



CareFirst BlueCross BlueShield Group Advantage (PPO)

2025 Enhanced Drug Coverage Listing

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE ENHANCED DRUGS WE COVER IN THIS PLAN

This enhanced drug list was updated on 10/15/2024. For more recent information or other questions, please contact CareFirst BlueCross BlueShield Group Advantage (PPO) at 1-888-970-0917 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.carefirst.com/myaccount.

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What is the CareFirst BlueCross BlueShield Group Advantage (PPO) Enhanced Drug Coverage?

Your plan covers additional drugs through our Enhanced Drug Coverage. These prescription drugs are not normally covered under Medicare Prescription Drug Plans. Enhanced Drugs are separate from your Medicare Part D prescription drug coverage. This document is a list of the Enhanced Drugs covered under your employer's CareFirst BlueCross BlueShield Group Advantage plan. If you fill a prescription for one of these drugs, the amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Can the Enhanced Drug List change?

This list may change at any time. Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Enhanced Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. You will be provided with advance written notice of those changes, when applicable. For an updated list of Enhanced Drugs, please call us. Our contact information appears on the front and back cover pages.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CareFirst BlueCross BlueShield Group Advantage (PPO) requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from CareFirst BlueCross BlueShield Group Advantage (PPO) before you fill your prescriptions. If you don't get approval, CareFirst BlueCross BlueShield Group Advantage (PPO) may not cover the drug.
- **Quantity Limits:** For certain drugs, CareFirst BlueCross BlueShield Group Advantage (PPO) limits the amount of the drug that CareFirst BlueCross BlueShield Group Advantage (PPO) will cover. For example, CareFirst BlueCross BlueShield Group Advantage (PPO) provides 6 tablets per 30-day prescription for sildenafil 100 mg tablets.
- **Step Therapy:** In some cases, CareFirst BlueCross BlueShield Group Advantage (PPO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CareFirst BlueCross BlueShield Group Advantage (PPO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareFirst BlueCross BlueShield Group Advantage (PPO) will then cover Drug B.

What if my drug is not on the Enhanced drug list?

If your drug is not on the Part D formulary and not on this Enhanced Drug list, you should first contact Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the Part D Formulary and Enhanced Drug List, appears on the front and back cover pages of those documents.

If you learn that CareFirst BlueCross BlueShield Group Advantage does not cover your drug under the enhanced drug benefit, you can ask Member Services for a list of similar drugs that are covered by CareFirst BlueCross BlueShield Group Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CareFirst BlueCross BlueShield Group Advantage.

CareFirst BlueCross BlueShield Group Advantage (PPO) Enhanced Drug Coverage

The list below provides coverage information about some of the Enhanced Drugs covered by CareFirst BlueCross BlueShield Group Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on 11. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., CIALIS) and generic drugs are listed in lower-case italics (e.g., *tadalafil*).

The second column, “Drug Tier,” will indicate what copay tier the Enhanced Drugs are listed in. Copay amounts and coinsurance percentages for each tier vary. **Enhanced drugs are available on Tier 2 (Generic) or Tier 4 (Non-Preferred Drug) copay depending on the drug. This means you will pay the either the Tier 2 or Tier 4 copay listed within Chapter 6 of your Evidence of Coverage.**

For more information

For more detailed information about your CareFirst BlueCross BlueShield Group Advantage Enhanced Drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareFirst BlueCross BlueShield Group Advantage prescription drug coverage, please contact us. Our contact information appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Rider Standard 4T Effective 01/01/2025

Drug Name	Drug Tier	Requirements/Limits
<u>ANTI-OBESITY AGENTS</u>		
<i>ANTI-OBESITY AGENTS</i>		
ADIPEX-P CAP 37.5MG	4	PA, QL
ADIPEX-P TAB 37.5MG	4	PA, QL
<i>benzphetamine hcl tab 50 mg</i>	2	PA, QL
CONTRAVE TAB 8-90MG	4	PA, QL
<i>diethylpropion hcl tab 25 mg</i>	2	PA, QL
<i>diethylpropion hcl tab er 24hr 75 mg</i>	2	PA, QL
LOMAIRA TAB 8MG	4	PA, QL
<i>orlistat cap 120 mg</i>	2	PA, QL
PHENDIMETRAZ CAP 105MG ER	4	PA, QL
<i>phendimetrazine tartrate tab 35 mg</i>	2	PA, QL
<i>phentermine hcl cap 15 mg</i>	2	PA, QL
<i>phentermine hcl cap 30 mg</i>	2	PA, QL
<i>phentermine hcl cap 37.5 mg</i>	2	PA, QL
<i>phentermine hcl tab 37.5 mg</i>	2	PA, QL
PLENITY CAP	4	
PLENITY CAP WELCOME	4	
QSYMIA CAP 3.75-23	4	PA, QL
QSYMIA CAP 7.5-46MG	4	PA, QL
QSYMIA CAP 11.25-69	4	PA, QL
QSYMIA CAP 15-92MG	4	PA, QL
SAXENDA INJ 18MG/3ML	4	PA, QL
WEGOVY INJ 0.5MG	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 0.25MG	4	PA, QL
WEGOVY INJ 1.7MG	4	PA, QL
WEGOVY INJ 1MG	4	PA, QL
WEGOVY INJ 2.4MG	4	PA, QL
XENICAL CAP 120MG	4	PA, QL
ZEPBOUND INJ 2.5MG	4	PA, QL
ZEPBOUND INJ 5/0.5ML	4	PA, QL
ZEPBOUND INJ 7.5MG	4	PA, QL
ZEPBOUND INJ 10/0.5ML	4	PA, QL
ZEPBOUND INJ 12.5MG	4	PA, QL
ZEPBOUND INJ 15/0.5ML	4	PA, QL

COUGH AND COLD AGENTS

COUGH AND COLD AGENTS

<i>benzonatate cap 100 mg</i>	2	
<i>benzonatate cap 150 mg</i>	2	
<i>benzonatate cap 200 mg</i>	2	
<i>bromfed dm</i>	2	
HYCODAN SYP 5-1.5/5	4	QL
HYCODAN TAB 5-1.5MG	4	QL
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	QL
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	QL
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	QL
<i>hydromet</i>	2	QL

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine vc/codeine</i>	2	QL
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	QL
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	2	QL
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
TUXARIN ER TAB 54.3-8MG	4	QL
TUZISTRA XR SUS	4	QL

PRESCRIPTION VITAMIN/MINERAL PRODUCTS

PRESCRIPTION VITAMIN/MINERAL PRODUCTS

AMINO BENZOIC POW ACID	4	
AQUASOL A INJ 50000/ML	4	
ASCOR SOL 25000MG	4	
ASCORBIC ACID INJ 500MG/ML	4	
ASCORBIC ACI SOL 500MG/ML	4	
<i>ascorbic acid inj 500 mg/ml</i>	2	
B-12 COMP KIT 1000MCG	4	
CA ASCORBATE POW DIHYDRAT	4	
CA PANTOTHEN POW	4	
CORVITE 150 TAB	4	
CYANOCOBALAM SOL 2000MCG	4	
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	2	
DAVIMET/FLUO CHW 0.75MG	4	
<i>dodex</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DRISDOL CAP 50000UNT	4	
ERGOCALCIFER POW 40000UNT	4	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	2	
FLORIVA DRO PLUS	4	
<i>folic acid inj 5 mg/ml</i>	2	
FOLIC ACID POW	4	
<i>folic acid tab 1 mg</i>	2	
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	2	
INTEGRA PLUS CAP	4	
LIVITA LIQ CHILDREN	4	
MEPHYTON TAB 5MG	4	
METHYLCOBALA INJ 1MG/ML	4	
METHYLCOBALA INJ 5MG/ML	4	
METHYLCOBALA INJ 10MG/ML	4	
METHYLCOBALA INJ 10000MCG	4	
METHYLCOBALA INJ 50000MCG	4	
<i>multivitamin with fluorid</i>	2	
NA ASCORBATE POW	4	
NASCOBAL SPR 500MCG	4	
NIACIN POW	4	
NIACINAMIDE POW	4	
NICOTINAMIDE POW	4	
PABA POW	4	

Drug Name	Drug Tier	Requirements/Limits
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	2	
<i>phytonadione inj 10 mg/ml</i>	2	
<i>phytonadione tab 5 mg</i>	2	
POTASSIUM P- POW AMINO BEN	4	
PYRIDOXAL-5- INJ PHOSPHAT	4	
<i>pyridoxine hcl inj 100 mg/ml</i>	2	
PYRIDOXINE INJ 100MG/ML	4	
PYRIDOXINE POW HCL	4	
QUFLORA CHW	4	
SOD ASCORBAT GRA	4	
SOD ASCORBAT GRA USP NF	4	
<i>thiamine hcl inj 100 mg/ml</i>	2	
THIAMINE HCL POW	4	
THIAMINE HCL SOL NA CL	4	
THIAMINE POW MONONITR	4	
TRI-VI-FLORO SUS 0.5MG/ML	4	
TRI-VI-FLORO SUS 0.25/ML	4	
VITAMIN E POW ACETATE	4	
VITAMIN KIT SYS-B12	4	
WHEAT GERM OIL	4	
<u>SEXUAL DYSFUNCTION AGENTS</u>		
<i>SEXUAL DYSFUNCTION AGENTS</i>		
BI-MIX INJ 150-5MG	4	
CAVERJECT IM KIT 10MCG	4	QL

Drug Name	Drug Tier	Requirements/Limits
CAVERJECT INJ 20MCG	4	QL
CAVERJECT INJ 40MCG	4	QL
CAVERJECT KIT 20MCG	4	QL
CIALIS TAB 2.5MG	4	QL
CIALIS TAB 5MG	4	QL
CIALIS TAB 10MG	4	QL
CIALIS TAB 20MG	4	QL
EDEX KIT 10MCG	4	QL
EDEX KIT 20MCG	4	QL
EDEX KIT 40MCG	4	QL
IFE-BIMIX INJ 30/1/5ML	4	
MUSE SUP 250MCG	4	QL
MUSE SUP 500MCG	4	QL
MUSE SUP 1000MCG	4	QL
PHENYLEPHRIN INJ 1MG/1ML	4	
QUAD-MIX INJ	4	
<i>sildenafil citrate tab 25 mg</i>	2	QL
<i>sildenafil citrate tab 50 mg</i>	2	QL
<i>sildenafil citrate tab 100 mg</i>	2	QL
STENDRA TAB 50MG	4	QL
STENDRA TAB 100MG	4	QL
STENDRA TAB 200MG	4	QL
SUPER BI-MIX INJ 150-10MG	4	
SUPER INJ QUAD-MIX	4	

Drug Name	Drug Tier	Requirements/Limits
SUPER INJ TRI-MIX	4	
<i>tadalafil tab 2.5 mg</i>	2	QL
<i>tadalafil tab 5 mg</i>	2	QL
<i>tadalafil tab 10 mg</i>	2	QL
<i>tadalafil tab 20 mg</i>	2	QL
TRI-MIX INJ	4	
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	2	QL
<i>vardenafil hcl tab 2.5 mg</i>	2	QL
<i>vardenafil hcl tab 5 mg</i>	2	QL
<i>vardenafil hcl tab 10 mg</i>	2	QL
<i>vardenafil hcl tab 20 mg</i>	2	QL
VIAGRA TAB 25MG	4	QL
VIAGRA TAB 50MG	4	QL
VIAGRA TAB 100MG	4	QL

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ASCOR SOL 25000MG	6	
ASCORBIC ACD INJ 500MG/ML	6	
ASCORBIC ACI SOL 500MG/ML	6	
<i>ascorbic acid inj 500 mg/ml</i>	6	
B		
B-12 COMP KIT 1000MCG	6	
<i>benzonatate cap 100 mg</i>	5	
<i>benzonatate cap 150 mg</i>	5	
<i>benzonatate cap 200 mg</i>	5	
<i>benzphetamine hcl tab 50 mg</i>	4	
BI-MIX INJ 150-5MG	8	
<i>bromfed dm</i>	5	
C		
CA ASCORBATE POW DIHYDRAT	6	
CA PANTOTHEN POW	6	
CAVERJECT IM KIT 10MCG	9	
CAVERJECT INJ 20MCG	9	
CAVERJECT INJ 40MCG	9	
CAVERJECT KIT 20MCG	9	
CIALIS TAB 10MG	9	
CIALIS TAB 2.5MG	9	
CIALIS TAB 20MG	9	
CIALIS TAB 5MG	9	
CONTRAVE TAB 8-90MG	4	
CORVITE 150 TAB	6	
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<i>cyanocobalamin inj 1000 mcg/ml</i>	6	
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<i>diethylpropion hcl tab 25 mg</i>	4	
<i>diethylpropion hcl tab er 24hr 75 mg</i>	4	
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<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	5	
<i>hydromet</i>	6	
<i>hydroxocobalamin acetate inj 1000 mcg/ml</i> <i>(base equivalent)</i>	7	
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IFE-BIMIX INJ 30/1/5ML	9	
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METHYLCOBALA INJ 1MG/ML	7	
METHYLCOBALA INJ 50000MCG	7	
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MUSE SUP 250MCG	9	
MUSE SUP 500MCG	9	
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NA ASCORBATE POW	7	
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<i>phentermine hcl cap 15 mg</i>	4
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<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	6
<i>promethazine-phenylephrine-codeine syrup</i> <i>6.25-5-10 mg/5ml</i>	6
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	6
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<i>pyridoxine hcl inj 100 mg/ml</i>	8
PYRIDOXINE INJ 100MG/ML	8
PYRIDOXINE POW HCL	8
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QSYMIA CAP 7.5-46MG.....	4
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<i>sildenafil citrate tab 50 mg</i>	9
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<i>tadalafil tab 2.5 mg</i>	10
<i>tadalafil tab 20 mg</i>	10
<i>tadalafil tab 5 mg</i>	10
<i>thiamine hcl inj 100 mg/ml</i>	8
THIAMINE HCL POW.....	8
THIAMINE HCL SOL NA CL.....	8
THIAMINE POW MONONITR.....	8
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<i>vardenafil hcl tab 2.5 mg</i>	10
<i>vardenafil hcl tab 20 mg</i>	10
<i>vardenafil hcl tab 5 mg</i>	10
VIAGRA TAB 100MG	10
VIAGRA TAB 25MG.....	10
VIAGRA TAB 50MG.....	10
VITAMIN E POW ACETATE.....	8
VITAMIN KIT SYS-B12	8
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WEGOVY INJ 0.5MG	5
WEGOVY INJ 1.7MG	5
WEGOVY INJ 1MG	5
WEGOVY INJ 2.4MG	5
WHEAT GERM OIL	8
X	
XENICAL CAP 120MG	5
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ZEPBOUND INJ 10/0.5ML	5
ZEPBOUND INJ 12.5MG.....	5
ZEPBOUND INJ 15/0.5ML	5
ZEPBOUND INJ 2.5MG	5

ZEPBOUND INJ 5/0.5ML5

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