CareFirst
Family of health care plans

CareFirst Abridged Exchange Formulary

2023

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**.

Last updated 12/01/2023

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.

5T Fertility Modified Effective 12/01/2023

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
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	
meclofenamate sodium	Tier 1	
mefenamic acid	Tier 1	
naproxen	Tier 1	
piroxicam	Tier 1	
OPIOID ANALGESICS§		
fentanyl	Tier 1	ST, PA; High Strength Requires PA
hydromorphone hcl	Tier 1	ST, PA; High Strength Requires PA
morphine sulfate	Tier 1	ST, PA; High Strength Requires PA
morphine sulfate beads	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

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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		
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)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate 200mg	Tier 1	QL (60 caps every 30 days)
efavirenz	Tier 1	QL (90 caps 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)
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)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

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)
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
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)
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)
ANTITUBERCULAR AGENTS		
cycloserine	Tier 1	
ethambutol hcl	Tier 1	
isoniazid	Tier 1	
rifabutin	Tier 1	
ANTIVIRALS§		
acyclovir	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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)
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HEPATITIS C		
EPCLUSA	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI PACK	Tier 4	PA, QL (28 pellets every 28 days)
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	
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	M	M
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	
TETRACYCLINES		
avidoxy	Tier 1	
demeclocycline hcl	Tier 1	
doxycycline (monohydrate)	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl	Tier 1	
benazepril & hydrochlorothiazide	Tier 1	
enalapril maleate & hydrochlorothiazide	Tier 1	
fosinopril sodium & 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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
lisinopril	Tier 1	
moexipril hcl	Tier 1	
perindopril erbumine	Tier 1	
ramipril	Tier 1	
trandolapril	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	Tier 1	
ALPHA BLOCKERS		
prazosin 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	
losartan potassium & hydrochlorothiazide	Tier 1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	Tier 1	
telmisartan-amlodipine	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	
NORPACE CR	Tier 2	
pacerone	Tier 1	
propafenone hcl	Tier 1	
sotalol hcl	Tier 1	
sotalol hcl (afib/afl)	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
gemfibrozil	Tier 1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium	Tier 1	$0 copay for members age 40 through 75
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
simvastatin	Tier 1	$0 copay for members age 40 through 75
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters	Tier 1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone	Tier 1	
bisoprolol & hydrochlorothiazide	Tier 1	
metoprolol & hydrochlorothiazide	Tier 1	
BETA-BLOCKERS		
atenolol	Tier 1	
betaxolol hcl	Tier 1	
bisoprolol fumarate	Tier 1	
carvedilol	Tier 1	
carvedilol phosphate	Tier 1	
labetalol hcl	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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		
digoxin	Tier 1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate	Tier 1	
DIURETICS		
acetazolamide	Tier 1	
ALDACTAZIDE	Tier 2	
amiloride hcl	Tier 1	
bumetanide	Tier 1	
chlorthalidone	Tier 1	
furosemide	Tier 1	
hydrochlorothiazide	Tier 1	
indapamide	Tier 1	
mannitol	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
metolazone	Tier 1	
osmitrol viaflex	Tier 1	
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	
isosorbide mononitrate	Tier 1	
NITRO-DUR	Tier 2	
nitroglycerin	Tier 1	
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
acamprosate calcium	Tier 1	PA
ANTIANXIETY§		
buspirone hcl	Tier 1	
fluvoxamine maleate	Tier 1	
meprobamate	Tier 1	
ANTIDEMENTIA		
donepezil hydrochloride	Tier 1	
galantamine hydrobromide	Tier 1	
memantine hcl	Tier 1	PA; PA applies for members less than 30 years of age
rivastigmine	Tier 1	PA

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	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
mirtazapine	Tier 1	
nefazodone hcl	Tier 1	
nortriptyline hcl	Tier 1	PA; High strength requires PA for members age 65 and older
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	
pramipexole dihydrochloride	Tier 1	
rasagiline mesylate	Tier 1	
ropinirole hydrochloride	Tier 1	
selegiline hcl	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
loxapine succinate	Tier 1	
olanzapine	Tier 1	
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	
ANTISEIZURE AGENTS§		
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
valproic acid	Tier 1	
vigabatrin	Tier 4	PA, QL (180 packets every 30 days)
zonisamide	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 cdpk	Tier 4	PA, QL (1 kit every 30 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)
glatiramer acetate	Tier 2	PA, QL (12 syringes every 28 days)
glatopa	Tier 2	PA, QL (30 injections every 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen	Tier 1	
carisoprodol	Tier 1	PA; High Risk Medications require PA for members age 70 and older

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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
tizanidine hcl	Tier 1	
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	
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**

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
FIASP PENFILL	Tier 2	
HUMULIN R U-500 (CONCENTR	Tier 2	
HUMULIN R U-500 KWIKPEN	Tier 2	
LEVEMIR	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	
repaglinide	Tier 1	
ANTIDIABETICS, SULFONYLUREA		
glimepiride	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
ANNOVERA	Tier 0	QL (1 every 300 days)
apri	Tier 0	
aranelle	Tier 0	
ashlyna	Tier 0	
aviane	Tier 0	
camila	Tier 0	
cryselle-28	Tier 0	
dasetta 1/35	Tier 0	
dasetta 7/7/7	Tier 0	
delyla	Tier 0	
drospirenone-ethinyl estradiol-levomefolate calcium	Tier 0	
elinest	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	
gemmily	Tier 0	
heather	Tier 0	
introvale	Tier 0	
jolessa	Tier 0	
junel 1.5/30	Tier 0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
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	
portia-28	Tier 0	
reclipsen	Tier 0	
rivelsa	Tier 0	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
wera	Tier 0	
xulane	Tier 0	
DIABETIC SUPPLIES		
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 0	
DEXCOM G4 PLATINUM RECEIV	Tier 0	
DEXCOM G4 PLATINUM TRANSM	Tier 0	
DEXCOM G4 SENSOR KIT	Tier 0	
DEXCOM G5 MOBILE RECEIVER	Tier 0	
DEXCOM G5 MOBILE TRANSMIT	Tier 0	
DEXCOM G5 MOBILE/G4 PLATI	Tier 0	
DEXCOM G5 RECEIVER KIT	Tier 0	
DEXCOM G6 RECEIVER	Tier 0	
DEXCOM G6 SENSOR	Tier 0	
DEXCOM G6 TRANSMITTER	Tier 0	
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

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PDM START	Tier 0	
OMNIPOD CLASSIC PODS (GEN	Tier 0	
OMNIPOD DASH PODS (GEN 4)	Tier 0	
V-GO 20	Tier 0	
V-GO 30	Tier 0	
V-GO 40	Tier 0	
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	
FERTILITY REGULATORS		
ganirelix acetate	Tier 4	PA
GLUCOCORTICOIDS		
dexamethasone	Tier 1	
DEXAMETHASONE INTENSOL	Tier 2	
fludrocortisone acetate	Tier 1	
hydrocortisone	Tier 1	
MEDROL	Tier 2	
methylprednisolone	Tier 1	
prednisolone sodium phosphate	Tier 1	
prednisone	Tier 1	
PREDNISONE INTENSOL	Tier 2	
GLUCOSE ELEVATING AGENTS		
glucagon (rdna)	Tier 1	
MISCELLANEOUS		
cabergoline	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
calcitonin (salmon)	Tier 1	
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	
norethindrone acetate	Tier 1	
THYROID AGENTS		
levothyroxine sodium	Tier 1	
levoxyl	Tier 1	
liothyronine sodium	Tier 1	
propylthiouracil	Tier 1	
SYNTHROID	Tier 2	
unithroid	Tier 1	
VASOPRESSINS		
desmopressin acetate	Tier 1	
desmopressin acetate spray refrigerated	Tier 1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
dicyclomine hcl	Tier 1	
glycopyrrolate	Tier 1	
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)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
compro	Tier 1	
meclizine hcl	Tier 1	
metoclopramide hcl	Tier 1	
prochlorperazine	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	
famotidine	Tier 1	
nizatidine	Tier 1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium	Tier 1	
hydrocortisone (intrarectal)	Tier 1	
mesalamine	Tier 1	
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	
generlac	Tier 1	
lactulose	Tier 1	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
peg 3350-potassium chloride-sod bicarbonate-sod chloride	Tier 1	
polyethylene glycol 3350	Tier 1	OTC
MISCELLANEOUS		
cromolyn sodium (mastocytosis)	Tier 1	
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)
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)
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		
oxybutynin chloride	Tier 1	
solifenacin succinate	Tier 1	
tolterodine tartrate	Tier 1	
trospium chloride	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
VAGINAL ANTI-INFECTIVES		
CLEOCIN	Tier 2	
clindamycin phosphate vaginal	Tier 1	
metronidazole vaginal	Tier 1	
miconazole 3	Tier 1	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ADALIMUMAB-ADAZ SOAJ	Tier 4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY	Tier 4	PA, QL (4 syringes every 28 days)
ENBREL	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	Tier 4	PA, QL (2 injections every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ SOAJ 80MG/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SOSY 10MG/0.1ML	Tier 4	PA, QL (2 syringes every 28 days)
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
HYRIMOZ CROHN'S DISEASE A	Tier 4	PA, QL (Starter pack - initial dose only)
HYRIMOZ PEDIATRIC CROHN'S	Tier 4	PA, QL (Starter pack - initial dose only)
HYRIMOZ PEDIATRIC CROHNS	Tier 4	PA, QL (Starter pack - initial dose only)

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ PLAQUE PSORIASIS	Tier 4	PA, QL (Starter pack - initial dose only)
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
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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
leflunomide	Tier 1	
methotrexate sodium	Tier 0	$0 copay based on your plan/benefit
IMMUNOSUPPRESSANTS		
cyclosporine	Tier 1	
cyclosporine modified (for microemulsion)	Tier 1	
everolimus (immunosuppressant)	Tier 1	
gengraf	Tier 1	
mycophenolate mofetil	Tier 1	
mycophenolate sodium	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
sirolimus	Tier 1	
tacrolimus	Tier 1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
fluoritab	Tier 0	$0 applies for ages 5 and under, otherwise not covered
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 DHA	Tier 2	
CITRANATAL HARMONY	Tier 2	
VITAMINS		
calcitriol	Tier 1	
cholecalciferol	Tier 1	OTC
doxercalciferol	Tier 1	
ergocalciferol	Tier 1	
folic acid	Tier 1	
multi-vitamin/fluoride dr	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
multi-vitamin/fluoride/ir	Tier 1	
paricalcitol	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		
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	
erythromycin (ophth)	Tier 1	
gentak	Tier 1	
moxifloxacin hcl (ophth)	Tier 1	
neomycin-polymyxin-gramicidin	Tier 1	
polycin	Tier 1	
sulfacetamide sodium (ophth)	Tier 1	
trifluridine	Tier 1	
ANTI-INFLAMMATORIES		
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	
prednisolone acetate (ophth)	Tier 1	
PREDNISOLONE SODIUM PHOSP	Tier 2	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ANTIALLERGICS		
azelastine hcl (ophth)	Tier 1	
epinastine hcl (ophth)	Tier 1	
olopatadine hcl	Tier 1	
ANTIGLAUCOMA		
brimonidine tartrate	Tier 1	
brinzolamide	Tier 1	
carteolol hcl (ophth)	Tier 1	
dorzolamide hcl-timolol maleate	Tier 1	
latanoprost	Tier 1	
levobunolol hcl	Tier 1	
LUMIGAN	Tier 2	ST; PA**
pilocarpine hcl	Tier 1	
timolol maleate (ophth)	Tier 1	
travoprost	Tier 1	
MISCELLANEOUS		
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
hydroxyzine hcl	Tier 1	PA; High Risk Medications require PA for members age 70 and older

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
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	
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		
XOLAIR SOLR	Tier 4	PA, QL (8 vials every 28 days)
XOLAIR SOSY 75MG/0.5ML	Tier 4	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	Tier 4	PA, QL (8 syringes every 28 days)
XANTHINES		
theophylline	Tier 1	
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

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
tretinoin microsphere	Tier 1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil (topical)	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	
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	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc (otic)	Tier 1	
ofloxacin (otic)	Tier 1	

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. 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 the Coverage tab.

Index

A

abacavir sulfate 2
abacavir sulfate-lamivudine 4
abiraterone acetate 7
acamprosate calcium 12
acarbose 16
ACCU-CHEK AVIVA PLUS 20
ACCU-CHEK GUIDE 20
ACCU-CHEK GUIDE ME 20
acetazolamide 11
acetic acid (otic) 32
acetylcysteine 31
acitretin 32
acyclovir 4
ADALIMUMAB-ADAZ 26
adapalene-benzoyl peroxide 31
albuterol sulfate 31
ALDACTAZIDE 11
ALECENSA 7
alendronate sodium 18
alfuzosin hcl 24
aliskiren fumarate 11
allopurinol 1
alogliptin benzoate 16
alogliptin-metformin hcl 16
alosetron hcl 23
altavera 18
alyacen 1/35 18
alyacen 7/7/7 18
amantadine hcl 13
amethia 18
amiloride hcl 11
amiodarone hcl 9
amitriptyline hcl 13
amlodipine besylate 11
amlodipine besylate-atorvastatin calcium 11
amlodipine besylate-benazepril hcl 8
amlodipine besylate-olmesartan medoxomil 9
amlodipine besylate-valsartan 9
amoxicillin 6
amoxicillin & pot clavulanate 6
ampicillin 6
anagrelide hcl 25
anastrozole 7
ANNOVERA 18
aprepitant 22
apri 18
aranelle 18
ARANESP ALBUMIN FREE 25
aripiprazole 14
ARISTADA 14
ARISTADA INITIO 14
arsenic trioxide 8
ashlyna 18
aspirin-dipyridamole 25
atazanavir sulfate 2, 3
atenolol 10
atenolol & chlorthalidone 10
atomoxetine hcl 15
atorvastatin calcium 10
atovaquone 6
atovaquone-proguanil hcl 2
AUTOLET PLATFORMS 20
aviane 18
avidoxy 6
avita 31
AZASITE 29
azelaic acid 32
azelastine hcl (ophth) 30
azithromycin 5

B

bacitracin (ophthalmic) 29
bacitracin-polymyxin b (ophth) 29
baclofen 15
balsalazide disodium 23
BASAGLAR KWIKPEN 17
BD VEO INSULIN SYRINGE UL 20
BELBUCA 2
BELSOMRA 15
benazepril & hydrochlorothiazide 8
benazepril hcl 8
benzonatate 31
benztropine mesylate 13
BETASERON 15
betaxolol hcl 10

bicalutamide 7
BIKTARVY....4
bisoprolol & hydrochlorothiazide 10
bisoprolol fumarate 10
BLEPHAMIDE S.O.P. 29
BRILINTA....25
brimonidine tartrate....30
brinzolamide 30
bromocriptine mesylate....13
bumetanide 11
buprenorphine 2
bupropion hcl....13
bupropion hcl (smoking deterrent) 16
buspirone hcl 12

C

cabergoline 21
calcitonin (salmon)....22
calcitriol 28
calcium acetate (phosphate binder)....22
camila 18
candesartan cilexetil....9
candesartan cilexetil-hydrochlorothiazide .9
captopril....8
carbamazepine 14
carbidopa 13
carbidopa-levodopa 13
carbidopa-levodopa-entacapone....13
carbinoxamine maleate....30
CAREFINE PEN NEEDLES 32GX 20
carisoprodol....15
carmustine....7
carteolol hcl (ophth) 30
cartia xt 11
carvedilol 10
carvedilol phosphate....10
cefaclor 5
cefadroxil....5
cefdinir 5
cefixime 5
cefpodoxime proxetil....5
cefprozil 5
cefuroxime axetil....5
cephalexin 5
cevimeline hcl....32
chlorhexidine gluconate (mouth-throat)...32
chloroquine phosphate....2
chlorpromazine hcl....14
chlorthalidone 11
chlorzoxazone 16
cholecalciferol 28
cilostazol....25
CIMDUO....4
cimetidine....23
ciprofloxacin-dexamethasone 32
ciprofloxacin hcl 5
ciprofloxacin hcl (otic) 32
citalopram hydrobromide....13
CITRANATAL 90 DHA 28
CITRANATAL ASSURE....28
CITRANATAL B-CALM 28
CITRANATAL BLOOM 28
CITRANATAL DHA....28
CITRANATAL HARMONY 28
clarithromycin....5
clemastine fumarate....30
CLEOCIN 25
CLIMARA PRO....21
clindamycin hcl....6
clindamycin palmitate hydrochloride....6
clindamycin phosphate (topical) 31
clindamycin phosphate vaginal....25
clonazepam 14
clonidine....12
clonidine hcl....12
clopidogrel bisulfate 25
clozapine....14
colchicine 1
colchicine w/ probenecid 1
colestipol hcl 10
compro 23
COPAXONE 15
CREON....24
CRINONE....22
cromolyn sodium (mastocytosis) 24
cryselle-28 18
cvs sleep-aid nighttime....15
cyclobenzaprine hcl 16
cycloserine 4

cyclosporine.....27
cyclosporine modified (for microemulsion)
.....27
cyproheptadine hcl.....30
D
danazol.....21
dantrolene sodium.....16
dasetta 1/35.....18
dasetta 7/7/7.....18
delyla.....18
demeclocycline hcl.....6
DESCOVY.....4
desloratadine.....30
desmopressin acetate.....22
desmopressin acetate spray refrigerated.22
dexamethasone.....21
DEXAMETHASONE INTENSOL.....21
dexamethasone sodium phosphate (ophth)
.....29
DEXCOM G4 PLATINUM PEDIAT.....20
DEXCOM G4 PLATINUM RECEIV.....20
DEXCOM G4 PLATINUM TRANSM.....20
DEXCOM G4 SENSOR KIT.....20
DEXCOM G5 MOBILE/G4 PLATI.....20
DEXCOM G5 MOBILE RECEIVER.....20
DEXCOM G5 MOBILE TRANSMIT.....20
DEXCOM G5 RECEIVER KIT.....20
DEXCOM G6 RECEIVER.....20
DEXCOM G6 SENSOR.....20
DEXCOM G6 TRANSMITTER.....20
DIASCREEN 10.....20
DIASTIX.....20
diclofenac potassium.....1
diclofenac sodium.....1
diclofenac sodium (ophth).....29
diclofenac w/ misoprostol.....1
dicloxacillin sodium.....6
dicyclomine hcl.....22
DIFICID.....5
diflunisal.....2
digoxin.....11
diltiazem hcl.....11
diltiazem hcl coated beads.....11
diltiazem hcl extended release beads.....11
dilt-xr.....11
dimethyl fumarate.....15
diphenhydramine hcl.....30
diphenoxylate w/ atropine.....22
dipyridamole.....25
disopyramide phosphate.....9
divalproex sodium.....14
docetaxel.....7
dofetilide.....9
donepezil hydrochloride.....12
dorzolamide hcl-timolol maleate.....30
doxercalciferol.....28
doxycycline (monohydrate).....6
doxycycline hyclate.....7
drospirenone-ethinyl estradiol-
levomefolate calcium.....18
duloxetine hcl.....13
dutasteride.....24
dutasteride-tamsulosin hcl.....24
E
efavirenz.....3
efavirenz-lamivudine-tenofovir disoproxil
fumarate.....4
elinest.....18
ELIQUIS.....25
ELIQUIS STARTER PACK.....25
emtricitabine.....3
emtricitabine-tenofovir disoproxil fumarate
.....4
enalapril maleate.....8
enalapril maleate & hydrochlorothiazide....8
ENBREL.....26
ENBREL MINI.....26
ENBREL SURECLICK.....26
enoxaparin sodium.....25
enpresse-28.....18
enskyce.....18
ENTRESTO.....12
enulose.....23
EPCLUSA.....6
epinastine hcl (ophth).....30
epitol.....14
EPIVIR HBV.....5
eplerenone.....9

ergocalciferol....28
errin....18
ery....31
ery-tab....5
erythrocin stearate....5
erythromycin (ophth)....29
erythromycin base....5
erythromycin ethylsuccinate....5
escitalopram oxalate....13
esomeprazole magnesium....24
estradiol....21
estradiol & norethindrone acetate....21
estradiol vaginal....21
ethambutol hcl....4
ethosuximide....14
ethynodiol diacet & eth estrad....18
etodolac....1
etonogestrel-ethinyl estradiol....18
etoposide....8
everolimus (immunosuppressant)....27
EVOTAZ....4
exemestane....7
ezetimibe....10
ezetimibe-simvastatin....10

F

falmina....18
famciclovir....5
famotidine....23
febuxostat....1
felbamate....14
felodipine....11
fenofibrate....10
fenofibrate micronized....10
fentanyl....1
FIASP....17
FIASP FLEXTOUCH....17
FIASP PENFILL....17
FINACEA....32
finasteride....24
flecainide acetate....9
fluconazole....2
fludrocortisone acetate....21
fluocinolone acetonide (otic)....32
fluoritab....28
fluorouracil (topical)....32
fluoxetine hcl....13
fluphenazine hcl....14
flurbiprofen....1
flurbiprofen sodium....29
flutamide....7
fluvastatin sodium....10
fluvoxamine maleate....12
FML....29
folic acid....28
fondaparinux sodium....25
fosamprenavir calcium....3
fosfomycin tromethamine....2
fosinopril sodium....8
fosinopril sodium & hydrochlorothiazide....8
furosemide....11

G

galantamine hydrobromide....12
ganirelix acetate....21
gavilyte-c....23
gavilyte-g....23
gemfibrozil....10
gemmily....18
generlac....23
gengraf....27
gentak....29
GENVOYA....4
glatiramer acetate....15
glatopa....15
glimepiride....17
glipizide....18
glipizide-metformin hcl....16
glucagon (rdna)....21
glycopyrrolate....22
griseofulvin microsize....2
griseofulvin ultramicrosize....2
guanfacine hcl....12
guanfacine hcl (adhd)....15

H

haloperidol....14
haloperidol lactate....14
HARVONI....6
heather....18
HUMIRA....26

HUMULIN R U-500 (CONCENTR.....17
HUMULIN R U-500 KWIKPEN.....17
hydralazine hcl.....12
hydrochlorothiazide.....11
hydrocortisone.....21
hydrocortisone (intrarectal).....23
hydrocortisone w/acetic acid.....32
hydromorphone hcl.....1
hydroxyurea.....8
hydroxyzine hcl.....30
hydroxyzine pamoate.....31
HYRIMOZ.....26
HYRIMOZ CROHN'S DISEASE A.....26
HYRIMOZ PEDIATRIC CROHN'S.....26
HYRIMOZ PEDIATRIC CROHNS.....26
HYRIMOZ PLAQUE PSORIASIS.....27

I

ibandronate sodium.....18
ibuprofen.....1
ILEVRO.....29
imatinib mesylate.....8
imipramine pamoate.....13
indapamide.....11
introvale.....18
ipratropium bromide (nasal).....30
irbesartan.....9
irbesartan-hydrochlorothiazide.....9
irinotecan hcl.....8
ISENTRESS.....3
ISENTRESS HD.....3
isoniazid.....4
isosorbide dinitrate.....12
isosorbide mononitrate.....12
isotretinoin.....31
isradipine.....11
itraconazole.....2
ivermectin.....2

J

jantoven.....25
JANUMET.....16
JANUMET XR.....16
JANUVIA.....16
jinteli.....21
jolessa.....18
junel 1/20.....19
junel 1.5/30.....18
junel fe 1/20.....19
junel fe 1.5/30.....19
junel fe 24.....19

K

kariva.....19
kelnor 1/35.....19
KETO-DIASTIX.....20
ketorolac tromethamine (ophth).....29
KEVZARA.....27
KISQALI.....8
kurvelo.....19

L

labetalol hcl.....10
lactic acid (ammonium lactate).....32
lactulose.....23
lamivudine.....3
lamivudine (hbv).....5
lamivudine-zidovudine.....4
lamotrigine.....14
LANCING DEVICE.....20
lansoprazole.....24
larin 1.5/30.....19
latanoprost.....30
leena.....19
leflunomide.....27
lessina.....19
letrozole.....7
leucovorin calcium.....8
LEVEMIR.....17
levetiracetam.....14
levobunolol hcl.....30
levocetirizine dihydrochloride.....31
levofloxacin.....5
levonest.....19
levonorgestrel & eth estradiol.....19
levonorgestrel-ethinyl estradiol (91-day).....19
levora 0.15/30-28.....19
levothyroxine sodium.....22
levoxyl.....22
lidocaine hcl (mouth-throat).....32
linezolid.....6
LINZESS.....23

liothyronine sodium 22
lisinopril....9
lithium carbonate....15
LO LOESTRIN FE....19
loperamide hcl....22
loryna....19
losartan potassium & hydrochlorothiazide.9
loteprednol etabonate....29
lovastatin....10
low-ogestrel....19
loxapine succinate....14
lubiprostone....23
LUMIGAN....30
lutera....19
LYNPARZA....8
M
mannitol....11
marlissa....19
matzim la....11
meclizine hcl....23
meclofenamate sodium....1
MEDROL....21
medroxyprogesterone acetate....22
mefenamic acid....1
mefloquine hcl....2
megestrol acetate....7
melphalan....7
memantine hcl....12
meprobamate....12
mercaptopurine....7
mesalamine....23
mesalamine w/ cleanser....23
metformin hcl....16
methenamine hippurate....6
methocarbamol....16
methotrexate sodium....27
methoxsalen rapid....32
methscopolamine bromide....22
methylprednisolone....21
metoclopramide hcl....23
metolazone....12
metoprolol & hydrochlorothiazide....10
metoprolol succinate....11
metoprolol tartrate....11
metronidazole....6
metronidazole vaginal....25
miconazole 3....25
midodrine hcl....12
mimvey....21
minocycline hcl....7
minoxidil....12
mirtazapine....13
moexipril hcl....9
mono-linyah....19
montelukast sodium....31
morphine sulfate....1
morphine sulfate beads....1
moxifloxacin hcl....5
moxifloxacin hcl (ophth)....29
multi-vitamin/fluoride/ir....29
multi-vitamin/fluoride dr....28
mycophenolate mofetil....27
mycophenolate sodium....27
N
nadolol....11
nafrinse drops....28
naltrexone hcl....16
naproxen....1
NATAZIA....19
nateglinide....17
nefazodone hcl....13
neomycin-polymy-dexameth....29
neomycin-polymyxin-gramicidin....29
neomycin-polymyxin-hc (ophth)....29
neomycin-polymyxin-hc (otic)....33
neomycin sulfate....2
nevirapine....3
nifedipine....11
nikki....19
nilutamide....7
nisoldipine....11
NITRO-DUR....12
nitrofurantoin macrocrystal....6
nitrofurantoin monohyd macro....6
nitroglycerin....12
nizatidine....23
nora-be....19
norethin acet & estrad-fe....19

norethindrone (contraceptive) 19
norethindrone & ethinyl estradiol-fe 19
norethindrone acet & eth estra 19
norethindrone acetate 22
norethindrone acetate-ethinyl estradiol 21
norgestimate-ethinyl estradiol 19
norgestimate-ethinyl estradiol (triphasic) 19
NORPACE CR 9
nortrel 0.5/35 (28) 19
nortrel 1/35 19
nortrel 7/7/7 19
nortriptyline hcl 13
NORVIR 3
NOVOFINE PEN NEEDLE 32G X 20
NOVOLIN 70/30 17
NOVOLIN 70/30 FLEXPEN 17
NOVOLIN N 17
NOVOLIN N FLEXPEN 17
NOVOLIN R 17
NOVOLIN R FLEXPEN 17
NOVOLOG 17
NOVOLOG FLEXPEN 17
NOVOLOG MIX 70/30 17
NOVOLOG MIX 70/30 PREFILL 17
NOVOLOG PENFILL 17
NUBEQA 7
nystatin 2
nystatin (mouth-throat) 32

O

ocella 19
ODEFSEY 4
ODOMZO 8
ofloxacin 5
ofloxacin (otic) 33
olanzapine 14
olmesartan medoxomil 9
olmesartan medoxomil-amlodipine-hydrochlorothiazide 9
olopatadine hcl 30
omega-3-acid ethyl esters 10
omeprazole 24
OMNIPOD CLASSIC PDM START 21
OMNIPOD CLASSIC PODS (GEN 21
OMNIPOD DASH PODS (GEN 4) 21
oralone dental paste 32
ORILISSA 21
oseltamivir phosphate 5
osmitrol viaflex 12
OTEZLA 27
oxcarbazepine 14
oxybutynin chloride 24
oxymorphone hcl 1

P

pacerone 9
pantoprazole sodium 24
paricalcitol 29
paromomycin sulfate 2
paroxetine hcl 13
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate 23
peg 3350-potassium chloride-sod bicarbonate-sod chloride 24
penicillin v potassium 6
pentamidine isethionate 6
pentoxifylline 25
perindopril erbumine 9
periogard 32
perphenazine 14
phenobarbital 14
phenytoin sodium extended 14
pilocarpine hcl 30
pilocarpine hcl (oral) 32
pimozide 16
pindolol 11
pioglitazone hcl 17
pioglitazone hcl-glimepiride 17
pioglitazone hcl-metformin hcl 17
piroxicam 1
podofilox 32
polycin 29
polyethylene glycol 3350 24
portia-28 19
potassium chloride 28
potassium citrate (alkalinizer) 24
pramipexole dihydrochloride 13
prasugrel hcl 25
pravastatin sodium 10
praziquantel 2

prazosin hcl 9
prednisolone acetate (ophth) 29
PREDNISOLONE SODIUM PHOSP....29
prednisolone sodium phosphate 21
prednisone 21
PREDNISONE INTENSOL....21
pregabalin 14
prevalite 10
PREZISTA....3
primaquine phosphate....2
primidone....14
probenecid....1
prochlorperazine 23
PROLASTIN-C 30
promethazine hcl....23
promethegan 23
propafenone hcl 9
proparacaine hcl 30
propranolol hcl 11
propylthiouracil....22
pseudoephed-bromphen-dm 31
pyridostigmine bromide....15
pyridoxine hcl 29
Q
quetiapine fumarate 14
quinapril-hydrochlorothiazide 8
quinine sulfate....2
R
raloxifene hcl....22
ramipril....9
ranolazine....12
rasagiline mesylate....13
reclipsen....19
RELENZA DISKHALER 5
repaglinide 17
RETACRIT....25
REYATAZ 3
ribavirin (hepatitis c) 6
rifabutin....4
rimantadine hydrochloride....5
risedronate sodium....18
risperidone....14
ritonavir....3
rivastigmine 12
rivastigmine tartrate 13
rivelsa 19
ropinirole hydrochloride....13
S
scopolamine....23
selegiline hcl 13
selenium sulfide....32
sertraline hcl 13
sevelamer carbonate 22
silodosin....24
silver sulfadiazine 32
simvastatin....10
sirolimus 28
SLYND 20
sodium chloride (inhalant) 31
sodium fluoride....28
solifenacin succinate 24
SOLIQUA 100/33....17
sotalol hcl 9
sotalol hcl (afib/afl) 9
spironolactone....12
spironolactone & hydrochlorothiazide....12
sprintec 28 20
sps....18
sronyx 20
ssd 32
stavudine 3
sucralfate....24
sulfacetamide sodium (acne)....31
sulfacetamide sodium (ophth) 29
sulfacetamide sod-prednisolone 29
sulfamethoxazole-trimethoprim....2
sulfasalazine....23
SUPRAX 5
syeda 20
SYNTHROID 22
T
tacrolimus 28
take action....20
TALTZ....27
tamoxifen citrate 7
tamsulosin hcl....24
tazarotene 32
TAZORAC 32

taztia xt 11
telmisartan 9
telmisartan-amlodipine 9
tenofovir disoproxil fumarate 4
terbutaline sulfate 31
terconazole vaginal 25
testosterone 16
theophylline 31
thioridazine hcl 14
thiothixene 14
tiagabine hcl 14
timolol maleate 11
timolol maleate (ophth) 30
tinidazole 2
TIVICAY 4
TIVICAY PD 4
tizanidine hcl 16
TOBRADEX 29
TOBRADEX ST 29
tobramycin-dexamethasone 29
tolterodine tartrate 24
topiramate 14
toremifene citrate 7
torsemide 12
tramadol hcl 1
trandolapril 9
trandolapril-verapamil hcl 8
tranexamic acid 25
tranylcypromine sulfate 13
travoprost 30
trazodone hcl 13
TREMFYA 27
TRESIBA 17
TRESIBA FLEXTOUCH 17
tretinoin 31
tretinoin (chemotherapy) 8
tretinoin microsphere 32
triamcinolone acetonide (mouth) 32
triamterene 12
trifluoperazine hcl 14
trifluridine 29
trihexyphenidyl hcl 14
tri-linyah 20
trimethobenzamide hcl 23
tri-sprintec 20
tri-vite/fluoride 29
trivora-28 20
tropicamide 30
trospium chloride 24
TWIRLA 20
TYMLOS 22

U

unithroid 22
urinary pain relief 24
ursodiol 24

V

valacyclovir hcl 5
valproate sodium 14
valproic acid 15
valsartan 9
valsartan-hydrochlorothiazide 9
vancomycin hcl 6
VARUBI 23
velivet 20
venlafaxine hcl 13
verapamil hcl 11
V-GO 20 21
V-GO 30 21
V-GO 40 21
vigabatrin 15
VIOKACE 24
viorele 20
vitamins a/c/d/fluoride 29
VOSEVI 6

W

warfarin sodium 25
wera 20
westab max 29

X

XARELTO 25
XARELTO STARTER PACK 25
XIFAXAN 6
XOLAIR 31
XTAMPZA ER 1
xulane 20
XULTOPHY 100/3.6 17

Y

yuvafem 21

z

zafirlukast.....31
ZEJULA.....8
ZENPEP.....24
zidovudine.....4
ziprasidone hcl.....14
zonisamide.....15

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

CareFirst
Family of health care plans

10455 Mill Run Circle
Owings Mills, MD 21117

carefirst.com/rx

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

SUM5461-1S (12/23)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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 14858 Lexington, KY 40512
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**.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te manaʻomia ai le faia o se gaioiga i nisi taimi faʻagata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.