

Prescription Guidelines Exchange

(Effective July 2019)

Some medications are only intended to be used in limited quantities, others require advanced approval or prior authorization by your doctor before they can be filled, and some are prescribed in steps.

Quantity limits have been placed on the use of selected drugs for quality, safety or utilization reasons. Limits may be on the amount of the drug that we cover per prescription or for a defined period of time.

Prior Authorization is required before you fill prescriptions for certain drugs. Without prior approval, your drugs may not be covered.

Step Therapy ensures lower costs. When similar medications are available, step therapy guides your doctor to prescribe the lower-cost option first. You may then move up the cost levels until you find the drug that works best for you. Higher step drugs will require advanced approval or prior authorization by your doctor before they can be filled.

Note: Due to the lack of U.S. Food and Drug Administration (FDA) approval for many ingredients included in compounds, as well as the lack of validated clinical support for use of these high-cost compounds, they may not be covered by your prescription plan or may require prior authorization. If the compound ingredients are not covered, you will be responsible for the full cost of those ingredients. In situations where the compound ingredients are covered through prior authorization, you will pay the cost share specified in your prescription plan.

QUANTITY LIMITS

ABACA/LAMIVU TAB 600-300	30 tabs every 30 days	AFINITOR DIS TAB 2MG	60 tabs every 30 days
ABACAV/LAMIV TAB /ZIDOVUD	60 tabs every 30 days	AFINITOR DIS TAB 3MG	90 tabs every 30 days
ABACAVIR SOL 20MG/ML	900 mL every 30 days	AFINITOR DIS TAB 5MG	60 tabs every 30 days
ABACAVIR TAB 300MG	60 tabs every 30 days	AFINITOR TAB 10MG	30 tabs every 30 days
ABIRATERONE TAB 250MG	120 tabs every 30 days	AFINITOR TAB 2.5MG	30 tabs every 30 days
ACCU-CHEK TES AVIVA PL	204 Test Strips every 25 days	AFINITOR TAB 5MG	30 tabs every 30 days
ACCU-CHEK TES COMPACT	204 Test Strips every 25 days	AFINITOR TAB 7.5MG	30 tabs every 30 days
ACCU-CHEK TES GUIDE	204 Test Strips every 25 days	AKYNZEO CAP 300-0.5	2 caps every 21 days
ACCU-CHEK TES SMART	204 Test Strips every 25 days	ALBUTEROL NEB 0.083%	5 boxes every 25 days
ADEMPAS TAB 0.5MG	90 tabs every 30 days	ALBUTEROL NEB 0.5%	60 mL every 25 days
ADEMPAS TAB 1.5MG	90 tabs every 30 days	ALBUTEROL NEB 0.63MG/3	5 boxes every 25 days
ADEMPAS TAB 1MG	90 tabs every 30 days	ALBUTEROL NEB 1.25MG/3	5 boxes every 25 days
ADEMPAS TAB 2.5MG	90 tabs every 30 days	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	2 inhalers every 25 days
ADEMPAS TAB 2MG	90 tabs every 30 days	ALCLOMETASON CRE 0.05%	120g every 25 days
ADVAIR DISKU AER 100/50	1 package every 25 days	ALCLOMETASON OIN 0.05%	120g every 25 days
ADVAIR DISKU AER 250/50	1 package every 25 days	ALECENSA CAP 150MG	240 caps every 30 days
ADVAIR DISKU AER 500/50	1 package every 25 days	ALMOTRIPTAN TAB 12.5MG	12 tabs every 25 days
ADVAIR HFA AER 115/21	1 package every 25 days	ALMOTRIPTAN TAB 6.25MG	12 tabs every 25 days
ADVAIR HFA AER 230/21	1 package every 25 days	ALPHATREX GEL 0.05%	120g every 25 days
ADVAIR HFA AER 45/21	1 package every 25 days	ALPRAZOLAM CON 1 MG/ML	300 mL every 25 days

QUANTITY LIMITS

ALPRAZOLAM TAB 0.25 ODT	150 tabs every 25 days	APTIVUS SOL	285 mL every 28 days
ALPRAZOLAM TAB 0.25MG	150 tabs every 25 days	ARCALYST INJ 220MG	4 vials every 28 days
ALPRAZOLAM TAB 0.5MG	150 tabs every 25 days	ASMANEX 120 AER 220MCG	1 inhaler every 25 days
ALPRAZOLAM TAB 0.5MG OD	150 tabs every 25 days	ASMANEX 30 AER 110MCG	2 inhalers every 25 days
ALPRAZOLAM TAB 1MG	150 tabs every 25 days	ASMANEX 30 AER 220MCG	4 inhalers every 25 days
ALPRAZOLAM TAB 1MG ODT	150 tabs every 25 days	ASMANEX 60 AER 220MCG	2 inhalers every 25 days
ALPRAZOLAM TAB 2MG	150 tabs every 25 days	ASMANEX HFA AER 100 MCG	1 inhaler every 25 days
ALPRAZOLAM TAB 2MG ODT	150 tabs every 25 days	ASMANEX HFA AER 200 MCG	1 inhaler every 25 days
AMCINONIDE CRE 0.1%	120g every 25 days	ASPIRIN CHW 81MG	100 tabs every 30 days
AMCINONIDE LOT 0.1%	120mL every 25 days	ASPIRIN LOW TAB 81MG EC	100 tabs every 30 days
AMCINONIDE OIN 0.1%	120g every 25 days	ATAZANAVIR CAP 150MG	30 caps every 30 days
AMITRIPTYLIN TAB 10MG	150 tabs every 25 days	ATAZANAVIR CAP 200MG	60 caps every 30 days
AMITRIPTYLIN TAB 25MG	60 tabs every 25 days	ATAZANAVIR CAP 300MG	30 caps every 30 days
AMITRIPTYLIN TAB 50MG	30 tabs every 25 days	AUBAGIO TAB 14MG	30 tabs every 30 days
AMOXAPINE TAB 100MG	90 tabs every 25 days	AUBAGIO TAB 7MG	30 tabs every 30 days
AMOXAPINE TAB 150MG	60 tabs every 25 days	AUG BETAMET CRE 0.05%	120g every 25 days
AMOXAPINE TAB 25MG	90 tabs every 25 days	AUG BETAMET GEL 0.05%	120g every 25 days
AMOXAPINE TAB 50MG	90 tabs every 25 days	AUG BETAMET LOT 0.05%	120mL every 25 days
AMPHET/DEXTR CAP 10MG ER	90 caps every 25 days	AUG BETAMET OIN 0.05%	120g every 25 days
AMPHET/DEXTR CAP 15MG ER	30 caps every 25 days	AVONEX KIT 30MCG	4 injections every 28 days
AMPHET/DEXTR CAP 20MG ER	30 caps every 25 days	AVONEX PEN KIT 30MCG	4 injections every 28 days
AMPHET/DEXTR CAP 25MG ER	30 caps every 25 days	AVONEX PREFL KIT 30MCG	4 injections every 28 days
AMPHET/DEXTR CAP 30MG ER	30 caps every 25 days	AZELASTINE SPR 0.1%	2 bottles every 25 days
AMPHET/DEXTR CAP 5MG ER	90 caps every 25 days	AZELASTINE SPR 0.15%	2 bottles every 25 days
AMPHET/DEXTR TAB 10MG	90 tabs every 25 days	BETAMETH DIP CRE 0.05%	120g every 25 days
AMPHET/DEXTR TAB 12.5MG	90 tabs every 25 days	BETAMETH DIP LOT 0.05%	120mL every 25 days
AMPHET/DEXTR TAB 15MG	60 tabs every 25 days	BETAMETH DIP OIN 0.05%	120g every 25 days
AMPHET/DEXTR TAB 20MG	60 tabs every 25 days	BETAMETH VAL CRE 0.1%	120g every 25 days
AMPHET/DEXTR TAB 30MG	30 tabs every 25 days	BETAMETH VAL LOT 0.1%	120mL every 25 days
AMPHET/DEXTR TAB 5MG	90 tabs every 25 days	BETAMETH VAL OIN 0.1%	120g every 25 days
AMPHET/DEXTR TAB 7.5MG	90 tabs every 25 days	BETASERON INJ 0.3MG	14 injections every 28 days
APREPITANT CAP 125MG	2 caps every 21 days	BEVESPI AER 9-4.8MCG	1 package every 25 days
APREPITANT CAP 40MG	3 caps every 180 days	BIKTARVY TAB	30 tabs every 30 days
APREPITANT PAK 80 & 125	2 packs every 21 days	BOSULIF TAB 100MG	90 tabs every 30 days
APTIVUS CAP 250MG	120 caps every 30 days	BOSULIF TAB 400MG	30 tabs every 30 days

QUANTITY LIMITS

BOSULIF TAB 500MG	30 tabs every 30 days	COMPLERA TAB	30 tabs every 30 days
BREO ELLIPTA INH 100-25	1 package every 25 days	COPAXONE INJ 20MG/ML	30 injections every 30 days
BREO ELLIPTA INH 200-25	1 package every 25 days	COPAXONE INJ 40MG/ML	12 syringes every 28 days
BUDESONIDE SUS 0.25MG/2	3 boxes every 25 days	COSENTYX INJ 150MG/ML	1 box every 28 days
BUDESONIDE SUS 0.5MG/2	2 boxes every 25 days	COSENTYX PEN INJ 300DOSE	1 box every 28 days
BUDESONIDE SUS 1MG/2ML	1 box every 25 days	CRIXIVAN CAP 200MG	450 caps every 30 days
BUT/APAP/CAF CAP	48 caps every 25 days	CRIXIVAN CAP 400MG	180 caps every 30 days
BUT/APAP/CAF CAP	48 caps every 25 days	CROMOLYN SOD NEB 20MG/2ML	2 boxes every 25 days
BUT/APAP/CAF TAB	48 tabs every 25 days	DALFAMPRIDIN TAB 10MG ER	60 tabs every 30 days
BUT/ASA/CAFF CAP	48 caps every 25 days	DEPO-SQ PROV INJ 104	4 inj every 300 days
CALQUENCE CAP 100MG	60 caps every 30 days	DESCOVY TAB 200/25	30 tabs every 30 days
CAPECITABINE TAB 150MG	120 tabs every 30 days	DESIPRAMINE TAB 100MG	30 tabs every 25 days
CAPECITABINE TAB 500MG	300 tabs every 30 days	DESIPRAMINE TAB 10MG	90 tabs every 25 days
CAPRELSA TAB 100MG	60 tabs every 30 days	DESIPRAMINE TAB 150MG	30 tabs every 25 days
CAPRELSA TAB 300MG	30 tabs every 30 days	DESIPRAMINE TAB 25MG	90 tabs every 25 days
CAYA DPR	1 every 300 days	DESIPRAMINE TAB 50MG	90 tabs every 25 days
CAYSTON INH 75MG	84 vials every 28 days	DESIPRAMINE TAB 75MG	60 tabs every 25 days
CERDELGA CAP 84MG	60 caps every 30 days	DESONIDE CRE 0.05%	120g every 25 days
CESAMET CAP 1MG	18 caps every 21 days	DESONIDE LOT 0.05%	120mL every 25 days
CIMDUO TAB 300-300	30 tabs every 30 days	DESONIDE OIN 0.05%	120g every 25 days
CLOBETASOL CRE 0.05%	120g every 25 days	DESOXIMETAS CRE 0.05%	120g every 25 days
CLOBETASOL GEL 0.05%	120g every 25 days	DESOXIMETAS CRE 0.25%	120g every 25 days
CLOBETASOL LOT 0.05%	120mL every 25 days	DESOXIMETAS GEL 0.05%	120g every 25 days
CLOBETASOL OIN 0.05%	120g every 25 days	DESOXIMETAS OIN 0.05%	120g every 25 days
CLOCORTOLONE CRE PIV 0.1%	120g every 25 days	DESOXIMETAS OIN 0.25%	120g every 25 days
CLOMIPRAMINE CAP 25MG	150 caps every 25 days	DEXILANT CAP 30MG DR	90 caps every 365 days
CLOMIPRAMINE CAP 50MG	150 caps every 25 days	DEXILANT CAP 60MG DR	90 caps every 365 days
CLOMIPRAMINE CAP 75MG	90 caps every 25 days	DEXMETHYLPH CAP 15MG ER	60 caps every 25 days
CLORAZ DIPOT TAB 15MG	180 tabs every 25 days	DEXMETHYLPH CAP 30MG ER	30 caps every 25 days
CLORAZ DIPOT TAB 3.75MG	180 tabs every 25 days	DEXMETHYLPH CAP 40MG ER	30 caps every 25 days
CLORAZ DIPOT TAB 7.5MG	180 tabs every 25 days	DEXMETHYLPH TAB 10MG	60 tabs every 25 days
COMBIVENT AER 20-100	2 inhalers every 25 days	DEXMETHYLPH TAB 2.5MG	120 tabs every 25 days
COMETRIQ KIT 100MG	1 kit every 28 days	DEXMETHYLPH TAB 5MG	120 tabs every 25 days
COMETRIQ KIT 140MG	1 kit every 28 days	DEXMETHYLPH CAP 10MG ER	60 caps every 25 days
COMETRIQ KIT 60MG	1 kit every 28 days	DEXMETHYLPH CAP 20MG ER	60 caps every 25 days

QUANTITY LIMITS

DEXMETHYLPHENYDRINE CAP 5MG ER	60 caps every 25 days	EFAVIRENZ CAP 50MG	90 caps every 30 days
DEXMETHYLPHENYDRINE CAP ER 25MG	30 caps every 25 days	EFAVIRENZ TAB 600MG	30 tabs every 30 days
DEXMETHYLPHENYDRINE CAP ER 35MG	30 caps every 25 days	ELETRIPTAN TAB 20MG	12 tabs every 25 days
DEXTROAMPHETAMINE CAP 10MG ER	120 caps every 25 days	ELETRIPTAN TAB 40MG	12 tabs every 25 days
DEXTROAMPHETAMINE CAP 15MG ER	60 caps every 25 days	EMTRIVA CAP 200MG	30 caps every 30 days
DEXTROAMPHETAMINE CAP 5MG ER	120 caps every 25 days	EMTRIVA SOL 10MG/ML	680 ml every 28 days
DEXTROAMPHETAMINE SOL 5MG/5ML	1,200 mL every 25 days	EMVERM CHW 100MG	12 tabs every 365 days
DEXTROAMPHETAMINE TAB 10MG	120 tabs every 25 days	ENBREL INJ 25/0.5ML	8 syringes every 28 days
DEXTROAMPHETAMINE TAB 5MG	120 tabs every 25 days	ENBREL INJ 25MG	8 syringes every 28 days
DIAZEPAM CON 5MG/ML	240 mL every 25 days	ENBREL INJ 50MG/ML	8 syringes every 28 days
DIAZEPAM SOL 5MG/5ML	1200 mL every 25 days	ENBREL MINI INJ 50MG/ML	8 cartridges every 28 days
DIAZEPAM TAB 10MG	120 tabs every 25 days	ENBREL SRCLK INJ 50MG/ML	8 syringes every 28 days
DIAZEPAM TAB 2MG	120 tabs every 25 days	EPCLUSA TAB 400-100	28 tabs every 28 days
DIAZEPAM TAB 5MG	120 tabs every 25 days	ERIVEDGE CAP 150MG	30 caps every 30 days
DICLOFENAC GEL 1%	500g every 25 days	ESBRIET CAP 267MG	270 caps every 30 days
DIDANOSINE CAP 200MG	30 caps every 30 days	ESBRIET TAB 267MG	270 tabs every 30 days
DIDANOSINE CAP 250MG	30 caps every 30 days	ESBRIET TAB 801MG	90 tabs every 30 days
DIDANOSINE CAP 400MG	30 caps every 30 days	ESOMEPRA MAG CAP 20MG DR	90 caps every 365 days
DIFLORASONE CRE 0.05%	120g every 25 days	ESOMEPRA MAG CAP 40MG DR	90 caps every 365 days
DIFLORASONE OIN 0.05%	120g every 25 days	ESZOPICLONE TAB 1MG	15 tabs every 25 days
DIHYDROERGOTANINE SPR 4MG/ML	8 units every 25 days	ESZOPICLONE TAB 2MG	15 tabs every 25 days
DOXEPIN HCL CAP 100MG	30 caps every 25 days	ESZOPICLONE TAB 3MG	15 tabs every 25 days
DOXEPIN HCL CAP 10MG	90 caps every 25 days	EVOTAZ TAB 300-150	30 tabs every 30 days
DOXEPIN HCL CAP 150MG	30 caps every 25 days	FEMCAP MIS 22MM	1 every 300 days
DOXEPIN HCL CAP 25MG	90 caps every 25 days	FEMCAP MIS 26MM	1 every 300 days
DOXEPIN HCL CAP 50MG	90 caps every 25 days	FEMCAP MIS 30MM	1 every 300 days
DOXEPIN HCL CAP 75MG	60 caps every 25 days	FLUNISOLIDE SPR 0.025%	3 containers every 25 days
DOXEPIN HCL CON 10MG/ML	450 mL every 25 days	FLUOCIN ACET CRE 0.025%	120g every 25 days
DOXEPIN HCL CRE 5%	90 grams every 25 days	FLUOCIN ACET OIN 0.025%	120g every 25 days
DRONABINOL CAP 10MG	60 caps every 25 days	FLUOCINONIDE CRE 0.05%	120g every 25 days
DRONABINOL CAP 2.5MG	60 caps every 25 days	FLUOCINONIDE GEL 0.05%	120g every 25 days
DRONABINOL CAP 5MG	60 caps every 25 days	FLUOCINONIDE OIN 0.05%	120g every 25 days
DYMISTA SPR 137-50	1 package every 25 days	FLURANDRENOL CRE 0.05%	120g every 25 days
EDURANT TAB 25MG	60 tabs every 30 days	FLURANDRENOL LOT 0.05%	120mL every 25 days
EFAVIRENZ CAP 200MG	90 caps every 30 days	FLURANDRENOL OIN 0.05%	120g every 25 days

QUANTITY LIMITS

FLUTICASONE CRE 0.05%	120g every 25 days	HUMIRA INJ 10/0.1ML	2 injections every 28 days
FLUTICASONE LOT 0.05%	120mL every 25 days	HUMIRA INJ 10MG/0.2	2 injections every 28 days
FLUTICASONE OIN 0.005%	120g every 25 days	HUMIRA INJ 20/0.2ML	2 injections every 28 days
FLUTICASONE SPR 50MCG	1 container every 25 days	HUMIRA INJ 40/0.4ML	4 injections every 28 days
FOLIC ACID TAB 400MCG	100 tabs every 30 days	HUMIRA KIT 20MG/0.4	2 injections every 28 days
FOLIC ACID TAB 800MCG	100 tabs every 30 days	HUMIRA KIT 40MG/0.8	4 injections every 28 days
FOSAMPRENAVI TAB 700MG	120 tabs every 30 days	HUMIRA PEDIA INJ CROHNS	3 injections every 28 days
FROVATRIPTAN TAB 2.5MG	18 tabs every 25 days	HUMIRA PEDIA INJ CROHNS	2 injections every 28 days
FULPHILA INJ 6/0.6ML	2 injections every 28 days	HUMIRA PEN INJ 40/0.4ML	4 injections every 28 days
FUZEON INJ 90MG	60 vials every 30 days	HUMIRA PEN INJ CD/UC/HS	6 pens every 28 days
GENVOYA TAB	30 tabs every 30 days	HUMIRA PEN INJ PS/UV	4 pens every 28 days
GILENYA CAP 0.5MG	30 caps every 30 days	HUMIRA PEN KIT CD/UC/HS	1 kit every 28 days
GLATIRAMER INJ 40MG/ML	12 syringes every 28 days	HUMIRA PEN KIT PS/UV	1 kit every 28 days
GLATOPA INJ 20MG/ML	30 injections every 30 days	IBRANCE CAP 100MG	21 caps every 28 days
GONAL-F INJ 1050UNIT	6 vials every 28 days	IBRANCE CAP 125MG	21 caps every 28 days
GONAL-F INJ 450UNIT	10 vials every 28 days	IBRANCE CAP 75MG	21 caps every 28 days
GONAL-F RFF INJ 300/0.5	15 cartridges every 28 days	ICLUSIG TAB 15MG	60 tabs every 30 days
GONAL-F RFF INJ 450/0.75	10 cartridges every 28 days	ICLUSIG TAB 45MG	30 tabs every 30 days
GONAL-F RFF INJ 75UNIT	60 vials every 28 days	IDHIFA TAB 100MG	30 tabs every 30 days
GONAL-F RFF INJ 900/1.5	7 cartridges every 28 days	IDHIFA TAB 50MG	30 tabs every 30 days
GRANISETRON INJ 0.1MG/ML	2 mL every 21 days	IMATINIB MES TAB 100MG	90 tabs every 30 days
GRANISETRON INJ 1MG/ML	2 mL every 21 days	IMATINIB MES TAB 400MG	60 tabs every 30 days
GRANISETRON INJ 4MG/4ML	2 mL every 21 days	IMBRUVICA CAP 140MG	90 caps every 30 days
GRANISETRON TAB 1MG	12 tabs every 21 days	IMBRUVICA CAP 70MG	30 caps every 30 days
HALOBETASOL CRE 0.05%	120g every 25 days	IMBRUVICA TAB 140MG	30 tabs every 30 days
HALOBETASOL OIN 0.05%	120g every 25 days	IMBRUVICA TAB 280MG	30 tabs every 30 days
HALOG CRE 0.1%	120g every 25 days	IMBRUVICA TAB 420MG	30 tabs every 30 days
HALOG OIN 0.1%	120g every 25 days	IMBRUVICA TAB 560MG	30 tabs every 30 days
HARVONI TAB 90-400MG	28 tabs every 28 days	IMIPRAM HCL TAB 10MG	120 tabs every 25 days
HC BUTYRATE CRE 0.1%	120g every 25 days	IMIPRAM HCL TAB 25MG	120 tabs every 25 days
HC BUTYRATE CRE 0.1%	120g every 25 days	IMIPRAM HCL TAB 50MG	60 tabs every 25 days
HC BUTYRATE OIN 0.1%	120g every 25 days	IMIPRAM PAM CAP 100MG	30 caps every 25 days
HC VALERATE CRE 0.2%	120g every 25 days	IMIPRAM PAM CAP 75MG	30 caps every 25 days
HC VALERATE OIN 0.2%	120g every 25 days	INCRUSE ELPT INH 62.5MCG	1 package every 25 days
HETLIOZ CAP 20MG	30 caps every 30 days	INLYTA TAB 1MG	180 tabs every 30 days

QUANTITY LIMITS

INLYTA TAB 5MG	120 tabs every 30 days	LAMIVUDINE TAB 300MG	30 tabs every 30 days
INTELENCE TAB 100MG	120 tabs every 30 days	LANSOPRAZOLE CAP 15MG DR	90 caps every 365 days
INTELENCE TAB 200MG	60 tabs every 30 days	LANSOPRAZOLE CAP 30MG DR	90 caps every 365 days
INTELENCE TAB 25MG	120 tabs every 30 days	LENVIMA CAP 4 MG	30 caps every 30 days
INVIRASE CAP 200MG	300 caps every 30 days	LENVIMA CAP 12 MG	90 caps every 30 days
INVIRASE TAB 500MG	120 tabs every 30 days	LENVIMA CAP 10 MG	30 caps every 30 days
IPRATROPIUM SOL 0.02%INH	5 boxes every 25 days	LENVIMA CAP 12MG	90 caps every 30 days
IPRATROPIUM/ SOL ALBUTER	6 boxes every 25 days	LENVIMA CAP 14 MG	60 caps every 30 days
ISENTRESS CHW 100MG	180 tabs every 30 days	LENVIMA CAP 18 MG	90 caps every 30 days
ISENTRESS CHW 25MG	180 tabs every 30 days	LENVIMA CAP 20 MG	60 caps every 30 days
ISENTRESS HD TAB 600MG	60 tabs every 30 days	LENVIMA CAP 24 MG	90 caps every 30 days
ISENTRESS POW 100MG	60 packets every 30 days	LENVIMA CAP 4MG	30 caps every 30 days
ISENTRESS TAB 400MG	120 tabs every 30 days	LENVIMA CAP 8 MG	60 caps every 30 days
JAKAFI TAB 10MG	60 tabs every 30 days	LETAIRIS TAB 10MG	30 tabs every 30 days
JAKAFI TAB 15MG	60 tabs every 30 days	LETAIRIS TAB 5MG	30 tabs every 30 days
JAKAFI TAB 20MG	60 tabs every 30 days	LEVALBUTEROL AER 45/ACT	2 inhalers every 25 days
JAKAFI TAB 25MG	60 tabs every 30 days	LEVALBUTEROL NEB 0.31MG	300 mL every 25 days
JAKAFI TAB 5MG	60 tabs every 30 days	LEVALBUTEROL NEB 0.63MG	300 mL every 25 days
KALETRA TAB 100-25MG	240 tabs every 30 days	LEVALBUTEROL NEB 1.25/0.5	45 mL every 25 days
KALETRA TAB 200-50MG	120 tabs every 30 days	LEVALBUTEROL NEB 1.25MG	300 mL every 25 days
KALYDECO PAK 50MG	60 packets every 30 days	LEXIVA SUS 50MG/ML	1575 mL every 28 days
KALYDECO PAK 75MG	60 packets every 30 days	LIDO/PRILOCN CRE 2.5-2.5%	30gm every 25 days
KALYDECO TAB 150MG	60 tabs every 30 days	LIDOCAINE GEL 2% JELLY	30gm every 25 days
KETOROLAC TAB 10MG	20 tabs every 25 days	LIDOCAINE OIN 5%	50gm every 25 days
KEVZARA INJ 150/1.14	2 pens every 28 days	LIDOCAINE PAD 5%	90 patches every 25 days
KEVZARA INJ 150/1.14	2 syringes every 4 weeks	LIDOCAINE SOL 4%	50mL every 25 days
KEVZARA INJ 200/1.14	2 pens every 28 days	LILETTA IUD 52MG	1 every 300 days
KEVZARA INJ 200/1.14	2 syringes every 4 weeks	LOKARA LOT 0.05%	120mL every 25 days
KISQALI TAB 200DOSE	63 tabs every 28 days	LOPIN/RITON SOL 80-20/ML	390 mL every 30 days
KISQALI TAB 400DOSE	63 tabs every 28 days	LORAZEPAM CON 2MG/ML	150 mL every 25 days
KISQALI TAB 600DOSE	63 tabs every 28 days	LORAZEPAM TAB 0.5MG	150 tabs every 25 days
KYLEENA IUD 19.5MG	1 every 300 days	LORAZEPAM TAB 1MG	150 tabs every 25 days
LAMIVUD/ZIDO TAB 150-300	60 tabs every 30 days	LORAZEPAM TAB 2MG	150 tabs every 25 days
LAMIVUDINE SOL 10MG/ML	900 ml every 30 days	LORBRENA TAB 100MG	30 tabs every 30 days
LAMIVUDINE TAB 150MG	60 tabs every 30 days	LORBRENA TAB 25MG	90 tabs every 30 days

QUANTITY LIMITS

LYNPARZA CAP 50MG	480 caps every 30 days	MOMETASONE SOL 0.1%	120mL every 25 days
LYNPARZA TAB 100MG	180 tabs every 30 days	NARATRIPTAN TAB 1MG	12 tabs every 25 days
LYNPARZA TAB 150MG	120 tabs every 30 days	NARATRIPTAN TAB 2.5MG	12 tabs every 25 days
MEDROXYPR AC INJ 150MG/ML	4 inj every 300 days	NEVIRAPINE SUS 50MG/5ML	1200 mL every 30 days
MEDROXYPR AC INJ 150MG/ML	4 inj every 300 days	NEVIRAPINE TAB 100MG	90 tabs every 30 days
MEKINIST TAB 0.5MG	90 tabs every 30 days	NEVIRAPINE TAB 200MG	60 tabs every 30 days
MEKINIST TAB 2MG	30 tabs every 30 days	NEVIRAPINE TAB 400MG ER	30 tabs every 30 days
METHAMPHETAM TAB 5MG	150 tabs every 25 days	NEXAVAR TAB 200MG	120 tabs every 30 days
METHLPHENIDA CHW 2.5MG	180 chew tabs every 25 days	NEXPLANON IMP 68MG	1 every 300 days
METHYLPHENID CAP 10MG	60 caps every 25 days	NICOTROL INH	max 168 days every year
METHYLPHENID CAP 20MG	60 caps every 25 days	NICOTROL NS SPR 10MG/ML	max 168 days every year
METHYLPHENID CAP 20MG ER	60 caps every 25 days	NORTRIPTYLIN CAP 10MG	150 caps every 25 days
METHYLPHENID CAP 30MG	60 caps every 25 days	NORTRIPTYLIN CAP 25MG	60 caps every 25 days
METHYLPHENID CAP 30MG ER	60 caps every 25 days	NORTRIPTYLIN CAP 50MG	30 caps every 25 days
METHYLPHENID CAP 40MG	30 caps every 25 days	NORTRIPTYLIN SOL 10MG/5ML	750 mL every 25 days
METHYLPHENID CAP 40MG ER	30 caps every 25 days	NORVIR CAP 100MG	360 caps every 30 days
METHYLPHENID CAP 50MG	30 caps every 25 days	NORVIR POW 100MG	360 packets every 30 days
METHYLPHENID CAP 60MG	30 caps every 25 days	NORVIR SOL 80MG/ML	480 mL every 30 days
METHYLPHENID CAP 60MG LA	30 caps every 25 days	NUVARING MIS	13 every 300 days
METHYLPHENID CHW 10MG	180 chew tabs every 25 days	OCTREOTIDE INJ 1000MCG	45 ml every 30 days
METHYLPHENID CHW 5MG	180 chew tabs every 25 days	OCTREOTIDE INJ 100MCG	90 ml every 30 days
METHYLPHENID SOL 10MG/5ML	900 mL every 25 days	OCTREOTIDE INJ 200MCG	225 ml every 30 days
METHYLPHENID SOL 5MG/5ML	1800 mL every 25 days	OCTREOTIDE INJ 500MCG	90 ml every 30 days
METHYLPHENID TAB 10MG	180 tabs every 25 days	OCTREOTIDE INJ 50MCG/ML	90 ml every 30 days
METHYLPHENID TAB 10MG ER	90 tabs every 25 days	ODEFSEY TAB	30 tabs every 30 days
METHYLPHENID TAB 18MG ER	60 tabs every 25 days	ODOMZO CAP 200MG	30 caps every 30 days
METHYLPHENID TAB 20MG ER	90 tabs every 25 days	OLOPATADINE SPR 0.6%	1 container every 25 days
METHYLPHENID TAB 27MG ER	60 tabs every 25 days	OMEPRAZOLE CAP 10MG	90 caps every 365 days
METHYLPHENID TAB 36MG ER	60 tabs every 25 days	OMEPRAZOLE CAP 20MG	90 caps every 365 days
METHYLPHENID TAB 36MG ER	60 tabs every 25 days	OMEPRAZOLE CAP 40MG	90 caps every 365 days
METHYLPHENID TAB 54MG ER	30 tabs every 25 days	OMNARIS SPR	1 package every 25 days
METHYLPHENID TAB 5MG	180 tabs every 25 days	OMNIFLEX DPR	1 every 300 days
MIRENA IUD SYSTEM	1 every 300 days	ONDANSETRON SOL 4MG/5ML	200 mL every 21 days
MOMETASONE CRE 0.1%	120g every 25 days	ONDANSETRON TAB 24MG	2 tabs every 21 days
MOMETASONE OIN 0.1%	120g every 25 days	ONDANSETRON TAB 4MG	18 tabs every 21 days

QUANTITY LIMITS

ONDANSETRON TAB 4MG ODT	18 tabs every 21 days	PREZISTA TAB 600MG	60 tabs every 30 days
ONDANSETRON TAB 8MG	18 tabs every 21 days	PREZISTA TAB 75MG	300 tabs every 30 days
ONDANSETRON TAB 8MG ODT	18 tabs every 21 days	PREZISTA TAB 800MG	30 tabs every 30 days
OPSUMIT TAB 10MG	30 tabs every 30 days	PROAIR HFA AER	2 inhalers every 25 days
ORKAMBI GRA 100-125	56 packets every 28 days	PROAIR RESPI AER	2 packages every 25 days
ORKAMBI GRA 150-188	56 packets every 28 days	PROMACTA TAB 12.5MG	30 tabs every 30 days
ORKAMBI TAB 100-125	112 tabs every 28 days	PROMACTA TAB 25MG	30 tabs every 30 days
ORKAMBI TAB 200-125	112 tabs every 28 days	PROMACTA TAB 50MG	60 tabs every 30 days
OSELTAMIVIR CAP 30MG	40 caps every 90 days	PROMACTA TAB 75MG	60 tabs every 30 days
OSELTAMIVIR CAP 45MG	20 caps every 90 days	PROTRIPTYLIN TAB 10MG	60 tabs every 25 days
OSELTAMIVIR CAP 75MG	20 caps every 90 days	PROTRIPTYLIN TAB 5MG	90 tabs every 25 days
OSELTAMIVIR SUS 6MG/ML	300 mL every 90 days	QVAR REDIIHA AER 80MCG	2 packages every 25 days
OTEZLA TAB 10/20/30	55 tabs every 28 days	QVAR REDIIHAL AER 40MCG	2 packages every 25 days
OTEZLA TAB 30MG	60 tabs every 30 days	RABEPRAZOLE TAB 20MG	90 tabs every 365 days
OXAZEPAM CAP 10MG	120 caps every 25 days	REBIF INJ 22/0.5	12 syringes every 28 days
OXAZEPAM CAP 15MG	120 caps every 25 days	REBIF INJ 44/0.5	12 syringes every 28 days
OXAZEPAM CAP 30MG	120 caps every 25 days	REBIF REBIDO INJ 22/0.5	12 syringes every 28 days
PANTOPRAZOLE TAB 20MG	90 tabs every 365 days	REBIF REBIDO INJ 44/0.5	12 syringes every 28 days
PANTOPRAZOLE TAB 40MG	90 tabs every 365 days	REBIF REBIDO INJ TITRATN	1 box every 28 days
PARAGARD IUD T380A	1 unit every 300 days	REBIF TITRTN INJ PACK	1 box every 28 days
PERFOROMIST NEB 20MCG	2 boxes every 25 days	RELENZA MIS DISKHALE	2 inhalers every 90 days
PLEGRIDY INJ	1 carton every 28 days	REPATHA INJ 140MG/ML	2 syringes every 28 days
PLEGRIDY INJ PEN	1 carton every 28 days	REPATHA PUSH INJ 420/3.5	1 cartridge every 28 days
PLEGRIDY INJ STARTER	1 kit every 28 days	REPATHA SURE INJ 140MG/ML	2 pens every 28 days
PLEGRIDY PEN INJ STARTER	1 pack every 28 days	RESCRIPTOR TAB 100 MG	900 tabs every 30 days
POMALYST CAP 1MG	21 caps every 21 days	RESCRIPTOR TAB 200MG	450 tabs every 30 days
POMALYST CAP 2MG	21 caps every 21 days	REVLIMID CAP 10MG	28 caps every 28 days
POMALYST CAP 3MG	21 caps every 21 days	REVLIMID CAP 15MG	28 caps every 28 days
POMALYST CAP 4MG	21 caps every 21 days	REVLIMID CAP 2.5MG	28 caps every 28 days
PRAZIQUANTEL TAB 600MG	24 tabs every 365 days	REVLIMID CAP 20MG	21 caps every 28 days
PREDNICARBAT CRE 0.1%	120g every 25 days	REVLIMID CAP 25MG	21 caps every 28 days
PREDNICARBAT OIN 0.1%	120g every 25 days	REVLIMID CAP 5MG	28 caps every 28 days
PREZCOBIX TAB 800-150	30 tabs every 30 days	REYATAZ POW 50MG	180 packets every 30 days
PREZISTA SUS 100MG/ML	400 ml every 30 days	RITONAVIR TAB 100MG	360 tabs every 30 days
PREZISTA TAB 150MG	180 tabs every 30 days	RIZATRIPTAN TAB 10MG	18 tabs every 25 days

QUANTITY LIMITS

RIZATRIPTAN TAB 10MG ODT	18 tabs every 25 days	SPIRIVA AER 1.25MCG	1 package every 25 days
RIZATRIPTAN TAB 5MG	18 tabs every 25 days	SPIRIVA CAP HANDIHLR	1 package every 25 days
RIZATRIPTAN TAB 5MG ODT	18 tabs every 25 days	SPIRIVA SPR 2.5MCG	1 package every 25 days
ROZEREM TAB 8MG	15 tabs every 25 days	SPRYCEL TAB 100MG	30 tabs every 30 days
RYDAPT CAP 25MG	224 caps every 28 days	SPRYCEL TAB 140MG	30 tabs every 30 days
SABRIL TAB 500MG	180 tabs every 30 days	SPRYCEL TAB 20MG	90 tabs every 30 days
SANCUISO DIS 3.1MG	2 patches every 21 days	SPRYCEL TAB 50MG	30 tabs every 30 days
SELZENTRY SOL 20MG/ML	1840 mL every 30 days	SPRYCEL TAB 70MG	30 tabs every 30 days
SELZENTRY TAB 150MG	60 tabs every 30 days	SPRYCEL TAB 80MG	30 tabs every 30 days
SELZENTRY TAB 25MG	240 tabs every 30 days	STAVUDINE CAP 15MG	60 caps every 30 days
SELZENTRY TAB 300MG	120 tabs every 30 days	STAVUDINE CAP 20MG	60 caps every 30 days
SELZENTRY TAB 75MG	60 tabs every 30 days	STAVUDINE CAP 30MG	60 caps every 30 days
SENSIPAR TAB 30MG	60 tabs every 30 days	STAVUDINE CAP 40MG	60 caps every 30 days
SENSIPAR TAB 60MG	60 tabs every 30 days	STELARA INJ 45MG/0.5	1 syringe every 84 days
SENSIPAR TAB 90MG	120 tabs every 30 days	STELARA INJ 90MG/ML	1 syringe every 56 days
SIGNIFOR INJ 0.3MG/ML	60 ampules every 30 days	STIVARGA TAB 40MG	84 tabs every 28 days
SIGNIFOR INJ 0.6MG/ML	60 ampules every 30 days	STRIBILD TAB	30 tabs every 30 days
SIGNIFOR INJ 0.9MG/ML	60 ampules every 30 days	STRIVERDI AER 2.5MCG	1 package every 25 days
SILDENAFIL TAB 100MG	6 tabs every 30 days	SUMATRIPTAN INJ 4MG/0.5	18 syringes every 25 days
SILDENAFIL TAB 20MG (PAH)	90 tabs every 30 days	SUMATRIPTAN INJ 4MG/0.5	18 syringes every 25 days
SILDENAFIL TAB 25MG	6 tabs every 30 days	SUMATRIPTAN INJ 6MG/0.5	12 vials every 25 days
SILDENAFIL TAB 50MG	6 tabs every 30 days	SUMATRIPTAN INJ 6MG/0.5	12 units every 25 days
SILENOR TAB 3MG	30 tabs every 25 days	SUMATRIPTAN INJ 6MG/0.5	12 units every 25 days
SILENOR TAB 6MG	30 tabs every 25 days	SUMATRIPTAN INJ 6MG/0.5	12 units every 25 days
SIMPONI INJ 100MG/ML	1 injection every 28 days	SUMATRIPTAN SPR 20MG/ACT	12 sprays every 25 days
SIMPONI INJ 100MG/ML	1 injection every 28 days	SUMATRIPTAN SPR 5MG/ACT	24 sprays every 25 days
SIMPONI INJ 50/0.5ML	1 injection every 28 days	SUMATRIPTAN TAB 100MG	12 tabs every 25 days
SIMPONI INJ 50/0.5ML	1 injection every 28 days	SUMATRIPTAN TAB 25MG	12 tabs every 25 days
SKYLA IUD 13.5MG	1 every 300 days	SUMATRIPTAN TAB 50MG	12 tabs every 25 days
SOMAVERT INJ 10MG	30 vials every 30 days	SUTENT CAP 12.5MG	30 caps every 30 days
SOMAVERT INJ 15MG	30 vials every 30 days	SUTENT CAP 25MG	30 caps every 30 days
SOMAVERT INJ 20MG	30 vials every 30 days	SUTENT CAP 37.5MG	30 caps every 30 days
SOMAVERT INJ 25MG	30 vials every 30 days	SUTENT CAP 50MG	30 caps every 30 days
SOMAVERT INJ 30MG	30 vials every 30 days	SYMBICORT AER 160-4.5	1 package every 25 days
SOVALDI TAB 400MG	28 tabs every 28 days	SYMBICORT AER 80-4.5	1 package every 25 days

QUANTITY LIMITS

SYMDEKO TAB 100-150	56 tabs every 28 days	TOBRAMYCIN NEB 300/5ML	280 mL every 28 days
SYMFI LO TAB	30 tabs every 30 days	TRACLEER TAB 125MG	60 tabs every 30 days
SYMFI TAB	30 tabs every 30 days	TRACLEER TAB 32MG	112 tabs every 28 days
SYNERA DIS 70-70MG	2 patches every 25 days	TRACLEER TAB 62.5MG	60 tabs every 30 days
TADALAFIL TAB 10 MG	6 tabs every 30 days	TRIAMCINOLON AER 55MCG/AC	1 bottle every 25 days
TADALAFIL TAB 2.5MG	30 tabs every 25 days	TRIMIPRAMINE CAP 100MG	30 caps every 25 days
TADALAFIL TAB 20MG	6 tabs every 30 days	TRIMIPRAMINE CAP 25MG	60 caps every 25 days
TADALAFIL TAB 20MG (PAH)	60 tabs every 30 days	TRIMIPRAMINE CAP 50MG	60 caps every 25 days
TADALAFIL TAB 5MG	30 tabs every 25 days	TRIUMEQ TAB	30 tabs every 30 days
TAFINLAR CAP 50MG	120 caps every 30 days	TRUVADA TAB 100-150	30 tabs every 30 days
TAFINLAR CAP 75MG	120 caps every 30 days	TRUVADA TAB 133-200	30 tabs every 30 days
TALTZ INJ 80MG/ML	1 injection every 28 days	TRUVADA TAB 167-250	30 tabs every 30 days
TALTZ INJ 80MG/ML	1 injection every 28 days	TRUVADA TAB 200-300	30 tabs every 30 days
TARCEVA TAB 100MG	30 tabs every 30 days	TYBOST TAB 150MG	30 tabs every 30 days
TARCEVA TAB 150MG	30 tabs every 30 days	TYKERB TAB 250MG	180 tabs every 30 days
TARCEVA TAB 25MG	60 tabs every 30 days	TYMLOS INJ	1 pen every 30 days
TECFIDERA CAP 120MG	14 caps every 28 days	TYSABRI INJ 300/15ML	1 vial every 28 days
TECFIDERA CAP 240MG	60 caps every 30 days	TYVASO START SOL 0.6MG/ML	28 ampules every 28 days
TECFIDERA MIS STARTER	1 kit every 30 days	VANCOMYCIN CAP 125MG	80 caps every 10 days
TECHNIVIE TAB	56 tabs every 28 days	VANCOMYCIN CAP 250MG	80 caps every 10 days
TEMAZEPAM CAP 15MG	15 caps every 25 days	VENTAVIS SOL 10MCG/ML	270 ampules every 30 days
TEMAZEPAM CAP 22.5MG	15 caps every 25 days	VENTAVIS SOL 20MCG/ML	270 ampules every 30 days
TEMAZEPAM CAP 30MG	15 caps every 25 days	VIDEX EC CAP 125MG	30 caps every 30 days
TEMAZEPAM CAP 7.5MG	15 caps every 25 days	VIDEX SOL 2GM	1200 ml every 30 days
TENCON TAB 50-325MG	48 tabs every 25 days	VIDEX SOL 4GM	1200 ml every 30 days
TENOFOVIR TAB 300MG	30 tabs every 30 days	VIGABATRIN PAK 500MG	180 packets every 30 days
TETRABENAZIN TAB 12.5MG	240 tabs every 30 days	VIGABATRIN TAB 500mg	180 tabs every 30 days
TETRABENAZIN TAB 25MG	120 tabs every 30 days	VIRACEPT TAB 250MG	300 tabs every 30 days
THALOMID CAP 100MG	28 caps every 28 days	VIRACEPT TAB 625MG	120 tabs every 30 days
THALOMID CAP 150MG	56 caps every 28 days	VIREAD POW 40MG/GM	240 gm every 30 days
THALOMID CAP 200MG	56 caps every 28 days	VIREAD TAB 150MG	30 tabs every 30 days
THALOMID CAP 50MG	28 caps every 28 days	VIREAD TAB 200MG	30 tabs every 30 days
TIVICAY TAB 10MG	60 tabs every 30 days	VIREAD TAB 250MG	30 tabs every 30 days
TIVICAY TAB 25MG	60 tabs every 30 days	VITRAKVI SOL 20MG/ML	300mL every 30 days
TIVICAY TAB 50MG	60 tabs every 30 days	VITRAKVI CAP 100MG	60 caps every 30 days

QUANTITY LIMITS

VITRAKVI CAP 25MG	180 caps every 30 days	ZENZEDI TAB 20MG	60 tabs every 25 days
VOSEVI TAB	28 tabs every 28 days	ZENZEDI TAB 30MG	30 tabs every 25 days
VOTRIENT TAB 200MG	120 tabs every 30 days	ZENZEDI TAB 7.5MG	120 tabs every 25 days
WIDE-SEAL DPR KIT 60	1 every 300 days	ZEPATIER TAB 50-100MG	28 tabs every 28 days
WIDE-SEAL DPR KIT 65	1 every 300 days	ZERIT SOL 1MG/ML	2400 ml every 30 days
WIDE-SEAL DPR KIT 70	1 every 300 days	ZIDOVUDINE CAP 100MG	180 caps every 30 days
WIDE-SEAL DPR KIT 75	1 every 300 days	ZIDOVUDINE SYP 50MG/5ML	1800 ml every 30 days
WIDE-SEAL DPR KIT 80	1 every 300 days	ZIDOVUDINE TAB 300MG	60 tabs every 30 days
WIDE-SEAL DPR KIT 85	1 every 300 days	ZOLINZA CAP 100MG	120 caps every 30 days
WIDE-SEAL DPR KIT 90	1 every 300 days	ZOLMITRIPTAN TAB 2.5 MG	12 tabs every 25 days
WIDE-SEAL DPR KIT 95	1 every 300 days	ZOLMITRIPTAN TAB 5MG	12 tabs every 25 days
XALKORI CAP 200MG	60 caps every 30 days	ZOLMITRIPTAN TAB 5MG ODT	12 tabs every 25 days
XALKORI CAP 250MG	60 caps every 30 days	ZOLPIDEM ER TAB 12.5MG	15 tabs every 25 days
XELJANZ TAB 5MG	60 tabs every 30 days	ZOLPIDEM ER TAB 6.25MG	15 tabs every 25 days
XELJANZ XR TAB 11MG	30 tabs every 30 days	ZOLPIDEM TAB 10MG	15 tabs every 25 days
XTANDI CAP 40MG	120 caps every 30 days	ZOLPIDEM TAB 5MG	15 tabs every 25 days
ZALEPLON CAP 10MG	15 caps every 25 days	ZOMIG SPR 2.5MG	12 sprays every 25 days
ZALEPLON CAP 5MG	15 caps every 25 days	ZOMIG SPR 5MG	12 sprays every 25 days
ZEJULA CAP 100MG	90 caps every 30 days	ZYDELIG TAB 100MG	60 tabs every 30 days
ZELBORAF TAB 240MG	240 tabs every 30 days	ZYDELIG TAB 150MG	60 tabs every 30 days
ZENZEDI TAB 15MG	60 tabs every 25 days	ZYKADIA CAP 150MG	90 caps every 30 days
ZENZEDI TAB 2.5MG	120 tabs every 25 days	ZYTIGA TAB 500MG	60 tabs every 30 days
ZENZEDI TAB 20MG	60 tabs every 25 days		

Prior authorization is required for a member to receive more than one product at a time within each group below

Acid Reflux Products	ACIPHEX (raberprazole) ACIPHEX SPRINKLES (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium NEXIUM (esomeprazole) PREVACID (lansoprazole) PRILOSEC (omeprazole) PROTONIX (pantoprazole) ZEGERID (omeprazole/sodium bicarbonate)
Anti-Anxiety Products	ATIVAN (lorazepam) NIRAVAM (alprazolam orally disintegrated tablet) oxazepam TRANXENE (clorazepate) VALIUM (diazepam) XANAX (alprazolam)
Butalbital Containing Products	butalbital and acetaminophen butalbital, acetaminophen, and caffeine butalbital, acetaminophen, caffeine, and codeine butalbital, aspirin, and caffeine butalbital, aspirin, caffeine, and codeine
Dronabinol Products	MARINOL (dronabinol) SYNDROS (dronabinol) oral solution
Influenza Products	RELENZA (zanamivir) TAMIFLU (oseltamivir)
Insomnia Products	AMBIEN (zolpidem) AMBIEN CR (zolpidem extended-release) flurazepam DORAL (quazepam) estazolam HALCION (triazolam) LUNESTA (eszopiclone) RESTORIL (temazepam) ROZEREM (ramelteon) SONATA (zaleplon)
Ketorolac Products	ketorolac SPRIX (ketorolac) nasal spray
Lidocaine Topical Products	EMLA cream (lidocaine 2.5% and prilocaine 2.5% cream) lidocaine 2% gel lidocaine 4% gel

	lidocaine 5% ointment lidocaine 4% solution PLIAGLIS cream (lidocaine and tetracaine 7-7% cream) SYNERA 70-70mg patch (lidocaine and tetracaine 70-70mg patch)
Methadone Products	METHADOSE 10mg/ml (methadone oral concentrate) METHADOSE 40mg DISPERSABLE TABLET (methadone dispersible tablets)
Migraine Products	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX INJECTIONS/STATDOSE (sumatriptan) IMITREX NASAL SPRAY (sumatriptan) IMITREX TABLETS (sumatriptan) MAXALT/MAXALT-MLT (rizatriptan) ONZETRA XSAIL (sumatriptan) RELPAX (eletriptan) SUMAVEL DOSEPRO (sumatriptan) TREXIMET (sumatriptan/naproxen) ZEMBRACE SYMTOUCH (sumatriptan) ZOMIG NASAL SPRAY (zolmitriptan) ZOMIG TABLETS/ZOMIG-ZMT (zolmitriptan)

OPIOID QUANTITY LIMITS

****Immediate release products are limited to a 7-day supply or less for opioid-naïve patients/members

APAP/CODEINE SOL 120-12/5	2700 ml every 25 days	FENTANYL OT LOZ 1600MCG	120 lozenges every 25 days
APAP/CODEINE TAB 300-15MG	400 tabs every 25 days	FENTANYL OT LOZ 200MCG	120 lozenges every 25 days
APAP/CODEINE TAB 300-30MG	360 tabs every 25 days	FENTANYL OT LOZ 400MCG	120 lozenges every 25 days
APAP/CODEINE TAB 300-60MG	180 tabs every 25 days	FENTANYL OT LOZ 600MCG	120 lozenges every 25 days
BELBUCA MIS 150MCG	60 films every 25 days	FENTANYL OT LOZ 800MCG	120 lozenges every 25 days
BELBUCA MIS 300MCG	60 films every 25 days	HYDROCO/APAP SOL 7.5-325	2700 ml every 25 days
BELBUCA MIS 450MCG	60 films every 25 days	HYDROCO/APAP TAB 10-325MG	180 tabs every 25 days
BELBUCA MIS 75MCG	60 films every 25 days	HYDROCO/APAP TAB 5-325MG	240 tabs every 25 days
BUPREN/NALOX MIS 8-2MG	90 units every 25 days	HYDROCO/APAP TAB 7.5-325	180 tabs every 25 days
BUPREN/NALOX MIS 12-3MG	60 units every 25 days	HYDROMORPHON LIQ 1MG/ML	600 ml every 25 days
BUPREN/NALOX MIS 2-0.5MG	90 units every 25 days	HYDROMORPHON SUP 3MG	120 suppositories every 25 days
BUPREN/NALOX MIS 4-1MG	90 units every 25 days	HYDROMORPHON TAB 12MG ER	30 tabs every 25 days
BUPREN/NALOX SUB 2-0.5MG	90 tabs every 25 days	HYDROMORPHON TAB 16MG ER	30 tabs every 25 days
BUPREN/NALOX SUB 8-2MG	90 tabs every 25 days	HYDROMORPHON TAB 2MG	180 tabs every 25 days
BUPRENORPHIN SUB 2MG ²	90 tabs every 25 days	HYDROMORPHON TAB 4MG	150 tabs every 25 days
BUPRENORPHIN SUB 8MG ²	90 tabs every 25 days	HYDROMORPHON TAB 8MG	60 tabs every 25 days
BUT/APAP/CAF CAP CODEINE	48 caps every 25 days	HYDROMORPHON TAB 8MG ER	30 tabs every 25 days
BUTORPHANOL SOL 10MG/ML	2 bottles every 25 days	HYSINGLA ER TAB 20 MG	30 tabs every 25 days
CAPITAL/COD SUS 120-12/5	2700 ml every 25 days	HYSINGLA ER TAB 30 MG	30 tabs every 25 days
CODEINE SULF TAB 15MG	42 tabs every 25 days	HYSINGLA ER TAB 40 MG	30 tabs every 25 days
CODEINE SULF TAB 30MG	42 tabs every 25 days	HYSINGLA ER TAB 60 MG	30 tabs every 25 days
CODEINE SULF TAB 60MG	42 tabs every 25 days	HYSINGLA ER TAB 80 MG	30 tabs every 25 days
EMBEDA CAP 20-0.8MG	60 caps every 25 days	LORTAB TAB 10-325MG	180 tabs every 25 days
EMBEDA CAP 30-1.2MG	60 caps every 25 days	METHADONE CON 10MG/ML	30 ml every 25 days
EMBEDA CAP 50-2MG	30 caps every 25 days	METHADONE CON 10MG/ML	60 mL every 25 days
EMBEDA CAP 60-2.4MG	30 caps every 25 days	METHADONE INJ 10MG/ML	20 ml every 25 days
EMBEDA CAP 80-3.2MG	30 caps every 25 days	METHADONE SOL 10MG/5ML	300 mL every 25 days
ENDOCET TAB 10-325MG	180 tabs every 25 days	METHADONE SOL 5MG/5ML	450 ml every 25 days
ENDOCET TAB 2.5-325	360 tabs every 25 days	METHADONE TAB 10MG	60 tabs every 25 days
ENDOCET TAB 5-325MG	360 tabs every 25 days	METHADONE TAB 40MG	9 tabs every 25 days
ENDOCET TAB 7.5-325	240 tabs every 25 days	METHADONE TAB 5MG	90 tabs every 25 days
FENTANYL DIS 12MCG/HR	10 patches every 25 days	METHADOSE TAB 40MG	9 tabs every 25 days
FENTANYL DIS 25MCG/HR	10 patches every 25 days	MORPHINE SUL CAP 10MG ER	60 caps every 25 days
FENTANYL OT LOZ 1200MCG	120 lozenges every 25 days	MORPHINE SUL CAP 20MG ER	60 caps every 25 days

OPIOID QUANTITY LIMITS

MORPHINE SUL CAP 30MG ER	60 caps every 25 days	OXYCODONE CON 20MG/ML	90 mL every 25 days
MORPHINE SUL CAP 60MG ER	30 caps every 25 days	OXYCODONE SOL 5MG/5ML	900 ml every 25 days
MORPHINE SUL CAP 30MG ER	30 caps every 25 days	OXYCODONE TAB 10MG	180 tabs every 25 days
MORPHINE SUL CAP 45MG ER	30 caps every 25 days	OXYCODONE TAB 10MG ER	60 tabs every 25 days
MORPHINE SUL CAP 50MG ER	30 caps every 25 days	OXYCODONE TAB 15MG	120 tabs every 25 days
MORPHINE SUL CAP 60MG ER	30 caps every 25 days	OXYCODONE TAB 15MG ER	60 tabs every 25 days
MORPHINE SUL CAP 75MG ER	30 caps every 25 days	OXYCODONE TAB 20MG	90 tabs every 25 days
MORPHINE SUL CAP 80MG ER	30 caps every 25 days	OXYCODONE TAB 20MG ER	60 tabs every 25 days
MORPHINE SUL CAP 90MG ER	30 caps every 25 days	OXYCODONE TAB 30MG	60 tabs every 25 days
MORPHINE SUL SOL 100/5ML	135 mL every 25 days	OXYCODONE TAB 30MG ER	60 tabs every 25 days
MORPHINE SUL SOL 10MG/5ML	900 ml every 25 days	OXYCODONE TAB 5MG	180 tabs every 25 days
MORPHINE SUL SOL 20MG/5ML	675 mL every 25 days	OXYCODONE/ SOL APAP	1800 ml every 25 days
MORPHINE SUL SUP 10MG	180 suppositories every 25 days	OXYCONTIN TAB 10MG CR	60 tabs every 25 days
MORPHINE SUL SUP 20MG	120 supp every 25 days	OXYCONTIN TAB 15MG CR	60 tabs every 25 days
MORPHINE SUL SUP 30MG	90 supp every 25 days	OXYCONTIN TAB 20MG CR	60 tabs every 25 days
MORPHINE SUL SUP 5MG	180 suppositories every 25 days	OXYCONTIN TAB 30MG CR	60 tabs every 25 days
MORPHINE SUL TAB 15MG	180 tabs every 25 days	OXYMORPHONE TAB 10MG ER	60 tabs every 25 days
MORPHINE SUL TAB 15MG ER	90 tabs every 25 days	OXYMORPHONE TAB 15MG ER	60 tabs every 25 days
MORPHINE SUL TAB 30MG	90 tabs every 25 days	OXYMORPHONE TAB 5MG ER	60 tabs every 25 days
MORPHINE SUL TAB 30MG ER	90 tabs every 25 days	OXYMORPHONE TAB 7.5MG ER	60 tabs every 25 days
NUCYNTA ER TAB 100MG	60 tabs every 25 days	OXYMORPHONE TAB HCL 10MG	90 tabs every 25 days
NUCYNTA ER TAB 50MG	60 tabs every 25 days	OXYMORPHONE TAB HCL 5MG	180 tabs every 25 days
NUCYNTA TAB 100MG	60 tabs every 25 days	TRAMADOL HCL TAB 100MG ER	30 tabs every 25 days
NUCYNTA TAB 50MG	120 tabs every 25 days	TRAMADOL HCL TAB 50MG	180 tabs every 25 days
NUCYNTA TAB 75MG	90 tabs every 25 days	XARTEMIS XR TAB 7.5-325	120 tabs every 25 days
OXYCOD/APAP TAB 10-325MG	180 tabs every 25 days	XYLON TAB 10-200MG	50 tabs every 25 days
OXYCOD/APAP TAB 2.5-325	360 tabs every 25 days	ZUBSOLV SUB 0.7-0.18	90 units every 25 days
OXYCOD/APAP TAB 5-325MG	360 tabs every 25 days	ZUBSOLV SUB 1.4-0.36	90 units every 25 days
OXYCOD/APAP TAB 5-325MG	360 tabs every 25 days	ZUBSOLV SUB 11.4-2.9	30 units every 25 days
OXYCOD/APAP TAB 7.5-325	240 tabs every 25 days	ZUBSOLV SUB 2.9-0.71	90 units every 25 days
OXYCOD/ASA TAB	360 tabs every 25 days	ZUBSOLV SUB 5.7-1.4	90 units every 25 days
OXYCOD/IBU TAB 5-400MG	28 tabs every 25 days	ZUBSOLV SUB 8.6-2.1	60 units every 25 days
OXYCODONE CAP 5MG	180 caps every 25 days		

NON-SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

ACAMPROSATE CALCIUM DR	GLYBURIDE MICRONIZED ⁵	OMEGA-3-ACID ETHYL ESTERS
ADAPALENE ⁴	GLYBURIDE/METFORMIN HCL ⁵	ORPHENADRINE CITRATE ER
ALOSETRON HYDROCHLORIDE	HYDROMORPHONE HCL ER 32 MG	OXANDROLONE
AMITRIPTYLINE HCL	HYDROXYZINE HCL ⁵	OXYCODONE HCL ER 40MG, 60MG, 80MG
AMNESTEEM	HYDROXYZINE PAMOATE ⁵	OXYCONTIN 40MG, 60MG, 80MG
ANADROL-50	HYSINGLA ER 100MG, 120MG	OXYMORPHONE HYDROCHLORIDE 20MG, 30MG, 40MG
APTIOM	IMIPRAMINE PAMOATE	PREMARIN ⁵
ARMODAFINIL	ISOTRETINOIN	PROMETHAZINE HCL ⁵
AVITA ⁴	ITRACONAZOLE	PROMETHAZINE HCL PLAIN ⁵
BANZEL	JUBLIA	REGRANEX
BELBUCA 600MCG, 750MCG, 900MCG	LIDOCAINE	RIVASTIGMINE TARTRATE
BRIVIACT	MEMANTINE HCL ³	RIVASTIGMINE TRANSDERMAL
CARISOPRODOL ⁵	MEMANTINE HCL TITRATION PACK ³	SANTYL
CLARAVIS	MEMANTINE HYDROCHLORIDE ³	SPORANOX
CLEMASTINE FUMARATE ⁵	MEMANTINE HYDROCHLORIDE E ³	TADALAFIL 2.5mg, 5mg
CLOBAZAM	MENEST ⁵	TAZAROTENE
CYCLOBENZAPRINE HCL ⁵	METAXALONE ⁵	TAZORAC
DALIRESP	METHOCARBAMOL ⁵	TERBINAFINE HCL
DIFICID	METHYLTESTOSTERONE	TESTOSTERONE
DIPYRIDAMOLE ⁵	MODAFINIL	TESTOSTERONE CYPIONATE
DIVIGEL ⁵	MORPHINE SULFATE ER 60 MG, 100MG, 120MG, 200MG	TESTOSTERONE ENANTHATE
ELESTRIN ⁵	MULTAQ	TRAMADOL HCL ER 200MG, 300MG
EMBEDA	MYORISAN	TRETINOIN ⁴
EMSAM	NAMENDA XR TITRATION PACK ³	TRETINOIN MICROSPHERE ⁴
ESTRADIOL ⁵	NITROFURANTOIN ⁵	TRETINOIN MICROSPHERE PUMP ⁴
ESTROGEL ⁵	NITROFURANTOIN MACROCRYST ⁵	TRUVADA
ESTROPIPATE ⁵	NITROFURANTOIN MONOHYDRAT ⁵	VORICONAZOLE
EVAMIST ⁵	NORTRIPTYLINE HCL	XIFAXAN
FENTANYL 50MCG, 75MCG, 100MCG TD PATCHES	NUCYNTA ER 150MG, 200MG, 250MG	
GLYBURIDE	NUEDEXTA	

SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

ABIRATERONE	EPCLUSA	KADCYLA
ACTIMMUNE	ERIVEDGE	KALYDECO
ADEMPAS	ESBRIET	KEVZARA
AFINITOR	FARYDAK	KISQALI
AFINITOR DISPERZ	FERRIPROX	KUVAN
ALECENSA	FIRAZYR	LENVIMA
APOKYN	FULPHILA	LETAIRIS
ARANESP ALBUMIN FREE	GANIRELIX ACETATE	LEUPROLIDE ACETATE
ARCALYST	GILENYA	LORBRENA
AUBAGIO	GLASSIA	LYNPARZA
AVONEX	GLATIRAMER ACETATE	MEKINIST
AVONEX PEN	GLATOPA	MIRCERA
AZACITIDINE	GONAL-F	MYALEPT
BETASERON	GONAL-F RFF	NEXAVAR
BEXAROTENE	GONAL-F RFF REDIJECT	NUPLAZID
BOSULIF	HARVONI	OCTREOTIDE ACETATE
CALQUENCE	HEMLIBRA	ODOMZO
CAPECITABINE	HETLIOZ	ONCASPAR
CAPRELSA	HUMATROPE	OPSUMIT
CARBAGLU	HUMATROPE COMBO PACK	ORENITRAM
CAYSTON	HUMIRA	ORFADIN
CERDELGA	HUMIRA PEDIATRIC CROHNS D	ORKAMBI
CHORIONIC GONADOTROPIN	HUMIRA PEN	OTEZLA
COMETRIQ	HUMIRA PEN-CD/UC/HS START	OVIDREL
COPAXONE	HUMIRA PEN-PS/UV STARTER	PEGASYS
COSENTYX	IBRANCE	PEGASYS PROCLICK
COSENTYX SENSOREADY PEN	ICLUSIG	PLEGRIDY
CYSTAGON	IDHIFA	PLEGRIDY STARTER PACK
CYSTARAN	IMATINIB MESYLATE	POMALYST
DALFAMPRIDINE ER	IMBRUVICA	PROLIA
DOFETILIDE	INCRELEX	PROMACTA
ELIGARD	INLYTA	REBETOL
ENBREL	INTRON A	REBIF
ENBREL MINI	INTRON A W/DILUENT	REBIF REBIDOSE
ENBREL SURECLICK	JAKAFI	REBIF REBIDOSE TITRATION

SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

REBIF TITRATION PACK	STIVARGA	VENCLEXTA
REMODULIN	SUTENT	VENTAVIS
REPATHA	SYMDEKO	VIGABATRIN
REPATHA PUSHTRONEX SYSTEM	TADALAFIL (PAH)	VITRAKVI
REPATHA SURECLICK	TAFINLAR	VOSEVI
RETACRIT	TALTZ	VOTRIENT
REVLIMID	TARCEVA	XALKORI
RIBASPHERE	TARGRETIN	XELJANZ
RIBAVIRIN	TECFIDERA	XELJANZ XR
RYDAPT	TECFIDERA STARTER PACK	XOLAIR
SAMSCA	TECHNIVIE	XTANDI
SENSIPAR	TEMOZOLOMIDE	XYREM
SIGNIFOR	TETRABENAZINE	ZARXIO
SIMPONI ARIA	THALOMID	ZEJULA
SODIUM PHENYL BUTYRATE	TOBRAMYCIN	ZELBORAF
SOMATULINE DEPOT	TRACLEER	ZEPATIER
SOMAVERT	TYKERB	ZOLINZA
SOVALDI	TYMLOS	ZYDELIG
SPRYCEL	TYVASO STARTER	ZYKADIA
STELARA	UPTRAVI	ZYTIGA

STEP THERAPY CRITERIA

<i>Drug Name(s)</i>	<i>Step Therapy Criteria</i>
SYMLINPEN 120, SYMLINPEN 60	Coverage will be provided if the member has filled a prescription for a 30-day supply of rapid-acting insulin or short-acting insulin, or pre-mixed insulin within the past 120 days.
LATUDA, REXULTI, SAPHRIS	Coverage will be provided if the member has filled a prescription for a 30-day supply of aripiprazole, olanzapine, risperidone, quetiapine regular release, or ziprasidone within the past 180 days.
DESVENLAFAXINE ER, FETZIMA, FETZIMA TITRATION PACK	Coverage will be provided if the patient has filled a prescription for a 30-day supply of a generic serotonin-norepinephrine reuptake inhibitor (SNRI) OR generic mirtazapine, generic bupropion, or a generic selective serotonin reuptake inhibitor (SSRI) within the past 120 days.
JANUMET, JANUMET XR, JANUVIA, JENTADUETO XR, TRADJENTA	Coverage will be provided if the member has filled a prescription for a 30-day supply of metformin within the past 180 days.
DOXEPIN HYDROCHLORIDE	Coverage will be provided if the member has filled a prescription for at least a 7-day supply of a generic topical corticosteroid AND at least a 7-day supply of topical tacrolimus (Protopic) or Elidel (pimecrolimus) within the past 120 days.
EXELDERM	Coverage will be provided if the patient has filled a prescription for a 7-day supply of a generic topical antifungal agent within the past 120 days.
OZEMPIC, TRULICITY, VICTOZA	Coverage will be provided if the member has filled a prescription for a 30-day supply of metformin within the past 180 days.
SOLIQUA 100/33, XULTOPHY 100/3.6	Coverage will be provided if the member has filled a prescription for a 30-day supply of metformin and long acting insulin or a GLP-1 receptor agonist within the past 180 days.
GUANFACINE ER	Coverage will be provided if the member has filled a prescription for an amphetamine-dextroamphetamine, dextroamphetamine, methamphetamine, lisdexamfetamine, methylphenidate or dexmethylphenidate product (at least a 30-day supply within the past 180 days).
LIVALO, ROSUVASTATIN CALCIUM	Coverage will be provided if the member is less than 10 years of age (rosuvastatin only) or has filled a prescription for at least a 30-day supply of atorvastatin or simvastatin within the past 180 days. Step does not apply to members age 40-75 filling rosuvastatin 5mg and 10mg.
LYRICA	Coverage will be provided if the member has filled a prescription for regular release generic gabapentin (at least a 30-day supply within the past 120 days).

STEP THERAPY CRITERIA

OMNARIS	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of a generic nasal steroid within the past 180 days.
BELBUCA, EMBEDA, FENTANYL, HYDROMORPHONE HCL ER, HYSINGLA ER, METHADONE HCL, METHADONE HCL INTENSOL, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYCONTIN, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER	Coverage will be provided if the member has filled a cumulative 7-day or greater supply of an immediate-release opioid agent within the past 90 days OR has been receiving an extended-release opioid agent for a cumulative 30 days or greater within the past 90 days.
CODEINE SULFATE, HYDROMORPHONE HCL, MORPHINE SULFATE, NUCYNTA, OXYCODONE HCL, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL	Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.
ACETAMINOPHEN/CODEINE, CAPITAL/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, LORTAB, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, OXYCODONE/IBUPROFEN, XYLON	Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.
ACTEMRA	For Rheumatoid Arthritis, must try Enbrel, Humira, Kevzara, Xeljanz 5mg, or Xeljanz XR.
SOVALDI, TECHNIVIE, ZEPATIER	Must try Epclusa or Harvoni.
AVONEX, AVONEX PEN, PLEGRIDY, PLEGRIDY STARTER PACK	Must try Betaseron, Rebif, Glatiramer 40mg, Glatopa 20mg, Copaxone 20mg, Copaxone 40 mg, Gilenya, Tecfidera or Aubagio.
RANOLAZINE ER	Coverage will be provided if the member has filled a prescription for a nitrate plus a beta blocker or a calcium channel blocker (at least a 30-day supply within the past 365 days).
SAVELLA, SAVELLA TITRATION PACK	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of immediate-release gabapentin, immediate-release pregabalin, duloxetine, or a amitriptyline within the past 120 days.
SIMVASTATIN	Coverage will be provided if the member has filled a prescription for 80 mg strength of simvastatin (Zocor) (at least a 290-day supply within the past 365 days).
FARXIGA, GLYXAMBI, JARDIANCE, QTERN, SYNJARDY, SYNJARDY XR, XIGDUO XR	Coverage will be provided if the member has filled a prescription for a 30-day supply of metformin within the past 180 days.
AZELEX	Coverage will be provided if the member has filled a prescription for a generic acne product (at least a 30-day supply within the past 180 days).
EDARBI	Coverage will be provided if the member has filled a prescription for a generic ACE, ACE/HCTZ combination, ARB, or ARB/HCTZ combination (at least a 30-day supply within the past 365 days).

STEP THERAPY CRITERIA

FOSAMAX PLUS D	Coverage will be provided if the member has filled a prescription for a generic bisphosphonate product (at least a 28-day supply within the past 365 days).
CARDURA XL	Coverage will be provided if the member has filled a prescription for a generic Benign Prostatic Hyperplasia (BPH) agent (e.g., alfuzosin ext-rel, doxazosin, tamsulosin, terazosin) (at least a 30-day supply within the past 365 days).
DEXILANT	Coverage will be provided if the member has filled a prescription for a generic proton pump inhibitor (at least a 30-day supply within the past 180 days).
LUMIGAN, ZIOPTAN	Coverage will be provided if the member has filled a prescription for a generic prostaglandin analogue (at least a 30-day supply within the past 365 days).
BELSOMRA, ROZEREM, SILENOR	Coverage will be provided if the member has filled a prescription for a generic nonbenzodiazepine hypnotic (at least a 30-day supply within the past 180 days).
TRINTELLIX, VIIBRYD, VIIBRYD STARTER PACK	Coverage will be provided if the member has filled a prescription for a generic SSRI product (at least a 30-day supply within the past 365 days).
MYRBETRIQ	Coverage will be provided if the member has filled a prescription for a generic urinary antispasmodic (at least a 30-day supply within the past 180 days).
TRUVADA	Truvada will be covered for pre-exposure (PrEP) and post-exposure (PEP) prophylaxis only. The formulary alternative for treatment is Cimduo. Coverage will be provided if the request is less than a 30-day supply OR the member has not filled Truvada in the previous 120 days OR the member has filled Truvada previously but has not filled any other antiretroviral medication in the past 120 days.
ULORIC	Coverage will be provided if the member has filled a prescription for allopurinol (at least a 30-day supply within the past 180 days).

¹ High-risk medication. Quantity Limits required for members age 65 or older.

² Prior Authorization required after first fill.

³ Prior Authorization required for members less than 30 years of age.

⁴ Prior Authorization required for members age 35 or older.

⁵ High-risk medication. Prior Authorization required for members age 70 or older.

This version of the CareFirst Exchange Prescription Guidelines document was updated December, 2018.

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. To learn more about your specific drug benefit, log into *My Account* at www.carefirst.com/myaccount and click on Drug & Pharmacy Resources under Quick Links or call CareFirst Pharmacy Services at 800-241-3371.

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