

Prescription Guidelines for Formularies 1, 2, and 3

(effective October 1, 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.

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. In addition, some medications not listed are covered under the medical benefit. 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.

Note: Due to the lack of 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

ANTI-PARASITE	
ALBENZA (<i>albendazole</i>)	336 tablets per 365 days
BILTRICIDE (<i>praziquantel</i>)	24 tablets per 365 days
EGATEN	16 tablets per 365 days
EMVERM	12 tablets per 365 days
ASTHMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
ADVAIR DISKUS	1 package (60 blisters) per month
ADVAIR HFA	1 package (12gm) per month
AIRDUO RESPICLICK	1 package per month
<i>albuterol inhalation solution</i> 0.63 mg/3 mL, 1.25 mg/3 mL	5 packages (125 vials) per month 4 packages (120 vials) per month
<i>albuterol inhalation solution</i> 0.083%, 2.5 mg/3 mL	5 packages (125 vials) per month 4 packages (120 vials) per month 2 packages (120 vials) per month
<i>albuterol inhalation solution</i> 0.5%, 2.5 mg/0.5 mL	3 packages (20 mL each) per month 4 packages (120 vials) per month
ANORO ELLIPTA	1 package (60 blisters) per month
ARCAPTA NEOHALER	1 package (30 capsules) per month
ATROVENT HFA (<i>ipratropium</i>)	2 packages (12.9 gm each) per month
BEVESPI AEROSPHERE	1 package (10.7gm) per month
BREO ELLIPTA	1 package (60 blisters) per month
BROVANA	60 vials per month
COMBIVENT RESPIMAT (<i>ipratropium / albuterol</i>)	2 packages (4gm each) per month
CROMOLYN INHALATION SOLUTION	2 packages (120 vials x 2mL) per month
DUAKLIR PRESSAIR	60 inhalations per month
DULERA	1 package (13gm) per month

INCRUSE ELLIPTA (<i>umeclidinium</i>) <i>ipratropium inhalation solution, 0.02%</i>	1 package (30 blisters) per month 5 packages (125 vials) per month 4 packages (120 vials) per month 2 packages (120 vials) per month
<i>ipratropium bromide/albuterol sulfate solution</i>	180 vials per month
LONHALA MAGNAIR STARTER AND REFILL KIT (<i>glycopyrrolate</i>)	1 package (60 vials x 1mL) per month
PERFORMIST	60 vials per month
PROAIR DIGIHALER	2 packages per month
PROAIR HFA	2 packages per month
PROAIR RESPICLICK	2 packages per month
PROVENTIL HFA	2 packages per month
SEEBRI NEOHALER (<i>glycopyrrolate</i>)	1 package (60 capsules) per month
SEREVENT DISKUS	1 package (60 blisters) per month
SPIRIVA HANDIHALER (<i>tiotropium</i>)	1 package (30 capsules) per month
SPIRIVA RESPIMAT (<i>tiotropium</i>)	1 package (4gm) per month
STIOLTO RESPIMAT	1 package (4gm) per month
STRIVERDI RESPIMAT	1 package (4gm) per month
SYMBICORT	1 package (10.2gm) per month
TRELEGY ELLIPTA	1 package (60 blisters) per month
TUDORZA PRESSAIR (<i>aclidinium</i>)	60 inhalations per month
UTIBRON NEOHALER	1 package (60 capsules) per month
VENTOLIN HFA	6 packages (8 grams each) per month 2 packages (18 grams each) per month
XOPENEX (<i>levalbuterol inhalation solution</i>) 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL	4 packages (96 vials) per month 4 packages (100 vials) per month 3 packages (90 vials) per month
XOPENEX concentrate 1.25 mg/0.5 mL	3 packages per month
XOPENEX HFA	2 packages per month
YUPELRI (<i>revefenacin</i>)	1 package (30 vials x 3mL) per month
ATTENTION DEFICIT HYPERACTIVITY DISORDERS (ADHD)	
ADDERALL (<i>amphetamine/dextroamphetamine mixed salts</i>) 5 mg, 7.5 mg, 10 mg, 12.5 mg	90 tablets per month
ADDERALL (<i>amphetamine/dextroamphetamine mixed salts</i>) 15 mg, 20 mg	60 tablets per month
ADDERALL (<i>amphetamine/dextroamphetamine mixed salts</i>) 30 mg	30 tablets per month
ADDERALL XR (<i>amphetamine/dextroamphetamine mixed salts ext-rel</i>) 5 mg, 10 mg	90 capsules per month
ADDERALL XR (<i>amphetamine/dextroamphetamine mixed salts ext-rel</i>) 15 mg, 20 mg, 25 mg, 30 mg	30 capsules per month
ADHANSIA XR 25 mg, 35 mg, 45 mg	60 capsules per month
ADHANSIA XR 55 mg, 70 mg, 85 mg	30 capsules per month
ADZENYS ER (<i>amphetamine</i>) 1.25 mg/mL	450 mL per month
ADZENYS XR-ODT 3.1 mg, 6.3 mg, 9.4 mg	60 tablets per month
ADZENYS XR-ODT 12.5 mg, 15.7 mg, 18.8 mg	30 tablets per month
APTENSIO XR 10 mg, 15 mg, 20 mg, 30 mg	60 capsules per month
APTENSIO XR 40 mg, 50 mg, 60 mg	30 capsules per month
CONCERTA (<i>methylphenidate ext-rel</i>) 18 mg, 27 mg, 36 mg	60 tablets per month
CONCERTA (<i>methylphenidate ext-rel</i>) 54 mg	30 tablets per month
COTEMPLA XR 8.6 mg, 17.3 mg, 25.9 mg	60 tablets per month
DAYTRANA 10 mg, 15 mg, 20 mg, 30 mg	30 patches per month
DESOXYN (<i>methamphetamine</i>) 5 mg	150 tablets per month
DEXEDRINE SPANSULE (<i>dextroamphetamine ext-rel</i>) 5 mg, 10 mg	120 capsules per month
DEXEDRINE SPANSULE (<i>dextroamphetamine ext-rel</i>) 15 mg	60 capsules per month
<i>dextroamphetamine</i> 5 mg, 10 mg	120 tablets per month
DYANAVAL XR 2.5 mg/mL	240 mL per month
EVEKEO (<i>amphetamine sulfate</i>) 5 mg, 10 mg	120 tablets per month
EVEKEO ODT 5 mg, 10 mg	120 tablets per month
EVEKEO ODT 15 mg, 20 mg	60 tablets per month
FOCALIN (<i>dexmethylphenidate</i>) 2.5 mg, 5 mg	120 tablets per month
FOCALIN (<i>dexmethylphenidate</i>) 10 mg	60 tablets per month
FOCALIN XR (<i>dexmethylphenidate ext-rel</i>) 5 mg, 10 mg, 15 mg, 20 mg	60 capsules per month
FOCALIN XR (<i>dexmethylphenidate ext-rel</i>) 25 mg, 30 mg, 35 mg, 40 mg	30 capsules per month
JORNAY PM 20 mg, 40 mg	60 capsules per month
JORNAY PM 60 mg, 80 mg, 100 mg	30 capsules per month
<i>methylphenidate</i> 5 mg, 10 mg	180 tablets per month
<i>methylphenidate</i> 20 mg	90 tablets per month
<i>methylphenidate chew tablets</i> 2.5 mg, 5 mg, 10 mg	180 tablets per month
<i>methylphenidate oral solution</i> 5 mg/5 mL	1800 mL per month
<i>methylphenidate oral solution</i> 10 mg/5 mL	900 mL per month
<i>methylphenidate ext-rel</i> 10 mg, 20 mg	90 tablets per month

<i>methylphenidate ext-rel</i> 10 mg, 20 mg, 30 mg	60 capsules per month
<i>methylphenidate ext-rel</i> 40 mg, 50 mg, 60 mg	30 capsules per month
METHYLPHENIDATE OSMOTIC EXT-REL 72 mg	30 tablets per month
MYDAYIS 12.5 mg, 25 mg	60 capsules per month
MYDAYIS 37.5 mg, 50 mg	30 capsules per month
PROCENTRA (<i>dextroamphetamine solution</i>) 5 mg/5 mL	1200 mL per month
QUILLICHEW ER 20 mg, 30 mg	60 tablets per month
QUILLICHEW ER 40 mg	30 tablets per month
QUILLIVANT XR 25 mg/5 mL	360 mL per month
RITALIN LA (<i>methylphenidate ext-rel</i>) 10 mg, 20 mg, 30 mg	60 capsules per month
RITALIN LA (<i>methylphenidate ext-rel</i>) 40 mg	30 capsules per month
STRATTERA (<i>atomoxetine</i>) 10 mg, 18 mg, 25 mg	120 capsules per month
STRATTERA (<i>atomoxetine</i>) 40 mg	60 capsules per month
STRATTERA (<i>atomoxetine</i>) 60 mg, 80 mg, 100 mg	30 capsules per month
VYVANSE 10 mg, 20 mg, 30 mg	60 capsules per month
VYVANSE 40 mg, 50 mg, 60 mg, 70 mg	30 capsules per month
ZENZEDI (<i>dextroamphetamine</i>) 2.5 mg, 5 mg, 7.5 mg, 10 mg	120 tablets per month
ZENZEDI (<i>dextroamphetamine</i>) 15 mg, 20 mg	60 tablets per month
ZENZEDI (<i>dextroamphetamine</i>) 30 mg	30 tablets per month
DIABETES	
ADLYXIN	2 pens or syringes per month
BYDUREON	4 units per 30 days
BYETTA	1 pen (60 doses) per month
OZEMPIC	2 pens (3 mL) per month
RYBELSUS	30 tablets per month
SOLIQUA	10 pens per month
TRULICITY	4 pens or syringes per month
VICTOZA	3 pens per month
XULTOPHY	5 pens per month
diabetic test strips - all brands	204 test strips per month
DIABETES - INSULIN MANAGEMENT SYSTEMS	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	1 kit per 365 days
DEXCOM G4 PLATINUM RECEIVER KIT	1 kit per 365 days
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE KIT	1 kit per 365 days
DEXCOM G4 PLATINUM TRANSMITTER KIT	1 kit per 75 days
DEXCOM G4 SENSOR KIT	1 kit per 25 days
DEXCOM G5 MOBILE RECEIVER KIT	1 kit per 365 days
DEXCOM G5 MOBILE TRANSMITTER KIT	1 kit per 75 days
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT	4 kits per 25 days
DEXCOM G5 RECEIVER KIT	1 kit per 365 days
DEXCOM G6 RECEIVER	1 kit per 365 days
DEXCOM G6 SENSOR	3 sensor per 25 days
DEXCOM G6 TRANSMITTER	1 transmitter per 75 days
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	1 system per 365 days
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM KIT	2 kits per 25 days
FREESTYLE LIBRE/FLASH MONITORING SYSTEM READER	1 reader per 365 days
FREESTYLE LIBRE/FLASH MONITORING SYSTEM SENSOR	3 sensors per 25 days
OMNIPOD MIS 5 PACK	6 packs per month
OMNIPOD MIS 10 PACK	3 packs per month
OMNIPOD DASH MIS 5 PACK	6 packs per month
OMNIPOD DASH KIT SYSTEM	1 system per year
OMNIPOD STARTER KIT	1 kit per year
V-GO 20 KIT	1 kit per month
V-GO 30 KIT	1 kit per month
V-GO 40 KIT	1 kit per month
EMERGENCY TREATMENT OF ALLERGIC REACTIONS	
AUVI-Q	6 injectors per 300 days
EPIPEN, EPIPEN JR (<i>epinephrine solution auto-injector</i>)	6 injectors per 300 days
SYMJEPI	6 injectors per 300 days
ERECTILE DYSFUNCTION	
CAVERJECT	6 units per month
CIALIS (<i>tadalafil</i>) 2.5 mg	30 tablets per month
CIALIS (<i>tadalafil</i>) 5 mg	30 tablets per month
CIALIS (<i>tadalafil</i>) 10 mg, 20 mg	6 tablets per month
EDEX	6 units per month
LEVITRA (<i>vardenafil</i>)	6 tablets per month
MUSE	6 units per month

STAXYN (<i>vardenafil orally disintegrating tablets</i>)	6 tablets per month
STENDRA	6 tablets per month
VIAGRA (<i>sildenafil</i>)	6 tablets per month
GASTROESOPHAGEAL REFLUX DISEASE (GERD)	
ACIPHEX (<i>rabeprazole</i>)	90 units of therapy per 365 days
ACIPHEX SPRINKLES	90 units of therapy per 365 days
DEXILANT	90 units of therapy per 365 days
NEXIUM (<i>esomeprazole</i>)	90 units of therapy per 365 days
<i>omeprazole</i>	90 units of therapy per 365 days
PREVACID (<i>lansoprazole</i>)	90 units of therapy per 365 days
PROTONIX (<i>pantoprazole</i>)	90 units of therapy per 365 days
ZEGERID (<i>omeprazole/sodium bicarbonate</i>)	90 units of therapy per 365 days
INFLUENZA TREATMENT & PREVENTION	
RELENZA	40 blisters per 90 days
TAMIFLU (<i>oseltamivir</i>) 30 mg	28 capsules per 90 days
TAMIFLU (<i>oseltamivir</i>) 45 mg, 75 mg	14 capsules per 90 days
TAMIFLU SUSPENSION (<i>oseltamivir suspension</i>)	3 bottles per 90 days
XOFLUZA	4 tablets per 90 days
MIGRAINE	
<i>almotriptan</i>	12 tablets per month
AMERGE (<i>naratriptan</i>)	12 tablets per month
FROVA (<i>frovatriptan</i>)	18 tablets per month
IMITREX (<i>sumatriptan</i>)	12 tablets per month
IMITREX INJ (<i>sumatriptan inj</i>) 4 mg	18 syringes per month
IMITREX INJ (<i>sumatriptan inj</i>) 6 mg	12 syringes per month
IMITREX NASAL SPRAY (<i>sumatriptan nasal spray</i>) 5 mg	24 units per month
IMITREX NASAL SPRAY (<i>sumatriptan nasal spray</i>) 20 mg	12 units per month
MAXALT (<i>rizatriptan</i>)	18 tablets per month
MAXALT MLT (<i>rizatriptan orally disintegrating tablets</i>)	18 tablets per month
MIGRANAL NS (<i>dihydroergotamine spray</i>)	1 x 8 mL per month
ONZETRA XSAIL	16 nosepieces per month
RELPAK (<i>eletriptan</i>)	12 tablets per month
TOSYMRA	18 units per month
TREXIMET (<i>sumatriptan/naproxen</i>)	9 tablets per month
ZEMBRACE SYMTOUCH	24 injectors per month
ZOMIG (<i>zolmitriptan</i>)	12 tablets per month
ZOMIG NASAL SPRAY	12 units per month
ZOMIG ZMT (<i>zolmitriptan orally disintegrating tablets</i>)	12 tablets per month
NAUSEA & VOMITING	
ANZEMET	6 tablets per month
EMEND (<i>aprepitant capsules</i>) 40 mg	3 capsules per 180 days
EMEND (<i>aprepitant capsules</i>) 80 mg	4 capsules per month
EMEND (<i>aprepitant capsules</i>) 125 mg	2 capsules per month
EMEND (<i>fosaprepitant injection</i>) 150 mg	2 vials per month
EMEND SUSPENSION 125 mg	6 kits per month
EMEND TRIPACK (<i>aprepitant pack</i>) 80 mg & 125mg	2 packs per month
<i>granisetron tablets 1 mg</i>	12 tablets per 21 days
<i>ondansetron orally disintegrating tablets 4 mg, 8 mg</i>	18 tablets per month
<i>ondansetron solution 4 mg/5mL</i>	200 mL per month
<i>ondansetron tablets 24 mg</i>	2 tablets per month
SANCUSO	2 patches per month
VARUBI	4 tablets per month
ZOFRAN (<i>ondansetron tablets</i>) 4 mg, 8 mg	18 tablets per month
ZUPLENZ	18 films per month
NEUROPATHIC PAIN	
LYRICA (<i>pregabalin capsules</i>) 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	120 capsules per month
LYRICA (<i>pregabalin capsules</i>) 200 mg	90 capsules per month
LYRICA (<i>pregabalin capsules</i>) 225 mg, 300 mg	60 capsules per month
LYRICA (<i>pregabalin oral solution</i>) 20 mg/mL	900 mL per month
LYRICA CR 82.5 mg, 165 mg, 330 mg	60 tablets per month
PROSTATE & BENIGN PROSTATIC HYPERPLASIA (BPH)	
CIALIS (<i>tadalafil</i>) 5 mg	30 tablets per month
TOPICAL CORTICOSTEROIDS	
<i>alclometasone</i>	120 grams per month
<i>amcinonide cream, ointment</i>	120 grams per month
<i>amcinonide lotion</i>	120 mL per month
<i>betamethasone cream, ointment</i>	120 grams per month

<i>betamethasone lotion</i>	120 mL per month
<i>clocortolone</i>	120 grams per month
<i>clobetasol cream, emollient cream, foam, gel, spray, ointment</i>	120 grams per month
<i>clobetasol lotion, shampoo, solution</i>	120 mL per month
CORDRAN tape	1 package (1 roll) per month
<i>desonide cream, ointment</i>	120 grams per month
<i>desonide lotion</i>	120 mL per month
<i>desoximetasone cream, gel, ointment</i>	120 grams per month
<i>desoximetasone spray</i>	120 mL per month
<i>diflorasone</i>	120 grams per month
<i>fluocinolone cream, ointment</i>	120 grams per month
<i>fluocinolone oil, solution</i>	120 mL per month
<i>fluocinonide cream, gel, ointment</i>	120 grams per month
<i>fluocinonide solution</i>	120 mL per month
<i>flurandrenolide cream, ointment</i>	120 grams per month
<i>flurandrenolide lotion</i>	120 mL per month
<i>fluticasone cream, ointment</i>	120 grams per month
<i>fluticasone lotion</i>	120 mL per month
<i>halcinonide</i>	120 grams per month
<i>halobetasol</i>	120 grams per month
<i>hydrocortisone cream, ointment</i>	120 grams per month
<i>hydrocortisone lotion</i>	120 mL per month
<i>mometasone cream, ointment</i>	120 grams per month
<i>mometasone lotion, solution</i>	120 mL per month
<i>mupirocin cream</i>	30 units per month
<i>mupirocin ointment</i>	30 units per month
<i>prednicarbate</i>	120 grams per month
<i>triamcinolone cream, ointment, spray</i>	120 grams per month
<i>triamcinolone lotion</i>	120 mL per month
TOPICAL LIDOCAINE PRODUCTS	
ASTERO gel 4%	30 grams per month
LDO PLUS gel 4%	30 grams per month
<i>lidocaine gel 2%</i>	30 grams per month
<i>lidocaine ointment 5%</i>	50 grams per month
<i>lidocaine solution 4%</i>	50 mL per month
<i>lidocaine/prilocaine cream 2.5%/2.5%</i>	30 grams per month
LIDOCAINE/TETRACAINE cream	30 grams per month
LIDODERM (<i>lidocaine patch</i>) 5%*	90 patches per month
PLIAGLIS	30 grams per month
SYNERA	2 patches per month
ZTLIDO*	90 patches per month
TOPICAL PRODUCTS, OTHER	
<i>diclofenac sodium solution 1.5%*</i>	150 mL per month
OXISTAT (<i>oxiconazole cream</i>)	90 grams per month
OXISTAT lotion	90 mL per month
<i>mupirocin</i>	30 units per month
PENNSAID SOLUTION 2%*	112 grams per month
PRUDOXIN CREAM (<i>doxepin cream</i>) 5%*	90 grams per month
ZONALON CREAM (<i>doxepin cream</i>) 5%*	90 grams per month

*Prior Authorization required

OPIOID QUANTITY LIMITS

Immediate-release opioid prescriptions (including combination products) are limited to a 7-day supply for the first fill or if previous fills were less than 7 days.

<i>acetaminophen/caffeine/dihydrocodeine 320.5/30/16 mg</i>	300 capsules per month
<i>acetaminophen/codeine 300/15 mg</i>	400 tablets per month
<i>acetaminophen/codeine 300/30 mg</i>	360 tablets per month
<i>acetaminophen/codeine 300/60 mg</i>	180 tablets per month
<i>acetaminophen/codeine solution, 120-12 mg/5 mL</i>	2700 mL per month
APADAZ 4.08/325 mg, 6.12/325 mg, 8.16/325 mg	168 tablets per month
ARYMO ER ^Δ 15 mg, 30 mg	90 tablets per month
BELBUCA ^Δ 75 mcg, 150 mcg, 300 mcg, 450 mcg	60 films per month
<i>benzhydrocodone/acetaminophen 4.08 mg/325 mg</i>	360 tablets per month
<i>benzhydrocodone/acetaminophen 6.12 mg/325 mg</i>	360 tablets per month
<i>benzhydrocodone/acetaminophen 8.16 mg/325 mg</i>	360 tablets per month
<i>butorphanol nasal spray</i>	2 inhalers per month

BUTRANS ^Δ (<i>buprenorphine transdermal</i>) 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr	4 patches per month
codeine sulfate 15 mg	180 tablets per month
codeine sulfate 30 mg	180 tablets per month
CODEINE SULFATE 60 MG	180 tablets per month
CONZIP ^Δ (<i>tramadol ext-rel capsules</i>) 100 mg	30 capsules per month
DOLOPHINE (<i>methadone</i>) 5 mg	90 tablets per month
DOLOPHINE (<i>methadone</i>) 10 mg	60 tablets per month
DURAGESIC ^Δ (<i>fentanyl transdermal</i>) 12 mcg, 25 mcg	10 patches per month
hydrocodone ext-rel capsules 30 mg, 40 mg, 50 mg	60 capsules per month
hydrocodone/acetaminophen 5/300 mg, 5/325 mg	240 tablets per month
hydrocodone/acetaminophen 7.5/300 mg, 7.5/325 mg, 10/300 mg, 10/325 mg	180 tablets per month
hydrocodone/acetaminophen solution 7.5 mg-325 mg/15 mL, 10-325 mg/15 mL	2700 mL per month
hydrocodone/acetaminophen solution 10-325 mg/15 mL	2700 mL per month
hydrocodone/acetaminophen solution 7.5-325 mg/15 mL (5-217 mg/10 mL)	2700 mL per month
hydrocodone/ibuprofen 5/200 mg, 7.5 mg/200 mg, 10/200 mg	150 tablets per month
hydromorphone 2 mg	180 tablets per month
hydromorphone 4 mg	150 tablets per month
hydromorphone 8 mg	60 tablets per month
hydromorphone ext-rel ^Δ 8 mg, 12 mg, 16 mg	30 tablets per month
hydromorphone liquid 1 mg/mL	600 mL per month
hydromorphone suppositories 3 mg	120 suppositories per month
HYSINGLA ER ^Δ 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	30 tablets per month
KADIAN ^Δ (<i>morphine ext-rel</i>) 10 mg, 20 mg, 30 mg, 40 mg	60 capsules per month
KADIAN ^Δ (<i>morphine ext-rel</i>) 50 mg, 60 mg, 80 mg	30 capsules per month
levorphanol 2 mg	120 tablets per month
levorphanol 3 mg	60 tablets per month
LORTAB ELIXIR 10-300 mg/15 mL	2025 mL per month
meperidine 50 mg, 100 mg	180 tablets per month
meperidine oral solution 50 mg/5 mL	900 mL per month
methadone 5 mg	90 tablets per month
methadone 10 mg	60 tablets per month
METHADONE INTENSOL (<i>methadone</i>) 10 mg/mL	60 mL per month
methadone oral solution 5 mg/5mL	450 mL per month
methadone oral solution 10 mg/5 mL	300 mL per month
morphine ext-rel beads ^Δ 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	30 capsules per month
morphine sulfate 15 mg	180 tablets per month
morphine sulfate 30 mg	90 tablets per month
morphine sulfate oral concentrate 20 mg/mL	135 mL per month
morphine sulfate oral solution 10 mg/5 mL	900 mL per month
morphine sulfate oral solution 20 mg/5 mL	675 mL per month
morphine sulfate suppositories 5 mg, 10 mg	180 suppositories per month
morphine sulfate suppositories 20 mg	120 suppositories per month
morphine sulfate suppositories 30 mg	90 suppositories per month
MS CONTIN ^Δ (<i>morphine ext-rel</i>) 15 mg, 30 mg	90 tablets per month
NUCYNTA 50 mg	120 tablets per month
NUCYNTA 75 mg	90 tablets per month
NUCYNTA 100 mg	60 tablets per month
NUCYNTA ER ^Δ 50 mg, 100 mg	60 tablets per month
OXAYDO 5 mg, 7.5 mg	180 tablets per month
oxycodone capsules 5 mg	180 capsules per month
oxycodone oral concentrate 100 mg/5 mL	90 mL per month
oxycodone oral solution 5 mg/5 mL	900 mL per month
oxycodone tablets 5 mg, 10 mg	180 tablets per month
oxycodone tablets 15 mg	120 tablets per month
oxycodone tablets 20 mg	90 tablets per month
oxycodone tablets 30 mg	60 tablets per month
oxycodone/acetaminophen 2.5/325 mg, 5/325 mg	360 tablets per month
oxycodone/acetaminophen 10/325 mg	180 tablets per month
oxycodone/aspirin 4.8355/325 mg	360 tablets per month
oxycodone/ibuprofen 5/400 mg	120 tablets per month
OXYCONTIN ^Δ 10 mg, 15 mg, 20 mg, 30 mg	60 tablets per month
oxymorphone 5 mg	180 tablets per month
oxymorphone 10 mg	90 tablets per month
pentazocine/naloxone 50/0.5 mg	120 tablets per month
PRIMLEV 5/300 mg	360 tablets per month
PRIMLEV 10/300 mg	180 tablets per month
tramadol 50 mg	180 tablets per month
tramadol 100 mg	90 tablets per month

<i>tramadol ext-rel</i> ^Δ 100 mg	30 tablets per month
<i>tramadol ext-rel</i> ^Δ 150 mg	30 capsules per month
<i>tramadol/acetaminophen</i> 37.5/325 mg	240 tablets per month
XTAMPZA ER ^Δ 9 mg, 13.5 mg, 18 mg, 27 mg	60 capsules per month
ZOHYDRO ER ^Δ (<i>hydrocodone ext-rel</i>) 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 capsules per month

^Δ The initial limit for additional strengths not listed here is zero. All requests for strengths not listed will be considered through post limit prior authorization.

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

Influenza Products	RELENZA TAMIFLU (<i>oseltamivir</i>)
Lidocaine Topical Products	ASTERO gel 4% LDO PLUS gel 4% <i>lidocaine gel</i> 2% <i>lidocaine ointment</i> 5% <i>lidocaine solution</i> 4% <i>lidocaine/prilocaine cream</i> 2.5/2.5% LIDOCAINE/TETRACAINE <i>cream</i> 7/7% PLIAGLIS <i>cream</i> 7/7% SYNERA patch 70/70 mg
Migraine Products	<i>almotriptan</i> AMERGE (<i>naratriptan</i>) FROVA (<i>almotriptan</i>) IMITREX INJECTION/STATDOSE (<i>sumatriptan</i>) IMITREX NASAL SPRAY (<i>sumatriptan</i>) IMITREX TABLETS (<i>sumatriptan</i>) MAXALT/MAXALT-MLT (<i>rizatriptan</i>) ONZETRA XSAIL RELPAK (<i>eletriptan</i>) TOSYMRA TREMIMET (<i>sumatriptan/naproxen</i>) ZEMBRACE SYMTOUCH ZOMIG NASAL SPRAY ZOMIG TABLETS/ZOMIG-ZMT (<i>zolmitriptan</i>)
Proton Pump Inhibitors	ACIPHEX (<i>rabeprazole</i>) ACIPHEX SPRINKLES DEXILANT NEXIUM (<i>esomeprazole</i>) <i>omeprazole</i> PREVACID (<i>lansoprazole</i>) PROTONIX (<i>pantoprazole</i>) ZEGERID (<i>omeprazole/sodium bicarbonate</i>)

NON-SPECIALTY PRODUCTS REQUIRING PRIOR AUTHORIZATION

ABSTRAL
ACTIQ
AIMOVIG
AJOVY
armodafinil
ATRALIN
BREEZE 2 TEST STRIPS
buprenorphine patch
CIALIS 2.5 MG
CIALIS 5 MG
clindamycin/tretinoin
CONTOUR NEXT TEST STRIPS
CONTOUR TEST STRIPS
DARAPRIM
DESCOVY
diclofenac sodium gel 3%
diclofenac sodium solution 1.5%
doxepin cream 5%
ELIDEL

EMGALITY
fentanyl citrate
fentanyl transmucosal lozenge
FENTORA
FORTAMET
FREESTYLE TEST STRIPS
GLUMETZA
JUBLIA
KERYDIN
LAZANDA
LOVAZA
metformin ext-rel (generic FORTAMET)
metformin ext-rel (generic GLUMETZA)
modafinil
NOXAFIL
NUVIGIL
omeprazole/sodium bicarbonate
ONETOUCH TEST STRIPS *
PENNSAID

pimecrolimus
posaconazole
PROTOPIC
PROVIGIL
RETIN-A
RETIN-A MICRO
SUBSYS
tacrolimus
tadalafil 2.5 mg

tadalafil 5 mg
tretinoin cream, gel
TRETIN-X
VASCEPA
VELTIN
VYLEESI
ZEGERID
ZIANA
ZONALON

All other glucose test strips that are not ACCU-CHEK brand*
Compound drugs with a cost of \$300 or more
*Not applicable to Formulary 1

SPECIALTY DRUGS REQUIRING PRIOR AUTHORIZATION

ABRAXANE
ACTEMRA *
ACTIMMUNE *
ADCETRIS
ADCIRCA
ADEMPAS
ADVATE
ADYNOVATE
AFINITOR
AFSTYLA
ALDURAZYME
ALECENSA
ALIMTA
ALPHANATE
ALPHANINE SD
ALPROLIX
ALUNBRIG
ambrisentan
AMPYRA
APOKYN
ARALAST NP *
ARANESP
ARCALYST
AUBAGIO
AUSTEDO
AVASTIN
AVEED
AVONEX
azacitidine
BALVERSA
BAVENCIO
BENDEKA
BENEFIX
BENLYSTA *
BENLYSTA SC
BERINERT
BETASERON
BETHKIS
bexarotene capsules
BIVIGAM *
BORTEZOMIB
bosentan
BOSULIF
BRAFTOVI
BRINEURA
BUPHENYL
CABOMETYX
CALQUENCE
capecitabine
CAPRELSA
CARBAGLU

CARIMUNE NF *
CAYSTON
CERDELGA
CEREZYME *
CETROTIDE
CHOLBAM
CHORIONIC GONADOTROPIN
CIMZIA
cinacalcet
CINQAIR
CINRYZE
COAGADEX
COMETRIQ
COPAXONE
COPEGUS
COPIKTRA
CORIFACT
COSENTYX
COTELLIC
CUVITRU
CYRAMZA
CYSTAGON
CYSTARAN
CYTOGAM
dalfampridine
DARZALEX
DAURISMO
deferasirox
DIACOMIT
dofetilide
DUXIENT
DUROLANE
EGRIFTA
ELAPRASE *
ELELYSO *
ELIGARD
ELOCTATE
EMFLAZA
EMPLICITI
ENBREL
ENDARI
ENTYVIO *
EPCLUSA
EPIDIOLEX
EPOGEN *
epoprostenol sodium
ERBITUX
ERIVEDGE
ERLEADA
erlotinib
ERWINAZE

ESBRIET
everolimus
EXJADE
EXONDYS 51
EXTAVIA
EYLEA
FABRAZYME *
FARYDAK
FASENRA
FASENRA PEN
FEIBA NF
FERRIPROX
FIRAZYR
FIRDAPSE
FIRMAGON
FLEBOGAMMA *
FLOLAN
FOLLISTIM AQ
FOLOTYN
FORTEO
FULPHILA
FUZEON
GALAFOLD
GAMASTAN S/D *
GAMMAGARD LIQUID *
GAMMAGARD S/D *
GAMMAKED *
GAMMAPLEX *
GAMUNEX-C
ganirelix acetate
GANIRELIX ACETATE
GATTEX
GAZYVA
gemcitabine
GENOTROPIN
GILENYA
GILOTRIF
GLASSIA *
glatiramer acetate
glatopa
GLEEVEC
GONAL-F
GRANIX
HAEGARDA
HALAVEN
HARVONI
HARVONI PAK
HEMLIBRA
HEMOFIL M
HERCEPTIN
HETLIOZ

HIZENTRA
HUMATE-P
HUMATROPE
HUMIRA
HYCAMTIN
hydroxyprogesterone caproate
HYQVIA *
IBRANCE
icatibant
ICLUSIG
IDELVION
IDHIFA
ILARIS
imatinib
IMBRUVICA
IMFINZI
INBRIJA
INCRELEX
INFLECTRA *
INGREZZA
INLYTA
INTRON A
IRESSA
IXEMPRA
IXINITY
JADENU
JADENU SPRINKLE
JAKAFI
JEVTANA
JUXTAPID
JYNARQUE
KADCYLA
KALBITOR
KALYDECO
KANUMA *
KEVEYIS
KEVZARA
KEYTRUDA
KINERET
KISQALI
KISQALI FEMARA CO-PACK
KITABIS PAK
KOATE-DVI
KOGENATE FS
KORLYM
KOSELUGO
KOVALTRY
KRYSTEXXA
KUVAN
KYMRIAH
KYPROLIS
LEMTRADA
LENVIMA
LETAIRIS
LEUKINE
leuprolide acetate
LONSURF
LORBRENA
LUCENTIS
LUMIZYME *
LUPRON
LUPRON DEPOT
LUXTURNA
LYNPARZA
MAKENA
MAVENCLAD
MAVYRET
MAYZENT

MEKINIST
MEKTOVI
MENOPUR
miglustat
MIRCERA
MONONINE
MULPLETA
MYALEPT
NAGLAZYME *
NATPARA
NERLYNX
NEULASTA
NEUPOGEN
NEXAVAR
NINLARO
nitisinone
NITYR
NIVESTYM
NORDITROPIN
NORTHERA
NOVAREL
NOVOEIGHT
NOVOSEVEN RT
NPLATE
NUBEQA
NUCALA
NUPLAZID
NUTROPIN AQ
NUWIQ
OBIZUR
OCALIVA
OCREVUS
OCTAGAM *
octreotide acetate
ODOMZO
OFEV
OLUMIANT
OMNITROPE
ONCASPAR
ONPATTRO
OPDIVO
OPSUMIT
ORENCIA *
ORENITRAM
ORFADIN
ORKAMBI
OTEZLA
OTREXUP
OVIDREL
oxaliplatin
OXERVATE
PALYNZIQ
PANZYGA
PEGASYS
PEG-INTRON
PERJETA
PLEGRIDY
POMALYST
PRALUENT
PREGNYL
PRIVIGEN *
PROCRIT
PROCYSBI
PROFILNINE SD
PROLASTIN-C *
PROLIA
PROMACTA
PROVENGE

PULMOZYME
RASUVO
RAVICTI
REBIF
REBINYN
RECLAST
RECOMBINATE
REMICADE *
REMODULIN
RENFLEXIS *
REPATHA
RETACRIT
REVATIO
REVLIMID
RIASTAP
ribavirin capsules
ribavirin tablets
RINVOQ
RITUXAN
RIXUBIS
RUBRACA
RUCONEST
RYDAPT
SABRIL
SAIZEN
SAMSCA
SANDOSTATIN
SANDOSTATIN LAR
SENSIPAR
SEROSTIM
SIGNIFOR
SIGNIFOR LAR
sildenafil 20 mg
sildenafil suspension
SILIQ
SIMPONI
SIMPONI ARIA *
SKYRIZI
sodium phenylbutyrate
SOLIRIS *
SOMATULINE DEPOT
SOMAVERT
SOVALDI
SPINRAZA
SPRYCEL
STELARA
STIMATE
STIVARGA
STRENSIQ
SUCRAID
SUPPRELIN LA
SUTENT
SYLATRON
SYMDEKO
SYM TUZA
SYNAGIS
tadalafil
TAFINLAR
TAGRISSO
TAKHZYRO
TALTZ
TALZENNA
TARCEVA
TARGRETIN
TARGRETIN GEL
TASIGNA
TAVALISSE
TAXOTERE

TECENTRIQ
TECFIDERA
TEGSEDI
TEMODAR
temozolomide
tetrabenazine
THALOMID
TIBSOVO
TIKOSYN
TOBI
TOBI PODHALER
tobramycin inhalation solution
tolvaptan
TRACLEER
TREANDA
TRELSTAR
TREMIFYA
TRETEN
TRIKAFTA
TRIPTODUR
TUKYSA
TURALIO
TYKERB
TYMLOS
TYSABRI
TYVASO
UPTRAVI

VALCHLOR
VANTAS
VECTIBIX
VELCADE
VELETRI
VENCLEXTA
VENTAVIS
VERZENIO
VIDAZA
VIEKIRA PAK
vigabatrin
VIMIZIM *
VISUDYNE
VITRAKVI
VIZIMPRO
VONVENDI
VOSEVI
VOTRIENT
VPRIV *
VUMERITY
VYNDAQEL
WAKIX
WILATE
XALKORI
XELJANZ
XELJANZ XR
XELODA

XENAZINE
XERMELO
XGEVA
XOLAIR
XOSPATA
XPOVIO
XTANDI
XYNTHA
XYREM
YERVOY
YESCARTA
YONSA
ZALTRAP
ZARXIO
ZAVESCA
ZEJULA
ZELBORAF
ZEMAIRA *
ZEPATIER
ZOLADEX
zoledronic acid
ZOLINZA
ZOMACTON
ZORBIVE
ZYDELIG
ZYKADIA
ZYTIGA

* Prior authorization required for medical benefits coverage and subjected to site of care (outpatient hospital, physician's office, home infusion).

DRUGS REQUIRING STEP THERAPY

You must try one of these drugs first or your doctor must request an exception for you ...	Used to treat	... before you can get coverage for these drugs
First Choice Drugs		Second Choice Drugs
At least a 7-day supply of a generic topical corticosteroid AND at least a 7-day supply of topical PROTOPIC (<i>tacrolimus</i>) or ELIDEL (<i>pimecrolimus</i>) within the past 120 days	Short-term (up to 8 days) management of moderate pruritus in adult patients with atopic dermatitis or lichen simplex chronicus	PRUDOXIN cream 5%, ZONALON cream 5%, or <i>doxepin cream 5%</i>
If the patient has filled a prescription for at least a 56 day supply of <i>divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, or venlafaxine</i> within the past 730 days	Indicated for the preventive treatment of migraine in adults.	AIMOVIG, AJOVY, EMGALITY
At least a 30 day supply of at least one alpha-blocker (i.e., <i>alfuzosin, doxazosin, silodosin, tamsulosin, or terazosin</i>), 5 alpha-reductase inhibitor (5-ARI) (e.g., <i>dutasteride, finasteride 5 mg</i>), or combination alpha-blocker and 5-ARI [e.g., JALYN (<i>dutasteride/tamsulosin</i>)] within the past 180 days	Symptomatic benign prostatic hyperplasia (BPH) with or without erectile dysfunction (ED)	CIALIS (<i>tadalafil</i>) 5 mg for 30 tablets

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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SUM2712-1P (10/01/20)

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