

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

(Effective October 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 <sup>1</sup>	Formulary Options
Allergies Antihistamines	CARBINOXAMINE TABLET 6 MG	levocetirizine
Allergies Nasal Steroids/Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA
Anticonvulsants	LAMICTAL LAMICTAL ODT LAMICTAL XR ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
	ONFI	clobazam, lamotrigine, topiramate, TROKENDI XR
	SABRIL	vigabatrin
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYRPRED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	CoreMino doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC <sup>^</sup> 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 Mondoxyne NL capsule 75 mg Okebo ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	doxycycline hyclate capsule, doxycycline hyclate 20 mg, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	nitrofurantoin

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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 <sup>2</sup>
	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 *	VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Antiobesity	CONTRACE 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
Cancer Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	imatinib mesylate PA SP, BOSULIF PA SP, SPRYCEL PA SP

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Cancer Follicular Lymphoma *	ALIQOPA ZYDELIG	COPIKTRA
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	abiraterone <b>PA SP</b> , bicalutamide, XTANDI <b>PA SP</b> , YONSA <b>PA SP</b>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	sotalol
Cardiovascular Antilipidemics Cholesterol Absorption Inhibitors	ZETIA	ezetimibe
Cardiovascular Antilipemics Fibrates	fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations <sup>2</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Cardiovascular Antilipemics Niacins	niacin tablet 500 mg Niacor	niacin ext-rel
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT <b>PA SI</b>
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Cardiovascular Diuretics	DYRENIUM	Amiloride, triamterene
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS	ambrisentan, bosentan, OPSUMIT
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations	COMBIVENT RESPIMAT	ipratropium-albuterol inhalation solution, 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	tobramycin inhalation solution <b>PA SP</b> , BETHKIS <b>PA SP</b>

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Dental* Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg LEXAPRO PROZAC	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD
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 <sup>^</sup> 68682046275 only) Vanoxide-HC ACANYA BENZACLIN  VELTIN ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 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

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	<i>flurandrenolide lotion (NDC<sup>^</sup> 24470092112 only)</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>triamcinolone acetonide aerosol 0.2%</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream QL, hydrocortisone butyrate ointment QL, hydrocortisone butyrate solution QL, mometasone QL, triamcinolone cream QL, triamcinolone lotion QL, triamcinolone ointment QL</i>
	<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>oxiconazole (NDCs<sup>^</sup> 00168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</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 <b>WITH</b> pioglitazone
<i>Diabetes *</i> Injectable Incretin Mimetics	BYDUREON BYETTA	<i>OZEMPIC QL SI, RYBELSUS QL SI, TRULICITY QL SI, VICTOZA QL SI</i>
<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 <sup>4</sup>	NOVOLIN 70/30 <sup>3</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>3</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>3</sup>
	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

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<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
<i>Diabetes</i> * Supplies, Needles <sup>4</sup>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes <sup>4</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> * Supplies, Test Strips and Kits <sup>5, 6</sup>	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS 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 <a href="#">QL</a> <sup>6</sup> , ACCU-CHEK COMPACT PLUS STRIPS <a href="#">QL</a> <sup>6</sup> , ACCU-CHEK GUIDE STRIPS <a href="#">QL</a> <sup>6</sup> , ACCU-CHEK SMARTVIEW STRIPS <a href="#">QL</a> <sup>6</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil</i> <a href="#">QL</a> , <i>tadalafil</i> <a href="#">QL</a>
<i>Estrogen Replacement</i> *	MINIVELLE VIVELLE-DOT	<i>estradiol</i> , DIVIGEL, EVAMIST
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F <a href="#">PA SP SI</a>
<i>Gastrointestinal</i> Anticholinergics	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron</i> , VIBERZI, XIFAXAN 550 MG
	MYTESI	Consult doctor
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO

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Gastrointestinal Laxatives	<i>lactulose pak</i>	<i>lactulose solution</i>
	MOVIPREP OSMOPREP	<i>peg 3350-electrolytes, SUPREP</i>
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole QL, lansoprazole QL, omeprazole QL, pantoprazole QL, DEXILANT QL</i>
Gastrointestinal Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
Gout *	COLCRYS	<i>colchicine tablet</i>
Growth Hormones	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE <b>PA SP SI</b>
Hematologic Anticoagulants (oral)	COUMADIN	<i>warfarin</i>
	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN PROCRIPT	ARANESP <b>PA SP SI</b> , RETACRIT <b>PA SP SI</b>
Hematologic Hereditary Angioedema	BERINERT	FIRAZYR <b>PA SP SI</b> , RUCONEST <b>PA SP SI</b>
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA	NEULASTA <b>PA SP SI</b> , UDECYNA <b>PA SP SI</b>
	GRANIX NEUPOGEN ZARXIO	NIVESTYM <b>PA SP SI</b>
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, 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	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, BYSTOLIC</i>

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High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide
High Blood Pressure * Calcium Channel Blockers	NORVASC	amlodipine
	Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics)	diltiazem ext-rel (except generic of CARDIZEM LA)
High Blood Pressure * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	amlodipine <b>WITH</b> celecoxib
Huntington's Disease	XENAZINE	tetrabenazine <b>PA SP</b> , AUSTEDO <b>PA SP</b>
Immunology Antimetabolites	ZORTRESS	everolimus
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, , PENTASA
	COLAZAL	balsalazide
Kidney Disease * Phosphate Binders	FOSRENOL	calcium acetate, , sevelamer carbonate, PHOSLYRA, VELPHORO
Multiple Sclerosis	AVONEX EXTAVIA PLEGRIDY	glatiramer <b>PA SP SI</b> , AUBAGIO <b>PA SP</b> , BETASERON <b>PA SP SI</b> , COPAXONE <b>PA SP SI</b> , GILENYA <b>PA SP</b> , MAYZENT <b>PA SP</b> , REBIF <b>PA SP SI</b> , TECFIDERA <b>PA SP</b> , VUMERITY <b>PA SP</b>
Musculoskeletal	chlorzoxazone 375 mg chlorzoxazone 500 mg (except NDC <sup>A</sup> 73007001303) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone methocarbamol 750 mg (NDCs <sup>A</sup> 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promotors	NUVIGIL	armodafinil <b>PA</b> , 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
	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV



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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 <sup>^</sup> 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
Pain Opioid Analgesics	BUTRANS	BELBUCA QL
	LAZANDA	fentanyl transmucosal lozenge PA, ABSTRAL PA, SUBSYS PA
	levorphanol HYSINGLA ER OXYCONTIN ZOHYDRO ER	fentanyl transdermal QL, hydromorphone ext-rel QL, hydrocodone 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 <sup>^</sup> 52817019610 only)	tramadol (except NDC <sup>^</sup> 52817019610), tramadol ext-rel
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC <sup>^</sup> 71800063115 only) 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 <sup>^</sup> 69499031866 only) Diclofex DC (NDC <sup>^</sup> 51021037201 only) Diclosaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak Xelitral PENNSAID	diclofenac sodium, diclofenac sodium gel 1% (except NDC <sup>^</sup> 69499031866), diclofenac sodium solution PA QL, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	fenopropfen ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC <sup>^</sup> 69336012830 only) naproxen CR CAMBIA FENOPROFEN CAPSULE	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
	INDOCIN NAPRELAN SPRIX ZORVOLEX	
	<i>indomethacin capsule 20 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>naproxen suspension</i>	<i>ibuprofen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition Benign Prostatic Hyperplasia *</i>	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory Cough</i>	<i>benzonatate (NDC<sup>^</sup> 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDC<sup>^</sup> 69336012615, 69499032915)</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	quazepam INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>Doxepin, eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
<i>Testosterone Replacement * Androgens</i>	<i>testosterone gel 1% <sup>8</sup></i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel, testosterone solution, ANDRODERM</i>
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<i>Women's Health Premenstrual Dysphoric Disorder (PMDD)</i>	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>

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 <sup>1</sup>	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark <sup>®</sup> 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

<p>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 APLENZIN 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<sup>^</sup> 69336012615, 69499032915 only) BERINERT BETAPACE BETAPACE AF BEYAZ bimatoprost solution 0.03% BREEZE 2 STRIPS AND KITS <sup>7</sup> bupropion ext-rel tablet 450 mg butalbital-acetaminophen tablet 50-300 mg Bupap BUTALBITAL-ACETAMINOPHEN (NDC<sup>^</sup> 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 <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg (except NDC<sup>^</sup> 73007001303)</i> <i>chlorzoxazone 750 mg</i> CIALIS CIMZIA clindamycin gel (NDC<sup>^</sup> 68682046275 only) clobetasol spray CLOBEX SPRAY</p>	<p>CONTOUR NEXT STRIPS AND KITS <sup>7</sup> CONTOUR STRIPS AND KITS <sup>7</sup> CONTRAVE CORDRAN OINTMENT CoreMino COUMADIN CRESTOR cyclobenzaprine ext-rel capsule CYMBALTA DELZICOL DETROL LA Dexpak diclofenac sodium gel 1% (NDC<sup>^</sup> 69499031866 only) Diclofex DC (NDC<sup>^</sup> 51021037201 only) Dicloaicin diflorasone cream diflorasone ointment dihydroergotamine spray DIOVAN DIOVAN HCT DORYX DORYX MPC doxepin cream <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg (NDC<sup>^</sup> 72143021160 only)</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> DULERA DUTOPROL DYRENIUM E.E.S. GRANULES EDARBI EDARBYCLOR EFFEXOR XR ELELYSO ELOCTATE ENABLEX ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM ENTYVIO EPICERAM EPOGEN ERYPED EVEKEO EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM 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 (generics for SARAFEM only) fluoxetine tablet 60 mg <i>flurandrenolide lotion (NDC<sup>^</sup> 24470092112 only)</i> flurandrenolide ointment FML LIQUIFILM FOLLISTIM AQ FORTAMET (and its generics) FORTESTA FOSRENOL</p>	<p>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 <sup>4</sup> HUMULIN N <sup>4</sup> HUMULIN R <sup>4</sup> hydrocortisone butyrate lipophilic cream 0.1% HYSINGLA ER INDERAL LA INDERAL XL INDOCIN Inflammin INNOPRAN XL 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 LETAIRIS levorphanol LEXAPRO LIALDA LIDOCAINE-TETRACAINE CREAM (NDC<sup>^</sup> 71800063115 only) LIDOTREX LIPITOR LIVALO LOTEMAX LOTEMAX SM Lorzone LUNESTA MACRODANTIN Matzim LA MAVYRET mefenamic acid (NDC<sup>^</sup> 69336012830 only) MIACALCIN INJECTION MIACALCIN NASAL SPRAY MILLIPRED MINASTRIN 24 FE MINIVELLE MINOCIN <i>minocycline ext-rel tablet</i> <i>Mondoxyne NL capsule 75 mg</i> MOVIPREP mupirocin cream NAPRELAN naproxen-esomeprazole naproxen CR naproxen suspension</p>
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COLAZAL COLCRYS CONSENSI NORDITROPIN NORGESIC FORTE NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES <sup>5</sup> NuDiclo SoluPak NuDiclo TabPak NUTROPIN AQ NUVIGIL Okebo OLEPTRO OLUX-E omeprazole-sodium bicarbonate OMNARIS OMNITROPE ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup> ONETOUCH VERIO STRIPS AND KITS <sup>7</sup> ONFI ONGLYZA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i> ORTHO TRI-CYCLLEN LO OSEN OSMOPREP OWEN MUMFORD NEEDLES <sup>5</sup> oxiconazole (NDCs <sup>A</sup> 00168035830, 51672135902 only) OXYCONTIN OXYTROL PENNSAID PERCOCET PERRIGO NEEDLES <sup>5</sup> PLAVIX PLEGRIDY posaconazole delayed-rel tablet PRADAXA PRED FORTE PREVACID PREVIDENT PRIMLEV PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT PROTONIX PROVENTIL HFA PROZAC PSORCON	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE STRIPS AND KITS <sup>6</sup> QNASL QSYMIA QTERN quazepam RAPAFLO RAYOS RECEDO REPATHA RIMSO-50 RIOMET ROZEREM SABRIL SAIZEN SEROQUEL XR SIL-K PAD SIMPONI SINGULAIR SORILUX SPRIX STENDRA SUBOXONE sucralfate suspension sumatriptan-naproxen SYNERDERM TALTZ TARGADOX TASIGNA TAYTULLA TESTIM testosterone gel 1% <sup>8</sup> TIMOPTIC OCUDOSE TIROSINT TOBI TOBI PODHALER TOPROL-XL TOUJEO TRADJENTA tramadol (NDC <sup>A</sup> 52817019610 only) TRANSDERM SCOP TREMIMET <i>triamcinolone acetonide aerosol 0.2%</i> TRICOR TRIVIDIA INSULIN SYRINGES <sup>5</sup> TUDORZA ULTIMED INSULIN SYRINGES <sup>5</sup> ULTIMED NEEDLES <sup>5</sup> UROXATRAL	NATAZIA NATESTO NESINA NEUPOGEN NEXIUM NILANDRON VALCYTE VALTREX 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 ZORTRESS ZUPLENZ ZYDELIG ZYLET ZYTIGA ZYVIT
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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<sup>A</sup>

- <sup>^</sup> Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation, and package size
- <sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 855-240-0536.
- <sup>2</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
- <sup>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- <sup>4</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e. RELION)
- <sup>5</sup> BD ULTRAFINE syringes and needles are the only preferred options.
- <sup>6</sup> An ACCU-CHEK 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.
- <sup>7</sup> ACCU-CHEK brand test strips are the only preferred options.
- <sup>8</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.
- <sup>9</sup> CVS Caremark is an independent company that provides pharmacy benefit management services.

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