

CareFirst Abridged Exchange Formulary

2025

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for:

- Individuals or families purchasing their own plan, and
- Members of an employer group with less than 51 employees purchasing a plan

This abridged drug list is a list of drugs used to treat common conditions only. It does not include all drugs covered by your benefit plan. For a complete and updated list, visit carefirst.com/rx, click on *Drug Search* and select the *Exchange Formulary* to view the full list of covered drugs. Note that the abridged formulary listed below is not an all-inclusive list and is subject to change.

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

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of five drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing “CTRL” and “F” at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain

drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.

- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

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

Tier 0: \$0 Drugs	<ul style="list-style-type: none"> ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, HIV PrEP, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none"> ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none"> ■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs \$\$\$	<ul style="list-style-type: none"> ■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

CareFirst Exchange Formulary - 5-Tier Effective 11/01/2025

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i>	Tier 1	
<i>colchicine</i>	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 1	
<i>probenecid</i>	Tier 1	
NSAIDS		
<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>flurbiprofen</i>	Tier 1	
<i>ibuprofen</i>	Tier 1	
<i>meclofenamate sodium</i>	Tier 1	
<i>mefenamic acid</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol</i>	Tier 1	
OPIOID ANALGESICS		
<i>fentanyl</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydromorphone hcl</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate beads</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol hcl</i>	Tier 1	ST, PA; High Strength Requires PA
XTAMPZA ER	Tier 2	ST, PA; High Strength Requires Prior Auth

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

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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; \$0 copay; High Strength Requires Prior Auth
<i>buprenorphine</i>	Tier 1	ST, PA; \$0 copay; High Strength Requires Prior Auth
ANTI-INFECTIVES		
ANTHELMINTICS		
<i>ivermectin</i>	Tier 1	
<i>praziquantel</i>	Tier 1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>fosfomycin tromethamine</i>	Tier 1	
<i>neomycin sulfate</i>	Tier 1	
<i>tinidazole</i>	Tier 1	
ANTIFUNGALS		
<i>fluconazole</i>	Tier 1	
<i>griseofulvin microsize</i>	Tier 1	
<i>itraconazole</i>	Tier 1	PA
<i>nystatin</i>	Tier 1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	Tier 1	
<i>chloroquine phosphate</i>	Tier 1	
<i>mefloquine hcl</i>	Tier 1	
<i>primaquine phosphate</i>	Tier 1	
<i>quinine sulfate</i>	Tier 1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln</i>	Tier 1	QL (900 mL every 30 days)
<i>abacavir sulfate tabs</i>	Tier 1	QL (60 tabs every 30 days)
<i>atazanavir sulfate 150mg, 300mg</i>	Tier 1	QL (30 caps every 30 days)
<i>atazanavir sulfate 200mg</i>	Tier 1	QL (60 caps every 30 days)
<i>efavirenz</i>	Tier 1	QL (90 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine</i>	Tier 1	QL (30 caps every 30 days)
<i>fosamprenavir calcium</i>	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)
<i>lamivudine 150mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lamivudine 300mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>nevirapine susp</i>	Tier 1	QL (1200 mL every 30 days)
<i>nevirapine tabs</i>	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)
<i>tenofovir disoproxil fumarate</i>	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)
<i>zidovudine caps</i>	Tier 1	QL (180 caps every 30 days)
<i>zidovudine tabs</i>	Tier 1	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
DESCOVY	Tier 0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	Tier 0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
<i>emtricitabine-tenofovir disoproxil fumarate</i>	Tier 1	QL (30 tabs every 30 days)
GENVOYA	Tier 2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine</i>	Tier 1	QL (60 tabs every 30 days)
ODEFSEY	Tier 2	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	Tier 1	
<i>ethambutol hcl</i>	Tier 1	
<i>isoniazid</i>	Tier 1	
<i>rifabutin</i>	Tier 1	
ANTIVIRALS		
<i>acyclovir</i>	Tier 1	
<i>famciclovir</i>	Tier 1	
<i>oseltamivir phosphate caps 30mg</i>	Tier 1	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr</i>	Tier 1	QL (360 mL every 90 days)
RELENZA DISKHALER	Tier 2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride</i>	Tier 1	
<i>valacyclovir hcl</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
<i>cefaclor</i>	Tier 1	
<i>cefadroxil</i>	Tier 1	
<i>cefdinir</i>	Tier 1	
<i>cefixime</i>	Tier 1	
<i>cefpodoxime proxetil</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<i>cephalexin</i>	Tier 1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID	Tier 2	PA
<i>erythrocin stearate</i>	Tier 1	
<i>erythromycin base</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl</i>	Tier 1	
<i>levofloxacin</i>	Tier 1	
<i>moxifloxacin hcl</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
HEPATITIS C		
EPCLUSA	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI PACK	Tier 4	PA, QL (28 pellets every 28 days)
HARVONI TABS	Tier 4	PA, QL (28 tabs every 28 days)
VOSEVI	Tier 4	PA, QL (28 tabs every 28 days)
MISCELLANEOUS		
<i>atovaquone</i>	Tier 1	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin palmitate hydrochloride</i>	Tier 1	
<i>linezolid</i>	Tier 1	
<i>methenamine hippurate</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole</i>	Tier 1	
<i>nitrofurantoin macrocrystal</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohyd macro</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate</i>	M	M
<i>sulfamethoxazole-trimethoprim</i>	Tier 1	
<i>vancomycin hcl</i>	Tier 1	QL (80 caps every 10 days)

PENICILLINS

<i>amoxicillin</i>	Tier 1	
<i>amoxicillin & pot clavulanate</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
<i>dicloxacillin sodium</i>	Tier 1	
<i>penicillin v potassium</i>	Tier 1	

TETRACYCLINES

<i>avidoxy</i>	Tier 1	
<i>demeclocycline hcl</i>	Tier 1	
<i>doxycycline (monohydrate)</i>	Tier 1	
<i>doxycycline hyclate</i>	Tier 1	
<i>minocycline hcl</i>	Tier 1	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>carmustine</i>	M	M
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ANTIMETABOLITES

<i>mercaptopurine</i>	Tier 0	
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HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>anastrozole</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
<i>exemestane</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>letrozole</i>	Tier 0	
<i>megestrol acetate</i>	Tier 0	
<i>nilutamide</i>	Tier 0	
NUBEQA	Tier 0	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate</i>	Tier 0	
KINASE INHIBITORS		
ALECENSA	Tier 0	PA, QL (240 caps every 30 days)
<i>imatinib mesylate</i>	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		
<i>arsenic trioxide</i>	M	M
<i>hydroxyurea</i>	Tier 0	
LYNPARZA	Tier 0	PA, QL (120 tabs every 30 days)
ODOMZO	Tier 0	PA, QL (30 caps every 30 days)
<i>tretinoin (chemotherapy)</i>	Tier 0	
MITOTIC INHIBITORS		
<i>docetaxel</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
<i>leucovorin calcium</i>	Tier 0	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i>	Tier 0	
<i>irinotecan hcl</i>	M	M
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	Tier 1	
<i>benazepril & hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide</i>	Tier 1	
<i>trandolapril-verapamil hcl</i>	Tier 1	
ACE INHIBITORS		
<i>benazepril hcl</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril maleate</i>	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>moexipril hcl</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	Tier 1	
ALPHA BLOCKERS		
<i>prazosin hcl</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	Tier 1	
<i>amlodipine besylate-valsartan</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide</i>	Tier 1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	Tier 1	
<i>irbesartan</i>	Tier 1	
<i>olmesartan medoxomil</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>valsartan</i>	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	Tier 1	
<i>disopyramide phosphate</i>	Tier 1	
<i>flecainide acetate</i>	Tier 1	
NORPACE CR	Tier 2	
<i>pacerone</i>	Tier 1	
<i>propafenone hcl</i>	Tier 1	
<i>sotalol hcl</i>	Tier 1	
<i>sotalol hcl (afib/afl)</i>	Tier 1	
ANTILIPEMICS, BILE ACID RESINS		
<i>colestipol hcl</i>	Tier 1	
<i>prevalite</i>	Tier 1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe</i>	Tier 1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	Tier 1	
<i>fenofibrate micronized</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	Tier 1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin</i>	Tier 1	\$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin</i>	Tier 1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters</i>	Tier 1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide</i>	Tier 1	
BETA-BLOCKERS		
<i>atenolol</i>	Tier 1	
<i>betaxolol hcl</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>carvedilol phosphate</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol tartrate</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol hcl</i>	Tier 1	
<i>timolol maleate</i>	Tier 1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	Tier 1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	Tier 1	
<i>cartia xt</i>	Tier 1	
<i>dilt-xr</i>	Tier 1	
<i>diltiazem hcl</i>	Tier 1	
<i>diltiazem hcl coated beads</i>	Tier 1	
<i>diltiazem hcl extended release beads</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>matzim la</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>nisoldipine</i>	Tier 1	
<i>verapamil hcl</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
DIGITALIS GLYCOSIDES		
<i>digoxin</i>	Tier 1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate</i>	Tier 1	
DIURETICS		
<i>acetazolamide</i>	Tier 1	
<i>amiloride hcl</i>	Tier 1	
<i>bumetanide</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>furosemide</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>mannitol</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<i>osmitrol viaflex</i>	Tier 1	
<i>spironolactone & hydrochlorothiazide</i>	Tier 1	
<i>toremide</i>	Tier 1	
<i>triamterene</i>	Tier 1	
HEART FAILURE		
ENTRESTO	Tier 2	
MISCELLANEOUS		
<i>clonidine</i>	Tier 1	
<i>clonidine hcl</i>	Tier 1	
<i>guanfacine hcl</i>	Tier 1	
<i>hydralazine hcl</i>	Tier 1	
<i>midodrine hcl</i>	Tier 1	
<i>minoxidil</i>	Tier 1	
<i>ranolazine</i>	Tier 1	ST; PA**
NITRATES		
<i>isosorbide dinitrate</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
NITRO-DUR	Tier 2	
<i>nitroglycerin</i>	Tier 1	

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

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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
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	Tier 1	PA
ANTIANKXIETY		
<i>buspirone hcl</i>	Tier 1	
<i>fluvoxamine maleate</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i>	Tier 1	
<i>galantamine hydrobromide</i>	Tier 1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>bupropion hcl</i>	Tier 1	
<i>citalopram hydrobromide</i>	Tier 1	
<i>duloxetine hcl</i>	Tier 1	
<i>escitalopram oxalate</i>	Tier 1	
<i>fluoxetine hcl caps; cpdr</i>	Tier 1	
<i>fluoxetine hcl tabs</i>	Tier 1	(generic Sarafem not covered)
<i>imipramine pamoate</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>mirtazapine</i>	Tier 1	
<i>nefazodone hcl</i>	Tier 1	
<i>nortriptyline hcl</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>paroxetine hcl</i>	Tier 1	
<i>sertraline hcl</i>	Tier 1	
<i>tranylcypromine sulfate</i>	Tier 1	
<i>trazodone hcl</i>	Tier 1	
<i>venlafaxine hcl</i>	Tier 1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	Tier 1	

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

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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
<i>benztropine mesylate</i>	Tier 1	
<i>bromocriptine mesylate</i>	Tier 1	
<i>carbidopa-levodopa</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<i>pramipexole dihydrochloride</i>	Tier 1	
<i>rasagiline mesylate</i>	Tier 1	
<i>ropinirole hydrochloride</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
<i>trihexyphenidyl hcl</i>	Tier 1	

ANTIPSYCHOTICS

<i>aripiprazole</i>	Tier 1	
ARISTADA	Tier 2	
ARISTADA INITIO	Tier 2	
<i>chlorpromazine hcl</i>	Tier 1	
<i>clozapine</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate</i>	Tier 1	
<i>loxapine succinate</i>	Tier 1	
<i>olanzapine</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>quetiapine fumarate</i>	Tier 1	
<i>risperidone</i>	Tier 1	
<i>thioridazine hcl</i>	Tier 1	
<i>trifluoperazine hcl</i>	Tier 1	
<i>ziprasidone hcl</i>	Tier 1	

ANTISEIZURE AGENTS

<i>carbamazepine</i>	Tier 1	
<i>clonazepam</i>	Tier 1	
<i>divalproex sodium</i>	Tier 1	
<i>ethosuximide</i>	Tier 1	
<i>felbamate</i>	Tier 1	
<i>lamotrigine</i>	Tier 1	
<i>levetiracetam</i>	Tier 1	
<i>oxcarbazepine</i>	Tier 1	
<i>phenobarbital</i>	Tier 1	

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

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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
<i>phenytoin sodium extended</i>	Tier 1	
<i>pregabalin</i>	Tier 1	ST; PA**
<i>primidone</i>	Tier 1	
<i>tiagabine hcl</i>	Tier 1	
<i>topiramate</i>	Tier 1	
<i>valproate sodium</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>vigabatrin</i>	Tier 4	PA, QL (180 packets every 30 days)
<i>zonisamide</i>	Tier 1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>atomoxetine hcl</i>	Tier 1	
<i>guanfacine hcl (adhd)</i>	Tier 1	
HYPNOTICS		
BELSOMRA	Tier 2	ST; PA**
<i>cvs sleep-aid nighttime</i>	Tier 1	OTC
MOOD STABILIZERS		
<i>lithium carbonate</i>	Tier 1	
MULTIPLE SCLEROSIS AGENTS		
BETASERON	Tier 4	PA, QL (14 injections every 28 days)
<i>dimethyl fumarate cdpk</i>	Tier 4	PA, QL (1 kit every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	Tier 4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	Tier 4	PA, QL (60 caps every 30 days)
<i>glatiramer acetate</i>	Tier 2	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	Tier 2	PA, QL (30 injections every 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	Tier 1	
<i>chlorzoxazone</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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

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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
<i>cyclobenzaprine hcl</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium</i>	Tier 1	
<i>methocarbamol</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl</i>	Tier 1	
MYASTHENIA GRAVIS		
<i>pyridostigmine bromide</i>	Tier 1	
OPIOID ANTAGONIST		
<i>naltrexone hcl</i>	Tier 0	\$0 copay
PSYCHOTHERAPEUTIC-MISC		
<i>pimozide</i>	Tier 1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>testosterone</i>	Tier 1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	Tier 1	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl</i>	Tier 1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl</i>	Tier 1	
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	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN	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 MIX 70/30	Tier 2	
NOVOLOG MIX 70/30 PREFILL	Tier 2	
TRESIBA	Tier 2	
TRESIBA FLEXTOUCH	Tier 2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl</i>	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl</i>	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride</i>	Tier 1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
CONTRACEPTIVES		
<i>altavera</i>	Tier 0	
<i>alyacen 1/35</i>	Tier 0	
<i>alyacen 7/7/7</i>	Tier 0	
ANNOVERA	Tier 0	QL (1 every 300 days)
<i>apri</i>	Tier 0	
<i>aranelle</i>	Tier 0	
<i>ashlyna</i>	Tier 0	
<i>aviane</i>	Tier 0	
<i>camila</i>	Tier 0	
<i>cryselle-28</i>	Tier 0	
<i>dasetta 1/35</i>	Tier 0	

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

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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
<i>dasetta 7/7/7</i>	Tier 0	
<i>delyla</i>	Tier 0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	Tier 0	
<i>elinest</i>	Tier 0	
<i>enpresse-28</i>	Tier 0	
<i>enskyce</i>	Tier 0	
<i>errin</i>	Tier 0	
<i>ethynodiol diacet & eth estrad</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0	QL (13 every 300 days)
<i>falmina</i>	Tier 0	
<i>gemmily</i>	Tier 0	
<i>heather</i>	Tier 0	
<i>introvale</i>	Tier 0	
<i>jolessa</i>	Tier 0	
<i>junel 1.5/30</i>	Tier 0	
<i>junel 1/20</i>	Tier 0	
<i>junel fe 1.5/30</i>	Tier 0	
<i>junel fe 1/20</i>	Tier 0	
<i>junel fe 24</i>	Tier 0	
<i>kariva</i>	Tier 0	
<i>kelnor 1/35</i>	Tier 0	
<i>kurvelo</i>	Tier 0	
<i>larin 1.5/30</i>	Tier 0	
<i>leena</i>	Tier 0	
<i>lessina</i>	Tier 0	
<i>levonest</i>	Tier 0	
<i>levonorgestrel & eth estradiol</i>	Tier 0	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Tier 0	
<i>levora 0.15/30-28</i>	Tier 0	
LO LOESTRIN FE	Tier 0	
<i>loryna</i>	Tier 0	
<i>low-ogestrel</i>	Tier 0	
<i>lutera</i>	Tier 0	
<i>marlissa</i>	Tier 0	
<i>mono-lynyah</i>	Tier 0	

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

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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
NATAZIA	Tier 0	
<i>nikki</i>	Tier 0	
<i>norethindrone (contraceptive)</i>	Tier 0	
<i>norethindrone acet & eth estra</i>	Tier 0	
<i>norgestimate-ethinyl estradiol</i>	Tier 0	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	Tier 0	
<i>nortrel 0.5/35 (28)</i>	Tier 0	
<i>nortrel 1/35</i>	Tier 0	
<i>nortrel 7/7/7</i>	Tier 0	
<i>ocella</i>	Tier 0	
<i>portia-28</i>	Tier 0	
<i>reclipsen</i>	Tier 0	
<i>rivelsa</i>	Tier 0	
SLYND	Tier 0	
<i>sprintec 28</i>	Tier 0	
<i>sronyx</i>	Tier 0	
<i>syeda</i>	Tier 0	
<i>take action</i>	Tier 0	OTC
<i>tri-linyah</i>	Tier 0	
<i>tri-sprintec</i>	Tier 0	
TWIRLA	Tier 0	
<i>velivet</i>	Tier 0	
<i>viorele</i>	Tier 0	
<i>wera</i>	Tier 0	
<i>xulane</i>	Tier 0	

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS	M	OTC; M
ACCU-CHEK GUIDE	M	OTC; M
ACCU-CHEK GUIDE ME	M	OTC; M
BD VEO INSULIN SYRINGE UL	Tier 0	OTC
CAREFINE PEN NEEDLES 32GX	Tier 0	OTC
DEXCOM G5 MOBILE RECEIVER	Tier 0	PA
DEXCOM G5 MOBILE TRANSMIT	Tier 0	PA
DEXCOM G5 RECEIVER KIT	Tier 0	PA
DEXCOM G6 RECEIVER	Tier 0	PA
DEXCOM G6 TRANSMITTER	Tier 0	PA

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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
NOVOFINE PEN NEEDLE 32G X	Tier 0	OTC
OMNIPOD CLASSIC PDM START	Tier 0	PA, QL (10 kits every 30 days); M
OMNIPOD CLASSIC PODS (GEN	Tier 0	PA, QL (10 boxes every 30 days)
OMNIPOD DASH PODS (GEN 4)	Tier 0	PA, QL (10 boxes every 30 days)
V-GO 20	Tier 0	PA, QL (30 pumps per 25 days)
V-GO 30	Tier 0	PA, QL (30 pumps per 25 days)
V-GO 40	Tier 0	PA, QL (30 pumps per 25 days)

ENDOMETRIOSIS

<i>danazol</i>	Tier 1	
ORILISSA	Tier 2	

FERTILITY REGULATORS

GANIRELIX ACETATE	Tier 4	PA
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GLUCOCORTICOIDS

<i>dexamethasone</i>	Tier 1	
DEXAMETHASONE INTENSOL	Tier 2	
<i>fludrocortisone acetate</i>	Tier 1	
<i>hydrocortisone</i>	Tier 1	
MEDROL	Tier 2	
<i>methylprednisolone</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISONE INTENSOL	Tier 2	

GLUCOSE ELEVATING AGENTS

<i>glucagon</i>	Tier 1	
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MENOPAUSAL SYMPTOM AGENTS

CLIMARA PRO	Tier 2	
<i>estradiol</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 19

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
<i>estradiol vaginal</i>	Tier 1	
<i>jinteli</i>	Tier 1	
<i>mimvey</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol</i>	Tier 1	
<i>yuvafem</i>	Tier 1	
MISCELLANEOUS		
<i>cabergoline</i>	Tier 1	
<i>raloxifene hcl</i>	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	Tier 1	
<i>sevelamer carbonate</i>	Tier 1	
PROGESTINS		
CRINONE	Tier 2	
<i>medroxyprogesterone acetate</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
THYROID AGENTS		
<i>levothyroxine sodium</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
<i>liothyronine sodium</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
SYNTHROID	Tier 2	
<i>unithroid</i>	Tier 1	
VASOPRESSINS		
<i>desmopressin acetate</i>	Tier 1	
<i>desmopressin acetate spray refrigerated</i>	Tier 1	
VITAMIN D ANALOGS		
<i>calcitriol</i>	Tier 1	
<i>doxercalciferol</i>	Tier 1	
<i>paricalcitol</i>	Tier 1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>dicyclomine hcl</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate</i>	Tier 1	
<i>methscopolamine bromide</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine</i>	Tier 1	
<i>loperamide hcl</i>	Tier 1	
ANTIEMETICS		
<i>aprepitant</i>	Tier 1	QL (3 caps every 180 days)
<i>compro</i>	Tier 1	
<i>meclizine hcl</i>	Tier 1	
<i>metoclopramide hcl</i>	Tier 1	
<i>prochlorperazine</i>	Tier 1	
<i>promethazine hcl soln; tabs</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl supp</i>	Tier 1	
<i>promethegan</i>	Tier 1	
<i>scopolamine</i>	Tier 1	
<i>trimethobenzamide hcl</i>	Tier 1	
VARUBI	Tier 2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	Tier 1	
<i>famotidine</i>	Tier 1	
<i>nizatidine</i>	Tier 1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	Tier 1	
<i>hydrocortisone (intrarectal)</i>	Tier 1	
<i>mesalamine</i>	Tier 1	
<i>mesalamine w/ cleanser</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS	Tier 2	
<i>lubiprostone</i>	Tier 1	
LAXATIVES		
<i>enulose</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>generlac</i>	Tier 1	
<i>lactulose</i>	Tier 1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	Tier 1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	Tier 1	
<i>polyethylene glycol 3350</i>	Tier 1	OTC
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis)</i>	Tier 1	
<i>sucalfate</i>	Tier 1	
<i>ursodiol</i>	Tier 1	
PANCREATIC ENZYMES		
CREON	Tier 2	PA
VIOKACE	Tier 2	PA
ZENPEP	Tier 2	PA
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i>	Tier 1	QL (90 caps every 365 days)
<i>lansoprazole</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole</i>	Tier 1	QL (90 caps every 365 days)
<i>pantoprazole sodium</i>	Tier 1	QL (90 tabs every 365 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	Tier 1	
<i>dutasteride</i>	Tier 1	
<i>dutasteride-tamsulosin hcl</i>	Tier 1	
<i>finasteride</i>	Tier 1	
<i>tamsulosin hcl</i>	Tier 1	
MISCELLANEOUS		
<i>potassium citrate (alkalinizer)</i>	Tier 1	

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

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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
<i>oxybutynin chloride</i>	Tier 1	
<i>tolterodine tartrate</i>	Tier 1	
<i>trospium chloride</i>	Tier 1	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>metronidazole vaginal</i>	Tier 1	
<i>miconazole 3</i>	Tier 1	
<i>terconazole vaginal</i>	Tier 1	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS	Tier 2	
ELIQUIS STARTER PACK	Tier 2	
<i>enoxaparin sodium</i>	Tier 1	
<i>fondaparinux sodium</i>	Tier 1	
<i>jantoven</i>	Tier 1	
<i>warfarin sodium</i>	Tier 1	
XARELTO	Tier 2	
XARELTO STARTER PACK	Tier 2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE	Tier 4	PA
RETACRIT	Tier 4	PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	Tier 1	
<i>pentoxifylline</i>	Tier 1	
<i>tranexamic acid</i>	Tier 1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i>	Tier 1	
<i>clopidogrel bisulfate</i>	Tier 1	
<i>dipyridamole</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</i>		
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
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
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>leflunomide</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 0	\$0 copay based on your plan/benefit
<i>IMMUNOSUPPRESSANTS</i>		
<i>cyclosporine</i>	Tier 1	
<i>cyclosporine modified (for microemulsion)</i>	Tier 1	
<i>everolimus (immunosuppressant)</i>	Tier 1	
<i>gengraf</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 24

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>potassium chloride</i>	Tier 1	
<i>sodium fluoride chew 1mg</i>	Tier 1	
<i>sodium fluoride chew .25mg, .5mg</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride soln</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tabs 1mg</i>	Tier 1	
<i>sodium fluoride tabs .5mg</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered

VITAMINS

<i>cholecalciferol</i>	Tier 1	OTC
<i>folic acid</i>	Tier 1	
<i>ped multivitamins w/fl & iron</i>	Tier 1	
<i>pediatric multivitamins w/fl</i>	Tier 1	
<i>pyridoxine hcl</i>	Tier 1	OTC
<i>tri-vite/fluoride</i>	Tier 1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>neomycin-polymy-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc (ophth)</i>	Tier 1	
<i>sulfacetamide sod-prednisolone</i>	Tier 1	
TOBRADEX	Tier 2	
TOBRADEX ST	Tier 2	
<i>tobramycin-dexamethasone</i>	Tier 1	

ANTI-INFECTIVES

AZASITE	Tier 2	
<i>bacitracin (ophthalmic)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b (ophth)</i>	Tier 1	
<i>erythromycin (ophth)</i>	Tier 1	
<i>moxifloxacin hcl (ophth)</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>polycin</i>	Tier 1	
<i>sulfacetamide sodium (ophth)</i>	Tier 1	
<i>trifluridine</i>	Tier 1	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i>	Tier 1	
<i>diclofenac sodium (ophth)</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
ILEVRO	Tier 2	
<i>ketorolac tromethamine (ophth)</i>	Tier 1	
<i>loteprednol etabonate</i>	Tier 1	
<i>prednisolone acetate (ophth)</i>	Tier 1	
PREDNISOLONE SODIUM PHOSP	Tier 2	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i>	Tier 1	
<i>epinastine hcl (ophth)</i>	Tier 1	
<i>olopatadine hcl</i>	Tier 1	
ANTIGLAUCOMA BETA-BLOCKERS		
<i>carteolol hcl (ophth)</i>	Tier 1	
<i>levobunolol hcl</i>	Tier 1	
<i>timolol maleate (ophth)</i>	Tier 1	
ANTIGLAUCOMA COMBINATION AGENTS		
<i>dorzolamide hcl-timolol maleate</i>	Tier 1	
CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide</i>	Tier 1	
MISCELLANEOUS		
<i>pilocarpine hcl</i>	Tier 1	
<i>proparacaine hcl</i>	Tier 1	
<i>tropicamide</i>	Tier 1	
PROSTAGLANDINS		
<i>latanoprost</i>	Tier 1	
LUMIGAN	Tier 2	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
<i>travoprost</i>	Tier 1	
SYMPATHOMIMETICS		
<i>brimonidine tartrate</i>	Tier 1	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C	M	M
ANTICHOLINERGICS		
<i>ipratropium bromide (nasal)</i>	Tier 1	
ANTI-HISTAMINES		
<i>carbinoxamine maleate</i>	Tier 1	
<i>cyproheptadine hcl</i>	Tier 1	
<i>desloratadine</i>	Tier 1	
<i>diphenhydramine hcl</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride</i>	Tier 1	
BETA AGONISTS		
<i>albuterol sulfate</i>	Tier 1	
<i>terbutaline sulfate</i>	Tier 1	
COLD/COUGH		
<i>benzonatate</i>	Tier 1	
<i>pseudoephed-bromphen-dm</i>	Tier 1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i>	Tier 1	
<i>zafirlukast</i>	Tier 1	
MISCELLANEOUS		
<i>acetylcysteine</i>	Tier 1	
<i>sodium chloride (inhalant)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
SEVERE ASTHMA AGENTS		
XOLAIR	M	M
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	
tretinoin	Tier 1	PA; PA applies for members age 35 and older
tretinoin microsphere	Tier 1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil (topical)	Tier 1	
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	
FINACEA	Tier 2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl	Tier 1	
chlorhexidine gluconate (mouth-throat)	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat)</i>	Tier 1	
<i>nystatin (mouth-throat)</i>	Tier 1	
<i>oralone dental paste</i>	Tier 1	
<i>periogard</i>	Tier 1	
<i>pilocarpine hcl (oral)</i>	Tier 1	
<i>triamcinolone acetonide (mouth)</i>	Tier 1	
OTIC		
<i>acetic acid (otic)</i>	Tier 1	
<i>ciprofloxacin hcl (otic)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	
<i>fluocinolone acetonide (otic)</i>	Tier 1	
<i>hydrocortisone w/acetic acid</i>	Tier 1	
<i>neomycin-polymyxin-hc (otic)</i>	Tier 1	
<i>ofloxacin (otic)</i>	Tier 1	

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Room 509F, HHH Building
Washington, D.C. 20201
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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 ቀናትን 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 855-258-6518 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمتترجم 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，然後您將會與翻譯人員聯繫。

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 به صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج شده 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 फोन 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 ndị dị óké mkpà 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'akwughị ụgwọ ọbụla. Ndi ọ̀tù ga akpọ ọnuogugụ ekwenti dị na àzụ Kààdị njirimara ndi ọ̀tù ha. Ndi ọ̀zọ nile nwere ike ikpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pja 0. Mgbe onye ozi zara, kwuo asụsụ ichorọ, a ga ejikota gị 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'ákonínizin (Navajo): Díí bee íł hane'í béeso nich'ááh naa'nil bee ník'é'asti'í bódahólníhgo bee baa dahane'í biyi'. Dayoolkálí dóo bee ida'ii'aahí háidíí shíí t'áá bich'í'jii' ha'át'íshíí ádadiilíhíí biyi'. Díí bee baa dahane'í dóo t'áá jiiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'í'. Bii hada'dít'éhí binaaltsoos nitl'izhí bee béédahóziní baaq béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóo yáfti'í biba' asdáago niléí ó bii adíłchííd hodoo'niidjii'. Naalnishí haadzíí'go, saad nínízinígíí bee bii hodíilnih dóo ata' yáfti'í bich'í' 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। अरु 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 gaoiga 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 tofogi. 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'aailoa 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 ڈائلاگ پر انتظار کرنا چاہیے۔ 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 nhả số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.