

Drugs Requiring Prior Authorization for Medical Necessity for CareFirst Formulary 2

(Effective October 1, 2019)

Below is a list of additional drugs that require a medical necessity prior authorization before they are covered by your CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) prescription drug plan. You may still be able to get these drugs with an approved prior authorization if the drug is medically necessary. However, without an approved prior authorization from CareFirst, you will be responsible for the full cost of the prescription.

For a full list of drugs that require prior authorization please refer to your formulary by visiting the Drug Search section at www.carefirst.com/rx. Ask your doctor to contact the Prior Authorization Department at 855-240-0536 to request prior authorization or choose one of the generic or brand formulary options listed below.

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Allergies Antihistamines	carbinoxamine tablet 6 mg	levocetirizine
Allergies Nasal Steroids/Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA
Anticonvulsants	LAMICTAL LAMICTAL ODT LAMICTAL XR ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
	ONFI	clobazam, lamotrigine, topiramate, TROKENDI XR
	SABRIL	vigabatrin
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYPRED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	doxycycline hyclate, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	nitrofurantoin
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-Infectives, Antivirals, Hepatitis B *	BARACLUDE TABLET	entecavir, lamivudine, VEMLIDY
Anti-infectives, Antivirals Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1,2,3,4,5,6) PA SP, HARVONI (genotypes 1, 4, 5, 6) PA SP, VOSEVI PA SP ¹
	DAKLINZA VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1,2,3,4,5,6) PA SP, HARVONI (genotypes 1, 4, 5, 6) PA SP
Anti-infectives, Antivirals Herpes *	VALTREX	acyclovir, valacyclovir
Anti-inflammatory Steroidal, Ophthalmic	FML LIQUIFILM PRED FORTE	dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P, MAXIDEX, PRED MILD
Antiobesity	CONTRAVE QSYMIA	BELVIQ PA, BELVIQ XR PA, SAXENDA PA SI

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<i>Anti-anxiety</i> Benzodiazepines	XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
<i>Asthma *</i> Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK
<i>Asthma *</i> Leukotriene Modulators	SINGULAIR	montelukast, zafirlukast, zileuton ext-rel
<i>Asthma *</i> Steroid Inhalants	ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid/Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder Agents *</i>	ADDERALL XR	amphetamine-dextroamphetamine mixed salts ext-rel QL, methylphenidate ext-rel QL, MYDAYIS QL, VYVANSE QL
	EVEKEO	amphetamine-dextroamphetamine mixed salts QL, methylphenidate QL
	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel QL, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS QL, VYVANSE QL
<i>Autoimmune Conditions</i>	ACTEMRA	ENBREL PA SP SI, HUMIRA PA SP SI, KEVZARA PA SP SI, XELJANZ PA SP, XELJANZ XR PA SP
	CIMZIA	COSENTYX PA SP SI, ENBREL PA SP SI, HUMIRA PA SP SI, KEVZARA PA SP SI, OTEZLA PA SP SI, SKYRIZI PA SP SI, STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ PA SP, XELJANZ XR PA SP
	ENTYVIO	HUMIRA PA SP SI, XELJANZ PA SP
	KINERET	ENBREL PA SP SI, HUMIRA PA SP SI, KEVZARA PA SP SI, XELJANZ PA SP, XELJANZ XR PA SP
	ORENCIA CLICKJET ORENCIA SUBCUTANEOUS	COSENTYX PA SP SI, ENBREL PA SP SI, HUMIRA PA SP SI, KEVZARA PA SP SI, OTEZLA PA SP SI, STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ PA SP, XELJANZ XR PA SP
	SIMPONI	COSENTYX PA SP SI, ENBREL PA SP SI, HUMIRA PA SP SI, KEVZARA PA SP SI, OTEZLA PA SP SI, STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ PA SP, XELJANZ XR PA SP
	TALTZ	COSENTYX PA SP SI, ENBREL PA SP SI, HUMIRA PA SP SI, OTEZLA PA SP SI, SKYRIZI PA SP SI, STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ PA SP, XELJANZ XR PA SP
<i>Cancer</i> Chronic Myelogenous Leukemia*	GLEEVEC TASIGNA	imatinib mesylate PA SP, BOSULIF PA SP, SPRYCEL PA SP
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	abiraterone PA SP, bicalutamide, XTANDI PA SP
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	sotalol
<i>Cardiovascular</i> Antilipidemics Cholesterol Absorption Inhibitors	ZETIA	ezetimibe
<i>Cardiovascular</i> Antilipemics Fibrates	fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid
<i>Cardiovascular</i> Antilipemics	ALTOPREV	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin

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HMG-CoA Reductase Inhibitors (HMGs or Statins)/ Combinations ²	CRESTOR LESCOL XL LIPITOR LIVALO	
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA PA SI
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE YAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, SAFYRAL
Contraceptives Triphasic	ORTHO TRI-CYCLEN LO	ethinyl estradiol-norgestimate
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> PA SP , BETHKIS PA SP
Dental* Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	LEXAPRO PROZAC	<i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
Depression * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
Dermatology Acne*	<i>Vanoxide-HC</i> ACANYA BENZACLIN ONEXTON VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, RETIN-A MICRO</i> PA , TAZORAC
Dermatology Actinic Keratosis*	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	calcipotriene cream calcitriol ointment SORILUX VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>

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Dermatology Atopic Dermatitis *	doxepin cream	desonide, hydrocortisone, tacrolimus, ELIDEL, EUCRISA
Dermatology Rosacea *	FIANCEA GEL NORITATE	metronidazole, FINACEA FOAM, SOOLANTRA
Dermatology Seborrheic Dermatitis*	XOLEGEL	ciclopirox, ketoconazole
Dermatology Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	fluocinonide cream 0.1%	clobetasol cream
	flurandrenolide ointment CORDRAN OINTMENT	clocortolone, hydrocortisone butyrate, mometasone, triamcinolone
	diflorasone cream diflorasone ointment APEXICON E PSORCON	desoximetasone, fluocinonide (except fluocinonide cream 0.1%)
Dermatology Wound Care Products	Alevicyn solution ALEVICYN GEL ALEVICYN KIT ALEVICYN SG	desonide, hydrocortisone
Dermatology Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP NOVACORT SYNERDERM	desonide, hydrocortisone
Diabetes * Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR
Diabetes* Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC QL SI , TRULICITY QL SI , VICTOZA QL SI
Diabetes * Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ³	NOVOLIN 70/30 ³
	HUMULIN N ³	NOVOLIN N ³
	HUMULIN R ³	NOVOLIN R ³
	NOTE: Humulin R U-500 concentrate vial will not be subject to prior authorization and will continue to be covered.	
Diabetes * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA

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<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> * Supplies, Needles ⁴	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes ⁴	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> * Supplies, Test Strips and Kits ^{5, 6}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU- CHECK brand	ACCU-CHEK AVIVA PLUS STRIPS QL ⁶ , ACCU-CHEK COMPACT PLUS STRIPS QL ⁶ , ACCU-CHEK GUIDE STRIPS QL ⁶ , ACCU-CHEK SMARTVIEW STRIPS QL ⁶
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil</i> QL , <i>tadalafil</i> QL
<i>Estrogen Replacement</i> *	MINIVELLE VIVELLE-DOT	<i>estradiol</i> , DIVIGEL, EVAMIST
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F PA SP SI
<i>Gastrointestinal</i> * Anticholinergics	GLYCOPYRROLATE TABLET 1.5 MG	dicyclomine
<i>Gastrointestinal</i> * Antiemetics	ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO
<i>Gastrointestinal</i> * Laxatives	lactulose pak	<i>lactulose solution</i>
<i>Gastrointestinal</i> * Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> * Proton Pump Inhibitors (PPIs)	omeprazole-sodium bicarbonate ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT
<i>Gout</i> *	COLCRYS	<i>colchicine tablet</i>

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<i>Growth Hormones</i>	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE PA SP SI
<i>Hematologic Anticoagulants (oral)</i>	COUMADIN	<i>warfarin</i>
	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	EPOGEN PROCRT	ARANESP PA SP SI, RETACRIT PA SP SI
<i>Hematologic Hereditary Angioedema</i>	BERINERT	RUCONEST PA SP SI
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA	NEULASTA PA SP SI, UDENCYA PA SP SI
	GRANIX NEUPOGEN ZARXIO	NIVESTYM PA SP SI
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist/Diuretic Combinations</i>	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations</i>	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations</i>	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure *Beta-blockers</i>	TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>High Blood Pressure * Beta-blocker Combinations</i>	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure * Calcium Channel Blockers</i>	NORVASC	<i>amlodipine</i>
	Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics)	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine PA SP, AUSTEDO PA SP</i>
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates</i>	ASACOL HD DELZICOL LIALDA	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Kidney Disease * Phosphate Binders</i>	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	EXTAVIA	<i>glatiramer PA SP SI, AUBAGIO PA SP, BETASERON PA SP SI, COPAXONE PA SP SI, GILENYA PA SP, REBIF PA SP SI, TECFIDERA PA SP</i>

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Musculoskeletal	AMRIX chlorzoxazone 250 mg (NDC [^] 69499033060 only)	cyclobenzaprine
Narcolepsy Wakefulness Promotors	NUVIGIL	armodafinil PA
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Reversal	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
	EVZIO	NARCAN NASAL SPRAY
Osteoporosis*	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO PA SP SI, TYMLOS PA SP SI
	MIACALCIN NASAL SPRAY	calcitonin-salmon
Overactive Bladder/ Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
Pain Headache*	butalbital-acetaminophen (NDC [^] 69499034230 only) butalbital-acetaminophen-caffeine capsule FIORICET CAPSULE VANATOL LQ VANATOL S	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
	dihydroergotamine spray CAFERGOT	eletriptan QL, ergotamine-caffeine, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL ONZETRA XSAIL QL, ZEMBRACE SYMTOUCH QL, ZOMIG NASAL SPRAY QL
Pain Opioid Analgesics	LAZANDA	fentanyl transmucosal lozenge PA, ABSTRAL PA, SUBSYS PA
	levorphanol	fentanyl transdermal QL, hydromorphone ext-rel QL, methadone QL, morphine ext-rel QL, EMBEDA QL, HYSINGLA ER QL, NUCYNTA ER QL, OXYCONTIN QL
	PERCOCET PRIMLEV	hydrocodone-acetaminophen QL, hydromorphone QL, morphine QL, oxycodone-acetaminophen QL, NUCYNTA QL
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	lidocaine-prilocaine PA
Pain and Inflammation * Corticosteroids	Dexpak MILLIPRED RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	ARTHROTEC	celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole QL, omeprazole QL, pantoprazole QL or DEXILANT QL
	diclofenac sodium gel 1% (NDC [^] 69499031866 only) Diclofex DC (NDC [^] 51021037201 only) Dicloaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak Xelitral PENNSAID	diclofenac sodium, diclofenac sodium gel 1% (except NDC [^] 69499031866), diclofenac sodium solution PA QL, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	fenorprofen capsule Naproxen CR CAMBIA FENORPOFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	naproxen suspension	ibuprofen

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<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin</i> , GRALISE
<i>Prostate Condition Benign Prostatic Hyperplasia*</i>	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory Cough</i>	benzonatate (NDC [^] 69336012615, 69499032915 only)	benzonatate (except NDC [^] 69336012615, 69499032915)
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual</i> , BELSOMRA, SILENOR
<i>Testosterone Replacement * Androgens</i>	<i>testosterone gel 1%⁷</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel, testosterone solution</i> , ANDRODERM
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine</i> , SYNTHROID

Category Drug Class	Formulary Options
Autoimmune and Hepatitis C *	An Indication-Based Formulary will be utilized for products in these classes and may result in additional exclusions.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hepatitis C	As new products launch in this class, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary.
New-to-Market Agents ¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark ^{®9} National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
Specialty	As new specialty products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.

The listed formulary options are subject to change.

List of Formulary Drug Removals

ABILIFY	<i>diclofenac sodium gel 1% (NDC^ 69499031866 only)</i>	lactulose pak
ACANYA	<i>Diclofex DC (NDC^ 51021037201 only)</i>	LAMICTAL
ACIPHEX	<i>Diclosaicin</i>	LAMICTAL ODT
ACIPHEX SPRINKLE	<i>diflorasone cream</i>	LAMICTAL XR
ACTEMRA	<i>diflorasone ointment</i>	LANOXIN TABLET (125 MCG and 250 MCG only)
ACTICLATE	<i>dihydroergotamine spray</i>	LANTUS
ACTOS	DIOVAN	LAZANDA
ADDERALL XR	DIOVAN HCT	LESCOL XL
ALCORTIN A	DORYX	levorphanol
ALEVICYN GEL	DORYX MPC	LEXAPRO
ALEVICYN KIT	<i>doxepin cream</i>	LIALDA
ALEVICYN SG	DULERA	LIDOCAINE-TETRACAINE CREAM
<i>Alevicyn solution</i>	DUTOPROL	LIDOTREX
ALLISON MEDICAL INSULIN SYRINGES ⁴	DYRENIUM	LIPITOR
ALPROLIX	EDARBI	LIVALO
ALTOPREV	EDARBYCLOR	LUNESTA
ALVESCO	E.E.S. GRANULES	MACRODANTIN
AMRIX	EFFEXOR XR	Matzim LA
ANDROGEL 1%	ELELYSO	MAVYRET
APEXICON E	ELOCTATE	MIACALCIN INJECTION
APIDRA	ENABLEX	MIACALCIN NASAL SPRAY
ARTHROTEC	ENTYVIO	MILLIPRED
ASACOL HD	EPOGEN	MINASTRIN 24 FE
ATACAND	ERYPED	MINIVELLE
ATACAND HCT	EVEKEO	MINOCIN
AVENOVA	EVZIO	mupirocin cream
BARACLUDE TABLET	EXFORGE	NAPRELAN
BECONASE AQ	EXFORGE HCT	naproxen CR
BENICAR	EXTAVIA	naproxen suspension
BENICAR HCT	FANAPT	NATESTO
BENSAL HP	FASENRA	NESINA
BENZACLIN	<i>fenofibrate tablet 120 mg</i>	NEUPOGEN
<i>benzonatate (NDCs^ 69336012615, 69499032915 only)</i>	FENOGLIDE TABLET 120 MG	NEXIUM
BERINERT	<i>fenoprofen capsule</i>	NILANDRON
BETAPACE	FENOPROFEN CAPSULE	NORDITROPIN
BETAPACE AF	FINACEA GEL	NORITATE
BEYAZ	FIORICET CAPSULE	NORVASC
BREEZE 2 STRIPS AND KITS ⁶	<i>fluocinonide cream 0.1%</i>	NOVACORT
<i>butalbital-acetaminophen (NDC^ 69499034230 only)</i>	<i>fluorouracil cream 0.5%</i>	NOVO NORDISK NEEDLES 4
<i>butalbital-acetaminophen-caffeine capsule</i>	<i>flurandrenolide ointment</i>	NuDiclo SoluPak
BYDUREON	FML LIQUIFILM	NuDiclo TabPak
BYETTA	FOLLISTIM AQ	NUTROPIN AQ
CAFERGOT	FORTAMET (and its generics)	NUVIGIL
<i>calcipotriene cream</i>	FORTESTA	OLEPTRO
<i>calcitriol ointment</i>	FOSRENOL	OLUX-E
CAMBIA	FOSTEUM	omeprazole-sodium bicarbonate
CARAC	FOSTEUM PLUS	OMNARIS
<i>carbinoxamine tablet 6 mg</i>	FREESTYLE STRIPS AND KITS ⁶	OMNITROPE
CARDIZEM	FULPHILA	ONETOUCH ULTRA STRIPS AND KITS 6
CARDIZEM CD	GLEEVEC	ONETOUCH VERIO STRIPS AND KITS 6
CARDIZEM LA (and its generics)	GLUMETZA (and its generics)	ONEXTON
CARNITOR	GLYCOPYRROLATE TABLET 1.5 MG	ONFI
CARNITOR SF	GRANIX	ONGLYZA
CHLORZOXAZONE 250 MG (NDCs^ 46672086046, 69499033060 only)	HORIZANT	ORENCIA CLICKJECT
CIALIS	HUMALOG	ORENCIA SUBCUTANEOUS
CIMZIA	HUMALOG MIX 50/50	ORTHO TRI-CYCLEN LO
<i>clobetasol spray</i>	HUMALOG MIX 75/25	ORTHOVISC
CLOBEX SPRAY	HUMULIN 70/30 3	OSENI
COLAZAL	HUMULIN N 3	OWEN MUMFORD NEEDLES ⁴
COLCRYS	HUMULIN R 3	OXYTROL
CONTOUR NEXT STRIPS AND KITS ⁶	INDOCIN	PENNSAID
CONTOUR STRIPS AND KITS ⁶	<i>Inflamacin</i>	PERCOCET
CONTRAVE	INTERMEZZO	PERRIGO NEEDLES ⁴
CORDRAN OINTMENT	INTUNIV	PLAVIX
COUMADIN	INVOKAMET	PRADAXA
CRESTOR	INVOKAMET XR	PRALUENT
CYMBALTA	INVOKANA	PRED FORTE
DAKLINZA	JALYN	PREVACID
DELZICOL	JENTADUETO	PREVIDENT
DETROL LA	JENTADUETO XR	PRIMLEV
<i>Dexpak</i>	KAZANO	PRISTIQ
	KINERET	PROCRIT
	KOMBIGLYZE XR	

PROLASTIN-C
PROTONIX
PROVENTIL HFA
PROZAC
PSORCON
QNASL
QSYMIA
RAPAFLO
RAYOS
RELISTOR
RIMSO-50
RIOMET
ROZEREM
SABRIL
SAIZEN
SEROQUEL XR
SIMPONI
SINGULAIR
SORILUX
SPRIX
STENDRA
SUBOXONE
SYNERDERM
TALTZ
TARGADOX
TASIGNA
TESTIM
testosterone gel 1% 7
TIROSINT
TOBI
TOBI PODHALER
TOPROL-XL
TOUJEO
TRADJENTA
TRICOR
TRIVIDIA INSULIN SYRINGES 4
TUDORZA
ULTIMED INSULIN SYRINGES 4
ULTIMED NEEDLES 4
UROXATRAL
VALCYTE
VALTREX
VANATOL LQ
VANATOL S
Vanoxide-HC
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VIAGRA
VIEKIRA PAK
VIVELLE-DOT
VOGELXO
XANAX
XANAX XR
Xeltral
XENAZINE
XOLEGEL
XOPENEX HFA
YAZ
ZARXIO
ZEGERID
ZEMAIRA
ZEPATIER
ZETIA
ZETONNA
ZIANA
ZOLPIMIST
ZONEGRAN
ZORVOLEX
ZUPLENZ
ZYTIGA

There may be additional drugs subject to prior authorization or other plan restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. 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. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CareFirst and CVS Caremark® assume no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions.

Subject to applicable laws and regulations.

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

PA Prior authorization required for prescription benefits coverage.

QL Quantity limits

SI Self-injectable product

SP Specialty product

¹ For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

² If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

³ Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e. RELION)

⁴ BD ULTRAFINE syringes and needles are the only preferred options.

⁵ An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁶ ACCU-CHEK brand test strips are the only preferred options.

⁷ Listing reflects the authorized generics for TESTIM and VOGELXO.

⁸ CVS Caremark is an independent company that provides pharmacy benefit management services.

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