

Prescription Guidelines for Formularies 1, 2, and 3

(effective October 1, 2021)

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.

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. In addition, some medications not listed are covered under the medical benefit. 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.

Note: Due to the lack of 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

ANTI-INFECTIVES	
FIRVANQ	450 mL per 10 days
VANOCIN (<i>vancomycin capsules</i>)	80 capsules per 10 days
ANTI-PARASITE	
ALBENZA (<i>albendazole</i>)	336 tablets per 365 days
BILTRICIDE (<i>praziquantel</i>)	24 tablets per 365 days
EGATEN	16 tablets per 365 days
EMVERM	12 tablets per 365 days
ASTHMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
ADVAIR DISKUS	1 package (60 blisters) per month
ADVAIR HFA	1 package (12gm) per month
AIRDUO RESPICLICK	1 package per month
<i>albuterol inhalation solution</i> 0.63 mg/3 mL, 1.25 mg/3 mL	5 packages (125 vials) per month 4 packages (120 vials) per month
<i>albuterol inhalation solution</i> 0.083%, 2.5 mg/3 mL	5 packages (125 vials) per month 4 packages (120 vials) per month 2 packages (120 vials) per month
<i>albuterol inhalation solution</i> 0.5%, 2.5 mg/0.5 mL	3 packages (20 mL each) per month 4 packages (120 vials) per month
ANORO ELLIPTA	1 package (60 blisters) per month
ATROVENT HFA (<i>ipratropium</i>)	2 packages (12.9 gm each) per month
BEVESPI AEROSPHERE	1 package (10.7gm) per month
BREO ELLIPTA	1 package (60 blisters) per month
BROVANA (<i>arformoterol</i>)	60 vials per month
COMBIVENT RESPIMAT (<i>ipratropium / albuterol</i>)	2 packages (4gm each) per month
CROMOLYN INHALATION SOLUTION	2 packages (120 vials x 2mL) per month
DUAKLIR PRESSAIR	1 package per month
DULERA	1 package (13gm) per month

INCRUSE ELLIPTA (<i>umeclidinium</i>) <i>ipratropium inhalation solution, 0.02%</i>	1 package (30 blisters) per month 5 packages (125 vials) per month 4 packages (120 vials) per month 2 packages (120 vials) per month
<i>ipratropium bromide/albuterol sulfate solution</i>	180 vials per month
LONHALA MAGNAIR STARTER AND REFILL KIT (<i>glycopyrrolate</i>)	1 package (60 vials x 1mL) per month
PERFOROMIST (<i>formoterol</i>)	60 vials per month
PROAIR DIGIHALER	2 packages per month
PROAIR HFA	2 packages per month
PROAIR RESPICLICK	2 packages per month
PROVENTIL HFA	2 packages per month
SEREVENT DISKUS	1 package (60 blisters) per month
SPIRIVA HANDIHALER (<i>tiotropium</i>)	1 package (30 capsules) per month
SPIRIVA RESPIMAT (<i>tiotropium</i>)	1 package (4gm) per month
STIOLTO RESPIMAT	1 package (4gm) per month
STRIVERDI RESPIMAT	1 package (4gm) per month
SYMBICORT	1 package (10.2gm) per month
TRELEGY ELLIPTA	1 package (60 blisters) per month
TUDORZA PRESSAIR (<i>aclidinium</i>)	1 package per month
VENTOLIN HFA	6 packages (8 grams each) per month 2 packages (18 grams each) per month
XOPENEX (<i>levalbuterol inhalation solution</i>) 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL	4 packages (96 vials) per month 4 packages (100 vials) per month 3 packages (90 vials) per month
XOPENEX concentrate 1.25 mg/0.5 mL	3 packages per month
XOPENEX HFA	2 packages per month
YUPELRI (<i>revefenacin</i>)	1 package (30 vials x 3mL) per month
ATTENTION DEFICIT HYPERACTIVITY DISORDERS (ADHD)	
ADDERALL (<i>amphetamine/dextroamphetamine mixed salts</i>) 5 mg, 7.5 mg, 10 mg, 12.5 mg	90 tablets per month
ADDERALL (<i>amphetamine/dextroamphetamine mixed salts</i>) 15 mg, 20 mg	60 tablets per month
ADDERALL (<i>amphetamine/dextroamphetamine mixed salts</i>) 30 mg	30 tablets per month
ADDERALL XR (<i>amphetamine/dextroamphetamine mixed salts ext-rel</i>) 5 mg, 10 mg	90 capsules per month
ADDERALL XR (<i>amphetamine/dextroamphetamine mixed salts ext-rel</i>) 15 mg, 20 mg, 25 mg, 30 mg	30 capsules per month
ADHANSIA XR 25 mg, 35 mg, 45 mg	60 capsules per month
ADHANSIA XR 55 mg, 70 mg, 85 mg	30 capsules per month
ADZENYS ER (<i>amphetamine</i>) 1.25 mg/mL	450 mL per month
ADZENYS XR-ODT 3.1 mg, 6.3 mg, 9.4 mg	60 tablets per month
ADZENYS XR-ODT 12.5 mg, 15.7 mg, 18.8 mg	30 tablets per month
APTENSIO XR (<i>methylphenidate ext-rel</i>) 10 mg, 15 mg, 20 mg, 30 mg	60 capsules per month
APTENSIO XR (<i>methylphenidate ext-rel</i>) 40 mg, 50 mg, 60 mg	30 capsules per month
CONCERTA (<i>methylphenidate ext-rel</i>) 18 mg, 27 mg, 36 mg	60 tablets per month
CONCERTA (<i>methylphenidate ext-rel</i>) 54 mg	30 tablets per month
COTEMPLA XR 8.6 mg, 17.3 mg, 25.9 mg	60 tablets per month
DAYTRANA 10 mg, 15 mg, 20 mg, 30 mg	30 patches per month
DESOXYN (<i>methamphetamine</i>) 5 mg	150 tablets per month
DEXEDRINE SPANSULE (<i>dextroamphetamine ext-rel</i>) 5 mg, 10 mg	120 capsules per month
DEXEDRINE SPANSULE (<i>dextroamphetamine ext-rel</i>) 15 mg <i>dextroamphetamine</i> 5 mg, 10 mg	60 capsules per month 120 tablets per month
DYANAVEL XR 2.5 mg/mL	240 mL per month
EVEKEO (<i>amphetamine sulfate</i>) 5 mg, 10 mg	120 tablets per month
EVEKEO ODT 5 mg, 10 mg	120 tablets per month
EVEKEO ODT 15 mg, 20 mg	60 tablets per month
FOCALIN (<i>dexmethylphenidate</i>) 2.5 mg, 5 mg	120 tablets per month
FOCALIN (<i>dexmethylphenidate</i>) 10 mg	60 tablets per month
FOCALIN XR (<i>dexmethylphenidate ext-rel</i>) 5 mg, 10 mg, 15 mg, 20 mg	60 capsules per month
FOCALIN XR (<i>dexmethylphenidate ext-rel</i>) 25 mg, 30 mg, 35 mg, 40 mg	30 capsules per month
JORNAY PM 20 mg, 40 mg	60 capsules per month
JORNAY PM 60 mg, 80 mg, 100 mg	30 capsules per month
<i>methylphenidate</i> 5 mg, 10 mg	180 tablets per month
<i>methylphenidate</i> 20 mg	90 tablets per month
<i>methylphenidate chew tablets</i> 2.5 mg, 5 mg, 10 mg	180 tablets per month
<i>methylphenidate oral solution</i> 5 mg/5 mL	1800 mL per month
<i>methylphenidate oral solution</i> 10 mg/5 mL	900 mL per month
<i>methylphenidate ext-rel</i> 10 mg, 20 mg	90 tablets per month
<i>methylphenidate ext-rel</i> 10 mg, 20 mg, 30 mg	60 capsules per month
<i>methylphenidate ext-rel</i> 40 mg, 50 mg, 60 mg	30 capsules per month

METHYLPHENIDATE OSMOTIC EXT-REL 72 mg	30 tablets per month
MYDAYIS 12.5 mg, 25 mg	60 capsules per month
MYDAYIS 37.5 mg, 50 mg	30 capsules per month
PROCENTRA (<i>dextroamphetamine solution</i>) 5 mg/5 mL	1200 mL per month
QUILLICHEW ER 20 mg, 30 mg	60 tablets per month
QUILLICHEW ER 40 mg	30 tablets per month
QUILLIVANT XR 25 mg/5 mL	360 mL per month
RITALIN LA (<i>methylphenidate ext-rel</i>) 10 mg, 20 mg, 30 mg	60 capsules per month
RITALIN LA (<i>methylphenidate ext-rel</i>) 40 mg	30 capsules per month
STRATTERA (<i>atomoxetine</i>) 10 mg, 18 mg, 25 mg	120 capsules per month
STRATTERA (<i>atomoxetine</i>) 40 mg	60 capsules per month
STRATTERA (<i>atomoxetine</i>) 60 mg, 80 mg, 100 mg	30 capsules per month
VYVANSE 10 mg, 20 mg, 30 mg	60 capsules per month
VYVANSE 40 mg, 50 mg, 60 mg, 70 mg	30 capsules per month
ZENZEDI (<i>dextroamphetamine</i>) 2.5 mg, 5 mg, 7.5 mg, 10 mg	120 tablets per month
ZENZEDI (<i>dextroamphetamine</i>) 15 mg, 20 mg	60 tablets per month
ZENZEDI (<i>dextroamphetamine</i>) 30 mg	30 tablets per month
DIABETES	
ADLYXIN	2 pens or syringes per month
BYDUREON BCISE	4 units per 30 days
BYETTA	1 pen (60 doses) per month
OZEMPIC	2 pens (3 mL) per month
RYBELSUS	30 tablets per month
SOLIQUA	10 pens per month
TRULICITY	4 pens or syringes per month
VICTOZA	3 pens per month
XULTOPHY	5 pens per month
diabetic test strips - all brands	204 test strips per 25 days
DIABETES - INSULIN MANAGEMENT SYSTEMS	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	1 kit per 365 days
DEXCOM G4 PLATINUM RECEIVER KIT	1 kit per 365 days
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE KIT	1 kit per 365 days
DEXCOM G4 PLATINUM TRANSMITTER KIT	1 kit per 75 days
DEXCOM G4 SENSOR KIT	1 kit per 25 days
DEXCOM G5 MOBILE RECEIVER KIT	1 kit per 365 days
DEXCOM G5 MOBILE TRANSMITTER KIT	1 kit per 75 days
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	4 kits per 25 days
DEXCOM G5 RECEIVER KIT	1 kit per 365 days
DEXCOM G6 RECEIVER	1 kit per 365 days
DEXCOM G6 SENSOR	3 sensor per 25 days
DEXCOM G6 TRANSMITTER	1 transmitter per 75 days
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	1 system per 365 days
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM KIT	2 kits per 25 days
FREESTYLE LIBRE/FLASH MONITORING SYSTEM READER	1 reader per 365 days
FREESTYLE LIBRE/FLASH MONITORING SYSTEM SENSOR	3 sensors per 25 days
OMNIPOD MIS 5 PACK	6 packs per month
OMNIPOD MIS 10 PACK	3 packs per month
OMNIPOD DASH MIS 5 PACK	6 packs per month
OMNIPOD DASH KIT SYSTEM	1 system per year
OMNIPOD STARTER KIT	1 kit per year
V-GO 20 KIT	1 kit per month
V-GO 30 KIT	1 kit per month
V-GO 40 KIT	1 kit per month
EMERGENCY TREATMENT OF ALLERGIC REACTIONS	
AUVI-Q	6 injectors per 300 days
EPIPEN, EPIPEN JR (<i>epinephrine solution auto-injector</i>)	6 injectors per 300 days
SYMJEPI	6 injectors per 300 days
ERECTILE DYSFUNCTION	
CAVERJECT	6 units per month
CIALIS (<i>tadalafil</i>) 2.5 mg	30 tablets per month
CIALIS (<i>tadalafil</i>) 5 mg	30 tablets per month
CIALIS (<i>tadalafil</i>) 10 mg, 20 mg	6 tablets per month
EDEX	6 units per month
MUSE	6 units per month
STENDRA	6 tablets per month
<i>ildenafil</i>	6 tablets per month
<i>ildenafil orally disintegrating tablets</i>	6 tablets per month

VIAGRA (<i>sildenafil</i>)	6 tablets per month
FEMALE REPRODUCTIVE AGENTS	
METHERGINE	120 tablets per month
GASTROESOPHAGEAL REFLUX DISEASE (GERD)	
ACIPHEX (<i>rabeprazole</i>)	90 units of therapy per 365 days
ACIPHEX SPRINKLES	90 units of therapy per 365 days
DEXILANT	90 units of therapy per 365 days
NEXIUM (<i>esomeprazole</i>)	90 units of therapy per 365 days
<i>omeprazole</i>	90 units of therapy per 365 days
PREVACID (<i>lansoprazole</i>)	90 units of therapy per 365 days
PROTONIX (<i>pantoprazole</i>)	90 units of therapy per 365 days
ZEGERID (<i>omeprazole/sodium bicarbonate</i>)	90 units of therapy per 365 days
INFLUENZA TREATMENT & PREVENTION	
RELENZA	40 blisters per 90 days
TAMIFLU (<i>oseltamivir</i>) 30 mg	28 capsules per 90 days
TAMIFLU (<i>oseltamivir</i>) 45 mg, 75 mg	14 capsules per 90 days
TAMIFLU SUSPENSION (<i>oseltamivir suspension</i>)	3 bottles per 90 days
XOFLUZA	4 tablets per 90 days
MIGRAINE	
AIMOVIG 70 mg	2 syringes per month
AIMOVIG 140 mg	1 syringe per month
AJOVY	1 syringe per month
<i>almotriptan</i>	12 tablets per month
AMERGE (<i>naratriptan</i>)	12 tablets per month
EMGALITY 100 mg	3 syringes per month
EMGALITY 120 mg	Loading - 2 syringes per month; Maintenance - 1 syringe per month
FROVA (<i>frovatriptan</i>)	18 tablets per month
IMITREX (<i>sumatriptan</i>)	12 tablets per month
IMITREX INJ (<i>sumatriptan inj</i>) 4 mg	18 syringes per month
IMITREX INJ (<i>sumatriptan inj</i>) 6 mg	12 syringes per month
IMITREX NASAL SPRAY (<i>sumatriptan nasal spray</i>) 5 mg	24 units per month
IMITREX NASAL SPRAY (<i>sumatriptan nasal spray</i>) 20 mg	12 units per month
MAXALT (<i>rizatriptan</i>)	18 tablets per month
MAXALT MLT (<i>rizatriptan orally disintegrating tablets</i>)	18 tablets per month
MIGRANAL NS (<i>dihydroergotamine spray</i>)	1 x 8 mL per month
ONZETRA XSAIL	16 nosepieces per month
RELPAX (<i>eletriptan</i>)	12 tablets per month
REYVOW 50 mg	4 tablets per month
REYVOW 100 mg	8 tablets per month
TOSYMRA	18 units per month
TREXIMET (<i>sumatriptan/naproxen</i>)	9 tablets per month
ZEMBRACE SYMTOUCH	24 injectors per month
ZOMIG (<i>zolmitriptan</i>)	12 tablets per month
ZOMIG NASAL SPRAY	12 units per month
ZOMIG ZMT (<i>zolmitriptan orally disintegrating tablets</i>)	12 tablets per month
MUSCULOSKELETAL AGENTS	
SOMA 250 mg, 350 mg (<i>carisoprodol</i>)	84 tablets per month
NAUSEA & VOMITING	
EMEND (<i>aprepitant capsules</i>) 40 mg	3 capsules per 180 days
EMEND (<i>aprepitant capsules</i>) 80 mg	4 capsules per month
EMEND (<i>aprepitant capsules</i>) 125 mg	2 capsules per month
EMEND (<i>fosaprepitant injection</i>) 150 mg	2 vials per month
EMEND SUSPENSION 125 mg	6 kits per month
EMEND TRIPACK (<i>aprepitant pack</i>) 80 mg & 125mg	2 packs per month
<i>granisetron tablets 1 mg</i>	12 tablets per 21 days
<i>ondansetron orally disintegrating tablets 4 mg, 8 mg</i>	18 tablets per month
<i>ondansetron solution 4 mg/5mL</i>	200 mL per month
<i>ondansetron tablets 24 mg</i>	2 tablets per month
SANCUSO	2 patches per month
VARUBI	4 tablets per month
ZOFRAN (<i>ondansetron tablets</i>) 4 mg, 8 mg	18 tablets per month
ZUPLENZ	18 films per month
NEUROPATHIC PAIN	
LYRICA (<i>pregabalin capsules</i>) 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	120 capsules per month
LYRICA (<i>pregabalin capsules</i>) 200 mg	90 capsules per month
LYRICA (<i>pregabalin capsules</i>) 225 mg, 300 mg	60 capsules per month

LYRICA (<i>pregabalin oral solution</i>) 20 mg/mL	900 mL per month
LYRICA CR (<i>pregabalin ext-rel</i>) 82.5 mg, 165 mg, 330 mg	60 tablets per month
PROSTATE & BENIGN PROSTATIC HYPERPLASIA (BPH)	
CIALIS (<i>tadalafil</i>) 5 mg	30 tablets per month
TOPICAL CORTICOSTEROIDS	
<i>alclometasone</i>	120 grams per month
<i>amcinonide cream, ointment</i>	120 grams per month
<i>amcinonide lotion</i>	120 mL per month
<i>betamethasone cream, ointment</i>	120 grams per month
<i>betamethasone lotion</i>	120 mL per month
<i>clocortolone</i>	120 grams per month
<i>clobetasol cream, emollient cream, foam, gel, spray, ointment</i>	120 grams per month
<i>clobetasol lotion, shampoo, solution</i>	120 mL per month
CORDRAN tape	1 package (1 roll) per month
<i>desonide cream, ointment</i>	120 grams per month
<i>desonide lotion</i>	120 mL per month
<i>desoximetasone cream, gel, ointment</i>	120 grams per month
<i>desoximetasone spray</i>	120 mL per month
<i>diflorasone</i>	120 grams per month
<i>fluocinolone cream, ointment</i>	120 grams per month
<i>fluocinolone oil, solution</i>	120 mL per month
<i>fluocinonide cream, gel, ointment</i>	120 grams per month
<i>fluocinonide solution</i>	120 mL per month
<i>flurandrenolide cream, ointment</i>	120 grams per month
<i>flurandrenolide lotion</i>	120 mL per month
<i>fluticasone cream, ointment</i>	120 grams per month
<i>fluticasone lotion</i>	120 mL per month
<i>halcinonide</i>	120 grams per month
<i>halobetasol</i>	120 grams per month
<i>hydrocortisone cream, ointment</i>	120 grams per month
<i>hydrocortisone lotion</i>	120 mL per month
<i>mometasone cream, ointment</i>	120 grams per month
<i>mometasone lotion, solution</i>	120 mL per month
<i>mupirocin cream</i>	30 units per month
<i>mupirocin ointment</i>	30 units per month
<i>prednicarbate</i>	120 grams per month
<i>triamcinolone cream, ointment, spray</i>	120 grams per month
<i>triamcinolone lotion</i>	120 mL per month
TOPICAL LIDOCAINE PRODUCTS	
ASTERO gel 4%	30 grams per month
LDO PLUS gel 4%	30 grams per month
<i>lidocaine gel 2%</i>	30 grams per month
<i>lidocaine ointment 5%</i>	50 grams per month
<i>lidocaine solution 4%</i>	50 mL per month
<i>lidocaine/prilocaine cream 2.5%/2.5%</i>	30 grams per month
LIDOCAINE/TETRACAINE cream	30 grams per month
LIDODERM (<i>lidocaine patch</i>) 5%*	90 patches per month
PLIAGLIS	30 grams per month
SYNERA	2 patches per month
ZTLIDO*	90 patches per month
TOPICAL PRODUCTS, OTHER	
ciclopirox gel	120 grams per month
ciclopirox olamine cream	120 grams per month
ciclopirox olamine suspension	120 mL per month
CLEOCIN-T LOTION (<i>clindamycin lotion</i>)	60 mL per month
CLEOCIN-T SOLUTION (<i>clindamycin topical solution</i>)	60 mL per month
CLINDAGEL (<i>clindamycin gel</i>)	75 mL per month
clotrimazole cream	120 grams per month
clotrimazole solution	120 mL per month
<i>diclofenac sodium solution 1.5%*</i>	150 mL per month
econazole nitrate cream	60 grams per month
ECOZA	70 grams per month
ERTACZO	60 grams per month
ERYGEL (<i>erythromycin gel</i>)	60 gm per month
<i>erythromycin topical solution</i>	60 mL per month
EXELDERM CREAM (<i>sulconazole nitrate cream</i>)	60 grams per month
EXELDERM SOLUTION (<i>sulconazole nitrate solution</i>)	60 mL per month

ketoconazole cream	120 grams per month
ketoconazole foam	100 grams per month
ketoconazole shampoo	120 mL per month
LOPROX (ciclopirox shampoo)	120 mL per month
luliconazole	60 grams per month
miconazole-zinc oxide-white petrolatum ointment	100 grams per month
<i>mupirocin</i>	30 units per month
naftifine gel 1%	120 grams per month
naftifine HCl cream	60 grams per month
NAFTIN GEL 2%	60 grams per month
nystatin ointment	120 grams per month
OXISTAT CREAM (oxiconazole nitrate cream)	60 grams per month
OXISTAT LOTION	60 mL per month
PENNSAID SOLUTION 2%*	112 grams per month
PRUDOXIN CREAM (<i>doxepin cream</i>) 5%*	45 grams per month
XOLEGEL	45 grams per month
ZONALON CREAM (<i>doxepin cream</i>) 5%*	45 grams per month

*Prior Authorization required

OPIOID QUANTITY LIMITS

Immediate-release opioid prescriptions (including combination products) are limited to a 7-day supply for the first fill or if previous fills were less than 7 days.

<i>acetaminophen/caffeine/dihydrocodeine</i> 320.5/30/16 mg	10 capsules per day
<i>acetaminophen/codeine</i> 300/15 mg	13 tablets per day
<i>acetaminophen/codeine</i> 300/30 mg	12 tablets per day
<i>acetaminophen/codeine</i> 300/60 mg	6 tablets per day
<i>acetaminophen/codeine solution</i> , 120-12 mg/5 mL	9 mL per day
APADAZ 4.08/325 mg, 6.12/325 mg, 8.16/325 mg	12 tablets per day
BELBUCA ^Δ 75 mcg, 150 mcg, 300 mcg, 450 mcg	2 films per day
<i>benzhydrocodone/acetaminophen</i> 4.08 mg/325 mg	12 tablets per day
<i>benzhydrocodone/acetaminophen</i> 6.12 mg/325 mg	12 tablets per day
<i>benzhydrocodone/acetaminophen</i> 8.16 mg/325 mg	12 tablets per day
<i>butorphanol nasal spray</i>	2 inhalers per month
BUTRANS ^Δ (<i>buprenorphine transdermal</i>) 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr	1 patch every 7 days
<i>carisoprodol w/aspirin & codeine</i>	5 tablets per day
CHLORPHENIRAMINE W/ CODEINE LIQUID 2-9 MG/5ML	60 mL/day for 7 days per month
CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG	2 tablets/day for 7 days per month
CODEINE POLIST-CHLORPHEN POLIST ER SUSP 14.7-2.8 MG/5ML	20 mL/day for 7 days per month
<i>codeine sulfate</i> 15 mg	6 tablets per day
<i>codeine sulfate</i> 30 mg	6 tablets per day
CODEINE SULFATE 60 MG	6 tablets per day
CONZIP ^Δ (<i>tramadol ext-rel capsules</i>) 100 mg	1 capsule per day
DURAGESIC ^Δ (<i>fentanyl transdermal</i>) 12 mcg, 25 mcg	0.3 patches per day
GUAIFENESIN-CODEINE LIQUID 200-10 MG/5ML	60 mL/day for 7 days per month
GUAIFENESIN-CODEINE LIQUID 200-8 MG/5ML	60 mL/day for 7 days per month
GUAIFENESIN-CODEINE LIQUID 225-7.5 MG/5ML	45 mL/day for 7 days per month
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	60 mL/day for 7 days per month
GUAIFENESIN-CODEINE SOLN 100-6.3 MG/5ML	90 mL/day for 7 days per month
HYDROCOD POLST-CHLORPHEN POLST CAP ER 12HR 10-8 MG	2 capsules/day for 7 days per month
HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	10 mL/day for 7 days per month
<i>hydrocodone ext-rel capsules</i> 30 mg, 40 mg, 50 mg	2 capsules per day
HYDROCODONE W/ HOMATROPINE SYRUP 5-1.5 MG/5ML	30 mL/day for 7 days per month
HYDROCODONE W/ HOMATROPINE TAB 5-1.5 MG	6 tablets/day for 7 days per month
<i>hydrocodone/acetaminophen</i> 5/300 mg, 5/325 mg	8 tablets per day
<i>hydrocodone/acetaminophen</i> 7.5/300 mg, 7.5/325 mg, 10/300 mg, 10/325 mg	6 tablets per day
<i>hydrocodone/acetaminophen solution</i> 7.5 mg-325 mg/15 mL, 10-325 mg/15 mL	9 mL per day
<i>hydrocodone/acetaminophen solution</i> 10-325 mg/15 mL	9 mL per day
<i>hydrocodone/acetaminophen solution</i> 7.5-325 mg/15 mL (5-217 mg/10 mL)	9 mL per day
<i>hydrocodone/ibuprofen</i> 5/200 mg, 7.5 mg/200 mg, 10/200 mg	5 tablets per day
<i>hydromorphone</i> 2 mg	6 tablets per day
<i>hydromorphone</i> 4 mg	5 tablets per day
<i>hydromorphone</i> 8 mg	2 tablets per day
<i>hydromorphone ext-rel</i> ^Δ 8 mg, 12 mg, 16 mg	1 tablet per day
<i>hydromorphone liquid</i> 1 mg/mL	20 mL per day
<i>hydromorphone suppositories</i> 3 mg	4 suppositories per day
HYSINGLA ER ^Δ 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (<i>hydrocodone ext-rel tablets</i>)	1 tablet per day

levorphanol 2 mg	4 tablets per day
levorphanol 3 mg	2 tablets per day
LORTAB ELIXIR 10-300 mg/15 mL	6.5 mL per day
meperidine 50 mg, 100 mg	6 tablets per day
meperidine oral solution 50 mg/5 mL	30 mL per day
methadone 5 mg	3 tablets per day
methadone 10 mg	2 tablets per day
METHADONE INTENSOL (methadone) 10 mg/mL	2 mL per day
methadone oral solution 5 mg/5mL	15 mL per day
methadone oral solution 10 mg/5 mL	10 mL per day
morphine ext-rel beads ^Δ 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1 capsule per day
morphine sulfate 15 mg	6 tablets per day
morphine sulfate 30 mg	3 tablets per day
morphine sulfate oral concentrate 20 mg/mL	4.5 mL per day
morphine sulfate oral solution 10 mg/5 mL	30 mL per day
morphine sulfate oral solution 20 mg/5 mL	22.5 mL per day
morphine sulfate suppositories 5 mg, 10 mg	6 suppositories per day
morphine sulfate suppositories 20 mg	4 suppositories per day
morphine sulfate suppositories 30 mg	3 suppositories per day
MS CONTIN ^Δ (morphine ext-rel) 15 mg, 30 mg	3 tablets per day
NUCYNTA 50 mg	4 tablets per day
NUCYNTA 75 mg	3 tablets per day
NUCYNTA 100 mg	2 tablets per day
NUCYNTA ER ^Δ 50 mg, 100 mg	2 tablets per day
OXAYDO 5 mg, 7.5 mg	6 tablets per day
oxycodone capsules 5 mg	6 capsules per day
oxycodone oral concentrate 100 mg/5 mL	3 mL per day
oxycodone oral solution 5 mg/5 mL	30 mL per day
oxycodone tablets 5 mg, 10 mg	6 tablets per day
oxycodone tablets 15 mg	4 tablets per day
oxycodone tablets 20 mg	3 tablets per day
oxycodone tablets 30 mg	2 tablets per day
oxycodone/acetaminophen 2.5/325 mg, 5/325 mg	12 tablets per day
oxycodone/acetaminophen 10/325 mg	6 tablets per day
oxycodone/aspirin 4.8355/325 mg	12 tablets per day
oxycodone/ibuprofen 5/400 mg	4 tablets per day
OXYCONTIN ^Δ 10 mg, 15 mg, 20 mg, 30 mg	2 tablets per day
oxymorphone 5 mg	6 tablets per day
oxymorphone 10 mg	3 tablets per day
pentazocine/naloxone 50/0.5 mg	4 tablets per day
PHENYLEPHRINE-BROMPHEN W/ CODEINE LIQD 3.33-1.33-6.33 MG/5ML	90 mL/day for 7 days per month
PHENYLEPHRINE-BROMPHEN W/ CODEINE LIQUID 10-4-10 MG/5ML	30 mL/day for 7 days per month
PHENYLEPHRINE-CHLORPHEN W/ CODEINE LIQUID 10-4-10 MG/5ML	30 mL/day for 7 days per month
PHENYLEPHRINE-CHLORPHEN W/ CODEINE SYRUP 5-2-10 MG/5ML	60 mL/day for 7 days per month
PHENYLEPHRINE-DEXCHLORPHENIR-CODEINE SYRUP 5-1-9 MG/5ML	60 mL/day for 7 days per month
PHENYLEPHRINE-TRIPROLIDINE-CODEINE SYRUP 10-2.5-10 MG/5ML	20 mL/day for 7 days per month
PRIMLEV 5/300 mg	12 tablets per day
PRIMLEV 10/300 mg	6 tablets per day
PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	30 mL/day for 7 days per month
PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML	30 mL/day for 7 days per month
PSEUDOEPHEDRINE W/ COD-GG LIQUID 30-10-200 MG/5ML	40 mL/day for 7 days per month
PSEUDOEPHEDRINE W/ COD-GG SOLN 30-10-100 MG/5ML	40 mL/day for 7 days per month
PSEUDOEPHEDRINE W/ COD-GG SYRUP 30-10-100 MG/5ML	40 mL/day for 7 days per month
PSEUDOEPHEDRINE-BROMPHEN-CODEINE LIQ 10-1.33-6.33 MG/5ML	90 mL/day for 7 days per month
PSEUDOEPHEDRINE-BROMPHEN-CODEINE LIQD 30-2-7.5 MG/5ML	60 mL/day for 7 days per month
tramadol 50 mg	6 tablets per day
tramadol 100 mg	3 tablets per day
tramadol ext-rel ^Δ 100 mg	1 tablet per day
tramadol ext-rel ^Δ 150 mg	1 capsule per day
tramadol/acetaminophen 37.5/325 mg	8 tablets per day
XTAMPZA ER ^Δ 9 mg, 13.5 mg, 18 mg, 27 mg	2 capsules per day
ZOHYDRO ER ^Δ (hydrocodone ext-rel) 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	2 capsules per day

^Δ The initial limit for additional strengths not listed here is zero. All requests for strengths not listed will be considered through post limit prior authorization.

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

Influenza Products	RELENZA TAMIFLU (<i>oseltamivir</i>)
Lidocaine Topical Products	ASTERO gel 4% LDO PLUS gel 4% <i>lidocaine gel 2%</i> <i>lidocaine ointment 5%</i> <i>lidocaine solution 4%</i> <i>lidocaine/prilocaine cream 2.5/2.5%</i> LIDOCAINE/TETRACAINE <i>cream 7/7%</i> PLIAGLIS <i>cream 7/7%</i> SYNERA patch 70/70 mg
Migraine Products	<i>almotriptan</i> AMERGE (<i>naratriptan</i>) FROVA (<i>almotriptan</i>) IMITREX INJECTION/STATDOSE (<i>sumatriptan</i>) IMITREX NASAL SPRAY (<i>sumatriptan</i>) IMITREX TABLETS (<i>sumatriptan</i>) MAXALT/MAXALT-MLT (<i>rizatriptan</i>) ONZETRA XSAIL RELPAX (<i>eletriptan</i>) TOSYMRA TREMIMET (<i>sumatriptan/naproxen</i>) ZEMBRACE SYMTOUCH ZOMIG NASAL SPRAY ZOMIG TABLETS/ZOMIG-ZMT (<i>zolmitriptan</i>)
Proton Pump Inhibitors	ACIPHEX (<i>rabeprazole</i>) ACIPHEX SPRINKLES DEXILANT NEXIUM (<i>esomeprazole</i>) <i>omeprazole</i> PREVACID (<i>lansoprazole</i>) PROTONIX (<i>pantoprazole</i>) ZEGERID (<i>omeprazole/sodium bicarbonate</i>)

NON-SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

ACCU-CHEK TEST STRIPS
ACTIQ
adapalene
AIMOVIG
AJOVY
armodafinil
ATRALIN
BREEZE 2 TEST STRIPS
buprenorphine patch
CIALIS 2.5 MG
CIALIS 5 MG
clindamycin/tretinoin
CONTOUR NEXT TEST STRIPS
CONTOUR TEST STRIPS
DARAPRIM
DESCOVY
diclofenac sodium gel 3%
diclofenac sodium solution 1.5%
DIFFERIN
doxepin cream 5%
ELIDEL
EMGALITY
fentanyl citrate
fentanyl transmucosal lozenge
FENTORA
FORTAMET
FREESTYLE TEST STRIPS
GLUMETZA

JUBLIA
KERYDIN
LAZANDA
LOVAZA
metformin ext-rel (generic FORTAMET)
metformin ext-rel (generic GLUMETZA)
modafinil
NOXAFIL
NUVIGIL
omeprazole/sodium bicarbonate
PENNSAID
pimecrolimus
posaconazole
PROTOPIC
PROVIGIL
pyrimethamine
RETIN-A
RETIN-A MICRO
SUBSYS
tacrolimus
tadalafil 2.5 mg
tadalafil 5 mg
tavorole
tretinoin cream, gel
TRETIN-X
VALTOCO
VELTIN
VFEND

VYLEESI
ZEGERID
ZIANA

ZONALON
ZYFLO ER
ZYVOX

All other glucose test strips that are not OneTouch brand*
Compound drugs with a cost of \$300 or more

*Not applicable to Formulary 1

SPECIALTY DRUGS REQUIRING PRIOR AUTHORIZATION

ABECMA
abiraterone acetate

ACTEMRA *

ACTHAR

ACTIMMUNE

ADAKVEO *

ADCIRCA

ADEMPAS

ADUHELM

AFINITOR

ALDURAZYME *

ALECENSA

ALUNBRIG

ALYQ

ambrisentan

AMONDYS 45 *

AMPYRA

APOKYN

ARALAST NP *

ARANESP

ARCALYST

ARIKAYCE

ASCENIV *

AUBAGIO

AUSTEDO

AVONEX

AVSOLA *

AYVAKIT

azacitidine

BAFIERTAM

BALVERSA

BENLYSTA *

BERINERT

BETASERON

BETHKIS

bexarotene

BIVIGAM *

bosentan

BOSULIF

BRAFTOVI

BREYANZI

BRONCHITOL

BRUKINSA

BUPHENYL

CABOMETYX

CALQUENCE

capecitabine

CAPRELSA

CARBAGLU

CAYSTON

CERDELGA

CEREZYME *

CETROTIDE

CHOLBAM

chorionic gonadotropin

CIMZIA

cinacalcet hcl

CINQAIR *

CINRYZE *

COMETRIQ

COPAXONE

COPIKTRA

COSELA

COSENTYX

COTELLIC

CRYSVITA *

CUPRIMINE

CUTAQUIG *

CUVITRU *

CYSTADANE

CYSTADROPS

CYSTAGON

CYSTARAN

dalfampridine

DAURISMO

deferasirox

DEPEN TITRATABS

dimethyl fumarate

dofetilide

DOJOLVI

DOPTELET

droxidopa

DUPIXENT

ELAPRASE *

ELELYSO *

EMFLAZA

EMPAVELI INJ

ENBREL

ENDARI

ENSPRYNG

ENTYVIO *

EPCLUSA

EPIDIOLEX

EPOGEN

ERIVEDGE

ERLEADA

erlotinib hcl

ESBRIET

everolimus

EVKEEZA *

EVRYSDI

EXJADE

EXONDYS 51 *

EXSERVAN

EXTAVIA

FABRAZYME *

FARYDAK

FASENRA *

FASENRA PEN

FERRIPROX

FINTEPLA

FIRAZYR

FIRDAPSE

FLEBOGAMMA DIF *

FOLLISTIM AQ

FORTEO

FULPHILA

GALAFOLD

GAMASTAN *

GAMMAGARD LIQUID *

GAMMAKED *

GAMMAPLEX *

GAMUNEX-C *

ganirelix acetate

GATTEX

GAVRETO

GENOTROPIN

GILENYA

GILOTRIF

GIVLAARI *

GLASSIA *

glatiramer acetate

GLATOPA

GLEEVEC

GONAL-F

GRANIX

HAEGARDA

HARVONI

HEMLIBRA

HETLIOZ

HIZENTRA *

HUMATROPE

HUMIRA

HYCAMTIN

HYQVIA *

IBRANCE

icatibant acetate

ICLUSIG

IDHIFA

imatinib mesylate

IMBRUVICA

INBRIJA

INCRELEX

INFLECTRA *

INGREZZA

INLYTA

INQOVI

INREBIC

INTRON A

IRESSA

ISTURISA

JADENU

JAKAFI

JEMPERLI SOL

JUXTAPID

JYNARQUE

KALBITOR

KANUMA *

KESIMPTA

KEVEYIS

KEVZARA

KINERET
KISQALI
KITABIS PAK
KORLYM
KOSELUGO
KUVAN
KYNMOBI
lapatinib ditosylate
ledipasvir/sofosbuvir
LENVIMA
LETAIRIS
LEUKINE
leuprolide acetate
LONSURF
LORBRENA
LUMAKRAS
LUMIZYME *
LUPKYNIS
LYNPARZA
MAVENCLAD
MAVYRET
MAYZENT
MEKINIST
MEKTOVI
MENOPUR
MEPSEVII *
miglustat
MIRCERA
MULPLETA
MYALEPT
MYCAPSSA
NAGLAZYME *
NATPARA
NERLYNX
NEULASTA
NEUPOGEN
NEXAVAR
NINLARO
nitisinone
NITYR
NIVESTYM
NORDITROPIN FLEXP
NORTHERA
NOVAREL
NUBEQA
NUCALA *
NULIBRY INJ
NUPLAZID
NUTROPIN AQ
NYVEPRIA
OCALIVA
OCREVUS *
OCTAGAM *
octreotide acetate
ODOMZO
OFEV
OLUMIANT
OMNITROPE
ONPATTRO *
ONUREG
OPSUMIT
ORENCIA *
ORENCIA CLICKJECT
ORENITRAM
ORFADIN
ORGOVYX
ORKAMBI
ORLADEYO

OTEZLA
OTREXUP
OVIDREL
OXBRYTA
OXERVATE
OXLUMO *
PALYNZIQ
PANZYGA *
PEGASYS
PEMAZYRE
PEPAXTO
PIQRAY
PLEGRIDY
POMALYST
PONVORY
PREGNYL
PRIVIGEN *
PROCRT
PROCYSBI
PROLASTIN-C *
PROMACTA
PULMOZYME
PURIXAN
QINLOCK
RADICAVA *
RASUVO
RAVICTI
REBIF
REDITREX
REMICADE *
RENFLXIS *
RETACRIT
RETEVMO
REVATIO
REVLIMID
RIABNI
ribavirin
RINVOQ
ROZLYTREK
RUBRACA
RUCONEST
RUZURGI
RYBREVA SOL
RYDAPT
SABRIL
SAIZEN
SAMSCA
SANDOSTATIN
sapropterin dihydrochloride
SARCLISA
SENSIPAR
SEROSTIM
SIGNIFOR
sildenafil citrate
SILIQ
SIMPONI
SIMPONI ARIA *
SKYRIZI
sodium phenylbutyrate
sofosbuvir/velpatasvir
SOLIRIS *
SOMAVERT
SOVALDI
SPRYCEL
STELARA
STIMATE
STIVARGA
STRENSIQ

SUCRAID
SUTENT
SYMDEKO
SYPRINE
TABRECTA
tadalafil
TAFINLAR
TAGRISSO
TAKHZYRO
TALTZ
TALZENNA
TARCEVA
TARGRETIN
TASIGNA
TAVALLISSE
TAVVERIK
TECFIDERA
TEGSEDI
temozolomide
TEPEZZA *
TEPMETKO
teriparatide
tetrabenazine
THALOMID
THIOLA
TIBSOVO
TIKOSYN
tiopronin
TOBI
tobramycin
tolvaptan
TRACLEER
TREMIFYA
TRIKAFTA
TUKYSA
TURALIO
TYKERB
TYMLOS
TYVASO
UDENYCA
UKONIQ
ULTOMIRIS *
UPLIZNA *
UPTRAVI
VALCHLOR
VENCLEXTA
VENTAVIS
VERZENIO
VIDAZA
VIEKIRA PAK
vigabatrin
VIGADRONE
VIMIZIM *
VITRAKVI
VOSEVI
VOTRIENT
VPRIV *
VUMERITY
VYNDAMAX
VYNDAQEL
VYONDYS 53 *
WAKIX
XALKORI
XELJANZ
XELJANZ XR
XELODA
XEMBIFY *
XENAZINE

XERMELO
XOLAIR *
XOSPATA
XPOVIO
XTANDI
XYREM
XYWAV
YONSA
ZARXIO

ZAVESCA
ZEJULA
ZELBORAF
ZEMAIRA *
ZEPATIER
ZEPOSIA
ZEPZELCA
ZIEXTENZO
ZOKINVY

ZOLINZA
ZOMACTON
ZORBTIVE
ZYDELIG
ZYKADIA
ZYNLONTA SOL
ZYTIGA

* Prior authorization required for medical benefits coverage and subjected to site of care (outpatient hospital, physician's office, home infusion).

DRUGS REQUIRING STEP THERAPY

You must try one of these drugs first or your doctor must request an exception for you ...	Used to treat	... before you can get coverage for these drugs
		Second Choice Drugs
<p>First Choice Drugs</p> <p>At least a 7-day supply of a generic topical corticosteroid AND at least a 7-day supply of topical PROTOPIC (<i>tacrolimus</i>) or ELIDEL (<i>pimecrolimus</i>) within the past 120 days</p>	Short-term (up to 8 days) management of moderate pruritus in adult patients with atopic dermatitis or lichen simplex chronicus	PRUDOXIN cream 5%, ZONALON cream 5%, or doxepin cream 5%
<p>If the patient has filled a prescription for at least a 56 day supply of <i>divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, or venlafaxine</i> within the past 730 days</p>	Indicated for the preventive treatment of migraine in adults.	AIMOVIG, AJOVY, EMGALITY
<p>If the patient has filled a prescription for at least a 30 day supply of TWO triptan medications (include combinations) within the past 180 days under a prescription benefit administered by CVS Caremark.</p>	Indicated for the acute treatment of migraine with or without aura in adults.	REYVOW
<p>At least a 30 day supply of at least one alpha-blocker (i.e., <i>alfuzosin, doxazosin, silodosin, tamsulosin, or terazosin</i>), 5 alpha-reductase inhibitor (5-ARI) (e.g., <i>dutasteride, finasteride 5 mg</i>), or combination alpha-blocker and 5-ARI [e.g., JALYN (<i>dutasteride/tamsulosin</i>)] within the past 180 days</p>	Symptomatic benign prostatic hyperplasia (BPH) with or without erectile dysfunction (ED)	CIALIS (<i>tadalafil</i>) 5 mg for 30 tablets

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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