University System of Georgia
Prior Authorization, Step Therapy and Quantity Limit List (Updated October 2022)

Prior Authorization (PA)

Your doctor will need to obtain a PA for the drugs listed below, before your prescription benefit plan managed by CVS Caremark® will cover them. The PA process helps ensure that you receive the appropriate drugs for the treatment of specific conditions and in quantities approved by the U.S. Food and Drug Administration (FDA).

For PA review, your **doctor** should call CVS Caremark at **1-800-294-5979 before** you go to the pharmacy. The PA line is for your doctor's use only.

Drug Class	Products Requiring PA
Acne (age 30 and older)	Differin (adapalene)
	Tazorac/Fabior (tazarotene)
	Topical Retinoids (Atralin, Altreno, Avita, Clindamycin-Tretinoin Retin-A, Retin-A Micro, Tretin-X, tretinoin, Veltin, Ziana)
ADHD/Narcolepsy (age 22 and older)	Adhansia XR ,Aptensio XR, Concerta, Cotempla XR-ODT, Daytrana, Focalin Products, Metadate Products, Methylin Products, Quillichew ER, Quillivant XR Susp, Ritalin Products, Jornay PM, Adderall, Adderall XR, Adzenys ER oral suspension, Adzenys XR-ODT, Desoxyn, Dextroamphetamine Products, Dexedrine, Dyanavel XR, Evekeo Prodcuts, Mydayis, ProCentra, Vyvanse, Zenzedi
Anabolic Steroids	Anadrol-50, Oxandrin
Antifungals, Topical	Ciclopirox Products (Ciclodan,Penlac)
Compounded Medications* Compounds greater than $300	Select various medications (check with the pharmacy or Caremark customer care for test claim) *A compounded medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.
Narcolepsy –	Provigil (modafinil), Nuvigil (armodafinil), Xyrem (sodium

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Due to the large number of available medicines, this list may not be all inclusive and may change without notice. Dispensing limits and/or prior authorization requirements apply to all brand and generic equivalents unless otherwise indicated. Products distributed and therapies covered by CVS Caremark may change or expand from time to time. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Other	oxybate)
Pain	Oral-Intranasal Fentanyl (Abstral, Actiq, Fentora, Lazanda, Onsolis, Subsys)
Testosterone Products, Topical & Buccal	AndroGel, Androderm, Axiron, Fortesta, Striant, Testim, Testosterone Cream, Testosterone Ointment, Testosterone Powder, mucoadhesive buccal system, nasal gel, topical gel, topical solution, transdermal patch
510(k) Products	Select miscellaneous and select medical devices (check with the pharmacy or CVS Caremark Customer Care for test claim)
Solaraze	Solaraze
Sitavig	Sitavig

Step Therapy

Before your prescription benefit plan will cover one of the drugs listed below, you will need to try one of the covered options available for that drug. Please consult with your doctor about what covered medications are right for you. Your **doctor** should call CVS Caremark at **1-800-294-5979** to request PA. The PA line is for your doctor's use only.

Drug Class	Products Requiring Step Therapy
Brand Minocycline Extended-Release (Acne)	Solodyn, Ximino, Minolira
COX-2 Inhibitors (Pain)	Celebrex (celecoxib)
Immunosuppressants, Topical (Eczema, Psoriasis)	Elidel (pimecrolimus), Protopic (tacrolimus)
Cuprimine/Syprine	Clovique, Cuprimine, Syprine
Migraine CGRP class	Aimovig (erenumab-aooe injection), Ajovy (fremanezumab-vfrm injection), Emgality (galcanezumab-gnlm injection), Vyepti (eptinezumab-jjmr)

Quantity Limits (QL)

The drugs listed on the following pages have limits based on FDA-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs.

The limits listed below affect only the amount of medication that the prescription benefit plan pays for, not whether you can get a greater quantity. The final decision about the amount of medication you receive remains between you and your doctor.

Note: Some of the quantity limits have a PA available if you exceed the drug's limit. Those drugs with a PA available are noted in chart on the following pages. If your doctor has determined that a greater amount is appropriate, your **doctor** should call CVS Caremark at **1-800-294-5979** to request PA for a larger quantity. The PA line is for your doctor's use only.

Quantity Limits		
Therapeutic Class	**Drugs and Limits Allowed**	**PA Available (To Exceed Quantity Limit)**
Migraine Medications **30-Day Supply**	Amerge 1 mg & 2.5 mg Tab (12), Axert 6.25 mg & 12.5 mg Tab (12), Frova 2.5 mg Tab (18), Imitrex 6 mg Inj Vial (12vl), Imitrex 4 mg Inj syringe (18ea), Imitrex 6 mg Inj (syringe) (12ea), Imitrex 5 mg NS (24), Imitrex 20 mg NS (12ea), Imitrex 25 mg, 50 mg & 100 mg Tab (12), Maxalt/Maxalt MLT 5 mg & 10 mg Tab (18), Onzetra Xsail 1 kit (8 pouches, 16 nosepieces), Relpax 20 mg & 40 mg Tab (12), Sumavel Dosepro 4 mg (18ea),Sumavel Dosepro 6 mg (12ea), Tosymra (18 each), Treximet 10-60 mg, 85-500 mg Tab (9), Zembrace SymTouch 24 injs, Zomig/Zomig ZMT 2.5 mg & 5mg Tab (12), Zomig NS (12ea), Migranal NS (1 x 8 ml)	Yes
Migraine Medications **90-Day Supply**	Amerge 1 mg & 2.5 mg Tab (36), Axert 6.25 mg & 12.5 mg Tab (36), Frova 2.5 mg Tab (54), Imitrex 6 mg Inj Vial (40vl), Imitrex 4 mg Inj syringe (54ea), Imitrex 6 mg Inj (syringe) (36ea), Imitrex 5 mg NS (72), Imitrex 20 mg NS (36ea), Imitrex 25 mg, 50 mg, & 100 mg Tab (36), Maxalt/Maxalt MLT 5 mg & 10 mg Tab (54), Onzetra Xsail 4 kits (32	Yes

	pouches, 64 nosepieces), Relpax 20 mg & 40 mg Tab (36), Sumavel Dosepro 4 mg (54ea), Sumavel Dosepro 6 mg (36ea), Tosymra (54 each), Treximet 10-60 mg Tab (18), 85-500 mg Tab (36), Zembrace SymTouch 72 injs, Zomig/Zomig ZMT 2.5 mg & 5 mg Tab (36), Zomig NS (36ea), Migranal NS (3 x 8 ml)	
Erectile Dysfunction 30-Day Supply	Caverject, Edex, Muse, Cialis 10 mg, 20 mg, Levitra, Staxyn, Stendra, Viagra (6 units of all combined) Cialis 2.5 mg & Cialis 5 mg only (30 units)	No.
Erectile Dysfunction 90-Day Supply	Caverject, Edex. Muse, Cialis 10 mg, 20 mg, Levitra, Staxyn, Stendra, Viagra (18 units of all combined) Cialis 2.5 mg & Cialis 5 mg only (90 units)	No
Influenza (Flu)	Tamiflu 75 mg Cap (20), Tamiflu 45 mg (20), Tamiflu 30 mg (40), Tamiflu 30 mg/5 ml Oral Susp (360 ml), Relenza Cap(40), Xofluza(4) (1 fill of either Relenza or Tamiflu every 90 days unless post limit approved)	Yes
Respiratory – SHORT-ACTING Beta 2 Agonist/Combinations **30-Day Supply**	Short Acting Beta2-Adrenergic Agonist Oral Inhalation criteria: ProAir HFA (2x8.5g), ProAir Digihaler (2 pkgs), Proair RespiClick (2 pkgs), Proventil HFA(2x7g), Ventolin HFA (6x8g,2x18g), ALBUTEROL AER HFA (2x18g, 2x8.5g), Albuterol 0.5% Sol (3x20 ml), Albuterol 0.5% Sol (4 pkgs of 30x0.5 ml=120 vials total), Albuterol 0.083% Sol (5x75 ml/pkg, 4x90 ml/pkg, 2x180 ml/pkg), AccuNeb 0.63 & 1.25 mg/3 ml (albuterol) (5x75 ml), albuterol 0.63 mg & 1.25 mg/2 ml (4x90 ml), Xopenex 0.31, 0.63, & 1.25 mg/3ml (#24vls/carton = 4x72 ml=288 ml total), Xopenex 0.31, 0.63, & 1.25 mg/3 ml (#25vls/carton = 4x75 ml=300 mls total), Xopenex 0.31, 0.63, & 1.25 mg/3 ml (#30vls/carton=3x90 ml=270 mls total), Xopenex Concentrate 1.25 mg/0.5 ml (3 pkgs of #30x0.5 ml/ vl/pkg), Xopenex HFA (2x15g)	No
Respiratory – SHORT-ACTING Beta 2 Agonist/Combinations	Short Acting Beta2-Adrenergic Agonist Oral Inhalation criteria: ProAir HFA (6x8.5 g), ProAir Digihaler (6 pkgs), Proair RespiClick (6 pkgs), Proventil HFA (6x7 g), Ventolin HFA (18x8 g,	No

90-Day Supply	6x18 g), ALBUTEROL AER HFA (6x18 g ,6x8.5 g), Albuterol 0.5% Sol (9x20 ml), Albuterol 0.5% Sol (12 pkg of 30 x 0.5 ml= 360 vials total), Albuterol 0.083% Sol (15x75 ml, 12x90 ml, 6x180 ml), AccuNeb 0.63 & 1.25 mg/3 ml(albuterol) (15x75 ml), albuterol 0.63 mg & 1.25 mg/2 ml (12x90 ml), Xopenex 0.31, 0.63, & 1.25 mg/3 ml (#24vls/ carton=12x72 ml= 864 mls total), Xopenex 0.31, 0.63, & 1.25 mg/3 ml (#25vls/carton=12x75 ml= 900 mls total), Xopenex 0.31, 0.63, & 1.25 mg/3 ml (#30vls/carton=9x90 ml =810 mls total), Xopenex Concentrate 1.25 mg/0.5 ml (9 pkgs of #30x 0.5 ml/vl/pkg), Xopenex HFA (6x15 g)	
Respiratory – LONG-ACTING Beta 2 Agonist/Combinations **30-Day Supply**	Long-Acting Beta2-Adrenergic Agonist, Combinations Oral Inhalation criteria: Serevent Diskus (1x60), Striverdi (1x4 g), Advair Diskus (1x60), Advair HFA(1x12 g), Airduo Digihaler and Respiclick (1 pkg), Breztri Aerosphere (1 pkg), Brovana Sol (2x60 ml), Duaklir Pressair (1 pkg of 60 inhalations each), Symbicort (1x10.2 g), Perforomist (1x120 ml), Perforomist (2x60 ml), Dulera 100 mcg & 200 mcg (1x13 g), Arcapta (1X30), Anoro Ellipta (1 pkg), Bevespi (1x10.7 g), Breo Ellipta (1 pkg), Stiolto Respimat(1x4 g), Trelegy Ellipta (1 pkg of #60 blisters), Utibron Neohaler (1 pkg of #60 caps)	No
Respiratory – LONG-ACTING Beta 2 Agonist/Combinations **90-Day Supply**	Long-Acting Beta2-Adrenergic Agonist, Combinations Oral Inhalation criteria: Serevent Diskus (3x60), Striverdi (3x4 g), Advair Diskus (3x60), Advair HFA (3x12 g), Airduo Digihaler and Respiclick (3 pkgs), Breztri Aerosphere (3 pkgs), Brovana Sol (6x60 ml), Duaklir Pressair (3 pkgs of 180 inhalations each), Symbicort (3x10.2 g), Perforomist (3x120 ml), Perforomist (6x60 ml), Dulera 100 mcg & 200 mcg (3x13 g), Arcapta (3X30), Anoro Ellipta (3 pkg), Bevespi (3x10.7 g), Breo Ellipta (3 pkg), Stiolto Respimat (3x4g), Trelegy Ellipta (3 pkg of #60 blisters = 180 blisters), Utibron Neohaler (3 pkgs of #60 caps; #180 total caps)	No
Respiratory – Mast Cell Stabilizers and Anticholinergics	Atrovent HFA (2x12.9 g), Ipratropium Inh Sol (5x62.5 ml, 4x75 ml, 2x150 ml), Combivent Respimat (2x4 g), Duoneb (6x90 ml, 3x180 ml),	No

30-Day Supply	Cromolyn Inh Soln (2x120 ml, 1x240 ml), Incruse Ellipta (1 pkg of #30 blisters), Lonhala Magnair (1 pkg of 60), Seebri Neohaler (1 pkg of #60; #60 total caps), Spiriva Handihaler (1 device & pkg#30ea), Spiriva Respimat (1x4 gm), Tudorza Pressair 30 dose Inh (2 containers), Tudorza Pressair 60 dose Inh (1 container), Yupelri (1 package of 30 vials, 3 mL each #90 ml per month)	
Respiratory – Mast Cell Stabilizers and Anticholinergics **90-Day Supply**	Atrovent HFA (6x12.9 g), Ipratropium Inh Sol (15x62.5 ml, 12x75 ml, 6x150 ml), Combivent Respimat (6x4 g), Duoneb (18x90 ml, 9x180 ml), Cromolyn Inh Soln (6x120 ml, 3x240 ml), Incruse Ellipta (3 pkgs of #30; #90 total blisters), Lonhala Magnair (3 pkgs of 60), Seebri Neohaler (3 pkgs of #60; #180 total caps), Spiriva Handihaler (3 pkgs of device & #30ea or 1 pkg of device & #90ea), Spiriva Respimat (3x4 gm inhaler, Tudorza Pressair 30 dose Inh (6 containers), Tudorza Pressair 60 dose Inh (3 container), Yupelri (90 vials per 3 months 3 ml each #270 ml)	No
Respiratory – Inhaled Corticosteroids **30-Day Supply**	Armonair Respiclick (1 pkg of #60), Arnuity Ellipta 50 (1 pkg of #30), Arnuity Ellipta 100 (1 pkg of #30), Arnuity Ellipta 200 (1 pkg of #30), Asmanex 110 mcg #30 (2 ea), Asmanex 220 mcg #30 (4 ea), #60 (2 ea) & #120 (1 ea), Asmanex HFA Aer100 mcg (1 x13 g), Asmanex HFA Aer 200 mcg (1 x13 g), Alvesco 80 mcg 3x6.1 g), Alvesco 160 mcg(2x6.1 g), Flovent HFA 44 mcg (2x10.6 g inh), Flovent HFA 110 mcg (2x12g inh), Flovent HFA 220 mcg (2x12 g inhs), Flovent Diskus 50 mcg (3x60), Flovent Diskus 100 mcg (4x60), Flovent Diskus 250 mcg (4x60), QVAR REDIHALER 40 MCG (2 pkg x 10.6 gm each = 21.2 gm), QVAR REDIHALER 80 MCG (2 pkg x 10.6 gm each = 21.2 gm), Pulmicort Resps 0.25 MG/2 ml (3x60 ml), Pulmicort Resps 0.5 mg/2 ml (2x60 ml), Pulmicort Resps 1 mg/2 ml (1x60 ml), Pulmicort Flexhaler 90 mcg (3 inhs), Pulmicort Flexhaler 180 mcg (2 inhs)	No
Respiratory – Inhaled Corticosteroids **90-Day Supply**	Armonair Respiclick (3 pkg of #60), Arnuity Ellipta 50 (3 pkg of #30) Arnuity Ellipta 100 (3 pkg of #30), Arnuity Ellipta 200 (3 pkg of #30), Asmanex 110 mcg #30 (6 ea), Asmanex 220 mcg #30 (12 ea),	No

	#60 (6 ea) & #120 (3 ea), Asmanex HFA Aer 100 mcg (3x13 g), Asmanex HFA Aer 200 mcg (3x13 g), Alvesco 80 mcg (9x6.1 g), Alvesco 160 mcg (6x6.1 g), Flovent HFA 44 mcg (6x10.6 g inhs), Flovent 110 mcg (6x12 g inhs), Flovent HFA 220 mcg (6x12 g inhs), Flovent Diskus 50 mcg (9x60), Flovent Diskus 100 mcg (12x60), Flovent Diskus 250 mcg (12x60), QVAR REDIHALER 40 MCG (6 pkg x 10.6 gm each = 63.6 gm), QVAR REDIHALER 80 MCG (6 pkg x 10.6 gm each = 63.6 gm), Pulmicort Resps 0.25 MG/2 ml (9x60 ml), Pulmicort Resps 0.5 mg/2 ml (6x60 ml), Pulmicort Resps 1 mg/2 ml (3x60 ml), Pulmicort Flexhaler 90 mcg (9 inh), Pulmicort Flexhaler 180 mcg (6 inhs)	
Allergy – Intranasal Steroids/Antihistamines **30-Day Supply**	azelastine (2x30 ml), Beconase AQ (2x25 g), Dymista (1x 23 g), flunisolide (3x25 ml), fluticasone spray (1x16 g), Nasonex (2x17 g), Omnaris (1x13 g), olopatadine (1x31 g), QNASL 40 mcg (1x6.8 g), QNASL 80 mcg (1x10.6 g), Xhance (2x16 ml), Zetonna (1x6.1 g)	No
Allergy – Intranasal Steroids/Antihistamines **90-Day Supply**	azelastine (6x30 ml), Beconase AQ (6x25 g), Dymista (3x23 g), flunisolide (9x25 ml), fluticasone spray (3x16 g), Nasonex (6x17 g), Omnaris (3x13 g), olopatadine (3x31 g), QNASL 40 mcg (3X6.8 g) QNASL 80 mcg (3x10.6 g), Xhance (6x16 ml), Zetonna (3x6.1 g)	No

Lidocaine Topical, Lidocaine-Prilocaine, Lidocaine-Tetracaine **30-Day Supply**	Lidocaine 2.5% and prilocaine 2.5% cream (30 gm), Lidocaine 2% gel (30 gm), Lidocaine 4% gel (30 gm), Lidocaine 5% oint (50 gm), lidocaine HCl-collagen-aloe vera 2% gel (30 gm), Xylocaine/ Lidocaine 4% soln (50 ml), Lidocaine hcl urethral/ mucosal gel 2% (60 ml), Pliaglis 7-7% cream (30 gm), Synera 70-70 mg patch(2)	No
Albenza **Biltricide** **Egaten** **Emverm** **30- and 90-Day Supply**	Albenza (albendazole) 336 tablets/365 days, Biltricide(praziquantel) 24 tablets/365 days, Egaten (triclabendazole) 16 tablets/365 days, Emverm (mebendazole) 12 tablets/365 tablets	No
Butorphanol (Stadol NS) **30-Day Supply**	Butorphanol 2 bottles/25 days	Yes
Butorphanol (Stadol NS) **90-Day Supply**	Butorphanol 2 bottles/75 days	Yes
Ketoroloc tabs (Toradol) **30- and 90-Day Supply**	Ketorolac tab 20 tablets/25 days	No
Ketorolac nasal spray (Sprix) **30- and 90-Day Supply**	5 bottles/25 days	No

Morphine Milligram Equivalent (MME) Opioid Management

MME-based quantity limits criteria were developed in response to the Centers for Disease and Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain.

- For MME-based criteria, Initial limit quantities do not exceed 90 MME/day; post-limit quantities do not exceed 200 MME/day unless minimum labeled dosing exceeds 200 MME/day.
- Without PA, there is a 7-day acute pain duration limit for products for adults, and a 3-day acute pain duration limit for ages 19 and under for immediate release (IR) products.

Quantity limit and step therapy programs for Extended Release (ER) opioid products. Step therapy requires the use of an IR opioid product before starting an ER opioid product.

Target Drugs:	Arymo ER, Avinza, Belbuca, Butrans, Conzip, Dolophine, Duragesic, Embeda, Exalgo, Hysingla ER, Kadian, Methadone, Methadone Intensol 10 MG/ML NDC 00054-3553-44 only, Morphabond, MS Contin, Nucynta ER, Opana ER, Oxycontin, Targiniq ER, tramadol ER, Troxyca ER, Ultram ER, Vantrela ER, Xtampza ER, Zohydro ER

Quantity limit and acute pain duration limit (days' supply) for IR opioid products.

Target Drugs:	codeine sulfate, hydromorphone hcl, levorphanol tartrate, meperidine hcl, morphine sulfate, oxycodone hcl, oxymorphone hcl, pentazocine/naloxone, tapentadol, tramadol hcl

Quantity limit and acute pain duration limit (days' supply) for IR acetaminophen/ aspirin/ibuprofen opioid combination products.

Target Drugs:	acetaminophen/codeine, acetaminophen/benzhydrocodone, acetaminophen/hydrocodone, acetaminophen/oxycodone, acetaminophen/tramadol, acetaminophen/caffeine/ dihydrocodeine, aspirin/oxycodone, aspirin/caffeine/ dihydrocodeine, ibuprofen/hydrocodone, ibuprofen/oxycodone

Advanced Control Specialty Formulary™ and Specialty Guideline Management

The Advanced Control Specialty Formulary encourages utilization of clinically appropriate and lowest net cost medications within select specialty categories. Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name medicine to treat a condition. We may contact your doctor after getting your prescription to ask for a preferred product or generic equivalent. Your doctor may then prescribe, when medically appropriate, a different product instead of your original prescription. For specific information about your prescription benefit coverage, please visit Caremark.com or contact a CVS Caremark Customer Care representative at 1-877-362-3922.

Your doctor will also need to get a PA for specialty drugs before they will be covered by your plan. The PA process helps ensure that you are getting the appropriate drugs to treat specific conditions.

Visit CVSspecialty.com for a full list of specialty drugs. For specialty drug PA review, your doctor should call CVS Specialty at 1 866-814-5506 before you go to the pharmacy. The PA line is for your doctor's use only.

Log in to Caremark.com to check coverage and copay** information for a specific medicine. For more information, contact a CVS Caremark Customer Care Representative at 1-877-362-3922.

**Copay, copayment or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.