

# Prescription Guidelines for Formularies 1, 2, and 3

(effective April 1, 2022)

Some medications are only intended to be used in limited quantities, others require advanced approval or prior authorization by your doctor before they can be filled and some are prescribed in steps.

**Quantity limits** have been placed on the use of selected drugs for quality, safety or utilization reasons. Limits may be on the amount of the drug that we cover per prescription or for a defined period of time.

**Prior Authorization** is required before you fill prescriptions for certain drugs. Without prior approval, your drugs may not be covered.

**Step Therapy** ensures lower costs. When similar medications are available, step therapy guides your doctor to prescribe the lower-cost option first. You may then move up the cost levels until you find the drug that works best for you. Higher step drugs will require advanced approval or prior authorization by your doctor before they can be filled.

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](http://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

ANTICONVULSANTS	
NAYZILAM	5 boxes per month
ANTI-INFECTIVES	
BREXAFEMME	4 tablets per week
clotrimazole troches	90 lozenges per month
FIRVANQ	450 mL per 10 days
VANCOGIN ( <i>vancomycin capsules</i> )	80 capsules per 10 days
XIFAXAN 200 mg	9 tablets per month
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
STROMEKTOL ( <i>ivermectin</i> )	9 tablets per 3 months
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
albuterol inhalation solution 0.63 mg/3 mL, 1.25 mg/3 mL	5 packages (125 vials) per month 4 packages (120 vials) per month
albuterol inhalation solution 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
albuterol inhalation solution 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
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 ( <i>arformoterol</i> )	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	1 package per month
DULERA	1 package (13gm) per month
INCRUSE ELLIPTA ( <i>umeclidinium</i> )	1 package (30 blisters) per month
<i>ipratropium inhalation solution, 0.02%</i>	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
PERFOROMIST ( <i>formoterol</i> )	60 vials per month
PROAIR DIGHALER	2 packages per month
PROAIR HFA	2 packages per month
PROAIR RESPICLICK	2 packages per month
PROVENTIL HFA	2 packages 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> )	1 package 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
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDERS (ADHD)</b>	
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 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 ( <i>methylphenidate ext-rel</i> ) 10 mg, 15 mg, 20 mg, 30 mg	60 capsules per month
APTENSIO XR ( <i>methylphenidate ext-rel</i> ) 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
DYANAVEL 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
<b>CONTRACEPTIVES, MISCELLANEOUS</b>	
FEMALE CONDOMS	12 condoms per month
<b>DIABETES</b>	
ADLYXIN	2 pens or syringes per month
BYDUREON BCISE	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 25 days
<b>DIABETES - INSULIN MANAGEMENT SYSTEMS</b>	
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
<b>EMERGENCY TREATMENT OF ALLERGIC REACTIONS</b>	
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
<b>ERECTILE DYSFUNCTION</b>	
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
MUSE	6 units per month
STENDRA	6 tablets per month
<i>ildenafil</i>	6 tablets per month
<i> sildenafil orally disintegrating tablets</i>	6 tablets per month
VIAGRA ( <i>sildenafil</i> )	6 tablets per month
<b>FEMALE REPRODUCTIVE AGENTS</b>	
METHERGINE	120 tablets per month
<b>GASTROESOPHAGEAL REFLUX DISEASE (GERD)</b>	
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
<b>INFLUENZA TREATMENT &amp; PREVENTION</b>	
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
<b>MIGRAINE</b>	
AIMOVIG 70 mg	2 syringes per month
AIMOVIG 140 mg	1 syringe per month
AJOVY	1 syringe per month
<i>almotriptan</i>	12 tablets per month
AMERGE ( <i>naratriptan</i> )	12 tablets per month
EMGALITY 100 mg	3 syringes per month
EMGALITY 120 mg	Loading - 2 syringes per month; Maintenance - 1 syringe 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
NURTEC	16 tablets per month
ONZETRA XSAIL	16 nosepieces per month
RELPAX ( <i>eletriptan</i> )	12 tablets per month
REYVOW 50 mg	4 tablets per month
REYVOW 100 mg	8 tablets per month
TOSYMRA	18 units per month
TREXIMET ( <i>sumatriptan/naproxen</i> )	9 tablets per month
UBRELVY	16 tablets per month
ZEMBRACE SYMTOUCH	24 injectors per month
<i>zolmitriptan orally disintegrating tablets</i>	12 tablets per month
ZOMIG ( <i>zolmitriptan</i> )	12 tablets per month
ZOMIG NASAL SPRAY	12 units per month
<b>MUSCULOSKELETAL AGENTS</b>	
SOMA 250 mg, 350 mg ( <i>carisoprodol</i> )	84 tablets per month
<b>NAUSEA &amp; VOMITING</b>	
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 4 mg, 8 mg</i>	18 tablets per month

ondansetron tablets 24 mg	2 tablets per month
SANCUSO	2 patches per month
VARUBI	4 tablets per month
ZUPLENZ	18 films per month
<b>NEUROPATHIC PAIN</b>	
GRALISE 300 mg	150 tablets per month
GRALISE 600 mg	90 tablets per month
HORIZANT	60 tablets per month
LYRICA (pregabalin capsules) 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	120 capsules per month
LYRICA (pregabalin capsules) 200 mg	90 capsules per month
LYRICA (pregabalin capsules) 225 mg, 300 mg	60 capsules per month
LYRICA (pregabalin oral solution) 20 mg/mL	900 mL per month
LYRICA CR (pregabalin ext-rel) 82.5 mg, 165 mg, 330 mg	60 tablets per month
<b>PROSTATE &amp; BENIGN PROSTATIC HYPERPLASIA (BPH)</b>	
CIALIS (tadalafil) 5 mg	30 tablets per month
<b>TOPICAL CORTICOSTEROIDS</b>	
alclometasone	120 grams per month
amcinonide cream, ointment	120 grams per month
amcinonide lotion	120 mL per month
betamethasone cream, ointment	120 grams per month
betamethasone lotion	120 mL per month
clocortolone	120 grams per month
clobetasol cream, emollient cream, foam, gel, spray, ointment	120 grams per month
clobetasol lotion, shampoo, solution	120 mL per month
CORDRAN tape	1 package (1 roll) per month
desonide cream, ointment	120 grams per month
desonide lotion	120 mL per month
desoximetasone cream, gel, ointment	120 grams per month
desoximetasone spray	120 mL per month
diflorasone	120 grams per month
fluocinolone cream, ointment	120 grams per month
fluocinolone oil, solution	120 mL per month
fluocinonide cream, gel, ointment	120 grams per month
fluocinonide solution	120 mL per month
flurandrenolide cream, ointment	120 grams per month
flurandrenolide lotion	120 mL per month
fluticasone cream, ointment	120 grams per month
fluticasone lotion	120 mL per month
halcinonide	120 grams per month
halobetasol	120 grams per month
hydrocortisone cream, ointment	120 grams per month
hydrocortisone lotion	120 mL per month
mometasone cream, ointment	120 grams per month
mometasone lotion, solution	120 mL per month
mupirocin cream	30 units per month
mupirocin ointment	30 units per month
prednicarbate	120 grams per month
triamcinolone cream, ointment, spray	120 grams per month
triamcinolone lotion	120 mL per month
<b>TOPICAL LIDOCAINE PRODUCTS</b>	
ASTERO gel 4%	30 grams per month
LDO PLUS gel 4%	30 grams per month
lidocaine gel 2%	30 grams per month
lidocaine ointment 5%	50 grams per month
lidocaine solution 4%	50 mL per month
lidocaine/prilocaine cream 2.5%/2.5%	30 grams per month
LIDOCAINE/TETRACAINE cream	30 grams per month
LIDODERM (lidocaine patch) 5%*	90 patches per month
PLIAGLIS	30 grams per month
SYNERA	2 patches per month
ZTLIDO*	90 patches per month
<b>TOPICAL PRODUCTS, OTHER</b>	
ACANYA (clindamycin phosphate-benzoyl peroxide gel)	50 grams per month
ALDARA (imiquimod cream 5%)	24 packets per 21 days
BENZACLIN (clindamycin phosphate-benzoyl peroxide gel)	50 grams per month
BENZAMYCIN (erythromycin-benzoyl peroxide gel)	47 grams per month
ciclopirox gel	120 grams per month

ciclopirox olamine cream	120 grams per month
ciclopirox olamine suspension	120 mL per month
CLEOCIN-T LOTION ( <i>clindamycin lotion</i> )	60 mL per month
CLEOCIN-T SOLUTION ( <i>clindamycin topical solution</i> )	60 mL per month
CLINDAGEL ( <i>clindamycin gel</i> )	75 mL per month
clotrimazole cream	120 grams per month
clotrimazole solution	120 mL per month
<i>diclofenac sodium solution 1.5%*</i>	150 mL per month
econazole nitrate cream	60 grams per month
ECOZA	70 grams per month
ERTACZO	60 grams per month
ERYGEL ( <i>erythromycin gel</i> )	60 gm per month
<i>erythromycin topical solution</i>	60 mL per month
EXELDERM CREAM ( <i>sulconazole nitrate cream</i> )	60 grams per month
EXELDERM SOLUTION ( <i>sulconazole nitrate solution</i> )	60 mL per month
ketoconazole cream	120 grams per month
ketoconazole foam	100 grams per month
ketoconazole shampoo	120 mL per month
KLISYRI	5 packets per month
LOPROX ( <i>ciclopirox shampoo</i> )	120 mL per month
luliconazole	60 grams per month
miconazole-zinc oxide-white petrolatum ointment	100 grams per month
<i>mupirocin</i>	30 units per month
naftifine gel 1%	120 grams per month
naftifine HCl cream	60 grams per month
NAFTIN GEL 2%	60 grams per month
nystatin ointment	120 grams per month
ONEXTON	50 grams per month
OXISTAT CREAM ( <i>oxiconazole nitrate cream</i> )	60 grams per month
OXISTAT LOTION	60 mL per month
PENNSAID SOLUTION 2%*	112 grams per month
PRUDOXIN CREAM ( <i>doxepin cream</i> ) 5%*	45 grams per month
XOLEGEL	45 grams per month
ZONALON CREAM ( <i>doxepin cream</i> ) 5%*	45 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>	10 capsules per day
<i>acetaminophen/codeine 300/15 mg</i>	13 tablets per day
<i>acetaminophen/codeine 300/30 mg</i>	12 tablets per day
<i>acetaminophen/codeine 300/60 mg</i>	6 tablets per day
<i>acetaminophen/codeine solution, 120-12 mg/5 mL</i>	9 mL per day
APADAZ 4.08/325 mg, 6.12/325 mg, 8.16/325 mg	12 tablets per day
BELBUCA <sup>Δ</sup> 75 mcg, 150 mcg, 300 mcg, 450 mcg	2 films per day
<i>benzhydrocodone/acetaminophen 4.08 mg/325 mg</i>	12 tablets per day
<i>benzhydrocodone/acetaminophen 6.12 mg/325 mg</i>	12 tablets per day
<i>benzhydrocodone/acetaminophen 8.16 mg/325 mg</i>	12 tablets per day
<i>butorphanol nasal spray</i>	2 inhalers per month
BUTRANS <sup>Δ</sup> ( <i>buprenorphine transdermal</i> ) 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr	1 patch every 7 days
<i>carisoprodol w/aspirin &amp; codeine</i>	5 tablets per day
CHLORPHENIRAMINE W/ CODEINE LIQUID 2-9 MG/5ML	60 mL/day for 7 days per month
CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG	2 tablets/day for 7 days per month
CODEINE POLIST-CHLORPHEN POLIST ER SUSP 14.7-2.8 MG/5ML	20 mL/day for 7 days per month
<i>codeine sulfate 15 mg</i>	6 tablets per day
<i>codeine sulfate 30 mg</i>	6 tablets per day
CODEINE SULFATE 60 MG	6 tablets per day
CONZIP <sup>Δ</sup> ( <i>tramadol ext-rel capsules</i> ) 100 mg	1 capsule per day
<i>fentanyl transdermal 12 mcg, 25 mcg</i>	0.3 patches per day
GUAIFENESIN-CODEINE LIQUID 200-10 MG/5ML	60 mL/day for 7 days per month
GUAIFENESIN-CODEINE LIQUID 200-8 MG/5ML	60 mL/day for 7 days per month
GUAIFENESIN-CODEINE LIQUID 225-7.5 MG/5ML	45 mL/day for 7 days per month
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	60 mL/day for 7 days per month
GUAIFENESIN-CODEINE SOLN 100-6.3 MG/5ML	90 mL/day for 7 days per month

HYDROCOD POLST-CHLORPHEN POLST CAP ER 12HR 10-8 MG	2 capsules/day for 7 days per month
HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	10 mL/day for 7 days per month
hydrocodone ext-rel 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	2 capsules per day
hydrocodone ext-rel capsules 30 mg, 40 mg, 50 mg	2 capsules per day
HYDROCODONE W/ HOMATROPINE SYRUP 5-1.5 MG/5ML	30 mL/day for 7 days per month
HYDROCODONE W/ HOMATROPINE TAB 5-1.5 MG	6 tablets/day for 7 days per month
hydrocodone/acetaminophen 5/300 mg, 5/325 mg	8 tablets per day
hydrocodone/acetaminophen 7.5/300 mg, 7.5/325 mg, 10/300 mg, 10/325 mg	6 tablets per day
hydrocodone/acetaminophen solution 7.5 mg-325 mg/15 mL, 10-325 mg/15 mL	9 mL per day
hydrocodone/acetaminophen solution 10-325 mg/15 mL	9 mL per day
hydrocodone/acetaminophen solution 7.5-325 mg/15 mL (5-217 mg/10 mL)	9 mL per day
hydrocodone/ibuprofen 5/200 mg, 7.5 mg/200 mg, 10/200 mg	5 tablets per day
hydromorphone 2 mg	6 tablets per day
hydromorphone 4 mg	5 tablets per day
hydromorphone 8 mg	2 tablets per day
hydromorphone ext-rel <sup>Δ</sup> 8 mg, 12 mg, 16 mg	1 tablet per day
hydromorphone liquid 1 mg/mL	20 mL per day
hydromorphone suppositories 3 mg	4 suppositories per day
HYSINGLA ER <sup>Δ</sup> 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (hydrocodone ext-rel tablets)	1 tablet per day
levorphanol 2 mg	4 tablets per day
levorphanol 3 mg	2 tablets per day
LORTAB ELIXIR 10-300 mg/15 mL	6.5 mL per day
meperidine 50 mg, 100 mg	6 tablets per day
meperidine oral solution 50 mg/5 mL	30 mL per day
methadone 5 mg	3 tablets per day
methadone 10 mg	2 tablets per day
METHADONE INTENSOL (methadone) 10 mg/mL	2 mL per day
methadone oral solution 5 mg/5mL	15 mL per day
methadone oral solution 10 mg/5 mL	10 mL per day
morphine ext-rel beads <sup>Δ</sup> 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1 capsule per day
morphine sulfate 15 mg	6 tablets per day
morphine sulfate 30 mg	3 tablets per day
morphine sulfate oral concentrate 20 mg/mL	4.5 mL per day
morphine sulfate oral solution 10 mg/5 mL	30 mL per day
morphine sulfate oral solution 20 mg/5 mL	22.5 mL per day
morphine sulfate suppositories 5 mg, 10 mg	6 suppositories per day
morphine sulfate suppositories 20 mg	4 suppositories per day
morphine sulfate suppositories 30 mg	3 suppositories per day
MS CONTIN <sup>Δ</sup> (morphine ext-rel) 15 mg, 30 mg	3 tablets per day
NUCYNTA 50 mg	4 tablets per day
NUCYNTA 75 mg	3 tablets per day
NUCYNTA 100 mg	2 tablets per day
NUCYNTA ER <sup>Δ</sup> 50 mg, 100 mg	2 tablets per day
OXAYDO 5 mg, 7.5 mg	6 tablets per day
oxycodone capsules 5 mg	6 capsules per day
oxycodone oral concentrate 100 mg/5 mL	3 mL per day
oxycodone oral solution 5 mg/5 mL	30 mL per day
oxycodone tablets 5 mg, 10 mg	6 tablets per day
oxycodone tablets 15 mg	4 tablets per day
oxycodone tablets 20 mg	3 tablets per day
oxycodone tablets 30 mg	2 tablets per day
oxycodone/acetaminophen 2.5/325 mg, 5/325 mg	12 tablets per day
oxycodone/acetaminophen 10/325 mg	6 tablets per day
oxycodone/aspirin 4.8355/325 mg	12 tablets per day
oxycodone/ibuprofen 5/400 mg	4 tablets per day
OXYCONTIN <sup>Δ</sup> 10 mg, 15 mg, 20 mg, 30 mg	2 tablets per day
oxymorphone 5 mg	6 tablets per day
oxymorphone 10 mg	3 tablets per day
pentazocine/naloxone 50/0.5 mg	4 tablets per day
PHENYLEPHRINE-BROMPHEN W/ CODEINE LIQD 3.33-1.33-6.33 MG/5ML	90 mL/day for 7 days per month
PHENYLEPHRINE-BROMPHEN W/ CODEINE LIQUID 10-4-10 MG/5ML	30 mL/day for 7 days per month
PHENYLEPHRINE-CHLORPHEN W/ CODEINE LIQUID 10-4-10 MG/5ML	30 mL/day for 7 days per month
PHENYLEPHRINE-CHLORPHEN W/ CODEINE SYRUP 5-2-10 MG/5ML	60 mL/day for 7 days per month
PHENYLEPHRINE-DEXCHLORPHENIR-CODEINE SYRUP 5-1-9 MG/5ML	60 mL/day for 7 days per month
PHENYLEPHRINE-TRIPROLIDINE-CODEINE SYRUP 10-2.5-10 MG/5ML	20 mL/day for 7 days per month
PRIMLEV 5/300 mg	12 tablets per day
PRIMLEV 10/300 mg	6 tablets per day
PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	30 mL/day for 7 days per month

PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML	30 mL/day for 7 days per month
PSEUDOEPHEDRINE W/ COD-GG LIQUID 30-10-200 MG/5ML	40 mL/day for 7 days per month
PSEUDOEPHEDRINE W/ COD-GG SOLN 30-10-100 MG/5ML	40 mL/day for 7 days per month
PSEUDOEPHEDRINE W/ COD-GG SYRUP 30-10-100 MG/5ML	40 mL/day for 7 days per month
PSEUDOEPHEDRINE-BROMPHEN-CODEINE LIQ 10-1.33-6.33 MG/5ML	90 mL/day for 7 days per month
PSEUDOEPHEDRINE-BROMPHEN-CODEINE LIQD 30-2-7.5 MG/5ML	60 mL/day for 7 days per month
<i>tramadol</i> 50 mg	6 tablets per day
<i>tramadol</i> 100 mg	3 tablets per day
<i>tramadol ext-rel</i> <sup>Δ</sup> 100 mg	1 tablet per day
<i>tramadol ext-rel</i> <sup>Δ</sup> 150 mg	1 capsule per day
<i>tramadol/acetaminophen</i> 37.5/325 mg	8 tablets per day
XTAMPZA ER <sup>Δ</sup> 9 mg, 13.5 mg, 18 mg, 27 mg	2 capsules per day

<sup>Δ</sup> 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

<b>Influenza Products</b>	RELENZA TAMIFLU ( <i>oseltamivir</i> )
<b>Lidocaine Topical Products</b>	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
<b>Migraine Products</b>	<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 RELPAX ( <i>eletriptan</i> ) TOSYMRA TREMIMET ( <i>sumatriptan/naproxen</i> ) ZEMBRACE SYMTOUCH ZOMIG NASAL SPRAY ZOMIG TABLETS/ZOMIG-ZMT ( <i>zolmitriptan</i> )
<b>Proton Pump Inhibitors</b>	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

ACCU-CHEK TEST STRIPS  
ACTIQ  
*adapalene*  
*adapalene/benzoyl peroxide*  
AIMOVIG  
AJOVY  
AKLIEF  
ARAZLO  
*armodafinil*  
ATRALIN  
*azelaic acid*  
BREEZE 2 TEST STRIPS

*buprenorphine patch*  
*calcipotriene*  
*calcipotriene top scalp soln*  
*calcipotriene/betamethasone dipropionate*  
CALCITRENE  
*calcitriol oint*  
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%*  
DIFFERIN  
DOVONEX  
*doxepin cream 5%*  
ELIDEL  
EMGALITY  
ENSTILAR  
EPIDUO  
EPIDUO FORTE  
FABIOR  
*fentanyl citrate*  
*fentanyl transmucosal lozenge*  
FENTORA  
FINACEA  
FREESTYLE TEST STRIPS  
GLUMETZA  
*ivermectin*  
JUBLIA  
KERYDIN  
KLISYRI  
LAZANDA  
LOVAZA  
*metformin ext-rel (generic FORTAMET)*  
*metformin ext-rel (generic GLUMETZA)*  
MIRVASO  
*modafinil*  
MYFEMBREE  
NAYZILAM  
NORITATE  
NOXAFIL  
NURTEC  
NUVIGIL  
*omeprazole/sodium bicarbonate*  
ORIAHNN

ORLISSA  
PENNSAID  
*pimecrolimus*  
*posaconazole*  
PROTOPIC  
PROVIGIL  
*pyrimethamine*  
RETIN-A  
RETIN-A MICRO  
RHOFADÉ  
SOOLANTRA  
SORILUX  
STROMECTOL  
SUBSYS  
TACLONEX  
*tacrolimus*  
*tadalafil 2.5 mg*  
*tadalafil 5 mg*  
*tavorole*  
*tazarotene*  
TAZORAC  
*tretinoin cream, gel*  
TRETIN-X  
UBRELVY  
VALTOCO  
VECTICAL  
VELTIN  
VFEND  
VYLEESI  
WYNZORA  
XIFAXAN 550 mg  
ZEGERID  
ZIANA  
ZONALON  
ZYFLO ER  
ZYVOX

All other glucose test strips that are not OneTouch brand\*  
Compound drugs with a cost of \$300 or more

\*Not applicable to Formulary 1

## SPECIALTY DRUGS REQUIRING PRIOR AUTHORIZATION

ABECMA  
*abiraterone acetate*  
ACTEMRA \*  
ACTHAR  
ACTIMMUNE  
ADAKVEO \*  
ADCIRCA  
ADEMPAS  
ADUHELM  
AFINITOR  
ALDURAZYME \*  
ALECENSA  
ALUNBRIG  
ALYQ  
*ambrisentan*  
AMONDYS 45 \*  
AMPYRA  
APOKYN  
ARALAST NP \*  
ARANESP  
ARCALYST  
ARIKAYCE  
ASCENIV \*  
ASPARLAS

AUBAGIO  
AUSTEDO  
AVONEX  
AVSOLA \*  
AYVAKIT  
*azacitidine*  
BAFIERTAM  
BALVERSA  
BENLYSTA \*  
BERINERT  
BESREMI  
BETASERON  
BETHKIS  
*bexarotene*  
BIVIGAM \*  
*bosentan*  
BOSULIF  
BRAFTOVI  
BREYANZI  
BRONCHITOL  
BRUKINSA  
BUPHENYL  
CABOMETYX  
CALQUENCE

*capecitabine*  
CAPRELSA  
CARBAGLU  
*carglumic acid*  
CAYSTON  
CERDELGA  
CEREZYME \*  
CETROTIDE  
CHOLBAM  
*chorionic gonadotropin*  
CIMZIA  
*cinacalcet hcl*  
CINQAIR \*  
CINRYZE \*  
COMETRIQ  
COPAXONE  
COPIKTRA  
COSELA  
COSENTYX  
COTELLIC  
CRYSVITA \*  
CUPRIMINE  
CUTAQUIG \*  
CUVITRU \*

CYSTADANE  
CYSTADROPS  
CYSTAGON  
CYSTARAN  
*dalfampridine*  
DAURISMO  
*deferasirox*  
DEPEN TITRATABS  
*dimethyl fumarate*  
*dofetilide*  
DOJOLVI  
DOPTELET  
*droxidopa*  
DUPIXENT  
ELAPRASE \*  
ELELYSO \*  
EMFLAZA  
EMPAVELI INJ  
ENBREL  
ENDARI  
ENSPRYNG  
ENTYVIO \*  
EPCLUSA  
EPIDIOLEX  
EPOGEN  
ERIVEDGE  
ERLEADA  
*erlotinib hcl*  
ESBRIET  
*everolimus*  
EVKEEZA \*  
EVRYSDI  
EXJADE  
EXKIVITY  
EXONDYS 51 \*  
EXSERVAN  
EXTAVIA  
FABRAZYME \*  
FARYDAK  
FASENRA \*  
FASENRA PEN  
FERRIPROX  
FINTEPLA  
FIRAZYR  
FIRDAPSE  
FLEBOGAMMA DIF \*  
FOLLISTIM AQ  
FORTEO  
FULPHILA  
GALAFOLD  
GAMASTAN \*  
GAMMAGARD LIQUID \*  
GAMMAKED \*  
GAMMAPLEX \*  
GAMUNEX-C \*  
*ganirelix acetate*  
GATTEX  
GAVRETO  
GENOTROPIN  
GILENYA  
GILOTRIF  
GIVLAARI \*  
GLASSIA \*  
*glatiramer acetate*  
GLATOPA  
GLEEVEC  
GONAL-F  
GRANIX

HAEGARDA  
HARVONI  
HEMLIBRA  
HETLIOZ  
HIZENTRA \*  
HUMATROPE  
HUMIRA  
HYCAMTIN  
HYQVIA \*  
IBRANCE  
*icatibant acetate*  
ICLUSIG  
IDHIFA  
*imatinib mesylate*  
IMBRUVICA  
INBRIJA  
INCRELEX  
INFLECTRA \*  
INFLIXIMAB  
INGREZZA  
INLYTA  
INQOVI  
INREBIC  
INTRON A  
IRESSA  
ISTURISA  
JADENU  
JAKAFI  
JEMPERLI SOL  
JUXTAPID  
JYNARQUE  
KALBITOR  
KANUMA \*  
KESIMPTA  
KEVEYIS  
KEVZARA  
KINERET  
KISQALI  
KITABIS PAK  
KORLYM  
KOSELUGO  
KUVAN  
KYNMOBI  
*lapatinib ditosylate*  
*ledipasvir/sofosbuvir*  
LENVIMA  
LETAIRIS  
LEUKINE  
*leuprolide acetate*  
LIVMARLI  
LIVTENCIFY  
LONSURF  
LORBRENA  
LUMAKRAS  
LUMIZYME \*  
LUPKYNIS  
LYNPARZA  
MARGENZA  
MAVENCLAD  
MAVYRET  
MAYZENT  
MEKINIST  
MEKTOVI  
MENOPUR  
MEPSEVII \*  
*miglustat*  
MIRCERA  
MULPLETA

MYALEPT  
MYCAPSSA  
NAGLAZYME \*  
NATPARA  
NERLYNX  
NEULASTA  
NEUPOGEN  
NEXAVAR  
NEXVIAZYME \*  
NINLARO  
*nitisinone*  
NITYR  
NIVESTYM  
NORDITROPIN FLEXPRO  
NORTHERA  
NOVAREL  
NUBEQA  
NUCALA \*  
NULIBRY INJ  
NUPLAZID  
NUTROPIN AQ  
NYVEPRIA  
OCALIVA  
OCREVUS \*  
OCTAGAM \*  
*octreotide acetate*  
ODOMZO  
OFEV  
OLUMIANT  
OMNITROPE  
ONPATTRO \*  
ONUREG  
OPSUMIT  
ORENCIA \*  
ORENCIA CLICKJECT  
ORENITRAM  
ORFADIN  
ORGOVYX  
ORKAMBI  
ORLADEYO  
OTEZLA  
OTREXUP  
OVIDREL  
OXBRYTA  
OXERVATE  
OXLUMO \*  
PALYNZIQ  
PANZYGA \*  
PEGASYS  
PEMAZYRE  
PIQRAY  
PLEGRIDY  
POMALYST  
PONVORY  
PREGNYL  
PRIVIGEN \*  
PROCRIT  
PROCYSBI  
PROLASTIN-C \*  
PROMACTA  
PULMOZYME  
PURIXAN  
QINLOCK  
RADICAVA \*  
RASUVO  
RAVICTI  
REBIF  
REDITREX

REMICADE \*  
RENFLEXIS \*  
RETACRIT  
RETEVMO  
REVIAT  
REVLIMID  
RIABNI  
*ribavirin*  
RINVOQ  
ROZLYTREK  
RUBRACA  
RUCONEST  
RUZURGI  
RYBREVENT SOL  
RYDAPT  
RYLAZE  
SABRIL  
SAIZEN  
SAMSCA  
SANDOSTATIN  
SAPHNELO \*  
*sapropterin dihydrochloride*  
SARCLISA  
SCEMBLIX  
SENSIPAR  
SEROSTIM  
SIGNIFOR  
*sildenafil citrate*  
SILIQ  
SIMPONI  
SIMPONI ARIA \*  
SKYRIZI  
SKYTROFA  
*sodium phenylbutyrate*  
*sofosbuvir/velpatasvir*  
SOLIRIS \*  
SOMAVERT  
SOVALDI  
SPRYCEL  
STELARA  
STIMATE  
STIVARGA  
STRENSIQ  
SUCRAID  
*sunitinib*  
SUTENT  
SYMDEKO

SYPRINE  
TABRECTA  
*tadalafil*  
TAFINLAR  
TAGRISSO  
TAKHZYRO  
TALTZ  
TALZENNA  
TARCEVA  
TARGRETIN  
TARPEYO  
TASIGNA  
TAVALISSE  
TAVNEOS  
TAZVERIK  
TECFIDERA  
TEGSEDI  
*temozolomide*  
TEPEZZA \*  
TEPMETKO  
*teriparatide*  
*tetrabenazine*  
THALOMID  
THIOLA  
TIBSOVO  
TIKOSYN  
*tiopronin*  
TOBI  
*tobramycin*  
*tolvaptan*  
TRACLEER  
TREMIFYA  
TRIKAFTA  
TUKYSA  
TURALIO  
TYKERB  
TYMLOS  
TYVASO  
UDENYCA  
UKONIQ  
ULTOMIRIS \*  
UPLIZNA \*  
UPTRAVI  
VALCHLOR  
VENCLEXTA  
VENTAVIS  
VERZENIO

VIDAZA  
VIEKIRA PAK  
*vigabatrin*  
VIGADRONE  
VIMIZIM \*  
VITRAKVI  
VOSEVI  
VOTRIENT  
VOXZOGO  
VPRIV \*  
VUMERITY  
VYNDAMAX  
VYNDAQEL  
VYONDYS 53 \*  
WAKIX  
WELIREG  
XALKORI  
XELJANZ  
XELJANZ XR  
XELODA  
XEMBIFY \*  
XENAZINE  
XERMELLO  
XOLAIR \*  
XOSPATA  
XPOVIO  
XTANDI  
XYREM  
XYWAV  
YONSA  
ZARXIO  
ZAVESCA  
ZEJULA  
ZELBORAF  
ZEMAIRA \*  
ZEPATIER  
ZEPOSIA  
ZEPZELCA  
ZIEXTENZO  
ZOKINVY  
ZOLINZA  
ZOMACTON  
ZORBIVE  
ZYDELIG  
ZYKADIA  
ZYNLONTA SOL  
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 <b>AND</b> 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
If the patient has filled a prescription for at least a 30 day supply of TWO triptan medications (include combinations) within the past 180 days under a prescription benefit administered by CVS Caremark.	Indicated for the acute treatment of migraine with or without aura in adults.	REYVOW
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
At least a 30-day supply of metformin within the past 180 days	Type 2 Diabetes	ADLYXIN, ALOGLIPTIN BENZOATE, ALOGLIPTIN-METFORMIN HCL, ALOGLIPTIN-PIOGLITAZONE, BYDUREON BCISE, BYETTA, FARXIGA, GLYXAMBI, INVOKAMET, INVOKAMET XR, INVOKANA, JANUMET, JANUMET XR, JANUVIA, JARDIANCE, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, OZEMPIC, QTERN, RYBELSUS, SEGLUROMET, SOLIQUA 100/33, STEGLATRO, STEGLUJAN, SYNJARDY, SYNJARDY XR, TRADJENTA, TRIJARDY XR, TRULICITY, VICTOZA, XIGDUO XR, XULTOPHY 100/3.6
At least a 30-day supply of a rapid-acting insulin or short-acting insulin or pre-mixed insulin [e.g., insulin aspart (Novolog), insulin glulisine (Apidra), insulin lispro (Humalog), insulin regular R (Afrezza, Humulin R, Novolin R)] within the past 120 days	Type 1 or Type 2 Diabetes	SYMLINPEN
At least a 1-day supply of generic fluconazole within the past 30 days	Indicated for the treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis	BREXAFEMME

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](http://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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