

Know Your Limit:

Check If Your Medication Is In The Specialty Quantity Limit Program



Your pharmacy benefit plan is part of the Specialty Quantity Limit Program. This program supports safe, clinically appropriate and cost-effective use of specialty medications. Both your plan sponsor and CVS Caremark® want to make sure you receive the correct amount of medicine to effectively treat your condition.

Please check the list below to see if your medications are included in the quantity limit program and note the quantity that will be covered by your prescription benefit.

If you are taking more than the quantity covered by your benefit: Ask your doctor if a smaller amount will work for you. Your doctor can write or call in the new prescription to be filled at your current pharmacy or through CVS Specialty®.

If your current prescription includes an amount less than these limits: No further action from your doctor is needed.

If you need more medicine than the quantity limit allows due to your medical situation: Ask your doctor to contact our Prior Authorization Department for approval of a larger amount for select drugs on the list.

Drug Label Name	Approved Quantity
ACTEMRA INJ 162/0.9	162 mg per week (3.6 ml) per 28 days
ACTEMRA INJ 200/10 ML	40 ml per 14 days
ACTEMRA INJ 400/20 ML	40 ml per 14 days
ACTEMRA INJ 80 MG/4 ML	20 ml (5 vials) per 28 days
ACTHAR HP INJ 80 UNIT	35 ml per 21 days
ADCIRCA TAB 20 MG	60 per 30 days
ADEMPAS TAB 0.5 MG	90 per 30 days
ADEMPAS TAB 1.5 MG	90 per 30 days
ADEMPAS TAB 1 MG	90 per 30 days
ADEMPAS TAB 2.5 MG	90 per 30 days

Drug Label Name	Approved Quantity
ADEMPAS TAB 2 MG	90 per 30 days
AFINITOR DIS TAB 2 MG	60 per 30 days
AFINITOR DIS TAB 3 MG	90 per 30 days
AFINITOR DIS TAB 5 MG	60 per 30 days
AFINITOR TAB 2.5 MG	30 per 30 days
AFINITOR TAB 5 MG	30 per 30 days
AFINITOR TAB 7.5 MG	30 per 30 days
AFINITOR TAB 10 MG	30 per 30 days
ALECENSA 150 MG	240 per 30 days
ALUNBRIG PAK	30 per 30 days
ALUNBRIG TAB 30 MG	120 per 30 days

Drug Label Name	Approved Quantity
ALUNBRIG TAB 90 MG	53 per 30 days
ALUNBRIG TAB 180 MG	30 per 30 days
AMPYRA TAB 10 MG	60 per 30 days
APTIVUS CAP 250 MG	120 per 30 days
APTIVUS SOL 100 MG/ML	285 ml per 28 days
ARCALYST INJ 220 MG	4 per 28 days
ATRIPLA TAB	30 per 30 days
AUBAGIO TAB 14 MG	30 per 30 days
AUBAGIO TAB 7 MG	30 per 30 days
AUSTEDO TAB 6 MG	60 per 30 days
AUSTEDO TAB 9 MG	120 per 30 days
AUSTEDO TAB 12 MG	120 per 30 days
AVONEX KIT 30 MCG	4 inj per 28 days
AVONEX PEN KIT 30 MCG	4 inj per 28 days
AVONEX PREFL KIT 30 MCG	4 inj per 28 days
BETASERON INJ 0.3 MG	14 per 28 days
BETHKIS NEB 300/4 ML	224 per 28 days
BIKTARVY	30 per 30 days
BOSULIF TAB 100 MG	90 per 30 days
BOSULIF TAB 400 MG	30 per 30 days
BOSULIF TAB 500 MG	30 per 30 days
BRAFTOVI 50 MG CAP	120 per 30 days
BRAFTOVI 75 MG CAP	180 per 30 days
BRAVELLE INJ 75 UNIT	72 vials per 30 days
BRINEURA 150 MG/5 ML	1 kit (2 vials) per 14 days
CABOMETYX TAB 20 MG	30 per 30 days
CABOMETYX TAB 40 MG	30 per 30 days
CABOMETYX TAB 60 MG	30 per 30 days
CALQUENCE 100 MG CAP	60 per 30 days
CAPRELSA TAB 100 MG	60 per 30 days
CAPRELSA TAB 300 MG	30 per 30 days
CAYSTON INH 75 MG	84 per 28 days
CERDELGA CAP 84 MG	60 per 30 days
CEREZYME INJ 400 UNIT	60 units/kg (15) per 14 days
CIMDUO TAB 300 MG	30 per 30 days
CIMZIA PREFL KIT 200 MG/ML	2 kits (4 syringes) per 28 days
CIMZIA STARTER KIT	6 syringes per 28 days

Drug Label Name	Approved Quantity
CINQAIR	3 vials per 28 days
COMBIVIR TAB 150-300	60 per 30 days
COMETRIQ KIT 60 MG	1 box (84) per 28 days
COMETRIQ KIT 100 MG	1 box (56) per 28 days
COMETRIQ KIT 140 MG	1 box (112) per 28 days
COMPLERA TAB	30 per 30 days
COPAXONE INJ 20 MG/ML	30 per 30 days
COPAXONE INJ 40 MG/ML	12 per 28 days
COSENTYX INJ 150 MG/ML	150 mg (1 ml) per 28 days
COSENTYX INJ 300 DOSE	300 mg (2 ml) per 28 days
COSENTYX PEN INJ 150 MG/ML	150 mg (1 ml) per 28 days
COSENTYX PEN INJ 300 DOSE	300 mg (2 ml) per 28 days
COTELLIC TAB 20 MG	63 per 21 days
CRIXIVAN CAP 200 MG	450 per 30 days
CRIXIVAN CAP 400 MG	180 per 30 days
CRYSVITA 10 MG/ML	10 mg per 14 days
CRYSVITA 20 MG/ML	80 mg per 14 days
CRYSVITA 30 MG/ML	90 mg per 14 days
DAKLINZA TAB 30 MG	28 per 28 days
DAKLINZA TAB 60 MG	28 per 28 days
DAKLINZA TAB 90 MG	28 per 28 days
DESCOVY TAB 200/25	30 per 30 days
DOPTELET 20 MG TAB	15 per 10 days
DUPIXENT INJ 300 MG/2 ML	600 mg (4 ml) per 28 days
EDURANT TAB 25 MG	60 per 30 days
ELELYSO INJ 200 UNIT	60 units/kg (30) per 14 days
EMFLAZA SUS 22.75/ML	52 ml per 30 days
EMFLAZA TAB 6 MG	60 per 30 days
EMFLAZA TAB 18 MG	30 per 30 days
EMFLAZA TAB 30 MG	30 per 30 days
EMFLAZA TAB 36 MG	30 per 30 days
EMTRIVA CAP 200 MG	30 per 30 days
EMTRIVA SOL 10 MG/ML	680 ml per 28 days
ENBREL INJ 25/0.5 ML	8 per 28 days
ENBREL INJ 50 MG/ML	8 per 28 days
ENDARI POWDER 5 GM	180 packets per 30 days
ENTYVIO INJ 300 MG	300 mg every 8 weeks
EPCLUSA TAB 400-100	28 per 28 days

Drug Label Name	Approved Quantity
EPIVIR SOL 10 MG/ML	900 ml per 30 days
EPIVIR TAB 150 MG	60 per 30 days
EPIVIR TAB 300 MG	30 per 30 days
EPZICOM TAB 600-300	30 per 30 days
ERIVEDGE CAP 150 MG	30 per 30 days
ERLEADA	120 per 30 days
ESBRIET CAP 267 MG	270 per 30 days
ESBRIET TAB 267 MG	270 per 30 days
ESBRIET TAB 801 MG	90 per 30 days
EVOTAZ TAB 300-150	30 per 30 days
EXTAVIA INJ 0.3 MG	15 per 30 days
FASENRA	1 syringe per 56 days
FOLLISTIM AQ INJ 75 UNIT	60 vials per 28 days
FOLLISTIM AQ INJ 300 UNIT	15 cartridges per 28 days
FOLLISTIM AQ INJ 600 UNIT	10 cartridges per 28 days
FOLLISTIM AQ INJ 900 UNIT	7 cartridges per 28 days
FORTEO SOL 600/2.4	2.4 ml per 28 days
FUZEON INJ 90 MG	60 per 30 days
GATTEX KIT 5 MG	30 per 30 days
GENVOYA TAB	30 per 30 days
GILENYA CAP 0.5 MG	30 per 30 days
GILOTRIF TAB 20 MG	30 per 30 days
GILOTRIF TAB 30 MG	30 per 30 days
GILOTRIF TAB 40 MG	30 per 30 days
GLATOPA	30 per 30 days
GLATOPA/GLATIRAMER INJ 40 MG/ML	12 per 28 days
GLEEVEC TAB 100 MG	90 per 30 days
GLEEVEC TAB 400 MG	60 per 30 days
GONAL-F INJ 450 UNIT	10 vials per 28 days
GONAL-F INJ 1050 UNIT	6 vials per 28 days
GONAL-F RFF INJ 75 UNIT	60 vials per 28 days
GONAL-F RFF INJ 300/0.5	15 cartridges per 28 days
GONAL-F RFF INJ 900/1.5	7 cartridges per 28 days
GONAL-F RFF INJ 450/0.75	10 cartridges per 28 days
HARVONI TAB 90-400 MG	28 per 28 days
HETLIOZ CAP 20 MG	30 per 30 days
HUMIRA INJ 10 MG/0.2	2 per 28 days

Drug Label Name	Approved Quantity
HUMIRA INJ 40 MG/0.8	4 per 28 days
HUMIRA INJ 10/0.1 ML	2 per 28 days
HUMIRA INJ 20/0.2 ML	2 per 28 days
HUMIRA INJ 40/0.4 ML	4 per 28 days
HUMIRA KIT 20 MG/0.4	2 per 28 days
HUMIRA PEDIA INJ CROHNS	2 per 28 days
HUMIRA PEDIA INJ CROHNS	3 per 28 days
HUMIRA PEDIATRIC CROHNS D	6 syringes per 28 days
HUMIRA PEN INJ 40/0.4 ML	4 per 28 days
HUMIRA PEN INJ CROHNS	6 syringes per 28 days
HUMIRA PEN-PSORIASIS STAR	4 syringes per 28 days
IBRANCE CAP 100 MG	21 per 28 days
IBRANCE CAP 125 MG	21 per 28 days
IBRANCE CAP 75 MG	21 per 28 days
ICLUSIG TAB 15 MG	60 per 30 days
ICLUSIG TAB 45 MG	30 per 30 days
IDHIFA TAB 50 MG	30 per 30 days
IDHIFA TAB 100 MG	30 per 30 days
ILUMYA 100 MG/ML	1 per 12 weeks
IMBRUVICA CAP 70 MG	30 per 30 days
IMBRUVICA CAP 140 MG	90 per 30 days
IMBRUVICA TAB 140 MG	30 per 30 days
IMBRUVICA TAB 280 MG	30 per 30 days
IMBRUVICA TAB 420 MG	30 per 30 days
IMBRUVICA TAB 560 MG	30 per 30 days
INFLECTRA INJ 100 MG	10 vials per 28 days
INGREZZA CAP 40 MG	30 per 30 days
INGREZZA CAP 80 MG	30 per 30 days
INLYTA TAB 1 MG	180 per 30 days
INLYTA TAB 5 MG	120 per 30 days
INTELENCE TAB 25 MG	120 per 30 days
INTELENCE TAB 100 MG	120 per 30 days
INTELENCE TAB 200 MG	60 per 30 days
INVIRASE CAP 200 MG	300 per 30 days
INVIRASE TAB 500 MG	120 per 30 days
ISENTRESS CHW 25 MG	180 per 30 days
ISENTRESS CHW 100 MG	180 per 30 days
ISENTRESS HD TAB 600 MG	60 per 30 days

Drug Label Name	Approved Quantity
ISENTRESS POW 100 MG	60 per 30 days
ISENTRESS TAB 400 MG	120 per 30 days
JAKAFI TAB 10 MG	60 per 30 days
JAKAFI TAB 15 MG	60 per 30 days
JAKAFI TAB 20 MG	60 per 30 days
JAKAFI TAB 25 MG	60 per 30 days
JAKAFI TAB 5 MG	60 per 30 days
JULUCA 50-25 MG	30 per 30 days
JUXTAPID CAP 5 MG	28 per 28 days
JUXTAPID CAP 10 MG	28 per 28 days
JUXTAPID CAP 20 MG	28 per 28 days
JUXTAPID CAP 30 MG	28 per 28 days
JUXTAPID CAP 40 MG	28 per 28 days
JUXTAPID CAP 60 MG	28 per 28 days
JYNARQUE PAK 45-15 MG	56 tabs per 28 days
JYNARQUE PAK 60-30 MG	56 tabs per 28 days
JYNARQUE PAK 90-30 MG	56 tabs per 28 days
KALETRA SOL	390 per 30 days
KALETRA TAB 100-25 MG	240 per 30 days
KALETRA TAB 200-50 MG	120 per 30 days
KALYDECO PAK 50 MG	60 per 30 days
KALYDECO PAK 75 MG	60 per 30 days
KALYDECO TAB 150 MG	60 per 30 days
KEVZARA 150 MG/1.14 ML	2 syringes/pens per 4 weeks
KEVZARA 200 MG/1.14 ML	2 syringes/pens per 4 weeks
KINERET INJ	28 syringes per 28 days
KISQALI 200 PAK FEMARA	49 per 28 days
KISQALI 400 PAK FEMARA	70 per 28 days
KISQALI 600 PAK FEMARA	91 per 28 days
KISQALI TAB 200 DOSE	63 per 28 days
KITABIS PAK NEB 300/5 ML	280 per 28 days
KORLYM TAB	120 per 30 days
KYNAMRO INJ 200 MG/ML	4 per 28 days
LENVIMA CAP 4 MG	30 per 30 days
LENVIMA CAP 8 MG	60 per 30 days
LENVIMA CAP 10 MG	30 per 30 days

Drug Label Name	Approved Quantity
LENVIMA CAP 12 MG	90 per 30 days
LENVIMA CAP 14 MG	60 per 30 days
LENVIMA CAP 18 MG	90 per 30 days
LENVIMA CAP 20 MG	60 per 30 days
LENVIMA CAP 24 MG	90 per 30 days
LETAIRIS TAB 5 MG	30 per 30 days
LETAIRIS TAB 10 MG	30 per 30 days
LEXIVA SUS 50 MG/ML	1575 ml per 28 days
LEXIVA TAB 700 MG	120 per 30 days
LYNPARZA CAP 50 MG	480 per 30 days
LYNPARZA TAB 100 MG	180 per 30 days
LYNPARZA TAB 150 MG	120 per 30 days
MAVYRET TAB	84 per 28 days
MEKINIST TAB 0.5 MG	90 per 30 days
MEKINIST TAB 2 MG	30 per 30 days
MEKTOVI 15 MG TABS	180 per 30 days
MULPLETA TAB 3 MG	7 per 14 days
NERLYNX TAB 40 MG	180 per 30 days
NEULASTA INJ 6 MG/0.6 M	2 per 28 days
NEXAVAR TAB 200 MG	120 per 30 days
NORTHERA CAP 100 MG	90 per 30 days
NORTHERA CAP 200 MG	180 per 30 days
NORTHERA CAP 300 MG	180 per 30 days
NORVIR CAP 100 MG	360 per 30 days
NORVIR POWD PKT 100 MG	360 per 30 days
NORVIR SOL 80 MG/ML	480 ml per 30 days
NORVIR TAB 100 MG	360 per 30 days
NUCALA INJ	3 inj per 28 days
OCALIVA TAB 10 MG	30 per 30 days
OCALIVA TAB 5 MG	30 per 30 days
OCREVUS INJ 300/10 ML	600 mg (20 ml) per 24 weeks
ODEFSEY TAB	30 per 30 days
ODOMZO CAP 200 MG	30 per 30 days
OFEV CAP 100 MG	60 per 30 days
OFEV CAP 150 MG	60 per 30 days
OLUMIANT TAB 2 MG	30 per 30 days
OLYSIO CAP 150 MG	28 per 28 days
OPSUMIT TAB 10 MG	30 per 30 days

Drug Label Name	Approved Quantity
ORENCIA INJ 50/0.4	4 per 28 days
ORENCIA INJ 87.5/0.7	4 per 28 days
ORENCIA INJ 125 MG/ML	4 per 28 days
ORENCIA INJ 250 MG	4 per 28 days
ORKAMBI TAB 100-125	112 per 28 days
ORKAMBI TAB 200-125	112 per 28 days
OTEZLA TAB 10/20/30	55 tabs per 28 days
OTEZLA TAB 30 MG	60 per 30 days
OTREXUP INJ 10 MG	4 inj per 28 days
OTREXUP INJ 15 MG	4 inj per 28 days
OTREXUP INJ 20 MG	4 inj per 28 days
OTREXUP INJ 25 MG	4 inj per 28 days
OTREXUP INJ 12.5/0.4	4 inj per 28 days
OTREXUP INJ 17.5/0.4	4 inj per 28 days
OTREXUP INJ 22.5/0.4	4 inj per 28 days
PALYNZIQ 10 MG/0.5 ML	30 per 30 days
PALYNZIQ 2.5 MG/0.5 ML	90 per 30 days
PALYNZIQ 20 MG/ML	60 per 30 days
PEGASYS INJ	4 per 28 days
PLEGRIDY 125 MCG/0.5 ML	1 per 28 days
POMALYST CAP 1 MG	21 per 21 days
POMALYST CAP 2 MG	21 per 21 days
POMALYST CAP 3 MG	21 per 21 days
POMALYST CAP 4 MG	21 per 21 days
PRALUENT INJ 150 MG/ML	2 per 28 days
PRALUENT INJ 75 MG/ML	2 per 28 days
PREZCOBIX TAB 800-150	30 per 30 days
PREZISTA SUS 100 MG/ML	400 ml per 30 days
PREZISTA TAB 75 MG	300 per 30 days
PREZISTA TAB 150 MG	180 per 30 days
PREZISTA TAB 600 MG	60 per 30 days
PREZISTA TAB 800 MG	30 per 30 days
PROLIA SOL 60 MG/ML	60 mg (1 ml) per 6 months
PROMACTA TAB 12.5 MG	30 per 30 days
PROMACTA TAB 25 MG	30 per 30 days
PROMACTA TAB 50 MG	60 per 30 days
PROMACTA TAB 75 MG	60 per 30 days

Drug Label Name	Approved Quantity
PULMOZYME SOL 1 MG/ML	150 ml per 30 days
RADICAVA	600 mg per 28 days
RASUVO INJ 10 MG	4 inj per 28 days
RASUVO INJ 12.5 MG	4 inj per 28 days
RASUVO INJ 15 MG	4 inj per 28 days
RASUVO INJ 17.5 MG	4 inj per 28 days
RASUVO INJ 20 MG	4 inj per 28 days
RASUVO INJ 22.5 MG	4 inj per 28 days
RASUVO INJ 25 MG	4 inj per 28 days
RASUVO INJ 27.5 MG	4 inj per 28 days
RASUVO INJ 30 MG	4 inj per 28 days
RASUVO INJ 7.5 MG	4 inj per 28 days
REBIF INJ 22/0.5	12 (6 ml) per 28 days
REBIF INJ 44/0.5	12 (6 ml) per 28 days
REBIF TITRTN SOL PACK	12 (4.2 ml) per 28 days
REMICADE INJ 100 MG	10 vials per 28 days
RENFLEXIS INJ 100 MG	10 vials per 28 days
REPATHA INJ 140 MG/ML	2 per 28 days
REPATHA PUSH INJ 420/3.5	1 per 28 days
RESCRIPTOR TAB 100 MG	900 per 30 days
RESCRIPTOR TAB 200 MG	450 per 30 days
RETROVIR CAP 100 MG	180 per 30 days
RETROVIR SYP 50 MG/5 ML	1800 ml per 30 days
RETROVIR TAB 300 MG	60 per 30 days
REVATIO SUS 10 MG/ML	224 ml per 30 days
REVLIMID CAP 10 MG	28 per 28 days
REVLIMID CAP 15 MG	21 per 28 days
REVLIMID CAP 2.5 MG	28 per 28 days
REVLIMID CAP 20 MG	21 per 28 days
REVLIMID CAP 25 MG	21 per 28 days
REVLIMID CAP 5 MG	28 per 28 days
REYATAZ CAP 150 MG	30 per 30 days
REYATAZ CAP 200 MG	60 per 30 days
REYATAZ CAP 300 MG	30 per 30 days
REYATAZ POW 50 MG	180 packets per 30 days
RUBRACA TAB 200 MG	120 per 30 days
RUBRACA TAB 250 MG	120 per 30 days

Drug Label Name	Approved Quantity
RUBRACA TAB 300 MG	120 per 30 days
RYDAPT CAP 25 MG	224 per 28 days
SABRIL POW 500 MG	180 per 30 days
SABRIL TAB 500 MG	180 per 30 days
SANDOSTATIN INJ 1000 MCG	45,000 units (45 ml) per 30 days
SANDOSTATIN INJ 100 MCG	90 per 30 days
SANDOSTATIN INJ 200 MCG	45,000 units (225 mls) per 30 days
SANDOSTATIN INJ 500 MCG	90 per 30 days
SANDOSTATIN INJ 50 MCG/ML	90 per 30 days
SANDOSTATIN KIT LAR 10 MG	10 mg (1) per 28 days
SANDOSTATIN KIT LAR 20 MG	40 mg (2) per 28 days
SANDOSTATIN KIT LAR 30 MG	30 mg (1) per 28 days
SELZENTRY SOL 20 MG/ML	1840 ml per 30 days
SELZENTRY TAB 25 MG	240 per 30 days
SELZENTRY TAB 75 MG	60 per 30 days
SELZENTRY TAB 150 MG	60 per 30 days
SELZENTRY TAB 300 MG	120 per 30 days
SENSIPAR TAB 60 MG	60 per 30 days
SENSIPAR TAB 90 MG	120 per 30 days
SIGNIFOR 0.3 MG/ML	60 per 30 days
SIGNIFOR 0.6 MG/ML	60 per 30 days
SIGNIFOR 0.9 MG/ML	60 per 30 days
SIGNIFOR LAR 10 MG KIT	1 kit per 28 days
SIGNIFOR LAR 20 MG KIT	1 kit per 28 days
SIGNIFOR LAR 30 MG KIT	1 kit per 28 days
SIGNIFOR LAR 40 MG KIT	1 kit per 28 days
SIGNIFOR LAR 60 MG KIT	1 kit per 28 days
SILDENAFIL TAB 20 MG	90 per 30 days
SILIQ 210 MG/1.5 ML	2 syringes per 28 days
SIMPONI ARIA SOL 50 MG	4 per 8 weeks
SIMPONI INJ 100 MG/ML	1 per 28 days
SIMPONI INJ 50/0.5 ML	1 per 28 days
SOMATULINE INJ 120/.5 ML	120 mg per 28 days
SOMATULINE INJ 60/0.2 ML	60 mg per 28 days
SOMATULINE INJ 90/0.3 ML	90 mg per 28 days
SOMAVERT INJ 10 MG	30 per 30 days

Drug Label Name	Approved Quantity
SOMAVERT INJ 15 MG	30 per 30 days
SOMAVERT INJ 20 MG	30 per 30 days
SOMAVERT INJ 25 MG	30 per 30 days
SOMAVERT INJ 30 MG	30 per 30 days
SOVALDI TAB 400 MG	28 per 28 days
SPINRAZA INJ 12 MG/5 ML	5 ml per 120 days
SPRYCEL TAB 100 MG	30 per 30 days
SPRYCEL TAB 140 MG	30 per 30 days
SPRYCEL TAB 20 MG	90 per 30 days
SPRYCEL TAB 50 MG	30 per 30 days
SPRYCEL TAB 70 MG	30 per 30 days
SPRYCEL TAB 80 MG	30 per 30 days
STELARA INJ 5 MG/ML	4 vials per 56 days
STELARA INJ 45 MG/0.5	1 per 12 weeks
STELARA INJ 90 MG/ML	1 per 8 weeks
STIVARGA TAB 40 MG	84 per 28 days
STRIBILD TAB	30 per 30 days
SUSTIVA CAP 200 MG	90 per 30 days
SUSTIVA CAP 50 MG	90 per 30 days
SUSTIVA TAB 600 MG	30 per 30 days
SUTENT CAP 12.5 MG	30 per 30 days
SUTENT CAP 25 MG	30 per 30 days
SUTENT CAP 37.5 MG	30 per 30 days
SUTENT CAP 50 MG	30 per 30 days
SYLATRON KIT 200 MCG	4 per 28 days
SYLATRON KIT 300 MCG	4 per 28 days
SYLATRON KIT 600 MCG	4 per 28 days
SYMDEKO	56 per 28 days
SYMFI	30 per 30 days
SYMFI LO	30 per 30 days
SYM TUZA TAB	30 per 30 days
TAFINLAR CAP 50 MG	120 per 30 days
TAFINLAR CAP 75 MG	120 per 30 days
TAGRISSO 40 MG TAB	30 per 30 days
TAGRISSO 80 MG TAB	30 per 30 days
TALTZ INJ 80 MG/ML	80 mg (1 ml) per 28 days
TARCEVA TAB 100 MG	30 per 30 days
TARCEVA TAB 150 MG	30 per 30 days

Drug Label Name	Approved Quantity
TARCEVA TAB 25 MG	60 per 30 days
TASIGNA CAP 50 MG	120 per 30 days
TASIGNA CAP 150 MG	120 per 30 days
TASIGNA CAP 200 MG	120 per 30 days
TAVALISSE 100 MG TAB	60 per 30 days
TAVALISSE 150 MG TAB	60 per 30 days
TECFIDERA CAP 120 MG	14 per 7 days
TECFIDERA CAP 240 MG	60 per 30 days
TECFIDERA STARTER PACK	60 per 30 days
TECHNIVIE TAB	56 per 28 days
THALOMID CAP 100 MG	28 per 28 days
THALOMID CAP 150 MG	56 per 28 days
THALOMID CAP 200 MG	56 per 28 days
THALOMID CAP 50 MG	28 per 28 days
TIBSOVO TAB 250 MG	60 per 30 days
TIVICAY TAB 10 MG	60 per 30 days
TIVICAY TAB 25 MG	60 per 30 days
TIVICAY TAB 50 MG	60 per 30 days
TOBI NEB 300/5 ML	280 per 28 days
TOBI PODHALR CAP 28 MG	224 caps per 28 days
TOBRAMYCIN NEB 300/5 ML	280 per 28 days
TRACLEER TAB 32 MG	112 per 28 days
TRACLEER TAB 62.5 MG	60 per 30 days
TRACLEER TAB 125 MG	60 per 30 days
TREMFYA INJ 100 MG/ML	100 mg per 8 weeks
TRIUMEQ TAB	30 per 30 days
TRIZIVIR TAB	60 per 30 days
TRUVADA TAB 100-150	30 per 30 days
TRUVADA TAB 133-200	30 per 30 days
TRUVADA TAB 167-250	30 per 30 days
TRUVADA TAB 200-300	30 per 30 days
TYBOST TAB 150 MG	30 per 30 days
TYKERB TAB 250 MG	180 per 30 days
TYMLOS INJ	1 pen per 30 days
TYSABRI 300 MG/15ML	300 mg/15 ml per 28 days
TYVASO SOL 0.6 MG/ML	28 amps per 28 days
VENTAVIS SOL 10 MCG/ML	270 per 30 days
VENTAVIS SOL 20 MCG/ML	270 per 30 days

Drug Label Name	Approved Quantity
VERZENIO TAB 50 MG	56 per 28 days
VERZENIO TAB 100 MG	56 per 28 days
VERZENIO TAB 150 MG	56 per 28 days
VERZENIO TAB 200 MG	56 per 28 days
VICTRELIS CAP 200 MG	336 per 28 days
VIDEX SOL 2 GM	1200 ml per 30 days
VIDEX SOL 4 GM	1200 ml per 30 days
VIDEX EC CAP 125 MG	30 per 30 days
VIDEX EC CAP 200 MG	30 per 30 days
VIDEX EC CAP 250 MG	30 per 30 days
VIDEX EC CAP 400 MG	30 per 30 days
VIEKIRA PAK TAB	1 pak (112) per 28 days
VIEKIRA XR TAB	84 per 28 days
VIRACEPT TAB 250 MG	300 per 30 days
VIRACEPT TAB 625 MG	120 per 30 days
VIRAMUNE SUS 50 MG/5 ML	1200 ml per 30 days
VIRAMUNE TAB 200 MG	60 per 30 days
VIRAMUNE XR TAB 100 MG	90 per 30 days
VIRAMUNE XR TAB 400 MG	30 per 30 days
VIREAD POW 40 MG/GM	240 gm per 30 days
VIREAD TAB 150 MG	30 per 30 days
VIREAD TAB 200 MG	30 per 30 days
VIREAD TAB 250 MG	30 per 30 days
VIREAD TAB 300 MG	30 per 30 days
VIVITROL INJ 380 MG	380 mg per 30 days
VOSEVI TAB	28 per 28 days
VOTRIENT TAB 200 MG	120 per 30 days
VPRIV INJ 400 UNIT	60 units/kg (15) per 14 days
XALKORI CAP 200 MG	60 per 30 days
XALKORI CAP 250 MG	60 per 30 days
XELJANZ TAB 5 MG	60 per 30 days
XELJANZ TAB 10 MG	60 per 30 days
XELJANZ XR TAB	30 per 30 days
XELODA TAB 150 MG	120 per 30 days
XELODA TAB 500 MG	300 per 30 days
XENAZINE TAB 12.5 MG	240 per 30 days
XENAZINE TAB 25 MG	120 per 30 days
XOLAIR SOL 150 MG	6 per 28 days

Drug Label Name	Approved Quantity
XTANDI CAP 40 MG	120 per 30 days
YONSA TAB 125 MG	120 per 30 days
ZAVESCA CAP 100 MG	90 per 30 days
ZEJULA CAP 100 MG	90 per 30 days
ZELBORAF TAB 240 MG	240 per 30 days
ZEPATIER TAB 50-100 MG	28 per 28 days
ZERIT CAP 15 MG	60 per 30 days
ZERIT CAP 20 MG	60 per 30 days
ZERIT CAP 30 MG	60 per 30 days
ZERIT CAP 40 MG	60 per 30 days
ZERIT SOL 1 MG/ML	2400 ml per 30 days
ZIAGEN SOL 20 MG/ML	900 per 30 days
ZIAGEN TAB 300 MG	60 per 30 days
ZINBRYTA INJ 150 MG/ML	1 ml per 30 days
ZOLINZA CAP 100 MG	120 per 30 days
ZYDELIG TAB 100 MG	60 per 30 days
ZYDELIG TAB 150 MG	60 per 30 days
ZYKADIA CAP 150 MG	90 per 30 days
ZYTIGA TAB 250 MG	120 per 30 days
ZYTIGA TAB 500 MG	60 per 30 days

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

The medicines indicated above, along with their quantity limits, are subject to change.

This is not an all-inclusive list of available drug alternative considerations.

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