

# Drugs Requiring Prior Authorization for Medical Necessity for CareFirst Formulary 2

(Effective October 1, 2022)

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.

If you are currently using one of the formulary drug removals, ask your doctor to choose one of the generic or brand formulary options listed below

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Allergies Antihistamines	dexchlorpheniramine Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	levocetirizine QL
Allergies Nasal Steroids/Combinations	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	azelastine-fluticasone, flunisolide spray, fluticasone spray, mometasone spray
Anticonvulsants	topiramate ext-rel capsule (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	carbamazepine, carbamazepine ext-rel, clobazam, 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, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCORPI
	BANZEL SUSPENSION ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	SABRIL	vigabatrin PA QL SP
	KEPPRA KEPPRA XR 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, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYPRED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	doxycycline hyclate delayed-rel tablet doxycycline hyclate tablet 50 mg doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel tablet CoreMino Mondoxyne NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	doxycycline hyclate capsule, doxycycline hyclate 20 mg, minocycline, tetracycline QL

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Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDCs <sup>A</sup> 16571074024, 70408023932 only) MACRODANTIN	nitrofurantoin (except NDCs <sup>A</sup> 16571074024, 70408023932)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
	CRESEMBA	itraconazole
	tavorole	terbinafine tablet
Anti-infectives, Antiretroviral Agents, Combination Agents	ATRIPLA COMPLERA STRIBILD	efavirenz-emtricitabine-tenofovir disoproxil fumarate <b>QL</b> , efavirenz-lamivudine-tenofovir disoproxil fumarate <b>QL</b> , BIKTARVY <b>QL</b> , DOVATO <b>QL</b> , GENVOYA <b>QL</b> , ODEFSEY <b>QL</b> , SYMTUZA <b>QL</b> , TRIUMEQ <b>QL</b>
	TRUVADA	abacavir-lamivudine <b>QL</b> , emtricitabine-tenofovir disoproxil fumarate <b>QL</b> , CIMDUO <b>QL</b> , DESCOVY <b>PA QL</b> , TEMIXYS <b>QL</b>
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	Atazanavir <b>QL</b> , lopinavir-ritonavir <b>QL</b> , EVOTAZ <b>QL</b> , PREZCOBIX <b>QL</b> , PREZISTA <b>QL</b>
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir <b>QL</b>
Anti-Infectives, Antivirals, Hepatitis B *	BARACLUDE TABLET EPIVIR HBV HEPSERA	Entecavir <b>QL</b> , lamivudine <b>QL</b> , tenofovir disoproxil fumarate <b>QL</b> , BARACLUDE SOLUTION <b>QL</b> , VEMLIDY <b>QL</b>
Anti-infectives, Antivirals Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1,2,3,4,5,6) <b>PA SP QL</b> , HARVONI (genotypes 1, 4, 5, 6) <b>PA SP QL</b> , VOSEVI <b>PA SP QL</b> <sup>2</sup>
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1,2,3,4,5,6) <b>PA SP QL</b> , HARVONI (genotypes 1, 4, 5, 6) <b>PA SP QL</b>
Anti-infectives, Antivirals Herpes *	acyclovir cream VALTREX	acyclovir capsule <b>QL</b> , acyclovir tablet <b>QL</b> , valacyclovir <b>QL</b>
Anti-infectives, Miscellaneous	DARAPRIM	pyrimethamine <b>PA</b>
Antiobesity	CONTRACE XENICAL	QSYMIA, SAXENDA, WEGOVY
Antianxiety Benzodiazepines	ATIVAN XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma * Beta Agonists, Short-Acting	albuterol sulfate CFC-free (NDC <sup>A</sup> 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free (except NDC <sup>A</sup> 66993001968) <b>QL</b> , levalbuterol tartrate CFC-free aerosol <b>QL</b>
Asthma * Leukotriene Modulators	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
Asthma * Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid/Beta Agonist Combinations	DULERA	ADVAIR DISKUS <b>QL</b> , ADVAIR HFA <sup>†</sup> <b>QL</b> , BREO ELLIPTA <sup>†</sup> <b>QL</b> , SYMBICORT <b>QL</b>
Attention Deficit Hyperactivity Disorder *	ADZENYS XR-ODT APTENSIO XR DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel <sup>†</sup> <b>QL</b> , atomoxetine <b>QL</b> , dexamethylphenidate ext-rel <sup>†</sup> <b>QL</b> , guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS <b>QL</b> , JORNAY PM <b>QL</b> , MYDAYIS <b>QL</b> , VYVANSE <b>QL</b>

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	FOCALIN XR QUILLICHEW ER QUILLIVANT XR	
	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts</i> <b>QL</b> , <i>methylphenidate</i> <b>QL</b>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> <sup>†</sup> <b>QL</b> , <i>atomoxetine</i> <b>QL</b> , <i>dexmethylphenidate ext-rel</i> <sup>†</sup> <b>QL</b> , <i>guanfacine ext-rel</i> , <i>methylphenidate ext-rel</i> <b>QL</b> , AZSTARYS <b>QL</b> , JORNAY PM <b>QL</b> , MYDAYIS <b>QL</b> , QELBREE <b>QL</b> , VYVANSE <b>QL</b> ,
<i>Autoimmune Conditions</i> Self-administered Agents Ankylosing Spondylitis*	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX <b>PA QL SP SI</b> , ENBREL <b>PA QL SP SI</b> , HUMIRA <b>PA QL SP SI</b>
<i>Autoimmune Conditions</i> Self-administered Agents Non-Radiographic Axial Spondylitis*	TALTZ	CIMZIA PREFILLED SYRINGE <b>PA QL SP SI</b> , COSENTYX <b>PA QL SP SI</b> , RINVOQ <b>PA QL SP SI</b>
<i>Autoimmune Conditions</i> Self-administered Agents Psoriasis*	COSENTYX ENBREL	HUMIRA <b>PA QL SP SI</b> , OTEZLA <b>PA QL SP</b> , SKYRIZI <b>PA QL SP SI</b> , STELARA SUBCUTANEOUS <b>PA QL SP SI</b> , TALTZ <b>PA QL SP SI</b> , TREMFYA <b>PA QL SP SI</b>
<i>Autoimmune Conditions</i> Self-administered Agents Psoriatic Arthritis*	ORENCIA CLICKJET ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX <b>PA QL SP SI</b> , ENBREL <b>PA QL SP SI</b> , HUMIRA <b>PA QL SP SI</b> , OTEZLA <b>PA QL SP</b> , RINVOQ <b>PA QL SP SI</b> , SKYRIZI <b>PA QL SP SI</b> , STELARA SUBCUTANEOUS <b>PA QL SP SI</b> , TREMFYA <b>PA QL SP SI</b>
<i>Autoimmune Conditions</i> Self-administered Agents Rheumatic Arthritis*	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL <b>PA QL SP SI</b> , HUMIRA <b>PA QL SP SI</b> , KEVZARA <b>PA QL SP SI</b> , ORENCIA CLICKJET <b>PA QL SP SI</b> , ORENCIA SUBCUTANEOUS <b>PA SP</b> , RINVOQ <b>PA QL SP SI</b> , XELJANZ <b>PA QL SP</b> , XELJANZ XR <b>PA QL SP</b>
<i>Autoimmune Conditions</i> Self-administered Agents Ulcerative Colitis*	SIMPONI	HUMIRA <b>PA QL SP SI</b> , RINVOQ# <b>PA QL SP SI</b> , STELARA SUBCUTANEOUS# <b>PA QL SP SI</b> , XELJANZ# <b>PA QL SP</b> , XELJANZ XR# <b>PA QL SP</b> , ZEPOSIA# <b>PA QL SP</b>  #After failure of HUMIRA
<i>Autoimmune Conditions</i> Self-administered Agents All Other Conditions*	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJET ORENCIA SUBCUTANEOUS	ENBREL <b>PA QL SP SI</b> , HUMIRA <b>PA QL SP SI</b>
<i>Cancer</i> Chronic Myelogenous Leukemia * Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> <b>PA QL SP</b> , BOSULIF <b>PA QL SP</b> , SPRYCEL <b>PA QL SP</b>
<i>Cancer</i> Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA <b>PA QL SP</b>
<i>Cancer</i> Melanoma* BRAF/MEK Inhibitors	MEKINIST	COTELLIC <b>PA QL SP</b> , MEKTOVI <b>PA QL SP</b>
	TAFINLAR	BRAFTOVI <b>PA QL SP</b> , ZELBORAF <b>PA QL SP</b>
<i>Cancer</i> mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i> <b>PA QL SP</b>
<i>Cancer</i> Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO <b>PA QL SP</b> , VELCADE <b>PA QL SP</b>
<i>Cancer</i> Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI	ALECENSA <b>PA QL SP</b> , ALUNBRIG <b>PA QL SP</b> , ZYKADIA <b>PA QL SP</b>

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Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	abiraterone PA QL SP, bicalutamide, ERLEADA PA QL SP, XTANDI PA QL SP, YONSA PA QL SP
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	sotalol
	NORPACE	disopyramide
Cardiovascular Antilipidemics Cholesterol Absorption Inhibitors	ZETIA	ezetimibe
Cardiovascular Antilipemics Fibrates	fenofibrate tablet 40, 120 mg fenofibrate capsule 50, 130 mg FENOGLIDE TABLET 120 MG TRICOR	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations <sup>2</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Cardiovascular Antilipemics MTP inhibitors	JUXTAPID	PRALUENT PA QL SI
Cardiovascular Antilipemics Niacins	niacin tablet 500 mg Niacor	niacin ext-rel
Cardiovascular Antilipemics Omega-3 Fatty Acids	icosapent ethyl	Omega-3 acid ethyl esters, VASCEPA
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT PA QL SI
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Cardiovascular Diuretics	DYRENIUM	amiloride, triamterene
Cardiovascular Nitrates	isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	ambrisentan PA QL SP, bosentan PA QL SP, OPSUMIT PA QL SP
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase inhibitors	ADCIRCA REVATIO	sildenafil PA SP QL, tadalafil PA SP QL
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	treprostinil
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA QL, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD) *	BEVESPI AEROSPHERE	ANORO ELLIPTA QL, STIOLTO RESPIMAT QL

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Anticholinergic / Beta Agonist Combinations/ Long Acting		
Contraceptives Monophasic	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	ethinyl estradiol-drospirenone <b>QL</b> , ethinyl estradiol-drospirenone-levomefolate <b>QL</b> , ethinyl estradiol-levonorgestrel <b>QL</b> , ethinyl estradiol-norethindrone acetate <b>QL</b> , ethinyl estradiol-norethindrone acetate-iron <b>QL</b> , ethinyl estradiol-norgestimate <b>QL</b> , LO LOESTRIN FE <b>QL</b> , NATAZIA <b>QL</b>
Contraceptives Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	ethinyl estradiol-etonogestrel, EluRyng	ANNOVERA <b>QL</b> , NUVARING <b>QL</b>
Cushing's Syndrome	KORLYM	Consult doctor
Cystic Fibrosis * Inhaled Antibiotics	CAYSTON TOBI TOBI PODHALER	tobramycin inhalation solution <b>PA QL SP</b> , BETHKIS <b>PA QL SP</b>
Dental* Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC <sup>^</sup> 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC <sup>^</sup> 60505367503), sertraline, TRINTELLIX
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
Depression * Antidepressants, Miscellaneous Agents	bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR
Dermatology Acne *	adapalene pad clindamycin gel (NDC <sup>^</sup> 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene (except adapalene pad) <b>PA</b> , benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 68682046275) <b>QL</b> , clindamycin solution <b>QL</b> , clindamycin-benzoyl peroxide <b>QL</b> , erythromycin solution <b>QL</b> , erythromycin-benzoyl peroxide <b>QL</b> , tretinoin <b>PA</b> , EPIDUO <b>PA</b> , ONEXTON <b>QL</b>
Dermatology Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide or hydrocortisone <b>WITH</b> gentamicin <b>QL</b>
Dermatology Antibiotics	mupirocin cream	gentamicin <b>QL</b> , mupirocin ointment <b>QL</b>
	calcipotriene cream	calcipotriene ointment <b>PA</b> , calcipotriene solution <b>PA</b>

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Dermatology Antipsoriatics	calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	
	calcipotriene-betamethasone DUOBRII	calcipotriene ointment or calcipotriene solution <b>WITH</b> desoximetasone, fluocinonide (except fluocinonide cream 0.1%) <b>PA</b> , or BRYHALI <b>QL</b> ; ENSTILAR <b>PA</b>
Dermatology Atopic Dermatitis *	doxepin cream	desonide (except desonide gel) <b>QL</b> , hydrocortisone <b>QL</b> , pimecrolimus <b>PA ST</b> , tacrolimus <b>PA ST</b> , EUCRISA
	ELIDEL	pimecrolimus <b>PA ST</b> , tacrolimus <b>PA ST</b> , EUCRISA
Dermatology Rosacea *	doxycycline monohydrate delayed-rel capsule	ORACEA
	ivermectin cream FINACEA GEL MIRVASO NORITATE	azelaic acid gel <b>PA</b> , metronidazole, FINACEA FOAM <b>PA</b> , SOOLANTRA <b>PA</b>
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	XOLEGEL	Ciclopirox <b>QL</b> , ketoconazole cream 2%
Dermatology Skin Inflammation and Hives * Corticosteroids	desonide gel DesRx flurandrenolide cream flurandrenolide lotion Nolix CORDRAN CREAM CORDRAN LOTION	desonide (except desonide gel) <b>QL</b> , hydrocortisone <b>QL</b>
	clocortolone cream desoximetasone ointment 0.05% flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% hydrocortisone butyrate lotion triamcinolone acetonide aerosol 0.2% triamcinolone ointment 0.05% Trianex CORDRAN OINTMENT	hydrocortisone butyrate cream <b>QL</b> , hydrocortisone butyrate ointment <b>QL</b> , hydrocortisone butyrate solution <b>QL</b> , mometasone <b>QL</b> , triamcinolone cream <b>QL</b> , triamcinolone lotion <b>QL</b> , triamcinolone ointment (except triamcinolone ointment 0.05%) <b>QL</b>
	betamethasone dipropionate ointment 0.05% diflorasone cream diflorasone ointment halcinonide cream APEXICON E HALOG PSORCON	desoximetasone (except desoximetasone ointment 0.05%) <b>QL</b> , fluocinonide (except fluocinonide cream 0.1%) <b>QL</b> , BRYHALI <b>QL</b>

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	clobetasol spray clobetasol emollient foam Tovet CORDRAN TAPE ULTRAVATE CLOBEX SPRAY OLUX-E fluocinonide cream 0.1%	clobetasol foam (except clobetasol emollient foam) <b>QL</b> , clobetasol cream <b>QL</b> , clobetasol gel <b>QL</b> , clobetasol lotion <b>QL</b> , clobetasol ointment <b>QL</b> , halobetasol cream <b>QL</b> , halobetasol ointment <b>QL</b>
Dermatology Warts	VEREGEN	Imiquimod
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	desonide (except desonide gel) <b>QL</b> , hydrocortisone <b>QL</b>
Dermatology Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	desonide (except desonide gel) <b>QL</b> , hydrocortisone <b>QL</b>
	luliconazole oxiconazole (NDCs <sup>^</sup> 00168035830, 51672135902 only)	Ciclopirox <b>QL</b> , clotrimazole <b>QL</b> , econazole <b>QL</b> , ketoconazole cream 2% <b>QL</b> , NAFTIN <b>QL</b>
Diabetes * Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	metformin, metformin ext-rel (except generics for 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	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR ; JANUVIA <b>WITH</b> pioglitazone
Diabetes * Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC <b>PA ST QL SI</b> , RYBELSUS <b>PA ST QL SI</b> , TRULICITY <b>PA ST QL SI</b> , VICTOZA <b>PA ST QL SI</b>
Diabetes * Insulins	APIDRA HUMALOG	FIASP <b>QL</b> , NOVOLOG <b>QL</b>
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30 <b>QL</b>
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30 <b>QL</b>
	HUMULIN 70/30 <sup>4</sup>	NOVOLIN 70/30 <sup>3</sup> <b>QL</b>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>3</sup> <b>QL</b>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>3</sup> <b>QL</b>
	NOTE: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
Diabetes * Long Acting Insulins	LANTUS	BASAGLAR <b>QL</b> , LEVEMIR <b>QL</b>
Diabetes * Insulin Sensitizers	ACTOS	pioglitazone
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA <b>PA ST</b> , JARDIANCE <b>PA ST</b>

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<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY <b>PA ST</b> , SYNJARDY XR <b>PA ST</b> , XIGDUO XR <b>PA ST</b>
<i>Diabetes *</i> Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI <b>PA ST</b>
<i>Diabetes *</i> Supplies, Needles <sup>4</sup>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES <b>QL</b>
<i>Diabetes *</i> Supplies, Syringes <sup>4</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES <b>QL</b>
<i>Diabetes *</i> Supplies, Test Strips and Kits <sup>5, 6</sup>	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUCH or ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <b>QL</b> <sup>6</sup> ACCU-CHEK COMPACT PLUS STRIPS AND KITS <b>QL</b> <sup>6</sup> ACCU-CHEK GUIDE STRIPS AND KITS <b>QL</b> <sup>6</sup> ACCU-CHEK SMARTVIEW STRIPS AND KITS <b>QL</b> <sup>6</sup> ONETOUCH ULTRA STRIPS AND KITS <b>QL</b> <sup>6</sup> , ONETOUCH VERIO STRIPS AND KITS <b>QL</b> <sup>6</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM <b>QL</b>
<i>Endocrine and Metabolic Disorders</i> Corticosteroids	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> BETAMETHASONE ACETATE BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	dexamethasone , hydrocortisone <b>QL</b> , methylprednisolone, <i>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL)</i> , prednisone <b>QL</b>
<i>Endocrine and Metabolic Disorders</i> Progestins	PROMETRIUM	Medroxyprogesterone <b>QL</b> ; progesterone, micronized
<i>Endocrine and Metabolic Disorders</i> Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	BAQSIMI, GVOKE, ZEGALOGUE
<i>Endometriosis*</i>	ZOLADEX	ORLISSA
<i>Erectile Dysfunction *</i> Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil</i> <b>PA QL</b> , <i>tadalafil</i> <b>PA QL</b>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F <b>PA QL SP SI</b>
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL <b>PA QL SP SI</b>
<i>Gastrointestinal</i> Anticholinergics	<i>chlordiazepoxide-clidinium (NDCs<sup>4</sup></i> <i>11534019701, 42494040901,</i>	<i>dicyclomine</i>



Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
	51293069601, 51293069610, 67877073101, 70700018501 only) hyoscamine sulfate ext-rel GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	
Gastrointestinal Antidiarrheals	ENTERAGAM	alosetron, VIBERZI, XIFAXAN 550 MG PA QL
	MYTESI	diphenoxylate-atropine, loperamide
Gastrointestinal Antiemetics	TRANSDERM SCOP	meclizine, scopolamine transdermal
	ZUPLENZ	granisetron QL, ondansetron QL, SANCUSO QL
Gastrointestinal Irritable Bowel Syndrome	AMITIZA	lubiprostone, LINZESS, SYMPROIC
Gastrointestinal Laxatives	LACTULOSE PAK	lactulose solution
	GOLYTELY MOVIPREP (and its generics) OSMOPREP SUPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
Gastrointestinal Opioid-Induced Constipation	MOVANTIK	lubiprostone, SYMPROIC
Gastrointestinal Probiotics	PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	lansoprazole delayed-rel orally disintegrating tablet dexlansoprazole delayed-rel omeprazole-sodium bicarbonate pantoprazole delayed-rel suspension ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	esomeprazole delayed-rel delayed-rel QL, lansoprazole delayed-rel capsule QL, omeprazole delayed-rel QL, pantoprazole delayed-rel tablet QL
Gastrointestinal Ulcer Treatment	sucralfate suspension CARAFATE	sucralfate tablet
Gaucher Disease	ELEYSO	CERDELGA PA QL, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
Genitourinary Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	tiopronin PA QL SP
Gout *	colchicine capsule COLCRYS	colchicine tablet, MITIGARE
	ULORIC	allopurinol
Growth Hormones	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN PA QL SP SI
Hematologic Anticoagulants (oral)	ELIQUIS PRADAXA	warfarin, XARELTO

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Hematologic Chelating Agents	CUPRIMINE	Penicillamine <b>QL</b>
	DESFERAL EXJADE FERRIPROX JADENU	deferasirox <b>PA QL SP</b> , deferiprone <b>PA QL</b> , deferoxamine
	SYPRINE	trientine <b>QL</b>
Hematologic Erythropoiesis-Stimulating Agents	ARANESP EPOGEN PROCRIT	RETACRIT <b>PA QL SP SI</b>
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO <b>PA QL SP SI</b>
Hematologic Neutropenia Colony Stimulating Factors	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM <b>PA QL SP SI</b>
Hematologic Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
	ZONTIVITY	Consult doctor
Hematologic Thrombocytopenia Agents	MUPLETA	Consult doctor
	NPLATE	PROMACTA <b>PA QL SP</b> , TAVALISSE <b>PA QL SP</b>
High Blood Pressure * ACE Inhibitors	EPANED	enalapril, fosinopril, lisinopril, quinapril, ramipril
High Blood Pressure * ACE Inhibitor / Diuretic Combinations	ZESTORETIC	fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist/Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations	AZOR EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations	EXFORGE HCT	olmesartan-amlodipine-hydrochlorothiazide
High Blood Pressure * Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
High Blood Pressure * Calcium Channel Blockers	NORVASC	amlodipine
	diltiazem ext-rel (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	diltiazem ext-rel (except generic of CARDIZEM LA)
High Blood Pressure * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	amlodipine <b>WITH</b> celecoxib
Huntington's Disease	XENAZINE	tetrabenazine <b>PA QL SP</b> , AUSTEDO <b>PA QL SP</b>
Immunology Antimetabolites	CELLCEPT MYFORTIC	mycophenolate mofetil, mycophenolate sodium
Immunology Calcineurin Inhibitors	ASTAGRAF XL ENVARUSUS XR	tacrolimus <b>PA ST</b>
Immunology Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO <b>PA QL</b>
Immunology Hereditary Angioedema	BERINERT	icatibant <b>PA QL SP SI</b> , RUCONEST <b>PA QL SP SI</b>
	CINRYZE	ORLADEYO <b>PA QL SP</b> , TAKHZYRO <b>PA QL SP SI</b>
Immunology Rapamycin Derivatives	RAPAMUNE ZORTRESS	everolimus, sirolimus
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	budesonide ext-rel mesalamine delayed-rel tablet 800 mg COLAZAL DELZICOL LIALDA PENTASA	balsalazide <b>PA QL</b> , mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD <b>QL</b>
Interferons*	PEGASYS	Consult doctor
Kidney Disease * Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
Menopausal Symptom Agents Oral/ Transdermal	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
	MENEST OSPHENA PREMARIN	estradiol
	MINIVELLE VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
Menopausal Symptom Agents Vaginal	estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
Multiple Sclerosis	EXTAVIA TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO <b>PA QL SP</b> , AVONEX <b>PA QL SP SI</b> , BETASERON <b>PA QL SP SI</b> , COPAXONE <b>PA QL</b> , GILENYA <b>PA QL SP</b> , KESIMPTA <b>PA QL SP</b> <b>SI</b> , MAYZENT <b>PA QL SP</b> , OCREVUS, REBIF <b>PA QL SP SI</b> , TYSABRI, VUMERITY <b>PA QL SP</b> , ZEPOSIA <b>PA QL SP</b>
Musculoskeletal	carisoprodol 250 mg chlorzoxazone 250 mg, 375 mg, 500 mg (NDC <sup>^</sup> 73007001303 only), 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg metaxalone 400 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
	methocarbamol 500 mg (NDC <sup>^</sup> 69036091010 only) methocarbamol 750 mg (NDCs <sup>^</sup> 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE	
Narcolepsy Wakefulness Promotors	NUVIGIL PROVIGIL	armodafinil PA, modafinil PA, SUNOSI, WAKIX PA SP, XYWAV PA SP
Nephrotic Cystinosis	PROCYSBI	CYSTAGON PA QL
Ophthalmic Allergies	ALREX BEPREVE LASTACAPT ZERVIATE	azelastine, bepotastine, cromolyn sodium, olopatadine
Ophthalmic Anti-infectives	AZASITE CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
Ophthalmic Anti-Infective / Anti-Inflammatory Combinations	TOBRADEX ST ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
Ophthalmic Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
Ophthalmic Anti-Inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
Ophthalmic Antivirals	ZIRGAN	trifluridine
Ophthalmic Artificial Tears	LACRISERT	RESTASIS PA, XIIDRA PA
Ophthalmic Glaucoma	bimatoprost solution 0.03% TRAVATAN Z	latanoprost, travoprost, LUMIGAN, ZIOPTAN
Ophthalmic Glaucoma	BETIMOL TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO PA QL SP SI, PROLIA, TYMLOS PA QL SP SI
Otic Anti-infective/ Anti-inflammatory Combinations	ciprofloxacin-fluocinolone CIPRO HC CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
Overactive Bladder/Incontinence * Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Pain Headache *	butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen tablet 25-325 mg, 50-300 mg butalbital-acetaminophen-caffeine capsule Bupap Vtol LQ BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only) CAMBIA FIORICET CAPSULE	diclofenac sodium <b>QL</b> , ibuprofen <b>QL</b> , naproxen (except naproxen CR or naproxen suspension) <b>QL</b>
	dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT MAXALT MAXALT-MLT	eletriptan <b>QL</b> , naratriptan <b>QL</b> , rizatriptan <b>QL</b> , sumatriptan <b>QL</b> , zolmitriptan <b>QL</b> , NURTEC ODT <b>PA ST QL</b> , ONZETRA XSAIL <b>QL</b> , UBRELVY <b>PA ST QL</b> , ZEMBRACE SYMTOUCH <b>QL</b> , ZOMIG NASAL SPRAY <b>QL</b>
	sumatriptan-naproxen TREXIMET	diclofenac sodium <b>QL</b> , ibuprofen or naproxen (except naproxen CR or naproxen suspension) <b>WITH</b> eletriptan <b>QL</b> , naratriptan <b>QL</b> , rizatriptan <b>QL</b> , sumatriptan <b>QL</b> , zolmitriptan <b>QL</b> ; ONZETRA XSAIL, ZEMBRACE SYMTOUCH <b>QL</b> , ZOMIG NASAL SPRAY <b>QL</b>
Pain Migraine CGRP Inhibitors	AIMOVIG	AJOVY <b>PA ST QL</b> , EMGALITY <b>PA</b>
Pain Neuropathic Pain *	LYRICA	duloxetine, pregabalin, pregabalin ext-rel
Pain Opioid Analgesics	BUTRANS	buprenorphine transdermal <b>PA</b> , BELBUCA <b>PA</b>
	LAZANDA	fentanyl transmucosal lozenge <b>PA</b> , SUBSYS <b>PA</b>
	levorphanol oxymorphone ext-rel HYSINGLA ER OXYCONTIN	fentanyl transdermal <b>PA</b> , hydrocodone ext-rel <b>PA QL</b> , hydromorphone ext-rel <b>PA</b> , methadone <b>PA</b> , morphine ext-rel <b>PA</b> , NUCYNTA ER <b>PA</b> , XTAMPZA ER <b>PA</b>
	PERCOCET	hydrocodone-acetaminophen <b>PA</b> , hydromorphone <b>PA</b> , morphine <b>PA</b> , oxycodone-acetaminophen <b>PA</b> , NUCYNTA <b>PA</b>
	tramadol (NDC <sup>^</sup> 52817019610 only) tramadol ext-rel capsule	tramadol (except NDC <sup>^</sup> 52817019610), tramadol ext-rel tablet <b>PA</b>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC <sup>^</sup> 71800063115 only) LIDOTREX	lidocaine-prilocaine <b>PA</b>
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) <b>WITH</b> esomeprazole delayed-rel <b>QL</b> , lansoprazole delayed-rel <b>QL</b> , omeprazole delayed-rel <b>QL</b> , or pantoprazole delayed-rel tablet <b>QL</b>
	CELEBREX	celecoxib, diclofenac sodium <b>QL</b> , ibuprofen <b>QL</b> , meloxicam tablet, naproxen (except naproxen CR or naproxen suspension) <b>QL</b>
	CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennaicin Sure Result DSS Premium Pack Ziclopro PENNSAID	diclofenac sodium <b>QL</b> , diclofenac sodium gel 1%, diclofenac sodium solution <b>PA QL</b> , ibuprofen <b>QL</b> , meloxicam tablet, naproxen (except naproxen CR or naproxen suspension) <b>QL</b>
	diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg	diclofenac sodium <b>QL</b> , ibuprofen <b>QL</b> , meloxicam tablet <b>QL</b> , naproxen (except naproxen CR or naproxen suspension) <b>QL</b>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
	ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC <sup>^</sup> 69336012830 only) naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	
	naproxen-esomeprazole delayed-rel	diclofenac sodium <b>QL</b> , ibuprofen <b>QL</b> , meloxicam tablet <b>QL</b> or naproxen (except naproxen CR or naproxen suspension) <b>QL WITH</b> esomeprazole delayed-rel delayed-rel <b>QL</b> , lansoprazole delayed-rel <b>QL</b> , omeprazole delayed-rel <b>QL</b> , pantoprazole delayed-rel tablet <b>QL</b>
Parkinson's Disease	APOKYN	INBRIJA <b>PA QL</b> , KYNMOBI <b>PA QL</b>
	NOURIANZ	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
	RYTARY	carbidopa-levodopa, carbidopa-levodopa ext-rel
Phenylketonuria	KUVAN	sapropterin
Postherpetic Neuralgia	HORIZANT	gabapentin, pregabalin, pregabalin ext-rel, GRALISE
Premenstrual Dysphoric Disorder (PMDD)	fluoxetine (generics for SARAFEM only)	fluoxetine(except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC 60505367503), sertraline
Prenatal Vitamins	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	prenatal vitamins
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin; dutasteride or finasteride <b>WITH</b> alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
	RAPAFLO UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
Pseudobulbar Affect	NUEDEXTA	Consult doctor
Respiratory Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	epinephrine auto-injector <b>QL</b> , AUVI-Q <b>QL</b> , EPIPEN <b>QL</b> , EPIPEN JR <b>QL</b>
Respiratory Cough	benzonatate (NDC <sup>^</sup> 69336012615, 69499032915 only)	benzonatate (except NDC <sup>^</sup> 69336012615, 69499032915)
Respiratory Xanthines	THEO-24	ipratropium inhalation solution <b>QL</b> , PERFOROMIST <b>QL</b> , SEREVENT <b>QL</b> , SPIRIVA <b>QL</b> , STRIVERDI RESPIMAT <b>QL</b> , YUPELRI <b>QL</b>
Sleep Disorder Hypnotics, Non-benzodiazepines	quazepam zolpidem sublingual LUNESTA ROZEREM SILENOR ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA
Testosterone Replacement * Androgens	testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) <sup>8</sup> ANDROGEL FORTESTA TESTIM VOGELXO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO
Thyroid Supplements	CYOMEL NATURE-THROID WESTHROID WP THYROID	levothyroxine, liothyronine, SYNTHROID

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<i>Transplant*</i> Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i> PA ST
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i> PA QL SP

Category Drug Class	Formulary Options
All Drugs	On a quarterly basis, new and existing products – including limited source generics, products with significant cost inflation, and specialty and non-specialty products – may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition, or deletion of a product.
Atopic Dermatitis*	As new atopic dermatitis products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options are available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product on the first day of any calendar month.
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 <sup>1</sup>	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® 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 Drugs Requiring Prior Authorization for Medical Necessity		
ABILIFY	BEYAZ	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM
ACANYA	<i>bimatoprost solution 0.03%</i>	ENTYVIO (for Crohn's disease only)
ACIPHEX	BORTEZOMIB	ENVARUS XR
ACIPHEX SPRINKLE	BOTOX	EPANED
ACTEMRA ACTPEN	BREEZE 2 STRIPS AND KITS <sup>7</sup>	EPIKERAM
ACTEMRA SUBCUTANEOUS	BROMSITE	EPIVIR HBV
ACTICLATE	<i>budesonide ext-rel</i>	EPOGEN
<i>Activite</i>	<i>Bupap</i>	<i>ergotamine-caffeine</i>
ACTOS	BUPHENYL	ERYPED
ACUVAIL	<i>bupropion ext-rel tablet 450 mg</i>	<i>estradiol vaginal tablet</i>
<i>acyclovir cream</i>	<i>butalbital-acetaminophen tablet 25-325 mg</i>	ESTRING
<i>adapalene pad</i>	<i>butalbital-acetaminophen tablet 50-300 mg</i>	<i>ethinyl estradiol-etonogestrel</i>
ADCIRCA	BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only)	EVEKEO
ADDERALL	<i>butalbital-acetaminophen-caffeine capsule</i>	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM
ADRENALIN	BUTRANS	EPANED
ADZENYS XR-ODT	BYDUREON BCISE	EXFORGE
AFINITOR	BYETTA	EXFORGE HCT
AFINITOR DISPERZ	CAFERGOT	EXJADE
AIMOVIG	<i>calcipotriene cream</i>	EXTAVIA
<i>albuterol sulfate CFC-free (NDC<sup>^</sup> 66993001968 only)</i>	<i>calcipotriene foam</i>	FABIOR
ALEVICYN GEL	<i>calcipotriene-<i>betamethasone</i></i>	FANAPT
ALEVICYN SG	<i>calcitriol ointment</i>	FEMRING
ALEVICYN SOLUTION	CAMBIA	<i>fenofibrate tablet 120 mg</i>
ALIQOPA	<i>CapsFenac Pak</i>	<i>fenofibrate capsule 50 mg, 130 mg</i>
ALLISON MEDICAL INSULIN SYRINGES <sup>5</sup>	<i>Capsinac</i>	<i>fenofibrate tablet 40 mg, 120 mg</i>
ALPROLIX	CARAC	FENOGLIDE TABLET 120 MG
ALREX	CARAFATE	<i>fenoprofen</i>
ALTOPREV		
ALVESCO		

AMITIZA	CARAFATECARBINOXAMINE TABLET 6 MG	FENOPROFEN CAPSULE
AMRIX	CARDIZEM	FERIVA 21/7
ANDROGEL	CARDIZEM CD	FERRIPROX
APEXICON E	CARDIZEM LA (and its generics)	<i>Fexmid</i>
APIDRA	<i>carisoprodol 250 mg</i>	FINACEA GEL
APOKYN	CARNITOR	FIORICET CAPSULE
APTENSIO XR	CARNITOR SF	FLAREX
APTIVUS	CAYSTON	<i>flucytosine capsule 500 mg</i>
ARALAST NP	CELEBREX	<i>fluocinonide cream 0.1%</i>
ARANESP	CELLCEPT	<i>fluorouracil cream 0.5%</i>
ARTHROTEC	<i>chlordiazepoxide-clidinium (NDCs<sup>^</sup> 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i>	<i>fluoxetine tablet (generics for SARAFEM only)</i>
ASMANEX	<i>chlorzoxazone 250 mg</i>	<i>fluoxetine tablet 60 mg</i>
ASMANEX HFA	<i>chlorzoxazone 375 mg</i>	<i>flurandrenolide cream</i>
ASTAGRAF XL	<i>chlorzoxazone 500 mg (NDC<sup>^</sup> 73007001303 only)</i>	<i>flurandrenolide lotion</i>
ATACAND	<i>chlorzoxazone 750 mg</i>	<i>flurandrenolide ointment</i>
ATACAND HCT	CHORIONIC GONADOTROPIN	FML LIQUIFILM
ATIVAN	CIALIS	FML FORTE
ATOPADERM	CICATRACE	FML S.O.P
ATRIPLA	CILOXAN	FOLLISTIM AQ
AVASTIN	CIMZIA	<i>Folvite-D</i>
AVENOVA	CINRYZE	FORTAMET
AZASITE	CIPRO HC	FORTESTA
AZELEX	CIPRODEX	FOSRENOL
AZESCO	<i>ciprofloxacin-fluocinolone</i>	FOSTEUM
AZOR	CITRANATAL	FOSTEUM PLUS
BALCOLTRA	<i>clindamycin gel (NDC<sup>^</sup> 68682046275 only)</i>	FREESTYLE LIBRE CONTINUOUS GLUCOSE
BANZEL SUSPENSION	<i>clobetasol emollient foam</i>	MONITORING SYSTEM
BARACLUDE TABLET	<i>clobetasol spray</i>	FREESTYLE STRIPS AND KITS <sup>6</sup>
BEAU RX	CLOBEX SPRAY	FULPHILA
BECONASE AQ	<i>clocortolone cream</i>	GEL-ONE
BENICAR	COLAZAL	<i>Genicin Vita-S</i>
BENICAR HCT	<i>colchicine capsule</i>	GENOTROPIN
BENSAL HP	COLCRYS	GLASSIA
BENZACLIN	COMPLERA	GLEEVEC
benzonatate (NDCs <sup>^</sup> 69336012615, 69499032915 only)	CONSENSI	GLUCAGEN HYPOKIT
BEPREVE	CONTOUR NEXT STRIPS AND KITS <sup>7</sup>	GLUCAGON EMERGENCY KIT
BERINERT	CONTOUR STRIPS AND KITS <sup>7</sup>	GLUMETZA
BETAMETHASONE ACETATE-BETAMETHASONE	CONTRAVE	GLYCOPYRROLATE TABLET 1.5 MG
SODIUM PHOSPHATE	CORDRAN CREAM	GOLYTELY
<i>betamethasone dipropionate ointment 0.05%</i>	CORDRAN LOTION	GRANIX
BETIMOL	CORDRAN OINTMENT	GUARDIAN CONNECT CONTINUOUS GLUCOSE
BETAPACE	CORDRAN TAPE	MONITORING SYSTEM
BETAPACE AF	<i>CoreMino</i>	GUARDIAN REAL-TIME CONTINUOUS GLUCOSE
BETIMOL	COZAAR	MONITORING SYSTEM
BEVESPI AEROSPHERE	CRESEMBIA	<i>halcinonide cream</i>
	CRESTOR	HALOG
	CUPRIMINE	<i>heparin sodium 5% dextrose</i>
JADENU	<i>cyclobenzaprine ext-rel capsule</i>	HEPARIN SODIUM IN 5% DEXTROSE
JALYN	<i>cyclobenzaprine tablet 7.5 mg</i>	HEPSERA
JENTADUETO	CYMBALTA	HERCEPTIN
JENTADUETO XR	CYTOMEL	HERCEPTIN HYLECTA
JUXTAPID	DARAPRIM	HORIZANT
KAMDOY	DAYTRANA	HUMALOG
Kapzin DC	DELZICOL	HUMALOG MIX 50/50
KAZANO	DEFERAL	HUMALOG MIX 75/25
KEPPRA	<i>desonide gel</i>	HUMATROPE
KEPPRA XR	<i>desoximetasone ointment 0.05%</i>	HUMULIN 70/30 <sup>4</sup>
<i>ketoconazole foam 2%</i>	<i>DesRx</i>	HUMULIN N <sup>4</sup>
<i>Ketodan</i>	DETROL LA	HUMULIN R <sup>4</sup>
<i>ketoprofen capsule 25 mg</i>	<i>dexchlorpheniramine</i>	<i>hydrocortisone butyrate lipophilic cream 0.1%</i>
<i>ketoprofen ext-rel capsule</i>	<i>Dexifol</i>	<i>hydrocortisone butyrate lotion</i>
KINERET	DEXILANT	<i>hyoscamine sulfate ext-rel</i>
KOMBIGLYZE XR	<i>dexlansoprazole delayed-rel</i>	HYSINGLA ER
KORLYM	<i>diclofenac potassium tablet 25 mg</i>	HYZAAR
KUVAN	<i>Diclofex DC</i>	<i>Iclofenac CP</i>
KYPROLIS	<i>DicloHeal-60</i>	ICLUSIG
LACRISERT	DIFFERIN LOTION	<i>icosapent ethyl</i>
LACTULOSE PAK	<i>difforasone cream</i>	ILUMYA
LAMICTAL	<i>difforasone ointment</i>	INCRUSE ELLIPTA
LAMICTAL ODT	<i>dihydroergotamine spray</i>	INDERAL LA
LAMICTAL XR	<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	INDERAL XL
LANOXIN TABLET (125 MCG and 250 MCG only)	DIOVAN	INDOCIN
<i>lansoprazole delayed-rel orally disintegrating tablet</i>	DIOVAN HCT	<i>indomethacin capsule 20 mg</i>
<i>lanthanum carbonate</i>		<i>Inflammacin</i>
LANTUS		INFLECTRA
LASTACFT		



<p>LAZANDA LESCOL XL LETAIRIS LEUKINE <i>levorphanol</i> LEXAPRO LEXIVA LIALDA LIBRAX LIDOCAINE-TETRACAINE CREAM (NDC<sup>^</sup> 71800063115 only) LIDOTREX LILETTA LIPITOR LITHOSTAT LIVALO <i>Lofena</i> <i>Lorid</i> <i>Lorzone</i> LOTEMAX LOTEMAX SM <i>luliconazole</i> LUNESTA LYRICA MACRODANTIN <i>Matzim LA</i> MAXALT MAXALT-MLT MAXIDEX MAVYRET <i>mefenamic acid</i> (NDC<sup>^</sup> 69336012830 only) MEKINIST <i>meloxicam capsule</i> MENEST <i>mesalamine delayed-rel tablet 800 mg</i> <i>metaxalone 400 mg</i> <i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) <i>methocarbamol 500 mg</i> (NDC<sup>^</sup> 69036091010 only) <i>methocarbamol 750 mg</i> (NDCs<sup>^</sup> 69036093090, 70868090190 only) MIACALCIN INJECTION MICARDIS MICARDIS HCT <i>Migergot</i> MILLIPRED MINASTRIN 24 FE MINIVELLE <i>minocycline ext-rel</i> MIRVASO <i>Mondoxyne NL capsule 75 mg</i> MOVANTIK MOVIPREP MULPLETA <i>MultiPro</i> mupirocin cream MYFORTIC MYRBETRIQ MYTESI NAPRELAN <i>naproxen CR</i> <i>naproxen suspension</i> <i>naproxen-esomeprazole delayed-rel delayed-rel</i> NATURE-THROID NEO-SYNALAR NESINA NEULASTA NEULASTA ONPRO NEUPOGEN NEVANAC NEXIUM <i>niacin tablet 500 mg</i> <i>Niacor</i> NICADAN NICAPRIN</p>	<p><i>Diphen Elixir</i> DORYX DORYX MPC <i>doxepin cream</i> <i>doxycycline hyclate</i> <i>delayed-rel tablet 50 mg, 100 mg, 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>doxycycline monohydrate delayed-rel capsule</i> DULERA DUOBRII DUTOPROL DYMISTA DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ELIDEL ELIQUIS ELMIRON <i>EluRyng</i>  OLUX-E <i>omeprazole-sodium bicarbonate</i> OMNARIS OMNITROPE ONFI ONGLYZA <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i> OPZELURA ORTHO D ORTHO DF OSENI OSMOPREP OSPHENA OTREXUP OWEN MUMFORD NEEDLES <sup>5</sup> <i>oxiconazole</i> (NDCs<sup>^</sup> 00168035830, 51672135902 only) OXYCONTIN <i>oxymorphone ext-rel</i> OXYTROL <i>pantoprazole delayed-rel suspension</i> <i>paroxetine HCl ext-rel</i> (NDC<sup>^</sup> 60505367503 only) <i>paroxetine mesylate</i> PAXIL PAXIL CR <i>peg 3340- electrolytes</i> (generics for MOVIPREP only) PEGASYS <i>Pennaiclin</i> PENNSAID PENTASA PERCOCET PERRIGO NEEDLES <sup>5</sup> PEXEVA PLAVIX POLYTOZA <i>posaconazole delayed-rel tablet</i> PRADAXA PRED FORTE PRED MILD <i>prednisolone solution 10mg/ 5 mL</i> <i>prednisolone solution 20mg/ 5 mL</i> PREGNYL PREMARIN PREMARIN CREAM PRENATAL PLUS PREVACID PREVIDENT PRILOSEC</p>	<p>INNOPRAN XL INTRAROSA INTUNIV INVELTYS INVIRASE INVOKAMET INVOKAMET XR INVOKANA <i>isosorbide dinitrate 40 mg</i> <i>ivermectin cream</i>  STRIBILD SUBOXONE <i>sucralfate suspension</i> <i>sumatriptan-naproxen</i> SUPREP <i>Sure Result DSS Premium Pack</i> SYMJEPI SYNERDERM SYPRINE TAFINLAR TALIVA <i>Targadox</i> TASIGNA <i>tavorole</i> TAYTULLA TAZORAC TECFIDERA TESTIM <i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) THEO-24 THIOLA THIOLA EC TIMOPTIC OCUDOSE TIROSINT TOBI TOBI PODHALER TOBRADEX ST <i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) TOPROL-XL Tovet TRACLEER TRADJENTA <i>tramadol</i> (NDC<sup>^</sup> 52817019610 only) <i>tramadol ext-rel capsule</i> TRANSDERM SCOP TRAVATAN Z TRELSTAR MIXJECT TREMIMET <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> TRICOR TRIVIDIA INSULIN SYRINGES <sup>5</sup> TronVite TRUVADA TRUXIMA TUDORZA TYRVAYA UDENYCA ULORIC ULTIMED INSULIN SYRINGES <sup>5</sup> ULTIMED NEEDLES <sup>5</sup> ULTRAVATE UROXATRAL VALCYTE VALTREX <i>Vanoxide-HC</i> VASCULERA VECTICAL VELTIN <i>venlafaxine ext-rel tablet</i> (except 225 mg) VENTOLIN HFA</p>
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NICAZEL NICAZEL FORTE NICOMIDE NILANDRON <i>nitrofurantoin (except NDCs^ 16571074024, 70408023932)</i> <i>Nolix</i> NORGESIC FORTE NORITATE NORPACE NORVASC NOURIANZ NOVAREL NOVO NORDISK NEEDLES <sup>5</sup> NOXAFIL NPLATE <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> NUEDEXTA NUTROPIN AQ NUVIGIL	PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT PROGRAF PROMETRIUM PROTONIX PROVAD PROVENTIL HFA PROVIGIL PROZAC PSORCON QNASL QTERN <i>quazepam</i> QUILLICHEW ER QUILLIVANT XR RAPAFLO RAPAMUNE RAVICTI RAYOS RECEDO REMODULIN RENFLEXIS REPATHA REVATIO RHEUMATE RIABNI RIBOZEL RIMSO-50 RIOMET RITUXAN ROZEREM <i>RyClora</i> RYTARY SABRIL SAIZEN SANDOSTATIN LAR SCARSILK PAD SEASONIQUE SEROQUEL XR SIGNIFOR LAR SIL-K PAD SILENOR SILIVEX SILTREX SIMPONI SINGULAIR SOMAVERT SORILUX SPRIX STENDRA	VIAGRA VIEKIRA PAK VIIBRYD VIRACEPT VITAFOL-ONE <i>Vitasure</i> VIVELLE-DOT VOGELXO <i>Vtol LQ</i> WESTHROID WP THYROID XALKORI XANAX XANAX XR XENAZINE XENICAL XOLEGEL XOPENEX HFA <i>Xvite</i> XYZBAC YASMIN YAZ <i>Yuvaferm</i> ZALVIT ZARXIO ZEGERID ZELAC ZEMAIRA ZEPATIER ZERVIAE ZESTORETIC ZETIA ZETONNA ZIANA <i>Ziclopro</i> <i>zileuton ext-rel</i> ZIRGAN ZOLADEX ZOLOFT <i>zolpidem sublingual</i> ZOPIMIST ZONEGRAN ZONTIVITY ZORVOLEX ZORTRESS ZUPLENZ ZYDELIG ZYLET ZYTIGA ZYVIT
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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under the Coverage tab.

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. 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

† Listing does not include certain NDCs^

^ Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation, and package size

<sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at 1-855-240-0536.

- <sup>2</sup> 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)
- <sup>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- <sup>4</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e. RELION)
- <sup>5</sup> BD ULTRAFINE syringes and needles are the only preferred options.
- <sup>6</sup> An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call 1-877-418-4746.
- <sup>7</sup> ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.
- <sup>8</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.
- <sup>9</sup> CVS Caremark is an independent company that provides pharmacy benefit management services.

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