

CareFirst Formulary 4

Quick Reference List

The CareFirst Formulary 4 Quick Reference List is not an all-inclusive list but represents a summary of prescribed medications within select therapeutic categories. This useful reference tool can assist medical providers in selecting therapeutically appropriate and cost-effective products for their patients. This document represents a closed formulary plan design.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Unless specifically indicated, drug list products will include all dosage forms, except for orally disintegrating formulations. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. This document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, preference for brands and mandatory generics whenever available.

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.

ANALGESICS

§ NSAIDs

diclofenac (except diclofenac potassium tablet 25 mg)
 diflunisal
 etodolac
 flurbiprofen
 ibuprofen
 ketoprofen 50 mg, 75 mg
 ketorolac
 meloxicam tabs
 nabumetone
 naproxen tabs
 oxaprozin
 piroxicam
 sulindac

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefadroxil
 cefdinir
 cefpodoxime
 cefprozil
 cefuroxime
 cephalixin

§ ERYTHROMYCINS / MACROLIDES

azithromycin
 clarithromycin
 clarithromycin ext-rel
 erythromycins
 DIFICID **PA**

§ FLUOROQUINOLONES

ciprofloxacin
 levofloxacin
 moxifloxacin

§ PENICILLINS

amoxicillin
 amoxicillin-clavulanate
 amoxicillin-clavulanate ext-rel
 ampicillin
 dicloxacillin
 penicillin VK

§ TETRACYCLINES

doxycycline hyclate caps
 doxycycline hyclate tabs 20 mg, 100 mg
 doxycycline monohydrate susp
 minocycline
 tetracycline **QL, PA**

§ ANTIFUNGALS

clotrimazole troches **QL, PA**
 fluconazole
 griseofulvin microsize
 itraconazole
 nystatin
 terbinafine tablet
 voriconazole **PA**

ANTIVIRALS

§ HEPATITIS C AGENTS

ribavirin **PA, SP**
 EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) **PA, SP, QL**
 HARVONI (genotypes 1, 4, 5, 6) **PA, SP, QL**
 VOSEVI*, **PA, SP, QL**

§ HERPES AGENTS

acyclovir
 famciclovir
 valacyclovir

§ INFLUENZA AGENTS

oseltamivir **QL, PA**

§ MISCELLANEOUS

atovaquone
 clindamycin
 ivermectin
 linezolid **PA**
 linezolid inj **PA**
 metronidazole
 nitrofurantoin ext-rel
 nitrofurantoin macrocrystals
 praziquantel **QL, PA**
 rifabutin
 sulfamethoxazole-trimethoprim
 vancomycin **QL**
 EMVERM **QL, PA**

CARDIOVASCULAR

§ ACE INHIBITORS

captopril
 enalapril
 lisinopril
 perindopril
 ramipril
 trandolapril

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-benazepril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

enalapril-hydrochlorothiazide
 lisinopril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

irbesartan / irbesartan-hydrochlorothiazide
 losartan / losartan-hydrochlorothiazide
 olmesartan / olmesartan-hydrochlorothiazide
 valsartan / valsartan-hydrochlorothiazide

§ ANTIARRHYTHMICS

acebutolol
 amiodarone
 disopyramide
 dofetilide **PA, SP**
 flecainide
 ibutilide
 propafenone
 propafenone ext-rel
 sotalol
 NORPACE CR

ANTILIPEMICS

§ BILE ACID RESINS
 cholestyramine
 colestipol

§ FIBRATES

fenofibrate (except fenofibrate capsule 50 mg, 130

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mg; fenofibrate tablet 40 mg, 120 mg)
gemfibrozil

§ HMG-CoA REDUCTASE INHIBITORS

atorvastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS

niacin ext-rel

OMEGA-3 FATTY ACIDS

VASCEPA

PCSK9 INHIBITORS

PRALUENT **PA, QL**

§ BETA-BLOCKERS

atenolol
bisoprolol
carvedilol
labetalol
metoprolol succinate ext-rel
metoprolol tartrate 25 mg, 50 mg, 100 mg
nadolol
pindolol
propranolol
propranolol ext-rel

§ BETA-BLOCKER / DIURETIC COMBINATIONS

atenolol-chlorthalidone
bisoprolol-hydrochlorothiazide
metoprolol-hydrochlorothiazide

§ CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem ext-rel
felodipine ext-rel
isradipine
nicardipine
nifedipine ext-rel
verapamil ext-rel

§ DIGITALIS GLYCOSIDES

digoxin
digoxin ped elixir

§ DIURETICS

amiloride
amiloride-hydrochlorothiazide
bumetanide
chlorthalidone
furosemide
hydrochlorothiazide
indapamide
metolazone
spironolactone-hydrochlorothiazide
torsemide
triamterene-hydrochlorothiazide

HEART FAILURE

CORLANOR

ENTRESTO

§ NITRATES

isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg
isosorbide mononitrate
isosorbide mononitrate ext-rel
nitroglycerin sublingual
nitroglycerin transdermal

§ MISCELLANEOUS

hydralazine
midodrine
ranolazine ext-rel

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

§ BENZODIAZEPINES

alprazolam **QL**
alprazolam orally disintegrating tablet **QL**
clorazepate **QL**
diazepam **QL**
lorazepam **QL**
oxazepam **QL**

§ MISCELLANEOUS

buspirone
fluvoxamine

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
escitalopram
fluoxetine caps, solution
fluoxetine tabs 10 mg, 20 mg
paroxetine HCl ext-rel
paroxetine HCl tabs
sertraline

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine succinate ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel 150 mg, 300 mg
mirtazapine
mirtazapine orally disintegrating tablet
trazodone

HYPNOTICS

§ NONBENZODIAZEPINES

ramelteon **QL, PA**
zaleplon **QL, PA**
zolpidem **QL, PA**
zolpidem ext-rel **QL, PA**

§ TRICYCLICS

doxepin

MIGRAINE

MONOCLONAL ANTIBODIES

AJOVY **ST, PA, QL**
EMGALITY **ST, PA, QL**

§ SELECTIVE SEROTONIN AGONISTS

naratriptan **QL, PA**
rizatriptan **QL, PA**
rizatriptan orally disintegrating tabs **QL, PA**
sumatriptan **QL, PA**
zolmitriptan orally disintegrating tabs **QL, PA**
zolmitriptan tabs **QL, PA**

§ MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel **PA, SP, QL**
glatiramer **PA, SP, QL**
AUBAGIO **PA, SP, QL**
AVONEX **PA, SP, QL**
BETASERON **PA, SP, QL**
COPAXONE **PA, SP, QL**
GILENYA **PA, SP, QL**
KESIMPTA **PA, SP, QL**
MAYZENT **PA, SP, QL**
REBIF **PA, SP, QL**
VUMERITY **PA, SP, QL**
ZEPOSIA **PA, SP, QL**

ENDOCRINE AND METABOLIC

ANTIDIABETICS

AMYLIN ANALOGS
SYMLINPEN **ST, PA**

§ BIGUANIDES

metformin
metformin ext-rel (except generics for FORTAMET and GLUMETZA)

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA **ST, PA**

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

JANUMET **ST, PA**
JANUMET XR **ST, PA**

INCRETIN MIMETIC AGENTS

OZEMPIC **ST, PA, QL**
RYBELSUS **ST, PA, QL**
TRULICITY **ST, PA, QL**
VICTOZA **ST, PA, QL**

INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS

SOLIQUA **ST, PA**

INSULINS

BASAGLAR
FIASP
HUMULIN R U-500
LEVEMIR
NOVOLIN
NOVOLOG
NOVOLOG MIX
TRESIBA

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA **ST, PA**
JARDIANCE **ST, PA**

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

SYNJARDY **ST, PA**
SYNJARDY XR **ST, PA**
XIGDUO XR **ST, PA**

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

GLYXAMBI **ST, PA**

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

TRIJARDY XR **ST, PA**

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS¹
ACCU-CHEK COMPACT PLUS STRIPS AND KITS¹
ACCU-CHEK GUIDE STRIPS AND KITS¹
ACCU-CHEK SMARTVIEW STRIPS AND KITS¹
BD INSULIN SYRINGES AND NEEDLES

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DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM **QL**
OMNIPOD DASH INSULIN INFUSION PUMP
OMNIPOD INSULIN INFUSION PUMP
ONETOUCH ULTRA STRIPS AND KITS ¹
ONETOUCH VERIO STRIPS AND KITS ¹
V-GO INSULIN INFUSION PUMP **QL**

CALCIUM REGULATORS

§ BIPHOSPHONATES

alendronate
ibandronate
risedronate

PARATHYROID HORMONES

FORTEO **PA, SP, QL**
TYMLOS **PA, SP, QL**

CONTRACEPTIVES

MONOPHASIC

§ 20 mcg Estrogen

ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norethindrone acetate and iron

§ 25 mcg Estrogen

ethinyl estradiol-norethindrone acetate and iron

§ 30 mcg Estrogen

ethinyl estradiol-desogestrel
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norethindrone acetate and iron
ethinyl estradiol-norgestrel

§ 35 mcg Estrogen

ethinyl estradiol-ethynodiol diacetate
ethinyl estradiol-norethindrone
ethinyl estradiol-norgestimate

§ 50 mcg Estrogen

ethinyl estradiol-ethynodiol diacetate

§ BIPHASIC

ethinyl estradiol-desogestrel

§ TRIPHASIC

ethinyl estradiol-desogestrel
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norethindrone
ethinyl estradiol-norgestimate

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

§ PROGESTIN ONLY

norethindrone

EMERGENCY CONTRACEPTION

ELLA

§ INJECTABLE

medroxyprogesterone acetate 150 mg/mL

§ TRANSDERMAL

norelgestromin/ethinyl estradiol - Xulane

§ VAGINAL

ANNOVERA
NUVARING

HUMAN GROWTH HORMONES

NORDITROPIN **PA, SP**

MENOPAUSAL SYMPTOM AGENTS

§ ORAL

estradiol
estradiol-norethindrone
ethinyl estradiol-norethindrone acetate

§ TRANSDERMAL

estradiol
CLIMARA PRO

§ VAGINAL

estradiol vaginal crm
IMVEXXY
VAGIFEM

§ PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate

PROGESTINS

§ ORAL

medroxyprogesterone
norethindrone acetate
progesterone, micronized

VAGINAL

ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene

§ THYROID SUPPLEMENTS

levothyroxine
liothyronine

GASTROINTESTINAL

§ H₂ RECEPTOR ANTAGONISTS

cimetidine
famotidine

§ PROTON PUMP INHIBITORS

lansoprazole delayed-rel **QL, PA**
omeprazole delayed-rel **QL, PA**

pantoprazole delayed-rel tabs **QL, PA**

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
terazosin

§ URINARY ANTISPASMODICS

oxybutynin
oxybutynin ext-rel
tolterodine
trospium

§ VAGINAL ANTI-INFECTIVES

clindamycin cream
metronidazole
terconazole

HEMATOLOGIC

ANTICOAGULANTS

§ INJECTABLE

enoxaparin

§ ORAL

warfarin
ELIQUIS
XARELTO

§ PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

ANKYLOSING SPONDYLITIS

COSENTYX **PA, SP, QL**
ENBREL **PA, SP, QL**
HUMIRA **PA, SP, QL**
RINVOQ **PA, SP, QL**

CROHN'S DISEASE

HUMIRA **PA, SP, QL**
STELARA SUBCUTANEOUS #, **PA, SP, QL**

After failure of HUMIRA

NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA PREFILLED SYRINGE **PA, SP, QL**
COSENTYX **PA, SP, QL**

PSORIASIS

HUMIRA **PA, SP, QL**
OTEZLA **PA, SP, QL**
SKYRIZI **PA, SP, QL**

STELARA SUBCUTANEOUS **PA, SP, QL**
TALTZ **PA, SP, QL**
TREMFYA **PA, SP, QL**

PSORIATIC ARTHRITIS

COSENTYX **PA, SP, QL**
ENBREL **PA, SP, QL**
HUMIRA **PA, SP, QL**
OTEZLA **PA, SP, QL**
RINVOQ **PA, SP, QL**
SKYRIZI **PA, SP, QL**
STELARA SUBCUTANEOUS **PA, SP, QL**
TREMFYA **PA, SP, QL**

RHEUMATOID ARTHRITIS

ENBREL **PA, SP, QL**
HUMIRA **PA, SP, QL**
KEVZARA **PA, SP, QL**
ORENCIA CLICKJECT **PA, SP, QL**
ORENCIA SUBCUTANEOUS **PA, SP, QL**

RINVOQ **PA, SP, QL**

XELJANZ **PA, SP, QL**

XELJANZ XR **PA, SP, QL**

ULCERATIVE COLITIS

HUMIRA **PA, SP, QL**
RINVOQ #, **PA, SP, QL**
STELARA SUBCUTANEOUS **PA, SP, QL**
XELJANZ #, **PA, SP, QL**
XELJANZ XR #, **PA, SP, QL**
ZEPOSIA **PA, SP, QL**

After failure of HUMIRA

ALL OTHER CONDITIONS

ENBREL **PA, SP, QL**

HUMIRA **PA, SP, QL**

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector **QL, PA**
EPIPEN **QL, PA**
EPIPEN JR **QL, PA**
SYMJEPI **QL, PA**

§ ANTICHOLINERGICS

ipratropium inhalation solution **QL**
SPIRIVA **QL**
YUPELRI **QL**

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

§ SHORT ACTING

ipratropium-albuterol inhalation solution **QL**

LONG ACTING

ANORO ELLIPTA **QL**
BEVESPI AEROSPHERE **QL**

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BETA AGONISTS, INHALANTS**§ SHORT ACTING***albuterol inhalation solution* **QL***albuterol sulfate CFC-free aerosol**(except NDC[^] 66993001968)* **QL***levalbuterol nebulizer solution concentrate* **QL***levalbuterol tartrate CFC-free aerosol* **QL****LONG ACTING****Hand-held Active Inhalation***STRIVERDI RESPIMAT* **QL****§ Nebulized Passive Inhalation***formoterol inhalation soln* **QL****§ LEUKOTRIENE MODULATORS***montelukast***§ NASAL STEROIDS***flunisolide**fluticasone***STEROID / BETA AGONIST COMBINATIONS***ADVAIR* **QL***ADVAIR HFA* ², **QL***BREO ELLIPTA* ², **QL***SYMBICORT* **QL****§ STEROID INHALANTS***budesonide inhalation suspension***QL, PA***ARNUIITY ELLIPTA* **QL***FLOVENT DISKUS* **QL***FLOVENT HFA* **QL***QVAR REDHALER* **QL****TOPICAL****DERMATOLOGY****§ ACNE***benzoyl peroxide cream, lotion**clindamycin gel* *(except NDC[^] 68682046275),**lotion, solution* **QL, PA***erythromycin gel 2%* **QL, PA***erythromycin solution* **QL, PA***erythromycin-benzoyl peroxide* **QL, PA***sulfacetamide lotion 10%**tretinoin* **PA****OPHTHALMIC****BETA-BLOCKERS****§ Nonselective***timolol maleate***§ Selective***betaxolol solution***§ CARBONIC ANHYDRASE INHIBITORS***orzolamide***§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS***dorzolamide-timolol maleate***DRY EYE DISEASE***RESTASIS* **PA, QL***XIIDRA* **PA, QL****§ PROSTAGLANDINS***latanoprost***§ SYMPATHOMIMETICS***brimonidine 0.15%, 0.2%***LEGEND** **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval **QL:** Quantity Limit**QL, PA:** If Quantity Limit is exceeded, Prior Authorization may apply**SP:** Specialty Drug **ST:** Step Therapy **ST, PA:** If Step Therapy requirements are not met, Prior Authorization may apply

FOR YOUR INFORMATION: This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will require prior authorization or will no longer be covered upon release of the generic product to the market. Unless specifically indicated, drug list products will include all oral dosage forms, except for orally disintegrating formulations. This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to www.carefirst.com/myaccount to check coverage.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication.

§ Generics are available in this class and should be considered the first line of prescribing.

* 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).

¹ 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 ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

² 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.

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Family of health care plans

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