

CareFirst Abridged Exchange Formulary

2021

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 12/01/2021

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 caps</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine tabs</i>	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>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/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl dihydrate film</i>	1	QL (2 units / day)
<i>buprenorphine hcl-naloxone hcl dihydrate film</i>	1	QL (3 units / day)

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
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	0	QL (3 tabs / day); \$0 copay
ZUBSOLV	2	QL (1 unit / day)
ZUBSOLV	2	QL (2 units / day)
ZUBSOLV	2	QL (3 units / day)

OPIOID ANALGESICS§

<i>acetaminophen w/ codeine soln</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>acetaminophen w/ codeine 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>acetaminophen w/ codeine tabs</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>acetaminophen w/ codeine tabs</i>	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
<i>butorphanol tartrate</i>	1	QL (2 bottles / 25 days)
<i>codeine sulfate</i>	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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>fentanyl 12mcg/hr, 25mcg/hr</i>	1	ST, QL (10 patches / 25 days)
<i>fentanyl 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl citrate</i>	1	PA, QL (120 lozenges / 25 days)
<i>hydrocodone-acetaminophen soln</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 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>hydrocodone-acetaminophen tabs</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-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

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3

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>hydromorphone hcl tb24 32mg</i>	1	ST, PA; High Strength Requires PA
<i>methadone hcl conc</i>	1	QL (30 ml / 25 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	1	ST, QL (450 ml / 25 days)
<i>methadone hcl soln 10mg/5ml</i>	1	ST, QL (300 mL / 25 days)
<i>methadone hcl tabs 5mg</i>	1	ST, QL (90 tabs / 25 days)
<i>methadone hcl tabs 10mg</i>	1	ST, QL (60 tabs / 25 days)
<i>methadone hcl tbso</i>	1	QL (9 tabs / 25 days)
<i>methadone hydrochloride i</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 cp24 10mg, 20mg, 30mg</i>	1	ST, QL (60 caps / 25 days)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate cp24 100mg</i>	1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate soln 10mg/5ml</i>	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 soln 20mg/5ml</i>	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 soln 100mg/5ml</i>	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
<i>morphine sulfate supp 5mg, 10mg</i>	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 supp 20mg</i>	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 supp 30mg</i>	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 tabs 15mg</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>morphine sulfate tabs 30mg</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

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tbc</i> 15mg, 30mg	1	ST, QL (90 tabs / 25 days)
<i>morphine sulfate tbc</i> 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
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 caps</i>	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 conc</i>	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 soln</i>	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 t12a</i> 10mg, 15mg, 20mg, 30mg	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl t12a</i> 40mg, 60mg, 80mg	1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs 5mg, 10mg</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 hcl tabs 15mg</i>	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
<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 (180 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 (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</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-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
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg	2	ST, QL (60 caps / 25 days)
XTAMPZA ER 36mg	2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS§		
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg	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 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i>	1	ST, QL (4 patches / 25 days)
<i>buprenorphine 15mcg/hr, 20mcg/hr</i>	1	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

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Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate 300mg</i>	1	
<i>pentamidine isethionate 300mg</i>	M	M
<i>praziquantel</i>	1	QL (24 tabs / 365 days)
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 powd</i>	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	

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 soln</i>	1	QL (900 mL / 30 days)
<i>abacavir sulfate tabs</i>	1	QL (60 tabs / 30 days)
<i>atazanavir sulfate 150mg, 300mg</i>	1	QL (30 caps / 30 days)
<i>atazanavir sulfate 200mg</i>	1	QL (60 caps / 30 days)
<i>didanosine</i>	1	QL (30 caps / 30 days)
<i>efavirenz caps</i>	1	QL (90 caps / 30 days)
<i>efavirenz tabs</i>	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)
ISENTRESS CHEW	2	QL (180 tabs / 30 days)
ISENTRESS PACK	2	QL (60 packets / 30 days)
ISENTRESS TABS	2	QL (120 tabs / 30 days)

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10

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD	2	QL (60 tabs / 30 days)
<i>lamivudine soln</i>	1	QL (900 ml / 30 days)
<i>lamivudine tabs 150mg</i>	1	QL (60 tabs / 30 days)
<i>lamivudine tabs 300mg</i>	1	QL (30 tabs / 30 days)
<i>nevirapine susp</i>	1	QL (1200 mL / 30 days)
<i>nevirapine tabs</i>	1	QL (60 tabs / 30 days)
<i>nevirapine tb24 100mg</i>	1	QL (90 tabs / 30 days)
<i>nevirapine tb24 400mg</i>	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)
<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 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)
<i>zidovudine caps</i>	1	QL (180 caps / 30 days)
<i>zidovudine syrp</i>	1	QL (1800 ml / 30 days)
<i>zidovudine tabs</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
DESCOVY	2	PA, QL (30 tabs / 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO	2	QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL (30 tabs / 30 days); \$0 copay for pre-exposure prophylaxis
EVOTAZ	2	QL (30 tabs / 30 days)
GENVOYA	2	QL (30 tabs / 30 days)
KALETRA	2	QL (120 tabs / 30 days)
KALETRA	2	QL (240 tabs / 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln</i>	1	QL (390 mL / 30 days)
<i>lopinavir-ritonavir tabs</i>	1	QL (120 tabs / 30 days)
<i>lopinavir-ritonavir tabs</i>	1	QL (240 tabs / 30 days)
ODEFSEY	2	QL (30 tabs / 30 days)
PREZCOBIX	2	QL (30 tabs / 30 days)
TEMIXYS	2	QL (30 tabs / 30 days)
TRIUMEQ	2	QL (30 tabs / 30 days)
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	
<i>famciclovir</i>	1	
<i>lamivudine (hbv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps 30mg</i>	1	QL (40 caps / 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate susr</i>	1	QL (360 mL / 90 days)
RELENZA DISKHALER	2	QL (2 inhalers / 90 days)
<i>rimantadine hydrochloride</i>	1	
<i>valacyclovir hcl</i>	1	
CEPHALOSPORINS		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cephalexin</i>	1	
SUPRAX	2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	2	PA
<i>ery-tab</i>	1	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>ofloxacin</i>	1	
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)
<i>ribavirin (hepatitis c)</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI	4	PA, QL (28 tabs / 28 days)
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>penicillin v potassium</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline 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	
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
BIOLOGIC RESPONSE MODIFIERS		
KISQALI 200mg	0	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI 200mg	0	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI 200mg	0	PA, QL (63 tabs / 28 days); 600 mg dose
LYNPARZA	0	PA, QL (120 tabs / 30 days)
ZEJULA	0	PA, QL (90 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	0	PA, QL (120 tabs / 30 days)
<i>anastrozole</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide</i>	0	
<i>exemestane</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide</i>	0	
<i>letrozole</i>	1	
<i>megestrol acetate</i>	0	
<i>megestrol acetate (appetite)</i>	1	
<i>nilutamide</i>	0	
NUBEQA	0	PA, QL (120 tabs / 30 days)
<i>tamoxifen citrate</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate</i>	1	
KINASE INHIBITORS		
ALECENSA	0	PA, QL (240 caps / 30 days)
<i>imatinib mesylate 100mg</i>	0	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate 400mg</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
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>quinapril-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
<i>trandolapril/verapamil hc</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	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<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	
ANTIARRHYTHMICS		
<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	
NORPACE CR	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	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>prevalite</i>	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe</i>	1	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i>	1	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>gemfibrozil</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10mg, 20mg</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium 40mg, 80mg</i>	1	
<i>fluvastatin sodium</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium 5mg, 10mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium 20mg, 40mg</i>	1	
<i>simvastatin 5mg, 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin 80mg</i>	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic)</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters</i>	1	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT	4	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl coated beads</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>taztia xt</i>	1	
<i>verapamil hcl</i>	1	
DIGITALIS GLYCOSIDES		
<i>digox</i>	1	
<i>digoxin</i>	1	
LANOXIN	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate</i>	1	
DIURETICS		
<i>acetazolamide</i>	1	
ALDACTAZIDE	2	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	M	M
<i>methazolamide</i>	1	
<i>metolazone</i>	1	
<i>osmitrol viaflex</i>	M	M
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>toremide</i>	1	
<i>triamterene</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
MISCELLANEOUS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
ENTRESTO	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	
NITRO-DUR	2	
<i>nitroglycerin</i>	1	
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i>	1	QL (150 tabs / 25 days)
ALPRAZOLAM INTENSOL	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)

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Drug Name	Drug Tier	Requirements/Limits
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	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

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Drug Name	Drug Tier	Requirements/Limits
<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; High strength requires PA for members age 65 and older
<i>amoxapine 25mg, 50mg, 100mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine 150mg</i>	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 10mg, 25mg, 50mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl 75mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl 100mg, 150mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate</i>	1	ST, QL (30 tabs / 25 days); (generic of Pristiq) PA**
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl caps 100mg, 150mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl conc</i>	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 caps; cpdr; soln</i>	1	
<i>fluoxetine hcl tabs</i>	1	(generic Sarafem not covered)
<i>imipramine hcl 10mg, 25mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl 50mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate 75mg, 100mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate 125mg, 150mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>maprotiline hcl</i>	1	
<i>mirtazapine</i>	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl caps 10mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	1	PA; High strength requires PA for 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>nortriptyline hcl soln</i>	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 5mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl 10mg</i>	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 25mg, 50mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate 100mg</i>	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	
<i>tolcapone</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTICS		
<i>aripiprazole</i>	1	
ARISTADA	M	M
ARISTADA INITIO	M	M

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Drug Name	Drug Tier	Requirements/Limits
CHLORPROMAZINE HCL SOLN	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	
LATUDA	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>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 cp24</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cp24</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine tabs</i>	1	QL (30 tabs / 25 days)
<i>amphetamine-dextroamphetamine tabs</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tabs</i>	1	QL (90 tabs / 25 days)
<i>atomoxetine hcl</i>	1	
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	1	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate soln</i>	1	QL (1,200 mL / 25 days)
<i>dextroamphetamine sulfate tabs</i>	1	QL (120 tabs / 25 days)
<i>guanfacine hcl (adhd)</i>	1	
<i>methamphetamine hcl</i>	1	QL (150 tabs / 25 days)
<i>methylphenidate hcl chew</i>	1	QL (180 chew tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cp24 20mg, 30mg</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cp24 40mg, 60mg</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1	QL (1800 mL / 25 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1	QL (900 mL / 25 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tabs 20mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tbcr 10mg, 20mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tbcr 18mg, 27mg, 36mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tbcr 54mg</i>	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 2.5mg, 7.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi 15mg, 20mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi 30mg</i>	1	QL (30 tabs / 25 days)
<i>HYPNOTICS§</i>		
BELSOMRA	2	ST; PA**
<i>cvs sleep-aid nighttime</i>	1	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)
<i>MIGRAINES§</i>		
AIMOVIG 70mg/ml	2	ST, QL (2 injections / 25 days); PA**
AIMOVIG 140mg/ml	2	ST, QL (1 injection / 25 days); PA**

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Drug Name	Drug Tier	Requirements/Limits
AJOVY	2	ST, QL (3 injections / 75 days); PA**
<i>almotriptan malate</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide</i>	1	QL (12 tabs / 25 days)
EMGALITY SOAJ	2	ST, QL (2 injections / 25 days); PA**
EMGALITY SOSY 100mg/ml	2	ST, QL (3 injections / 25 days); PA**
EMGALITY SOSY 120mg/ml	2	ST, QL (2 injections / 25 days); PA**
<i>frovatriptan succinate</i>	1	QL (18 tabs / 25 days)
<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 soln</i>	1	QL (12 sprays / 25 days)
<i>zolmitriptan tabs; tbdp</i>	1	QL (12 tabs / 25 days)
MISCELLANEOUS		
<i>bupirone 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

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Drug Name	Drug Tier	Requirements/Limits
<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

AUBAGIO	4	PA, QL (30 tabs / 30 days)
BETASERON	4	PA, QL (14 injections / 28 days)
COPAXONE 20mg/ml	4	PA, QL (30 injections / 30 days)
COPAXONE 40mg/ml	4	PA, QL (12 syringes / 28 days)
<i>dimethyl fumarate cpdr 120mg</i>	4	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	4	PA, QL (60 caps / 30 days)
<i>dimethyl fumarate misc</i>	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)

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i>	1	
<i>carisoprodol</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>chlorzoxazone</i>	1	PA; High Risk Medications require PA for members age 70 and older
<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	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil 50mg</i>	1	PA, QL (60 tabs / 25 days)
<i>armodafinil 150mg, 200mg, 250mg</i>	1	PA, QL (30 tabs / 25 days)
<i>modafinil</i>	1	PA, QL (60 tabs / 25 days)
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

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Drug Name	Drug Tier	Requirements/Limits
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	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate</i>	1	ST; PA**
JANUVIA	2	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl</i>	1	ST; PA**
JANUMET	2	ST; PA**
JANUMET XR	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC	2	ST; PA**
TRULICITY	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

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Drug Name	Drug Tier	Requirements/Limits
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	
TRESIBA FLEXTOUCH	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY	2	ST; PA**
SYNJARDY TAB 12.5-1000MG	2	ST; PA**
SYNJARDY XR	2	ST; PA**
SYNJARDY XR TAB 12.5-1000MG	2	ST; PA**
XIGDUO XR	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 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		
<i>glimepiride</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i>	1	
BISPHOSPHONATES		
<i>alendronate sodium</i>	1	
<i>ibandronate sodium</i>	1	
<i>risedronate sodium</i>	1	
CHELATING AGENTS		
<i>penicillamine</i>	1	PA
<i>sodium polystyrene sulfonate</i>	1	
<i>sps</i>	1	
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	
ANNOVERA	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	
BALCOLTRA	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 estradiol-levomefolate calcium</i>	0	
<i>elinest</i>	0	
ELLA	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>enskyce</i>	0	
<i>errin</i>	0	
<i>ethynodiol diacet & eth estrad</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL (13 / 300 days)
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>gemmily</i>	0	
<i>gianvi</i>	0	
<i>heather</i>	0	
<i>introvale</i>	0	
<i>jolessa</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>junel fe 24</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 & eth estradiol</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	0	
<i>levora 0.15/30-28</i>	0	
LO LOESTRIN FE	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-lynyah</i>	0	
NATAZIA	0	
<i>necon 0.5/35-28</i>	0	
<i>nikki</i>	0	
<i>nora-be</i>	0	
<i>norethin acet & estrad-fe</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<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>reclipsen</i>	0	
<i>rivelsa</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>tilia fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
<i>trivora-28</i>	0	
<i>TWIRLA</i>	0	
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>vyfemla</i>	0	
<i>wera</i>	0	
<i>xulane</i>	0	
<i>zarah</i>	0	
<i>zovia 1/35e</i>	0	
ENDOMETRIOSIS		
<i>danazol</i>	1	
<i>ORLISSA</i>	2	
ESTROGENS		
<i>CLIMARA PRO</i>	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
<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</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
<i>yuvaferm</i>	1	
GLUCOCORTICOIDS		
<i>cortisone acetate</i>	1	
<i>dexamethasone</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
MEDROL	2	
<i>methylprednisolone</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	2	
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna)</i>	1	
INSTA-GLUCOSE	2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
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	

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Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
CRINONE	2	
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</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		
CUVPOSA	2	
<i>dicyclomine hcl</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<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>symax-sl</i>	1	
ANTIEMETICS§		
<i>aprepitant</i>	1	QL (2 packs / 21 days)
<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>compro</i>	1	
<i>dronabinol</i>	1	QL (60 caps / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<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>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrup; tabs</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	1	
SANCUSO	2	QL (2 patches / 21 days)
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
VARUBI	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>nizatidine</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	1	
<i>budesonide</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine w/ cleanser</i>	1	
<i>sulfasalazine</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS	2	
<i>lubiprostone</i>	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ	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-n/flavor pack</i>	1	
<i>generlac</i>	1	
GOLYTELY	2	
<i>lactulose</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	0	\$0 copay for members age 50 through 74; Tier 1 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	
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

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Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS§		
<i>esomeprazole magnesium cpdr</i>	1	QL (90 caps / 365 days)
<i>esomeprazole magnesium pack</i>	1	QL (90 packets / 365 days); Covered for age less than 1 year only
<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>hydrocortisone (rectal)</i>	1	
<i>procto-pak</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	
<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>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
TOVIAZ	2	
<i>trospium chloride</i>	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN	2	
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>miconazole 3</i>	1	
<i>terconazole vaginal</i>	1	
<i>vandazole</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

ELIQUIS	2	
ELIQUIS STARTER PACK	2	
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium</i>	1	
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
XARELTO	2	
XARELTO STARTER PACK	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE	4	PA
RETACRIT	4	PA

MISCELLANEOUS

<i>anagrelide hcl</i>	1	
<i>cilostazol</i>	1	
<i>pentoxifylline</i>	1	
<i>tranexamic acid</i>	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole</i>	1	
BRILINTA	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	
ZONTIVITY	2	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ENBREL SOLN; SOLR	4	PA, QL (4 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
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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 40

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY	4	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI	4	PA, QL (4 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK	4	PA, QL (4 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)
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)

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 41

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Drug Name	Drug Tier	Requirements/Limits
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
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)

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Drug Name	Drug Tier	Requirements/Limits
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DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i>	1	
<i>methotrexate sodium</i>	1	
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	
<i>sirolimus</i>	1	
<i>tacrolimus</i>	1	

MEDICAL DEVICES

DIABETIC SUPPLIES

ACCU-CHEK AVIVA	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 GUIDE ME	M	OTC; M
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

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Drug Name	Drug Tier	Requirements/Limits
AUTOLET PLATFORMS	0	OTC
DEXCOM G4 PLATINUM PEDIAT	2	
DEXCOM G4 PLATINUM RECEIV	2	
DEXCOM G4 PLATINUM TRANSM	2	
DEXCOM G4 SENSOR KIT	2	
DEXCOM G5 MOBILE RECEIVER	2	
DEXCOM G5 MOBILE TRANSMIT	2	
DEXCOM G5 MOBILE/G4 PLATI	2	
DEXCOM G5 RECEIVER KIT	2	
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR	2	
DEXCOM G6 TRANSMITTER	2	
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
NOVOFINE PEN NEEDLE 32G X	0	OTC
OMNIPOD 5 PACK	2	
OMNIPOD DASH	2	
OMNIPOD STARTER KIT	2	
URINE GLUCOSE MONITORING SUPPLIES	0	OTC
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	

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
<i>fluoritab soln</i>	0	\$0 applies for ages 5 and under, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
<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 1mg</i>	1	
<i>ludent .25mg, .5mg</i>	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>sodium fluoride chew 1mg</i>	1	
<i>sodium fluoride chew .25mg, .5mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride soln</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tabs 1mg</i>	1	
<i>sodium fluoride tabs .5mg</i>	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	
CITRANATAL DHA	2	
CITRANATAL HARMONY	2	
CITRANATAL MEDLEY	2	
CITRANATAL RX	2	
<i>doxercalciferol</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ergocalciferol</i>	1	
<i>folic acid caps</i>	0	QL (100 caps / 30 days), OTC; \$0 copay available for members 55 and younger capable of pregnancy, 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 available for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vit/iron/fluoride</i>	1	OTC
<i>multi-vitamin/fluoride dr</i>	1	
<i>multi-vitamin/fluoride/ir</i>	1	
<i>multivitamin/fluoride</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
<i>tri-vite/fluoride</i>	1	
<i>vitamins a/c/d/fluoride</i>	1	
<i>westab max</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	

ANTI-INFECTIVES

AZASITE	2	
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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>difluprednate</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	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
<i>epinastine hcl (ophth)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LASTACAFT	2	
<i>olopatadine hcl</i>	1	
PAZEO	2	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	
<i>brinzolamide</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>pilocarpine hcl</i>	1	
SIMBRINZA	2	
<i>timolol maleate (ophth)</i>	1	
<i>travoprost</i>	1	
MISCELLANEOUS		
<i>phenylephrine hcl (mydriatic)</i>	1	
<i>proparacaine hcl</i>	1	
RESTASIS	2	
<i>tropicamide</i>	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
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)
TRELEGY ELLIPTA	2	QL (1 package / 25 days)
ANTICHOLINERGICS§		
INCRUSE ELLIPTA	2	QL (1 package / 25 days)
<i>ipratropium bromide</i>	1	QL (5 boxes / 25 days)
<i>ipratropium bromide (nasal)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER	2	QL (1 package / 25 days)
SPIRIVA RESPIMAT	2	QL (1 package / 25 days)

ANTI-HISTAMINE COMBINATIONS

<i>azelastine hcl-fluticasone propionate</i>	1	QL (1 package / 25 days)
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ANTI-HISTAMINES§

<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	PA; High Risk Medications require PA for members age 70 and older
<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 aers</i>	1	QL (2 inhalers / 25 days)
<i>albuterol sulfate nebu .5%</i>	1	QL (60 mL / 25 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate syrp</i>	1	
<i>albuterol sulfate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tb12</i>	1	
<i>formoterol fumarate</i>	1	QL (60 vials / 25 days)
<i>levalbuterol hcl 1.25mg/0.5ml</i>	1	QL (45 mL / 25 days)
<i>levalbuterol hcl .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (300 mL / 25 days)
<i>levalbuterol tartrate</i>	1	QL (2 inhalers / 25 days)
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	2	QL (60 vials / 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 polistirex-chlorpheniramine polistirex</i>	1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone w/ homatropine</i>	1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromet</i>	1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine & phenylephrine</i>	1	
<i>promethazine w/codeine</i>	1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine-dm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine</i>	1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>pseudoephed-bromphen-dm</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	
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§		
ARNUIITY 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 (3 packages / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
XANTHINES		
<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	
<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) soln</i>	1	QL (60mL / 25 days)
<i>isotretinoin</i>	1	PA
<i>sulfacetamide sodium (acne)</i>	1	
<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
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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 (60g / 25 days)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL (60mL / 25 days)
<i>econazole nitrate</i>	1	QL (60g / 25 days)
<i>ketoconazole (topical) crea</i>	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 crea</i>	1	QL (60g / 25 days)
<i>sulconazole nitrate soln</i>	1	QL (60mL / 25 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i>	1	
<i>calcipotriene</i>	1	
COSENTYX 75mg/0.5ml, 150mg/ml	4	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX 150mg/ml	4	PA, QL (300 mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN 150mg/ml	4	PA, QL (1 pen / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN 150mg/ml	4	PA, QL (300 mg / 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) sham</i>	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 crea</i>	1	QL (120g / 25 days)
<i>amcinonide lotn</i>	1	QL (120mL / 25 days)
AMCINONIDE OINT	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; 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>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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>lidocaine hcl soln</i>	1	QL (50mL / 25 days)
<i>lidocaine pain relief pat</i>	1	QL (30 patches / 25 days), OTC
<i>lidocaine-prilocaine crea</i>	1	QL (30gm / 25 days)
<i>lidocaine-prilocaine kit</i>	1	

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>diclofenac sodium (topical)</i>	1	QL (300g / 25 days), OTC
EUCRISA	2	ST, QL (60 grams / 25 days); 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	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical)</i>	1	
<i>rosadan</i>	1	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i>	1	
<i>gnp lice treatment</i>	1	OTC
<i>lice treatment</i>	1	OTC
<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	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<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	

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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) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé ìgbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ìjíròrò tí tí a ó fì sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò 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 đối thoại cho đến khi được nhắc 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 फ़ोन 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।

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

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 নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو 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 خرچہ 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 دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره 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 درج شده 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 تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين 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 المترجمين 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) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa 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 아닌 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 íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aaahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éí kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éí bikéé'dóo naasbaąs bił adidiilchil. Áká'ánidaalwó'ígíí neidiitáągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.