                 | 18 tabs/3 months                  |
| <i>meperidine tab 100 mg</i>                                  | No*                               | 18 tabs/month                 | 18 tabs/3 months                  |
| Metadate CD 10 mg, 20 mg, 30 mg                               | No*                               | 60 caps/month                 | 180 caps/3 months                 |
| Metadate CD 40 mg, 50 mg                                      | No*                               | 30 caps/month                 | 90 caps/3 months                  |
| Metadate CD 60 mg   | No                                | 30 caps/month                 | 90 caps/3 months                  |
| <i>methadone 5 mg tablets</i>                                 | No*                               | 90 tabs/month                 | 270 tabs/3 months                 |
| <i>methadone 10 mg tablets</i>                                | No*                               | 90 tabs/month                 | 270 tabs/3 months                 |
| <i>methadone 5 mg/5 mL Oral soln</i>                          | No*                               | 450mL/month                   | 1350mL/3 months                   |
| <i>methadone 10 mg/5 mL Oral soln</i>                         | No*                               | 450mL/month                   | 1350mL/3 months                   |
| <i>methadone 10 mg/5 mL intensol soln</i>                     | No*                               | 90mL/month                    | 270mL/3 months                    |
| <i>methadone 200 mg/20 mL inj</i>                             | No*                               | 20mL (1 multidose vial)/month | 60mL (3 multidose vials)/3 months |
| Methadose 5mg   | No*                               | 90 tabs/month                 | 270 tabs/3 months                 |
| Methadose 10 mg   | No*                               | 90 tabs/month                 | 270 tabs/3 months                 |
| <i>methamphetamine 5 mg</i>                                   | No                                | 150 tabs/month                | 450 tabs/3 months                 |
| Methylin Chewable Tablets 2.5 mg, 5 mg or 10 mg               | No*                               | 180 tabs/month                | 540 tabs/3 months                 |
| <i>methylphenidate 5 mg, 10 mg</i>                            | No*                               | 180 tabs/month                | 540 tabs/3 months                 |
| <i>methylphenidate 20 mg</i>                                  | No*                               | 90 tabs/month                 | 270 tabs/3 months                 |
| <i>methylphenidate chewable tablets 2.5 mg, 5 mg or 10 mg</i> | No*                               | 180 tabs/month                | 540 tabs/3 months                 |
| <i>methylphenidate oral solution 5 mg/5 mL</i>                | No*                               | 1800mL/month                  | 5400mL/ 3 months                  |
| <i>methylphenidate oral solution 10 mg/5 mL</i>               | No*                               | 900mL/month                   | 2700mL/ 3 months                  |
| <i>methylphenidate ER 10 mg, 20 mg</i>                        | No*                               | 90 tabs/month                 | 270 tabs/3 months                 |
| <i>methylphenidate ER CD10 mg, 20 mg, 30mg</i>                | No*                               | 60 caps/month                 | 180 caps/3 months                 |
| <i>methylphenidate ER CD 40mg, 50mg</i>                       | No*                               | 30 caps/month                 | 90 caps/3 months                  |
| <i>methylphenidate ER CD 60mg</i>                             | No                                | 30 caps/month                 | 90 caps/3 months                  |

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| Medication Name  | Prior Authorization (PA) Required | Dispensing Limit          |                     |
|--|-----------------------------------|---------------------------|---------------------|
|  |                                   | Retail                    | Mail Order          |
| <i>methylphenidate ER chewable tablets 20mg, 30mg</i>                    | No*                               | 60 tabs/month             | 180 tabs/3 months   |
| <i>methylphenidate ER chewable tablets 40mg</i>                          | No*                               | 30 tabs/month             | 90 tabs/3 months    |
| <i>methylphenidate ER LA 10 mg, 20 mg, 30 mg</i>                         | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>methylphenidate ER LA 40 mg</i>                                       | No*                               | 30 caps/month             | 90 caps/3 months    |
| <i>methylphenidate ER LA 60 mg</i>                                       | No                                | 30 caps/month             | 90 caps/3 months    |
| <i>methylphenidate ER orally disintegrating 8.6mg</i>                    | No*                               | 60 tabs/month             | 180 tabs/ 3 months  |
| <i>methylphenidate ER orally disintegrating 17.3 mg, 25.9mg</i>          | No*                               | 60 tabs/month             | 180 tabs/ 3 months  |
| <i>methylphenidate ER oral suspension 25mg/5ml</i>                       | No*                               | 360mL/month               | 1080mL/3 months     |
| <i>methylphenidate hcl capsule ER 10 mg, 15 mg, 20 mg, 30 mg</i>         | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>methylphenidate hcl capsule ER 40 mg, 50 mg, 60 mg</i>                | No*                               | 30 caps/month             | 90 caps/3 months    |
| <i>methylphenidate hcl tablet ER osmotic release 18 mg, 27 mg, 36 mg</i> | No*                               | 60 tabs/month             | 180 tabs/3 months   |
| <i>methylphenidate hcl tablet ER osmotic release 54mg</i>                | No*                               | 30 tabs/month             | 90 tabs/3 months    |
| <i>methylphenidate hcl tablet ER osmotic release 72mg</i>                | No*                               | 30 tabs/month             | 90 tabs/3 months    |
| <i>methylphenidate transdermal patch 10 mg, 15 mg, 20 mg, 30 mg</i>      | No                                | 30 patches/month          | 90 patches/3 months |
| <i>modafinil</i>   | Yes                               | Provided during PA Review |                     |
| Monovisc   | Yes                               | Provided during PA Review |                     |
| MorphaBond ER 15 mg  | No*                               | 90 tabs/month             | 270 tabs/3 months   |
| MorphaBond ER 30 mg  | No*                               | 90 tabs/month             | 270 tabs/3 months   |
| MorphaBond ER 60 mg  | No*                               | 90 tabs/month             | 270 tabs/3 months   |
| MorphaBond ER 100 mg   | No*                               | 90 tabs/month             | 270 tabs/3 months   |
| <i>morphine controlled release capsules 10 mg</i>                        | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 20 mg</i>                        | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 30 mg</i>                        | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 40 mg</i>                        | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 50 mg</i>                        | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 60 mg</i>                        | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 70 mg</i>                        | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 80 mg</i>                        | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 100 mg</i>                       | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 130 mg</i>                       | No* No*                           | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 150 mg</i>                       | No* No*                           | 60 caps/month             | 180 caps/3 months   |
| <i>morphine controlled release capsules 200 mg</i>                       | No*                               | 60 caps/month             | 180 caps/3 months   |
| <i>morphine extended release capsules 30mg</i>                           | No*                               | 30 caps/month             | 90 caps/3 months    |

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|---|-----------------------------------|---------------------------|--------------------|
|   |                                   | Retail                    | Mail Order         |
| <i>morphine extended release capsules 45mg</i>                  | No*                               | 30 caps/month             | 90 caps/3 months   |
| <i>morphine extended release capsules 60mg</i>                  | No*                               | 30 caps/month             | 90 caps/3 months   |
| <i>morphine extended release capsules 75mg</i>                  | No*                               | 30 caps/month             | 90 caps/3 months   |
| <i>morphine extended release capsules 90mg</i>                  | No*                               | 30 caps/month             | 90 caps/3 months   |
| <i>morphine extended release capsules 120mg</i>                 | No*                               | 30 caps/month             | 90 caps/3 months   |
| <i>morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)</i> | No*                               | 180mL/month               | 540mL/ 3 months    |
| <i>morphine sulfate oral soln 10 mg/5 mL</i>                    | No*                               | 900mL/month               | 2700mL/ 3 months   |
| <i>morphine sulfate oral soln 20 mg/5 mL</i>                    | No*                               | 900mL/month               | 2700mL/ 3 months   |
| <i>morphine sulfate supp 5 mg</i>                               | No*                               | 180 supps/month           | 540 supps/3 months |
| <i>morphine sulfate supp 10 mg</i>                              | No*                               | 180 supps/month           | 540 supps/3 months |
| <i>morphine sulfate supp 20 mg</i>                              | No*                               | 180 supps/month           | 540 supps/3 months |
| <i>morphine sulfate supp 30 mg</i>                              | No*                               | 180 supps/month           | 540 supps/3 months |
| <i>morphine sulfate tab 15 mg</i>                               | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>morphine sulfate tab 30 mg</i>                               | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>morphine sulfate tab ER 15 mg</i>                            | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| <i>morphine sulfate tab ER 30 mg</i>                            | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| <i>morphine sulfate tab ER 60 mg</i>                            | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| <i>morphine sulfate tab SR 12HR 15mg</i>                        | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| <i>morphine sulfate tab SR 12HR 30mg</i>                        | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| <i>morphine sulfate tab SR 12HR 60mg</i>                        | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| <i>morphine sulfate tab SR 12HR 100mg</i>                       | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| <i>morphine sulfate tab SR 12HR 200mg</i>                       | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| <i>morphine sulfate and naltrexone hcl ER 30/1.2mg</i>          | No*No*                            | 60 caps/month             | 180 caps/3 months  |
| <i>morphine sulfate and naltrexone hcl ER 50/2 mg</i>           | No*No*                            | 60 caps/month             | 180 caps/3 months  |
| <i>morphine sulfate and naltrexone hcl ER 60/2.4mg</i>          | No*No*                            | 60 caps/month             | 180 caps/3 months  |
| <i>morphine sulfate and naltrexone hcl ER 80/3.2mg</i>          | No*No*                            | 60 caps/month             | 180 caps/3 months  |
| <i>morphine sulfate and naltrexone hcl ER 100/4 mg</i>          | No*No*                            | 60 caps/month             | 180 caps/3 months  |
| MS Contin 15 mg   | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| MS Contin 30 mg   | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| MS Contin 60 mg   | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| MS Contin 100 mg  | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| MS Contin 200 mg  | No*                               | 90 tabs/month             | 270 tabs/3 months  |
| Mydayis 12.5mg, 25mg  | No*                               | 60caps/month              | 180caps/3 months   |
| Mydayis 37.5mg, 50mg  | No*                               | 30caps/month              | 90caps/3 months    |
| Myobloc   | Yes                               | Provided during PA Review |                    |
| Nalocet   | No                                | 360 tabs/month            | 1080 tabs/month    |

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|--|-----------------------------------|---------------------------|--------------------|
|  |                                   | Retail                    | Mail Order         |
| Nucynta 50 mg  | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| Nucynta 75 mg  | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| Nucynta 100 mg   | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| Nucynta ER 50 mg   | No*                               | 60 tabs/ month            | 180 tabs/3 months  |
| Nucynta ER 100 mg  | No*                               | 60 tabs/ month            | 180 tabs/3 months  |
| Nucynta ER 150 mg  | No*                               | 60 tabs/ month            | 180 tabs/3 months  |
| Nucynta ER 200 mg  | No*                               | 60 tabs/ month            | 180 tabs/3 months  |
| Nucynta ER 250 mg  | No*                               | 60 tabs/ month            | 180 tabs/3 months  |
| Nuvigil  | Yes                               | Provided during PA Review |                    |
| Opana tab 5 mg   | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| Opana tab 10 mg  | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| Opana ER 5mg   | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| Opana ER 7.5mg   | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| Opana ER 10mg  | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| Opana ER 15mg  | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| Opana ER 20mg  | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| Opana ER 30mg  | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| Opana ER 40mg  | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| Orthovisc  | Yes                               | Provided during PA Review |                    |
| Oxaydo 5 mg  | No*                               | 360 tabs/month            | 1080 tabs/3 months |
| Oxaydo 7.5 mg  | No*                               | 360 tabs/month            | 1080 tabs/3 months |
| <i>oxycodone cap 5 mg</i>                                | No*                               | 180 caps/month            | 540 caps/3 months  |
| <i>oxycodone tab 5 mg</i>                                | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>oxycodone tab 10 mg</i>                               | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>oxycodone tab 15 mg</i>                               | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>oxycodone tab 20 mg</i>                               | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>oxycodone tab 30 mg</i>                               | No*                               | 180 tabs/month            | 540 tabs/3 months  |
| <i>oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)</i> | No*                               | 180mL/month               | 540mL/3 months     |
| <i>oxycodone soln 5 mg/5 mL</i>                          | No*                               | 900mL/month               | 2700mL/3 months    |
| <i>oxycodone ER capsules 9 mg</i>                        | No*                               | 60 caps/month             | 180 caps/3 months  |
| <i>oxycodone ER capsules 13.5 mg</i>                     | No*                               | 60 caps/month             | 180 caps/3 months  |
| <i>oxycodone ER capsules 18 mg</i>                       | No*                               | 60 caps/month             | 180 caps/3 months  |
| <i>oxycodone ER capsules 27 mg</i>                       | No*                               | 60 caps/month             | 180 caps/3 months  |
| <i>oxycodone ER capsules 36 mg</i>                       | No*                               | 60 caps/month             | 180 caps/3 months  |
| <i>oxycodone ER 10 mg</i>                                | No*                               | 60 tabs/month             | 180 tabs/3 months  |
| <i>oxycodone ER 15 mg</i>                                | No*                               | 60 tabs/month             | 180 tabs/3 months  |

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|---|-----------------------------------|------------------|-------------------|
|   |                                   | Retail           | Mail Order        |
| <i>oxycodone ER 20 mg</i>                   | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>oxycodone ER 30 mg</i>                   | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>oxycodone ER 40 mg</i>                   | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>oxycodone ER 60 mg</i>                   | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>oxycodone ER 80 mg</i>                   | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>oxycodone/APAP soln 5-325 mg/5 mL</i>    | No                                | 1800 mL/month    | 5400 mL/3 months  |
| <i>oxycodone/APAP soln 10-300mg/5 mL</i>    | No                                | 900 mL/month     | 2700 mL/3 months  |
| <i>oxycodone/APAP tab 2.5/300mg</i>         | No                                | 360 tabs/month   | 1080 tabs/month   |
| <i>oxycodone/APAP tab 2.5/325 mg</i>        | No                                | 360 tabs/month   | 1080 tabs/month   |
| <i>oxycodone/APAP tab 5/300 mg</i>          | No                                | 360 tabs/month   | 1080 tabs/month   |
| <i>oxycodone/APAP tab 5/325 mg</i>          | No                                | 360 tabs/month   | 1080 tabs/month   |
| <i>oxycodone/APAP tab 7.5/300 mg</i>        | No                                | 240 tabs/month   | 720 tabs/3 months |
| <i>oxycodone/APAP tab 7.5/325 mg</i>        | No                                | 240 tabs/month   | 720 tabs/3 months |
| <i>oxycodone/APAP tab 10/300 mg</i>         | No                                | 180 tabs/month   | 540 tabs/3 months |
| <i>oxycodone/APAP tab 10/325 mg</i>         | No                                | 180 tabs/month   | 540 tabs/3 months |
| <i>oxycodone/ASA tab 4.8355/325 mg</i>      | No                                | 360 tabs/month   | 1080 tabs/month   |
| <i>oxycodone-naloxone ER 10 mg/5 mg</i>     | No* No*                           | 60 tabs/month    | 180 tabs/3 months |
| <i>oxycodone-naloxone ER 20 mg/10 mg</i>    | No* No*                           | 60 tabs/month    | 180 tabs/3 months |
| <i>oxycodone-naloxone ER 40 mg/20 mg</i>    | No* No*                           | 60 tabs/month    | 180 tabs/3 months |
| <i>oxycodone-naltrexone ER 10 mg/1.2 mg</i> | No* No*                           | 60 caps/month    | 180 caps/3 months |
| <i>oxycodone-naltrexone ER 20 mg/2.4 mg</i> | No* No*                           | 60 caps/month    | 180 caps/3 months |
| <i>oxycodone-naltrexone ER 30 mg/3.6 mg</i> | No* No*                           | 60 caps/month    | 180 caps/3 months |
| <i>oxycodone-naltrexone ER 40 mg/4.8 mg</i> | No* No*                           | 60 caps/month    | 180 caps/3 months |
| <i>oxycodone-naltrexone ER 60 mg/7.2 mg</i> | No* No*                           | 60 caps/month    | 180 caps/3 months |
| <i>oxycodone-naltrexone ER 80 mg/9.6 mg</i> | No* No*                           | 60 caps/month    | 180 caps/3 months |
| <i>OxyContin 10 mg</i>                      | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>OxyContin 15 mg</i>                      | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>OxyContin 20 mg</i>                      | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>OxyContin 30 mg</i>                      | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>OxyContin 40 mg</i>                      | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>OxyContin 60 mg</i>                      | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>OxyContin 80 mg</i>                      | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>oxymorphone tab 5 mg</i>                 | No*                               | 180 tabs/month   | 540 tabs/3 months |
| <i>oxymorphone tab 10 mg</i>                | No*                               | 180 tabs/month   | 540 tabs/3 months |
| <i>oxymorphone ER 5mg</i>                   | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>oxymorphone ER 7.5mg</i>                 | No*                               | 60 tabs/month    | 180 tabs/3 months |
| <i>oxymorphone ER 10mg</i>                  | No*                               | 60 tabs/month    | 180 tabs/3 months |

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## NALC Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

| Medication Name                                      | Prior Authorization (PA) Required | Dispensing Limit          |                       |
|--|-----------------------------------|---------------------------|-----------------------|
|  |                                   | Retail                    | Mail Order            |
| <i>oxymorphone</i> ER 15mg                           | No*                               | 60 tabs/month             | 180 tabs/3 months     |
| <i>oxymorphone</i> ER 20mg                           | No*                               | 60 tabs/month             | 180 tabs/3 months     |
| <i>oxymorphone</i> ER 30mg                           | No*                               | 60 tabs/month             | 180 tabs/3 months     |
| <i>oxymorphone</i> ER 40mg                           | No*                               | 60 tabs/month             | 180 tabs/3 months     |
| <i>pentazocine/naloxone</i> 50/0.5 mg                | No*                               | 180 tabs/month            | 180 tabs/3 months     |
| Pliaglis 7-7% cream                                  | No*                               | 30gm/month                | 30gm/month            |
| Praluent   | Yes                               | Provided during PA Review |                       |
| ProCentra oral solution 5 mg/5 mL                    | No*                               | 1200 mL/month             | 3600mL/3 months       |
| Provigil   | Yes                               | Provided during PA Review |                       |
| Qdolo  | No*                               | 1800 mL/month             | 5400 mL/3 months      |
| Qelbree  | No                                | 60 capsules/month         | 180 capsules/3 months |
| <i>quazepam</i>                                      | No                                | 30ea/month                | 90ea/3 months         |
| QuilliChew ER 20 mg, 30 mg                           | No*                               | 60 tabs/month             | 180 tabs/3 months     |
| QuilliChew ER 40 mg                                  | No*                               | 30 tabs/month             | 90 tabs/3 months      |
| Quillivant XR oral suspension 25 mg/5 mL (5 mg/1 mL) | No*                               | 360mL/month               | 1080mL/3 months       |
| <i>ramelteon</i>                                     | No                                | 30ea/month                | 90ea/3 months         |
| Repatha  | Yes                               | Provided during PA Review |                       |
| Restoril   | No                                | 30ea/month                | 90ea/3 months         |
| Ritalin LA 10 mg, 20 mg, 30 mg                       | No*                               | 60 caps/month             | 180 caps/3 months     |
| Ritalin LA 40 mg                                     | No*                               | 30 caps/month             | 90 caps/3 months      |
| Ritalin LA 60 mg                                     | No                                | 30 caps/month             | 90 caps/3 months      |
| RoxyBond 5 mg  | No*                               | 360 tabs/month            | 1080 tabs/3 months    |
| RoxyBond 15 mg                                       | No*                               | 180 tabs/month            | 540 tabs/3 months     |
| RoxyBond 30 mg                                       | No*                               | 180 tabs/month            | 540 tabs/3 months     |
| Rozerem  | No                                | 30ea/month                | 90ea/3 months         |
| Sonata   | No                                | 30ea/month                | 90ea/3 months         |
| Spravato   | Yes                               | Provided during PA Review |                       |
| Strattera 10 mg, 18 mg, 25 mg                        | No                                | 120 caps/month            | 360 caps/3 months     |
| Strattera 40 mg                                      | No                                | 60 caps/month             | 180 caps/3 months     |
| Strattera 60 mg, 80 mg, 100 mg                       | No                                | 30 caps/month             | 90 caps/3 months      |
| Sublocade  | Yes                               | Provided during PA Review |                       |
| Subsys   | Yes                               | Provided during PA Review |                       |
| Supartz  | Yes                               | Provided during PA Review |                       |
| Synera 70-70mg patch                                 | No*                               | 2 patches/month           | 2 patches/month       |
| Synojynt   | Yes                               | Provided during PA Review |                       |
| Synvisc  | Yes                               | Provided during PA Review |                       |

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|--------------------------------------|-----------------------------------|---------------------------|-------------------|
|                                      |                                   | Retail                    | Mail Order        |
| Synvisc One                          | Yes                               | Provided during PA Review |                   |
| <i>tapentadol oral soln 20 mg/mL</i> | No*                               | 900 mL/month              | 2700 mL/3 months  |
| <i>tapentadol 50 mg</i>              | No*                               | 180 tabs/month            | 540 tabs/3 months |
| <i>tapentadol 75 mg</i>              | No*                               | 180 tabs/month            | 540 tabs/3 months |
| <i>tapentadol 100 mg</i>             | No*                               | 180 tabs/month            | 540 tabs/3 months |
| <i>tapentadol ER 50 mg</i>           | No*                               | 60 tabs/ month            | 180 tabs/3 months |
| <i>tapentadol ER 100 mg</i>          | No*                               | 60 tabs/ month            | 180 tabs/3 months |
| <i>tapentadol ER 150 mg</i>          | No*                               | 60 tabs/ month            | 180 tabs/3 months |
| <i>tapentadol ER 200 mg</i>          | No*                               | 60 tabs/ month            | 180 tabs/3 months |
| <i>tapentadol ER 250 mg</i>          | No*                               | 60 tabs/ month            | 180 tabs/3 months |
| Targiniq ER 10 mg/5 mg               | No*                               | 60 tabs/month             | 180 tabs/3 months |
| Targiniq ER 20 mg/10 mg              | No*                               | 60 tabs/month             | 180 tabs/3 months |
| Targiniq ER 40 mg/20 mg              | No*                               | 60 tabs/month             | 180 tabs/3 months |
| <i>temazepam</i>                     | No                                | 30ea/month                | 90ea/3 months     |
| <i>tramadol 50 mg</i>                | No*                               | 180 tabs/month            | 540 tabs/3 months |
| <i>tramadol 100 mg</i>               | No*                               | 90 tabs/month             | 270 tabs/3 months |
| <i>tramadol ER 100 mg</i>            | No*                               | 30 tabs/month             | 90 tabs/3 months  |
| <i>tramadol ER 150 mg</i>            | No*                               | 30 caps/month             | 90 caps/3 months  |
| <i>tramadol ER 200 mg</i>            | No*                               | 30 tabs/month             | 90 tabs/3 months  |
| <i>tramadol ER 300 mg</i>            | No*                               | 30 tabs/month             | 90 tabs/3 months  |
| <i>tramadol/APAP 37.5/325 mg</i>     | No                                | 40 tabs/month             | 40 tabs/3 months  |
| <i>triazolam</i>                     | No                                | 10ea/month                | 30ea/3 months     |
| Triluron                             | Yes                               | Provided during PA Review |                   |
| Trivisc                              | Yes                               | Provided during PA Review |                   |
| Troxyca ER 10 mg/1.2 mg              | No*                               | 60 caps/month             | 180 caps/3 months |
| Troxyca ER 20 mg/2.4 mg              | No*                               | 60 caps/month             | 180 caps/3 months |
| Troxyca ER 30 mg/3.6 mg              | No*                               | 60 caps/month             | 180 caps/3 months |
| Troxyca ER 40 mg/4.8 mg              | No*                               | 60 caps/month             | 180 caps/3 months |
| Troxyca ER 60 mg/7.2 mg              | No*                               | 60 caps/month             | 180 caps/3 months |
| Troxyca ER 80 mg/9.6 mg              | No*                               | 60 caps/month             | 180 caps/3 months |
| Ultracet                             | No*                               | 40 tabs/month             | 40 tabs/3 months  |
| Ultram 50 mg                         | No*                               | 180 tabs/month            | 540 tabs/3 months |
| Ultram ER 100 mg                     | No*                               | 30 tabs/month             | 90 tabs/3 months  |
| Ultram ER 200 mg                     | No*                               | 30 tabs/month             | 90 tabs/3 months  |
| Ultram ER 300 mg                     | No*                               | 30 tabs/month             | 90 tabs/3 months  |
| Vantrela ER 15 mg                    | No*                               | 60 tabs/month             | 180 tabs/month    |

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|-------------------------------------|-----------------------------------|---------------------------|-------------------|
|                                     |                                   | Retail                    | Mail Order        |
| Vantrela ER 30 mg                   | No*                               | 60 tabs/month             | 180 tabs/month    |
| Vantrela ER 45 mg                   | No*                               | 60 tabs/month             | 180 tabs/month    |
| Vantrela ER 60 mg                   | No*                               | 60 tabs/month             | 180 tabs/month    |
| Vantrela ER 90 mg                   | No*                               | 60 tabs/month             | 180 tabs/month    |
| Visco-3                             | Yes                               | Provided during PA Review |                   |
| Vivitrol                            | Yes                               | Provided during PA Review |                   |
| Vyepti (CGRP Antagonists)           | Yes                               | Provided during PA Review |                   |
| Vyvanse 10 mg, 20 mg, 30 mg         | No                                | 60 caps/month             | 180 caps/3 months |
| Vyvanse 40 mg, 50 mg, 60 mg, 70 mg  | No                                | 30 caps/month             | 90 caps/3 months  |
| Xeomin                              | Yes                               | Provided during PA Review |                   |
| Xtampza ER 9 mg                     | No*                               | 60 caps/month             | 180 caps/3 months |
| Xtampza ER 13.5 mg                  | No*                               | 60 caps/month             | 180 caps/3 months |
| Xtampza ER 18 mg                    | No*                               | 60 caps/month             | 180 caps/3 months |
| Xtampza ER 27 mg                    | No*                               | 60 caps/month             | 180 caps/3 months |
| Xtampza ER 36 mg                    | No*                               | 60 caps/month             | 180 caps/3 months |
| Xylocaine topical solution          | No*                               | 50mL/ month               | 50mL/ 3 months    |
| Xyrem                               | Yes                               | Provided during PA Review |                   |
| <i>zaleplon</i>                     | No                                | 30ea/month                | 90ea/3 months     |
| Zenzedi 2.5 mg, 5 mg, 7.5 mg, 10 mg | No*                               | 120 tabs/month            | 360 tabs/month    |
| Zenzedi 15 mg, 20 mg                | No*                               | 60 tabs/month             | 180 tabs/3 months |
| Zenzedi 30 mg                       | No*                               | 30 tabs/month             | 90 tabs/3 months  |
| Zohydro ER 10 mg                    | No*                               | 60 caps/month             | 180 caps/month    |
| Zohydro ER 15 mg                    | No*                               | 60 caps/month             | 180 caps/month    |
| Zohydro ER 20 mg                    | No*                               | 60 caps/month             | 180 caps/month    |
| Zohydro ER 30 mg                    | No*                               | 60 caps/month             | 180 caps/month    |
| Zohydro ER 40 mg                    | No*                               | 60 caps/month             | 180 caps/month    |
| Zohydro ER 50 mg                    | No*                               | 60 caps/month             | 180 caps/month    |
| <i>zolpidem</i>                     | No                                | 30ea/month                | 90ea/3 months     |
| <i>zolpidem CR</i>                  | No                                | 30ea/month                | 90ea/3 months     |

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