

CareFirst Abridged Exchange Formulary

2020

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, 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.

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**.

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. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

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

Tier 0: \$0 Drugs	<ul style="list-style-type: none">■ 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.■ 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.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none">■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none">■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs \$\$\$	<ul style="list-style-type: none">■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs\$\$\$\$	<ul style="list-style-type: none">■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs\$\$\$\$	<ul style="list-style-type: none">■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

CareFirst Exchange Formulary - 5-Tier eff 12/01/2020**Drug Name****Drug Tier Requirements/Limits****ANALGESICS****COX-2 INHIBITORS**

<i>celecoxib</i>	1
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GOUT

<i>allopurinol</i>	1
<i>colchicine</i>	1
<i>colchicine w/ probenecid</i>	1
<i>febuxostat</i>	1 ST; PA**
<i>probenecid</i>	1

NON-OPIOID ANALGESICS\$

<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)

NSAIDS, COMBINATIONS\$

<i>diclofenac w/ misoprostol</i>	1
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NSAIDS\$

<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>oxaprozin</i>	1
<i>piroxicam</i>	1
<i>sulindac</i>	1
<i>tolmetin sodium</i>	1

OPIOID AGONIST/ANTAGONISTS

<i>buprenorphine hcl-naloxone hcl dihydrate</i>	0	QL (90 tabs / 25 days); \$0 copay
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M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

1

e: 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) and click on Drug & Pharmacy Resources under Quick Li

Drug Name	Drug Tier	Requirements/Limits
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)

OPIOID ANALGESICS§

acetaminophen w/ codeine	1	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
acetaminophen w/ codeine tab 300-15 mg	1	ST, QL (400 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
acetaminophen w/ codeine tab 300-30 mg	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
acetaminophen w/ codeine tab 300-60 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
butorphanol tartrate	1	QL (2 bottles / 25 days)
codeine sulfate 30mg	1	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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2

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Drug Name	Drug Tier	Requirements/Limits
CODEINE SULFATE 60mg	1	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
EMBEDA CAP 20-0.8MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 50-2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 60-2.4MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 100-4MG	2	ST, PA; High Strength Requires PA
<i>endocet</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
fentanyl 12mcg/hr, 25mcg/hr	1	ST, QL (10 patches / 25 days)
fentanyl 50mcg/hr, 75mcg/hr, 100mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl citrate	1	PA, QL (120 lozenges / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen</i>	1	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen</i>	1	ST, QL (50 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl TABS 2mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl TABS 4mg</i>	1	ST, QL (150 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl TABS 8mg</i>	1	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl TB24 8mg, 12mg, 16mg</i>	1	ST, QL (30 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl</i> TB24 32mg	1	ST, PA; High Strength Requires PA
<i>methadone hcl</i> CONC	1	QL (30 ml / 25 days); (indicated for opioid addiction)
<i>methadone hcl</i> SOLN 5mg/5ml	1	ST, QL (450 ml / 25 days)
<i>methadone hcl</i> SOLN 10mg/5ml	1	ST, QL (300 mL / 25 days)
<i>methadone hcl</i> SOLN 10mg/ml	M	M
<i>methadone hcl</i> TABS 5mg	1	ST, QL (90 tabs / 25 days)
<i>methadone hcl</i> TABS 10mg	1	ST, QL (60 tabs / 25 days)
<i>methadone hcl</i> TBSO	1	QL (9 tabs / 25 days)
<i>methadone hcl intensol</i>	1	ST, QL (60 mL / 25 days); (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	ST, QL (60 caps / 25 days)
<i>morphine sulfate</i> CP24 50mg, 60mg, 80mg	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate</i> CP24 100mg	1	ST, PA; High Strength Requires PA
<i>morphine sulfate</i> SOLN 10mg/5ml	1	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate</i> SOLN 20mg/5ml	1	ST, QL (675 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate</i> SOLN 100mg/5ml	1	ST, QL (135 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> SUPP 5mg, 10mg	1	ST, QL (180 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate</i> SUPP 20mg	1	ST, QL (120 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate</i> SUPP 30mg	1	ST, QL (90 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate</i> TABS 15mg	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate</i> TABS 30mg	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate</i> TBCR 15mg, 30mg	1	ST, QL (90 tabs / 25 days)
<i>morphine sulfate</i> TBCR 60mg, 100mg, 200mg	1	ST, PA; High Strength Requires PA
<i>morphine sulfate beads</i> 30mg, 45mg, 60mg, 75mg, 90mg	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads</i> 120mg	1	ST, PA; High Strength Requires PA
NUCYNTA 50mg	2	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA 75mg	2	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA 100mg	2	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl</i> CAPS	1	ST, QL (180 caps / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl</i> CONC	1	ST, QL (90 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl</i> SOLN	1	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg, 30mg	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl</i> T12A 40mg, 60mg, 80mg	1	ST, PA; High Strength Requires PA
<i>oxycodone hcl</i> TABS 5mg, 10mg	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl</i> TABS 15mg	1	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl TABS 20mg</i>	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl TABS 30mg</i>	1	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen</i>	1	ST, QL (1800 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-ibuprofen</i>	1	ST, QL (28 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl TABS 5mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl TABS 10mg</i>	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl TB12 5mg, 7.5mg, 10mg, 15mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl TB12 20mg, 30mg, 40mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol hcl TABS</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl TB24 100mg</i>	1	ST, QL (30 tabs / 25 days)
<i>tramadol hcl TB24 200mg, 300mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen</i>	1	ST, QL (40 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg</i>	2	ST, QL (60 caps / 25 days)
<i>XTAMPZA ER 36mg</i>	2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS§		
<i>BELBUCA 75mcg, 150mcg, 300mcg, 450mcg</i>	2	ST, QL (60 films / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
BELBUCA 600mcg, 750mcg, 900mcg	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl</i>	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply

SALICYLATES

<i>diflunisal</i>	1
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ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>fosfomycin tromethamine</i>	1
<i>neomycin sulfate</i>	1
<i>paromomycin sulfate</i>	1
<i>tinidazole</i>	1

ANTI-INFECTIVES - MISCELLANEOUS

<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 300mg</i>	1	
<i>pentamidine isethionate 300mg</i>	M	M
<i>praziquantel</i>	1	QL (24 tabs / 365 days)

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10

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Drug Name	Drug Tier	Requirements/Limits
PRIMSOL	2	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin hcl</i>	1	QL (80 caps / 10 days)
XIFAXAN 200mg	2	QL (9 tabs / 25 days)
XIFAXAN 550mg	2	PA
ANTIFUNGALS		
BIO-STATIN CAPS	2	
<i>bio-statin</i> POWD	1	
<i>fluconazole</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	PA
<i>nystatin</i>	1	
<i>terbinafine hcl</i>	1	PA
ANTIMALARIALS		
<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	
ANTIRETROVIRAL AGENTS		
<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>emtricitabine</i>	1	QL (30 caps / 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)

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

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Drug Name	Drug Tier	Requirements/Limits
lamivudine TABS 300mg	1	QL (30 tabs / 30 days)
nevirapine SUSP	1	QL (1200 mL / 30 days)
nevirapine TABS	1	QL (60 tabs / 30 days)
nevirapine TB24 100mg	1	QL (90 tabs / 30 days)
nevirapine TB24 400mg	1	QL (30 tabs / 30 days)
NORVIR PACK	2	QL (360 packets / 30 days)
NORVIR SOLN	2	QL (480 mL / 30 days)
PREZISTA SUSP	2	QL (400 ml / 30 days)
PREZISTA TABS 75mg	2	QL (300 tabs / 30 days)
PREZISTA TABS 150mg	2	QL (180 tabs / 30 days)
PREZISTA TABS 600mg	2	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	2	QL (30 tabs / 30 days)
REYATAZ	2	QL (180 packets / 30 days)
ritonavir	1	QL (360 tabs / 30 days)
stavudine	1	QL (60 caps / 30 days)
tenofovir disoproxil fumarate	1	QL (30 tabs / 30 days)
TIVICAY 10mg	2	QL (240 tabs / 30 days)
TIVICAY 25mg, 50mg	2	QL (60 tabs / 30 days)
TIVICAY PD	2	QL (360 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)
zidovudine CAPS	1	QL (180 caps / 30 days)
zidovudine SYRP	1	QL (1800 ml / 30 days)
zidovudine TABS	1	QL (60 tabs / 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

abacavir sulfate-lamivudine	1	QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine	1	QL (60 tabs / 30 days)
BIKTARVY	2	QL (30 tabs / 30 days)
CIMDUO	2	QL (30 tabs / 30 days)
DESCOVY	2	QL (30 tabs / 30 days)
DOVATO	2	QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	QL (30 tabs / 30 days); EFAVIRENZ- LAMIVUDINE- TENOFOVIR DF TAB 400-300-300 MG

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL (30 tabs / 30 days); EFAVIRENZ- LAMIVUDINE- TENOFOVIR DF TAB 600-300-300 MG
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	ST, QL (30 tabs / 30 days); PA**; coverage for pre and post-exposure prophylaxis only
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)
SYMFI	2	QL (30 tabs / 30 days)
SYMFI LO	2	QL (30 tabs / 30 days)
TEMIXYS	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	ST, QL (30 tabs / 30 days); PA**; coverage for pre and post-exposure prophylaxis only

ANTITUBERCULAR AGENTS

<i>cycloserine</i>	1
<i>ethambutol hcl</i>	1
<i>isoniazid</i>	1
<i>pyrazinamide</i>	1
<i>rifabutin</i>	1
<i>rifampin</i>	1

ANTIVIRALS

<i>acyclovir</i>	1
EPIVIR HBV	2

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Drug Name	Drug Tier	Requirements/Limits
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	
CEPHALOSPORINS		
cefaclor	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftibuten	1	
CEFTIN	2	
cefuroxime axetil	1	
cephalexin	1	
SUPRAX	2	
ERYTHROMYCINS/MACROLIDES		
azithromycin	1	
clarithromycin	1	
DIFICID	2	PA
e.e.s. 400	1	
ery-tab	1	
erythrocin stearate	1	
erythromycin base	1	
erythromycin ethylsuccinate	1	
FLUOROQUINOLONES		
ciprofloxacin	1	
ciprofloxacin hcl	1	
ciprofloxacin-ciprofloxacin hcl	1	
levofloxacin	1	
moxifloxacin hcl	1	
moxifloxacin hcl in sodium chloride	M	M
ofloxacin	1	

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Drug Name	Drug Tier	Requirements/Limits
HEPATITIS C		
EPCLUSA	4	PA, QL (28 tabs / 28 days)
HARVONI PACK	4	PA, QL (28 pellets / 28 days)
HARVONI TABS	4	PA, QL (28 tabs / 28 days)
REBETOL	4	PA
<i>ribasphere</i> CAPS	1	PA
<i>ribasphere</i> TABS 200mg, 600mg	1	PA
RIBASPHERE TABS 400mg	1	PA
<i>ribavirin</i> (<i>hepatitis c</i>)	1	PA
VOSEVI	4	PA, QL (28 tabs / 28 days)
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN	2	
<i>dicloxacillin sodium</i>	1	
<i>penicillin v potassium</i>	1	
TETRACYCLINES		
<i>avidox</i>	1	
<i>demeclacycline hcl</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	
<i>minocycline hcl</i>	1	
<i>morgodox 1x100mg</i>	1	
<i>tetracycline hcl</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>carmustine</i>	M	M
<i>cyclophosphamide</i>	0	
<i>melphalan</i>	0	
ANTIMETABOLITES		
<i>mercaptopurine</i>	0	
ANTIMITOTIC, TAXOIDS		
<i>docetaxel</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
BIOLOGIC RESPONSE MODIFIERS		
KISQALI 200mg	4	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI 200mg	4	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI 200mg	4	PA, QL (63 tabs / 28 days); 600 mg dose
LYNPARZA CAPS	0	PA, QL (480 caps / 30 days)
LYNPARZA TABS	0	PA, QL (120 tabs / 30 days)
ZEJULA	0	PA, QL (90 caps / 30 days)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	0	PA, QL (120 tabs / 30 days)
<i>anastrozole</i>	0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide</i>	0	
<i>exemestane</i>	0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide</i>	0	
<i>fulvestrant</i>	M	M
<i>letrozole</i>	0	
<i>megestrol acetate</i>	0	
<i>megestrol acetate (appetite)</i>	0	
<i>nilutamide</i>	0	
NUBEQA	0	PA, QL (120 tabs / 30 days)
<i>tamoxifen citrate</i>	0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
KINASE INHIBITORS		
ALECENSA	0	PA, QL (240 caps / 30 days)
<i>imatinib mesylate</i> 100mg	0	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate</i> 400mg	0	PA, QL (60 tabs / 30 days)
MISCELLANEOUS		
<i>arsenic trioxide</i>	M	M
<i>hydroxyurea</i>	0	
ODOMZO	0	PA, QL (30 caps / 30 days)
<i>tretinoin (chemotherapy)</i>	0	
PROTECTIVE AGENTS		
<i>leucovorin calcium</i>	0	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i>	0	
<i>irinotecan hcl</i>	M	M
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
ACE INHIBITORS		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<u>ALDOSTERONE RECEPTOR ANTAGONISTS</u>		
<i>eplerenone</i>	1	
<u>ALPHA BLOCKERS</u>		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<u>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</u>		
<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 & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<u>ANGIOTENSIN II RECEPTOR ANTAGONISTS</u>		
<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	
<u>ANTIARRHYTHMICS</u>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
sorine	1	
sotalol hcl	1	
sotalol hcl (afib/afl)	1	
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine	1	
cholestyramine light	1	
colestipol hcl	1	
prevalite	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe	1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate	1	
fenofibrate	1	
fenofibrate micronized	1	
gemfibrozil	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
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**
ANTILIPEMICS, MISCELLANEOUS		
niacin (antihyperlipidemic)	1	

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Drug Name	Drug Tier	Requirements/Limits
<u>ANTILOPEMICS, OMEGA-3 FATTY ACIDS</u>		
<i>omega-3-acid ethyl esters</i>	1	PA
<u>ANTILOPEMICS, PCSK9 INHIBITORS</u>		
REPATHA	4	PA, QL (2 syringes / 28 days)
REPATHA PUSHTRONEX SYSTEM	4	PA, QL (1 cartridge / 28 days)
REPATHA SURECLICK	4	PA, QL (2 pens / 28 days)
<u>BETA-BLOCKER/DIURETIC COMBINATIONS</u>		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>nadolol & bendroflumethiazide</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1	
<u>BETA-BLOCKERS</u>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>timolol maleate</i>	1	
<u>CALCIUM CHANNEL BLOCKER/ANTILOPEMIC COMBINATIONS</u>		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
<u>CALCIUM CHANNEL BLOCKERS</u>		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>CARDIZEM LA</i>	2	
<i>cartia xt</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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	
DIGITALIS GLYCOSIDES		
digox	1	
digoxin	1	
LANOXIN	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate	1	
DIURETICS		
acetazolamide	1	
ALDACTAZIDE	2	
amiloride & hydrochlorothiazide	1	
amiloride hcl	1	
bumetanide	1	
chlorothiazide	1	
chlorthalidone	1	
ethacrynic acid	1	
furosemide	1	
hydrochlorothiazide	1	
indapamide	1	
mannitol	M	M
methazolamide	1	
methyclothiazide	1	
metolazone	1	
osmitrol viaflex	M	M
spironolactone	1	
spironolactone & hydrochlorothiazide	1	
torsemide	1	
triamterene	1	
triamterene & hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<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>ranolazine</i>	1	ST; PA**
NITRATES		
<i>isosorbide dinitrate</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	PA, QL (180 packets / 30 days)
<i>zonisamide</i>	1	
ANTIDEMENTIA		
<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
ANTIDEPRESSANTS\$		
<i>amitriptyline hcl 10mg</i>	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl 25mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl 50mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl 75mg, 100mg, 150mg</i>	1	PA; Members 70 and older subject to PA
<i>amoxapine 25mg, 50mg, 100mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older

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

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e: 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) and click on Drug & Pharmacy Resources under Quick Li

Drug Name	Drug Tier	Requirements/Limits
<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
<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; CPDR; SOLN	1	
<i>fluoxetine hcl</i> TABS	1	(generic Sarafem not covered)
<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

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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	

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Drug Name	Drug Tier	Requirements/Limits
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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
<i>tolcapone</i>	1
<i>trihexyphenidyl hcl</i>	1

ANTIPSYCHOTICS

<i>aripiprazole</i>	1
<i>ARISTADA</i>	M M
<i>ARISTADA INITIO</i>	M M
<i>CHLORPROMAZINE HCL SOLN</i>	M M
<i>chlorpromazine hcl TABS</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

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
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M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er <u>24hr 10 mg</u>	1	QL (90 caps / 25 days)
amphetamine-dextroamphetamine cap er <u>24hr 15 mg</u>	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er <u>24hr 20 mg</u>	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er <u>24hr 25 mg</u>	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er <u>24hr 30 mg</u>	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine tab 5 <u>mg</u>	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 7.5 <u>mg</u>	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 10 <u>mg</u>	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab <u>12.5 mg</u>	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 15 <u>mg</u>	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 20 <u>mg</u>	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 30 <u>mg</u>	1	QL (30 tabs / 25 days)
<i>atomoxetine hcl</i>	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)

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Drug Name		Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> CP24 40mg, 60mg	1	QL (30 caps / 25 days)	
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg	1	QL (60 caps / 25 days)	
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg	1	QL (30 caps / 25 days)	
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 25 days)	
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 25 days)	
<i>methylphenidate hcl</i> TABS 5mg, 10mg	1	QL (180 tabs / 25 days)	
<i>methylphenidate hcl</i> TABS 20mg	1	QL (90 tabs / 25 days)	
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg	1	QL (60 tabs / 25 days)	
<i>methylphenidate hcl</i> TB24 54mg	1	QL (30 tabs / 25 days)	
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	1	QL (90 tabs / 25 days)	
<i>methylphenidate hcl</i> TBCR 18mg, 27mg, 36mg	1	QL (60 tabs / 25 days)	
<i>methylphenidate hcl</i> TBCR 54mg	1	QL (30 tabs / 25 days)	
VYVANSE CAPS 10mg, 20mg, 30mg	2	QL (60 caps / 25 days)	
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	QL (30 caps / 25 days)	
VYVANSE CHEW 10mg, 20mg, 30mg	2	QL (60 tabs / 25 days)	
VYVANSE CHEW 40mg, 50mg, 60mg	2	QL (30 tabs / 25 days)	
<i>zenzedi</i> 2.5mg, 7.5mg	1	QL (120 tabs / 25 days)	
<i>zenzedi</i> 15mg, 20mg	1	QL (60 tabs / 25 days)	
<i>zenzedi</i> 30mg	1	QL (30 tabs / 25 days)	

HYPNOTICS§

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

MIGRAINES§

<i>almotriptan malate</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide</i>	1	QL (12 tabs / 25 days)
<i>frovatriptan succinate</i>	1	QL (18 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i>	1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate</i>	1	QL (18 tabs / 25 days)
<i>sumatriptan 5mg/act</i>	1	QL (24 sprays / 25 days)
<i>sumatriptan 20mg/act</i>	1	QL (12 sprays / 25 days)
<i>sumatriptan succinate SOAJ 4mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate SOAJ 6mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate SOCT 4mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate SOCT 6mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate SOLN</i>	1	QL (12 vials / 25 days)
<i>sumatriptan succinate SOSY</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate TABS</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan-naproxen sodium</i>	3	ST, QL (9 tabs / 25 days); PA**
<i>zolmitriptan</i>	1	QL (12 tabs / 25 days)
MISCELLANEOUS		
<i>buspirone hcl</i>	1	
<i>clomipramine hcl 25mg, 50mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl 75mg</i>	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	
MULTIPLE SCLEROSIS AGENTS		
<i>AUBAGIO</i>	4	PA, QL (30 tabs / 30 days)
<i>BETASERON</i>	4	PA, QL (14 injections / 28 days)
<i>COPAXONE INJ 20MG/ML</i>	4	PA, QL (30 injections / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJ 40MG/ML	4	PA, QL (12 syringes / 28 days)
<i>dimethyl fumarate</i> CPDR 120mg	4	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate</i> CPDR 240mg	4	PA, QL (60 caps / 30 days)
<i>dimethyl fumarate</i> MISC	4	PA, QL (1 kit / 30 days)
GILENYA	4	PA, QL (30 caps / 30 days)
<i>glatiramer acetate</i>	2	PA, QL (12 syringes / 28 days)
<i>glatopa</i>	2	PA, QL (30 injections / 30 days)
REBIF	4	PA, QL (12 syringes / 28 days)
REBIF REBIDOSE	4	PA, QL (12 syringes / 28 days)
REBIF REBIDOSE TITRATION	4	PA, QL (1 box / 28 days)
REBIF TITRATION PACK	4	PA, QL (1 box / 28 days)
TECFIDERA 120mg	4	PA, QL (14 caps / 28 days)
TECFIDERA 240mg	4	PA, QL (60 caps / 30 days)
TECFIDERA STARTER PACK	4	PA, QL (1 kit / 30 days)

MUSCULOSKELETAL THERAPY AGENTS

<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

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Drug Name	Drug Tier	Requirements/Limits
<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	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	1	PA
<i>modafinil</i>	1	PA
PSYCHOTHERAPEUTIC-MISC		
<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>	0	\$0 copay
NARCAN	2	
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>testosterone</i>	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl</i>	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate</i>	1	
JANUVIA	2	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET	2	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC	2	ST; PA**
TRULICITY 3mg/0.5ml	2	ST; PA**; TRULICITY INJ 3 MG/0.5ML
TRULICITY 4.5mg/0.5ml	2	ST; PA**; TRULICITY INJ 4.5 MG/0.5ML
TRULICITY .75mg/0.5ml, 1.5mg/0.5ml	2	ST; PA**
VICTOZA	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA 100/33	2	ST; PA**
XULTOPHY 100/3.6	2	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMULIN R U-500 (CONCENTR	2	
HUMULIN R U-500 KWIKPEN	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	OTC; RELION not covered
NOVOLIN 70/30 FLEXPEN	2	OTC; RELION not covered
NOVOLIN N	2	OTC; RELION not covered
NOVOLIN N FLEXPEN	2	OTC; RELION not covered
NOVOLIN R	2	OTC; RELION not covered
NOVOLIN R FLEXPEN	2	OTC; RELION not covered
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG PENFILL	2	
TRESIBA	2	

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH	2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride	1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide	1	
repaglinide	1	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
repaglinide-metformin hcl	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPORT2 INHIB (SGLT2) COMBO		
SYNJARDY	2	ST; PA**
SYNJARDY TAB 12.5-1000 MG	2	ST; SYNJARDY TAB 12.5-1000 MG; PA**
SYNJARDY TAB XR 12.5-1000 MG	2	ST; SYNJARDY TAB XR 12.5-1000 MG; PA**
SYNJARDY XR	2	ST; PA**
XIGDUO XR	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPORT2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA	2	ST; PA**
JARDIANCE	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride	1	
glipizide	1	
glyburide	1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized</i>	1	PA; High Risk Medications require PA for members age 70 and older
BISPHOSPHONATES		
<i>alendronate sodium</i>	1	
<i>ibandronate sodium</i>	1	
<i>risedronate sodium</i>	1	
CHELATING AGENTS		
<i>kionex</i>	1	
<i>penicillamine</i>	1	PA
<i>sodium polystyrene sulfonate</i>	1	
<i>THYROSAFE</i>	2	OTC
CONTRACEPTIVES		
<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-ethynodiol estradiol</i>	0	
<i>drospirenone-ethynodiol-levomefolate calcium</i>	0	
<i>elinest</i>	0	

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

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e: 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) and click on Drug & Pharmacy Resources under Quick Li

Drug Name	Drug Tier	Requirements/Limits
ELLA	0	
emoquette	0	
enpresse-28	0	
enskyce	0	
errin	0	
ethynodiol diacet & eth estrad	0	
etonogestrel-ethinyl estradiol	0	QL (13 / 300 days)
falmina	0	
fayosim	0	
gianvi	0	
heather	0	
introvale	0	
jolessa	0	
jolivette	0	
junel 1.5/30	0	
junel 1/20	0	
junel fe 1.5/30	0	
junel fe 1/20	0	
kariva	0	
kelnor 1/35	0	
kurvelo	0	
larin 1.5/30	0	
leena	0	
lessina	0	
levonest	0	
levonorgestrel & eth estradiol	0	
levonorgestrel-ethinyl estradiol (91-day)	0	
levora 0.15/30-28	0	
LO LOESTRIN FE	0	
loryna	0	
low-ogestrel	0	
lutera	0	
marlissa	0	
mibelas 24 fe	0	
microgestin 1.5/30	0	
mono-linyah	0	
mononessa	0	
myzilra	0	
NATAZIA	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>necon 0.5/35-28</i>	0	
<i>nikki</i>	0	
<i>nora-be</i>	0	
<i>norethin acet & estrad-fe</i>	0	
<i>norethindrone & ethinyl estradiol-fe</i>	0	
<i>norethindrone (contraceptive)</i>	0	
<i>norethindrone acet & 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>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>rivelsa</i>	0	
<i>SLYNND</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>TWIRLA</i>	0	
<i>velivet</i>	0	
<i>vioresle</i>	0	
<i>wera</i>	0	
<i>xulane</i>	0	
<i>zarah</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>zenchent</i>	0	
<i>zovia 1/35e</i>	0	
ENDOMETRIOSIS		
<i>danazol</i>	1	
ESTROGENS		
<i>CLIMARA PRO</i>	2	
<i>estradiol</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate</i>	1	
<i>estradiol vaginal cream</i>	1	
<i>estropipate</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli</i>	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethynodiol</i>	1	
<i>yuvafem</i>	1	
GLUCOCORTICOIDS		
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
<i>DEXAMETHASONE INTENSOL</i>	2	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
<i>MEDROL</i>	2	
<i>methylprednisolone</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>PREDNISONE INTENSOL</i>	2	
GLUCOSE ELEVATING AGENTS		
<i>GLUCAGON EMERGENCY KIT</i>	2	
<i>INSTA-GLUCOSE</i>	2	OTC
HUMAN GROWTH HORMONES		
<i>HUMATROPE</i>	4	PA
<i>HUMATROPE COMBO PACK</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<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	PA, QL (1 pen / 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	1	
<i>sevelamer carbonate</i>	1	
PROGESTINS		
<i>CRINONE</i>	2	
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone micronized</i>	1	
THYROID AGENTS		
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
<i>unithroid</i>	1	
VASOPRESSINS		
<i>desmopressin acetate</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>CUVPOSA</i>	2	
<i>dicyclomine hcl</i>	1	
<i>ed-spaZ</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide</i>	1	PA; High Risk Medications require PA for members age 70 and older
<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 & 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 TBPK</i>	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
cimetidine hcl	1	
famotidine	1	
nizatidine	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium	1	
budesonide	1	
colocort	1	
mesalamine	1	
mesalamine w/ cleanser	1	
sulfasalazine	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA	2	
LINZESS	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl	1	PA
LAXATIVES		
CLENPIQ	0	\$0 copay for members age 50 through 74, otherwise not covered
enulose	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-h	0	\$0 copay for members age 50 through 74, otherwise not covered
gavilyte-n/flavor pack	1	
generlac	1	
GOLYTELY	2	
lactulose	1	
MOVIPREP	0	\$0 copay for members age 50 through 74; Tier 2 for all others
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	0	\$0 copay for members age 50 through 74; Tier 1 for all others
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	

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Drug Name	Drug Tier	Requirements/Limits
PLENVU	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>polyethylene glycol 3350</i>	1	OTC
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

MISCELLANEOUS

<i>cromolyn sodium (mastocytosis)</i>	1
<i>diphenoxylate w/ atropine</i>	1
<i>loperamide hcl</i>	1
<i>misoprostol</i>	1
MOVANTIK	2
<i>sucralfate</i>	1
<i>ursodiol</i>	1

PANCREATIC ENZYMES

CREON	2	PA
VIOKACE	2	PA
ZENPEP	2	PA

PROTON PUMP INHIBITORS§

<i>esomeprazole magnesium</i>	1	QL (90 caps / 365 days)
<i>lansoprazole</i>	1	QL (90 caps / 365 days)
<i>omeprazole</i>	1	QL (90 caps / 365 days)
<i>pantoprazole sodium</i>	1	QL (90 tabs / 365 days)
<i>rabeprazole sodium</i>	1	QL (90 tabs / 365 days)

RECTAL, CORTICOSTEROIDS

<i>procto-pak</i>	1
<i>proctosol hc</i>	1
<i>proctozone-hc</i>	1

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	1
<i>dutasteride</i>	1
<i>dutasteride-tamsulosin hcl</i>	1
<i>finasteride</i>	1
<i>silodosin</i>	1

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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil</i>	1	PA, QL (30 tabs / 25 days)
<i>tamsulosin hcl</i>	1	
MISCELLANEOUS		
<i>bethanechol chloride</i>	1	
<i>flavoxate hcl</i>	1	
<i>potassium citrate (alkalinizer)</i>	1	
<i>urinary pain relief</i>	1	OTC
URINARY ANTISPASMODICS		
<i>oxybutynin chloride</i>	1	
<i>solifenacain succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>TOVIAZ</i>	2	
<i>trospium chloride</i>	1	
VAGINAL ANTI-INFECTIVES		
<i>CLEOCIN</i>	2	
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
<i>miconazole 3</i>	1	
<i>terconazole vaginal</i>	1	
<i>vandazole</i>	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>ELIQUIS</i>	2	
<i>ELIQUIS STARTER PACK</i>	2	
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<i>XARELTO</i>	2	
<i>XARELTO STARTER PACK</i>	2	
HEMATOPOIETIC GROWTH FACTORS		
<i>ARANESP ALBUMIN FREE</i>	4	PA
<i>RETACRIT</i>	4	PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	1	
<i>cilostazol</i>	1	
<i>pentoxifylline</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i>	1	
<i>BRILINTA</i>	2	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl</i>	1	
<i>ZONTIVITY</i>	2	
IMMUNOLOGIC AGENTS		
BIOLOGIC DISEASE-MODIFYING AGENTS		
ENBREL SOLN	4	PA, QL (8 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOLR; SOSY	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI	4	PA, QL (8 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	4	PA, QL (2 injections / 28 days)
HUMIRA 40mg/0.4ml, 40mg/0.8ml	4	PA, QL (4 injections / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS D	4	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D 80mg/0.8ml	4	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN	4	PA, QL (4 injections / 28 days)
HUMIRA PEN-CD/UC/HS START 40mg/0.8ml	4	PA, QL (6 pens / 28 days)
HUMIRA PEN-CD/UC/HS START 80mg/0.8ml	4	PA, QL (1 kit / 28 days)
HUMIRA PEN-PS/UV STARTER	4	PA, QL (1 kit / 28 days)
HUMIRA PEN-PS/UV STARTER 40mg/0.8ml	4	PA, QL (4 pens / 28 days)
KEVZARA SOAJ	4	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA SOSY	4	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SKYRIZI	4	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis
STELARA 45mg/0.5ml	4	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA 90mg/ml	4	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis

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Drug Name	Drug Tier	Requirements/Limits
TALTZ	4	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis
TREMFYA	4	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis
XELJANZ 5mg	4	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ 10mg	4	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR 11mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ XR 22mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

<i>hydroxychloroquine sulfate</i>	1
<i>leflunomide</i>	1
<i>methotrexate sodium</i>	0
OTEZLA TABS	4 PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TBPK	4 PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

IMMUNOSUPPRESSANTS

<i>azathioprine</i>	1
<i>cyclosporine</i>	1
<i>cyclosporine modified (for microemulsion)</i>	1
<i>everolimus (immunosuppressant)</i>	1
<i>gengraf</i>	1
<i>mycophenolate mofetil</i>	1
<i>mycophenolate sodium</i>	1

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Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus</i>	1	
<i>tacrolimus</i>	1	

MEDICAL DEVICES

DIABETIC SUPPLIES

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	QL (204 Test Strips / 25 days), OTC
ACCU-CHEK COMPACT PLUS	0	QL (204 Test Strips / 25 days), OTC
ACCU-CHEK COMPACT PLUS CA	M	OTC; M
ACCU-CHEK GUIDE KIT	M	OTC; M
ACCU-CHEK GUIDE STRP	0	QL (204 Test Strips / 25 days), OTC
ACCU-CHEK MULTICLIX LANCE	0	OTC
ACCU-CHEK NANO SMARTVIEW	M	OTC; M
ACCU-CHEK SMARTVIEW STRIP	0	QL (204 Test Strips / 25 days), OTC
GLUCOSE URINE TEST STRIPS	0	OTC
INSULIN PEN NEEDLES	0	OTC
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

MISCELLANEOUS

HUMATROPEN	2	OTC
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

FLUORABON	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab CHEW 1mg</i>	1	
<i>fluoritab CHEW .25mg, .5mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoritab</i> SOLN	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 8</i>	1	
<i>klor-con 10</i>	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
<i>sodium fluoride</i> SOLN	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride</i> TABS 1mg	1	
<i>sodium fluoride</i> TABS .5mg	0	\$0 applies for ages 5 and under, otherwise not covered

VITAMINS

<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	

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

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Drug Name	Drug Tier	Requirements/Limits
CITRANATAL DHA	2	
CITRANATAL HARMONY	2	
CITRANATAL MEDLEY	2	
CITRANATAL RX	2	
<i>doxercalciferol</i>	1	
<i>ergocalciferol</i>	1	
<i>folic acid CAPS</i>	0	QL (100 caps / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid TABS 1mg</i>	1	
<i>folic acid TABS 400mcg, 800mcg</i>	0	QL (100 tabs / 30 days), OTC; \$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>niva-fol</i>	1	
<i>paricalcitol</i>	1	
<i>phytonadione</i>	1	
<i>prenatabs rx</i>	1	
<i>pyridoxine hcl</i>	1	OTC
<i>tri-vit/fluoride</i>	1	
<i>tri-vit/fluoride/iron</i>	1	
<i>vitamins a/c/d/fluoride</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<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	

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Drug Name	Drug Tier Requirements/Limits
TOBRADEX ST	2
<i>tobramycin-dexamethasone</i>	1
ANTI-INFECTIVES	
AZASITE	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>moxifloxacin hcl (ophth)</i>	1
NATACYN	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
ANTI-INFLAMMATORIES	
ACUVAIL	2
<i>bromfenac sodium (ophth)</i>	1
<i>dexamethasone sodium phosphate (ophth)</i>	1
<i>diclofenac sodium (ophth)</i>	1
DUREZOL	2
<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

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Drug Name	Drug Tier	Requirements/Limits
<u>ANTIALLERGICS</u>		
<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	
<u>ANTIGLAUCOMA</u>		
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<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	
<i>travoprost</i>	1	
<u>MISCELLANEOUS</u>		
<i>phenylephrine hcl (mydriatic)</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	
<i>tropicamide</i>	1	
<u>RESPIRATORY</u>		
<u>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</u>		
ANORO ELLIPTA	2	QL (1 package / 25 days)
BEVESPI AEROSPHERE	2	QL (1 package / 25 days)
<i>ipratropium-albuterol</i>	1	QL (6 boxes / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ANTICHOLINERGICS§</i>		
INCRAUSE 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)
<i>ANTIHISTAMINE COMBINATIONS</i>		
azelastine hcl-fluticasone propionate	1	QL (1 package / 25 days)
<i>ANTIHISTAMINES§</i>		
<i>azelastine hcl</i>	1	QL (2 bottles / 25 days)
<i>brompheniramine tannate</i>	1	
<i>carboxinamine maleate</i>	1	
<i>clemastine fumarate</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cycloheptadine hcl</i>	1	
<i>desloratadine</i>	1	
<i>diphenhydramine hcl</i>	1	
<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)
<i>BETA AGONISTS§</i>		
<i>albuterol sulfate AERS</i>	1	QL (2 inhalers / 25 days)
<i>albuterol sulfate NEBU 2.5mg/0.5ml</i>	1	QL (60 mL / 25 days)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (5 boxes / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
STRIVERDI RESPIMAT	2	QL (1 package / 25 days)
<i>terbutaline sulfate</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
NUCALA SOAJ; SOSY	4	PA, QL (3 injections / 28 days)
NUCALA SOLR	M	M
XOLAIR	M	M
COLD/COUGH		
<i>benzonatate</i>	1	
<i>hydrocodone w/ homatropine</i>	1	
<i>hydromet</i>	1	
<i>promethazine & phenylephrine</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	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	1	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine</i>	1	
PROLASTIN-C	M	M
<i>sodium chloride (inhalant)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS§		
<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	QL (1 package / 25 days), OTC
STEROID INHALANTS§		
ARNUITY ELLIPTA	2	QL (1 package / 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)
QVAR REDIHALER	2	QL (2 packages / 25 days)
STEROID/BETA-AGONIST COMBINATIONS§		
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)
XANTHINES		
<i>theochron</i>	1	
<i>theophylline</i>	1	
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene</i>	1	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide</i>	1	
<i>avita</i>	1	PA; PA applies for members age 35 and older
BENZIQ	2	
BENZIQ LS	2	
<i>benziq wash</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide-erythromycin</i>	1	
<i>bp wash</i>	1	
<i>clindamycin phosphate (topical) FOAM; SWAB</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1	QL (75g / 25 days)
<i>clindamycin phosphate (topical) LOTN; SOLN</i>	1	QL (60mL / 25 days)
<i>clindamycin phosphate-benzoyl peroxide</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>ery</i>	1	
<i>erythromycin (acne aid) GEL</i>	1	QL (60g / 25 days)
<i>erythromycin (acne aid) PADS</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1	QL (60mL / 25 days)
<i>isotretinoin</i>	1	PA
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoi</i> n	1	PA; PA applies for members age 35 and older
<i>tretinoi</i> n <i>microsphere</i>	1	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i>	1	QL (30g / 25 days)
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox GEL</i>	1	QL (120g / 25 days)
<i>ciclopirox SHAM</i>	1	QL (120mL / 25 days)
<i>ciclopirox SOLN</i>	1	
<i>ciclopirox olamine CREA</i>	1	QL (120g / 25 days)
<i>ciclopirox olamine SUSP</i>	1	QL (120mL / 25 days)
<i>clotrimazole (topical) CREA</i>	1	QL (120g / 25 days)
<i>clotrimazole (topical) SOLN</i>	1	QL (120mL / 25 days)
<i>clotrimazole w/ betamethasone CREA</i>	1	QL (60gm / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone</i> LOTN	1	QL (60mL / 25 days)
<i>econazole nitrate</i>	1	QL (60g / 25 days)
<i>ketoconazole (topical)</i> CREA	1	QL (120g / 25 days)
<i>naftifine hcl</i>	1	QL (60g / 25 days)
<i>nyamyc</i>	1	QL (120g / 25 days)
<i>nystatin (topical)</i>	1	QL (120g / 25 days)
<i>nystatin-triamcinolone</i>	1	QL (60g / 25 days)
<i>nystop</i>	1	QL (120g / 25 days)
<i>oxiconazole nitrate</i>	1	QL (60g / 25 days)
<i>sulconazole nitrate</i>	1	QL (60g / 25 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i>	1	
<i>calcipotriene</i>	1	
COSENTYX	4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN	4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid</i>	1	
<i>tazarotene</i>	1	PA
TAZORAC	2	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical)</i> SHAM	1	
<i>selenium sulfide</i>	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	1	QL (120g / 25 days)
<i>alclometasone dipropionate</i>	1	QL (120g / 25 days)
<i>amcinonide</i> CREA	1	QL (120g / 25 days)
<i>amcinonide</i> LOTN	1	QL (120mL / 25 days)
AMCINONIDE OINT	2	QL (120g / 25 days)
<i>betamethasone dipropionate (topical)</i> CREA; OINT	1	QL (120g / 25 days)
<i>betamethasone dipropionate (topical)</i> LOTN	1	QL (120mL / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<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; FOAM; OINT</i>	1	QL (120g / 25 days)
<i>betamethasone valerate LOTN</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate CREA; FOAM; GEL; OINT</i>	1	QL (120g / 25 days)
<i>clobetasol propionate LIQD; LOTN; SHAM; SOLN</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>fluocinolone acetonide CREA; OINT</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide OIL; SOLN</i>	1	QL (120mL / 25 days)
<i>fluocinonide CREA; GEL; OINT</i>	1	QL (120g / 25 days)
<i>fluocinonide SOLN</i>	1	QL (120mL / 25 days)
<i>fluticasone propionate CREA; OINT</i>	1	QL (120g / 25 days)
<i>fluticasone propionate LOTN</i>	1	QL (120mL / 25 days)
<i>halobetasol propionate</i>	1	QL (120g / 25 days)
<i>hydrocortisone (topical) CREA; OINT</i>	1	QL (120g / 25 days)
<i>hydrocortisone (topical) LOTN</i>	1	QL (120mL / 25 days)
<i>hydrocortisone butyrate CREA; OINT</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate SOLN</i>	1	QL (120mL / 25 days)
<i>hydrocortisone valerate</i>	1	QL (120g / 25 days)
<i>mometasone furoate CREA; OINT</i>	1	QL (120g / 25 days)
<i>mometasone furoate SOLN</i>	1	QL (120mL / 25 days)
<i>prednicarbate</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide (topical) CREA; OINT</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide (topical) LOTN</i>	1	QL (120mL / 25 days)
<i>triderm</i>	1	QL (120g / 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine OINT</i>	1	QL (50gm / 25 days)
<i>lidocaine PTCH</i>	1	PA, QL (90 patches / 25 days)
<i>lidocaine hcl GEL; PRSY</i>	1	QL (60mL / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<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	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium (topical) 1%</i>	1	QL (300g / 25 days)
<i>diclofenac sodium (topical) 1%</i>	1	QL (300g / 25 days), OTC
EUCRISA	2	ST; PA**
<i>lactic acid (ammonium lactate)</i>	1	
<i>podofilox</i>	1	
<i>tacrolimus (topical)</i>	1	
VOLTAREN	1	QL (300g / 25 days), OTC
DERMATOLOGY, ROSACEA		
<i>azelaic acid</i>	1	
FINACEA AER 15%	2	
<i>metronidazole (topical)</i>	1	
<i>rosadan</i>	1	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<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	
OTIC		
<i>acetic acid (otic)</i>	1	
CIPRODEX	2	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>fluocinolone acetonide (otic)</i>	1	

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Drug Name	Drug Tier Requirements/Limits
<i>hydrocortisone w/acetic acid</i>	1
<i>neomycin-polymyxin-hc (otic)</i>	1
<i>ofloxacin (otic)</i>	1

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

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e: 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) and click on Drug & Pharmacy Resources under Quick Li

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



Family of health care plans

10455 Mill Run Circle
Owings Mills, MD 21117

carefirst.com/rx

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SUM4658-1S (12/20)

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	civilrightscoordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

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

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

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 የሚገበው ነገሮች ሌሎች አገልግሎት ወጥና ቅናት ለይዘን ይቻላል፡፡ ይቻሉ መረጃ የማማገኘት እና የለምንም ከፍያ በቋንቃዋው እና የማማገኘት መብት አለዋቸው፡፡ አባል ካሁን ክመታዊው ክርድዎች በስተቀርባ ላይ ወደተጠቀሰው የባል ቅጥር መደዣዎች ይቻላል፡፡ አባል ካሁን ደንብ መደብ ለባል ቅጥር 855-258-6518 ደመለው ባንክ አንዳጂኑ አስተካርድ ድረስ የሚገኘትን መጠበቅ አለብቸው፡፡ አንድ ወከል መልስ ለሰተዋዊ፣ የሚፈልገትን ቁንቃዋው፡፡ ከዘመኝ ከተረጋግጣለሁ ይገኘኝለሁ፡፡

Èdè Yorùbá (Yoruba) Ìtétíléko: Àkíyèsí yíí ní ìwífún nípa işé 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 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 تاریخ‌های 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 شناسایی‌شان تماس بگیرند. سایر افراد می‌توانند 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 المתרגمين 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' dahólóó bee éédahózin béeso ách'áqáh naanilník'ist'i'ígíí bá. Bii' dahólóó 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.