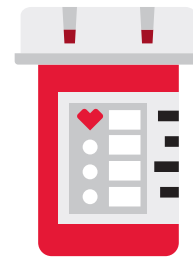




Know Your Limit:

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 ACTPEN 162 MG/0.9 ML	4 autoinjectors (3.6 ml) per 28 days
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	10 ml per 14 days
ACTHAR 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

Drug Label Name	Approved Quantity
ADEMPAS TAB 2.5 MG	90 per 30 days
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	30 per 30 days
ALUNBRIG tab 180 mg	30 per 30 days
ALYQ TAB 20 MG	60 per 30 days
AMONDYS 45 INJ 50 MG/ML	60 per 28 days
AMPYRA TAB 10 MG	60 per 30 days
APOKYN 30 MG/3 ML	20 per 30 days
ARCALYST INJ 80 MG/ML	8 per 28 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 PEN KIT 30 MCG	4 inj per 28 days
AVSOLA INJ 100 MG	5 per 42 days
AVONEX PREFL KIT 30 MCG	4 inj per 28 days
AYVAKIT TAB 25 MG	30 per 30 days
AYVAKIT TAB 50 MG	30 per 30 days
AYVAKIT TAB 100 MG	30 per 30 days
AYVAKIT TAB 200 MG	30 per 30 days
AYVAKIT TAB 300 MG	30 per 30 days
BAFIERTAM CAP 95 MG	120 per 30 days
BALVERSA TAB 3 MG	84 per 28 days
BALVERSA TAB 4 MG	56 per 28 days
BALVERSA TAB 5 MG	28 per 28 days
BARACLUDGE SOLUTION	630 ml per 30 days
BARACLUDGE TAB 0.5 MG	30 per 30 days
BARACLUDGE TAB 1 MG	30 per 30 days
BENLYSTA 200 MG/ML PFS	4 per 28 days
BENLYSTA 200 MG/ML AIJ	4 per 28 days
BERINERT IV INJ 500 UNIT (1 VIAL)	60 per 90 days
BETASERON INJ 0.3 MG	14 per 28 days
BETHKIS NEB 300/4 ML	224 per 28 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 75 MG CAP	180 per 30 days
BRONCHITOL CAP 40MG	560 per 28 days

Drug Label Name	Approved Quantity
BRONCHITOL CAP TOL TEST	20 per 7 days
BRUKINSA CAP 80 MG	120 per 30 days
BUPHENYL 500 MG TABLET	1200 per 30 days
BUPHENYL POW	750 grams per 30 days
BYLVAY CAP 400 MCG	60 per 30 days
BYLVAY CAP 1200 MCG	60 per 30 days
BYLVAY CAP SPRINKLE 200 MCG	60 per 30 days
BYLVAY CAP SPRINKLE 600 MCG	30 per 30 days
BYNFEZIA PEN INJ 2500 MCG	7 per 30 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
CIMZIA PREFL KIT 200 MG/ML	2 kits (4 syringes) per 28 days
CIMZIA STARTER KIT	6 syringes per 28 days
CINQAIR	3 vials per 28 days
CINRYZE IV INJ 500 UNIT (1 VIAL)	18 per 30 days
CINRYZE SDV 500 UNIT	20 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
COPAXONE INJ 20 MG/ML	30 per 30 days
COPAXONE INJ 40 MG/ML	12 per 28 days
COPIKTRA CAP 15 MG	56 per 28 days
COPIKTRA CAP 25 MG	56 per 28 days
COSENTYX INJ 75 MG/0.5	1 syringe per 28 days
COSENTYX INJ 150 MG/ML	150 mg (1 ml) per 28 days

Drug Label Name	Approved Quantity
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 tabs per 28 days
CRYSVITA 10 mg/ml	10 mg per 14 days
CRYSVITA 20 mg/ml	9 per 14 days
CRYSVITA 30 mg/ml	6 per 14 days
CYSTADROPS SOL 0.37%	4 per 28 days
CYSTARAN SOL 0.44%	4 per 28 days
DANYELZA INJ 40/10 ML	12 per 28 days
DAURISMO TAB 25 MG	60 per 30 days
DAURISMO TAB 100 MG	30 per 30 days
DIACOMIT CAP 250 MG	360 per 30 days
DIACOMIT 250 MG Powder for Oral Suspension	360 per 30 days
DIACOMIT CAP 500 MG	180 per 30 days
DIACOMIT 500 MG Powder for Oral Suspension	180 per 30 days
DOPTELET TAB 20 MG Blister card w/ 10 tabs	10 tabs for 5 days
DOPTELET TAB 20 MG Blister card w/ 15 tabs	15 tabs for 5 days
DOPTELET TAB 20 MG Blister card w/ 15 tabs x 2	60 tabs for 30 days
DUPIXENT INJ 200 MG/ 1.14 ML	400 mg (2.28 ml) per 28 days
DUPIXENT INJ 200 MG	2 pens per 28 days
DUPIXENT INJ 300 MG/2 ML	600 mg (4 ml) per 28 days
ELELYSO INJ 200 UNIT	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
EMPAVELI INJ 1080 MG	10 vials per 30 days
ENBREL INJ 25/0.5 ML VIAL	4 per 28 days

Drug Label Name	Approved Quantity
ENBREL INJ 25 MG MDV	4 per 28 days
ENBREL INJ 50 MG/ML SRCLK	4 per 28 days
ENBREL MINI CRT 50 MG/ML	4 per 28 days
ENBREL INJ 25/0.5 ML PFS	4 per 28 days
ENBREL INJ 50 MG/ML PFS	4 per 28 days
ENDARI POWDER 5 GM	180 packets per 30 days
ENSPRYNG INJ 120 MG/ML	1 per 28 days
ENTYVIO INJ 300 MG	300 mg every 8 weeks
EPCLUSA PAK 150-37.5	28 per 28 days
EPCLUSA PAK 200-50	28 per 28 days
EPCLUSA TAB 200 MG/50 MG	28 per 28 days
EPCLUSA TAB 400-100	28 per 28 days
EPIDIOLEX 100 MG/ML	800 per 30 days
EPIDIOLEX 100 MG/ML (100 ML)	600 ml 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
EVENITY INJ 105 MG	2 syringes per 30 days
EVKEEZA INJ 1200/8	2 per 28 days
EVKEEZA INJ 345/2.3	2 per 28 days
EVRYSDI SOL 0.750 MG/ML	120 mg per 24 days
EXKIVITY CAP 40 MG	120 caps per 30 days
EXONDYS 51 VIA 100 MG/ 2 ML	240 mL per 28 days
EXONDYS 51 VIA 500 MG/ 10 ML	240 mL per 28 days
EXTAVIA INJ 0.3 MG	15 per 30 days
FARYDAK CAP 10 MG	6 per 21 days
FARYDAK CAP 15 MG	6 per 21 days
FARYDAK CAP 20 MG	6 per 21 days
FASENRA INJ 30 MG/ML (1 PEN)	1 per 56 days
FASENRA PFS INJ 30 MG/ML	1 per 56 days
FINTEPLA 2.2 MG/ML	360 mL per 30 days

Drug Label Name	Approved Quantity
FIRAZYR INJ 30 MG/3 ML (1 SYRINGE)	45 per 90 days
FIRAZYR INJ 30 MG/3 ML (3 SYRINGE)	45 per 90 days
FIRDAPSE TAB 10 MG	240 per 30 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
FOTIVDA CAP 0.89 MG	21 per 28 days
FOTIVDA CAP 1.34 MG	21 per 28 days
FULPHILA INJ	2 per 28 days
GALAFOLD CAP 123 MG	14 per 28 days
GATTEX KIT 5 MG	30 per 30 days
GAVRETO CAP 100 MG	120 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	120 tabs 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
HAEGARDA VIA 2000 UNIT	20 per 30 days
HAEGARDA VIA 3000 UNIT	20 per 30 days
HAEGARDA INJ VIAL 2000 UNIT (1 VIAL)	18 per 30 days
HAEGARDA INJ VIAL 3000 UNIT (1 VIAL)	18 per 30 days
HARVONI TAB 45-200 MG	28 per 28 days
HARVONI TAB 90-400 MG	28 per 28 days

Drug Label Name	Approved Quantity
HETLIOZ CAP 20 MG	30 per 30 days
HETLIOZ LQ SUS 4 MG/ML	5 ml per day
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 PEDIA INJ CROHNS	2 per 28 days
HUMIRA PEDIA INJ CROHNS	3 per 28 days
HUMIRA PEN INJ 40/0.4 ML	4 per 28 days
HUMIRA PEN INJ 80/0.8 ML	2 pens for 28 days
HUMIRA PEN INJ CROHNS	6 syringes per 28 days
HUMIRA PEN KIT CD/UC/HS	3 per 28 days
HUMIRA PEN KIT PED UC	4 pens per 28 days
HUMIRA PEN KIT PS/UV	3 per 28 days
HUMIRA PEN-PSORIASIS STAR	4 syringes per 28 days
HYDROXYPROG 250 MG/ML (1 ML)	21 per 365 days
HYDROXYPROG 250 MG/ML (5 ML)	5 per 365 days)
HARVONI PEL 33.75-200 MG	28 per 28 days
HARVONI PEL 45-200 MG	28 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
IBRANCE TAB 100 MG	21 per 28 days
IBRANCE TAB 125 MG	21 per 28 days
IBRANCE TAB 75 MG	21 per 28 days
ICLUSIG TAB 10 MG	30 per 30 days
ICLUSIG TAB 15 MG	30 tabs per 30 days
ICLUSIG TAB 30 MG	30 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

Drug Label Name	Approved Quantity
IMBRUVICA TAB 280 MG	30 per 30 days
IMBRUVICA TAB 420 MG	30 per 30 days
IMBRUVICA TAB 560 MG	30 per 30 days
IMCIVREE INJ 10 MG/ML	10 per 30 days
INBRIJA CAP 42 MG	300 per 30 days
INFLECTRA INJ 100 MG	5 vials per 42 days
INGREZZA CAP 40 MG	30 per 30 days
INGREZZA CAP 60 MG	30 per 30 days
INGREZZA CAP 80 MG	30 per 30 days
INLYTA TAB 1 MG	240 per 30 days
INLYTA TAB 5 MG	120 per 30 days
INQOVI 35 MG/100 MG	5 per 28 days
INREBIC CAP 100 MG	120 per 30 days
IRESSA TAB 250 MG	30 per 30 days
ISTURISA TAB 10 MG	180 per 30 days
ISTURISA TAB 1 MG	240 per 30 days
ISTURISA TAB 5 MG	360 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
JEMPERLI SOL 500 MG/10 ML	2 vials per 42 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 15-15 MG	56 per 28 days
JYNARQUE PAK 30-15 MG	56 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
JYNARQUE TAB 15 MG	60 per 30 days
JYNARQUE TAB 30 MG	30 per 30 days
KALBITOR INJ VIAL 10 MG/ML (3 VIALS)	30 (900 mg) per 90 days

Drug Label Name	Approved Quantity
KALYDECO PAK 25 MG	56 per 28 days
KALYDECO PAK 50 MG	56 per 28 days
KALYDECO PAK 75 MG	56 per 28 days
KALYDECO PAK 150 MG	56 per 28 days
KALYDECO TAB 150 MG	60 per 30 days
KESIMPTA INJ 20/.4 ML	1 per 28 days
KEVEYIS TAB 50 MG	120 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 DAILY DOSE	21 per 28 days
KISQALI TAB 400 DAILY DOSE	42 per 28 days
KISQALI TAB 600 DAILY DOSE	63 per 28 days
KITABIS PAK NEB 300/5 ML	280 per 28 days
KORLYM TAB	120 per 30 days
KOSELUGO CAP 10 MG	240 per 30 days
KOSELUGO CAP 25 MG	120 per 30 days
KYNMOBI 10 MG	150 per 30 days
KYNMOBI 15 MG	151 per 30 days
KYNMOBI 20 MG	152 per 30 days
KYNMOBI 25 MG	153 per 30 days
KYNMOBI 30 MG	154 per 30 days
LEMTRADA INJ 12/1.2 ML	5 per 12 months
LENVIMA CAP 4 MG	30 per 30 days
LENVIMA CAP 8 MG	60 per 30 days
LENVIMA CAP 10 MG	30 per 30 days
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

Drug Label Name	Approved Quantity
LIBTAYO INJ 350/7 ML	1 per 21 days
LIVMARLI SOL 9.5 MG/ML	90 ml per 30 days
LONSURF TAB 15-6.14	100 per 28 days
LONSURF TAB 20-8.19	80 per 28 days
LORBRENA TAB 25 MG	90 per 30 days
LORBRENA TAB 100 MG	30 per 30 days
LUMAKRAS TAB 120 MG	240 tabs per 30 days
LUPKYNIS CAP 7.9 MG	180 per 30 days
LYNPARZA TAB 100 MG	120 per 30 days
LYNPARZA TAB 150 MG	120 per 30 days
MAKENA 250 MG/ML (1 ML VIAL)	21 per 365 days
MAKENA 250 MG/ML (5 ML VIAL)	5 per 365 days
MAKENA 275 mg (1 AUTO-INJECTOR)	21 per 365 days
MAVENCLAD PAK 10 MG	20 tablets per 9 months
MAVYRET PAK 50-20 MG	140 pkts per 28 days
MAVYRET TAB	84 per 28 days
MAYZENT TAB 0.25 MG Starter Pack	12 per 5 days
MAYZENT TAB 0.25 MG	112 per 28 days
MAYZENT TAB 2 MG	30 per 30 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
MYALEPT INJ 11.3 MG (1 VIAL)	30 per 30 days
MYCAPSSA 20 MG	112 per 28 days
NATPARA INJ 100 MCG (2 CARTRIDGES)	2 per 28 days
NATPARA INJ 25 MCG (2 CARTRIDGES)	2 per 28 days
NATPARA INJ 50 MCG (2 CARTRIDGES)	2 per 28 days
NATPARA INJ 75 MCG (2 CARTRIDGES)	2 per 28 days
NERLYNX TAB 40 MG	180 per 30 days

Drug Label Name	Approved Quantity
NEULASTA INJ 6 MG/0.6 M	2 per 28 days
NEXAVAR TAB 200 MG	120 per 30 days
NINLARO CAP 2.3 MG	3 per 28 days
NINLARO CAP 3 MG	3 per 28 days
NINLARO CAP 4 MG	3 per 28 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
NUBEQA TAB 300 MG	120 per 30 days
NUCALA POWD INJ 100 MG	3 inj per 28 days
NUCALA AUTO-INJECTOR INJ 100 MG/ML	3 inj per 28 days
NUCALA PREFILLED SYRINGE INJ 100 MG/ML	3 inj per 28 days
NULIBRY INJ 9.5 MG	150 per 30 days
NYVEPRIA INJ 6/0.6 ML	2 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
OCTREOTIDE INJ 1000 MCG	9 vials per 30 days
OCTREOTIDE INJ 200 MCG	45 vials 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 1 MG	30 per 30 days
OLUMIANT TAB 2 MG	30 per 30 days
ONPATTRO SOL 10 MG/5 ML	30 mg (3 vials) per 21 days
ONUREG TAB 200 MG	14 per 28 days
ONUREG TAB 300 MG	14 per 28 days
OPSUMIT TAB 10 MG	30 per 30 days
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
ORGOVYX TAB 120MG	30 per 30 days
ORKAMBI GRA 100-125	56 packets/28 days
ORKAMBI GRA 150-188	56 packets/28 days

Drug Label Name	Approved Quantity
ORKAMBI TAB 100-125	112 per 28 days
ORKAMBI TAB 200-125	112 per 28 days
ORLADEYO CAP 110 MG	28 per 28 days
ORLADEYO CAP 150 MG	28 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
OXBRYTA TAB 500 MG	90 per 30 days
OXERVATE SOL 20 MCG/ML	16 cartons per 365 days
OXLUMO 94.5 MG/0.5 ML	4 per 90 days
PADCEV INJ 20 MG	21 per 28 days
PADCEV INJ 30 MG	15 per 28 days
PALYNZIQ 10 MG/0.5 ML	30 per 30 days
PALYNZIQ INJ 2.5 MG/0.5 ML	8 syringes per 28 days
PALYNZIQ 20 MG/ML	90 per 30 days
PEMAZYRE TAB 4.5 MG	14 per 21 days
PEMAZYRE TAB 9 MG	14 per 21 days
PEMAZYRE TAB 13.5 MG	14 per 21 days
PEPAXTO INJ 20 MG	2 vials per 28 days
PIQRAY 200 MG TAB	28 per 28 days
PIQRAY 250 MG TAB	56 per 28 days
PIQRAY 300 MG TAB	56 per 28 days
PLEGRIDY 125 MCG/0.5 ML	1 per 28 days
POMALYST CAP 1 MG	21 per 28 days
POMALYST CAP 2 MG	21 per 28 days
POMALYST CAP 3 MG	21 per 28 days
POMALYST CAP 4 MG	21 per 28 days
PONVORY TAB 20 MG	30 tablet for 30 days
PONVORY 14-DAY STARTER PACK	1 pack (14 tabs) for 14 days
PRALUENT INJ 150 MG/ML	2 per 28 days
PRALUENT INJ 75 MG/ML	2 per 28 days

Drug Label Name	Approved Quantity
PROCYSBI GRA 300 MG	180 packets per 30 days
PROCYSBI GRA 75 MG	180 packets per 30 days
PROLIA SOL 60 MG/ML	60 mg (1 ml) per 6 months
PROMACTA PAK 25 MG	180 per 30 days
PROMACTA POW 12.5 MG	120 per 30 days
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
PROCYSBI 25 MG	240 per 30 days
PROCYSBI 75 MG	750 per 30 days
PULMOZYME SOL 1 MG/ML	150 ml per 30 days
QINLOCK TAB 50 MG	90 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 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
REDITREX 20 MG/0.8 ML	4 per 28 days
REDITREX 7.5 MG/0.3 ML	4 per 28 days
REDITREX 22.5 MG/0.9 ML	4 per 28 days
REDITREX 17.5 MG/0.7 ML	4 per 28 days
REDITREX 15 MG/0.6 ML	4 per 28 days
REDITREX 12.5 MG/0.5 ML	4 per 28 days
REDITREX 10 ML/0.4 ML	4 per 28 days
REDITREX 25 MG/ML	4 per 28 days
REMICADE INJ 100 MG	5 vials per 42 days
RENFLXIS INJ 100 MG	5 vials per 42 days
REPATHA INJ 140 MG/ML	2 per 28 days
REPATHA PUSH INJ 420/3.5	1 per 28 days

Drug Label Name	Approved Quantity
RETEVMO CAP 40 MG	60 per 30 days
RETEVMO CAP 80 MG	120 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	28 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
REZUROCK TAB 200 MG	30 per 30 days
RINVOQ TAB 15 MG ER	30 per 30 days
ROZLYTREK CAP 100 MG	30 per 30 days
ROZLYTREK CAP 200 MG	90 per 30 days
RUBRACA TAB 200 MG	120 per 30 days
RUBRACA TAB 250 MG	120 per 30 days
RUBRACA TAB 300 MG	120 per 30 days
RUCONEST IV INJ 2100 UNIT (1 VIAL)	60 per 90 days
RUZURGI 10 MG TAB	300 per 30 days
RYDAPT CAP 25 MG	224 per 28 days
RYBREVANT SOL 350/7 ML	8 vials per 28 days
SABRIL POW 500 MG	180 per 30 days
SABRIL TAB 500 MG	180 per 30 days
SANDOSTATIN INJ 100 MCG	90 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
SAPHNELO SOL 300MG/ 2 ML	1 vial per 28 days
SCENESSE 16 MG IMPLANT	1 implant per 2 months
SENSIPAR TAB 30 MG	60 per 30 days
SENSIPAR TAB 60 MG	60 per 30 days

Drug Label Name	Approved Quantity
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
SKYRIZI 150 DOSE SUBQ	2 syringes per 12 weeks
SKRYIZI PEN INJ 150 MG/ML	1 syringe per 84 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
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 PEL 150 MG	28 per 28 days
SOVALDI PEL 200 MG	28 per 28 days
SOVALDI TAB 200 MG	28 per 28 days
SOVALDI TAB 400 MG	28 per 28 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

Drug Label Name	Approved Quantity
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 TAB 50-75 MG	56 per 28 days
TABRECTA TAB 150 MG	112 per 28 days
TABRECTA TAB 200 MG	112 per 28 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
TAKHZYRO INJ 300/2 ML (1 VIAL)	2 per 28 days
TALTZ INJ 80 MG/ML	80 mg (1 ml) per 28 days
TALZENNA CAP 0.25 MG	90 per 30 days
TALZENNA CAP 1 MG	30 per 30 days
TARCEVA TAB 100 MG	30 per 30 days
TARCEVA TAB 150 MG	30 per 30 days
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
TAVNEOS CAP 10 MG	180 caps per 30 days
TAZVERIK TAB 200 MG	240 per 30 days
TECFIDERA CAP 120 MG	14 per 28 days
TECFIDERA CAP 240 MG	60 per 30 days
TECFIDERA Starter Pack	60 per 30 days
TEGSEDI INJ 284 MG/1.5 ML	4 inj per 28 days
TEPOTINIB TAB 225 MG	60 per 30 days
TERIPARATIDE INJ	1 pen 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

Drug Label Name	Approved Quantity
THALOMID CAP 50 MG	28 per 28 days
TIBSOVO TAB 250 MG	60 per 30 days
TIVDAK INJ 40 MG	5 vials per 21 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
TREMFYA PEN INJ 100 MG/ML	100 mg per 8 weeks
TRIKAFTA 50-25-37.5 MG TABLET	84 per 28 days
TRIKAFTA 100-50-75-150 MG TABLET	84 per 28 days
TRUSELTIQ CAP 50 MG (50 MG DAILY DOSE)	42 caps per 28 days
TRUSELTIQ CAP 75 MG (75 MG DAILY DOSE)	63 caps per 28 days
TRUSELTIQ CAP 100 MG (100 MG DAILY DOSE)	21 caps per 28 days
TRUSELTIQ CAP 125 MG (125 MG DAILY DOSE)	42 caps per 28 days
TUKYSA TAB 50 MG	120 per 30 days
TUKYSA TAB 150 MG	120 per 30 days
TURALIO CAP 200 MG	120 per 30 days
TYKERB TAB 250 MG	180 per 30 days
TYMLOS INJ	1 pen per 30 days
TYSABRI 300 MG/15 ML	300 mg/15 ml per 28 days
TYVASO SOL 0.6 MG/ML	28 amps per 28 days
UDENYCA INJ 6 MG/0.6 ML	2 inj (1.2 ml) per 28 days
UKONIQ TAB 200 MG	120 per 30 days
UPTRAVI TAB 200/800	1 pack per 28 days
UPTRAVI TAB 200 MCG	140 per 28 days
UPTRAVI TAB 400 MCG	60 per 30 days
UPTRAVI TAB 600 MCG	60 per 30 days
UPTRAVI TAB 800 MCG	60 per 30 days
UPTRAVI TAB 1000 MCG	60 per 30 days

Drug Label Name	Approved Quantity
UPTRAVI TAB 1200 MCG	60 per 30 days
UPTRAVI TAB 1400 MCG	60 per 30 days
UPTRAVI TAB 1600 MCG	60 per 30 days
VALCHLOR GEL 0.016%	2 per 30 days
VALCYTE 450 MG TABLET	120 per 30 days
VALCYTE 50 MG/ML Oral Solution	1000 mL per 30 days
VEMLIDY TAB 25 MG	30 per 30 days
VENCLEXTA TAB 10 MG	120 per 30 days
VENCLEXTA TAB 50 MG	120 per 30 days
VENCLEXTA TAB 100 MG	180 per 30 days
VENCLEXTA TAB STARTER	1 pack per 28 days
VENTAVIS SOL 10 MCG/ML	270 per 30 days
VENTAVIS SOL 20 MCG/ML	270 per 30 days
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
VIEKIRA PAK TAB	1 pak (112) per 28 days
VIGADRONE POW 500 MG	180 per 30 days
VILTEPSO VIA 250 MG/5 ML	320 mL per 28 days
VISTOGARD PAK 10 GRAM Packet	20 per 5 days
VITRAKVI CAP 25 MG	180 per 30 days
VITRAKVI CAP 100 MG	60 per 30 days
VITRAKVI SOL 20 MG/ML	300 ml (3 bottles) per 30 days
VIVITROL INJ 380 MG	1 vial per 28 days
VIZIMPRO TAB 15 MG	30 per 30 days
VIZIMPRO TAB 30 MG	30 per 30 days
VIZIMPRO TAB 45 MG	30 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
VUMERITY 231 MG CAPSULE	120 per 30 days
VUMERITY 231 MG CAPSULE/ Starter Bottle	106 per 30 days
VYNDAMAX CAP 61 MG	30 per 30 days

Drug Label Name	Approved Quantity
VYNDAQEL CAP 20 MG	120 per 30 days
VYONDYS 53 VIA 100 MG/ 2 ML	240 mL per 28 days
WAKIX TAB 17.8 MG	60 per 30 days
WAKIX TAB 4.45 MG	60 per 30 days
XALKORI CAP 200 MG	120 per 30 days
XALKORI CAP 250 MG	120 per 30 days
XELJANZ SOLN 1 MG/ML	240 ML per 24 days
XELJANZ TAB 5 MG	60 per 30 days
XELJANZ TAB 10 MG	60 per 30 days
XELJANZ XR TAB 22 MG	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	120 per 30 days
XENAZINE TAB 25 MG	60 per 30 days
XERMELO TAB 250 MG	90 per 30 days
XOLAIR INJ 75 MG/0.5 ML	2 per 28 days
XOLAIR INJ 150 MG/ML	8 per 28 days
XOLAIR SOL 150 MG	8 per 28 days
XOSPATA TAB 40 MG	90 per 30 days
XPOVIO PAK 100 MG	20 per 28 days
XPOVIO PAK 60 MG	12 per 28 days
XPOVIO PAK 40 MG (80 MG ONCE WEEKLY)	8 tablets per 28 days
XPOVIO PAK 40 MG (40 MG TWICE WEEKLY)	8 tablets per 28 days
XPOVIO PAK 40 MG (40 MG ONCE WEEKLY)	4 tablets per 28 days
XPOVIO 40 MG ONCE WEEKLY	8 per 28 days
XPOVIO 50 MG (100 MG ONCE WEEKLY)	8 tablets per 28 days
XPOVIO 60 MG (60 MG ONCE WEEKLY)	4 tablets per 28 days
XPOVIO 80 MG ONCE WEEKLY	16 per 28 days
XPOVIO 40 MG TWICE WEEKLY	16 per 28 days

Drug Label Name	Approved Quantity
XPOVIO 60 MG TWICE WEEKLY	24 per 28 days
XPOVIO 80 MG TWICE WEEKLY	32 per 28 days
XTANDI CAP 40 MG	120 per 30 days
XTANDI TAB 40 MG	120 per 30 days
XTANDI TAB 80 MG	60 per 30 days
XURIDEN 2 GM	4 packets per day
XYWAV SOL 0.5 GM/ML	540 ML 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
ZEPOSIA CAP .92 MG	30 per 30 days
ZEPOSIA 7 DAY CAP Starter Pack	7 per 7 days
ZEPOSIA CAP Starter Kit	37 per 37 days
ZIEXTENZO 6 MG/ML PFS	2 per 28 days
ZOKINVY 50 MG	120 per 30 days
ZOKINVY 75 MG	120 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 TAB 150 MG	90 per 30 days
ZYTIGA TAB 250 MG	120 per 30 days
ZYTIGA TAB 500 MG	60 per 30 days

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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