

AGE LIMIT RESTRICTIONS

Effective October 1, 2023

Below is a list of medications with an age limit restriction requiring prior authorization by your plan. This list is intended only as a guide to coverage. We encourage you to talk to your doctor about all your treatment options. To learn more about your benefit plan coverage, check your specific plan documents available by logging in to your member portal at www.prescriptive.com/member.

Therapeutic Category	Drug Name	Active Ingredient Name and Strength	Prior Authorization Required For
Acne Products	Aczone Gel 5%	Dapsone Gel 5%	Under age 12
	Aczone Gel 7.5%	Dapsone Gel 7.5%	Under age 12
	Adapalene Cream 0.1%	Adapalene Cream 0.1%	Over age 35
	Adapalene Gel 0.1%	Adapalene Gel 0.1%	Over age 35
	Adapalene Pad 0.1% Swab	Adapalene Pad 0.1%	Over age 35
	Adapalene Solution 0.1%	Adapalene Solution 0.1%	Over age 35
	Adapalene-Benzoyl Peroxide Pad 0.1-2.5%	Adapalene-Benzoyl Peroxide Pad 0.1-2.5%	Over age 35
	Aklief Cream 0.005%	Trifarotene Cream 0.005%	Over age 35
	Altreno Lotion 0.05%	Tretinoin Lotion 0.05%	Over age 35
	Arazlo Lotion 0.045%	Tazarotene Lotion 0.045%	Over age 35
	Atralin Gel 0.05%	Tretinoin Gel 0.05%	Over age 35
	Avita Cream 0.025%	Tretinoin Cream 0.025%	Over age 35
	Avita Gel 0.025%	Tretinoin Gel 0.025%	Over age 35
	Azelex cream 20%	Azelaic Acid Cream 20%	Over age 35
	Clindamycin Gel - Tretinoin	Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%	Over age 35
	Differin Gel 0.3%	Adapalene Gel 0.3%	Over age 35
	Differin Lotion 0.1%	Adapalene Lotion 0.1%	Over age 35
	Epiduo Forte Gel 0.3-2.5%	Adapalene-Benzoyl Peroxide Gel 0.3-2.5%	Over age 35
	Epiduo Gel 0.1-2.5%	Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	Over age 35
	Fabior AeroSolution 0.1%	Tazarotene Foam 0.1%	Over age 35
	Retin-A Cream 0.05%	Tretinoin Cream 0.05%	Over age 35
	Retin-A Cream 0.1%	Tretinoin Cream 0.1%	Over age 35
Retin-A Gel 0.01%	Tretinoin Gel 0.01%	Over age 35	
Retin-A Kit 0.01%	Tretinoin Gel 0.01% Kit	Over age 35	

Therapeutic Category	Drug Name	Active Ingredient Name and Strength	Prior Authorization Required For
Acne Products Cont.	Retin-A Kit 0.025%	Tretinoin Cream 0.025% Kit	Over age 35
	Retin-A Kit 0.025%	Tretinoin Gel 0.025% Kit	Over age 35
	Retin-A Kit 0.05%	Tretinoin Cream 0.05% Kit	Over age 35
	Retin-A Kit 0.1%	Tretinoin Cream 0.1% Kit	Over age 35
	Retin-A Liquid 0.05%	Tretinoin Liquid 0.05%	Over age 35
	Retin-A Micro Gel 0.04%	Tretinoin Microsphere Gel 0.04%	Over age 35
	Retin-A Micro Gel 0.06%	Tretinoin Microsphere Gel 0.06%	Over age 35
	Retin-A Micro Gel 0.08%	Tretinoin Microsphere Gel 0.08%	Over age 35
	Retin-A Micro Gel 0.1%	Tretinoin Microsphere Gel 0.1%	Over age 35
	Tazorac Cream 0.05%	Tazarotene Cream 0.05%	Over age 35
	Tazorac Cream 0.1%	Tazarotene Cream 0.1%	Over age 35
	Tazorac Gel 0.05%	Tazarotene Gel 0.05%	Over age 35
	Tazorac Gel 0.1%	Tazarotene Gel 0.1%	Over age 35
	Tretin-X Cream 0.0375%	Tretinoin Cream 0.0375%	Over age 35
	Tretin-X Cream 0.075%	Tretinoin Cream 0.075%	Over age 35
	Twynéo cream 0.1-3%	Tretinoin-Benzoyl Peroxide 0.1-3%	Over age 35
Winlevi Cream 1%	Clascoterone Cream 1%	Over age 35	
Antiasthmatic and Bronchodilator Agents	Accolate Tablet 10mg	Zafirlukast Tablet 10 mg	Under age 5
	Zafirlukast Tablet 20mg	Zafirlukast Tablet 20 mg	Under age 5
	Zyflo CR Tablet 600mg	Zileuton Tablet ER 600 mg	Under age 12
	Zyflo Tablet 600mg	Zileuton Tablet 600 mg	Under age 12
Anticonvulsants	Eprontia Solution 25mg/ml	Topiramate Oral Solution 5mg/ml	Over age 12
	Lacosamide solution 10mg/ml	Lacosamide solution 10mg/ml	Over age 12
	Levetiracetam Oral Solution 100mg/ml	Levetiracetam Oral Solution 100mg/ml	Over age 12
	Zonisamide Oral Suspension 100mg/5ml	Zonisamide Oral Suspension 100mg/5ml	Over age 12
Antidepressants	Doxepin concentrate 10mg/ml	Doxepin concentrate 10mg/ml	Over age 12
	Nortriptyline Solution 10mg/5ml	Nortriptyline HCl Solution 10 mg/5ml	Over age 12
Antihyperlipidemics	Flolipid Suspension 20mg/5ml	Simvastatin Suspension 20 mg/5ml	Over age 12
	Flolipid Suspension 40mg/5ml	Simvastatin Suspension 40 mg/5ml	Over age 12
Antihypertensives	Norliqva 1mg/ml	Amlodipine Besylate Oral Solution 1mg/ml	Over age 12
	Qbrelis 1mg/ml	Lisinopril 1mg/ml	Over age 12

Therapeutic Category	Drug Name	Active Ingredient Name and Strength	Prior Authorization Required For
Antihypertensives Cont.	Valsartan 4mg/ml	Valsartan 4mg/ml	Over age 12
Anti-Infective Agents	Furadantin Suspension 25mg/5ml	Nitrofurantoin Suspension 25 mg/5ml	Over age 12
	Relenza Mis Diskhale	Zanamivir Aero Powder Breath Activated 5 mg/Blister	Under age 5
Anti-Inflammatory	Meloxicam Suspension 7.5mg/5ml	Meloxicam Suspension 7.5mg/5ml	Over age 12
Antimyasthenic Agents	Mestinon Solution 60mg/5ml	Pyridostigmine Bromide Oral Solution 60 mg/5ml	Over age 12
	Mestinon Syrup 60mg/5ml	Pyridostigmine Bromide Syrup 60 mg/5ml	Over age 12
Antineoplastics and Adjunctive Therapies	Xatmep Solution 2.5mg/ml	Methotrexate Oral Solution 2.5 mg/ml	Over age 12
Benzodiazepines	Alprazolam Concentrate 1 mg/ml	Alprazolam Concentrate 1 mg/ml	Under age 12
	Alprazolam Solution 0.5mg/5	Alprazolam Solution 0.5 mg/5ml	Under age 12
	Alprazolam Tablet 0.25 Orally Disintegrating Tablet	Alprazolam Orally Disintegrating Tablet 0.25 mg	Under age 12
	Alprazolam Tablet 0.5mg Orally Disintegrating Tablet	Alprazolam Orally Disintegrating Tablet 0.5 mg	Under age 12
	Alprazolam Tablet 1mg Orally Disintegrating Tablet	Alprazolam Orally Disintegrating Tablet 1 mg	Under age 12
	Alprazolam Tablet 2mg	Alprazolam Tablet 2 mg	Under age 12
	Alprazolam Tablet 2mg Orally Disintegrating Tablet	Alprazolam Orally Disintegrating Tablet 2 mg	Under age 12
	Chlordiazepoxide Capsule 25mg	Chlordiazepoxide HCl Capsule 25 mg	Under age 6
	Chlordiazepoxide Capsule 5mg	Chlordiazepoxide HCl Capsule 5 mg	Under age 6
	Chlordiazepoxide Capsule 10mg	Chlordiazepoxide HCl Capsule 10 mg	Under age 6
	Clorazepate Dipotassium Capsule 15mg	Clorazepate Dipotassium Capsule 15 mg	Under age 9
	Clorazepate Dipotassium Capsule 3.75mg	Clorazepate Dipotassium Capsule 3.75 mg	Under age 9
	Clorazepate Dipotassium Capsule 7.5mg	Clorazepate Dipotassium Capsule 7.5 mg	Under age 9

Therapeutic Category	Drug Name	Active Ingredient Name and Strength	Prior Authorization Required For
Benzodiazepines Cont.	Clorazepate Dipotassium Tablet 15mg	Clorazepate Dipotassium Tablet 15 mg	Under age 9
	Clorazepate Dipotassium Tablet 3.75mg	Clorazepate Dipotassium Tablet 3.75 mg	Under age 9
	Clorazepate Dipotassium Tablet 7.5mg	Clorazepate Dipotassium Tablet 7.5 mg	Under age 9
	Dalmane Capsule 15mg	Flurazepam HCl Capsule 15 mg	Under age 15
	Dalmane Capsule 30mg	Flurazepam HCl Capsule 30 mg	Under age 15
	Doral Tablet 15mg	Quazepam Tablet 15 mg	Under age 18
	Doral Tablet 7.5mg	Quazepam Tablet 7.5 mg	Under age 18
	Estazolam Tablet 1mg	Estazolam Tablet 1 mg	Under age 18
	Estazolam Tablet 2mg	Estazolam Tablet 2 mg	Under age 18
	Halcion Tablet 0.125mg	Triazolam Tablet 0.125 mg	Under age 18
	Halcion Tablet 0.25mg	Triazolam Tablet 0.25 mg	Under age 18
	Halcion Tablet 0.5mg	Triazolam Tablet 0.5 mg	Under age 18
	Libritabs Tablet 10mg	Chlordiazepoxide Tablet 10 mg	Under age 6
	Libritabs Tablet 25mg	Chlordiazepoxide Tablet 25 mg	Under age 6
	Libritabs Tablet 5mg	Chlordiazepoxide Tablet 5 mg	Under age 6
	Lorazepam Concentrate 2mg/ml	Lorazepam Concentrate 2 mg/ml	Under age 12
	Lorazepam ER Capsule 1mg	Lorazepam ER Cap 1mg	Under age 18
	Lorazepam ER Capsule 2mg	Lorazepam ER Cap 2mg	Under age 18
	Lorazepam ER Capsule 3mg	Lorazepam ER Cap 3mg	Under age 18
	Lorazepam Tablet 0.5mg	Lorazepam Tablet 0.5 mg	Under age 12
	Lorazepam Tablet 1mg	Lorazepam Tablet 1 mg	Under age 12
	Lorazepam Tablet 2mg	Lorazepam Tablet 2 mg	Under age 12
	Oxazepam Capsule 10mg	Oxazepam Capsule 10 mg	Under age 12
	Oxazepam Capsule 15mg	Oxazepam Capsule 15 mg	Under age 12
	Oxazepam Capsule 30mg	Oxazepam Capsule 30 mg	Under age 12
	Oxazepam Tablet 15mg	Oxazepam Tablet 15 mg	Under age 12
	Restoril Capsule 15mg	Temazepam Capsule 15 mg	Under age 18
	Restoril Capsule 22.5mg	Temazepam Capsule 22.5 mg	Under age 18
	Restoril Capsule 30mg	Temazepam Capsule 30 mg	Under age 18
	Restoril Capsule 7.5mg	Temazepam Capsule 7.5 mg	Under age 18
	Tranxene SD Tablet 22.5mg	Clorazepate Dipotassium Tablet CR 22.5 mg	Under age 9
	Xanax Tablet 0.25mg	Alprazolam Tablet 0.25 mg	Under age 18

Therapeutic Category	Drug Name	Active Ingredient Name and Strength	Prior Authorization Required For
Benzodiazepines Cont.	Xanax Tablet 0.5mg	Alprazolam Tablet 0.5 mg	Under age 18
	Xanax Tablet 1mg	Alprazolam Tablet 1 mg	Under age 18
	Xanax XR Tablet 0.5mg	Alprazolam Tablet ER 0.5 mg	Under age 18
	Xanax XR Tablet 1mg	Alprazolam Tablet ER 1 mg	Under age 18
	Xanax XR Tablet 2mg	Alprazolam Tablet ER 2 mg	Under age 18
	Xanax XR Tablet 3mg	Alprazolam Tablet ER 3 mg	Under age 18
Endocrine agents	Riomet 500mg/5ml	Metformin HCl Oral Solution 500mg/5ml	Under age 12
	Thyquidity 100mcg/5ml	Levothyroxine Sodium Oral Solution 100mcg/5ml	Under age 12
Genitourinary Agents	Alfuzosin Hcl Tablet ER 24HR 10mg	Alfuzosin Hcl Tablet ER 24HR 10mg	Under age 50
	Cardura XL Tablet 4mg	Doxazosin Mesylate Tablet ER 24HR 4mg	Under age 50
	Cardura XL Tablet 8mg	Doxazosin Mesylate Tablet ER 24HR 8mg	Under age 50
	Dutasteride Capsule 0.5mg	Dutasteride Capsule 0.5 mg	Under age 50
	Entadfi Capsule 5-5mg	Finasteride-Tadalafil Capsule 5-5mg	Under age 50
	Flomax Capsule 0.4mg	Tamsulosin HCl Capsule 0.4mg	Under age 50
	Jalyn Capsule 0.5-0.4mg	Dutasteride-Tamsulosin Hcl Capsule 0.5-0.4mg	Under age 50
	Proscar Tablet 5mg	Finasteride Tablet 5 mg	Under age 50
	Rapaflo Capsule 4mg	Sildenafil Capsule 4mg	Under age 50
	Rapaflo Capsule 8mg	Sildenafil Capsule 8mg	Under age 50
Migraine Products	Cambia powder 50mg	Diclofenac Potassium (Migraine) Packet 50mg	Under age 18
	Nurtec Tablet 75mg Orally Disintegrating Tablet	Rimegepant Sulfate Orally Disintegrating Tablet 75 mg	Under age 18
	Onzetra Xsail 11mg	Sumatriptan Succinate Exhaler Powder 11 mg	Under age 18
	Reyvow Tablet 100mg	Lasmiditan Succinate Tablet 100 mg	Under age 18
	Reyvow Tablet 50mg	Lasmiditan Succinate Tablet 50 mg	Under age 18
	Ubrelvy Tablet 100mg	Ubrogepant Tablet 100 mg	Under age 18
	Ubrelvy Tablet 50mg	Ubrogepant Tablet 50 mg	Under age 18
	Zavzpret spray 10mg	Zavegepant spray 10mg	Under age 18

Therapeutic Category	Drug Name	Active Ingredient Name and Strength	Prior Authorization Required For
Musculoskeletal Therapy Agents	Carisoprodol, Aspirin & Codeine Tablet 200-325-16 mg	Carisoprodol, Aspirin & Codeine Tablet 200-325-16 mg	Under age 16
Psychotherapeutic and Neurological Agents	Donepezil patch 10mg/day	Donepezil patch 10mg/day	Under age 50
	Donepezil patch 5mg/day	Donepezil patch 5mg/day	Under age 50
	Donepezil Tablet 10mg	Donepezil Hydrochloride Tablet 10 mg	Under age 50
	Donepezil Tablet 10mg Orally Disintegrating Tablet	Donepezil Hydrochloride Orally Disintegrating Tablet 10 mg	Under age 50
	Donepezil Tablet 23mg	Donepezil Hydrochloride Tablet 23 mg	Under age 50
	Donepezil Tablet 5mg	Donepezil Hydrochloride Tablet 5 mg	Under age 50
	Donepezil Tablet 5mg Orally Disintegrating Tablet	Donepezil Hydrochloride Orally Disintegrating Tablet 5 mg	Under age 50
	Exelon Capsule 1.5mg	Rivastigmine Tartrate Capsule 1.5 mg	Under age 50
	Exelon Capsule 3mg	Rivastigmine Tartrate Capsule 3 mg	Under age 50
	Exelon Capsule 4.5mg	Rivastigmine Tartrate Capsule 4.5 mg	Under age 50
	Exelon Capsule 6mg	Rivastigmine Tartrate Capsule 6 mg	Under age 50
	Exelon Patch 13.3/24 hour	Rivastigmine TD Patch 13.3 mg/24 hour	Under age 50
	Exelon Patch 4.6mg/24 hour	Rivastigmine TD Patch 4.6 mg/24 hour	Under age 50
	Exelon Patch 9.5mg/24 hour	Rivastigmine TD Patch 9.5 mg/24 hour	Under age 50
	Galantamine Capsule 16mg ER	Galantamine Hydrobromide Capsule ER 16 mg	Under age 50
	Galantamine Capsule 24mg ER	Galantamine Hydrobromide Capsule ER 24 mg	Under age 50
	Galantamine Capsule 8mg ER	Galantamine Hydrobromide Capsule ER 8 mg	Under age 50
	Galantamine Solution 4mg/ml	Galantamine Hydrobromide Oral Solution 4 mg/ml	Under age 50
	Galantamine Tablet 12mg	Galantamine Hydrobromide Tablet 12 mg	Under age 50
	Galantamine Tablet 4mg	Galantamine Hydrobromide Tablet 4 mg	Under age 50

Therapeutic Category	Drug Name	Active Ingredient Name and Strength	Prior Authorization Required For
Psychotherapeutic and Neurological Agents Cont.	Galantamine Tablet 8mg	Galantamine Hydrobromide Tablet 8 mg	Under age 50
	Memantine HCl Capsule 14mg ER	Memantine HCl Capsule ER 14 mg	Under age 50
	Memantine HCl Capsule 21mg ER	Memantine HCl Capsule ER 21 mg	Under age 50
	Memantine HCl Capsule 28mg ER	Memantine HCl Capsule ER 28 mg	Under age 50
	Memantine HCl Capsule 7mg ER	Memantine HCl Capsule ER 7 mg	Under age 50
	Memantine HCl Tablet 10mg	Memantine HCl Tablet 10 mg	Under age 50
	Memantine HCl Tablet 5mg	Memantine HCl Tablet 5 mg	Under age 50
	Memantine Solution 10mg/5ml	Memantine HCl Oral Solution 2 mg/ml	Under age 50
	Namenda Tablet 5-10mg Titration Pack	Memantine HCl Tablet 28 x 5 mg & 21 x 10 mg Titration Pack	Under age 50
	Namenda XR Capsule Titration Pack	Memantine HCl Capsule ER 7 mg & 14 mg & 21 mg & 28 mg Titration Pack	Under age 50
	Namzaric Capsule 14-10mg	Memantine HCl-Donepezil HCl Capsule ER 14-10 mg	Under age 50
	Namzaric Capsule 21-10mg	Memantine HCl-Donepezil HCl Capsule ER 21-10 mg	Under age 50
	Namzaric Capsule 28-10mg	Memantine HCl-Donepezil HCl Capsule ER 28-10 mg	Under age 50
	Namzaric Capsule 7-10mg	Memantine HCl-Donepezil HCl Capsule ER 7-10 mg	Under age 50
	Namzaric Capsule Titration Pack	Memantine-Donepezil Capsule ER 7 & 14 & 21 & 28-10 mg Titration Pack	Under age 50