

Prescription Guidelines Exchange

(Effective July 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.

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

NON-SPECIALTY QUANTITY LIMITS	
ANALGESICS	
ASPIRIN CHW 81MG	100 tabs every 30 days
ASPIRIN LOW TAB 81MG EC	100 tabs every 30 days
BUT/APAP/CAF CAP	48 caps every 25 days
BUT/APAP/CAF CAP	48 caps every 25 days
BUT/APAP/CAF TAB	48 tabs every 25 days
BUT/ASA/CAFF CAP	48 caps every 25 days
KETOROLAC TAB 10MG	20 tabs every 25 days
TENCON TAB 50-325MG	48 tabs every 25 days
ANAPHYLAXIS TREATMENT AGENTS	
EPINEPHRINE INJ 0.15MG	4 auto-injectors every 25 days
EPINEPHRINE INJ 0.15MG	4 auto-injectors every 25 days
EPINEPHRINE INJ 0.3MG	4 auto-injectors every 25 days
EPIPEN 2-PAK INJ 0.3MG	4 auto-injectors every 25 days
EPIPEN-JR INJ 0.15MG	4 auto-injectors every 25 days
ANTIANXIETY	
ALPRAZOLAM CON 1 MG/ML	300 mL every 25 days
ALPRAZOLAM TAB 0.25 ODT	150 tabs every 25 days
ALPRAZOLAM TAB 0.25MG	150 tabs every 25 days
ALPRAZOLAM TAB 0.5MG	150 tabs every 25 days

NON-SPECIALTY QUANTITY LIMITS

ALPRAZOLAM TAB 0.5MG OD	150 tabs every 25 days
ALPRAZOLAM TAB 1MG	150 tabs every 25 days
ALPRAZOLAM TAB 1MG ODT	150 tabs every 25 days
ALPRAZOLAM TAB 2MG	150 tabs every 25 days
ALPRAZOLAM TAB 2MG ODT	150 tabs every 25 days
LORAZEPAM CON 2MG/ML	150 mL every 25 days
LORAZEPAM TAB 0.5MG	150 tabs every 25 days
LORAZEPAM TAB 1MG	150 tabs every 25 days
LORAZEPAM TAB 2MG	150 tabs every 25 days
OXAZEPAM CAP 10MG	120 caps every 25 days
OXAZEPAM CAP 15MG	120 caps every 25 days
OXAZEPAM CAP 30MG	120 caps every 25 days
ANTICONVULSANTS	
CLORAZ DIPOT TAB 15MG	180 tabs every 25 days
CLORAZ DIPOT TAB 3.75MG	180 tabs every 25 days
CLORAZ DIPOT TAB 7.5MG	180 tabs every 25 days
DIAZEPAM CON 5MG/ML	240 mL every 25 days
DIAZEPAM SOL 5MG/5ML	1200 mL every 25 days
DIAZEPAM TAB 10MG	120 tabs every 25 days
DIAZEPAM TAB 2MG	120 tabs every 25 days
DIAZEPAM TAB 5MG	120 tabs every 25 days
ANTIDEPRESSANTS	
AMITRIPTYLIN TAB 10MG	150 tabs every 25 days
AMITRIPTYLIN TAB 25MG	60 tabs every 25 days
AMITRIPTYLIN TAB 50MG	30 tabs every 25 days
AMOXAPINE TAB 100MG	90 tabs every 25 days
AMOXAPINE TAB 150MG	60 tabs every 25 days
AMOXAPINE TAB 25MG	90 tabs every 25 days
AMOXAPINE TAB 50MG	90 tabs every 25 days
DESIPRAMINE TAB 100MG	30 tabs every 25 days
DESIPRAMINE TAB 10MG	90 tabs every 25 days
DESIPRAMINE TAB 150MG	30 tabs every 25 days
DESIPRAMINE TAB 25MG	90 tabs every 25 days
DESIPRAMINE TAB 50MG	90 tabs every 25 days

NON-SPECIALTY QUANTITY LIMITS

DESIPRAMINE TAB 75MG	60 tabs every 25 days
DESVENLAFAK TAB 100MG ER	30 tabs every 25 days
DESVENLAFAK TAB 25MG ER	30 tabs every 25 days
DESVENLAFAK TAB 50MG ER	30 tabs every 25 days
DOXE PIN HCL CAP 100MG	30 caps every 25 days
DOXE PIN HCL CAP 10MG	90 caps every 25 days
DOXE PIN HCL CAP 150MG	30 caps every 25 days
DOXE PIN HCL CAP 25MG	90 caps every 25 days
DOXE PIN HCL CAP 50MG	90 caps every 25 days
DOXE PIN HCL CAP 75MG	60 caps every 25 days
DOXE PIN HCL CON 10MG/ML	450 mL every 25 days
FETZIMA CAP 120MG	30 caps every 25 days
FETZIMA CAP 20MG	30 caps every 25 days
FETZIMA CAP 40MG	30 caps every 25 days
FETZIMA CAP 80MG	30 caps every 25 days
FETZIMA CAP TITRATIO	30 caps every 25 days
IMIPRAM HCL TAB 10MG	120 tabs every 25 days
IMIPRAM HCL TAB 25MG	120 tabs every 25 days
IMIPRAM HCL TAB 50MG	60 tabs every 25 days
IMIPRAM PAM CAP 100MG	30 caps every 25 days
IMIPRAM PAM CAP 75MG	30 caps every 25 days
NORTRIPTYLIN CAP 10MG	150 caps every 25 days
NORTRIPTYLIN CAP 25MG	60 caps every 25 days
NORTRIPTYLIN CAP 50MG	30 caps every 25 days
NORTRIPTYLIN SOL 10MG/5ML	750 mL every 25 days
PROTRIPTYLIN TAB 10MG	60 tabs every 25 days
PROTRIPTYLIN TAB 5MG	90 tabs every 25 days
TRIMIPRAMINE CAP 100MG	30 caps every 25 days
TRIMIPRAMINE CAP 25MG	60 caps every 25 days
TRIMIPRAMINE CAP 50MG	60 caps every 25 days
ANTIEMETICS	
AKYNZEO CAP 300-0.5	2 caps every 21 days
APREPITANT CAP 125MG	2 caps every 21 days
APREPITANT CAP 40MG	3 caps every 180 days

NON-SPECIALTY QUANTITY LIMITS

APREPITANT CAP 80MG	4 caps every 21 days
APREPITANT PAK 80 & 125	2 packs every 21 days
DRONABINOL CAP 10MG	60 caps every 25 days
DRONABINOL CAP 2.5MG	60 caps every 25 days
DRONABINOL CAP 5MG	60 caps every 25 days
GRANISETRON TAB 1MG	12 tabs every 21 days
ONDANSETRON SOL 4MG/5ML	200 mL every 21 days
ONDANSETRON TAB 24MG	2 tabs every 21 days
ONDANSETRON TAB 4MG	18 tabs every 21 days
ONDANSETRON TAB 4MG ODT	18 tabs every 21 days
ONDANSETRON TAB 8MG	18 tabs every 21 days
ONDANSETRON TAB 8MG ODT	18 tabs every 21 days
SANCUSO DIS 3.1MG	2 patches every 21 days

ANTI-INFECTIVES

ABACA/LAMIVU TAB 600-300	30 tabs every 30 days
ABACAV/LAMIV TAB /ZIDOVUD	60 tabs every 30 days
ABACAVIR SOL 20MG/ML	900 mL every 30 days
ABACAVIR TAB 300MG	60 tabs every 30 days
ALINIA SUS 100/5ML	540mL every 25 days
APTIVUS CAP 250MG	120 caps every 30 days
APTIVUS SOL	285 mL every 28 days
ATAZANAVIR CAP 150MG	30 caps every 30 days
ATAZANAVIR CAP 200MG	60 caps every 30 days
ATAZANAVIR CAP 300MG	30 caps every 30 days
BIKTARVY TAB	30 tabs every 30 days
CIMDUO TAB 300-300	30 tabs every 30 days
CRIXIVAN CAP 200MG	450 caps every 30 days
CRIXIVAN CAP 400MG	180 caps every 30 days
DESCOVI TAB 200/25MG	30 tabs every 30 days
DIDANOSINE CAP 200MG	30 caps every 30 days
DIDANOSINE CAP 250MG	30 caps every 30 days
DIDANOSINE CAP 400MG	30 caps every 30 days
DOVATO TAB 50-300MG	30 tabs every 30 days
EDURANT TAB 25MG	60 tabs every 30 days

NON-SPECIALTY QUANTITY LIMITS

EFAVIR/EMTRI TAB TENOFOVI	30 tabs every 30 days
EFAVIR/LAMIV TAB TENOFOVI	30 tabs every 30 days
EFAVIR/LAMIV TAB TENOFOVI	30 tabs every 30 days
EFAVIRENZ CAP 200MG	90 caps every 30 days
EFAVIRENZ CAP 50MG	90 caps every 30 days
EFAVIRENZ TAB 600MG	30 tabs every 30 days
EMTR/TEN DF TAB 100-150	30 tabs every 30 days
EMTR/TEN DF TAB 133-200	30 tabs every 30 days
EMTR/TEN DF TAB 167-250	30 tabs every 30 days
EMTR/TENOFOV TAB 200-300	30 tabs every 30 days
EMTRICITABIN CAP 200MG	30 caps every 30 days
EMTRIVA SOL 10MG/ML	680 ml every 28 days
EMVERM CHW 100MG	12 tabs every 365 days
EVOTAZ TAB 300-150	30 tabs every 30 days
FOSAMPRENAVI TAB 700MG	120 tabs every 30 days
GENVOYA TAB	30 tabs every 30 days
INTELENCE TAB 100MG	120 tabs every 30 days
INTELENCE TAB 200MG	60 tabs every 30 days
INTELENCE TAB 25MG	120 tabs every 30 days
INVIRASE TAB 500MG	120 tabs every 30 days
ISENTRESS CHW 100MG	180 tabs every 30 days
ISENTRESS CHW 25MG	180 tabs every 30 days
ISENTRESS HD TAB 600MG	60 tabs every 30 days
ISENTRESS POW 100MG	60 packets every 30 days
ISENTRESS TAB 400MG	120 tabs every 30 days
KALETRA TAB 100-25MG	240 tabs every 30 days
KALETRA TAB 200-50MG	120 tabs every 30 days
LAMIVUD/ZIDO TAB 150-300	60 tabs every 30 days
LAMIVUDINE SOL 10MG/ML	900 ml every 30 days
LAMIVUDINE TAB 150MG	60 tabs every 30 days
LAMIVUDINE TAB 300MG	30 tabs every 30 days
LEXIVA SUS 50MG/ML	1575 mL every 28 days
LOPIN/RITON SOL 80-20/ML	390 mL every 30 days
NEVIRAPINE SUS 50MG/5ML	1200 mL every 30 days

NON-SPECIALTY QUANTITY LIMITS

NEVIRAPINE TAB 100MG	90 tabs every 30 days
NEVIRAPINE TAB 200MG	60 tabs every 30 days
NEVIRAPINE TAB 400MG ER	30 tabs every 30 days
NITAZOXANIDE TAB 500MG	20 tabs every 25 days
NORVIR POW 100MG	360 packets every 30 days
NORVIR SOL 80MG/ML	480 mL every 30 days
ODEFSEY TAB	30 tabs every 30 days
PRAZIQUANTEL TAB 600MG	24 tabs every 365 days
PREZCOBIX TAB 800-150	30 tabs every 30 days
PREZISTA SUS 100MG/ML	400 ml every 30 days
PREZISTA TAB 150MG	180 tabs every 30 days
PREZISTA TAB 600MG	60 tabs every 30 days
PREZISTA TAB 75MG	300 tabs every 30 days
PREZISTA TAB 800MG	30 tabs every 30 days
RESCRIPTOR TAB 200MG	180 tabs every 30 days
REYATAZ POW 50MG	180 packets every 30 days
RITONAVIR TAB 100MG	360 tabs every 30 days
SELZENTRY SOL 20MG/ML	1840 mL every 30 days
SELZENTRY TAB 150MG	60 tabs every 30 days
SELZENTRY TAB 25MG	240 tabs every 30 days
SELZENTRY TAB 300MG	120 tabs every 30 days
SELZENTRY TAB 75MG	60 tabs every 30 days
STAVUDINE CAP 15MG	60 caps every 30 days
STAVUDINE CAP 20MG	60 caps every 30 days
STAVUDINE CAP 30MG	60 caps every 30 days
STAVUDINE CAP 40MG	60 caps every 30 days
TEMIXYS TAB 300-300	30 tabs every 30 days
TENOFOVIR TAB 300MG	30 tabs every 30 days
TIVICAY PD TAB 5MG	360 tabs every 30 days
TIVICAY TAB 10MG	240 tabs every 30 days
TIVICAY TAB 25MG	60 tabs every 30 days
TIVICAY TAB 50MG	60 tabs every 30 days
TRIUMEQ TAB	30 tabs every 30 days
TYBOST TAB 150MG	30 tabs every 30 days

NON-SPECIALTY QUANTITY LIMITS

VANCOMYCIN CAP 125MG	80 caps every 10 days
VANCOMYCIN CAP 250MG	80 caps every 10 days
VIDEX EC CAP 125MG	30 caps every 30 days
VIDEX SOL 2GM	1200 ml every 30 days
VIRACEPT TAB 250MG	300 tabs every 30 days
VIRACEPT TAB 625MG	120 tabs every 30 days
VIREAD POW 40MG/GM	240 gm every 30 days
VIREAD TAB 150MG	30 tabs every 30 days
VIREAD TAB 200MG	30 tabs every 30 days
VIREAD TAB 250MG	30 tabs every 30 days
XIFAXAN TAB 200MG	9 tabs every 25 days
ZIDOVUDINE CAP 100MG	180 caps every 30 days
ZIDOVUDINE SYP 50MG/5ML	1800 ml every 30 days
ZIDOVUDINE TAB 300MG	60 tabs every 30 days

ANTIVIRALS

OSELTAMIVIR CAP 30MG	40 caps every 90 days
OSELTAMIVIR CAP 45MG	20 caps every 90 days
OSELTAMIVIR CAP 75MG	20 caps every 90 days
OSELTAMIVIR SUS 6MG/ML	360 mL every 90 days
RELENZA MIS DISKHALE	2 inhalers every 90 days
VALGANCICLOV SOL 50MG/ML	1000 mL every 30 days
VALGANCICLOV TAB 450MG	102 tabs every 30 days
VEMLIDY TAB 25MG	30 tabs every 30 days

ATTENTION DEFICIT HYPERACTIVITY DISORDER

AMPHET/DEXTR CAP 10MG ER	90 caps every 25 days
AMPHET/DEXTR CAP 15MG ER	30 caps every 25 days
AMPHET/DEXTR CAP 20MG ER	30 caps every 25 days
AMPHET/DEXTR CAP 25MG ER	30 caps every 25 days
AMPHET/DEXTR CAP 30MG ER	30 caps every 25 days
AMPHET/DEXTR CAP 5MG ER	90 caps every 25 days
AMPHET/DEXTR TAB 10MG	90 tabs every 25 days
AMPHET/DEXTR TAB 12.5MG	90 tabs every 25 days
AMPHET/DEXTR TAB 15MG	60 tabs every 25 days
AMPHET/DEXTR TAB 20MG	60 tabs every 25 days

NON-SPECIALTY QUANTITY LIMITS

AMPHET/DEXTR TAB 30MG	30 tabs every 25 days
AMPHET/DEXTR TAB 5MG	90 tabs every 25 days
AMPHET/DEXTR TAB 7.5MG	90 tabs every 25 days
DEXMETHYLPH CAP 15MG ER	60 caps every 25 days
DEXMETHYLPH CAP 30MG ER	30 caps every 25 days
DEXMETHYLPH CAP 40MG ER	30 caps every 25 days
DEXMETHYLPH TAB 10MG	60 tabs every 25 days
DEXMETHYLPH TAB 2.5MG	120 tabs every 25 days
DEXMETHYLPH TAB 5MG	120 tabs every 25 days
DEXMETHYLPH CAP 10MG ER	60 caps every 25 days
DEXMETHYLPH CAP 20MG ER	60 caps every 25 days
DEXMETHYLPH CAP 5MG ER	60 caps every 25 days
DEXMETHYLPH CAP ER 25MG	30 caps every 25 days
DEXMETHYLPH CAP ER 35MG	30 caps every 25 days
DEXTROAMPHET CAP 10MG ER	120 caps every 25 days
DEXTROAMPHET CAP 15MG ER	60 caps every 25 days
DEXTROAMPHET CAP 5MG ER	120 caps every 25 days
DEXTROAMPHET SOL 5MG/5ML	1,200 mL every 25 days
DEXTROAMPHET TAB 10MG	120 tabs every 25 days
DEXTROAMPHET TAB 5MG	120 tabs every 25 days
METHAMPHETAM TAB 5MG	150 tabs every 25 days
METHLPHENIDA CHW 2.5MG	180 chew tabs every 25 days
METHYLPHENID CAP 10MG	60 caps every 25 days
METHYLPHENID CAP 20MG	60 caps every 25 days
METHYLPHENID CAP 20MG ER	60 caps every 25 days
METHYLPHENID CAP 30MG	60 caps every 25 days
METHYLPHENID CAP 30MG ER	60 caps every 25 days
METHYLPHENID CAP 40MG ER	30 caps every 25 days
METHYLPHENID CAP 40MG ER	30 caps every 25 days
METHYLPHENID CAP 50MG	30 caps every 25 days
METHYLPHENID CAP 60MG	30 caps every 25 days
METHYLPHENID CAP 60MG LA	30 caps every 25 days
METHYLPHENID CHW 10MG	180 chew tabs every 25 days
METHYLPHENID CHW 5MG	180 chew tabs every 25 days

NON-SPECIALTY QUANTITY LIMITS

METHYLPHENID SOL 10MG/5ML	900 mL every 25 days
METHYLPHENID SOL 5MG/5ML	1800 mL every 25 days
METHYLPHENID TAB 10MG	180 tabs every 25 days
METHYLPHENID TAB 10MG ER	90 tabs every 25 days
METHYLPHENID TAB 18MG ER	60 tabs every 25 days
METHYLPHENID TAB 18MG ER	60 tabs every 25 days
METHYLPHENID TAB 20MG	90 tabs every 25 days
METHYLPHENID TAB 20MG ER	90 tabs every 25 days
METHYLPHENID TAB 27MG ER	60 tabs every 25 days
METHYLPHENID TAB 27MG ER	60 tabs every 25 days
METHYLPHENID TAB 36MG ER	60 tabs every 25 days
METHYLPHENID TAB 36MG ER	60 tabs every 25 days
METHYLPHENID TAB 54MG ER	30 tabs every 25 days
METHYLPHENID TAB 54MG ER	30 tabs every 25 days
METHYLPHENID TAB 5MG	180 tabs every 25 days
VYVANSE CAP 10MG	60 caps every 25 days
VYVANSE CAP 20MG	60 caps every 25 days
VYVANSE CAP 30MG	60 caps every 25 days
VYVANSE CAP 40MG	30 caps every 25 days
VYVANSE CAP 50MG	30 caps every 25 days
VYVANSE CAP 60MG	30 caps every 25 days
VYVANSE CAP 70MG	30 caps every 25 days
VYVANSE CHW 10MG	60 tabs every 25 days
VYVANSE CHW 20MG	60 tabs every 25 days
VYVANSE CHW 30MG	60 tabs every 25 days
VYVANSE CHW 40MG	30 tabs every 25 days
VYVANSE CHW 50MG	30 tabs every 25 days
VYVANSE CHW 60MG	30 tabs every 25 days
ZENZEDI TAB 15MG	60 tabs every 25 days
ZENZEDI TAB 2.5MG	120 tabs every 25 days
ZENZEDI TAB 20MG	60 tabs every 25 days
ZENZEDI TAB 30MG	30 tabs every 25 days
ZENZEDI TAB 7.5MG	120 tabs every 25 days

BENIGN PROSTATIC HYPERPLASIA/ERECTILE DYSFUNCTION

NON-SPECIALTY QUANTITY LIMITS

Tadalafil TAB 2.5MG	30 tabs every 25 days
Tadalafil TAB 5MG	30 tabs every 25 days
Tadalafil TAB 10MG (ED)	6 tabs every 30 days
Tadalafil TAB 20MG (ED)	6 tabs every 30 days
Sildenafil TAB 25MG	6 tabs every 30 days
Sildenafil TAB 50MG	6 tabs every 30 days
Sildenafil TAB 100MG	6 tabs every 30 days
CARDIOVASCULAR-MISCELLANEOUS	
Phenoxybenza CAP 10MG	360 caps every 25 days
CENTRAL NERVOUS SYSTEM-MISCELLANEOUS	
Clomipramine CAP 25MG	150 caps every 25 days
Clomipramine CAP 50MG	150 caps every 25 days
Clomipramine CAP 75MG	90 caps every 25 days
CONTRACEPTIVES	
Anovera MIS	1 every 300 days
Caya DPR	1 every 300 days
Depo-SQ PROV INJ 104	4 inj every 300 days
Etonogestrel MIS ETHY EST	13 every 300 days
Femcap MIS 22MM	1 every 300 days
Femcap MIS 26MM	1 every 300 days
Femcap MIS 30MM	1 every 300 days
Medroxypr AC INJ 150MG/ML	4 inj every 300 days
Medroxypr AC INJ 150MG/ML	4 inj every 300 days
Omniflex DPR	1 every 300 days
Wide-Seal DPR Kit 60	1 every 300 days
Wide-Seal DPR Kit 65	1 every 300 days
Wide-Seal DPR Kit 70	1 every 300 days
Wide-Seal DPR Kit 75	1 every 300 days
Wide-Seal DPR Kit 80	1 every 300 days
Wide-Seal DPR Kit 85	1 every 300 days
Wide-Seal DPR Kit 90	1 every 300 days
Wide-Seal DPR Kit 95	1 every 300 days
Accu-Chek Tes Aviva PL	204 Test Strips every 25 days

NON-SPECIALTY QUANTITY LIMITS

ACCU-CHEK TES AVIVA PL	204 Test Strips every 25 days
ACCU-CHEK TES COMPACT	204 Test Strips every 25 days
ACCU-CHEK TES COMPACT	204 Test Strips every 25 days
ACCU-CHEK TES GUIDE	204 Test Strips every 25 days
ACCU-CHEK TES GUIDE	204 Test Strips every 25 days
ACCU-CHEK TES SMART	204 Test Strips every 25 days
ACCU-CHEK TES SMART	204 Test Strips every 25 days
GASTROINTESTINAL-MISCELLANEOUS	
SUCRAID SOL 8500/ML	354 mL every 25 days
HYPNOTICS	
DOXEPI N TAB 3MG	30 tabs every 25 days
DOXEPI N TAB 6MG	30 tabs every 25 days
ESZOPICLONE TAB 1MG	15 tabs every 25 days
ESZOPICLONE TAB 2MG	15 tabs every 25 days
ESZOPICLONE TAB 3MG	15 tabs every 25 days
RAMELTEON TAB 8MG	15 tabs every 25 days
TEMAZEPAM CAP 15MG	15 caps every 25 days
TEMAZEPAM CAP 22.5MG	15 caps every 25 days
TEMAZEPAM CAP 30MG	15 caps every 25 days
TEMAZEPAM CAP 7.5MG	15 caps every 25 days
ZALEPLON CAP 10MG	15 caps every 25 days
ZALEPLON CAP 5MG	15 caps every 25 days
ZOLPIDEM ER TAB 12.5MG	15 tabs every 25 days
ZOLPIDEM ER TAB 6.25MG	15 tabs every 25 days
ZOLPIDEM TAB 10MG	15 tabs every 25 days
ZOLPIDEM TAB 5MG	15 tabs every 25 days
MIGRAINE	
AIMOVIG INJ 140MG/ML	1 injection every 25 days
AIMOVIG INJ 70MG/ML	2 injections every 25 days
AJOVY INJ 225/1.5	3 injections every 75 days
AJOVY INJ 225/1.5	3 injections every 75 days
ALMOTRIPTAN TAB 12.5MG	12 tabs every 25 days
ALMOTRIPTAN TAB 6.25MG	12 tabs every 25 days
ELETRIPTAN TAB 20MG	12 tabs every 25 days

NON-SPECIALTY QUANTITY LIMITS

ELETRIPTAN TAB 40MG	12 tabs every 25 days
EMGALITY INJ 100MG/ML	3 injections every 25 days
EMGALITY INJ 120MG/ML	2 injections every 25 days
EMGALITY INJ 120MG/ML	2 injections every 25 days
FROVATRIPTAN TAB 2.5MG	18 tabs every 25 days
NARATRIPTAN TAB 1MG	12 tabs every 25 days
NARATRIPTAN TAB 2.5MG	12 tabs every 25 days
RIZATRIPTAN TAB 10MG	18 tabs every 25 days
RIZATRIPTAN TAB 10MG ODT	18 tabs every 25 days
RIZATRIPTAN TAB 5MG	18 tabs every 25 days
RIZATRIPTAN TAB 5MG ODT	18 tabs every 25 days
SUMAT-NAPROX TAB 85-500MG	9 tabs every 25 days
SUMATRIPTAN INJ 4MG/0.5	18 syringes every 25 days
SUMATRIPTAN INJ 4MG/0.5	18 syringes every 25 days
SUMATRIPTAN INJ 6MG/0.5	12 vials every 25 days
SUMATRIPTAN INJ 6MG/0.5	12 units every 25 days
SUMATRIPTAN INJ 6MG/0.5	12 units every 25 days
SUMATRIPTAN INJ 6MG/0.5	12 units every 25 days
SUMATRIPTAN SPR 20MG/ACT	12 sprays every 25 days
SUMATRIPTAN SPR 5MG/ACT	24 sprays every 25 days
SUMATRIPTAN TAB 100MG	12 tabs every 25 days
SUMATRIPTAN TAB 25MG	12 tabs every 25 days
SUMATRIPTAN TAB 50MG	12 tabs every 25 days
ZOLMITRIPTAN SPR 2.5MG	12 sprays every 25 days
ZOLMITRIPTAN SPR 5MG	12 sprays every 25 days
ZOLMITRIPTAN TAB 2.5 MG	12 tabs every 25 days
ZOLMITRIPTAN TAB 2.5MG	12 tabs every 25 days
ZOLMITRIPTAN TAB 5MG	12 tabs every 25 days
ZOLMITRIPTAN TAB 5MG ODT	12 tabs every 25 days

NARCOLEPSY/CATAPLEXY

ARMODAFINIL TAB 150MG	30 tabs every 25 days
ARMODAFINIL TAB 200MG	30 tabs every 25 days
ARMODAFINIL TAB 250MG	30 tabs every 25 days
ARMODAFINIL TAB 50MG	60 tabs every 25 days

NON-SPECIALTY QUANTITY LIMITS

MODAFINIL TAB 100MG	60 tabs every 25 days
MODAFINIL TAB 200MG	60 tabs every 25 days
PROTON PUMP INHIBITORS	
DEXILANT CAP 30MG DR	90 caps every 365 days
DEXILANT CAP 60MG DR	90 caps every 365 days
ESOMEPPRA MAG CAP 20MG DR	90 caps every 365 days
ESOMEPPRA MAG CAP 40MG DR	90 caps every 365 days
ESOMEPPRAZOLE GRA 10MG DR	90 packets every 365 days
LANSOPRAZOLE CAP 15MG DR	90 caps every 365 days
LANSOPRAZOLE CAP 30MG DR	90 caps every 365 days
NEXIUM GRA 2.5MG DR	90 packets every 365 days
NEXIUM GRA 5MG DR	90 packets every 365 days
OMEPRAZOLE CAP 10MG	90 caps every 365 days
OMEPRAZOLE CAP 20MG	90 caps every 365 days
OMEPRAZOLE CAP 40MG	90 caps every 365 days
PANTOPRAZOLE TAB 20MG	90 tabs every 365 days
PANTOPRAZOLE TAB 40MG	90 tabs every 365 days
RABEPRAZOLE TAB 20MG	90 tabs every 365 days
PSYCHOTHERAPEUTIC-MISC	
NICOTROL INH	max 168 days every year
NICOTROL NS SPR 10MG/ML	max 168 days every year
RESPIRATORY	
ADVAIR DISKU AER 100/50	1 package every 25 days
ADVAIR DISKU AER 250/50	1 package every 25 days
ADVAIR DISKU AER 500/50	1 package every 25 days
ADVAIR HFA AER 115/21	1 package every 25 days
ADVAIR HFA AER 230/21	1 package every 25 days
ADVAIR HFA AER 45/21	1 package every 25 days
ALBUTEROL AER HFA	2 inhalers every 25 days
ALBUTEROL NEB 0.083%	5 boxes every 25 days
ALBUTEROL NEB 0.5%	60 mL every 25 days
ALBUTEROL NEB 0.63MG/3	5 boxes every 25 days
ALBUTEROL NEB 1.25MG/3	5 boxes every 25 days
ANORO ELLIPT AER 62.5-25	1 package every 25 days

NON-SPECIALTY QUANTITY LIMITS

ARNUITY ELPT INH 100MCG	1 package every 25 days
ARNUITY ELPT INH 200MCG	1 package every 25 days
ARNUITY ELPT INH 50MCG	1 package every 25 days
AZEL/FLUTIC SPR 137-50	1 package every 25 days
AZELASTINE SPR 0.1%	2 bottles every 25 days
AZELASTINE SPR 0.15%	2 bottles every 25 days
BEVESPI AER 9-4.8MCG	1 package every 25 days
BREO ELLIPTA INH 100-25	1 package every 25 days
BREO ELLIPTA INH 200-25	1 package every 25 days
BUDESONIDE SUS 0.25MG/2	3 boxes every 25 days
BUDESONIDE SUS 0.5MG/2	2 boxes every 25 days
BUDESONIDE SUS 1MG/2ML	1 box every 25 days
CROMOLYN SOD NEB 20MG/2ML	2 boxes every 25 days
FLUNISOLIDE SPR 0.025%	3 containers every 25 days
FLUTICASONE SPR 50MCG	1 container every 25 days
INCRUSE ELPT INH 62.5MCG	1 package every 25 days
IPRATROPIUM SOL 0.02%INH	5 boxes every 25 days
IPRATROPIUM/ SOL ALBUTER	6 boxes every 25 days
LEVALBUTEROL AER 45/ACT	2 inhalers every 25 days
LEVALBUTEROL NEB 0.31MG	300 mL every 25 days
LEVALBUTEROL NEB 0.63MG	300 mL every 25 days
LEVALBUTEROL NEB 1.25/0.5	45 mL every 25 days
LEVALBUTEROL NEB 1.25MG	300 mL every 25 days
OLOPATADINE SPR 0.6%	1 container every 25 days
OMNARIS SPR	1 package every 25 days
PERFOROMIST NEB 20MCG	60 vials every 25 days
QVAR REDIHA AER 80MCG	2 packages every 25 days
QVAR REDIHAL AER 40MCG	2 packages every 25 days
SPIRIVA AER 1.25MCG	1 package every 25 days
SPIRIVA CAP HANDIHLR	1 package every 25 days
SPIRIVA SPR 2.5MCG	1 package every 25 days
STRIVERDI AER 2.5MCG	1 package every 25 days
SYMBICORT AER 160-4.5	1 package every 25 days
SYMBICORT AER 80-4.5	1 package every 25 days

NON-SPECIALTY QUANTITY LIMITS

TRELEGY AER ELLIPTA	1 package every 25 days
TRELEGY AER ELLIPTA	1 package every 25 days
TRIAMCINOLON AER 55MCG/AC	1 package every 25 days
TOPICAL	
ALA-CORT CRE 1%	120g every 25 days
ALCLOMETASON CRE 0.05%	120g every 25 days
ALCLOMETASON OIN 0.05%	120g every 25 days
AMCINONIDE CRE 0.1%	120g every 25 days
AMCINONIDE LOT 0.1%	120mL every 25 days
AMCINONIDE OIN 0.1%	120g every 25 days
AUG BETAMET CRE 0.05%	120g every 25 days
AUG BETAMET GEL 0.05%	120g every 25 days
AUG BETAMET LOT 0.05%	120mL every 25 days
AUG BETAMET OIN 0.05%	120g every 25 days
BETAMETH DIP CRE 0.05%	120g every 25 days
BETAMETH DIP LOT 0.05%	120mL every 25 days
BETAMETH DIP OIN 0.05%	120g every 25 days
BETAMETH VAL AER 0.12%	120g every 25 days
BETAMETH VAL CRE 0.1%	120g every 25 days
BETAMETH VAL LOT 0.1%	120mL every 25 days
BETAMETH VAL OIN 0.1%	120g every 25 days
CICLOPIROX CRE 0.77%	120g every 25 days
CICLOPIROX GEL 0.77%	120g every 25 days
CICLOPIROX SHA 1%	120mL every 25 days
CICLOPIROX SUS 0.77%	120mL every 25 days
CLINDAMYCIN GEL 1%	75g every 25 days
CLINDAMYCIN LOT 1%	60mL every 25 days
CLINDAMYCIN LOT 10MG/ML	60mL every 25 days
CLINDAMYCIN SOL 1%	60mL every 25 days
CLOBETASOL AER 0.05%	120g every 25 days
CLOBETASOL CRE 0.05%	120g every 25 days
CLOBETASOL GEL 0.05%	120g every 25 days
CLOBETASOL LOT 0.05%	120mL every 25 days
CLOBETASOL OIN 0.05%	120g every 25 days

NON-SPECIALTY QUANTITY LIMITS

CLOBETASOL SHA 0.05%	120mL every 25 days
CLOBETASOL SOL 0.05%	120mL every 25 days
CLOBETASOL SPR 0.05%	120mL every 25 days
CLOCORTOLONE CRE 0.1%	120g every 25 days
CLOTRIM/BETA CRE DIPROP	60g every 25 days
CLOTRIM/BETA LOT DIPROP	60mL every 25 days
CLOTRIMAZOLE CRE 1%	120g every 25 days
CLOTRIMAZOLE SOL 1%	120mL every 25 days
DESONIDE CRE 0.05%	120g every 25 days
DESONIDE LOT 0.05%	120mL every 25 days
DESONIDE OIN 0.05%	120g every 25 days
DESOXIMETAS CRE 0.05%	120g every 25 days
DESOXIMETAS CRE 0.25%	120g every 25 days
DESOXIMETAS GEL 0.05%	120g every 25 days
DESOXIMETAS OIN 0.25%	120g every 25 days
DICLOFENAC GEL 1%	300g every 25 days
DICLOFENAC GEL 1%	300g every 25 days
DIFLORASONE CRE 0.05%	120g every 25 days
DIFLORASONE OIN 0.05%	120g every 25 days
DOXE PIN HCL CRE 5%	45 grams every 25 days
ECONAZOLE CRE 1%	60g every 25 days
ERTACZO CRE 2%	60g every 25 days
ERYTHROMYCIN GEL 2%	60g every 25 days
ERYTHROMYCIN SOL 2%	60mL every 25 days
EUCRISA OIN 2%	60 grams every 25 days
EXELDERM SOL 1%	60mL every 25 days
FLUOCIN ACET CRE 0.01%	120g every 25 days
FLUOCIN ACET CRE 0.025%	120g every 25 days
FLUOCIN ACET OIL 0.01% SC	120mL every 25 days
FLUOCIN ACET OIL BODY	120mL every 25 days
FLUOCIN ACET OIN 0.025%	120g every 25 days
FLUOCIN ACET SOL 0.01%	120mL every 25 days
FLUOCINONIDE CRE 0.05%	120g every 25 days
FLUOCINONIDE GEL 0.05%	120g every 25 days

NON-SPECIALTY QUANTITY LIMITS

FLUOCINONIDE OIN 0.05%	120g every 25 days
FLUOCINONIDE SOL 0.05%	120mL every 25 days
FLUTICASONE CRE 0.05%	120g every 25 days
FLUTICASONE LOT 0.05%	120mL every 25 days
FLUTICASONE OIN 0.005%	120g every 25 days
HALOBETASOL CRE 0.05%	120g every 25 days
HALOBETASOL OIN 0.05%	120g every 25 days
HC BUTYRATE CRE 0.1%	120g every 25 days
HC BUTYRATE OIN 0.1%	120g every 25 days
HC BUTYRATE SOL 0.1%	120mL every 25 days
HC VALERATE CRE 0.2%	120g every 25 days
HC VALERATE OIN 0.2%	120g every 25 days
HYDROCORT CRE 1%	120g every 25 days
HYDROCORT CRE 2.5%	120g every 25 days
HYDROCORT LOT 2.5%	120mL every 25 days
HYDROCORT OIN 2.5%	120g every 25 days
JUBLIA SOL 10%	4mL every 21 days
KETOCONAZOLE CRE 2%	120g every 25 days
LIDO/PRILOCN CRE 2.5-2.5%	30gm every 25 days
LIDOCAINE GEL 2%	60mL every 25 days
LIDOCAINE GEL 2% JELLY	60mL every 25 days
LIDOCAINE OIN 5%	50gm every 25 days
LIDOCAINE PA PAD 4%	30 patches every 25 days
LIDOCAINE PAD 5%	90 patches every 25 days
LIDOCAINE SOL 4%	50mL every 25 days
MENTAX CRE 1%	60g every 25 days
MOMETASONE CRE 0.1%	120g every 25 days
MOMETASONE OIN 0.1%	120g every 25 days
MOMETASONE SOL 0.1%	120mL every 25 days
MUPIROCIN OIN 2%	30g every 25 days
NAFTIFINE CRE HCL 1%	60g every 25 days
NAFTIFINE CRE HCL 2%	60g every 25 days
NYAMYC POW 100000	120g every 25 days
NYAMYC POW 100000	120g every 25 days

NON-SPECIALTY QUANTITY LIMITS

NYSTAT/TRIAM CRE	60g every 25 days
NYSTAT/TRIAM OIN	60g every 25 days
NYSTATIN CRE 100000	120g every 25 days
NYSTATIN OIN 100000	120g every 25 days
NYSTATIN POW 100000	120g every 25 days
NYSTOP POW 100000	120g every 25 days
NYSTOP POW 100000	120g every 25 days
ORAVIG TAB 50MG	14 tabs every 25 days
OXICONAZOLE CRE NITRATE	60g every 25 days
PREDNICARBAT CRE 0.1%	120g every 25 days
PREDNICARBAT OIN 0.1%	120g every 25 days
REGRANEX GEL 0.01%	30g every 25 days
SULCONAZOLE CRE 1%	60g every 25 days
SYNERA DIS 70-70MG	2 patches every 25 days
TRIAMCINOLON CRE 0.025%	120g every 25 days
TRIAMCINOLON CRE 0.1%	120g every 25 days
TRIAMCINOLON CRE 0.5%	120g every 25 days
TRIAMCINOLON LOT 0.025%	120mL every 25 days
TRIAMCINOLON LOT 0.1%	120mL every 25 days
TRIAMCINOLON OIN 0.025%	120g every 25 days
TRIAMCINOLON OIN 0.1%	120g every 25 days
TRIAMCINOLON OIN 0.5%	120g every 25 days
TRIDERM CRE 0.1%	120g every 25 days
VOLTAREN GEL 1%	300g every 25 days

VITAMINS

FOLIC ACID CAP 800MCG	100 caps every 30 days
FOLIC ACID TAB 400MCG	100 tabs every 30 days
FOLIC ACID TAB 800MCG	100 tabs every 30 days

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

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

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

OPIOID QUANTITY LIMITS

*Immediate release products are limited to a 7-day supply or less for opioid-naïve patients/members age 20 and over and are limited to a 3-day supply or less for opioid-naïve patients/members age 19 and under

APAP/CODEINE SOL 120-12/5	2700 ml every 25 days
APAP/CODEINE TAB 300-15MG	400 tabs every 25 days
APAP/CODEINE TAB 300-30MG	360 tabs every 25 days
APAP/CODEINE TAB 300-60MG	180 tabs every 25 days
BELBUCA MIS 150MCG	60 films every 25 days
BELBUCA MIS 300MCG	60 films every 25 days
BELBUCA MIS 450MCG	60 films every 25 days
BELBUCA MIS 75MCG	60 films every 25 days
BUPRENORPHIN DIS 10MCG/HR	4 patches every 25 days
BUPRENORPHIN DIS 5MCG/HR	4 patches every 25 days
BUPRENORPHIN DIS 7.5/HR	4 patches every 25 days
BUPRENORPHIN SUB 2MG	90 tabs every 25 days
BUPRENORPHIN SUB 8MG	90 tabs every 25 days
BUT/APAP/CAF CAP CODEINE	48 caps every 25 days
BUTORPHANOL SOL 10MG/ML	2 bottles every 25 days
CODEINE SULF TAB 30MG	42 tabs every 25 days
CODEINE SULF TAB 60MG	42 tabs every 25 days
ENDOCET TAB 10-325MG	180 tabs every 25 days
ENDOCET TAB 2.5-325	360 tabs every 25 days
ENDOCET TAB 5-325MG	360 tabs every 25 days
ENDOCET TAB 7.5-325	240 tabs every 25 days
FENTANYL DIS 12MCG/HR	10 patches every 25 days
FENTANYL DIS 25MCG/HR	10 patches every 25 days
FENTANYL OT LOZ 1200MCG	120 lozenges every 25 days
FENTANYL OT LOZ 1600MCG	120 lozenges every 25 days
FENTANYL OT LOZ 200MCG	120 lozenges every 25 days
FENTANYL OT LOZ 400MCG	120 lozenges every 25 days
FENTANYL OT LOZ 600MCG	120 lozenges every 25 days
FENTANYL OT LOZ 800MCG	120 lozenges every 25 days
HYDROCO/APAP SOL 7.5-325	2700 ml every 25 days
HYDROCO/APAP TAB 10-325MG	180 tabs every 25 days

OPIOID QUANTITY LIMITS

*Immediate release products are limited to a 7-day supply or less for opioid-naïve patients/members age 20 and over and are limited to a 3-day supply or less for opioid-naïve patients/members age 19 and under

HYDROCO/APAP TAB 10-325MG	180 tabs every 25 days
HYDROCO/APAP TAB 5-325MG	240 tabs every 25 days
HYDROCO/APAP TAB 7.5-325	180 tabs every 25 days
HYDROCOD/IBU TAB 10-200MG	50 tabs every 25 days
HYDROMORPHON SUP 3MG	120 suppositories every 25 days
HYDROMORPHON TAB 12MG ER	30 tabs every 25 days
HYDROMORPHON TAB 16MG ER	30 tabs every 25 days
HYDROMORPHON TAB 2MG	180 tabs every 25 days
HYDROMORPHON TAB 4MG	150 tabs every 25 days
HYDROMORPHON TAB 8MG	60 tabs every 25 days
HYDROMORPHON TAB 8MG ER	30 tabs every 25 days
HYSINGLA ER TAB 20 MG	30 tabs every 25 days
HYSINGLA ER TAB 30 MG	30 tabs every 25 days
HYSINGLA ER TAB 40 MG	30 tabs every 25 days
HYSINGLA ER TAB 60 MG	30 tabs every 25 days
HYSINGLA ER TAB 80 MG	30 tabs every 25 days
LEVORPHANOL TAB 2MG	120 tabs every 25 days
LEVORPHANOL TAB 3MG	60 tabs every 25 days
METHADONE CON 10MG/ML	30 ml every 25 days
METHADONE CON 10MG/ML	60 mL every 25 days
METHADONE SOL 10MG/5ML	300 mL every 25 days
METHADONE SOL 5MG/5ML	450 ml every 25 days
METHADONE TAB 10MG	60 tabs every 25 days
METHADONE TAB 40MG	9 tabs every 25 days
METHADONE TAB 5MG	90 tabs every 25 days
METHADOSE TAB 40MG	9 tabs every 25 days
MORPHINE SUL CAP 10MG ER	60 caps every 25 days
MORPHINE SUL CAP 20MG ER	60 caps every 25 days
MORPHINE SUL CAP 30MG ER	60 caps every 25 days
MORPHINE SUL CAP 30MG ER	30 caps every 25 days
MORPHINE SUL CAP 45MG ER	30 caps every 25 days

OPIOID QUANTITY LIMITS

*Immediate release products are limited to a 7-day supply or less for opioid-naïve patients/members age 20 and over and are limited to a 3-day supply or less for opioid-naïve patients/members age 19 and under

MORPHINE SUL CAP 50MG ER	30 caps every 25 days
MORPHINE SUL CAP 60MG ER	30 caps every 25 days
MORPHINE SUL CAP 60MG ER	30 caps every 25 days
MORPHINE SUL CAP 75MG ER	30 caps every 25 days
MORPHINE SUL CAP 80MG ER	30 caps every 25 days
MORPHINE SUL CAP 90MG ER	30 caps every 25 days
MORPHINE SUL SOL 100/5ML	135 mL every 25 days
MORPHINE SUL SOL 10MG/5ML	900 ml every 25 days
MORPHINE SUL SOL 20MG/5ML	675 mL every 25 days
MORPHINE SUL SUP 10MG	180 suppositories every 25 days
MORPHINE SUL SUP 20MG	120 supp every 25 days
MORPHINE SUL SUP 30MG	90 supp every 25 days
MORPHINE SUL SUP 5MG	180 suppositories every 25 days
MORPHINE SUL TAB 15MG	180 tabs every 25 days
MORPHINE SUL TAB 15MG ER	90 tabs every 25 days
MORPHINE SUL TAB 30MG	90 tabs every 25 days
MORPHINE SUL TAB 30MG ER	90 tabs every 25 days
NUCYNTA ER TAB 100MG	60 tabs every 25 days
NUCYNTA ER TAB 50MG	60 tabs every 25 days
NUCYNTA TAB 100MG	60 tabs every 25 days
NUCYNTA TAB 50MG	120 tabs every 25 days
NUCYNTA TAB 75MG	90 tabs every 25 days
OXYCOD/APAP TAB 10-325MG	180 tabs every 25 days
OXYCOD/APAP TAB 2.5-325	360 tabs every 25 days
OXYCOD/APAP TAB 5-325MG	360 tabs every 25 days
OXYCOD/APAP TAB 5-325MG	360 tabs every 25 days
OXYCOD/APAP TAB 7.5-325	240 tabs every 25 days
OXYCOD/ASA TAB	360 tabs every 25 days
OXYCOD/IBU TAB 5-400MG	28 tabs every 25 days
OXYCODONE CAP 5MG	180 caps every 25 days
OXYCODONE CON 100/5ML	90 mL every 25 days

OPIOID QUANTITY LIMITS

*Immediate release products are limited to a 7-day supply or less for opioid-naïve patients/members age 20 and over and are limited to a 3-day supply or less for opioid-naïve patients/members age 19 and under

OXYCODONE SOL 5MG/5ML	900 ml every 25 days
OXYCODONE TAB 10MG	180 tabs every 25 days
OXYCODONE TAB 10MG ER	60 tabs every 25 days
OXYCODONE TAB 15MG	120 tabs every 25 days
OXYCODONE TAB 15MG ER	60 tabs every 25 days
OXYCODONE TAB 20MG	90 tabs every 25 days
OXYCODONE TAB 20MG ER	60 tabs every 25 days
OXYCODONE TAB 30MG	60 tabs every 25 days
OXYCODONE TAB 30MG ER	60 tabs every 25 days
OXYCODONE TAB 5MG	180 tabs every 25 days
OXYCONTIN TAB 10MG CR	60 tabs every 25 days
OXYCONTIN TAB 15MG CR	60 tabs every 25 days
OXYCONTIN TAB 20MG CR	60 tabs every 25 days
OXYCONTIN TAB 30MG CR	60 tabs every 25 days
OXYMORPHONE TAB 10MG ER	60 tabs every 25 days
OXYMORPHONE TAB 15MG ER	60 tabs every 25 days
OXYMORPHONE TAB 5MG ER	60 tabs every 25 days
OXYMORPHONE TAB 7.5MG ER	60 tabs every 25 days
OXYMORPHONE TAB HCL 10MG	90 tabs every 25 days
OXYMORPHONE TAB HCL 5MG	180 tabs every 25 days
TRAMADL/APAP TAB 37.5-325	40 tabs every 25 days
TRAMADOL HCL TAB 100MG ER	30 tabs every 25 days
TRAMADOL HCL TAB 50MG	180 tabs every 25 days
XTAMPZA ER CAP 13.5MG	60 caps every 25 days
XTAMPZA ER CAP 18MG	60 caps every 25 days
XTAMPZA ER CAP 27MG	60 caps every 25 days
XTAMPZA ER CAP 9MG	60 caps every 25 days

MEDICATION ASSISTED TREATMENT QUANTITY LIMITS

BUPREN/NALOX MIS 12-3MG	60 units every 25 days
BUPREN/NALOX MIS 2-0.5MG	90 units every 25 days
BUPREN/NALOX MIS 4-1MG	90 units every 25 days
BUPREN/NALOX MIS 8-2MG	90 units every 25 days
BUPREN/NALOX SUB 2-0.5MG	90 tabs every 25 days
BUPREN/NALOX SUB 8-2MG	90 tabs every 25 days
ZUBSOLV SUB 0.7-0.18	90 units every 25 days
ZUBSOLV SUB 1.4-0.36	90 units every 25 days
ZUBSOLV SUB 11.4-2.9	30 units every 25 days
ZUBSOLV SUB 2.9-0.71	90 units every 25 days
ZUBSOLV SUB 5.7-1.4	90 units every 25 days
ZUBSOLV SUB 8.6-2.1	60 units every 25 days

NON-SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

ACAMPROSATE CALCIUM DR	FENTANYL CITRATE ORAL TRA	NUEDEXTA
ADAPALENE ⁴	HYDROCODONE BITARTRATE ER	ORPHENADRINE CITRATE ER 2
ALOSETRON HYDROCHLORIDE	HYDROMORPHON TAB 32MG ER	OXANDROLONE
AMITRIPTYLINE HCL ¹	HYDROXYZINE HCL ²	OXYCODONE HCL ER 40MG, 60MG, 80MG
ANADROL-50	HYDROXYZINE HYDROCHLORIDE ²	OXYCONTIN 40MG, 60MG, 80MG
APTIOM	HYDROXYZINE PAMOATE ²	OXYMORPHONE ER 20MG, 30MG, 40MG
ARMODAFINIL	HYSINGLA ER 100MG, 120MG	PENICILLAMINE
AVITA ⁴	IMIPRAMINE PAMOATE ²	PHENOXYBENZAMINE HYDROCHL
BELBUCA 600MCG, 750MCG, 900MCG	ISOTRETINOIN	POSACONAZOLE DR
BRIVIACT	ITRACONAZOLE	PREMARIN ²
BUPRENORPHINE DIS 15MCG/HR, 20MCG/HR	JUBLIA	PROMETHAZINE HCL PLAIN ²
CARISOPRODOL ²	LIDOCAINE	PROMETHAZINE HCL ²
CHLORZOXAZONE ²	MEMANTINE HCL TITRATION P ³	PROMETHAZINE HYDROCHLORID ²
CLEMASTINE FUMARATE ²	MEMANTINE HYDROCHLORIDE E ³	REGRANEX
CLOBAZAM	MEMANTINE HYDROCHLORIDE ³	RIVASTIGMINE TARTRATE
CREON	MENEST ²	RIVASTIGMINE TRANSDERMAL
CYCLOBENZAPRINE HYDROCHLO ²	METAXALONE ²	SIRTURO
DALIRESP	METHOCARBAMOL ²	SUCRAID
DARAPRIM	METHSCOPOLAMINE BROMIDE ²	SYNAREL
DESCOVY	METHYLTESTOSTERONE	TADALAFIL
DIFICID	MIRVASO	TAZAROTENE
DIPENTUM	MODAFINIL	TAZORAC
DIPHENHYDRAMINE HCL ²	MORPHINE SULFATE ER CAP/TAB 60MG ER, 100MG ER, 120MG ER, 200MG ER	TESTOSTERONE
DIPYRIDAMOLE ²	MULTAQ	TESTOSTERONE CYPIONATE
DIVIGEL ²	NAMENDA XR TITRATION PACK ³	TESTOSTERONE ENANTHATE
ELESTRIN ²	NITROFURANTOIN MACROCRYST ²	TRAMADOL HCL ER 200MG, 300MG
EMSAM	NITROFURANTOIN MONOHYDRAT ²	TRETINOIN ⁴
ESTRADIOL ²	NITROFURANTOIN ²	TRETINOIN MICROSPHERE ⁴
ESTROGEL ²	NORTRIPTYLIN CAP 75MG ¹	TRETINOIN MICROSPHERE PUMP ⁴
EVAMIST ²	NOXAFILE	VALGANCICLOVIR HYDROCHLOR
FENTANYL DIS 50MCG/HR, 75MCG/HR, 100MCG/HR	NUCYNTA ER 150MG, 200MG, 250MG	VALGANCICLOVIR

NON-SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

VEMLIDY	VORICONAZOLE	XTAMPZA ER
VIOKACE	XIFAXAN	ZENPEP

SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

ABIRATERONE ACETATE	CYSTAGON	HUMATROPE COMBO PACK
ACTEMRA	CYSTARAN	HUMIRA
ACTIMMUNE	DALFAMPRIDINE ER	HUMIRA PEDIATRIC CROHNS D
ADEMPAS	DEFERIPRONE	HUMIRA PEN
AFINITOR	DIMETHYL FUMARATE	HUMIRA PEN-CD/UC/HS START
AFINITOR DISPERZ	DIMETHYL FUMARATE STARTER	HUMIRA PEN-PS/UV STARTER
ALECENSA	DOFETILIDE	IBRANCE
AMBRISENTAN	ENBREL	ICATIBANT ACETATE
APOKYN	ENBREL MINI	ICLUSIG
ARANESP ALBUMIN FREE	ENBREL SURECLICK	IDHIFA
ARCALYST	EPCLUSA	IMATINIB MESYLATE
AUBAGIO	EPIDIOLEX	IMBRUWICA
AVONEX	ERIVEDGE	INCRELEX
AVONEX PEN	ERLEADA	INLYTA
AZACITIDINE	ERLOTINIB HYDROCHLORIDE	INTRONA
BETASERON	ESBRIET	JAKAFI
BEXAROTENE	EVEROLIMUS	KALYDECO
BOSENTAN	EVRYSDI	KEVZARA
BOSULIF	FARYDAK	KISQALI
CABOMETYX	FERRIPROX	LAPATINIB DITOSYLATE
CALQUENCE	FERRIPROX TWICE-A-DAY	LENVIMA 4 MG DAILY DOSE
CAPECITABINE	FUZEON	LENVIMA 8 MG DAILY DOSE
CAPRELSA	GANIRELIX ACETATE	LENVIMA 10 MG DAILY DOSE
CARBAGLU	GILENYA	LENVIMA 12MG DAILY DOSE
CAYSTON	GLATIRAMER ACETATE	LENVIMA 14 MG DAILY DOSE
CERDELGA	GLATOPA	LENVIMA 18 MG DAILY DOSE
CHORIONIC GONADOTROPIN	GONAL-F	LENVIMA 20 MG DAILY DOSE
CINACALCET HYDROCHLORIDE	GONAL-F RFF	LENVIMA 24 MG DAILY DOSE
COMETRIQ	GONAL-F RFF REDIRECT	LEUPROLIDE ACETATE
COPAXONE	HARVONI	LORBRENA
COSENTYX	HEMLIBRA	LYNPARZA
COSENTYX SENSOREADY PEN	HETLIOZ	MEKINIST
CYSTADANE	HUMATROPE	MIRCERA

SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

MYALEPT	SILDENAFIL CITRATE	VOSEVI
NEULASTA	SIMPONI	VOTRIENT
NEULASTA ONPRO KIT	SKYRIZI	XALKORI
NEXAVAR	SODIUM PHENYLBUTYRATE	XELJANZ
NITISINONE	SOMAVERT	XELJANZ XR
NIVESTYM	SOVALDI	XTANDI
NUBEQA	SPRYCEL	YONSA
NUCALA	STELARA	ZEJULA
OCTREOTIDE ACETATE	STIVARGA	ZELBORAF
ODOMZO	SUTENT	ZEPATIER
OPSUMIT	SYMDEKO	ZOLINZA
ORENITRAM	TADALAFIL	ZYDELIG
ORFADIN	TAFINLAR	ZYKADIA
ORKAMBI	TALTZ	ZYTIGA
OTEZLA	TARGETIN	
OVIDREL	TEMOZOLOMIDE	
PEGASYS	TETRABENAZINE	
PLEGRIDY	THALOMID	
PLEGRIDY STARTER PACK	TOBRAMYCIN	
POMALYST	TOLVAPTAN	
PRALUENT	TRACLEER	
PROMACTA	TREMFYA	
REBIF	TRIKAFTA	
REBIF REBIDOSE	TUKYSA	
REBIF REBIDOSE TITRATION	TYMLOS	
REBIF TITRATION PACK	TYVASO STARTER	
RETACRIT	UDENYCA	
REVLIMID	UPTRAVI	
RIBAVIRIN	VENCLEXTA	
RINVOQ	VENCLEXTA STARTING PACK	
RYDAPT	VENTAVIS	
SAPROPTERIN DIHYDROCHLORI	VIGABATRIN	
SIGNIFOR	VITRAKVI	

STEP THERAPY CRITERIA

Drug Name(s)	Step Therapy Criteria
SYMLINPEN 120, SYMLINPEN 60	Coverage will be provided if the member has filled a prescription for a 30-day supply of rapid-acting insulin or short-acting insulin, or pre-mixed insulin within the past 120 days
LATUDA, REXULTI	Coverage will be provided if the member has filled a prescription for a 30 day supply of generic aripiprazole, olanzapine, paliperidone, risperidone, quetiapine (regular or extended release), or ziprasidone within the past 180 days
EMGALITY	Coverage will be provided for Emgality 100 mg if the member has filled a prescription for at least a 1 day supply of sumatriptan (subcutaneous or nasal) or zolmitriptan (nasal or oral) within the past 730 days
AIMOVIG, AJOVY, EMGALITY	Coverage will be provided for Aimovig, Ajoyv and Emgality 120 mg if the member has filled a prescription for at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, or venlafaxine within the past 730 days.
DESVENLAFAKINE ER, FETZIMA, FETZIMA TITRATION PACK	Coverage will be provided if the patient has filled a prescription for a 30-day supply of a generic serotonin-norepinephrine reuptake inhibitor (SNRI) or generic mirtazapine, generic bupropion, or a generic selective serotonin reuptake inhibitor (SSRI) within the past 120 days
ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, JANUMET, JANUMET XR, JANUVIA, JENTADUETO XR	Coverage will be provided if the member has filled a prescription for a 30-day supply of metformin within the past 180 days
DOXEPIN HYDROCHLORIDE	Coverage will be provided if the member has filled a prescription for at least a 7-day supply of a generic topical corticosteroid and at least a 7-day supply of topical tacrolimus (Protopic) within the past 120 days
EUCRISA	Coverage will be provided if the member has filled a prescription for at least a one-day supply of a medium or higher potency topical corticosteroid within the past 180 days
EXELDERM	Coverage will be provided if the patient has filled a prescription for a 7-day supply of a generic topical antifungal agent within the past 120 days
OZEMPIC, TRULICITY, VICTOZA	Coverage will be provided if the member has filled a prescription for a 30-day supply of metformin within the past 180 days
SOLIQUA 100/33, XULTOPHY 100/3.6	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days

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PREGABALIN	Coverage will be provided if the member has filled a prescription for regular release generic gabapentin (at least a 30-day supply within the past 120 days)
OMNARIS	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of a generic nasal steroid within the past 180 days
BELBUCA, BUPRENORPHINE, FENTANYL, HYDROCODONE BITARTRATE ER, HYDROMORPHONE HCL ER, HYDROMORPHONE HYDROCHLORI, HYSINGLA ER, METHADONE HCL, METHADONE HCL INTENSOL, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYCONTIN, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, XTAMPZA ER	Coverage will be provided if the member has filled a cumulative 7-day or greater supply of an immediate-release opioid agent within the past 90 days or has been receiving an extended-release opioid agent for a cumulative 30 days or greater within the past 90 days
CODEINE SULFATE, HYDROMORPHONE HCL, LEVORPHANOL TARTRATE, MORPHINE SULFATE, NUCYNTA, OXYCODONE HCL, OXYCODONE HYDROCHLORIDE, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL	Coverage will be provided to the members age 20 and over for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days Coverage will be provided to the members age 19 and under for up to a 3-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days
ACETAMINOPHEN/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, OXYCODONE/IBUPROFEN, TRAMADOL HYDROCHLORIDE/AC	Coverage will be provided to the members age 20 and over for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days Coverage will be provided to the members age 19 and under for up to a 3-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days
ACTEMRA, SIMPONI	For Rheumatoid Arthritis, must try Enbrel, Humira, Kevzara, Rinvoq, Xeljanz 5mg, or Xeljanz XR 11mg.
SOVALDI, ZEPATIER	Must try Epclusa or Harvoni
AVONEX, AVONEX PEN, PLEGRIDY, PLEGRIDY STARTER PACK	Must try Betaseron, Rebif, Glatiramer 40 mg, Glatopa 20 mg, Copaxone 20 mg, Copaxone 40 mg, Gilenya, Tecfidera or Aubagio
RANOLAZINE ER	Coverage will be provided if the member has filled a prescription for a beta blocker in combination with either a calcium channel blocker or long-acting nitrate (at least a 30 day supply within the past 365 days)

STEP THERAPY CRITERIA

SAVELLA, SAVELLA TITRATION PACK	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of immediate-release pregabalin or duloxetine within the past 120 days.
SIMVASTATIN	Coverage will be provided if the member has filled a prescription for 80mg strength of simvastatin (Zocor) or 10-80mg strength of ezetimibe-simvastatin (Vytorin) (at least a 290 day supply within the past 365 days)
IVERMECTIN	Coverage will be provided if the member has filled a prescription for at least a 14 day supply of permethrin 1% within the past 60 days)
FARXIGA, GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
EDARBI	Coverage will be provided if the member has filled a prescription for TWO generic ACE, ACE/HCTZ combination, ARB, or ARB/HCTZ combination products, direct renin inhibitor or generic ACE/CCB combination products (at least a 30 day supply within the past 365 days)
FOSAMAX PLUS D	Coverage will be provided if the member has filled a prescription for a generic bisphosphonate product (at least a 28 day supply within the past 365 days)
CARDURA XL	Coverage will be provided if the member has filled a prescription for a generic Benign Prostatic Hyperplasia (BPH) agent (e.g., alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin) (at least a 30 day supply within the past 365 days)
DEXILANT	Coverage will be provided if the member has filled a prescription for a generic proton pump inhibitor (at least a 30 day supply within the past 180 days)
LUMIGAN, ZIOPTAN	Coverage will be provided if the member has filled a prescription for a generic prostaglandin analogue (other than bimatoprost) (at least a 30 day supply within the past 365 days)
BELSOMRA	Coverage will be provided if the member has filled a prescription for a generic nonbenzodiazepine hypnotic (at least a 30-day supply within the past 180 days)
TRINTELLIX, VIIBRYD, VIIBRYD STARTER PACK	Coverage will be provided if the member has filled a prescription for a generic SSRI product (at least a 30-day supply within the past 365 days)

STEP THERAPY CRITERIA

SUMATRIPTAN/NAPROXEN SODIUM	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of generic sumatriptan AND generic naproxen within the past 120 days
FEBUXOSTAT	Coverage will be provided if the member has filled a prescription for allopurinol (at least a 30-day supply within the past 180 days)

¹ High strength requires PA for members age 65 and older

² High Risk Medications require PA for members age 70 and older .

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

⁴ Prior Authorization required for members age 35 or older.

This version of the CareFirst Exchange Prescription Guidelines document was updated December, 2020.

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

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