

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) | ✓ | | |
| | VASCEPA (icosapent ethyl) | ✓ | | |
| | LOVAZA (omega-3-acid ethyl esters) | ✓ | | |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|--|--|--------------------------------|--|-------------------------|
| Anti-Infectives, Antibacterials | DIFICID | ✓ | | |
| | linezolid | ✓ | | |
| | 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 | | 3 / 9 packages | |

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|---|--|--------------------------------|--|-------------------------|
| | PULMICORT RESPULES (budesonide) 0.5 mg | | 2 / 6 packages | |
| | PULMICORT RESPULES (budesonide) 1 mg | | 1 / 3 packages | |
| | QVAR (beclomethasone) | | 2 / 6 packages | |
| 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 | |

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|-------------------------|--|---------------------|----------------------------------|--------------|
| | DESOXYN (methamphetamine) 5 mg | | 150 / 450 tabs | |
| | dextroamphetamine 5 mg, 10 mg | | 120 / 360 tabs | |
| | 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 (dexmethylphenidate) 2.5 mg, 5 mg | | 120 / 360 tabs | |
| | FOCALIN (dexmethylphenidate) 10 mg | | 60 / 180 tabs | |
| | FOCALIN XR (dexmethylphenidate) 5 mg, 10 mg, 15 mg, 20 mg | | 60 / 180 caps | |
| | FOCALIN XR (dexmethylphenidate) 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 | |

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|---|--|--------------------------------|--|-------------------------|
| | VYVANSE (lisdexamfetamine) 10 mg, 20 mg, 30 mg | | 60 / 180 units | |
| | 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 | |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|---|---|--------------------------------|--|-------------------------|
| | PROVENTIL HFA (albuterol) | | 2 / 6 packages | |
| | 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 | ✓ | | |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|--|---|--------------------------------|---|-------------------------|
| | RHOFADE 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 | | | ✓ |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|--|--|--------------------------------|--|-------------------------|
| Diabetes* Test Strips | ONETOUCH TEST STRIPS | | 150 strips per 25 days | |
| 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 - Misc | MOVANTIK (naloxegol) | ✓ | | |
| | SYMPROIC (naldemedine) | ✓ | | |
| 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 | ✓ |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|---|--|--------------------------------|---|-------------------------|
| | EMGALITY 120 mg | | Loading – 2 / 4 syringes; Maintenance – 1 / 3 syringes | ✓ |
| | 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 | |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|--|--|---------------------|----------------------------------|--------------|
| <i>Opioid Analgesics – Immediate Release</i> | 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 | |
| | 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 | | |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|---|--|--------------------------------|---|-------------------------|
| | tapentadol tab 75 mg | | 3 tabs per day | |
| | tapentadol tab 100 mg | | 2 tabs per day | |
| | tramadol 50 mg | | 6 tabs per day | |
| | 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 | |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|---|---|--------------------------------|--|-------------------------|
| Pain and Inflammation* | methadone oral concentrate 10 mg/mL | | 30 mL per day | |
| | methadone dispersible tablets | | 9 tablets per day | |
| Pain and Inflammation* Butalbital Products | butalbital, acetaminophen, and caffeine solution | | 720 / 2,160 mL | |
| | 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-alo 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 | |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|--|--|--------------------------------|--|-------------------------|
| | 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 | |
| | 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 | |
| | NUCYN TA 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 | |
| Pain and Inflammation* Opioid Agents, Short-Acting Pain and Inflammation* Opioid Agents, Short-Acting | 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 | |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|-------------------------|---|---------------------|---------------------------------------|--------------|
| | | | (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 (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 | |

| Category* Drug Class | Medicines | Prior Authorization | Quantity Limits (30 / 90 day) | Step Therapy |
|--|--|--------------------------------|--|-------------------------|
| | | | (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 (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.

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* 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.

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