

Prescription Guidelines Exchange

(Effective August 2020)

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.

QUANTITY LIMITS			
7T LIDO GEL 2%	30gm every 25 days	ADVAIR DISKU AER 250/50	1 package every 25 days
ABACA/LAMIVU TAB 600-300	30 tabs every 30 days	ADVAIR DISKU AER 500/50	1 package every 25 days
ABACAV/LAMIV TAB /ZIDOVUD	60 tabs every 30 days	ADVAIR HFA AER 115/21	1 package every 25 days
ABACAVIR SOL 20MG/ML	900 mL every 30 days	ADVAIR HFA AER 230/21	1 package every 25 days
ABACAVIR TAB 300MG	60 tabs every 30 days	ADVAIR HFA AER 45/21	1 package every 25 days
ABIRATERONE TAB 250MG	120 tabs every 30 days	AFINITOR DIS TAB 2MG	60 tabs every 30 days
ACCU-CHEK TES AVIVA PL	204 Test Strips every 25 days	AFINITOR DIS TAB 3MG	90 tabs every 30 days
ACCU-CHEK TES COMPACT	204 Test Strips every 25 days	AFINITOR DIS TAB 5MG	60 tabs every 30 days
ACCU-CHEK TES GUIDE	204 Test Strips every 25 days	AFINITOR TAB 10MG	30 tabs every 30 days
ACCU-CHEK TES SMART	204 Test Strips every 25 days	AKYNZEO CAP 300-0.5	2 caps every 21 days
ACTEMRA INJ 162/0.9	4 syringes every 28 days	ALA-CORT CRE 1%	120g every 25 days
ADEMPAS TAB 0.5MG	90 tabs every 30 days	ALBUTEROL AER HFA	2 inhalers every 25 days
ADEMPAS TAB 1.5MG	90 tabs every 30 days	ALBUTEROL NEB 0.083%	5 boxes every 25 days
ADEMPAS TAB 1MG	90 tabs every 30 days	ALBUTEROL NEB 0.5%	60 mL every 25 days
ADEMPAS TAB 2.5MG	90 tabs every 30 days	ALBUTEROL NEB 0.63MG/3	5 boxes every 25 days
ADEMPAS TAB 2MG	90 tabs every 30 days	ALBUTEROL NEB 1.25MG/3	5 boxes every 25 days
ADVAIR DISKU AER 100/50	1 package every 25 days	ALCLOMETASON CRE 0.05%	120g every 25 days

QUANTITY LIMITS

7T LIDO GEL 2%	30gm every 25 days	ADVAIR DISKU AER 250/50	1 package every 25 days
ABACA/LAMIVU TAB 600-300	30 tabs every 30 days	ADVAIR DISKU AER 500/50	1 package every 25 days
ABACAV/LAMIV TAB /ZIDOVUD	60 tabs every 30 days	ADVAIR HFA AER 115/21	1 package every 25 days
ALCLOMETASON OIN 0.05%	120g every 25 days	AMPHET/DEXTR TAB 15MG	60 tabs every 25 days
ALECENSA CAP 150MG	240 caps every 30 days	AMPHET/DEXTR TAB 20MG	60 tabs every 25 days
ALINIA SUS 100/5ML	540mL every 25 days	AMPHET/DEXTR TAB 30MG	30 tabs every 25 days
ALINIA TAB 500MG	20 tabs every 25 days	AMPHET/DEXTR TAB 5MG	90 tabs every 25 days
ALMOTRIPTAN TAB 12.5MG	12 tabs every 25 days	AMPHET/DEXTR TAB 7.5MG	90 tabs every 25 days
ALMOTRIPTAN TAB 6.25MG	12 tabs every 25 days	ANNOVERA MIS	1 every 300 days
ALPRAZOLAM CON 1 MG/ML	300 mL every 25 days	ANORO ELLIPT AER 62.5-25	1 package every 25 days
ALPRAZOLAM TAB 0.25 ODT	150 tabs every 25 days	APREPITANT CAP 125MG	2 caps every 21 days
ALPRAZOLAM TAB 0.25MG	150 tabs every 25 days	APREPITANT CAP 40MG	3 caps every 180 days
ALPRAZOLAM TAB 0.5MG	150 tabs every 25 days	APREPITANT CAP 80MG	4 caps every 21 days
ALPRAZOLAM TAB 0.5MG OD	150 tabs every 25 days	APREPITANT PAK 80 & 125	2 packs every 21 days
ALPRAZOLAM TAB 1MG	150 tabs every 25 days	APTIVUS CAP 250MG	120 caps every 30 days
ALPRAZOLAM TAB 1MG ODT	150 tabs every 25 days	APTIVUS SOL	285 mL every 28 days
ALPRAZOLAM TAB 2MG	150 tabs every 25 days	ARCALYST INJ 220MG	4 vials every 28 days
ALPRAZOLAM TAB 2MG ODT	150 tabs every 25 days	ARNUITY ELPT INH 100MCG	1 package every 25 days
AMBRISENTAN TAB 10MG	30 tabs every 30 days	ARNUITY ELPT INH 200MCG	1 package every 25 days
AMBRISENTAN TAB 5MG	30 tabs every 30 days	ARNUITY ELPT INH 50MCG	1 package every 25 days
AMCINONIDE CRE 0.1%	120g every 25 days	ASPIRIN CHW 81MG	100 tabs every 30 days
AMCINONIDE LOT 0.1%	120mL every 25 days	ASPIRIN LOW TAB 81MG EC	100 tabs every 30 days
AMCINONIDE OIN 0.1%	120g every 25 days	ATAZANAVIR CAP 150MG	30 caps every 30 days
AMITRIPTYLIN TAB 10MG	150 tabs every 25 days	ATAZANAVIR CAP 200MG	60 caps every 30 days
AMITRIPTYLIN TAB 25MG	60 tabs every 25 days	ATAZANAVIR CAP 300MG	30 caps every 30 days
AMITRIPTYLIN TAB 50MG	30 tabs every 25 days	AUBAGIO TAB 14MG	30 tabs every 30 days
AMOXAPINE TAB 100MG	90 tabs every 25 days	AUBAGIO TAB 7MG	30 tabs every 30 days
AMOXAPINE TAB 150MG	60 tabs every 25 days	AUG BETAMET CRE 0.05%	120g every 25 days
AMOXAPINE TAB 25MG	90 tabs every 25 days	AUG BETAMET GEL 0.05%	120g every 25 days
AMOXAPINE TAB 50MG	90 tabs every 25 days	AUG BETAMET LOT 0.05%	120mL every 25 days
AMPHET/DEXTR CAP 10MG ER	90 caps every 25 days	AUG BETAMET OIN 0.05%	120g every 25 days
AMPHET/DEXTR CAP 15MG ER	30 caps every 25 days	AVONEX KIT 30MCG	4 injections every 28 days
AMPHET/DEXTR CAP 20MG ER	30 caps every 25 days	AVONEX PEN KIT 30MCG	4 injections every 28 days
AMPHET/DEXTR CAP 25MG ER	30 caps every 25 days	AVONEX PREFL KIT 30MCG	4 injections every 28 days

QUANTITY LIMITS

AMPHET/DEXTR CAP 30MG ER	30 caps every 25 days	AZEL/FLUTIC SPR 137-50	1 package every 25 days
AMPHET/DEXTR CAP 5MG ER	90 caps every 25 days	AZELASTINE SPR 0.1%	2 bottles every 25 days
AMPHET/DEXTR TAB 10MG	90 tabs every 25 days	AZELASTINE SPR 0.15%	2 bottles every 25 days
AMPHET/DEXTR TAB 12.5MG	90 tabs every 25 days	BETAMETH DIP CRE 0.05%	120g every 25 days
BETAMETH DIP LOT 0.05%	120mL every 25 days	CLOBETASOL AER 0.05%	120g every 25 days
BETAMETH DIP OIN 0.05%	120g every 25 days	CLOBETASOL CRE 0.05%	120g every 25 days
BETAMETH VAL AER 0.12%	120g every 25 days	CLOBETASOL GEL 0.05%	120g every 25 days
BETAMETH VAL CRE 0.1%	120g every 25 days	CLOBETASOL LOT 0.05%	120mL every 25 days
BETAMETH VAL LOT 0.1%	120mL every 25 days	CLOBETASOL OIN 0.05%	120g every 25 days
BETAMETH VAL OIN 0.1%	120g every 25 days	CLOBETASOL SHA 0.05%	120mL every 25 days
BETASERON INJ 0.3MG	14 injections every 28 days	CLOBETASOL SOL 0.05%	120mL every 25 days
BEVESPI AER 9-4.8MCG	1 package every 25 days	CLOBETASOL SPR 0.05%	120mL every 25 days
BIKTARVY TAB	30 tabs every 30 days	CLOCORTOLONE CRE PIV 0.1%	120g every 25 days
BOSENTAN TAB 125MG	60 tabs every 30 days	CLOMIPRAMINE CAP 25MG	150 caps every 25 days
BOSENTAN TAB 62.5MG	60 tabs every 30 days	CLOMIPRAMINE CAP 50MG	150 caps every 25 days
BOSULIF TAB 100MG	90 tabs every 30 days	CLOMIPRAMINE CAP 75MG	90 caps every 25 days
BOSULIF TAB 400MG	30 tabs every 30 days	CLORAZ DIPOT TAB 15MG	180 tabs every 25 days
BOSULIF TAB 500MG	30 tabs every 30 days	CLORAZ DIPOT TAB 3.75MG	180 tabs every 25 days
BREO ELLIPTA INH 100-25	1 package every 25 days	CLORAZ DIPOT TAB 7.5MG	180 tabs every 25 days
BREO ELLIPTA INH 200-25	1 package every 25 days	CLOTRIM/BETA CRE DIPROP	45g every 25 days
BUDESONIDE SUS 0.25MG/2	3 boxes every 25 days	CLOTRIM/BETA LOT DIPROP	30mL every 25 days
BUDESONIDE SUS 0.5MG/2	2 boxes every 25 days	COMETRIQ KIT 100MG	1 kit every 28 days
BUDESONIDE SUS 1MG/2ML	1 box every 25 days	COMETRIQ KIT 140MG	1 kit every 28 days
BUT/APAP/CAF CAP	48 caps every 25 days	COMETRIQ KIT 60MG	1 kit every 28 days
BUT/APAP/CAF TAB	48 tabs every 25 days	COPAXONE INJ 20MG/ML	30 injections every 30 days
BUT/ASA/CAFF CAP	48 caps every 25 days	COPAXONE INJ 40MG/ML	12 syringes every 28 days
CALQUENCE CAP 100MG	60 caps every 30 days	COSENTYX INJ 150MG/ML	1 box every 28 days
CAPECITABINE TAB 150MG	120 tabs every 30 days	COSENTYX INJ 300DOSE	1 box every 28 days
CAPECITABINE TAB 500MG	300 tabs every 30 days	COSENTYX PEN INJ 150MG/ML	1 box every 28 days
CAPRELSA TAB 100MG	60 tabs every 30 days	COSENTYX PEN INJ 300DOSE	1 box every 28 days
CAPRELSA TAB 300MG	30 tabs every 30 days	CRIXIVAN CAP 200MG	450 caps every 30 days
CAYA DPR	1 every 300 days	CRIXIVAN CAP 400MG	180 caps every 30 days
CAYSTON INH 75MG	84 vials every 28 days	CROMOLYN SOD NEB 20MG/2ML	2 boxes every 25 days
CERDELGA CAP 84MG	60 caps every 30 days	CYSTARAN SOL 0.44%	4 bottles every 28 days

QUANTITY LIMITS

CESAMET CAP 1MG	18 caps every 21 days	DALFAMPRIDIN TAB 10MG ER	60 tabs every 30 days
CIMDUO TAB 300-300	30 tabs every 30 days	DEPO-SQ PROV INJ 104	4 inj every 300 days
CINACALCET TAB 30MG	60 tabs every 30 days	DESCOVY TAB 200/25	30 tabs every 30 days
CINACALCET TAB 60MG	60 tabs every 30 days	DESIPRAMINE TAB 100MG	30 tabs every 25 days
CINACALCET TAB 90MG	120 tabs every 30 days	DESIPRAMINE TAB 10MG	90 tabs every 25 days
DESIPRAMINE TAB 150MG	30 tabs every 25 days	DIAZEPAM TAB 5MG	120 tabs every 25 days
DESIPRAMINE TAB 25MG	90 tabs every 25 days	DICLOFENAC GEL 1%	300g every 25 days
DESIPRAMINE TAB 50MG	90 tabs every 25 days	DIDANOSINE CAP 200MG	30 caps every 30 days
DESIPRAMINE TAB 75MG	60 tabs every 25 days	DIDANOSINE CAP 250MG	30 caps every 30 days
DESONIDE CRE 0.05%	120g every 25 days	DIDANOSINE CAP 400MG	30 caps every 30 days
DESONIDE LOT 0.05%	120mL every 25 days	DIFLORASONE CRE 0.05%	120g every 25 days
DESONIDE OIN 0.05%	120g every 25 days	DIFLORASONE OIN 0.05%	120g every 25 days
DESOXIMETAS CRE 0.05%	120g every 25 days	DOXEPIN HCL CAP 100MG	30 caps every 25 days
DESOXIMETAS CRE 0.25%	120g every 25 days	DOXEPIN HCL CAP 10MG	90 caps every 25 days
DESOXIMETAS GEL 0.05%	120g every 25 days	DOXEPIN HCL CAP 150MG	30 caps every 25 days
DESOXIMETAS OIN 0.05%	120g every 25 days	DOXEPIN HCL CAP 25MG	90 caps every 25 days
DESOXIMETAS OIN 0.25%	120g every 25 days	DOXEPIN HCL CAP 50MG	90 caps every 25 days
DEXILANT CAP 30MG DR	90 caps every 365 days	DOXEPIN HCL CAP 75MG	60 caps every 25 days
DEXILANT CAP 60MG DR	90 caps every 365 days	DOXEPIN HCL CON 10MG/ML	450 mL every 25 days
DEXMETHYLPH CAP 15MG ER	60 caps every 25 days	DOXEPIN HCL CRE 5%	90 grams every 25 days
DEXMETHYLPH CAP 30MG ER	30 caps every 25 days	DOXEPIN TAB 3MG	30 tabs every 25 days
DEXMETHYLPH CAP 40MG ER	30 caps every 25 days	DOXEPIN TAB 6MG	30 tabs every 25 days
DEXMETHYLPH TAB 10MG	60 tabs every 25 days	DRONABINOL CAP 10MG	60 caps every 25 days
DEXMETHYLPH TAB 2.5MG	120 tabs every 25 days	DRONABINOL CAP 2.5MG	60 caps every 25 days
DEXMETHYLPH TAB 5MG	120 tabs every 25 days	DRONABINOL CAP 5MG	60 caps every 25 days
DEXMETHYLPH CAP 10MG ER	60 caps every 25 days	DYMISTA SPR 137-50	1 package every 25 days
DEXMETHYLPH CAP 20MG ER	60 caps every 25 days	EDURANT TAB 25MG	60 tabs every 30 days
DEXMETHYLPH CAP 5MG ER	60 caps every 25 days	EFAVIRENZ CAP 200MG	90 caps every 30 days
DEXMETHYLPH CAP ER 25MG	30 caps every 25 days	EFAVIRENZ CAP 50MG	90 caps every 30 days
DEXMETHYLPH CAP ER 35MG	30 caps every 25 days	EFAVIRENZ TAB 600MG	30 tabs every 30 days
DEXTROAMPHET CAP 10MG ER	120 caps every 25 days	ELETRIPTAN TAB 20MG	12 tabs every 25 days
DEXTROAMPHET CAP 15MG ER	60 caps every 25 days	ELETRIPTAN TAB 40MG	12 tabs every 25 days
DEXTROAMPHET CAP 5MG ER	120 caps every 25 days	EMTRIVA CAP 200MG	30 caps every 30 days
DEXTROAMPHET SOL 5MG/5ML	1,200 mL every 25 days	EMTRIVA SOL 10MG/ML	680 ml every 28 days

QUANTITY LIMITS

DEXTROAMPHET TAB 10MG	120 tabs every 25 days	EMVERM CHW 100MG	12 tabs every 365 days
DEXTROAMPHET TAB 5MG	120 tabs every 25 days	ENBREL INJ 25/0.5ML	8 syringes every 28 days
DIAZEPAM CON 5MG/ML	240 mL every 25 days	ENBREL INJ 25MG	8 syringes every 28 days
DIAZEPAM SOL 5MG/5ML	1200 mL every 25 days	ENBREL INJ 50MG/ML	8 syringes every 28 days
DIAZEPAM TAB 10MG	120 tabs every 25 days	ENBREL MINI INJ 50MG/ML	8 cartridges every 28 days
DIAZEPAM TAB 2MG	120 tabs every 25 days	ENBREL SRCLK INJ 50MG/ML	8 syringes every 28 days
EPCLUSA TAB 400-100	28 tabs every 28 days	FLUOCINONIDE GEL 0.05%	120g every 25 days
ERIVEDGE CAP 150MG	30 caps every 30 days	FLUOCINONIDE OIN 0.05%	120g every 25 days
ERLEADA TAB 60MG	120 tabs every 30 days	FLUOCINONIDE SOL 0.05%	120mL every 25 days
ERLOTINIB TAB 100MG	30 tabs every 30 days	FLUTICASONE CRE 0.05%	120g every 25 days
ERLOTINIB TAB 150MG	30 tabs every 30 days	FLUTICASONE LOT 0.05%	120mL every 25 days
ERLOTINIB TAB 25MG	60 tabs every 30 days	FLUTICASONE OIN 0.005%	120g every 25 days
ESBRIET CAP 267MG	270 caps every 30 days	FLUTICASONE SPR 50MCG	1 container every 25 days
ESBRIET TAB 267MG	270 tabs every 30 days	FOLIC ACID CAP 800MCG	100 caps every 30 days
ESBRIET TAB 801MG	90 tabs every 30 days	FOLIC ACID TAB 400MCG	100 tabs every 30 days
ESOMEPRA MAG CAP 20MG DR	90 caps every 365 days	FOLIC ACID TAB 800MCG	100 tabs every 30 days
ESOMEPRA MAG CAP 40MG DR	90 caps every 365 days	FOSAMPRENAVI TAB 700MG	120 tabs every 30 days
ESZOPICLONE TAB 1MG	15 tabs every 25 days	FROVATRIPTAN TAB 2.5MG	18 tabs every 25 days
ESZOPICLONE TAB 2MG	15 tabs every 25 days	FUZEON INJ 90MG	60 vials every 30 days
ESZOPICLONE TAB 3MG	15 tabs every 25 days	GENVOYA TAB	30 tabs every 30 days
ETONOGESTERE MIS ETHY EST	13 every 300 days	GILENYA CAP 0.5MG	30 caps every 30 days
EVEROLIMUS TAB 2.5MG	30 tabs every 30 days	GLATIRAMER INJ 40MG/ML	12 syringes every 28 days
EVEROLIMUS TAB 5MG	30 tabs every 30 days	GLATOPA INJ 20MG/ML	30 injections every 30 days
EVEROLIMUS TAB 7.5MG	30 tabs every 30 days	GONAL-F INJ 1050UNIT	6 vials every 28 days
EVOTAZ TAB 300-150	30 tabs every 30 days	GONAL-F INJ 450UNIT	10 vials every 28 days
EXELDERM CRE 1%	60g every 21 days	GONAL-F RFF INJ 300/0.5	15 cartridges every 28 days
EXELDERM SOL 1%	60mL every 21 days	GONAL-F RFF INJ 450/0.75	10 cartridges every 28 days
FARYDAK CAP 10MG	6 caps every 21 days	GONAL-F RFF INJ 75UNIT	60 vials every 28 days
FARYDAK CAP 15MG	6 caps every 21 days	GONAL-F RFF INJ 900/1.5	7 cartridges every 28 days
FARYDAK CAP 20MG	6 caps every 21 days	GRANISETRON TAB 1MG	12 tabs every 21 days
FEMCAP MIS 22MM	1 every 300 days	HALOBETASOL CRE 0.05%	120g every 25 days
FEMCAP MIS 26MM	1 every 300 days	HALOBETASOL OIN 0.05%	120g every 25 days
FEMCAP MIS 30MM	1 every 300 days	HARVONI TAB 45-200MG	28 tabs every 28 days
FLUNISOLIDE SPR 0.025%	3 containers every 25 days	HARVONI TAB 90-400MG	28 tabs every 28 days

QUANTITY LIMITS

FLUOCIN ACET CRE 0.01%	120g every 25 days	HC BUTYRATE CRE 0.1%	120g every 25 days
FLUOCIN ACET CRE 0.025%	120g every 25 days	HC BUTYRATE OIN 0.1%	120g every 25 days
FLUOCIN ACET OIL 0.01% SC	120mL every 25 days	HC BUTYRATE SOL 0.1%	120mL every 25 days
FLUOCIN ACET OIL BODY	120mL every 25 days	HC VALERATE CRE 0.2%	120g every 25 days
FLUOCIN ACET OIN 0.025%	120g every 25 days	HC VALERATE OIN 0.2%	120g every 25 days
FLUOCIN ACET SOL 0.01%	120mL every 25 days	HETLIOZ CAP 20MG	30 caps every 30 days
FLUOCINONIDE CRE 0.05%	120g every 25 days	HUMIRA INJ 10/0.1ML	2 injections every 28 days
HUMIRA INJ 10MG/0.2	2 injections every 28 days	IMIPRAM HCL TAB 10MG	120 tabs every 25 days
HUMIRA INJ 20/0.2ML	2 injections every 28 days	IMIPRAM HCL TAB 25MG	120 tabs every 25 days
HUMIRA INJ 40/0.4ML	4 injections every 28 days	IMIPRAM HCL TAB 50MG	60 tabs every 25 days
HUMIRA KIT 20MG/0.4	2 injections every 28 days	IMIPRAM PAM CAP 100MG	30 caps every 25 days
HUMIRA KIT 40MG/0.8	4 injections every 28 days	IMIPRAM PAM CAP 75MG	30 caps every 25 days
HUMIRA PEDIA INJ CROHNS	3 injections every 28 days	INCRUSE ELPT INH 62.5MCG	1 package every 25 days
HUMIRA PEDIA INJ CROHNS	2 injections every 28 days	INLYTA TAB 1MG	240 tabs every 30 days
HUMIRA PEN INJ 40/0.4ML	4 injections every 28 days	INLYTA TAB 5MG	120 tabs every 30 days
HUMIRA PEN INJ CD/UC/HS	6 pens every 28 days	INTELENCE TAB 100MG	120 tabs every 30 days
HUMIRA PEN INJ PS/UV	4 pens every 28 days	INTELENCE TAB 200MG	60 tabs every 30 days
HUMIRA PEN KIT CD/UC/HS	1 kit every 28 days	INTELENCE TAB 25MG	120 tabs every 30 days
HUMIRA PEN KIT PS/UV	1 kit every 28 days	INVIRASE CAP 200MG	300 caps every 30 days
HYDROCORT CRE 1%	120g every 25 days	INVIRASE TAB 500MG	120 tabs every 30 days
HYDROCORT CRE 2.5%	120g every 25 days	IPRATROPIUM SOL 0.02%INH	5 boxes every 25 days
HYDROCORT LOT 2.5%	120mL every 25 days	IPRATROPIUM/ SOL ALBUTER	6 boxes every 25 days
HYDROCORT OIN 1%	120g every 25 days	ISENTRESS CHW 100MG	180 tabs every 30 days
HYDROCORT OIN 2.5%	120g every 25 days	ISENTRESS CHW 25MG	180 tabs every 30 days
IBRANCE CAP 100MG	21 caps every 28 days	ISENTRESS HD TAB 600MG	60 tabs every 30 days
IBRANCE CAP 125MG	21 caps every 28 days	ISENTRESS POW 100MG	60 packets every 30 days
IBRANCE CAP 75MG	21 caps every 28 days	ISENTRESS TAB 400MG	120 tabs every 30 days
IBRANCE TAB 100MG	21 tabs every 28 days	JAKAFI TAB 10MG	60 tabs every 30 days
IBRANCE TAB 125MG	21 tabs every 28 days	JAKAFI TAB 15MG	60 tabs every 30 days
IBRANCE TAB 75MG	21 tabs every 28 days	JAKAFI TAB 20MG	60 tabs every 30 days
ICLUSIG TAB 15MG	60 tabs every 30 days	JAKAFI TAB 25MG	60 tabs every 30 days
ICLUSIG TAB 45MG	30 tabs every 30 days	JAKAFI TAB 5MG	60 tabs every 30 days
IDHIFA TAB 100MG	30 tabs every 30 days	JUBLIA SOL 10%	4mL every 21 days
IDHIFA TAB 50MG	30 tabs every 30 days	KALETRA TAB 100-25MG	240 tabs every 30 days

QUANTITY LIMITS

IMATINIB MES TAB 100MG	90 tabs every 30 days	KALETRA TAB 200-50MG	120 tabs every 30 days
IMATINIB MES TAB 400MG	60 tabs every 30 days	KALYDECO PAK 25MG	56 packets every 28 days
IMBRUVICA CAP 140MG	90 caps every 30 days	KALYDECO PAK 50MG	56 packets every 28 days
IMBRUVICA CAP 70MG	30 caps every 30 days	KALYDECO PAK 75MG	56 packets every 28 days
IMBRUVICA TAB 140MG	30 tabs every 30 days	KALYDECO TAB 150MG	56 tabs every 28 days
IMBRUVICA TAB 280MG	30 tabs every 30 days	KETOCONAZOLE AER 2%	100g every 21 days
IMBRUVICA TAB 420MG	30 tabs every 30 days	KETOROLAC TAB 10MG	20 tabs every 25 days
IMBRUVICA TAB 560MG	30 tabs every 30 days	KEVZARA INJ 150/1.14	2 pens every 28 days
KEVZARA INJ 150/1.14	2 syringes every 4 weeks	LORAZEPAM TAB 1MG	150 tabs every 25 days
KEVZARA INJ 200/1.14	2 pens every 28 days	LORAZEPAM TAB 2MG	150 tabs every 25 days
KEVZARA INJ 200/1.14	2 syringes every 4 weeks	LORBRENA TAB 100MG	30 tabs every 30 days
KISQALI TAB 200DOSE	21 tabs every 28 days	LORBRENA TAB 25MG	90 tabs every 30 days
KISQALI TAB 400DOSE	42 tabs every 28 days	LYNPARZA CAP 50MG	480 caps every 30 days
KISQALI TAB 600DOSE	63 tabs every 28 days	LYNPARZA TAB 100MG	120 tabs every 30 days
LAMIVUD/ZIDO TAB 150-300	60 tabs every 30 days	LYNPARZA TAB 150MG	120 tabs every 30 days
LAMIVUDINE SOL 10MG/ML	900 ml every 30 days	MEDROXYPR AC INJ 150MG/ML	4 inj every 300 days
LAMIVUDINE TAB 150MG	60 tabs every 30 days	MEKINIST TAB 0.5MG	90 tabs every 30 days
LAMIVUDINE TAB 300MG	30 tabs every 30 days	MEKINIST TAB 2MG	30 tabs every 30 days
LANSOPRAZOLE CAP 15MG DR	90 caps every 365 days	METHAMPHETAM TAB 5MG	150 tabs every 25 days
LANSOPRAZOLE CAP 30MG DR	90 caps every 365 days	METHLPHENIDA CHW 2.5MG	180 chew tabs every 25 days
LENVIMA CAP 10 MG	30 caps every 30 days	METHYLPHENID CAP 10MG	60 caps every 25 days
LENVIMA CAP 12MG	90 caps every 30 days	METHYLPHENID CAP 20MG	60 caps every 25 days
LENVIMA CAP 14 MG	60 caps every 30 days	METHYLPHENID CAP 20MG ER	60 caps every 25 days
LENVIMA CAP 18 MG	90 caps every 30 days	METHYLPHENID CAP 30MG	60 caps every 25 days
LENVIMA CAP 20 MG	60 caps every 30 days	METHYLPHENID CAP 30MG ER	60 caps every 25 days
LENVIMA CAP 24 MG	90 caps every 30 days	METHYLPHENID CAP 40MG ER	30 caps every 25 days
LENVIMA CAP 4MG	30 caps every 30 days	METHYLPHENID CAP 50MG	30 caps every 25 days
LENVIMA CAP 8 MG	60 caps every 30 days	METHYLPHENID CAP 60MG	30 caps every 25 days
LEVALBUTEROL AER 45/ACT	2 inhalers every 25 days	METHYLPHENID CAP 60MG LA	30 caps every 25 days
LEVALBUTEROL NEB 0.31MG	300 mL every 25 days	METHYLPHENID CHW 10MG	180 chew tabs every 25 days
LEVALBUTEROL NEB 0.63MG	300 mL every 25 days	METHYLPHENID CHW 5MG	180 chew tabs every 25 days
LEVALBUTEROL NEB 1.25/0.5	45 mL every 25 days	METHYLPHENID SOL 10MG/5ML	900 mL every 25 days
LEVALBUTEROL NEB 1.25MG	300 mL every 25 days	METHYLPHENID SOL 5MG/5ML	1800 mL every 25 days
LEXIVA SUS 50MG/ML	1575 mL every 28 days	METHYLPHENID TAB 10MG	180 tabs every 25 days

QUANTITY LIMITS

LIDO/PRILOCN CRE 2.5-2.5%	30gm every 25 days	METHYLPHENID TAB 10MG ER	90 tabs every 25 days
LIDOCAINE GEL 2%	60mL every 25 days	METHYLPHENID TAB 18MG ER	60 tabs every 25 days
LIDOCAINE GEL 2% JELLY	60mL every 25 days	METHYLPHENID TAB 20MG	90 tabs every 25 days
LIDOCAINE OIN 5%	50gm every 25 days	METHYLPHENID TAB 20MG ER	90 tabs every 25 days
LIDOCAINE PAD 5%	90 patches every 25 days	METHYLPHENID TAB 27MG ER	60 tabs every 25 days
LIDOCAINE SOL 4%	50mL every 25 days	METHYLPHENID TAB 36MG ER	60 tabs every 25 days
LOPIN/RITON SOL 80-20/ML	390 mL every 30 days	METHYLPHENID TAB 54MG ER	30 tabs every 25 days
LORAZEPAM CON 2MG/ML	150 mL every 25 days	METHYLPHENID TAB 5MG	180 tabs every 25 days
LORAZEPAM TAB 0.5MG	150 tabs every 25 days	MOMETASONE CRE 0.1%	120g every 25 days
MOMETASONE OIN 0.1%	120g every 25 days	OMNARIS SPR	1 package every 25 days
MOMETASONE SOL 0.1%	120mL every 25 days	OMNIFLEX DPR	1 every 300 days
MUPIROCIN OIN 2%	30g every 25 days	ONDANSETRON SOL 4MG/5ML	200 mL every 21 days
MYALEPT INJ 11.3MG	30 vials every 30 days	ONDANSETRON TAB 24MG	2 tabs every 21 days
NARATRIPTAN TAB 1MG	12 tabs every 25 days	ONDANSETRON TAB 4MG	18 tabs every 21 days
NARATRIPTAN TAB 2.5MG	12 tabs every 25 days	ONDANSETRON TAB 4MG ODT	18 tabs every 21 days
NEULASTA INJ 6MG/0.6M	2 injections every 28 days	ONDANSETRON TAB 8MG	18 tabs every 21 days
NEULASTA KIT 6MG/0.6M	2 injections every 28 days	ONDANSETRON TAB 8MG ODT	18 tabs every 21 days
NEVIRAPINE SUS 50MG/5ML	1200 mL every 30 days	OPSUMIT TAB 10MG	30 tabs every 30 days
NEVIRAPINE TAB 100MG	90 tabs every 30 days	ORAVIG TAB 50MG	14 tabs every 25 days
NEVIRAPINE TAB 200MG	60 tabs every 30 days	ORKAMBI GRA 100-125	56 packets every 28 days
NEVIRAPINE TAB 400MG ER	30 tabs every 30 days	ORKAMBI GRA 150-188	56 packets every 28 days
NEXAVAR TAB 200MG	120 tabs every 30 days	ORKAMBI TAB 100-125	112 tabs every 28 days
NICOTROL INH	max 168 days every year	ORKAMBI TAB 200-125	112 tabs every 28 days
NICOTROL NS SPR 10MG/ML	max 168 days every year	OSELTAMIVIR CAP 30MG	40 caps every 90 days
NORTRIPTYLIN CAP 10MG	150 caps every 25 days	OSELTAMIVIR CAP 45MG	20 caps every 90 days
NORTRIPTYLIN CAP 25MG	60 caps every 25 days	OSELTAMIVIR CAP 75MG	20 caps every 90 days
NORTRIPTYLIN CAP 50MG	30 caps every 25 days	OSELTAMIVIR SUS 6MG/ML	360 mL every 90 days
NORTRIPTYLIN SOL 10MG/5ML	750 mL every 25 days	OTEZLA TAB 10/20/30	55 tabs every 28 days
NORVIR POW 100MG	360 packets every 30 days	OTEZLA TAB 30MG	60 tabs every 30 days
NORVIR SOL 80MG/ML	480 mL every 30 days	OXAZEPAM CAP 10MG	120 caps every 25 days
NUBEQA TAB 300MG	120 tabs every 30 days	OXAZEPAM CAP 15MG	120 caps every 25 days
NYSTAT/TRIAM CRE	60g every 25 days	OXAZEPAM CAP 30MG	120 caps every 25 days
NYSTAT/TRIAM OIN	60g every 25 days	PANTOPRAZOLE TAB 20MG	90 tabs every 365 days
OCTREOTIDE INJ 1000MCG	45 ml every 30 days	PANTOPRAZOLE TAB 40MG	90 tabs every 365 days

QUANTITY LIMITS

OCTREOTIDE INJ 100MCG	90 ml every 30 days	PERFOROMIST NEB 20MCG	2 boxes every 25 days
OCTREOTIDE INJ 200MCG	225 ml every 30 days	PLEGRIDY INJ	1 carton every 28 days
OCTREOTIDE INJ 500MCG	90 ml every 30 days	PLEGRIDY INJ PEN	1 carton every 28 days
OCTREOTIDE INJ 50MCG/ML	90 ml every 30 days	PLEGRIDY INJ STARTER	1 kit every 28 days
ODEFSEY TAB	30 tabs every 30 days	PLEGRIDY PEN INJ STARTER	1 pack every 28 days
ODOMZO CAP 200MG	30 caps every 30 days	POMALYST CAP 1MG	21 caps every 21 days
OLOPATADINE SPR 0.6%	1 container every 25 days	POMALYST CAP 2MG	21 caps every 21 days
OMEPRAZOLE CAP 10MG	90 caps every 365 days	POMALYST CAP 3MG	21 caps every 28 days
OMEPRAZOLE CAP 20MG	90 caps every 365 days	POMALYST CAP 4MG	21 caps every 28 days
OMEPRAZOLE CAP 40MG	90 caps every 365 days	PRAZIQUANTEL TAB 600MG	24 tabs every 365 days
PREDNICARBAT CRE 0.1%	120g every 25 days	REVLIMID CAP 5MG	28 caps every 28 days
PREDNICARBAT OIN 0.1%	120g every 25 days	REYATAZ POW 50MG	180 packets every 30 days
PREZCOBIX TAB 800-150	30 tabs every 30 days	RINVOQ TAB 15MG ER	30 tabs every 30 days
PREZISTA SUS 100MG/ML	400 ml every 30 days	RITONAVIR TAB 100MG	360 tabs every 30 days
PREZISTA TAB 150MG	180 tabs every 30 days	RIZATRIPTAN TAB 10MG	18 tabs every 25 days
PREZISTA TAB 600MG	60 tabs every 30 days	RIZATRIPTAN TAB 10MG ODT	18 tabs every 25 days
PREZISTA TAB 75MG	300 tabs every 30 days	RIZATRIPTAN TAB 5MG	18 tabs every 25 days
PREZISTA TAB 800MG	30 tabs every 30 days	RIZATRIPTAN TAB 5MG ODT	18 tabs every 25 days
PROMACTA TAB 12.5MG	30 tabs every 30 days	RYDAPT CAP 25MG	224 caps every 28 days
PROMACTA TAB 25MG	30 tabs every 30 days	SANCUSO DIS 3.1MG	2 patches every 21 days
PROMACTA TAB 50MG	60 tabs every 30 days	SELZENTRY SOL 20MG/ML	1840 mL every 30 days
PROMACTA TAB 75MG	60 tabs every 30 days	SELZENTRY TAB 150MG	60 tabs every 30 days
PROTRIPTYLIN TAB 10MG	60 tabs every 25 days	SELZENTRY TAB 25MG	240 tabs every 30 days
PROTRIPTYLIN TAB 5MG	90 tabs every 25 days	SELZENTRY TAB 300MG	120 tabs every 30 days
QVAR REDIIHA AER 80MCG	2 packages every 25 days	SELZENTRY TAB 75MG	60 tabs every 30 days
QVAR REDIIHAL AER 40MCG	2 packages every 25 days	SIGNIFOR INJ 0.3MG/ML	60 ampules every 30 days
RABEPRAZOLE TAB 20MG	90 tabs every 365 days	SIGNIFOR INJ 0.6MG/ML	60 ampules every 30 days
RAMELTEON TAB 8MG	15 tabs every 25 days	SIGNIFOR INJ 0.9MG/ML	60 ampules every 30 days
REBIF INJ 22/0.5	12 syringes every 28 days	SILDENAFIL TAB 100MG	6 tabs every 30 days
REBIF INJ 44/0.5	12 syringes every 28 days	SILDENAFIL TAB 20MG (PAH)	90 tabs every 30 days
REBIF REBIDO INJ 22/0.5	12 syringes every 28 days	SILDENAFIL TAB 25MG	6 tabs every 30 days
REBIF REBIDO INJ 44/0.5	12 syringes every 28 days	SILDENAFIL TAB 50MG	6 tabs every 30 days
REBIF REBIDO INJ TITRATN	1 box every 28 days	SIMPONI INJ 100MG/ML	1 injection every 28 days
REBIF TITRTN INJ PACK	1 box every 28 days	SIMPONI INJ 50/0.5ML	1 injection every 28 days

QUANTITY LIMITS

RELENZA MIS DISKHALE	2 inhalers every 90 days	SKYRIZI INJ 150DOSE	2 syringes every 12 weeks
REPATHA INJ 140MG/ML	2 syringes every 28 days	SODIUM PHENY TAB 500MG	1200 tabs every 30 days
REPATHA PUSH INJ 420/3.5	1 cartridge every 28 days	SOMATULINE INJ 120/.5ML	1 injection every 28 days
REPATHA SURE INJ 140MG/ML	2 pens every 28 days	SOMATULINE INJ 60/0.2ML	1 injection every 28 days
RESCRIPTOR TAB 100 MG	900 tabs every 30 days	SOMATULINE INJ 90/0.3ML	1 injection every 28 days
RESCRIPTOR TAB 200MG	180 tabs every 30 days	SOMAVERT INJ 10MG	30 vials every 30 days
REVLIMID CAP 10MG	28 caps every 28 days	SOMAVERT INJ 15MG	30 vials every 30 days
REVLIMID CAP 15MG	28 caps every 28 days	SOMAVERT INJ 20MG	30 vials every 30 days
REVLIMID CAP 2.5MG	28 caps every 28 days	SOMAVERT INJ 25MG	30 vials every 30 days
REVLIMID CAP 20MG	21 caps every 28 days	SOMAVERT INJ 30MG	30 vials every 30 days
REVLIMID CAP 25MG	21 caps every 28 days	SOVALDI TAB 200MG	28 tabs every 28 days
SOVALDI TAB 400MG	28 tabs every 28 days	SYMDEKO TAB 50-75MG	56 tabs every 28 days
SPIRIVA AER 1.25MCG	1 package every 25 days	SYMFI LO TAB	30 tabs every 30 days
SPIRIVA CAP HANDIHLR	1 package every 25 days	SYMFI TAB	30 tabs every 30 days
SPIRIVA SPR 2.5MCG	1 package every 25 days	SYNERA DIS 70-70MG	2 patches every 25 days
SPRYCEL TAB 100MG	30 tabs every 30 days	TADALAFIL TAB 10MG (ED)	6 tabs every 30 days
SPRYCEL TAB 140MG	30 tabs every 30 days	TADALAFIL TAB 2.5MG	30 tabs every 25 days
SPRYCEL TAB 20MG	90 tabs every 30 days	TADALAFIL TAB 20MG (ED)	6 tabs every 30 days
SPRYCEL TAB 50MG	30 tabs every 30 days	TADALAFIL TAB 20MG (PAH)	60 tabs every 30 days
SPRYCEL TAB 70MG	30 tabs every 30 days	TADALAFIL TAB 5MG	30 tabs every 25 days
SPRYCEL TAB 80MG	30 tabs every 30 days	TAFINLAR CAP 50MG	120 caps every 30 days
STAVUDINE CAP 15MG	60 caps every 30 days	TAFINLAR CAP 75MG	120 caps every 30 days
STAVUDINE CAP 20MG	60 caps every 30 days	TALTZ INJ 80MG/ML	1 injection every 28 days
STAVUDINE CAP 30MG	60 caps every 30 days	TECFIDERA CAP 120MG	14 caps every 28 days
STAVUDINE CAP 40MG	60 caps every 30 days	TECFIDERA CAP 240MG	60 caps every 30 days
STELARA INJ 45MG/0.5	1 syringe every 84 days	TECFIDERA MIS STARTER	1 kit every 30 days
STELARA INJ 90MG/ML	1 syringe every 56 days	TECHNIVIE TAB	56 tabs every 28 days
STIVARGA TAB 40MG	84 tabs every 28 days	TEMAZEPAM CAP 15MG	15 caps every 25 days
STRIVERDI AER 2.5MCG	1 package every 25 days	TEMAZEPAM CAP 22.5MG	15 caps every 25 days
SUCRAID SOL 8500/ML	354 ml every 25 days	TEMAZEPAM CAP 30MG	15 caps every 25 days
SUMAT-NAPROX TAB 85-500MG	9 tabs every 25 days	TEMAZEPAM CAP 7.5MG	15 caps every 25 days
SUMATRIPTAN INJ 4MG/0.5	18 syringes every 25 days	TEMIXYS TAB 300-300	30 tabs every 30 days
SUMATRIPTAN INJ 6MG/0.5	12 vials every 25 days	TENCON TAB 50-325MG	48 tabs every 25 days
SUMATRIPTAN INJ 6MG/0.5	12 units every 25 days	TENOFOVIR TAB 300MG	30 tabs every 30 days

QUANTITY LIMITS

SUMATRIPTAN SPR 20MG/ACT	12 sprays every 25 days	TETRABENAZIN TAB 12.5MG	120 tabs every 30 days
SUMATRIPTAN SPR 5MG/ACT	24 sprays every 25 days	TETRABENAZIN TAB 25MG	60 tabs every 30 days
SUMATRIPTAN TAB 100MG	12 tabs every 25 days	THALOMID CAP 100MG	28 caps every 28 days
SUMATRIPTAN TAB 25MG	12 tabs every 25 days	THALOMID CAP 150MG	56 caps every 28 days
SUMATRIPTAN TAB 50MG	12 tabs every 25 days	THALOMID CAP 200MG	56 caps every 28 days
SUTENT CAP 12.5MG	30 caps every 30 days	THALOMID CAP 50MG	28 caps every 28 days
SUTENT CAP 25MG	30 caps every 30 days	TIVICAY TAB 10MG	60 tabs every 30 days
SUTENT CAP 37.5MG	30 caps every 30 days	TIVICAY TAB 25MG	60 tabs every 30 days
SUTENT CAP 50MG	30 caps every 30 days	TIVICAY TAB 50MG	60 tabs every 30 days
SYMBICORT AER 160-4.5	1 package every 25 days	TOBRAMYCIN NEB 300/5ML	280 mL every 28 days
SYMBICORT AER 80-4.5	1 package every 25 days	TRACLEER TAB 32MG	112 tabs every 28 days
SYMDEKO TAB 100-150	56 tabs every 28 days	TREMFYA INJ 100MG/ML	1 injection every 56 days
TRIAMCINOLON AER 55MCG/AC	1 bottle every 25 days	VANCOMYCIN CAP 125MG	80 caps every 10 days
TRIAMCINOLON AER SPRAY	120g every 25 days	VANCOMYCIN CAP 250MG	80 caps every 10 days
TRIAMCINOLON CRE 0.025%	120g every 25 days	VEMLIDY TAB 25MG	30 tabs every 30 days
TRIAMCINOLON CRE 0.1%	120g every 25 days	VENCLEXTA TAB 100MG	180 tabs every 30 days
TRIAMCINOLON CRE 0.5%	120g every 25 days	VENCLEXTA TAB 10MG	120 tabs every 30 days
TRIAMCINOLON LOT 0.025%	120mL every 25 days	VENCLEXTA TAB 50MG	120 tabs every 30 days
TRIAMCINOLON LOT 0.1%	120mL every 25 days	VENTAVIS SOL 10MCG/ML	270 ampules every 30 days
TRIAMCINOLON OIN 0.025%	120g every 25 days	VENTAVIS SOL 20MCG/ML	270 ampules every 30 days
TRIAMCINOLON OIN 0.1%	120g every 25 days	VIDEX EC CAP 125MG	30 caps every 30 days
TRIAMCINOLON OIN 0.5%	120g every 25 days	VIDEX SOL 2GM	1200 ml every 30 days
TRIDERM CRE 0.1%	120g every 25 days	VIDEX SOL 4GM	1200 ml every 30 days
TRIKAFTA TAB	84 tabs every 28 days	VIGABATRIN PAK 500MG	180 packets every 30 days
TRIMIPRAMINE CAP 100MG	30 caps every 25 days	VIGABATRIN TAB 500MG	180 tabs every 30 days
TRIMIPRAMINE CAP 25MG	60 caps every 25 days	VIRACEPT TAB 250MG	300 tabs every 30 days
TRIMIPRAMINE CAP 50MG	60 caps every 25 days	VIRACEPT TAB 625MG	120 tabs every 30 days
TRIUMEQ TAB	30 tabs every 30 days	VIREAD POW 40MG/GM	240 gm every 30 days
TRUVADA TAB 100-150	30 tabs every 30 days	VIREAD TAB 150MG	30 tabs every 30 days
TRUVADA TAB 133-200	30 tabs every 30 days	VIREAD TAB 200MG	30 tabs every 30 days
TRUVADA TAB 167-250	30 tabs every 30 days	VIREAD TAB 250MG	30 tabs every 30 days
TRUVADA TAB 200-300	30 tabs every 30 days	VISTOGARD PAK 10GM	20 packets every 5 days
TYBOST TAB 150MG	30 tabs every 30 days	VITRAKVI CAP 100MG	60 caps every 30 days
TYKERB TAB 250MG	180 tabs every 30 days	VITRAKVI CAP 25MG	180 caps every 30 days

QUANTITY LIMITS

TYMLOS INJ	1 pen every 30 days	VITRAKVI SOL 20MG/ML	300 mL every 30 days
TYVASO START SOL 0.6MG/ML	28 ampules every 28 days	VOSEVI TAB	28 tabs every 28 days
UDENYCA INJ 6MG/.6ML	2 injections every 28 days	VOTRIENT TAB 200MG	120 tabs every 30 days
UPTRAVI TAB 1000MCG	60 tabs every 30 days	VYVANSE CAP 10MG	60 caps every 25 days
UPTRAVI TAB 1200MCG	60 tabs every 30 days	VYVANSE CAP 20MG	60 caps every 25 days
UPTRAVI TAB 1400MCG	60 tabs every 30 days	VYVANSE CAP 30MG	60 caps every 25 days
UPTRAVI TAB 1600MCG	60 tabs every 30 days	VYVANSE CAP 40MG	30 caps every 25 days
UPTRAVI TAB 200MCG	140 tabs every 28 days	VYVANSE CAP 50MG	30 caps every 25 days
UPTRAVI TAB 400MCG	60 tabs every 30 days	VYVANSE CAP 60MG	30 caps every 25 days
UPTRAVI TAB 600MCG	60 tabs every 30 days	VYVANSE CAP 70MG	30 caps every 25 days
UPTRAVI TAB 800MCG	60 tabs every 30 days	VYVANSE CHW 10MG	60 tabs every 25 days
VALGANCICLOV SOL 50MG/ML	1000 mL every 30 days	VYVANSE CHW 20MG	60 tabs every 25 days
VALGANCICLOV TAB 450MG	102 tabs every 30 days	VYVANSE CHW 30MG	60 tabs every 25 days
VYVANSE CHW 40MG	30 tabs every 25 days	ZOLMITRIPTAN TAB 2.5 MG	12 tabs every 25 days
VYVANSE CHW 50MG	30 tabs every 25 days	ZOLMITRIPTAN TAB 2.5MG	12 tabs every 25 days
VYVANSE CHW 60MG	30 tabs every 25 days	ZOLMITRIPTAN TAB 5MG	12 tabs every 25 days
WIDE-SEAL DPR KIT 60	1 every 300 days	ZOLMITRIPTAN TAB 5MG ODT	12 tabs every 25 days
WIDE-SEAL DPR KIT 65	1 every 300 days	ZOLPIDEM ER TAB 12.5MG	15 tabs every 25 days
WIDE-SEAL DPR KIT 70	1 every 300 days	ZOLPIDEM ER TAB 6.25MG	15 tabs every 25 days
WIDE-SEAL DPR KIT 75	1 every 300 days	ZOLPIDEM TAB 10MG	15 tabs every 25 days
WIDE-SEAL DPR KIT 80	1 every 300 days	ZOLPIDEM TAB 5MG	15 tabs every 25 days
WIDE-SEAL DPR KIT 85	1 every 300 days	ZOMIG SPR 2.5MG	12 sprays every 25 days
WIDE-SEAL DPR KIT 90	1 every 300 days	ZOMIG SPR 5MG	12 sprays every 25 days
WIDE-SEAL DPR KIT 95	1 every 300 days	ZYDELIG TAB 100MG	60 tabs every 30 days
XALKORI CAP 200MG	60 caps every 30 days	ZYDELIG TAB 150MG	60 tabs every 30 days
XALKORI CAP 250MG	60 caps every 30 days	ZYKADIA CAP 150MG	90 caps every 30 days
XELJANZ TAB 10MG	60 tabs every 30 days	ZYKADIA TAB 150MG	90 tabs every 30 days
XELJANZ TAB 5MG	60 tabs every 30 days	ZYTIGA TAB 500MG	60 tabs every 30 days
XELJANZ XR TAB 11MG	30 tabs every 30 days		
XELJANZ XR TAB 22MG	30 tabs every 30 days		
XIFAXAN TAB 200MG	9 tabs every 25 days		
XTANDI CAP 40MG	120 caps every 30 days		
YONSA TAB 125MG	120 tabs every 30 days		
ZALEPLON CAP 10MG	15 caps every 25 days		

QUANTITY LIMITS

ZALEPLON CAP 5MG	15 caps every 25 days		
ZEJULA CAP 100MG	90 caps every 30 days		
ZELBORAF TAB 240MG	240 tabs every 30 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		
ZEPATIER TAB 50-100MG	28 tabs every 28 days		
ZERIT SOL 1MG/ML	2400 ml 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		
ZOLINZA CAP 100MG	120 caps 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	<p>ACIPHEX (raberprazole)</p> <p>ACIPHEX SPRINKLES (rabeprazole)</p> <p>DEXILANT (dexlansoprazole)</p> <p>esomeprazole strontium</p> <p>NEXIUM (esomeprazole)</p> <p>PREVACID (lansoprazole)</p> <p>PRILOSEC (omeprazole)</p> <p>PROTONIX (pantoprazole)</p> <p>ZEGERID (omeprazole/sodium bicarbonate)</p>
Anti-Anxiety Products	<p>ATIVAN (lorazepam)</p> <p>NIRAVAM (alprazolam orally disintegrated tablet)</p> <p>oxazepam</p> <p>TRANXENE (clorazepate)</p> <p>VALIUM (diazepam)</p> <p>XANAX (alprazolam)</p>
Butalbital Containing Products	<p>butalbital and acetaminophen</p> <p>butalbital, acetaminophen, and caffeine</p> <p>butalbital, acetaminophen, caffeine, and codeine</p> <p>butalbital, aspirin, and caffeine</p>

	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 lidocaine 5% ointment lidocaine 4% solution 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	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX INJECTIONS/STATDOSE (sumatriptan) IMITREX NASAL SPRAY (sumatriptan) IMITREX TABLETS (sumatriptan) MAXALT/MAXALT-MLT (rizatriptan) ONZETRA XSAIL (sumatriptan) RELPAK (eletriptan) SUMAVEL DOSEPRO (sumatriptan) TREMIMET (sumatriptan / naproxen) ZEMBRACE SYMTOUCH (sumatriptan) ZOMIG NASAL SPRAY (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/CODEINE SOL 120-12/5	2700 ml every 25 days	HYDROCO/APAP TAB 5-325MG	240 tabs every 25 days
APAP/CODEINE TAB 300-15MG	400 tabs every 25 days	HYDROCO/APAP TAB 7.5-325	180 tabs every 25 days
APAP/CODEINE TAB 300-30MG	360 tabs every 25 days	HYDROCOD/IBU TAB 10-200MG	50 tabs every 25 days
APAP/CODEINE TAB 300-60MG	180 tabs every 25 days	HYDROMORPHON SUP 3MG	120 suppositories every 25 days
BELBUCA MIS 150MCG	60 films every 25 days	HYDROMORPHON TAB 12MG ER	30 tabs every 25 days
BELBUCA MIS 300MCG	60 films every 25 days	HYDROMORPHON TAB 16MG ER	30 tabs every 25 days
BELBUCA MIS 450MCG	60 films every 25 days	HYDROMORPHON TAB 2MG	180 tabs every 25 days
BELBUCA MIS 75MCG	60 films every 25 days	HYDROMORPHON TAB 4MG	150 tabs every 25 days
BUPRENORPHIN SUB 2MG	90 tabs every 25 days	HYDROMORPHON TAB 8MG	60 tabs every 25 days
BUPRENORPHIN SUB 8MG	90 tabs every 25 days	HYDROMORPHON TAB 8MG ER	30 tabs every 25 days
BUT/APAP/CAF CAP CODEINE	48 caps every 25 days	HYSINGLA ER TAB 20 MG	30 tabs every 25 days
BUTORPHANOL SOL 10MG/ML	2 bottles every 25 days	HYSINGLA ER TAB 30 MG	30 tabs every 25 days
CODEINE SULF TAB 30MG	42 tabs every 25 days	HYSINGLA ER TAB 40 MG	30 tabs every 25 days

OPIOID QUANTITY LIMITS

CODEINE SULF TAB 60MG	42 tabs every 25 days	HYSINGLA ER TAB 60 MG	30 tabs every 25 days
EMBEDA CAP 20-0.8MG	60 caps every 25 days	HYSINGLA ER TAB 80 MG	30 tabs every 25 days
EMBEDA CAP 30-1.2MG	60 caps every 25 days	METHADONE CON 10MG/ML	30 ml every 25 days
EMBEDA CAP 50-2MG	30 caps every 25 days	METHADONE CON 10MG/ML	60 mL every 25 days
EMBEDA CAP 60-2.4MG	30 caps every 25 days	METHADONE SOL 10MG/5ML	300 mL every 25 days
EMBEDA CAP 80-3.2MG	30 caps every 25 days	METHADONE SOL 5MG/5ML	450 ml every 25 days
ENDOCET TAB 10-325MG	180 tabs every 25 days	METHADONE TAB 10MG	60 tabs every 25 days
ENDOCET TAB 2.5-325	360 tabs every 25 days	METHADONE TAB 40MG	9 tabs every 25 days
ENDOCET TAB 5-325MG	360 tabs every 25 days	METHADONE TAB 5MG	90 tabs every 25 days
ENDOCET TAB 7.5-325	240 tabs every 25 days	METHADOSE TAB 40MG	9 tabs every 25 days
FENTANYL DIS 12MCG/HR	10 patches every 25 days	MORPHINE SUL CAP 10MG ER	60 caps every 25 days
FENTANYL DIS 25MCG/HR	10 patches every 25 days	MORPHINE SUL CAP 20MG ER	60 caps every 25 days
FENTANYL OT LOZ 1200MCG	120 lozenges every 25 days	MORPHINE SUL CAP 30MG ER	60 caps every 25 days
FENTANYL OT LOZ 1600MCG	120 lozenges every 25 days	MORPHINE SUL CAP 45MG ER	30 caps every 25 days
FENTANYL OT LOZ 200MCG	120 lozenges every 25 days	MORPHINE SUL CAP 50MG ER	30 caps every 25 days
FENTANYL OT LOZ 400MCG	120 lozenges every 25 days	MORPHINE SUL CAP 60MG ER	30 caps every 25 days
FENTANYL OT LOZ 600MCG	120 lozenges every 25 days	MORPHINE SUL CAP 60MG ER	30 caps every 25 days
FENTANYL OT LOZ 800MCG	120 lozenges every 25 days	MORPHINE SUL CAP 75MG ER	30 caps every 25 days
HYDROCO/APAP SOL 7.5-325	2700 ml every 25 days	MORPHINE SUL CAP 80MG ER	30 caps every 25 days
HYDROCO/APAP TAB 10-325MG	180 tabs every 25 days	MORPHINE SUL CAP 90MG ER	30 caps every 25 days
HYDROCO/APAP TAB 10-325MG	180 tabs every 25 days	MORPHINE SUL SOL 100/5ML	135 mL every 25 days
MORPHINE SUL SOL 10MG/5ML	900 ml every 25 days	OXYCONTIN TAB 10MG CR	60 tabs every 25 days
MORPHINE SUL SOL 20MG/5ML	675 mL every 25 days	OXYCONTIN TAB 15MG CR	60 tabs every 25 days
MORPHINE SUL SUP 10MG	180 suppositories every 25 days	OXYCONTIN TAB 20MG CR	60 tabs every 25 days
MORPHINE SUL SUP 20MG	120 supp every 25 days	OXYCONTIN TAB 30MG CR	60 tabs every 25 days
MORPHINE SUL SUP 30MG	90 supp every 25 days	OXYMORPHONE TAB 10MG ER	60 tabs every 25 days
MORPHINE SUL SUP 5MG	180 suppositories every 25 days	OXYMORPHONE TAB 15MG ER	60 tabs every 25 days
MORPHINE SUL TAB 15MG	180 tabs every 25 days	OXYMORPHONE TAB 5MG ER	60 tabs every 25 days
MORPHINE SUL TAB 15MG ER	90 tabs every 25 days	OXYMORPHONE TAB 7.5MG ER	60 tabs every 25 days
MORPHINE SUL TAB 30MG	90 tabs every 25 days	OXYMORPHONE TAB HCL 10MG	90 tabs every 25 days
MORPHINE SUL TAB 30MG ER	90 tabs every 25 days	OXYMORPHONE TAB HCL 5MG	180 tabs every 25 days
NUCYNTA ER TAB 100MG	60 tabs every 25 days	TRAMADL/APAP TAB 37.5-325	40 tabs every 25 days
NUCYNTA ER TAB 50MG	60 tabs every 25 days	TRAMADOL HCL TAB 100MG	90 tabs every 25 days
NUCYNTA TAB 100MG	60 tabs every 25 days	TRAMADOL HCL TAB 100MG ER	30 tabs every 25 days

OPIOID QUANTITY LIMITS

NUCYN TA TAB 50MG	120 tabs every 25 days	TRAMADOL HCL TAB 50MG	180 tabs every 25 days
NUCYN TA TAB 75MG	90 tabs every 25 days	XARTEMIS XR TAB 7.5-325	120 tabs every 25 days
OXYCOD/APAP TAB 10-325MG	180 tabs every 25 days	XTAMPZA ER CAP 13.5MG	60 caps every 25 days
OXYCOD/APAP TAB 2.5-325	360 tabs every 25 days	XTAMPZA ER CAP 18MG	60 caps every 25 days
OXYCOD/APAP TAB 5-325MG	360 tabs every 25 days	XTAMPZA ER CAP 27MG	60 caps every 25 days
OXYCOD/APAP TAB 5-325MG	360 tabs every 25 days	XTAMPZA ER CAP 9MG	60 caps every 25 days
OXYCOD/APAP TAB 7.5-325	240 tabs every 25 days	XYLON TAB 10-200MG	50 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		
OXYCODONE SOL 5MG/5ML	900 ml every 25 days		
OXYCODONE TAB 10MG	180 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		
OXYCODONE/ SOL APAP	1800 ml every 25 days		

Medication Assisted Treatment

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

Medication Assisted Treatment

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	GLYBURIDE MICRONIZED ¹	ORPHENADRINE CITRATE ER ¹
ADAPALENE ⁴	GLYBURIDE/METFORMIN HYDROCHLORIDE ¹	OXANDROLONE
ALOSETRON HYDROCHLORIDE	HYDROMORPHONE HCL ER 32MG	OXYCODONE HCL ER 40MG, 60MG, 80MG
AMITRIPTYLINE HCL 75MG, 100MG, 150MG	HYDROXYZINE HCL SYP ¹	OXYCONTIN 40MG, 60MG, 80MG
ANADROL-50	HYDROXYZINE HYDROCHLORIDE TAB ¹	OXYMORPHONE ER 20MG, 30MG, 40MG
APTIOM	HYDROXYZINE PAMOATE ¹	PENICILLAMINE
ARMODAFINIL	HYSINGLA ER 100MG, 120MG	POSACONAZOLE DR
AVITA ⁴	IMIPRAMINE PAMOATE ¹	PREMARIN ¹

NON-SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

BUPRENORPHINE SL ²	ISOTRETINOIN	PROMETHAZINE HCL ¹
CARISOPRODOL ¹	ITRACONAZOLE	PROMETHAZINE HCL SYR ¹
CHORIONIC GONADOTROPIN	JUBLIA	REGRANEX
CLEMASTINE FUMARATE ¹	LIDOCAINE 5% PATCH	RIVASTIGMINE TARTRATE CAP
CLOBAZAM	MEMANTINE HCL SOLUTION ³	RIVASTIGMINE TRANSDERMAL
CREON	MEMANTINE HCL TITRATION PAK ³	SUCRAID
CYCLOBENZAPRINE HYDROCHLORIDE ¹	MEMANTINE HYDROCHLORIDE ³	SYNAREL
CYSTADANE	MEMANTINE HYDROCHLORIDE ER ³	TADALAFIL (2.5MG, 5MG)
DALIRESP	MENEST ¹	TAZAROTENE
DARAPRIM	METAXALONE ¹	TAZORAC
DIFICID	METHOCARBAMOL ¹	TERBINAFINE HCL
DIPENTUM	METHSCOPOLAMINE BROMIDE ¹	TESTOSTERONE GEL
DIPYRIDAMOLE ¹	METHYLTESTOSTERONE	TESTOSTERONE CYPIONATE
DIVIGEL ¹	MODAFINIL	TESTOSTERONE ENANTHATE
ELESTRIN ¹	MORPHINE SULFATE ER CAP/TAB 60MG ER, 100MG ER, 120MG ER, 200MG ER	TRAMADOL HCL ER 200MG, 300MG
EMBEDA	MULTAQ	TRETINOIN ⁴
EMSAM	NAMENDA XR TITRATION PACK ³	TRETINOIN MICROSPHERE ⁴
ESTRADIOL ¹	NITROFURANTOIN ¹	TRETINOIN MICROSPHERE PUMP ⁴
ESTROGEL ¹	NITROFURANTOIN MACROCRYSTALS ¹	VIOKACE
ESTROPIPATE ¹	NITROFURANTOIN MONOHYDRATE ¹	VORICONAZOLE
EVAMIST ¹	NORTRIPTYLINE HCL ¹	XIFAXAN
FENTANYL PATCH 50MCG/HR, 75MCG/HR, 100 MCG/HR	NOXAFIL	XTAMPZA ER 36MG
FENTANYL CITRATE ORAL	NUCYNTA ER 150MG, 200MG, 250MG	ZENPEP
FENTANYL CITRATE ORAL TRA	NUEDEXTA	
GLYBURIDE ¹	OMEGA-3-ACID ETHYL ESTERS	

SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

ABIRATERONE ACETATE	ENBREL MINI	JAKAFI
ACTEMRA	ENBREL SURECLICK	KALYDECO
ACTIMMUNE	EPCLUSA	KEVZARA
ADEMPAS	ERIVEDGE	KISQALI

SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

AFINITOR	ERLEADA	KUVAN
AFINITOR DISPERZ	ERLOTINIB HYDROCHLORIDE	LENVIMA
ALECENSA	ESBRIET	LEUPROLIDE ACETATE
AMBRISENTAN	FARYDAK	LORBRENA
APOKYN	FERRIPROX	LYNPARZA
ARANESP ALBUMIN FREE	GANIRELIX ACETATE	MEKINIST
ARCALYST	GILENYA	MIRCERA
AUBAGIO	GLATIRAMER ACETATE	MYALEPT
AVONEX	GLATOPA	NEULASTA
AVONEX PEN	GONAL-F	NEXAVAR
BETASERON	GONAL-F RFF	NIVESTYM
BEXAROTENE	GONAL-F RFF REDIJECT	NUBEQA
BOSENTAN	HARVONI	NUCALA
BOSULIF	HEMLIBRA	NUPLAZID
CALQUENCE	HETLIOZ	OCTREOTIDE ACETATE
CAPECITABINE	HUMATROPE	ODOMZO
CAPRELSA	HUMATROPE COMBO PACK	OPSUMIT
CARBAGLU	HUMIRA	ORENITRAM
CAYSTON	HUMIRA PEDIATRIC CROHNS D	ORFADIN
CERDELGA	HUMIRA PEN	ORKAMBI
CHORIONIC GONADOTROPIN	HUMIRA PEN-CD/UC/HS START	OTEZLA
CINACALCET HYDROCHLORIDE	HUMIRA PEN-PS/UV STARTER	OVIDREL
COMETRIQ	IBRANCE	PEGASYS
COPAXONE	ICATIBANT ACETATE	PEGASYS PROCLICK
COSENTYX	ICLUSIG	PLEGRIDY
COSENTYX SENSOREADY PEN	IDHIFA	PLEGRIDY STARTER PACK
CYSTAGON	IMATINIB MESYLATE	POMALYST
CYSTARAN	IMBRUVICA	PROMACTA
DALFAMPRIDINE ER	INCRELEX	REBETOL
DOFETILIDE	INLYTA	REBIF
ENBREL	INTRON A	REBIF REBIDOSE
REBIF REBIDOSE TITRATION	STIVARGA	VENCLEXTA
REBIF TITRATION PACK	SUTENT	VENCLEXTA STARTING PACK
REPATHA	SYMDEKO	VENTAVIS

SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

REPATHA PUSHTRONEX SYSTEM	TADALAFIL (PAH)	VIGABATRIN
REPATHA SURECLICK	TAFINLAR	VITRAKVI
RETACRIT	TALTZ	VOSEVI
REVLIMID	TARGRETIN	VOTRIENT
RIBASPHERE	TECFIDERA	XALKORI
RIBAVIRIN	TECFIDERA STARTER PACK	XELJANZ
RINVOQ	TECHNIVIE	XELJANZ XR
RYDAPT	TEMOZOLOMIDE	XTANDI
SAMSCA	TETRABENAZINE	YONSA
SIGNIFOR	THALOMID	ZEJULA
SILDENAFIL (PAH)	TOBRAMYCIN	ZELBORAF
SIMPONI	TRACLEER	ZEPATIER
SKYRIZI	TREMFYA	ZOLINZA
SODIUM PHENYL BUTYRATE	TRIKAFTA	ZYDELIG
SOMATULINE DEPOT	TYKERB	ZYKADIA
SOMAVERT	TYMLOS	ZYTIGA
SOVALDI	TYVASO STARTER	
SPRYCEL	UDENYCA	
STELARA	UPTRAVI	

STEP THERAPY CRITERIA

<i>Drug Name(s)</i>	<i>Step Therapy Criteria</i>
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, SAPHRIS	Coverage will be provided if the member has filled a prescription for a 30 day supply of aripiprazole, olanzapine, risperidone, quetiapine regular release, or ziprasidone within the past 180 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
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 TOPICAL	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 and long acting insulin or a GLP-1 receptor agonist within the past 180 days
GUANFACINE ER	Coverage will be provided if the member has filled a prescription for an amphetamine-dextroamphetamine, dextroamphetamine, methamphetamine, lisdexamfetamine, methylphenidate or dexmethylphenidate product (at least a 30 day supply 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)
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

STEP THERAPY CRITERIA

<p>BELBUCA, EMBEDA, FENTANYL, HYDROMORPHONE HCL ER, HYSINGLA ER, METHADONE HCL, METHADONE HCL INTENSOL, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYCONTIN, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, XTAMPZA ER</p>	<p>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</p>
<p>CODEINE SULFATE, HYDROMORPHONE HCL, MORPHINE SULFATE, NUCYNTA, OXYCODONE HCL, OXYCODONE HYDROCHLORIDE, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL, TRAMADOL HYDROCHLORIDE</p>	<p>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</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>ACETAMINOPHEN/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, OXYCODONE/IBUPROFEN, XYLON</p>	<p>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</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>ACTEMRA</p>	<p>For Rheumatoid Arthritis, must try Enbrel, Humira, Kevzara, Xeljanz 5mg, or Xeljanz XR</p>
<p>SOVALDI, TECHNIVIE, 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, Tecfidera or Aubagio</p>
<p>RANOLAZINE ER</p>	<p>Coverage will be provided if the member has filled a prescription for a nitrate plus a beta blocker or a calcium channel blocker (at least a 30 day supply within the past 365 days)</p>
<p>ROSUVASTATIN CALCIUM</p>	<p>Coverage will be provided if the member is less than 10 years of age or has filled a prescription for at least a 30 day supply of atorvastatin or simvastatin within the past 180 days. Step does not apply to members age 40-75 filling rosuvastatin 5mg and 10mg</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 gabapentin, immediate-release pregabalin, duloxetine, or amitriptyline within the past 120 days</p>

STEP THERAPY CRITERIA

SIMVASTATIN	Coverage will be provided if the member has filled a prescription for 80mg strength of simvastatin (Zocor) (at least a 290 day supply within the past 365 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
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, 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 (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
TRUVADA	Truvada will be covered for pre-exposure (PrEP) and post-exposure (PEP) prophylaxis only. The formulary alternative for treatment is Cimduo. Coverage will be provided if the request is less than a 30 day supply OR the member has not filled Truvada in the previous 120 days OR the member has filled Truvada previously but has not filled any other antiretroviral medication in 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-risk medication. Quantity Limits required for members age 70 or older.

² Prior Authorization required after first fill.

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 October, 2019.

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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