Drugs Requiring Prior Authorization for Medical Necessity for CareFirst Formulary 2

(Effective Oct 1, 2026)

Below is a list of additional drugs that require a medical necessity prior authorization before they are covered by your CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) prescription drug plan. You may still be able to get these drugs with an approved prior authorization if the drug is medically necessary. However, without an approved prior authorization from CareFirst, you will be responsible for the full cost of the prescription.

If you are currently using one of the formulary drug removals, ask your doctor to choose one of the generic or brand formulary options listed below.

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Allergies Antihistamines	*dexchlorpheniramine* *Diphen Elixir* *RyClora* CARBINOXAMINE TABLET 6 MG	*levocetirizine* **QL**
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,* OXTELLAR XR, XCORPI
	BANZEL FINTEPLAONFI	*clobazam, lamotrigine, rufinamide, topiramate*
	SABRIL	*vigabatrin* **PA QL SP**
	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,* OXTELLAR XR, XCOPRI
	DIACOMIT	Talk to your doctor
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYPRED	*erythromycins*
Anti-infectives, Antibacterials Tetracyclines	*doxycycline hyclate delayed-rel tablet* *doxycycline hyclate tablet 50 mg* *doxycycline hyclate tablet 75 mg* *doxycycline hyclate tablet 150 mg*	*doxycycline hyclate capsule, doxycycline hyclate 20 mg, minocycline, tetracycline* **QL**

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

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Benzodiazepines	XANAX XANAX XR	
Asthma * Beta Agonists, Short-Acting	*albuterol sulfate CFC-free (NDC^ 66993001968, 00093317431 only)* PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	*Albuterol sulfate CFC-free (except NDC^ 66993001968, 00093317431)* **QL**, *levalbuterol tartrate CFC-free aerosol* **QL**
Asthma * Leukotriene Modulators	*zileuton ext-rel* SINGULAIR	*montelukast, zafirlukast*
Asthma * *Steroid Inhalants*	ALVESCO ASMANEX ARNUITY ELLIPTA FLOVENT DISKUS FLOVENT HFA QVAR REDIHALER	PULMICORT FLEXHALER **QL**, ASMANEX HFA **QL**
*Asthma * or Chronic Obstructive Pulmonary Disease (COPD) ** Steroid/Beta Agonist Combinations	ADVAIR DISKUS ADVAIR HFA DULERA SYMBICORT	BREO ELLIPTA† (except certain NDCs) **QL**, fluticasone-salmeterol (except certain NDCs) **QL**, Wixela Inhub
*Asthma * Severe Asthma*	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**
*Attention Deficit Hyperactivity Disorder **	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER QUILLIVANT XR VYVANSE	*amphetamine-dextroamphetamine mixed salts ext-rel*† **QL**, *atomoxetine* **QL**, *dexmethylphenidate ext-rel*† **QL**, *guanfacine ext-rel, methylphenidate ext-rel,* AZSTARYS **QL,** lisdexamfetamine **QL**
	ADDERALL EVEKEO	*amphetamine-dextroamphetamine mixed salts* **QL**, *methylphenidate* **QL**
	INTUNIV	*amphetamine-dextroamphetamine mixed salts ext-rel*† **QL** , *atomoxetine* **QL**, *dexmethylphenidate ext-rel*† **QL**, *guanfacine ext-rel, methylphenidate ext-rel* **QL**, AZSTARYS **QL,** JORNAY PM **QL**, MYDAYIS **QL**, *QELBREE* **QL**,
Autoimmune Conditions Self-administered Agents Ankylosing Spondylitis*	AMJEVITA SIMPONI TALTZ XELJANZ TAB, XELJANZ SOL XELJANZ XR	COSENTYX **PA QL SP SI**, ENBREL **PA QL SP SI**, HUMIRA **PA QL SP SI**
Autoimmune Conditions Self-administered Agents Crohn's Disease*	ABRILADA ADALIMUMAB-AACF ADALIMUMAB-AATY ADALIMUMAB-ADBM ADALIMUMAB-RYVK AMJEVITA CYLTEZO ENTYVIO SQ HADLIMA, HULIO HUMIRA HYRIMOZ (by Sandoz) IDACIO SIMLANDI	ADALIMUMAB-ADAZ **PA QL SP SI**, ADALIMUMAB-FKJP **PA QL SP SI**, HYRIMOZ (except by Sandoz) **PA QL SP SI**, RINVOQ **PA QL SP**, SKYRIZI SQ **PA QL SP SI**, YESINTEK **PA QL SP SI,**

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	YUFLYMA YUSIMRY ZYMFENTRA	
Autoimmune Conditions Self-administered Agents Hidradenitis suppurativa*	ABRILADA ADALIMUMAB-AACF ADALIMUMAB-AATY ADALIMUMAB-ADBM ADALIMUMAB-RYVK AMJEVITA CYLTEZO HADLIMA HULIO HUMIRA IDACIO SIMLANDI YUFLYMA YUSIMRY	ADALIMUMAB-ADAZ **PA QL SP SI**, ADALIMUMAB-FKJP **PA QL SP SI**, COSENTYX SQ **PA QL SP SI**, HYRIMOZ **PA QL SP SI**
Autoimmune Conditions 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**
Autoimmune Conditions Self-administered Agents Psoriasis*	AMJEVITA COSENTYX ENBREL HUMIRA TALTZ	ADALIMUMAB-ADAZ **PA QL SP SI**, ADALIMUMAB-FKJP **PA QL SP SI**, HYRIMOZ **PA QL SP SI**, OTEZLA **PA QL SP**, SKYRIZI **PA QL SP SI**, STELARA SUBCUTANEOUS **PA QL SP SI**, TREMFYA SQ **PA QL SP SI**, SOTYKTU **PA QL SP SI**, BIMZELX **PA QL SP SI**
Autoimmune Conditions Self-administered Agents Psoriatic Arthritis*	AMJEVITA HUMIRA ORENCIA CLICKJET ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ **PA QL SP SI**, ADALIMUMAB-FKJP **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**
Autoimmune Conditions Self-administered Agents Rheumatic Arthritis*	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA KINERET SIMPONI XELJANZ TAB XELJANZ SOL XELJANZ XR	ADALIMUMAB-ADAZ **PA QL SP SI**, ADALIMUMAB-FKJP **PA QL SP SI**, HYRIMOZ **PA QL SP SI**, ENBREL **PA QL SP SI**, KEVZARA **PA QL SP SI**, ORENCIA CLICKJET **PA QL SP SI**, ORENCIA SUBCUTANEOUS **PA SP**, RINVOQ **PA QL SP SI**
Autoimmune Conditions Self-administered Agents Ulcerative Colitis*	AMJEVITA HUMIRA SIMPONI	ADALIMUMAB-ADAZ **PA QL SP SI**, ADALIMUMAB-FKJP **PA QL SP SI**, HYRIMOZ **PA QL SP SI**, RINVOQ# **PA QL SP SI**, STELARA SUBCUTANEOUS# **PA QL SP SI** ZEPOSIA# **PA QL SP**, TREMFYA **PA QL SP SI** #After failure of HUMIRA
Autoimmune Conditions Self-administered Agents All Other Conditions*	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS ADALIMUMAB-AACF ADALIMUMAB-AATY ADALIMUMAB-ADBM ADALIMUMAB-RYVK AMJEVITA CYLTEZO HADLIMA HULIO, HUMIRA	ADALIMUMAB-ADAZ **PA QL SP SI**, ADALIMUMAB-FKJP **PA QL SP SI**, HYRIMOZ **PA QL SP SI**, ENBREL **PA QL SP SI**

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	IDACIO KINERET ORENCIA CLICKJET ORENCIA SUBCUTANEOUS SIMLANDI TYENNE SQ YUFLYMA YUSIMRY	
Cancer Chronic Myelogenous Leukemia * Kinase Inhibitors	IRESSA	*erlotinib* PA QL SP, *gefitinib* PA QL SP
	NEXAVAR	CABOMETYX PA QL SP, INLYTA PA QL SP, LENVIMA PA QL SP
	GLEEVEC ICLUSIG TASIGNA SPRYCEL	*imatinib mesylate* PA QL SP, BOSULIF PA QL SP
Cancer Biosimilars	HERZUMA OGIVRI	KANJINTI PA QL SP, TRAZIMERA PA QL SP
Cancer Follicular Lymphoma * PI3K Inhibitors	ALIQOPA COPIKTRA ZYDELIG	BRUKINSA PA QL SP, CALQUENCE PA QL SP
Cancer Melanoma* BRAF/MEK Inhibitors	COTELLIC	MEKINIST PA QL SP, MEKTOVI PA QL SP
	ZELBORAF	BRAFTOVI PA QL SP, TAFINLAR PA QL SP
Cancer mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	*everolimus* PA QL SP
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO PA QL SP, VELCADE PA QL SP
Cancer Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI 200MG, 250MG	ALECENSA PA QL SP, ALUNBRIG PA QL SP, ZYKADIA PA QL SP
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	*abiraterone* PA QL SP, *bicalutamide*, ERLEADA PA QL SP, XTANDI PA QL SP, YONSA PA QL SP
Cancer Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	FIRMAGON LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD PA QL SP
Cancer Renal Cell Carcinoma Kinase Inhibitors	SUTENT VOTRIENT	*sunitinib* PA QL SP, CABOMETYX PA QL SP, INLYTA PA QL SP, LENVIMA PA QL SP, NEXAVAR PA QL SP
Cancer Miscellaneous	TARGRETIN	*Bexarotene* PA
Cardiovascular *Antiarrhythmics*	BETAPACE BETAPACE AF	*sotalol*
	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	*fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel*

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	TRICOR	
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations [2]	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	*atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*
Cardiovascular Antilipemics MTP inhibitors	JUXTAPID	PRALUENT **PA QL SI**
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 **PA QL SI**
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* **PA QL SP**, *bosentan* **PA QL SP**, OPSUMIT **PA QL SP**
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase inhibitors	ADCIRCA REVATIO	*sildenafil* **PA SP QL**, *tadalafil* **PA SP QL**
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	*treprostinil*
Cardiovascular Miscellaneous	NORTHERA	*midodrine*
Carnitine Deficiency	CARNITOR CARNITOR SF	*levocarnitine*
Central Nervous System Botulinum Toxins	MYOBLOC DYSPORT	XEOMIN **PA SP QL**
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	LILETTA	KYLEENA, MIRENA, SKYLA

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Progestin Intrauterine Devices		
Contraceptives Vaginal	*ethinyl estradiol-etonogestrel*, EluRyng, NUVARING	ANNOVERA **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^ 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^ 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, INVEGA SUST, INVEGA TRINZ, INVEGA HAFYE
Dermatology Acne *	*adapalene pad* *clindamycin gel* (NDC^ 68682046275 only) *Vanoxide-HC* ACANYA ACZONE ARAZLO AZELEX BENZACLIN DIFFERIN LOTION FABIOR RETIN-A MICR GEL TAZORAC VELTIN ZIANA	*adapalene (except adapalene pad)* **PA**, *benzoyl peroxide, clindamycin gel (except NDC^ 68682046275)* **QL**, *clindamycin solution* **QL**, *clindamycin-benzoyl peroxide* **QL**, *erythromycin solution* **QL**, *erythromycin-benzoyl peroxide* **QL**, *tretinoin* **PA**, AKLIEF **PA**, EPIDUO **PA**, WINLEVI **PA**
	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* **WITH** *gentamicin* **QL**
Dermatology Antibiotics	*mupirocin cream*	*gentamicin* **QL**, *mupirocin ointment* **QL**
Dermatology Antipsoriatics	*calcipotriene cream* *calcipotriene foam* *calcitriol ointment* *CALCIPOTRIENE FOAM* SORILUX	*calcipotriene ointment* **PA**, *calcipotriene solution* **PA**

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	TAZORAC VECTICAL	
	calcipotriene-betamethasone DUOBRII	*calcipotriene ointment* or *calcipotriene solution* **WITH** *desoximetasone, fluocinonide* (except *fluocinonide cream 0.1%*) **PA**, *or BRYHALI* **QL**; ENSTILAR **PA**
Dermatology Atopic Dermatitis *	*doxepin cream*	*desonide (except desonide gel)* **QL**, *hydrocortisone* **QL**, *pimecrolimus* **PA ST**, *tacrolimus* **PA ST**, EUCRISA
	ELIDEL	*pimecrolimus* **PA ST**, *tacrolimus* **PA ST**, EUCRISA
Dermatology Rosacea *	*doxycycline monohydrate delayed-rel capsule*	ORACEA
	FINACEA GEL MIRVASO NORITATE RHOFADE CRE 1% SOOLANTRA	*azelaic acid gel* **PA**, *brimonidine gel, metronidazole,* FINACEA FOAM **PA**, ivermectin cream **PA**
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILIVEX SILTREX	Consult doctor
Dermatology *Seborrheic Dermatitis* *	*ketoconazole foam 2%* *Ketodan*	*ketoconazole shampoo 2%, selenium sulfide lotion 2.5%*
	XOLEGEL	*Ciclopirox* **QL**, *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)* **QL**, *hydrocortisone* **QL**
	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* **QL**, *hydrocortisone butyrate ointment* **QL**, *hydrocortisone butyrate solution* **QL**, *mometasone* **QL**, *triamcinolone cream* **QL**, *triamcinolone lotion* **QL**, *triamcinolone ointment (except triamcinolone ointment 0.05%)* **QL**
	betamethasone dipropionate ointment 0.05% *diflorasone cream* *diflorasone ointment* *halcinonide cream* APEXICON E HALOG PSORCON	*desoximetasone (except desoximetasone ointment 0.05%)* **QL**, *fluocinonide (except fluocinonide cream 0.1%)* **QL**, *BRYHALI* **QL**

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	clobetasol spray clobetasol emollient foam Tovet CORDRAN TAPE ULTRAVATE CLOBEX SPRAY OLUX-E *fluocinonide cream 0.1%*	*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**
Dermatology Warts	VEREGEN	*Imiquimod*
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	*desonide (except desonide gel)* **QL**, *hydrocortisone* **QL**
Dermatology *Miscellaneous Skin Conditions*	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	*desonide (except desonide gel)* **QL**, *hydrocortisone* **QL**
	luliconazole *oxiconazole* (NDCs^ 00168035830, 51672135902 only)	*Ciclopirox* **QL**, *clotrimazole* **QL**, *econazole* **QL**, *ketoconazole cream 2%* **QL**, *naftifine* **QL**
Diabetes * Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	*metformin, metformin ext-rel (except generics for FORTAMET or GLUMETZA)*
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA JANUVIA	saxagliptin, ZITUVIO **ST**
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR JANUMET JANUMET XR OSENI	saxagliptin-metformin ext-rel, ZITUVIMET **ST**, ZITUVIMET XR **ST**
Diabetes * Injectable Incretin Mimetics	BYDUREON BCISE BYETTA VICTOZA	OZEMPIC **PA QL SI**, MOUNJARO **PA QL SI**, RYBELSUS **PA QL SI**, TRULICITY **PA QL SI**, liraglutide **PA QL SI**
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 [4]	NOVOLIN 70/30 [3] **QL**
	HUMULIN N [4]	NOVOLIN N [3] **QL**
	HUMULIN R [4]	NOVOLIN R [3] **QL**
	NOTE: *Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.*	
Diabetes * Long Acting Insulins	LEVEMIR BASAGLAR	LANTUS **QL**, INS GLA YFGN, GLARGIN YFGN
Diabetes * Insulin Sensitizers	ACTOS	*pioglitazone*

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	dapagliflozin **PA ST**, JARDIANCE **PA ST**
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY **PA ST**, SYNJARDY XR **PA ST**, XIGDUO XR **PA ST**
Diabetes * Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI **PA ST**
Diabetes * Supplies, Needles[4]	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES **QL**
Diabetes * Supplies, Syringes[4]	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES **QL**
Diabetes * Supplies, Test Strips and Kits [5, 6]	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH STRIPS AND KITS All other test strips that are not ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS **QL** [6] ACCU-CHEK COMPACT PLUS STRIPS AND KITS **QL** [6] ACCU-CHEK GUIDE STRIPS AND KITS **QL** [6] ACCU-CHEK SMARTVIEW STRIPS AND KITS **QL** [6] TRUE METRIX STRIPS AND KITS **QL** [6] RELION TRUE TES METRIX **QL** [6]
	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 **QL**
	V-GO	OMNIPOD 5 INSULIN INFUSION PUMP **PA QL**, OMNIPOD DASH INSULIN INFUSION PUMP **PA QL**, OMNIPOD INSULIN INFUSION PUMP **PA QL**, TWIIST INSULIN INFUSION PUMP AND SUPPLIES
Endocrine and Metabolic Disorders Corticosteroids	*prednisolone solution 10 mg/5 mL* *prednisolone solution 20 mg/5 mL* BETAMETHASONE ACETATE BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	dexamethasone, hydrocortisone **QL**, methylprednisolone, *prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL),* prednisone **QL**
Endocrine and Metabolic Human Growth Hormones	GENOTROPIN	HUMATROPE **PA SP**, NORDITROPIN **PA SP**
Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents	NITYR	ORFADIN
Endocrine and Metabolic Potassium-Removing Agents	LOKELMA	VELTASSA
Endocrine and Metabolic Disorders Progestins	PROMETRIUM	Medroxyprogesterone **QL**; progesterone, micronized
Endocrine and Metabolic Disorders Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	*glucagon, human recombinant,* BAQSIMI, GVOKE, ZEGALOGUE

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Endocrine and Metabolic Disorders Vasopressin Receptor Antagonists	JYNARQUE	Talk to your doctor
Endocrine and Metabolic Miscellaneous	CARBAGLU	carglumic acid **PA**
	CYSTADANE	betaine **PA**
	CETROTIDE KIT	GANIRELIX ACETATE **PA SP**
*Endometriosis**	ZOLADEX	MYFEMBREE, ORILISSA
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	*sildenafil* **PA QL**, *tadalafil* **PA QL**
Fertility Regulators Follicle-Stimulating Hormones	GONAL-F	FOLLISTIM AQ **PA QL SP SI**
	CHORIONIC GONADOTROPIN NOVAREL OVIDREL	PREGNYL **PA QL SP SI**
Gastrointestinal Anticholinergics	*chlordiazepoxide-clidinium (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)* hyoscamine sulfate ext-rel GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	*dicyclomine*
Gastrointestinal Antidiarrheals	ENTERAGAM	*alosetron,* VIBERZI, XIFAXAN 550 MG **PA QL**
	MYTESI	*diphenoxylate-atropine, loperamide*
Gastrointestinal Antiemetics	TRANSDERM SCOP	*meclizine, scopolamine transdermal*
	ZUPLENZ	*granisetron* **QL**, *ondansetron* **QL**, SANCUSO **QL**
Gastrointestinal Irritable Bowel Syndrome	AMITIZA	lubiprostone, LINZESS, SYMPROIC
Gastrointestinal Laxatives	LACTULOSE PAK	*lactulose solution*
	GOLYTELY MOVIPREP (and its generics) OSMOPREP SUPREP	*peg 3350-electrolytes* (except generics for MOVIPREP), CLENPIQ
Gastrointestinal Opioid-Induced Constipation	RELISTOR	lubiprostone, SYMPROIC
Gastrointestinal Probiotics	PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	*lansoprazole delayed-rel orally disintegrating tablet* *dexlansoprazole delayed-rel* *omeprazole-sodium bicarbonate* pantoprazole delayed-rel suspension ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	*esomeprazole delayed-rel delayed-rel* **QL**, *lansoprazole delayed-rel capsule* **QL**, *omeprazole delayed-rel* **QL**, *pantoprazole delayed-rel tablet* **QL**
Gastrointestinal Ulcer Treatment	*sucralfate suspension* CARAFATE	*sucralfate tablet*

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Gaucher Disease	ELEYSO	CERDELGA **PA QL**, CEREZYME
Genitourinary Interstitial Cystitis	*ELMIRON* *RIMSO-50*	Consult doctor
Genitourinary Miscellaneous	*LITHOSTAT*	Consult doctor
	OCALIVA	IQIRVO **PA QL SP**
	THIOLA *THIOLA EC*	*tiopronin* **PA QL SP**
Gout *	colchicine capsule COLCRYS MITIGARE	*colchicine tablet*
	ULORIC	*allopurinol*
Growth Hormones	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN **PA QL SP SI**
Hematologic Anticoagulants (oral)	PRADAXA	*warfarin*, XARELTO, ELIQUIS
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	EPOGEN	RETACRIT **PA QL SP SI**, PROCRIT **PA QL SP**, ARANESP **PA QL SP**
Hematologic Hemophilia B	ALPROLIX IXINITY RIXUBIS	REBINYN **PA QL SP**, BENEFIX **PA QL SP**
Hematologic Neutropenia Colony Stimulating Factors	FYLNETRA NEULASTA NEULASTA ONPRO UDENYCA ZIEXTENZO	FULPHILA **PA QL SP SI**, NYVEPRIA **PA QL SP SI**
Hematologic Neutropenia Colony Stimulating Factors	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM **PA QL SP SI**
Hematologic Paroxysmal Nocturnal Hemoglobinuria (PNH) Agents	SOLIRIS ULTOMIRIS	VYVGART **PA QL SP**, VYVGART HYTRULO **PA QL SP**
cinrHematologic Platelet Aggregation Inhibitors	PLAVIX	*clopidogrel, prasugrel*, ticagrelor
	ZONTIVITY	*Consult doctor*
	NPLATE PROMACTA TAVALISSE	ALVAIZ **PA QL SP**, DOPTELET **PA QL SP**

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
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*
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	*candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan*
High Blood Pressure * Angiotensin II Receptor Antagonist/Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	*candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide*
High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations	AZOR EXFORGE	*amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan*
High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations	EXFORGE HCT	*olmesartan-amlodipine-hydrochlorothiazide*
High Blood Pressure * Beta-blockers	BYSTOLIC COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	*atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel*
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	*metoprolol succinate ext-rel* **WITH** *hydrochlorothiazide*
High Blood Pressure * Calcium Channel Blockers	NORVASC	*amlodipine*
	diltiazem ext-rel (generics for CARDIZEM LA only) *Matzim LA* CARDIZEM CARDIZEM CD CARDIZEM LA	*diltiazem ext-rel* (except generic of CARDIZEM LA)
High Blood Pressure * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	*amlodipine* **WITH** *celecoxib*
Huntington's Disease	AUSTEDO XR XENAZINE	*tetrabenazine* **PA QL SP**, AUSTEDO **PA QL SP**
Immunology Immune Globulins	OCTAGAM	Talk to your doctor
Immunology Hereditary Angioedema	BERINERT FIRAZYR	*icatibant* **PA QL SP SI**, RUCONEST **PA QL SP SI**
	CINRYZE	ORLADEYO **PA QL SP**, TAKHZYRO **PA QL SP SI**
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	budesonide ext-rel ASACOL HD COLAZAL DELZICOL LIALDA	*balsalazide* **PA QL**, *mesalamine delayed-rel , mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel,*

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
	PENTASA	
*Interferons**	PEGASYS	Consult doctor
Kidney Disease * Phosphate Binders	*lanthanum carbonate* FOSRENOL RENVELA VELPHORO	*calcium acetate, sevelamer carbonate,* PHOSLYRA, AURYXIA
Menopausal Symptom Agents Oral/ Transdermal	*paroxetine mesylate capsule 7.5 mg*	*paroxetine HCl*
	CLIMARA CLIMARA PRO DIVIGEL PAK GEL ELESTRIN GEL EVAMIST SPR MENEST MENOSTAR OSPHENA PREMARIN MINIVELLE VIVELLE-DOT	*estradiol,* COMBIPATCH
Menopausal Symptom Agents Vaginal	*estradiol vaginal tablet* *Yuvafem* ESTRING FEMRING INTRAROSA PREMARIN CREAM	*estradiol vaginal cream,* IMVEXXY, VAGIFEM
Multiple Sclerosis	AUBAGIO EXTAVIA GILENYA LEMTRADA TECFIDERA	*dimethyl fumarate delayed-rel, glatiramer*, AVONEX **PA QL SP SI**, BETASERON **PA QL SP SI**, KESIMPTA **PA QL SP SI**, MAYZENT **PA QL SP**, OCREVUS, REBIF **PA QL SP SI**, VUMERITY **PA QL SP,** ZEPOSIA **PA QL SP**
Musculoskeletal	*carisoprodol 250 mg* *chlorzoxazone 250 mg, 375 mg, 500 mg (NDC^ 73007001303 only), 750 mg* *cyclobenzaprine ext-rel capsule* *cyclobenzaprine tablet 7.5 mg* *metaxalone 400 mg* *methocarbamol 500 mg* (NDC^ 69036091010 only) *methocarbamol 750 mg* (NDCs^ 69036093090, 70868090190 only) *orphenadrine-aspirin-caffeine* *Fexmid* *Lorzone* *Orphengesic Forte* AMRIX NORGESIC FORTE	*cyclobenzaprine* (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promotors	NUVIGIL PROVIGIL XYREM	*armodafinil* **PA,** LUMRYZ **PA,** *modafinil* **PA** , SUNOSI, WAKIX **PA SP**, XYWAV **PA SP**
Nephrotic Cystinosis	PROCYSBI	CYSTAGON **PA QL**
Ophthalmic Allergies	ALREX BEPREVE LASTACAFT ZERVIATE	*azelastine, bepotastine, cromolyn sodium, olopatadine*
Ophthalmic Anti-infectives	AZASITE CILOXAN	*ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE*
Ophthalmic Anti-Infective / Anti-Inflammatory Combinations	TOBRADEX ST ZYLET	*neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone,* TOBRADEX OINTMENT

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
Ophthalmic Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	*bromfenac, diclofenac, ketorolac,* ILEVRO
Ophthalmic Anti-Inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	*dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%*
Ophthalmic Antivirals	ZIRGAN	*trifluridine*
Ophthalmic Dry Eye Agents	LACRISERT	RESTASIS **PA**, VEVYE **PA**
Ophthalmic Glaucoma	LUMIGAN RHOPRESSA ROCKLATAN TRAVATAN Z VYZULTA	*latanoprost, travoprost,* ZIOPTAN
	BETIMOL TIMOPTIC OCUDOSE	*timolol maleate solution,* BETOPTIC S
	COMBIGAN	*brimonidine-timolol*
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Ophthalmic Retinal Disorders	EYLEA LUCENTIS	BYOOVIZ **PA SP**
Opioid Dependency	SUBOXONE	*buprenorphine-naloxone sublingual*, ZUBSOLV
Osteoporosis * Calcium Regulators	FORTEO MIACALCIN INJECTION	*alendronate, calcitonin-salmon, ibandronate, risedronate,* TYMLOS **PA QL SP SI,** teriparatide **PA QL SP**, zoledronic acid **PA QL SP**, BONSITY **PA QL SP**
Otic Anti-infective/ Anti-inflammatory Combinations	*ciprofloxacin-fluocinolone* CIPRO HC CIPRODEX	*ciprofloxacin-dexamethasone, ofloxacin otic*
Overactive Bladder/Incontinence * Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	*darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel,* GEMTESA
Pain Headache *	*butalbital-acetaminophen capsule* *butalbital-acetaminophen tablet 25-325 mg, 50-300 mg* *butalbital-acetaminophen-caffeine capsule* *diclofenac potassium powder* *Bupap* *Vtol LQ* BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230 only) CAMBIA FIORICET CAPSULE	*diclofenac sodium* **QL**, *ibuprofen* **QL**, *naproxen (except naproxen CR or naproxen suspension)* **QL**
	dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT MAXALT MAXALT-MLT	*eletriptan* **QL**, *naratriptan* **QL**, *rizatriptan* **QL**, *sumatriptan* **QL**, *zolmitriptan* **QL,** NURTEC ODT **PA ST QL**, UBRELVY **PA ST QL**, ZEMBRACE SYMTOUCH **QL**, ZOMIG NASAL SPRAY **QL**

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

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
	naproxen-esomeprazole delayed-rel	*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
Parkinson's Disease	APOKYN	INBRIJA PA QL, KYNMOBI PA QL
	NOURIANZ	*amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline*, NEUPRO
Phenylketonuria	KUVAN	*sapropterin*
Postherpetic Neuralgia	HORIZANT	*gabapentin, pregabalin, pregabalin ext-rel,* GRALISE
Premenstrual Dysphoric Disorder (PMDD)	*fluoxetine* (generics for SARAFEM only)	*fluoxetine(except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC 60505367503), sertraline*
Prenatal Vitamins	AZESCO CITRANATAL INATAL GT PRENATAL 19 CHW TAB PRENATAL PLUS TRINATE VITAFOL-ONE ZALVIT All other brand prenatal vitamins	*generic prenatal vitamins*
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	*dutasteride-tamsulosin; dutasteride* or *finasteride* **WITH** *alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin*
	RAPAFLO UROXATRAL	*alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin*
Pseudobulbar Affect	NUEDEXTA	Consult doctor
Respiratory Anaphylaxis Treatment Agents	ADRENALIN EPIPEN EPIPEN JR SYMJEPI	*epinephrine auto-injector* QL, AUVI-Q QL
Respiratory Cough	*benzonatate* (NDC^ 69336012615, 69499032915 only)	*benzonatate* (except NDC^ 69336012615, 69499032915)
Respiratory Idiopathic Pulmonary Fibrosis	ESBRIET	*pirfenidone, OFEV*
Respiratory Phosphodiesterase-4 Inhibitors	DALIRESP	*roflumilast*
Respiratory Xanthines	THEO-24 tiotropium bromide	*ipratropium inhalation solution* QL, PERFOROMIST QL, SEREVENT QL, SPIRIVA QL, STRIVERDI RESPIMAT QL, YUPELRI QL
Sleep Disorder Hypnotics, Non-benzodiazepines	*quazepam* *zolpidem sublingual* DAYVIGO EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel,* BELSOMRA, QUVIVIQ
Testosterone Replacement * Androgens	*testosterone gel 1% (authorized generics for* TESTIM *and* VOGELXO *only)* [8] ANDROGEL FORTESTA JATENZO TESTIM VOGELXO	*testosterone gel (except authorized generics for* TESTIM *and* VOGELXO*), testosterone solution,* NATESTO
Thyroid Supplements	ARMOUR THYROID CYTOMEL NATURE-THROID WESTHROID NP THYROID	*levothyroxine, liothyronine*

Category * Drug Class	Drugs Requiring Prior Authorization for Medical Necessity [1]	Formulary Options
	WP THYROID	
	TIROSINT	*levothyroxine,* SYNTHROID
*Transplant** Immunosuppressants, Calcineurin Inhibitors	PROGRAF	*tacrolimus* **PA ST**
Urea Cycle Disorders	BUPHENYL RAVICTI	*sodium phenylbutyrate* **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 [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®[8] 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		
ABRILADA ACANYA ACIPHEX ACIPHEX SPRINKLE ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS ACTICLATE *Activite* ACTOS ACUVAIL *acyclovir cream* ACZONE *adapalene pad* ADALIMUMAB-AACF ADALIMUMAB-AATY ADALIMUMAB-ADBM ADALIMUMAB-RYVK ADCIRCA ADDERALL ADDERALL XR ADRENALIN	BEYAZ *bimatoprost solution 0.03%* BORTEZOMIB BOTOX BREEZE 2 STRIPS AND KITS [7] BROMSITE *budesonide ext-rel* *Bupap* BUPHENYL *bupropion ext-rel tablet 450 mg* *butalbital-acetaminophen tablet 25-325 mg* *butalbital-acetaminophen tablet 50-300 mg* BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230 only) *butalbital-acetaminophen-caffeine capsule* BUTRANS BYDUREON BCISE BYETTA BYSTOLIC CAFERGOT *calcipotriene cream* *calcipotriene foam*	ECOZA ELESTRIN GEL ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM ENTYVIO (for Crohn's disease only) EPANED EPICERAM EPIPEN EPIPEN JR EPIVIR HBV EPOGEN *ergotamine-caffeine* ERYPED ESBRIET *estradiol vaginal tablet* ESTRING *ethinyl estradiol-etonogestrel* EVAMIST SPR EVEKEO EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM EPANED

ADVAIR DISKUS
ADVAIR HFA
ADZENYS XR-ODT
AFINITOR
AFINITOR DISPERZ
AIMOVIG
albuterol sulfate CFC-free (NDC^ 66993001968,00093317431 only)
ALEVICYN GEL
ALEVICYN SG
ALEVICYN SOLUTION
ALIMTA
ALIQOPA
ALLISON MEDICAL INSULIN SYRINGES[5]
ALREX
ALTOPREV
ALVESCO
AMITIZA
AMJEVITA
AMRIX
ANDROGEL
APEXICON E
APIDRA
APLENZIN
APOKYN
APTENSIO XR
APTIVUS
ARANESP
ARAZLO
ARCALYST
ARMOUR THYROID
ARNUITY ELLIPTA
ARTHROTEC
ASACOL HD
ASMANEX
ATACAND
ATACAND HCT
ATIVAN
ATOPADERM
AUBAGIO
AUSTEDO XR
ATRIPLA
AVASTIN
AVENOVA
AZASITE
AZELEX
AZESCO
AZOR
BASAGLAR
BALCOLTRA
BANZEL
BARACLUDE TABLET
BEAU RX
BECONASE AQ
BENICAR
BENICAR HCT
BENSAL HP
BENZACLIN
benzonatate (NDCs^ 69336012615, 69499032915 only)
BEPREVE
BERINERT
BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE
betamethasone dipropionate ointment 0.05%
BETIMOL
BETAPACE
BETAPACE AF
BETHKIS
BETIMOL
BEVESPI AEROSPHERE
JADENU
JALYN
JENTADUETO
JENTADUETO XR
JORNAY PM
CALCIPOTRIENE FOAM
calcipotriene-betamethasone
calcitriol ointment
CAMBIA
CapsFenac Pak
Capsinac
CARAC
CARAFATE
CARBAGLU
CARBINOXAMINE TABLET 6 MG
CARDIZEM
CARDIZEM CD
CARDIZEM LA (and its generics)
carisoprodol 250 mg
CARNITOR
CARNITOR SF
CAYSTON
CELEBREX

CETROTIDE KIT
chlordiazepoxide-clidinium (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only
chlorzoxazone 250 mg
chlorzoxazone 375 mg
chlorzoxazone 500 mg (NDC^ 73007001303 only)
chlorzoxazone 750 mg
CHORIONIC GONADOTROPIN
CIALIS
CICATRACE
CILOXAN
CIMZIA
CINRYZE
CIPRO HC
CIPRODEX
ciprofloxacin-fluocinolone
CITRANATAL
CLIMARA (except CLIMARA PRO)
clindamycin gel (NDC^ 68682046275 only)
clobetasol emollient foam
clobetasol spray
CLOBEX SPRAY
clocortolone cream
COLAZAL
colchicine capsule
COLCRYS
COMBIGAN
COMBIVENT
COMPLERA
CONCERTA
CONSENSI
CONTOUR NEXT STRIPS AND KITS [7]
CONTOUR STRIPS AND KITS [7]
CONTRAVE
CORDRAN CREAM
CORDRAN LOTION
CORDRAN OINTMENT
CORDRAN TAPE
CoreMino
COTELLIC
COZAAR
CRESEMBIA
CRESTOR
CUPRIMINE
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
CYLTEZO
CYMBALTA
CYSTADANE
CYTOMEL
DALIRESP
DARAPRIM
DAYTRANA
DAYVIGO
DELZICOL
EXFORGE
EXFORGE HCT
EXJADE
EXTAVIA
FABIOR
FANAPT
FEMRING
fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg
fenofibrate tablet 40 mg, 120 mg
FENOGLIDE TABLET 120 MG
fenoprofen
FENOPROFEN CAPSULE
FERIVA 21/7
FERRIPROX
Fexmid
FINACEA GEL
FINTEPLA
FIORICET CAPSULE
FIRAZYR
FIRMAGON
FLAREX
FLOVENT DISKUS
FLOVENT HFA
flucytosine capsule 500 mg
fluocinonide cream 0.1%
fluorouracil cream 0.5%
fluoxetine tablet (generics for SARAFEM only)
fluoxetine tablet 60 mg
flurandrenolide cream
flurandrenolide lotion
flurandrenolide ointment
FML LIQUIFILM
FML FORTE
FML S.O.P
Folvite-D
FORTAMET
FORTEO
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS [6]
FULPHILA
GEL-ONE
Genicin Vita-S
GENOTROPIN
GLEEVEC
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GLUMETZA
GLYCOPYRROLATE TABLET 1.5 MG
GOLYTELY
GONAL-F
GRANIX
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM
halcinonide cream
HADLIMA
HALOG
heparin sodium 5% dextrose
HEPARIN SODIUM IN 5% DEXTROSE
HEPSERA
HERCEPTIN
HERCEPTIN HYLECTA
HERZUMA
HORIZANT
HULIO
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMIRA

JUXTAPID
JANUMET
JANUMET XR
JANUVIA
JYNARQUE
KAMDOY
Kapzin DC
KAZANO
KEPPRA
KEPPRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET
KITABIS PAK
JATENZO
KOMBIGLYZE XR
KORLYM
KUVAN
KYPROLIS
LACRISERT
LACTULOSE PAK
LAMICTAL
LAMICTAL ODT
LAMICTAL XR
LANOXIN TABLET (125 MCG and 250 MCG only)
lansoprazole delayed-rel orally disintegrating tablet
lanthanum carbonate
LASTACAFT
KALETRA
LATUDA
LAZANDA
LESCOL XL
LETAIRIS
LEUKINE
LEVEMIR
levorphanol
LEXAPRO
LEXIVA
LIALDA
LIBRAX
LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only)
LIDOTREX
LILETTA
LIPITOR
LITHOSTAT
LIVALO
Lofena
LOKELMA
Lorid
Lorzone
LOTEMAX
LOTEMAX SM
LOVAZA
luliconazole
LUCENTIS
LUMIGAN
LUNESTA
LYRICA
MACRODANTIN
Matzim LA
MAXALT
MAXALT-MLT
MAXIDEX
MAVYRET
mefenamic acid (NDC^ 69336012830 only)
meloxicam capsule
MENEST
MENOSTAR
mesalamine delayed-rel tablet 800 mg
metaxalone 400 mg
metformin ext-rel (generics for FORTAMET and GLUMETZA only)
DEPAKOTE
DEPAKOTE ER
DEPAKOTE SPRINKLE
DESFERAL
desonide gel
desoximetasone ointment 0.05%
DesRx
DETROL LA
dexchlorpheniramine
Dexifol
DEXILANT
dexlansoprazole delayed-rel
DIACOMIT
diclofenac potassium capsule 25 mg
diclofenac potassium powder
diclofenac potassium tablet 25 mg
diclofenac sodium solution 2%
Diclofex DC
DicloHeal-60
DIFFERIN LOTION
diflorasone cream
diflorasone ointment
dihydroergotamine spray
DILANTIN
diltiazem ext-rel (generics for CARDIZEM LA only)
DIOVAN
DIOVAN HCT
DIVIGEL PAK GEL
Diphen Elixir
DORYX
DORYX MPC
doxepin cream
doxycycline hyclate
delayed-rel tablet 50 mg, 100 mg, 200 mg
doxycycline hyclate tablet 50 mg
doxycycline hyclate tablet 75 mg
doxycycline hyclate tablet 150 mg
doxycycline monohydrate capsule 75 mg
doxycycline monohydrate capsule 150 mg
doxycycline monohydrate delayed-rel capsule
DULERA
DUOBRII
DYANAVEL XR
DUTOPROL
DYMISTA
DYRENIUM
EDARBI
EDARBYCLOR
EDLUAR
EDURANT
E.E.S. GRANULES
EFFEXOR XR
ELELYSO
ELIDEL
ELIQUIS
ELMIRON
EluRyng
EYELEA
OCTAGAM
OGIVRI
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
ONETOUCH STRIPS AND KITS [6]
ONFI
ONGLYZA
orphenadrine-aspirin-caffeine
Orphengesic Forte
OPZELURA
ORTHO D
ORTHO DF
OSENI
OSMOPREP
OSPHENA
HUMULIN 70/30 [4]
HUMULIN N [4]
HUMULIN R [4]
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
hyoscamine sulfate ext-rel
HYSINGLA ER
HYZAAR
Iclofenac CP
ICLUSIG
icosapent ethyl
IDACIO
INATAL GT
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA
INNOPRAN XL
INTELENCE
INTRAROSA
INTUNIV
INVELTYS
INVIRASE
INVOKAMET
INVOKAMET XR
INVOKANA
IRESSA
isosorbide dinitrate 40 mg
isotretinoin cap 25 mg
ivermectin cream
IXINITY
SIMLANDI
STRIBILD
SUBOXONE
SUBSYS
sucralfate suspension
sumatriptan-naproxen
SUPREP
Sure Result DSS Premium Pack
SUTENT
SYMJEPI
SYNERDERM
SYPRINE
TALIVA
Targadox
TARGRETIN
TASIGNA
tavaborole
TAVALISSE
TAYTULLA
TAZORAC
TECFIDERA
TEGRETOL
TEGRETOL XR
TESTIM
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)
THEO-24
THIOLA
THIOLA EC
TIMOPTIC OCUDOSE
TIROSINT
TOBI
TOBI PODHALER
TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROL-XL
Tovet
TOVIAZ
TRACLEER
TRADJENTA

methocarbamol 500 mg (NDC^ 69036091010 only)
methocarbamol 750 mg (NDCs^ 69036093090, 70868090190 only)
MIACALCIN INJECTION
MICARDIS
MICARDIS HCT
Migergot
MILLIPRED
MINASTRIN 24 FE
MINIVELLE
MITIGARE
minocycline ext-rel
MIRVASO
Mondoxyne NL capsule 75 mg
MOVIPREP
MULPLETA
MultiPro
mupirocin cream
MYDAYIS
MYOBLOC
MYRBETRIQ
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole delayed-rel delayed-rel
NATURE-THROID
NEO-SYNALAR
NESINA
NEULASTA
NEULASTA ONPRO
NEUPOGEN
NEVANAC
NEXAVAR
NEXIUM
NEXTERONE
niacin tablet 500 mg
Niacor
NICADAN
NICAPRIN
NICAZEL
NICAZEL FORTE
NICOMIDE
NILANDRON
nitrofurantoin (except NDCs^ 16571074024, 70408023932)
NITYR
Nolix
NORGESIC FORTE
NORITATE
NORPACE
NORTHERA
NORVASC
NORVIR
NOURIANZ
NOVAREL
NOVO NORDISK NEEDLES [5]
NOXAFIL
NPLATE
NP THYROID
NUCALA LYOPHILIZED POWDER
NUCYNTA
NUCYNTA ER
NuDiclo SoluPak
NuDiclo TabPak
NUEDEXTA
NUTROPIN AQ
NUVARING
NUVIGIL
OVIDREL
OWEN MUMFORD NEEDLES [5]
oxiconazole (NDCs^ 00168035830, 51672135902 only)
OXYCONTIN
oxymorphone ext-rel
OXYTROL
pantoprazole delayed-rel suspension
paroxetine HCl ext-rel (NDC^ 60505367503 only)
paroxetine mesylate
PAXIL
PAXIL CR
peg 3340- electrolytes (generics for MOVIPREP only)
PEGASYS
Pennsaicin
PENNSAID
PENTASA
PERCOCET
PERRIGO NEEDLES [5]
PEXEVA
PLAVIX
POLYTOZA
21osaconazole delayed-rel tablet
PRADAXA
PRALUENT
PRED FORTE
PRED MILD
prednisolone solution 10mg/ 5 mL
prednisolone solution 20mg/ 5 mL
PREMARIN
PREMARIN CREAM
PRENATAL 19 CHW TAB
PRENATAL PLUS
PREVACID
PREVIDENT
PREZISTA
PRILOSEC
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROGRAF
PROMACTA
PROMETRIUM
PROTONIX
PROVAD
PROVENTIL HFA
PROVIGIL
PROZAC
PSORCON
PYZCHIVA
QNASL
QTERN
quazepam
QUILLICHEW ER
QUILLIVANT XR
QVAR REDIHALER
RAPAFLO
RAVICTI
RAYOS
RECEDO
RELISTOR
REMODULIN
RENFLEXIS
RENVELA
REPATHA
RETIN-A MICR GEL
REVATIO
REYATAZ
RHEUMATE
RHOFADE CRE 1%
RHOPRESSA
RIABNI
RIBOZEL
RIMSO-50
RIOMET
RITUXAN
tramadol (NDC^ 52817019610 only)
tramadol ext-rel capsule
TRANSDERM SCOP
TRAVATAN Z
TRELSTAR MIXJECT
TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianex
TRICOR
TRILEPTAL
TRINATE
TRIVIDIA INSULIN SYRINGES [5]
TronVite
TRUVADA
TRUXIMA
TUDORZA
TYSABRI
TYRVAYA
TWYNEO
UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES [5]
ULTIMED NEEDLES [5]
ULTRAVATE
UROXATRAL
V-GO
VALCYTE
VALTREX
Vanoxide-HC
VASCULERA
VECTICAL
VELPHORO
VELTIN
VEMLIDY
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VIAGRA
VIEKIRA PAK
VIIBRYD
VIMPAT
VIRACEPT
VITAFOL-ONE
Vitasure
VIVELLE-DOT
VOGELXO
VOTRIENT
VYVANSE
VYZULTA
Vtol LQ
WELLBUTRN XL
WESTHROID
WP THYROID
XALKORI 200MG, 250MG
XANAX
XANAX XR
XELJANZ TAB
XELJANZ SOL
XELJANZ XR
XENAZINE
XENICAL
XERESE
XIIDRA
XOLEGEL
XOPENEX HFA
Xvite
XYREM
XYZBAC
YASMIN
YAZ *Yuvafem*
YUFLYMA
YUSIMRY
ZALVIT
ZARXIO

	RIXUBIS ROCKLATAN ROZEREM RUBRACA *RyClora* RYTARY SABRIL SAIZEN SANDOSTATIN LAR SCARSILK PAD SEASONIQUE SELZENTRY SEROQUEL XR SIGNIFOR LAR SIL-K PAD SILENOR SILIVEX SILTREX SIMLANDI SIMPONI SINGULAIR SOLIRIS SOMAVERT SOOLANTRA SORILUX SPRIX SPRYCEL STENDRA SYMBICORT	ZEGERID ZELAC ZELBORAF ZEPATIER ZERVIATE ZESTORETIC ZETIA ZETONNA ZIANA *Ziclocin Pak* *Ziclopro* *zileuton ext-rel* ZIEXTENZO ZIRGAN ZOLADEX ZOLOFT *zolpidem sublingual* ZOPIMIST ZONEGRAN ZONTIVITY ZORVOLEX ZTLIDO ZUPLENZ ZYDELIG ZYLET ZYTIGA ZYVIT

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

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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits 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 14858 Lexington, KY 40512
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**.

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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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te manaʻomia ai le faia o se gaioiga i nisi taimi faʻagata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.