

Drugs Requiring Prior Authorization for Medical Necessity for CareFirst Formulary 2

(Effective July 1, 2020)

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	CARBINOXAMINE TABLET 6 MG	levocetirizine
Allergies Nasal Steroids/Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
Anticonvulsants	LAMICTAL LAMICTAL ODT LAMICTAL XR ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYRPRED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	CoreMino doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC [^] 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel tablet Mondoxyme NL capsule 75 mg Okebo ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate capsule, doxycycline hyclate 20 mg, minocycline, tetracycline</i>

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Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	nitrofurantoin
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet	fluconazole, itraconazole
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-Infectives, Antivirals, Hepatitis B *	BARACLUDE TABLET	entecavir, lamivudine, VEMLIDY
Anti-infectives, Antivirals Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1,2,3,4,5,6) PA SP , HARVONI (genotypes 1, 4, 5, 6) PA SP , VOSEVI PA SP ²
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1,2,3,4,5,6) PA SP , HARVONI (genotypes 1, 4, 5, 6) PA SP
Anti-infectives, Antivirals Herpes *	VALTRESX	acyclovir capsule, acyclovir tablet, valacyclovir
Antiobesity	CONTRAVE QSYMIA	SAXENDA PA SI
Antianxiety Benzodiazepines	XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma * Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol QL , levalbuterol tartrate CFC-free aerosol QL
Asthma * Leukotriene Modulators	SINGULAIR	montelukast, zafirlukast, zileuton ext-rel
Asthma * Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, , FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER,, QVAR REDIHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid/Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
Attention Deficit Hyperactivity Disorder Agents *	EVEKEO	amphetamine-dextroamphetamine mixed salts QL , methylphenidate QL
	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel QL , atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS QL , VYVANSE QL
Autoimmune Conditions	ACTEMRA	ENBREL PA SP SI , HUMIRA PA SP SI , RINVOQ PA SP SI , XELJANZ PA SP , XELJANZ XR PA SP
	CIMZIA	COSENTYX PA SP SI , ENBREL PA SP SI , HUMIRA PA SP SI , OTEZLA PA SP , RINVOQ PA SP SI , SKYRIZI PA SP SI , STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only), TREMFYA PA SP SI , XELJANZ PA SP , XELJANZ XR PA SP
	ENTYVIO	HUMIRA PA SP SI , STELARA SUBCUTANEOUS PA SP SI , XELJANZ PA SP
	KINERET	ENBREL PA SP SI , HUMIRA PA SP SI , RINVOQ PA SP SI , XELJANZ PA SP , XELJANZ XR PA SP
	ORENCIA CLICKJET ORENCIA SUBCUTANEOUS	COSENTYX PA SP SI , ENBREL PA SP SI , HUMIRA PA SP SI , OTEZLA PA SP , RINVOQ PA SP SI , STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ PA SP , XELJANZ XR PA SP
	SIMPONI	COSENTYX PA SP SI , ENBREL PA SP SI , HUMIRA PA SP SI , OTEZLA PA SP , RINVOQ PA SP SI , STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ PA SP , XELJANZ XR PA SP
	TALTZ	COSENTYX PA SP SI , ENBREL PA SP SI , HUMIRA PA SP SI , OTEZLA PA SP , SKYRIZI PA SP SI , STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ PA SP , XELJANZ XR PA SP

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Cancer Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> PA SP, BOSULIF PA SP, SPRYCEL PA SP
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone</i> PA SP, <i>bicalutamide</i> , XTANDI PA SP, YONSA PA SP
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipidemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations ²	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT PA SI
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>Amiloride, triamterene</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations	COMBIVENT RESPIMAT	<i>ipratropium-albuterol inhalation solution</i> , ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol- norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
Contraceptives Biphasic	LO LOESTRIN FE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol- levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate
Contraceptives Triphasic	ORTHO TRI-CYCLEN LO	ethinyl estradiol-norgestimate
Contraceptives Four Phase	NATAZIA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol- levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> PA SP, BETHKIS PA SP
Dental* Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>

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Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
Depression * Antidepressants, Miscellaneous Agents	bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
	OLEPTRO	trazodone
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
Dermatology Acne *	clindamycin gel (NDC [^] 68682046275 only) Vanoxide-HC ACANYA BENZACLIN VELTIN ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC
Dermatology Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
Dermatology Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
Dermatology Antipsoriatics	calcipotriene cream calcitriol ointment SORILUX VECTICAL	calcipotriene ointment, calcipotriene solution
Dermatology Antiseborrheics	ketoconazole shampoo 2%	selenium sulfide lotion 2.5%
Dermatology Atopic Dermatitis *	doxepin cream	desonide QL , hydrocortisone QL , pimecrolimus, tacrolimus, EUCRISA
Dermatology Rosacea*	FIANCEA GEL NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
Dermatology Scars	RECEDO SIL-K PAD	imiquimod
Dermatology Seborrheic Dermatitis *	XOLEGEL	ciclopirox, ketoconazole cream 2%
Dermatology Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam QL
	fluocinonide cream 0.1%	clobetasol cream QL
	flurandrenolide lotion (NDC [^] 24470092112 only) flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% triamcinolone acetonide aerosol 0.2%CORDRAN OINTMENT	hydrocortisone butyrate cream QL , hydrocortisone butyrate ointment QL , hydrocortisone butyrate solution QL , mometasone QL , triamcinolone cream QL , triamcinolone lotion QL , triamcinolone ointment QL

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	<i>diflorasone cream</i> <i>diflorasone ointment</i> APEXICON E PSORCON	<i>desoximetasone QL, fluocinonide (except fluocinonide cream 0.1%) QL</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide QL, hydrocortisone QL</i>
<i>Dermatology</i> <i>Miscellaneous Skin Conditions</i>	ALCORTIN A BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide QL, hydrocortisone QL</i>
<i>Diabetes *</i> Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	<i>metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)</i>
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone
<i>Diabetes *</i> Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC QL SI , RYBELSUS QL SI , TRULICITY QL SI , VICTOZA QL SI
<i>Diabetes *</i> Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ³
	HUMULIN N ⁴	NOVOLIN N ³
	HUMULIN R ⁴	NOVOLIN R ³
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes *</i> Long Acting Insulins	LANTUS	BASAGLAR, LEVEMIR
	TOUJEO	TRESIBA
<i>Diabetes *</i> Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes *</i> Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI

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Diabetes * 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
Diabetes * 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
Diabetes * Supplies, Test Strips and Kits ^{5, 6}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU- CHECK brand	ACCU-CHEK AVIVA PLUS STRIPS QL ⁶ , ACCU-CHEK COMPACT PLUS STRIPS QL ⁶ , ACCU-CHEK GUIDE STRIPS QL ⁶ , ACCU-CHEK SMARTVIEW STRIPS QL ⁶
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil</i> QL , <i>tadalafil</i> QL
Estrogen Replacement *	MINIVELLE VIVELLE-DOT	<i>estradiol</i> , DIVIGEL, EVAMIST
Fertility Regulators Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F PA SP SI
Gastrointestinal Anticholinergics	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO
Gastrointestinal Laxatives	<i>lactulose pak</i>	<i>lactulose solution</i>
	MOVIPREP OSMOPREP	<i>peg 3350-electrolytes</i> , SUPREP
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole</i> QL , <i>lansoprazole</i> QL , <i>omeprazole</i> QL , <i>pantoprazole</i> QL , DEXILANT QL
Gastrointestinal Ulcer Treatment	CARAFATE	<i>sucralfate</i>
Gout *	COLCRYS	<i>colchicine tablet</i>
Growth Hormones	GENOTROPIN NORDITROPIN	HUMATROPE PA SP SI

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	NUTROPIN AQ OMNITROPE SAIZEN	
Hematologic Anticoagulants (oral)	COUMADIN	<i>warfarin</i>
	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN PROCRIT	ARANESP PA SP SI , RETACRIT PA SP SI
Hematologic Hereditary Angioedema	BERINERT	FIRAZYR PA SP SI , RUCONEST PA SP SI
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA	NEULASTA PA SP SI , UDECNYA PA SP SI
	GRANIX NEUPOGEN ZARXIO	NIVESTYM PA SP SI
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist/Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
High Blood Pressure * Beta-blockers	TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
High Blood Pressure * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics)	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
High Blood Pressure * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
Huntington's Disease	XENAZINE	<i>tetrabenazine PA SP</i> , AUSTEDO PA SP
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, , PENTASA</i>
	COLAZAL	<i>balsalazide</i>

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Kidney Disease * Phosphate Binders	FOSRENOL	calcium acetate, , sevelamer carbonate, PHOSLYRA, VELPHORO
Multiple Sclerosis	AVONEX EXTAVIA PLEGRIDY	glatiramer PA SP SI , AUBAGIO PA SP , BETASERON PA SP SI , COPAXONE PA SP SI , GILENYA PA SP , MAYZENT PA SP , REBIF PA SP SI , TECFIDERA PA SP , VUMERITY PA SP
Musculoskeletal	chlorzoxazone 375 mg chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil PA , SUNOSI
Ophthalmic Allergies	ALREX	azelastine, cromolyn sodium, LASTACFT, PAZEO
Ophthalmic Anti-Infective / Anti-Inflammatory Combinations	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
Ophthalmic Anti-Inflammatory, Steroidal	FLAREX FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Ophthalmic Glaucoma	bimatoprost solution 0.03%	latanoprost, LUMIGAN, TRAVATAN Z
	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Opioid Reversal	EVZIO	NARCAN NASAL SPRAY
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO PA SP SI , TYMLOS PA SP SI
	MIACALCIN NASAL SPRAY	calcitonin-salmon
Overactive Bladder/Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
Pain Headache *	butalbital-acetaminophen-caffeine capsule Vanadol LQ Vanadol S BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230 only) FIORICET CAPSULE	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
	dihydroergotamine spray ergotamine-caffeine CAFERGOT	eletriptan QL , naratriptan QL , rizatriptan QL , sumatriptan QL , zolmitriptan QL NURTEC ODT, ONZETRA XSAIL QL , REYVOW, UBRELVY, ZEMBRACE SYMTOUCH QL , ZOMIG NASAL SPRAY QL
	sumatriptan-naproxen TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan or ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY

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Pain Opioid Analgesics	BUTRANS	BELBUCA QL
	LAZANDA	fenanyl transmucosal lozenge PA, ABSTRAL PA, SUBSYS PA
	levorphanol HYSINGLA ER OXYCONTIN ZOHYDRO ER	fenanyl transdermal QL, hydromorphone ext-rel QL, methadone QL, morphine ext-rel QL, EMBEDA QL, NUCYNTA ER QL, XTAMPZA ER QL
	PERCOCET PRIMLEV	hydrocodone-acetaminophen QL, hydromorphone QL, morphine QL, oxycodone-acetaminophen QL, NUCYNTA QL
	tramadol (NDC [^] 52817019610 only)	tramadol (except NDC [^] 52817019610), tramadol ext-rel
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	lidocaine-prilocaine PA
Pain and Inflammation * Corticosteroids	Dexpak MILLIPRED RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	ARTHROTEC	celecoxib; diclofenac sodium, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole QL, omeprazole QL, pantoprazole QL or DEXILANT QL
	diclofenac sodium gel 1% (NDC [^] 69499031866 only) Dicloflex DC (NDC [^] 51021037201 only) Diclosaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak Xelitral PENNSAID	diclofenac sodium, diclofenac sodium gel 1% (except NDC [^] 69499031866), diclofenac sodium solution PA QL, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	fenorprofen capsule Naproxen CR CAMBIA FENORPOFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
	naproxen suspension	ibuprofen
Postherpetic Neuralgia	HORIZANT	gabapentin, GRALISE
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin or terazosin
	RAPAFLO UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
Respiratory Cough	benzonatate (NDC [^] 69336012615, 69499032915 only)	benzonatate (except NDC [^] 69336012615, 69499032915)
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR
Testosterone Replacement * Androgens	testosterone gel 1% ⁸ ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	testosterone gel, testosterone solution, ANDRODERM

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Thyroid Supplements	TIROSINT	levothyroxine, SYNTHROID

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

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY
 ACANYA
 ACIPHEX
 ACIPHEX SPRINKLE
 ACTEMRA
 ACTICLATE
 ACTOS
 ALCORTIN A
 ALEVICYN GEL
 ALEVICYN SG
 ALEVICYN SOLUTION ALLISON MEDICAL INSULIN
 SYRINGES 5
 ALPROLIX
 ALREX
 ALTOPREV
 ALVESCO
 AMRIX
 ANDROGEL 1%
 APEXICON E
 APIDRA
 ARTHROTEC
 ASACOL HD
 ASMANEX
 ASMANEX HFA
 ATACAND
 ATACAND HCT
 AVENOVA
 AVONEX
 BARACLUDE TABLET
 BEAU RX
 BECONASE AQ
 BENICAR
 BENICAR HCT
 BENSAL HP
 BENZACLIN
 benzonatate (NDCs^ 69336012615, 69499032915 only)
 BERINERT
 BETAPACE
 BETAPACE AF
 BEYAZ
 bimatoprost solution 0.03%
 BREEZE 2 STRIPS AND KITS 7
 bupropion ext-rel tablet 450 mg
 butalbital-acetaminophen
 BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230
 only)butalbital-acetaminophen-caffeine capsule
 BUTRANS
 BYDUREON
 BYETTA
 CAFERGOT
 calcipotriene cream
 calcitriol ointment
 CAMBIA
 CARAC
 CARAFATE
 CARBINOXAMINE TABLET 6 MG
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA (and its generics)
 CARNITOR
 CARNITOR SF
 CHLORZOXAZONE 250 MG
chlorzoxazone 375 mg
chlorzoxazone 750 mg
 CIALIS
 CIMZIA
 clindamycin gel (NDC^ 68682046275 only)
 clobetasol spray
 CLOBEX SPRAY
 COLAZAL
 COLCRYS
 COMBIVENT RESPIMAT
 CONSENSI

CONTOUR NEXT STRIPS AND KITS 7
 CONTOUR STRIPS AND KITS 7
 CONTRAVE
 CORDRAN OINTMENT
 CoreMino
 COUMADIN
 CRESTOR
 cyclobenzaprine ext-rel capsule
 CYMBALTA
 DELZICOL
 DETROL LA
 Dexpak
 diclofenac sodium gel 1% (NDC^ 69499031866 only)
 Diclofenac DC (NDC^ 51021037201 only)
 Diclosaicin
 diflorasone cream
 diflorasone ointment
 dihydroergotamine spray
 DIOVAN
 DIOVAN HCT
 DORYX
 DORYX MPC
 doxepin cream
doxycycline hyclate delayed-rel tablet 200 mg
doxycycline hyclate tablet 50 mg (NDC^ 72143021160
only)
doxycycline hyclate tablet 75 mg
doxycycline hyclate tablet 150 mg
doxycycline monohydrate capsule 75 mg
doxycycline monohydrate capsule 150 mg
 DULERA
 DUTOPROL
 DYRENIUM
 E.E.S. GRANULES
 EDARBI
 EDARBYCLOR
 EFFEXOR XR
 ELELYSO
 ELOCTATE
 ENABLEX
 ENLITE CONTINUOUS GLUCOSE MONITORING
 SYSTEM
 ENTYVIO
 EPICERAM
 EPOGEN
 ERYPED
 EVEKEO
 EVZIO
 EXFORGE
 EXFORGE HCT
 EXTAVIA
 FANAPT
 fenofibrate tablet 120 mg
 FENOGLIDE TABLET 120 MG
 fenoprofen capsule
 FENOPROFEN CAPSULE
 FINACEA GEL
 FIORICET CAPSULE
 FLAREX
 flucytosine capsule 500 mg
 fluocinonide cream 0.1%
 fluorouracil cream 0.5%
 fluoxetine tablet 60 mg
flurandrenolide lotion (NDC^ 24470092112 only)
 flurandrenolide ointment
 FML LIQUIFILM
 FOLLISTIM AQ
 FORTAMET (and its generics)
 FORTESTA
 FOSRENOL
 FREESTYLE LIBRE CONTINUOUS GLUCOSE
 MONITORING SYSTEM
 FREESTYLE STRIPS AND KITS 6

FULPHILA
 GLEEVEC
 GLUMETZA (and its generics)
 GLYCOPYRROLATE TABLET 1.5 MG
 GRANIX
 GUARDIAN CONNECT CONTINUOUS GLUCOSE
 MONITORING SYSTEM
 HORIZANT
 HUMALOG HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMULIN 70/30 4
 HUMULIN N 4
 HUMULIN R 4
 hydrocortisone butyrate lipophilic cream 0.1%
 HYSINGLA ER
 INDOCIN
 Inflammacin
 INTERMEZZO
 INTUNIV
 INVOKAMET
 INVOKAMET XR
 INVOKANA
 JALYN
 JENTADUETO
 JENTADUETO XR
 KAMDOY
 KAZANO
 ketoprofen capsule 25 mg
 ketoprofen ext-rel capsule
 KINERET
 KOMBIGLYZE XR
 lactulose pak
 LAMICTAL
 LAMICTAL ODT
 LAMICTAL XR
 LANOXIN TABLET (125 MCG and 250 MCG only)
 LANTUS
 LAZANDA
 LESCOL XL
 levorphanol
 LEXAPRO
 LIALDA
 LIDOCAINE-TETRACAINE CREAM
 LIDOTREX
 LIPITOR
 LIVALO
 LOTEMAX
 LOTEMAX SM
 Lorzone
 LUNESTA
 MACRODANTIN
 Matzim LA
 MAVYRET
 MIACALCIN INJECTION
 MIACALCIN NASAL SPRAY
 MILLIPRED
 MINASTRIN 24 FE
 MINIVELLE
 MINOCIN
minocycline ext-rel tablet
Mondoxyne NL capsule 75 mg
 MOVIPREP
 mupirocin cream
 NAPRELAN
 naproxen-esomeprazole
 naproxen CR
 naproxen suspension
 NATAZIA
 NATESTO
 NESINA
 NEUPOGEN
 NEXIUM
 NILANDRON

NORDITROPIN NORGESIC FORTE NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES 5 NuDiclo SoluPak NuDiclo TabPak NUTROPIN AQ NUVIGIL Okebo OLEPTRO OLUX-E omeprazole-sodium bicarbonate OMNARIS OMNITROPE ONETOUCH ULTRA STRIPS AND KITS 7 ONETOUCH VERIO STRIPS AND KITS 7 ONFI ONGLYZA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i> ORTHO TRI-CYCLEN LO OSENI OXYTROL PENNSAID PERCOCET PERRIGO NEEDLES 5 PLAVIX PLEGRIDY posaconazole delayed-rel tablet PRADAXA PRED FORTE PREVACID PREVIDENT PRIMLEV PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT PROTONIX PROVENTIL HFA PROZAC PSORCON	QNASL QSYMIA QTERN RAPAFLO RAYOS RECEDO REPATHA RIMSO-50 RIOMET ROZEREM SABRIL SAIZEN SEROQUEL XR SIL-K PAD SIMPONI SINGULAIR SORILUX SPRIX STENDRA SUBOXONE sumatriptan-naproxen SYNERDERM TALTZ TARGADOX TASIGNA TAYTULLA TESTIM testosterone gel 1% 8 TIMOPTIC OCULOSE TIROSINT TOBI TOBI PODHALER TOPROL-XL TOUJEO TRADJENTA tramadol (NDC [^] 52817019610 only) TRANSDERM SCOP TREMIMET <i>triamcinolone acetonide aerosol 0.2%</i> TRICOR TRIVIDIA INSULIN SYRINGES 5 TUDORZA ULTIMED INSULIN SYRINGES 5 ULTIMED NEEDLES 5 UROXATRAL	VALCYTE VALTRESX Vanatol LQ Vanatol S Vanoxide-HC VECTICAL VELTIN venlafaxine ext-rel tablet (except 225 mg) VENTOLIN HFAVIAGRA VIEKIRA PAK VIVELLE-DOT VOGELXO XANAX XANAX XR XENAZINE XOLEGEL XOPENEX HFA YAZ ZARXIO ZEGERID ZEPATIER ZETIA ZETONNA ZIANA ZOHYDRO ER ZOLPIMIST ZONEGRAN ZORVOLEX ZUPLENZ ZYLET ZYTIGA
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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: 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 blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.
- ⁷ ACCU-CHEK 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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