

Prescription Guidelines for Formularies 1, 2, and 3

(effective January 1, 2023)

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.

The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. In addition, some medications not listed are covered under the medical benefit. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab 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

Product Name	Quantity Limit
ANTICONVULSANTS	
NAYZILAM	5 boxes per month
ANTI-INFECTIVES	
BREXAFEMME	4 tablets per week
clotrimazole troches	90 lozenges per month
FIRVANQ	450 mL per 10 days
tetracycline	120 capsules per month
VANCOGIN (vancomycin capsules)	80 capsules per 10 days
XIFAXAN 200 mg	9 tablets per month
ANTI-PARASITE	
albendazole	336 tablets per 365 days
BILTRICIDE (praziquantel)	24 tablets per 365 days
EGATEN	16 tablets per 365 days
EMVERM	12 tablets per 365 days
STROMEKTOL (ivermectin)	9 tablets per 3 months
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
albuterol inhalation solution 0.63 mg/3 mL, 1.25 mg/3 mL	5 packages (125 vials) per month 4 packages (120 vials) per month
albuterol inhalation solution 0.083%, 2.5 mg/3 mL	5 packages (125 vials) per month 4 packages (120 vials) per month

Product Name	Quantity Limit
	2 packages (120 vials) per month
<i>albuterol inhalation solution 0.5%, 2.5 mg/0.5 mL</i>	3 packages (20 mL each) per month
	4 packages (120 vials) per month
ALVESCO 80 mcg (<i>ciclesonide</i>)	3 packages per 25 days
ALVESCO 160 mcg (<i>ciclesonide</i>)	2 packages per 25 days
ANORO ELLIPTA	1 package (60 blisters) per month
ARMONAIR DIGIHALER 30 mcg (<i>fluticasone propionate</i>)	1 package per 25 days
ARMONAIR DIGIHALER 55 mcg (<i>fluticasone propionate</i>)	1 package per 25 days
ARMONAIR DIGIHALER 113 mcg (<i>fluticasone propionate</i>)	1 package per 25 days
ARMONAIR DIGIHALER 232 mcg (<i>fluticasone propionate</i>)	1 package per 25 days
ARNUITY ELLIPTA 50 mcg (<i>fluticasone furoate</i>)	1 package per 25 days
ARNUITY ELLIPTA 100 mcg (<i>fluticasone furoate</i>)	1 package per 25 days
ARNUITY ELLIPTA 200 mcg (<i>fluticasone furoate</i>)	1 package per 25 days
ASMANEX HFA 50 mcg (<i>mometasone furoate</i>)	1 package per 25 days
ASMANEX HFA 100 mcg (<i>mometasone furoate</i>)	1 package per 25 days
ASMANEX HFA 200 mcg (<i>mometasone furoate</i>)	1 package per 25 days
ASMANEX TWISTHALER 110 mcg (<i>mometasone furoate</i>)	2 packages per 25 days
ASMANEX TWISTHALER 220 mcg (<i>mometasone furoate</i>)	4 packages (30 inhalation units/package) per 25 days
	2 packages (60 inhalation units/package) per 25 days
	1 package (120 inhalation units/package) per 25 days
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
FLOVENT DISKUS 50 mcg (<i>fluticasone propionate</i>)	3 packages per 25 days
FLOVENT DISKUS 100 mcg (<i>fluticasone propionate</i>)	4 packages per 25 days
FLOVENT DISKUS 250 mcg (<i>fluticasone propionate</i>)	4 packages per 25 days
FLOVENT HFA 44 mcg (<i>fluticasone propionate</i>)	2 packages per 25 days
FLOVENT HFA 110 mcg (<i>fluticasone propionate</i>)	2 packages per 25 days
FLOVENT HFA 220 mcg (<i>fluticasone propionate</i>)	2 packages per 25 days
INCRUSE ELLIPTA (<i>umeclidinium</i>)	1 package (30 blisters) per month
<i>ipratropium inhalation solution, 0.02%</i>	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
PULMICORT FLEXHALER 90 mcg (<i>budesonide</i>)	3 packages per 25 days
PULMICORT FLEXHALER 180 mcg (<i>budesonide</i>)	2 packages per 25 days
PULMICORT RESPULES 0.25 mg (<i>budesonide</i>)	3 packages per 25 days
PULMICORT RESPULES 0.5 mg (<i>budesonide</i>)	2 packages per 25 days
PULMICORT RESPULES 1 mg (<i>budesonide</i>)	1 package per 25 days
QVAR REDIHALER 40 mcg (<i>beclomethasone</i>)	2 packages per 25 days
QVAR REDIHALER 80 mcg (<i>beclomethasone</i>)	2 packages per 25 days
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

Product Name	Quantity Limit
XOPENEX (<i>levalbuterol inhalation solution</i>) 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL	2 packages (18 grams each) per month 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 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
AZSTARYS (<i>serdexmethylphenidate-dexmethylphenidate</i>)	30 capsules per 25 days
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 (<i>methylphenidate</i>) 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	60 capsules per month
<i>dextroamphetamine</i> 5 mg, 10 mg	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
QELBREE (<i>viloxazine</i>)	90 capsules per 25 days
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

Product Name	Quantity Limit
ZENZEDI (<i>dextroamphetamine</i>) 30 mg	30 tablets per month
CONTRACEPTIVES, MISCELLANEOUS	
FEMALE CONDOMS	12 condoms per month
DIABETES	
ADLYXIN	2 pens or syringes per month
BYDUREON	4 pens per month
BYDUREON BCISE	4 auto-injectors per month
BYETTA	1 pen (60 doses) per month
MOUNJARO	4 pens per month
OZEMPIC	1 pen 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
<i>diabetic test strips - all brands</i>	150 test strips per month
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> sildenafil 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

Product Name	Quantity Limit
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
<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
NURTEC	16 tablets 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
TRUDHESA NASAL SPRAY (<i>dihydroergotamine mesylate</i>)	3 packages per 25 days
UBRELVY	16 tablets per month
ZEMBRACE SYMTOUCH	24 injectors per month
<i>zolmitriptan orally disintegrating tablets</i>	12 tablets per month
ZOMIG (<i>zolmitriptan</i>)	12 tablets per month
ZOMIG NASAL SPRAY	12 units 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/5 mL</i>	200 mL per month
<i>ondansetron tablets 4 mg, 8 mg</i>	18 tablets per month
<i>ondansetron tablets 24 mg</i>	2 tablets per month
SANCUSO	2 patches per month
VARUBI	4 tablets per month
NEUROPATHIC PAIN	
GRALISE 300 mg	150 tablets per month
GRALISE 600 mg	90 tablets per month
HORIZANT	60 tablets per month
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

Product Name	Quantity Limit
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 OPHTHALMIC PRODUCTS	
<i>gentamicin solution</i>	4 bottles per month
TOPICAL PRODUCTS, OTHER	
ACANYA (<i>clindamycin phosphate-benzoyl peroxide gel</i>)	50 grams per month
BENZAMYCIN (<i>erythromycin-benzoyl peroxide gel</i>)	47 grams per month
<i>ciclopirox gel</i>	120 grams per month
<i>ciclopirox olamine cream</i>	120 grams per month
<i>ciclopirox olamine suspension</i>	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
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	50 grams per month
<i>clotrimazole cream</i>	120 grams per month
<i>clotrimazole solution</i>	120 mL per month
<i>diclofenac sodium solution 1.5%*</i>	150 mL per month

Product Name	Quantity Limit
DUAC (<i>clindamycin phosphate-benzoyl peroxide gel</i>)	45 gm per month
<i>econazole nitrate cream</i>	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
<i>gentamicin cream, ointment</i>	120 grams per month
<i>imiquimod cream 5%</i>	4 packets per 21 days
<i>ketoconazole cream</i>	120 grams per month
<i>ketoconazole foam</i>	100 grams per month
<i>ketoconazole shampoo</i>	120 mL per month
KLISYRI	5 packets per month
LOPROX (<i>ciclopirox shampoo</i>)	120 mL per month
<i>luliconazole</i>	60 grams per month
<i>miconazole-zinc oxide-white petrolatum ointment</i>	100 grams per month
<i>mupirocin</i>	30 units per month
<i>naftifine gel 1%</i>	120 grams per month
<i>naftifine HCl cream</i>	60 grams per month
NAFTIN GEL 2%	60 grams per month
<i>nystatin ointment</i>	120 grams per month
ONEXTON	50 grams per month
OXISTAT CREAM (<i>oxiconazole nitrate cream</i>)	60 grams per month
OXISTAT LOTION	60 mL per month
PENNSAID (<i>diclofenac sodium solution</i>) 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

^ 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.

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.

Product Name	Quantity Limit
acetaminophen/caffeine/dihydrocodeine 320.5/30/16 mg	10 capsules per day
acetaminophen/codeine 300/15 mg	13 tablets per day
acetaminophen/codeine 300/30 mg	12 tablets per day
acetaminophen/codeine 300/60 mg	6 tablets per day
acetaminophen/codeine solution, 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
benzhydrocodone/acetaminophen 4.08 mg/325 mg	12 tablets per day
benzhydrocodone/acetaminophen 6.12 mg/325 mg	12 tablets per day
benzhydrocodone/acetaminophen 8.16 mg/325 mg	12 tablets per day
butorphanol nasal spray	2 inhalers per month
BUTRANS ^Δ (buprenorphine transdermal) 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr	1 patch every 7 days
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
codeine sulfate 15 mg	6 tablets per day
codeine sulfate 30 mg	6 tablets per day
CODEINE SULFATE 60 MG	6 tablets per day
CONZIP ^Δ (tramadol ext-rel capsules) 100 mg	1 capsule per day
fentanyl transdermal 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
hydrocodone ext-rel 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	2 capsules per day
hydrocodone ext-rel capsules 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
hydrocodone/acetaminophen 5/300 mg, 5/325 mg	8 tablets per day
hydrocodone/acetaminophen 7.5/300 mg, 7.5/325 mg, 10/300 mg, 10/325 mg	6 tablets per day
hydrocodone/acetaminophen solution 7.5 mg-325 mg/15 mL, 10-325 mg/15 mL	9 mL per day
hydrocodone/acetaminophen solution 10-325 mg/15 mL	9 mL per day
hydrocodone/acetaminophen solution 7.5-325 mg/15 mL (5-217 mg/10 mL)	9 mL per day
hydrocodone/ibuprofen 5/200 mg, 7.5 mg/200 mg, 10/200 mg	5 tablets per day
hydromorphone 2 mg	6 tablets per day
hydromorphone 4 mg	5 tablets per day
hydromorphone 8 mg	2 tablets per day
hydromorphone ext-rel ^Δ 8 mg, 12 mg, 16 mg	1 tablet per day
hydromorphone liquid 1 mg/mL	20 mL per day
hydromorphone suppositories 3 mg	4 suppositories per day
HYSINGLA ER ^Δ 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (hydrocodone ext-rel tablets)	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

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.

Product Name	Quantity Limit
MS CONTIN ^Δ (<i>morphine ext-rel</i>) 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
<i>oxycodone capsules</i> 5 mg	6 capsules per day
<i>oxycodone oral concentrate</i> 100 mg/5 mL	3 mL per day
<i>oxycodone oral solution</i> 5 mg/5 mL	30 mL per day
<i>oxycodone tablets</i> 5 mg, 10 mg	6 tablets per day
<i>oxycodone tablets 15 mg</i>	4 tablets per day
<i>oxycodone tablets</i> 20 mg	3 tablets per day
<i>oxycodone tablets</i> 30 mg	2 tablets per day
<i>oxycodone/acetaminophen</i> 2.5/325 mg, 5/325 mg	12 tablets per day
<i>oxycodone/acetaminophen</i> 10/325 mg	6 tablets per day
<i>oxycodone/aspirin</i> 4.8355/325 mg	12 tablets per day
<i>oxycodone/ibuprofen</i> 5/400 mg	4 tablets per day
OXYCONTIN ^Δ 10 mg, 15 mg, 20 mg, 30 mg	2 tablets per day
<i>oxymorphone</i> 5 mg	6 tablets per day
<i>oxymorphone</i> 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
<i>tramadol</i> 50 mg	6 tablets per day
<i>tramadol</i> 100 mg	3 tablets per day
<i>tramadol ext-rel</i> ^Δ 100 mg	1 tablet per day
<i>tramadol ext-rel</i> ^Δ 150 mg	1 capsule per day
<i>tramadol/acetaminophen</i> 37.5/325 mg	8 tablets per day
XTAMPZA ER ^Δ 9 mg, 13.5 mg, 18 mg, 27 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 cream 7/7% PLIAGLIS cream 7/7% 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 RELPAK (<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
adapalene/benzoyl peroxide
AIMOVIG
AJOVY
AKLIEF
ALTRENO
ARAZLO
armodafinil
ATRALIN
AVITA
azelaic acid
bempeidoic acid
bempeidoic acid/ezetimibe
BREEZE 2 TEST STRIPS
buprenorphine patch
calcipotriene
calcipotriene top scalp soln
calcipotriene/betamethasone dipropionate
CALCITRENE
calcitriol oint
CEQUA
CIALIS 2.5 MG

CIALIS 5 MG
clindamycin/tretinoin
CONTOUR NEXT TEST STRIPS
CONTOUR TEST STRIPS
CORLANOR
cyclosporine emulsion
DARAPRIM
DESCOVY
diclofenac sodium gel 3%
diclofenac sodium solution 1.5%
diclofenac sodium solution 2%
DIFFERIN
DOVONEX
doxepin cream 5%
ELIDEL
EMGALITY
ENSTILAR
EPIDUO
EPIDUO FORTE
EYSUVIS
FABIOR
fentanyl citrate
fentanyl transmucosal lozenge
FENTORA

FINACEA
FREESTYLE TEST STRIPS
GLUMETZA
icosapent ethyl
ivabradine
ivermectin
JUBLIA
KERENDIA
KERYDIN
KLISYRI
LAZANDA
LOVAZA
metformin ext-rel (generic FORTAMET)
metformin ext-rel (generic GLUMETZA)
MIRVASO
modafinil
MOVANTIK
MYFEMBREE
naldemedine
naloxegol
NAYZILAM
NEXLETOL
NEXLIZET
NORITATE
NOXAFIL
NURTEC
NUVIGIL
omega-3-acid ethyl esters
omeprazole/sodium bicarbonate
OPZELURA
ORIAHNN
ORLISSA
PENNSAID
pilocarpine hydrochloride ophthalmic solution
pimecrolimus
posaconazole
PROTOPIC
PROVIGIL
pyrimethamine
RELISTOR
RELTONE

RESTASIS
RETIN-A
RETIN-A MICRO
RHOFADÉ
SOOLANTRA
SORILUX
STROMECTOL
SUBSYS
SYMPROIC
TACLONEX
tacrolimus
tadalafil 2.5 mg
tadalafil 5 mg
tavorole
tazarotene
TAZORAC
tretinoin cream, gel
TRETIN-X
TWYNEO
TYRVAYA
UBRELVY
VALTOCO
VASCEPA
VECTICAL
VELTIN
vericiguat
VERQUVO
VFEND
VUITY
VYLEESI
WYNZORA
XIFAXAN 550 mg
XIIDRA
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 *
ADBRY *
ADCIRCA
ADEMPAS
ADUHELM
AFINITOR
ALDURAZYME *
ALECENSA
ALIMTA
ALPHANINE SD *
ALUNBRIG
ALYMSYS
ALYQ
ambrisentan
AMONDYS 45 *

AMPYRA
AMVUTTRA *
APOKYN
ARALAST NP *
ARANESP
ARCALYST
ARIKAYCE
ASCENIV *
ASPARLAS
AUBAGIO
AUSTEDO
AVONEX
AVSOLA *
AYVAKIT
azacitidine
BAFIERTAM
BALVERSA
BAVENCIO *
BENLYSTA *
BERINERT

BESREMI
BETASERON
BETHKIS
bexarotene
BIVIGAM *
bosentan
BOSULIF
BRAFTOVI
BREYANZI
BRONCHITOL
BRUKINSA
BUPHENYL
BYOOVIZ
CABOMETYX
CALQUENCE
CAMCEVI
CAMZYOS
capecitabine
CAPRELSA
CARBAGLU

carglumic acid
CARVYKTI
CAYSTON
CERDELGA
CEREZYME *
CETROTIDE
CHOLBAM
chorionic gonadotropin
CIBINQO
CIMERLI
CIMZIA
cinacalcet hcl
CINQAIR *
CINRYZE *
COMETRIQ
COPAXONE
COPIKTRA
CORTROPHIN GEL
COSELA
COSENTYX
COTELLIC
CRYSVITA *
CUPRIMINE
CUTAQUIG *
CUVITRU *
CYSTADANE
CYSTADROPS
CYSTAGON
CYSTARAN
dalfampridine
DAURISMO
deferasirox
DEPEN TITRATABS
desmopressin
dimethyl fumarate
dofetilide
DOJOLVI
DOPTELET
droxidopa
DUPIXENT
ELAPRASE *
ELELYSO *
EMFLAZA
EMPAVELI INJ
ENBREL
ENDARI
ENJAYMO *
ENSPRYNG
ENTYVIO *
EPCLUSA
EPIDIOLEX
EPOGEN
ERIVEDGE
ERLEADA
erlotinib hcl
ESBRIET
everolimus
EVKEEZA *
EVRYSDI
EXJADE
EXKIVITY
EXONDYS 51 *
EXSERVAN
EXTAVIA
FABRAZYME *
FASENRA PEN

FASENRA SYRINGE *
FASLODEX
FERRIPROX
 fingolimod
FINTEPLA
FIRAZYR
FIRDAPSE
FLEBOGAMMA DIF *
FOLLISTIM AQ
FORTEO
FULPHILA
fulvestrant
FYARRO
GALAFOLD
GAMASTAN *
GAMMAGARD LIQUID *
GAMMAKED *
GAMMAPLEX *
GAMUNEX-C *
ganirelix acetate
GATTEO
GAVRETO
GENOTROPIN
GILENYA
GILOTRIF
GIVLAARI *
GLASSIA *
glatiramer acetate
GLATOPA
GLEEVEC
GLEOSTINE
GONAL-F
GRANIX
HAEGARDA
HARVONI
HEMLIBRA
HETLIOZ
HIZENTRA *
HUMATROPE
HUMIRA
HYCAMTIN
HYQVIA *
IBRANCE
icatibant acetate
ICLUSIG
IDHIFA
imatinib mesylate
IMBRUVICA
IMFINZI *
INBRIJA
INCRELEX
INFLECTRA *
INFLIXIMAB
INGREZZA
INLYTA
INQOVI
INREBIC
INTRON A
IRESSA
ISTURISA
JADENU
JAKAFI
JELMYTO
JEMPERLI SOL *
JUXTAPID
JYNARQUE

KALBITOR
KANUMA *
KESIMPTA
KEVEYIS
KEVZARA
KEYTRUDA *
KIMMTRAK
KINERET
KISQALI
KITABIS PAK
KORLYM
KOSELUGO
KRYSTEXXA *
KUVAN
KYNMOBI
lapatinib ditosylate
ledipasvir/sofosbuvir
LEMTRADA *
LENVIMA
LEQVIO
LETARIS
LEUKINE
leuprolide acetate
LIBTAYO *
LIVMARLI
LIVTENCITY
LONSURF
LORBRENA
LUMAKRAS
LUMIZYME *
LUPKYNIS
LYNPARZA
MARGENZA
MAVENCLAD
MAVYRET
MAYZENT
MEKINIST
MEKTOVI
MENOPUR
MEPSEVII *
miglustat
MIRCERA
MOZOBIL
MULPLETA
MYALEPT
MYCAPSSA
MYLOTARG
NAGLAZYME *
NATPARA
NERLYNX
NEULASTA
NEUPOGEN
NEXAVAR
NEXVIAZYME *
NINLARO
nitisinone
NITYR
NIVESTYM
NORDITROPIN FLEXP
NORTHERA
NOVAREL
NUBEQA
NUCALA *
NULIBRY INJ
NUPLAZID
NUTROPIN AQ

NUWIQ *
NYVEPRIA
OCALIVA
OCREVUS *
OCTAGAM *
octreotide acetate
ODOMZO
OFEV
OLUMIANT
OMNITROPE
ONPATTRO *
ONUREG
OPDIVO *
OPDUALAG *
OPSUMIT
ORENCIA *
ORENCIA CLICKJECT
ORENITRAM
ORFADIN
ORGOVYX
ORKAMBI
ORLADEYO
OTEZLA
OTREXUP
OVIDREL
OXBRYTA
OXERVATE
OXLUMO *
PALYNZIQ
PANZYGA *
PEGASYS
PEMAZYRE
pemetrexed
PEMFEXY
PIQRAY
pirfenidone tabs
PLEGRIDY
PLUVICTO
POMALYST
PONVORY
PREGNYL
PRIVIGEN *
PROCRT
PROCYSBI
PROFILNINE SD *
PROLASTIN-C *
PROMACTA
PULMOZYME
PURIXAN
PYRUKYND
QINLOCK
RADICAVA *
RADICAVA ORS
RASUVO
RAVICTI
REBIF
REDITREX
RELEUKO
REMICADE *
RENFLEXIS *
RETACRIT
RETEVMO
REVATIO
REVLIMID
RIABNI
ribavirin

RINVOQ
ROZLYTREK
RUBRACA
RUCONEST
RYTBREAVANT SOL
RYDAPT
RYLAZE
SABRIL
SAIZEN
SAMSCA
SANDOSTATIN
SAPHNELO *
sapropterin dihydrochloride
SARCLISA
SCSEMBLIX
SENSIPAR
SEROSTIM
SIGNIFOR
sildenafil citrate
SILIQ
SIMPONI
SIMPONI ARIA *
SKYRIZI
SKYTROFA
sodium phenylbutyrate
sofosbuvir/velpatasvir
SOLIRIS *
SOMAVERT
sorafenib
SOVALDI
SPRYCEL
STELARA
STIMATE
STIVARGA
STRENSIQ
SUCRAID
sunitinib
SUSVIMO
SUTENT
SYMDEKO
SYNOJOYNT
SYPRINE
TABRECTA
tadalafil
TAFINLAR
TAGRISSO
TAKHZYRO
TALTZ
TALZENNA
TARCEVA
TARGRETIN
TARPEYO
TASIGNA
TAVALISSE
TAVNEOS
TAZVERIK
TECENTRIQ *
TECFIDERA
TEGSEDI
TEMODAR
temozolomide
TEPEZZA *
TEPMETKO
teriparatide
tetrabenazine
TEZSPIRE *

THALOMID
THIOLA
TIBSOVO
TIKOSYN
tiopronin
TIVDAK
TOBI
tobramycin
tolvaptan
TRACLEER
TREMIFYA
TRIKAFTA
TUKYSA
TURALIO
TYKERB
TYMLOS
TYSABRI *
TYVASO
TYVASO DPI
UDENYCA
ULTOMIRIS *
UPLIZNA *
UPTRAVI
VABYSMO
VALCHLOR
VENCLEXTA
VENTAVIS
VERZENIO
VIDAZA
VIEKIRA PAK
vigabatrin
VIGADRONE
VIJOICE
VIMIZIM *
VITRAKVI
VONJO
VOSEVI
VOTRIENT
VOXZOGO
VPRIV *
VUMERITY
VYNDAMAX
VYONDAQEL
VYONDYS 53 *
VYVGART
WAKIX
WELIREG
XALKORI
XELJANZ
XELJANZ XR
XELODA
XEMBIFY *
XENAZINE
XERMELO
XIPERE
XOLAIR *
XOSPATA
XPOVIO
XTANDI
XYREM
XYWAV
YERVOY *
YONSA
ZARXIO
ZAVESCA
ZEJULA

ZELBORAF
ZEMAIRA *
ZEPATIER
ZEPOSIA
ZEPZELCA
ZIEXTENZO

ZOKINVY
ZOLGESNSMA
ZOLINZA
ZOMACTON
ZORBTIVE
ZTALMY

ZYDELIG
ZYKADIA
ZYNLONTA SOL
ZYNTEGLO
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 ... First Choice Drugs	Used to treat	... before you can get coverage for these drugs Second Choice Drugs
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	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 <i>doxepin cream 5%</i>
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	Indicated for the preventive treatment of migraine in adults.	AIMOVIG, AJOVY, EMGALITY
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.	Indicated for the acute treatment of migraine with or without aura in adults	REYVOW
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	Symptomatic benign prostatic hyperplasia (BPH) with or without erectile dysfunction (ED)	CIALIS (<i>tadalafil</i>) 5 mg for 30 tablets
At least a 30-day supply of metformin within the past 180 days	Type 2 Diabetes	ADLYXIN, ALOGLIPTIN BENZOATE, ALOGLIPTIN-METFORMIN HCL, ALOGLIPTIN-PIOGLITAZONE, BYDUREON BCISE, BYETTA, FARXIGA, GLYXAMBI, INVOKAMET, INVOKAMET XR, INVOKANA, JANUMET, JANUMET XR, JANUVIA, JARDIANCE, KAZANO, KOMBIGLYZE XR, MOUNJARO, NESINA, ONGLYZA, OSENI, OZEMPIC, QTERN, RYBELSUS, SEGLUROMET, SOLIQUA 100/33, STEGLATRO, STEGLUJAN, SYNJARDY, SYNJARDY XR, TRADJENTA, TRIJARDY XR, TRULICITY, VICTOZA, XIGDUO XR, XULTOPHY 100/3.6
At least a 30-day supply of a rapid-acting insulin or short-acting insulin or pre-mixed insulin [e.g., insulin aspart (Novolog), insulin glulisine (Apidra), insulin lispro (Humalog), insulin regular R (Afrezza, Humulin R, Novolin R)] within the past 120 days	Type 1 or Type 2 Diabetes	SYMLINPEN
At least a 1-day supply of generic fluconazole within the past 30 days	Indicated for the treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis	BREXAFEMME

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.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

©2022. All rights reserved.
(01/01/23)

www.carefirst.com