PSHB

NALC Health Benefit Plan 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 Health Benefit Plan 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 2025 official Plan brochure, RI 71-024 (High Option, Consumer Driven Health Plan). All benefits are subject to the definitions, limitations, and exclusions set forth in the 2025 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	
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
Adipex-P	Yes	Provided during PA Review	

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PSHB

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Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
Adlyxin	Yes	Provided during PA Review	
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 Antogonists)	Yes	Provided during PA Review	
Ajovy (CGRP Antogonists)	Yes	Provided during PA Review	
Ambien	No	30ea/month	90ea/3 months
Ambien CR	No	30ea/month	90ea/3 months
amphetamine extended release orally disintegrating 3.1 mg, 6.3 mg, 9.4 mg	No*	60 tabs/month	180 tabs/3 months
amphetamine extended release orally disintegrating 12.5 mg, 15.7 mg. 18.8 mg	No*	30 tabs/month	90 tabs/3 months
amphetamine extended release oral suspension 1.25mg/ml	No*	450ml/month	1350ml/3 months
amphetamine extended release oral suspension 2.5mg/ml	No	240mL/month	720mL/3 months
amphetamine/dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg	No*	90 tabs/month	270 tabs/3 months
amphetamine/dextroamphetamine 15 mg, 20	No*	60 tabs/month	180 tabs/3 months
amphetamine/dextroamphetamine 30 mg	No*	30 tabs/month	90 tabs/3 months
amphetamine/dextroamphetamine extended release 5 mg, 10 mg	No*	90 caps/month	270 caps/3 months
amphetamine/dextroamphetamine extended release 15 mg, 20 mg, 25 mg, 30 mg	No*	30 caps/month	90 caps/3 months
amphetamine/dextroamphetamine extended release 3 bead capsule 12.5mg, 25mg	No*	60caps/month	180caps/3 months
amphetamine/dextroamphetamine extended release 3 bead capsule 37.5mg, 50mg	No*	30caps/month	90caps/3 months
amphetamine sulfate	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

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PSHB

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		Retail	Mail Order
APAP/caffeine/dihydrocodeine cap 356.4/30/16 mg	No	300 caps/month	900 caps/3 months
APAP/caffeine/dihydrocodeine tab 712.8/60/32 mg	No	150 tabs/month	450 tabs/3 months
ASA/caffeine/dihydrocodeine cap 356.4/30/16 mg	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
armodafinil	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
atomoxetine 10 mg, 18 mg, 25 mg	No	120 caps/month	360 caps/3 months
atomoxetine 40 mg	No	60 caps/month	180 caps/3 months
atomoxetine 60 mg, 80 mg, 100 mg	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
benzhydrocodone/acetaminophen 4.08 mg/325 mg	No	168 tablets/month	168 tablets/3 months
benzhydrocodone/acetaminophen 6.12 mg/325 mg	No	168 tablets/month	168 tablets/3 months
benzhydrocodone/acetaminophen 8.16 mg/325 mg	No	168 tablets/month	168 tablets/3 months
benzphetamine	Yes	Provided during PA Review	
Botox	Yes	Provided during PA Review	
buprenorphine 75 mcg	No*	60 films/month	180 films/3 months
buprenorphine 150 mcg	No*	60 films/month	180 films/3 months
buprenorphine 300 mcg	No*	60 films/month	180 films/3 months
buprenorphine 450 mcg	No*	60 films/month	180 films/3 months

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		Retail	Mail Order
buprenorphine 600 mcg	No*	60 films/month	180 films/3 months
buprenorphine 750 mcg	No*	60 films/month	180 films/3 months
buprenorphine 900 mcg	No*	60 films/month	180 films/3 months
buprenorphine transdermal 5 mcg/hr	No*	4 patches/month	12 patches/3 months
buprenorphine transdermal 7.5 mcg/hr	No*	4 patches/month	12 patches/3 months
buprenorphine transdermal 10 mcg/hr	No*	4 patches/month	12 patches/3 months
buprenorphine transdermal 15 mcg/hr	No*	4 patches/month	12 patches/3 months
buprenorphine transdermal 20 mcg/hr	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
Bydureon Bcise	Yes	Provided during PA Review	
Byetta	Yes	Provided during PA Review	
CapCof syrup	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
codeine sulfate tab 15 mg	No*	42 tabs/month	42 tabs/3 months
codeine sulfate tab 30 mg	No*	42 tabs/month	42 tabs/3 months
codeine sulfate tab 60 mg	No*	42 tabs/month	42 tabs/3 months
Coditussin AC	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Coditussin DAC	No*	40 mL/day (7 day limit)	40 mL/day (7 day limit)
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
Contrave	Yes	Provided during PA Review	
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
Daxxify	Yes	Provided during PA Review	
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

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		Retail	Mail Order
dexmethylphenidate 2.5mg, 5mg	No*	120 tabs/month	360 tabs/3 months
dexmethylphenidate 10mg	No*	60 tabs/month	180 tabs/3 months
dexmethylphenidate extended release 5 mg, 10 mg, 15 mg, 20 mg	No*	60 caps/month	180 caps/3 months
dexmethylphenidate extended release XR 25 mg	No*	30 caps/month	90 caps/3 months
dexmethylphenidate extended release 30 mg, 35 mg, 40 mg	No	30 caps/month	90 caps/3 months
dextroamphetamine 2.5 mg, 5 mg, 7.5 mg, 10 mg	No*	120 tabs/month	360 tabs/3 months
dextroamphetamine 15 mg, 20 mg	No*	60 tabs/month	180 tabs/3 months
dextroamphetamine 30 mg	No*	30 tabs/month	90 tabs/3 months
dextroamphetamine sulfate oral solution 5mg/5ml	No*	1200 mL/month	3600mL/3 months
dextroamphetamine sustained release 5 mg, 10 mg	No*	120 caps/month	360 caps/3 months
dextroamphetamine sustained release 15 mg	No*	60 caps/month	180 caps/3 months
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
diethylpropion	Yes	Provided during PA Review	
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
Durolane	Yes	Provided during PA Review	
Dyanavel XR oral suspension 2.5 mg/mL	No	240mL/month	720mL/3 months
Dyanavel XR 5 mg, 10mg	No	60 tabs/month	180 tabs/3 months
Dyanavel XR 15 mg, 20mg	No	30 tabs/month	90 tabs/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
estazolam	No	30ea/month	90ea/3 months
eszopiclone	No	30ea/month	90ea/3 months
Euflexxa	Yes	Provided during PA Review	

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Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
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
fentanyl OT Loz	Yes	Provided during PA Review	
fentanyl citrate buccal tab	Yes	Provided during PA Review	
fentanyl transdermal system 12 mcg	No*	10 patches/month	30 patches/3 months
fentanyl transdermal system 25 mcg	No*	10 patches/month	30 patches/3 months
fentanyl transdermal system 37.5 mcg	No*	10 patches/month	30 patches/3 months
fentanyl transdermal system 50 mcg	No*	10 patches/month	30 patches/3 months
fentanyl transdermal system 62.5 mcg	No*	10 patches/month	30 patches/3 months
fentanyl transdermal system 75 mcg	No*	10 patches/month	30 patches/3 months
fentanyl transdermal system 87.5 mcg	No*	10 patches/month	30 patches/3 months
fentanyl transdermal system 100 mcg	No*	10 patches/month	30 patches/3 months
Fentora	Yes	Provided during PA Review	
flurazepam	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	
G Tussin AC oral solution	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
GG/codeine oral solution	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Guaifenesin AC syrup	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Guaiatuss AC syrup			
Halcion	No	10ea/25 days	30ea/75 days
Histex AC	No*	20 mL/day (7 day limit)	20 mL/day (7 day limit)

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		Retail	Mail Order
Hyalgan	Yes	Provided during PA Review	
Hycodan syrup	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
hydrocodone/APAP soln 7.5/325 mg/ 15 mL	No	2700mL/month	8100mL/month
hydrocodone/APAP elixir 10/300 mg/15 mL	No	2025mL/month	6075mL/month
hydrocodone/APAP soln 10/325 mg/ 15 mL	No	2700mL/month	8100mL/month
hydrocodone/APAP tab 2.5/325 mg	No	360 tabs/month	1080 tabs/3 months
hydrocodone/APAP tab 5/300 mg	No	240 tabs/month	720 tabs/3 months
hydrocodone/APAP tab 5/325 mg	No	240 tabs/month	720 tabs/3 months
hydrocodone/APAP tab 7.5/300 mg	No	180 tabs/month	540 tabs/3 months
hydrocodone/APAP tab 7.5/325 mg	No	180 tabs/month	540 tabs/3 months
hydrocodone/APAP tab 10/300 mg	No	180 tabs/month	540 tabs/3 months
hydrocodone/APAP tab 10/325 mg	No	180 tabs/month	540 tabs/3 months
hydrocodone/ibuprofen tab 2.5/200 mg	No	50 tabs/month	50 tabs/3 months
hydrocodone bitartrate ER capsules 10 mg	No*	60 caps/month	180 caps/month
hydrocodone bitartrate ER capsules 15 mg	No*	60 caps/month	180 caps/month
hydrocodone bitartrate ER capsules 20 mg	No*	60 caps/month	180 caps/month
hydrocodone bitartrate ER capsules 30 mg	No*	60 caps/month	180 caps/month
hydrocodone bitartrate ER capsules 40 mg	No*	60 caps/month	180 caps/month
hydrocodone bitartrate ER capsules 50 mg	No*	60 caps/month	180 caps/month
hydrocodone and homatropine 5/1.5 mg/ 5 mL solution	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
hydrocodone/homatropine 5/1.5 mg tablets	No*	6 tablets/day (7 day limit)	6 tablets/day (7 day limit)
hydrocodone/ibuprofen tab 5/200 mg	No	50 tabs/month	50 tabs/3 months
hydrocodone/ibuprofen tab 7.5/200 mg	No	50 tabs/month	50 tabs/3 months
hydrocodone/ibuprofen tab 10/200 mg	No	50 tabs/month	50 tabs/3 months
hydrocodone polistirex/chlorpheniramine ER suspension	No*	10 mL/day (7 day limit)	10 mL/day (7 day limit)
Hydromet syrup	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
hydromorphone liquid 1 mg/mL	No*	600mL/ month	1800mL/3 months
hydromorphone supp 3 mg	No*	120 supps/month	360 supps/3 months
hydromorphone tab 2 mg	No*	180 tabs/month	540 tabs/3 months
hydromorphone tab 4 mg	No*	180 tabs/month	540 tabs/3 months
hydromorphone tab 8 mg	No*	180 tabs/month	540 tabs/3 months
hydromorphone ER 8 mg	No*	60 tabs/month	180 tabs/3 months

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		Retail	Mail Order
hydromorphone ER 12 mg	No*	60 tabs/month	180 tabs/3 months
hydromorphone ER 16 mg	No*	60 tabs/month	180 tabs/3 months
hydromorphone ER 32 mg	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
levorphanol tab 1mg	No*	120 tabs/month	360 tabs/3 months
levorphanol tab 2 mg	No*	120 tabs/month	360 tabs/3 months
levorphanol tab 3mg	No*	120 tabs/month	360 tabs/3 months
lidocaine gel 2%	No*	30gm/month	30gm/month
lidocaine gel 4%	No*	30gm/month	30gm/month
lidocaine ointment 5%	No*	50gm/month	50gm/month
lidocaine solution 4%	No*	50ml/month	50ml/month
lidocaine-prilocaine 2.5%-2.5% cream	No*	30gm/month	30gm/month
lidocaine-tetracaine 7-7% cream	No*	30gm/month	30gm/month
lidocaine-tetracaine 70-70mg patch	No*	2 patches/ month	2 patches/ month
lisdexamfetamine 10 mg, 20 mg, 30 mg	No	60 caps/month	180 caps/3 months

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Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
lisdexamfetamine 40 mg, 50 mg, 60 mg, 70 mg	No	30 caps/month	90 caps/3 months
Lomaira	Yes	Provided during PA Review	
Lunesta	No	30ea/month	90ea/3 months
Mar-cof BP syrup	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Mar-cof CG syrup	No*	45 mL/day (7 day limit)	45 mL/day (7 day limit)
Maxi-Tuss AC oral solution	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Maxi-Tuss CD oral solution	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
M-Clear WC oral solution	No*	90 mL/day (7 day limit)	90 mL/day (7 day limit)
M-END PE oral solution	No*	90 mL/day (7 day limit)	90 mL/day (7 day limit)
meperidine oral soln 50 mg/5 mL	No*	90mL/month	90ml/3 months
meperidine tab 50 mg	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
methadone 5 mg tablets	No*	90 tabs/month	270 tabs/3 months
methadone 10 mg tablets	No*	90 tabs/month	270 tabs/3 months
methadone 5 mg/5 mL Oral soln	No*	450mL/month	1350mL/3 months
methadone 10 mg/5 mL Oral soln	No*	450mL/month	1350mL/3 months
methadone 10 mg/5 mL intensol soln	No*	90mL/month	270mL/3 months
methadone 200 mg/20 mL inj	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
methamphetamine 5 mg	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
methylphenidate 5 mg, 10 mg	No*	180 tabs/month	540 tabs/3 months
methylphenidate 20 mg	No*	90 tabs/month	270 tabs/3 months
methylphenidate chewable tablets 2.5 mg, 5 mg or 10 mg	No*	180 tabs/month	540 tabs/3 months
methylphenidate oral solution 5 mg/5 mL	No*	1800mL/month	5400mL/ 3 months
methylphenidate oral solution 10 mg/5 mL	No*	900mL/month	2700mL/ 3 months
methylphenidate ER 10 mg, 20 mg	No*	90 tabs/month	270 tabs/3 months

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PSHB

NALC Health Benefit Plan Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
methylphenidate ER CD10 mg, 20 mg, 30mg	No*	60 caps/month	180 caps/3 months
methylphenidate ER CD 40mg, 50mg	No*	30 caps/month	90 caps/3 months
methylphenidate ER CD 60mg	No	30 caps/month	90 caps/3 months
methylphenidate ER chewable tablets 20mg, 30mg	No*	60 tabs/month	180 tabs/3 months
methylphenidate ER chewable tablets 40mg	No*	30 tabs/month	90 tabs/3 months
methylphenidate ER LA 10 mg, 20 mg, 30 mg	No*	60 caps/month	180 caps/3 months
methylphenidate ER LA 40 mg	No*	30 caps/month	90 caps/3 months
methylphenidate ER LA 60 mg	No	30 caps/month	90 caps/3 months
methylphenidate ER orally disintegrating 8.6mg	No*	60 tabs/month	180 tabs/ 3 months
methylphenidate ER orally disintegrating 17.3 mg, 25.9mg	No*	60 tabs/month	180 tabs/ 3 months
methylphenidate ER oral suspension 25mg/5ml	No*	360mL/month	1080mL/3 months
methylphenidate hcl capsule ER 10 mg, 15 mg, 20 mg, 30 mg	No*	60 caps/month	180 caps/3 months
methylphenidate hcl capsule ER 40 mg, 50 mg, 60 mg	No*	30 caps/month	90 caps/3 months
methylphenidate hcl tablet ER osmotic release 18 mg, 27 mg, 36 mg	No*	60 tabs/month	180 tabs/3 months
methylphenidate hcl tablet ER osmotic release 54mg	No*	30 tabs/month	90 tabs/3 months
methylphenidate hcl tablet ER osmotic release 45mg	No*	30 tabs/month	90 tabs/3 months
methylphenidate hcl tablet ER osmotic release 63mg, 72mg	No	30 tabs/month	90 tabs/3 months
methylphenidate transdermal patch 10 mg, 15 mg, 20 mg, 30 mg	No	30 patches/month	90 patches/3 months
modafinil	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
morphine controlled release capsules 10 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 20 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 30 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 40 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 50 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 60 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 70 mg	No*	60 caps/month	180 caps/3 months

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PSHB

Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
morphine controlled release capsules 80 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 100 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 130 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 150 mg	No*	60 caps/month	180 caps/3 months
morphine controlled release capsules 200 mg	No*	60 caps/month	180 caps/3 months
morphine extended release capsules 30mg	No*	30 caps/month	90 caps/3 months
morphine extended release capsules 45mg	No*	30 caps/month	90 caps/3 months
morphine extended release capsules 60mg	No*	30 caps/month	90 caps/3 months
morphine extended release capsules 75mg	No*	30 caps/month	90 caps/3 months
morphine extended release capsules 90mg	No*	30 caps/month	90 caps/3 months
morphine extended release capsules 120mg	No*	30 caps/month	90 caps/3 months
morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)	No*	180mL/month	540mL/ 3 months
morphine sulfate oral soln 10 mg/5 mL	No*	900mL/month	2700mL/ 3 months
morphine sulfate oral soln 20 mg/5 mL	No*	900mL/month	2700mL/ 3 months
morphine sulfate supp 5 mg	No*	180 supps/month	540 supps/3 months
morphine sulfate supp 10 mg	No*	180 supps/month	540 supps/3 months
morphine sulfate supp 20 mg	No*	180 supps/month	540 supps/3 months
morphine sulfate supp 30 mg	No*	180 supps/month	540 supps/3 months
morphine sulfate tab 15 mg	No*	180 tabs/month	540 tabs/3 months
morphine sulfate tab 30 mg	No*	180 tabs/month	540 tabs/3 months
morphine sulfate tab ER 15 mg	No*	90 tabs/month	270 tabs/3 months
morphine sulfate tab ER 30 mg	No*	90 tabs/month	270 tabs/3 months
morphine sulfate tab ER 60 mg	No*	90 tabs/month	270 tabs/3 months
morphine sulfate tab SR 12HR 15mg	No*	90 tabs/month	270 tabs/3 months
morphine sulfate tab SR 12HR 30mg	No*	90 tabs/month	270 tabs/3 months
morphine sulfate tab SR 12HR 60mg	No*	90 tabs/month	270 tabs/3 months
morphine sulfate tab SR 12HR 100mg	No*	90 tabs/month	270 tabs/3 months
morphine sulfate tab SR 12HR 200mg	No*	90 tabs/month	270 tabs/3 months
morphine sulfate and naltrexone hcl ER 30/1.2mg	No*	60 caps/month	180 caps/3 months
morphine sulfate and naltrexone hcl ER 50/2 mg	No*	60 caps/month	180 caps/3 months
morphine sulfate and naltrexone hcl ER 60/2.4mg	No*	60 caps/month	180 caps/3 months
morphine sulfate and naltrexone hcl ER 80/3.2mg	No*	60 caps/month	180 caps/3 months
morphine sulfate and naltrexone hcl ER 100/4 mg	No*	60 caps/month	180 caps/3 months
Mounjaro	Yes	Provided during PA Review	
MS Contin 15 mg	No*	90 tabs/month	270 tabs/3 months

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PSHB

Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
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
Ninjacof-XG oral liquid	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
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
orlistat	Yes	Provided during PA Review	
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
oxycodone cap 5 mg	No*	180 caps/month	540 caps/3 months
oxycodone tab 5 mg	No*	180 tabs/month	540 tabs/3 months
oxycodone tab 10 mg	No*	180 tabs/month	540 tabs/3 months
oxycodone tab 15 mg	No*	180 tabs/month	540 tabs/3 months

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NALC Health Benefit Plan Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
oxycodone tab 20 mg	No*	180 tabs/month	540 tabs/3 months
oxycodone tab 30 mg	No*	180 tabs/month	540 tabs/3 months
oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)	No*	180mL/month	540mL/3 months
oxycodone soln 5 mg/5 mL	No*	900mL/month	2700mL/3 months
oxycodone ER capsules 9 mg	No*	60 caps/month	180 caps/3 months
oxycodone ER capsules 13.5 mg	No*	60 caps/month	180 caps/3 months
oxycodone ER capsules 18 mg	No*	60 caps/month	180 caps/3 months
oxycodone ER capsules 27 mg	No*	60 caps/month	180 caps/3 months
oxycodone ER capsules 36 mg	No*	60 caps/month	180 caps/3 months
oxycodone ER 10 mg	No*	60 tabs/month	180 tabs/3 months
oxycodone ER 15 mg	No*	60 tabs/month	180 tabs/3 months
oxycodone ER 20 mg	No*	60 tabs/month	180 tabs/3 months
oxycodone ER 30 mg	No*	60 tabs/month	180 tabs/3 months
oxycodone ER 40 mg	No*	60 tabs/month	180 tabs/3 months
oxycodone ER 60 mg	No*	60 tabs/month	180 tabs/3 months
oxycodone ER 80 mg	No*	60 tabs/month	180 tabs/3 months
oxycodone/APAP soln 5-325 mg/5 mL	No	1800 mL/month	5400 mL/3 months
oxycodone/APAP soln 10-300mg/5 mL	No	900 mL/month	2700 mL/3 months
oxycodone/APAP tab 2.5/300mg	No	360 tabs/month	1080 tabs/month
oxycodone/APAP tab 2.5/325 mg	No	360 tabs/month	1080 tabs/month
oxycodone/APAP tab 5/300 mg	No	360 tabs/month	1080 tabs/month
oxycodone/APAP tab 5/325 mg	No	360 tabs/month	1080 tabs/month
oxycodone/APAP tab 7.5/300 mg	No	240 tabs/month	720 tabs/3 months
oxycodone/APAP tab 7.5/325 mg	No	240 tabs/month	720 tabs/3 months
oxycodone/APAP tab 10/300 mg	No	180 tabs/month	540 tabs/3 months
oxycodone/APAP tab 10/325 mg	No	180 tabs/month	540 tabs/3 months
oxycodone/ASA tab 4.8355/325 mg	No	360 tabs/month	1080 tabs/month
oxycodone-naloxone ER 10 mg/5 mg	No*	60 tabs/month	180 tabs/3 months
oxycodone-naloxone ER 20 mg/10 mg	No	60 tabs/month	180 tabs/3 months
oxycodone-naloxone ER 40 mg/20 mg	No*	60 tabs/month	180 tabs/3 months
oxycodone-naltrexone ER 10 mg/1.2 mg	No*	60 caps/month	180 caps/3 months
oxycodone-naltrexone ER 20 mg/2.4 mg	No*	60 caps/month	180 caps/3 months
oxycodone-naltrexone ER 30 mg/3.6 mg	No*	60 caps/month	180 caps/3 months
oxycodone-naltrexone ER 40 mg/4.8 mg	No*	60 caps/month	180 caps/3 months
oxycodone-naltrexone ER 60 mg/7.2 mg	No*	60 caps/month	180 caps/3 months

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PSHB

Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
oxycodone-naltrexone ER 80 mg/9.6 mg	No*	60 caps/month	180 caps/3 months
OxyContin 10 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 15 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 20 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 30 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 40 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 60 mg	No*	60 tabs/month	180 tabs/3 months
OxyContin 80 mg	No*	60 tabs/month	180 tabs/3 months
oxymorphone tab 5 mg	No*	180 tabs/month	540 tabs/3 months
oxymorphone tab 10 mg	No*	180 tabs/month	540 tabs/3 months
oxymorphone ER 5mg	No*	60 tabs/month	180 tabs/3 months
oxymorphone ER 7.5mg	No*	60 tabs/month	180 tabs/3 months
oxymorphone ER 10mg	No*	60 tabs/month	180 tabs/3 months
oxymorphone ER 15mg	No*	60 tabs/month	180 tabs/3 months
oxymorphone ER 20mg	No*	60 tabs/month	180 tabs/3 months
oxymorphone ER 30mg	No*	60 tabs/month	180 tabs/3 months
oxymorphone ER 40mg	No*	60 tabs/month	180 tabs/3 months
Ozempic	Yes	Provided during PA Review	
pentazocine/naloxone 50/0.5 mg	No*	180 tabs/month	180 tabs/3 months
phendimetrazine	Yes	Provided during PA Review	
phentermine	Yes	Provided during PA Review	
Pliaglis 7-7% cream	No*	30gm/month	30gm/month
Poly-Tussin AC oral solution	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
Pro-RED AC syrup	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
ProCentra oral solution 5 mg/5 mL	No*	1200 mL/month	3600mL/3 months
promethazine/codeine 6.25/10mg / 5mL syrup	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
promethazine/codeine/phenylephrine 6.25/10/5mg / 5 mL	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
promethazine VC with codeine syrup	No*	30 mL/day (7 day limit)	30 mL/day (7 day limit)
Provigil	Yes	Provided during PA Review	
Qdolo	No*	1800 mL/month	5400 mL/3 months
Qelbree	No	90 capsules/month	270 capsules/3 months
quazepam	No	30ea/month	90ea/3 months
QuilliChew ER 20 mg, 30 mg	No*	60 tabs/month	180 tabs/3 months

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Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
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
Qsymia	Yes	Provided during PA Review	
ramelteon	No	30ea/month	90ea/3 months
Relexxii 18mg, 27mg, 36mg	No*	60 tabs/month	180 tabs/3 months
Relexxii 45mg, 54mg, 63mg, 72mg	No*	30 tabs/month	90 tabs/3 months
Restoril	No	30ea/month	90ea/3 months
Rezdiffra	Yes	Provided during PA Review	
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 10 mg	No*	180 tabs/month	540 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
Rybelsus	Yes	Provided during PA Review	
Rydex oral solution	No*	90 mL/day (7 day limit)	90 mL/day (7 day limit)
Saxenda	Yes	Provided during PA Review	
Seglentis	No	120 tabs/month	360 tabs/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	
Sunosi	Yes	Provided during PA Review	
Supartz	Yes	Provided during PA Review	
Synera 70-70mg patch	No*	2 patches/month	2 patches/month
Synojoynt	Yes	Provided during PA Review	
Synvisc	Yes	Provided during PA Review	
Synvisc One	Yes	Provided during PA Review	
tapentadol 50 mg	No*	180 tabs/month	540 tabs/3 months

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		Retail	Mail Order
tapentadol 75 mg	No*	180 tabs/month	540 tabs/3 months
tapentadol 100 mg	No*	180 tabs/month	540 tabs/3 months
tapentadol ER 50 mg	No*	60 tabs/ month	180 tabs/3 months
tapentadol ER 100 mg	No*	60 tabs/ month	180 tabs/3 months
tapentadol ER 150 mg	No*	60 tabs/ month	180 tabs/3 months
tapentadol ER 200 mg	No*	60 tabs/ month	180 tabs/3 months
tapentadol ER 250 mg	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
temazepam	No	30ea/month	90ea/3 months
tramadol 50 mg	No*	180 tabs/month	540 tabs/3 months
tramadol 100 mg	No*	90 tabs/month	270 tabs/3 months
tramadol ER 100 mg	No*	30 tabs/month	90 tabs/3 months
tramadol ER 150 mg	No*	30 caps/month	90 caps/3 months
tramadol ER 200 mg	No*	30 tabs/month	90 tabs/3 months
tramadol ER 300 mg	No*	30 tabs/month	90 tabs/3 months
tramadol/APAP 37.5/325 mg	No	40 tabs/month	40 tabs/3 months
triazolam	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
Trulicity	Yes	Provided during PA Review	
Trymine CG syrup	No*	45 mL/day (7 day limit)	45 mL/day (7 day limit)
Tusnel C syrup	No*	40 mL/day (7 day limit)	40 mL/day (7 day limit)
TussiCaps	No*	2 capsules/day (7 day limit)	2 capsules/day (7 day limit)
Tuxarin ER	No*	2 tablets/day (7 day limit)	2 tablets/day (7 day limit)

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		Retail	Mail Order
Tuzistra XR suspension	No*	20 mL/day (7 day limit)	20 mL/day (7 day limit)
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
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
Victoza	Yes	Provided during PA Review	
Virtussin AC oral solution	No*	60 mL/day (7 day limit)	60 mL/day (7 day limit)
Virtussin DAC oral solution	No*	40 mL/day (7 day limit)	40 mL/day (7 day limit)
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
Wegovy	Yes	Provided during PA Review	
Xelstrym	No	30 transdermal systems/month	90 transdermal systems/3 months
Xenical	Yes	Provided during PA Review	
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
zaleplon	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

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

*** Post Limit Prior Authorization (PA) may be available if dispensing limits are exceeded.**

PSHB

NALC Health Benefit Plan Prescription Drugs with Dispensing Limits or Prior Authorization Requirements

Medication Name	Prior Authorization (PA) Required	Dispensing Limit	
		Retail	Mail Order
Zepbound	Yes	Provided during PA Review	
zolpidem	No	30ea/month	90ea/3 months
zolpidem CR	No	30ea/month	90ea/3 months

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