CareFirst
Family of health care plans

CareFirst Abridged Exchange Formulary

2027

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, HIV PrEP, 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

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol	Tier 1	
colchicine	Tier 1	
colchicine w/ probenecid	Tier 1	
probenecid	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	
NSAIDS, COMBINATIONS		
diclofenac w/ misoprostol	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	PA

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Drug Name	Drug Tier	Requirements/Limits
OPIOID PARTIAL AGONISTS		
BELBUCA	Tier 2	PA; $0 copay; High Strength Requires Prior Auth
buprenorphine	Tier 1	ST, PA; $0 copay; High Strength Requires Prior Auth
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	
tinidazole	Tier 1	
ANTIFUNGALS		
fluconazole	Tier 1	
griseofulvin microsize	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)
emtricitabine	Tier 1	QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
NORVIR	Tier 2	QL (360 packets 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)
REYATAZ	Tier 2	QL (180 packets every 30 days)
tenofovir disoproxil fumarate	Tier 1	QL (30 tabs every 30 days)
TIVICAY	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 0	QL (30 tabs every 30 days)
efavirenz-lamivudine-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 0	QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
emtricitabine-tenofovir disoproxil fumarate	Tier 1	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	
famciclovir	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	

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS/MACROLIDES		
azithromycin	Tier 1	
clarithromycin	Tier 1	
DIFICID	Tier 2	PA
erythromycin base	Tier 1	
erythromycin ethylsuccinate	Tier 1	
FLUOROQUINOLONES		
ciprofloxacin hcl	Tier 1	
levofloxacin	Tier 1	
moxifloxacin hcl	Tier 1	
ofloxacin	Tier 1	
MISCELLANEOUS		
atovaquone	Tier 1	
clindamycin hcl	Tier 1	
clindamycin palmitate hydrochloride	Tier 1	
linezolid	Tier 1	
methenamine hippurate	Tier 1	
metronidazole	Tier 1	
pentamidine isethionate	Tier 7	M
sulfamethoxazole-trimethoprim	Tier 1	
vancomycin hcl	Tier 1	QL (80 caps every 10 days)
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	
doxycycline hyclate	Tier 1	
minocycline hcl	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
carmustine	Tier 7	M
ANTIMETABOLITES		
mercaptopurine	Tier 0	
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
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)
imatinib mesylate	Tier 0	PA, QL (60 tabs every 30 days)
KISQALI 200MG	Tier 0	PA, QL (21 tabs every 28 days)
KISQALI 200MG	Tier 0	PA, QL (42 tabs every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI 200MG	Tier 0	PA, QL (63 tabs every 28 days)
MISCELLANEOUS		
arsenic trioxide	Tier 7	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	
MITOTIC INHIBITORS		
docetaxel	Tier 7	M
PROTECTIVE AGENTS		
leucovorin calcium	Tier 0	
TOPOISOMERASE INHIBITORS		
etoposide	Tier 0	
irinotecan hcl	Tier 7	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	
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	
ramipril	Tier 1	
trandolapril	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ALPHA BLOCKERS		
prazosin hcl	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
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	
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	
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin	Tier 1	
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
verapamil hcl	Tier 1	
DIGITALIS GLYCOSIDES		
digoxin	Tier 1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate	Tier 1	
DIURETICS		
acetazolamide	Tier 1	
amiloride hcl	Tier 1	
bumetanide	Tier 1	
chlorthalidone	Tier 1	
furosemide	Tier 1	
hydrochlorothiazide	Tier 1	
indapamide	Tier 1	
mannitol	Tier 1	
metolazone	Tier 1	
spironolactone & hydrochlorothiazide	Tier 1	
torsemide	Tier 1	
triamterene	Tier 1	
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**

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Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorbide dinitrate	Tier 1	
isosorbide mononitrate	Tier 1	
NITRO-DUR	Tier 2	
nitroglycerin	Tier 1	
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
buspirone hcl	Tier 1	
fluvoxamine maleate	Tier 1	
meprobamate	Tier 1	
ANTIDEMENTIA		
donepezil hydrochloride	Tier 1	
galantamine hydrobromide	Tier 1	
ANTIDEPRESSANTS		
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)
mirtazapine	Tier 1	
nefazodone hcl	Tier 1	
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-levodopa	Tier 1	
carbidopa-levodopa-entacapone	Tier 1	
pramipexole dihydrochloride	Tier 1	
rasagiline mesylate	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride	Tier 1	
selegiline hcl	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	
loxapine succinate	Tier 1	
olanzapine	Tier 1	
perphenazine	Tier 1	
quetiapine fumarate	Tier 1	
risperidone	Tier 1	
thioridazine hcl	Tier 1	
trifluoperazine hcl	Tier 1	
ziprasidone hcl	Tier 1	
ANTISEIZURE AGENTS		
carbamazepine	Tier 1	
clonazepam	Tier 1	
divalproex sodium	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	
primidone	Tier 1	
tiagabine hcl	Tier 1	
topiramate	Tier 1	
valproate sodium	Tier 1	
valproic acid	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
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		
cvs sleep-aid nighttime	Tier 1	OTC
MOOD STABILIZERS		
lithium carbonate	Tier 1	
MUSCULOSKELETAL THERAPY AGENTS		
baclofen	Tier 1	
dantrolene sodium	Tier 1	
tizanidine hcl	Tier 1	
MYASTHENIA GRAVIS		
pyridostigmine bromide	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, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA 100/33	Tier 2	
XULTOPHY 100/3.6	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN		
FIASP	Tier 2	
FIASP FLEXTOUCH	Tier 2	
FIASP PENFILL	Tier 2	
HUMULIN R U-500 KWIKPEN	Tier 2	
NOVOLIN 70/30	Tier 2	OTC
NOVOLIN 70/30 FLEXPEN	Tier 2	OTC
NOVOLIN N	Tier 2	OTC
NOVOLIN N FLEXPEN	Tier 2	OTC
NOVOLIN R	Tier 2	OTC
NOVOLIN R FLEXPEN	Tier 2	OTC
NOVOLOG MIX 70/30	Tier 2	
NOVOLOG MIX 70/30 PREFILL	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	
glipizide	Tier 1	
CONTRACEPTIVES		
altavera	Tier 0	
alyacen 1/35	Tier 0	
alyacen 7/7/7	Tier 0	
ANNOVERA	Tier 0	QL (1 every 300 days)
apri	Tier 0	
aranelle	Tier 0	
ashlyna	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
aviane	Tier 0	
camila	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	
enskyce	Tier 0	
errin	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	
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	
lessina	Tier 0	
levonest	Tier 0	
levonorgestrel-ethinyl estradiol (91-day)	Tier 0	
LO LOESTRIN FE	Tier 0	
loryna	Tier 0	
low-ogestrel	Tier 0	
marlissa	Tier 0	
mono-linyah	Tier 0	
NATAZIA	Tier 0	
nikki	Tier 0	
norethindrone (contraceptive)	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
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	
portia-28	Tier 0	
reclipsen	Tier 0	
rivelsa	Tier 0	
SLYND	Tier 0	
sprintec 28	Tier 0	
syeda	Tier 0	
take action	Tier 0	OTC
tri-linyah	Tier 0	
tri-sprintec	Tier 0	
TWIRLA	Tier 0	
velivet	Tier 0	
viorele	Tier 0	
wera	Tier 0	
xulane	Tier 0	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS	Tier 7	OTC
ACCU-CHEK GUIDE	Tier 7	OTC
ACCU-CHEK GUIDE ME	Tier 7	OTC
BD VEO INSULIN SYRINGE UL	Tier 0	OTC
CAREFINE PEN NEEDLES 32GX	Tier 0	OTC
DEXCOM G6 RECEIVER	Tier 0	PA
DEXCOM G6 TRANSMITTER	Tier 0	PA
NOVOFINE PEN NEEDLE 32G X	Tier 0	OTC
OMNIPOD CLASSIC PDM START	Tier 0	PA, QL (1 kit per 999 days)
OMNIPOD CLASSIC PODS (GEN	Tier 0	PA, QL (10 pods per month)
OMNIPOD DASH PODS (GEN 4)	Tier 0	PA, QL (10 pods per month)
ENDOMETRIOSIS		
danazol	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ORILISSA	Tier 2	
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	Tier 1	
MENOPAUSAL SYMPTOM AGENTS		
CLIMARA PRO	Tier 2	
estradiol & norethindrone acetate	Tier 1	
estradiol vaginal	Tier 1	
jinteli	Tier 1	
mimvey	Tier 1	
norethindrone acetate-ethinyl estradiol	Tier 1	
yuvafem	Tier 1	
MISCELLANEOUS		
cabergoline	Tier 1	
raloxifene hcl	Tier 1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder)	Tier 1	
sevelamer carbonate	Tier 1	
PROGESTINS		
CRINONE	Tier 2	
medroxyprogesterone acetate	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
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	
VITAMIN D ANALOGS		
calcitriol	Tier 1	
doxercalciferol	Tier 1	
paricalcitol	Tier 1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
dicyclomine hcl	Tier 1	
glycopyrrolate	Tier 1	
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	
promethazine hcl	Tier 1	
promethegan	Tier 1	
scopolamine	Tier 1	
trimethobenzamide hcl	Tier 1	
VARUBI	Tier 2	
H2-RECEPTOR ANTAGONISTS		
cimetidine	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
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	
LAXATIVES		
enulose	Tier 1	
gavilyte-c	Tier 1	
gavilyte-g	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	
sucralfate	Tier 1	
ursodiol	Tier 1	
PANCREATIC ENZYMES		
CREON	Tier 2	PA
VIOKACE	Tier 2	PA
ZENPEP	Tier 2	PA
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl	Tier 1	
dutasteride	Tier 1	
dutasteride-tamsulosin hcl	Tier 1	
finasteride	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
tamsulosin hcl	Tier 1	
MISCELLANEOUS		
potassium citrate (alkalinizer)	Tier 1	
URINARY ANTISPASMODICS		
oxybutynin chloride	Tier 1	
tolterodine tartrate	Tier 1	
trospium chloride	Tier 1	
VAGINAL ANTI-INFECTIVES		
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	
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	
pentoxifylline	Tier 1	
tranexamic acid	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole	Tier 1	
clopidogrel bisulfate	Tier 1	
prasugrel hcl	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ENBREL	Tier 4	PA, QL (4 syringes every 28 days)
ENBREL MINI	Tier 4	PA, QL (4 cartridges every 28 days)
ENBREL SURECLICK	Tier 4	PA, QL (4 syringes every 28 days)
OTEZLA TABS	Tier 4	PA, QL (60 tabs every 30 days)
OTEZLA TBPK	Tier 4	PA, QL (55 tabs every 28 days)
TALTZ	Tier 4	PA, QL (1 injection every 28 days)
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	
sirolimus	Tier 1	
tacrolimus	Tier 1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
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

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Drug Name	Drug Tier	Requirements/Limits
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
VITAMINS		
cholecalciferol	Tier 1	OTC
folic acid	Tier 1	
ped multivitamins w/fl & iron	Tier 1	
pediatric multivitamins w/fl	Tier 1	
pyridoxine hcl	Tier 1	OTC
tri-vite/fluoride	Tier 1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
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-polymyxin b (ophth)	Tier 1	
moxifloxacin hcl (ophth)	Tier 1	
neomycin-polymyxin-gramicidin	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	
ILEVRO	Tier 2	
ketorolac tromethamine (ophth)	Tier 1	
loteprednol etabonate	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
prednisolone acetate (ophth)	Tier 1	
PREDNISOLONE SODIUM PHOSP	Tier 2	
ANTIALLERGICS		
azelastine hcl (ophth)	Tier 1	
epinastine hcl (ophth)	Tier 1	
olopatadine hcl	Tier 1	
ANTIGLAUCOMA BETA-BLOCKERS		
carteolol hcl (ophth)	Tier 1	
levobunolol hcl	Tier 1	
timolol maleate (ophth)	Tier 1	
ANTIGLAUCOMA COMBINATION AGENTS		
dorzolamide hcl-timolol maleate	Tier 1	
CARBONIC ANHYDRASE INHIBITORS		
brinzolamide	Tier 1	
MISCELLANEOUS		
pilocarpine hcl	Tier 1	
proparacaine hcl	Tier 1	
tropicamide	Tier 1	
PROSTAGLANDINS		
latanoprost	Tier 1	
travoprost	Tier 1	
SYMPATHOMIMETICS		
brimonidine tartrate	Tier 1	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C	Tier 7	
ANTICHOLINERGICS		
ipratropium bromide (nasal)	Tier 1	
ANTIHISTAMINES		
carbinoxamine maleate	Tier 1	
cyproheptadine hcl	Tier 1	
desloratadine	Tier 1	
levocetirizine dihydrochloride	Tier 1	
BETA AGONISTS		
albuterol sulfate	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
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	
XANTHINES		
theophylline	Tier 1	
TOPICAL		
DERMATOLOGY, ACNE		
adapalene-benzoyl peroxide	Tier 1	
clindamycin phosphate (topical)	Tier 1	
ery	Tier 1	
isotretinoin	Tier 1	PA
sulfacetamide sodium (acne)	Tier 1	
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
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	

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Drug Name	Drug Tier	Requirements/Limits
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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Index

A

abacavir sulfate....2
abacavir sulfate-lamivudine....3
abiraterone acetate....6
acarbose....13
ACCU-CHEK AVIVA PLUS....16
ACCU-CHEK GUIDE....16
ACCU-CHEK GUIDE ME....16
acetazolamide....10
acetic acid (otic)....25
acetylcysteine....24
acitretin....24
acyclovir....4
adapalene-benzoyl peroxide....24
albuterol sulfate....23
ALECENSA....6
alfuzosin hcl....19
aliskiren fumarate....10
allopurinol....1
altavera....14
alyacen 1/35....14
alyacen 7/7/7....14
amantadine hcl....11
amiloride hcl....10
amiodarone hcl....8
amlodipine besylate....9
amlodipine besylate-atorvastatin calcium....9
amlodipine besylate-benazepril hcl....7
amlodipine besylate-valsartan....8
amoxicillin....5
amoxicillin & pot clavulanate....5
ampicillin....5
anagrelide hcl....20
anastrozole....6
ANNOVERA....14
aprepitant....18
apri....14
aranelle....14
ARANESP ALBUMIN FREE....20
aripiprazole....12
ARISTADA....12
ARISTADA INITIO....12
arsenic trioxide....7
ashlyna....14
aspirin-dipyridamole....20
atazanavir sulfate....2
atenolol....9
atenolol & chlorthalidone....9
atomoxetine hcl....13
atorvastatin calcium....9
atovaquone....5
atovaquone-proguanil hcl....2
aviane....15
avidoxy....5
AZASITE....22
azelaic acid....24
azelastine hcl (ophth)....23
azithromycin....5

B

bacitracin-polymyxin b (ophth)....22
baclofen....13
balsalazide disodium....19
BD VEO INSULIN SYRINGE UL....16
BELBUCA....2
benazepril & hydrochlorothiazide....7
benazepril hcl....7
benzonatate....24
benztropine mesylate....11
betaxolol hcl....9
bicalutamide....6
BIKTARVY....3
bisoprolol & hydrochlorothiazide....9
bisoprolol fumarate....9
brimonidine tartrate....23
brinzolamide....23
bromocriptine mesylate....11
bumetanide....10
buprenorphine....2
bupropion hcl....11
bupropion hcl (smoking deterrent)....13
buspirone hcl....11

C

cabergoline....17
calcitriol....18
calcium acetate (phosphate binder)....17
camila....15

candesartan cilexetil 8
candesartan cilexetil-hydrochlorothiazide .8
captopril 7
carbamazepine 12
carbidopa-levodopa 11
carbidopa-levodopa-entacapone 11
carbinoxamine maleate 23
CAREFINE PEN NEEDLES 32GX 16
carmustine 6
carteolol hcl (ophth) 23
cartia xt 9
carvedilol 9
carvedilol phosphate 9
cefaclor 4
cefadroxil 4
cefdinir 4
cefixime 4
cefpodoxime proxetil 4
cefprozil 4
cefuroxime axetil 4
cephalexin 4
cevimeline hcl 25
chlorhexidine gluconate (mouth-throat) ...25
chloroquine phosphate 2
chlorpromazine hcl 12
chlorthalidone 10
cholecalciferol 22
CIMDUO 3
cimetidine 18
ciprofloxacin-dexamethasone 25
ciprofloxacin hcl 5
ciprofloxacin hcl (otic) 25
citalopram hydrobromide 11
clarithromycin 5
CLIMARA PRO 17
clindamycin hcl 5
clindamycin palmitate hydrochloride 5
clindamycin phosphate (topical) 24
clindamycin phosphate vaginal 20
clonazepam 12
clonidine 10
clonidine hcl 10
clopidogrel bisulfate 20
clozapine 12
colchicine 1
colchicine w/ probenecid 1
colestipol hcl 8
compro 18
CREON 19
CRINONE 17
cromolyn sodium (mastocytosis) 19
cvs sleep-aid nighttime 13
cycloserine 4
cyclosporine 21
cyclosporine modified (for microemulsion) 21
cyproheptadine hcl 23

D

danazol 16
dantrolene sodium 13
dasetta 1/35 15
dasetta 7/7/7 15
delyla 15
demeclocycline hcl 5
DESCOVY 3
desloratadine 23
desmopressin acetate 18
desmopressin acetate spray refrigerated .18
dexamethasone 17
DEXAMETHASONE INTENSOL 17
dexamethasone sodium phosphate (ophth) 22
DEXCOM G6 RECEIVER 16
DEXCOM G6 TRANSMITTER 16
diclofenac potassium 1
diclofenac sodium 1
diclofenac sodium (ophth) 22
diclofenac w/ misoprostol 1
dicloxacillin sodium 5
dicyclomine hcl 18
DIFICID 5
digoxin 10
diltiazem hcl 10
diltiazem hcl coated beads 10
diltiazem hcl extended release beads 10
dilt-xr 10
diphenoxylate w/ atropine 18
disopyramide phosphate 8

divalproex sodium 12
docetaxel 7
donepezil hydrochloride 11
dorzolamide hcl-timolol maleate 23
doxercalciferol 18
doxycycline (monohydrate) 5
doxycycline hyclate 5
drospirenone-ethinyl estradiol-levomefolate calcium 15
duloxetine hcl 11
dutasteride 19
dutasteride-tamsulosin hcl 19
E
efavirenz-lamivudine-tenofovir disoproxil fumarate 3
elinest 15
ELIQUIS 20
ELIQUIS STARTER PACK 20
emtricitabine 2
emtricitabine-tenofovir disoproxil fumarate 4
enalapril maleate 7
enalapril maleate & hydrochlorothiazide 7
ENBREL 21
ENBREL MINI 21
ENBREL SURECLICK 21
enoxaparin sodium 20
enskyce 15
enulose 19
epinastine hcl (ophth) 23
eplerenone 7
errin 15
ery 24
erythromycin base 5
erythromycin ethylsuccinate 5
escitalopram oxalate 11
estradiol & norethindrone acetate 17
estradiol vaginal 17
ethambutol hcl 4
ethosuximide 12
etodolac 1
etonogestrel-ethinyl estradiol 15
etoposide 7
everolimus (immunosuppressant) 21
exemestane 6
ezetimibe 8
ezetimibe-simvastatin 9
F
falmina 15
famciclovir 4
famotidine 19
felbamate 12
felodipine 10
fenofibrate 8
fenofibrate micronized 8
fentanyl 1
FIASP 14
FIASP FLEXTOUCH 14
FIASP PENFILL 14
FINACEA 25
finasteride 19
flecainide acetate 8
fluconazole 2
fludrocortisone acetate 17
fluocinolone acetonide (otic) 25
fluorouracil (topical) 24
fluoxetine hcl 11
fluphenazine hcl 12
flurbiprofen 1
flurbiprofen sodium 22
fluvastatin sodium 9
fluvoxamine maleate 11
folic acid 22
fondaparinux sodium 20
fosamprenavir calcium 3
fosfomycin tromethamine 2
fosinopril sodium 7
fosinopril sodium & hydrochlorothiazide 7
furosemide 10
G
galantamine hydrobromide 11
GANIRELIX ACETATE 17
gavilyte-c 19
gavilyte-g 19
gemfibrozil 8
gemmily 15
gengraf 21
GENVOYA 4

glimepiride 14
glipizide 14
glipizide-metformin hcl 13
glucagon 17
glycopyrrolate 18
griseofulvin microsize 2
guanfacine hcl 10
guanfacine hcl (adhd) 13
H
haloperidol 12
haloperidol lactate 12
heather 15
HUMULIN R U-500 KWIKPEN 14
hydralazine hcl 10
hydrochlorothiazide 10
hydrocortisone 17
hydrocortisone (intrarectal) 19
hydrocortisone w/acetic acid 25
hydromorphone hcl 1
hydroxyurea 7
I
ibuprofen 1
ILEVRO 22
imatinib mesylate 6
indapamide 10
introvale 15
ipratropium bromide (nasal) 23
irbesartan 8
irbesartan-hydrochlorothiazide 8
irinotecan hcl 7
ISENTRESS 3
ISENTRESS HD 3
isoniazid 4
isosorbide dinitrate 11
isosorbide mononitrate 11
isotretinoin 24
isradipine 10
itraconazole 2
ivermectin 2
J
jinteli 17
jolessa 15
junel 1/20 15
junel 1.5/30 15
junel fe 1/20 15
junel fe 1.5/30 15
junel fe 24 15
K
kariva 15
kelnor 1/35 15
ketorolac tromethamine (ophth) 22
KISQALI 6, 7
kurvelo 15
L
lactic acid (ammonium lactate) 24
lactulose 19
lamivudine 3
lamivudine-zidovudine 4
lamotrigine 12
larin 1.5/30 15
latanoprost 23
leflunomide 21
lessina 15
letrozole 6
leucovorin calcium 7
levetiracetam 12
levobunolol hcl 23
levocetirizine dihydrochloride 23
levofloxacin 5
levonest 15
levonorgestrel-ethinyl estradiol (91-day) 15
levothyroxine sodium 18
levoxyl 18
lidocaine hcl (mouth-throat) 25
linezolid 5
LINZESS 19
liothyronine sodium 18
lisinopril 7
lithium carbonate 13
LO LOESTRIN FE 15
loperamide hcl 18
loryna 15
losartan potassium & hydrochlorothiazide 8
loteprednol etabonate 22
lovastatin 9
low-ogestrel 15
loxapine succinate 12
lubiprostone 19

LYNPARZA 7
M
mannitol 10
marlissa 15
matzim la 10
meclizine hcl 18
meclofenamate sodium 1
MEDROL 17
medroxyprogesterone acetate 17
mefenamic acid 1
mefloquine hcl 2
megestrol acetate 6
meprobamate 11
mercaptopurine 6
mesalamine 19
mesalamine w/ cleanser 19
metformin hcl 13
methenamine hippurate 5
methotrexate sodium 21
methoxsalen rapid 24
methylprednisolone 17
metoclopramide hcl 18
metolazone 10
metoprolol & hydrochlorothiazide 9
metoprolol succinate 9
metoprolol tartrate 9
metronidazole 5
metronidazole vaginal 20
miconazole 3 20
midodrine hcl 10
mimvey 17
minocycline hcl 5
minoxidil 10
mirtazapine 11
moexipril hcl 7
mono-linyah 15
montelukast sodium 24
morphine sulfate 1
morphine sulfate beads 1
moxifloxacin hcl 5
moxifloxacin hcl (ophth) 22
mycophenolate mofetil 21
mycophenolate sodium 21
N
nadolol 9
naltrexone hcl 13
naproxen 1
NATAZIA 15
nateglinide 14
nefazodone hcl 11
neomycin-polymy-dexameth 22
neomycin-polymyxin-gramicidin 22
neomycin-polymyxin-hc (ophth) 22
neomycin-polymyxin-hc (otic) 25
neomycin sulfate 2
nevirapine 3
nifedipine 10
nikki 15
nilutamide 6
nisoldipine 10
NITRO-DUR 11
nitroglycerin 11
nizatidine 19
norethindrone (contraceptive) 15
norethindrone acet & eth estra 16
norethindrone acetate 18
norethindrone acetate-ethinyl estradiol 17
norgestimate-ethinyl estradiol 16
norgestimate-ethinyl estradiol (triphasic) .16
NORPACE CR 8
nortrel 0.5/35 (28) 16
nortrel 1/35 16
nortrel 7/7/7 16
NORVIR 3
NOVOFINE PEN NEEDLE 32G X 16
NOVOLIN 70/30 14
NOVOLIN 70/30 FLEXPEN 14
NOVOLIN N 14
NOVOLIN N FLEXPEN 14
NOVOLIN R 14
NOVOLIN R FLEXPEN 14
NOVOLOG MIX 70/30 14
NOVOLOG MIX 70/30 PREFILL 14
NUBEQA 6
nystatin 2
nystatin (mouth-throat) 25

O
ODEFSEY 4
ODOMZO 7
ofloxacin 5
ofloxacin (otic) 25
olanzapine 12
olmesartan medoxomil 8
olmesartan medoxomil-amlodipine-hydrochlorothiazide 8
olopatadine hcl 23
omega-3-acid ethyl esters 9
OMNIPOD CLASSIC PDM START 16
OMNIPOD CLASSIC PODS (GEN 16
OMNIPOD DASH PODS (GEN 4) 16
oralone dental paste 25
ORILISSA 17
oseltamivir phosphate 4
OTEZLA 21
oxcarbazepine 12
oxybutynin chloride 20
oxymorphone hcl 1
P
pacerone 8
paricalcitol 18
paroxetine hcl 11
pediatric multivitamins w/fl 22
ped multivitamins w/fl & iron 22
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate 19
peg 3350-potassium chloride-sod bicarbonate-sod chloride 19
penicillin v potassium 5
pentamidine isethionate 5
pentoxifylline 20
periogard 25
perphenazine 12
phenobarbital 12
phenytoin sodium extended 12
pilocarpine hcl 23
pilocarpine hcl (oral) 25
pimozide 13
pindolol 9
pioglitazone hcl 14
pioglitazone hcl-glimepiride 14
pioglitazone hcl-metformin hcl 14
piroxicam 1
podofilox 24
polyethylene glycol 3350 19
portia-28 16
potassium chloride 21
potassium citrate (alkalinizer) 20
pramipexole dihydrochloride 11
prasugrel hcl 20
pravastatin sodium 9
praziquantel 2
prazosin hcl 8
prednisolone acetate (ophth) 23
PREDNISOLONE SODIUM PHOSP 23
prednisolone sodium phosphate 17
prednisone 17
PREDNISONE INTENSOL 17
prevalite 8
PREZISTA 3
primaquine phosphate 2
primidone 12
probenecid 1
prochlorperazine 18
PROLASTIN-C 23
promethazine hcl 18
promethegan 18
propafenone hcl 8
proparacaine hcl 23
propranolol hcl 9
propylthiouracil 18
pseudoephed-bromphen-dm 24
pyridostigmine bromide 13
pyridoxine hcl 22
Q
quetiapine fumarate 12
quinine sulfate 2
R
raloxifene hcl 17
ramipril 7
ranolazine 10
rasagiline mesylate 11
reclipsen 16
RELENZA DISKHALER 4
repaglinide 14

RETACRIT....20
REYATAZ....3
rifabutin....4
rimantadine hydrochloride....4
risperidone....12
rivelsa....16
ropinirole hydrochloride....12
S
scopolamine....18
selegiline hcl....12
selenium sulfide....24
sertraline hcl....11
sevelamer carbonate....17
silver sulfadiazine....24
simvastatin....9
sirolimus....21
SLYND....16
sodium chloride (inhalant)....24
sodium fluoride....21, 22
SOLIQUA 100/33....13
sotalol hcl....8
sotalol hcl (afib/afl)....8
spironolactone & hydrochlorothiazide....10
sprintec 28....16
ssd....24
sucralfate....19
sulfacetamide sodium (acne)....24
sulfacetamide sodium (ophth)....22
sulfacetamide sod-prednisolone....22
sulfamethoxazole-trimethoprim....5
sulfasalazine....19
syeda....16
SYNTHROID....18
T
tacrolimus....21
take action....16
TALTZ....21
tamoxifen citrate....6
tamsulosin hcl....20
tazarotene....24
telmisartan....8
tenofovir disoproxil fumarate....3
terbutaline sulfate....24
terconazole vaginal....20
testosterone....13
theophylline....24
thioridazine hcl....12
tiagabine hcl....12
timolol maleate....9
timolol maleate (ophth)....23
tinidazole....2
TIVICAY....3
TIVICAY PD....3
tizanidine hcl....13
TOBRADEX....22
TOBRADEX ST....22
tobramycin-dexamethasone....22
tolterodine tartrate....20
topiramate....12
toremifene citrate....6
torsemide....10
tramadol hcl....1
trandolapril....7
trandolapril-verapamil hcl....7
tranexamic acid....20
tranylcypromine sulfate....11
travoprost....23
trazodone hcl....11
TRESIBA....14
TRESIBA FLEXTOUCH....14
tretinoin (chemotherapy)....7
triamcinolone acetonide (mouth)....25
triamterene....10
trifluoperazine hcl....12
trifluridine....22
trihexyphenidyl hcl....12
tri-linyah....16
trimethobenzamide hcl....18
tri-sprintec....16
tri-vite/fluoride....22
tropicamide....23
trospium chloride....20
TWIRLA....16
U
unithroid....18
ursodiol....19
V
valacyclovir hcl....4

valproate sodium 12
valproic acid 12
valsartan 8
valsartan-hydrochlorothiazide 8
vancomycin hcl 5
VARUBI 18
velivet 16
venlafaxine hcl 11
verapamil hcl 10
vigabatrin 13
VIOKACE 19
viorele 16
W
warfarin sodium 20
wera 16
X
XARELTO 20
XARELTO STARTER PACK 20
XTAMPZA ER 1
xulane 16
XULTOPHY 100/3.6 13
Y
yuvafem 17
Z
zafirlukast 24
ZENPEP 19
zidovudine 3
ziprasidone hcl 12
zonisamide 13

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SUM7278-1S (01/27)

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**.

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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 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): ọkwà 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 mkpariṭa 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 adílchííd 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 mana‘omia ai le faia o se gaioiga i nisi taimi fa‘agata. 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.