

# Prescription Guidelines for Formularies 1, 2, 3 and 3 Choice

(effective January 1, 2025)

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](http://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
<b>ANTICONVULSANTS</b>	
NAYZILAM	5 boxes per month
<b>ANTIHISTAMINES, STEROIDS, COMBINATION NASAL SPRAYS</b>	
azelastine 0.15% nasal solution	2 packages (30 mL each) per 25 days
azelastine 0.1% nasal solution	2 packages (30 mL each) per 25 days
BECONASE AQ (beclomethasone)	2 packages (25 gm each) per 25 days
DYMISTA (azelastine/fluticasone)	1 package (23 gm) per 25 days
flunisolide nasal solution	3 packages (25 mL each) per 25 days
fluticasone propionate nasal spray	1 package (16 gm) per 25 days
NASONEX (mometasone)	2 packages (17 gm each) per 25 days
OMNARIS (ciclesonide)	1 package (12.5 gm) per 25 days
PATANASE (olopatadine)	1 package (30.5 gm) per 25 days
QNASL 40 mcg (beclomethasone)	1 package (6.8 gm) per 25 days
QNASL 80 mcg (beclomethasone)	1 package (10.6 gm) per 25 days
RYALTRIS (olopatadine/mometasone)	1 package (29 gm) per 25 days
XHANCE (fluticasone propionate)	2 packages (16 mL each) per 25 days
ZETONNA (ciclesonide)	1 package (6.1 gm) per 25 days
<b>ANTI-INFECTIVES</b>	
BREXAFEMME	4 tablets per week
clotrimazole troches	90 lozenges per month
FIRVANQ (vancomycin oral powder for solution)	450 mL per 10 days
LAGEVRIO	40 capsules per 30 days

Product Name	Quantity Limit
PREVYMIS	1 tablet per day, 112 day-supply per 365 days
<i>tetracycline</i>	120 capsules per month
VANCOCCIN ( <i>vancomycin capsules</i> )	80 capsules per 10 days
XIFAXAN 200 mg	9 tablets per month
<b>ANTI-INFLAMMATORY</b>	
COLCRYS ( <i>colchicine tablets</i> )	120 tablets per 25 days
GLOPERBA	300 mL per 25 days
MITIGARE ( <i>colchicine capsules</i> )	60 capsules per 25 days
<b>ANTI-OBESITY</b>	
ADIPEX-P 37.5 mg (phentermine)*^	30 units per 25 days
benzphetamine 50 mg*^	90 tablets per 25 days
CONTRAVE 8 mg/90 mg (naltrexone HCl and bupropion HCl extended-release)*^	120 tablets per 25 days
diethylpropion 25 mg IR*^	90 tablets per 25 days
diethylpropion 75 mg ER*^	30 tablets per 25 days
LOMAIRA 8 mg (phentermine)*^	90 tablets per 25 days
phendimetrazine 35 mg IR*^	180 tablets per 25 days
phendimetrazine 105 mg ER*^	30 capsules per 25 days
QSYMIA 3.75 mg/23 mg, 7.5 mg/46 mg, 11.25 mg/69 mg, 15 mg/92 mg (phentermine and topiramate extended-release)*^	30 capsules per 25 days
SAXENDA 3 mg (liraglutide injection)*^	1 package (15 mL pens) per 25 days
WEGOVY 0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, 2.4 mg/0.75 mL (semaglutide injection)*^	1 package (4 pens) per 25 days
XENICAL 120 mg (orlistat)*^	90 capsules per 25 days
ZEPBOUND 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL (tirzepatide)*^	1 package (4 pens) per 25 days
<b>ANTI-PARASITE</b>	
<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
STROMEKTOL ( <i>ivermectin</i> )	9 tablets per 3 months
<b>ANTIVIRAL FOR THE TREATMENT OF COVID-19</b>	
PAXLOVID (300 mg nirmatrelvir; 100 mg ritonavir)	60 tablets (2 cartons containing 30 tablets each of 2 tablets of nirmatrelvir 150 mg and 1 tablet of ritonavir 100 mg) per month
PAXLOVID (150 mg nirmatrelvir; 100 mg ritonavir)	40 tablets (2 cartons containing 20 tablets each of 1 tablet of nirmatrelvir 150 mg and 1 tablet of ritonavir 100 mg) per month
<b>ASTHMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>	
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 0.63 mg/3 mL, 1.25 mg/3 mL</i>	5 packages (125 vials) per month 4 packages (120 vials) per month
<i>albuterol inhalation solution 0.083%, 2.5 mg/3 mL</i>	5 packages (125 vials) per month 4 packages (120 vials) per month 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

Product Name	Quantity Limit
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 ( <i>fluticasone furoate-vilanterol</i> )	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 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
SYMBICORT AEROSPHERE	1 package (10.7 gm each) 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 HFA	2 packages per month
YUPELRI ( <i>revefenacin</i> )	1 package (30 vials x 3mL) per month
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDERS (ADHD)</b>	
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
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

<b>Product Name</b>	<b>Quantity Limit</b>
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
ZENZEDI ( <i>dextroamphetamine</i> ) 30 mg	30 tablets per month
<b>CONTRACEPTIVES, MISCELLANEOUS</b>	
FEMALE CONDOMS	12 condoms per month
<b>DIABETES</b>	
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
<b>DIABETES - INSULIN MANAGEMENT SYSTEMS</b>	
G5/G4 PLATI MIS SENSOR*	3 sensors per month
DEXCOM G6 MIS SENSOR*	3 sensors per month
DEXCOM G6 SENSOR*	3 sensors per month
DEXCOM G7 MIS SENSOR*	3 sensors per month
ENLITE GLUCO MIS SENSOR	5 sensors per month
EVERSENSE E3 MIS SENSOR*	1 sensor per 150 days
EVERSENSE MIS SENSOR*	1 sensor per 75 days

<b>Product Name</b>	<b>Quantity Limit</b>
FREESTYLE LIBRE 14 DAY/SENSOR*	2 sensors per month
FREESTYLE LIBRE 2 SEN SENSOR 2*	2 sensors per month
FREESTYLE LIBRE 3 SEN SENSOR 3*	2 sensors per month
GUARDIAN 4 MIS SENSOR*	5 sensors per month
GUARDIAN A MIS SENSOR 3*	5 sensors per month
GUARDIAN LA MIS SENSOR 3*	5 sensors per month
OMNIPOD 5 G6 KIT INTRO*	1 kit per 999 days
OMNIPOD 5 G6 MIS PODS*	10 pods per month
OMNIPOD MIS 5 PACK*	10 pods per month
OMNIPOD DASH KIT INTRO*	1 kit per 999 days
OMNIPOD DASH KIT PDM*	1 kit per 999 days
OMNIPOD DASH KIT SYSTEM*	1 system per year
OMNIPOD DASH MIS 5 PACK*	10 pods per month
OMNIPOD PDM KIT CLASSIC*	1 kit per 999 days
V-GO 20 KIT*	1 kit per month
V-GO 30 KIT*	1 kit per month
V-GO 40 KIT*	1 kit per month
<b>EMERGENCY TREATMENT OF ALLERGIC REACTIONS</b>	
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
<b>ERECTILE DYSFUNCTION</b>	
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>vardenafil</i>	6 tablets per month
<i>vardenafil orally disintegrating tablets</i>	6 tablets per month
VIAGRA ( <i>sildenafil</i> )	6 tablets per month
<b>FEMALE REPRODUCTIVE AGENTS</b>	
METHERGINE	120 tablets per month
<b>GASTROESOPHAGEAL REFLUX DISEASE (GERD)</b>	
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
VOQUEZNA 10 mg tablet for maintenance of healing of EE*	30 tablets per month
VOQUEZNA 20 mg tablet for healing of EE*	30 tablets per month
VOQUEZNA 20 mg tablet for treatment of H. Pylori*	28 tablets per 14 days
ZEGERID ( <i>omeprazole/sodium bicarbonate</i> )	90 units of therapy per 365 days
<b>INFLUENZA TREATMENT &amp; PREVENTION</b>	
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
<b>MENOPAUSE</b>	
VEOZAH	30 tablets per 30 days
<b>MIGRAINE</b>	
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

Product Name	Quantity Limit
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
QULIPTA	30 tablets per 25 days
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
ZAVZPRET	6 nasal spray units per 18 days
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
<b>MUSCULOSKELETAL AGENTS</b>	
SOMA 250 mg, 350 mg ( <i>carisoprodol</i> )	84 tablets per month
<b>NAUSEA &amp; VOMITING</b>	
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
SANCUSO	2 patches per month
VARUBI	4 tablets per month
<b>NEUROPATHIC PAIN</b>	
<i>gabapentin tablet 600 mg</i>	180 tablets per month
GRALISE 300 mg	150 tablets per month
GRALISE 450 mg	90 tablets per month
GRALISE 600 mg	90 tablets per month
GRALISE 750 mg	60 tablets per month
GRALISE 900 mg	60 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
LYRICA CR ( <i>pregabalin ext-rel</i> ) 82.5 mg, 165 mg, 330 mg	60 tablets per month
NEURONTIN capsules	180 capsules per month
NEURONTIN oral solution ( <i>gabapentin</i> ) 250 mg/5 mL	72 mL per day
NEURONTIN tablet ( <i>gabapentin</i> ) 800 MG	120 tablets per month
<b>OPIOID REVERSAL AGENTS</b>	
RIVIVE ( <i>naloxone hydrochloride nasal spray</i> )	2 cartons per month
ZIMHI ( <i>naloxone hydrochloride injection</i> )	2 cartons per month
KLOXXADO ( <i>naloxone hydrochloride nasal spray</i> )	2 cartons per month
<i>naloxone hydrochloride nasal spray</i>	2 cartons per month
NARCAN ( <i>naloxone hydrochloride nasal spray</i> )	2 cartons per month
OPVEE ( <i>nalmefene nasal spray</i> )	2 cartons per month
REXTOVY ( <i>naloxone hydrochloride nasal spray</i> )	2 cartons per month
REZENOPY ( <i>naloxone hydrochloride nasal spray</i> )	2 cartons per month
<b>PROSTATE &amp; BENIGN PROSTATIC HYPERPLASIA (BPH)</b>	
CIALIS ( <i>tadalafil</i> ) 5 mg	30 tablets per month
<b>TOPICAL CORTICOSTEROIDS</b>	
<i>acclometasone</i>	120 grams per month

<b>Product Name</b>	<b>Quantity Limit</b>
<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
<i>clotrimazole-betamethasone dipropionate lotion</i>	60 mL per month
<i>clotrimazole-betamethasone dipropionate cream</i>	60 grams 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>nystatin-triamcinolone cream, ointment</i>	60 grams per month
<i>triamcinolone cream, ointment, spray</i>	120 grams per month
<i>triamcinolone lotion</i>	120 mL per month
<b>TOPICAL LIDOCAINE PRODUCTS</b>	
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
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
<b>TOPICAL OPHTHALMIC PRODUCTS</b>	
<i>gentamicin solution</i>	4 bottles per month
MIEBO	2 bottles (10 mL) per 30 days
<b>TOPICAL PRODUCTS, OTHER</b>	
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
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

<b>Product Name</b>	<b>Quantity Limit</b>
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>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% ( <i>naftifine 2% gel</i> )	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
PRUDOXIN CREAM ( <i>doxepin cream</i> ) 5%*	45 grams per month
SANTYL COLLAGENASE	90 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.

^Coverage is subject to member's plan benefit



## 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 <sup>Δ</sup> 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 <sup>Δ</sup> (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 <sup>Δ</sup> (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	4 tablets per day
hydromorphone 8 mg	2 tablets per day
hydromorphone ext-rel <sup>Δ</sup> 8 mg, 12 mg, 16 mg	1 tablet per day
hydromorphone liquid 1 mg/mL	16 mL per day
hydromorphone suppositories 3 mg	4 suppositories per day
HYSINGLA ER <sup>Δ</sup> 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
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	1 tablet per day
METHADONE INTENSOL (methadone) 10 mg/mL	1.5 mL per day
methadone oral solution 5 mg/5mL	15 mL per day
methadone oral solution 10 mg/5 mL	7.5 mL per day
morphine ext-rel beads <sup>Δ</sup> 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 <sup>Δ</sup> (morphine ext-rel) 15 mg, 30 mg	3 tablets 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
NUCYNTA 50 mg	4 tablets per day
NUCYNTA 75 mg	3 tablets per day
NUCYNTA 100 mg	2 tablets per day
NUCYNTA ER <sup>Δ</sup> 50 mg, 100 mg	2 tablets per day
OXYAYDO 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 <sup>Δ</sup> 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 <sup>Δ</sup> 100 mg	1 tablet per day
tramadol ext-rel <sup>Δ</sup> 150 mg	1 capsule per day
tramadol/acetaminophen 37.5/325 mg	8 tablets per day
XTAMPZA ER <sup>Δ</sup> 9 mg, 13.5 mg, 18 mg, 27 mg	2 capsules per day

<sup>Δ</sup> 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**

<b>Influenza Products</b>	RELENZA TAMIFLU ( <i>oseltamivir</i> )
<b>Lidocaine Topical Products</b>	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> PLIAGLIS cream 7/7% SYNERA patch 70/70 mg
<b>Migraine Products</b>	<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> )
<b>Proton Pump Inhibitors</b>	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**

ADIPEX-P<sup>^</sup>  
ADLYXIN  
ACCU-CHEK TEST STRIPS  
ACTIQ  
*adapalene*  
*adapalene/benzoyl peroxide*  
AIMOVIG  
AJOVY  
AKLIEF  
ALTRENO  
ANDRODERM  
ANDROGEL  
ARAZLO  
*armodafinil*  
ATRALIN  
AVITA  
*azelaic acid*  
*bempedoic acid*  
*bempedoic acid/ezetimibe*  
*benzphetamine HCl*<sup>^</sup>  
*brimonidine tartrate*  
BREEZE 2 TEST STRIPS  
*buprenorphine patch*  
BYDUREON BCISE

BYETTA  
*calcipotriene*  
*calcipotriene top scalp soln*  
*calcipotriene/betamethasone dipropionate*  
CALCITRENE  
*calcitriol oint*  
CARAC  
CEQUA  
CIALIS 2.5 MG  
CIALIS 5 MG  
*clindamycin/tretinoin*  
CONTOUR NEXT TEST STRIPS  
CONTOUR TEST STRIPS  
CONTRACE<sup>^</sup>  
CORLANOR  
*cyclosporine emulsion*  
DARAPRIM  
DELATESTRYL  
DEPO-TESTOSTERONE  
DESCOVY  
DEXCOM  
*diclofenac sodium gel 3%*  
*diclofenac sodium solution 1.5%*  
*diclofenac sodium solution 2%*

diethylpropion HCl^  
diethylpropion HCl ER^  
DIFFERIN  
doxepin cream 5%  
ELIDEL  
EMGALITY  
ENSTILAR  
EOHILIA  
EPIDUO  
EPIDUO FORTE  
EVERSENSE  
EYSUVIS  
FABIOR  
fentanyl citrate  
fentanyl transmucosal lozenge  
FENTORA  
FINACEA  
FLUOROPLEX  
fluorouracil  
FORTESTA  
FREESTYLE LIBRE  
FREESTYLE TEST STRIPS  
GLUMETZA  
GUARDIAN  
icosapent ethyl  
imiquimod  
INPEFA  
ivabradine  
ivermectin  
JATENZO  
JUBLIA  
KERENDIA  
KERYDIN  
KLISYRI  
KYZATREX  
LODOCO  
LOMAIRA^  
LOVAZA  
metformin ext-rel (generic FORTAMET)  
metformin ext-rel (generic GLUMETZA)  
MIEBO  
MIRVASO  
modafinil  
MOUNJARO  
MOVANTIK  
MYFEMBREE  
naldemedine  
naloxegol  
NATESTO  
NAYZILAM  
NEXLETOL  
NEXLIZET  
NORITATE  
NOXAFIL  
NURTEC  
NUVIGIL  
omega-3-acid ethyl esters  
omeprazole/sodium bicarbonate  
OMNIPOD 5 G6 KIT INTRO  
OMNIPOD 5 G6 MIS PODS  
OMNIPOD DASH KIT INTRO  
OMNIPOD DASH KIT PDM  
OMNIPOD DASH MIS 5 PACK  
OMNIPOD MIS 5 PACK  
OMNIPOD PDM KIT CLASSIC  
OMNIPOD STARTER KIT

OPZELURA  
ORIAHNN  
ORILISSA  
orlistat^  
OZEMPIC  
phendimetrazine tablet^  
phendimetrazine capsule ER^  
phentermine capsule 15 mg, 30 mg^  
pilocarpine hydrochloride ophthalmic solution  
pimecrolimus  
posaconazole  
PRALUENT  
PROVIGIL  
pyrimethamine  
QLOSI  
QSYMIA^  
QULIPTA  
REGRANEX  
RELISTOR  
RELTONE  
REPATHA  
RESTASIS  
RETIN-A  
RETIN-A MICRO  
REZDIFFRA  
RHOFADÉ  
RYBELSUS  
SANTYL COLLAGENASE  
SAXENDA^  
SOOLANTRA  
SORILUX  
STROMECTOL  
SUBSYS  
SYMPROIC  
TACLONEX  
tacrolimus  
tadalafil 2.5 mg  
tadalafil 5 mg  
tavorole  
tazarotene  
TAZORAC  
TESTIM  
TESTOPEL  
testosterone cypionate injection  
testosterone enanthate injection  
testosterone nasal gel  
testosterone propionate implant pellets  
testosterone topical gel  
testosterone topical solution  
testosterone transdermal patch  
testosterone undecanoate oral  
tretinoin cream, gel  
TLANDO  
TOLAK  
TRETIN-X  
TRULICITY  
TWYNEO  
TYRVAYA  
UBRELVY  
V-GO KIT  
VALTOCO  
VASCEPA  
VECTICAL  
VELTIN  
VEOZAH  
vericiguat

VERQUVO  
VFEND  
VICTOZA  
VOGELXO  
VOQUEZNA  
VTAMA  
VUITY  
VYLEESI  
WEGOVY^  
WINLEVI  
WYNZORA  
XENICAL^  
XEPI  
XHANCE

XIFAXAN 550 mg  
XIIDRA  
XPHOZAH  
XYOSTED  
ZAVZPRET  
ZEPBOUND^  
ZEGERID  
ZIANA  
ZONALON  
ZYCLARA  
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

^Coverage is subject to member's plan benefit

## SPECIALTY DRUGS REQUIRING PRIOR AUTHORIZATION

ABECMA  
*abiraterone acetate*  
ABRILADA  
ACTEMRA \*  
ACTHAR  
ACTIMMUNE  
ADAKVEO \*  
ADAGEN  
ADALIMUMAB-ADAZ  
ADALIMUMAB-ADB  
ADBRY \*  
ADCETRIS  
ADCIRCA  
ADEMPAS  
ADSTILADRIN  
ADUHELM  
ADVATE  
ADYNOVATE  
ADZYNMA  
AFINITOR  
AFSTYLA  
ALDURAZYME \*  
ALECENSA  
ALIMTA  
ALIQOPA  
ALPHANATE  
ALPHANINE SD \*  
ALPROLIX  
ALTUVIIO  
ALUNBRIG  
ALVAIZ  
ALYMSYS  
ALYQ  
*ambrisentan*  
AMJEVITA  
AMONDYS 45 \*  
AMPYRA  
AMTAGVI  
AMVUTTRA \*  
APOKYN  
AQNEURSA  
ARALAST NP \*  
ARANESP  
ARCALYST  
ARIKAYCE  
ARZERRA

ASCENIV \*  
ASPARLAS  
AUBAGIO  
AUSTEDO  
AUSTEDO XR  
AVASTIN  
AVEED  
AVONEX  
AVSOLA \*  
AYVAKIT  
*azacytidine*  
BAFIERTAM  
BALVERSA  
BAVENCIO \*  
BELRAPZO  
*bendamustine*  
BENDEKA  
BENEFIX  
BENLYSTA \*  
BEOVU  
BERINERT  
BESPONS  
BESREMI  
BETASERON  
BETHKIS  
*bexarotene*  
BIMZELX  
BIVIGAM \*  
BLINCYTO  
*bosentan*  
BOSULIF  
BOTOX  
BRAFTOVI  
BREYANZI  
BRINEURA  
BRIUMVI  
BRONCHITOL  
BRUKINSA  
BUPHENYL  
BYLVAY  
BYNFEZIA  
BYOOVIZ  
CABLVI  
CABOMETYX  
CALQUENCE  
CAMCEVI

CAMZYOS  
*capecitabine*  
CAPRELSA  
CARBAGLU  
*carglumic acid*  
CARVYKTI  
CASGEVY  
CAYSTON  
CERDELGA  
CEREZYME \*  
CETROTIDE  
CHENODAL  
CHOLBAM  
*chorionic gonadotropin*  
CIBINQO  
CIMERLI  
CIMZIA  
*cinacalcet hcl*  
CINQAIR \*  
CINRYZE \*  
COAGADEX  
COMETRIQ  
COPAXONE  
COPIKTRA  
CORIFACT  
CORTROPHIN GEL  
COSELA  
COSENTYX  
COTELLIC  
CRYSVITA \*  
CUPRIMINE  
CUTAQUIG \*  
CUVITRU \*  
CYRAMZA  
CYLTEZO  
CYSTADANE  
CYSTADROPS  
CYSTAGON  
CYSTARAN  
DACOGEN  
*dalfampridine*  
DARZALEX  
DARZALEX FASPRO  
DAURISMO  
DAYBUE  
*decitabine*

deferasirox  
deferiprone  
deferoxamine  
deflazacort  
DEMSEK  
DEPEN TITRATABS  
DESFERAL  
desmopressin  
DIACOMIT  
dichlorphenamide  
dimethyl fumarate  
dofetilide  
DOJOLVI  
DOPTLET  
droxidopa  
DUOPA  
DUPIXENT  
DYSPORT  
EBGLYSS  
EGRIFTA  
ELAHERE  
ELAPRASE \*  
ELELYSO \*  
ELEVIDYS  
ELFABRIO \*  
ELIGARD  
ELOCTATE  
ELZONRIS  
EMFLAZA  
EMPAVELI INJ  
EMPLICITI  
ENBREL  
ENDARI  
ENHERTU  
ENJAYMO \*  
ENSPRYNG  
ENTYVIO \*  
EOHILIA  
EPCLUSA  
EPIDIOLEX  
EPKINLY  
EPOGEN  
epoprostenol  
ERBITUX  
ERIVEDGE  
ERLEADA  
erlotinib hcl  
ERWINAZE  
ESBRIET  
ESPEROCT  
EUFLEXXA  
EVENITTY  
everolimus  
EVKEEZA \*  
EVRYSDI  
EXJADE  
EXKIVITY  
EXONDYS 51 \*  
EXSERVAN  
EXTAVIA  
EYLEA  
FABHALTA  
FABRAZYME \*  
FASENRA PEN  
FASENRA SYRINGE \*  
FASLODEX

FEIBA  
FENSOLVI  
FERRIPROX  
FIBRYGA  
FILSPARI  
FILSUVEZ  
fingolimod  
FINTEPLA  
FIRAZYR  
FIRDAPSE  
FIRMAGON  
FLEBOGAMMA DIF \*  
FLOLAN  
FOLLISTIM AQ  
FOLOTYN  
FORTEO  
FOTIVDA  
FULPHILA  
fulvestrant  
FYARRO  
FYLNETRA  
GALAFOLD  
GAMASTAN \*  
GAMASTAN S/D  
GAMIFANT  
GAMMAGARD LIQUID \*  
GAMMAKED \*  
GAMMAPLEX \*  
GAMUNEX-C \*  
ganirelix acetate  
GATTEX  
GAVRETO  
GAZYVA  
gefitinib  
GEL-ONE  
GELSYN-3  
GENOTROPIN  
GENVISC-850  
GILENYA  
GILOTRIF  
GIVLAARI \*  
GLASSIA \*  
glatiramer acetate  
GLATOPA  
GLEEVEC  
GLEOSTINE  
gonadotropin  
GONAL-F  
GRANIX  
HADLIMA  
HAEGARDA  
HALAVEN  
HARVONI  
HEMGENIX  
HEMLIBRA  
HEMOPIL M  
HERCEPTIN  
HERCEPTIN HYLECTA  
HERZUMA  
HETLIOZ  
HIZENTRA \*  
HUMATE-P  
HUMATROPE  
HUMIRA  
HYALGAN  
HYCAMTIN

HYMOVIS  
HYRIMOZ  
HYQVIA \*  
IBRANCE  
icatibant acetate  
ICLUSIG  
IDELVION  
IDHIFA  
ILARIS  
ILUMYA  
imatinib mesylate  
IMBRUVICA  
IMCIVREE  
IMFINZI \*  
IMJUDO  
IMLYGIC  
INBRIJA  
INCRELEX  
INFLECTRA \*  
INFLIXIMAB  
INGREZZA  
INLYTA  
INQOVI  
INREBIC  
IQIRVO  
IRESSA  
ISTODAX  
ISTURISA  
IWILFIN  
IXEMPRA  
IXINITY  
JADENU  
JAKAFI  
JELMYTO  
JEMPERLI SOL \*  
JETREA  
JEVTANA  
JOENJA  
JUXTAPID  
JYNARQUE  
KADCYLA  
KALBITOR  
KALYDECO  
KANJINTI  
KANUMA \*  
KESIMPTA  
KEVEYIS  
KEVZARA  
KEYTRUDA \*  
KHAPZORY  
KIMMTRAK  
KINERET  
KISQALI  
KISQALI FEMARA PAK  
KITABIS PAK  
KOATE-DVI  
KOGENATE FS  
KORLYM  
KOSELUGO  
KOVALTRY  
KRAZATI  
KRYSTEXXA \*  
KUVAN  
KYMIRAH  
KYNMOBI  
KYPROLIS

*lapatinib ditosylate*  
*ledipasvir/sofosbuvir*  
LAMZEDE  
*lanreotide acetate*  
LAZCLUZE  
LEMRADA \*  
LENMELDY  
LENVIMA  
LEUPROLIDE ACETATE DEPOT  
LEQVIO  
LETAIRIS  
LEUKINE  
*leuprolide acetate*  
LIBTAYO \*  
LITFULO  
LIVDELZI  
LIVMARLI  
LIVTENCITY  
LONSURF  
LORBRENA  
LUCENTIS  
LUMAKRAS  
LUMIZYME \*  
LUMOXITI  
LUNSUMIO  
LUPKYNIS  
LUPRON DEPOT  
LUPRON DEPOT PED  
LUTATHERA  
LUXTURNA  
LYFGENIA  
LYNPARZA  
LYTGOBI  
MACUGEN  
MARGENZA  
MAVENCLAD  
MAVYRET  
MAYZENT  
MEKINIST  
MEKTOVI  
MENOPUR  
MEPSEVII \*  
*Miglustat*  
MIPLYFFA  
MIRCERA  
MONJUVI  
MONONINE  
MONOVISC  
MOZOBIL  
MULPLETA  
MVASI  
MYALEPT  
MYCAPSSA  
MYLOTARG  
MYOBLOC  
NAGLAZYME \*  
NEMLUVIO  
NERLYNX  
NEULASTA  
NEUPOGEN  
NEXAVAR  
NEXVIAZYME \*  
NGENLA  
NINLARO  
*nitisinone*  
NITYR

NIVESTYM  
NORDITROPIN FLEXPPO  
NORTHERA  
NOVAREL  
NOVOEIGHT  
NOVOSEVEN  
NPLATE  
NUBEQA  
NUCALA \*  
NULIBRY INJ  
NUPLAZID  
NUTROPIN AQ  
NUWIQ \*  
NYVEPRIA  
OBIZUR  
OCALIVA  
OCREVUS \*  
OCTAGAM \*  
*octreotide acetate*  
ODOMZO  
OFEV  
OGIVRI  
OJEMDA  
OLUMIANT  
OMISIRGE  
ONCASPAR  
OMNITROPE  
OMVOH  
ONPATTRO \*  
ONTRUZANT  
ONUREG  
OPDIVO \*  
OPDUALAG \*  
OPSUMIT  
OPSYNVI  
ORENCIA \*  
ORENCIA CLICKJECT  
ORENITRAM  
ORFADIN  
ORGOVYX  
ORKAMBI  
ORLADEYO  
ORSERDU  
ORTHOVISC  
OTEZLA  
OTREXUP  
OVIDREL  
OXBRYTA  
OXERVATE  
OXLUMO \*  
PADCEV  
PALYNZIQ  
PANZYGA \*  
PARSABIV  
PEGASYS  
PEMAZYRE  
*pemetrexed*  
PEMFEXY  
PEPAXTO  
PERJETA  
PHEBURANE  
PHESGO  
PIQRAY  
*pirfenidone*  
PLEGRIDY  
*plerixafor*

PLUVICTO  
POLIVY  
POMALYST  
PONVORY  
POTELIGEO  
PREGNYL  
PRIVIGEN \*  
PROCRIT  
PROCYSBI  
PROFILNINE SD \*  
PROLASTIN-C \*  
PROLEUKIN  
PROLIA  
PROMACTA  
PULMOZYME  
PURIXAN  
PYRUKYND  
QALSODY  
QINLOCK  
RADICAVA \*  
RADICAVA ORS  
RASUVO  
RAVICTI  
REBIF  
REBINYN  
REBLOZYL  
RECLAST  
RECOMBINATE  
REDITREX  
RELEUKO  
RELYVIRO  
REMICADE \*  
REMODULIN  
RENFLEXIS \*  
RETACRIT  
RETEVMO  
REVATIO  
REVLIMID  
REZLIDHIA  
REZUROCK  
RIABNI  
RIASTEP  
*ribavirin*  
RINVOQ  
RITUXAN  
RITUXAN HYCELA  
RIVFLOZA  
RIXUBIS  
ROCTAVIAN  
ROLVEDON  
*romidepsin*  
ROZLYTREK  
RUCONEST  
RUXIENCE  
RYBREVANT SOL  
RYDAPT  
RYLAZE  
RYPLAZIM  
RYSTIGGO  
SABRIL  
SAIZEN  
SAMSCA  
SANDOSTATIN  
SANDOSTATIN LAR DEPOT  
SAPHNELO \*  
*sapropterin dihydrochloride*

SARCLISA  
SCEMBLIX  
SCENESSE  
SENSIPAR  
SEROSTIM  
SEVENFACT  
SIGNIFOR  
SIGNIFOR LAR  
*sildenafil citrate*  
SILIQ  
SIMLANDI  
SIMPONI  
SIMPONI ARIA \*  
SKYCLARIS  
SKYRIZI  
SKYSONA  
SKYTROFA  
*sodium phenylbutyrate*  
*sofosbuvir/velpatasvir*  
SOGROYA  
SOLIRIS \*  
SOMATULINE DEPOT  
SOMAVERT  
*sorafenib*  
SOTYKTU  
SOVALDI  
SPINRAZA  
SPRAVATO  
SPEVIGO  
SPRYCEL  
STELARA  
STIMUFEND  
STIVARGA  
STRENSIQ  
SUCRAID  
*sunitinib*  
SUPARTZ  
SUPPRELIN LA  
SUSVIMO  
SUTENT  
SYFOVRE  
SYLVANT  
SYMDEKO  
SYNAGIS  
SYNOJOYNT  
SYNRIBO  
SYNVISC  
SYNVISC ONE  
SYPRINE  
TABRECTA  
*tadalafil*  
TADLIQ  
TAFINLAR  
TAGRISSO  
TAKHZYRO  
TALTZ  
TALVEY  
TALZENNA  
TARCEVA  
TARGRETIN  
TARPEYO  
TASCENSO ODT  
TASIGNA  
*tasimelteon*  
TAVALISSE  
TAVNEOS

TAZVERIK  
TECARTUS  
TECENTRIQ \*  
TECFIDERA  
TECVAYLI  
TEGSEDI  
TEMODAR  
*temozolomide*  
*temsirolimus*  
TEPEZZA \*  
TEPMETKO  
*teriflunomide*  
*teriparatide*  
*tetrabenazine*  
TEZSPIRE \*  
THALOMID  
THIOLA  
THIOLA EC  
TIBSOVO  
TIKOSYN  
*tiopronin*  
TIVDAK  
TOBI  
TOBI PODHALER  
*tobramycin inhalation solution*  
*tolvaptan*  
TORISEL  
TRACLEER  
TRAZIMERA  
TREANDA  
TRELSTAR  
TREMIFYA  
TRETEN  
TRIKAFTA  
TRILURON  
TRIPTODUR  
TRIVISC  
TRODELVY  
TRUSELTIQ  
TRUXIMA  
TUKYSA  
TURALIO  
TYENNE  
TYKERB  
TYMLOS  
TYSABRI \*  
TYVASO  
TYVASO DPI  
TZIELD  
UDENYCA  
ULTOMIRIS \*  
UPLIZNA \*  
UPTRAVI  
VABYSMO  
VAFSEO  
VALCHLOR  
VANFLYTA  
VECTIBIX  
VEGZELMA  
VELCADE  
VELETRI  
VELSIPITY  
VENCLEXTA  
VENTAVIS  
VERZENIO  
VIDAZA

*vigabatrin*  
VIGADRONE  
VIJOICE  
VILTEPSO  
VIMIZIM \*  
VISCO-3  
VISUDYNE  
VITRAKVI  
VIVIMUSTA  
VIZIMPRO  
VONJO  
VONVENDI  
VORANGIO  
VOSEVI  
VOTRIENT  
VOWST  
VOXZOGO  
VOYDEYA  
VPRIV \*  
VUMERITY  
VYJUVEK  
VYNDAMAX  
VYNDAQEL  
VYONDYS 53 \*  
VYVGART  
VYVGART HYTRULO  
WAINUA  
WAKIX  
WELIREG  
WILATE  
XALKORI  
XELJANZ  
XELJANZ XR  
XELODA  
XEMBIFY \*  
XENAZINE  
XENPOZYME \*  
XEOMIN  
XERMELO  
XGEVA  
XIAFLEX  
XIPERE  
XOFIGO  
XOLAIR \*  
XOLREMDI  
XOSPATA  
XPOVIO  
XTANDI  
XYNTHIA  
XYREM  
XYWAV  
YERVOY \*  
YESCARTA  
YONSA  
YORVIPATH  
YUFLYMA  
YUSIMRY  
ZALTRAP  
ZARXIO  
ZAVESCA  
ZEJULA  
ZELBORAF  
ZEMAIRA \*  
ZEPATIER  
ZEPOSIA  
ZEPZELCA



ZIEXTENZO  
ZILBRYSQ  
ZIRABEV  
ZOKINVY  
ZOLADEX  
*zoledronic acid*  
ZOLGENSMA

ZOLINZA  
ZOMACTON  
ZOMETA  
ZORBTIVE  
ZTALMY  
ZULRESSO  
ZYDELIG

ZYKADIA  
ZYMFENTRA  
ZYNLONTA SOL  
ZYNTEGLO  
ZYNYZ \*  
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 ... <b>First Choice Drugs</b>	<b>Used to treat</b>	<b>... before you can get coverage for these drugs Second Choice Drugs</b>
At least a 7-day supply of a generic topical corticosteroid <b>AND</b> at least a 7-day supply of topical <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</i> 5%
If the patient has filled a prescription for at least a 56 day supply of <i>divalproex sodium</i> , <i>topiramate</i> , <i>valproate sodium</i> , <i>metoprolol</i> , <i>propranolol</i> , <i>timolol</i> , <i>atenolol</i> , <i>nadolol</i> , <i>amitriptyline</i> , or <i>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</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , or <i>terazosin</i> ), 5 alpha-reductase inhibitor (5-ARI) (e.g., <i>dutasteride</i> , <i>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> ) 2.5 mg, 5 mg for 30 tablets
At least a 30-day supply of metformin within the past 180 days	Type 2 Diabetes	ALOGLIPTIN BENZOATE, ALOGLIPTIN-METFORMIN HCL, ALOGLIPTIN-PIOGLITAZONE, FARXIGA, GLYXAMBI, INVOKAMET, INVOKAMET XR, INVOKANA, JANUMET, JANUMET XR, JANUVIA, JARDIANCE, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, QTERN, <i>saxagliptin</i> , SEGLUROMET, SOLIQUA 100/33, STEGLATRO, STEGLUJAN, SYNJARDY, SYNJARDY XR, TRADJENTA, TRIJARDY XR, 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
At least a 30 day supply of a serotonin and norepinephrine reuptake inhibitor (SNRI), a selective serotonin reuptake inhibitor (SSRI), mirtazapine OR bupropion (Wellbutrin IR/SR/XL) within the past 180 days	Indicated for treatment of major depressive disorder (MDD) in adults	AUVELITY
At least a 30 day supply of a topical steroid within the past 180 days	Indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 12 years of age and older.	ZORYVE

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](http://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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