

Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

MHBP provides benefits for most covered prescription drugs for up to a 30-day supply when purchased at a retail pharmacy, and for up to a 90-day supply when purchased through our mail order program. Some drugs, however, have specific limits on the amount 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 purpose for the prescription with your doctor.

These precautions are in place to ensure that the medication is being prescribed and dispensed correctly, in accordance with US Food & Drug Administration (FDA) and/or MHBP clinical recommendations. MHBP regularly reviews clinical medical evidence and FDA recommendations regarding prescription drugs and updates dispensing limitations and prior authorization requirements for covered medications as appropriate.

Your doctor can request a prior authorization review by calling the CVS Caremark Prior Authorization department at 1-800-626-3046. 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 1-866-623-1441.

Medication Name	Prior Authorization Required	Dispensing Limit	
		Retail	Mail Order
Accuneb (albuterol) 0.63mg/3ml	No	300ml/month	900ml/3 months
Accuneb (albuterol) 1.25mg/3ml	No	300ml/month	900ml/3 months
Actiq	Yes	Provided during PA Review	
Advair Diskus	No	60ea/month	180ea/3 months
Advair HFA	No	12g/month	36g/3 months
Aerobid, Aerobid-M	No	21g/month	63g/3 months
Afinitor	Yes	Provided during PA Review	
Albuterol Solution 0.083%	No	300ml/month	900ml/3 months
Albuterol Solution 0.5%	No	60ml/month	180ml/3 months
Albuterol, Ventolin, Proventil Inh	No	34g/month	102g/3 months
Allernaze	No	30ml/month	90ml/3 months
Aloxi 0.25mg/5ml & 0.075mg/1.5ml inj*	No	5ml/15 days	5ml/15 days
Alvesco 160mcg	No	12.2g/month	36.6g/3 months
Alvesco 80mcg	No	12.2g/month	36.6g/3 months
Ambien	No	30ea/month	90ea/3 months
Ambien CR	No	30ea/month	90ea/3 months
Amerge 1mg, 2.5mg*	No	18ea/month	54ea/3 months
Amitiza	Yes	Provided during PA Review	
Anzemet 100mg*	No	3ea/15 days	3ea/15 days
Anzemet 100mg/5ml & 12.5mg/0.625ml inj*	No	5ml/15 days	5ml/15 days
Anzemet 50mg*	No	3ea/15 days	3ea/15 days
Asmanex 110mcg	No	0.27g/month	0.81g/3 months
Asmanex 220mcg	No	0.48g/month	1.44g/3 months
Astelin	No	60ml/month	180ml/3 months
Astepro	No	60ml/month	180ml/3 months
Atralin (all topical forms)	Yes	Provided during PA Review	
Atrovent HFA	No	26g/month	78g/3 months

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Atrovent Solution	No	315ml/month	945ml/3 months
Avita (all topical forms)	Yes	Provided during PA Review	
Axert 6.25mg, 12.5mg*	No	18/month	54/3 months
Azmacort	No	40g/month	120g/3 months
Beconase AQ	No	50g/month	150g/3 months
Brovana Solution	No	120ml/month	360ml/3 months
Cesamet*	No	20ea/25 days	60ea/75 days
Combivent	No	30g/month	90g/3 months
Dalmane	No	30ea/month	90ea/3 months
Delatestryl	Yes	Provided during PA Review	
Depo-Testosterone	Yes	Provided during PA Review	
Doral	No	30ea/month	90ea/3 months
Dulera	No	13g/month	39g/month
Duoneb	No	540ml/month	1620ml/3 months
Emend 115mg Inj*	No	1 vial/15 days	1 vial/15 days
Emend 125mg*	No	1ea/15 days	1ea/15 days
Emend 40mg*	No	3ea/180 days	3ea/180 days
Emend 80mg*	No	2ea/15 days	2ea/15 days
Emend Therapy Pack (2 x 80mg and 1 x 125mg combined)*	No	3ea/15 days	3ea/15 days
Estazolam	No	30ea/month	90ea/3 months
Fentora	Yes	Provided during PA Review	
Flonase	No	16ml/month	48ml/3 months
Flovent	No	26g/month	78g/3 months
Flovent Diskus	No	240ea/month	720ea/3 months
Flovent HFA	No	24g/month	72g/3 months
Flunisolide, Nasarel	No	50g/month	150g/3 months
fluoymesterone oral	Yes	Provided during PA Review	
Foradil Aerolizer	No	60ea/month	180ea/3 months
Frova 2.5mg*	No	18ea/month	54ea/3 months
Gleevec	Yes	Provided during PA Review	
Granisetron 2mg/10ml*	No	30ml/15 days	30ml/15 days
Halcion*	No	10ea/25 days	30ea/75 days
Hycamtin	Yes	Provided during PA Review	
Imitrex 20mg Nasal Spray*	No	18ea/month	54ea/3 months
Imitrex 25mg, 50mg, 100mg tab*	No	18ea/month	54ea/3 months
Imitrex 5mg Nasal Spray*	No	18ea/month	54ea/3 months
Imitrex Inj Kit*	No	18ea/month	54ea/3 months
Imitrex Inj Vial*	No	18ea/month	54ea/3 months
Intal Inh	No	30g/month	90g/3 months

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Intal Solution	No	240ml/month	720ml/3 months
Iressa	Yes	Provided during PA Review	
Kytril 0.1mg/ml*	No	1ml/15 days	1ml/15 days
Kytril 1mg*	No	6ea/15 days	6ea/15 days
Kytril 1mg/ml*	No	1ml/15 days	1ml/15 days
Lotronex	Yes	Provided during PA Review	
Lunesta	No	30ea/month	90ea/3 months
Marinol 2.5mg, 5mg, 10mg*	No	60ea/25 days	180ea/75 days
Maxair Autohaler	No	14g/month	42g/3 months
Maxalt 5mg, 10mg*	No	18ea/month	54ea/3 months
Metaproterenol Solution 0.4%	No	250ml/month	750ml/3 months
Metaproterenol Solution 0.6%	No	250ml/month	750ml/3 months
methyltestosterone oral (caps)	Yes	Provided during PA Review	
methyltestosterone oral (tabs)	Yes	Provided during PA Review	
Nasacort AQ	No	17g/month	51g/3 months
Nasonex	No	34g/month	102g/3 months
Nexavar	Yes	Provided during PA Review	
Nuvigil	Yes	Provided during PA Review	
Oforta	Yes	Provided during PA Review	
Omnaris	No	13g/month	39g/3 months
Ondansetron 24 mg (tablet)*	No	1ea/15 days	1ea/15 days
Ondansetron 32mg/50ml IV inj – Dextrose*	No	50ml/15 days	50ml/15 days
Ondansetron 32mg/50ml IV inj – NaCl*	No	50ml/15 days	50ml/15 days
Onsolis	Yes	Provided during PA Review	
Oxycontin 10mg, 15mg, 20mg, 30mg 40mg, 60mg*	No	60ea/month	180ea/3 months
Oxycontin 80mg	Yes	Provided during PA Review	
Patanase	No	31g/month	63g/3 months
Perforomist	No	120ml/month	360ml/3 months
Proair HFA	No	17g/month	51g/3 months
Proventil HFA	No	14g/month	42g/3 months
Provigil (all oral forms)	Yes	Provided during PA Review	
Pulmicort Flexhaler 180mcg	No	2ea/month	6ea/3 months
Pulmicort Flexhaler 90mcg	No	4ea/month	12ea/3 months
Pulmicort Respules 0.25mg/2ml	No	120ml/month	360ml/3 months
Pulmicort Respules 0.5mg/2ml	No	120ml/month	360ml/3 months
Pulmicort Respules 1mg/2ml	No	60ml/month	180ml/3 months
Pulmicort Turbuhaler	No	2ea/month	6ea/3 months
Qualaquin	Yes	Provided during PA Review	
Qvar	No	24g/month	72g/3 months

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Relenza*	No	20caps/month	20caps/3 months
Relpax 20mg, 40mg*	No	18ea/month	54ea/3 months
Restoril	No	30ea/month	90ea/3 months
Retin-A (all topical forms)	Yes	Provided during PA Review	
Retin-A Micro (all topical forms)	Yes	Provided during PA Review	
Revlimid	Yes	Provided during PA Review	
Rhinocort Aqua	No	18ml/month	54ml/3 months
Rozerem	No	30ea/month	90ea/3 months
Sancuso 3.1mg/24hr patch*	No	2ea/15 days	2ea/15 days
Serevent Diskus	No	60ea/month	180ea/3 months
Sonata	No	30ea/month	90ea/3 months
Spiriva	No	30ea/month	90ea/3 months
Sprycel	Yes	Provided during PA Review	
Stadol Nasal Spray*	No	2 bottles x 2.5ml	6 bottles x 2.5ml
Strattera	Yes	Provided during PA Review	
Strazepam Pak (temazepam with nutrient supp pak)	No	30ea/month	90ea/3 months
Sumavel DosePro*	No	18ml/month	54ml/3 months
Sutent	Yes	Provided during PA Review	
Symbicort Aerosol	No	11g/month	31g/3 months
Tamiflu 30mg*	No	20caps/month	20caps/3 months
Tamiflu 45mg*	No	10caps/month	10caps/3 months
Tamiflu 60mg/5ml liquid*	No	75ml/month	75ml/3 months
Tamiflu 75mg *	No	10caps/month	10caps/3 months
Tarceva	Yes	Provided during PA Review	
Tasigna	Yes	Provided during PA Review	
Tazorac	Yes	Provided during PA Review	
Temodar	Yes	Provided during PA Review	
Testopel Pellets	Yes	Provided during PA Review	
Testosterone Cypionate Powder	Yes	Provided during PA Review	
Testosterone Enanthate (Bulk)	Yes	Provided during PA Review	
Testosterone Gel	Yes	Provided during PA Review	
Testosterone Misc	Yes	Provided during PA Review	
Testosterone Powder	Yes	Provided during PA Review	
Testosterone Propionate Cream	Yes	Provided during PA Review	
Testosterone Propionate Ointment	Yes	Provided during PA Review	
Testosterone Propionate Powder	Yes	Provided during PA Review	
Testosterone PT24	Yes	Provided during PA Review	

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Thalomid	Yes	Provided during PA Review	
Tretin-X (all topical forms)	Yes	Provided during PA Review	
Treximet*	No	18ea/month	54ea/3 months
Tykerb	Yes	Provided during PA Review	
Ventolin HFA 18g inhaler	No	36g/month	108g/3 months
Ventolin HFA 8g inhaler	No	16g/month	48g/3 months
Veramyst	No	10g/month	30g/3 months
Votrient	Yes	Provided during PA Review	
Xeloda	Yes	Provided during PA Review	
Xopenex 0.31mg	No	288ml/month	864ml/3 months
Xopenex 0.63mg	No	288ml/month	864ml/3 months
Xopenex 1.25mg	No	288ml/month	864ml/3 months
Xopenex concentrate 1.25mg	No	90ea/month	270ea/3 months
Xopenex HFA	No	30g/month	90g/3 months
Ziana (all topical forms)	Yes	Provided during PA Review	
Zofran 2mg/ml inj*	No	10ml/15 days	10ml/15 days
Zofran 4 mg & 8 mg ODT*	No	12ea/15 days	12ea/15 days
Zofran 4 mg (tablets)*	No	12ea/15 days	12ea/15 days
Zofran 8 mg (tablets)*	No	12ea/15 days	12ea/15 days
Zofran Oral Solution*	No	100ml/15 days	100ml/15 days
Zolinza	Yes	Provided during PA Review	
Zomig Nasal Spray*	No	18ea/month	54ea/3 months
Zomig/Zomig ZMT 2.5mg, 5mg tablets*	No	18ea/month	54ea/3 months
Zyvox	Yes	Provided during PA Review	

*Prior authorization may be required if dispensing limits are exceeded.

Medications listed in **bold** type may have existing restrictions on them including, but not limited to, quantity limits, dosage limits, and prior authorization.