

Drugs Requiring Prior Authorization for Medical Necessity for CareFirst Formulary 2

(Effective October 1, 2023)

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 ¹ | 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) LAMITCAL 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, XCORPI |
| | BANZEL FINTEPLA ONFI | clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR |
| | SABRIL | vigabatrin PA QL SP |
| | DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE DILANTIN KEPPRA KEPPRA XR LAMICTAL XR TEGRETOL TEGRETOL XR TRILEPTAL VIMPAT 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, XCORPI |
| | DIACOMIT | Talk to your doctor |
| Anti-infectives, Antibacterials Erythromycins/Macrolides | E.E.S. GRANULES ERYPRED | erythromycins |
| Anti-infectives, Antibacterials | doxycycline hyclate delayed-rel tablet doxycycline hyclate tablet 50 mg | doxycycline hyclate capsule, doxycycline hyclate 20 mg, minocycline, tetracycline QL |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|---|--|
| Tetracyclines | 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 Mondoxine NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC | |
| Anti-infectives, Antibacterials Miscellaneous | nitrofurantoin (NDCs [^] 16571074024, 70408023932 only) MACRODANTIN | nitrofurantoin (except NDCs [^] 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 QL , efavirenz-lamivudine-tenofovir disoproxil fumarate QL , BIKTARVY QL , DOVATO QL , GENVOYA QL , ODEFSEY QL , SYMTUZA QL , TRIUMEQ QL |
| | TRUVADA | abacavir-lamivudine QL , emtricitabine-tenofovir disoproxil fumarate QL , CIMDUO QL , DESCOVY PA QL , TEMIXYS QL |
| Anti-infectives, Antiretroviral Agents, Fusion Inhibitors | SELZENTRY | maraviroc |
| Anti-infectives, Antiretroviral Agents Protease Inhibitors | APTIVUS | Consult doctor |
| | INVIRASE LEXIVA VIRACEPT | Atazanavir QL , lopinavir-ritonavir QL , EVOTAZ QL , PREZCOBIX QL , PREZISTA QL |
| Anti-infectives, Antivirals Cytomegalovirus * | VALCYTE | valganciclovir QL |
| Anti-Infectives, Antivirals, Hepatitis B * | VEMLIDY BARACLUDE TABLET EPIVIR HBV HEPSERA | Entecavir QL , lamivudine QL , tenofovir disoproxil fumarate QL , BARACLUDE SOLUTION QL |
| Anti-infectives, Antivirals Hepatitis C * | MAVYRET | EPCLUSA (genotypes 1,2,3,4,5,6) PA SP QL , HARVONI (genotypes 1, 4, 5, 6) PA SP QL , VOSEVI PA SP QL ² |
| | VIEKIRA PAK ZEPATIER | EPCLUSA (genotypes 1,2,3,4,5,6) PA SP QL , HARVONI (genotypes 1, 4, 5, 6) PA SP QL |
| Anti-infectives, Antivirals Herpes * | acyclovir cream VALTREX | acyclovir capsule QL , acyclovir tablet QL , valacyclovir QL |
| Anti-infectives, Miscellaneous | DARAPRIM | pyrimethamine PA |
| Antiobesity | CONTRAVE 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 [^] 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA | albuterol sulfate CFC-free (except NDC [^] 66993001968) QL , levalbuterol tartrate CFC-free aerosol QL |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|---|---|
| | XOPENEX HFA | |
| <i>Asthma</i> * Leukotriene Modulators | <i>zileuton ext-rel</i> SINGULAIR | <i>montelukast, zafirlukast</i> |
| <i>Asthma</i> * Steroid Inhalants | ALVESCO ASMANEX ASMANEX HFA ARNUITY ELLIPTA FLOVENT DISKUS FLOVENT HFA QVAR REDIHALER | PULMICORT FLEXHALER QL |
| <i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid/Beta Agonist Combinations | DULERA | ADVAIR DISKUS QL , ADVAIR HFA [†] QL , BREO ELLIPTA [†] QL , SYMBICORT QL |
| <i>Asthma</i> * <i>Severe Asthma</i> | NUCALA LYOPHILIZED POWDER | DUPIXENT PA SP QL , FASENRA PA SP QL , NUCALA (except lyophilized powder) PA SP QL , TEZSPIRE PA SP QL , XOLAIR PA SP QL |
| <i>Attention Deficit Hyperactivity Disorder</i> * | ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER QUILLIVANT XR | <i>amphetamine-dextroamphetamine mixed salts ext-rel</i> [†] QL , <i>atomoxetine</i> QL , <i>dexmethylphenidate ext-rel</i> [†] QL , <i>guanfacine ext-rel</i> , <i>methylphenidate ext-rel</i> , AZSTARYS QL , VYVANSE QL |
| | ADDERALL EVEKEO | <i>amphetamine-dextroamphetamine mixed salts</i> QL , <i>methylphenidate</i> QL |
| | INTUNIV | <i>amphetamine-dextroamphetamine mixed salts ext-rel</i> [†] QL , <i>atomoxetine</i> QL , <i>dexmethylphenidate ext-rel</i> [†] QL , <i>guanfacine ext-rel</i> , <i>methylphenidate ext-rel</i> QL , AZSTARYS QL , JORNAY PM QL , MYDAYIS QL , QELBREE QL , VYVANSE QL , |
| <i>Autoimmune Conditions</i> Self-administered Agents Ankylosing Spondylitis* | SIMPONI TALTZ XELJANZ XELJANZ XR | COSENTYX PA QL SP SI , ENBREL PA QL SP SI , HUMIRA PA QL SP SI |
| <i>Autoimmune Conditions</i> Self-administered Agents Non-Radiographic Axial Spondylitis* | TALTZ | CIMZIA PREFILLED SYRINGE PA QL SP SI , COSENTYX PA QL SP SI , RINVOQ PA QL SP SI |
| <i>Autoimmune Conditions</i> Self-administered Agents Psoriasis* | COSENTYX ENBREL | HUMIRA PA QL SP SI , OTEZLA PA QL SP , SKYRIZI PA QL SP SI , STELARA SUBCUTANEOUS PA QL SP SI , TALTZ PA QL SP SI , TREMFYA PA QL SP SI |
| <i>Autoimmune Conditions</i> Self-administered Agents Psoriatic Arthritis* | ORENCIA CLICKJET ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR | COSENTYX PA QL SP SI , ENBREL PA QL SP SI , HUMIRA PA QL SP SI , OTEZLA PA QL SP , RINVOQ PA QL SP SI , SKYRIZI PA QL SP SI , STELARA SUBCUTANEOUS PA QL SP SI , TREMFYA PA QL SP SI |
| <i>Autoimmune Conditions</i> Self-administered Agents Rheumatic Arthritis* | ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI | ENBREL PA QL SP SI , HUMIRA PA QL SP SI , KEVZARA PA QL SP SI , ORENCIA CLICKJET PA QL SP SI , ORENCIA SUBCUTANEOUS PA SP , RINVOQ PA QL SP SI , XELJANZ PA QL SP , XELJANZ XR PA QL SP |
| <i>Autoimmune Conditions</i> Self-administered Agents Ulcerative Colitis* | SIMPONI | HUMIRA PA QL SP SI , RINVOQ# PA QL SP SI , STELARA SUBCUTANEOUS# PA QL SP SI , XELJANZ# PA QL SP , XELJANZ XR# PA QL SP , ZEPOSIA# PA QL SP #After failure of HUMIRA |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|--|---|--|
| <i>Autoimmune Conditions</i> Self-administered Agents All Other Conditions* | ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJET ORENCIA SUBCUTANEOUS | ENBREL PA QL SP SI, HUMIRA PA QL SP SI |
| <i>Cancer</i> Chronic Myelogenous Leukemia * Kinase Inhibitors | GLEEVEC ICLUSIG TASIGNA | <i>imatinib mesylate</i> PA QL SP, BOSULIF PA QL SP, SPRYCEL PA QL SP |
| <i>Cancer</i> Follicular Lymphoma * PI3K Inhibitors | ALIQOPA ZYDELIG | COPIKTRA PA QL SP |
| <i>Cancer</i> Melanoma* BRAF/MEK Inhibitors | MEKINIST | COTELLIC PA QL SP, MEKTOVI PA QL SP |
| | TAFINLAR | BRAFTOVI PA QL SP, ZELBORAF PA QL SP |
| <i>Cancer</i> mTOR Inhibitors | AFINITOR AFINITOR DISPERZ | <i>everolimus</i> PA QL SP |
| <i>Cancer</i> Multiple Myeloma * Proteasome Inhibitors | BORTEZOMIB KYPROLIS | NINLARO PA QL SP, VELCADE PA QL SP |
| <i>Cancer</i> Non-Small Cell Lung Cancer * ALK Inhibitors | XALKORI | ALECENSA PA QL SP, ALUNBRIG PA QL SP, ZYKADIA PA QL SP |
| <i>Cancer Prostate *</i> Hormonal Agents, Antiandrogens | NILANDRON ZYTIGA | <i>abiraterone</i> PA QL SP, <i>bicalutamide</i> , ERLEADA PA QL SP, XTANDI PA QL SP, YONSA PA QL SP |
| <i>Cancer Prostate *</i> Luteinizing Hormone-Releasing Hormone (LHRH) Agonists | FIRMAGON LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX | ELIGARD PA QL SP |
| <i>Cancer</i> Renal Cell Carcinoma Kinase Inhibitors | SUTENT VOTRIENT | <i>sunitinib</i> PA QL SP, CABOMETYX PA QL SP, INLYTA PA QL SP, LENVIMA PA QL SP, NEXAVAR PA QL SP |
| <i>Cancer</i> Miscellaneous | TARGRETIN | <i>Bexarotene</i> PA |
| <i>Cardiovascular</i> <i>Antiarrhythmics</i> | BETAPACE BETAPACE AF | <i>sotalol</i> |
| | MULTAQ NEXTERONE | <i>amiodarone</i> |
| | NORPACE | <i>disopyramide</i> |
| <i>Cardiovascular</i> Antilipidemics Cholesterol Absorption Inhibitors | ZETIA | <i>ezetimibe</i> |
| <i>Cardiovascular</i> Antilipemics Fibrates | <i>fenofibrate tablet 40, 120 mg</i> <i>fenofibrate capsule 30 mg, 50 mg, 90 mg,</i> <i>130 mg</i> FENOGLIDE TABLET 120 MG TRICOR | <i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i> |
| <i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations ² | ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO | <i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i> |
| <i>Cardiovascular Antilipemics</i> MTP inhibitors | JUXTAPID | PRALUENT PA QL SI |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|--|--|---|
| Cardiovascular Antilipemics Niacins | niacin tablet 500 mg Niacor | niacin ext-rel |
| Cardiovascular Antilipemics Omega-3 Fatty Acids | icosapent ethyl LOVAZA | Omega-3 acid ethyl esters, VASCEPA |
| Cardiovascular Antilipemics PCSK9 Inhibitors | PRALUENT | REPATHA 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 |
| | TYVASO DPI | Talk to your doctor |
| Cardiovascular Miscellaneous | NORTHERA | midodrine |
| Carnitine Deficiency | CARNITOR CARNITOR SF | levocarnitine |
| Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics | INCRUSE ELLIPTA TUDORZA | SPIRIVA QL, YUPELRI |
| Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations/ Long Acting | BEVESPI AEROSPHERE | ANORO ELLIPTA QL, STIOLTO RESPIMAT QL |
| Contraceptives Monophasic | BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ | ethinyl estradiol-drospirenone QL, ethinyl estradiol-drospirenone-levomefolate QL, ethinyl estradiol-levonorgestrel QL, ethinyl estradiol-norethindrone acetate QL, ethinyl estradiol-norethindrone acetate-iron QL, ethinyl estradiol-norgestimate QL, LO LOESTRIN FE QL, NATAZIA QL |
| Contraceptives Progestin Intrauterine Devices | LILETTA | KYLEENA, MIRENA, SKYLA |
| Contraceptives Vaginal | ethinyl estradiol-etonogestrel, EluRyng | ANNOVERA QL, NUVARING QL |
| Cushing's Syndrome | KORLYM | Consult doctor |
| Cystic Fibrosis * Inhaled Antibiotics | BETHKIS CAYSTON KITABIS PAK TOBI TOBI PODHALER | tobramycin inhalation solution PA QL SP |
| Dental* | PREVIDENT | Consult doctor |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|--|---|---|
| Cavity/Caries Prevention | | |
| <i>Depression</i> * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs) | <i>fluoxetine tablet 60 mg</i> paroxetine HCl ext-rel (NDC [^] 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT | <i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC[^] 60505367503), sertraline, TRINTELLIX</i> |
| <i>Depression</i> * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs) | <i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ | <i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i> |
| <i>Depression</i> * Antidepressants, Miscellaneous Agents | <i>bupropion ext-rel tablet 450 mg</i> | <i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i> |
| <i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals | ABILIFY FANAPT LATUDA SEROQUEL XR | <i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, VRAYLAR</i> |
| <i>Dermatology</i> Acne * | <i>adapalene pad</i> <i>clindamycin gel (NDC[^] 68682046275 only)</i> <i>Vanoxide-HC</i> ACANYA ACZONE AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA | <i>adapalene (except adapalene pad) PA, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275) QL, clindamycin solution QL, clindamycin-benzoyl peroxide QL, erythromycin solution QL, erythromycin-benzoyl peroxide QL, tretinoin PA, AKLIEF PA, ARAZLO PA, EPIDUO PA, ONEXTON QL, TWYNEO PA, WINLEVI PA</i> |
| <i>Dermatology</i> Actinic Keratosis * | <i>fluorouracil cream 0.5%</i> CARAC | <i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i> |
| <i>Dermatology</i> Anti-infective / Anti-inflammatory | NEO-SYNALAR | <i>desonide or hydrocortisone WITH gentamicin QL</i> |
| <i>Dermatology</i> Antibiotics | <i>mupirocin cream</i> | <i>gentamicin QL, mupirocin ointment QL</i> |
| <i>Dermatology</i> Antipsoriatics | <i>calcipotriene cream</i> <i>calcipotriene foam</i> <i>calcitriol ointment</i> CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL | <i>calcipotriene ointment PA, calcipotriene solution PA</i> |
| | <i>calcipotriene-betamethasone</i> DUOBRII | <i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) PA, or BRYHALI QL; ENSTILAR PA</i> |
| <i>Dermatology</i> Atopic Dermatitis * | <i>doxepin cream</i> | <i>desonide (except desonide gel) QL, hydrocortisone QL, pimecrolimus PA ST, tacrolimus PA ST, EUCRISA</i> |
| | ELIDEL | <i>pimecrolimus PA ST, tacrolimus PA ST, EUCRISA</i> |
| <i>Dermatology</i> Rosacea * | <i>doxycycline monohydrate delayed-rel capsule</i> | ORACEA |
| | ivermectin cream FINACEA GEL MIRVASO | <i>azelaic acid gel PA, metronidazole, FINACEA FOAM PA, SOOLANTRA PA</i> |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|--|--|
| | NORITATE | |
| Dermatology Scars | BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILIVEX SILTREX | Consult doctor |
| Dermatology Seborrheic Dermatitis * | ketoconazole foam 2% Ketodan | ketoconazole shampoo 2%, selenium sulfide lotion 2.5% |
| | XOLEGEL | Ciclopirox QL , 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) QL , hydrocortisone QL |
| | 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 QL , hydrocortisone butyrate ointment QL , hydrocortisone butyrate solution QL , mometasone QL , triamcinolone cream QL , triamcinolone lotion QL , triamcinolone ointment (except triamcinolone ointment 0.05%) QL |
| | betamethasone dipropionate ointment 0.05% diflorasone cream diflorasone ointment halcinonide cream APEXICON E HALOG PSORCON | desoximetasone (except desoximetasone ointment 0.05%) QL , fluocinonide (except fluocinonide cream 0.1%) QL , BRYHALI QL |
| | clobetasol spray clobetasol emollient foam Tovet CORDRAN TAPE ULTRAVATE CLOBEX SPRAY OLUX-E fluocinonide cream 0.1% | clobetasol foam (except clobetasol emollient foam) QL , clobetasol cream QL , clobetasol gel QL , clobetasol lotion QL , clobetasol ointment QL , halobetasol cream QL , halobetasol ointment QL |
| Dermatology Warts | VEREGEN | Imiquimod |
| Dermatology Wound Care Products | ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION | desonide (except desonide gel) QL , hydrocortisone QL |
| Dermatology Miscellaneous Skin Conditions | ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM | desonide (except desonide gel) QL , hydrocortisone QL |
| | luliconazole | Ciclopirox QL , clotrimazole QL , econazole QL , ketoconazole cream 2% QL , NAFTIN QL |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|--|---|--|
| | <i>oxiconazole</i> (NDCs ⁴ 00168035830, 51672135902 only) | |
| <i>Diabetes</i> * Biguanides | FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET | <i>metformin, metformin ext-rel (except generics for FORTAMET or GLUMETZA)</i> |
| <i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | NESINA ONGLYZA TRADJENTA | JANUVIA |
| <i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations | JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR | JANUMET, JANUMET XR |
| | OSENI | JANUMET, JANUMET XR ; JANUVIA WITH pioglitazone |
| <i>Diabetes</i> * Injectable Incretin Mimetics | BYDUREON BCISE BYETTA | OZEMPIC PA ST QL SI , RYBELSUS PA ST QL SI , TRULICITY PA ST QL SI , VICTOZA PA ST QL SI |
| <i>Diabetes</i> * Insulins | APIDRA HUMALOG | FIASP QL , NOVOLOG QL |
| | HUMALOG MIX 50/50 | NOVOLOG MIX 70/30 QL |
| | HUMALOG MIX 75/25 | NOVOLOG MIX 70/30 QL |
| | HUMULIN 70/30 ⁴ | NOVOLIN 70/30 ³ QL |
| | HUMULIN N ⁴ | NOVOLIN N ³ QL |
| | HUMULIN R ⁴ | NOVOLIN R ³ QL |
| | NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i> | |
| <i>Diabetes</i> * Long Acting Insulins | LANTUS | BASAGLAR QL , LEVEMIR QL |
| <i>Diabetes</i> * Insulin Sensitizers | ACTOS | <i>pioglitazone</i> |
| <i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors | INVOKANA | FARXIGA PA ST , JARDIANCE PA ST |
| <i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations | INVOKAMET INVOKAMET XR | SYNJARDY PA ST , SYNJARDY XR PA ST , XIGDUO XR PA ST |
| <i>Diabetes</i> * Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations | QTERN | GLYXAMBI PA ST |
| <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 QL |
| <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 QL |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|---|--|
| Diabetes * 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 All other test strips that are not ONETOUCH or ACCU-CHEK brand | ACCU-CHEK AVIVA PLUS STRIPS AND KITS QL ⁶ ACCU-CHEK COMPACT PLUS STRIPS AND KITS QL ⁶ ACCU-CHEK GUIDE STRIPS AND KITS QL ⁶ ACCU-CHEK SMARTVIEW STRIPS AND KITS QL ⁶ ONETOUCH ULTRA STRIPS AND KITS QL ⁶ ; ONETOUCH VERIO STRIPS AND KITS QL ⁶ |
| | 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 QL |
| Endocrine and Metabolic Disorders Corticosteroids | prednisolone solution 10 mg/5 mL prednisolone solution 20 mg/5 mL BETAMETHASONE ACETATE BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS | dexamethasone , hydrocortisone QL , methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone QL |
| Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents | NITYR | ORFADIN |
| Endocrine and Metabolic Potassium-Removing Agents | LOKELMA | VELTASSA |
| Endocrine and Metabolic Disorders Progestins | PROMETRIUM | Medroxyprogesterone QL ; progesterone, micronized |
| Endocrine and Metabolic Disorders Severe Hypoglycemia | GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT | glucagon, human recombinant, BAQSIMI, GVOKE, ZEGALOGUE |
| Endocrine and Metabolic Disorders Vasopressin Receptor Antagonists | JYNARQUE | Talk to your doctor |
| Endocrine and Metabolic Miscellaneous | CARBAGLU | carglumic acid PA |
| | CYSTADANE | betaine PA |
| Endometriosis* | ZOLADEX | MYFEMBREE, ORILISSA |
| Erectile Dysfunction * Phosphodiesterase Inhibitors | CIALIS STENDRA VIAGRA | sildenafil PA QL , tadalafil PA QL |
| Fertility Regulators Follicle-Stimulating Hormones | FOLLISTIM AQ | GONAL-F PA QL SP SI |
| | CHORIONIC GONADOTROPIN NOVAREL PREGNYL | OVIDREL PA QL SP SI |
| Gastrointestinal Anticholinergics | chlordiazepoxide-clidinium (NDCs [^] 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) hyoscamine sulfate ext-rel GLYCOPYRROLATE TABLET 1.5 MG LIBRAX | dicyclomine |
| Gastrointestinal Antidiarrheals | ENTERAGAM | alosectron, VIBERZI, XIFAXAN 550 MG PA QL |
| | MYTESI | diphenoxylate-atropine, loperamide |
| | TRANSDERM SCOP | meclizine, scopolamine transdermal |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|--|--|
| Gastrointestinal Antiemetics | ZUPLENZ | granisetron QL , ondansetron QL , SANCUSO QL |
| Gastrointestinal Irritable Bowel Syndrome | AMITIZA | lubiprostone, LINZESS, SYMPROIC |
| Gastrointestinal Laxatives | LACTULOSE PAK | <i>lactulose solution</i> |
| | GOLYTELY MOVIPREP (and its generics) OSMOPREP SUPREP | peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ |
| Gastrointestinal Opioid-Induced Constipation | MOVANTI-K | lubiprostone, SYMPROIC |
| Gastrointestinal Probiotics | PROVAD ZELAC | Consult doctor |
| Gastrointestinal Proton Pump Inhibitors (PPIs) | <i>lansoprazole delayed-rel orally disintegrating tablet</i> <i>dexlansoprazole delayed-rel</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID | <i>esomeprazole delayed-rel delayed-rel QL</i> , <i>lansoprazole delayed-rel capsule QL</i> , <i>omeprazole delayed-rel QL</i> , <i>pantoprazole delayed-rel tablet QL</i> |
| Gastrointestinal Ulcer Treatment | <i>sucralfate suspension</i> CARAFATE | <i>sucralfate tablet</i> |
| Gaucher Disease | ELEYSO | CERDELGA PA QL , CEREZYME |
| Genitourinary Interstitial Cystitis | ELMIRON RIMSO-50 | Consult doctor |
| Genitourinary Miscellaneous | LITHOSTAT | Consult doctor |
| | THIOLA THIOLA EC | <i>tiopronin PA QL SP</i> |
| Gout * | colchicine capsule COLCRYS | <i>colchicine tablet</i> , MITIGARE |
| | ULORIC | <i>allopurinol</i> |
| Growth Hormones | GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN | NORDITROPIN PA QL SP SI |
| Hematologic Anticoagulants (oral) | ELIQUIS PRADAXA | <i>warfarin</i> , XARELTO |
| Hematologic Chelating Agents | CUPRIMINE | <i>Penicillamine QL</i> |
| | DESFERAL EXJADE FERRIPROX JADENU | <i>deferasirox PA QL SP</i> , <i>deferiprone PA QL</i> , <i>deferoxamine</i> |
| | SYPRINE | <i>trientine QL</i> |
| Hematologic Erythropoiesis-Stimulating Agents | ARANESP EPOGEN | RETACRIT PA QL SP SI |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|--|--|
| | PROCRIT | |
| Hematologic Hemophilia B | BENEFIX IXINITY RIXUBIS | ALPROLIX PA QL , REBINYN PA QL |
| Hematologic Neutropenia Colony Stimulating Factors | FULPHILA NEULASTA NEULASTA ONPRO UDENYCA ZIEXTENZO | FYLNETRA PA QL SP SI , NYVEPRIA PA QL SP SI |
| Hematologic Neutropenia Colony Stimulating Factors | GRANIX LEUKINE NEUPOGEN ZARXIO | NIVESTYM PA QL SP SI |
| cinHematologic Platelet Aggregation Inhibitors | PLAVIX | <i>clopidogrel, prasugrel, BRILINTA</i> |
| | ZONTIVITY | <i>Consult doctor</i> |
| | NPLATE | PROMACTA PA QL SP , TAVALISSE PA QL SP |
| High Blood Pressure * ACE Inhibitors | EPANED | <i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i> |
| High Blood Pressure * ACE Inhibitor / Diuretic Combinations | ZESTORETIC | <i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i> |
| High Blood Pressure * Angiotensin II Receptor Antagonists | ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS | <i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i> |
| High Blood Pressure * Angiotensin II Receptor Antagonist/Diuretic Combinations | ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT | <i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i> |
| High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations | AZOR EXFORGE | <i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i> |
| High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations | EXFORGE HCT | <i>olmesartan-amlodipine-hydrochlorothiazide</i> |
| High Blood Pressure * Beta-blockers | BYSTOLIC COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL | <i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel</i> |
| High Blood Pressure * Beta-blocker Combinations | DUTOPROL | <i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i> |
| High Blood Pressure * Calcium Channel Blockers | NORVASC | <i>amlodipine</i> |
| | <i>diltiazem ext-rel (generics for CARDIZEM LA only) Matzim LA</i> | <i>diltiazem ext-rel (except generic of CARDIZEM LA)</i> |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|---|---|
| | CARDIZEM CARDIZEM CD CARDIZEM LA | |
| High Blood Pressure * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations | CONSENSI | amlodipine WITH celecoxib |
| Huntington's Disease | XENAZINE | tetrabenazine PA QL SP , AUSTEDO PA QL SP |
| Immunology Antimetabolites | CELLCEPT MYFORTIC | mycophenolate mofetil, mycophenolate sodium |
| Immunology Calcineurin Inhibitors | ASTAGRAF XL ENVARSUS XR | tacrolimus PA ST |
| Immunology Disease Modifying Antirheumatic Agents | OTREXUP | RASUVO PA QL |
| Immunology Hereditary Angioedema | BERINERT FIRAZYR | icatibant PA QL SP SI , RUCONEST PA QL SP SI |
| | CINRYZE | ORLADEYO PA QL SP , TAKHZYRO PA QL SP SI |
| Immunology Rapamycin Derivatives | RAPAMUNE ZORTRESS | everolimus, sirolimus |
| Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates | budesonide ext-rel ASACOL HD COLAZAL DELZICOL LIALDA PENTASA | balsalazide PA QL , mesalamine delayed-rel , mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, |
| Interferons* | PEGASYS | Consult doctor |
| Kidney Disease * Phosphate Binders | lanthanum carbonate FOSRENOL REVELA | calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO |
| Menopausal Symptom Agents Oral/ Transdermal | paroxetine mesylate capsule 7.5 mg | paroxetine HCl |
| | MENEST OSPHENA PREMARIN | estradiol |
| | CLIMARA (except CLIMARA PRO) MINIVELLE VIVELLE-DOT | estradiol, DIVIGEL, EVAMIST |
| Menopausal Symptom Agents Vaginal | estradiol vaginal tablet Yuvafem ESTRING FEMRING INTRAROSA PREMARIN CREAM | estradiol vaginal cream, IMVEXXY, VAGIFEM |
| Multiple Sclerosis | AUBAGIO EXTAVIA GILENYA LEMTRADA TECFIDERA | dimethyl fumarate delayed-rel, glatiramer, AVONEX PA QL SP SI , BETASERON PA QL SP SI , COPAXONE PA QL , KESIMPTA PA QL SP SI , MAYZENT PA QL SP , OCREVUS, REBIF PA QL SP SI , TYSABRI, VUMERITY PA QL SP , ZEPOSIA PA QL SP |
| Musculoskeletal | carisoprodol 250 mg chlorzoxazone 250 mg, 375 mg, 500 mg (NDC [^] 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 ¹ | Formulary Options |
|--|--|---|
| | methocarbamol 500 mg (NDC [^] 69036091010 only) methocarbamol 750 mg (NDCs [^] 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE | |
| Narcolepsy Wakefulness Promoters | NUVIGIL PROVIGIL | armodafinil PA , modafinil PA , SUNOSI, WAKIX PA SP , XYWAV PA SP |
| Nephrotic Cystinosis | PROCYSBI | CYSTAGON PA QL |
| Ophthalmic Allergies | ALREX BEPREVE LASTACAPT ZERVIAE | 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 | LUMIGAN RHOPRESSA ROCKLATAN TRAVATAN Z VYZULTA | latanoprost, travoprost, ZIOPTAN |
| | BETIMOL TIMOPTIC OCUDOSE | timolol maleate solution, BETOPTIC S |
| | COMBIGAN | brimonidine-timolol |
| 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 |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|--|--|---|
| Overactive Bladder/Incontinence * Urinary Antispasmodics | DETROL LA MYRBETRIQ OXYTROL TOVIAZ | darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA |
| Pain Headache * | butalbital-acetaminophen capsule butalbital-acetaminophen tablet 25-325 mg, 50-300 mg butalbital-acetaminophen-caffeine capsule diclofenac potassium powder Bupap Vtol LQ BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) CAMBIA FIORICET CAPSULE | diclofenac sodium QL, ibuprofen QL, naproxen (except naproxen CR or naproxen suspension) QL |
| | dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT MAXALT MAXALT-MLT | eletriptan QL, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL, NURTEC ODT PA ST QL, ONZETRA XSAIL QL, UBRELVY PA ST QL, ZEMBRACE SYMTOUCH QL, ZOMIG NASAL SPRAY QL |
| | sumatriptan-naproxen TREMIMET | diclofenac sodium QL, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan QL, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL; ONZETRA XSAIL, ZEMBRACE SYMTOUCH QL, ZOMIG NASAL SPRAY QL |
| Pain Migraine CGRP Inhibitors | AIMOVIG | AJOVY PA ST QL, EMGALITY PA |
| Pain Neuropathic Pain * | LYRICA | duloxetine, pregabalin, pregabalin ext-rel |
| Pain Opioid Analgesics | BUTRANS | buprenorphine transdermal PA, BELBUCA PA |
| | LAZANDA SUBSYS | fentanyl transmucosal lozenge PA, SUBSYS PA |
| | levorphanol oxymorphone ext-rel HYSINGLA ER NUCYNTA ER OXYCONTIN | fentanyl transdermal PA, hydrocodone ext-rel PA QL, hydromorphone ext-rel PA, methadone PA, morphine ext-rel PA, XTAMPZA ER PA |
| | NUCYNTA | hydromorphone PA, morphine PA, oxycodone PA |
| | PERCOCET | hydrocodone-acetaminophen PA, hydromorphone PA, morphine PA, oxycodone-acetaminophen PA, NUCYNTA PA |
| | tramadol (NDC [^] 52817019610 only) tramadol ext-rel capsule | tramadol (except NDC [^] 52817019610), tramadol ext-rel tablet PA |
| Pain Topical Local Anesthetics | LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX | lidocaine-prilocaine PA |
| Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs)Combinations | ARTHROTEC | celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel QL, lansoprazole delayed-rel QL, omeprazole delayed-rel QL, or pantoprazole delayed-rel tablet QL |
| | CELEBREX | celecoxib, diclofenac sodium QL, ibuprofen QL, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension) QL |
| | diclofenac sodium solution 2% CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Iclofenac CP Inflammacin Kapzin DC | diclofenac sodium QL, diclofenac sodium gel 1%, diclofenac sodium solution 1.5% PA QL, ibuprofen QL, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension) QL |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|--|---|---|
| | NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro PENNSAID | |
| | diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC [^] 69336012830 only) naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX | diclofenac sodium QL, ibuprofen QL, meloxicam tablet QL, naproxen (except naproxen CR or naproxen suspension) QL |
| | naproxen-esomeprazole delayed-rel | diclofenac sodium QL, ibuprofen QL, meloxicam tablet QL or naproxen (except naproxen CR or naproxen suspension) QL WITH esomeprazole delayed-rel delayed-rel QL, lansoprazole delayed-rel QL, omeprazole delayed-rel QL, pantoprazole delayed-rel tablet QL |
| Parkinson's Disease | APOKYN | INBRIJA PA QL, KYNMOBI PA QL |
| | NOURIANZ | amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO |
| 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 WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin |
| | RAPAFLO UROXATRAL | alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin |
| Pseudobulbar Affect | NUDEXTA | Consult doctor |
| Respiratory Anaphylaxis Treatment Agents | ADRENALIN SYMJEPI | epinephrine auto-injector QL, AUVI-Q QL, EPIPEN QL, EPIPEN JR QL |
| Respiratory Cough | benzonatate (NDC [^] 69336012615, 69499032915 only) | benzonatate (except NDC [^] 69336012615, 69499032915) |
| Respiratory Idiopathic Pulmonary Fibrosis | ESBRIET | pirfenidone, OFEV |
| Respiratory Phosphodiesterase-4 Inhibitors | DALIRESP | roflumilast |
| Respiratory Xanthines | THEO-24 | ipratropium inhalation solution QL, PERFOROMIST QL, SEREVENT QL, SPIRIVA QL, STRIVERDI RESPIMAT QL, YUPELRI QL |
| Sleep Disorder Hypnotics, Non-benzodiazepines | quazepam zolpidem sublingual EDLUAR | doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO |

| Category * Drug Class | Drugs Requiring Prior Authorization for Medical Necessity ¹ | Formulary Options |
|---|---|---|
| | LUNESTA ROZEREM SILENOR ZOLPIMIST | |
| Testosterone Replacement * Androgens | testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) ⁸ 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 |
| | TIROSINT | levothyroxine, SYNTHROID |
| Transplant* Immunosuppressants, Calcineurin Inhibitors | PROGRAF | tacrolimus PA ST |
| Urea Cycle Disorders | BUPHENYL RAVICTI | sodium phenylbutyrate 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 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 [®] 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 ACANYA ACIPHEX ACIPHEX SPRINKLE ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS ACTICLATE Activite | BEYAZ bimatoprost solution 0.03% BORTEZOMIB BOTOX BREEZE 2 STRIPS AND KITS ⁷ BROMSITE budesonide ext-rel Bupap | ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM ENTYVIO (for Crohn's disease only) ENVARUSUS XR EPANED EPICERAM EPIVIR HBV EPOGEN |

| | | |
|--|--|---|
| ACTOS | BUPHENYL | <i>ergotamine-caffeine</i> |
| ACUVAIL | <i>bupropion ext-rel tablet 450 mg</i> | ERYPED |
| <i>acyclovir cream</i> | <i>butalbital-acetaminophen tablet 25-325 mg</i> | ESBRIET |
| ACZONE | <i>butalbital-acetaminophen tablet 50-300 mg</i> | <i>estradiol vaginal tablet</i> |
| <i>adapalene pad</i> | BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) | ESTRING |
| ADCIRCA | <i>butalbital-acetaminophen-caffeine capsule</i> | <i>ethinyl estradiol-etonogestrel</i> |
| ADDERALL | BUTRANS | EVEKEO |
| ADDERALL XR | BYDUREON BCISE | EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM |
| ADRENALIN | BYETTA | EPANED |
| ADZENYS XR-ODT | BYSTOLIC | EXFORGE |
| AFINITOR | CAFERGOT | EXFORGE HCT |
| AFINITOR DISPERZ | <i>calcipotriene cream</i> | EXJADE |
| AIMOVIG | <i>calcipotriene foam</i> | EXTAVIA |
| <i>albuterol sulfate CFC-free (NDC[^] 66993001968 only)</i> | CALCIOTRIENE FOAM | FABIOR |
| ALEVICYN GEL | <i>calcipotriene-betamethasone</i> | FANAPT |
| ALEVICYN SG | <i>calcitriol ointment</i> | FEMRING |
| ALEVICYN SOLUTION | CAMBIA | <i>fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg</i> |
| ALIMTA | <i>CapsFenac Pak</i> | <i>fenofibrate tablet 40 mg, 120 mg</i> |
| ALIQOPA | <i>Capsinac</i> | FENOGLIDE TABLET 120 MG |
| ALLISON MEDICAL INSULIN SYRINGES ⁵ | CARAC | <i>fenoprofen</i> |
| ALPROLIX | CARAFATE | FENOPROFEN CAPSULE |
| ALREX | CARBAGLU | FERIVA 21/7 |
| ALTOPREV | CARBINOXAMINE TABLET 6 MG | FERRIPROX |
| ALVESCO | CARDIZEM | <i>Fexmid</i> |
| AMITIZA | CARDIZEM CD | FINACEA GEL |
| AMRIX | CARDIZEM LA (and its generics) | FINTEPLA |
| ANDROGEL | <i>carisoprodol 250 mg</i> | FIORICET CAPSULE |
| APEXICON E | CARNITOR | FIRAZYR |
| APIDRA | CARNITOR SF | FIRMAGON |
| APOKYN | CAYSTON | FLAREX |
| APTENSIO XR | CELEBREX | FLOVENT DISKUS |
| APTIVUS | CELLCEPT | FLOVENT HFA |
| ARALAST NP | <i>chlordiazepoxide-clidinium (NDCs[^] 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i> | <i>flucytosine capsule 500 mg</i> |
| ARANESP | <i>chlorzoxazone 250 mg</i> | <i>fluocinonide cream 0.1%</i> |
| ARCALYST | <i>chlorzoxazone 375 mg</i> | <i>fluorouracil cream 0.5%</i> |
| ARNUITY ELLIPTA | <i>chlorzoxazone 500 mg (NDC[^] 73007001303 only)</i> | <i>fluoxetine tablet (generics for SARAFEM only)</i> |
| ARTHROTEC | <i>chlorzoxazone 750 mg</i> | <i>fluoxetine tablet 60 mg</i> |
| ASACOL HD | CHORIONIC GONADOTROPIN | <i>flurandrenolide cream</i> |
| ASMANEX | CIALIS | <i>flurandrenolide lotion</i> |
| ASMANEX HFA | CICATRACE | <i>flurandrenolide ointment</i> |
| ASTAGRAF XL | CILOXAN | FML LIQUIFILM |
| ATACAND | CIMZIA | FML FORTE |
| ATACAND HCT | CINRYZE | FML S.O.P |
| ATIVAN | CIPRO HC | FOLLISTIM AQ |
| ATOPADERM | CIPRODEX | <i>Folvite-D</i> |
| AUBAGIO | <i>ciprofloxacin-fluocinolone</i> | FORTAMET |
| ATRIPLA | CITRANATAL | FORTESTA |
| AVASTIN | CLIMARA (except CLIMARA PRO) | FOSRENOL |
| AVENOVA | <i>clindamycin gel (NDC[^] 68682046275 only)</i> | FOSTEUM |
| AZASITE | <i>clobetasol emollient foam</i> | FOSTEUM PLUS |
| AZELEX | <i>clobetasol spray</i> | FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM |
| AZESCO | CLOBEX SPRAY | FREESTYLE STRIPS AND KITS ⁶ |
| AZOR | <i>clocortolone cream</i> | FULPHILA |
| BALCOLTRA | COLAZAL | GEL-ONE |
| BANZEL | <i>colchicine capsule</i> | <i>Genicin Vita-S</i> |
| BARACLUDE TABLET | COLCRYS | GENOTROPIN |
| BEAU RX | COMBIGAN | GLASSIA |
| BECONASE AQ | COMPLERA | GLEEVEC |
| BENEFIX | CONCERTA | GLUCAGEN HYPOKIT |
| BENICAR | CONSENSI | GLUCAGON EMERGENCY KIT |
| BENICAR HCT | CONTOUR NEXT STRIPS AND KITS ⁷ | GLUMETZA |
| BENSAL HP | CONTOUR STRIPS AND KITS ⁷ | GLYCOPYRROLATE TABLET 1.5 MG |
| BENZACLIN | CONTRAVE | GOLYTELY |
| benzonatate (NDCs [^] 69336012615, 69499032915 only) | CORDRAN CREAM | GRANIX |
| BEPREVE | CORDRAN LOTION | GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM |
| BERINERT | CORDRAN OINTMENT | GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM |
| BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE | CORDRAN TAPE | <i>halcinonide cream</i> |
| betamethasone dipropionate ointment 0.05% | <i>CoreMino</i> | HALOG |
| BETIMOL | COZAAR | <i>heparin sodium 5% dextrose</i> |
| BETAPACE | CRESEMBIA | HEPARIN SODIUM IN 5% DEXTROSE |
| BETAPACE AF | CRESTOR | HEPSERA |
| BETHKIS | CUPRIMINE | |
| BETIMOL | | |
| BEVESPI AEROSPHERE | | |

| | | |
|--|--|--|
| JADENU | <i>cyclobenzaprine ext-rel capsule</i> | HERCEPTIN |
| JALYN | <i>cyclobenzaprine tablet 7.5 mg</i> | HERCEPTIN HYLECTA |
| JENTADUETO | CYMBALTA | HORIZANT |
| JENTADUETO XR | CYSTADANE | HUMALOG |
| JORNAY PM | CYTOMEL | HUMALOG MIX 50/50 |
| JUXTAPID | DALIRESP | HUMALOG MIX 75/25 |
| JYNARQUE | DARAPRIM | HUMATROPE |
| KAMDOY | DAYTRANA | HUMULIN 70/30 ⁴ |
| Kapzin DC | DELZICOL | HUMULIN N ⁴ |
| KAZANO | DEPAKOTE | HUMULIN R ⁴ |
| KEPPRA | DEPAKOTE ER | <i>hydrocortisone butyrate lipophilic cream 0.1%</i> |
| KEPPRA XR | DEPAKOTE SPRINKLE | <i>hydrocortisone butyrate lotion</i> |
| <i>ketocoazole foam 2%</i> | DESFERAL | <i>hyoscamine sulfate ext-rel</i> |
| <i>Ketodan</i> | <i>desonide gel</i> | HYSINGLA ER |
| <i>ketoprofen capsule 25 mg</i> | <i>desoximetasone ointment 0.05%</i> | HYZAAR |
| <i>ketoprofen ext-rel capsule</i> | <i>DesRx</i> | <i>Iclofenac CP</i> |
| KINERET | DETROL LA | ICLUSIG |
| KITABIS PAK | <i>dexchlorpheniramine</i> | <i>icosapent ethyl</i> |
| KOMBIGLYZE XR | <i>Dexifol</i> | INCRUSE ELLIPTA |
| KORLYM | DEXILANT | INDERAL LA |
| KUVAN | <i>dexlansoprazole delayed-rel</i> | INDERAL XL |
| KYPROLIS | DIACOMIT | INDOCIN |
| LACRISERT | <i>diclofenac potassium capsule 25 mg</i> | <i>indomethacin capsule 20 mg</i> |
| LACTULOSE PAK | <i>diclofenac potassium powder</i> | <i>Inflammacin</i> |
| LAMICTAL | <i>diclofenac potassium tablet 25 mg</i> | INFLECTRA |
| LAMICTAL ODT | <i>diclofenac sodium solution 2%</i> | INNOPRAN XL |
| LAMICTAL XR | <i>Diclofex DC</i> | INTRAROSA |
| LANOXIN TABLET (125 MCG and 250 MCG only) | <i>DicloHeal-60</i> | INTUNIV |
| <i>lansoprazole delayed-rel orally disintegrating tablet</i> | DIFFERIN LOTION | INVELTYS |
| <i>lanthanum carbonate</i> | <i>difforasone cream</i> | INVIRASE |
| LANTUS | <i>difforasone ointment</i> | INVOKAMET |
| LASTACAFIT | <i>dihydroergotamine spray</i> | INVOKAMET XR |
| LATUDA | DILANTIN | INVOKANA |
| LAZANDA | <i>diltiazem ext-rel (generics for CARDIZEM LA only)</i> | <i>isosorbide dinitrate 40 mg</i> |
| LESCOL XL | DIOVAN | <i>ivermectin cream</i> |
| LETAIRIS | DIOVAN HCT | IXINITY |
| LEUKINE | <i>Diphen Elixir</i> | STRIBILD |
| <i>levorphanol</i> | DORYX | SUBOXONE |
| LEXAPRO | DORYX MPC | SUBSYS |
| LEXIVA | <i>doxepin cream</i> | <i>sucralfate suspension</i> |
| LIALDA | <i>doxycycline hyclate</i> | <i>sumatriptan-naproxen</i> |
| LIBRAX | <i>delayed-rel tablet 50 mg, 100 mg, 200 mg</i> | SUPREP |
| LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) | <i>doxycycline hyclate tablet 50 mg</i> | <i>Sure Result DSS Premium Pack</i> |
| LIDOTREX | <i>doxycycline hyclate tablet 75 mg</i> | SUTENT |
| LILETTA | <i>doxycycline hyclate tablet 150 mg</i> | SYMJEPI |
| LIPITOR | <i>doxycycline monohydrate capsule 75 mg</i> | SYNERDERM |
| LITHOSTAT | <i>doxycycline monohydrate capsule 150 mg</i> | SYPRINE |
| LIVALO | <i>doxycycline monohydrate delayed-rel capsule</i> | TAFINLAR |
| <i>Lofena</i> | DULERA | TALIVA |
| LOKELMA | DUOBRII | <i>Targadox</i> |
| <i>Lorid</i> | DYANAVEL XR | TARGETIN |
| <i>Lorzone</i> | DUTOPROL | TASIGNA |
| LOTEMAX | DYMISTA | <i>tavaborole</i> |
| LOTEMAX SM | DYRENIUM | TAYTULLA |
| LOVAZA | EDARBI | TAZORAC |
| <i>luliconazole</i> | EDARBYCLOR | TECFIDERA |
| LUMIGAN | EDLUAR | TEGRETOL |
| LUNESTA | E.E.S. GRANULES | TEGRETOL XR |
| LYRICA | EFFEXOR XR | TESTIM |
| MACRODANTIN | ELELYSO | <i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> |
| <i>Matzim LA</i> | ELIDEL | THEO-24 |
| MAXALT | ELIQUIS | THIOLA |
| MAXALT-MLT | ELMIRON | THIOLA EC |
| MAXIDEX | <i>EluRyng</i> | TIMOPTIC OCUDOSE |
| MAVYRET | OLUX-E | TIROSINT |
| <i>mefenamic acid (NDC[^] 69336012830 only)</i> | <i>omeprazole-sodium bicarbonate</i> | TOBI |
| MEKINIST | OMNARIS | TOBI PODHALER |
| <i>meloxicam capsule</i> | OMNITROPE | TOBRADEX ST |
| MENEST | ONFI | <i>topiramate ext-rel capsule</i> |
| <i>mesalamine delayed-rel tablet 800 mg</i> | ONGLYZA | (generics for QUDEXY XR only) |
| <i>metaxalone 400 mg</i> | <i>orphenadrine-aspirin-caffeine</i> | TOPROL-XL |
| <i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> | <i>Orphenagesic Forte</i> | Tovet |
| <i>methocarbamol 500 mg (NDC[^] 69036091010 only)</i> | OPZELURA | TOVIAZ |
| | ORTHO D | TRACLEER |

| | | |
|---|---|---|
| <p><i>methocarbamol 750 mg</i> (NDCs[^] 69036093090, 70868090190 only)</p> <p>MIACALCIN INJECTION</p> <p>MICARDIS</p> <p>MICARDIS HCT</p> <p><i>Migergot</i></p> <p>MILLIPRED</p> <p>MINASTRIN 24 FE</p> <p>MINIVELLE</p> <p><i>minocycline ext-rel</i></p> <p>MIRVASO</p> <p><i>Mondoxyne NL capsule 75 mg</i></p> <p>MOVANTIK</p> <p>MOVIPREP</p> <p>MULTAQ</p> <p>MULPLETA</p> <p><i>MultiPro</i></p> <p>mupirocin cream</p> <p>MYDAYIS</p> <p>MYFORTIC</p> <p>MYRBETRIQ</p> <p>MYTESI</p> <p>NAPRELAN</p> <p><i>naproxen CR</i></p> <p><i>naproxen suspension</i></p> <p><i>naproxen-esomeprazole delayed-rel delayed-rel</i></p> <p>NATURE-THROID</p> <p>NEO-SYNALAR</p> <p>NESINA</p> <p>NEULASTA</p> <p>NEULASTA ONPRO</p> <p>NEUPOGEN</p> <p>NEVANAC</p> <p>NEXIUM</p> <p>NEXTERONE</p> <p><i>niacin tablet 500 mg</i></p> <p><i>Niacor</i></p> <p>NICADAN</p> <p>NICAPRIN</p> <p>NICAZEL</p> <p>NICAZEL FORTE</p> <p>NICOMIDE</p> <p>NILANDRON</p> <p><i>nitrofurantoin</i> (except NDCs[^] 16571074024, 70408023932)</p> <p>NITYR</p> <p><i>Nolix</i></p> <p>NORGESIC FORTE</p> <p>NORITATE</p> <p>NORPACE</p> <p>NORTHERA</p> <p>NORVASC</p> <p>NOURIANZ</p> <p>NOVAREL</p> <p>NOVO NORDISK NEEDLES ⁵</p> <p>NOXAFIL</p> <p>NPLATE</p> <p>NUCALA LYOPHILIZED POWDER</p> <p>NUCYNTA</p> <p>NUCYNTA ER</p> <p><i>NuDiclo SoluPak</i></p> <p><i>NuDiclo TabPak</i></p> <p>NUEDEXTA</p> <p>NUTROPIN AQ</p> <p>NUVIGIL</p> | <p>ORTHO DF</p> <p>OSENI</p> <p>OSMOPREP</p> <p>OSPHENA</p> <p>OTREXUP</p> <p>OWEN MUMFORD NEEDLES ⁵</p> <p><i>oxiconazole</i> (NDCs[^] 00168035830, 51672135902 only)</p> <p>OXYCONTIN</p> <p><i>oxymorphone ext-rel</i></p> <p>OXYTROL</p> <p><i>pantoprazole delayed-rel suspension</i></p> <p><i>paroxetine HCl ext-rel</i> (NDC[^] 60505367503 only)</p> <p><i>paroxetine mesylate</i></p> <p>PAXIL</p> <p>PAXIL CR</p> <p><i>peg 3340- electrolytes</i> (generics for MOVIPREP only)</p> <p>PEGASYS</p> <p><i>Pennsaicin</i></p> <p>PENNSAID</p> <p>PENTASA</p> <p>PERCOCET</p> <p>PERRIGO NEEDLES ⁵</p> <p>PEXEVA</p> <p>PLAVIX</p> <p>POLYTOZA</p> <p><i>19osaconazole delayed-rel tablet</i></p> <p>PRADAXA</p> <p>PRALUENT</p> <p>PRED FORTE</p> <p>PRED MILD</p> <p><i>prednisolone solution 10mg/ 5 mL</i></p> <p><i>prednisolone solution 20mg/ 5 mL</i></p> <p>PREGNYL</p> <p>PREMARIN</p> <p>PREMARIN CREAM</p> <p>PRENATAL PLUS</p> <p>PREVACID</p> <p>PREVIDENT</p> <p>PRIOSEC</p> <p>PRISTIQ</p> <p>PROAIR HFA</p> <p>PROAIR RESPICLICK</p> <p>PROCRIT</p> <p>PROGRAF</p> <p>PROMETRIUM</p> <p>PROTONIX</p> <p>PROVAD</p> <p>PROVENTIL HFA</p> <p>PROVIGIL</p> <p>PROZAC</p> <p>PSORCON</p> <p>QNASL</p> <p>QTERN</p> <p><i>quazepam</i></p> <p>QUILLICHEW ER</p> <p>QUILLIVANT XR</p> <p>QVAR REDIHALER</p> <p>RAPAFLO</p> <p>RAPAMUNE</p> <p>RAVICTI</p> <p>RAYOS</p> <p>RECEDO</p> <p>REMODULIN</p> <p>RENFLEXIS</p> <p>REVELA</p> <p>REPATHA</p> <p>REVATIO</p> <p>RHEUMATE</p> <p>RHOPRESSA</p> <p>RIABNI</p> <p>RIBOZEL</p> <p>RIMSO-50</p> <p>RIOMET</p> <p>RITUXAN</p> <p>RIXUBIS</p> | <p>TRADJENTA</p> <p><i>tramadol</i> (NDC[^] 52817019610 only)</p> <p><i>tramadol ext-rel capsule</i></p> <p>TRANSDERM SCOP</p> <p>TRAVATAN Z</p> <p>TRELSTAR MIXJECT</p> <p>TREXIMET</p> <p><i>triamcinolone aerosol 0.2%</i></p> <p><i>triamcinolone ointment 0.05%</i></p> <p><i>Trianex</i></p> <p>TRICOR</p> <p>TRILEPTAL</p> <p>TRIVIDIA INSULIN SYRINGES ⁵</p> <p>TronVite</p> <p>TRUVADA</p> <p>TRUXIMA</p> <p>TUDORZA</p> <p>TYVASO DPI</p> <p>TYRVAYA</p> <p>UDENYCA</p> <p>ULORIC</p> <p>ULTIMED INSULIN SYRINGES ⁵</p> <p>ULTIMED NEEDLES ⁵</p> <p>ULTRAVATE</p> <p>UROXATRAL</p> <p>VALCYTE</p> <p>VALTRES</p> <p><i>Vanoxide-HC</i></p> <p>VASCULERA</p> <p>VECTICAL</p> <p>VELTIN</p> <p>VEMLIDY</p> <p><i>venlafaxine ext-rel tablet</i> (except 225 mg)</p> <p>VENTOLIN HFA</p> <p>VIAGRA</p> <p>VIEKIRA PAK</p> <p>VIIBRYD</p> <p>VIMPAT</p> <p>VIRACEPT</p> <p>VITAFOL-ONE</p> <p><i>Vitasure</i></p> <p>VIVELLE-DOT</p> <p>VOGELXO</p> <p>VOTRIENT</p> <p>VYZULTA</p> <p><i>Vtol LQ</i></p> <p>WESTHROID</p> <p>WP THYROID</p> <p>XALKORI</p> <p>XANAX</p> <p>XANAX XR</p> <p>XENAZINE</p> <p>XENICAL</p> <p>XOLEGEL</p> <p>XOPENEX HFA</p> <p><i>Xvite</i></p> <p>XYZBAC</p> <p>YASMIN</p> <p>YAZ</p> <p><i>Yuvaferm</i></p> <p>ZALVIT</p> <p>ZARXIO</p> <p>ZEGERID</p> <p>ZELAC</p> <p>ZEMAIRA</p> <p>ZEPATIER</p> <p>ZERVIAE</p> <p>ZESTORETIC</p> <p>ZETIA</p> <p>ZETONNA</p> <p>ZIANA</p> <p><i>Ziclocin Pak</i></p> <p><i>Ziclopro</i></p> <p><i>zileuton ext-rel</i></p> <p>ZIEXTENZO</p> |
|---|---|---|

| | |
|---|--|
| ROCKLATAN ROZEREM RUBRACA <i>RyClora</i> RYTARY SABRIL SAIZEN SANDOSTATIN LAR SCARSILK PAD SEASONIQUE SELZENTRY SEROQUEL XR SIGNIFOR LAR SIL-K PAD SILENOR SILIVEX SILTREX SIMPONI SINGULAIR SOMAVERT SORILUX SPRIX STENDRA | ZIRGAN ZOLADEX ZOLOFT <i>zolpidem sublingual</i> ZOPIMIST ZONEGRAN ZONTIVITY ZORVOLEX ZORTRESS ZUPLENZ ZYDELIG ZYLET ZYTIGA ZYVIT |
|---|--|

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) 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

¹ 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.

² 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)

³ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

⁴ Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e. RELION)

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

⁶ 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.

⁷ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁸ Listing reflects the authorized generics for TESTIM and VOGELXO.

⁹ CVS Caremark is an independent company that provides pharmacy benefit management services.

This document contains confidential and proprietary information of CareFirst and CVS Caremark and cannot be reproduced, distributed or printed without written permission from CareFirst. CareFirst may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CareFirst or CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

©2022. All rights reserved. 106-39386B 090623

SUM 2657-1P (7/01/22)