

Drugs Requiring Prior Authorization for Medical Necessity for CareFirst Formulary 2

(Effective July 1, 2018)

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.

For a full list of drugs that require prior authorization please refer to your formulary by visiting the Drug Search section at www.carefirst.com/rx. Ask your doctor to contact the Prior Authorization Department at 855-240-0536 to request prior authorization or 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 Nasal Steroids/Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
Anticonvulsants	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, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYPRED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	MINOCIN	<i>minocycline</i>
	DORYX DORYX MPC MONODOX	<i>doxycycline hyclate</i>
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
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
	DAKLINZA OLYSIO TECHNIVIE 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	<i>acyclovir, valacyclovir</i>
Anti-inflammatory Steroidal, Ophthalmic	PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P, MAXIDEX, PRED MILD</i>
Antiobesity Agents Newer Agents	QSYMIA	BELVIQ PA , BELVIQ XR PA , CONTRAVE PA , SAXENDA PA SI

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Asthma</i> * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol</i> , PROAIR HFA, PROAIR RESPICLICK
<i>Asthma</i> * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid/Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder Agents</i> *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel</i> , APTENSIO XR, MYDAYIS QUILLIVANT XR, VYVANSE
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel</i> , APTENSIO XR, MYDAYIS, QUILLIVANT XR, VYVANSE
<i>Autoimmune Conditions</i>	ACTEMRA	ENBREL PA SP SI , HUMIRA PA SP SI , KEVZARA PA SP SI
	CIMZIA	COSENTYX PA SP SI , ENBREL PA SP SI , HUMIRA PA SP SI , KEVZARA PA SP SI , OTEZLA PA SP SI , STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only)
	ENTYVIO	HUMIRA PA SP SI
	KINERET	ENBREL PA SP SI , HUMIRA PA SP SI , KEVZARA PA SP SI
	ORENCIA CLICKJET ORENCIA SUBCUTANEOUS	COSENTYX PA SP SI , ENBREL PA SP SI , HUMIRA PA SP SI , KEVZARA PA SP SI , OTEZLA PA SP SI , STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only)
	SIMPONI	COSENTYX PA SP SI , ENBREL PA SP SI , HUMIRA PA SP SI , KEVZARA PA SP SI , OTEZLA PA SP SI , STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only)
	TALTZ	COSENTYX PA SP SI , ENBREL PA SP SI , HUMIRA PA SP SI , OTEZLA PA SP SI , STELARA SUBCUTANEOUS PA SP SI (Plaque Psoriasis and Psoriatic Arthritis Only)
	XELJANZ XELJANZ XR	ENBREL PA SP SI , HUMIRA PA SP SI , KEVZARA PA SP SI
<i>Cancer</i> Chronic Myelogenous Leukemia*	GLEEVEC TASIGNA	<i>imatinib mesylate</i> PA SP , BOSULIF PA SP , SPRYCEL PA SP
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON	<i>bicalutamide</i> , XTANDI PA SP , ZYTIGA PA SP
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipidemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins)/ Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA PA SP SI
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Cardiovascular Diuretics	DYRENIUM	amiloride
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	tobramycin inhalation solution PA SP, BETHKIS PA SP
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR VENLAFAXINE EXT-REL TABLET (EXCEPT 225 MG)	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
Depression * Antidepressants, Miscellaneous Agents	OLEPTRO	trazodone
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR
Dermatology Acne*	VANOXIDE-HC	adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN PA, BENZACLIN, DIFFERIN, EPIDUO, RÉTIN-A MICRO PA, TAZORAC
Dermatology Actinic Keratosis*	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
Dermatology Rosacea*	NORITATE	metronidazole, FINACEA, SOOLANTRA
Dermatology Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	APEXICON E	desoximetasone, fluocinonide
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN BENSAL HP NOVACORT SYNERDERM	desonide, hydrocortisone
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA TANZEUM	OZEMPIC SI , TRULICITY SI , VICTOZA 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 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: <i>Humulin R U-500 concentrate vial will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes</i> * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	JARDIANCE	FARXIGA, INVOKANA
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/Biguanide Combinations	SYNJARDY SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR
<i>Diabetes</i> * Supplies, Needles ⁵	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 ⁵	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 ^{6, 7}	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS QL ⁶ , ONETOUCH VERIO STRIPS QL AND KITS ⁶
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	STENDRA VIAGRA	CIALIS QL , <i>sildenafil QL</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F PA SP SI
<i>Gastrointestinal *</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal *</i> Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
<i>Growth Hormones</i>	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE PA SP SI
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	warfarin, ELIQUIS, XARELTO
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO PA SP SI
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist/Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations	EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
<i>High Blood Pressure *</i> Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	amlodipine
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	diltiazem ext-rel (except generic of CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE	tetrabenazine PA SP, AUSTEDO PA SP
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	ASACOL HD DELZICOL	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA
	COLAZAL	balsalazide
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Multiple Sclerosis	EXTAVIA	glatiramer PA SP SI , AUBAGIO PA SP , BETASERON PA SP SI , COPAXONE 40 MG PA SP SI , GILENYA PA SP , REBIF PA SP SI , TECFIDERA PA SP
Musculoskeletal	AMRIX	cyclobenzaprine
Narcolepsy Wakefulness Promotors	NUVIGIL	armodafinil PA
Opioid Reversal	EVZIO	naloxone injection SI , NARCAN NASAL SPRAY
Osteoporosis*	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO 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, VESICARE
Pain Headache*	butalbital-acetaminophen-caffeine capsule FIORICET CAPSULE	diclofenac sodium, naproxen
	CAFERGOT	eletriptan QL , ergotamine-caffeine, naratriptan QL , rizatriptan QL , sumatriptan QL , zolmitriptan QL ONZETRA XSAIL QL , ZEMBRACE SYMTOUCH QL , ZOMIG NASAL SPRAY QL
	SUMAVEL DOSEPRO	eletriptan QL , naratriptan QL , rizatriptan QL , sumatriptan QL , zolmitriptan QL ONZETRA XSAIL QL , ZEMBRACE SYMTOUCH QL , ZOMIG NASAL SPRAY QL
Pain Opioid Analgesics	PRIMLEV	hydrocodone-acetaminophen QL , hydromorphone QL , morphine QL , oxycodone-acetaminophen QL , NUCYNTA QL
Pain and Inflammation * Corticosteroids	DEXPAK MILLIPRED RAYOS	dexamethasone, methylprednisolone, prednisolone solution, prednisone
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	ARTHROTEC	celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
	PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution PA QL , meloxicam, naproxen
	INDOCIN NAPRELAN	celecoxib, diclofenac sodium, meloxicam, naproxen
	SPRIX	diclofenac sodium, meloxicam, naproxen
Postherpetic Neuralgia	HORIZANT	gabapentin, GRALISE
Prostate Condition Benign Prostatic Hyperplasia*	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO
	UROXATRAL	alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO
Sleep Disorder Hypnotics, Non- benzodiazepines	INTERMEZZO LUNESTA ROZEREM	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, ANDROGEL 1.62%

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 products not covered without a medical exception.
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 not covered without a medical exception, 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 not covered without a medical exception, added back to formulary or not listed.

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity ¹

ABILIFY
 ACCU-CHEK STRIPS AND KITS ⁷
 ACTEMRA
 ACTOS
 ADDERALL XR
 AEROSPAN
 ALCORTIN A
 ALLISON MEDICAL INSULIN SYRINGES ⁵
 ALOQUIN
 ALTOPREV
 ALVESCO
 AMRIX
 ANDROGEL 1%
 APEXICON E
 APIDRA
 ARTHROTEC
 ASACOL HD
 ATACAND
 ATACAND HCT
 BECONASE AQ
 BENICAR
 BENICAR HCT
 BENSAL HP
 BETAPACE
 BETAPACE AF
 BREEZE 2 STRIPS AND KITS ⁷
bupropion-acetaminophen-caffeine capsule
 BYDUREON
 BYETTA
 CAFERGOT
 CARAC
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA (and its generics)
 CARNITOR
 CARNITOR SF
 CIMZIA
clobetasol spray
 CLOBEX SPRAY
 COLAZAL
 CONTOUR NEXT STRIPS AND KITS ⁷
 CONTOUR STRIPS AND KITS ⁷
 CRESTOR
 CYMBALTA
 DAKLINZA
 DELZICOL
 DETROL LA
 DEXPAK
 DIOVAN
 DIOVAN HCT
 DORYX
 DORYX MPC
 DULERA
 DUTOPROL
 DYRENIUM
 EDARBI
 EDARBYCLOR
 E.E.S. GRANULES
 EFFEXOR XR
 ENABLEX
 ENTYVIO
 ERYPED
 EVZIO
 EXFORGE
 EXFORGE HCT
 EXTAVIA
 FANAPT
 FIORICET CAPSULE
fluorouracil cream 0.5%
 FOLLISTIM AQ
 FORTAMET
 FORTESTA
 FOSRENOL

FREESTYLE STRIPS AND KITS ⁷
 GENOTROPIN
 GLEEVEC
 GLUMETZA
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMULIN 70/30 ⁴
 HUMULIN N ⁴
 HUMULIN R ⁴
 INDOCIN
 INTERMEZZO
 INTUNIV
 JALYN
 JARDIANCE
 KAZANO
 KINERET
 KOMBIGLYZE XR
 LANOXIN TABLET (125 MCG and 250 MCG only)
 LANTUS
 LESCOL XL
 LIPITOR
 LIVALO
 LUNESTA
 MACRODANTIN
Matzim LA
 MAVYRET
 MIACALCIN INJECTION
 MIACALCIN NASAL SPRAY
 MILLIPRED
 MINOCIN
 MONODOX
 NAPRELAN
 NATESTO
 NESINA
 NEUPOGEN
 NEXIUM
 NILANDRON
 NORDITROPIN
 NORITATE
 NORVASC
 NOVACORT
 NOVO NORDISK NEEDLES⁵
 NUTROPIN AQ
 NUVIGIL
 OLEPTRO
 OLUX-E
 OLYSIO
 OMNARIS
 OMNITROPE
 ONGLYZA
 ORENCIA CLICKJECT
 ORENCIA SUBCUTANEOUS
 OSENI
 OWEN MUMFORD NEEDLES ⁵
 OXYTROL
 PENNSAID
 PERRIGO NEEDLES ⁵
 PLAVIX
 PRADAXA
 PRALUENT
 PRED FORTE
 PREVACID
 PRIMLEV
 PROTONIX
 PROVENTIL HFA
 QNASL
 QSYMIA
 RAYOS
 RELISTOR
 RIOMET
 ROZEREM
 SAIZEN

SIMPONI
 SPRIX
 STENDRA
 SUMAVEL DOSEPRO
 SYNERDERM
 SYNJARDY
 SYNJARDY XR
 TALTZ
 TANZEUM
 TASIGNA
 TECHNIVIE
 TESTIM
testosterone gel 1% ⁸
 TOBI
 TOBI PODHALER
 TOUJEO
 TRICOR
 TRIVIDIA INSULIN SYRINGES ⁵
 TUDORZA
 ULTIMED INSULIN SYRINGES ⁵
 ULTIMED NEEDLES ⁵
 UROXATRAL
 VALCYTE
 VALTREX
 VANOXIDE-HC
venlafaxine ext-rel tablets (except for 225 mg)
 VENLAFAXINE EXT-REL TABLET (except 225 mg)
 VENTOLIN HFA
 VIAGRA
 VIEKIRA PAK
 VOGELXO
 XELJANZ
 XELJANZ XR
 XENAZINE
 XOPENEX HFA
 ZEGERID
 ZEPATIER
 ZETIA
 ZETONNA
 ZONEGRAN

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. To learn more about your specific drug benefit, log into *My Account* at www.carefirst.com/myaccount and click on Drug & Pharmacy Resources under Quick Links or call CareFirst Pharmacy Services at 800-241-3371. 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

- 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 A 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: 800-588-4456.
- ⁷ 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.

Your privacy is important to us. CVS Caremark employees are trained regarding the appropriate way to handle your private health information.

This document contains confidential and proprietary information of CareFirst and CVS Caremark and cannot be reproduced, distributed or printed without written permission from CareFirst. CareFirst may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CareFirst or CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

Notice of Nondiscrimination and Availability of Language Assistance Services

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

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

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

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

REV. (12/17)

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.).
® Registered trademark of the Blue Cross and Blue Shield Association. ™ Registered trademark of CareFirst of Maryland, Inc.



Foreign Language Assistance

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

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀ò 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀ùǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aaahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éi kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éi bikéé'dóo naasbaąs bił adidiilchil. Áká'anidaalwó'ígíí neidiitáągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.