

# Prescription Guidelines Exchange

(Effective July 2022)

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 30 days
BUT/APAP/CAF TAB	48 tabs every 30 days
BUT/ASA/CAFF CAP	48 caps every 30 days
KETOROLAC TAB 10MG	20 tabs every 30 days
TENCON TAB 50-325MG	48 tabs every 30 days

### ANAPHYLAXIS TREATMENT AGENTS

EPINEPHRINE INJ 0.15MG	4 auto-injectors every 30 days
EPINEPHRINE INJ 0.3MG	4 auto-injectors every 30 days
EPIPEN 2-PAK INJ 0.3MG	4 auto-injectors every 30 days
EPIPEN-JR INJ 0.15MG	4 auto-injectors every 30 days

### ANTI-ANXIETY

ALPRAZOLAM CON 1 MG/ML	300 mL every 30 days
ALPRAZOLAM TAB 0.25 ODT	150 tabs every 30 days
ALPRAZOLAM TAB 0.25MG	150 tabs every 30 days
ALPRAZOLAM TAB 0.5MG	150 tabs every 30 days
ALPRAZOLAM TAB 0.5MG OD	150 tabs every 30 days
ALPRAZOLAM TAB 1MG	150 tabs every 30 days

## NON-SPECIALTY QUANTITY LIMITS

ALPRAZOLAM TAB 1MG ODT	150 tabs every 30 days
ALPRAZOLAM TAB 2MG	150 tabs every 30 days
ALPRAZOLAM TAB 2MG ODT	150 tabs every 30 days
CHLORDIAZEP CAP 10MG	360 caps every 30 days
CHLORDIAZEP CAP 25MG	360 caps every 30 days
CHLORDIAZEP CAP 5MG	360 caps every 30 days
CLOMIPRAMINE CAP 25MG	150 caps every 30 days
CLOMIPRAMINE CAP 50MG	150 caps every 30 days
CLOMIPRAMINE CAP 75MG	90 caps every 30 days
LORAZEPAM CON 2MG/ML	150 mL every 30 days
LORAZEPAM TAB 0.5MG	150 tabs every 30 days
LORAZEPAM TAB 1MG	150 tabs every 30 days
LORAZEPAM TAB 2MG	150 tabs every 30 days
OXAZEPAM CAP 10MG	120 caps every 30 days
OXAZEPAM CAP 15MG	120 caps every 30 days
OXAZEPAM CAP 30MG	120 caps every 30 days
<b>ANTICONVULSANTS</b>	
CLORAZ DIPOT TAB 15MG	180 tabs every 30 days
CLORAZ DIPOT TAB 3.75MG	180 tabs every 30 days
CLORAZ DIPOT TAB 7.5MG	180 tabs every 30 days
DIAZEPAM CON 5MG/ML	240 mL every 30 days
DIAZEPAM SOL 5MG/5ML	1200 mL every 30 days
DIAZEPAM TAB 10MG	120 tabs every 30 days
DIAZEPAM TAB 2MG	120 tabs every 30 days
DIAZEPAM TAB 5MG	120 tabs every 30 days
GABAPENTIN CAP 100MG	6 caps every day
GABAPENTIN CAP 300MG	6 caps every day
GABAPENTIN CAP 400MG	6 caps every day
GABAPENTIN SOL 250/5ML	72 mL every day
GABAPENTIN TAB 600MG	6 tabs every day
GABAPENTIN TAB 800MG	4 tabs every day
NAYZILAM SPR 5MG	10 units every 30 days
<b>ANTIDEPRESSANTS</b>	
AMITRIPTYLIN TAB 10MG	150 tabs every 30 days

## NON-SPECIALTY QUANTITY LIMITS

AMITRIPTYLIN TAB 25MG	60 tabs every 30 days
AMITRIPTYLIN TAB 50MG	30 tabs every 30 days
AMOXAPINE TAB 100MG	90 tabs every 30 days
AMOXAPINE TAB 150MG	60 tabs every 30 days
AMOXAPINE TAB 25MG	90 tabs every 30 days
AMOXAPINE TAB 50MG	90 tabs every 30 days
DESIPRAMINE TAB 100MG	30 tabs every 30 days
DESIPRAMINE TAB 10MG	90 tabs every 30 days
DESIPRAMINE TAB 150MG	30 tabs every 30 days
DESIPRAMINE TAB 25MG	90 tabs every 30 days
DESIPRAMINE TAB 50MG	90 tabs every 30 days
DESIPRAMINE TAB 75MG	60 tabs every 30 days
DESVENLAFAX TAB 100MG ER	30 tabs every 30 days
DESVENLAFAX TAB 25MG ER	30 tabs every 30 days
DESVENLAFAX TAB 50MG ER	30 tabs every 30 days
DOXEPIN HCL CAP 100MG	30 caps every 30 days
DOXEPIN HCL CAP 10MG	90 caps every 30 days
DOXEPIN HCL CAP 150MG	30 caps every 30 days
DOXEPIN HCL CAP 25MG	90 caps every 30 days
DOXEPIN HCL CAP 50MG	90 caps every 30 days
DOXEPIN HCL CAP 75MG	60 caps every 30 days
DOXEPIN HCL CON 10MG/ML	450 mL every 30 days
FETZIMA CAP 120MG	30 caps every 30 days
FETZIMA CAP 20MG	30 caps every 30 days
FETZIMA CAP 40MG	30 caps every 30 days
FETZIMA CAP 80MG	30 caps every 30 days
FETZIMA CAP TITRATIO	30 caps every 30 days
IMIPRAM HCL TAB 10MG	120 tabs every 30 days
IMIPRAM HCL TAB 25MG	120 tabs every 30 days
IMIPRAM HCL TAB 50MG	60 tabs every 30 days
IMIPRAM PAM CAP 100MG	30 caps every 30 days
IMIPRAM PAM CAP 75MG	30 caps every 30 days
NORTRIPTYLIN CAP 10MG	150 caps every 30 days
NORTRIPTYLIN CAP 25MG	60 caps every 30 days

## NON-SPECIALTY QUANTITY LIMITS

NORTRIPTYLIN CAP 50MG	30 caps every 30 days
NORTRIPTYLIN SOL 10MG/5ML	750 mL every 30 days
PROTRIPTYLIN TAB 10MG	60 tabs every 30 days
PROTRIPTYLIN TAB 5MG	90 tabs every 30 days
TRIMIPRAMINE CAP 100MG	30 caps every 30 days
TRIMIPRAMINE CAP 25MG	60 caps every 30 days
TRIMIPRAMINE CAP 50MG	60 caps every 30 days
<b>ANTIEMETICS</b>	
AKYNZEO CAP 300-0.5	2 caps every 28 days
APREPITANT CAP 125MG	2 caps every 28 days
APREPITANT CAP 40MG	3 caps every 180 days
APREPITANT CAP 80MG	4 caps every 28 days
APREPITANT PAK 80 & 125	2 packs every 28 days
DRONABINOL CAP 10MG	60 caps every 30 days
DRONABINOL CAP 2.5MG	60 caps every 30 days
DRONABINOL CAP 5MG	60 caps every 30 days
GRANISETRON TAB 1MG	12 tabs every 28 days
GRANISETRON 1MG/ML	2 mL every 28 days
ONDANSETRON INJ 40/20ML	20 mL every 28 days
ONDANSETRON INJ 4MG/2ML	20 mL every 28 days
ONDANSETRON SOL 4MG/5ML	200 mL every 28 days
ONDANSETRON TAB 24MG	2 tabs every 28 days
ONDANSETRON TAB 4MG	18 tabs every 28 days
ONDANSETRON TAB 4MG ODT	18 tabs every 28 days
ONDANSETRON TAB 8MG	18 tabs every 28 days
ONDANSETRON TAB 8MG ODT	18 tabs every 28 days
SANCUSO DIS 3.1MG	2 patches every 28 days
<b>ANTI-INFECTIVES</b>	
ALBENDAZOLE TAB 200MG	336 tabs every 365 days
ALINIA SUS 100/5ML	540mL every 25 days
EMVERM CHW 100MG	12 tabs every 365 days
GENTAMICIN SOL 0.3% OP	20 mL every 30 days
NITAZOXANIDE TAB 500MG	20 tabs every 25 days
PRAZIQUANTEL TAB 600MG	24 tabs every 365 days

## NON-SPECIALTY QUANTITY LIMITS

TETRACYCLINE CAP 250 MG	120 caps every 30 days
TETRACYCLINE CAP 500 MG	120 caps every 30 days
VANCOMYCIN CAP 125MG	80 caps every 10 days
VANCOMYCIN CAP 250MG	80 caps every 10 days
XIFAXAN TAB 200MG	9 tabs every 30 days
<b>ANTIVIRALS</b>	
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
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
BARACLUDE SOL	630 mL 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
DESCOVY TAB 200/25MG	30 tabs every 30 days
DESCOVY 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
EFAVIR/EMTRI 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

## NON-SPECIALTY QUANTITY LIMITS

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
ENTECAVIR TAB 0.5MG	30 tabs every 30 days
ENTECAVIR TAB 1MG	30 tabs every 30 days
ETRAVIRINE TAB 100MG	120 tabs every 30 days
ETRAVIRINE TAB 200MG	60 tabs every 30 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 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
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
LOPIN/RITON TAB 100-25MG	240 tabs every 30 days
LOPIN/RITON TAB 200-50MG	120 tabs every 30 days
MARAVIROC TAB 150MG	60 tabs every 30 days
MARAVIROC TAB 300MG	120 tabs every 30 days
NEVIRAPINE SUS 50MG/5ML	1200 mL every 30 days
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
NORVIR POW 100MG	360 packets every 30 days
NORVIR SOL 80MG/ML	480 mL every 30 days

## NON-SPECIALTY QUANTITY LIMITS

ODEFSEY TAB	30 tabs every 30 days
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
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
RELENZA MIS DISKHALE	2 inhalers every 90 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 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 PD TAB	180 tabs every 30 days
TRIUMEQ TAB	30 tabs every 30 days
TYBOST TAB 150MG	30 tabs every 30 days
VALGANCICLOV SOL 50MG/ML	1000 mL every 30 days
VALGANCICLOV TAB 450MG	120 tabs every 30 days
VEMLIDY TAB 25MG	30 tabs every 30 days

## NON-SPECIALTY QUANTITY LIMITS

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
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
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>	
AMPHET/DEXTR CAP 10MG ER	90 caps every 30 days
AMPHET/DEXTR CAP 15MG ER	30 caps every 30 days
AMPHET/DEXTR CAP 20MG ER	30 caps every 30 days
AMPHET/DEXTR CAP 25MG ER	30 caps every 30 days
AMPHET/DEXTR CAP 30MG ER	30 caps every 30 days
AMPHET/DEXTR CAP 5MG ER	90 caps every 30 days
AMPHET/DEXTR TAB 10MG	90 tabs every 30 days
AMPHET/DEXTR TAB 12.5MG	90 tabs every 30 days
AMPHET/DEXTR TAB 15MG	60 tabs every 30 days
AMPHET/DEXTR TAB 20MG	60 tabs every 30 days
AMPHET/DEXTR TAB 30MG	30 tabs every 30 days
AMPHET/DEXTR TAB 5MG	90 tabs every 30 days
AMPHET/DEXTR TAB 7.5MG	90 tabs every 30 days
AMPHETAMI ER SUS 1.25/ML	450 mL every 30 days
DEXMETHYLPH CAP 15MG ER	60 caps every 30 days
DEXMETHYLPH CAP 30MG ER	30 caps every 30 days
DEXMETHYLPH CAP 40MG ER	30 caps every 30 days
DEXMETHYLPH TAB 10MG	60 tabs every 30 days
DEXMETHYLPH TAB 2.5MG	120 tabs every 30 days
DEXMETHYLPH TAB 5MG	120 tabs every 30 days
DEXMETHYLPHE CAP 10MG ER	60 caps every 30 days
DEXMETHYLPHE CAP 20MG ER	60 caps every 30 days
DEXMETHYLPHE CAP 5MG ER	60 caps every 30 days
DEXMETHYLPHE CAP ER 25MG	30 caps every 30 days



## NON-SPECIALTY QUANTITY LIMITS

DEXMETHYLPHE CAP ER 35MG	30 caps every 30 days
DEXTROAMPHET CAP 10MG ER	120 caps every 30 days
DEXTROAMPHET CAP 15MG ER	60 caps every 30 days
DEXTROAMPHET CAP 5MG ER	120 caps every 30 days
DEXTROAMPHET SOL 5MG/5ML	1,200 mL every 30 days
DEXTROAMPHET TAB 10MG	120 tabs every 30 days
DEXTROAMPHET TAB 15MG	60 tabs every 30 days
DEXTROAMPHET TAB 20MG	60 tabs every 30 days
DEXTROAMPHET TAB 30MG	30 tabs every 30 days
DEXTROAMPHET TAB 5MG	120 tabs every 30 days
METHAMPHETAM TAB 5MG	150 tabs every 30 days
METHYLPHENID CAP 10MG	60 caps every 30 days
METHYLPHENID CAP 20MG	60 caps every 30 days
METHYLPHENID CAP 20MG ER	60 caps every 30 days
METHYLPHENID CAP 30MG	60 caps every 30 days
METHYLPHENID CAP 30MG ER	60 caps every 30 days
METHYLPHENID CAP 40MG ER	30 caps every 30 days
METHYLPHENID CAP 50MG	30 caps every 30 days
METHYLPHENID CAP 60MG	30 caps every 30 days
METHYLPHENID CAP 60MG LA	30 caps every 30 days
METHYLPHENID CHW 10MG	180 chew tabs every 30 days
METHYLPHENIDA CHW 2.5MG	180 chew tabs every 30 days
METHYLPHENID CHW 5MG	180 chew tabs every 30 days
METHYLPHENID SOL 10MG/5ML	900 mL every 30 days
METHYLPHENID SOL 5MG/5ML	1800 mL every 30 days
METHYLPHENID TAB 10MG	180 tabs every 30 days
METHYLPHENID TAB 10MG ER	90 tabs every 30 days
METHYLPHENID TAB 18MG ER	60 tabs every 30 days
METHYLPHENID TAB 20MG	90 tabs every 30 days
METHYLPHENID TAB 20MG ER	90 tabs every 30 days
METHYLPHENID TAB 27MG ER	60 tabs every 30 days
METHYLPHENID TAB 36MG ER	60 tabs every 30 days
METHYLPHENID TAB 54MG ER	30 tabs every 30 days
METHYLPHENID TAB 5MG	180 tabs every 30 days

## NON-SPECIALTY QUANTITY LIMITS

VYVANSE CAP 10MG	60 caps every 30 days
VYVANSE CAP 20MG	60 caps every 30 days
VYVANSE CAP 30MG	60 caps every 30 days
VYVANSE CAP 40MG	30 caps every 30 days
VYVANSE CAP 50MG	30 caps every 30 days
VYVANSE CAP 60MG	30 caps every 30 days
VYVANSE CAP 70MG	30 caps every 30 days
VYVANSE CHW 10MG	60 chew tabs every 30 days
VYVANSE CHW 20MG	60 chew tabs every 30 days
VYVANSE CHW 30MG	60 chew tabs every 30 days
VYVANSE CHW 40MG	30 chew tabs every 30 days
VYVANSE CHW 50MG	30 chew tabs every 30 days
VYVANSE CHW 60MG	30 chew tabs every 30 days
ZENZEDI TAB 2.5MG	120 tabs every 30 days
ZENZEDI TAB 7.5MG	120 tabs every 30 days
<b>BENIGN PROSTATIC HYPERPLASIA/ERECTILE DYSFUNCTION</b>	
TADALAFIL TAB 2.5MG	30 tabs every 30 days
TADALAFIL TAB 5MG	30 tabs every 30 days
<b>CARDIOVASCULAR-MISCELLANEOUS</b>	
PHENOXYBENZA CAP 10MG	360 caps every 30 days
<b>CENTRAL NERVOUS SYSTEM-MISCELLANEOUS</b>	
CDP/AMITRIP TAB 10-25MG	60 tabs every 30 days
CDP/AMITRIP TAB 5-12.5MG	120 tabs every 30 days
PERPHEN/AMIT TAB 2-10MG	150 units every 30 days
PERPHEN/AMIT TAB 2-25MG	60 units every 30 days
PERPHEN/AMIT TAB 4-10MG	120 units every 30 days
PERPHEN/AMIT TAB 4-25MG	60 units every 30 days
PERPHEN/AMIT TAB 4-50MG	30 units every 30 days
<b>CENTRAL NERVOUS SYSTEM-MUSCULOSKELETAL THERAPY AGENTS</b>	
CARISOPRODOL TAB ASA/COD	168 tabs every 30 days
<b>CONTRACEPTIVES</b>	
ANNOVERA MIS	1 every 300 days
CAYA DPR	1 every 300 days
DEPO-SQ PROV INJ 104	4 inj every 300 days

## NON-SPECIALTY QUANTITY LIMITS

ETONOGESTREL MIS ETHY EST	13 every 300 days
FC2 FEMALE MIS CONDOM	12 condoms every 30 days
FEMCAP MIS 22MM	1 every 300 days
FEMCAP MIS 26MM	1 every 300 days
FEMCAP MIS 30MM	1 every 300 days
KYLEENA IUD 19.5MG	1 every 300 days
LILETTA IUD 52MG	1 every 300 days
MEDROXYPR AC INJ 150MG/ML	4 inj every 300 days
MIRENA IUD SYSTEM	1 every 300 days
NEXPLANON IMP 68MG	1 every 300 days
OMNIFLEX DPR	1 every 300 days
PARAGARD IUD T380A	1 every 300 days
SKYLA IUD 13.5MG	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
<b>DIABETES</b>	
OZEMPIC INJ 2/1.5ML	3 mL every 28 days
OZEMPIC INJ 4MG/3ML	3 mL every 28 days
OZEMPIC INJ 8MG/3ML	3 mL every 28 days
TRULICITY INJ 0.75/0.5	4 pens every 28 days
TRULICITY INJ 1.5/0.5	4 pens every 28 days
TRULICITY INJ 3/0.5	4 pens every 28 days
TRULICITY INJ 4.5/0.5	4 pens every 28 days
VICTOZA INJ 18MG/3ML	3 pens every 30 days
<b>DIABETIC SUPPLIES</b>	
ACCU-CHEK TES AVIVA PL	204 Test Strips every 30 days
ACCU-CHEK TES COMPACT	204 Test Strips every 30 days
ACCU-CHEK TES GUIDE	204 Test Strips every 30 days

## NON-SPECIALTY QUANTITY LIMITS

ACCU-CHEK TES SMART	204 Test Strips every 30 days
<b>GASTROINTESTINAL-MISCELLANEOUS</b>	
SUCRAID SOL 8500/ML	354 mL every 30 days
<b>HYPNOTICS</b>	
DAYVIGO TAB 10MG	30 tabs every 30 days
DAYVIGO TAB 5MG	30 tabs every 30 days
DOXEPIN TAB 3MG	30 tabs every 30 days
DOXEPIN TAB 6MG	30 tabs every 30 days
ESTAZOLAM TAB 1MG	15 tabs every 30 days
ESTAZOLAM TAB 2MG	15 tabs every 30 days
ESZOPICLONE TAB 1MG	15 tabs every 30 days
ESZOPICLONE TAB 2MG	15 tabs every 30 days
ESZOPICLONE TAB 3MG	15 tabs every 30 days
RAMELTEON TAB 8MG	15 tabs every 30 days
TEMAZEPAM CAP 15MG	15 caps every 30 days
TEMAZEPAM CAP 22.5MG	15 caps every 30 days
TEMAZEPAM CAP 30MG	15 caps every 30 days
TEMAZEPAM CAP 7.5MG	15 caps every 30 days
TRIAZOLAM TAB 0.125MG	10 tabs every 30 days
TRIAZOLAM TAB 0.25MG	10 tabs every 30 days
ZALEPLON CAP 10MG	15 caps every 30 days
ZALEPLON CAP 5MG	15 caps every 30 days
ZOLPIDEM ER TAB 12.5MG	15 tabs every 30 days
ZOLPIDEM ER TAB 6.25MG	15 tabs every 30 days
ZOLPIDEM TAB 10MG	15 tabs every 30 days
ZOLPIDEM TAB 5MG	15 tabs every 30 days
<b>MIGRAINE</b>	
AIMOVIG INJ 140MG/ML	1 injection every 30 days
AIMOVIG INJ 70MG/ML	2 injections every 30 days
AJOVY INJ 225/1.5	3 injections every 90 days
ALMOTRIPTAN TAB 12.5MG	12 tabs every 30 days
ALMOTRIPTAN TAB 6.25MG	12 tabs every 30 days
ELETRIPTAN TAB 20MG	12 tabs every 30 days
ELETRIPTAN TAB 40MG	12 tabs every 30 days

## NON-SPECIALTY QUANTITY LIMITS

EMGALITY INJ 100MG/ML	3 injections every 30 days
EMGALITY INJ 120MG/ML	2 injections every 30 days
FROVATRIPTAN TAB 2.5MG	18 tabs every 30 days
NARATRIPTAN TAB 1MG	12 tabs every 30 days
NARATRIPTAN TAB 2.5MG	12 tabs every 30 days
RIZATRIPTAN TAB 10MG	18 tabs every 30 days
RIZATRIPTAN TAB 10MG ODT	18 tabs every 30 days
RIZATRIPTAN TAB 5MG	18 tabs every 30 days
RIZATRIPTAN TAB 5MG ODT	18 tabs every 30 days
SUMAT-NAPROX TAB 85-500MG	9 tabs every 30 days
SUMATRIPTAN INJ 4MG/0.5	18 syringes every 30 days
SUMATRIPTAN INJ 6MG/0.5	12 vials every 30 days
SUMATRIPTAN INJ 6MG/0.5	12 units every 30 days
SUMATRIPTAN SPR 20MG/ACT	12 sprays every 30 days
SUMATRIPTAN SPR 5MG/ACT	24 sprays every 30 days
SUMATRIPTAN TAB 100MG	12 tabs every 30 days
SUMATRIPTAN TAB 25MG	12 tabs every 30 days
SUMATRIPTAN TAB 50MG	12 tabs every 30 days
ZOLMITRIPTAN SPR 2.5MG	12 sprays every 30 days
ZOLMITRIPTAN SPR 5MG	12 sprays every 30 days
ZOLMITRIPTAN TAB 2.5 MG	12 tabs every 30 days
ZOLMITRIPTAN TAB 5MG	12 tabs every 30 days
ZOLMITRIPTAN TAB 5MG ODT	12 tabs every 30 days
<b>NARCOLEPSY/CATAPLEXY</b>	
ARMODAFINIL TAB 150MG	30 tabs every 30 days
ARMODAFINIL TAB 200MG	30 tabs every 30 days
ARMODAFINIL TAB 250MG	30 tabs every 30 days
ARMODAFINIL TAB 50MG	60 tabs every 30 days
MODAFINIL TAB 100MG	60 tabs every 30 days
MODAFINIL TAB 200MG	60 tabs every 30 days
SUNOSI TAB 150MG	30 tabs every 30 days
SUNOSI TAB 75MG	30 tabs every 30 days
<b>PROTON PUMP INHIBITORS</b>	
DEXLANSOPRAZ CAP 30MG DR	90 caps every 365 days

## NON-SPECIALTY QUANTITY LIMITS

DEXLANSOPRAZ CAP 60MG DR	90 caps every 365 days
ESOMEPRAMAG CAP 20MG DR	90 caps every 365 days
ESOMEPRAMAG CAP 40MG DR	90 caps every 365 days
ESOMEPRAZOLE 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
OMEPRAM/BICAR POW 20-1680	90 packets every 365 days
OMEPRAM/BICAR POW 40-1680	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
<b>RESPIRATORY</b>	
ADVAIR DISKU AER 100/50	1 package every 30 days
ADVAIR DISKU AER 250/50	1 package every 30 days
ADVAIR DISKU AER 500/50	1 package every 30 days
ADVAIR HFA AER 115/21	1 package every 30 days
ADVAIR HFA AER 230/21	1 package every 30 days
ADVAIR HFA AER 45/21	1 package every 30 days
ALBUTEROL AER HFA	2 inhalers every 30 days
ALBUTEROL NEB 0.083%	5 boxes every 30 days
ALBUTEROL NEB 0.5%	60 mL every 30 days
ALBUTEROL NEB 0.63MG/3	5 boxes every 30 days
ALBUTEROL NEB 1.25MG/3	5 boxes every 30 days
ALVESCO AER 160MCG	2 packages every 30 days
ALVESCO AER 80MCG	3 packages every 30 days
ANORO ELLIPT AER 62.5-25	1 package every 30 days
ARFORMOTEROL NEB 15/2ML	60 vials every 30 days
ARNUITY ELPT INH 100MCG	1 package every 30 days
ARNUITY ELPT INH 200MCG	1 package every 30 days

## NON-SPECIALTY QUANTITY LIMITS

ARNUITY ELPT INH 50MCG	1 package every 30 days
AZEL/FLUTIC SPR 137-50	1 package every 30 days
AZELASTINE SPR 0.1%	2 bottles every 30 days
AZELASTINE SPR 0.15%	2 bottles every 30 days
BEVESPI AER 9-4.8MCG	1 package every 30 days
BREO ELLIPTA INH 100-25	1 package every 30 days
BREO ELLIPTA INH 200-25	1 package every 30 days
BREZTRI AERO AER SPHERE	1 package every 30 days
BUDESONIDE SUS 0.25MG/2	3 boxes every 30 days
BUDESONIDE SUS 0.5MG/2	2 boxes every 30 days
BUDESONIDE SUS 1MG/2ML	1 box every 30 days
CROMOLYN SOD NEB 20MG/2ML	2 boxes every 30 days
FLUNISOLIDE SPR 0.025%	3 containers every 30 days
FLUTICASONE SPR 50MCG	1 container every 30 days
FORMOTEROL NEB 20/2ML	60 vials every 30 days
GG/CODEINE SOL 100-10/5	60 mL every day
HYD POL/CPM SUS 10-8/5ML	10 mL every day
HYDROC/HOMAT TAB 5-1.5MG	6 tabs every day
HYDROCOD/HOM SYP 5-1.5/5	30 mL every day
HYDROMET SYP 5-1.5/5	30 mL every day
IPRATROPIUM SOL 0.02%INH	5 boxes every 30 days
IPRATROPIUM/ SOL ALBUTER	6 boxes every 30 days
LEVALBUTEROL AER 45/ACT	2 inhalers every 30 days
LEVALBUTEROL NEB 0.31MG	300 mL every 30 days
LEVALBUTEROL NEB 0.63MG	300 mL every 30 days
LEVALBUTEROL NEB 1.25/0.5	45 mL every 30 days
LEVALBUTEROL NEB 1.25MG	300 mL every 30 days
MOMETASONE SPR 50MCG	2 packages every 30 days
OLOPATADINE SPR 0.6%	1 container every 30 days
OMNARIS SPR	1 package every 30 days
PROMETH/COD SOL 6.25-10	30 mL every day
PROMETH/PE/ SYP CODEINE	30 mL every day
QVAR REDIIHA AER 80MCG	2 packages every 30 days
QVAR REDIIHAL AER 40MCG	2 packages every 30 days

## NON-SPECIALTY QUANTITY LIMITS

SEREVENT DIS AER 50MCG	1 package every 30 days
SPIRIVA AER 1.25MCG	1 package every 30 days
SPIRIVA CAP HANDIHLR	1 package every 30 days
SPIRIVA SPR 2.5MCG	1 package every 30 days
STIOLTO AER 2.5-2.5	1 package every 30 days
STRIVERDI AER 2.5MCG	1 package every 30 days
SYMBICORT AER 160-4.5	3 packages every 30 days
SYMBICORT AER 80-4.5	3 packages every 30 days
TRELEGY AER ELLIPTA	1 package every 30 days
TRIAMCINOLON AER 55MCG/AC	1 package every 30 days
TUZISTRA XR SUS	20 mL every day
<b>REVERSAL AGENTS - ANTINEOPLASIC</b>	
VISTOGARD PAK 10GM	20 packets every 5 days
<b>SMOKING DETERRENTS</b>	
NICOTROL INH	max 168 days every year
NICOTROL NS SPR 10MG/ML	max 168 days every year
<b>TOPICAL</b>	
ALA-CORT CRE 1%	120g every 30 days
ALCLOMETASON CRE 0.05%	120g every 30 days
ALCLOMETASON OIN 0.05%	120g every 30 days
AMCINONIDE CRE 0.1%	120g every 30 days
AMCINONIDE LOT 0.1%	120 mL every 30 days
AMCINONIDE OIN 0.1%	120g every 30 days
AUG BETAMET CRE 0.05%	120g every 30 days
AUG BETAMET GEL 0.05%	120g every 30 days
AUG BETAMET LOT 0.05%	120 mL every 30 days
AUG BETAMET OIN 0.05%	120g every 30 days
BETAMETH DIP CRE 0.05%	120g every 30 days
BETAMETH DIP LOT 0.05%	120 mL every 30 days
BETAMETH DIP OIN 0.05%	120g every 30 days
BETAMETH VAL AER 0.12%	120g every 30 days
BETAMETH VAL CRE 0.1%	120g every 30 days
BETAMETH VAL LOT 0.1%	120 mL every 30 days
BETAMETH VAL OIN 0.1%	120g every 30 days



## NON-SPECIALTY QUANTITY LIMITS

BRYHALI LOT 0.01%	120 mL every 30 days
CALCIPOTRIEN OIN BETAMETH	60g every 30 days
CALCIPOTRIEN SOL 0.005%	60 mL every 30 days
CALCITRIOL OIN 3MCG/GM	100g every 30 days
CICLOPIROX CRE 0.77%	120g every 30 days
CICLOPIROX GEL 0.77%	120g every 30 days
CICLOPIROX SHA 1%	120 mL every 30 days
CICLOPIROX SUS 0.77%	120 mL every 30 days
CLINDAMYCIN GEL 1%	75g every 30 days
CLINDAMYCIN LOT 1%	60 mL every 30 days
CLINDAMYCIN LOT 10MG/ML	60 mL every 30 days
CLINDAMYCIN SOL 1%	60 mL every 30 days
CLINDAM/BENZ GEL 1.2-2.5%	50g every 30 days
CLINDAMY/BEN GEL 1.2-5%	45g every 30 days
CLINDAMY/BEN GEL 1-5%	50g every 30 days
CLOBETASOL AER 0.05%	120g every 30 days
CLOBETASOL CRE 0.05%	120g every 30 days
CLOBETASOL E CRE 0.05%	120g every 30 days
CLOBETASOL GEL 0.05%	120g every 30 days
CLOBETASOL LOT 0.05%	120 mL every 30 days
CLOBETASOL OIN 0.05%	120g every 30 days
CLOBETASOL SHA 0.05%	120 mL every 30 days
CLOBETASOL SOL 0.05%	120 mL every 30 days
CLOBETASOL SPR 0.05%	120 mL every 30 days
CLOCORTOLONE CRE 0.1%	120g every 30 days
CLOTRIM/BETA CRE DIPROP	60g every 30 days
CLOTRIM/BETA LOT DIPROP	60 mL every 30 days
CLOTRIMAZOLE CRE 1%	120g every 30 days
CLOTRIMAZOLE SOL 1%	120 mL every 30 days
CLOTRIMAZOLE TRO 10MG	90 lozenges every 30 days
DESONIDE CRE 0.05%	120g every 30 days
DESONIDE LOT 0.05%	120 mL every 30 days
DESONIDE OIN 0.05%	120g every 30 days
DESOXIMETAS CRE 0.05%	120g every 30 days

## NON-SPECIALTY QUANTITY LIMITS

DESOXIMETAS CRE 0.25%	120g every 30 days
DESOXIMETAS GEL 0.05%	120g every 30 days
DESOXIMETAS OIN 0.25%	120g every 30 days
DESOXIMETASO SPR 0.25%	120 mL every 30 days
DICLOFENAC GEL 1%	300g every 30 days
DIFLORASONE CRE 0.05%	120g every 30 days
DIFLORASONE OIN 0.05%	120g every 30 days
DOXEPIN HCL CRE 5%	45g every 30 days
ECONAZOLE CRE 1%	60g every 30 days
ERTACZO CRE 2%	60g every 30 days
ERYTHROMYCIN GEL 2%	60g every 30 days
ERYTHROMYCIN SOL 2%	60 mL every 30 days
ERY/BENZOYL GEL 3-5%	47g every 30 days
EUCRISA OIN 2%	60g every 30 days
FLUOCIN ACET CRE 0.01%	120g every 30 days
FLUOCIN ACET CRE 0.025%	120g every 30 days
FLUOCIN ACET OIL 0.01% SC	120 mL every 30 days
FLUOCIN ACET OIL BODY	120 mL every 30 days
FLUOCIN ACET OIN 0.025%	120g every 30 days
FLUOCIN ACET SOL 0.01%	120 mL every 30 days
FLUOCINONIDE CRE 0.05%	120g every 30 days
FLUOCINONIDE GEL 0.05%	120g every 30 days
FLUOCINONIDE OIN 0.05%	120g every 30 days
FLUOCINONIDE SOL 0.05%	120 mL every 30 days
FLUTICASONE CRE 0.05%	120g every 30 days
FLUTICASONE LOT 0.05%	120 mL every 30 days
FLUTICASONE OIN 0.005%	120g every 30 days
GENTAMICIN CRE 0.1%	120g every 30 days
GENTAMICIN OIN 0.1%	120g every 30 days
HALOBETASOL CRE 0.05%	120g every 30 days
HALOBETASOL OIN 0.05%	120g every 30 days
HC BUTYRATE CRE 0.1%	120g every 30 days
HC BUTYRATE OIN 0.1%	120g every 30 days
HC BUTYRATE SOL 0.1%	120 mL every 30 days

## NON-SPECIALTY QUANTITY LIMITS

HC VALERATE CRE 0.2%	120g every 30 days
HC VALERATE OIN 0.2%	120g every 30 days
HYDROCORT CRE 1%	120g every 30 days
HYDROCORT CRE 2.5%	120g every 30 days
HYDROCORT LOT 2.5%	120 mL every 30 days
HYDROCORT OIN 2.5%	120g every 30 days
JUBLIA SOL 10%	4 mL every 28 days
KETOCONAZOLE CRE 2%	120g every 30 days
KETOCONAZOLE SHA 2%	120 mL every 30 days
LIDO/PRILOCN CRE 2.5-2.5%	30g every 30 days
LIDOCAINE GEL 2%	60 mL every 30 days
LIDOCAINE GEL 2% JELLY	60 mL every 30 days
LIDOCAINE OIN 5%	50g every 30 days
LIDOCAINE PA PAD 4%	30 patches every 30 days
LIDOCAINE PAD 5%	90 patches every 30 days
LIDOCAINE SOL 4%	50 mL every 30 days
LULICONAZOLE CRE 1%	60g every 30 days
MENTAX CRE 1%	60g every 30 days
METRONIDAZOL CRE 0.75%	60g every 30 days
METRONIDAZOL GEL 0.75%	60g every 30 days
METRONIDAZOL GEL 1%	60g every 30 days
METRONIDAZOL LOT 0.75%	60 mL every 30 days
MOMETASONE CRE 0.1%	120g every 30 days
MOMETASONE OIN 0.1%	120g every 30 days
MOMETASONE SOL 0.1%	120 mL every 30 days
MUPIROCIN OIN 2%	30g every 30 days
NAFTIFINE CRE HCL 1%	60g every 30 days
NAFTIFINE CRE HCL 2%	60g every 30 days
NYAMYC POW 100000	120g every 30 days
NYSTAT/TRIAM CRE	60g every 30 days
NYSTAT/TRIAM OIN	60g every 30 days
NYSTATIN CRE 100000	120g every 30 days
NYSTATIN OIN 100000	120g every 30 days
NYSTATIN POW 100000	120g every 30 days

## NON-SPECIALTY QUANTITY LIMITS

NYSTOP POW 100000	120g every 30 days
ORAVIG TAB 50MG	14 tabs every 30 days
OXICONAZOLE CRE NITRATE	60g every 30 days
PREDNICARBAT CRE 0.1%	120g every 30 days
PREDNICARBAT OIN 0.1%	120g every 30 days
REGRANEX GEL 0.01%	30g every 30 days
ROSADAN CRE 0.75%	60g every 30 days
SULCONAZOLE CRE 1%	60g every 30 days
SULCONAZOLE SOL 1%	60 mL every 30 days
SYNERA DIS 70-70MG	2 patches every 30 days
TRIAMCINOLON CRE 0.025%	120g every 30 days
TRIAMCINOLON CRE 0.1%	120g every 30 days
TRIAMCINOLON CRE 0.5%	120g every 30 days
TRIAMCINOLON LOT 0.025%	120 mL every 30 days
TRIAMCINOLON LOT 0.1%	120 mL every 30 days
TRIAMCINOLON OIN 0.025%	120g every 30 days
TRIAMCINOLON OIN 0.1%	120g every 30 days
TRIAMCINOLON OIN 0.5%	120g every 30 days
TRIDERM CRE 0.1%	120g every 30 days
VOLTAREN GEL 1%	300g every 30 days
<b>VITAMINS</b>	
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 (raberprazole) ACIPHEX SPRINKLES (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole strontium NEXIUM (esomeprazole) PREVACID (lansoprazole) PRILOSEC (omeprazole) PROTONIX (pantoprazole) ZEGERID (omeprazole/sodium bicarbonate)
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Anti-Anxiety Products	ALPRAZOLAM INTENSOL (alprazolam oral solution concentrate) alprazolam orally disintegrated tablet ATIVAN (lorazepam) chlordiazepoxide clonazepam orally disintegrating tablet DIAZEPAM INTENSOL (diazepam oral solution concentrate) diazepam oral solution KLONOPIN (clonazepam) lorazepam oral concentrate solution LOREEV XR (lorazepam extended-release) oxazepam TRANXENE (clorazepate) VALIUM (diazepam) XANAX (alprazolam) XANAX XR (alprazolam extended-release)
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) XOFLUZA (baloxavir)
Insomnia Products	AMBIEN (zolpidem) AMBIEN CR (zolpidem extended-release) DORAL (quazepam) estazolam flurazepam HALCION (triazolam) LUNESTA (eszopiclone) RESTORIL (temazepam) ROZEREM (ramelteon) SONATA (zaleplon)
Ketorolac Products	ketorolac SPRIX (ketorolac) nasal spray
Lidocaine Topical Products	lidocaine 2% gel lidocaine-collagen-aloe vera 2% gel lidocaine 4% gel lidocaine urethral/mucosal 2% gel (also prefilled syringe)

	lidocaine 4% solution lidocaine 5% ointment lidocaine 2.5% and prilocaine 2.5% cream PLIAGLIS cream (lidocaine and tetracaine 7-7% cream) SYNERA 70-70mg patch (lidocaine and tetracaine 70-70mg patch)
Methadone Products	METHADOSE 10mg/ml (methadone oral concentrate) METHADOSE 40mg DISPERSABLE TABLET (methadone dispersible tablets)
Migraine Products	almotriptan AMERGE (naratriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT/MAXALT-MLT (rizatriptan) ONZETRA XSAIL (sumatriptan) RELPAX (eletriptan) TOSYMRA (sumatriptan) TREXIMET (sumatriptan / naproxen) ZEMBRACE SYMTOUCH (sumatriptan) ZOMIG/ZOMIG-ZMT (zolmitriptan)

## 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/CAFFEIN TAB DIHYDROC	300 tabs every 30 days
APAP/CODEINE SOL 120-12/5	2700 mL every 30 days
APAP/CODEINE TAB 300-15MG	400 tabs every 30 days
APAP/CODEINE TAB 300-30MG	360 tabs every 30 days
APAP/CODEINE TAB 300-60MG	180 tabs every 30 days
BELBUCA MIS 150MCG	60 films every 30 days
BELBUCA MIS 300MCG	60 films every 30 days
BELBUCA MIS 450MCG	60 films every 30 days
BELBUCA MIS 75MCG	60 films every 30 days
BUPRENORPHIN DIS 10MCG/HR	4 patches every 30 days
BUPRENORPHIN DIS 5MCG/HR	4 patches every 30 days
BUPRENORPHIN DIS 7.5/HR	4 patches every 30 days
BUPRENORPHIN SUB 2MG	90 tabs every 30 days
BUPRENORPHIN SUB 8MG	90 tabs every 30 days
BUT/APAP/CAF CAP CODEINE	48 caps every 30 days

## Opioid Quantity Limits

BUTORPHANOL SOL 10MG/ML	2 bottles every 30 days
CODEINE SULF TAB 30MG	42 tabs every 30 days
CODEINE SULF TAB 60MG	42 tabs every 30 days
ENDOCET TAB 10-325MG	180 tabs every 30 days
ENDOCET TAB 2.5-325	360 tabs every 30 days
ENDOCET TAB 5-325MG	360 tabs every 30 days
ENDOCET TAB 7.5-325	240 tabs every 30 days
FENTANYL DIS 12MCG/HR	10 patches every 30 days
FENTANYL DIS 25MCG/HR	10 patches every 30 days
FENTANYL OT LOZ 1200MCG	120 lozenges every 30 days
FENTANYL OT LOZ 1600MCG	120 lozenges every 30 days
FENTANYL OT LOZ 200MCG	120 lozenges every 30 days
FENTANYL OT LOZ 400MCG	120 lozenges every 30 days
FENTANYL OT LOZ 600MCG	120 lozenges every 30 days
FENTANYL OT LOZ 800MCG	120 lozenges every 30 days
HYDROCO/APAP SOL 7.5-325	2700 mL every 30 days
HYDROCO/APAP TAB 10-325MG	180 tabs every 30 days
HYDROCO/APAP TAB 5-325MG	240 tabs every 30 days
HYDROCO/APAP TAB 7.5-325	180 tabs every 30 days
HYDROCOD/IBU TAB 10-200MG	50 tabs every 30 days
HYDROCODONE TAB 20MG ER	30 tabs every 30 days
HYDROCODONE TAB 30MG ER	30 tabs every 30 days
HYDROCODONE TAB 40MG ER	30 tabs every 30 days
HYDROCODONE TAB 60MG ER	30 tabs every 30 days
HYDROCODONE TAB 80MG ER	30 tabs every 30 days
HYDROMORPHON TAB 12MG ER	30 tabs every 30 days
HYDROMORPHON TAB 16MG ER	30 tabs every 30 days
HYDROMORPHON TAB 2MG	180 tabs every 30 days
HYDROMORPHON TAB 4MG	150 tabs every 30 days
HYDROMORPHON TAB 8MG	60 tabs every 30 days
HYDROMORPHON TAB 8MG ER	30 tabs every 30 days
LEVORPHANOL TAB 2MG	120 tabs every 30 days
LEVORPHANOL TAB 3MG	60 tabs every 30 days
METHADONE CON 10MG/ML	30 mL every 30 days

## Opioid Quantity Limits

METHADONE CON 10MG/ML	60 mL every 30 days
METHADONE SOL 10MG/5ML	300 mL every 30 days
METHADONE SOL 5MG/5ML	450 mL every 30 days
METHADONE TAB 10MG	60 tabs every 30 days
METHADONE TAB 40MG	9 tabs every 30 days
METHADONE TAB 5MG	90 tabs every 30 days
METHADOSE TAB 40MG	9 tabs every 30 days
MORPHINE SUL CAP 10MG ER	60 caps every 30 days
MORPHINE SUL CAP 20MG ER	60 caps every 30 days
MORPHINE SUL CAP 30MG ER	60 caps every 30 days
MORPHINE SUL CAP 30MG ER	30 caps every 30 days
MORPHINE SUL CAP 45MG ER	30 caps every 30 days
MORPHINE SUL CAP 50MG ER	30 caps every 30 days
MORPHINE SUL CAP 60MG ER	30 caps every 30 days
MORPHINE SUL CAP 75MG ER	30 caps every 30 days
MORPHINE SUL CAP 80MG ER	30 caps every 30 days
MORPHINE SUL CAP 90MG ER	30 caps every 30 days
MORPHINE SUL SOL 100/5ML	135 mL every 30 days
MORPHINE SUL SOL 10MG/5ML	900 mL every 30 days
MORPHINE SUL SOL 20MG/5ML	675 mL every 30 days
MORPHINE SUL TAB 15MG	180 tabs every 30 days
MORPHINE SUL TAB 15MG ER	90 tabs every 30 days
MORPHINE SUL TAB 30MG	90 tabs every 30 days
MORPHINE SUL TAB 30MG ER	90 tabs every 30 days
NUCYNTA ER TAB 100MG	60 tabs every 30 days
NUCYNTA ER TAB 50MG	60 tabs every 30 days
NUCYNTA TAB 100MG	60 tabs every 30 days
NUCYNTA TAB 50MG	120 tabs every 30 days
NUCYNTA TAB 75MG	90 tabs every 30 days
OXYCOD/APAP TAB 10-325MG	180 tabs every 30 days
OXYCOD/APAP TAB 2.5-325	360 tabs every 30 days
OXYCOD/APAP TAB 5-325MG	360 tabs every 30 days
OXYCOD/APAP TAB 7.5-325	240 tabs every 30 days
OXYCOD/ASA TAB	360 tabs every 30 days



## Opioid Quantity Limits

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

## MEDICATION ASSISTED TREATMENT QUANTITY LIMITS

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

## NON-SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

ACAMPROSATE CALCIUM DR	FENTANYL DIS 50MCG/HR, 75MCG/HR, 100MCG/HR	NOXAFIL
ADAPALENE <sup>4</sup>	FENTANYL CITRATE ORAL TRA	NUCYNTA ER 150MG, 200MG, 250MG
ALOSETRON HYDROCHLORIDE	HYDROCODONE BITARTRATE 100MG, 120MG ER TAB	NUEDEXTA
AMITRIPTYLINE HCL <sup>1</sup>	HYDROMORPHON TAB 32MG ER	ORPHENADRINE CITRATE ER <sup>2</sup>
ANADROL-50	HYDROXYZINE HCL <sup>2</sup>	OSPHENA
ARMODAFINIL	HYDROXYZINE HYDROCHLORIDE <sup>2</sup>	OXANDROLONE
AVITA <sup>4</sup>	HYDROXYZINE PAMOATE <sup>2</sup>	OXYCODONE HCL ER 40MG, 60MG, 80MG
BELBUCA 600MCG, 750MCG, 900MCG	IMIPRAMINE PAMOATE <sup>1</sup>	OXYMORPHONE ER 20MG, 30MG, 40MG
BUPRENORPHINE DIS 15MCG/HR, 20MCG/HR	ISOTRETINOIN	PEGINTRON
BUTALBITAL-ACETAMINOPHEN-CAFFEINE <sup>2</sup>	ITRACONAZOLE	PENICILLAMINE
BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE <sup>2</sup>	JUBLIA	PHENOXYBENZAMINE HYDROCHL
CARISOPRODOL <sup>2</sup>	KERENDIA	POSACONAZOLE DR
CARISOPRODOL W/ ASPIRIN & CODEINE <sup>2</sup>	LIDOCAINE	PREMARIN <sup>2</sup>
CHLORZOAZONE <sup>2</sup>	MEMANTINE HCL TITRATION PAK <sup>3</sup>	PROMETHAZINE HCL PLAIN <sup>2</sup>
CLEMASTINE FUMARATE <sup>2</sup>	MEMANTINE HYDROCHLORIDE ER <sup>3</sup>	PROMETHAZINE HCL <sup>2</sup>
CLOBAZAM	MEMANTINE HYDROCHLORIDE <sup>3</sup>	PROMETHAZINE HYDROCHLORID <sup>2</sup>
CREON	MENEST <sup>2</sup>	PYRIMETHAMINE
CYCLOBENZAPRINE HYDROCHLORIDE <sup>2</sup>	METAXALONE <sup>2</sup>	REGRANEX
DALIRESP	METHOCARBAMOL <sup>2</sup>	RIVASTIGMINE TARTRATE
DAYVIGO	METHSCOPOLAMINE BROMIDE <sup>2</sup>	RIVASTIGMINE TRANSDERMAL
DIFICID	METHYLTESTOSTERONE	RUFINAMIDE
DIPENTUM	MIRVASO	RYCLORA
DIPHENHYDRAMINE HCL <sup>2</sup>	MODAFINIL	SIRTURO
DIPYRIDAMOLE <sup>2</sup>	MORPHINE SULFATE ER CAP/TAB 60MG ER, 100MG ER, 120MG ER, 200MG ER	SUCRAID
DIVIGEL <sup>2</sup>	MULTAQ	SUNOSI
ELESTRIN <sup>2</sup>	NAMENDA XR TITRATION PACK <sup>3</sup>	SYNAREL
EMSAM	NITROFURANTOIN MACROCRYS TE <sup>2</sup>	TADALAFIL
ESTRADIOL <sup>2</sup>	NITROFURANTOIN MONOHYDRATE <sup>2</sup>	TAZAROTENE
ESTROGEL <sup>2</sup>	NITROFURANTOIN <sup>2</sup>	TAZORAC
EVAMIST <sup>2</sup>	NORTRIPTYLIN CAP 75MG <sup>1</sup>	TENCON <sup>2</sup>

## NON-SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

TESTOSTERONE	VORICONAZOLE	
TESTOSTERONE CYPIONATE	XIFAXAN	
TESTOSTERONE ENANTHATE	XTAMPZA ER	
TRAMADOL HCL ER 200MG, 300MG	ZENPEP	
TRETINOIN <sup>4</sup>	ZILEUTON ER	
TRETINOIN MICROSPHERE/ PUMP <sup>4</sup>		
VALGANCICLOVIR		
VALGANCICLOVIR HYDROCHLORIDE		
VEMLIDY		
VIKACE		

## SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

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

## SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

MYALEPT	SILDENAFIL CITRATE	XELJANZ
NEXAVAR	SIMPONI	XELJANZ XR
NITISINONE	SKYRIZI	XTANDI
NIVESTYM	SKYRIZI PEN	YONSA
NORDITROPIN FLEXPPO	SODIUM PHENYL BUTYRATE	ZEJULA
NUBEQA	SOMAVERT	ZELBORAF
NUCALA	SOVALDI	ZEPATIER
OCTREOTIDE ACETATE	SPRYCEL	ZIEXTENZO
ODOMZO	STELARA	ZOLINZA
OFEV	STIVARGA	ZYDELIG
OPSUMIT	SUNITINIB MALATE	ZYKADIA
ORENITRAM	SYMDEKO	
ORFADIN	TADALAFIL	
ORKAMBI	TAFINLAR	
OTEZLA	TALTZ	
OVIDREL	TARGRETIN	
PEGASYS	TETRABENAZINE	
PLEGRIDY	THALOMID	
PLEGRIDY STARTER PACK	TOBRAMYCIN	
POMALYST	TOLVAPTAN	
PRALUENT	TREMFYA	
PROMACTA	TRIKAFTA	
REBIF	TUKYSA	
REBIF REBIDOSE	TYMLOS	
REBIF REBIDOSE TITRATION	UPTRAVI	
REBIF TITRATION PACK	VENCLEXTA	
RETACRIT	VENCLEXTA STARTING PACK	
REVLIMID	VENTAVIS	
RIBAVIRIN	VIGABATRIN	
RINVOQ	VITRAKVI	
RYDAPT	VOSEVI	
SAPROPTERIN DIHYDROCHLORI	VOTRIENT	
SIGNIFOR	XALKORI	

## STEP THERAPY CRITERIA

<b>Drug Name(s)</b>	<b>Step Therapy Criteria</b>
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, asenapine, olanzapine, paliperidone, quetiapine (regular or extended release), risperidone, 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, Ajovy 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.
DESVENLAFAXINE ER, FETZIMA, FETZIMA TITRATION PACK	Coverage will be provided if the patient has filled a prescription for a 30 day supply of a generic serotonin-norepinephrine reuptake inhibitor (SNRI) OR generic mirtazapine, generic bupropion, or a generic selective serotonin reuptake inhibitor (SSRI) within the past 120 days.
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.
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
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)

## STEP THERAPY CRITERIA

SPINOSAD	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% or permethrin 5% within the past 60 days.
BELBUCA, BUPRENORPHINE, FENTANYL, HYDROCODONE BITARTRATE ER, HYDROMORPHONE HCL ER, HYDROMORPHONE HYDROCHLORI, METHADONE HCL, METHADONE HYDROCHLORIDE I, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, XTAMPZA ER	Coverage will be provided if the member has filled a cumulative 8-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	<p>Coverage will be provided to the members age 20 and over for up to two 7-day supply of immediate-release opioids if the member does not have at least a cumulative 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days</p> <p>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 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.</p> <p>Maximum cumulative 14-day supply.</p>
ACETAMINOPHEN/CAFFEINE/DI, ACETAMINOPHEN/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, TRAMADOL HYDROCHLORIDE/AC	<p>Coverage will be provided to the members age 20 and over for up to two 7-day supply of immediate-release opioids if the member does not have at least a cumulative 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days</p> <p>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.</p> <p>Maximum cumulative 14-day supply.</p>
MALATHION	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% within the past 60 days.



## STEP THERAPY CRITERIA

<p>ACTEMRA, SIMPONI</p>	<p>For Ankylosing Spondylitis, must try Cosentyx, Enbrel, Humira. Targets: Simponi, Taltz, Xeljanz, Xeljanz XR</p> <p>For Crohn's Disease, must try Humira (primary preferred), Stelara (secondary preferred).</p> <p>For Plaque Psoriasis, must try Humira, Otezla, Skyrizi, Stelara, Taltz, Tremfya. Targets: Cosentyx, Enbrel.</p> <p>For Psoriatic Arthritis, must try Cosentyx, Enbrel, Humira, Otezla, Rinvoq, Skyrizi. Targets: Simponi, Stelara, Taltz, Tremfya, Xeljanz, Xeljanz XR.</p> <p>For Rheumatoid Arthritis, must try Enbrel, Humira, Kevzara (after failure of two other preferred products), Rinvoq, Xeljanz, Xeljanz XR. Targets: Actemra, Simponi.</p> <p>For Ulcerative Colitis, must try Humira (primary preferred), Xeljanz (secondary preferred), Xeljanz XR(secondary preferred). Targets: Simponi, Stelara.</p>
<p>SOVALDI, ZEPATIER</p>	<p>Must try Eplclusa or Harvoni</p>
<p>AVONEX, AVONEX PEN, PLEGRIDY, PLEGRIDY STARTER PACK</p>	<p>Must try Betaseron, Rebif, Glatiramer 40mg, Glatopa 20mg, Copaxone 20mg, Copaxone 40mg, Gilenya, dimethyl fumarate, Aubagio.</p>
<p>RANOLAZINE ER</p>	<p>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)</p>
<p>SAVELLA, SAVELLA TITRATION PACK</p>	<p>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.</p>
<p>SIMVASTATIN</p>	<p>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)</p>
<p>IVERMECTIN</p>	<p>Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% within the past 60 days.</p>
<p>FARXIGA, GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR</p>	<p>Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days</p>

## STEP THERAPY CRITERIA

FOSAMAX PLUS D	Coverage will be provided if the member has filled a prescription for a generic bisphosphonate product (at least a 28 day supply within the past 365 days)
CARDURA XL	Coverage will be provided if the member has filled a prescription for a generic Benign Prostatic Hyperplasia (BPH) agent (e.g., alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin) (at least a 30 day supply within the past 365 days)
OMNARIS	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid 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)
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)
CALCIPOTRIENE, CALCIPOTRIENE/BETAMETHASO, CALCITRIOL	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of a topical steroid within the past 180 days.

<sup>1</sup> High strength requires PA for members age 65 and older

<sup>2</sup> High Risk Medications require PA for members age 70 and older .

<sup>3</sup> Prior Authorization required for members less than 30 years of age.

<sup>4</sup> Prior Authorization required for members age 35 or older.

This version of the CareFirst Exchange Prescription Guidelines document was updated June, 2022.

Note: 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. 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.

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