

Drugs Requiring Prior Authorization for Medical Necessity for CareFirst Formulary 2

(Effective Apr 1, 2026)

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, 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, 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 [^] 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
	tavaborole	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 , liraglutide 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</i> , <i>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</i> , <i>atomoxetine QL</i> , <i>dexmethylphenidate ext-rel[†] QL</i> , <i>guanfacine ext-rel</i> , <i>methylphenidate ext-rel</i> , AZSTARYS QL, <i>lisdexamfetamine QL</i>
	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts QL</i> , <i>methylphenidate QL</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel[†] QL</i> , <i>atomoxetine QL</i> , <i>dexmethylphenidate ext-rel[†] QL</i> , <i>guanfacine ext-rel</i> , <i>methylphenidate ext-rel QL</i> , AZSTARYS QL, JORNAY PM QL, MYDAYIS QL, QELBREE QL,
<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>
	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 COPIKTRA ZYDELIG	BRUKINSA PA QL SP, CALQUENCE 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 200MG, 250MG	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>
	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 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>

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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 DYSPORE	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 Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA

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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 BENZACLIN 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 TAZORAC VECTICAL	calcipotriene ointment PA , calcipotriene solution PA

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	<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 <i>BRYHALI</i> QL ; <i>ENSTILAR</i> PA
Dermatology Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide</i> (except <i>desonide gel</i>) QL , <i>hydrocortisone</i> QL , <i>pimecrolimus</i> PA ST , <i>tacrolimus</i> PA ST , <i>EUCRISA</i>
	<i>ELIDEL</i>	<i>pimecrolimus</i> PA ST , <i>tacrolimus</i> PA ST , <i>EUCRISA</i>
Dermatology Rosacea *	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	FINACEA GEL MIRVASO NORITATE RHOFADRE CRE 1% SOOLANTRA	<i>azelaic acid gel</i> PA , <i>brimonidine gel</i> , <i>metronidazole</i> , <i>FINACEA FOAM</i> PA , <i>ivermectin cream</i> PA
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%</i> , <i>selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>Ciclopirox</i> QL , <i>ketoconazole cream 2%</i>
Dermatology Skin Inflammation and Hives * Corticosteroids	<i>desonide gel</i> <i>DesRx</i> <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> <i>CORDRAN CREAM</i> <i>CORDRAN LOTION</i>	<i>desonide</i> (except <i>desonide gel</i>) QL , <i>hydrocortisone</i> QL
	<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> <i>Trianex</i> <i>CORDRAN OINTMENT</i>	<i>hydrocortisone butyrate cream</i> QL , <i>hydrocortisone butyrate ointment</i> QL , <i>hydrocortisone butyrate solution</i> QL , <i>mometasone</i> QL , <i>triamcinolone cream</i> QL , <i>triamcinolone lotion</i> QL , <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> <i>APEXICON E</i> <i>HALOG</i> <i>PSORCON</i>	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>) QL , <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) QL , <i>BRYHALI</i> QL
	<i>clobetasol spray</i> <i>clobetasol emollient foam</i> <i>Tovet</i> <i>CORDRAN TAPE</i> <i>ULTRAVATE</i> <i>CLOBEX SPRAY</i> <i>OLUX-E</i> <i>fluocinonide cream 0.1%</i>	<i>clobetasol foam</i> (except <i>clobetasol emollient foam</i>) QL , <i>clobetasol cream</i> QL , <i>clobetasol gel</i> QL , <i>clobetasol lotion</i> QL , <i>clobetasol ointment</i> QL , <i>halobetasol cream</i> QL , <i>halobetasol ointment</i> QL

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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
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs ⁴ 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 OSENİ	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
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA PA ST , JARDIANCE PA ST
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY PA ST , SYNJARDY XR PA ST , XIGDUO XR PA ST
Diabetes * Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor / Dipeptidyl	QTERN	GLYXAMBI PA ST

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Peptidase-4 (DPP-4) Inhibitor Combinations		
<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 <i>prednisolone solution 10 mg/5 mL, 20 mg/5 mL</i>)</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
<i>Endocrine and Metabolic Disorders</i> Vasopressin Receptor Antagonists	JYNARQUE	Talk to your doctor
<i>Endocrine and Metabolic</i> Miscellaneous	CARBAGLU	carglumic acid PA
	CYSTADANE	betaine PA
	CETROTIDE KIT	GANIRELIX ACETATE PA SP
<i>Endometriosis</i> *	ZOLADEX	MYFEMBREE, ORLISSA

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil</i> PA QL, <i>tadalafil</i> PA QL
Fertility Regulators Follicle-Stimulating Hormones	GONAL-F	FOLLISTIM AQ PA QL SP SI
	CHORIONIC GONADOTROPIN NOVAREL OVIDREL	PREGNYL PA QL SP SI
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs [^] 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) hyoscamine sulfate ext-rel GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosectron</i> , VIBERZI, XIFAXAN 550 MG PA QL
	MYTESI	<i>diphenoxylate-atropine</i> , <i>loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> QL, <i>ondansetron</i> QL, SANCUSO QL
Gastrointestinal Irritable Bowel Syndrome	AMITIZA	<i>lubiprostone</i> , LINZESS, SYMPROIC
Gastrointestinal Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP (and its generics) OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
Gastrointestinal Opioid-Induced Constipation	RELISTOR	<i>lubiprostone</i> , 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</i> QL, <i>lansoprazole delayed-rel capsule</i> QL, <i>omeprazole delayed-rel</i> QL, <i>pantoprazole delayed-rel tablet</i> QL
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

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	OCALIVA	IQIRVO PA QL SP
	THIOLA THIOLA EC	tiopronin PA QL SP
Gout *	colchicine capsule COLCRYS MITIGARE	colchicine tablet
	ULORIC	allopurinol
Growth Hormones	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN PA QL SP SI
Hematologic Anticoagulants (oral)	PRADAXA	warfarin, XARELTO, ELIQUIS
Hematologic Chelating Agents	CUPRIMINE	Penicillamine QL
	DEFERAL EXJADE FERRIPROX JADENU	deferasirox PA QL SP, deferiprone PA QL, deferoxamine
	SYPRINE	trientine QL
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN	RETACRIT PA QL SP SI, PROCRT PA QL SP, ARANESP PA QL SP
Hematologic Hemophilia B	ALPROLIX IXINITY RIXUBIS	REBINYN PA QL SP, BENEFIX PA QL SP
Hematologic Neutropenia Colony Stimulating Factors	FYLNETRA NEULASTA NEULASTA ONPRO UDENYCA ZIEXTENZO	FULPHILA 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
cinrHematologic Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, ticagrelor
	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
High Blood Pressure * ACE Inhibitor / Diuretic Combinations	ZESTORETIC	fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	COZAAR DIOVAN EDARBI MICARDIS	
<i>High Blood Pressure</i> * 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>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations	EXFORGE HCT	<i>olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * 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>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i> Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>High Blood Pressure</i> * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	AUSTEDO XR XENAZINE	<i>tetrabenazine PA QL SP, AUSTEDO PA QL SP</i>
<i>Immunology</i> Immune Globulins	OCTAGAM	Talk to your doctor
<i>Immunology</i> Hereditary Angioedema	BERINERT FIRAZYR	<i>icatibant PA QL SP SI, RUCONEST PA QL SP SI</i>
	CINRYZE	<i>ORLADEYO PA QL SP, TAKHZYRO PA QL SP SI</i>
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis</i> * Aminosaliclates	budesonide ext-rel ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	<i>balsalazide PA QL, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel,</i>
<i>Interferons</i> *	PEGASYS	Consult doctor
<i>Kidney Disease</i> * Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL RENVELA VELPHORO	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, AURYXIA</i>
<i>Menopausal Symptom Agents</i>	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Oral/ Transdermal	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 Yuvaferm 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, 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 LASTACAPT ZERVIAATE	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
Ophthalmic Anti-Inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P INVELTYS LOTEMAX LOTEMAX SM	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
	MAXIDEX PRED FORTE PRED MILD	
Ophthalmic Antivirals	ZIRGAN	trifluridine
Ophthalmic Dry Eye Agents	LACRISERT	RESTASIS PA, VEVYE 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
Ophthalmic Retinal Disorders	EYLEA LUCENTIS	BYOOVIZ PA SP
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Osteoporosis * Calcium Regulators	FORTEO MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, TYMLOS PA QL SP SI, teriparatide PA QL SP, zoledronic acid PA QL SP, BONISITY PA QL SP
Otic Anti-infective/ Anti-inflammatory Combinations	ciprofloxacin-fluocinolone CIPRO HC CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
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, UBRELVY PA ST QL, ZEMBRACE SYMTOUCH QL, ZOMIG NASAL SPRAY QL
	sumatriptan-naproxen TREXIMET ONZETRA XSAIL	diclofenac sodium QL, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan QL, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL; 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
	BUTRANS	buprenorphine transdermal PA, BELBUCA PA

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Pain Opioid Analgesics	LAZANDA SUBSYS	<i>fentanyl transmucosal lozenge</i> PA, SUBSYS PA
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER NUCYNTA ER OXYCONTIN	<i>fentanyl transdermal</i> PA, <i>hydrocodone ext-rel</i> PA QL, <i>hydromorphone ext-rel</i> PA, <i>methadone</i> PA, <i>morphine ext-rel</i> PA, XTAMPZA ER PA
	NUCYNTA	<i>hydromorphone</i> PA, <i>morphine</i> PA, <i>oxycodone</i> PA
	PERCOCET	<i>hydrocodone-acetaminophen</i> PA, <i>hydromorphone</i> PA, <i>morphine</i> PA, <i>oxycodone-acetaminophen</i> PA, NUCYNTA PA
	<i>tramadol</i> (NDC [^] 52817019610 only) <i>tramadol ext-rel capsule</i>	<i>tramadol</i> (except NDC [^] 52817019610), <i>tramadol ext-rel tablet</i> PA
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i> PA
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	ARTHROTEC	<i>celecoxib</i> ; <i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) WITH <i>esomeprazole delayed-rel</i> QL, <i>lansoprazole delayed-rel</i> QL, <i>omeprazole delayed-rel</i> QL, or <i>pantoprazole delayed-rel tablet</i> QL
	CELEBREX	<i>celecoxib</i> , <i>diclofenac sodium</i> QL, <i>ibuprofen</i> QL, <i>meloxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) QL
	<i>diclofenac sodium solution 2%</i> 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	<i>diclofenac sodium</i> QL, <i>diclofenac sodium gel 1%</i> , <i>diclofenac sodium solution 1.5%</i> PA QL, <i>ibuprofen</i> QL, <i>meloxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) QL
	<i>diclofenac potassium capsule 25 mg</i> <i>diclofenac potassium tablet 25 mg</i> <i>fenoprofen</i> <i>indomethacin capsule 20 mg</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid</i> (NDC [^] 69336012830 only) <i>naproxen CR</i> <i>naproxen suspension</i> FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium</i> QL, <i>ibuprofen</i> QL, <i>meloxicam tablet</i> QL, <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) QL
	<i>naproxen-esomeprazole delayed-rel</i>	<i>diclofenac sodium</i> QL, <i>ibuprofen</i> QL, <i>meloxicam tablet</i> QL or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) QL WITH <i>esomeprazole delayed-rel</i> delayed-rel QL, <i>lansoprazole delayed-rel</i> QL, <i>omeprazole delayed-rel</i> QL, <i>pantoprazole delayed-rel tablet</i> QL
Parkinson's Disease	APOKYN	INBRIJA PA QL, KYNMOBI PA QL
	NOURIANZ	<i>amantadine</i> , <i>entacapone</i> , <i>pramipexole</i> , <i>pramipexole ext-rel</i> , <i>rasagiline</i> , <i>ropinirole</i> , <i>ropinirole ext-rel</i> , <i>selegiline</i> , NEUPRO
Phenylketonuria	KUVAN	<i>sapropterin</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin</i> , <i>pregabalin</i> , <i>pregabalin ext-rel</i> , GRALISE

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
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	NUEDEXTA	Consult doctor
Respiratory Anaphylaxis Treatment Agents	ADRENALIN EPIPEN EPIPEN JR SYMJEPI	epinephrine auto-injector QL , AUVI-Q 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 tiotropium bromide	ipratropium inhalation solution QL , PERFORMIST QL , SEREVENT QL , SPIRIVA QL , STRIVERDI RESPIMAT QL , YUPELRI QL
Sleep Disorder Hypnotics, Non-benzodiazepines	quazepam zolpidem sublingual DAYVIGO EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, QUVIVIQ
Testosterone Replacement * Androgens	testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) ⁸ ANDROGEL FORTESTA JATENZO TESTIM VOGELXO XYOSTED	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO
Thyroid Supplements	ARMOUR THYROID CYTOMEL NATURE-THROID WESTHROID NP THYROID WP THYROID	levothyroxine, liothyronine
	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	BEYAZ	ELESTRIN GEL
ACANYA	<i>bimatoprost solution 0.03%</i>	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM
ACIPHEX	BORTEZOMIB	ENTYVIO (for Crohn's disease only)
ACIPHEX SPRINKLE	BOTOX	EPANED
ACTEMRA ACTPEN	BREEZE 2 STRIPS AND KITS ⁷	EPICERAM
ACTEMRA SUBCUTANEOUS	BROMSITE	EPIPEN
ACTICLATE	<i>budesonide ext-rel</i>	EPIPEN JR
<i>Activite</i>	<i>Bupap</i>	EPIVIR HBV
ACTOS	BUPHENYL	EPOGEN
ACUVAIL	<i>bupropion ext-rel tablet 450 mg</i>	<i>ergotamine-caffeine</i>
<i>acyclovir cream</i>	<i>butalbital-acetaminophen tablet 25-325 mg</i>	ERYPED
ACZONE	<i>butalbital-acetaminophen tablet 50-300 mg</i>	ESBRIET
<i>adapalene pad</i>	BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only)	<i>estradiol vaginal tablet</i>
ADALIMUMAB-AACF	<i>butalbital-acetaminophen-caffeine capsule</i>	ESTRING
ADALIMUMAB-AATY	BUTRANS	<i>ethinyl estradiol-etonogestrel</i>
ADALIMUMAB-ADBM	BYDUREON BCISE	EVAMIST SPR
ADALIMUMAB-RYVK	BYETTA	EVEKEO
ADCIRCA	BYSTOLIC	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM
ADDERALL	CAFERGOT	EPANED
ADDERALL XR	<i>calcipotriene cream</i>	EXFORGE
ADRENALIN	<i>calcipotriene foam</i>	EXFORGE HCT
ADVAIR DISKUS	CALCIPOTRIENE FOAM	EXJADE
ADVAIR HFA	<i>calcipotriene-betamethasone</i>	EXTAVIA
ADZENYS XR-ODT	<i>calcitriol ointment</i>	FABIOR
AFINITOR	CAMBIA	FANAPT
AFINITOR DISPERZ	<i>CapsFenac Pak</i>	FEMRING
AIMOVIG	<i>Capsinac</i>	<i>fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg</i>
<i>albuterol sulfate CFC-free (NDC[^] 66993001968, 00093317431 only)</i>	CARAC	<i>fenofibrate tablet 40 mg, 120 mg</i>
ALEVICYN GEL	CARAFATE	FENOGLIDE TABLET 120 MG
ALEVICYN SG	CARBAGLU	<i>fenopropfen</i>
ALEVICYN SOLUTION	CARBINOXAMINE TABLET 6 MG	FENOPROFEN CAPSULE
ALIMTA	CARDIZEM	FERIVA 21/7
ALIQOPA	CARDIZEM CD	FERRIPROX
ALLISON MEDICAL INSULIN SYRINGES ⁵	CARDIZEM LA (and its generics)	<i>Fexmid</i>
ALREX	<i>carisoprodol 250 mg</i>	FINACEA GEL
ALTOPREV	CARNITOR	FINTEPLA
ALVESCO	CARNITOR SF	FIORICET CAPSULE
AMITIZA	CAYSTON	FIRAZYR
	CELEBREX	

AMJEVITA	CETROTIDE KIT	FIRMAGON
AMRIX	<i>chlordiazepoxide-clidinium (NDCs^A 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i>	FLAREX
ANDROGEL	<i>chlorzoxazone 250 mg</i>	FLOVENT DISKUS
APEXICON E	<i>chlorzoxazone 375 mg</i>	FLOVENT HFA
APIDRA	<i>chlorzoxazone 500 mg (NDC^A 73007001303 only)</i>	<i>flucytosine capsule 500 mg</i>
APLENZIN	<i>chlorzoxazone 750 mg</i>	<i>fluocinonide cream 0.1%</i>
APOKYN	CHORIONIC GONADOTROPIN	<i>fluorouracil cream 0.5%</i>
APTENSIO XR	CIALIS	<i>fluoxetine tablet (generics for SARAFEM only)</i>
APTIVUS	CICATRACE	<i>fluoxetine tablet 60 mg</i>
ARANESP	CILOXAN	<i>flurandrenolide cream</i>
ARAZLO	CIMZIA	<i>flurandrenolide lotion</i>
ARCALYST	CINRYZE	<i>flurandrenolide ointment</i>
ARMOUR THYROID	CIPRO HC	FML LIQUIFILM
ARNUITY ELLIPTA	CIPRODEX	FML FORTE
ARTHROTEC	<i>ciprofloxacin-fluocinolone</i>	FML S.O.P
ASACOL HD	CITRANATAL	<i>Folvite-D</i>
ASMANEX	CLIMARA (except CLIMARA PRO)	FORTAMET
ATACAND	<i>clindamycin gel (NDC^A 68682046275 only)</i>	FORTEO
ATACAND HCT	<i>clobetasol emollient foam</i>	FORTESTA
ATIVAN	<i>clobetasol spray</i>	FOSRENOL
ATOPADERM	CLOBEX SPRAY	FOSTEUM
AUBAGIO	<i>clocortolone cream</i>	FOSTEUM PLUS
AUSTEDO XR	COLAZAL	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM
ATRIPLA	<i>colchicine capsule</i>	FREESTYLE STRIPS AND KITS ⁶
AVASTIN	COLCRYX	FULPHILA
AVENOVA	COMBIGAN	GEL-ONE
AZASITE	COMPLERA	<i>Genicin Vita-S</i>
AZELEX	CONCERTA	GENOTROPIN
AZESCO	CONSENSI	GLEEVEC
AZOR	CONTOUR NEXT STRIPS AND KITS ⁷	GLUCAGEN HYPOKIT
BASAGLAR	CONTOUR STRIPS AND KITS ⁷	GLUCAGON EMERGENCY KIT
BALCOLTRA	CONTRAVE	GLUMETZA
BANZEL	CORDRAN CREAM	GLYCOPYRROLATE TABLET 1.5 MG
BARACLUDE TABLET	CORDRAN LOTION	GOLYTELY
BEAU RX	CORDRAN OINTMENT	GONAL-F
BECONASE AQ	CORDRAN TAPE	GRANIX
BENICAR	<i>CoreMino</i>	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM
BENICAR HCT	COTELLIC	GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM
BENSAL HP	COZAAR	<i>halcinonide cream</i>
BENZACLIN	CRESEMBIA	HADLIMA
benzonatate (NDCs ^A 69336012615, 69499032915 only)	CRESTOR	HALOG
BEPREVE	CUPRIMINE	<i>heparin sodium 5% dextrose</i>
BERINERT	<i>cyclobenzaprine ext-rel capsule</i>	HEPARIN SODIUM IN 5% DEXTROSE
BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE	<i>cyclobenzaprine tablet 7.5 mg</i>	HEPSERA
betamethasone dipropionate ointment 0.05%	CYLTEZO	HERCEPTIN
BETIMOL	CYMBALTA	HERCEPTIN HYLECTA
BETAPACE	CYSTADANE	HERZUMA
BETAPACE AF	CYTOMEL	HORIZANT
BETHKIS	DALIRESP	HULIO
BETIMOL	DARAPRIM	HUMALOG
BEVESPI AEROSPHERE	DAYTRANA	HUMALOG MIX 50/50
JADENU	DAYVIGO	HUMALOG MIX 75/25
JALYN	DELZICOL	HUMIRA
JENTADUETO	DEPAKOTE	HUMULIN 70/30 ⁴
JENTADUETO XR	DEPAKOTE ER	HUMULIN N ⁴
JORNAY PM	DEPAKOTE SPRINKLE	HUMULIN R ⁴
JUXTAPID	DESFERAL	<i>hydrocortisone butyrate lipophilic cream 0.1%</i>
JANUMET	<i>desonide gel</i>	<i>hydrocortisone butyrate lotion</i>
JANUMET XR	<i>desoximetasone ointment 0.05%</i>	<i>hyoscamine sulfate ext-rel</i>
JANUVIA	<i>DesRx</i>	HYSINGLA ER
JYNARQUE	DETROL LA	HYZAAR
KAMDOY	<i>dexchlorpheniramine</i>	<i>Iclofenac CP</i>
Kapzin DC	<i>Dexifol</i>	ICLUSIG
KAZANO	DEXILANT	<i>icosapent ethyl</i>
KEPPRA	<i>dexlansoprazole delayed-rel</i>	IDACIO
KEPPRA XR	DIACOMIT	INCRUSE ELLIPTA
<i>ketoconazole foam 2%</i>	<i>diclofenac potassium capsule 25 mg</i>	INDERAL LA
<i>Ketodan</i>	<i>diclofenac potassium powder</i>	INDERAL XL
<i>ketoprofen capsule 25 mg</i>	<i>diclofenac potassium tablet 25 mg</i>	INDOCIN
<i>ketoprofen ext-rel capsule</i>	<i>diclofenac sodium solution 2%</i>	<i>indomethacin capsule 20 mg</i>
KINERET	<i>Diclofex DC</i>	<i>Inflamacin</i>
KITABIS PAK	DicloHeal-60	INFLECTRA
JATENZO		
KOMBIGLYZE XR		

<p>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</i> (NDC[^] 69336012830 only) <i>meloxicam capsule</i> MENEST MENOSTAR <i>mesalamine delayed-rel tablet 800 mg</i> <i>metaxalone 400 mg</i> <i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) <i>methocarbamol 500 mg</i> (NDC[^] 69036091010 only) <i>methocarbamol 750 mg</i> (NDCs[^] 69036093090, 70868090190 only) MIACALCIN INJECTION MICARDIS MICARDIS HCT <i>Migergot</i> MILLIPRED MINASTRIN 24 FE MINIVELLE MITIGARE <i>minocycline ext-rel</i> MIRVASO <i>Mondoxyme NL capsule 75 mg</i> MOVIPREP MULPLETA <i>MultiPro</i> mupirocin cream</p>	<p>DIFFERIN LOTION <i>difflorasone cream</i> <i>difflorasone ointment</i> <i>dihydroergotamine spray</i> DILANTIN <i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) 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 DYANAVAL 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 OSMOPREP OSPHENA OVIDREL OWEN MUMFORD NEEDLES ⁵ <i>oxiconazole</i> (NDCs[^] 00168035830, 51672135902 only) OXYCONTIN <i>oxymorphone ext-rel</i> OXYTROL <i>pantoprazole delayed-rel suspension</i> <i>paroxetine HCl ext-rel</i> (NDC[^] 60505367503 only) <i>paroxetine mesylate</i> PAXIL PAXIL CR <i>peg 3340- electrolytes</i> (generics for MOVIPREP only) PEGASYS <i>Pennaicn</i> PENNSAID PENTASA PERCOCET PERRIGO NEEDLES ⁵ PEXEVA</p>	<p>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>sucralfate 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> TAVALLISSE TAYTULLA TAZORAC TECFIDERA TEGRETOL TEGRETOL XR TESTIM <i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) THEO-24 THIOLA THIOLA EC TIMOPTIC OCUDOSE TIROSINT TOBI TOBI PODHALER TOBRADEX ST <i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) TOPROL-XL Tovet TOVIAZ TRACLEER TRADJENTA <i>tramadol</i> (NDC[^] 52817019610 only) <i>tramadol ext-rel capsule</i> TRANSDERM SCOP TRAVATAN Z TRELSTAR MIXJECT TREXIMET <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> TRICOR TRILEPTAL TRIVIDIA INSULIN SYRINGES ⁵ TronVite TRUVADA TRUXIMA TUDORZA TYRVAYA UDENYCA ULORIC ULTIMED INSULIN SYRINGES ⁵</p>
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<p>MYDAYIS MYOBLOC MYRBETRIQ MYTESI NAPRELAN <i>naproxen CR</i> <i>naproxen suspension</i> <i>naproxen-esomeprazole delayed-rel delayed-rel</i> NATURE-THROID NEO-SYNALAR NESINA NEULASTA NEULASTA ONPRO NEUPOGEN NEVANAC NEXAVAR NEXIUM NEXTERONE <i>niacin tablet 500 mg</i> <i>Niacor</i> NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE NILANDRON <i>nitrofurantoin (except NDCs^ 16571074024, 70408023932)</i> NITYR <i>Nolix</i> NORGESIC FORTE NORITATE NORPACE NORTHERA NORVASC NORVIR NOURIANZ NOVAREL NOVO NORDISK NEEDLES ⁵ NOXAFIL NPLATE NP THYROID NUCALA LYOPHILIZED POWDER NUCYNTA NUCYNTA ER <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> NUDEXTA NUTROPIN AQ NUVARING NUVIGIL</p>	<p>PLAVIX POLYTOZA <i>21osaconazole delayed-rel tablet</i> PRADAXA PRALUENT PRED FORTE PRED MILD <i>prednisolone solution 10mg/ 5 mL</i> <i>prednisolone solution 20mg/ 5 mL</i> PREMARIN PREMARIN CREAM PRENATAL PLUS PREVACID PREVIDENT PREZISTA PRILOSEC PRISTIQ PROAIR HFA PROAIR RESPICLICK PROGRAF PROMACTA PROMETRIUM PROTONIX PROVAD PROVENTIL HFA PROVIGIL PROZAC PSORCON QNASL QTERN <i>quazepam</i> QUILLICHEW ER QUILLIVANT XR QVAR REDHALER RAPAFLO RAVICTI RAYOS RECEDO RELISTOR REMODULIN RENFLEXIS REVELA REPATHA RETIN-A MICR GEL REVATIO REYATAZ RHEUMATE RHOFAD CRE 1% RHOPRESSA RIABNI RIBOZEL 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</p>	<p>ULTIMED NEEDLES ⁵ ULTRAVATE UROXATRAL V-GO VALCYTE VALTREX <i>Vanoxide-HC</i> VASCULERA VECTICAL VELPHORO VELTIN VEMLIDY <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENTOLIN HFA VIAGRA VIEKIRA PAK VIIBRYD VIMPAT VIRACEPT VITAFOL-ONE <i>Vitasure</i> VIVELLE-DOT VOGELXO VOTRIENT VYVANSE VYZULTA <i>Vtol LQ</i> WELLBUTRN XL WESTHROID WP THYROID XALKORI 200MG, 250MG XANAX XANAX XR XENAZINE XENICAL XERESE XIIDRA XOLEGEL XOPENEX HFA XYOSTED <i>Xvite</i> XYREM XYZBAC YASMIN YAZ <i>Yuvaferm</i> YUFLYMA YUSIMRY ZALVIT ZARXIO ZEGERID ZELAC ZELBORAF ZEPATIER 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</p>
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	SOLIRIS SOMAVERT SOOLANTRA SORILUX SPRIX SPRYCEL STENDRA SYMBICORT	ZUPLENZ ZYDELIG ZYLET ZYTIGA ZYVIT
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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) 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.

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