CareFirst
Family of health care plans

CareFirst Abridged Exchange Formulary

2022

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 drug*s. 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	■ 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 $	■ 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 $$	■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs $$$	■ 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 $$$$	■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs $$$$	■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

CareFirst Exchange Formulary - 5-Tier eff 12/01/2022

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib	Tier 1	
GOUT		
allopurinol	Tier 1	
colchicine	Tier 1	
colchicine w/ probenecid	Tier 1	
febuxostat	Tier 1	ST; PA**
probenecid	Tier 1	
NSAIDS, COMBINATIONS§		
diclofenac w/ misoprostol	Tier 1	
NSAIDS§		
diclofenac potassium	Tier 1	
diclofenac sodium	Tier 1	
etodolac	Tier 1	
flurbiprofen	Tier 1	
ibuprofen	Tier 1	
ketoprofen	Tier 1	
meclofenamate sodium	Tier 1	
mefenamic acid	Tier 1	
meloxicam	Tier 1	
nabumetone	Tier 1	
naproxen	Tier 1	
oxaprozin	Tier 1	
piroxicam	Tier 1	
tolmetin sodium	Tier 1	
OPIOID ANALGESICS§		
fentanyl	Tier 1	ST, PA; High Strength Requires PA
hydromorphone hcl	Tier 1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
morphine sulfate	Tier 1	ST, PA; High Strength Requires PA
morphine sulfate beads	Tier 1	ST, PA; High Strength Requires PA
oxycodone hcl	Tier 1	ST, PA; High Strength Requires PA
oxymorphone hcl	Tier 1	ST, PA; High Strength Requires PA
tramadol hcl	Tier 1	ST, PA; High Strength Requires PA
XTAMPZA ER	Tier 2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS§		
BELBUCA	Tier 2	ST, PA; High Strength Requires Prior Auth
buprenorphine	Tier 1	ST, PA; High Strength Requires Prior Auth
SALICYLATES		
diflunisal	Tier 1	
ANTI-INFECTIVES		
ANTHELMINTICS		
ivermectin	Tier 1	
praziquantel	Tier 1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
fosfomycin tromethamine	Tier 1	
neomycin sulfate	Tier 1	
paromomycin sulfate	Tier 1	
sulfamethoxazole-trimethoprim	Tier 1	
tinidazole	Tier 1	
ANTIFUNGALS		
BIO-STATIN CAPS	Tier 2	
bio-statin powd	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
fluconazole	Tier 1	
griseofulvin microsize	Tier 1	
griseofulvin ultramicrosize	Tier 1	
itraconazole	Tier 1	PA
nystatin	Tier 1	
ANTIMALARIALS		
atovaquone-proguanil hcl	Tier 1	
chloroquine phosphate	Tier 1	
mefloquine hcl	Tier 1	
primaquine phosphate	Tier 1	
quinine sulfate	Tier 1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln	Tier 1	QL (900 mL every 30 days)
abacavir sulfate tabs	Tier 1	QL (60 tabs every 30 days)
atazanavir sulfate 150mg, 300mg	Tier 1	QL (30 caps every 30 days)
atazanavir sulfate 200mg	Tier 1	QL (60 caps every 30 days)
didanosine	Tier 1	QL (30 caps every 30 days)
efavirenz caps	Tier 1	QL (90 caps every 30 days)
efavirenz tabs	Tier 1	QL (30 tabs every 30 days)
emtricitabine	Tier 1	QL (30 caps every 30 days)
fosamprenavir calcium	Tier 1	QL (120 tabs every 30 days)
ISENTRESS CHEW	Tier 2	QL (180 tabs every 30 days)
ISENTRESS PACK	Tier 2	QL (60 packets every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TABS	Tier 2	QL (120 tabs every 30 days)
ISENTRESS HD	Tier 2	QL (60 tabs every 30 days)
lamivudine 150mg	Tier 1	QL (60 tabs every 30 days)
lamivudine 300mg	Tier 1	QL (30 tabs every 30 days)
nevirapine susp	Tier 1	QL (1200 mL every 30 days)
nevirapine tabs	Tier 1	QL (60 tabs every 30 days)
nevirapine tb24	Tier 1	QL (90 tabs every 30 days)
NORVIR PACK	Tier 2	QL (360 packets every 30 days)
NORVIR SOLN	Tier 2	QL (480 mL every 30 days)
PREZISTA SUSP	Tier 2	QL (400 ml every 30 days)
PREZISTA TABS 75mg	Tier 2	QL (300 tabs every 30 days)
PREZISTA TABS 150mg	Tier 2	QL (180 tabs every 30 days)
PREZISTA TABS 600mg	Tier 2	QL (60 tabs every 30 days)
PREZISTA TABS 800mg	Tier 2	QL (30 tabs every 30 days)
REYATAZ	Tier 2	QL (180 packets every 30 days)
ritonavir	Tier 1	QL (360 tabs every 30 days)
stavudine	Tier 1	QL (60 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tenofovir disoproxil fumarate	Tier 1	QL (30 tabs every 30 days)
TIVICAY 10mg	Tier 2	QL (240 tabs every 30 days)
TIVICAY 25mg, 50mg	Tier 2	QL (60 tabs every 30 days)
TIVICAY PD	Tier 2	QL (360 tabs every 30 days)
zidovudine caps	Tier 1	QL (180 caps every 30 days)
zidovudine tabs	Tier 1	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine	Tier 1	QL (30 tabs every 30 days)
abacavir sulfate-lamivudine-zidovudine	Tier 1	QL (60 tabs every 30 days)
BIKTARVY	Tier 2	QL (30 tabs every 30 days)
CIMDUO	Tier 2	QL (30 tabs every 30 days)
DESCOVY	Tier 2	PA, QL (30 tabs every 30 days); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis
DOVATO	Tier 2	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate	Tier 1	QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate	Tier 1	QL (30 tabs every 30 days); $0 copay for pre-exposure prophylaxis
EVOTAZ	Tier 2	QL (30 tabs every 30 days)
GENVOYA	Tier 2	QL (30 tabs every 30 days)
lamivudine-zidovudine	Tier 1	QL (60 tabs every 30 days)
ODEFSEY	Tier 2	QL (30 tabs every 30 days)
PREZCOBIX	Tier 2	QL (30 tabs every 30 days)
TEMIXYS	Tier 2	QL (30 tabs every 30 days)
TRIUMEQ	Tier 2	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
cycloserine	Tier 1	
ethambutol hcl	Tier 1	
isoniazid	Tier 1	
pyrazinamide	Tier 1	
rifabutin	Tier 1	
ANTIVIRALS§		
acyclovir	Tier 1	
EPIVIR HBV	Tier 2	
famciclovir	Tier 1	
lamivudine (hbv)	Tier 1	
oseltamivir phosphate caps 30mg	Tier 1	QL (40 caps every 90 days)
oseltamivir phosphate caps 45mg, 75mg	Tier 1	QL (20 caps every 90 days)
oseltamivir phosphate susr	Tier 1	QL (360 mL every 90 days)

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Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER	Tier 2	QL (2 inhalers every 90 days)
rimantadine hydrochloride	Tier 1	
valacyclovir hcl	Tier 1	
CEPHALOSPORINS		
cefaclor	Tier 1	
cefadroxil	Tier 1	
cefdinir	Tier 1	
cefixime	Tier 1	
cefpodoxime proxetil	Tier 1	
cefprozil	Tier 1	
cefuroxime axetil	Tier 1	
cephalexin	Tier 1	
SUPRAX	Tier 2	
ERYTHROMYCINS/MACROLIDES		
azithromycin	Tier 1	
clarithromycin	Tier 1	
DIFICID	Tier 2	PA
ery-tab	Tier 1	
erythrocin stearate	Tier 1	
erythromycin base	Tier 1	
erythromycin ethylsuccinate	Tier 1	
FLUOROQUINOLONES		
ciprofloxacin hcl	Tier 1	
levofloxacin	Tier 1	
moxifloxacin hcl	Tier 1	
ofloxacin	Tier 1	
HEPATITIS C		
EPCLUSA	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI PACK	Tier 4	PA, QL (28 pellets every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HARVONI TABS	Tier 4	PA, QL (28 tabs every 28 days)
ribavirin (hepatitis c)	Tier 1	PA
VOSEVI	Tier 4	PA, QL (28 tabs every 28 days)
MISCELLANEOUS		
atovaquone	Tier 1	
clindamycin hcl	Tier 1	
clindamycin palmitate hydrochloride	Tier 1	
dapsone	Tier 1	
linezolid	Tier 1	
methenamine hippurate	Tier 1	
metronidazole	Tier 1	
nitrofurantoin macrocrystal	Tier 1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin monohyd macro	Tier 1	PA; High Risk Medications require PA for members age 70 and older
pentamidine isethionate 300mg	Tier 1	
pentamidine isethionate 300mg	M	M
PRIMSOL	Tier 2	
vancomycin hcl	Tier 1	QL (80 caps every 10 days)
XIFAXAN	Tier 2	PA
PENICILLINS		
amoxicillin	Tier 1	
amoxicillin & pot clavulanate	Tier 1	
ampicillin	Tier 1	
dicloxacillin sodium	Tier 1	
penicillin v potassium	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
avidoxy	Tier 1	
demeclocycline hcl	Tier 1	
doxycycline (monohydrate)	Tier 1	
doxycycline hyclate	Tier 1	
minocycline hcl	Tier 1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
carmustine	M	M
melphalan	Tier 0	
ANTIMETABOLITES		
mercaptopurine	Tier 0	
ANTIMITOTIC, TAXOIDS		
docetaxel	M	M
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate	Tier 0	PA, QL (120 tabs every 30 days)
anastrozole	Tier 0	$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide	Tier 0	
exemestane	Tier 0	$0 copay for women ages 35 and older for the primary prevention of breast cancer
flutamide	Tier 0	
letrozole	Tier 0	
megestrol acetate	Tier 0	
nilutamide	Tier 0	
NUBEQA	Tier 0	PA, QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tamoxifen citrate	Tier 0	$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate	Tier 0	
KINASE INHIBITORS		
ALECENSA	Tier 0	PA, QL (240 caps every 30 days)
imatinib mesylate	Tier 0	PA, QL (60 tabs every 30 days)
KISQALI 200mg	Tier 0	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI 200mg	Tier 0	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI 200mg	Tier 0	PA, QL (63 tabs every 28 days); 600 mg dose
MISCELLANEOUS		
arsenic trioxide	M	M
hydroxyurea	Tier 0	
LYNPARZA	Tier 0	PA, QL (120 tabs every 30 days)
ODOMZO	Tier 0	PA, QL (30 caps every 30 days)
tretinoin (chemotherapy)	Tier 0	
ZEJULA	Tier 0	PA, QL (90 caps every 30 days)
PROTECTIVE AGENTS		
leucovorin calcium	Tier 0	
TOPOISOMERASE INHIBITORS		
etoposide	Tier 0	
irinotecan hcl	M	M

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Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl	Tier 1	
benazepril & hydrochlorothiazide	Tier 1	
captopril & hydrochlorothiazide	Tier 1	
enalapril maleate & hydrochlorothiazide	Tier 1	
fosinopril sodium & hydrochlorothiazide	Tier 1	
lisinopril & hydrochlorothiazide	Tier 1	
quinapril-hydrochlorothiazide	Tier 1	
trandolapril-verapamil hcl	Tier 1	
ACE INHIBITORS		
benazepril hcl	Tier 1	
captopril	Tier 1	
enalapril maleate	Tier 1	
fosinopril sodium	Tier 1	
lisinopril	Tier 1	
moexipril hcl	Tier 1	
perindopril erbumine	Tier 1	
quinapril hcl	Tier 1	
ramipril	Tier 1	
trandolapril	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate	Tier 1	
prazosin hcl	Tier 1	
terazosin hcl	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil	Tier 1	
amlodipine besylate-valsartan	Tier 1	
candesartan cilexetil-hydrochlorothiazide	Tier 1	
irbesartan-hydrochlorothiazide	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
losartan potassium & hydrochlorothiazide	Tier 1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	Tier 1	
telmisartan-amlodipine	Tier 1	
telmisartan-hydrochlorothiazide	Tier 1	
valsartan-hydrochlorothiazide	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	Tier 1	
irbesartan	Tier 1	
olmesartan medoxomil	Tier 1	
telmisartan	Tier 1	
valsartan	Tier 1	
ANTIARRHYTHMICS		
amiodarone hcl	Tier 1	
disopyramide phosphate	Tier 1	
dofetilide	Tier 1	PA
flecainide acetate	Tier 1	
mexiletine hcl	Tier 1	
NORPACE CR	Tier 2	
pacerone	Tier 1	
propafenone hcl	Tier 1	
sorine	Tier 1	
sotalol hcl	Tier 1	
sotalol hcl (afib/afl)	Tier 1	
ANTILIPEMICS, BILE ACID RESINS		
colestipol hcl	Tier 1	
prevalite	Tier 1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe	Tier 1	
ANTILIPEMICS, FIBRATES		
fenofibrate	Tier 1	
fenofibrate micronized	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
atenolol	Tier 1	
betaxolol hcl	Tier 1	
bisoprolol fumarate	Tier 1	
carvedilol	Tier 1	
carvedilol phosphate	Tier 1	
labetalol hcl	Tier 1	
metoprolol succinate	Tier 1	
metoprolol tartrate	Tier 1	
nadolol	Tier 1	
pindolol	Tier 1	
propranolol hcl	Tier 1	
timolol maleate	Tier 1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium	Tier 1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate	Tier 1	
cartia xt	Tier 1	
dilt-xr	Tier 1	
diltiazem hcl	Tier 1	
diltiazem hcl coated beads	Tier 1	
diltiazem hcl extended release beads	Tier 1	
felodipine	Tier 1	
isradipine	Tier 1	
matzim la	Tier 1	
nifedipine	Tier 1	
nisoldipine	Tier 1	
taztia xt	Tier 1	
verapamil hcl	Tier 1	
DIGITALIS GLYCOSIDES		
digox	Tier 1	
digoxin	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate	Tier 1	
DIURETICS		
acetazolamide	Tier 1	
ALDACTAZIDE	Tier 2	
amiloride & hydrochlorothiazide	Tier 1	
amiloride hcl	Tier 1	
bumetanide	Tier 1	
chlorthalidone	Tier 1	
furosemide	Tier 1	
hydrochlorothiazide	Tier 1	
indapamide	Tier 1	
mannitol	M	M
methazolamide	Tier 1	
metolazone	Tier 1	
osmitrol viaflex	M	M
spironolactone	Tier 1	
spironolactone & hydrochlorothiazide	Tier 1	
torsemide	Tier 1	
triamterene	Tier 1	
HEART FAILURE		
ENTRESTO	Tier 2	
MISCELLANEOUS		
clonidine	Tier 1	
clonidine hcl	Tier 1	
guanfacine hcl	Tier 1	
hydralazine hcl	Tier 1	
midodrine hcl	Tier 1	
minoxidil	Tier 1	
ranolazine	Tier 1	ST; PA**
NITRATES		
isosorbide dinitrate	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate	Tier 1	
minitran	Tier 1	
NITRO-DUR	Tier 2	
nitroglycerin	Tier 1	
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
acamprosate calcium	Tier 1	PA
disulfiram	Tier 1	
ANTIANXIETY§		
buspirone hcl	Tier 1	
fluvoxamine maleate	Tier 1	
meprobamate	Tier 1	
ANTICONVULSANTS§		
carbamazepine	Tier 1	
clonazepam	Tier 1	
divalproex sodium	Tier 1	
epitol	Tier 1	
ethosuximide	Tier 1	
felbamate	Tier 1	
lamotrigine	Tier 1	
levetiracetam	Tier 1	
oxcarbazepine	Tier 1	
phenobarbital	Tier 1	
phenytoin sodium extended	Tier 1	
pregabalin	Tier 1	ST; PA**
primidone	Tier 1	
tiagabine hcl	Tier 1	
topiramate	Tier 1	
valproate sodium	Tier 1	
valproic acid	Tier 1	
vigabatrin	Tier 4	PA, QL (180 packets every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
zonisamide	Tier 1	
ANTIDEMENTIA		
donepezil hydrochloride	Tier 1	
ergoloid mesylates	Tier 1	
galantamine hydrobromide	Tier 1	
memantine hcl	Tier 1	PA; PA applies for members less than 30 years of age
NAMENDA XR TITRATION PACK	Tier 2	PA; PA applies for members less than 30 years of age
rivastigmine	Tier 1	PA
rivastigmine tartrate	Tier 1	PA
ANTIDEPRESSANTS§		
amitriptyline hcl	Tier 1	PA; High strength requires PA for members age 65 and older
bupropion hcl	Tier 1	
citalopram hydrobromide	Tier 1	
duloxetine hcl	Tier 1	
escitalopram oxalate	Tier 1	
fluoxetine hcl caps; cpdr; soln	Tier 1	
fluoxetine hcl tabs	Tier 1	(generic Sarafem not covered)
imipramine pamoate	Tier 1	PA; High strength requires PA for members age 65 and older
maprotiline hcl	Tier 1	
mirtazapine	Tier 1	
nefazodone hcl	Tier 1	
nortriptyline hcl	Tier 1	PA; High strength requires PA for members age 65 and older

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Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl	Tier 1	
sertraline hcl	Tier 1	
tranylcypromine sulfate	Tier 1	
trazodone hcl	Tier 1	
venlafaxine hcl	Tier 1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl	Tier 1	
benztropine mesylate	Tier 1	
bromocriptine mesylate	Tier 1	
carbidopa	Tier 1	
carbidopa-levodopa	Tier 1	
carbidopa-levodopa-entacapone	Tier 1	
entacapone	Tier 1	
pramipexole dihydrochloride	Tier 1	
rasagiline mesylate	Tier 1	
ropinirole hydrochloride	Tier 1	
selegiline hcl	Tier 1	
tolcapone	Tier 1	
trihexyphenidyl hcl	Tier 1	
ANTIPSYCHOTICS		
aripiprazole	Tier 1	
ARISTADA	Tier 2	
ARISTADA INITIO	Tier 2	
chlorpromazine hcl	Tier 1	
clozapine	Tier 1	
fluphenazine hcl	Tier 1	
haloperidol	Tier 1	
haloperidol lactate	Tier 1	
LATUDA	Tier 2	ST; PA**
loxapine succinate	Tier 1	
olanzapine	Tier 1	
paliperidone	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
perphenazine	Tier 1	
quetiapine fumarate	Tier 1	
risperidone	Tier 1	
thioridazine hcl	Tier 1	
thiothixene	Tier 1	
trifluoperazine hcl	Tier 1	
ziprasidone hcl	Tier 1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER§		
atomoxetine hcl	Tier 1	
guanfacine hcl (adhd)	Tier 1	
HYPNOTICS§		
BELSOMRA	Tier 2	ST; PA**
cvs sleep-aid nighttime	Tier 1	OTC
MISCELLANEOUS		
lithium carbonate	Tier 1	
pyridostigmine bromide	Tier 1	
MULTIPLE SCLEROSIS AGENTS		
BETASERON	Tier 4	PA, QL (14 injections every 28 days)
COPAXONE 20mg/ml	Tier 4	PA, QL (30 injections every 30 days)
COPAXONE 40mg/ml	Tier 4	PA, QL (12 syringes every 28 days)
dimethyl fumarate cpdr 120mg	Tier 4	PA, QL (14 caps every 28 days)
dimethyl fumarate cpdr 240mg	Tier 4	PA, QL (60 caps every 30 days)
dimethyl fumarate misc	Tier 4	PA, QL (1 kit every 30 days)
GILENYA	Tier 4	PA, QL (30 caps every 30 days)
glatiramer acetate	Tier 2	PA, QL (12 syringes every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
glatopa	Tier 2	PA, QL (30 injections every 30 days)
REBIF	Tier 4	PA, QL (12 syringes every 28 days)
REBIF REBIDOSE	Tier 4	PA, QL (12 syringes every 28 days)
REBIF REBIDOSE TITRATION	Tier 4	PA, QL (1 box every 28 days)
REBIF TITRATION PACK	Tier 4	PA, QL (1 box every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen	Tier 1	
carisoprodol	Tier 1	PA; High Risk Medications require PA for members age 70 and older
chlorzoxazone	Tier 1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl	Tier 1	PA; High Risk Medications require PA for members age 70 and older
dantrolene sodium	Tier 1	
methocarbamol	Tier 1	PA; High Risk Medications require PA for members age 70 and older
orphenadrine citrate	Tier 1	PA; High Risk Medications require PA for members age 70 and older
tizanidine hcl	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
OPIOID ANTAGONIST		
naltrexone hcl	Tier 0	$0 copay
PSYCHOTHERAPEUTIC-MISC		
pimozide	Tier 1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent)	Tier 0	$0 limited to 2 treatment cycles/year
ENDOCRINE AND METABOLIC		
ANDROGENS		
testosterone	Tier 1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	Tier 1	
miglitol	Tier 1	
ANTIDIABETICS, BIGUANIDE		
metformin hcl	Tier 1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl	Tier 1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate	Tier 1	ST; PA**
JANUVIA	Tier 2	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
alogliptin-metformin hcl	Tier 1	ST; PA**
JANUMET	Tier 2	ST; PA**
JANUMET XR	Tier 2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA 100/33	Tier 2	ST; PA**
XULTOPHY 100/3.6	Tier 2	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN	Tier 2	
FIASP	Tier 2	
FIASP FLEXTOUCH	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL	Tier 2	
HUMULIN R U-500 (CONCENTR	Tier 2	
HUMULIN R U-500 KWIKPEN	Tier 2	
LEVEMIR	Tier 2	
LEVEMIR FLEXTOUCH	Tier 2	
NOVOLIN 70/30	Tier 2	OTC; RELION not covered
NOVOLIN 70/30 FLEXPEN	Tier 2	OTC; RELION not covered
NOVOLIN N	Tier 2	OTC; RELION not covered
NOVOLIN N FLEXPEN	Tier 2	OTC; RELION not covered
NOVOLIN R	Tier 2	OTC; RELION not covered
NOVOLIN R FLEXPEN	Tier 2	OTC; RELION not covered
NOVOLOG	Tier 2	
NOVOLOG FLEXPEN	Tier 2	
NOVOLOG MIX 70/30	Tier 2	
NOVOLOG MIX 70/30 PREFILL	Tier 2	
NOVOLOG PENFILL	Tier 2	
TRESIBA	Tier 2	
TRESIBA FLEXTOUCH	Tier 2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride	Tier 1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
repaglinide	Tier 1	
ANTIDIABETICS, SULFONYLUREA		
glimepiride	Tier 1	
glipizide	Tier 1	
BISPHOSPHONATES		
alendronate sodium	Tier 1	
ibandronate sodium	Tier 1	
risedronate sodium	Tier 1	
CHELATING AGENTS		
sps	Tier 1	
CONTRACEPTIVES		
altavera	Tier 0	
alyacen 1/35	Tier 0	
alyacen 7/7/7	Tier 0	
amethia	Tier 0	
amethyst	Tier 0	
ANNOVERA	Tier 0	QL (1 every 300 days)
apri	Tier 0	
aranelle	Tier 0	
ashlyna	Tier 0	
aviane	Tier 0	
BALCOLTRA	Tier 0	
camila	Tier 0	
caziant	Tier 0	
chateal	Tier 0	
cryselle-28	Tier 0	
cyclafem 1/35	Tier 0	
cyclafem 7/7/7	Tier 0	
dasetta 1/35	Tier 0	
dasetta 7/7/7	Tier 0	
delyla	Tier 0	
drospirenone-ethinyl estradiol	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estradiol-levomefolate calcium	Tier 0	
elinest	Tier 0	
ELLA	Tier 0	
enpresse-28	Tier 0	
enskyce	Tier 0	
errin	Tier 0	
ethynodiol diacet & eth estrad	Tier 0	
etonogestrel-ethinyl estradiol	Tier 0	QL (13 every 300 days)
falmina	Tier 0	
fayosim	Tier 0	
gemmily	Tier 0	
heather	Tier 0	
introvale	Tier 0	
jolessa	Tier 0	
junel 1.5/30	Tier 0	
junel 1/20	Tier 0	
junel fe 1.5/30	Tier 0	
junel fe 1/20	Tier 0	
junel fe 24	Tier 0	
kariva	Tier 0	
kelnor 1/35	Tier 0	
kurvelo	Tier 0	
larin 1.5/30	Tier 0	
leena	Tier 0	
lessina	Tier 0	
levonest	Tier 0	
levonorgestrel & eth estradiol	Tier 0	
levonorgestrel-ethinyl estradiol (91-day)	Tier 0	
levora 0.15/30-28	Tier 0	
LO LOESTRIN FE	Tier 0	
loryna	Tier 0	
low-ogestrel	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
lutera	Tier 0	
marlissa	Tier 0	
mono-linyah	Tier 0	
NATAZIA	Tier 0	
nikki	Tier 0	
nora-be	Tier 0	
norethin acet & estrad-fe	Tier 0	
norethindrone & ethinyl estradiol-fe	Tier 0	
norethindrone (contraceptive)	Tier 0	
norethindrone acet & eth estra	Tier 0	
norgestimate-ethinyl estradiol	Tier 0	
norgestimate-ethinyl estradiol (triphasic)	Tier 0	
nortrel 0.5/35 (28)	Tier 0	
nortrel 1/35	Tier 0	
nortrel 7/7/7	Tier 0	
ocella	Tier 0	
pirmella 1/35	Tier 0	
pirmella 7/7/7	Tier 0	
portia-28	Tier 0	
previfem	Tier 0	
reclipsen	Tier 0	
rivelsa	Tier 0	
SLYND	Tier 0	
sprintec 28	Tier 0	
sronyx	Tier 0	
syeda	Tier 0	
take action	Tier 0	OTC
tri-linyah	Tier 0	
tri-sprintec	Tier 0	
trivora-28	Tier 0	
TWIRLA	Tier 0	
velivet	Tier 0	
viorele	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
wera	Tier 0	
xulane	Tier 0	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA	M	OTC; M
ACCU-CHEK AVIVA PLUS	M	OTC; M
ACCU-CHEK GUIDE	M	OTC; M
ACCU-CHEK GUIDE ME	M	OTC; M
AUTOLET PLATFORMS	Tier 0	OTC
BD VEO INSULIN SYRINGE UL	Tier 0	OTC
CAREFINE PEN NEEDLES 32GX	Tier 0	OTC
DEXCOM G4 PLATINUM PEDIAT	Tier 2	
DEXCOM G4 PLATINUM RECEIV	Tier 2	
DEXCOM G4 PLATINUM TRANSM	Tier 2	
DEXCOM G4 SENSOR KIT	Tier 2	
DEXCOM G5 MOBILE RECEIVER	Tier 2	
DEXCOM G5 MOBILE TRANSMIT	Tier 2	
DEXCOM G5 MOBILE/G4 PLATI	Tier 2	
DEXCOM G5 RECEIVER KIT	Tier 2	
DEXCOM G6 RECEIVER	Tier 2	
DEXCOM G6 SENSOR	Tier 2	
DEXCOM G6 TRANSMITTER	Tier 2	
DIASCREEN 10	Tier 0	OTC
DIASTIX	Tier 0	OTC
KETO-DIASTIX	Tier 0	OTC
LANCING DEVICE	Tier 0	OTC
NOVOFINE PEN NEEDLE 32G X	Tier 0	OTC
OMNIPOD CLASSIC PDM START	Tier 2	
OMNIPOD CLASSIC PODS (GEN	Tier 2	
OMNIPOD DASH PODS (GEN 4)	Tier 2	
V-GO 20	Tier 2	
V-GO 30	Tier 2	
V-GO 40	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ENDOMETRIOSIS		
danazol	Tier 1	
ORILISSA	Tier 2	
ESTROGENS		
CLIMARA PRO	Tier 2	
estradiol	Tier 1	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate	Tier 1	
estradiol vaginal	Tier 1	
jinteli	Tier 1	
mimvey	Tier 1	
norethindrone acetate-ethinyl estradiol	Tier 1	
yuvafem	Tier 1	
GLUCOCORTICOIDS		
dexamethasone	Tier 1	
DEXAMETHASONE INTENSOL	Tier 2	
fludrocortisone acetate	Tier 1	
hydrocortisone	Tier 1	
MEDROL	Tier 2	
methylprednisolone	Tier 1	
prednisolone	Tier 1	
prednisolone sodium phosphate	Tier 1	
prednisone	Tier 1	
PREDNISONE INTENSOL	Tier 2	
GLUCOSE ELEVATING AGENTS		
glucagon (rdna)	Tier 1	
INSTA-GLUCOSE	Tier 2	OTC
MISCELLANEOUS		
cabergoline	Tier 1	
calcitonin (salmon)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
raloxifene hcl	Tier 1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
TYMLOS	Tier 4	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder)	Tier 1	
sevelamer carbonate	Tier 1	
PROGESTINS		
CRINONE	Tier 2	
medroxyprogesterone acetate	Tier 1	
megestrol acetate (appetite)	Tier 1	
norethindrone acetate	Tier 1	
THYROID AGENTS		
levothyroxine sodium	Tier 1	
levoxyl	Tier 1	
liothyronine sodium	Tier 1	
methimazole	Tier 1	
propylthiouracil	Tier 1	
SYNTHROID	Tier 2	
unithroid	Tier 1	
VASOPRESSINS		
desmopressin acetate	Tier 1	
desmopressin acetate spray	Tier 1	
desmopressin acetate spray refrigerated	Tier 1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
dicyclomine hcl	Tier 1	
glycopyrrolate	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
methscopolamine bromide	Tier 1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
diphenoxylate w/ atropine	Tier 1	
loperamide hcl	Tier 1	
ANTIEMETICS§		
aprepitant	Tier 1	QL (3 caps every 180 days)
compro	Tier 1	
meclizine hcl	Tier 1	
metoclopramide hcl	Tier 1	
prochlorperazine	Tier 1	
prochlorperazine maleate	Tier 1	
promethazine hcl supp	Tier 1	
promethazine hcl syrp; tabs	Tier 1	PA; High Risk Medications require PA for members age 70 and older
promethegan	Tier 1	
scopolamine	Tier 1	
trimethobenzamide hcl	Tier 1	
VARUBI	Tier 2	
H2-RECEPTOR ANTAGONISTS		
cimetidine	Tier 1	
cimetidine hcl	Tier 1	
famotidine	Tier 1	
nizatidine	Tier 1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium	Tier 1	
hydrocortisone (intrarectal)	Tier 1	
mesalamine	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
mesalamine w/ cleanser	Tier 1	
sulfasalazine	Tier 1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS	Tier 2	
lubiprostone	Tier 1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl	Tier 1	PA
LAXATIVES		
enulose	Tier 1	
gavilyte-c	Tier 1	
gavilyte-g	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac	Tier 1	
lactulose	Tier 1	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	Tier 1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	Tier 1	
polyethylene glycol 3350	Tier 1	OTC
MISCELLANEOUS		
cromolyn sodium (mastocytosis)	Tier 1	
misoprostol	Tier 1	
MOVANTIK	Tier 2	
sucralfate	Tier 1	
ursodiol	Tier 1	
PANCREATIC ENZYMES		
CREON	Tier 2	PA
VIOKACE	Tier 2	PA
ZENPEP	Tier 2	PA
PROTON PUMP INHIBITORS§		
esomeprazole magnesium	Tier 1	QL (90 caps every 365 days)

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Drug Name	Drug Tier	Requirements/Limits
lansoprazole	Tier 1	QL (90 caps every 365 days)
omeprazole	Tier 1	QL (90 caps every 365 days)
pantoprazole sodium	Tier 1	QL (90 tabs every 365 days)
rabeprazole sodium	Tier 1	QL (90 tabs every 365 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl	Tier 1	
dutasteride	Tier 1	
dutasteride-tamsulosin hcl	Tier 1	
finasteride	Tier 1	
silodosin	Tier 1	
tamsulosin hcl	Tier 1	
MISCELLANEOUS		
potassium citrate (alkalinizer)	Tier 1	
urinary pain relief	Tier 1	OTC
URINARY ANTISPASMODICS		
bethanechol chloride	Tier 1	
flavoxate hcl	Tier 1	
oxybutynin chloride	Tier 1	
solifenacin succinate	Tier 1	
tolterodine tartrate	Tier 1	
TOVIAZ	Tier 2	
trospium chloride	Tier 1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN	Tier 2	
clindamycin phosphate vaginal	Tier 1	
metronidazole vaginal	Tier 1	
miconazole 3	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
terconazole vaginal	Tier 1	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS	Tier 2	
ELIQUIS STARTER PACK	Tier 2	
enoxaparin sodium	Tier 1	
fondaparinux sodium	Tier 1	
jantoven	Tier 1	
warfarin sodium	Tier 1	
XARELTO	Tier 2	
XARELTO STARTER PACK	Tier 2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE	Tier 4	PA
RETACRIT	Tier 4	PA
MISCELLANEOUS		
anagrelide hcl	Tier 1	
cilostazol	Tier 1	
pentoxifylline	Tier 1	
tranexamic acid	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole	Tier 1	
BRILINTA	Tier 2	
clopidogrel bisulfate	Tier 1	
dipyridamole	Tier 1	PA; High Risk Medications require PA for members age 70 and older
prasugrel hcl	Tier 1	
ZONTIVITY	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ENBREL SOLN; SOLR	Tier 4	PA, QL (4 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI	Tier 4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA 10mg/0.1ml, 20mg/0.2ml	Tier 4	PA, QL (2 injections every 28 days)
HUMIRA 40mg/0.4ml, 40mg/0.8ml	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA PEDIATRIC CROHNS D	Tier 4	PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS D 80mg/0.8ml	Tier 4	PA, QL (3 injections every 28 days); (80mg single strength kit)
HUMIRA PEN	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA PEN-CD/UC/HS START 40mg/0.8ml	Tier 4	PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START 80mg/0.8ml	Tier 4	PA, QL (1 kit every 28 days)
HUMIRA PEN-PS/UV STARTER	Tier 4	PA, QL (1 kit every 28 days)
HUMIRA PEN-PS/UV STARTER 40mg/0.8ml	Tier 4	PA, QL (4 pens every 28 days)
KEVZARA SOAJ	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA SOSY	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
OTEZLA TABS	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TBPK	Tier 4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

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Drug Name	Drug Tier	Requirements/Limits
STELARA 45mg/0.5ml	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease and Psoriasis
STELARA 90mg/ml	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease and Psoriasis
TALTZ	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA	Tier 4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate	Tier 1	
leflunomide	Tier 1	
methotrexate sodium	Tier 0	
IMMUNOSUPPRESSANTS		
cyclosporine	Tier 1	
cyclosporine modified (for microemulsion)	Tier 1	
everolimus (immunosuppressant)	Tier 1	
gengraf	Tier 1	
mycophenolate mofetil	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
mycophenolate sodium	Tier 1	
sirolimus	Tier 1	
tacrolimus	Tier 1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

fluoritab	Tier 0	$0 applies for ages 5 and under, otherwise not covered
nafrinse	Tier 1	
nafrinse drops	Tier 0	$0 applies for ages 5 and under, otherwise not covered
potassium chloride	Tier 1	
sodium fluoride chew 1mg	Tier 1	
sodium fluoride chew .25mg, .5mg	Tier 0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride soln	Tier 0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tabs 1mg	Tier 1	
sodium fluoride tabs .5mg	Tier 0	$0 applies for ages 5 and under, otherwise not covered

PRENATAL VITAMINS

CITRANATAL 90 DHA	Tier 2	
CITRANATAL ASSURE	Tier 2	
CITRANATAL B-CALM	Tier 2	
CITRANATAL BLOOM	Tier 2	
CITRANATAL BLOOM DHA	Tier 2	
CITRANATAL DHA	Tier 2	
CITRANATAL HARMONY	Tier 2	
CITRANATAL MEDLEY	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
CITRANATAL RX	Tier 2	
prenatabs rx	Tier 1	
VITAMINS		
calcitriol	Tier 1	
cholecalciferol	Tier 1	OTC
doxercalciferol	Tier 1	
ergocalciferol	Tier 1	
folic acid	Tier 1	
multi-vitamin/fluoride dr	Tier 1	
multi-vitamin/fluoride/ir	Tier 1	
paricalcitol	Tier 1	
phytonadione	Tier 1	
pyridoxine hcl	Tier 1	OTC
tri-vite/fluoride	Tier 1	
vitamins a/c/d/fluoride	Tier 1	
westab max	Tier 1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-poly-neomycin-hc	Tier 1	
BLEPHAMIDE	Tier 2	
BLEPHAMIDE S.O.P.	Tier 2	
neomycin-polymy-dexameth	Tier 1	
neomycin-polymyxin-hc (ophth)	Tier 1	
sulfacetamide sod-prednisolone	Tier 1	
TOBRADEX	Tier 2	
TOBRADEX ST	Tier 2	
tobramycin-dexamethasone	Tier 1	
ANTI-INFECTIVES		
AZASITE	Tier 2	
bacitracin (ophthalmic)	Tier 1	
bacitracin-polymyxin b (ophth)	Tier 1	
ciprofloxacin hcl (ophth)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
erythromycin (ophth)	Tier 1	
gentak	Tier 1	
levofloxacin (ophth)	Tier 1	
moxifloxacin hcl (ophth)	Tier 1	
neomycin-polymyxin-gramicidin	Tier 1	
ofloxacin (ophth)	Tier 1	
polycin	Tier 1	
polymyxin b-trimethoprim	Tier 1	
sulfacetamide sodium (ophth)	Tier 1	
tobramycin (ophth)	Tier 1	
trifluridine	Tier 1	
ANTI-INFLAMMATORIES		
bromfenac sodium (ophth)	Tier 1	
dexamethasone sodium phosphate (ophth)	Tier 1	
diclofenac sodium (ophth)	Tier 1	
flurbiprofen sodium	Tier 1	
FML	Tier 2	
ILEVRO	Tier 2	
ketorolac tromethamine (ophth)	Tier 1	
loteprednol etabonate	Tier 1	
NEVANAC	Tier 2	
prednisolone acetate (ophth)	Tier 1	
PREDNISOLONE SODIUM PHOSP	Tier 2	
ANTIALLERGICS		
azelastine hcl (ophth)	Tier 1	
cromolyn sodium (ophth)	Tier 1	
epinastine hcl (ophth)	Tier 1	
olopatadine hcl	Tier 1	
ANTIGLAUCOMA		
betaxolol hcl (ophth)	Tier 1	
BETOPTIC-S	Tier 2	
brimonidine tartrate	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
brinzolamide	Tier 1	
carteolol hcl (ophth)	Tier 1	
dorzolamide hcl	Tier 1	
dorzolamide hcl-timolol maleate	Tier 1	
latanoprost	Tier 1	
levobunolol hcl	Tier 1	
LUMIGAN	Tier 2	ST; PA**
pilocarpine hcl	Tier 1	
SIMBRINZA	Tier 2	
timolol maleate (ophth)	Tier 1	
travoprost	Tier 1	
MISCELLANEOUS		
phenylephrine hcl (mydriatic)	Tier 1	
proparacaine hcl	Tier 1	
tropicamide	Tier 1	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C	M	M
ANTICHOLINERGICS§		
ipratropium bromide (nasal)	Tier 1	
ANTIHISTAMINES§		
carbinoxamine maleate	Tier 1	
clemastine fumarate	Tier 1	PA; High Risk Medications require PA for members age 70 and older
cyproheptadine hcl	Tier 1	
desloratadine	Tier 1	
diphenhydramine hcl	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl	Tier 1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate	Tier 1	PA; High Risk Medications require PA for members age 70 and older
levocetirizine dihydrochloride	Tier 1	
BETA AGONISTS§		
albuterol sulfate	Tier 1	
terbutaline sulfate	Tier 1	
COLD/COUGH		
benzonatate	Tier 1	
promethazine & phenylephrine	Tier 1	
promethazine-dm	Tier 1	
pseudoephed-bromphen-dm	Tier 1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium	Tier 1	
zafirlukast	Tier 1	
MISCELLANEOUS		
acetylcysteine	Tier 1	
sodium chloride (inhalant)	Tier 1	
SEVERE ASTHMA AGENTS		
NUCALA SOAJ; SOSY	Tier 4	PA, QL (3 injections every 28 days)
NUCALA SOLR	M	M
XOLAIR	M	M
XANTHINES		
theophylline	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
adapalene-benzoyl peroxide	Tier 1	
avita	Tier 1	PA; PA applies for members age 35 and older
clindamycin phosphate (topical)	Tier 1	
ery	Tier 1	
isotretinoin	Tier 1	PA
sulfacetamide sodium (acne)	Tier 1	
tretinoin	Tier 1	PA; PA applies for members age 35 and older
tretinoin microsphere	Tier 1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil (topical)	Tier 1	
imiquimod	Tier 1	
DERMATOLOGY, ANTIBIOTICS		
silver sulfadiazine	Tier 1	
ssd	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin	Tier 1	
methoxsalen rapid	Tier 1	
tazarotene	Tier 1	PA
TAZORAC	Tier 2	PA
DERMATOLOGY, ANTISEBORRHEICS		
selenium sulfide	Tier 1	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
lactic acid (ammonium lactate)	Tier 1	
podofilox	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
tacrolimus (topical)	Tier 1	
DERMATOLOGY, ROSACEA		
azelaic acid	Tier 1	
FINACEA	Tier 2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl	Tier 1	
chlorhexidine gluconate (mouth-throat)	Tier 1	
lidocaine hcl (mouth-throat)	Tier 1	
nystatin (mouth-throat)	Tier 1	
oralone dental paste	Tier 1	
periogard	Tier 1	
pilocarpine hcl (oral)	Tier 1	
triamcinolone acetonide (mouth)	Tier 1	
OTIC		
acetic acid (otic)	Tier 1	
ciprofloxacin hcl (otic)	Tier 1	
ciprofloxacin-dexamethasone	Tier 1	
fluocinolone acetonide (otic)	Tier 1	
hydrocortisone w/acetic acid	Tier 1	
neomycin-polymyxin-hc (otic)	Tier 1	
ofloxacin (otic)	Tier 1	

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SUM5461-1S (12/22)

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) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኽን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ 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) Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa iṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò tití a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ 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।

Bǎsɔ́ɔ̀-wùdù (Bassa) Tò Đùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fǔà-fǘá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓédɖé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké dɛ wa mó m̀ ké nyuɛɛ nyu hwè ɓɛ́ wé ɓěa ké zi. Ɔ mò nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé dɛ́ nì ɓídɖí-wùdù mú ɓɛ́ m̀ ké se wídɖí dɔ̀ pɛ́è. Kpooɔ̀ nyɔ ɓě mɛ dɖá fǘùn-nɔ̀ɓà nìà dɛ́ waà I.D. káàɔ̀ dɛín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ dɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔà 0 kɛɛ dyi pàdɖàìn hwè. Ɔ jǔ ké nyɔ dɔ̀ dyi m̀ gɔ̌ jǔǐn, po wudu m̀ mɔ́ poɛ dyiɛ, ké nyɔ dɔ̀ mu ɓó nììn ɓé ɔ ké nì wudɔ̀ 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 855-258-6518پر 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 شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس 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 للآخرين 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) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa 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' dahólǫ bee éédahózin béeso ách'ą́ąh naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíįlígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íįh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédęę' bikáá' bich'į' hodoonihjį'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'įįł yałtí'ígíí t'áá níléíjį ádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ągo, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.