

# CareFirst Abridged Exchange Formulary

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## 2019

**PLEASE READ:** This document contains information about the drugs we cover in this plan. This formulary is for:

- Individuals or families purchasing their own plan, and
- Members of an employer group with less than 51 employees purchasing a plan

This abridged drug list is a list of drugs used to treat common conditions only. It does not include all drugs covered by your benefit plan. For a complete and updated list, visit [carefirst.com/rx](http://carefirst.com/rx), click on *Drug Search* and select the *Exchange Formulary* to view the full list of covered drugs. Note that the abridged formulary listed below is not an all-inclusive list and is subject to change.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit [carefirst.com/rx](http://carefirst.com/rx).

# Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of five drug tiers which determines the price you pay.

## Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**. If the brand drug has a generic drug option available, it is listed under the brand-name drug.

You may search the formulary for a drug by pressing "CTRL" and "F" at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at [carefirst.com/myaccount](http://carefirst.com/myaccount) and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

<b>Tier 0: \$0 Drugs</b>	<ul style="list-style-type: none"><li>■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.</li><li>■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.</li></ul>
<b>Tier 1: Generic Drugs \$</b>	<ul style="list-style-type: none"><li>■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.</li><li>■ Generic drugs generally cost less than brand-name drugs.</li></ul>
<b>Tier 2: Preferred Brand Drugs \$\$</b>	<ul style="list-style-type: none"><li>■ Preferred brand drugs are brand-name drugs that may not be available in generic form.</li><li>■ They are chosen for their cost-effectiveness compared to alternatives.</li><li>■ Your cost-share will be more than generic drugs but less than non-preferred brand drugs.</li><li>■ If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand tier.</li></ul>
<b>Tier 3: Non-preferred Brand Drugs \$\$\$</b>	<ul style="list-style-type: none"><li>■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.</li></ul>
<b>Tier 4: Preferred Specialty Drugs\$\$\$\$</b>	<ul style="list-style-type: none"><li>■ Preferred specialty drugs are specialty drugs that are used to treat chronic, complex, and/or rare health conditions.</li><li>■ Preferred specialty drugs may have a lower cost-share than non-preferred specialty drugs.</li></ul>
<b>Tier 5: Non-Preferred Specialty Drugs\$\$\$\$</b>	<ul style="list-style-type: none"><li>■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.</li></ul>

# CareFirst Exchange Formulary - 5-Tier eff 12/01/2019

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b><i>COX-2 INHIBITORS</i></b>		
<i>celecoxib</i>	1	
<b><i>GOUT</i></b>		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>colchicine w/ probenecid</i>	1	
<i>febuxostat</i>	1	ST; PA**
<i>probenecid</i>	1	
<b><i>NON-OPIOID ANALGESICS\$</i></b>		
<i>butalbital-acetaminophen-caffeine</i> CAPS	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine</i> TABS	1	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine</i>	1	QL (48 caps / 25 days)
<b><i>NSAIDS, COMBINATIONSS</i></b>		
<i>diclofenac w/ misoprostol</i>	1	
<b><i>NSAIDSS</i></b>		
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>etodolac</i>	1	
<i>fenoprofen calcium</i>	1	
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac tromethamine</i>	1	QL (20 tabs / 25 days)
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **OTC** - Over the counter    **M** - Covered Under the Medical Benefit Only    **PA\*\*** - PA Applies if Step is Not Met

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPIOID AGONIST/ANTAGONISTS</b>		
buprenorphine hcl-naloxone hcl dihydrate	1	QL (90 tabs / 25 days); Must obtain approval after the initial fill
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 units / 25 days)
ZUBSOLV SUB 0.7-0.18	2	QL (90 units / 25 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 units / 25 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 units / 25 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 units / 25 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 units / 25 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 units / 25 days)
<b>OPIOID ANALGESICS§</b>		
acetaminophen w/ codeine	1	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 25 days), ST; Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
butorphanol tartrate	1	QL (2 bottles / 25 days)
codeine sulfate	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
EMBEDA CAP 20-0.8MG	2	QL (60 caps / 25 days), ST
EMBEDA CAP 30-1.2MG	2	QL (60 caps / 25 days), ST
EMBEDA CAP 50-2MG	2	QL (30 caps / 25 days), ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMBEDA CAP 60-2.4MG	2	QL (30 caps / 25 days), ST
EMBEDA CAP 80-3.2MG	2	QL (30 caps / 25 days), ST
EMBEDA CAP 100-4MG	2	PA, ST; High Strength Requires PA
<i>endocet</i>	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>endocet</i>	1	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit
<i>endocet</i>	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
fentanyl 12mcg/hr, 25mcg/hr	1	QL (10 patches / 25 days), ST
fentanyl 50mcg/hr, 75mcg/hr, 100mcg/hr	1	PA, ST; High Strength Requires PA
<i>fentanyl citrate</i>	1	QL (120 lozenges / 25 days), PA
hydrocodone-acetaminophen	1	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
hydrocodone-ibuprofen	1	QL (50 tabs / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl LIQD	1	QL (600 ml / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl T24A 8mg, 12mg, 16mg	1	QL (30 tabs / 25 days), ST

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl</i> T24A 32mg		1	PA, ST; High Strength Requires PA
<i>hydromorphone hcl</i> TABS 2mg		1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl</i> TABS 4mg		1	QL (150 tabs / 25 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl</i> TABS 8mg		1	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
HYSINGLA ER 20mg, 30mg, 40mg, 60mg, 80mg		2	QL (30 tabs / 25 days), ST
HYSINGLA ER 100mg, 120mg		2	PA, ST; High Strength Requires PA
<i>tortab</i>		1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>methadone hcl</i> CONC		1	QL (30 ml / 25 days); (indicated for opioid addiction)
<i>methadone hcl</i> SOLN 5mg/5ml		1	QL (450 ml / 25 days), ST
<i>methadone hcl</i> SOLN 10mg/5ml		1	QL (300 mL / 25 days), ST
<i>methadone hcl</i> SOLN 10mg/ml		M	M
<i>methadone hcl</i> TABS 5mg		1	QL (90 tabs / 25 days), ST
<i>methadone hcl</i> TABS 10mg		1	QL (60 tabs / 25 days), ST
<i>methadone hcl</i> TBSO		1	QL (9 tabs / 25 days)
<i>methadone hcl intensol</i>		1	QL (60 mL / 25 days), ST; (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>		1	QL (9 tabs / 25 days)
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg		1	QL (60 caps / 25 days), ST
<i>morphine sulfate</i> CP24 50mg, 60mg, 80mg		1	QL (30 caps / 25 days), ST
<i>morphine sulfate</i> CP24 100mg		1	PA, ST; High Strength Requires PA

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate</i> SOLN 10mg/5ml		1	QL (900 ml / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate</i> SOLN 20mg/5ml		1	QL (675 mL / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate</i> SOLN 100mg/5ml		1	QL (135 mL / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate</i> SUPP 5mg, 10mg		1	QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate</i> SUPP 20mg		1	QL (120 supp / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate</i> SUPP 30mg		1	QL (90 supp / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate</i> TABS 15mg		1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate</i> TABS 30mg		1	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
<i>morphine sulfate</i> TBCR 15mg, 30mg		1	QL (90 tabs / 25 days), ST
<i>morphine sulfate</i> TBCR 60mg, 100mg, 200mg		1	PA, ST; High Strength Requires PA
<i>morphine sulfate beads</i> 30mg, 45mg, 60mg, 75mg, 90mg		1	QL (30 caps / 25 days), ST
<i>morphine sulfate beads</i> 120mg		1	PA, ST; High Strength Requires PA
NUCYNTA 50mg		2	QL (120 tabs / 25 days), ST; Subject to initial 7-day limit
NUCYNTA 75mg		2	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
NUCYNTA 100mg		2	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUCYNTA ER	50mg, 100mg	2	QL (60 tabs / 25 days), ST
NUCYNTA ER	150mg, 200mg, 250mg	2	PA, ST; High Strength Requires PA
<i>oxycodone hcl</i>	CAPS	1	QL (180 caps / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl</i>	CONC	1	QL (90 mL / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl</i>	SOLN	1	QL (900 ml / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl</i>	T12A 10mg, 15mg, 20mg, 30mg	1	QL (60 tabs / 25 days), ST
<i>oxycodone hcl</i>	T12A 40mg, 60mg, 80mg	1	PA, ST; High Strength Requires PA
<i>oxycodone hcl</i>	TABS 5mg, 10mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl</i>	TABS 15mg	1	QL (120 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl</i>	TABS 20mg	1	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl</i>	TABS 30mg	1	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen</i>		1	QL (1800 ml / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab</i>	2.5-325 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab</i>	5-325 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab</i>	7.5-325 mg	1	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>		1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone-aspirin</i>		1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxycodone-ibuprofen</i>		1	QL (28 tabs / 25 days), ST; Subject to initial 7-day limit
OXYCONTIN 10mg, 15mg, 20mg, 30mg		2	QL (60 tabs / 25 days), ST
OXYCONTIN 40mg, 60mg, 80mg		2	PA, ST; High Strength Requires PA
<i>oxymorphone hcl TABS 5mg</i>		1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxymorphone hcl TABS 10mg</i>		1	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
<i>oxymorphone hcl TB12 5mg, 7.5mg, 10mg, 15mg</i>		1	QL (60 tabs / 25 days), ST
<i>oxymorphone hcl TB12 20mg, 30mg, 40mg</i>		1	PA, ST; High Strength Requires PA
<i>tramadol hcl TABS</i>		1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
<i>tramadol hcl TB24 100mg</i>		1	QL (30 tabs / 25 days), ST
<i>tramadol hcl TB24 200mg, 300mg</i>		1	PA, ST; High Strength Requires PA
<b><i>OPIOID PARTIAL AGONISTS\$</i></b>			
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg		2	QL (60 films / 25 days), ST
BELBUCA 600mcg, 750mcg, 900mcg		2	PA, ST; High Strength Requires Prior Auth
<i>buprenorphine hcl</i>		1	QL (90 tabs / 25 days); Must obtain approval after the initial fill
<b><i>SALICYLATES</i></b>			
<i>diflunisal</i>		1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-INFECTIVES</b>		
<b><i>ANTI-BACTERIALS - MISCELLANEOUS</i></b>		
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>tinidazole</i>	1	
<b><i>ANTI-INFECTIVES - MISCELLANEOUS</i></b>		
<i>atovaquone</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>dapsone</i>	1	
<i>ertapenem sodium</i>	M M	
<i>ivermectin</i>	1	
<i>linezolid</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole</i>	1	
<i>nitrofurantoin</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystal</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohyd macro</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate</i>	M M	
<i>praziquantel</i>	1	QL (24 tabs / 365 days)
<i>PRIMSOL</i>	2	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin hcl</i>	1	QL (80 caps / 10 days)
<i>XIFAXAN 200mg</i>	2	
<i>XIFAXAN 550mg</i>	2	PA
<b>ANTIFUNGALS</b>		
<i>BIO-STATIN CAPS</i>	2	
<i>bio-statin POWD</i>	1	
<i>fluconazole</i>	1	
<i>griseofulvin microsize</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	PA
<i>nystatin</i>	1	
<i>posaconazole</i>	1	
<i>terbinafine hcl</i>	1	PA
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>quinine sulfate</i>	1	
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN	1	QL (900 mL / 30 days)
<i>abacavir sulfate</i> TABS	1	QL (60 tabs / 30 days)
<i>atazanavir sulfate</i> 150mg, 300mg	1	QL (30 caps / 30 days)
<i>atazanavir sulfate</i> 200mg	1	QL (60 caps / 30 days)
<i>didanosine</i>	1	QL (30 caps / 30 days)
<i>efavirenz</i> CAPS	1	QL (90 caps / 30 days)
<i>efavirenz</i> TABS	1	QL (30 tabs / 30 days)
<i>fosamprenavir calcium</i>	1	QL (120 tabs / 30 days)
<i>ISENTRESS</i> CHEW	2	QL (180 tabs / 30 days)
<i>ISENTRESS</i> PACK	2	QL (60 packets / 30 days)
<i>ISENTRESS</i> TABS	2	QL (120 tabs / 30 days)
<i>ISENTRESS</i> HD	2	QL (60 tabs / 30 days)
<i>lamivudine</i> SOLN	1	QL (900 ml / 30 days)
<i>lamivudine</i> TABS 150mg	1	QL (60 tabs / 30 days)
<i>lamivudine</i> TABS 300mg	1	QL (30 tabs / 30 days)
<i>nevirapine</i> SUSP	1	QL (1200 mL / 30 days)
<i>nevirapine</i> TABS	1	QL (60 tabs / 30 days)
<i>nevirapine</i> TB24 100mg	1	QL (90 tabs / 30 days)
<i>nevirapine</i> TB24 400mg	1	QL (30 tabs / 30 days)
<i>NORVIR</i> CAPS	2	QL (360 caps / 30 days)
<i>NORVIR</i> PACK	2	QL (360 packets / 30 days)
<i>NORVIR</i> SOLN	2	QL (480 mL / 30 days)
<i>PREZISTA</i> SUSP	2	QL (400 ml / 30 days)
<i>PREZISTA</i> TABS 75mg	2	QL (300 tabs / 30 days)
<i>PREZISTA</i> TABS 150mg	2	QL (180 tabs / 30 days)
<i>PREZISTA</i> TABS 600mg	2	QL (60 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA TABS 800mg	2	QL (30 tabs / 30 days)
REYATAZ	2	QL (180 packets / 30 days)
<i>ritonavir</i>	1	QL (360 tabs / 30 days)
<i>stavudine</i>	1	QL (60 caps / 30 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (30 tabs / 30 days)
TIVICAY	2	QL (60 tabs / 30 days)
VIDEX EC	2	QL (30 caps / 30 days)
VIDEX PEDIATRIC	2	QL (1200 ml / 30 days)
ZERIT	2	QL (2400 ml / 30 days)
<i>zidovudine</i> CAPS	1	QL (180 caps / 30 days)
<i>zidovudine</i> SYRP	1	QL (1800 ml / 30 days)
<i>zidovudine</i> TABS	1	QL (60 tabs / 30 days)

#### **ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine</i>	1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	QL (60 tabs / 30 days)
BIKTARVY	2	QL (30 tabs / 30 days)
CIMDUO	2	QL (30 tabs / 30 days)
COMPLERA	2	QL (30 tabs / 30 days)
DESCOVY	2	QL (30 tabs / 30 days)
EVOTAZ	2	QL (30 tabs / 30 days)
GENVOYA	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir</i>	1	QL (390 mL / 30 days)
ODEFSEY	2	QL (30 tabs / 30 days)
PREZCOBIX	2	QL (30 tabs / 30 days)
STRIBILD	2	QL (30 tabs / 30 days)
SYMPI	2	QL (30 tabs / 30 days)
SYMPI LO	2	QL (30 tabs / 30 days)
TRIUMEQ	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	2	QL (30 tabs / 30 days), ST; PA**; (coverage for pre and post-exposure prophylaxis only)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTITUBERCULAR AGENTS</b>		
cycloserine	1	
ethambutol hcl	1	
isoniazid	1	
pyrazinamide	1	
rifabutin	1	
rifampin	1	
<b>ANTIVIRALS</b>		
acyclovir	1	
EPIVIR HBV	2	
famciclovir	1	
lamivudine (hbv)	1	
oseltamivir phosphate CAPS 30mg	1	QL (40 caps / 90 days)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (20 caps / 90 days)
oseltamivir phosphate SUSR	1	QL (360 mL / 90 days)
RELENZA DISKHALER	2	QL (2 inhalers / 90 days)
rimantadine hydrochloride	1	
valacyclovir hcl	1	
valganciclovir hcl	1	
<b>CEPHALOSPORINS</b>		
cefaclor	1	
CEFACLOR ER	2	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftibuten	1	
CEFTIN	2	
cefuroxime axetil	1	
cephalexin	1	
SUPRAX	2	
<b>ERYTHROMYCINS/MACROLIDES</b>		
azithromycin	1	
clarithromycin	1	
DIFICID	2	PA
e.e.s. 400	1	
ery-tab	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>moxifloxacin hcl in sodium chloride</i>	M M	
<i>ofloxacin</i>	1	
<b>HEPATITIS C</b>		
EPCLUSIA	4	QL (28 tabs / 28 days), PA
HARVONI	4	QL (28 tabs / 28 days), PA
REBETOL	4	PA
<i>ribasphere</i>	1	PA
<i>ribavirin (hepatitis c)</i>	1	PA
VOSEVI	4	QL (28 tabs / 28 days), PA
<b>PENICILLINS</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin &amp; pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN	2	
<i>dicloxacillin sodium</i>	1	
<i>penicillin v potassium</i>	1	
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	1	
<i>demeccyclycline hcl</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
<i>minocycline hcl</i>	1	
<i>morgidox 1x100mg</i>	1	
<i>tetracycline hcl</i>	1	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>carmustine</i>	M M	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cyclophosphamide	0	
melphalan	0	
<b>ANTIMETABOLITES</b>		
mercaptopurine	0	
<b>ANTIMITOTIC, TAXOIDS</b>		
docetaxel	M	M
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
KISQALI	4	QL (63 tabs / 28 days), PA
LYNPARZA CAPS	0	QL (480 caps / 30 days), PA
LYNPARZA TABS 100mg	0	QL (180 tabs / 30 days), PA
LYNPARZA TABS 150mg	0	QL (120 tabs / 30 days), PA
ZEJULA	0	QL (90 caps / 30 days), PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
abiraterone acetate	0	QL (120 tabs / 30 days), PA
anastrozole	0	
bicalutamide	0	
exemestane	0	
flutamide	0	
fulvestrant	M	M
letrozole	0	
megestrol acetate	0	
megestrol acetate (appetite)	0	
nilutamide	0	
tamoxifen citrate	0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate	0	
<b>KINASE INHIBITORS</b>		
ALECENSA	0	QL (240 caps / 30 days), PA
imatinib mesylate 100mg	0	QL (90 tabs / 30 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imatinib mesylate</i> 400mg	0	QL (60 tabs / 30 days), PA
<b>MISCELLANEOUS</b>		
ARSENIC TRIOXIDE	M	M
<i>hydroxyurea</i>	0	
ODOMZO	0	QL (30 caps / 30 days), PA
<i>tretinoin (chemotherapy)</i>	0	
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium</i>	0	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide</i>	0	
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>captopril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>terazosin hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<i>olmesartan</i>	1	
<i>medoxomil-amlodipine-hydrochlorothiazide</i>		
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	PA
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
<i>NORPACE CR</i>	2	
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
<b>ANTILIPIDEMICS, BILE ACID RESINS</b>		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
prevalite	1	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>		
ezetimibe	1	
<b>ANTILIPEMICS, FIBRATES</b>		
choline fenofibrate	1	
fenofibrate	1	
fenofibrate micronized	1	
fenofibric acid	1	
gemfibrozil	1	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>		
ezetimibe-simvastatin	1	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
atorvastatin calcium 10mg, 20mg	1	\$0 copay for members age 40 through 75
atorvastatin calcium 40mg, 80mg	1	
fluvastatin sodium	1	\$0 copay for members age 40 through 75
lovastatin	1	\$0 copay for members age 40 through 75
pravastatin sodium	1	\$0 copay for members age 40 through 75
rosuvastatin calcium 5mg, 10mg	1	ST; \$0 copay for members age 40 through 75; PA**
rosuvastatin calcium 20mg, 40mg	1	
simvastatin 5mg, 10mg, 20mg, 40mg	1	\$0 copay for members age 40 through 75
simvastatin 80mg	1	ST; PA**
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
niacin (antihyperlipidemic)	1	
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>		
omega-3-acid ethyl esters	1	PA
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>		
REPATHA	4	QL (2 syringes / 28 days), PA
REPATHA PUSHTRONEX SYSTEM	4	QL (1 cartridge / 28 days), PA
REPATHA SURECLICK	4	QL (2 pens / 28 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
atenolol & chlorthalidone	1	
bisoprolol & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide	1	
nadolol & bendroflumethiazide	1	
propranolol & hydrochlorothiazide	1	
<b>BETA-BLOCKERS</b>		
acebutolol hcl	1	
atenolol	1	
betaxolol hcl	1	
bisoprolol fumarate	1	
carvedilol	1	
carvedilol phosphate	1	
labetalol hcl	1	
metoprolol succinate	1	
metoprolol tartrate	1	
nadolol	1	
pindolol	1	
propranolol hcl	1	
timolol maleate	1	
<b>CALCIUM CHANNEL BLOCKER/ANTILOPHEMIC COMBINATIONS</b>		
amlodipine besylate-atorvastatin calcium	1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
afeditab cr	1	
amlodipine besylate	1	
CARDIZEM LA	2	
cartia xt	1	
diltiazem hcl	1	
diltiazem hcl coated beads	1	
diltiazem hcl extended release beads	1	
felodipine	1	
isradipine	1	
matzim la	1	
nicardipine hcl	1	
nifedipine	1	
nimodipine	1	
nisoldipine	1	
taztia xt	1	
verapamil hcl	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIGITALIS GLYCOSIDES</b>		
<i>digox</i>	1	
<i>digoxin</i>	1	
<i>LANOXIN</i>	2	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
<i>aliskiren fumarate</i>	1	
<b>DIURETICS</b>		
<i>acetazolamide</i>	1	
<i>ALDACTAZIDE</i>	2	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>torsemide</i>	1	
<i>triamterene</i>	1	
<i>triamterene &amp; hydrochlorothiazide</i>	1	
<b>MISCELLANEOUS</b>		
<i>clonidine hcl</i>	1	
<i>ENTRESTO</i>	2	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	
<i>methyldopa</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i>	1	
<i>phenoxybenzamine hcl</i>	1	
<i>ranolazine</i>	1	ST; PA**
<b>NITRATES</b>		
<i>ISORDIL TITRADOSE</i>	2	
<i>isosorbide dinitrate</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide mononitrate</i>	1	
<i>minitran</i>	1	
<i>NITRO-DUR</i>	2	
<i>nitroglycerin</i>	1	

## **CENTRAL NERVOUS SYSTEM**

### **ANTIANXIETY\$**

<i>alprazolam</i>	1	QL (150 tabs / 25 days)
<i>ALPRAZOLAM INTENSOL</i>	2	QL (300 mL / 25 days)
<i>lorazepam CONC</i>	1	QL (150 mL / 25 days)
<i>lorazepam TABS</i>	1	QL (150 tabs / 25 days)
<i>meprobamate</i>	1	
<i>oxazepam</i>	1	QL (120 caps / 25 days)

### **ANTICONVULSANTS\$**

<i>carbamazepine</i>	1	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
<i>clorazepate dipotassium</i>	1	QL (180 tabs / 25 days)
<i>diazepam SOLN</i>	1	QL (1200 mL / 25 days)
<i>diazepam TABS</i>	1	QL (120 tabs / 25 days)
<i>diazepam intensol</i>	1	QL (240 mL / 25 days)
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i> gabapentin</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	
<i>oxcarbazepine</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	ST; PA**
<i>primidone</i>	1	
<i>tiagabine hcl</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>vigabatrin</i>	4	QL (180 packets / 30 days), PA
<i>zonisamide</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i>	1	
<i>ergoloid mesylates</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>memantine hcl</i>	1	PA; PA applies for members less than 30 years of age
NAMENDA XR TITRATION PACK	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine</i>	1	PA
<i>rivastigmine tartrate</i>	1	PA
<b>ANTIDEPRESSANTS\$</b>		
<i>amitriptyline hcl</i> 10mg	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl</i> 25mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl</i> 50mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl</i> 75mg, 100mg, 150mg	1	PA; Members 70 and older subject to PA
<i>amoxapine</i> 25mg, 50mg, 100mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine</i> 150mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>bupropion hcl</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>desipramine hcl</i> 10mg, 25mg, 50mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl</i> 75mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl</i> 100mg, 150mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desvenlafaxine succinate</i>	1	ST; (generic of Pristiq) PA**
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl</i> CAPS 75mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl</i> CAPS 100mg, 150mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl</i> CONC	1	QL (450 mL / 25 days); QL applies to members age 65 and older
<i>duloxetine hcl</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i> CAPS	1	
<i>fluoxetine hcl</i> CPDR	1	
<i>fluoxetine hcl</i> SOLN	1	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	1	(generic Sarafem not covered)
<i>fluoxetine hcl</i> TABS 60mg	1	
<i>imipramine hcl</i> 10mg, 25mg	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl</i> 50mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate</i> 75mg, 100mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate</i> 125mg, 150mg	1	PA; Members 70 and older subject to PA
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> CAPS 10mg	1	QL (150 caps / 25 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nortriptyline hcl</i> CAPS 25mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl</i> CAPS 50mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl</i> CAPS 75mg	1	PA; Members 70 and older subject to PA
<i>nortriptyline hcl</i> SOLN	1	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>paroxetine hcl</i>	1	
<i>phenelzine sulfate</i>	1	
<i>protriptyline hcl</i> 5mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl</i> 10mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i>	1	
<i>trimipramine maleate</i> 25mg, 50mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate</i> 100mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>venlafaxine hcl</i>	1	

#### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i>	1
<i>benztropine mesylate</i>	1
<i>bromocriptine mesylate</i>	1
<i>carbidopa</i>	1
<i>carbidopa-levodopa</i>	1
<i>carbidopa-levodopa-entacapone</i>	1
<i>entacapone</i>	1
<i>pramipexole dihydrochloride</i>	1
<i>rasagiline mesylate</i>	1
<i>ropinirole hydrochloride</i>	1
<i>selegiline hcl</i>	1

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolcapone</i>	1	
<i>trihexyphenidyl hcl</i>	1	
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole</i>	1	
<i>ARISTADA</i>	M	M
<i>ARISTADA INITIO</i>	M	M
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
<i>LATUDA</i>	2	ST; PA**
<i>loxapine succinate</i>	1	
<i>olanzapine</i>	1	
<i>paliperidone</i>	1	
<i>perphenazine</i>	1	
<i>quetiapine fumarate</i>	1	
<i>quetiapine fumarate er</i>	1	
<i>risperidone</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDERS</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / 25 days)
atomoxetine hcl	1	
dexamethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps / 25 days)
dexamethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps / 25 days)
dexamethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 25 days)
dexamethylphenidate hcl TABS 10mg	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate CP24 5mg, 10mg	1	QL (120 caps / 25 days)
dextroamphetamine sulfate CP24 15mg	1	QL (60 caps / 25 days)
dextroamphetamine sulfate SOLN	1	QL (1,200 mL / 25 days)
dextroamphetamine sulfate TABS	1	QL (120 tabs / 25 days)
guanfacine hcl (adhd)	1	ST; PA**
methamphetamine hcl	1	QL (150 tabs / 25 days)
methylphenidate hcl CHEW	1	QL (180 chew tabs / 25 days)
methylphenidate hcl CP24 20mg, 30mg	1	QL (60 caps / 25 days)
methylphenidate hcl CP24 40mg, 60mg	1	QL (30 caps / 25 days)
methylphenidate hcl CPCR 10mg, 20mg, 30mg	1	QL (60 caps / 25 days)
methylphenidate hcl CPCR 40mg, 50mg, 60mg	1	QL (30 caps / 25 days)
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 25 days)
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 25 days)
methylphenidate hcl TABS 5mg, 10mg	1	QL (180 tabs / 25 days)
methylphenidate hcl TABS 20mg	1	QL (90 tabs / 25 days)
methylphenidate hcl TB24 18mg, 27mg, 36mg	1	QL (60 tabs / 25 days)
methylphenidate hcl TB24 54mg	1	QL (30 tabs / 25 days)
methylphenidate hcl TBCR 10mg, 20mg	1	QL (90 tabs / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
methylphenidate hcl TBCR 18mg, 27mg, 36mg	1	QL (60 tabs / 25 days)
methylphenidate hcl TBCR 54mg	1	QL (30 tabs / 25 days)
VYVANSE	2	
zenzedi 2.5mg, 7.5mg	1	QL (120 tabs / 25 days)
zenzedi 15mg, 20mg	1	QL (60 tabs / 25 days)
zenzedi 30mg	1	QL (30 tabs / 25 days)

### **HYPNOTICS\$**

BELSOMRA	2	ST; PA**
cvs sleep-aid nighttime	0	OTC
eszopiclone	1	QL (15 tabs / 25 days)
ramelteon	1	QL (15 tabs / 25 days)
SILENOR	2	QL (30 tabs / 25 days), ST; QL applies to members age 65 and older; PA**
temazepam	1	QL (15 caps / 25 days)
zaleplon	1	QL (15 caps / 25 days)
zolpidem tartrate	1	QL (15 tabs / 25 days)

### **MIGRAINES**

almotriptan malate	1	QL (12 tabs / 25 days)
dihydroergotamine mesylate	1	QL (8 units / 25 days)
eletriptan hydrobromide	1	QL (12 tabs / 25 days)
ergotamine w/ caffeine	1	
frovatriptan succinate	1	QL (18 tabs / 25 days)
naratriptan hcl	1	QL (12 tabs / 25 days)
rizatriptan benzoate	1	QL (18 tabs / 25 days)
sumatriptan 5mg/act	1	QL (24 sprays / 25 days)
sumatriptan 20mg/act	1	QL (12 sprays / 25 days)
sumatriptan succinate SOAJ 4mg/0.5ml	1	QL (18 syringes / 25 days)
sumatriptan succinate SOAJ 6mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate SOCT 4mg/0.5ml	1	QL (18 syringes / 25 days)
sumatriptan succinate SOCT 6mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate SOLN	1	QL (12 vials / 25 days)
sumatriptan succinate SOSY	1	QL (12 units / 25 days)
sumatriptan succinate TABS	1	QL (12 tabs / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolmitriptan</i>	1	QL (12 tabs / 25 days)
<b>MISCELLANEOUS</b>		
<i>buspirone hcl</i>	1	
<i>clomipramine hcl</i> 25mg, 50mg	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl</i> 75mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>fluvoxamine maleate</i>	1	
<i>lithium carbonate</i>	1	
<i>pimozide</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>riluzole</i>	1	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<i>AUBAGIO</i>	4	QL (30 tabs / 30 days), PA
<i>BETASERON</i>	4	QL (14 injections / 28 days), PA
<i>COPAXONE INJ 20MG/ML</i>	4	QL (30 injections / 30 days), PA
<i>COPAXONE INJ 40MG/ML</i>	4	QL (12 syringes / 28 days), PA
<i>GILENYA</i>	4	QL (30 caps / 30 days), PA
<i>glatiramer acetate</i>	2	QL (12 syringes / 28 days), PA
<i>glatopa</i>	2	QL (30 injections / 30 days), PA
<i>REBIF</i>	4	QL (12 syringes / 28 days), PA
<i>REBIF REBIDOSE</i>	4	QL (12 syringes / 28 days), PA
<i>REBIF REBIDOSE TITRATION</i>	4	QL (1 box / 28 days), PA
<i>REBIF TITRATION PACK</i>	4	QL (1 box / 28 days), PA
<i>TECFIDERA</i> 120mg	4	QL (14 caps / 28 days), PA
<i>TECFIDERA</i> 240mg	4	QL (60 caps / 30 days), PA
<i>TECFIDERA STARTER PACK</i>	4	QL (1 kit / 30 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium</i>	1	
<i>metaxalone</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl</i>	1	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i>	1	PA
<i>modafinil</i>	1	PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i>	1	PA
<i>bupropion hcl (smoking deterrent)</i>	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram</i>	1	
<i>naltrexone hcl</i>	1	Must obtain approval after the initial fill
<i>NARCAN</i>	2	
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
<i>testosterone</i>	1	PA
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>miglitol</i>	1	
<b><i>ANTIDIABETICS, BIGUANIDE</i></b>		
<i>metformin hcl</i>	1	
<b><i>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</i></b>		
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</i></b>		
<i>alogliptin benzoate</i>	1	
<i>JANUVIA</i>	2	ST; PA**
<i>TRADJENTA</i>	2	ST; PA**
<b><i>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</i></b>		
<i>JANUMET</i>	2	ST; PA**
<i>JANUMET XR</i>	2	ST; PA**
<b><i>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</i></b>		
<i>OZEMPIC</i>	2	ST; PA**
<i>TRULICITY</i>	2	ST; PA**
<i>VICTOZA</i>	2	ST; PA**
<b><i>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</i></b>		
<i>SOLIQUA 100/33</i>	2	ST; PA**
<b><i>ANTIDIABETICS, INSULIN</i></b>		
<i>BASAGLAR KWIKPEN</i>	2	
<i>FIASP</i>	2	
<i>FIASP FLEXTOUCH</i>	2	
<i>HUMULIN R U-500 (CONCENTR</i>	2	
<i>HUMULIN R U-500 KWIKPEN</i>	2	
<i>LEVEMIR</i>	2	
<i>LEVEMIR FLEXTOUCH</i>	2	
<i>NOVOLIN 70/30</i>	2	OTC; RELION not covered
<i>NOVOLIN 70/30 FLEXPEN</i>	2	OTC; RELION not covered
<i>NOVOLIN N</i>	2	OTC; RELION not covered
<i>NOVOLIN R</i>	2	OTC; RELION not covered
<i>NOVOLOG</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG PENFILL	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
<b><i>ANTIDIABETICS, INSULIN SENSITIZER</i></b>		
pioglitazone hcl	1	
<b><i>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</i></b>		
pioglitazone hcl-metformin hcl	1	
<b><i>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</i></b>		
pioglitazone hcl-glimepiride	1	
<b><i>ANTIDIABETICS, MEGLITINIDE</i></b>		
nateglinide	1	
repaglinide	1	
<b><i>ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION</i></b>		
repaglinide-metformin hcl	1	
<b><i>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO</i></b>		
SYNJARDY	2	ST; PA**
SYNJARDY XR	2	ST; PA**
XIGDUO XR	2	ST; PA**
<b><i>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS</i></b>		
GLYXAMBI	2	ST; PA**
QTERN	2	ST; PA**
<b><i>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB</i></b>		
FARXIGA	2	ST; PA**
JARDIANCE	2	ST; PA**
<b><i>ANTIDIABETICS, SULFONYLUREA</i></b>		
glimepiride	1	
glipizide	1	
glyburide	1	PA; High Risk Medications require PA for members age 70 and older

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<i>glyburide micronized</i>	1	PA; High Risk Medications require PA for members age 70 and older
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i>	1	
<i>ibandronate sodium</i>	1	
<i>risedronate sodium</i>	1	
<b>CHELATING AGENTS</b>		
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>THYROSAFE</i>	2	OTC
<i>trientine hcl</i>	1	
<b>CONTRACEPTIVES</b>		
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	
<i>amethyst</i>	0	
<i>ANNOVERA</i>	0	QL (1 / 300 days)
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aviane</i>	0	
<i>azurette</i>	0	
<i>BALCOLTRA</i>	0	
<i>camila</i>	0	
<i>caziant</i>	0	
<i>chateal</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>delyla</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>drospirenone-ethinyl</i>	0	
<i>estradiol-levomefolate calcium</i>		
<i>elinest</i>	0	
<i>ELLA</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>errin</i>	0	
<i>ethynodiol diacet &amp; eth estrad</i>	0	
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>gianvi</i>	0	
<i>gildess fe 1.5/30</i>	0	
<i>gildess fe 1/20</i>	0	
<i>heather</i>	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>jolivette</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kurvelo</i>	0	
<i>larin 1.5/30</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorgestrel &amp; eth estradiol</i>	0	
<i>levonorgestrel-ethinylestradiol (91-day)</i>	0	
<i>levora 0.15/30-28</i>	0	
<i>LO LOESTRIN FE</i>	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>lutera</i>	0	
<i>marlissa</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30</i>	0	
<i>mono-linyah</i>	0	
<i>mononessa</i>	0	
<i>myzilra</i>	0	
<i>NATAZIA</i>	0	
<i>necon 0.5/35-28</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>necon 1/35</i>	0	
<i>necon 1/50-28</i>	0	
<i>NECON 10/11-28</i>	0	
<i>nikki</i>	0	
<i>nora-be</i>	0	
<i>norethin acet &amp; estrad-fe</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	0	
<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone acet &amp; eth estra</i>	0	
<i>norgestimate-ethinyl estradiol</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>NUVARING</i>	0	QL (13 / 300 days)
<i>ocella</i>	0	
<i>ogestrel</i>	0	
<i>orsythia</i>	0	
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>quasense</i>	0	
<i>reclipsen</i>	0	
<i>rivilsa</i>	0	
<i>SLYND</i>	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>take action</i>	0	OTC
<i>TAYTULLA</i>	0	
<i>tilia fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
<i>trinessa</i>	0	
<i>trivora-28</i>	0	
<i>velivet</i>	0	
<i>vestura</i>	0	
<i>viorele</i>	0	
<i>wera</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
xulane	0	
zarah	0	
zenchent	0	
zenchent fe	0	
zovia 1/35e	0	
<b>ENDOMETRIOSIS</b>		
danazol	1	
<b>ENZYME REPLACEMENTS</b>		
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA
<b>ESTROGENS</b>		
CLIMARA PRO	2	
estradiol	1	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate	1	
estradiol vaginal cream	1	
estropipate	1	PA; High Risk Medications require PA for members age 70 and older
jinteli	1	
mimvey	1	
norethindrone acetate-ethynodiol dihydrogen phosphate	1	
yuvafem	1	
<b>GLUCOCORTICOIDS</b>		
cortisone acetate	1	
dexamethasone	1	
DEXAMETHASONE INTENSOL	2	
fludrocortisone acetate	1	
hydrocortisone	1	
MEDROL	2	
methylprednisolone	1	
prednisolone	1	
prednisolone sodium phosphate	1	
prednisone	1	
PREDNISONE INTENSOL	2	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGON EMERGENCY KIT	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSTA-GLUCOSE	2	OTC
<b>HUMAN GROWTH HORMONES</b>		
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	
<i>raloxifene hcl</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
TYMLOS	4	QL (1 pen / 30 days), PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i>	1	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<b>PROGESTINS</b>		
<i>CRINONE</i>	2	
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone micronized</i>	1	
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<i>SYNTHROID</i>	2	
<i>unithroid</i>	1	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<b>GASTROINTESTINAL</b>		
<b>ANTICHOLINERGICS</b>		
<i>CUVPOSA</i>	2	
<i>dicyclomine hcl</i>	1	
<i>ed-spaZ</i>	1	
<i>glycopyrrolate</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hyoscyamine sulfate</i>	1	
<i>methscopolamine bromide</i>	1	
<i>nulev</i>	1	
<i>oscimin</i>	1	
<i>oscimin sr</i>	1	
<i>symax-sl</i>	1	

### **ANTIEMETICS§**

<i>aprepitant 40mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant 80mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant 125mg</i>	1	QL (2 caps / 21 days)
<i>aprepitant pak 80 &amp; 125</i>	1	QL (2 packs / 21 days)
<i>compro</i>	1	
<i>dronabinol</i>	1	QL (60 caps / 25 days)
<i>granisetron hcl</i>	1	QL (12 tabs / 21 days)
<i>meclizine hcl</i>	1	
<i>metoclopramide hcl</i>	1	
<i>ondansetron</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl SOLN</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl TABS 4mg, 8mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl TABS 24mg</i>	1	QL (2 tabs / 21 days)
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl SUPP</i>	1	
<i>promethazine hcl SYRP; TABS</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	1	
<i>SANCUSO</i>	2	QL (2 patches / 21 days)
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
<i>VARUBI EMUL</i>	M	M
<i>VARUBI TABS</i>	2	

### **H2-RECEPTOR ANTAGONISTS**

<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>nizatidine</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ranitidine hcl</i>	1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>APRISO</i>	2	
<i>balsalazide disodium</i>	1	
<i>budesonide</i>	1	
<i>colocort</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine w/ cleanser</i>	1	
<i>sulfasalazine</i>	1	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
<i>AMITIZA</i>	2	
<i>LINZESS</i>	2	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosetron hcl</i>	1	PA
<b>LAXATIVES</b>		
<i>CLENPIQ</i>	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
<i>GOLYTELY</i>	2	
<i>lactulose</i>	1	
<i>MOVIPREP</i>	0	\$0 copay for members age 50 through 74; Tier 2 for all others
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>PLENUVU</i>	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>polyethylene glycol 3350</i>	1	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREPOPIK	0	\$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL PREP KIT	0	\$0 copay for members age 50 through 74; Tier 2 for all others
<b>MISCELLANEOUS</b>		
cromolyn sodium (mastocytosis)	1	
diphenoxylate w/ atropine	1	
loperamide hcl	1	
misoprostol	1	
MOVANTIK	2	
sucralfate	1	
ursodiol	1	
<b>PANCREATIC ENZYMES</b>		
CREON	2	
VIOKACE	2	
ZENPEP	2	
<b>PROTON PUMP INHIBITORS§</b>		
esomeprazole magnesium	1	QL (90 caps / 365 days)
lansoprazole	1	QL (90 caps / 365 days)
omeprazole	1	QL (90 caps / 365 days)
pantoprazole sodium	1	QL (90 tabs / 365 days)
rabeprozole sodium	1	QL (90 tabs / 365 days)
<b>RECTAL, CORTICOSTEROIDS</b>		
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
alfuzosin hcl	1	
dutasteride	1	
dutasteride-tamsulosin hcl	1	
finasteride	1	
silodosin	1	
tadalafil	1	QL (30 tabs / 25 days), PA
tamsulosin hcl	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
bethanechol chloride	1	
flavoxate hcl	1	
potassium citrate (alkalinizer)	1	
urinary pain relief	1	OTC
<b>URINARY ANTISPASMODICS</b>		
oxybutynin chloride	1	
solifenacain succinate	1	
tolterodine tartrate	1	
TOVIAZ	2	
trospium chloride	1	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN	2	
clindamycin phosphate vaginal	1	
metronidazole vaginal	1	
miconazole 3	1	
terconazole vaginal	1	
vandazole	1	
zazole	1	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ELIQUIS	2	
enoxaparin sodium	1	
fondaparinux sodium	1	
jantoven	1	
warfarin sodium	1	
XARELTO	2	
XARELTO STARTER PACK	2	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE	4	PA
FULPHILA	4	QL (2 injections / 28 days), PA
RETACRIT	4	PA
<b>MISCELLANEOUS</b>		
anagrelide hcl	1	
cilostazol	1	
pentoxifylline	1	
tranexamic acid	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PLATELET AGGREGATION INHIBITORS</b>		
aspirin-dipyridamole	1	
BRILINTA	2	
clopidogrel bisulfate	1	
dipyridamole	1	PA; High Risk Medications require PA for members age 70 and older
prasugrel hcl	1	
ZONTIVITY	2	

## **IMMUNOLOGIC AGENTS**

### **BIOLOGIC DISEASE-MODIFYING AGENTS**

ENBREL	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI	4	QL (8 cartridges / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	4	QL (2 injections / 28 days), PA
HUMIRA 40mg/0.4ml, 40mg/0.8ml	4	QL (4 injections / 28 days), PA
HUMIRA PEDIATRIC CROHNS D	4	QL (2 injections / 28 days), PA; (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D 80mg/0.8ml	4	QL (3 injections / 28 days), PA; (80mg single strength kit)
HUMIRA PEN	4	QL (4 injections / 28 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN-CD/UC/HS START 40mg/0.8ml	4	QL (6 pens / 28 days), PA
HUMIRA PEN-CD/UC/HS START 80mg/0.8ml	4	QL (1 kit / 28 days), PA
HUMIRA PEN-PS/UV STARTER	4	QL (1 kit / 28 days), PA
HUMIRA PEN-PS/UV STARTER 40mg/0.8ml	4	QL (4 pens / 28 days), PA
KEVZARA SOAJ	4	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis
KEVZARA SOSY	4	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis
SIMPONI	4	QL (1 injection / 28 days), PA; Preferred agent for Ulcerative Colitis
SIMPONI ARIA	M	M
SKYRIZI	4	QL (2 syringes / 12 weeks), PA; Preferred agent for Psoriasis
STELARA 45mg/0.5ml	4	QL (1 syringe / 84 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA 90mg/ml	4	QL (1 syringe / 56 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ	4	QL (1 injection / 28 days), PA; Preferred agent for Psoriasis
XELJANZ	4	QL (60 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
XELJANZ XR	4	QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>		
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i>	1	
<i>methotrexate sodium</i>	0	
OTEZLA TABS	4	QL (60 tabs / 30 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TBPK	4	QL (55 tabs / 28 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified (for microemulsion)</i>	1	
<i>gengraf</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
<i>sirolimus</i>	1	
<i>tacrolimus</i>	1	
<b>MEDICAL DEVICES</b>		
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA	2	OTC
ACCU-CHEK AVIVA CONNECT	M	OTC; M
ACCU-CHEK AVIVA PLUS KIT	M	OTC; M
ACCU-CHEK AVIVA PLUS STRP	0	OTC, QL (204 Test Strips / 25 days)
ACCU-CHEK COMPACT PLUS	0	OTC, QL (204 Test Strips / 25 days)
ACCU-CHEK COMPACT PLUS CA	M	OTC; M
ACCU-CHEK GUIDE KIT	M	OTC; M
ACCU-CHEK GUIDE STRP	0	OTC, QL (204 Test Strips / 25 days)
ACCU-CHEK MULTICLIX LANCE	0	OTC
ACCU-CHEK NANO SMARTVIEW	M	OTC; M
ACCU-CHEK SMARTVIEW STRIP	0	OTC, QL (204 Test Strips / 25 days)
GLUCOSE URINE TEST STRIPS	0	OTC
INSULIN PEN NEEDLES	0	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN PEN NEEDLES/SYRINGES	0	OTC
KETONE URINE TEST STRIPS	0	OTC
LANCING DEVICE	0	OTC
MISC LANCETS	0	OTC
URINE GLUCOSE MONITORING SUPPLIES	0	OTC
<b>MISCELLANEOUS</b>		
HUMATROPEN	2	OTC
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>fluor-a-day</i>	0	\$0 applies for ages 5 and under, otherwise not covered
FLUORABON	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab</i> 1mg	1	
<i>fluoritab</i> .25mg, .5mg	0	\$0 applies for ages 5 and under, otherwise not covered
<i>flura-drops</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con</i> 8	1	
<i>klor-con</i> 10	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>ludent</i> 1mg	1	
<i>ludent</i> .25mg, .5mg	0	\$0 applies for ages 5 and under, otherwise not covered
<i>nafrinse</i>	1	
<i>nafrinse drops</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>sodium fluoride</i> CHEW 1mg	1	
<i>sodium fluoride</i> CHEW .25mg, .5mg	0	\$0 applies for ages 5 and under, otherwise not covered

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sodium fluoride SOLN	0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride TABS 1mg	1	
sodium fluoride TABS .5mg	0	\$0 applies for ages 5 and under, otherwise not covered
<b>VITAMINS</b>		
<i>calcitriol</i>	1	
<i>cholecalciferol</i>	1	OTC
CITRANATAL 90 DHA	2	
CITRANATAL ASSURE	2	
CITRANATAL B-CALM	2	
CITRANATAL BLOOM	2	
CITRANATAL BLOOM DHA	2	
CITRANATAL DHA	2	
CITRANATAL HARMONY	2	
CITRANATAL MEDLEY	2	
CITRANATAL RX	2	
<i>doxercalciferol</i>	1	
<i>ergocalciferol</i>	1	
folic acid CAPS	0	OTC, QL (100 caps / 30 days); \$0 copay for women ages 55 and under, otherwise not covered
folic acid TABS 1mg	1	
folic acid TABS 400mcg, 800mcg	0	OTC, QL (100 tabs / 30 days); \$0 copay for women ages 55 and under, otherwise not covered
<i>multi-vit/fluoride</i>	1	
<i>multi-vit/iron/fluoride</i>	1	
<i>multi-vitamin/fluoride/ir</i>	1	
<i>multivitamin with fluorid</i>	1	
<i>mvc-fluoride</i>	1	
<i>paricalcitol</i>	1	
<i>phytonadione</i>	1	
<i>prenatabs rx</i>	1	
<i>pyridoxine hcl</i>	1	OTC

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<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>tri-vit/fluoride</i>	1
<i>tri-vit/fluoride/iron</i>	1
<i>virt-vite forte</i>	1
<i>vitamins a/c/d/fluoride</i>	1
<b>OPHTHALMIC</b>	
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>	
<i>bacitracin-poly-neomycin-hc</i>	1
<i>BLEPHAMIDE</i>	2
<i>BLEPHAMIDE S.O.P.</i>	2
<i>neomycin-polymy-dexameth</i>	1
<i>neomycin-polymyxin-hc (ophth)</i>	1
<i>sulfacetamide sod-prednisolone</i>	1
<i>TOBRADEX</i>	2
<i>TOBRADEX ST</i>	2
<i>tobramycin-dexamethasone</i>	1
<b>ANTI-INFECTIVES</b>	
<i>AZASITE</i>	2
<i>bacitracin (ophthalmic)</i>	1
<i>bacitracin-polymyxin b (ophth)</i>	1
<i>ciprofloxacin hcl (ophth)</i>	1
<i>erythromycin (ophth)</i>	1
<i>gatifloxacin (ophth)</i>	1
<i>gentak</i>	1
<i>gentamicin sulfate (ophth)</i>	1
<i>levofloxacin (ophth)</i>	1
<i>MOXEZA</i>	2
<i>moxifloxacin hcl (ophth)</i>	1
<i>NATACYN</i>	2
<i>neomycin-polymyxin-gramicidin</i>	1
<i>ofloxacin (ophth)</i>	1
<i>polycin</i>	1
<i>polymyxin b-trimethoprim</i>	1
<i>sulfacetamide sodium (ophth)</i>	1
<i>tobramycin (ophth)</i>	1
<i>trifluridine</i>	1
<b>ANTI-INFLAMMATORIES</b>	
<i>ACUVAIL</i>	2
<i>bromfenac sodium (ophth)</i>	1
<i>dexamethasone sodium phosphate (ophth)</i>	1

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<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>diclofenac sodium (ophth)</i>	1
DUREZOL	2
FLAREX	2
<i>fluorometholone (ophth)</i>	1
<i>flurbiprofen sodium</i>	1
FML	2
FML FORTE	2
ILEVRO	2
<i>ketorolac tromethamine (ophth)</i>	1
<i>loteprednol etabonate</i>	1
MAXIDEX	2
NEVANAC	2
PRED MILD	2
<i>prednisolone acetate (ophth)</i>	1
PREDNISOLONE SODIUM PHOSP	2

#### **ANTIALLERGICS**

<i>azelastine hcl (ophth)</i>	1
<i>cromolyn sodium (ophth)</i>	1
<i>epinastine hcl (ophth)</i>	1
LASTACAFT	2
<i>olopatadine hcl</i>	1
<i>olopatadine hydrochloride</i>	1
PAZEO	2

#### **ANTIGLAUCOMA**

AZOPT	2
<i>betaxolol hcl (ophth)</i>	1
BETOPTIC-S	2
<i>bimatoprost</i>	1
<i>brimonidine tartrate</i>	1
<i>carteolol hcl (ophth)</i>	1
COMBIGAN	2
<i>dorzolamide hcl</i>	1
<i>dorzolamide hcl-timolol maleate</i>	1
<i>latanoprost</i>	1
<i>levobunolol hcl</i>	1
LUMIGAN	2 ST; PA**
<i>metipranolol</i>	1
<i>pilocarpine hcl</i>	1
SIMBRINZA	2
<i>timolol maleate (ophth)</i>	1

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIMOPTIC OCUDOSE	2	
TRAVATAN Z	2	
<b>MISCELLANEOUS</b>		
<i>phenylephrine hcl (ophth)</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	
<i>tropicamide</i>	1	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
BEVESPI AEROSPHERE	2	QL (1 package / 25 days)
COMBIVENT RESPIMAT	2	QL (2 inhalers / 25 days)
<i>ipratropium-albuterol</i>	1	QL (6 boxes / 25 days)
<b>ANTICHOLINERGICS</b>		
INCRUSE ELLIPTA	2	QL (1 package / 25 days)
<i>ipratropium bromide</i>	1	QL (5 boxes / 25 days)
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA HANDIHALER	2	QL (1 package / 25 days)
SPIRIVA RESPIMAT	2	QL (1 package / 25 days)
<b>ANTIHISTAMINE COMBINATIONS</b>		
DYMISTA	2	QL (1 package / 25 days)
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl</i>	1	QL (2 bottles / 25 days)
<i>brompheniramine tannate</i>	1	
<i>carbinoxamine maleate</i>	1	
<i>clemastine fumarate</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl</i>	1	
<i>desloratadine</i>	1	
<i>diphenhydramine hcl</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride</i>	1	
<i>olopatadine hcl (nasal)</i>	1	QL (1 container / 25 days)

### **BETA AGONISTS§**

<i>albuterol sulfate</i> AERS	1	QL (2 inhalers / 25 days)
<i>albuterol sulfate</i> NEBU .5%	1	QL (60 mL / 25 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml	1	QL (5 boxes / 25 days)
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS	1	
<i>albuterol sulfate</i> TB12	1	
<i>levalbuterol hcl</i> 1.25mg/0.5ml	1	QL (45 mL / 25 days)
<i>levalbuterol hcl</i> .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	QL (300 mL / 25 days)
<i>levalbuterol tartrate</i>	1	QL (2 inhalers / 25 days)
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	2	QL (2 boxes / 25 days)
PROAIR HFA	2	QL (2 inhalers / 25 days)
PROAIR RESPICLICK	2	QL (2 packages / 25 days)
STRIVERDI RESPIMAT	2	QL (1 package / 25 days)
<i>terbutaline sulfate</i>	1	

### **BIOLOGIC RESPONSE MODIFIERS**

<i>NUCALA</i> SOAJ; SOSY	4	QL (3 injections / 28 days), PA
<i>NUCALA</i> SOLR	M	M
<i>XOLAIR</i>	M	M

### **COLD/COUGH**

<i>benzonatate</i>	1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone w/ homatropine</i>	1	
<i>hydromet</i>	1	
<i>promethazine vc plain</i>	1	
<i>promethazine vc/codeine</i>	1	
<i>promethazine w/codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>pseudoephed-bromphen-dm</i>	1	
<i>tussigon</i>	1	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
<b>MAST CELL STABILIZERS\$</b>		
<i>cromolyn sodium</i>	1	QL (2 boxes / 25 days)
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i>	1	
<i>GLASSIA</i>	M	M
<i>PROLASTIN-C</i>	M	M
<i>sodium chloride (inhalant)</i>	1	
<b>NASAL STEROIDS\$</b>		
<i>flunisolide (nasal)</i>	1	QL (3 containers / 25 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 container / 25 days)
<i>triamcinolone acetonide (nasal)</i>	1	OTC, QL (1 bottle / 25 days)
<b>STEROID INHALANTS\$</b>		
<i>ASMANEX HFA</i>	2	QL (1 inhaler / 25 days)
<i>ASMANEX TWISTHALER 30 MET 110mcg/inh</i>	2	QL (2 inhalers / 25 days)
<i>ASMANEX TWISTHALER 30 MET 220mcg/inh</i>	2	QL (4 inhalers / 25 days)
<i>ASMANEX TWISTHALER 60 MET</i>	2	QL (2 inhalers / 25 days)
<i>ASMANEX TWISTHALER 120 ME</i>	2	QL (1 inhaler / 25 days)
<i>budesonide (inhalation) 1mg/2ml</i>	1	QL (1 box / 25 days)
<i>budesonide (inhalation) .5mg/2ml</i>	1	QL (2 boxes / 25 days)
<i>budesonide (inhalation) .25mg/2ml</i>	1	QL (3 boxes / 25 days)
<i>QVAR REDIHALER</i>	2	QL (2 packages / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>STEROID/BETA-AGONIST COMBINATIONS</i></b>		
ADVAIR DISKUS	1	QL (1 package / 25 days)
ADVAIR HFA	2	QL (1 package / 25 days)
BREO ELLIPTA	2	QL (1 package / 25 days)
SYMBICORT	2	QL (1 package / 25 days)
<b><i>XANTHINES</i></b>		
<i>theochron</i>	1	
<i>theophylline</i>	1	
<b><i>TOPICAL</i></b>		
<b><i>DERMATOLOGY, ACNE</i></b>		
<i>adapalene</i>	1	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide</i>	1	
<i>amnesteem</i>	1	PA
<i>avita</i>	1	PA; PA applies for members age 35 and older
<i>BENZIQ</i>	2	
<i>BENZIQ LS</i>	2	
<i>benziq wash</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>bp wash</i>	1	
<i>claravis</i>	1	PA
<i>clearplex x</i>	1	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>ery</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>isotretinoin</i>	1	PA
<i>myorisan</i>	1	PA
<i>sulfacetamide sodium (acne)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere</i>	1	PA; PA applies for members age 35 and older
<i>zenatane</i>	1	PA
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>clotrimazole w/ betamethasone</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole (topical) CREA; FOAM</i>	1	
<i>naftifine hcl</i>	1	
<i>nyamyc</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole nitrate</i>	1	
<b>DERMATOLOGY, ANTI-PSORIATICS</b>		
<i>acitretin</i>	1	
<i>calcipotriene</i>	1	
<i>calcitrene</i>	1	
<i>calcitriol (topical)</i>	1	
<i>COSENTYX</i>	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

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COSENTYX SENSOREADY PEN	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid</i>	1	
tazarotene	1	PA
TAZORAC	2	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
ketoconazole (topical) SHAM	1	
selenium sulfide	1	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	QL (120g / 25 days)
<i>alphatrex</i>	1	QL (120g / 25 days)
<i>amcinonide CREA</i>	1	QL (120g / 25 days)
<i>amcinonide LOTN</i>	1	QL (120mL / 25 days)
<i>AMCINONIDE OINT</i>	2	QL (120g / 25 days)
<i>betamethasone dipropionate (topical) CREA; OINT</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate (topical) LOTN</i>	1	QL (120mL / 25 days)
<i>betamethasone dipropionate augmented CREA; GEL; OINT</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented LOTN</i>	1	QL (120mL / 25 days)
<i>betamethasone valerate CREA; OINT</i>	1	QL (120g / 25 days)
<i>betamethasone valerate FOAM</i>	1	
<i>betamethasone valerate LOTN</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate CREA; GEL; OINT</i>	1	QL (120g / 25 days)
<i>clobetasol propionate FOAM; LIQD; SHAM; SOLN</i>	1	
<i>clobetasol propionate LOTN</i>	1	QL (120mL / 25 days)
<i>clocortolone pivalate</i>	1	QL (120g / 25 days)
<i>desonide CREA; OINT</i>	1	QL (120g / 25 days)
<i>desonide LOTN</i>	1	QL (120mL / 25 days)
<i>desoximetasone</i>	1	QL (120g / 25 days)
<i>diflorasone diacetate</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide CREA .01%</i>	1	
<i>fluocinolone acetonide CREA .025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide OIL</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinolone acetonide</i> OINT	1	QL (120g / 25 days)
<i>fluocinolone acetonide</i> SOLN	1	
<i>fluocinonide</i> CREA; GEL; OINT	1	QL (120g / 25 days)
<i>fluocinonide</i> SOLN	1	
<i>flurandrenolide</i>	1	QL (120g / 25 days)
<i>fluticasone propionate</i> CREA; OINT	1	QL (120g / 25 days)
<i>fluticasone propionate</i> LOTN	1	QL (120mL / 25 days)
<i>halcinonide</i>	1	QL (120g / 25 days)
<i>halobetasol propionate</i>	1	QL (120g / 25 days)
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i> CREA; OINT	1	QL (120g / 25 days)
<i>hydrocortisone butyrate</i> SOLN	1	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	QL (120g / 25 days)
<i>hydrocortisone valerate</i>	1	QL (120g / 25 days)
<i>lokara</i>	1	QL (120mL / 25 days)
<i>mometasone furoate</i> CREA; OINT	1	QL (120g / 25 days)
<i>mometasone furoate</i> SOLN	1	QL (120mL / 25 days)
<i>prednicarbate</i>	1	QL (120g / 25 days)
<i>triamicinolone acetonide (topical)</i>	1	
<i>triderm</i>	1	

#### ***DERMATOLOGY, LOCAL ANESTHETICS***

<i>lidocaine</i> OINT	1	QL (50gm / 25 days)
<i>lidocaine</i> PTCH	1	QL (90 patches / 25 days), PA
<i>lidocaine hcl</i> GEL; PRSY	1	QL (30gm / 25 days)
<i>lidocaine hcl</i> SOLN	1	QL (50mL / 25 days)
<i>lidocaine-prilocaine</i> CREA	1	QL (30gm / 25 days)
<i>lidocaine-prilocaine</i> KIT	1	
<i>pramox gel</i>	1	
<i>7t lido gel</i>	1	QL (30gm / 25 days)

#### ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE***

<i>acyclovir topical</i>	1	
<i>EUCRISA</i>	2	
<i>lactic acid (ammonium lactate)</i>	1	
<i>pimecrolimus</i>	1	
<i>podofilox</i>	1	
<i>tacrolimus (topical)</i>	1	

#### ***DERMATOLOGY, ROSACEA***

<i>azelaic acid</i>	1	
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**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **OTC** - Over the counter    **M** - Covered Under the Medical Benefit Only    **PA\*\*** - PA Applies if Step is Not Met

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
FINACEA AER 15%	2
<i>metronidazole (topical)</i>	1
<i>rosadan</i>	1
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>	
<i>crotan</i>	1
<i>malathion</i>	1
<i>permethrin</i>	1
<i>spinosad</i>	1
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
<i>cevimeline hcl</i>	1
<i>chlorhexidine gluconate (mouth-throat)</i>	1
<i>clotrimazole</i>	1
<i>lidocaine hcl (mouth-throat)</i>	1
<i>nystatin (mouth-throat)</i>	1
<i>oralone dental paste</i>	1
<i>periogard</i>	1
<i>pilocarpine hcl (oral)</i>	1
<i>triamcinolone acetonide (mouth)</i>	1
<b>OTIC</b>	
<i>acetic acid (otic)</i>	1
<i>acetic acid-aluminum acetate</i>	1
<i>CIPRODEX</i>	2
<i>fluocinolone acetonide (otic)</i>	1
<i>hydrocortisone w/acetic acid</i>	1
<i>neomycin-polymyxin-hc (otic)</i>	1
<i>ofloxacin (otic)</i>	1

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **OTC** - Over the counter    **M** - Covered Under the Medical Benefit Only    **PA\*\*** - PA Applies if Step is Not Met

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit [carefirst.com/rx](http://carefirst.com/rx).



10455 Mill Run Circle  
Owings Mills, MD 21117

[carefirst.com/rx](http://carefirst.com/rx)

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SUM4658-1S (12/19)



# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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 8894 Baltimore, Maryland 21224
Email Address	<a href="mailto:civilrightscoordinator@carefirst.com">civilrightscoordinator@carefirst.com</a>
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>.

## Foreign Language Assistance

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

*አማርኛ (Amharic) ማስታበቃው፡፡ ይህ ማስታበቃው ስለ መደን ሰራተኞቸው ይሆል፡፡ ከተወሰነት ቁነ-ገዢበት በፈት ለፈጸምና የሚገበ ነገሮች ሌሎች አገልግሎት ወጥኩ ቅናት ለይዘን ይቻላል፡፡ ይኝነት መረጃ የሚገኘት እና የለምንም ከፍይ በቋንቃዋው እና የመጋገጥ መብት አለዋቸው፡፡ አባል ካሁን ክመታዎቹ ክርድዎች በስተቀርባ ላይ ወደተጠቀሰው የስልክ ቅጽር መደዣዎች ይቻላሉ፡፡ አባል ካሁን ደንብ መደ ለሳሽ ቅጽር 855-258-6518 ደመለው ባንድ አንዳጂኑ አስተካርድ ድረስ ጉባኤናን መጠበቅ አለበታል፡፡ አንድ ወከል መልስ ለስተዋዊ፣ የሚፈልጉትን ቁንቃዋው፡፡ ከዘመ፡፡ ከዘመ፡፡ ከዘመ፡፡ ከዘመ፡፡*

*Èdè Yorùbá (Yoruba) Ìtétíléko: Àkíyèsí yíí ní ìwífún nípa isé adójútòfò re. Ó le ní àwọn déètì pàtò o sì le ní láti gbé ìgbésè ní àwọn ojó gbèdèke kan. O ni ètò láti gba ìwífún yíí àti ìrànlówó ní èdè re lófèé. Àwọn ọmọ-egbè gbódò pe nómbà fóònù tó wà léyìn káàdì ìdánímò wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tití a ó fi sọ fún o láti tẹ 0. Nígbàtí aşojú kan bá dálhùn, sọ èdè tí o fé a ó sì so ó pò mó ògbufò kan.*

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

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

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

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

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

**Băsăjă-wùqù (Bassa)** Tò Đùă Cáo! Bă nìà ke bá nyō bĕ kĕ m gbo kpá bó nì fă-ă-fă-tăă nyee jé dyí. Bă nìà ke bĕdĕ wé jéé bĕ bĕ m kĕ dĕ wa mă m kĕ nyuee nyu hwè bĕ wé bĕa kĕ zi. Č mă nì kpé bĕ m kĕ bă nìà ke kĕ gbo-kpá-kpá m măee dyé dĕ nì bădă-wùqù mă bĕ m kĕ se wădă qđ pĕé. Kpooă nyō bĕ me dă făun-năbă nìà dĕ waă I.D. kăà dĕin nyę. Nyō tăă séin me dă năbă nìà ke: 855-258-6518, kĕ m me fă tee bĕ wa kĕe m gbo cĕ bĕ m kĕ năbă mă 0 kee dyi pădăin hwè. Č jă kĕ nyō qđ dyi mă gă jăin, po wuđu mă mă poe dyie, kĕ nyō qđ mu bó năn bĕ 0 kĕ nì wuđu mă ză.

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

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

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

**اللغة العربية (Arabic)** تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطية التأمينية، وقد يحتوي على تاريخ مهم، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهاية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكالفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في بطاقةتعريف الهوية الخاصة بهم. يمكن للأخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المתרגمسين الفوريين.

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

*Igbo (Igbo)* Nrụbama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike ịnwe ụbọchị ndị di mkpa, i nwere ike ịme ihe tupu ụfodụ ụbọchị njedebe. I nwere ikike ịnweta ozi na enyemaka a n'asusu gi na akwughị ụgwọ o bụla. Ndị otu kwesiri ikpo akara ekwentị dị n'azụ nke kaadi njirimara ha. Ndị ọzọ niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i chọrọ, a ga-ejikọ gi na onye ọkowa okwu.

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

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

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

*Diné Bizaad (Navajo) Ge':* Díí bee ił hane'ígíí bii' dahólóo bee éédahózin béeso ách'áqáh naanilník'ist'i'ígíí bá. Bii' dahólóo doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béis̄h bee hane'é bee wółta'ígíí nitl'izgo bee nee hóadolzinígíí bikéédéé' bikáá' bich'i' hodoonihjí'. Aadóó náánála' éí kojí' dahóoolnih 855-258-6518 dóó yii diiłts'ííl yałtí'ígíí t'áá níléjí áádóó éí bikéé'dóó naasbą́as bił adidiilchił. Áká'ánidaalwó'ígíí neidiitqáago, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.