Prescription Guidelines

(effective July 1, 2015)

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 than 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.

This list is subject to change, so please check the **Drug Search** section of **www.carefirst.com/rx** for the most up-to-date list.

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

ALSUMA INJ	12 injections per month
AMERGE	12 tablets per month
AXERT	12 tablets per month
butorphanol nasal spray	2 inhalers per month
CIALIS 2.5 MG	30 tablets per month
CIALIS 5 MG	30 tablets per month
CAVERJECT	6 units per month
EDEX	6 units per month
FROVA	18 tablets per month
IMITREX	12 tablets per month
IMITREX INJ	12 vials or syringes per month
IMITREX NASAL SPRAY 5 MG	24 units per month
IMITREX NASAL SPRAY 20 MG	12 units per month
LEVITRA	6 tablets per month
MAXALT	18 tablets per month
MAXALT MLT	18 tablets per month
MIGRANAL NS	3 x 8 mL per month

MUSE	6 units per month
OXYCONTIN	120 tablets per month
RELENZA	40 blisters per 90 days
RELPAX	12 tablets per month
STAXYN	6 tablets per month
STENDRA	6 tablets per month
SUMAVEL	12 injections per month
TAMIFLU 30 MG	28 capsules per 90 days
TAMIFLU 45 MG	14 capsules per 90 days
TAMIFLU 75 MG	180 mL per 90 days
TAMIFLU SUSP	1 bottle per 90 days
TREXIMET	9 tablets per month
VIAGRA	6 tablets per month
ZECUITY	12 systems per month
ZOMIG	12 tablets per month
ZOMIG NASAL SPRAY	12 units per month
ZOMIG ZMT	12 tablets per month

NON-SPECIALTY DRUGS REQUIRING PRIOR AUTHORIZATION

ABSTRAL
ACCU-CHEK STRIPS AND KITS
ACTIQ
ATRALIN
AVITA
BREEZE 2 STRIPS AND KITS
CONTOUR NEXT STRIPS AND KITS
CONTOUR STRIPS AND KITS
EPANOVA
FABIOR
FENTORA
FREESTYLE STRIPS AND KITS
LAZANDA
LOVAZA
OMTRYG
ONSOLIS
RETIN-A
RETIN-A MICRO
SUBSYS
TAZORAC
TRETIN-X
VASCEPA
VELTIN
XIFAXAN 550 MG
ZIANA
All other glucose test strips that are not ONETOUCH brand
Compound drugs with a cost of $300 or more

SPECIALTY DRUGS REQUIRING PRIOR AUTHORIZATION

ABRAXANE
ACTEMRA
ACTIMMUNE
ADAGEN
ADCIRCA
ADEMPAS
ADVATE
AFINITOR
ALDURAZYME
ALIMTA
ALPHANATE
ALPHANINE SD
ALPROLIX
AMPYRA
APOKYN
ARALAST
ARANESP *
ARCALYST
AUBAGIO
AVASTIN
AVONEX
azacitidine
BEBULIN
BENEFIX
BENLYSTA
BERINERT
BETASERON
BETHKIS
BIVIGAM
BOSULIF
BOTOX
BUPHENYL
capecitabine
CAPRELSA
CARBAGLU
CARIMUNE NF
CAYSTON
CERDELGA
CEREZYME
CIMZIA
CINRYZE
COMETRIQ
COPAXONE
COPEGUS
CORIFACT
COSENTYX
CYSTAGON
CYSTARAN
CYTOGAM
DOCEFREZ
DYSPORT
EGRIFTA
ELAPRASE
ELELYSO
ELIGARD
ELOCTATE
ELOXATIN
ENBREL
ENTYVIO
EPOGEN *
epoprostenol
ERBITUX
ERIVEDGE
ESBRIET
EXJADE
EXTAVIA
EYLEA
FABRAZYME
FARYDAK
FEIBA NF
FEIBA VH
FERRIPROX
FIRAZYR
FIRMAGON
FLEBOGAMMA
FLOLAN
FORTEO
FUZEON
GAMASTAN S/D
GAMMAGARD
GAMMAGARD S/D
GAMMAKED
GAMMAPLEX
GAMUNEX-C
GATTEX
GEMZAR
GENOTROPIN
GILENYA
GILOTRIF
GLASSIA
GLEEVEC
GRANIX *
H.P. ACTHAR GEL
HARVONI
HELIXATE FS
HEMOFIL M
HERCEPTIN
HETLIOZ
HIZENTRA
HUMATE-P
HUMATROPE
HUMIRA
HYCAMTIN
HYQVIA
IBRANCE
ICLUSIG
ILARIS
IMBRUVICA
INCRELEX
INLYTA
INTRON A
JADENU
JAKAFI
JUXTAPID
KADCYLA
KALBITOR
KALYDECO
KINERET
KITABIS PAK
KOATE-DVI
KOGENATE FS
KORLYM
KUVAN
KYNAMRO
LEMTRADA
LENVIMA
LETAIRIS
LEUKINE *
leuprolide acetate
LUCENTIS
LUMIZYME
LUPRON
LUPRON DEPOT
LYNPARZA
MACUGEN
MEKINIST
MIRCERA *
MONOCLATE-P
MONONINE
MYALEPT
MYOBLOC
MYOZYME
NAGLAZYME
NATPARA
NEULASTA *
NEUMEGA
NEUPOGEN *
NEXAVAR
NORDITROPIN
NORTHERA
NOVOSEVEN
NPLATE
NUTROPIN AQ
OCTAGAM
octreotide acetate
OFEV
OLYSIO
OMNITROPE
OPSUMIT
ORENCIA
ORENITRAM
ORFADIN
OTEZLA
OTREXUP
PEGASYS
PEGINTRON
PERJETA
phenylbutyrate sodium
PLEGRIDY
POMALYST
PRIVIGEN
PROCRIT *
PROCYSBI
PROFILNINE SD
PROLASTIN-C
PROLIA
PROMACTA
PROVENGE
PULMOZYME
RASUVO
RAVICTI
REBETOL
REBETOL SOLUTION
REBIF
RECLAST
RECOMBINATE
REMICADE
REMODULIN
REVATIO
REVLIMID
RIASTAP
RIBAPAK
RIBASPHERE
RIBATAB
ribavirin caps
ribavirin tabs
RITUXAN
RIXUBIS
RUCONEST
SABRIL
SAIZEN
SAMSCA
SANDOSTATIN
SANDOSTATIN LAR

SENSIPAR
SEROSTIM
SIGNIFOR
sildenafil
SIMPONI
SIMPONI ARIA
SOLIRIS
SOMATULINE DEPOT
SOMAVERT
SOVALDI
SPRYCEL
STELARA
STIMATE
STIVARGA
SUTENT
SYLATRON
SYNAGIS
TAFINLAR
TARCEVA
TARGRETIN
TASIGNA
TAXOTERE
TECFIDERA
TEMODAR
temozolomide
TEV-TROPIN
THALOMID
TIKOSYN
TOBI
TOBI PODHALER
tobramycin inhalation solution
TRACLEER
TREANDA
TRELSTAR
TRETTEN
TYKERB
TYSABRI
TYVASO
VALCHLOR
VANTAS
VELCADE
VELETRI
VENTAVIS
VICTRELIS
VIDAZA
VIEKIRA PAK
VIMIZIM
VISUDYNE
VOTRIENT
VPRIV
WILATE
XALKORI
XELJANZ
XELODA
XENAZINE
XEOMIN
XGEVA
XOLAIR
XTANDI
XYNTHA
YERVOY
ZAVESCA
ZELBORAF
ZEMAIRA
ZOLADEX
zoledronic acid
ZOLINZA
ZOMETA
ZORBTIVE
ZYDELIG
ZYKADIA
ZYTIGA

* Prior authorization required for prescription benefits coverage only.

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**
minocycline (immediate or extended release) or doxycycline (immediate or extended release)	Acne	Solodyn, Ximino (minocycline extended release)

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit www.carefirst.com and log into My Account or contact CareFirst Pharmacy Services at 800-241-3371.

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