

Formulary 4

Prescribing Guidelines

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.

Below is a list of medicines by drug class that require prior authorization or other action prior to coverage. If you continue using one of these medicines without a prior authorization, you may be required to pay the full cost of the medicine.

Quantity limits have been placed on the use of selected drugs for 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 helps lower costs. When similar medications are available, step therapy guides your doctor to prescribe the lower-cost option first. If you continue using one of these medicines without authorization, you may be required to pay the full cost of the medicine. If you are currently using one of the medicines that require step therapy, ask your doctor to consider a preferred option.

The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. In addition, some medications not listed are covered under the medical benefit. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab or call CareFirst Pharmacy Services at 800-241-3371.

Note: Due to the lack of 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.

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
<i>Allergenic Extracts</i>	GRASTEK (timothy grass pollen allergen extract)	✓		
	ODACTRA (house dust mite allergen extract)	✓		
	ORALAIR (sweet vernal, orchard, perennial rye, timothy and Kentucky blue grass mixed pollens allergen extract)	✓		
	RAGWITEK (short ragweed pollen allergen extract)	✓		
<i>Anti-Anxiety</i>	ALPRAZOLAM INTENSOL		300 / 900 mL	
	alprazolam ODT		150 / 450 tablets	
	ATIVAN (lorazepam)		150 / 450 tablets	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	chlordiazepoxide		360 / 1,080 capsules	
	clonazepam ODT		300 / 900 tablets	
	diazepam solution (5 mg/5 mL)		1,200 / 3,600 mL	
	diazepam Intensol solution (5 mg/mL)		240 / 720 mL	
	KLONOPIN (clonazepam)		300 / 900 tablets	
	lorazepam concentrate solution (2 mg/mL)		150 / 450 mL	
	oxazepam		120 / 3600 capsules	
	TRANXENE (clorazepate)		180 / 540 tablets	
	VALIUM (diazepam)		120 / 360 tablets	
	XANAX (alprazolam)		150 / 450 tablets	
	XANAX XR (alprazolam extended-release) (0.5, 1, 2 mg)		150 / 450 tablets	
	XANAX XR (alprazolam extended-release) (3 mg)		90 / 270 tablets	
Anti-Convulsants	LYRICA (pregabalin) 25, 75, 100, 150 mg		120 / 360 capsules	
	LYRICA (pregabalin) 200 mg		90 / 270 capsules	
	LYRICA (pregabalin) 225, 300 mg		60 / 180 capsules	
	NAYZILAM (midazolam nasal spray)	✓	10 nasal spray units (5 boxes) ^	
	VALTOCO (diazepam nasal spray)	✓	Dosage based on age and weight	
Anti-Emetics	ANZEMET (dolasetron)		9 / 26 tablets	
	granisetron		17 / 51 tablets	
	ZOFRAN 4,8 mg (ondansetron)		26 / 77 tablets	
	ZOFRAN 24 mg (ondansetron)		3 / 9 tablets	
Anti-Fungals – Imidazole Related	NOXAFIL (posaconazole)	✓		
	voriconazole tablet	✓		
Anti-Fungals – Topical	ciclopirox gel, ciclopirox sus, ciclopirox cream, clotrimazole solution, clotrimazole cream, loprox shampoo		120 / 360 grams	
	Clotrimazole Troche		90 / 270 lozenges	
	ketoconazole aerosol, mico-zn-petr ointment		100 / 300 grams	
	econazole cream, ertaczo cream, exelderm cream, exelderm solution, luliconazole cream, mentax cream, naftifine cream, naftin gel, oxistat cream, oxistat lotion		60 / 180 grams	
	ketoconazole shampoo		120 / 360 mL	
Anthelmintics	ALBENZA (albenazole)		30 / 90 tablets	
Anti-Hyperlipidemics	NEXLETOL (bempedoic acid)	✓		
	NEXLIZET (bempedoic acid/ezetimibe)	✓		
Anti-Infectives, Antibacterials	DIFICID	✓		
	linezolid	✓		

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	tetracycline		120 / 360 capsules	
Anti-Infectives Influenza Agents*	RELENZA (zanamivir)		40 blisters^	
	TAMIFLU (oseltamivir) 6 mg/mL suspension		360 mL^	
	TAMIFLU (oseltamivir) 30 mg		40 caps^	
	TAMIFLU (oseltamivir) 45 mg, 75 mg		20 caps^	
	XOFLUZA (baloxavir marboxil)		4 tablets^	
	EMVERM CHW 100MG		12 tablets / 365 days	
Anti-Infectives Miscellaneous	FIRVANQ (vancomycin)		450 mL/10 days ^	
	Praziquantel tab 600mg		24 tablets / 365 days	
	VANCOGIN (vancomycin capsules)		80 capsules/10 days ^	
	ALINIA (nitazoxanide tablet)		20 / 60 tablets	
Anti-Infectives Ophthalmic	gentamicin sulfate		20 mL / 60mL	
Anti-Infectives Anti-protozoals	DARAPRIM (pyrimethamine)	✓		
Anti-Infectives, Anti-retroviral	DESCOVY (emtricitabine-tenofovir alafenamide fumarate)	✓		
	BARACLUDE SOL		630 mL / 1890 mL	
	entecavir tabs		30 / 90 tabs	
Antipuritics/ Skin*	PRUDOXIN, ZONALON (doxepin)		90 grams ^	✓
Asthma Steroid Inhalants	AEROSPAN HFA (flunisolide)		2 / 6 packages	
	ALVESCO (ciclesonide) 80 mcg/actuation		3 / 9 packages	
	ALVESCO (ciclesonide) 160 mcg/actuation		2 / 6 packages	
	ARMONAIR RESPICLICK (fluticasone propionate)		1 / 3 packages	
	ARNUITY ELLIPTA (fluticasone furoate)		1 / 3 packages	
	ASMANEX HFA (mometasone furoate)		1 / 3 packages	
	ASMANEX Twisthaler (mometasone furoate) 110 mcg		2 / 6 packages	
	ASMANEX Twisthaler (mometasone furoate) 220 mcg		4 / 12 packages	
	FLOVENT DISKUS (fluticasone propionate) 50 mcg/blister		3 / 9 packages	
	FLOVENT DISKUS (fluticasone propionate) 100 mcg/blister, 250 mcg/blister		4 / 12 packages	
	FLOVENT HFA (fluticasone propionate)		2 / 6 packages	
	PULMICORT FLEXHALER (budesonide) 90 mcg/actuation		3 / 9 packages	
	PULMICORT FLEXHALER (budesonide) 180 mcg/actuation		2 / 6 packages	
	PULMICORT RESPULES (budesonide) 0.25 mg		180 / 540 mL	
	PULMICORT RESPULES (budesonide) 0.5 mg		120 / 360 mL	
	PULMICORT RESPULES (budesonide) 1 mg		60 / 180 mL	
	QVAR (beclomethasone)		2 / 6 packages	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
Asthma or Chronic Obstructive Pulmonary Disease (COPD) Long-Acting Beta2-Adrenergic Agonists/ Corticosteroids	ADVAIR (fluticasone propionate/ salmeterol)		1 / 3 packages	
	ADVAIR HFA (fluticasone propionate/ salmeterol)		1 / 3 packages	
	AIRDUO RESPICLICK (fluticasone propionate/ salmeterol)		1 / 3 packages	
	BREO ELLIPTA (fluticasone furoate/ vilanterol)		1 / 3 packages	
	DULERA (mometasone/ formoterol)		1 / 3 packages	
	SYMBICORT (budesonide/ formoterol)		1 / 3 packages	
Asthma or Chronic Obstructive Pulmonary Disease (COPD) Long-Acting Beta2-Adrenergic Agonist/ Anticholinergic/ Corticosteroid	TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium,vilanterol)		1 / 3 packages	
Attention Deficit Hyperactivity Disorder*	ADDERALL (amphetamine mixture) 5 mg, 7.5 mg, 10 mg, 12.5 mg		90 / 270 tabs	
	ADDERALL (amphetamine mixture) 15 mg, 20 mg		60 / 180 tabs	
	ADDERALL (amphetamine mixture) 30 mg		30 / 90 tabs	
	ADDERALL XR (amphetamine mixture) 5 mg, 10 mg		90 / 270 tabs	
	ADDERALL XR (amphetamine mixture) 15 mg, 20 mg, 25 mg, 30 mg		30 / 90 tabs	
	ADHANSIA XR (methylphenidate) 25 mg, 35 mg, 45 mg		60 / 180 tabs	
	ADHANSIA XR (methylphenidate) 55 mg, 70 mg, 85 mg		30 / 90 tabs	
	ADZENYS ER oral suspension (amphetamine) 1.25 mg/mL		450 mL / 1350 mL	
	ADZENYS XR-ODT (amphetamine) 3.1 mg, 6.3 mg, 9.4 mg		60 / 180 tabs	
	ADZENYS XR-ODT (amphetamine) 12.5 mg, 15.7 mg, 18.8 mg		30 / 90 tabs	
	APTENSIO XR (methylphenidate) 10 mg, 15 mg, 20 mg, 30 mg		60 / 180 caps	
	APTENSIO XR (methylphenidate) 40 mg, 50 mg, 60 mg		30 / 90 caps	
	CONCERTA (methylphenidate) 18 mg, 27 mg, 36 mg		60 / 180 tabs	
	CONCERTA (methylphenidate) 54 mg		30 / 90 tabs	
	COTEMPLA XR (methylphenidate) 8.6 mg, 17.3 mg, 25.9 mg		60 / 180 tabs	
	DAYTRANA Patch (methylphenidate) 10 mg, 15 mg, 20 mg, 30 mg		30 / 90 patches	
	DESOXYN (methamphetamine) 5 mg		150 / 450 tabs	
	dextroamphetamine 5 mg, 10 mg		120 / 360 tabs	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	DEXEDRINE Spansule (dextroamphetamine) 5 mg, 10 mg		120/ 360 caps	
	DEXEDRINE Spansule (dextroamphetamine) 15 mg		60 / 180 caps	
	DYANAVEL XR oral suspension (amphetamine) 2.5 mg/mL		240 / 720 mL	
	EVEKEO, EVEKEO ODT (amphetamine) 5 mg, 10 mg		120 / 360 tabs	
	EVEKEO ODT (amphetamine) 15 mg, 20 mg		60 / 180 tabs	
	FOCALIN (dexamethylphenidate) 2.5 mg, 5 mg		120 / 360 tabs	
	FOCALIN (dexamethylphenidate) 10 mg		60 / 180 tabs	
	FOCALIN XR (dexamethylphenidate) 5 mg, 10 mg, 15 mg, 20 mg		60 / 180 caps	
	FOCALIN XR (dexamethylphenidate) 25 mg, 30 mg, 35 mg, 40 mg		30 / 90 caps	
	JORNAY PM (methylphenidate extended-release) 20 mg, 40 mg		60 / 180 caps	
	JORNAY PM (methylphenidate extended-release) 60 mg, 80 mg, 100 mg		30 / 90 caps	
	METADATE CD (methylphenidate) 10 mg, 20 mg, 30 mg		60 / 180 caps	
	METADATE CD (methylphenidate) 40 mg, 50 mg, 60 mg		30 / 90 caps	
	METHYLIN Chewable Tablets (methylphenidate) 2.5 mg, 5 mg, 10 mg		180 / 540 tabs	
	methylphenidate 20 mg		90 / 270 tabs	
	methylphenidate oral solution 5 mg/5 mL		1800 / 5400 mL	
	methylphenidate oral solution 10 mg/5 mL		900 / 2700 mL	
	methylphenidate ER 10 mg, 20 mg		90 / 270 tabs	
	methylphenidate osmotic ER 72 mg		30 / 90 tabs	
	MYDAYIS (amphetamine mixture) 12.5 mg, 25 mg		60 / 180 caps	
	MYDAYIS (amphetamine mixture) 37.5 mg, 50 mg		30 / 90 caps	
	PROCENTRA (dextroamphetamine) oral solution 5 mg/5 mL		1200 / 3600 mL	
	QUILLICHEW ER (methylphenidate) 20 mg, 30 mg		60 / 180 tabs	
	QUILLICHEW ER (methylphenidate) 40 mg		30 / 90 tabs	
	QUILLIVANT XR oral suspension (methylphenidate) 25 mg/5 mL (5 mg/1 mL)		360 / 1080 mL	
	RITALIN LA (methylphenidate) 10 mg, 20 mg, 30 mg		60 / 180 caps	
	RITALIN LA (methylphenidate) 40 mg, 60 mg		30 / 90 caps	
	STRATTERA (atomoxetine) 10 mg, 18 mg, 25 mg		120 / 360 caps	
	STRATTERA (atomoxetine) 40 mg		60 / 180 caps	
	STRATTERA (atomoxetine) 60 mg, 80 mg, 100 mg		30 / 90 caps	
	VYVANSE (lisdexamfetamine) 10 mg, 20 mg, 30 mg		60 / 180 units	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	VYVANSE (lisdexamfetamine) 40 mg, 50 mg, 60 mg, 70 mg		30 / 90 units	
	ZENZEDI (dextroamphetamine) 2.5 mg, 5 mg, 7.5 mg, 10 mg		120 / 360 tabs	
	ZENZEDI (dextroamphetamine) 15 mg, 20 mg		60 / 180 tabs	
	ZENZEDI (dextroamphetamine) 30 mg		30 / 90 tabs	
Chelating Agents	CUPRIMINE (penicillamine) SYPRINE (trientine)			✓
Chronic Obstructive Pulmonary Disease (COPD) Long-Acting Beta2-Adrenergic Agonists	ARCAPTA NEOHALER (indacaterol)		1 / 3 packages	
	BROVANA (arformoterol tartrate)		60 / 180 vials	
	PERFOROMIST (formoterol)		60 / 180 vials	
	SEREVENT (salmeterol)		1 / 3 packages	
	STRIVERDI RESPIMAT (olodaterol)		1 / 3 packages	
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergic / Beta Agonist Combinations	ANORO ELLIPTA (umeclidinium/ vilanterol)		1 / 3 packages	
	BEVESPI AEROSPHERE (glycopyrrolate/ formoterol)		1 / 3 packages	
	DUAKLIR PRESSAIR (aclidinium/formoterol)		2 / 6 packages	
	STIOLTO RESPIMAT (tiotropium bromide/ olodaterol)		1 / 3 packages	
	UTIBRON NEOHALER (glycopyrrolate/indacaterol)		1 / 3 packages	
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics, Combination and Mast Cell Stabilizer Oral Inhalation	ATROVENT HFA (ipratropium)		2 / 6 packages	
	COMBIVENT RESPIMAT (ipratropium/albuterol)		2 / 6 packages	
	cromolyn inhalation solution		2 / 6 packages	
	ipratropium inhalation solution		125 / 375 vials	
	ipratropium bromide/ albuterol sulfate Inhalation solution		180 / 540 vials	
	LONHALA MAGNAIR starter and refill kit (glycopyrrolate inhalation solution)		1 / 3 packages	
	SEEBRI NEOHALER, glycopyrrolate		1 / 3 packages	
	SPIRIVA HANDIHALER (tiotropium)		1 / 3 packages	
	SPIRIVA RESIPMAT (tiotropium)		1 / 3 packages	
	TUDORZA PRESSAIR (aclidinium)		60 / 180 inhalations	
	YUPELRI (revefenacin inhalation solution)		1 / 3 packages	
Chronic Obstructive Pulmonary Disease (COPD)* Short Acting Beta2Adrenergic Agonist Oral Inhalation	albuterol 0.63 mg/3 mL, 1.25 mg/3 mL inhalation solution		125 / 375 vials	
	albuterol 0.83%, 2.5 mg/3 mL, inhalation solution		125 / 375 vials	
	albuterol 0.5%, 2.5 mg/0.5 mL, inhalation solution		3 packages (20 mL); 4 packages (120 vials) / 9 packages (20 mL); 12 packages (360 vials)	
	PROAIR DIGIHALER (albuterol)		2 / 6 packages	
	PROAIR HFA (albuterol)		2 / 6 packages	
	PROAIR RESPICLICK (albuterol)		2 / 6 packages	
	PROVENTIL HFA (albuterol)		2 / 6 packages	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	XOPENEX (levalbuterol inhalation solution) 0.31 mg, 0.63 mg, 1.25 mg/3 mL		96 / 288 vials	
	XOPENEX (levalbuterol) concentrate 1.25 mg/0.5mL		3 / 9 packages	
	XOPENEX HFA (levalbuterol)		2 / 6 packages	
Combination Products	CONSENSI (amlodipine/celecoxib)	✓		
Dermatology	imiquimod 5%		24 packets / 72 packets	
	metronidazole cream, gel, lotion		60 / 180 grams	
	oxiconazole		90 gm or mL^	✓
	QBREXZA (glycopyrronium)		30 cloths / 90 cloths	✓
Dermatology Skin Inflammation and Hives* Corticosteroids	alclometasone, amcinonide, betamethasone, clocortolone, clobetasol, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone		120 / 360 grams (topical creams, ointments, gels, foams, oils, shampoos, solutions and sprays) or milliliters (topical lotions)	
Dermatology – Acne Products	ALTRENO (tretinoin)	✓		
	ATRALIN (tretinoin)	✓		
	AVITA (tretinoin)	✓		
	benzoyl peroxide		47 / 141 grams	
	DIFFERIN (adapalene)	✓		
	EPIDUO	✓		
	EPIDUO FORTE	✓		
	RETIN-A (tretinoin)	✓		
	RETIN-A MICRO (tretinoin)	✓		
	TWYNEO (tretinoin/benzoyl peroxide)	✓		
	VELTIN (clindamycin/tretinoin)	✓		
	ZIANA (tretinoin-clindamycin gel)	✓		
Dermatology – Antibiotics	gentamicin sulfate		120 / 360 grams	
	mupirocin ointment 2%		30 / 90 grams	
Dermatology – Antipsoriatics	calcipotriene top scalp soln CALCITRENE (calcipotriene oint) DOVONEX (calcipotriene crm) ENSTILAR (calcipotriene/betamethasone dipropionate foam) SORILUX (calcipotriene foam) TACLONEX (calcipotriene/betamethasone dipropionate oint, susp) VECTICAL (calcitriol oint) WYNZORA (calcipotriene/betamethasone dipropionate crm)	✓		
Dermatology - Rosacea	FINACEA MIRVASO NORITATE RHOFADE	✓		

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	SOOLANTRA			
Dermatologicals Topical NSAID	SOLARAZE (diclofenac gel) 3%	✓	100 / 300 grams	
	PENNSAID (diclofenac sol) 1.5%		210 / 630 ml	
Diabetes* Amylin Analog	SYMLIN SYMLINPEN			✓
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	alogliptin benzoate JANUVIA GLYXAMBI NESINA ONGLYZA QTERN TRADJENTA STEGLUJAN			✓
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	alogliptin-metformin hcl alogliptin-pioglitazone JANUMET JANUMET XR JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSENI			✓
Diabetes* Insulin Mimetic Agents	ADLYXIN BYDUREON BYETTA TANZEUM			✓
	OZEMPIC		2 MG/1.5 ML: 2 pens per 21 days; 4 MG/3 ML:1 pen per 21 days	✓
	RYBELSUS		30 / 90 tablets	✓
	TRULICITY		4 pens per 21 days	✓
	VICTOZA		3 pens per 25 days	✓
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	FARXIGA INVOKANA JARDIANCE STEGLATRO			✓
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/ Biguanide Combinations	INVOKAMET INVOKAMET XR SEGLUROMET SYNJARDY SYNJARDY XR XIGDUO XR			✓
Diabetes* Long-Acting Insulin/GLP-1 Agonist	SOLIQUA XULTOPHY			✓
Diabetes*	ONETOUCH TEST STRIPS		240 / 720 strips	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
Test Strips				
Fibromyalgia*	SAVELLA	✓		
Gastrointestinal Agents* Anti-Nausea Agents	CINVANTI (aprepitant) 130 mg Injection (Single-Dose Vial)		2 vials^	
	EMEND (aprepitant) 40 mg Capsule		3 capsules^	
	EMEND (aprepitant) 80 mg Capsule		4 capsules^	
	EMEND (aprepitant) 125 mg Capsule		2 capsule^	
	EMEND (aprepitant) 125 mg-80 mg Capsules (Tri-pack contains one 125 mg capsule and two 80 mg capsules)		2 packs^	
	EMEND (aprepitant) 125 mg for Oral Suspension (Single-Dose Kit contains 125 mg/5 mL)		6 kits^	
	EMEND (fosaprepitant dimeglumine) 150 mg Injection (Single-Dose Vial)		2 vials^	
	VARUBI (rolapitant) 90 mg Tablet (Single-Dose Package contains two 90 mg tablets as one set of twinned blisters)		2 packs^	
	VARUBI (rolapitant) 166.5 mg Injection (Single-Dose Vial)		2 vials^	
Gastrointestinal Agents* Irritable Bowel Disease – Diarrhea Predominant	VIBERZI	✓		
	XIFAXAN 550	✓		
Gastrointestinal Agents – Ulcer Drugs	ACIPHEX (rabeprazole sodium)		90 per year	
	DEXILANT (dexlansoprazole)		90 per year	
	NEXIUM (esomeprazole)		90 per year	
	PRILOSEC (omeprazole)		90 per year	
	PREVACID (lansoprazole)		90 per year	
	ZEGERID (Omeprazole-Sodium Bicarbonate)	✓		
Immuno- suppressant – Topical	PROTOPIC (tacrolimus ointment)			✓
	ELIDEL (pimecrolimus cream)			✓
Impotence Agents	CIALIS (tadalafil)		30 / 90 tablets	✓
Migraine	AIMOVIG 70 mg		2 / 6 syringes	✓
	AIMOVIG 140 mg		1 / 3 syringes	✓
	AJOVY		1 / 3 syringes	✓
	EMGALITY 100 mg		3 / 9 syringes	✓
	EMGALITY 120 mg		Loading – 2 / 4 syringes; Maintenance – 1 / 3 syringes	✓

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	AMERGE (naratriptan) 1 mg, 2.5 mg		12 / 36 tablets	
	AXERT (almotriptan) 6.25 mg, 12.5 mg		12 / 36 tablets	
	FROVA (frovatriptan) 2.5 mg		18 / 54 tablets	
	IMITREX (sumatriptan vials) Injection 6 mg		12 / 40 vials 6 mL / 20 mL	
	IMITREX Injection (sumatriptan syringes) 4 mg STATdose/Refill		18 / 54 syringes 9 mL / 27 mL	
	IMITREX Injection (sumatriptan syringes) 6 mg STATdose/Refill		12 / 36 syringes 6 mL / 18 mL	
	IMITREX (sumatriptan) Nasal Spray 5 mg		24 / 72 units	
	IMITREX (sumatriptan) Nasal Spray 10 mg		12 / 36 units	
	IMITREX (sumatriptan) Tablets		12 / 36 tablets	
	MAXALT, MAXALT-MLT (rizatriptan)		18 / 54 tablets	
	ONZETRA XSAIL (sumatriptan)		16 / 64 nosepieces	
	RELPAK (eletriptan)		12 / 36 tablets	
	SUMAVEL DOSEPRO (eletriptan) 4 mg		18 / 65 injection 9 mL / 27 mL	
	SUMAVEL DOSEPRO (sumatriptan) 6 mg		12 / 36 injections 6 mL / 18 mL	
	TOSYMRA (sumatriptan nasal)		18 / 54 units	
	TREXIMET (sumatriptan/naproxen) 10 mg/60 mg		9 / 18 tablets	
	TREXIMET (sumatriptan/naproxen) 85 mg/500 mg		9 / 36 tablets	
	ZEMBRACE SYMTOUCH (sumatriptan)		24 / 72 injectors 12 mL / 36 mL	
	ZOMIG Nasal Spray (zolmitriptan)		12 / 36 units	
	ZOMIG Tablets, ZOMIG-ZMT (zolmitriptan)		12 / 36 units	
Narcolepsy*	armodafinil	✓	50 mg: 60 / 180 tabs 150, 200, 250 mg: 30 / 90 tabs	
	modafinil	✓	60 / 180 tablets	
	XYREM (sodium oxybate)	✓	540 milliliters/month^	
Ophthalmic Immunomodulators	RESTASIS EMU 0.05% (cyclosporine emu 0.05% OP)	✓	60 vials per month	
	RESTASIS MUL EMU 0.05%	✓	1 bottle per month	
Ophthalmic Integrin Antagonists	XIIDRA DRO 5%	✓	60 containers per month	
Opioid Analgesics	BELBUCA (600/750/9000 MCG Base Equivalent)	✓		
	butorphanol tartrate nasal spray		2 / 6 bottles	
Opioid Analgesics – Immediate Release	codeine sulfate oral soln 30 mg/5 mL		7 mL per day	
	codeine sulfate tab		1 tab per day	
	hydromorphone oral soln 5 mg/5 mL		60 mL per day	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	hydromorphone supp 3 mg		4 supps per day	
	hydromorphone tab 2 mg		6 tabs per day	
	hydromorphone tab 4 mg		5 tabs per day	
	hydromorphone tab 8 mg		2 tabs per day	
	levorphanol tab 1 mg, 2 mg		4 tabs per day	
	levorphanol tab 3 mg		2 tabs per day	
	meperidine oral soln 50 mg/5 mL		3 mL per day	
	meperidine tab		1 tab per day	
	morphine sulfate (conc) oral soln 20 mg/mL (100 mg/5 mL)		13 mL per day	
	morphine sulfate oral soln 10 mg/5 mL		30 mL per day	
	morphine sulfate oral soln 20 mg/5 mL		67 mL per day	
	morphine sulfate supp 5 mg, 10 mg		6 supps per day	
	morphine sulfate supp 20 mg		4 supps per day	
	morphine sulfate supp 30 mg		3 supps per day	
	morphine sulfate tab 15 mg		6 tabs per day	
	morphine sulfate tab 30 mg		3 tabs per day	
	oxycodone cap 5 mg		6 caps per day	
	oxycodone oral concentrate 100 mg/5 mL (20 mg/mL)		3 mL per day	
	oxycodone soln 5 mg/5 mL		30 mL per day	
	oxaydo 5 mg, 7.5 mg		6 tabs per day	
	oxycodone tab 5 mg, 10 mg		6 tabs per day	
	oxycodone tab 15 mg		4 tabs per day	
	oxycodone tab 20 mg		3 tabs per day	
	oxycodone tab 30 mg		2 tabs per day	
	oxymorphone tab 5 mg		6 tabs per day	
	oxymorphone tab 10 mg		3 tabs per day	
	pentazocine/naloxone 50/0.5 mg		4 tabs per day	
	roxybond 5 mg		6 tabs per day	
	roxyBond 15 mg		4 tabs per day	
	roxyBond 30 mg		2 tabs per day	
	tapentadol oral soln 20 mg/mL		10 mL per day	
	tapentadol tab 50 mg		4 tabs per day	
	tapentadol tab 75 mg		3 tabs per day	
	tapentadol tab 100 mg		2 tabs per day	
	tramadol 50 mg		6 tabs per day	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	tramadol 100 mg		3 tabs per day	
Opioids, Antitussive Combinations	Hydrocodone w/Homatropine Syrup		30 mL/day for 7 days per month	
	Hydrocodone w/Homatropine Tabs		6 tablets/day for 7 days per month	
	Promethazine with Codeine Syrup		30 mL/day for 7 days per month	
	Promethazine-Phenylephrine with Codeine Syrup		30 mL/day for 7 days per month	
Opioid Dependence Agents*	BUNAVAIL (buprenorphine/ naloxone buccal film) 2.1-0.3 mg, 4.2-0.7 mg		90 / 270 units	
	BUNAVAIL (buprenorphine/ naloxone buccal film) 6.3-1.0 mg		60 / 180 units	
	buprenorphine sublingual	✓	90 / 270 tablets	
	CASSIPA (buprenorphine/ naloxone sublingual)		30 / 90 units	
	SUBOXONE (buprenorphine/ naloxone sublingual tablet and film) 2-0.5 mg, 4-1 mg, 8-2 mg		90 / 270 units	
	SUBOXONE (buprenorphine/ naloxone sublingual tablet and film) 12-3 mg		60 / 180 units	
	ZUBSOLV (buprenorphine/ naloxone sublingual tablet) 0.7 mg/0.18 mg, 1.4-0.36 mg, 2.9-0.71 mg, 5.7-1.4 mg		90 / 270 units	
	ZUBSOLV (buprenorphine/ naloxone sublingual tablet) 8.6-2.1 mg		60 / 180 units	
ZUBSOLV (buprenorphine/ naloxone sublingual tablet) 11.4-2.9 mg		30 / 90 units		
Ophthalmic Agents – Integrin Antagonists	XIIDRA	✓	60 containers per month	
Oral Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	NURTEC ODT (rimegepant) UBRELVY (ubrogepant)			✓
Oral/Intranasal Fentanyl Products	ABSTRAL (fentanyl citrate sublingual tablet)		120 / 360 units	
	ACTIQ (fentanyl citrate oral transmucosal lozenge)		120 / 360 units	
	FENTORA (fentanyl citrate buccal tablet)		120 / 360 units	
	LAZANDA (fentanyl nasal spray)		30 / 90 bottles	
	ONSOLIS (fentanyl buccal soluble film)		120 / 360 units	
	SUBSYS (fentanyl sublingual spray) 200 mcg, 400 mcg, 600 mcg, 800 mcg		120 / 360 units	
	SUBSYS (fentanyl sublingual spray) 1200 mcg, 1600 mcg		240 sprays (120 blisters) / 720 sprays (360 blisters)	
Oxytocics	methergine tablet		120 / 360 units	
Pain and Inflammation*	methadone oral concentrate 10 mg/mL		30 mL per day	
	methadone dispersible tablets		9 tablets per day	
	butalbital, acetaminophen, and caffeine solution		720 / 2,160 mL	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
Pain and Inflammation* Butalbital Products	butalbital 25 mg and acetaminophen 325 mg		96 / 288 units	
	butalbital and acetaminophen		48 / 144 units	
	butalbital, acetaminophen, and caffeine		48 / 144 units	
	butalbital, acetaminophen, caffeine and codeine		48 / 144 units	
	butalbital, aspirin and caffeine		48 / 144 units	
	butalbital, aspirin, caffeine and codeine		48 / 144 units	
Pain and Inflammation* Carisoprodol Products	carisoprodol		84 tablets ^	
	carisoprodol/aspirin		168 tablets ^	
	carisoprodol/aspirin/codeine		168 tablets ^	
Pain and Inflammation* Local Anesthetics, Topical Agents	lidocaine HCL 2% gel		30 mL^	
	lidocaine-collagen-aloe vera 2% gel		30 gm or mL^	
	lidocaine 4% gel		30 mL^	
	lidocaine HCL urethral/mucosal 2% gel		60 mL^	
	lidocaine HCL urethral/mucosal 2% gel prefilled syringe		60 mL^	
	lidocaine HCL 4% topical solution		50 mL^	
	lidocaine 5% ointment		50 gm^	
	lidocaine-prilocaine 2.5-2.5% cream		30 gm^	
	lidocaine patch 5%		90 / 270 patches	
	PLIAGLIS (lidocaine-tetracaine) 7-7% cream		30 gm^	
	SYNERA (lidocaine-tetracaine) 70-70 mg patch		2 patches^	
Pain and Inflammation* Opioid Agents, Long-Acting	ARYMO (morphine sulfate extended-release tablets)		3 tabs per day	
	AVINZA (morphine extended-release capsules)		1 cap per day	
	BELBUCA (buprenorphine buccal film)		2 films per day	
	BUTRANS (buprenorphine transdermal system)		4 patches per month	
	CONZIP (tramadol hydrochloride extended-release)		1 cap per day	
	DOLOPHINE (methadone hydrochloride tablets) 5 mg		3 tabs per day	
	DOLOPHINE (methadone hydrochloride tablets) 10 mg		2 tabs per day	
	DURAGESIC (fentanyl transdermal system)		10 patches per month	
	EMBEDA (morphine sulfate and naltrexone hydrochloride extended-release caps) 20 mg/0.8 mg, 30 mg/1.2 mg		2 caps per day	
	EMBEDA (morphine sulfate and naltrexone hydrochloride extended-release caps) 50 mg/2 mg, 60 mg/2.4 mg, 80 mg/3.2 mg		1 cap per day	
	EXALGO (hydromorphone hydrochloride extended-release tablets)		1 cap per day	
	HYSINGLA ER (hydrocodone bitartrate extended-release tablets)		1 tab per day	
	KADIAN (morphine extended-release capsules) 10 mg, 20 mg, 30 mg, 40 mg		2 caps per day	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
	KADIAN (morphine extended-release capsules) 50 mg, 60 mg, 70 mg, 80 mg		1 cap per day	
	METHADONE (methadone hydrochloride tablets) 5 mg		3 tabs per day	
	METHADONE (methadone hydrochloride tablets) 10 mg		2 tabs per day	
	METHADONE (methadone hydrochloride injection) 200 mg/20 mL injection		20 mL per month	
	METHADONE, INTENSOL SOL (methadone oral concentrate) 10 mg/mL		2 mL per day	
	METHADONE (methadone hydrochloride oral solution) 5 mg/5 mL Oral soln		15 mL per day	
	METHADONE (methadone hydrochloride oral solution) 10 mg/5 mL Oral soln		300 / 900 mL	
	MORPHABOND ER (morphine extended-release tablets)		90 /270 tabs	
	MS CONTIN (morphine extended-release tablets)		90 / 270 tabs	
	NUCYNTA ER (tapentadol extended-release tablets)		60 / 180 tabs	
	OXYCONTIN (oxycodone hydrochloride extended- release tablets)		60 / 180 tabs	
	TARGINIQ ER (oxycodone HCl/naloxone HCl extended-release tablets)		60 / 180 tabs	
	TRAMADOL ER (tramadol hydrochloride extended- release)		30 / 90 tabs	
	TROXYCA ER (oxycodone hydrochloride/ naltrexone extended-release capsules)		60 / 180 caps	
	ULTRAM ER (tramadol hydrochloride extended- release tablets)		30 / 90 tabs	
	VANTRELA ER (hydrocodone bitartrate extended- release tablets)		60 / 180 tabs	
	XTAMPZA ER (oxycodone extended-release capsules)		60 / 180 caps	
ZOHYDRO ER (hydrocodone bitartrate extended- release capsules)		60 / 180 caps		
<i>Pain and Inflammation* Opioid Agents, Short-Acting Pain and Inflammation* Opioid Agents, Short-Acting</i>	APAP/codeine soln 120-12 mg/5 mL		90 mL per day (32.4 MME/day)	
	APAP/codeine susp 120-12 mg/5 mL		90 mL per day (32.4 MME/day)	
	APAP/codeine 300/15 mg		13 tabs per day (30 MME/day)	
	APAP/codeine 300/30 mg		12 tabs per day (54 MME/day)	
	APAP/codeine 300/60 mg		6 tabs per day (54 MME/day)	
	APAP/caffeine/dihydrocodeine 320.5/30/16 mg		10 caps per day (40 MME/day)	
	APAP/caffeine/dihydrocodeine 325/30/16 mg		10 tabs per day (40 MME/day)	
	ASA/caffeine/dihydrocodeine 356.4/30/16 mg		10 caps per day (40 MME/day)	
	benzhydrocodone/APAP 4.08 mg/325 mg		5 tabs per day (60 MME/day)	
	benzhydrocodone/APAP 6.12 mg/325 mg		5 tabs per day	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
			(90 MME/day)	
	benzhydrocodone/APAP 8.16 mg/325 mg		5 tabs per day (120 MME/day)	
	hydrocodone/APAP 2.5/325 mg		12 tabs per day (30 MME/day)	
	hydrocodone/APAP 5/300 mg		8 tabs per day (40 MME/day)	
	hydrocodone/APAP 5/325 mg		8 tabs per day (40 MME/day)	
	hydrocodone/APAP 7.5/300 mg		6 tabs per day (45 MME/day)	
	hydrocodone/APAP 7.5/325 mg		6 tabs per day (45 MME/day)	
	hydrocodone/APAP 10/300 mg		6 tabs per day (60 MME/day)	
	hydrocodone/APAP 10/325 mg		6 tabs per day (60 MME/day)	
	hydrocodone/APAP soln 7.5-325 mg/15 mL		90 mL per day (45 MME/day)	
	hydrocodone/APAP elixir 10/300 mg/15 mL		67 mL per day (45 MME/day)	
	hydrocodone/APAP soln 10-325 mg/15 mL		90 mL per day (60 MME/day)	
	hydrocodone/ibuprofen 2.5/200 mg		50 tablets (12.5 MME/day)	
	hydrocodone/ibuprofen tab 5/200 mg		1.5 tablets per day (25 MME/day)	
	hydrocodone/ibuprofen tab 7.5/200 mg		1.5 tablets per day (37.5 MME/day)	
	hydrocodone/ibuprofen tab 10/200 mg		1.5 tablets per day (50 MME/day)	
	oxycodone/APAP soln 5/325 mg/5 mL		60 mL per day (90 MME/day)	
	oxycodone/APAP 2.5/300 mg		12 tablets per day (45 MME/day)	
	oxycodone/APAP 2.5/325 mg		12 tablets per day (45 MME/day)	
	oxycodone/APAP 5/300 mg		12 tablets per day (90 MME/day)	
	oxycodone/APAP 5/325 mg		12 tablets per day (90 MME/day)	
	oxycodone/APAP 7.5/300 mg		8 tablets per day (90 MME/day)	
	oxycodone/APAP 7.5/325 mg		8 tablets per day (90 MME/day)	
	oxycodone/APAP 10/300 mg		6 tablets per day (90 MME/day)	
	oxycodone/APAP 10/325 mg		6 tablets per day (90 MME/day)	
	oxycodone/ASA 4.8355/325 mg		12 tablets per day (87 MME/day)	
	oxycodone/ibuprofen 5/400 mg		1 tablet per day (30 MME/day)	
	tramadol/APAP 37.5/325 mg		1 tablet per day	

Category* Drug Class	Medicines	Prior Authorization	Quantity Limits (30 / 90 day)	Step Therapy
			(30 MME/day)	
Pain Management	ORLISSA	✓		
Pheochromo- cytoma Agents	DIBENZYLIN (phenoxybenzamine) (QL)	✓		
Psychothera- peutic Agents	XYREM (sodium oxybate)	✓		
Seizures	ONFI (clobazam)	✓		
Sinus Node Inhibitors	CORLANOR	✓		
Select Medical Devices Rx Only	MUGARD; Various medications including wound dressings, eyelid cleansers, scar treatment products, oral wound care, dermatological products, occlusive silicone sheets, tetracaine gel, antiseborrheic products	✓		
Select Artificial Saliva Medical Devices Rx Only	Artificial saliva packets and solutions	✓		
Sleep Agents* Hypnotics, Non- Benzodiazepines	AMBIEN (zolpidem)		15 / 45 tablets	
	AMBIEN CR (zolpidem extended-release)		15 / 45 tablets	
	flurazepam		15 / 45 capsules	
	DORAL (quazepam)		15 / 45 tablets	
	estazolam		15 / 45 tablets	
	HALCION (triazolam)		10 / 30 tablets	
	LUNESTA (eszopiclone)		15 / 45 tablets	
	RESTORIL (temazepam)		15 / 45 capsules	
	ROZEREM (ramelteon)	✓	15 / 45 tablets	
SONATA (zaleplon)		15 / 45 capsules		
Vasoactive Soluble Guanylate Cyclase Stimulator (SGC)	VERQUVO	✓		

The medicines indicated above, along with their clinical requirements, are subject to change. There may be additional drugs subject to clinical requirements or other plan design restrictions. Please sign in to [Caremark.com](https://www.caremark.com) to check coverage and cost share information for a specific drug or consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase *italics*. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark® assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

Subject to applicable state law restrictions.

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

^ This denotes medicines that have the same quantity limit for both 30-day and 90-day prescriptions.

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