

Drugs Requiring Prior Authorization for Medical Necessity for CareFirst Formulary 2

(Effective Oct 1, 2025)

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) 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, XCORPI
	BANZEL FINTEPLAONFI	clobazam, lamotrigine, rufinamide, topiramate
	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, XCOPRI
	DIACOMIT	Talk to your doctor
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYRPRED	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 hyclate capsule, doxycycline hyclate 20 mg, minocycline, tetracycline QL

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	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 ^A 16571074024, 70408023932 only) MACRODANTIN	nitrofurantoin (except NDCs ^A 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, Non-nucleoside Reverse Transcriptase Inhibitors	EDURANT	efavirenz QL
	INTELENCE	etravirine QL
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	KALETRA	atazanavir QL , darunavir QL , lopinavir-ritonavir QL
	NORVIR	ritonavir QL
	PREZISTA REYATAZ	atazanavir QL , darunavir QL
	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 ZEPBOUND	orlistat PA QL , QSYMIA PA QL , SAXENDA PA QL , WEGOVY PA QL

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<i>Antianxiety</i> Benzodiazepines	ATIVAN XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
<i>Asthma *</i> Beta Agonists, Short-Acting	<i>albuterol sulfate CFC-free (NDC^A 66993001968, 00093317431 only)</i> PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>Albuterol sulfate CFC-free (except NDC^A 66993001968, 00093317431) QL, levalbuterol tartrate CFC-free aerosol QL</i>
<i>Asthma *</i> Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<i>Asthma *</i> Steroid Inhalants	ALVESCO ASMANEX ARNUITY ELLIPTA FLOVENT DISKUS FLOVENT HFA QVAR REDIHALER	PULMICORT FLEXHALER QL, ASMANEX HFA QL
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid/Beta Agonist Combinations	ADVAIR DISKUS ADVAIR HFA DULERA SYMBICORT	BREO ELLIPTA [†] (except certain NDCs) QL, fluticasone-salmeterol (except certain NDCs) QL, Wixela Inhub
<i>Asthma * 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 VYVANSE	<i>amphetamine-dextroamphetamine mixed salts ext-rel[†] QL, atomoxetine QL, dexamethylphenidate ext-rel[†] QL, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS QL, lisdexamfetamine QL</i>
	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts QL, methylphenidate QL</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel[†] QL, atomoxetine QL, dexamethylphenidate ext-rel[†] QL, guanfacine ext-rel, methylphenidate ext-rel QL, AZSTARYS QL, JORNAY PM QL, MYDAYIS QL, QELBREE QL,</i>
<i>Autoimmune Conditions</i> Self-administered Agents Ankylosing Spondylitis*	AMJEVITA 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 Crohn's Disease*	ABRILADA ADALIMUMAB-AACF ADALIMUMAB-AATY ADALIMUMAB-ADBM ADALIMUMAB-RYVK AMJEVITA CYLTEZO ENTYVIO SQ HADLIMA, HULIO HUMIRA HYRIMOZ (by Sandoz) IDACIO	ADALIMUMAB-ADAZ PA QL SP SI, ADALIMUMAB-FKJP PA QL SP SI, HYRIMOZ (except by Sandoz) PA QL SP SI, RINVOQ PA QL SP, SKYRIZI SQ PA QL SP SI, STELARA SQ PA QL SP SI, YESINTEK PA QL SP SI, PYZCHIVA PA QL SP SI

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	SIMLANDI YUFLYMA YUSIMRY ZYMFENTRA	
<i>Autoimmune Conditions</i> Self-administered Agents Hidradenitis suppurativa*	ABRILADA ADALIMUMAB-AACF ADALIMUMAB-AATY ADALIMUMAB-ADB ADALIMUMAB-RYVK AMJEVITA CYLTEZO HADLIMA HULIO HUMIRA IDACIO SIMLANDI YUFLYMA YUSIMRY	ADALIMUMAB-ADAZ PA QL SP SI , ADALIMUMAB-FKJP PA QL SP SI , COSENTYX SQ PA QL SP SI , HYRIMOZ 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*	AMJEVITA COSENTYX ENBREL HUMIRA TALTZ	ADALIMUMAB-ADAZ PA QL SP SI , ADALIMUMAB-FKJP PA QL SP SI , HYRIMOZ PA QL SP SI , OTEZLA PA QL SP , SKYRIZI PA QL SP SI , STELARA SUBCUTANEOUS PA QL SP SI , TREMFYA SQ PA QL SP SI , SOTYKTU PA QL SP SI , BIMZELX PA QL SP SI
<i>Autoimmune Conditions</i> Self-administered Agents Psoriatic Arthritis*	AMJEVITA HUMIRA ORENCIA CLICKJET ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ PA QL SP SI , ADALIMUMAB-FKJP PA QL SP SI , HYRIMOZ PA QL SP SI , COSENTYX PA QL SP SI , ENBREL 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 AMJEVITA HUMIRA KINERET SIMPONI	ADALIMUMAB-ADAZ PA QL SP SI , ADALIMUMAB-FKJP PA QL SP SI , HYRIMOZ PA QL SP SI , ENBREL 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*	AMJEVITA HUMIRA SIMPONI	ADALIMUMAB-ADAZ PA QL SP SI , ADALIMUMAB-FKJP PA QL SP SI , HYRIMOZ 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 , TREMFYA PA QL SP SI #After failure of HUMIRA
<i>Autoimmune Conditions</i> Self-administered Agents All Other Conditions*	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS ADALIMUMAB-AACF ADALIMUMAB-AATY ADALIMUMAB-ADB ADALIMUMAB-RYVK AMJEVITA CYLTEZO HADLIMA HULIO, HUMIRA IDACIO KINERET	ADALIMUMAB-ADAZ PA QL SP SI , ADALIMUMAB-FKJP PA QL SP SI , HYRIMOZ PA QL SP SI , ENBREL PA QL SP SI

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	ORENCIA CLICKJET ORENCIA SUBCUTANEOUS SIMLANDI TYENNE SQ YUFLYMA YUSIMRY	
Cancer Chronic Myelogenous Leukemia * Kinase Inhibitors	IRESSA	<i>erlotinib PA QL SP, gefitinib PA QL SP</i>
	JAKAFI	BESREMI PA QL SP
	NEXAVAR	CABOMETYX PA QL SP, INLYTA PA QL SP, LENVIMA PA QL SP
	GLEEVEC ICLUSIG TASIGNA SPRYCEL	<i>imatinib mesylate PA QL SP, BOSULIF PA QL SP</i>
Cancer Biosimilars	HERZUMA OGIVRI	KANJINTI PA QL SP, TRAZIMERA PA QL SP
Cancer Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA PA QL SP
Cancer Melanoma* BRAF/MEK Inhibitors	COTELLIC	MEKINIST PA QL SP, MEKTOVI PA QL SP
	ZELBORAF	BRAFTOVI PA QL SP, TAFINLAR PA QL SP
Cancer mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus PA QL SP</i>
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO PA QL SP, VELCADE PA QL SP
Cancer Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI	ALECENSA PA QL SP, ALUNBRIG PA QL SP, ZYKADIA PA QL SP
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone PA QL SP, bicalutamide, ERLEADA PA QL SP, XTANDI PA QL SP, YONSA PA QL SP</i>
Cancer Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	FIRMAGON LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD PA QL SP
Cancer Renal Cell Carcinoma Kinase Inhibitors	SUTENT VOTRIENT	<i>sunitinib PA QL SP, CABOMETYX PA QL SP, INLYTA PA QL SP, LENVIMA PA QL SP, NEXAVAR PA QL SP</i>
Cancer Miscellaneous	TARGRETIN	<i>Bexarotene PA</i>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
	NORPACE	<i>disopyramide</i>
Cardiovascular Antilipidemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate tablet 40, 120 mg</i> <i>fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg</i> FENOGLIDE TABLET 120 MG	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>

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	TRICOR	
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations ²	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 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
Cardiovascular Miscellaneous	NORTHERA	midodrine
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine
Central Nervous System Botulinum Toxins	MYOBLOC DYSPORT	XEOMIN PA SP QL
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	LILETTA	KYLEENA, MIRENA, SKYLA

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Progestin Intrauterine Devices		
Contraceptives Vaginal	ethinyl estradiol-etonogestrel, EluRyng, NUVARING	ANNOVERA 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* Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC [^] 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 [^] 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	APLENZIN bupropion ext-rel tablet 450 mg WELLBUTRN XL	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT LATUDA SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, VRAYLAR
Dermatology Acne *	adapalene pad clindamycin gel (NDC [^] 68682046275 only) Vanoxide-HC ACANYA ACZONE ARAZLO AZELEX BENZAFLIN DIFFERIN LOTION FABIOR RETIN-A MICR GEL TAZORAC VELTIN ZIANA	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 , EPIDUO PA , TWYNEO PA , WINLEVI PA
	ISOTRETINOIN CAP 25MG	isotretinoin capsule 20 mg, 30 mg, 40 mg
Dermatology Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide or hydrocortisone WITH gentamicin QL
Dermatology Antibiotics	mupirocin cream	gentamicin QL , mupirocin ointment QL
Dermatology Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX	calcipotriene ointment PA , calcipotriene solution PA

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	TAZORAC VECTICAL	
	<i>calcipotriene-betamethasone</i> DUOBRII	<i>calcipotriene ointment</i> or <i>calcipotriene solution</i> WITH <i>desoximetasone, fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) PA , or BRYHALI QL ; ENSTILAR PA
<i>Dermatology</i> Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide</i> (except <i>desonide gel</i>) QL , <i>hydrocortisone QL</i> , <i>pimecrolimus PA ST</i> , <i>tacrolimus PA ST</i> , EUCRISA
	ELIDEL	<i>pimecrolimus PA ST</i> , <i>tacrolimus PA ST</i> , EUCRISA
<i>Dermatology</i> Rosacea *	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	FINACEA GEL MIRVASO NORITATE RHOFACE CRE 1% SOOLANTRA	<i>azelaic acid gel PA</i> , <i>brimonidine gel</i> , <i>metronidazole</i> , FINACEA FOAM PA , <i>ivermectin cream PA</i>
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILIVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%</i> , <i>selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>Ciclopirox QL</i> , <i>ketoconazole cream 2%</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>desonide gel</i> DesRx <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide</i> (except <i>desonide gel</i>) QL , <i>hydrocortisone QL</i>
	<i>clocortolone cream</i> <i>desoximetasone ointment 0.05%</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone acetonide aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> Trianex CORDRAN OINTMENT	<i>hydrocortisone butyrate cream QL</i> , <i>hydrocortisone butyrate ointment QL</i> , <i>hydrocortisone butyrate solution QL</i> , <i>mometasone QL</i> , <i>triamcinolone cream QL</i> , <i>triamcinolone lotion QL</i> , <i>triamcinolone ointment</i> (except <i>triamcinolone ointment 0.05%</i>) QL
	<i>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>) QL , <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) QL , BRYHALI QL

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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) 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 oxiconazole (NDCs ^a 00168035830, 51672135902 only)	Ciclopirox QL , clotrimazole QL , econazole QL , ketoconazole cream 2% QL , naftifine QL
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	saxagliptin, ZITUVIO ST
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR JANUMET JANUMET XR OSENI	saxagliptin-metformin ext-rel, ZITUVIMET ST , ZITUVIMET XR ST
Diabetes * Injectable Incretin Mimetics	BYDUREON BCISE BYETTA VICTOZA	OZEMPIC PA QL SI , MOUNJARO PA QL SI , RYBELSUS PA QL SI , TRULICITY PA QL SI , liraglutide PA QL SI
Diabetes * 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: Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.	
Diabetes * Long Acting Insulins	LEVEMIR BASAGLAR	LANTUS QL , INS GLA YFGN, GLARGIN YFGN
Diabetes * Insulin Sensitizers	ACTOS	pioglitazone

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<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
<i>Diabetes *</i> Supplies, Test Strips and Kits ^{5,6}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH STRIPS AND KITS All other test strips that are not 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 TRUE METRIX STRIPS AND KITS QL ⁶ RELION TRUE TES METRIX 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
	V-GO	OMNIPOD 5 INSULIN INFUSION PUMP PA QL , OMNIPOD DASH INSULIN INFUSION PUMP PA QL , OMNIPOD INSULIN INFUSION PUMP PA QL , TWIST INSULIN INFUSION PUMP AND SUPPLIES
<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 QL , methylprednisolone, <i>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL)</i> , prednisone QL
<i>Endocrine and Metabolic</i> Human Growth Hormones	GENOTROPIN	HUMATROPE PA SP , NORDITROPIN PA SP
<i>Endocrine and Metabolic</i> Hereditary Tyrosinemia Type 1 Agents	NITYR	ORFADIN
<i>Endocrine and Metabolic</i> Potassium-Removing Agents	LOKELMA	VELTASSA
<i>Endocrine and Metabolic Disorders</i> Progestins	PROMETRIUM	Medroxyprogesterone QL ; progesterone, micronized
<i>Endocrine and Metabolic Disorders</i> Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant</i> , BAQSIMI, GVOKE, ZEGALOGUE

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Endocrine and Metabolic Disorders</i> Vasopressin Receptor Antagonists	JYNARQUE	Talk to your doctor
<i>Endocrine and Metabolic</i> <i>Miscellaneous</i>	CARBAGLU	carglumic acid PA
	CYSTADANE	betaine PA
	CETROTIDE KIT	GANIRELIX ACETATE PA SP
	ZOLADEX	MYFEMBREE, ORILISSA
<i>Endometriosis*</i>		
<i>Erectile Dysfunction *</i> Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil</i> PA QL , <i>tadalafil</i> PA QL
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	GONAL-F	FOLLISTIM AQ PA QL SP SI
	CHORIONIC GONADOTROPIN NOVAREL OVIDREL	PREGNYL PA QL SP SI
<i>Gastrointestinal</i> Anticholinergics	<i>chlordiazepoxide-clidinium (NDCs^A</i> <i>11534019701, 42494040901,</i> <i>51293069601, 51293069610,</i> <i>67877073101, 70700018501 only)</i> hyoscamine sulfate ext-rel GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i> PA QL
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> QL , <i>ondansetron</i> QL , SANCUSO QL
<i>Gastrointestinal</i> Irritable Bowel Syndrome	AMITIZA	lubiprostone, LINZESS, SYMPROIC
<i>Gastrointestinal</i> Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP (and its generics) OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
<i>Gastrointestinal</i> Opioid-Induced Constipation	MOVANTIK RELISTOR	lubiprostone, SYMPROIC
<i>Gastrointestinal</i> Probiotics	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>lansoprazole delayed-rel orally</i> <i>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</i> QL , <i>lansoprazole delayed-rel capsule</i> QL , <i>omeprazole</i> <i>delayed-rel</i> QL , <i>pantoprazole delayed-rel tablet</i> QL
<i>Gastrointestinal</i> Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Gaucher Disease	ELEYSO	CERDELGA PA QL, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
Genitourinary Miscellaneous	LITHOSTAT	Consult doctor
	OCALIVA	IQIRVO PA QL SP
	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
Hematologic Chelating Agents	CUPRIMINE	Penicillamine QL
	DESFERAL EXJADE FERRIPROX JADENU	deferasirox PA QL SP , deferiprone PA QL, deferoxamine
	SYPRINE	trientine QL
Hematologic Erythropoiesis-Stimulating Agents	ARANESP EPOGEN PROCRIT	RETACRIT PA QL SP SI
Hematologic Hemophilia B	IXINITY RIXUBIS	ALPROLIX PA QL SP, REBINYN PA QL SP, BENEFIX PA QL SP
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
Hematologic Paroxysmal Nocturnal Hemoglobinuria (PNH) Agents	SOLIRIS ULTOMIRIS	VYVGART PA QL SP, VYVGART HYTRULO PA QL SP
Hematologic Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
	ZONTIVITY	Consult doctor
	NPLATE PROMACTA TAVALISSE	ALVAIZ PA QL SP, DOPTELET PA QL SP
High Blood Pressure * ACE Inhibitors	EPANED	enalapril, fosinopril, lisinopril, quinapril, ramipril

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
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, 13lmesartan, 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, 13lmesartan-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	13lmesartan-amlodipine-hydrochlorothiazide
High Blood Pressure * Beta-blockers	BYSTOLIC 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 WITH hydrochlorothiazide
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 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 ENVARUS XR	tacrolimus PA ST
Immunology Disease Modifying Antirheumatic Agents	RASUVO	OTREXUPPA QL
Immunology Immune Globulins	OCTAGAM	Talk to your doctor
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

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
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 VELPHORO	calcium acetate, sevelamer carbonate, PHOSLYRA, AURYXIA
Menopausal Symptom Agents Oral/ Transdermal	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
	CLIMARA CLIMARA PRO DIVIGEL PAK GEL ELESTRIN GEL EVAMIST SPR MENEST MENOSTAR OSPHENA PREMARIN MINIVELLE VIVELLE-DOT	estradiol, COMBIPATCH
Menopausal Symptom Agents Vaginal	estradiol vaginal tablet Yuvafem ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
Multiple Sclerosis	AUBAGIO COPAXONE EXTAVIA GILENYA LEMTRADA TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AVONEX PA QL SP SI , BETASERON PA QL SP SI , COPAXONE 40 MG/ML 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 methocarbamol 500 mg (NDC [^] 69036091010 only) methocarbamol 750 mg (NDCs [^] 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promotors	NUVIGIL PROVIGIL XYREM	armodafinil PA , LUMRYZ PA , modafinil PA , SUNOSI, WAKIX PA SP , XYWAV PA SP
Nephrotic Cystinosis	PROCYSBI	CYSTAGON PA QL
Ophthalmic Allergies	ALREX BEPREVE LASTACFT	azelastine, bepotastine, cromolyn sodium, olopatadine

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	ZERVIATE	
<i>Ophthalmic</i> Anti-infectives	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<i>Ophthalmic</i> Anti-Infective / Anti-Inflammatory Combinations	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO</i>
<i>Ophthalmic</i> Anti-Inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Ophthalmic</i> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS PA , XIIDRA PA
<i>Ophthalmic</i> Glaucoma	LUMIGAN RHOPRESSA ROCKLATAN TRAVATAN Z VYZULTA	<i>latanoprost, travoprost, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
	COMBIGAN	<i>brimonidine-timolol</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Ophthalmic</i> Retinal Disorders	EYLEA LUCENTIS	BYOOVIZ PA SP , CIMERLI PA SP
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Osteoporosis</i> * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, PROLIA, TYMLOS PA QL SP SI</i>
<i>Otic</i> Anti-infective/ Anti-inflammatory Combinations	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder/Incontinence</i> * Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
<i>Pain</i> Headache *	<i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg, 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>diclofenac potassium powder</i> <i>Bupap</i> <i>Vtol LQ</i> BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium QL, ibuprofen QL, naproxen (except naproxen CR or naproxen suspension) QL</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	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 TREXIMET	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 ST QL , QULIPTA PA ST QL
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 NuDiclo SoluPak NuDiclo TabPak Pennaicin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro PENNSAID	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
	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	diclofenac sodium QL , ibuprofen QL , meloxicam tablet QL , naproxen (except naproxen CR or naproxen suspension) QL

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	<i>naproxen suspension</i> FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	
	<i>naproxen-esomeprazole delayed-rel</i>	<i>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</i>
Parkinson's Disease	APOKYN	INBRIJA PA QL, KYNMOBI PA QL
	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
Phenylketonuria	KUVAN	<i>sapropterin</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>
Premenstrual Dysphoric Disorder (PMDD)	<i>fluoxetine (generics for SARAFEM only)</i>	<i>fluoxetine(except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC 60505367503), sertraline</i>
Prenatal Vitamins	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	<i>prenatal vitamins</i>
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
Pseudobulbar Affect	NUEDEXTA	Consult doctor
Respiratory Anaphylaxis Treatment Agents	ADRENALIN EPIPEN EPIPEN JR SYMJEPI	<i>epinephrine auto-injector QL, AUVI-Q QL</i>
Respiratory Cough	<i>benzonatate (NDC^ 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDC^ 69336012615, 69499032915)</i>
Respiratory Idiopathic Pulmonary Fibrosis	ESBRIET	<i>pirfenidone, OFEV</i>
Respiratory Phosphodiesterase-4 Inhibitors	DALIRESP	<i>roflumilast</i>
Respiratory Xanthines	THEO-24 tiotropium bromide	<i>ipratropium inhalation solution QL, PERFOROMIST QL, SEREVENT QL, SPIRIVA QL, STRIVERDI RESPIMAT QL, YUPELRI QL</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> DAYVIGO EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, QUVIVIQ</i>
Testosterone Replacement * Androgens	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) ⁸</i> ANDROGEL FORTESTA JATENZO TESTIM VOGELXO XYOSTED	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Thyroid Supplements	CYTOMEL 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		
ABRILADA ACANYA ACIPHEX ACIPHEX SPRINKLE ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS ACTICLATE Activite ACTOS ACUVAIL acyclovir cream ACZONE adapalene pad ADALIMUMAB-AACF ADALIMUMAB-AATY ADALIMUMAB-ADBM ADALIMUMAB-RYVK ADCIRCA ADDERALL	BEYAZ bimatoprost solution 0.03% BORTEZOMIB BOTOX BREEZE 2 STRIPS AND KITS ⁷ BROMSITE budesonide ext-rel Bupap BUPHENYL bupropion ext-rel tablet 450 mg butalbital-acetaminophen tablet 25-325 mg butalbital-acetaminophen tablet 50-300 mg BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) butalbital-acetaminophen-caffeine capsule BUTRANS BYDUREON BCISE BYETTA BYSTOLIC CAFERGOT	ELESTRIN GEL ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM ENTYVIO (for Crohn's disease only) ENVARUS XR EPANED EPICERAM EPIPEN EPIPEN JR EPIVIR HBV EPOGEN ergotamine-caffeine ERYPED ESBRIET estradiol vaginal tablet ESTRING ethinyl estradiol-etonogestrel EVAMIST SPR EVEKEO

<p>ADDERALL XR ADRENALIN ADVAIR DISKUS ADVAIR HFA ADZENYS XR-ODT AFINITOR AFINITOR DISPERZ AIMOVIG <i>albuterol sulfate CFC-free (NDC[^] 66993001968,00093317431 only)</i> ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION ALIMTA ALIQOPA ALLISON MEDICAL INSULIN SYRINGES⁵ ALPROLIX ALREX ALTOPREV ALVESCO AMITIZA AMJEVITA AMRIX ANDROGEL APEXICON E APIDRA APLENZIN APOKYN APTENSIO XR APTIVUS ARANESP ARAZLO ARCALYST ARNUITY ELLIPTA ARTHROTEC ASACOL HD ASMANEX ASTAGRAF XL ATACAND ATACAND HCT ATIVAN ATOPADERM AUBAGIO ATRIPLA AVASTIN AVENOVA AZASITE AZELEX AZESCO AZOR BASAGLAR BALCOLTRA BANZEL BARACLUDE TABLET BEAU RX BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN benzonatate (NDCs[^] 69336012615, 69499032915 only) BEPREVE BERINERT BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE <i>betamethasone dipropionate ointment 0.05%</i> BETIMOL BETAPACE BETAPACE AF BETHKIS BETIMOL BEVESPI AEROSPHERE JADENU JAKAFI JALYN</p>	<p><i>calcipotriene cream</i> <i>calcipotriene foam</i> CALCIPOTRIENE FOAM <i>calcipotriene-betamethasone</i> <i>calcitriol ointment</i> CAMBIA <i>CapsFenac Pak</i> <i>Capsinac</i> CARAC CARAFATE CARBAGLU CARBINOXAMINE TABLET 6 MG CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) <i>carisoprodol 250 mg</i> CARNITOR CARNITOR SF CAYSTON CELEBREX CELLCEPT CETROTIDE KIT <i>chlordiazepoxide-clidinium (NDCs[^] 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i> <i>chlorzoxazone 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg (NDC[^] 73007001303 only)</i> <i>chlorzoxazone 750 mg</i> CHORIONIC GONADOTROPIN CIALIS CICATRACE CILOXAN CIMZIA CINRYZE CIPRO HC CIPRODEX <i>ciprofloxacin-fluocinolone</i> CITRANATAL CLIMARA (except CLIMARA PRO) <i>clindamycin gel (NDC[^] 68682046275 only)</i> <i>clobetasol emollient foam</i> <i>clobetasol spray</i> CLOBEX SPRAY <i>clocortolone cream</i> COLAZAL <i>colchicine capsule</i> COLCRYS COMBIGAN COMPLERA CONCERTA CONSENSI CONTOUR NEXT STRIPS AND KITS ⁷ CONTOUR STRIPS AND KITS ⁷ CONTRAVE COPAXONE CORDRAN CREAM CORDRAN LOTION CORDRAN OINTMENT CORDRAN TAPE <i>CoreMino</i> COTELLIC COZAAR CRESEMBIA CRESTOR CUPRIMINE <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> CYLTEZO CYMBALTA CYSTADANE CYTOMEL DALIRESP DARAPRIM DAYTRANA</p>	<p>EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM EPANED EXFORGE EXFORGE HCT EXJADE EXTAVIA FABIOR FANAPT FEMRING <i>fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg</i> <i>fenofibrate tablet 40 mg, 120 mg</i> FENOGLIDE TABLET 120 MG <i>fenoprofen</i> FENOPROFEN CAPSULE FERIVA 21/7 FERRIPROX <i>Fexmid</i> FINACEA GEL FINTEPLA FIORICET CAPSULE FIRAZYR FIRMAGON FLAREX FLOVENT DISKUS FLOVENT HFA <i>flucytosine capsule 500 mg</i> <i>fluocinonide cream 0.1%</i> <i>fluorouracil cream 0.5%</i> <i>fluoxetine tablet (generics for SARAFEM only)</i> <i>fluoxetine tablet 60 mg</i> <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>flurandrenolide ointment</i> FML LIQUIFILM FML FORTE FML S.O.P <i>Folvite-D</i> FORTAMET FORTESTA FOSRENOL FOSTEUM FOSTEUM PLUS FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE STRIPS AND KITS ⁶ FULPHILA GEL-ONE <i>Genicin Vita-S</i> GENOTROPIN GLEEVEC GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT GLUMETZA GLYCOPYRROLATE TABLET 1.5 MG GOLYTELY GONAL-F GRANIX GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM <i>halcinonide cream</i> HADLIMA HALOG <i>heparin sodium 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE HEPSERA HERCEPTIN HERCEPTIN HYLECTA HERZUMA HORIZANT HULIO HUMALOG HUMALOG MIX 50/50</p>
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JENTADUETO JENTADUETO XR JORNAY PM JUXTAPID JANUMET JANUMET XR JANUVIA JYNARQUE KAMDOY Kapzin DC KAZANO KEPPRA KEPPRA XR <i>ketocoazole foam 2%</i> <i>Ketodan</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> KINERET KITABIS PAK JATENZO KOMBIGLYZE XR KORLYM KUVAN KYPROLIS LACRISERT LACTULOSE PAK LAMICTAL LAMICTAL ODT LAMICTAL XR LANOXIN TABLET (125 MCG and 250 MCG only) <i>lansoprazole delayed-rel orally disintegrating tablet</i> <i>lanthanum carbonate</i> LASTACAFT KALETRA LATUDA LAZANDA LESCOL XL LETAIRIS LEUKINE LEVEMIR <i>levorphanol</i> LEXAPRO LEXIVA LIALDA LIBRAX LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX LILETTA LIPITOR LITHOSTAT LIVALO <i>Lofena</i> LOKELMA <i>Lorid</i> <i>Lorzone</i> LOTEMAX LOTEMAX SM LOVAZA <i>luliconazole</i> LUCENTIS LUMIGAN LUNESTA LYRICA MACRODANTIN <i>Matzim LA</i> MAXALT MAXALT-MLT MAXIDEX MAVYRET <i>mefenamic acid (NDC[^] 69336012830 only)</i> <i>meloxicam capsule</i> MENEST MENOSTAR <i>mesalamine delayed-rel tablet 800 mg</i>	DAYVIGO DELZICOL DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE DESFERAL <i>desonide gel</i> <i>desoximetasone ointment 0.05%</i> <i>DesRx</i> DETROL LA <i>dexchlorpheniramine</i> <i>Dexifol</i> DEXILANT <i>dexlansoprazole delayed-rel</i> DIACOMIT <i>diclofenac potassium capsule 25 mg</i> <i>diclofenac potassium powder</i> <i>diclofenac potassium tablet 25 mg</i> <i>diclofenac sodium solution 2%</i> <i>Diclofex DC</i> <i>DicloHeal-60</i> DIFFERIN LOTION <i>difforason cream</i> <i>difforason ointment</i> <i>dihydroergotamine spray</i> DILANTIN <i>diltiazem ext-rel (generics for CARDIZEM LA only)</i> DIOVAN DIOVAN HCT DIVIGEL PAK GEL <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 DYANAVEL XR DUTOPROL DYMISTA DYRENIUM EDARBI EDARBYCLOR EDLUAR EDURANT E.E.S. GRANULES EFFEXOR XR ELELYSO ELIDEL ELIQUIS ELMIRON <i>EluRyng</i> EYELEA OCTAGAM OGIVRI OLUX-E <i>omeprazole-sodium bicarbonate</i> OMNARIS OMNITROPE ONETOUCH STRIPS AND KITS ⁶ ONFI ONGLYZA <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i> OPZELURA ORTHO D ORTHO DF OSENI	HUMALOG MIX 75/25 HUMIRA HUMULIN 70/30 ⁴ HUMULIN N ⁴ HUMULIN R ⁴ <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>hyoscamine sulfate ext-rel</i> HYSINGLA ER HYZAAR <i>Iclofenac CP</i> ICLUSIG <i>icosapent ethyl</i> IDACIO INCRUSE ELLIPTA INDERAL LA INDERAL XL INDOCIN <i>indomethacin capsule 20 mg</i> <i>Inflammacin</i> INFLECTRA INNOPRAN XL INTELENCE INTRAROSA INTUNIV INVELTYS INVIRASE INVOKAMET INVOKAMET XR INVOKANA IRESSA <i>isosorbide dinitrate 40 mg</i> <i>isotretinoin cap 25 mg</i> <i>ivermectin cream</i> IXINITY SIMLANDI STRIBILD SUBOXONE SUBSYS <i>sucralate suspension</i> <i>sumatriptan-naproxen</i> SUPREP <i>Sure Result DSS Premium Pack</i> SUTENT SYMJEPI SYNERDERM SYPRINE TALIVA <i>Targadox</i> TARGRETIN TASIGNA <i>tavorole</i> TAVALISSE TAYTULLA TAZORAC TECFIDERA TEGRETOL TEGRETOL XR TESTIM <i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> THEO-24 THIOLA THIOLA EC TIMOPTIC OCUDOSE TIROSINT TOBI TOBI PODHALER TOBRADEX ST <i>topiramate ext-rel capsule</i> <i>(generics for QUDEXY XR only)</i> TOPROL-XL Tovet TOVIAZ TRACLEER
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<p>metaxalone 400 mg metformin ext-rel (generics for FORTAMET and GLUMETZA only) methocarbamol 500 mg (NDC[^] 69036091010 only) methocarbamol 750 mg (NDCs[^] 69036093099, 70868090190 only) MIACALCIN INJECTION MICARDIS MICARDIS HCT Migergot MILLIPRED MINASTRIN 24 FE MINIVELLE minocycline ext-rel MIRVASO Mondoxyne NL capsule 75 mg MOVANTIK MOVIPREP MULTAQ MULPLETA MultiPro mupirocin cream MYDAYIS MYFORTIC MYOBLOC MYRBETRIQ MYTESI NAPRELAN naproxen CR naproxen suspension naproxen-esomeprazole delayed-rel delayed-rel NATURE-THROID NEO-SYNALAR NESINA NEULASTA NEULASTA ONPRO NEUPOGEN NEVANAC NEXAVAR NEXIUM NEXTERONE niacin tablet 500 mg Niacor NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE NILANDRON nitrofurantoin (except NDCs[^] 16571074024, 70408023932) NITYR Nolix NORGESIC FORTE NORITATE NORPACE NORTHERA NORVASC NORVIR NOURIANZ NOVAREL NOVO NORDISK NEEDLES ⁵ NOXAFIL NPLATE NUCALA LYOPHILIZED POWDER NUCYNTA NUCYNTA ER NuDiclo SoluPak NuDiclo TabPak NUEDEXTA NUTROPIN AQ NUVARING NUVIGIL</p>	<p>OSMOPREP OSPHENA OTREXUP OVIDREL OWEN MUMFORD NEEDLES ⁵ oxiconazole (NDCs[^] 00168035830, 51672135902 only) OXYCONTIN oxymorphone ext-rel OXYTROL pantoprazole delayed-rel suspension paroxetine HCl ext-rel (NDC[^] 60505367503 only) paroxetine mesylate PAXIL PAXIL CR peg 3340- electrolytes (generics for MOVIPREP only) PEGASYS Pennsaicin PENNSAID PENTASA PERCOCET PERRIGO NEEDLES ⁵ PEXEVA PLAVIX POLYTOZA 21osaconazole delayed-rel tablet PRADAXA PRALUENT PRED FORTE PRED MILD prednisolone solution 10mg/ 5 mL prednisolone solution 20mg/ 5 mL PREMARIN PREMARIN CREAM PRENATAL PLUS PREVACID PREVIDENT PREZISTA PRILOSEC PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT PROGRAF PROMACTA PROMETRIUM PROTONIX PROVAD PROVENTIL HFA PROVIGIL PROZAC PSORCON QNASL QTERN quazepam QUILLICHEW ER QUILLIVANT XR QVAR REDIHALER RAPAFLO RAPAMUNE RAVICTI RAYOS RECEDO RELISTOR REMODULIN RENFLEXIS RENVELA REPATHA RETIN-A MICR GEL REVATIO REYATAZ RHEUMATE RHOFAD CRE 1% RHOPRESSA RIABNI RIBOZEL</p>	<p>TRADJENTA tramadol (NDC[^] 52817019610 only) tramadol ext-rel capsule TRANSDERM SCOP TRAVATAN Z TRELSTAR MIXJECT TREMIMET triamcinolone aerosol 0.2% triamcinolone ointment 0.05% Trianex TRICOR TRILEPTAL TRIVIDIA INSULIN SYRINGES ⁵ TronVite TRUVADA TRUXIMA TUDORZA TYRVAYA UDENYCA ULORIC ULTIMED INSULIN SYRINGES ⁵ ULTIMED NEEDLES ⁵ ULTRAVATE UROXATRAL V-GO VALCYTE VALTRES Vanoxide-HC VASCULERA VECTICAL VELPHORO VELTIN VEMLIDY venlafaxine ext-rel tablet (except 225 mg) VENTOLIN HFA VIAGRA VIEKIRA PAK VIIBRYD VIMPAT VIRACEPT VITAFOL-ONE Vitasure VIVELLE-DOT VOGELXO VOTRIENT VYVANSE VYZULTA Vtol LQ WELLBUTRN XL WESTHROID WP THYROID XALKORI XANAX XANAX XR XENAZINE XENICAL XERESE XOLEGEL XOPENEX HFA XYOSTED Xvite XYREM XYZBAC YASMIN YAZ Yuvaferm YUFLYMA YUSIMRY ZALVIT ZARXIO ZEGERID ZELAC ZELBORAF ZEPATIER</p>
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	RIMSO-50 RIOMET RITUXAN RIXUBIS 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 SIMLANDI SIMPONI SINGULAIR SOLIRIS SOMAVERT SOOLANTRA SORILUX SPRIX SPRYCEL STENDRA SYMBICORT	ZEPBOUND ZERVIAE ZESTORETIC ZETIA ZETONNA ZIANA <i>Ziclocin Pak</i> <i>Ziclopro</i> <i>zileuton ext-rel</i> ZIEXTENZO ZIRGAN ZOLADEX ZOLOFT <i>zolpidem sublingual</i> ZOPIMIST ZONEGRAN ZONTIVITY ZORVOLEX ZORTRESS ZUPLENZ ZYDELIG ZYLET ZYTIGA ZVIT
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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) 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^A

^A 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.

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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email Address	civilrightscoordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. 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.). The BLUE CROSS® and 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.

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 1-855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

ማሳሰቢያ (Amharic):- ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀናችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للأخريين الاتصال بالرقم 855-258-6518 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمتترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意 (Chinese) : 此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您將會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d'assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d'obtenir ces informations ainsi qu'une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d'adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu'à l'invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d'être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndị dị óké mkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwughị ụgwọ ọbụla. Ndi ọ̀tù ga akpọ ọnuogugụ ekwenti dị na àzụ Kààdị njirimara ndi ọ̀tù ha. Ndi ọ̀zọ nile nwere ike ikpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pja 0. Mgbe onye ozi zara, kwuo asụsụ ichorọ, a ga ejikota gị na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee íł hane'í béeso nich'ááh naa'nil bee ník'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoolkálí dóó bee ida'ii'aahí háidíí shíí t'áá bich'í'jii' ha'át'íshíí ádadiilíihgíí biyi'. Díí bee baa dahane'í dóó t'áá jiiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'í'. Bii hada'dít'éhí binaaltsoos nitl'izhí bee béédahóziní baaah béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáfti'í biba' asdáago niléí ó bii adíłchííd hodoo'niidjii'. Naalnishí haadzíí'go, saad nínízinígíí bee bii hodíilnih dóó ata' yáfti'í bich'í' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरु सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana'omia ai le faia o se gaoiga i nisi taimi fa'agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se tofogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'aילוa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائلاگ پر انتظار کرنا چاہیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhả số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.