

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

(Effective April 1, 2024)

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	dexchlorpheniramine Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	levocetirizine <b>QL</b>
Allergies Nasal Steroids/Combinations	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	azelastine-fluticasone, flunisolide spray, fluticasone spray, mometasone spray
Anticonvulsants	topiramate ext-rel capsule (generics for QUDEXY XR only) LAMITCAL LAMICTAL ODT	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCORPI
	BANZEL FINTEPLA  ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	SABRIL	vigabatrin <b>PA QL SP</b>
	DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE DILANTIN KEPPRA KEPPRA XR LAMICTAL XR TEGRETOL TEGRETOL XR TRILEPTAL VIMPAT ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCORPI
	DIACOMIT	Talk to your doctor
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYPRED	erythromycins
Anti-infectives, Antibacterials	doxycycline hyclate delayed-rel tablet doxycycline hyclate tablet 50 mg	doxycycline hyclate capsule, doxycycline hyclate 20 mg, minocycline, tetracycline <b>QL</b>

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Tetracyclines	doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel tablet CoreMino Mondoxyme NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	
Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDCs <sup>^</sup> 16571074024, 70408023932 only) MACRODANTIN	nitrofurantoin (except NDCs <sup>^</sup> 16571074024, 70408023932)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
	CRESEMBA	itraconazole
	tavorole	terbinafine tablet
Anti-infectives, Antiretroviral Agents, Combination Agents	ATRIPLA COMPLERA STRIBILD	efavirenz-emtricitabine-tenofovir disoproxil fumarate <b>QL</b> , efavirenz-lamivudine-tenofovir disoproxil fumarate <b>QL</b> , BIKTARVY <b>QL</b> , DOVATO <b>QL</b> , GENVOYA <b>QL</b> , ODEFSEY <b>QL</b> , SYMTUZA <b>QL</b> , TRIUMEQ <b>QL</b>
	TRUVADA	abacavir-lamivudine <b>QL</b> , emtricitabine-tenofovir disoproxil fumarate <b>QL</b> , CIMDUO <b>QL</b> , DESCOVY <b>PA QL</b> , TEMIXYS <b>QL</b>
Anti-infectives, Antiretroviral Agents, Fusion Inhibitors	SELZENTRY	maraviroc
Anti-infectives, Antiretroviral Agents, Non-nucleoside Reverse Transcriptase Inhibitors	EDURANT	efavirenz <b>QL</b>
	INTELENCE	etravirine <b>QL</b>
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	KALETRA	atazanavir <b>QL</b> , darunavir <b>QL</b> , lopinavir-ritonavir <b>QL</b>
	NORVIR	ritonavir <b>QL</b>
	PREZISTA REYATAZ	atazanavir <b>QL</b> , darunavir <b>QL</b>
	INVIRASE LEXIVA VIRACEPT	atazanavir <b>QL</b> , lopinavir-ritonavir <b>QL</b> , EVOTAZ <b>QL</b> , PREZCOBIX <b>QL</b> , PREZISTA <b>QL</b>
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir <b>QL</b>
Anti-Infectives, Antivirals, Hepatitis B *	VEMLIDY BARACLUDE TABLET EPIVIR HBV HEPSERA	entecavir <b>QL</b> , lamivudine <b>QL</b> , tenofovir disoproxil fumarate <b>QL</b> , BARACLUDE SOLUTION <b>QL</b>
Anti-infectives, Antivirals Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1,2,3,4,5,6) <b>PA SP QL</b> , HARVONI (genotypes 1, 4, 5, 6) <b>PA SP QL</b> , VOSEVI <b>PA SP QL</b> <sup>2</sup>
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1,2,3,4,5,6) <b>PA SP QL</b> , HARVONI (genotypes 1, 4, 5, 6) <b>PA SP QL</b>
Anti-infectives, Antivirals Herpes *	acyclovir cream VALTREX	acyclovir capsule <b>QL</b> , acyclovir tablet <b>QL</b> , valacyclovir <b>QL</b>
Anti-infectives, Miscellaneous	DARAPRIM	pyrimethamine <b>PA</b>
Antiobesity	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY

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<i>Anti-anxiety</i> Benzodiazepines	ATIVAN XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
<i>Asthma *</i> Beta Agonists, Short-Acting	<i>albuterol sulfate CFC-free (NDC<sup>A</sup> 66993001968, 00093317431 only)</i> PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>Albuterol sulfate CFC-free (except NDC<sup>A</sup> 66993001968, 00093317431) QL, levalbuterol tartrate CFC-free aerosol QL</i>
<i>Asthma *</i> Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<i>Asthma *</i> Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA ARNUITY ELLIPTA FLOVENT DISKUS FLOVENT HFA QVAR REDIHALER	PULMICORT FLEXHALER QL
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid/Beta Agonist Combinations	ADVAIR DISKUS ADVAIR HFA DULERA SYMBICORT	BREO ELLIPTA <sup>†</sup> (except certain NDCs) QL, fluticasone-salmeterol (except certain NDCs) QL, Wixela Inhub
<i>Asthma * Severe Asthma</i>	NUCALA LYOPHILIZED POWDER	DUPIXENT PA SP QL, FASENRA PA SP QL, NUCALA (except lyophilized powder) PA SP QL, TEZSPIRE PA SP QL, XOLAIR PA SP QL
<i>Attention Deficit Hyperactivity Disorder *</i>	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel<sup>†</sup> QL, atomoxetine QL, dexamethylphenidate ext-rel<sup>†</sup> QL, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS QL, VYVANSE QL</i>
	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts QL, methylphenidate QL</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel<sup>†</sup> QL, atomoxetine QL, dexamethylphenidate ext-rel<sup>†</sup> QL, guanfacine ext-rel, methylphenidate ext-rel QL, AZSTARYS QL, JORNAY PM QL, MYDAYIS QL, QELBREE QL, VYVANSE QL,</i>
<i>Autoimmune Conditions</i> Self-administered Agents Ankylosing Spondylitis*	AMJEVITA SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX PA QL SP SI, ENBREL PA QL SP SI, HUMIRA PA QL SP SI
<i>Autoimmune Conditions</i> Self-administered Agents Non-Radiographic Axial Spondylitis*	TALTZ	CIMZIA PREFILLED SYRINGE PA QL SP SI, COSENTYX PA QL SP SI, RINVOQ PA QL SP SI
<i>Autoimmune Conditions</i> Self-administered Agents Psoriasis*	AMJEVITA COSENTYX ENBREL HUMIRA	ADALIMUMAB-ADAZ PA QL SP SI, HYRIMOZ PA QL SP SI, OTEZLA PA QL SP, SKYRIZI PA QL SP SI, STELARA SUBCUTANEOUS PA QL SP SI, TALTZ PA QL SP SI, TREMFYA PA QL SP SI, SOTYKTU PA QL SP SI
<i>Autoimmune Conditions</i> Self-administered Agents Psoriatic Arthritis*	AMJEVITA HUMIRA ORENCIA CLICKJET ORENCIA SUBCUTANEOUS SIMPONI	ADALIMUMAB-ADAZ PA QL SP SI, HYRIMOZ PA QL SP SI, COSENTYX PA QL SP SI, ENBREL PA QL SP SI, OTEZLA PA QL SP, RINVOQ PA QL SP SI, SKYRIZI PA QL SP SI, STELARA SUBCUTANEOUS PA QL SP SI, TREMFYA PA QL SP SI

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	TALTZ XELJANZ XELJANZ XR	
<i>Autoimmune Conditions</i> Self-administered Agents Rheumatic Arthritis*	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA KINERET SIMPONI	ADALIMUMAB-ADAZ <a href="#">PA QL SP SI</a> , HYRIMOZ <a href="#">PA QL SP SI</a> , ENBREL <a href="#">PA QL SP SI</a> , KEVZARA <a href="#">PA QL SP SI</a> , ORENCIA CLICKJET <a href="#">PA QL SP SI</a> , ORENCIA SUBCUTANEOUS <a href="#">PA SP</a> , RINVOQ <a href="#">PA QL SP SI</a> , XELJANZ <a href="#">PA QL SP</a> , XELJANZ XR <a href="#">PA QL SP</a>
<i>Autoimmune Conditions</i> Self-administered Agents Ulcerative Colitis*	AMJEVITA HUMIRA SIMPONI	ADALIMUMAB-ADAZ <a href="#">PA QL SP SI</a> , HYRIMOZ <a href="#">PA QL SP SI</a> , RINVOQ# <a href="#">PA QL SP SI</a> , STELARA SUBCUTANEOUS# <a href="#">PA QL SP SI</a> , XELJANZ# <a href="#">PA QL SP</a> , XELJANZ XR# <a href="#">PA QL SP</a> , ZEPOSIA# <a href="#">PA QL SP</a>  #After failure of HUMIRA
<i>Autoimmune Conditions</i> Self-administered Agents All Other Conditions*	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA KINERET ORENCIA CLICKJET ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ <a href="#">PA QL SP SI</a> , HYRIMOZ <a href="#">PA QL SP SI</a> , ENBREL <a href="#">PA QL SP SI</a>
<i>Cancer</i> Chronic Myelogenous Leukemia * Kinase Inhibitors	IRESSA	<i>erlotinib</i> <a href="#">PA QL SP</a> , <i>gefitinib</i> <a href="#">PA QL SP</a>
	JAKAFI	BESREMI <a href="#">PA QL SP</a>
	LORBRENA	ALECENSA <a href="#">PA QL SP</a> , ALUNBRIG <a href="#">PA QL SP</a>
	NEXAVAR	CABOMETYX <a href="#">PA QL SP</a> , INLYTA <a href="#">PA QL SP</a> , LENVIMA <a href="#">PA QL SP</a>
	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> <a href="#">PA QL SP</a> , BOSULIF <a href="#">PA QL SP</a> , SPRYCEL <a href="#">PA QL SP</a>
<i>Cancer</i> Biosimilars	KANJINTI TRAZIMERA	HERZUMA <a href="#">PA QL SP</a> , OGIVRI <a href="#">PA QL SP</a>
<i>Cancer</i> Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA <a href="#">PA QL SP</a>
<i>Cancer</i> Melanoma* BRAF/MEK Inhibitors	MEKINIST	COTELLIC <a href="#">PA QL SP</a> , MEKTOVI <a href="#">PA QL SP</a>
	TAFINLAR	BRAFTOVI <a href="#">PA QL SP</a> , ZELBORAF <a href="#">PA QL SP</a>
<i>Cancer</i> mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i> <a href="#">PA QL SP</a>
<i>Cancer</i> Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO <a href="#">PA QL SP</a> , VELCADE <a href="#">PA QL SP</a>
<i>Cancer</i> Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI	ALECENSA <a href="#">PA QL SP</a> , ALUNBRIG <a href="#">PA QL SP</a> , ZYKADIA <a href="#">PA QL SP</a>
<i>Cancer Prostate</i> * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone</i> <a href="#">PA QL SP</a> , <i>bicalutamide</i> , ERLEADA <a href="#">PA QL SP</a> , XTANDI <a href="#">PA QL SP</a> , YONSA <a href="#">PA QL SP</a>
<i>Cancer Prostate</i> * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	FIRMAGON LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD <a href="#">PA QL SP</a>
<i>Cancer</i> Renal Cell Carcinoma Kinase Inhibitors	SUTENT VOTRIENT	<i>sunitinib</i> <a href="#">PA QL SP</a> , CABOMETYX <a href="#">PA QL SP</a> , INLYTA <a href="#">PA QL SP</a> , LENVIMA <a href="#">PA QL SP</a> , NEXAVAR <a href="#">PA QL SP</a>

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Cancer Miscellaneous	TARGETIN	Bexarotene <b>PA</b>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	sotalol
	MULTAQ NEXTERONE	amiodarone
	NORPACE	disopyramide
Cardiovascular Antilipidemics Cholesterol Absorption Inhibitors	ZETIA	ezetimibe
Cardiovascular Antilipemics Fibrates	fenofibrate tablet 40, 120 mg fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg FENOGLIDE TABLET 120 MG TRICOR	fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 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 MTP inhibitors	JUXTAPID	PRALUENT <b>PA QL SI</b>
Cardiovascular Antilipemics Niacins	niacin tablet 500 mg Niacor	niacin ext-rel
Cardiovascular Antilipemics Omega-3 Fatty Acids	icosapent ethyl LOVAZA	Omega-3 acid ethyl esters, VASCEPA
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA <b>PA QL SI</b>
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Cardiovascular Diuretics	DYRENIUM	amiloride, triamterene
Cardiovascular Nitrates	isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	ambrisentan <b>PA QL SP</b> , bosentan <b>PA QL SP</b> , OPSUMIT <b>PA QL SP</b>
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase inhibitors	ADCIRCA REVATIO	sildenafil <b>PA SP QL</b> , tadalafil <b>PA SP QL</b>
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	treprostinil
	TYVASO DPI	Talk to your doctor
Cardiovascular Miscellaneous	NORTHERA	midodrine
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine
Central Nervous System	MYOBLOC	DYSPORT <b>PA SP QL</b> , XEOMIN <b>PA SP QL</b>

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Botulinum Toxins		
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA QL, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations/ Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA QL, STIOLTO RESPIMAT QL
Contraceptives Monophasic	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	ethinyl estradiol-drospirenone QL, ethinyl estradiol-drospirenone-levomefolate QL, ethinyl estradiol-levonorgestrel QL, ethinyl estradiol-norethindrone acetate QL, ethinyl estradiol-norethindrone acetate-iron QL, ethinyl estradiol-norgestimate QL, LO LOESTRIN FE QL, NATAZIA QL
Contraceptives Progestin Intrauterine Devices	LILETTA	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	ethinyl estradiol-etonogestrel, EluRyng	ANNOVERA QL, NUVARING QL
Cushing's Syndrome	KORLYM	Consult doctor
Cystic Fibrosis * Inhaled Antibiotics	BETHKIS CAYSTON KITABIS PAK TOBI TOBI PODHALER	tobramycin inhalation solution PA QL SP
Dental* Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC <sup>^</sup> 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC <sup>^</sup> 60505367503), sertraline, TRINTELLIX
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
Depression * Antidepressants, Miscellaneous Agents	APLENZIN bupropion ext-rel tablet 450 mg WELLBUTRN XL	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT LATUDA SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, VRAYLAR
Dermatology Acne *	adapalene pad clindamycin gel (NDC <sup>^</sup> 68682046275 only) Vanoxide-HC ACANYA ACZONE ARAZLO AZELEX BENZACLIN DIFFERIN LOTION FABIOR RETIN-A MICR GEL	adapalene (except adapalene pad) PA, benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 68682046275) QL, clindamycin solution QL, clindamycin-benzoyl peroxide QL, erythromycin solution QL, erythromycin-benzoyl peroxide QL, tretinoin PA, AKLIEF PA, EPIDUO PA, ONEXTON QL, TWYNEO PA, WINLEVI PA

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	TAZORAC VELTIN ZIANA	
	ISOTRETINOIN CAP 25MG	isotretinoin capsule 20 mg, 30 mg, 40 mg
Dermatology Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide or hydrocortisone <b>WITH</b> gentamicin <b>QL</b>
Dermatology Antibiotics	mupirocin cream	gentamicin <b>QL</b> , mupirocin ointment <b>QL</b>
Dermatology Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	calcipotriene ointment <b>PA</b> , calcipotriene solution <b>PA</b>
	calcipotriene-betamethasone DUOBRII	calcipotriene ointment or calcipotriene solution <b>WITH</b> desoximetasone, fluocinonide (except fluocinonide cream 0.1%) <b>PA</b> , or BRYHALI <b>QL</b> ; ENSTILAR <b>PA</b>
Dermatology Atopic Dermatitis *	doxepin cream	desonide (except desonide gel) <b>QL</b> , hydrocortisone <b>QL</b> , pimecrolimus <b>PA ST</b> , tacrolimus <b>PA ST</b> , EUCRISA
	ELIDEL	pimecrolimus <b>PA ST</b> , tacrolimus <b>PA ST</b> , EUCRISA
Dermatology Rosacea *	doxycycline monohydrate delayed-rel capsule	ORACEA
	ivermectin cream FINACEA GEL MIRVASO NORITATE	azelaic acid gel <b>PA</b> , metronidazole, FINACEA FOAM <b>PA</b> , SOOLANTRA <b>PA</b>
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	XOLEGEL	Ciclopirox <b>QL</b> , ketoconazole cream 2%
Dermatology Skin Inflammation and Hives * Corticosteroids	desonide gel DesRx flurandrenolide cream flurandrenolide lotion Nolix CORDRAN CREAM CORDRAN LOTION	desonide (except desonide gel) <b>QL</b> , hydrocortisone <b>QL</b>
	clocortolone cream desoximetasone ointment 0.05% flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% hydrocortisone butyrate lotion triamcinolone acetonide aerosol 0.2% triamcinolone ointment 0.05% Trianex CORDRAN OINTMENT	hydrocortisone butyrate cream <b>QL</b> , hydrocortisone butyrate ointment <b>QL</b> , hydrocortisone butyrate solution <b>QL</b> , mometasone <b>QL</b> , triamcinolone cream <b>QL</b> , triamcinolone lotion <b>QL</b> , triamcinolone ointment (except triamcinolone ointment 0.05%) <b>QL</b>

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	<i>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%) QL, fluocinonide (except fluocinonide cream 0.1%) QL, BRYHALI QL</i>
	<i>clobetasol spray</i> <i>clobetasol emollient foam</i> Tovet CORDRAN TAPE ULTRAVATE CLOBEX SPRAY OLUX-E <i>fluocinonide cream 0.1%</i>	<i>clobetasol foam (except clobetasol emollient foam) QL, clobetasol cream QL, clobetasol gel QL, clobetasol lotion QL, clobetasol ointment QL, halobetasol cream QL, halobetasol ointment QL</i>
Dermatology Warts	VEREGEN	<i>Imiquimod</i>
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel) QL, hydrocortisone QL</i>
Dermatology Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel) QL, hydrocortisone QL</i>
	<i>luliconazole</i> <i>oxiconazole (NDCs<sup>a</sup> 00168035830, 51672135902 only)</i>	<i>Ciclopirox QL, clotrimazole QL, econazole QL, ketoconazole cream 2% QL, NAFTIN QL</i>
Diabetes * Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET or GLUMETZA)</i>
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR ; JANUVIA WITH pioglitazone
Diabetes * Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	<i>OZEMPIC PA ST QL SI, RYBELSUS PA ST QL SI, TRULICITY PA ST QL SI, VICTOZA PA ST QL SI</i>
Diabetes * Insulins	APIDRA HUMALOG	FIASP QL, NOVOLOG QL
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30 QL
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30 QL
	HUMULIN 70/30 <sup>4</sup>	NOVOLIN 70/30 <sup>3</sup> QL
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>3</sup> QL
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>3</sup> QL
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	



Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Diabetes</i> * Long Acting Insulins	LEVEMIR BASAGLAR	LANTUS <b>QL</b>
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA <b>PA ST</b> , JARDIANCE <b>PA ST</b>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY <b>PA ST</b> , SYNJARDY XR <b>PA ST</b> , XIGDUO XR <b>PA ST</b>
<i>Diabetes</i> * Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI <b>PA ST</b>
<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 <b>QL</b>
<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 <b>QL</b>
<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 All other test strips that are not ONETOUCH or ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <b>QL</b> <sup>6</sup> ACCU-CHEK COMPACT PLUS STRIPS AND KITS <b>QL</b> <sup>6</sup> ACCU-CHEK GUIDE STRIPS AND KITS <b>QL</b> <sup>6</sup> ACCU-CHEK SMARTVIEW STRIPS AND KITS <b>QL</b> <sup>6</sup> ONETOUCH ULTRA STRIPS AND KITS <b>QL</b> <sup>6</sup> , ONETOUCH VERIO STRIPS AND KITS <b>QL</b> <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 <b>QL</b>
<i>Endocrine and Metabolic Disorders</i> Corticosteroids	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> BETAMETHASONE ACETATE BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	dexamethasone , hydrocortisone <b>QL</b> , methylprednisolone, <i>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL)</i> , prednisone <b>QL</b>
<i>Endocrine and Metabolic</i> Human Growth Hormones	GENOTROPIN	HUMATROPE <b>PA SP</b> , NORDITROPIN <b>PA SP</b>
<i>Endocrine and Metabolic</i> Hereditary Tyrosinemia Type 1 Agents	NITYR	ORFADIN
<i>Endocrine and Metabolic</i> Potassium-Removing Agents	LOKELMA	VELTASSA
<i>Endocrine and Metabolic Disorders</i> Progestins	PROMETRIUM	Medroxyprogesterone <b>QL</b> ; progesterone, micronized
<i>Endocrine and Metabolic Disorders</i>	GLUCAGEN HYPOKIT	<i>glucagon, human recombinant</i> , BAQSIMI, GVOKE, ZEGALOGUE

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Severe Hypoglycemia	GLUCAGON EMERGENCY KIT	
Endocrine and Metabolic Disorders Vasopressin Receptor Antagonists	JYNARQUE	Talk to your doctor
Endocrine and Metabolic Miscellaneous	CARBAGLU	carglumic acid <b>PA</b>
	CYSTADANE	betaine <b>PA</b>
	CETROTIDE KIT	GANIRELIX ACETATE <b>PA SP</b>
	TRIPTODUR	FENSOLVI <b>PA SP</b> , LUPRON DEPOT-PED <b>PA SP</b> , SUPPRELIN <b>PA SP</b>
Endometriosis*	ZOLADEX	MYFEMBREE, ORILISSA
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil</i> <b>PA QL</b> , <i>tadalafil</i> <b>PA QL</b>
Fertility Regulators Follicle-Stimulating Hormones	GONAL-F	FOLLISTIM AQ <b>PA QL SP SI</b>
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL <b>PA QL SP SI</b>
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs <sup>A</sup> 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) hyoscamine sulfate ext-rel GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron</i> , VIBERZI, XIFAXAN 550 MG <b>PA QL</b>
	MYTESI	<i>diphenoxylate-atropine</i> , loperamide
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> <b>QL</b> , <i>ondansetron</i> <b>QL</b> , SANCUSO <b>QL</b>
Gastrointestinal Irritable Bowel Syndrome	AMITIZA	lubiprostone, LINZESS, SYMPROIC
Gastrointestinal Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP (and its generics) OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
Gastrointestinal Opioid-Induced Constipation	MOVANTIK RELISTOR	lubiprostone, SYMPROIC
Gastrointestinal Probiotics	PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>lansoprazole delayed-rel orally disintegrating tablet</i> <i>dexlansoprazole delayed-rel</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel delayed-rel</i> <b>QL</b> , <i>lansoprazole delayed-rel capsule</i> <b>QL</b> , <i>omeprazole delayed-rel</i> <b>QL</b> , <i>pantoprazole delayed-rel tablet</i> <b>QL</b>

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Gastrointestinal Ulcer Treatment	sucralfate suspension CARAFATE	sucralfate tablet
Gaucher Disease	ELEYSO	CERDELGA PA QL, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
Genitourinary Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	tiopronin PA QL SP
Gout *	colchicine capsule COLCRYS	colchicine tablet, MITIGARE
	ULORIC	allopurinol
Growth Hormones	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN PA QL SP SI
Hematologic Anticoagulants (oral)	ELIQUIS PRADAXA	warfarin, XARELTO
Hematologic Chelating Agents	CUPRIMINE	Penicillamine QL
	DESFERAL EXJADE FERRIPROX JADENU	deferasirox PA QL SP, deferiprone PA QL, deferoxamine
	SYPRINE	trientine QL
Hematologic Erythropoiesis-Stimulating Agents	ARANESP EPOGEN PROCRIT	RETACRIT PA QL SP SI
Hematologic Hemophilia B	BENEFIX IXINITY RIXUBIS	ALPROLIX PA QL, REBINYN PA QL
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA ZIEXTENZO	FYLNETRA PA QL SP SI, NYVEPRIA PA QL SP SI
Hematologic Neutropenia Colony Stimulating Factors	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM PA QL SP SI
civHematologic Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
	ZONTIVITY	Consult doctor
	NPLATE	PROMACTA PA QL SP, TAVALISSE PA QL SP
High Blood Pressure * ACE Inhibitors	EPANED	enalapril, fosinopril, lisinopril, quinapril, ramipril
High Blood Pressure * ACE Inhibitor / Diuretic Combinations	ZESTORETIC	fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide

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<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, 12</i> Imesartan, telmisartan, valsartan
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist/Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, 12</i> Imesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations	EXFORGE HCT	<i>12</i> Imesartan-amlodipine-hydrochlorothiazide
<i>High Blood Pressure</i> * Beta-blockers	BYSTOLIC COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i> Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>High Blood Pressure</i> * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine PA QL SP, AUSTEDO PA QL SP</i>
<i>Immunology</i> Antimetabolites	CELLCEPT MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ENVARUS XR	<i>tacrolimus PA ST</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	<i>RASUVO PA QL</i>
<i>Immunology</i> Immune Globulins	OCTAGAM	Talk to your doctor
<i>Immunology</i> Hereditary Angioedema	BERINERT FIRAZYR	<i>icatibant PA QL SP SI, RUCONEST PA QL SP SI</i>
	CINRYZE	<i>ORLADEYO PA QL SP, TAKHZYRO PA QL SP SI</i>
<i>Immunology</i> Rapamycin Derivatives	RAPAMUNE ZORTRESS	<i>everolimus, sirolimus</i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	budesonide ext-rel  ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	<i>balsalazide PA QL, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel,</i>
<i>Interferons*</i>	PEGASYS	Consult doctor
<i>Kidney Disease *</i> Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL RENVELA VELPHORO	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, AURYXIA</i>
<i>Menopausal Symptom Agents</i> Oral/ Transdermal	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>
	CLIMARA (except CLIMARA PRO) MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL</i>
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> Yuva <span>fem</span> ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	AUBAGIO COPAXONE EXTAVIA GILENYA LEMTRADA TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AVONEX PA QL SP SI, BETASERON PA QL SP SI, COPAXONE 40 MG/ML PA QL, KESIMPTA PA QL SP SI, MAYZENT PA QL SP, OCREVUS, REBIF PA QL SP SI, TYSABRI, VUMERITY PA QL SP, ZEPOSIA PA QL SP</i>
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg</i> <i>chlorzoxazone 250 mg, 375 mg, 500 mg</i> <i>(NDC<sup>^</sup> 73007001303 only), 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg (NDC<sup>^</sup></i> <i>69036091010 only)</i> <i>methocarbamol 750 mg (NDCs<sup>^</sup></i> <i>69036093090, 70868090190 only)</i> <i>orphenadrine-aspirin-caffeine</i> <i>Fexmid</i> <i>Lorzone</i> <i>Orphengesic Forte</i> AMRIX NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy</i> Wakefulness Promotors	NUVIGIL PROVIGIL XYREM	<i>armodafinil PA, LUMRYZ PA, modafinil PA, SUNOSI, WAKIX PA SP, XYWAV PA SP</i>
<i>Nephrotic Cystinosis</i>	PROCYSBI	<i>CYSTAGON PA QL</i>
<i>Ophthalmic</i> Allergies	ALREX BEPREVE LASTACFT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
<i>Ophthalmic</i> Anti-infectives	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>

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<i>Ophthalmic</i> Anti-Infective / Anti-Inflammatory Combinations	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic</i> Anti-Inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Ophthalmic</i> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS <b>PA</b> , XIIDRA <b>PA</b>
<i>Ophthalmic</i> Glaucoma	LUMIGAN RHOPRESSA ROCKLATAN TRAVATAN Z VYZULTA	<i>latanoprost, travoprost, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
	COMBIGAN	<i>brimonidine-timolol</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Ophthalmic</i> Retinal Disorders	EYLEA LUCENTIS	BYOOVIZ <b>PA SP</b> , CIMERLI <b>PA SP</b>
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Osteoporosis *</i> Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO <b>PA QL SP SI</b>, PROLIA, TYMLOS <b>PA QL SP SI</b></i>
<i>Otic</i> Anti-infective/ Anti-inflammatory Combinations	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder/Incontinence *</i> Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
<i>Pain</i> Headache *	<i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg, 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>diclofenac potassium powder</i> Bupap Vtol LQ BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium <b>QL</b>, ibuprofen <b>QL</b>, naproxen (except naproxen CR or naproxen suspension) <b>QL</b></i>
	dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT MAXALT	<i>eletriptan <b>QL</b>, naratriptan <b>QL</b>, rizatriptan <b>QL</b>, sumatriptan <b>QL</b>, zolmitriptan <b>QL</b>, NURTEC ODT <b>PA ST QL</b>, ONZETRA XSAIL <b>QL</b>, UBRELVY <b>PA ST QL</b>, ZEMBRACE SYMTOUCH <b>QL</b>, ZOMIG NASAL SPRAY <b>QL</b></i>

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
	MAXALT-MLT	
	sumatriptan-naproxen TREXIMET	<i>diclofenac sodium QL, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan QL, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL; ONZETRA XSAIL, ZEMBRACE SYMTOUCH QL, ZOMIG NASAL SPRAY QL</i>
<i>Pain</i> Migraine CGRP Inhibitors	AIMOVIG	AJOVY PA ST QL, EMGALITY PA ST QL, QULIPTA PA ST QL
<i>Pain</i> Neuropathic Pain *	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal PA, BELBUCA PA</i>
	LAZANDA SUBSYS	<i>fentanyl transmucosal lozenge PA, SUBSYS PA</i>
	<i>levorphanol oxymorphone ext-rel</i> HYSINGLA ER NUCYNTA ER OXYCONTIN	<i>fentanyl transdermal PA, hydrocodone ext-rel PA QL, hydromorphone ext-rel PA, methadone PA, morphine ext-rel PA, XTAMPZA ER PA</i>
	NUCYNTA	<i>hydromorphone PA, morphine PA, oxycodone PA</i>
	PERCOCET	<i>hydrocodone-acetaminophen PA, hydromorphone PA, morphine PA, oxycodone-acetaminophen PA, NUCYNTA PA</i>
	<i>tramadol (NDC<sup>^</sup> 52817019610 only) tramadol ext-rel capsule</i>	<i>tramadol (except NDC<sup>^</sup> 52817019610), tramadol ext-rel tablet PA</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC <sup>^</sup> 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine PA</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel QL, lansoprazole delayed-rel QL, omeprazole delayed-rel QL, or pantoprazole delayed-rel tablet QL</i>
	CELEBREX	<i>celecoxib, diclofenac sodium QL, ibuprofen QL, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension) QL</i>
	<i>diclofenac sodium solution 2% CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennaicin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro PENNSAID</i>	<i>diclofenac sodium QL, diclofenac sodium gel 1%, diclofenac sodium solution 1.5% PA QL, ibuprofen QL, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension) QL</i>
	<i>diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC<sup>^</sup> 69336012830 only) naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN</i>	<i>diclofenac sodium QL, ibuprofen QL, meloxicam tablet QL, naproxen (except naproxen CR or naproxen suspension) QL</i>

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	SPRIX ZORVOLEX	
	<i>naproxen-esomeprazole delayed-rel</i>	<i>diclofenac sodium QL, ibuprofen QL, meloxicam tablet QL or naproxen (except naproxen CR or naproxen suspension) QL WITH esomeprazole delayed-rel delayed-rel QL, lansoprazole delayed-rel QL, omeprazole delayed-rel QL, pantoprazole delayed-rel tablet QL</i>
<i>Parkinson's Disease</i>	APOKYN	INBRIJA PA QL, KYNMOBI PA QL
	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
<i>Phenylketonuria</i>	KUVAN	<i>sapropterin</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>
<i>Premenstrual Dysphoric Disorder (PMDD)</i>	<i>fluoxetine (generics for SARAFEM only)</i>	<i>fluoxetine(except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC 60505367503), sertraline</i>
<i>Prenatal Vitamins</i>	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	<i>prenatal vitamins</i>
<i>Prostate Condition Benign Prostatic Hyperplasia *</i>	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Pseudobulbar Affect</i>	NUDEXTA	Consult doctor
<i>Respiratory Anaphylaxis Treatment Agents</i>	ADRENALIN EPIPEN EPIPEN JR SYMJEPI	<i>epinephrine auto-injector QL, AUVI-Q QL</i>
<i>Respiratory Cough</i>	<i>benzonatate (NDC<sup>^</sup> 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDC<sup>^</sup> 69336012615, 69499032915)</i>
<i>Respiratory Idiopathic Pulmonary Fibrosis</i>	ESBRIET	<i>pirfenidone, OFEV</i>
<i>Respiratory Phosphodiesterase-4 Inhibitors</i>	DALIRESP	<i>roflumilast</i>
<i>Respiratory Xanthines</i>	THEO-24	<i>ipratropium inhalation solution QL, PERFOROMIST QL, SEREVENT QL, SPIRIVA QL, STRIVERDI RESPIMAT QL, YUPELRI QL</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<i>quazepam zolpidem sublingual EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>
<i>Testosterone Replacement * Androgens</i>	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) <sup>8</sup> ANDROGEL FORTESTA TESTIM VOGELXO</i>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
<i>Thyroid Supplements</i>	CYTOSEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>



Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Transplant*</i> Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i> PA ST
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i> PA QL SP

Category Drug Class	Formulary Options
All Drugs	On a quarterly basis, new and existing products – including limited source generics, products with significant cost inflation, and specialty and non-specialty products – may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition, or deletion of a product.
Atopic Dermatitis*	As new atopic dermatitis products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options are available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product on the first day of any calendar month.
Autoimmune and Hepatitis C *	An Indication-Based Formulary will be utilized for products in these classes and may result in additional exclusions.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hepatitis C	As new products launch in this class, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary.
New-to-Market Agents <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® 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	BEYAZ	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM
ACANYA	<i>bimatoprost solution 0.03%</i>	ENTYVIO (for Crohn's disease only)
ACIPHEX	BORTEZOMIB	ENVARUS XR
ACIPHEX SPRINKLE	BOTOX	EPANED
ACTEMRA ACTPEN	BREEZE 2 STRIPS AND KITS <sup>7</sup>	EPICERAM
ACTEMRA SUBCUTANEOUS	BROMSITE	EPIPEN
ACTICLATE	<i>budesonide ext-rel</i>	EPIPEN JR
<i>Activite</i>	<i>Bupap</i>	EPIVIR HBV
ACTOS	BUPHENYL	EPOGEN
ACUVAIL	<i>bupropion ext-rel tablet 450 mg</i>	<i>ergotamine-caffeine</i>
<i>acyclovir cream</i>	<i>butalbital-acetaminophen tablet 25-325 mg</i>	ERYPED
ACZONE	<i>butalbital-acetaminophen tablet 50-300 mg</i>	ESBRIET
<i>adapalene pad</i>	BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only)	<i>estradiol vaginal tablet</i>
ADCIRCA	<i>butalbital-acetaminophen-caffeine capsule</i>	ESTRING
ADDERALL	BUTRANS	<i>ethinyl estradiol-etonogestrel</i>
ADDERALL XR	BYDUREON BCISE	EVEKEO
ADRENALIN	BYETTA	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM
ADVAIR DISKUS	BYSTOLIC	EPANED
ADVAIR HFA	CAFERGOT	EXFORGE
ADZENYS XR-ODT	<i>calcipotriene cream</i>	EXFORGE HCT
AFINITOR	<i>calcipotriene foam</i>	EXJADE
AFINITOR DISPERZ	CALCIPOTRIENE FOAM	EXTAVIA
AIMOVIG	<i>calcipotriene-betamethasone</i>	FABIOR
<i>albuterol sulfate CFC-free (NDC<sup>^</sup> 66993001968,00093317431 only)</i>	<i>calcitriol ointment</i>	FANAPT
ALEVICYN GEL	CAMBIA	FEMRING
ALEVICYN SG	<i>CapsFenac Pak</i>	<i>fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg</i>
ALEVICYN SOLUTION	<i>Capsinac</i>	

ALIMTA	CARAC	<i>fenofibrate tablet 40 mg, 120 mg</i>
ALIQOPA	CARAFATE	FENOGLIDE TABLET 120 MG
ALLISON MEDICAL INSULIN SYRINGES <sup>5</sup>	CARBAGLU	<i>fenoprofen</i>
ALPROLIX	CARBINOXAMINE TABLET 6 MG	FENOPROFEN CAPSULE
ALREX	CARDIZEM	FERIVA 21/7
ALTOPREV	CARDIZEM CD	FERRIPROX
ALVESCO	CARDIZEM LA (and its generics)	<i>Fexmid</i>
AMITIZA	<i>carisoprodol 250 mg</i>	FINACEA GEL
AMJEVITA	CARNITOR	FINTEPLA
AMRIX	CARNITOR SF	FIORICET CAPSULE
ANDROGEL	CAYSTON	FIRAZYR
APEXICON E	CELEBREX	FIRMAGON
APIDRA	CELLCEPT	FLAREX
APLENZIN	CETROTIDE KIT	FLOVENT DISKUS
APOKYN	<i>chlorthalidone-clidinium (NDCs<sup>A</sup> 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i>	FLOVENT HFA
APTENSIO XR	<i>chlorthalidone 250 mg</i>	<i>flucytosine capsule 500 mg</i>
APTIVUS	<i>chlorthalidone 375 mg</i>	<i>fluocinonide cream 0.1%</i>
ARALAST NP	<i>chlorthalidone 500 mg (NDC<sup>A</sup> 73007001303 only)</i>	<i>fluorouracil cream 0.5%</i>
ARANESP	<i>chlorthalidone 750 mg</i>	<i>fluoxetine tablet (generics for SARAFEM only)</i>
ARAZLO	CHORIONIC GONADOTROPIN	<i>fluoxetine tablet 60 mg</i>
ARCALYST	CIALIS	<i>flurandrenolide cream</i>
ARNUITY ELLIPTA	CICATRACE	<i>flurandrenolide lotion</i>
ARTHROTEC	CILOXAN	<i>flurandrenolide ointment</i>
ASACOL HD	CIMZIA	FML LIQUIFILM
ASMANEX	CINRYZE	FML FORTE
ASMANEX HFA	CIPRO HC	FML S.O.P
ASTAGRAF XL	CIPRODEX	<i>Folvite-D</i>
ATACAND	<i>ciprofloxacin-fluocinolone</i>	FORTAMET
ATACAND HCT	CITRANATAL	FORTESTA
ATIVAN	CLIMARA (except CLIMARA PRO)	FOSRENOL
ATOPADERM	<i>clindamycin gel (NDC<sup>A</sup> 68682046275 only)</i>	FOSTEUM
AUBAGIO	<i>clobetasol emollient foam</i>	FOSTEUM PLUS
ATRIPLA	<i>clobetasol spray</i>	FREESTYLE LIBRE CONTINUOUS GLUCOSE
AVASTIN	CLOBEX SPRAY	MONITORING SYSTEM
AVENOVA	<i>clocortolone cream</i>	FREESTYLE STRIPS AND KITS <sup>6</sup>
AZASITE	COLAZAL	FULPHILA
AZELEX	<i>colchicine capsule</i>	GEL-ONE
AZESCO	COLCRYS	<i>Genicin Vita-S</i>
AZOR	COMBIGAN	GENOTROPIN
BASAGLAR	COMPLERA	GLASSIA
BALCOLTRA	CONCERTA	GLEEVEC
BANZEL	CONSENSI	GLUCAGEN HYPOKIT
BARACLUDE TABLET	CONTOUR NEXT STRIPS AND KITS <sup>7</sup>	GLUCAGON EMERGENCY KIT
BEAU RX	CONTOUR STRIPS AND KITS <sup>7</sup>	GLUMETZA
BECONASE AQ	CONTRAVE	GLYCOPYRROLATE TABLET 1.5 MG
BENEFIX	COPAXONE	GOLYTELY
BENICAR	CORDRAN CREAM	GONAL-F
BENICAR HCT	CORDRAN LOTION	GRANIX
BENSAL HP	CORDRAN OINTMENT	GUARDIAN CONNECT CONTINUOUS GLUCOSE
BENZACLIN	CORDRAN TAPE	MONITORING SYSTEM
<i>benzonatate (NDCs<sup>A</sup> 69336012615, 69499032915 only)</i>	<i>CoreMino</i>	GUARDIAN REAL-TIME CONTINUOUS GLUCOSE
BEPREVE	COZAAR	MONITORING SYSTEM
BERINERT	CRESEMBIA	<i>halcinonide cream</i>
BETAMETHASONE ACETATE-BETAMETHASONE	CRESTOR	HALOG
SODIUM PHOSPHATE	CUPRIMINE	<i>heparin sodium 5% dextrose</i>
<i>betamethasone dipropionate ointment 0.05%</i>	<i>cyclobenzaprine ext-rel capsule</i>	HEPARIN SODIUM IN 5% DEXTROSE
BETIMOL	<i>cyclobenzaprine tablet 7.5 mg</i>	HEPSERA
BETAPACE	CYMBALTA	HERCEPTIN
BETAPACE AF	CYSTADANE	HERCEPTIN HYLECTA
BETHKIS	CYTOMEL	HORIZANT
BETIMOL	DALIRESP	HUMALOG
BEVESPI AEROSPHERE	DARAPRIM	HUMALOG MIX 50/50
JADENU	DAYTRANA	HUMALOG MIX 75/25
JAKAFI	DELZICOL	HUMIRA
JALYN	DEPAKOTE	HUMULIN 70/30 <sup>4</sup>
JENTADUETO	DEPAKOTE ER	HUMULIN N <sup>4</sup>
JENTADUETO XR	DEPAKOTE SPRINKLE	HUMULIN R <sup>4</sup>
JORNAY PM	DEFERAL	<i>hydrocortisone butyrate lipophilic cream 0.1%</i>
JUXTAPID	<i>desonide gel</i>	<i>hydrocortisone butyrate lotion</i>
JYNARQUE	<i>desoximetasone ointment 0.05%</i>	<i>hyoscamine sulfate ext-rel</i>
KANJINTI	<i>DesRx</i>	HYSINGLA ER
KAMDOY	DETROL LA	HYZAAR
Kapzin DC	<i>dexchlorpheniramine</i>	<i>Iclofenac CP</i>
KAZANO		ICLUSIG
KEPPRA		<i>icosapent ethyl</i>

<p>KEPPRA XR <i>ketconazole foam 2%</i> Ketodan <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> KINERET KITABIS PAK KOMBIGLYZE XR KORLYM KUVAN KYPROLIS LACRISERT LACTULOSE PAK LAMICTAL LAMICTAL ODT LAMICTAL XR LANOXIN TABLET (125 MCG and 250 MCG only) <i>lansoprazole delayed-rel orally disintegrating tablet</i> <i>lanthanum carbonate</i> LASTACAFT KALETRA LATUDA LAZANDA LESCOL XL LETAIRIS LEUKINE LEVEMIR <i>levorphanol</i> LEXAPRO LEXIVA LIALDA LIBRAX LIDOCAINE-TETRACAINE CREAM (NDC<sup>^</sup> 71800063115 only) LIDOTREX LILETTA LIPITOR LITHOSTAT LIVALO <i>Lofena</i> LOKELMA LORBRENA <i>Lorid</i> <i>Lorzone</i> LOTEMAX LOTEMAX SM LOVAZA <i>luliconazole</i> LUCENTIS LUMIGAN LUNESTA LYRICA MACRODANTIN <i>Matzim LA</i> MAXALT MAXALT-MLT MAXIDEX MAVYRET <i>mefenamic acid</i> (NDC<sup>^</sup> 69336012830 only) MEKINIST <i>meloxicam capsule</i> MENEST <i>mesalamine delayed-rel tablet 800 mg</i> <i>metaxalone 400 mg</i> <i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) <i>methocarbamol 500 mg</i> (NDC<sup>^</sup> 69036091010 only) <i>methocarbamol 750 mg</i> (NDCs<sup>^</sup> 69036093090, 70868090190 only) MIACALCIN INJECTION MICARDIS MICARDIS HCT <i>Migergot</i> MILLIPRED MINASTRIN 24 FE</p>	<p><i>Dexifol</i> DEXILANT <i>dexlansoprazole delayed-rel</i> DIACOMIT <i>diclofenac potassium capsule 25 mg</i> <i>diclofenac potassium powder</i> <i>diclofenac potassium tablet 25 mg</i> <i>diclofenac sodium solution 2%</i> <i>Diclofex DC</i> <i>DicloHeal-60</i> DIFFERIN LOTION <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>dihydroergotamine spray</i> DILANTIN <i>diltiazem ext-rel (generics for CARDIZEM LA only)</i> DIOVAN DIOVAN HCT <i>Diphen Elixir</i> DORYX DORYX MPC <i>doxepin cream</i> <i>doxycycline hyclate</i> <i>delayed-rel tablet 50 mg, 100 mg, 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>doxycycline monohydrate delayed-rel capsule</i> DULERA DUOBRII DYANAVAL XR DUTOPROL DYMISTA DYRENIUM EDARBI EDARBYCLOR EDLUAR EDURANT E.E.S. GRANULES EFFEXOR XR ELELYSO ELIDEL ELIQUIS ELMIRON <i>EluRyng</i> EYELEA OCTAGAM OLUX-E <i>omeprazole-sodium bicarbonate</i> OMNARIS OMNITROPE ONFI ONGLYZA <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i> OPZELURA ORTHO D ORTHO DF OSENI OSMOPREP OSPHENA OTREXUP OWEN MUMFORD NEEDLES <sup>5</sup> <i>oxiconazole</i> (NDCs<sup>^</sup> 00168035830, 51672135902 only) OXYCONTIN <i>oxymorphone ext-rel</i> OXYTROL <i>pantoprazole delayed-rel suspension</i> <i>paroxetine HCl ext-rel</i> (NDC<sup>^</sup> 60505367503 only) <i>paroxetine mesylate</i> PAXIL PAXIL CR <i>peg 3340- electrolytes</i> (generics for MOVIPREP only)</p>	<p>INCRUSE ELLIPTA INDERAL LA INDERAL XL INDOCIN <i>indomethacin capsule 20 mg</i> <i>Inflammacin</i> INFLECTRA INNOPRAN XL INTELENCE INTRAROSA INTUNIV INVELTYS INVIRASE INVOKAMET INVOKAMET XR INVOKANA IRESSA <i>isosorbide dinitrate 40 mg</i> <i>isotretinoin cap 25 mg</i> <i>ivermectin cream</i> IXINITY STRIBILD SUBOXONE SUBSYS <i>sucralfate suspension</i> <i>sumatriptan-naproxen</i> SUPREP <i>Sure Result DSS Premium Pack</i> SUTENT SYMJEPI SYNERDERM SYPRINE TAFINLAR TALIVA <i>Targadox</i> TARGRETIN TASIGNA <i>tavorole</i> TAYTULLA TAZORAC TECFIDERA TEGRETOL TEGRETOL XR TESTIM <i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) THEO-24 THIOLA THIOLA EC TIMOPTIC OCUDOSE TIROSINT TOBI TOBI PODHALER TOBRADEX ST <i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) TOPROL-XL Tovet TOVIAZ TRACLEER TRADJENTA <i>tramadol</i> (NDC<sup>^</sup> 52817019610 only) <i>tramadol ext-rel capsule</i> TRANSDERM SCOP TRAVATAN Z TRAZIMERA TRELSTAR MIXJECT TREXIMET <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> TRICOR TRILEPTAL TRIPTODUR TRIVIDIA INSULIN SYRINGES <sup>5</sup></p>
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MINIVELLE <i>minocycline ext-rel</i> MIRVASO <i>Mondoxyne NL capsule 75 mg</i> MOVANTIK MOVIPREP MULTAQ MULPLETA <i>MultiPro</i> mupirocin cream MYDAYIS MYFORTIC MYOBLOC MYRBETRIQ MYTESI NAPRELAN <i>naproxen CR</i> <i>naproxen suspension</i> <i>naproxen-esomeprazole delayed-rel delayed-rel</i> NATURE-THROID NEO-SYNALAR NESINA NEULASTA NEULASTA ONPRO NEUPOGEN NEVANAC NEXAVAR NEXIUM NEXTERONE <i>niacin tablet 500 mg</i> <i>Niacor</i> NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE NILANDRON <i>nitrofurantoin (except NDCs<sup>A</sup> 16571074024, 70408023932)</i> NITYR <i>Nolix</i> NORGESIC FORTE NORITATE NORPACE NORTHERA NORVASC NORVIR NOURIANZ NOVAREL NOVO NORDISK NEEDLES <sup>5</sup> NOXAFIL NPLATE NUCALA LYOPHILIZED POWDER NUCYNTA NUCYNTA ER <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> NUEDEXTA NUTROPIN AQ NUVIGIL	PEGASYS <i>Pennsaicin</i> PENNSAID PENTASA PERCOCET PERRIGO NEEDLES <sup>5</sup> PEXEVA PLAVIX POLYTOZA <i>20osaconazole delayed-rel tablet</i> PRADAXA PRALUENT PRED FORTE PRED MILD <i>prednisolone solution 10mg/ 5 mL</i> <i>prednisolone solution 20mg/ 5 mL</i> PREGNYL PREMARIN PREMARIN CREAM PRENATAL PLUS PREVACID PREVIDENT PREZISTA PRILOSEC PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT PROGRAF PROMETRIUM PROTONIX PROVAD PROVENTIL HFA PROVIGIL PROZAC PSORCON QNASL QTERN <i>quazepam</i> QUILLICHEW ER QUILLIVANT XR QVAR REDHALER RAPAFLO RAPAMUNE RAVICTI RAYOS RECEDO RELISTOR REMODULIN RENFLEXIS REVELA REPATHA RETIN-A MICR GEL REVATIO REYATAZ RHEUMATE RHOPRESSA RIABNI RIBOZEL RIMSO-50 RIOMET RITUXAN RIXUBIS ROCKLATAN ROZEREM RUBRACA <i>RyClora</i> RYTARY SABRIL SAIZEN SANDOSTATIN LAR SCARSILK PAD SEASONIQUE SELZENTRY SEROQUEL XR	TronVite TRUVADA TRUXIMA TUDORZA TYVASO DPI TYRVAYA UDENYCA ULORIC ULTIMED INSULIN SYRINGES <sup>5</sup> ULTIMED NEEDLES <sup>5</sup> ULTRAVATE UROXATRAL VALCYTE VALTREX <i>Vanoxide-HC</i> VASCULERA VECTICAL VELPHORO VELTIN VEMLIDY <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENTOLIN HFA VIAGRA VIEKIRA PAK VIIBRYD VIMPAT VIRACEPT VITAFOL-ONE <i>Vitasure</i> VIVELLE-DOT VOGELXO VOTRIENT VYZULTA <i>Vtol LQ</i> WELLBUTRN XL WESTHROID WP THYROID XALKORI XANAX XANAX XR XENAZINE XENICAL XOLEGEL XOPENEX HFA <i>Xvite</i> XYREM XYZBAC YASMIN YAZ <i>Yuvaferm</i> ZALVIT ZARXIO ZEGERID ZELAC ZEMAIRA ZEPATIER ZERVIAE ZESTORETIC ZETIA ZETONNA ZIANA <i>Ziclocin Pak</i> <i>Ziclopro</i> <i>zileuton ext-rel</i> ZIENTENZO ZIRGAN ZOLADEX ZOLOFT <i>zolpidem sublingual</i> ZOPIMIST ZONEGRAN ZONTIVITY ZORVOLEX ZORTRESS
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	SIGNIFOR LAR SIL-K PAD SILENOR SILVEX SILTREX SIMPONI SINGULAIR SOMAVERT SORILUX SPRIX STENDRA SYMBICORT	ZUPLENZ ZYDELIG ZYLET ZYTIGA ZYVIT
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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under the Coverage tab.

There may be additional drugs subject to prior authorization or other plan restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CareFirst and CVS Caremark assume no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions.

Subject to applicable laws and regulations.

\* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

**PA** Prior authorization required for prescription benefits coverage.

**QL** Quantity limits

**SI** Self-injectable product

**SP** Specialty product

† Listing does not include certain NDCs<sup>^</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 1-855-240-0536.

<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 or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call 1-877-418-4746.

<sup>7</sup> ACCU-CHEK or ONETOUCH 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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