



## State of Tennessee Prior Authorization, Step Therapy and Quantity Limit List

July 2023

### Prior Authorization

Your doctor needs to get prior authorization for the drugs listed below before your prescription benefit plan administered by CVS Caremark® will cover them. These drugs can have serious side effects when not used appropriately.

For prior authorization review, your **doctor** should call CVS Caremark at **1-800-294-5979** before you go to the pharmacy. The prior authorization line is for your doctor's use only.

### Prior Authorization

1-800-294-5979

#### ACNE

adapalene (Differin)  
 tazarotene (Tazorac)  
 Topical Tretinoins  
 tretinoin (Atralin, Avita, Retin-A), tretinoin microsphere (Retin-A Micro), Tretin-X, Veltin, clindamycin/tretinoin (Ziana)

#### ACTINIC KERATOSES

diclofenac 3% (Solaraze)

#### ALLERGIC REACTION KIT

Auvi-Q

#### ANABOLIC STEROIDS

oxandrolone (Oxandrin)

#### ANTIDIABETIC

Adlyxin  
 Bydureon/BCise  
 Byetta  
 Mounjaro  
 Ozempic  
 Rybelsus  
 Trulicity  
 Victoza

#### ANTIFUNGALS

ciclopirox (Penlac)  
 itraconazole (Onmel, Sporanox)  
 Jublia  
 tavaborole (Kerydin)  
 terbinafine (Lamisil)

#### ANTIPARASITIC

ivermectin tabs (Stromectol)

#### ANTIVIRALS

Sitavig

#### ATOPIC DERMATITIS

Eucrisa  
 Opzelura

#### COLLAGENASE TOPICAL

Santyl

#### COMPOUND MEDICATIONS

More than \$300

#### DENTAL

Arestin

#### ENLARGED PROSTATE

Cialis 2.5 mg and 5 mg

#### GASTROINTESTINAL (GI) MOTILITY

alosetron (Lotronex)  
 Linzess  
 lubiprostone (Amitiza)  
 Viberzi

#### HEART FAILURE

Entresto

#### HORMONES

Estrogens and Progestins

#### IMMUNOTHERAPY

Grastek  
 Odactra  
 Oralair  
 Palforzia  
 Ragwitek

#### MEDICAL SUPPLIES

Artificial Saliva  
 Dermatologic Products

#### NARCOLEPSY

armodafinil (Nuvigil)  
 modafinil (Provigil)

Sunosi

#### NUTRITIONAL SUPPLEMENTS

Inborn errors of metabolism products

#### OMEGA-3 FATTY ACIDS

omega-3-acid ethyl esters (Lovaza)  
 icosapent ethyl (Vascepa)

#### OPIOID DEPENDENCE

buprenorphine sublingual tabs

#### OSTEOARTHRITIS PAIN

diclofenac soln(Pennsaid)

#### PAIN

fentanyl citrate (Actiq)  
 fentanyl citrate (Fentora)  
 Lazanda  
 Subsys

#### TESTOSTERONE

Androderm  
 testosterone cypionate (Depo-Testosterone )  
 methyltestosterone  
 testosterone nasal gel (Natesto)  
 Testopel Pellets  
 testosterone CRM/OINT  
 testosterone gel (Androgel, Fortesta, Testim, Vogelxo)

#### WEIGHT LOSS

Contrave  
 Qsymia  
 Saxenda  
 Wegovy

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### Prior Authorization for Specialty Drugs

Your doctor needs to get prior authorization for the specialty drugs listed on the following pages before they will be covered by your prescription benefit plan. These drugs can have serious side effects when not used appropriately.

For specialty drug prior authorization review, your **doctor** should call CVS Caremark at **1-866-814-5506** before you go to the pharmacy. The prior authorization line is for your doctor's use only.

### Prior Authorization for Specialty Drugs

(Limited to a 30-day supply)

**1-866-814-5506**

#### ACROMEGALY

Bynfezia  
Mycapssa  
octreotide  
(SANDOSTATIN)  
Sandostatin LAR Depot  
Signifor LAR  
Somatuline Depot,  
Lanreotide Acetate  
Somavert

#### ALCOHOL AND OPIOID DEPENDENCY

Vivitrol

#### ALOPECIA AREATA

Olumiant

#### ALPHA1-ANTITRYPSIN (AAT)

#### DEFICIENCY

Aralast NP  
Glassia  
Prolastin-C  
Zemaira

#### AMYLOIDOSIS

Amvuttra  
Onpattro\*\*  
Tegsedi\*\*  
Vyndamax  
Vyndaqel

#### ANEMIA

Aranesp  
Enjaymo  
Epogen  
Mircera

Procrit  
Reblozyl  
Retacrit  
Zyntelo\*

#### ASTHMA

Cinqair  
Dupixent  
Fasenra  
Nucala  
Tezspire  
Xolair

#### ATOPIC DERMATITIS

Adbry  
Cibinqo  
Dupixent  
Rinvoq

#### BONE DISORDERS

Strensiq\*\*  
Voxzogo

#### BOTULINUM TOXINS

Botox  
Dysport  
Myobloc  
Xeomin

#### CARDIAC DISORDERS

Camzyos  
Tikosyn

#### CENTRAL PRECOCIOUS PUBERTY (CPP)

Fensolvi  
leuprolide  
Lupron Depot-PED

Supprelin LA

#### CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES (CAPS)

Arcalyst  
Ilaris  
Kineret

#### CUSHING'S SYNDROME

Isturisa  
Korlym  
Recorlev  
Signifor

#### CYSTIC FIBROSIS (CF)

Bronchitol  
Cayston  
Kalydeco  
Kitabis Pak  
Orkambi  
Pulmozyme  
Symdeko  
TOBI Podhaler  
tobramycin (Bethkis)  
tobramycin inhalation  
solution (TOBI)  
Trikafta

#### DUPUTRYENS CONTRACTURE

Xiaflex

#### ELECTROLYTE DISORDERS

Keveyis  
tolvaptan (Samsca)

#### ENZYME DEFICIENCY DISORDERS—OTHER

Pyrukynd

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Ryplazim

**ENDOCRINE DISORDERS -**

**OTHER**

Tzield

**GI DISORDERS-OTHER**

Bylvay\*\*

Chenodal

Cholbam

Gattex

Livmarli

Ocaliva

Zorbtive

**GOUT**

Krystexxa

**GROWTH HORMONE (GH) AND RELATED DISORDERS**

Genotropin

Humatrope

Increlex

Norditropin

Nutropin AQ

Omnitrope

Saizen

Skytrofa

Zomacton

**HEMATOPOIETICS**

Mozobil

**HEMOPHILIA AND RELATED BLEEDING DISORDERS**

Advate

Adynovate

Afstyla

Alphanate

AlphaNine SD

Alprolix

BeneFIX

Coagadex

Cortifact

Eloctate

Esperoct

Feiba NF

Feiba VH

Fibryga

Hemgenix\*

Hemlibra

Hemofil M

Humate-P

Idelvion

Ixinity

Jivi

Koate-DVI

Kogenate FS

Kovaltry

Mononine

Novoeight

NovoSeven

Nuwiq

Obizur

Profilnine SD

Rebinyn

Recombinate

Riastap

Rixubis

SevenFact

Stimate Nasal Spray

Tretten

Vonvendi

Wilate

Xyntha

**HEPATITIS C**

Epclusa

Harvoni

Mavyret

Pegasys

Ribavirin (ribavirin capsules/tablets,

Copegus,

Moderiba, Rebetol,

Ribasphere, Ribasphere

RibaPak, Ribatab)

Sovaldi

Viekira Pak

Vosevi

Zepatier

**HEREDITARY ANGIOEDEMA (HAE)**

Berinert\*\*

Cinryze\*\*

Haegarda\*\*

icatibant (Firazyr)\*\*

Kalbitor\*\*

Orladeyo\*\*

Ruconest\*\*

Takhzyro\*\*

**HORMONAL THERAPIES**

Aveed

Camcevi

Eligard

Fensolvi

Firmagon

leuprolide

Lupaneta Pack

Lupron Depot

Natpara

Trelstar

Triptodur

Vantas

Zoladex

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

Cabenuva

Egrifta

Fuzeon

Serostim

**IMMUNE THERAPIES**

Asceniv

Bivigam

Cutaquig

Cuvitru

Flebogamma

GamaSTAN S/D

Gammagard

Gammaked

Gammaplex

Gamunex

Hizentra

HyQvia

Octagam

Panzyga

Privigen

Xembify

**INFECTIOUS DISEASE**

Actimmune

Arikayce

Rebyota

Veklury

**INFLAMMATORY BOWEL DISEASE (IBD)**

Amjevita

Avsola

Cimzia

Entyvio

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#### MUSCULAR DYSTROPHY

Humira  
Infectra  
Infliximab  
Remicade  
Renflexis  
Rinvoq  
Simponi  
Skyrizi  
Stelara†  
Tysabri

Orfadin  
Procysbi  
Vimizim  
VPRIV  
Xenpozyme  
Zavesca

Amondys 45\*\*  
Emflaza  
Exondys 51\*\*  
Viltepso\*\*  
Vyondys 53\*\*

#### MENTAL HEALTH

#### NEUROLOGICAL DISORDERS

#### IRON OVERLOAD

deferasirox (Jadenu)  
deferiprone (Ferriprox)  
deferoxamine  
(Desferal)

#### MOVEMENT DISORDERS

Exjade

Apokyn  
Austedo  
droxidopa (Northera)  
Duopa  
Inbrija  
Ingrezza  
Kynmobi  
Nuplazid  
Radicava  
Radicava Ors  
Relyviro  
tetraabenazine (Xenazine)

#### NEUROMUSCULAR

Evrysdi\*\*  
Spinraza\*  
Vyvgart\*\*  
Zolgensma\*

#### LIPID DISORDERS

Evkeeza  
Juxtapid  
Leqvio  
Praluent  
Repatha

#### NEUTROPENIA

Fluphila  
Fynetra  
Granix  
Leukine  
Neulasta  
Neupogen  
Nivestym  
Nyvepria  
Releuko  
Rolvedon  
Stimufend  
Udenyca  
Zarxio  
Ziextenzo

#### LIPODYSTROPHY

Myalept

#### LYSOSOMAL STORAGE DISORDERS (LSD) AND RELATED DISORDERS

Adagen  
Aldurazyme  
Brineura\*  
Cerdelga  
Cerezyme  
Cystadane  
Cystadrops  
Cystagon  
Cystaran  
Elaprased  
Elelyso  
Fabrazyme  
Galafold  
Kanuma  
Lamzede  
Lumizyme  
Mepsevii  
Naglazyme  
Nexvazyme  
Nityr

#### MULTIPLE SCLEROSIS (MS)

Avonex  
Bafiertam  
Betaseron  
Briumvi  
Copaxone  
dalfampridine (Ampyra)  
dimethyl fumarate  
(Tecfidera)  
Extavia  
fingolimod (Gilenya)  
Glatopa  
Kesimpta  
Lemtrada  
Mavenclad  
Mayzent  
Ocrevus  
Plegridy  
Ponvory  
Rebif  
Tascenso ODT  
teriflunomide (Aubagio)  
Tysabri  
Vumerity  
Zeposia

#### OCULAR DISORDERS

Alymsys  
Avastin  
Beovu  
Byooviz  
Cimerli  
Eylea  
Jetrea  
Lucentis  
Macugen  
Mvasi  
Oxervate  
Susvimo  
Tepezza  
Vabysmo  
Vegzelma  
Visudyne

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Xipere  
 Zirabev  
**ONCOLOGY**  
 Abecma\*  
 abiraterone acetate (Zytiga)  
 Adcetris  
 Alecensa  
 Aliqopa  
 Alunbrig  
 Alymsys  
 Arzerra  
 Asparlas  
 Avastin  
 Ayvakit  
 azacitidine (Vidaza)  
 Balversa  
 Bavencio  
 Beleodaq  
 Belrapzo  
 Bendamustine  
 Bendeka  
 Besponsa  
 Besremi  
 bexarotene (Targretin)  
 Blenrep  
 Blincyto  
 Bosulif  
 Braftovi  
 Breyanzi\*  
 Brukinsa  
 Cabometyx  
 Calquence  
 capecitabine (Xeloda)  
 Caprelsa  
 Carvykti\*\*  
 Cometriq  
 Copiktra  
 Cosela  
 Cotellic  
 Cyramza  
 Danyelza  
 Darzalex  
 Darzalex Faspro  
 Daurismo  
 decitabine (Dacogen)  
 Elahere  
 Elzonris\*

Empliciti  
 Enhertu  
 Erbitux  
 Erivedge  
 Erleada  
 erlotinib (Tarceva)  
 Erwinaze  
 everolimus (Afinitor, Afinitor  
 Disperz)  
 Exkivity  
 Farydak  
 Faslodex  
 Fotivda  
 Fusilev  
 Fyarro  
 Gavreto  
 Gazyva  
 Gilotrif  
 Halaven  
 Herceptin  
 Herceptin Hylecta  
 Herzuma  
 Hycamtin Capsules  
 Ibrance  
 Iclusig  
 Idhifa  
 imatinib (Gleevec)  
 Imbruvica  
 Imfinzi  
 Imjudo  
 Imlygic  
 Inlyta  
 Inrebic  
 Intron-A  
 Inqovi  
 Iressa  
 Ixempra  
 Jakafi  
 Jaypirca  
 Jelmyto\*  
 Jemperli  
 Jevtana  
 Kadcylla  
 Kanjinti  
 Keytruda  
 Khapzory  
 Kimmitrak

Kisquali/Kisqali Femara Pak  
 Koselugo  
 Kymriah\*  
 Kyprolis  
 lapatinib (Tykerb)  
 Lenvima  
 Libatyo  
 Lonsurf  
 Lorbreina  
 Lumakras  
 Lumoxiti  
 Lunsumio  
 Lutathera\*  
 Lynparza  
 Lytgobi  
 Margenza  
 Mekinist  
 Mektovi  
 Monjuvi  
 Mvasi  
 Mylotarg  
 Nerlynx  
 Nexavar  
 Ninlaro  
 Nubeqa  
 Odomzo  
 Ogivri  
 Oncaspar  
 Ontruzant  
 Onureg  
 Opdivo  
 Opdualag  
 Orgovyx  
 Orserdu  
 Padcev  
 Pedmark  
 Pemazyre  
 Pepaxto  
 Perjeta  
 Phesgo  
 Piqray  
 Pluvicto\*\*  
 Polivy  
 Pomalyst  
 Portrazza  
 Poteligeo  
 pralatrexate (FOLOTYN)

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Proleukin  
Purixan  
Qinlock  
Retevmo  
Revlimid  
Rezurock  
Riabni  
Rituxan  
Rituxan Hycela  
romidepsin, Romidepsin  
(Istodax)  
Rozlytrek  
Rubraca  
Ruxience  
Rybrevant  
Rydapt  
Rylaze  
Sarclisa  
Scemblix  
Sprycel  
Stivarga  
Strontium Chloride SR-89  
Sutent  
Sylvant  
Synribo  
Tabrecta  
Tafinlar  
Tagrisso  
Talzenna  
Tasigna  
Tazverik  
Tecartus\*  
Tecentriq  
Teccvayli  
temozolomide (Temodar)  
temsirelimus (Torisel)  
Tepmetko  
Thalomid  
Tibsovo  
Tivdak  
Trazimera  
Treanda  
Trodelvy  
Tukysa  
Turalio  
Truseltiq  
Truxima

Ukoniq  
Valchlor  
Vectibix  
Vegzelma  
Velcade  
Venclexta  
Verzenio  
Vittrakvi  
Vivimusta  
Vizimpro  
Vonjo  
Votrient  
Welireg  
Xalkori  
Xermelo  
Xgeva  
Xofigo  
Xospata  
Xpovio  
Xtandi  
Yervoy  
Yescarta\*  
Yonsa  
Zaltrap  
Zejula  
Zelboraf  
Zepzelca  
Zevalin  
Zirabev  
zoledronic acid (Zometa)  
Zolinza  
Zydelig  
Zykadia  
Zynlonta

**OSTEOARTHRITIS (OA)**  
Euflexxa  
Durolane  
Gel-One  
Gelsyn-3  
Genvisc-850  
Hyalgan  
Hymovis  
Monovisc  
Orthovisc  
Sodium Hyualuronate  
Supartz  
Synojoint

Synvisc/Synvisc One  
Triluron  
Trivisc  
Visco-3

**OSTEOPOROSIS**  
Evenity  
Prolia  
teriparatide (Forteo)  
Tymlos  
zoledronic acid (Reclast)

**PAROXYSMAL NOCTURNAL  
HEMOGLOBINURIA (PNH)**  
Empaveli\*\*  
Soliris  
Ultomiris

**PHENYLKETONURIA (PKU)**  
Javygtor  
Palynziq  
sapropterin (Kuvan)

**PSORIASIS**  
Amjevita  
Avsola  
Cimzia  
Cosentyx  
Enbrel  
Humira  
Ilumya  
Inflectra  
Infliximab  
Otezla  
Otrexup  
Rasuvo  
RediTrex  
Remicade  
Renflexis  
Siliq  
Skyrizi  
Sotyktu  
Spevigo  
Stelara†  
Taltz  
Tremfya

**PULMONARY ARTERIAL  
HYPERTENSION (PAH)**  
Adempas  
ambrisentan (Letairis)  
bosentan (Tracleer)

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epoprostenol  
(Flolan)  
Opsumit  
Orenitram  
sildenafil (Revatio)  
tadalafil, Alyq (Adcirca)  
Tadliq  
treprostinil (Remodulin)  
Tyvaso  
Tyvaso DPI  
Uptravi  
Veletri  
Ventavis

**PULMONARY DISORDERS—  
OTHER**

Esbriet  
Ofev

**RARE DISORDERS— OTHER**

Crysvita  
Dojolvi  
Enspryng  
Firdapse  
Gamifant\*  
Givlaari  
Luxturna\*  
Nulibry  
Scenesse\*  
Tavneos  
Uplizna  
Vijoice  
Zokinvy

**RARE GENETIC ADIPOSE TISSUE  
DISORDER**

Imcivree

**RENAL DISORDERS**

cinacalcet (Sensipar)

Jynarque  
Oxlumo  
Parsabiv  
Tarpeyo  
tiopronin (Thiola)  
Thiola EC

**RESPIRATORY SYNCYTIAL  
VIRUS**

Synagis

**RHEUMATOID ARTHRITIS  
(RA)**

Actemra  
Amjevita  
Avsola  
Cimzia  
Enbrel  
Humira  
Inflectra  
Infliximab  
Kevzara  
Kineret  
Olumiant  
Orencia  
Otrexup  
Rasuvo  
RediTrex  
Remicade  
Renflexis  
Riabni  
Rinvoq  
Rituxan  
Simponi  
Simponi Aria  
Xeljanz/Xeljanz XR

**SEIZURE DISORDERS**

**PARTNERS  
FOR HEALTH**

Acthar  
Cortrophin  
Epidiolex  
Fintepla  
vigabatrin, Vigadrone  
(Sabril)  
Ztalmy

**SICKLE CELL DISEASE**

Adakveo  
Endari  
Oxbryta

**SLEEP DISORDERS**

Hetlioz  
Wakix  
Xywav  
Xyrem

**SYSTEMIC LUPUS  
ERYTHEMATOSUS**

Benlysta  
Lupkynis  
Saphnelo

**THROMBOCYTOPENIA**

Cablivi  
Doptelet  
Mулpleta  
Nplate  
Promacta  
Tavalisse

**UREA CYCLE DISORDERS**

carglumic acid (Carbaglu)  
Pheburane  
Ravicti  
sodium phenylbutyrate  
(Buphenyl)

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### Step Therapy

You are required to try a generic drug or another preferred brand-name drug before your prescription benefit plan will cover one of the drugs listed below. Your **doctor** should call CVS Caremark at **1-800-294-5979** to request prior authorization for the atopic dermatitis drugs. For the ulcer drugs, your **doctor** should call CVS Caremark at **1-877-203-0003**. The prior authorization line is for your doctor's use only.

### Step Therapy

**1-800-294-5979**

#### ANTI-FUNGAL

oxiconazole

#### ATOPIC DERMATITIS

pimecrolimus (Elidel)

tacrolimus oint (Protopic)

#### EXTENDED-RELEASE OPIOIDS

A 7-day supply of an immediate-release opioid agent within the past 90 days

#### MIGRAINE

Nurtec ODT

Reyvow

Qulipta

Ubrelvy

#### MINOCYCLINE EXTENDED-RELEASE

Minolira

Solodyn

Ximino

#### WILSON'S DISEASE

pencillamine (Cuprimine)

trientine hydrochloride (Clovique, Syprine)

### Generic Step Therapy

**1-877-203-0003**

#### ACNE – TOPICAL

Azelex

Fabior

#### DEPRESSION

Fetzima

Trintellix

#### ENLARGED PROSTATE

Cardura XL

#### GLAUCOMA

Lumigan

Rocklatan

Vyzulta

Zioptan

#### HIGH BLOOD PRESSURE

Tekturna HCT

#### INSOMNIA/SLEEP DISORDER

Belsomra

Dayvigo

Quviviq

#### NASAL STEROIDS

Ryaltris

#### OSTEOPOROSIS

Binosto

Fosamax Plus D

#### OVERACTIVE BLADDER/INCONTINENCE

Gelnique

#### PAIN AND INFLAMMATION

Vivlodex

#### STOMACH ACID

Prilosec Packets

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### Quantity Limits

The drugs listed below have limits based on U.S. Food and Drug Administration (FDA)-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs.

The limits listed below affect only the amount of medication that the prescription benefit plan pays for, not whether you can get a greater quantity. The final decision about the amount of medication you receive remains between you and your doctor.

Note: Some of the quantity limits have a prior authorization available if you exceed the drug's limit. Those drugs with a prior authorization available are noted in chart below. If your doctor has determined that a greater amount is appropriate, your **doctor** should call CVS Caremark at **1-800-294-5979** to request prior authorization for a larger quantity. The prior authorization line is for your doctor's use only.

Quantity Limits	Quantity Per 30-day Supply	Quantity Per 90-day Supply	Prior Authorization Available (To Exceed Quantity Limit)
<b>ANTIEMETICS</b>			
Akynzeo	2 capsule/21 days		Yes
Akynzeo Inj	2 vials/21 days		Yes
Anzemet tablets	6 tablets/21 days		Yes
aprepitant (Emend 40 mg)	3 capsules/6 months		Yes
aprepitant (Emend 80 mg)	4 capsules/21 days		Yes
aprepitant (Emend 125 mg)	2 capsules/21 days		Yes
aprepitant (Emend Tri-Pack)	2 pack/21 days		Yes
Cinvant 130 mg/18 ml	2 vials/21 days		Yes
dronabinol (Marinol)	60 capsules	180 capsules	Yes
Emend Oral Suspension Kit	6 kits/21 days		Yes
fosaprepitant (Emend inj)	2 vials/21 days		Yes
granisetron (Kytril tablets)	12 tablets/21 days		Yes
granisetron (Kytril inj)	2 mL/21 days		Yes
ondansetron 24 mg tablet	2 tablet/21 days		Yes
ondansetron (Zofran 4 mg & 8 mg tab/ODT)	18 quantity/21 days		Yes
ondansetron (Zofran oral solution)	200 mL/21 days		Yes
ondansetron (Zofran inj)	20 mL/21 days		Yes
palonosetron hydrochloride 0.25 mg/5 mL (Aloxi)	10 mL/21 days		Yes

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palonosetron hydrochloride 0.25 mg/4 mL (Aloxi)	4 mL/21 days		Yes
Sancuso	2 patches/21 days		Yes
Sustol Extended-Release Injection 10 mg/0.4 mL	0.8 mL/21 days		Yes
Syndros	120 mL	360 mL	Yes
Varubi	2 packs/21 days		No
Zuplenz 4 mg	36 Film/21 days		Yes
<b>ANTIMIGRAINE</b>			
almotriptan (Axert)	12 tablets	36 tablets	Yes
dihydroergotamine (Migranal)	8 quantity	24 quantity	No
eletriptan (Relpax)	12 tablets	36 tablets	Yes
frovatriptan (Frova)	18 tablets	54 tablets	Yes
naratriptan (Amerge)	12 tablets	36 tablets	Yes
Onzentra Xsail Kits	1 kit	4 kits	Yes
rizatriptan (Maxalt/Maxalt MLT)	18 tablets	54 tablets	Yes
sumatriptan (Imitrex oral)	12 tablets	36 tablets	Yes
sumatriptan 5 mg (Imitrex nasal spray [NS])	24 quantity	72 quantity	Yes
sumatriptan 20 mg (Imitrex nasal spray [NS])	12 quantity	36 quantity	Yes
sumatriptan 4 mg Inj Kit (Imitrex)	18 quantity	54 quantity	Yes
sumatriptan 6 mg Inj vial (Imitrex)	12 vl	40 vl	Yes
sumatriptan syringe 6 m g (Imitrex)	12 quantity	36 quantity	Yes
sumatriptan/naproxen (Treximet)	9 tablets	36 tablets	Yes
Tosymra	18 quantity	54 quantity	Yes
Trudhesa	12 ml	36 ml	Yes
Zembrace SymTouch	24 inj	72 inj	Yes
zolmitriptan (Zomig/Zomig ZMT)	12 tablets	36 tablets	Yes
Zomig nasal spray (NS)	12 quantity	36 quantity	Yes
<b>ANTIPARASITICS</b>			
albendazole (Albenza)	336 tablets per 365 days		Yes
Egaten	16 tablets per 365 days		Yes
mebendazole (Emverm)	12 tablets per 365 days		Yes
praziquantel (Biltricide)	24 tablets per 365 days		Yes
<b>DIABETES SUPPLIES</b>			
Continuous Glucose Monitor Receiver	1 receiver per 365 days		No
Diabetic Test Strips	150 strips	450 strips	Yes
<b>INFLUENZA</b>			
Relenza Caps	40 quantity per 14 days		No
oseltamivir (Tamiflu 30 mg Caps)	40 quantity per 90 days		No

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oseltamivir (Tamiflu 45 mg, 75 mg Caps)	20 quantity per 90 days		No
oseltamivir (Tamiflu 30 mg/5 mL & 60 mg/5 mL Oral Liquid)	360 mL per 90 days		No
<b>PAIN</b>			
butalbital, acetaminophen and caffeine solution	720 mL	2160 mL	No
butalbital 25 mg and acetaminophen 325 mg	96 units	288 units	No
butalbital, acetaminophen, caffeine and codeine	48 units	144 units	No
butalbital and acetaminophen	48 units	144 units	No
butalbital, aspirin and caffeine	48 units	144 units	No
butalbital, aspirin, caffeine and codeine	48 units	144 units	No
butorphanol (Stadol NS)	2 bottles	6 bottles	No
diclofenac epolamine (Flector)	30 patches		No
diclofenac 1% gel (Voltaren)	300 gm	900 gm	Yes
ketorolac oral (Toradol)	20 tablets per 30 days		No
ketorolac NS (Sprix)	5 bottles per 30 days		No
Licart	15 patches		No
lidocaine-prilocaine (Emla 2.5%-2.5% cream)	30 gm		Yes
lidocaine 2% gel	30 gm		Yes
lidocaine 4% gel	30 gm		Yes
lidocaine 5% ointment	50 gm		Yes
lidocaine 4% solution	50 mL		Yes
Lidocaine HCl collagen-aloe vera 2%	30 gm		Yes
Lidocaine HCl urethral/mucosal 2% gel	60 gm		Yes
Lidocaine HCl urethral/mucosal 2% gel prefilled syringe	60 ml		Yes
Xylocaine/Lidocaine 4% soln	50 ml		Yes
lidocaine-tetracaine (Pliaglis 7-7% cream)	30 gm		Yes
Synera 70-70 mg patch	2 patches		Yes
<b>OPIOID DEPENDENCE PROGRAMS</b>			
Evzio	2 cartons (4 auto-injectors) per 180 days		Yes
Kloxxado Nasal Spray	2 cartons (4 nasal sprays) per 180 days		Yes

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Narcan Nasal Spray	2 cartons (4 nasal sprays) per 180 days		Yes
Zimhi	2 cartons (4 pre-filled syringes) per 180 days		Yes
Bunavail 2.1 mg/0.3 mg, 4.2 mg/ 0.7 mg	3 units/day		No
Bunavail 6.3 mg/1 mg	2 units/day		No
Cassipa 16 mg/4 mg	1 unit/day		No
Suboxone 2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg	3 units per day		No
Suboxone 12 mg/3 mg	2 units/day		No
Zubsolv 0.7 mg/0.18 mg, 1.4 mg/ 0.36 mg, 2.9 mg/0.71 mg, 5.7 mg/ 1.4 mg	3 units per day		No
Zubsolv 8.6 mg/2.1 mg	2 units per day		No
Zubsolv 11.4 mg/2.9 mg	1 unit per day		No
Methadose 10 mg/mL (methadone oral concentrate)	30 mL per 25 days		No
Methadose 40 mg (methadone dispersible tablet)	9 tablets per 25 days		No
<b>SEDATIVE/HYPNOTICS</b>			
<i>Benzodiazepines</i>			
estazolam (Prosom)	15 tablets	45 tablets	No
flurazepam (Dalmane)	15 capsules	45 capsules	No
quazepam (Doral)	15 tablets	45 tablets	No
temazepam (Restoril)	15 capsules	45 capsules	No
triazolam (Halcion)	10 tablets	30 tablets	No
<i>Non-Benzodiazepines</i>			
eszopiclone (Lunesta)	15 tablets	45 tablets	Yes
ramelteon (Rozerem)	15 tablets	45 tablets	Yes
zaleplon (Sonata)	15 capsules	45 capsules	Yes
zolpidem (Ambien/Ambien CR)	15 tablets	45 tablets	Yes
<b>TOBACCO CESSATION - PRESCRIPTION PRODUCTS</b>			
bupropion	168-day supply/year		No
Chantix	168-day supply/year		No
OTC Nicotine Replacement (Patches, Gum, Lozenges), Nicotrol NS, Nicotrol Inhaler	168-day supply/year		No
<b>TOPICAL CORTICOSTEROIDS</b>			
alclometasone dipropionate	120 gm	360 gm	Yes
amcinonide	120 gm	360 gm	Yes
betamethasone dipropionate	120 gm	360 gm	Yes

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betamethasone valerate	120 gm	360 gm	Yes
clobetasol propionate	120 gm	360 gm	Yes
clocortolone pivalate	120 gm	360 gm	Yes
desonide	120 gm	360 gm	Yes
desoximetasone	120 gm	360 gm	Yes
diflorasone diacetate	120 gm	360 gm	Yes
fluocinolone acetonide	120 gm	360 gm	Yes
fluocinonide	120 gm	360 gm	Yes
flurandrenolide	120 gm	360 gm	Yes
flurandrenolide tape	1 roll	3 rolls	Yes
fluticasone propionate	120 gm	360 gm	Yes
halcinonide	120 gm	360 gm	Yes
halobetasol	120 gm	360 gm	Yes
hydrocortisone	120 gm	360 gm	Yes
hydrocortisone acetate	120 gm	360 gm	Yes
hydrocortisone butyrate	120 gm	360 gm	Yes
hydrocortisone probutate	120 gm	360 gm	Yes
hydrocortisone valerate	120 gm	360 gm	Yes
mometasone	120 gm	360 gm	Yes
prednicarbate	120 gm	360 gm	Yes
triamcinolone acetonide	120 gm	360 gm	Yes

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<b>Opioid Analgesics Immediate-Release (IR) Quantity Limits</b>			
<b>Drug/Strength</b>	<b>Initial 30-day Limit ≤ 90 MME/day (per 25 days)</b>	<b>Initial 90-day Limit ≤ 90 MME/day (per 75 days)</b>	<b>Post-Limit Prior Authorization</b>
Codeine sulfate tab 15 mg	42 tabs§ (13.5 MME/day)	NA	Yes
Codeine sulfate tab 30 mg	42 tabs§ (27 MME/day)	NA	Yes
Codeine sulfate tab 60 mg	42 tabs§ (54 MME/day)	NA	Yes
Hydromorphone oral soln 5 mg/ 5 mL (1 mg/mL)	480mL (80 MME/day)	1440 mL (80 MME/day)	Yes
Hydromorphone supp 3 mg	120 supps (48 MME/day)	360 supps (48 MME/day)	Yes
Hydromorphone tab 2 mg	180 tabs (48 MME/day)	540 tabs (48 MME/day)	Yes
Hydromorphone tab 4 mg	120 tabs (80 MME/day)	360 tabs (80 MME/day)	Yes
Hydromorphone tab 8 mg	60 tabs (64 MME/day)	180 tabs (64 MME/day)	Yes
Levorphanol tab 1 mg	120 tabs (44 MME/day)	360 tabs (44 MME/day)	Yes
Levorphanol tab 2 mg	120 tabs (88 MME/day)	360 tabs (88 MME/day)	Yes
Levorphanol tab 3 mg	60 tabs (66 MME/day)	180 tabs (66 MME/day)	Yes
Meperidine oral soln 50 mg/5 mL	90 mL (30 MME/day)	NA	Yes
Meperidine tab 50 mg	18 tabs (30 MME/day)	NA	Yes
Meperidine tab 100 mg	18 tabs (60 MME/day)	NA	Yes
Morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)	135 mL (90 MME/day)	405 mL (90 MME/day)	Yes
Morphine sulfate oral soln 10 mg/5 mL	900 mL (60 MME/day)	2700 mL (60 MME/day)	Yes
Morphine sulfate oral soln 20 mg/5 mL	675 mL (90 MME/day)	2025 mL (90 MME/day)	Yes
Morphine sulfate supp 5 mg	180 supps (30 MME/day)	540 supps (30 MME/day)	Yes
Morphine sulfate supp 10 mg	180 supps (60 MME/day)	540 supps (60 MME/day)	Yes
Morphine sulfate supp 20 mg	120 supps (80 MME/day)	360 supps (80 MME/day)	Yes
Morphine sulfate supp 30 mg	90 supps (90 MME/day)	270 supps (90 MME/day)	Yes
Morphine sulfate tab 15 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	Yes
Morphine sulfate tab 30 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
Oxycodone cap 5 mg	180 caps (45 MME/day)	540 caps (45 MME/day)	Yes
Oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)	90 mL (90 MME/day)	270 mL (90 MME/day)	Yes
Oxycodone soln 5 mg/5 mL	900 mL (45 MME/day)	2700 mL (45 MME/day)	Yes
Oxycodone tab 5 mg	180 tabs	540 tabs	Yes

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	(45 MME/day)	(45 MME/day)	
Oxycodone tab 10 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	Yes
Oxycodone tab 15 mg	120 tabs (90 MME/day)	360 tabs (90 MME/day)	Yes
Oxycodone tab 20 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
Oxycodone tab 30 mg	60 tabs (90 MME/day)	180 tabs (90 MME/day)	Yes
Oxymorphone tab 5 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	Yes
Oxymorphone tab 10 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
Pentazocine/naloxone 50/0.5 mg	120 tabs (74 MME/day)	NA	Yes
Tapentadol tab 50 mg	120 tabs (80 MME/day)	360 tabs (80 MME/day)	Yes
Tapentadol tab 75 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
Tapentadol tab 100 mg	60 tabs (80 MME/day)	180 tabs (80 MME/day)	Yes
Tramadol oral soln 5 mg/mL	1800 mL (30 MME/day)	5400 mL (30 MME/day)	Yes
Tramadol 50 mg	180 tabs (30 MME/day)	540 tabs (30 MME/day)	Yes
Tramadol 100 mg	90 tabs (30 MME/day)	270 tabs (30 MME/day)	Yes

<b>Opioid Analgesics Immediate-Release (IR) Combo Products Quantity Limits</b>			
<b>Drug/Strength</b>	<b>Initial 30-day Limit ≤ 90 MME/day and ≤ 4 g APAP or ASA and ≤ 3200 mg IBU (per 25 days)</b>	<b>Initial 90-day Limit ≤ 90 MME/day and ≤ 4 g APAP or ASA and ≤ 3200 mg IBU (per 75 days)</b>	<b>Post-Limit Prior Authorization</b>
APAP/codeine soln 120-12 mg/5 mL	2700 mL (32.4 MME/day)	8100 mL (32.4 MME/day)	No
APAP/codeine tab 300/15 mg	400 tabs (30 MME/day)	1200 tabs (30 MME/day)	No
APAP/codeine tab 300/30 mg	360 tabs (54 MME/day)	1080 tabs (54 MME/day)	No
APAP/codeine tab 300/60 mg	180 tabs (54 MME/day)	540 tabs (54 MME/day)	No
APAP/caffeine/dihydrocodeine cap 320.5/30/16 mg	300 caps (40 MME/day)	900 caps (40 MME/day)	No
APAP/caffeine/dihydrocodeine tab 325/30/16 mg	300 tabs (40 MME/day)	900 tabs (40 MME/day)	No
Benzhydrocodone/APAP 4.08 mg/325 mg	168 tabs (60 MME/day)	168 tabs (60 MME/day)	No
Benzhydrocodone/APAP 6.12 mg/325 mg	168 tabs (90 MME/day)	168 tabs (90 MME/day)	No
Benzhydrocodone/APAP 8.16 mg/325 mg	168 tabs (120 MME/day)	168 tabs (120 MME/day)	No
Celecoxib/Tramadol 56 mg/44 mg	120 tabs/month (15.6 MME/day)	360 tabs/month (15.6 MME/day)	No
Hydrocodone/APAP tab 5/300 mg	240 tabs	720 tabs	No

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	(40 MME/day)	(40 MME/day)	
Hydrocodone/APAP tab 5/325 mg	240 tabs (40 MME/day)	720 tabs (40 MME/day)	No
Hydrocodone/APAP tab 7.5/300 mg	180 tabs (45 MME/day)	540 tabs (45 MME/day)	No
Hydrocodone/APAP tab 7.5/325 mg	180 tabs (45 MME/day)	540 tabs (45 MME/day)	No
Hydrocodone/APAP tab 10/300 mg	180 tabs (60 MME/day)	540 tabs (60 MME/day)	No
Hydrocodone/APAP tab 10/325 mg	180 tabs (60 MME/day)	540 tabs (60 MME/day)	No
Hydrocodone/APAP soln 7.5-325 mg/15 mL (5-217 mg/10 mL)	2700 mL (45 MME/day)	8100 mL (45 MME/day)	No
Hydrocodone/APAP elixir 10/300 mg/15 mL	2025 mL (45 MME/day)	6075 mL (45 MME/day)	No
Hydrocodone/APAP soln 10-325 mg/15 mL	2700 mL (60 MME/day)	8100 mL (60 MME/day)	No
Hydrocodone/ibuprofen tab 5/200 mg	50 tabs (25 MME/day)	NA	No
Hydrocodone/ibuprofen tab 7.5/200 mg	50 tabs (37.5 MME/day)	NA	No
Hydrocodone/ibuprofen tab 10/200 mg	50 tabs (50 MME/day)	NA	No
Oxycodone/APAP soln 5/325 mg/5 mL	1800 mL (90 MME/day)	5400 mL (90 MME/day)	No
Oxycodone/APAP soln 10/300 mg/ 5 mL	900 mL (90 MME/day)	2700 mL (90 MME/day)	No
Oxycodone/APAP tab 2.5/300 mg	360 tabs (45 MME/day)	1080 tabs (45 MME/day)	No
Oxycodone/APAP tab 2.5/325 mg	360 tabs (45 MME/day)	1080 tabs (45 MME/day)	No
Oxycodone/APAP tab 5/300 mg	360 tabs (90 MME/day)	1080 tabs (90 MME/day)	No
Oxycodone/APAP tab 5/325 mg	360 tabs (90 MME/day)	1080 tabs (90 MME/day)	No
Oxycodone/APAP tab 7.5/300 mg	240 tabs (90 MME/day)	720 tabs (90 MME/day)	No
Oxycodone/APAP tab 7.5/325 mg	240 tabs (90 MME/day)	720 tabs (90 MME/day)	No
Oxycodone/APAP tab 10/300 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	No
Oxycodone/APAP tab 10/325 mg	180 tabs (90 MME/day)	540 tabs (90 MME/day)	No
Oxycodone/ASA tab 4.8355/325 mg	360 tabs (87 MME/day)	1080 tabs (87 MME/day)	No
Tramadol/APAP 37.5/325 mg	40 tabs (30 MME/day)	NA	No

### Opioid Analgesics Extended-Release (ER) Quantity Limits

Drug/Strength	Initial 30-day Limit	Initial 90-day Limit	Post-Limit Prior Authorization
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	<b>≤ 90 MME/day (per 25 days)</b>	<b>≤ 90 MME/day (per 75 days)</b>	
Belbuca 75 mcg	60 films (4.5 MME/day)	180 films (4.5 MME/day)	Yes
Belbuca 150 mcg	60 films (9 MME/day)	180 films (9 MME/day)	Yes
Belbuca 300 mcg	60 films (18 MME/day)	180 films (18 MME/day)	Yes
Belbuca 450 mcg	60 films (27 MME/day)	180 films (27 MME/day)	Yes
Belbuca 600 mcg	0††	0††	Yes
Belbuca 750 mcg	0††	0††	Yes
Belbuca 900 mcg	0††	0††	Yes
Butrans 5 mcg/hr	4 patches (9 MME/day)	12 patches (9 MME/day)	Yes
Butrans 7.5 mcg/hr	4 patches (13.5 MME/day)	12 patches (13.5 MME/day)	Yes
Butrans 10 mcg/hr	4 patches (18 MME/day)	12 patches (18 MME/day)	Yes
Butrans 15 mcg/hr	0††	0††	Yes
Butrans 20 mcg/hr	0††	0††	Yes
Conzip 100 mg	30 caps (10 MME/day)	90 caps (10 MME/day)	Yes
Conzip 200 mg	0††	0††	Yes
Conzip 300 mg	0††	0††	Yes
Duragesic 12 mcg/hr	10 patches (28.8 MME/day)	30 patches (28.8 MME/day)	Yes
Duragesic 25 mcg/hr	10 patches (60 MME/day)	30 patches (60 MME/day)	Yes
Duragesic 50 mcg/hr	0††	0††	Yes
Duragesic 75 mcg/hr	0††	0††	Yes
Duragesic 100 mcg/hr	0††	0††	Yes
Fentanyl transdermal 37.5 mcg/hr	10 patches (90 MME/day)	30 patches (90 MME/day)	Yes
Fentanyl transdermal 62.5 mcg/hr	0††	0††	Yes
Fentanyl transdermal 87.5 mcg/hr	0††	0††	Yes
Hydromorphone ER (generic Exalgo) 8 mg	30 tabs (32 MME/day)	90 tabs (32 MME/day)	Yes
Hydromorphone ER (generic Exalgo) 12 mg	30 tabs (48 MME/day)	90 tabs (48 MME/day)	Yes
Hydromorphone ER (generic Exalgo) 16 mg	30 tabs (64 MME/day)	90 tabs (64 MME/day)	Yes
Hydromorphone ER (generic Exalgo) 32 mg	0††	0††	Yes
Hysingla ER 20 mg	30 tabs (20 MME/day)	90 tabs (20 MME/day)	Yes
Hysingla ER 30 mg	30 tabs (30 MME/day)	90 tabs (30 MME/day)	Yes
Hysingla ER 40 mg	30 tabs (40 MME/day)	90 tabs (40 MME/day)	Yes
Hysingla ER 60 mg	30 tabs (60 MME/day)	90 tabs (60 MME/day)	Yes
Hysingla ER 80 mg	30 tabs (80 MME/day)	90 tabs (80 MME/day)	Yes
Hysingla ER 100 mg	0††	0††	Yes

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Hysingla ER 120 mg	0††	0††	Yes
Methadone 5 mg	90 tabs (60 MME/day)	270 tabs (60 MME/day)	Yes
Methadone 10 mg	60 tabs (80 MME/day)	180 tabs (80 MME/day)	Yes
Methadone 200 mg/ 20 mL injection	20 mL (1 multidose vial) (26.7 MME/day)	60 mL (3 multidose vials) (26.7 MME/day)	Yes
Methadone 10 mg/mL Intensol soln	60 mL (80 MME/day)	180 mL (80 MME/day)	Yes
Methadone 5 mg/5 mL Oral soln	450 mL (60 MME/day)	1350 mL (60 MME/day)	Yes
Methadone 10 mg/5 mL Oral soln	300 mL (80 MME/day)	900 mL (80 MME/day)	Yes
Morphine ER (Avinza) 30 mg	30 caps (30 MME/day)	90 caps (30 MME/day)	Yes
Morphine ER (Avinza) 45 mg	30 caps (45 MME/day)	90 caps (45 MME/day)	Yes
Morphine ER (Avinza) 60 mg	30 caps (60 MME/day)	90 caps (60 MME/day)	Yes
Morphine ER (Avinza) 75 mg	30 caps (75 MME/day)	90 caps (75 MME/day)	Yes
Morphine ER (Avinza) 90 mg	30 caps (90 MME/day)	90 caps (90 MME/day)	Yes
Morphine ER (Avinza) 120 mg	0††	0††	Yes
Morphene ER (Kadian) 10 mg	60 caps (20 MME/day)	180 caps (20 MME/day)	Yes
Morphene ER (Kadian) 20 mg	60 caps (40 MME/day)	180 caps (40 MME/day)	Yes
Morphene ER (Kadian) 30 mg	60 caps (60 MME/day)	180 caps (60 MME/day)	Yes
Morphene ER (Kadian) 40 mg	60 caps (80 MME/day)	180 caps (80 MME/day)	Yes
Morphene ER (Kadian) 50 mg	30 caps (50 MME/day)	90 caps (50 MME/day)	Yes
Morphene ER (Kadian) 60 mg	30 caps (60 MME/day)	90 caps (60 MME/day)	Yes
Morphene ER (Kadian) 70 mg	30 caps (70 MME/day)	90 caps (70 MME/day)	Yes
Morphene ER (Kadian) 80 mg	30 caps (80 MME/day)	90 caps (80 MME/day)	Yes
Morphene ER (Kadian) 100 mg	0††	0††	Yes
Morphene ER (Kadian) 200 mg	0††	0††	Yes
MS Contin 15 mg	90 tabs (45 MME/day)	270 tabs (45 MME/day)	Yes
MS Contin 30 mg	90 tabs (90 MME/day)	270 tabs (90 MME/day)	Yes
MS Contin 60 mg	0††	0††	Yes
MS Contin 100 mg	0††	0††	Yes
MS Contin 200 mg	0††	0††	Yes
Nucynta ER 50 mg	60 tabs (40 MME/day)	180 tabs (40 MME/day)	Yes
Nucynta ER 100 mg	60 tabs (80 MME/day)	180 tabs (80 MME/day)	Yes
Nucynta ER 150 mg	0††	0††	Yes

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Nucynta ER 200 mg	0††	0††	Yes
Nucynta ER 250 mg	0††	0††	Yes
OxyContin 10 mg	60 tabs (30 MME/day)	180 tabs (30 MME/day)	Yes
OxyContin 15 mg	60 tabs (45 MME/day)	180 tabs (45 MME/day)	Yes
OxyContin 20 mg	60 tabs (60 MME/day)	180 tabs (60 MME/day)	Yes
OxyContin 30 mg	60 tabs (90 MME/day)	180 tabs (90 MME/day)	Yes
OxyContin 40 mg	0††	0††	Yes
OxyContin 60 mg	0††	0††	Yes
OxyContin 80 mg	0††	0††	Yes
Oxymorphone (Opana) ER 5 mg	60 tabs (30 MME/day)	180 tabs (30 MME/day)	Yes
Oxymorphone (Opana) ER 7.5 mg	60 tabs (45 MME/day)	180 tabs (45 MME/day)	Yes
Oxymorphone (Opana) ER 10 mg	60 tabs (60 MME/day)	180 tabs (60 MME/day)	Yes
Oxymorphone (Opana) ER 15 mg	60 tabs (90 MME/day)	180 tabs (90 MME/day)	Yes
Oxymorphone (Opana) ER 20 mg	0††	0††	Yes
Oxymorphone (Opana) ER 30 mg	0††	0††	Yes
Oxymorphone (Opana) ER 40 mg	0††	0††	Yes
Tramadol ER (Ultram ER) 100 mg	30 tabs (10 MME/day)	90 tabs (10 MME/day)	Yes
Tramadol ER (Ultram ER) 200 mg	0††	0††	Yes
Tramadol ER (Ultram ER) 300 mg	0††	0††	Yes
Xtampza ER 9 mg	60 caps (30 MME/day)	180 caps (30 MME/day)	Yes
Xtampza ER 13.5 mg	60 caps (45 MME/day)	180 caps (45 MME/day)	Yes
Xtampza ER 18 mg	60 caps (60 MME/day)	180 caps (60 MME/day)	Yes
Xtampza ER 27 mg	60 caps (90 MME/day)	180 caps (90 MME/day)	Yes
Xtampza ER 36 mg	0††	0††	Yes
Zohydro ER 10 mg	60 caps (20 MME/day)	180 caps (20 MME/day)	Yes
Zohydro ER 15 mg	60 caps (30 MME/day)	180 caps (30 MME/day)	Yes
Zohydro ER 20 mg	60 caps (40 MME/day)	180 caps (40 MME/day)	Yes
Zohydro ER 30 mg	60 caps (60 MME/day)	180 caps (60 MME/day)	Yes
Zohydro ER 40 mg	60 caps (80 MME/day)	180 caps (80 MME/day)	Yes
Zohydro ER 50 mg	0††	0††	Yes

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