

Prior Authorization Program Information

Current 7/1/24

Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication to determine if the medication will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of medications. The current list of newly marketed drugs can be found on our [New to Market Drug list](#).

Drugs included in our Prior Authorization Program are reviewed based on medical necessity criteria for coverage. Drugs with step therapy requirements may be covered if a prior health plan paid for the drug – documentation of a paid claim may be required.

Important:

- Prior Authorization requirements may vary. Certain drugs may not be covered by certain member plans.
- Refer to the member's individual policy for inclusion in the PA program and medication guide for determination of coverage.
- Member cost share may be higher for [self-administered specialty drugs](#) not obtained at an in-network specialty pharmacy.
- For provider administered drugs that are buy and bill, for office or outpatient facility settings, submit requests through [Availity®](#).
- For prescriptions sent to CVS Specialty, CVS Specialty will coordinate prior authorization reviews using the [CVS Specialty Fax Form](#).
- Florida Blue prefers electronic Prior Authorization (ePA) requests through [CoverMyMeds](#) – a free ePA service that allows prescribers to submit and check the status of a PA request electronically. Alternatively, [standard fax authorization forms](#) are also available.
- If you have questions or need further assistance after consulting this table, please call the number on the back of your insurance card.

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
All Glucose Test Strips except Bayer Contour products or Lifescan One Touch products	CoverMyMeds			
Alternate PA drugs - All drugs rejecting with "alternate PA program" message (Alternate PA Program Summary)	CoverMyMeds			
Compound Medications	CoverMyMeds			
ABECMA			Availity	
ABIRATERONE ACETATE	CoverMyMeds	CVS Specialty Fax Form		
ABRAXANE			Availity	
ABRILADA	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
ACETAMINOPHEN/CODEINE	CoverMyMeds			
ACETAMINOPHEN/CODEINE PHOSPHATE	CoverMyMeds			
ACTEMRA ACTPEN	CoverMyMeds	CVS Specialty Fax Form		
ACTEMRA IV			Availity	
ACTEMRA SC	CoverMyMeds	CVS Specialty Fax Form		
ACTHAR	CoverMyMeds	CVS Specialty Fax Form		
ACTIMMUNE	CoverMyMeds	CVS Specialty Fax Form		
ACTIQ	CoverMyMeds			
ADAKVEO			Availity	
ADALIMUMAB-AACF	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
ADALIMUMAB-AATY	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
ADALIMUMAB-ADAZ	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
ADALIMUMAB-ADBIM	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
ADALIMUMAB-FKJP	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
ADALIMUMAB-RYVK	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
ADBRY	CoverMyMeds	CVS Specialty Fax Form		
ADCETRIS			Availity	
ADCIRCA	CoverMyMeds	CVS Specialty Fax Form		
ADEMPAS	CoverMyMeds	CVS Specialty Fax Form		
ADLYXIN	CoverMyMeds			
ADLYXIN STARTER PACK	CoverMyMeds			
ADMELOG	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
ADMELOG SOLOSTAR	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
ADSTILADRIN			Availity	
ADUHELM			Availity	
ADVATE	CoverMyMeds	CVS Specialty Fax Form		
ADYNOVATE	CoverMyMeds	CVS Specialty Fax Form		
ADZYNMA			Availity	
AFINITOR	CoverMyMeds	CVS Specialty Fax Form		
AFINITOR DISPERZ	CoverMyMeds	CVS Specialty Fax Form		
AFREZZA	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
AFSTYLA	CoverMyMeds	CVS Specialty Fax Form		
AGAMREE	CoverMyMeds	CVS Specialty Fax Form		
AIMOVIG	CoverMyMeds			
AJOVY	CoverMyMeds			
AKEEGA	CoverMyMeds	CVS Specialty Fax Form		
ALBENDAZOLE	CoverMyMeds			
ALBENZA	CoverMyMeds			
ALDARA	CoverMyMeds			
ALDURAZYME			Availity	
ALECENSA	CoverMyMeds	CVS Specialty Fax Form		
ALIMTA			Availity	
ALIQOPA			Availity	
ALOSETRON HYDROCHLORIDE	CoverMyMeds			

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ALPHANATE	CoverMyMeds	CVS Specialty Fax Form		
ALPHANINE SD	CoverMyMeds	CVS Specialty Fax Form		
ALPROLIX	CoverMyMeds	CVS Specialty Fax Form		
ALTUVIIIIO	CoverMyMeds	CVS Specialty Fax Form		
ALUNBRIG	CoverMyMeds	CVS Specialty Fax Form		
ALVAIZ	CoverMyMeds	CVS Specialty Fax Form		
ALYGLO			Availity	
ALYMSYS			Availity	
ALYQ	CoverMyMeds	CVS Specialty Fax Form		
AMBRISENTAN	CoverMyMeds	CVS Specialty Fax Form		
AMITIZA	CoverMyMeds			
AMJEVITA	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
AMONDYS 45			Availity	
AMPHETAMINE ER	CoverMyMeds			
AMPYRA	CoverMyMeds			
AMTAGVI			Availity	
AMVUTTRA			Availity	
ANDRODERM	CoverMyMeds			
ANDROGEL	CoverMyMeds			
ANDROGEL PUMP	CoverMyMeds			
APADAZ	CoverMyMeds			
APHEXDA			Availity	
APIDRA	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
APIDRA SOLOSTAR	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
APOKYN	CoverMyMeds	CVS Specialty Fax Form	Availity	
APOMORPHINE HYDROCHLORIDE	CoverMyMeds	CVS Specialty Fax Form	Availity	
ARALAST NP			Availity	
ARANESP ALBUMIN FREE	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epopen. Nivestym and Zarxio are preferred over Neupogen and Granix.
ARCALYST	CoverMyMeds	CVS Specialty Fax Form		
ARZERRA			Availity	
ASCENIV			Availity	
ASCOMP/CODEINE	CoverMyMeds			
ASPARLAS			Availity	
AUBAGIO	CoverMyMeds	CVS Specialty Fax Form		

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AUGTYRO	CoverMyMeds	CVS Specialty Fax Form		
AUSTEDO	CoverMyMeds	CVS Specialty Fax Form		
AUSTEDO XR	CoverMyMeds	CVS Specialty Fax Form		
AUSTEDO XR PATIENT TITRATION KIT	CoverMyMeds	CVS Specialty Fax Form		
AVASTIN			Availity	
AVEED			Availity	
AVONEX	CoverMyMeds	CVS Specialty Fax Form		
AVONEX PEN	CoverMyMeds	CVS Specialty Fax Form		
AVSOLA			Availity	
AVZIVI			Availity	
AYVAKIT	CoverMyMeds	CVS Specialty Fax Form		
AZEDRA DOSIMETRIC			Availity	
AZEDRA THERAPEUTIC			Availity	
BAFIERTAM	CoverMyMeds	CVS Specialty Fax Form		
BAL IN OIL			Availity	
BALVERSA	CoverMyMeds	CVS Specialty Fax Form		
BAVENCIO			Availity	
BAXDELA	CoverMyMeds			
BELBUCA	CoverMyMeds			
BELEODAQ			Availity	
BENDAMUSTINE HYDROCHLORIDE			Availity	
BENDEKA			Availity	
BENEFIX	CoverMyMeds	CVS Specialty Fax Form		
BENLYSTA IV			Availity	
BENLYSTA SC	CoverMyMeds	CVS Specialty Fax Form		
BENZHYDROCODONE/ACETAMINOPHEN	CoverMyMeds			
BEOVU			Availity	
BERINERT	CoverMyMeds	CVS Specialty Fax Form	Availity	
BESPONSA			Availity	
BESREMI	CoverMyMeds	CVS Specialty Fax Form		
BETAINE ANHYDROUS	CoverMyMeds	CVS Specialty Fax Form		
BETASERON	CoverMyMeds	CVS Specialty Fax Form		
BEXAROTENE	CoverMyMeds	CVS Specialty Fax Form		
BIMZELX	CoverMyMeds	CVS Specialty Fax Form		
BIO T GEL	CoverMyMeds			
BIVIGAM			Availity	
BLENREP			Availity	

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BLINCYTO			Availity	
BONJESTA	CoverMyMeds			
BONSITY	CoverMyMeds	CVS Specialty Fax Form		
BOSENTAN	CoverMyMeds	CVS Specialty Fax Form		
BOSULIF	CoverMyMeds	CVS Specialty Fax Form		
BOTOX			Availity	
BRAFTOVI	CoverMyMeds	CVS Specialty Fax Form		
BREXAFEMME	CoverMyMeds			
BREYANZI			Availity	
BREYNA	CoverMyMeds			
BRINEURA			Availity	
BRIUMVI			Availity	
BRIXADI	CoverMyMeds	CVS Specialty Fax Form	Availity	
BRUKINSA	CoverMyMeds	CVS Specialty Fax Form		
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	CoverMyMeds			
BUPHENYL	CoverMyMeds	CVS Specialty Fax Form		
BUPRENORPHINE	CoverMyMeds			
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CoverMyMeds			
BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CoverMyMeds			
BUTORPHANOL TARTRATE	CoverMyMeds			
BUTRANS	CoverMyMeds			
BYDUREON BCISE	CoverMyMeds			
BYETTA	CoverMyMeds			
BYLVAY	CoverMyMeds	CVS Specialty Fax Form		
BYLVAY (PELLETS)	CoverMyMeds	CVS Specialty Fax Form		
BYOOVIZ			Availity	
CABLIVI	CoverMyMeds	CVS Specialty Fax Form	Availity	
CABOMETYX	CoverMyMeds	CVS Specialty Fax Form		
CAFERGOT	CoverMyMeds			
CALQUENCE	CoverMyMeds	CVS Specialty Fax Form		
CAMCEVI			Availity	
CAMZYOS	CoverMyMeds	CVS Specialty Fax Form		
CAPRELSA	CoverMyMeds	CVS Specialty Fax Form		
CARAC	CoverMyMeds			
CARVYKTI			Availity	
CASGEVY			Availity	
CEPROTIN			Availity	
CEQUA	CoverMyMeds			

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CERDELGA	CoverMyMeds	CVS Specialty Fax Form		
CEREZYME			Availity	
CETROTIDE			Availity	For Non-Fertility related diagnoses - SEND to Availity
CHEMET	CoverMyMeds	CVS Specialty Fax Form		
CHOLBAM	CoverMyMeds	CVS Specialty Fax Form		
CHORIONIC GONADOTROPIN (HUMAN)			Availity	For Non-Fertility related diagnoses - SEND to Availity
CIBINQO	CoverMyMeds	CVS Specialty Fax Form		
CIMERLI			Availity	
CIMZIA	CoverMyMeds	CVS Specialty Fax Form	Availity	
CIMZIA STARTER KIT	CoverMyMeds	CVS Specialty Fax Form	Availity	
CINACALCET HYDROCHLORIDE	CoverMyMeds			
CINQAIR			Availity	
CINRYZE	CoverMyMeds	CVS Specialty Fax Form		
CINVANTI			Availity	
CLOMID			Availity	For Non-Fertility related diagnoses - SEND to Availity
CLOMIPHENE CITRATE			Availity	For Non-Fertility related diagnoses - SEND to Availity
COAGADEX	CoverMyMeds	CVS Specialty Fax Form		
CODEINE SULFATE	CoverMyMeds			
CODEINE/ACETAMINOPHEN	CoverMyMeds			
COLUMVI			Availity	
COMETRIQ	CoverMyMeds	CVS Specialty Fax Form		
CONSENSI	CoverMyMeds			
CONZIP	CoverMyMeds			
COPAXONE	CoverMyMeds	CVS Specialty Fax Form		
COPIKTRA	CoverMyMeds	CVS Specialty Fax Form		
CORIFACT	CoverMyMeds	CVS Specialty Fax Form		
CORTROPHIN	CoverMyMeds	CVS Specialty Fax Form		
COSELA			Availity	
COSENTYX	CoverMyMeds	CVS Specialty Fax Form		
COSENTYX IV			Availity	
COSENTYX SENSOREADY PEN	CoverMyMeds	CVS Specialty Fax Form		
COSENTYX UNOREADY	CoverMyMeds	CVS Specialty Fax Form		
COTELLIC	CoverMyMeds	CVS Specialty Fax Form		
CRESEMBA	CoverMyMeds			

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CRINONE			Availity	For Non-Fertility related diagnoses - SEND to Availity
CRYSVITA			Availity	
CUPRIMINE	CoverMyMeds	CVS Specialty Fax Form		
CUTAQUIG	CoverMyMeds	CVS Specialty Fax Form		
CUVITRU	CoverMyMeds	CVS Specialty Fax Form		
CUVRIOR	CoverMyMeds	CVS Specialty Fax Form		Specialty self administered
CYANOCOBALAMIN	CoverMyMeds			
CYCLOSPORINE	CoverMyMeds			
CYLTEZO	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
CYLTEZO STARTER PACKAGE FOR PSORIASIS	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
CYRAMZA			Availity	
CYSTADANE	CoverMyMeds	CVS Specialty Fax Form		
CYSTADROPS	CoverMyMeds	CVS Specialty Fax Form		
CYSTARAN	CoverMyMeds	CVS Specialty Fax Form		
D.H.E. 45	CoverMyMeds			
DALFAMPRIDINE ER	CoverMyMeds			
DANAZOL	CoverMyMeds			
DANYELZA			Availity	
DARAPRIM	CoverMyMeds	CVS Specialty Fax Form		
DARZALEX			Availity	
DARZALEX FASPRO			Availity	
DAURISMO	CoverMyMeds	CVS Specialty Fax Form		
DAYBUE	CoverMyMeds	CVS Specialty Fax Form		
DEFEROXAMINE MESYLATE			Availity	
DEFITELIO			Availity	
DEFLAZACORT	CoverMyMeds	CVS Specialty Fax Form		
DEPEN TITRATABS	CoverMyMeds	CVS Specialty Fax Form		
DEPO-PROVERA CONTRACEPTIVE			Availity	
DEPO-SUBQ PROVERA 104			Availity	
DESFERAL			Availity	
DICHLORPHENAMIDE	CoverMyMeds	CVS Specialty Fax Form		
DICLEGIS	CoverMyMeds			
DICLOFENAC SODIUM	CoverMyMeds			
DIHYDROERGOTAMINE MESYLATE	CoverMyMeds			
DILAUDID	CoverMyMeds			

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DOCETAXEL			Availity	
DOJOLVI	CoverMyMeds	CVS Specialty Fax Form		
DOPTELET	CoverMyMeds	CVS Specialty Fax Form		
DOXEPIN HYDROCHLORIDE	CoverMyMeds			
DOXIL			Availity	
DOXORUBICIN HYDROCHLORIDE LIPOSOMAL			Availity	
DOXYLAMINE SUCCINATE/PYRIDOXINE HYDROCHLORIDE	CoverMyMeds			
DROXIDOPA	CoverMyMeds	CVS Specialty Fax Form		
DUEXIS	CoverMyMeds			
DUPIXENT	CoverMyMeds	CVS Specialty Fax Form		
DUVYZAT	CoverMyMeds	CVS Specialty Fax Form		
DYSPOET			Availity	
EDETATE CALCIUM DISODIUM			Availity	
EDETATE DISODIUM			Availity	
EFUDEX	CoverMyMeds			
EGATEN	CoverMyMeds	CVS Specialty Fax Form		
EGRIFTA SV	CoverMyMeds	CVS Specialty Fax Form		
ELAHERE			Availity	
ELAPRASE			Availity	
ELELYSO			Availity	
ELEVIDYS KIT			Availity	
ELFABRIO			Availity	
ELIGARD			Availity	
ELITEK			Availity	
ELMIRON	CoverMyMeds			
ELOCTATE	CoverMyMeds	CVS Specialty Fax Form		
ELREXFIO			Availity	
ELURYNG	CoverMyMeds			
ELYXB	CoverMyMeds			
ELZONRIS			Availity	
EMEND			Availity	
EMFLAZA	CoverMyMeds	CVS Specialty Fax Form		
EMGALITY	CoverMyMeds			
EMPAVELI	CoverMyMeds	CVS Specialty Fax Form		
EMPLICITI			Availity	
EMVERM	CoverMyMeds			
ENBREL	CoverMyMeds	CVS Specialty Fax Form		
ENBREL MINI	CoverMyMeds	CVS Specialty Fax Form		

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ENBREL SURECLICK	CoverMyMeds	CVS Specialty Fax Form		
ENDARI	CoverMyMeds	CVS Specialty Fax Form		
ENDOCET	CoverMyMeds			
ENDOMETRIN			Availity	For Non-Fertility related diagnoses - SEND to Availity
ENHERTU			Availity	
ENILLORING	CoverMyMeds			
ENJAYMO			Availity	
ENSPLYNG	CoverMyMeds	CVS Specialty Fax Form		
ENTYVIO IV			Availity	
ENTYVIO SC	CoverMyMeds	CVS Specialty Fax Form		
EPCLUSA	CoverMyMeds	CVS Specialty Fax Form		
EPIDIOLEX	CoverMyMeds	CVS Specialty Fax Form		
EPKINLY			Availity	
EPOGEN	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
EPOPROSTENOL SODIUM			Availity	
ERBITUX			Availity	
ERELZI	CoverMyMeds	CVS Specialty Fax Form		
ERGOMAR	CoverMyMeds			
ERGOTAMINE TARTRATE/CAFFEINE	CoverMyMeds			
ERIVEDGE	CoverMyMeds	CVS Specialty Fax Form		
ERLEADA	CoverMyMeds	CVS Specialty Fax Form		
ERLOTINIB HYDROCHLORIDE	CoverMyMeds	CVS Specialty Fax Form		
ERTACZO	CoverMyMeds			
ESBRIET	CoverMyMeds	CVS Specialty Fax Form		
ESPEROCT	CoverMyMeds	CVS Specialty Fax Form		
ETONOGESTREL/ETHINYL ESTRADIOL	CoverMyMeds			
EVENITY			Availity	
EVEROLIMUS	CoverMyMeds	CVS Specialty Fax Form		
EVKEEZA			Availity	
EVOMELA			Availity	
EVRYSDI	CoverMyMeds	CVS Specialty Fax Form		
EXELDERM	CoverMyMeds			
EXKIVITY	CoverMyMeds	CVS Specialty Fax Form		
EXONDYS 51			Availity	
EXSERVAN	CoverMyMeds	CVS Specialty Fax Form		

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EXTAVIA	CoverMyMeds	CVS Specialty Fax Form		
EYLEA			Availity	
EYLEA HD			Availity	
FABHALTA	CoverMyMeds	CVS Specialty Fax Form		
FABRAZYME			Availity	
FARYDAK	CoverMyMeds	CVS Specialty Fax Form		
FASENRA			Availity	
FASENRA PEN	CoverMyMeds	CVS Specialty Fax Form		
FEIBA	CoverMyMeds	CVS Specialty Fax Form		
FENSOLVI			Availity	
FENTANYL	CoverMyMeds			
FENTANYL CITRATE	CoverMyMeds			
FENTANYL CITRATE ORAL TRANSMUCOSAL	CoverMyMeds			
FENTORA	CoverMyMeds			
FERAHEME			Availity	
FIBRYGA	CoverMyMeds	CVS Specialty Fax Form	Availity	
FILSPARI	CoverMyMeds	CVS Specialty Fax Form		
FILSUVEZ	CoverMyMeds	CVS Specialty Fax Form		
FINTEPLA	CoverMyMeds	CVS Specialty Fax Form		
FIORICET/CODEINE	CoverMyMeds			
FIRAZYR	CoverMyMeds	CVS Specialty Fax Form		
FIRDAPSE	CoverMyMeds	CVS Specialty Fax Form		
FLEBOGAMMA DIF			Availity	
FLOLAN			Availity	
FLUOROURACIL	CoverMyMeds			
FOLLISTIM AQ			Availity	For Non-Fertility related diagnoses - SEND to Availity
FOLOTYN			Availity	
FORTEO	CoverMyMeds	CVS Specialty Fax Form		
FORTESTA	CoverMyMeds			
FOSAPREPITANT DIMEGLUMINE			Availity	
FOTIVDA	CoverMyMeds	CVS Specialty Fax Form		
FRUZAQLA	CoverMyMeds	CVS Specialty Fax Form		
FULPHILA	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
FUROSCIX	CoverMyMeds	CVS Specialty Fax Form		
FYARRO			Availity	

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FYLNETRA	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
FYREMADEL			Availity	For Non-Fertility related diagnoses - SEND to Availity
GALAFOLD	CoverMyMeds	CVS Specialty Fax Form		
GAMASTAN			Availity	
GAMIFANT			Availity	
GAMMAGARD LIQUID	CoverMyMeds	CVS Specialty Fax Form	Availity	
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	CoverMyMeds	CVS Specialty Fax Form	Availity	
GAMMAKED	CoverMyMeds	CVS Specialty Fax Form	Availity	
GAMMAPLEX			Availity	
GAMUNEX-C	CoverMyMeds	CVS Specialty Fax Form	Availity	
GANIRELIX ACETATE			Availity	For Non-Fertility related diagnoses - SEND to Availity
GATTEX	CoverMyMeds	CVS Specialty Fax Form		
GAVRETO	CoverMyMeds	CVS Specialty Fax Form		
GAZYVA			Availity	
GEFITINIB	CoverMyMeds	CVS Specialty Fax Form		
GENOTROPIN	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
GENOTROPIN MINIQUICK	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
GILENYA	CoverMyMeds	CVS Specialty Fax Form		
GILOTRIF	CoverMyMeds	CVS Specialty Fax Form		
GIVLAARI			Availity	
GLASSIA			Availity	
GLEEVEC	CoverMyMeds	CVS Specialty Fax Form		
GONAL-F			Availity	For Non-Fertility related diagnoses - SEND to Availity
GONAL-F RFF			Availity	For Non-Fertility related diagnoses - SEND to Availity
GONAL-F RFF REDJECT			Availity	For Non-Fertility related diagnoses - SEND to Availity
GRANIX	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
GRASTEK	CoverMyMeds			
HADLIMA	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HADLIMA PUSH TOUCH	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HAEGARDA	CoverMyMeds	CVS Specialty Fax Form		
HALAVEN			Availity	
HALOETTE	CoverMyMeds			

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HARVONI	CoverMyMeds	CVS Specialty Fax Form		
HEMGENIX			Availity	
HEMLIBRA	CoverMyMeds	CVS Specialty Fax Form		
HEMOFIL M	CoverMyMeds	CVS Specialty Fax Form		
HEPZATO Kit			Availity	
HERCEPTIN			Availity	
HERCEPTIN HYLECTA			Availity	
HERZUMA			Availity	
HETLIOZ	CoverMyMeds	CVS Specialty Fax Form		
HETLIOZ LQ	CoverMyMeds	CVS Specialty Fax Form		
HIZENTRA	CoverMyMeds	CVS Specialty Fax Form		
HULIO	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMALOG	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMALOG JUNIOR KWIKPEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMALOG KWIKPEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMALOG MIX 50/50	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMALOG MIX 50/50 KWIKPEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMALOG MIX 75/25	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMALOG MIX 75/25 KWIKPEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMALOG TEMPO PEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMATE-P	CoverMyMeds	CVS Specialty Fax Form		
HUMATROPE	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
HUMIRA	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMIRA PEN	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMIRA PEN-CD/UC/HS STARTER	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMIRA PEN-PEDIATRIC UC STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
HUMIRA PEN-PS/UV STARTER	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HUMULIN 70/30	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMULIN N	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMULIN N KWIKPEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HUMULIN R	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
HYCAMTIN	CoverMyMeds	CVS Specialty Fax Form		
HYDROCODONE BITARTRATE ER	CoverMyMeds			
HYDROCODONE BITARTRATE/ACETAMINOPHEN	CoverMyMeds			
HYDROCODONE/ACETAMINOPHEN	CoverMyMeds			
HYDROCODONE/IBUPROFEN	CoverMyMeds			
HYDROMORPHONE HCL	CoverMyMeds			
HYDROMORPHONE HCL ER	CoverMyMeds			
HYDROMORPHONE HYDROCHLORIDE	CoverMyMeds			
HYDROMORPHONE HYDROCHLORIDE ER	CoverMyMeds			
HYFTOR	CoverMyMeds			
HYQVIA	CoverMyMeds	CVS Specialty Fax Form		
HYRIMOZ	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYRIMOZ HCF	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYRIMOZ PLAQUE PSORIASIS STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
HYSINGLA ER	CoverMyMeds			
IBANDRONATE SODIUM			Availity	
IBRANCE	CoverMyMeds	CVS Specialty Fax Form		
IBSRELA	CoverMyMeds			
IBUPROFEN/FAMOTIDINE	CoverMyMeds			
ICATIBANT ACETATE	CoverMyMeds	CVS Specialty Fax Form		
ICLUSIG	CoverMyMeds	CVS Specialty Fax Form		
ICOSAPENT ETHYL	CoverMyMeds			
IDACIO	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
IDELVION	CoverMyMeds	CVS Specialty Fax Form		
IDHIFA	CoverMyMeds	CVS Specialty Fax Form		
IDOSE TR			Availity	
ILARIS			Availity	
ILUMYA			Availity	
ILUVIEN			Availity	
IMATINIB MESYLATE	CoverMyMeds	CVS Specialty Fax Form		
IMBRUVICA	CoverMyMeds	CVS Specialty Fax Form		
IMCIVREE	CoverMyMeds	CVS Specialty Fax Form		
IMFINZI			Availity	
IMIQUIMOD	CoverMyMeds			
IMIQUIMOD PUMP	CoverMyMeds			
IMJUDO			Availity	
IMLYGIC			Availity	
IMPAVIDO	CoverMyMeds	CVS Specialty Fax Form		
INBRIJA	CoverMyMeds	CVS Specialty Fax Form		
INCRELEX	CoverMyMeds	CVS Specialty Fax Form		
INFLECTRA			Availity	
INFLIXIMAB			Availity	
INFUGEM			Availity	
INGREZZA	CoverMyMeds	CVS Specialty Fax Form		
INJECTAFER			Availity	
INLYTA	CoverMyMeds	CVS Specialty Fax Form		
INQOVI	CoverMyMeds	CVS Specialty Fax Form		
INREBIC	CoverMyMeds	CVS Specialty Fax Form		
INSULIN ASPART	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
INSULIN ASPART PROTAMINE	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
INSULIN LISPRO JUNIOR KWIKPEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
INSULIN LISPRO KWIKPEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
INTRON A	CoverMyMeds	CVS Specialty Fax Form	Availity	
IRESSA	CoverMyMeds	CVS Specialty Fax Form		
ISTURISA	CoverMyMeds	CVS Specialty Fax Form		
ITRACONAZOLE	CoverMyMeds			
IVERMECTIN CRE 1%	CoverMyMeds			
IWILFIN	CoverMyMeds	CVS Specialty Fax Form		
IXIFI			Availity	
IXINITY	CoverMyMeds	CVS Specialty Fax Form		
IZERVAY			Availity	
JAKAFI	CoverMyMeds	CVS Specialty Fax Form		
JATENZO	CoverMyMeds			
JAVYGTOR	CoverMyMeds	CVS Specialty Fax Form		
JAYPIRCA	CoverMyMeds	CVS Specialty Fax Form		
JELMYTO			Availity	
JEMPERLI			Availity	
JEVTANA			Availity	
JIVI	CoverMyMeds	CVS Specialty Fax Form		
JOENJA	CoverMyMeds	CVS Specialty Fax Form		
JUBBONTI			Availity	
JUBLIA	CoverMyMeds			
JUXTAPID	CoverMyMeds	CVS Specialty Fax Form		
JYNARQUE	CoverMyMeds	CVS Specialty Fax Form		
KADCYLA			Availity	
KALBITOR	CoverMyMeds	CVS Specialty Fax Form	Availity	
KALYDECO	CoverMyMeds	CVS Specialty Fax Form		
KANJINTI			Availity	
KANUMA			Availity	
KERENDIA	CoverMyMeds			
KERYDIN	CoverMyMeds			
KESIMPTA	CoverMyMeds	CVS Specialty Fax Form		
KEVEYIS	CoverMyMeds	CVS Specialty Fax Form		
KEVZARA	CoverMyMeds	CVS Specialty Fax Form		
KEYTRUDA			Availity	
KHAPZORY			Availity	
KIMMTRAK			Availity	
KINERET	CoverMyMeds	CVS Specialty Fax Form		

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
KISQALI	CoverMyMeds	CVS Specialty Fax Form		
KISQALI FEMARA 200 DOSE	CoverMyMeds	CVS Specialty Fax Form		
KISQALI FEMARA 400 DOSE	CoverMyMeds	CVS Specialty Fax Form		
KISQALI FEMARA 600 DOSE	CoverMyMeds	CVS Specialty Fax Form		
KLARITY-C	CoverMyMeds			
KLISYRI	CoverMyMeds			
KOATE	CoverMyMeds	CVS Specialty Fax Form		
KOATE-DVI	CoverMyMeds	CVS Specialty Fax Form		
KOGENATE FS	CoverMyMeds	CVS Specialty Fax Form		
KORLYM	CoverMyMeds	CVS Specialty Fax Form		
KORSUVA			Availity	
KOSELUGO	CoverMyMeds	CVS Specialty Fax Form		
KOVALTRY	CoverMyMeds	CVS Specialty Fax Form		
KRAZATI	CoverMyMeds	CVS Specialty Fax Form		
KRYSTEXXA			Availity	
KUVAN	CoverMyMeds	CVS Specialty Fax Form		
KYMRIAH			Availity	
KYPROLIS			Availity	
KYZATREX	CoverMyMeds			
LAMZEDE			Availity	
LANTIDRA			Availity	
LAPATINIB DITOSYLATE	CoverMyMeds	CVS Specialty Fax Form		
LAZANDA	CoverMyMeds			
LEDIPASVIR/SOFOSBUVIR	CoverMyMeds	CVS Specialty Fax Form		
LEMTRADA			Availity	
LENALIDOMIDE	CoverMyMeds	CVS Specialty Fax Form		
LENMELDY			Availity	
LENVIMA 10 MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
LENVIMA 12MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
LENVIMA 14 MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
LENVIMA 18 MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
LENVIMA 20 MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
LENVIMA 24 MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
LENVIMA 4 MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
LENVIMA 8 MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
LEQEMBI			Availity	
LEQVIO			Availity	
LETAIRIS	CoverMyMeds	CVS Specialty Fax Form		
LEUKINE	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
LEUPROLIDE ACETATE	CoverMyMeds	CVS Specialty Fax Form		
LEUPROLIDE ACETATE DEPOT			Availity	
LEVOLEUCOVORIN			Availity	
LEVORPHANOL TARTRATE	CoverMyMeds			
LIBTAYO			Availity	
LIDOCAINE	CoverMyMeds			
LIDOCAINE AND TETRACAINE CREAM	CoverMyMeds			
LIDOCAINE/TETRACAINE	CoverMyMeds			
LIDOCAN	CoverMyMeds			
LIDODERM	CoverMyMeds			
LINZESS	CoverMyMeds			
LIQREV	CoverMyMeds	CVS Specialty Fax Form		
LITFULO	CoverMyMeds	CVS Specialty Fax Form		
LIVMARLI	CoverMyMeds	CVS Specialty Fax Form		
LIVTENCITY	CoverMyMeds	CVS Specialty Fax Form		
LONSURF	CoverMyMeds	CVS Specialty Fax Form		
LOQTORZI			Availity	
LORBRENA	CoverMyMeds	CVS Specialty Fax Form		
LORTAB	CoverMyMeds			
LOTRONEX	CoverMyMeds			
LUBIPROSTONE	CoverMyMeds			
LUCEMYRA	CoverMyMeds			
LUCENTIS			Availity	
LUMAKRAS	CoverMyMeds	CVS Specialty Fax Form		
LUMIZYME			Availity	
LUMOXITI			Availity	
LUMRYZ	CoverMyMeds	CVS Specialty Fax Form		
LUNSUMIO			Availity	
LUPKYNIS	CoverMyMeds	CVS Specialty Fax Form		
LUPRON DEPOT (1-MONTH)			Availity	
LUPRON DEPOT (3-MONTH)			Availity	
LUPRON DEPOT (4-MONTH)			Availity	
LUPRON DEPOT (6-MONTH)			Availity	

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LUPRON DEPOT-PED			Availity	
LUTATHERA			Availity	
LUXTURNA			Availity	
LYFGENIA			Availity	
LYNPARZA	CoverMyMeds	CVS Specialty Fax Form		
LYTGOBI	CoverMyMeds	CVS Specialty Fax Form		
LYUMJEV	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
LYUMJEV KWIKPEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
LYUMJEV TEMPO PEN	CoverMyMeds			Fiasp, Novolin R, NovoLog, Novolin N, Novolin 70/30, NovoLog 70/30 are preferred insulin products and do not require prior authorization
MACRILEN			Availity	
MAKENA			Availity	
MARGENZA			Availity	
MAVENCLAD	CoverMyMeds	CVS Specialty Fax Form		
MAVYRET	CoverMyMeds	CVS Specialty Fax Form		
MAYZENT	CoverMyMeds	CVS Specialty Fax Form		
MAYZENT STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		
MEKINIST	CoverMyMeds	CVS Specialty Fax Form		
MEKTOVI	CoverMyMeds	CVS Specialty Fax Form		
MENOPUR			Availity	For Non-Fertility related diagnoses - SEND to Availity
MEPERIDINE HCL	CoverMyMeds			
MEPSEVII			Availity	
METHADONE HCL	CoverMyMeds			
METHADONE HYDROCHLORIDE	CoverMyMeds			
METHADOSE	CoverMyMeds			
METHADOSE SUGAR-FREE	CoverMyMeds			
METHITEST	CoverMyMeds			
METHYLTESTOSTERONE	CoverMyMeds			
MIEBO	CoverMyMeds			
MIFEPRISTONE	CoverMyMeds	CVS Specialty Fax Form		
MIGERGOT	CoverMyMeds			
MIGLUSTAT	CoverMyMeds	CVS Specialty Fax Form		
MIGRANAL	CoverMyMeds			
MIRCERA	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
MONJUVI			Availity	

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MONOFERRIC			Availity	
MORPHINE SULFATE	CoverMyMeds			
MORPHINE SULFATE CR	CoverMyMeds			
MORPHINE SULFATE ER	CoverMyMeds			
MOTEGRITY	CoverMyMeds			
MOUNJARO	CoverMyMeds			
MOVANTIK	CoverMyMeds			
MOZOBIL			Availity	
MS CONTIN	CoverMyMeds			
MULPLETA	CoverMyMeds	CVS Specialty Fax Form		
MVASI			Availity	
MYALEPT	CoverMyMeds	CVS Specialty Fax Form		
MYCAPSSA	CoverMyMeds	CVS Specialty Fax Form		
MYFEMBREE	CoverMyMeds			
MYLOTARG			Availity	
MYOBLOC			Availity	
NAGLAZYME			Availity	
NALOCET	CoverMyMeds			
NAPROXEN/ESOMEPRAZOLE MAGNESIUM	CoverMyMeds			
NASCOBAL	CoverMyMeds			
NATESTO	CoverMyMeds			
NATPARA	CoverMyMeds	CVS Specialty Fax Form		
NERLYNX	CoverMyMeds	CVS Specialty Fax Form		
NEULASTA	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
NEULASTA ONPRO KIT	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
NEUPOGEN	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
NEXAVAR	CoverMyMeds	CVS Specialty Fax Form		
NEXLETOL	CoverMyMeds			
NEXLIZET	CoverMyMeds			
NEXVIAZYME			Availity	
NGENLA	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NINLARO	CoverMyMeds	CVS Specialty Fax Form		
NITISINONE	CoverMyMeds	CVS Specialty Fax Form		
NITYR	CoverMyMeds	CVS Specialty Fax Form		

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NIVESTYM	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
NORDITROPIN FLEXPPO	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NORTHERA	CoverMyMeds	CVS Specialty Fax Form		
NOURIANZ	CoverMyMeds	CVS Specialty Fax Form		
NOVAREL			Availity	For Non-Fertility related diagnoses - SEND to Availity
NOVOEIGHT	CoverMyMeds	CVS Specialty Fax Form		
NOVOSEVEN RT	CoverMyMeds	CVS Specialty Fax Form		
NOXAFIL	CoverMyMeds			
NPLATE			Availity	
NUBEQA	CoverMyMeds	CVS Specialty Fax Form		
NUCALA	CoverMyMeds	CVS Specialty Fax Form	Availity	
NUCYNTA	CoverMyMeds			
NUCYNTA ER	CoverMyMeds			
NUEDEXTA	CoverMyMeds			
NULIBRY	CoverMyMeds	CVS Specialty Fax Form	Availity	
NUPLAZID	CoverMyMeds	CVS Specialty Fax Form		
NURTEC	CoverMyMeds			
NUTROPIN AQ NUSPIN 10	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NUTROPIN AQ NUSPIN 20	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NUTROPIN AQ NUSPIN 5	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
NUWIQ	CoverMyMeds	CVS Specialty Fax Form		
NUZYRA IV			Availity	
NUZYRA TAB	CoverMyMeds	CVS Specialty Fax Form		
NYVEPRIA	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
OBIZUR	CoverMyMeds	CVS Specialty Fax Form		
OCALIVA	CoverMyMeds	CVS Specialty Fax Form		
OCREVUS			Availity	
OCTAGAM			Availity	
OCTANATE	CoverMyMeds	CVS Specialty Fax Form		
ODACTRA	CoverMyMeds			
ODOMZO	CoverMyMeds	CVS Specialty Fax Form		
OFEV	CoverMyMeds	CVS Specialty Fax Form		
OGIVRI			Availity	

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OGSIVEO	CoverMyMeds	CVS Specialty Fax Form		
OJEMDA	CoverMyMeds	CVS Specialty Fax Form		
OJJAARA	CoverMyMeds	CVS Specialty Fax Form		
OLPRUVA	CoverMyMeds	CVS Specialty Fax Form		
OLUMIANT	CoverMyMeds	CVS Specialty Fax Form		
OMISIRGE			Availity	
OMNITROPE	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
OMVOH IV			Availity	
OMVOH SQ	CoverMyMeds	CVS Specialty Fax Form		
ONIVYDE			Availity	
ONPATTRO			Availity	
ONTRUZANT			Availity	
ONUREG	CoverMyMeds	CVS Specialty Fax Form		
OPDIVO			Availity	
OPDUALAG			Availity	
OPFOLDA	CoverMyMeds	CVS Specialty Fax Form		
OPSUMIT	CoverMyMeds	CVS Specialty Fax Form		
OPSYNVI	CoverMyMeds	CVS Specialty Fax Form		
OPZELURA	CoverMyMeds			
ORALAIR	CoverMyMeds		Availity	
ORALAIR ADULT STARTER PACK	CoverMyMeds		Availity	
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK	CoverMyMeds		Availity	
ORENCIA CLICKJECT	CoverMyMeds	CVS Specialty Fax Form		
ORENCIA IV			Availity	
ORENCIA SC	CoverMyMeds	CVS Specialty Fax Form		
ORENITRAM	CoverMyMeds	CVS Specialty Fax Form		
ORENITRAM TITRATION KIT MONTH 1	CoverMyMeds	CVS Specialty Fax Form		
ORENITRAM TITRATION KIT MONTH 2	CoverMyMeds	CVS Specialty Fax Form		
ORENITRAM TITRATION KIT MONTH 3	CoverMyMeds	CVS Specialty Fax Form		
ORFADIN	CoverMyMeds	CVS Specialty Fax Form		
ORGOVYX	CoverMyMeds	CVS Specialty Fax Form		
ORIAHNN	CoverMyMeds			
ORLISSA	CoverMyMeds			
ORKAMBI	CoverMyMeds	CVS Specialty Fax Form		
ORLADEYO	CoverMyMeds	CVS Specialty Fax Form		

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
ORMALVI	CoverMyMeds	CVS Specialty Fax Form		
ORSERDU	CoverMyMeds	CVS Specialty Fax Form		
OTEZLA	CoverMyMeds	CVS Specialty Fax Form		
OVIDREL			Availity	For Non-Fertility related diagnoses - SEND to Availity
OXAYDO	CoverMyMeds			
OXBRYTA	CoverMyMeds	CVS Specialty Fax Form		
OXERVATE	CoverMyMeds	CVS Specialty Fax Form		
OXICONAZOLE NITRATE	CoverMyMeds			
OXISTAT	CoverMyMeds			
OXLUMO			Availity	
OXYCODONE AND ACETAMINOPHEN	CoverMyMeds			
OXYCODONE HCL	CoverMyMeds			
OXYCODONE HCL ER	CoverMyMeds			
OXYCODONE HYDROCHLORIDE	CoverMyMeds			
OXYCODONE HYDROCHLORIDE ER	CoverMyMeds			
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	CoverMyMeds			
OXYCODONE/ACETAMINOPHEN	CoverMyMeds			
OXYCONTIN	CoverMyMeds			
OXYMORPHONE HYDROCHLORIDE	CoverMyMeds			
OXYMORPHONE HYDROCHLORIDE ER	CoverMyMeds			
OXYMORPHONE HYDROCHLORIDEER	CoverMyMeds			
OZEMPIC	CoverMyMeds			
OZURDEX			Availity	
PADCEV			Availity	
PALFORZIA INITIAL DOSE ESCALATION	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 1	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 10	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 11 (MAINTENANCE)	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 2	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 3	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 4	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 5	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 6	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 7	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 8	CoverMyMeds	CVS Specialty Fax Form	Availity	
PALFORZIA LEVEL 9	CoverMyMeds	CVS Specialty Fax Form	Availity	

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
PALONOSETRON HYDROCHLORIDE			Availity	
PALYNZIQ	CoverMyMeds	CVS Specialty Fax Form		
PANZYGA			Availity	
PAZOPANIB HYDROCHLORIDE	CoverMyMeds	CVS Specialty Fax Form		
PEDMARK			Availity	
PEGASYS	CoverMyMeds	CVS Specialty Fax Form		
PEMAZYRE	CoverMyMeds	CVS Specialty Fax Form		
PEMETREXED			Availity	
PEMFEXY			Availity	
PENICILLAMINE	CoverMyMeds	CVS Specialty Fax Form		
PENTAZOCINE/NALOXONE HCL	CoverMyMeds			
PERCOCET	CoverMyMeds			
PERJETA			Availity	
PHEBURANE	CoverMyMeds	CVS Specialty Fax Form		
PHESGO			Availity	
PHOTREXA/PHOTREXA VISCOUS KIT			Availity	
PHYRAGO	CoverMyMeds	CVS Specialty Fax Form		
PIQRAY 200MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
PIQRAY 250MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
PIQRAY 300MG DAILY DOSE	CoverMyMeds	CVS Specialty Fax Form		
PIRFENIDONE	CoverMyMeds	CVS Specialty Fax Form		
PLEGRIDY	CoverMyMeds	CVS Specialty Fax Form		
PLEGRIDY STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		
PLIAGLIS	CoverMyMeds			
PLUVICTO			Availity	
POLIVY			Availity	
POMALYST	CoverMyMeds	CVS Specialty Fax Form		
POMBILITI			Availity	
PONVORY	CoverMyMeds	CVS Specialty Fax Form		
PONVORY 14-DAY STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		
PORTRAZZA			Availity	
POSACONAZOLE	CoverMyMeds			
POSACONAZOLE DR	CoverMyMeds			
POTELIGEO			Availity	
PRALUENT	CoverMyMeds			
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL			Availity	For Non-Fertility related diagnoses - SEND to Availity
PRIVIGEN			Availity	

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
PROCRIPT	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
PROCYSBI	CoverMyMeds	CVS Specialty Fax Form		
PROFILNINE	CoverMyMeds	CVS Specialty Fax Form		
PROGESTERONE			Availity	
PROLASTIN-C			Availity	
PROLATE	CoverMyMeds			
PROLIA			Availity	
PROMACTA	CoverMyMeds	CVS Specialty Fax Form		
PROVENGE			Availity	
PRUDOXIN	CoverMyMeds			
PYRIMETHAMINE	CoverMyMeds	CVS Specialty Fax Form		
PYRUKYND	CoverMyMeds	CVS Specialty Fax Form		
PYRUKYND TAPER PACK	CoverMyMeds	CVS Specialty Fax Form		
QALSODY			Availity	
QBREXZA	CoverMyMeds			
QDOLO	CoverMyMeds			
QINLOCK	CoverMyMeds	CVS Specialty Fax Form		
QUADRAMET			Availity	
QUDEXY XR	CoverMyMeds			
QULIPTA	CoverMyMeds			
QUTENZA			Availity	
RADICAVA			Availity	
RADICAVA ORS	CoverMyMeds	CVS Specialty Fax Form		
RADICAVA ORS STARTER KIT	CoverMyMeds	CVS Specialty Fax Form		
RAGWITEK	CoverMyMeds			
RAVICTI	CoverMyMeds	CVS Specialty Fax Form		
REBIF	CoverMyMeds	CVS Specialty Fax Form		
REBIF REBIDOSE	CoverMyMeds	CVS Specialty Fax Form		
REBIF REBIDOSE TITRATION PACK	CoverMyMeds	CVS Specialty Fax Form		
REBIF TITRATION PACK	CoverMyMeds	CVS Specialty Fax Form		
REBINYN	CoverMyMeds	CVS Specialty Fax Form		
REBLOZYL			Availity	
REBYOTA			Availity	
RECLAST			Availity	
RECOMBINATE	CoverMyMeds	CVS Specialty Fax Form		
RECORLEV	CoverMyMeds	CVS Specialty Fax Form		

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
RELEUKO	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
RELION ALL-IN-ONE COMPACTBLOOD GLUCOSE TESTING SYSTEM	CoverMyMeds			
RELISTOR	CoverMyMeds			
RELYVRIO	CoverMyMeds	CVS Specialty Fax Form		
REMICADE			Availity	
REMODULIN	CoverMyMeds	CVS Specialty Fax Form		
RENFLXIS			Availity	
REPATHA	CoverMyMeds			
REPATHA PUSHTRONEX SYSTEM	CoverMyMeds			
REPATHA SURECLICK	CoverMyMeds			
RESTASIS	CoverMyMeds			
RESTASIS MULTIDOSE	CoverMyMeds			
RETACRIT	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
RETEVMO	CoverMyMeds	CVS Specialty Fax Form		
RETHYMIC			Availity	
RETISERT			Availity	
REVATIO IV			Availity	
REVATIO ORAL SUSPENSION	CoverMyMeds	CVS Specialty Fax Form		
REVCOVI			Availity	
REVLIMID	CoverMyMeds	CVS Specialty Fax Form		
REYVOW	CoverMyMeds			
REZDIFFRA	CoverMyMeds	CVS Specialty Fax Form		
REZLIDHIA	CoverMyMeds	CVS Specialty Fax Form		
REZUROCK	CoverMyMeds	CVS Specialty Fax Form		
RIABNI			Availity	
RIASTAP	CoverMyMeds	CVS Specialty Fax Form	Availity	
RINVOQ	CoverMyMeds	CVS Specialty Fax Form		
RITUXAN			Availity	
RITUXAN HYCELA			Availity	
RIVFLOZA	CoverMyMeds	CVS Specialty Fax Form		
RIXUBIS	CoverMyMeds	CVS Specialty Fax Form		
ROCTAVIAN			Availity	
ROLVEDON			Availity	
ROMIDEPSIN			Availity	
ROXICODONE	CoverMyMeds			
ROXYBOND	CoverMyMeds			

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
ROZLYTREK	CoverMyMeds	CVS Specialty Fax Form		
RUBRACA	CoverMyMeds	CVS Specialty Fax Form		
RUCONEST	CoverMyMeds	CVS Specialty Fax Form		
RUXIENCE			Availity	
RYBELSUS	CoverMyMeds			
RYBREVANT			Availity	
RYDAPT	CoverMyMeds	CVS Specialty Fax Form		
RYLAZE			Availity	
RYPLAZIM	CoverMyMeds	CVS Specialty Fax Form	Availity	
RYSTIGGO			Availity	
RYZNEUTA			Availity	
SAIZEN	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
SAIZENPREP RECONSTITUTIONKIT	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
SAJAZIR	CoverMyMeds	CVS Specialty Fax Form		
SANDOSTATIN LAR DEPOT			Availity	
SAPHNELO			Availity	
SAPROPTERIN DIHYDROCHLORIDE	CoverMyMeds	CVS Specialty Fax Form		
SARCLISA			Availity	
SCEMBLIX	CoverMyMeds	CVS Specialty Fax Form		
SCENESSE			Availity	
SEGLENTIS	CoverMyMeds			
SENSIPAR	CoverMyMeds			
SEROSTIM	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
SEVENFACT	CoverMyMeds	CVS Specialty Fax Form		
SIGNIFOR	CoverMyMeds	CVS Specialty Fax Form		
SIGNIFOR LAR	CoverMyMeds	CVS Specialty Fax Form	Availity	
SILDENAFIL CITRATE	CoverMyMeds			
SILIQ	CoverMyMeds	CVS Specialty Fax Form		
SIMLANDI	CoverMyMeds	CVS Specialty Fax Form		
SIMPONI	CoverMyMeds	CVS Specialty Fax Form		
SIMPONI ARIA			Availity	
SINUVA			Availity	
SIVEXTRO (ORAL TABLET ONLY)	CoverMyMeds			
SKYCLARYS	CoverMyMeds	CVS Specialty Fax Form		
SKYRIZI IV			Availity	
SKYRIZI PEN	CoverMyMeds	CVS Specialty Fax Form		

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
SKYRIZI SC	CoverMyMeds	CVS Specialty Fax Form		
SKYSONA			Availity	
SKYTROFA	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
SODIUM OXYBATE	CoverMyMeds	CVS Specialty Fax Form		
SODIUM PHENYL BUTYRATE	CoverMyMeds	CVS Specialty Fax Form		
SOFOSBUVIR/VELPATASVIR	CoverMyMeds	CVS Specialty Fax Form		
SOGROYA	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
SOHONOS	CoverMyMeds	CVS Specialty Fax Form		
SOLIRIS			Availity	
SOMATULINE DEPOT			Availity	
SORAFENIB TOSYLATE	CoverMyMeds	CVS Specialty Fax Form		
SOTYKTU	CoverMyMeds	CVS Specialty Fax Form		
SOVALDI	CoverMyMeds	CVS Specialty Fax Form		
SPEVIGO			Availity	
SPINRAZA			Availity	
SPORANOX	CoverMyMeds			
SPORANOX PULSEPAK	CoverMyMeds			
SPRAVATO 56MG DOSE	CoverMyMeds	CVS Specialty Fax Form	Availity	
SPRAVATO 84MG DOSE	CoverMyMeds	CVS Specialty Fax Form	Availity	
SPRYCEL	CoverMyMeds	CVS Specialty Fax Form		
STELARA	CoverMyMeds	CVS Specialty Fax Form	Availity	
STIMUFEND	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
STIVARGA	CoverMyMeds	CVS Specialty Fax Form		
STRENSIQ	CoverMyMeds	CVS Specialty Fax Form		
STRIANT	CoverMyMeds			
SUBLOCADE	CoverMyMeds	CVS Specialty Fax Form	Availity	
SUBSYS	CoverMyMeds			
SUCRAID	CoverMyMeds	CVS Specialty Fax Form		
SULCONAZOLE NITRATE	CoverMyMeds			
SUNITINIB MALATE	CoverMyMeds	CVS Specialty Fax Form		
SUNOSI	CoverMyMeds			
SUPPRELIN LA			Availity	
SUSTOL			Availity	
SUSVIMO			Availity	
SUSVIMO OCULAR IMPLANT			Availity	

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
SUTENT	CoverMyMeds	CVS Specialty Fax Form		
SYFOVRE			Availity	
SYLVANT			Availity	
SYMDEKO	CoverMyMeds	CVS Specialty Fax Form		
SYMPROIC	CoverMyMeds			
SYNAGIS			Availity	
SYNERA	CoverMyMeds			
SYNRIBO	CoverMyMeds	CVS Specialty Fax Form	Availity	
SYPRINE	CoverMyMeds	CVS Specialty Fax Form		
TABRECTA	CoverMyMeds	CVS Specialty Fax Form		
TADALAFIL	CoverMyMeds	CVS Specialty Fax Form		
TADLIQ	CoverMyMeds	CVS Specialty Fax Form		
TAFINLAR	CoverMyMeds	CVS Specialty Fax Form		
TAGRISSO	CoverMyMeds	CVS Specialty Fax Form		
TAKHZYRO	CoverMyMeds	CVS Specialty Fax Form		
TALTZ	CoverMyMeds	CVS Specialty Fax Form		
TALVEY			Availity	
TALZENNA	CoverMyMeds	CVS Specialty Fax Form		
TARCEVA	CoverMyMeds	CVS Specialty Fax Form		
TARGRETIN	CoverMyMeds	CVS Specialty Fax Form		
TARPEYO	CoverMyMeds	CVS Specialty Fax Form		
TASCENSO ODT	CoverMyMeds	CVS Specialty Fax Form		
TASIGNA	CoverMyMeds	CVS Specialty Fax Form		
TASIMELTEON	CoverMyMeds	CVS Specialty Fax Form		
TAVABOROLE	CoverMyMeds			
TAVALISSE	CoverMyMeds	CVS Specialty Fax Form		
TAVNEOS	CoverMyMeds	CVS Specialty Fax Form		
TAZVERIK	CoverMyMeds	CVS Specialty Fax Form		
TECARTUS			Availity	
TECENTRIQ			Availity	
TECFIDERA	CoverMyMeds	CVS Specialty Fax Form		
TECFIDERA STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		
TECVAYLI			Availity	
TEGLUTIK	CoverMyMeds	CVS Specialty Fax Form		
TEGSEDI	CoverMyMeds	CVS Specialty Fax Form		

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
TEMODAR	CoverMyMeds	CVS Specialty Fax Form		
TEMOZOLOMIDE	CoverMyMeds	CVS Specialty Fax Form		
TEPEZZA			Availity	
TEPMETKO	CoverMyMeds	CVS Specialty Fax Form		
TERIPARATIDE	CoverMyMeds	CVS Specialty Fax Form		
TESTIM	CoverMyMeds			
TESTOPEL			Availity	
TESTOSTERONE	CoverMyMeds			
TESTOSTERONE PUMP	CoverMyMeds			
TESTOSTERONE TOPICAL SOLUTION	CoverMyMeds			
TETRABENAZINE	CoverMyMeds	CVS Specialty Fax Form		
TEVIMBRA			Availity	
TEZSPIRE	CoverMyMeds	CVS Specialty Fax Form	Availity	
THALOMID	CoverMyMeds	CVS Specialty Fax Form		
THIOLA	CoverMyMeds	CVS Specialty Fax Form		
THIOLA EC	CoverMyMeds	CVS Specialty Fax Form		
TIBSOVO	CoverMyMeds	CVS Specialty Fax Form		
TIGLUTIK	CoverMyMeds	CVS Specialty Fax Form		
TIOPRONIN	CoverMyMeds	CVS Specialty Fax Form		
TIOTROPIUM BROMIDE	CoverMyMeds			
TIVDAK			Availity	
TLANDO	CoverMyMeds			
TOFIDENCE			Availity	
TOLAK	CoverMyMeds			
TOLSURA	CoverMyMeds			
TOPIRAMATE ER	CoverMyMeds			
TORISEL			Availity	
TRACLEER	CoverMyMeds	CVS Specialty Fax Form		
TRAMADOL HCL	CoverMyMeds			
TRAMADOL HCL ER	CoverMyMeds			
TRAMADOL HYDROCHLORIDE	CoverMyMeds			
TRAMADOL HYDROCHLORIDE ER	CoverMyMeds			
TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	CoverMyMeds			
TRAZIMERA			Availity	
TREANDA			Availity	
TRELSTAR MIXJECT			Availity	
TREMFYA	CoverMyMeds	CVS Specialty Fax Form		

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
TREPROSTINIL	CoverMyMeds	CVS Specialty Fax Form		
TRETINOIN	CoverMyMeds	CVS Specialty Fax Form		
TRETTEN	CoverMyMeds	CVS Specialty Fax Form		
TREZIX	CoverMyMeds			
TRIDACAINE PAD 5%	CoverMyMeds			
TRIENTINE HYDROCHLORIDE	CoverMyMeds	CVS Specialty Fax Form		
TRIFERIC			Availity	
TRIFERIC AVNU			Availity	
TRIKAFTA	CoverMyMeds	CVS Specialty Fax Form		
TRIPTODUR			Availity	
TRODELVY			Availity	
TROKENDI XR	CoverMyMeds			
TRUDHESA	CoverMyMeds			
TRULANCE	CoverMyMeds			
TRULICITY	CoverMyMeds			
TRUQAP	CoverMyMeds	CVS Specialty Fax Form		
TRUSELTIQ	CoverMyMeds	CVS Specialty Fax Form		
TRUXIMA			Availity	
TUKYSA	CoverMyMeds	CVS Specialty Fax Form		
TURALIO	CoverMyMeds	CVS Specialty Fax Form		
TYENNE IV			Availity	
TYENNE SC	CoverMyMeds	CVS Specialty Fax Form		
TYKERB	CoverMyMeds	CVS Specialty Fax Form		
TYLENOL/CODEINE #2	CoverMyMeds			
TYMLOS	CoverMyMeds	CVS Specialty Fax Form		
TYRVAYA	CoverMyMeds			
TYSABRI			Availity	
TYVASO	CoverMyMeds	CVS Specialty Fax Form		
TYVASO DPI MAINTENANCE KIT	CoverMyMeds	CVS Specialty Fax Form		
TYVASO DPI TITRATION KIT	CoverMyMeds	CVS Specialty Fax Form		
TYVASO REFILL	CoverMyMeds	CVS Specialty Fax Form		
TYVASO STARTER	CoverMyMeds	CVS Specialty Fax Form		
TZIELD			Availity	
UBRELVY	CoverMyMeds			
UDENYCA	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
ULTOMIRIS			Availity	

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
ULTRACET	CoverMyMeds			
ULTRAM	CoverMyMeds			
UNITUXIN			Availity	
UPLIZNA			Availity	
UPTRAVI	CoverMyMeds	CVS Specialty Fax Form		
UPTRAVI TITRATION PACK	CoverMyMeds	CVS Specialty Fax Form		
VABYSMO			Availity	
VANFLYTA	CoverMyMeds	CVS Specialty Fax Form		
VASCEPA	CoverMyMeds			
VECTIBIX			Availity	
VEGZELMA			Availity	
VELCADE			Availity	
VELETRI			Availity	
VELSIPITY	CoverMyMeds	CVS Specialty Fax Form		
VENCLEXTA	CoverMyMeds	CVS Specialty Fax Form		
VENCLEXTA STARTING PACK	CoverMyMeds	CVS Specialty Fax Form		
VENTAVIS	CoverMyMeds	CVS Specialty Fax Form		
VEOZAH	CoverMyMeds			
VERKAZIA	CoverMyMeds			
VERQUVO	CoverMyMeds			
VERZENIO	CoverMyMeds	CVS Specialty Fax Form		
VEVYE	CoverMyMeds			
VFEND	CoverMyMeds			
VIBERZI	CoverMyMeds			
VICTOZA	CoverMyMeds			
VIDAZA			Availity	
VIEKIRA PAK	CoverMyMeds	CVS Specialty Fax Form		
VIIJOICE	CoverMyMeds	CVS Specialty Fax Form		
VILTEPSO			Availity	
VIMIZIM			Availity	
VIMOVO	CoverMyMeds			
VISTOGARD	CoverMyMeds	CVS Specialty Fax Form		
VISUDYNE			Availity	
VITRAKVI	CoverMyMeds	CVS Specialty Fax Form		
VIVJOA	CoverMyMeds			
VIZIMPRO	CoverMyMeds	CVS Specialty Fax Form		
VOGELXO	CoverMyMeds			
VOGELXO PUMP	CoverMyMeds			

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
VONJO	CoverMyMeds	CVS Specialty Fax Form		
VONVENDI	CoverMyMeds	CVS Specialty Fax Form		
VORICONAZOLE	CoverMyMeds			
VOSEVI	CoverMyMeds	CVS Specialty Fax Form		
VOTRIENT	CoverMyMeds	CVS Specialty Fax Form		
VOWST	CoverMyMeds	CVS Specialty Fax Form		
VOXZOGO	CoverMyMeds	CVS Specialty Fax Form		
VOYDEYA	CoverMyMeds	CVS Specialty Fax Form		
VPRIV			Availity	
VTAMA	CoverMyMeds			
VUMERITY	CoverMyMeds	CVS Specialty Fax Form		
VYEPTI			Availity	
VYJUVEK			Availity	
VYNDAMAX	CoverMyMeds	CVS Specialty Fax Form		
VYNDAQEL	CoverMyMeds	CVS Specialty Fax Form		
VYONDYS 53			Availity	
VYVGART			Availity	
VYVGART HYTRULO			Availity	
VYXEOS			Availity	
WAINUA	CoverMyMeds	CVS Specialty Fax Form		
WAKIX	CoverMyMeds	CVS Specialty Fax Form		
WELIREG	CoverMyMeds	CVS Specialty Fax Form		
WEZLANA	CoverMyMeds	CVS Specialty Fax Form	Availity	
WILATE	CoverMyMeds	CVS Specialty Fax Form		
WINLEVI	CoverMyMeds			
WINREVAIR	CoverMyMeds	CVS Specialty Fax Form	Availity	
WYOST			Availity	
XALKORI	CoverMyMeds	CVS Specialty Fax Form		
XELJANZ	CoverMyMeds	CVS Specialty Fax Form		
XELJANZ XR	CoverMyMeds	CVS Specialty Fax Form		
XEMBIFY	CoverMyMeds	CVS Specialty Fax Form		
XENAZINE	CoverMyMeds	CVS Specialty Fax Form		
XENPOZYME			Availity	
XEOMIN			Availity	
XERMELO	CoverMyMeds	CVS Specialty Fax Form		

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
XGEVA			Availity	
XHANCE	CoverMyMeds			
XIAFLEX			Availity	
XIFAXAN	CoverMyMeds			
XIIDRA	CoverMyMeds			
XODOL	CoverMyMeds			
XOFIGO			Availity	
XOLAIR	CoverMyMeds	CVS Specialty Fax Form	Availity	
XOSPATA	CoverMyMeds	CVS Specialty Fax Form		
XPOVIO	CoverMyMeds	CVS Specialty Fax Form		
XPOVIO 80 MG TWICE WEEKLY	CoverMyMeds	CVS Specialty Fax Form		
XTAMPZA ER	CoverMyMeds			
XTANDI	CoverMyMeds	CVS Specialty Fax Form		
XURIDEN	CoverMyMeds	CVS Specialty Fax Form		
XYNTHA	CoverMyMeds	CVS Specialty Fax Form		
XYNTHA SOLOFUSE	CoverMyMeds	CVS Specialty Fax Form		
XYOSTED	CoverMyMeds			
XYREM	CoverMyMeds	CVS Specialty Fax Form		
XYWAV	CoverMyMeds	CVS Specialty Fax Form		
YARGESA	CoverMyMeds	CVS Specialty Fax Form		
YCANTH			Availity	
YERVOY			Availity	
YESCARTA			Availity	
YONDELIS			Availity	
YONSA	CoverMyMeds	CVS Specialty Fax Form		
YOSPRALA	CoverMyMeds			
YUFLYMA	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUFLYMA 1-PEN KIT	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUFLYMA 2-PEN KIT	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUFLYMA 2-SYRINGE KIT	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUSIMRY	CoverMyMeds	CVS Specialty Fax Form		Humira (Abbvie NDC's beginning with 00074) and Hadlima are preferred
YUTIQ			Availity	
ZALTRAP			Availity	
ZARXIO	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
ZAVESCA	CoverMyMeds	CVS Specialty Fax Form		
ZAVZPRET	CoverMyMeds			
ZEJULA	CoverMyMeds	CVS Specialty Fax Form		
ZELBORAF	CoverMyMeds	CVS Specialty Fax Form		
ZEMAIRA			Availity	
ZEPATIER	CoverMyMeds	CVS Specialty Fax Form		
ZEPOSIA	CoverMyMeds	CVS Specialty Fax Form		
ZEPOSIA 7-DAY STARTER PACK	CoverMyMeds	CVS Specialty Fax Form		
ZEPOSIA STARTER KIT	CoverMyMeds	CVS Specialty Fax Form		
ZEPZELCA			Availity	
ZERVIATE	CoverMyMeds			
ZEVALIN Y-90			Availity	
ZIEXTENZO	CoverMyMeds	CVS Specialty Fax Form	Availity	Procrit and Retacrit are preferred over Aranesp and Epogen. Nivestym and Zarxio are preferred over Neupogen and Granix.
ZILBRYSQ	CoverMyMeds	CVS Specialty Fax Form		
ZILEUTON ER	CoverMyMeds			
ZILRETTA			Availity	
ZINPLAVA			Availity	
ZIRABEV			Availity	
ZOKINVY	CoverMyMeds	CVS Specialty Fax Form		
ZOLADEX			Availity	
ZOLEDRONIC ACID			Availity	
ZOLGENSMA 17.6-18.0 KG			Availity	
ZOLINZA	CoverMyMeds	CVS Specialty Fax Form		
ZOMACTON	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
ZONALON	CoverMyMeds			
ZORBTIVE	CoverMyMeds	CVS Specialty Fax Form		Norditropin, Genotropin and Omnitrope are the preferred agents in this class
ZORYVE	CoverMyMeds			
ZTALMY	CoverMyMeds	CVS Specialty Fax Form		
ZTLIDO	CoverMyMeds			
ZULRESSO			Availity	
ZURZUVAE	CoverMyMeds	CVS Specialty Fax Form		
ZYCLARA	CoverMyMeds			
ZYCLARA PUMP	CoverMyMeds			
ZYDELIG	CoverMyMeds	CVS Specialty Fax Form		
ZYKADIA	CoverMyMeds	CVS Specialty Fax Form		

Brand Name	Member is administering the drug and Accredo or Other Pharmacy will be dispensing the medication:	Member is administering the drug and CVS Pharmacy will be dispensing the medication:	Provider will be administering the drug:	Notes
ZYMFENTRA	CoverMyMeds	CVS Specialty Fax Form		
ZYNLONTA			Availity	
ZYNTEGLO			Availity	
ZYNYZ			Availity	
ZYTIGA	CoverMyMeds	CVS Specialty Fax Form		