

HealthTeam Advantage Plan I (PPO)  
HealthTeam Advantage Plan II (PPO)



 healthteam  
advantage<sup>SM</sup>

*Local. Reliable. Accessible.*

**Brendan Hodges**

## A Letter from Our President

Dear Neighbor,

We know you have a lot of options when it comes to healthcare plans; we're glad you're considering HealthTeam Advantage.

We also know it can be a challenge to know what to do when it comes to comparing Original Medicare to Medicare Advantage plans. Our local team can help you make the right choice for your specific needs. We're here to help.

What sets HealthTeam Advantage apart from other Medicare providers?

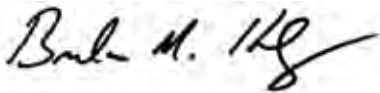
**We're local.** We're based right here in Greensboro. We know the area, the doctors, and the hospitals. After all, we live and work here too.

**We're accessible.** When you join HealthTeam Advantage your personal Healthcare Concierge becomes your partner in your healthcare journey, ready to answer your questions and concerns over the phone, online, or in person. Say goodbye to waiting on hold for hours to talk to a stranger.

**We're reliable.** Our members trust us, and they show it by consistently giving us high-satisfaction ratings. That's because our focus is on providing you with a quality plan that meets your needs.

We look forward to serving you.

Sincerely,



Brendan Hodges  
President

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HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

# Understanding Enrollment Periods

## Understanding Enrollment Periods

There are certain times of the year or specific circumstances when you can enroll in a Medicare Advantage plan.

### Initial Enrollment Period



When you're first eligible for Medicare (for example, when you turn 65), you have a 7-month window to sign up for Part A and/or Part B or a Medicare Advantage plan. That time period is 3 months before your birthday month, your birthday month, and 3 months after your birthday month. So, if you turn 65 in March, for example, you can enroll December through June.

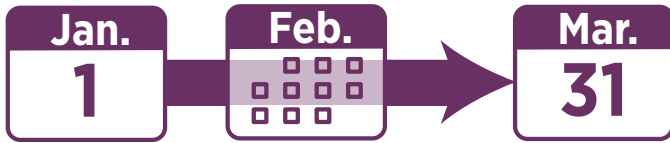
### Annual Enrollment Period



The Annual Enrollment Period (AEP) is October 15-December 7 every year. During this time, you can switch, drop, or join a Medicare Advantage plan.

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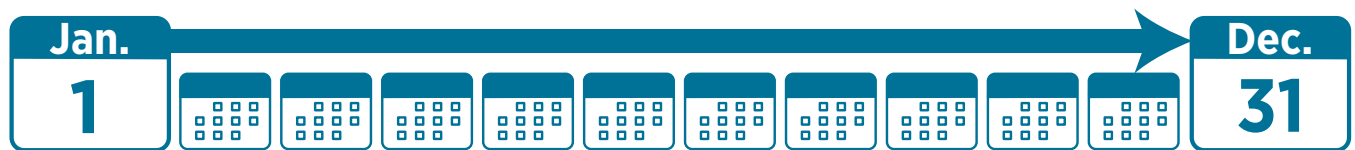
**Open Enrollment Period**



The Open Enrollment Period (OEP) is January 1-March 31 every year. This is your only opportunity outside of the Annual Enrollment Period (Oct. 15-Dec. 7) to switch Medicare Advantage plans. During this time, you can:

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare, Part A and Part B
- Sign up for a stand-alone Medicare Part D Prescription Drug Plan (if you return to Original Medicare). Most Medicare Advantage plans include prescription drug coverage already. Usually you can't enroll in a stand-alone Medicare Prescription Drug plan if you already have a Medicare Advantage plan, but there are some situations where you can.

**Special Election Period**



There are specific circumstances that make you eligible to enroll in a Medicare Advantage plan any time of the year. If you answer yes to any of the following questions, you qualify for a Special Election Period. If you think you qualify, talk to your local sales agent.

- Have you recently moved to a different county or state?
- Are you currently receiving Extra Help with your healthcare costs?
- Do you no longer qualify for Extra Help with your healthcare costs?
- Have you recently left a PACE program (Program of All-inclusive Care for the Elderly)?
- Do you live in a long-term care facility?
- Have you recently obtained lawful presence in the United States?
- Have you recently retired and lost your employer or union coverage?
- Will you be moving into a long-term care facility?
- Have you recently moved out of a long-term care facility?
- Are you currently receiving Medicaid?
- Have you recently stopped receiving Medicaid?
- Have you recently been released from incarceration?

## Our Provider Network

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As a HealthTeam Advantage PPO health plan member, you can choose to receive care from any provider or hospital in our service area of Alamance, Davidson, Davie, Forsyth, Guilford, Randolph, or Rockingham counties. And, since HealthTeam Advantage is a Preferred Provider Organization (PPO) plan, you don't need a referral to for any specialists, hospitals, or providers.

We do, however, encourage you to choose an in-network provider as your primary care physician (PCP) because you'll have a dedicated doctor who will focus on your individual healthcare needs and coordinate your care with other in-network providers if needed. This allows you to keep your out-of-pocket costs lower and more predictable.

If you do select an out-of-network provider, please make sure the provider accepts Medicare; otherwise, you will be responsible for the full cost of services. Except for emergencies or urgent care, it may cost more to get care from out-of-network providers. To view the most updated list of HealthTeam Advantage providers, visit [healthteamadvantage.com](http://healthteamadvantage.com).



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# 2020 Summary of Benefits



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Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
Monthly Plan Premium	\$0	\$60	You must continue to pay your Medicare Part B premium.
Deductible	\$0	\$0	These plans do not have a deductible for medical services.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<b>In-Network:</b> \$3,400 annually  <b>Out-of-Network:</b> \$5,100 annually	<b>In-Network:</b> \$3,100 annually  <b>Out-of-Network:</b> \$5,100 annually	The most you pay for copays, coinsurance, and other costs for medical services for the year.
<b>Inpatient Hospital Coverage</b>			
	<b>In-Network:</b> \$295 copay per day for days 1 through 6  \$0 copay per day for days 7 through 90  <b>Out-of-Network:</b> \$500 copay per day for days 1 through 6  \$0 copay per day for days 7 through 90	<b>In-Network:</b> \$250 copay per day for day 1  \$125 copay per day for days 2 through 6  \$0 copay per day for days 7 through 90  <b>Out-of-Network:</b> \$500 copay per day for days 1 through 6  \$0 copay per day for days 7 through 90	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.
<b>Outpatient Hospital Coverage</b>			
<ul style="list-style-type: none"> <li>• Outpatient Hospital Facility</li> <li>• Observation Services</li> </ul>	<b>In-Network:</b> \$225 copay  <b>Out-of-Network:</b> \$300 copay  <b>In-Network:</b> \$225 copay  <b>Out-of-Network:</b> \$300 copay	<b>In-Network:</b> \$175 copay  <b>Out-of-Network:</b> \$300 copay  <b>In-Network:</b> \$175 copay  <b>Out-of-Network:</b> \$300 copay	Prior authorization may be required for some services. Please contact the plan for more information.

Premiums and Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Ambulatory Surgery Center</b>			
	<b>In-Network:</b> \$175 copay per day  <b>Out-of-Network:</b> \$225 copay per day	<b>In-Network:</b> \$175 copay per day  <b>Out-of-Network:</b> \$200 copay per day	Prior authorization may be required for some services. Please contact the plan for more information.
<b>Doctor Visits</b>			
<ul style="list-style-type: none"> <li>• Primary Care Physician (PCP)</li> </ul>	<b>In-Network:</b> Primary care physician visit: \$0 copay	<b>In-Network:</b> Primary care physician visit: \$0 copay	Specialist copays can vary for specific specialists. Please contact the plan for more information.
<ul style="list-style-type: none"> <li>• Specialist</li> </ul>	<b>Specialist visit:</b> \$30 copay  <b>Out-of-Network:</b> Primary care physician visit: \$50 copay  <b>Specialist visit:</b> \$50 copay	<b>Specialist visit:</b> \$20 copay  <b>Out-of-Network:</b> Primary care physician visit: \$45 copay  <b>Specialist visit:</b> \$50 copay	
<b>Preventive Care (e.g., flu vaccine, diabetic screenings)</b>			
	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> \$30	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> \$30	Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.
<b>Emergency Care</b>			
	<b>In- and Out-of- Network:</b> \$120 copay	<b>In- and Out-of- Network:</b> \$100 copay	If you are admitted to the hospital for the same condition within 3 days, the emergency copay is waived.



Premiums and Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Urgently-needed Services</b>			
	<b>In- and Out-of- Network:</b> \$30 copay	<b>In- and Out-of-Network:</b> \$15 copay If you are admitted to the hospital within 1 calendar day for the same condition, you do not have to pay your share of the cost for urgent care.	
<b>Diagnostic Services/Labs/ Imaging</b>			
<ul style="list-style-type: none"> <li>• Diagnostic Radiology Services (such as MRIs, CT scans)</li> <li>• Lab Services               <ul style="list-style-type: none"> <li>- at a lab facility</li> <li>- at outpatient hospital facility</li> </ul> </li> </ul>	<p><b>In-Network:</b> \$50-\$200 copay</p> <p><b>Out-of-Network:</b> \$75-\$250 copay</p> <p><b>In-Network:</b> \$0 copay at a laboratory facility \$10 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b> \$10 copay at a laboratory facility \$25 copay at an outpatient hospital facility</p>	<p><b>In-Network:</b> \$50-\$175 copay</p> <p><b>Out-of-Network:</b> \$75-\$200 copay</p> <p><b>In-Network:</b> \$0 copay at a laboratory facility \$10 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b> \$10 copay at a laboratory facility \$25 copay at an outpatient hospital facility</p>	Prior authorization may be required for some services. Please contact the plan for more information.
<ul style="list-style-type: none"> <li>• Diagnostic Tests and Procedures               <ul style="list-style-type: none"> <li>- at a lab facility</li> <li>- at outpatient hospital facility</li> </ul> </li> </ul>	<p><b>In-Network:</b> \$0 copay at a laboratory facility \$5 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b> \$10 copay at a laboratory facility \$25 copay at an outpatient hospital facility</p>	<p><b>In-Network:</b> \$0 copay at a laboratory facility \$5 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b> \$10 copay at a laboratory facility \$25 copay at an outpatient hospital facility</p>	Prior authorization may be required for some services. Please contact the plan for more information.

Premiums and Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Diagnostic Services/Labs/ Imaging (continued)</b>			
<ul style="list-style-type: none"> <li>• Outpatient X-rays               <ul style="list-style-type: none"> <li>- included with physician visit</li> <li>- at outpatient facility</li> </ul> </li> </ul>	<p><b>In-Network:</b> \$5 copay for x-ray services included with a physician visit \$5 copay for x-ray services at an outpatient facility</p> <p><b>Out-of-Network:</b> \$10 copay for x-ray services included with a physician visit \$25 copay for x-ray services at an outpatient facility</p>	<p><b>In-Network:</b> \$0 copay for x-ray services included with a physician visit \$0 copay for x-ray services at an outpatient facility</p> <p><b>Out-of-Network:</b> \$10 copay for x-ray services included with a physician visit \$25 copay for x-ray services at an outpatient facility</p>	
<b>Hearing Services</b>			
<ul style="list-style-type: none"> <li>• Medicare-covered Diagnostic Hearing Exam</li> </ul>	<p><b>In-Network:</b> \$30 copay for a hearing exam</p> <p><b>Out-of-Network:</b> \$45 copay for a hearing exam</p>	<p><b>In-Network:</b> \$20 copay for a hearing exam</p> <p><b>Out-of-Network:</b> \$45 copay for a hearing exam</p>	
<ul style="list-style-type: none"> <li>• Routine Hearing Exam</li> </ul>	<p><b>In-Network:</b> \$45 copay (one routine hearing exam per year)</p> <p><b>Out-of-Network:</b> \$45 copay (one routine hearing exam per year)</p>	<p><b>In-Network:</b> \$45 copay (one routine hearing exam per year)</p> <p><b>Out-of-Network:</b> \$45 copay (one routine hearing exam per year)</p>	1 per year
<ul style="list-style-type: none"> <li>• Fitting and Evaluation for Hearing Aid</li> </ul>	<p><b>In-Network:</b> \$0 copay</p> <p><b>Out-of-Network:</b> \$45 copay</p>	<p><b>In-Network:</b> \$0 copay</p> <p><b>Out-of-Network:</b> \$45 copay</p>	3 per year
<ul style="list-style-type: none"> <li>• Hearing Aid</li> </ul>	<p><b>In-Network:</b> \$499-\$799 for hearing aids. Premium hearing aids are available in rechargeable style options for an additional \$75 per aid.</p> <p><b>Out-of-Network:</b> \$499-\$799</p>	<p><b>In-Network:</b> \$499-\$799 for hearing aids. Premium hearing aids are available in rechargeable style options for an additional \$75 per aid.</p> <p><b>Out-of-Network:</b> \$499-\$799</p>	<p>Up to two TruHearing hearing aids every year (one per ear per year).</p> <p>A TruHearing provider must be used for in- and out-of- network hearing aid benefit.</p>

Premiums and Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Dental Services</b>			
<ul style="list-style-type: none"> <li>Preventive Oral Exam &amp; Cleaning</li> </ul>	<p><b>In-Network:</b>            \$0 copay for a preventive dental exam and cleaning</p> <ul style="list-style-type: none"> <li>Office visit—D9430, 1 per 6 months</li> <li>Dental exams—periodic oral evaluation, D0120, 1 per 6 months</li> <li>Dental cleanings—prophylaxis, D1110, 1 per 6 months</li> </ul> <p><b>Out-of-Network:</b>            \$25 copay for a preventive dental exam and cleaning</p>	<p><b>In-Network:</b>            \$0 copay for a preventive dental exam and cleaning</p> <ul style="list-style-type: none"> <li>Office visit—D9430, 1 per 6 months</li> <li>Dental exams—periodic oral evaluation, D0120, 1 per 6 months</li> <li>Dental cleanings—prophylaxis, D1110, 1 per 6 months</li> </ul> <p><b>Out-of-Network:</b>            \$25 copay for a preventive dental exam and cleaning</p>	
<ul style="list-style-type: none"> <li>X-rays</li> </ul>	<ul style="list-style-type: none"> <li>Intraoral, complete series including bitewing images, D0210, 1 set per year</li> <li>Panoramic image, D0330, 1 set per year</li> </ul>	<ul style="list-style-type: none"> <li>Intraoral, complete series including bitewing images, D0210, 1 set per year</li> <li>Panoramic image, D0330, 1 set per year</li> </ul>	
<ul style="list-style-type: none"> <li>Medicare-covered Dental</li> </ul>	<p>\$35 copay for each Medicare-covered dental exam</p> <p>\$50 copay for each Medicare-covered dental service</p>	<p>\$20 copay for each Medicare-covered dental exam</p> <p>\$45 copay for each Medicare-covered dental service</p>	

Premiums and Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Vision Services</b>			
<ul style="list-style-type: none"> <li>• Routine Eye Exam</li> </ul>	<p><b>In-Network:</b> \$0 copay for one routine eye exam per year; includes one refraction per year.</p> <p><b>Out-of-Network:</b> \$30 copay (One routine eye exam per year)</p>	<p><b>In-Network:</b> \$0 copay for one routine eye exam per year; includes one refraction per year.</p> <p><b>Out-of-Network:</b> \$30 copay (One routine eye exam per year)</p>	
<ul style="list-style-type: none"> <li>• Eyeglasses (lenses and frames)</li> <li>• Contact Lenses</li> </ul>	<p><b>In-Network:</b> Reimbursed up to \$100 towards eye wear.</p> <p><b>Out-of-Network:</b> Reimbursed up to \$50 for eye wear per year.</p>	<p><b>In-Network:</b> Reimbursed up to \$100 towards routine eye wear.</p> <p><b>Out-of-Network:</b> Reimbursed up to \$50 for eye wear per year.</p>	
<b>Mental Health Services</b>			
<ul style="list-style-type: none"> <li>• Inpatient Visit</li> </ul>	<p><b>In-Network:</b> \$350 copay per day for days 1 through 5</p> <p>\$0 copay per day for days 6 through 90</p> <p><b>Out-of-Network:</b> 35% of the cost</p>	<p><b>In-Network:</b> \$300 copay per day for days 1 through 5</p> <p>\$0 copay per day for days 6 through 90</p> <p><b>Out-of-Network:</b> 35% of the cost</p>	Services require prior authorization.
<ul style="list-style-type: none"> <li>• Outpatient Individual Therapy Visit</li> </ul>	<p><b>In-Network:</b> \$30 copay</p> <p><b>Out-of-Network:</b> \$60 copay</p>	<p><b>In-Network:</b> \$20 copay</p> <p><b>Out-of-Network:</b> \$50 copay</p>	
<ul style="list-style-type: none"> <li>• Outpatient Group Therapy Visit</li> </ul>	<p><b>In-Network:</b> \$30 copay</p> <p><b>Out-of-Network:</b> \$60 copay</p>	<p><b>In-Network:</b> \$20 copay</p> <p><b>Out-of-Network:</b> \$50 copay</p>	

Premiums and Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Rehabilitation Services</b>			
<ul style="list-style-type: none"> <li>• Physical Therapy Visit</li> <li>• Occupational Therapy Visit</li> <li>• Speech and Language Therapy Visit</li> </ul>	<p><b>In-Network:</b> \$15 copay</p> <p><b>Out-of-Network:</b> \$30 copay</p>	<p><b>In-Network:</b> \$10 copay</p> <p><b>Out-of-Network:</b> \$30 copay</p>	
<b>Ambulance</b>			
	<p><b>In- and Out-of-Network:</b> \$250 copay for Medicare- covered ambulance benefits per one-way trip. \$300 copay for Medicare- covered air ambulance benefits per one-way trip.</p>	<p><b>In- and Out-of-Network:</b> \$200 copay for Medicare- covered ambulance benefits per one-way trip. \$300 copay for Medicare- covered air ambulance benefits per one-way trip.</p>	Prior authorization required for non-emergency transportation.
<b>Transportation</b>			
	Not covered.	Not covered.	
<b>Medicare Part B Drugs</b>			
	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost</p>	Prior authorization may be required.

Premiums and Benefits (continued)	HealthTeam Advantage Plan I (PPO)		HealthTeam Advantage Plan II (PPO)		What You Should Know
Outpatient Prescription Drugs					
	Retail Rx 30-day supply	Mail Order 90-day supply	Retail Rx 30-day supply	Mail Order 90-day supply	
<b>Phase 1: Initial Coverage</b> (After you pay your deductible, if applicable)					
Tier 1: Preferred Generics	\$5 copay	\$10 copay	\$0 copay	\$0 copay	Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.
Tier 2: Generics	\$ 15 copay	\$30 copay	\$12 copay	\$24 copay	
Tier 3: Preferred Brand	\$45 copay	\$90 copay	\$40 copay	\$80 copay	
Tier 4: Non-Preferred Brand	\$90 copay	\$180 copay	\$80 copay	\$160 copay	
Tier 5: Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	
<b>Phase 2: Coverage Gap</b> (After the total amount for the prescription drugs you have filled and refilled reaches \$4,020)	<p>During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. Tier 1 generics are covered at a \$5 copay. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$6,350.</p> <p>During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. Tier 1 generics are covered at a \$0 copay. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$6,350.</p>				
<b>Phase 3: Catastrophic Coverage</b> (After your out-of-pocket costs have reached the \$6,350 limit for the calendar year)	<p>During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2020). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs).</p>				

Premiums and Benefits (continued)	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	What You Should Know
<b>Foot Care (podiatry services)</b>			
<ul style="list-style-type: none"> <li>• Foot Exams and Treatment</li> </ul>	<p><b>In-Network:</b> \$30 copay <b>Out-of-Network:</b> \$60 copay</p>	<p><b>In-Network:</b> \$20 copay <b>Out-of-Network:</b> \$50 copay</p>	
<ul style="list-style-type: none"> <li>• Routine Foot Care</li> </ul>	<p><b>In-Network:</b> Not covered. <b>Out-of-Network:</b> Not covered.</p>	<p><b>In-Network:</b> Not covered. <b>Out-of-Network:</b> Not covered.</p>	
<b>Medical Equipment/Supplies</b>			
<ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> </ul>	<p><b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 30% of the cost</p>	<p>Services require prior authorization</p>
<ul style="list-style-type: none"> <li>• Prosthetics (e.g., braces, artificial limbs)</li> </ul>	<p><b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 30% of the cost</p>	<p><b>In-Network:</b> 20% of the cost <b>Out-of-Network:</b> 30% of the cost</p>	<p>Services require prior authorization</p>
<ul style="list-style-type: none"> <li>• Diabetes Supplies</li> </ul>	<p><b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> 20% of the cost</p>	<p><b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> 20% of the cost</p>	<p>Limited to the following manufacturers: Free-style, Precision, and One Touch.</p>
<b>Wellness Programs (e.g., fitness)</b>			
	<p><b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> \$30 copay</p>	<p><b>In-Network:</b> \$0 copay <b>Out-of-Network:</b> \$30 copay</p>	<p>Access to Silver-Sneakers® network facilities.</p>

Premiums and Benefits (continued)	HealthTeam Advantage Plan I and Plan II (PPO)	What You Should Know
<b>Optional Supplemental Benefits—Dental Services Only</b>		
Monthly Premium	\$25	
<b>Fillings</b> <ul style="list-style-type: none"> <li>• Amalgam Filling – 1 surface (D2140)</li> <li>• Amalgam Filling – 2 surfaces (D2150)</li> <li>• Amalgam Filling – 3 surfaces (D2160)</li> <li>• Resin-based Filling Anterior – 1 surface (D2330)</li> <li>• Resin-based Filling Anterior – 2 surfaces (D2331)</li> <li>• Resin-based Filling Anterior – 3 surfaces (D2332)               <ul style="list-style-type: none"> <li>- R3Composite-based Filling 1 surface (D2391)</li> <li>- Composite-based Filling Anterior – 2 surfaces (D2392)</li> <li>- Composite-based Filling Anterior – 3 surfaces (D2393)</li> </ul> </li> </ul>	\$80 copay per service	Up to any 4 of these services per year (D2140, D2150, D2160, D2330, D2331, or D2332)
<b>Denture Adjustment</b> (D5410/ D5411/D5421/D5422)	\$30 copay	Adjustments are covered on new dentures for the first 3 months post-delivery.
<b>Dentures R3</b> <ul style="list-style-type: none"> <li>• Complete denture, maxillary (D5110)</li> <li>• Complete denture, mandibular (D5120)</li> <li>• Immediate denture, maxillary (D5130)</li> <li>• Immediate denture, mandibular (D5140)</li> <li>• Maxillary partial denture, resin-based (D5211)</li> <li>• Mandibular partial denture, resin- based (D5212)</li> <li>• Maxillary partial denture, cast metal, resin-based (D5213)</li> <li>• Mandibular partial denture, cast metal, resin-based (D5214)</li> </ul>	\$650 copay	1 set of full or partial dentures every 5 years
<b>Extractions</b> <ul style="list-style-type: none"> <li>• Erupted Tooth (D7140)</li> <li>• R3Surgical (D7210)</li> </ul>	\$70 copay \$90 copay	Up to 4 of these services per year (D7140 or D7210)



Premiums and Benefits (continued)	HealthTeam Advantage Plan I and Plan II (PPO)	What You Should Know
<b>Optional Supplemental Benefits—Dental Services Only</b> <i>(continued)</i>		
<b>Crowns</b> <ul style="list-style-type: none"> <li>• Porcelain/Ceramic Substrate (D2740)</li> <li>• Porcelain Fused to High Nobel Metal (D2750)</li> <li>• Porcelain Fused to Base Metal (D2751)</li> <li>• Porcelain Fused to Noble Metal (D2752)</li> <li>• Full Cast Base Metal (D2791)</li> <li>• Full Cast Noble Metal (D2792)</li> </ul>	\$350 copay	Up to 2 of any of these services per year with 6-month waiting period (D2740, D2750, D2751, D2752, D2791, or D2792)
<b>Periodontics</b> <ul style="list-style-type: none"> <li>• Scaling and Root Planing – 4 or more teeth per quadrant (D4341)</li> <li>• Scaling and Root Planing – 1-3 teeth per quadrant (D4342)</li> </ul>	\$50 copay	4 quadrants per 2 years
<ul style="list-style-type: none"> <li>• Full Mouth Debridement (D4355)”</li> </ul>	\$50 copay	1 per 2 years

If you want to know more about the coverage and costs of original Medicare, Review your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

TTY users should call 1-877-486-2048. This document is available in other formats such as Braille, large print or other alternate formats.

You can access our Provider/Pharmacy Directory and the complete plan formulary (list of Part D prescription drugs) as well as any restrictions on our website, [www.HealthTeamAdvantage.com](http://www.HealthTeamAdvantage.com).

We cover Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).

HealthTeam Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-877-905-9216 (TTY:711).

HealthTeam Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-877-905-9216 (TTY: 711).

HealthTeam Advantage 1-877-905-9216 (TTY: 711)

HealthTeam Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-905-9216 (TTY: 711)

## Healthcare Concierge

Live, personal assistance to help you understand benefits, find a provider, and more.

As a HealthTeam Advantage member you have a dedicated partner who works with you on more than your health plan, they work with you on how to plan your health. Your Healthcare Concierge is there for you any time you need assistance or have questions. Need help finding a primary care physician and setting an appointment? Contact your Healthcare Concierge. Want someone to explain the differences between the mail-order prescription options? Contact your Healthcare Concierge. Not sure exactly what's covered under your plan and benefits? Contact your Healthcare Concierge. Lost your ID card? Contact your Healthcare Concierge. They are your go-to person for any questions you may have or information you may need about your Medicare Advantage plan. You don't have to figure everything out on your own.

Your Healthcare Concierge can help:

- **Explain benefits**—they'll answer your questions about your health plan benefits, services, pending claims, or account status.
- **Find a provider**—they'll help you find providers and even schedule an appointment.
- **Verify plan coverage and assist with claims and billing process**—they'll help you navigate the healthcare system, confirm your health plan coverage, verify status, and assist you with the claims and billing process.



**Email:** [ConciergeHTA@HealthTeamAdvantage.com](mailto:ConciergeHTA@HealthTeamAdvantage.com)

**Call:** 888-965-1965 (TTY 711)

- October 1—March 31, 8 a.m.—8 p.m., EST, seven days a week
- April 1—September 30, 8 a.m.—8 p.m., EST, Monday through Friday.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

## Fitness (\$0 copay)

The SilverSneakers® Exercise & Healthy Aging Program can help you achieve your best health in mind, body, and spirit.

Whether you play tennis, swim laps, or lift weights, SilverSneakers has you covered. With this complimentary benefit members have access to:

- Trained instructors for support
- Classes for all levels, designed to improve energy levels, strength, balance, flexibility, and endurance
- Participating locations nationwide
- Online fitness and nutrition tips plus daily workout videos



SilverSneakers can help you live a healthier, more active life. You have access to certified instructors who lead specially designed group exercise classes. At fitness locations\* nationwide you can take classes plus use exercise equipment and other amenities. In addition to SilverSneakers classes offered in fitness classrooms, more than 50 SilverSneakers FLEX® options are available in settings outside traditional fitness locations.

SilverSneakers BOOM™ classes, MIND, MUSCLE and MOVE, offer more intense workouts inside fitness locations. SilverSneakers also includes a support network and online resources such as daily exercise videos. All you need to get started is your personal SilverSneakers ID number. Go to [SilverSneakers.com](https://www.silversneakers.com) to learn more about the benefit or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.

\*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

Your HealthCare concierge can provide more information about this benefit. Call 888-965-1965 (TTY: 711) October 1-March 31, 8 a.m. to 8 p.m. ET, 7 days a week or April 1-September 30, 8 a.m. to 8 p.m. ET Monday-Friday.

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## 24-Hour Nurse Advice Line (\$0 copay)

Health questions? Get care management answers 24/7.

### Why call a Nurse Advice Line?

- Highly-trained, caring team staffed with registered nurses from our Triad HealthCare Network care management team.
- Nurses can help you decide if you should visit your doctor, the ER, or an urgent care center.
- Get answers to non-emergency health questions.
- Get more information and support on your chronic conditions such as diabetes, high blood pressure, COPD, or heart disease.

**24-Hour Nurse Line: 1-877-229-8614 TTY:1-800-735-8262**

**24 hours a day, 7 days a week**



### How it works:

1. Call the free, 24-hour nurse line any time you're feeling under the weather or need an opinion on where to go for care.
2. Speak with a registered nurse who can evaluate your needs and help you determine the next best steps based on your injury, illness, or general healthcare questions.

***For emergencies, always dial 911.***

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## Telehealth (\$0 copay)

Avoid the wait. Your life is 24/7. Now your doctor is too.

### Why use telehealth?

- Inexpensive alternative to the emergency room or urgent care center, the service is available to members at no additional charge
- Visit a doctor, counselor, psychiatrist, or dermatologist whenever, wherever
- Available after hours, nights, weekends, and even holidays
- Prescriptions sent directly to your local pharmacy if medically necessary
- Getting medical care during business trips and vacations is easier and less stressful

### Non-emergency conditions treated:

- Acne
- Allergies
- Cold/Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea/Vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- Urinary problems/UTI
- Vaginitis
- And more

### How it works:

1. Sign-up and activate your account online at: [https://members.mdlive.com/hta/landing\\_home](https://members.mdlive.com/hta/landing_home). We recommend signing up and activating your account before you need the service; it's not required, however.
2. Choose a doctor from a large network of board-certified doctors
3. Resolve your issue; select the method of using the service (phone, video, or app) and receive care when you need it.

**For additional support contact MDLIVE by phone at:  
1-888-798-8062 TTY:1-800-770-5531  
24 hours a day, 7 days a week.**



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# Dental Health

Dental health is important no matter your age.

Dental health can have a direct impact on your overall health and well-being and may have an influence on the development of certain conditions, such as diabetes and heart disease. Preventive dental services are included in all benefit offerings.

DESCRIPTION	SERVICES	PLAN I COPAY	PLAN II COPAY
<b>In-Network</b>			
<b>Preventive Dental Exam &amp; Cleaning</b>	- Office visit, D9430, 1 every 6 months	\$0 copay	\$0 copay
	- Dental exam (periodic oral evaluation), D0120, 1 every 6 months	\$0 copay	\$0 copay
	- Dental cleaning (prophylaxis), D1110, 1 every 6 months	\$0 copay	\$0 copay
<b>X-rays</b>	- Intraoral, complete series including bitewing images, D0210; 1 set per year	\$0 copay	\$0 copay
	- Panoramic film, D0330; 1 per year	\$0 copay	\$0 copay
<b>Medicare-covered Dental Service</b>	These include certain necessary dental services performed in a hospital as the result of an emergency, accident, or complicated dental procedure.	\$35 copay for each Medicare-covered dental service	\$20 copay for each Medicare-covered dental service

The annual maximum benefit for all preventive and x-ray services is \$500.

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DESCRIPTION	SERVICES	PLAN I COPAY	PLAN II COPAY
<b>Out-of-Network</b>			
<b>Preventive Dental Exam &amp; Cleaning</b>	- Office visit, D9430, 1 every 6 months	\$25 copay	\$25 copay
	- Dental exam (periodic oral evaluation), D0120, 1 every 6 months	\$25 copay	\$25 copay
	- Dental cleanings (prophylaxis), D1110, 1 every 6 months	\$25 copay	\$25 copay
<b>X-rays</b>	- Intraoral, complete series including bitewing images, D0210; 1 set every 3 years	\$25 copay	\$25 copay
	- Panoramic film, D0330; 1 set every 3 years	\$25 copay	\$25 copay
<b>Medicare-covered Dental Service</b>	These include certain necessary dental services performed in a hospital as the result of an emergency, accident, or complicated dental procedure.	\$50 copay for each Medicare-covered dental service	\$45 copay for each Medicare-covered dental service

The annual maximum benefit for all preventive and x-ray services is \$500.

You must submit a request for reimbursement for out-of-network service; members may be responsible for cost over the allowable rate when seeing an out-of-network provider.



# Dental Health: Comprehensive Rider

Covering services beyond preventative dental.

Taking care of your health includes caring for your teeth. Your dental health can have a direct impact on your overall health and well-being and may have an influence on the development of certain conditions, such as diabetes and heart disease.

The Dental Comprehensive Rider covers services beyond those outlined in your preventative dental benefits included with your plan membership, without the need for a referral or preauthorization. Members receive all these additional services with only a \$25 additional monthly premium, when using our contracted network of dentists.

Please refer to the Summary of Benefits or the Evidence of Coverage for the details regarding included preventative dental services. Preventative service benefits include dental cleanings, oral exams, x-rays, and Medicare-covered exams.

DESCRIPTION	SERVICES	COPAY
<b>\$25 Monthly premium</b>		
<b>Fillings</b> —up to any 4 of these services per year (D2140, D2150, D2160, D2330, D2331, D2332, D2391, D2392, or D2393)	<ul style="list-style-type: none"> <li>- Amalgam filling, 1 surface; D2140</li> <li>- Amalgam filling, 2 surfaces; D2150</li> <li>- Amalgam filling, 3 surfaces; D2160</li> <li>- Resin-based filling anterior, 1 surface; D2330</li> <li>- Resin-based filling anterior, 2 surfaces; D2331</li> <li>- Resin-based filling anterior, 3 surfaces; D2332</li> <li>- Composite-based filling anterior, 1 surface; D2391</li> <li>- Composite-based filling anterior, 2 surfaces; D2392</li> <li>- Composite-based filling anterior, 3 surfaces; D2393</li> </ul>	\$80 copay each

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DESCRIPTION	SERVICES	PLAN I COPAY	PLAN II COPAY
<b>Dentures</b> —1 set of full or partial dentures every 5 years; adjustments are covered on new dentures for the first 3 months post-delivery	<ul style="list-style-type: none"> <li>- Complete denture, upper; D5110</li> <li>- Complete denture, lower; D5120</li> <li>- Immediate denture, upper; D5130</li> <li>- Immediate denture, lower; D5140</li> <li>- Partial denture, upper, resin-based; D5211</li> <li>- Partial denture, lower, resin-based; D5212</li> <li>- Partial denture, upper, cast metal; D5213</li> <li>- Partial denture, lower, cast metal; D5214</li> </ul>	\$650 each	\$650 each
<b>Extractions</b> —up to 4 of these services per year	Erupted tooth; D7140	\$70 each	\$70 each
	Surgical removal; D7210	\$90 each	\$90 each
<b>Crowns</b> —up to 2 per year with 6-month waiting period	<ul style="list-style-type: none"> <li>- Porcelain/ceramic substrate; D2740</li> <li>- Porcelain fused to high nobel metal; D2750</li> <li>- Porcelain fused to base metal; D2751</li> <li>- Porcelain fused to noble metal; D2752</li> <li>- Full cast base metal; D2791</li> <li>- Full cast nobel metal; D2792</li> </ul>	\$350 each	\$350 each
<b>Periodontics</b>	<ul style="list-style-type: none"> <li>- Scaling and root planing (4 or more teeth per quadrant); 4 quads per 2 years; D4341</li> <li>- Scaling and root planing (1-3 teeth per quadrant); 4 quads per 2 years; D4342</li> <li>- Full mouth debridement; 1 per 2 years; D4355</li> </ul>	\$50 per quad	\$50 per quad

You must submit a request for reimbursement for out-of-network service; members may be responsible for cost over the allowable rate when seeing an out-of-network provider.

# Vision Health

Healthy eyes and vision are important to your wellbeing.

Comprehensive eye exams allow your eye doctor to thoroughly analyze the health of your eyes using a combination of tests. Many eye and vision conditions present no obvious symptoms, which is why regular comprehensive eye exams are so important. The earlier an eye disease or condition is diagnosed, the more effective treatment is likely to be to help maintain clear, healthy vision.

DESCRIPTION	SERVICES	PLAN I COPAY	PLAN II COPAY
<b>In-Network</b>			
<b>Routine vision exam to determine the need for corrective lenses</b>	One routine vision exam per year; the benefit includes refraction	\$0 copay	\$0 copay
<b>Routine eye wear</b>	\$100 maximum allowed per year for glasses or contacts		
<b>Medicare-covered glaucoma screening</b>	One test every year if you're at high risk (diabetic, family history, African American 50 or older, or hispanic 65 or older)	\$0 copay	\$0 copay
<b>Medicare-covered diagnostic eye exam</b>	Eye exam to diagnose and treat diseases and conditions of the eye; the benefit includes refraction	\$0 copay	\$0 copay
<b>Medicare-covered eye wear</b>	Eye wear (glasses or contact lenses) after cataract surgery with a maximum benefit amount not to exceed \$100	\$0 copay	\$0 copay

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DESCRIPTION	SERVICES	PLAN I COPAY	PLAN II COPAY
<b>Out-of-Network</b>			
<b>Routine vision exam to determine the need for corrective lenses</b>	One routine vision exam per year; the benefit includes refraction	\$30 copay	\$30 copay
<b>Routine eye wear</b>	\$50 maximum allowed per year for glasses or contacts		
<b>Medicare-covered glaucoma screening</b>	One test every year if you're at high risk (diabetic, family history, African American 50, or older, or hispanic 65 or older)	\$20 of the cost	\$20 of the cost
<b>Medicare-covered diagnostic eye exam</b>	Eye exam to diagnose and treat diseases and conditions of the eye; the benefit includes refraction	\$50 copay	\$50 copay
<b>Medicare-covered eye wear</b>	Eye wear (glasses or contact lenses) after cataract surgery with a maximum benefit amount not to exceed \$100	\$50 copay	\$50 copay

**You must submit a request for reimbursement for out-of-network services; members may be responsible for cost over the allowable rate when seeing an out-of-network provider.**

**Remember, even if your provider is in-network, your eyewear retailer may not be.**

# Hearing Health

Good hearing is important to your health and safety.

HealthTeam Advantage offers a hearing aid benefit through TruHearing®. Hearing aids can be expensive, but your benefit makes addressing hearing loss more affordable with copayments of \$799 or less. To locate a participating TruHearing Provider, call 866-201-9886, or call your Healthcare concierge.

You must use a TruHearing provider to access this benefit.

DESCRIPTION	SERVICES	PLAN I COPAY	PLAN II COPAY
<b>Routine hearing exam</b>	1 per year	\$45 copay	\$45 copay
<b>Fitting and evaluation for hearing aid</b>	3 per year	\$0	\$0
<b>Hearing aid</b>	Up to two TruHearing hearing aids every year (one per ear per year). Benefit is limited to TruHearing's Advanced and Premium hearing aids, which come in various styles and colors. <b>A TruHearing provider must be used for hearing aid benefit.</b>	\$499-799 per hearing aid; premium hearing aids are available in rechargeable style options for an additional \$75 per aid	\$499-799 per hearing aid; premium hearing aids are available in rechargeable style options for an additional \$75 per aid
<b>Medicare-covered diagnostic hearing exam</b>	1 per year	\$30	\$20

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# Drug List

HealthTeam Advantage Plan I (PPO)  
HealthTeam Advantage Plan II (PPO)

This Drug List was updated on 8/24/2019. For more recent information or other questions, please contact HealthTeam Advantage at 1-877-905-9216 (TTY 711), between 8 a.m.-8 p.m. (EST), seven days a week, or visit [HealthTeamAdvantage.com](http://HealthTeamAdvantage.com). You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

This Drug List does not provide a complete description of your prescription drug coverage. For more detailed information about your HealthTeam Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

You must continue to pay your Medicare Part B premium.



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## Drug List

This is an alphabetical list of drugs covered by the plan. Each drug is in one of five tiers, which is listed after the drug name. Each tier has a different copay or coinsurance amount based on the plan selected. We provide additional coverage of tier 1 prescription drugs in the coverage gap. These drugs are identified using the abbreviation GC (gap coverage). Please refer to the Evidence of Coverage for the different tier copay or coinsurance amounts and for more information about gap coverage.

Some covered drugs may have additional requirements or limits to coverage. These requirements or limits are notated in the list following the drug name with the following abbreviations:

- **BvD (Part B versus Part D)**—This drug may be covered under Medicare Part B or D depending upon the circumstances.
- **GC (Gap Coverage)**—We provide additional coverage of this prescription drug in the coverage gap.
- **HRM (High Risk Medication)**—These drugs require prior authorization if you are 65 years of age or older. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available. If your doctor feels this high risk drug is right for you, you (or your physician) are required to get prior authorization before you fill your prescription for this drug.
- **LA (Limited Access)**—This prescription drug is limited to certain pharmacies.
- **PA (Prior Authorization)**—You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL (Quantity Limit)**—There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
- **ST (Step Therapy)**—In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

### Drug Tier

- **Tier 1-Preferred Generics**—Generic drugs that are available at the lowest cost share for this plan
- **Tier 2-Generics**—Generic drugs that are available at a higher cost to you than drugs in Tier 1
- **Tier 3-Preferred Brands**—Generic or brand drugs that are available at a lower cost to you than drugs in Tier 4
- **Tier 4-Non-Preferred Drugs**—Generic or brand drugs that are available at a higher cost to you than drugs in Tier 3
- **Tier 5-Specialty Drugs**—This is the highest-cost tier. Some injectables and other high-cost drugs

For further information on requirements for specific drugs, please refer to the ***Comprehensive Formulary***.

You can contact the plan or visit our website at [HealthTeamAdvantage.com](http://HealthTeamAdvantage.com) for this document.

Drug Name	Tier	Notes
<b>A</b>		
abacavir sulfate sol 20 mg/ml	4	QL
abacavir sulfate tab 300 mg	4	QL
abacavir sulfate-lamivudine tab 600-300 mg	4	QL
abacavir-lamivudine-zidovudine tab 300-150-300 mg	5	NMO; QL
ABELCET IV SUSP 5 MG/ML	5	BD; NMO
ABILIFY MAINTENA IM SYR 300 MG, 400 MG	5	NMO
ABILIFY MAINTENA IM SYR ER 300 MG, 400 MG	5	NMO
abiraterone acetate tab 250 mg	5	PA; NMO; QL
acamprosate calcium tab dr 333 mg	1	GC
acarbose tab 100 mg, 25 mg, 50 mg	2	
acebutolol hcl cap 200 mg, 400 mg	1	GC
acetaminophen-codeine #3 tab 300-30 mg	2	NMO; QL
acetaminophen-codeine sol 120-12 mg/5ml	2	NMO; QL
acetaminophen-codeine tab 300-15 mg, 300-60 mg	2	NMO; QL
acetazolamide tab 125 mg, 250 mg	2	
acetic acid otic sol 2 %	1	NMO; GC
acetylcysteine inh sol 10 %, 20 %	1	BD; NMO; GC
acitretin cap 10 mg, 25 mg	4	NMO
acitretin cap 175 mg	5	NMO
ACTHIB IM SOL RECONSTITUTED	4	NMO
ACTIMMUNE SC sol 2000000 UNIT/0.5ML	5	PA; LA; NMO
acyclovir ext cream 5 %	4	NMO
acyclovir ext oint 5 %	4	NMO
acyclovir cap 200 mg	1	NMO; GC
acyclovir susp 200 mg/5ml	1	NMO; GC
acyclovir tab 400 mg, 800 mg	1	NMO; GC
acyclovir sodium IV sol 50 mg/ml	1	BD; NMO; GC
ADACEL IM susp 5-2-15.5 SYR, 5-2-15.5 LF-MCG/0.5	3	NMO

Drug Name	Tier	Notes
adapalene ext cream 0.1 %	4	NMO
adapalene ext gel 0.1 %, 0.3 %	4	NMO
adapalene ext sol 0.1 %	4	NMO
adefovir dipivoxil tab 10 mg	5	NMO; QL
ADEMPAS TAB 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO
ADVAIR DISKUS INHALER	3	
ADVAIR HFA INHALER	3	
AFINITOR DISPERZ TAB SOLUBLE 2 MG, 3 MG	5	NMO; QL
AFINITOR DISPERZ TAB SOLUBLE 5 MG	5	NMO; QL
AFINITOR TAB 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	NMO; QL
albendazole tab 200 mg	4	NMO
albuterol sulfate er tab 12 hour 4 mg, 8 mg	4	
albuterol sulfate hfa inh aerosol sol 108 (90 base) mcg/act	2	
albuterol sulfate inh neb sol (2.5 mg/3ml) 0.083%, 1.25 mg/3ml	1	BD; GC
albuterol sulfate inh neb sol (5 mg/ml) 0.5%, 0.63 mg/3ml	2	BD
albuterol sulfate syrup 2 mg/5ml	1	GC
albuterol sulfate tab 2 mg, 4 mg	4	
alclometasone dipropionate ext cream 0.05 %	2	NMO
alclometasone dipropionate ext oint 0.05 %	2	NMO
ALECENSA CAP 150 MG	5	PA; NMO
alendronate sodium tab 10 mg, 35 mg, 5 mg, 70 mg	1	GC
alendronate sodium tab 40 mg	1	NMO; GC
alfuzosin hcl er tab 24 hour 10 mg	1	GC
ALINIA SUSP RECONSTITUTED 100 MG/5ML	4	NMO; QL
ALINIA TAB 500 MG	4	NMO
aliskiren fumarate tab 150 mg, 300 mg	3	
allopurinol tab 100 mg	1	GC
allopurinol tab 300 mg	1	GC
alosetron hcl tab 0.5 mg, 1 mg	5	NMO
ALPHAGAN P OPHTHALMIC sol 0.1 %	3	
alprazolam er tab 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	2	NMO; QL



Drug Name	Tier	Notes
ALPRAZOLAM INTENSOL CONC 1 MG/ML	2	NMO; QL
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	NMO; QL
alprazolam tab disp 0.25 mg, 0.5 mg, 1 mg	2	NMO; QL
ALTAVERA tab 0.15-30 MG-MCG	1	GC
ALUNBRIG tab 180 MG	5	PA; NMO; QL
ALUNBRIG tab 30 MG	5	PA; NMO; QL
ALUNBRIG tab 90 MG	5	PA; NMO; QL
ALUNBRIG tab THERAPY PACK 90 & 180 MG	5	PA; NMO; QL
alyacen 1/35 tab 1-35 mg-mcg	1	GC
amantadine hcl cap 100 mg	2	
amantadine hcl syrup 50 mg/5ml	2	
amantadine hcl tab 100 mg	2	
AMBISOME IV susp RECONSTITUTED 50 MG	4	BD; NMO
ambrisentan tab 10 mg, 5 mg	5	PA; NMO
amcinonide ext cream 0.1 %	4	NMO
amcinonide ext lotion 0.1 %	4	NMO
amcinonide ext oint 0.1 %	4	NMO
AMETHIA LO tab 0.1-0.02 & 0.01 MG	4	
AMETHIA tab 0.15-0.03 & 0.01 MG	1	GC
amikacin sulfate inj sol 500 mg/2ml	4	NMO
amiloride hcl tab 5 mg	1	GC
amiloride-hydrochlorothiazide tab 5-50 mg	1	GC
AMINOSYN II IV sol 10 %	4	BD; NMO
AMINOSYN-PF IV sol 10 %, 7 %	4	BD; NMO
amiodarone hcl tab 100 mg, 400 mg	2	
amiodarone hcl tab 200 mg	1	GC
AMITIZA cap 24 MCG, 8 MCG	3	
amitriptyline hcl tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
amlodipine besy-benazepril hcl cap 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	GC
amlodipine besylate tab 10 mg, 2.5 mg, 5 mg	1	GC

Drug Name	Tier	Notes
amlodipine besylate-valsartan tab 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	
amlodipine-atorvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	2	
amlodipine-olmesartan tab 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	
amlodipine-valsartan-hctz tab 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	2	
ammonium lactate ext cream 12 %	1	NMO; GC
ammonium lactate ext lotion 12 %	1	NMO; GC
AMNESTEEM cap 10 MG, 20 MG, 40 MG	4	NMO
amoxapine tab 100 mg, 150 mg, 25 mg, 50 mg	2	
amoxicill-clarithro-lansopraz	3	NMO
amoxicillin cap 250 mg, 500 mg	1	NMO; GC
amoxicillin susp reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	NMO; GC
amoxicillin tab 500 mg, 875 mg	1	NMO; GC
amoxicillin tab chewable 125 mg, 250 mg	1	NMO; GC
amoxicillin-pot clavulanate er tab 12 hour 1000-62.5 mg	4	NMO
amoxicillin-pot clavulanate susp reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	NMO
amoxicillin-pot clavulanate susp reconstituted 250-62.5 mg/5ml	4	NMO
amoxicillin-pot clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg	2	NMO
amoxicillin-pot clavulanate tab chewable 200-28.5 mg, 400-57 mg	2	NMO
amphetamine-dextroamphet er cap er 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	3	PA
amphetamine-dextroamphetamine tab 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 75 mg	2	
amphotericin b IV sol reconstituted 50 mg	4	BD; NMO

Drug Name	Tier	Notes
ampicillin cap 500 mg	1	NMO; GC
ampicillin sodium inj sol reconstituted 1 gm, 125 mg	2	NMO
ampicillin sodium IV sol reconstituted 10 gm	4	NMO
ampicillin-sulbactam sodium inj sol reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	4	NMO
ANADROL-50 tab 50 MG	5	NMO
anagrelide hcl cap 0.5 mg, 1 mg	2	
anastrozole tab 1 mg	1	GC
ANDRODERM PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3	
ANORO ELLIPTA 62.5-25 MCG/INH	3	
APOKYN SC SOL CARTRIDGE 30 MG/3ML	5	LA; NMO; QL
apraclonidine hcl ophthalmic sol 0.5 %	3	NMO
aprepitant cap 125 mg, 40 mg, 80 mg	4	BD; NMO; QL
aprepitant cap 80 & 125 mg	4	BD; NMO; QL
APRI tab 0.15-30 MG-MCG	1	GC
APRISO cap er 24 HOUR 0.375 GM	3	
APTIOM tab 200 MG	4	
APTIOM tab 400 MG, 600 MG, 800 MG	5	NMO
APTIVUS cap 250 MG	5	NMO; QL
APTIVUS sol 100 MG/ML	5	NMO; QL
ARANELLE tab 0.5/1/0.5-35 MG-MCG	1	GC
ARCALYST SC SOL RECONSTITUTED 220 MG	5	PA; NMO
ARIKAYCE inh susp 590 MG/8.4ML	4	PA; NMO
aripiprazole sol 1 mg/ml	4	QL
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg	3	QL
aripiprazole tab 2 mg, 5 mg	3	QL
aripiprazole tab disp 10 mg, 15 mg	5	NMO; QL
armodafinil tab 150 mg, 200 mg, 250 mg, 50 mg	4	PA
ARNUITY ELLIPTA inh AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	

Drug Name	Tier	Notes
ASCOMP-CODEINE cap 50-325-40-30 MG	4	NMO; QL
ASHLYNA tab 0.15-0.03 & 0.01 MG	1	GC
ASMANEX (120 METERED DOSES) 220 MCG/INH	3	
ASMANEX (30 METERED DOSES) 110 MCG/INH, 220 MCG/INH	3	
ASMANEX (60 METERED DOSES) 220 MCG/INH	3	
ASMANEX HFA INH 100 MCG/ACT, 200 MCG/ACT	3	
aspirin-dipyridamole er cap er 12 hour 25-200 mg	2	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	NMO
ASTAGRAF XL cap er 24 HOUR 0.5 MG, 1 MG	4	BD
ASTAGRAF XL cap er 24 HOUR 5 MG	5	BD; NMO
atazanavir sulfate cap 150 mg, 200 mg	4	QL
atazanavir sulfate cap 300 mg	5	NMO; QL
atenolol tab 100 mg, 25 mg, 50 mg	1	GC
atenolol-chlorthalidone tab 100-25 mg, 50-25 mg	1	GC
atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	4	QL
atomoxetine hcl cap 100 mg	4	QL
atorvastatin calcium tab 10 mg, 20 mg, 40 mg, 80 mg	1	GC
atovaquone susp 750 mg/5ml	5	NMO
atovaquone-proguanil hcl tab 250-100 mg, 62.5-25 mg	4	NMO
ATRIPLA tab 600-200-300 MG	5	NMO; QL
atropine sulfate ophthalmic sol 1 %	2	
AUBRA tab 0.1-20 MG-MCG	1	GC
AURYXIA tab 1 GM 210 MG(FE)	4	PA
AUSTEDO tab 12 MG, 6 MG, 9 MG	5	PA; NMO; QL
AVIANE tab 0.1-20 MG-MCG	1	GC
AVONEX IM KIT 30 MCG	5	PA; NMO
AVONEX PEN IM AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO

Drug Name	Tier	Notes
AVONEX PREFILLED IM PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO
AZACTAM inj sol RECONSTITUTED 2 GM	4	NMO
AZASAN tab 100 MG, 75 MG	3	BD
AZASITE OPHTHALMIC sol 1 %	4	NMO
azathioprine tab 50 mg	1	BD; GC
azelaic acid ext gel 15 %	4	NMO
azelastine hcl nasal sol 0.1 %, 0.15 %	2	NMO
azelastine hcl ophthalmic sol 0.05 %	2	NMO
azithromycin IV sol reconstituted 500 mg	2	NMO
azithromycin packet 1 gm	4	NMO
azithromycin susp reconstituted 100 mg/5ml, 200 mg/5ml	2	NMO
azithromycin tab 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	1	NMO; GC
azithromycin tab 600 mg	2	NMO
AZOPT OPHTHALMIC susp 1 %	3	
aztreonam inj sol reconstituted 1 gm	4	NMO
<b>B</b>		
bacitracin ophthalmic oint 500 unit/gm	4	NMO
bacitracin-polymyxin b ophthalmic oint 500-10000 unit/gm	2	NMO
bacitra-neomycin-polymyxin-hc ophthalmic oint 1 %	2	NMO
baclofen tab 10 mg, 20 mg, 5 mg	1	NMO; GC
BACTOCILL IN DEXTROSE IV sol 1 GM/50ML, 2 GM/50ML	4	NMO
balsalazide disodium cap 750 mg	2	NMO
BALVERSA tab 3 MG, 4 MG, 5 MG	5	PA; NMO
BALZIVA tab 0.4-35 MG-MCG	1	GC
BANZEL susp 40 MG/ML	5	NMO
BANZEL tab 200 MG, 400 MG	5	NMO
BARACLUDGE sol 0.05 MG/ML	3	QL
bcg vaccine inj injectable	4	NMO
BELSOMRA tab 10 MG, 15 MG, 20 MG, 5 MG	4	NMO
benazepril hcl tab 10 mg, 20 mg, 40 mg, 5 mg	1	GC

Drug Name	Tier	Notes
benazepril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	2	
BENLYSTA SC sol AUTO-INJECTOR 200 MG/ML	5	NMO
BENLYSTA SC sol PREFILLED SYRINGE 200 MG/ML	5	NMO
benznidazole tab 100 mg, 12.5 mg	4	NMO
benzoyl peroxide-erythromycin ext gel 5-3 %	2	NMO
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1	GC
BEPREVE OPHTHALMIC sol 1.5 %	4	NMO
BESIVANCE OPHTHALMIC susp 0.6 %	4	NMO
betamethasone dipropionate aug ext cream 0.05 %	2	NMO
betamethasone dipropionate aug ext lotion 0.05 %	2	NMO
betamethasone dipropionate aug ext oint 0.05 %	2	NMO
betamethasone dipropionate ext cream 0.05 %	2	NMO
betamethasone dipropionate ext lotion 0.05 %	2	NMO
betamethasone dipropionate ext oint 0.05 %	2	NMO
betamethasone valerate ext cream 0.1 %	2	NMO
betamethasone valerate ext lotion 0.1 %	2	NMO
betamethasone valerate ext oint 0.1 %	2	NMO
BETASERON SC KIT 0.3 MG	5	PA; NMO
betaxolol hcl ophthalmic sol 0.5 %	2	
bethanechol chloride tab 10 mg, 25 mg, 5 mg, 50 mg	2	NMO
bexarotene cap 75 mg	5	NMO
BEXSERO IM susp PREFILLED SYRINGE	4	NMO
bicalutamide tab 50 mg	1	NMO; GC; QL
BICILLIN C-R 900/300 IM susp 900000-300000 UNIT/2ML	4	NMO
BICILLIN C-R IM susp 1200000 UNIT/2ML	4	NMO
BICILLIN L-A IM susp 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	NMO

Drug Name	Tier	Notes
BIDIL tab 20-375 MG	4	
BIKTARVY tab 50-200-25 MG	5	NMO; QL
bimatoprost ophthalmic sol 0.03 %	2	
bisoprolol fumarate tab 10 mg, 5 mg	1	GC
bisoprolol-hydrochlorothiazide tab 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	GC
BIVIGAM IV sol 10 GM/100ML	5	PA; NMO
BLEPHAMIDE OPHTHALMIC susp 10-0.2 %	3	NMO
BLEPHAMIDE S.O.P. OPHTHALMIC oint 10-0.2 %	4	NMO
BLISOVI FE 1.5/30 tab 1.5-30 MG-MCG	1	GC
BOOSTRIX IM susp 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	NMO
bosentan tab 125 mg, 62.5 mg	5	PA; NMO
BOSULIF tab 100 MG	5	PA; NMO; QL
BOSULIF tab 400 MG, 500 MG	5	PA; NMO; QL
BRAFTOVI cap 75 MG	5	PA; LA; NMO; QL
BREO ELLIPTA inh AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	
briellyn tab 0.4-35 mg-mcg	1	GC
BRILINTA tab 60 MG, 90 MG	3	
brimonidine tartrate ophthalmic sol 0.15 %	2	
brimonidine tartrate ophthalmic sol 0.2 %	1	GC
BRIVIACT sol 10 MG/ML	5	NMO; QL
BRIVIACT tab 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NMO; QL
bromfenac sodium (once-daily) ophthalmic sol 0.09 %	2	NMO
bromocriptine mesylate cap 5 mg	2	
bromocriptine mesylate tab 2.5 mg	2	
BROMSITE OPHTHALMIC sol 0.075 %	4	NMO
budesonide er tab 24 hour 9 mg	4	NMO
budesonide inh susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	4	BD
budesonide cap dr particles 3 mg	4	NMO
bumetanide inj sol 0.25 mg/ml	2	NMO

Drug Name	Tier	Notes
bumetanide tab 0.5 mg, 1 mg, 2 mg	2	
buprenorphine hcl sublingual tab sublingual 2 mg	1	NMO; GC; QL
buprenorphine hcl sublingual tab sublingual 8 mg	1	NMO; GC; QL
buprenorphine hcl-naloxone hcl sublingual tab 2-0.5 mg	1	NMO; GC; QL
buprenorphine hcl-naloxone hcl sublingual tab 8-2 mg	1	NMO; GC; QL
bupropion hcl er (smoking det) tab er 12 hour 150 mg	1	NMO; GC
bupropion hcl er (sr) tab er 12 hour 100 mg, 150 mg, 200 mg	1	GC
bupropion hcl er (xl) tab er 24 hour 150 mg	1	GC
bupropion hcl er (xl) tab er 24 hour 300 mg	1	GC
bupropion hcl er (xl) tab er 24 hour 450 mg	3	QL
bupropion hcl tab 100 mg, 75 mg	1	GC
buspironone hcl tab 10 mg, 15 mg, 30 mg, 5 mg, 75 mg	1	NMO; GC
butalbital-apap-caff-cod cap 50-325-40-30 mg	4	NMO; QL
butalbital-apap-caffeine tab 50-325-40 mg	4	NMO; QL
butalbital-asa-caff-codeine cap 50-325-40-30 mg	4	NMO; QL
butalbital-aspirin-caffeine cap 50-325-40 mg	4	NMO; QL
butorphanol tartrate nasal sol 10 mg/ml	2	NMO
BYSTOLIC tab 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<b>C</b>		
cabergoline tab 0.5 mg	2	NMO
CABLIVI inj KIT 11 MG	5	PA; NMO
CABOMETYX tab 20 MG, 40 MG, 60 MG	5	PA; NMO
calcipotriene ext cream 0.005 %	4	NMO
calcipotriene ext oint 0.005 %	4	NMO
calcipotriene ext sol 0.005 %	4	NMO
calcitonin (salmon) nasal sol 200 unit/act	3	BD
calcitriol ext oint 3 mcg/gm	2	NMO
calcitriol cap 0.25 mcg, 0.5 mcg	1	GC
calcitriol sol 1 mcg/ml	1	GC

Drug Name	Tier	Notes
calcium acetate (phos binder) cap 667 mg	2	
calcium acetate (phos binder) tab 667 mg	2	
CALQUENCE cap 100 MG	5	PA; LA; NMO; QL
CAMILA tab 0.35 MG	1	GC
CAMRESE LO tab 0.1-0.02 & 0.01 MG	4	
candesartan cilexetil tab 16 mg, 32 mg, 4 mg, 8 mg	2	
candesartan cilexetil-hctz tab 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	
CAPEX ext SHAMPOO 0.01 %	4	NMO
CAPRELSA tab 100 MG	5	NMO; QL
CAPRELSA tab 300 MG	5	NMO; QL
captopril tab 100 mg, 12.5 mg, 25 mg, 50 mg	2	
captopril-hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	2	
CARAFATE susp 1 GM/10ML	3	
CARBAGLU tab 200 MG	5	NMO
carbamazepine er cap 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er tab 12 hour 100 mg, 200 mg, 400 mg	2	
carbamazepine susp 100 mg/5ml	1	GC
carbamazepine tab 200 mg	2	
carbamazepine tab chewable 100 mg	1	GC
carbidopa-levodopa er tab 25-100 mg, 50-200 mg	2	
carbidopa-levodopa tab 10-100 mg, 25-100 mg, 25-250 mg	1	GC
carbidopa-levodopa tab disp 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa-entacapone tab 12.5-50-200 mg, 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	2	
carbidopa-levodopa-entacapone tab 25-100-200 mg	4	
carbinoxamine maleate sol 4 mg/5ml	1	NMO; GC
carbinoxamine maleate tab 4 mg	1	NMO; GC
carteolol hcl ophthalmic sol 1 %	1	GC

Drug Name	Tier	Notes
CARTIA XT cap er 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	1	GC
carvedilol tab 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	GC
carvedilol phosphate er cap 24 hour 10 mg, 20 mg, 40 mg, 80 mg	4	
caspofungin acetate IV sol reconstituted 50 mg, 70 mg	5	BD; NMO
CAYSTON inh sol RECONSTITUTED 75 MG	5	PA; NMO
CAZIANT tab 0.1/0.125/0.15 -0.025 MG	1	GC
cefaclor er tab 12 hour 500 mg	4	NMO
cefaclor cap 250 mg, 500 mg	2	NMO
cefadroxil cap 500 mg	1	NMO; GC
cefadroxil susp reconstituted 250 mg/5ml, 500 mg/5ml	2	NMO
cefadroxil tab 1 gm	1	NMO; GC
cefazolin sodium inj sol reconstituted 1 gm, 10 gm, 500 mg	4	NMO
cefdinir cap 300 mg	2	NMO
cefdinir susp reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
cefepime hcl inj sol reconstituted 1 gm, 2 gm	4	NMO
cefixime susp reconstituted 100 mg/5ml, 200 mg/5ml	4	NMO
cefoxitin sodium inj sol reconstituted 10 gm	4	NMO
cefoxitin sodium IV sol reconstituted 1 gm, 2 gm	4	NMO
cefpodoxime proxetil susp reconstituted 100 mg/5ml, 50 mg/5ml	4	NMO
cefpodoxime proxetil tab 100 mg, 200 mg	4	NMO
cefprozil susp reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
cefprozil tab 250 mg, 500 mg	2	NMO
ceftazidime inj sol reconstituted 1 gm, 2 gm, 6 gm	4	NMO
ceftriaxone sodium inj sol reconstituted 1 gm, 2 gm, 250 mg, 500 mg	4	NMO
ceftriaxone sodium IV sol reconstituted 10 gm	4	NMO

Drug Name	Tier	Notes
cefuroxime axetil tab 250 mg, 500 mg	2	NMO
cefuroxime sodium inj sol reconstituted 75 gm, 750 mg	4	NMO
cefuroxime sodium IV sol reconstituted 1.5 gm	4	NMO
celecoxib cap 100 mg, 200 mg, 400 mg, 50 mg	3	
CELONTIN cap 300 MG	3	
cephalexin cap 250 mg, 500 mg	1	NMO; GC
cephalexin susp reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
cephalexin tab 250 mg, 500 mg	1	NMO; GC
cetirizine hcl sol 1 mg/ml	1	NMO; GC
cevimeline hcl cap 30 mg	4	
CHANTIX CONTINUING MONTH PAK tab 1 MG	3	NMO
CHANTIX tab 0.5 MG, 1 MG	3	NMO
CHANTIX STARTING MONTH PAK tab 0.5 MG X 11 & 1 MG X 42	3	NMO
CHEMET cap 100 MG	4	NMO
chlordiazepoxide hcl cap 10 mg, 25 mg, 5 mg	2	NMO; QL
chlorhexidine gluconate mouth/throat sol 0.12 %	1	NMO; GC
chloroquine phosphate tab 250 mg, 500 mg	2	
chlorothiazide tab 250 mg, 500 mg	1	GC
chlorpromazine hcl tab 10 mg, 25 mg	2	BD
chlorpromazine hcl tab 100 mg, 200 mg	2	
chlorpromazine hcl tab 50 mg	4	
chlorthalidone tab 25 mg, 50 mg	2	
chlorzoxazone tab 375 mg, 500 mg, 750 mg	4	PA; NMO; HR
cholestyramine light powder 4 gm/dose	2	
cholestyramine packet 4 gm	2	
ciclopirox ext gel 0.77 %	2	NMO
ciclopirox ext shampoo 1 %	2	NMO
ciclopirox ext sol 8 %	2	NMO
ciclopirox olamine ext cream 0.77 %	2	NMO
ciclopirox olamine ext susp 0.77 %	2	NMO
cilostazol tab 100 mg, 50 mg	1	GC

Drug Name	Tier	Notes
CIMDUO tab 300-300 MG	5	NMO; QL
cinacalcet hcl tab 30 mg	3	BD; QL
cinacalcet hcl tab 60 mg	5	BD; NMO; QL
cinacalcet hcl tab 90 mg	5	BD; NMO; QL
CINRYZE IV sol RECONSTITUTED 500 UNIT	5	NMO
CIPRODEX OTIC susp 0.3-0.1 %	4	NMO
ciprofloxacin hcl ophthalmic sol 0.3 %	1	NMO; GC
ciprofloxacin hcl tab 100 mg, 250 mg, 500 mg, 750 mg	1	NMO; GC
ciprofloxacin hcl otic sol 0.2 %	4	NMO
ciprofloxacin in d5w IV sol 200 mg/100ml	4	NMO
ciprofloxacin susp reconstituted 500 mg/5ml (10%)	4	NMO
citalopram hydrobromide sol 10 mg/5ml	2	
citalopram hydrobromide tab 10 mg, 20 mg, 40 mg	1	GC
CLARAVIS cap 10 MG, 20 MG, 30 MG, 40 MG	4	NMO
clarithromycin er tab 24 hour 500 mg	2	NMO
clarithromycin susp reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
clarithromycin tab 250 mg, 500 mg	2	NMO
clemastine fumarate tab 2.68 mg	1	NMO; GC
CLENPIQ sol 10-3.5-12 MG-GM -GM/160ML	4	NMO
CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY	4	
clindamycin hcl cap 150 mg, 300 mg, 75 mg	1	NMO; GC
clindamycin palmitate hcl sol reconstituted 75 mg/5ml	2	NMO
clindamycin phos-benzoyl perox ext gel 1-5 %, 1.2-5 %	4	NMO
clindamycin phosphate ext gel 1 %	4	NMO
clindamycin phosphate ext lotion 1 %	2	NMO
clindamycin phosphate ext sol 1 %	2	NMO
clindamycin phosphate ext swab 1 %	2	NMO
clindamycin phosphate in d5w IV sol 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	NMO
clindamycin phosphate inj sol 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	NMO

Drug Name	Tier	Notes
clindamycin phosphate vaginal cream 2 %	4	NMO
CLINIMIX E/DEXTROSE (2.75/5) IV sol 2.75 %	3	BD; NMO
CLINIMIX E/DEXTROSE (4.25/10) IV sol 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (4.25/5) IV sol 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/15) IV sol 5 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/20) IV sol 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/10) IV sol 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/5) IV sol 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/15) IV sol 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/20) IV sol 5 %	3	BD; NMO
CLINISOL SF IV sol 15 %	4	BD; NMO
clobazam susp 2.5 mg/ml	4	QL
clobazam tab 10 mg, 20 mg	4	QL
clobetasol propionate e ext cream 0.05 %	4	NMO
clobetasol propionate emulsion ext foam 0.05 %	4	NMO
clobetasol propionate ext cream 0.05 %	4	NMO
clobetasol propionate ext foam 0.05 %	4	NMO
clobetasol propionate ext gel 0.05 %	4	NMO
clobetasol propionate ext lotion 0.05 %	4	NMO
clobetasol propionate ext oint 0.05 %	4	NMO
clobetasol propionate ext shampoo 0.05 %	4	NMO
clobetasol propionate ext sol 0.05 %	3	NMO
clomipramine hcl cap 25 mg, 50 mg, 75 mg	4	
clonazepam tab 0.5 mg, 1 mg	2	NMO; QL
clonazepam tab 2 mg	2	NMO; QL
clonazepam tab disp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	NMO; QL
clonazepam tab disp 2 mg	2	NMO; QL
clonidine hcl er tab 12 hour 0.1 mg	2	QL
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1	GC
clonidine PATCH weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	
clopidogrel bisulfate tab 75 mg	1	GC
clorazepate dipotassium tab 15 mg, 3.75 mg, 7.5 mg	2	NMO; QL
clotrimazole ext cream 1 %	1	NMO; GC

Drug Name	Tier	Notes
clotrimazole ext sol 1 %	2	NMO
clotrimazole mouth/throat lozenge 10 mg	2	NMO
clotrimazole-betamethasone ext cream 1-0.05 %	2	NMO
clotrimazole-betamethasone ext lotion 1-0.05 %	4	NMO
clozapine tab 100 mg	2	NMO; QL
clozapine tab 200 mg, 25 mg	2	NMO; QL
clozapine tab 50 mg	2	NMO; QL
clozapine tab disp 100 mg, 150 mg, 25 mg	4	NMO; QL
clozapine tab disp 12.5 mg	4	NMO; QL
clozapine tab disp 200 mg	5	NMO; QL
COARTEM tab 20-120 MG	4	NMO
codeine sulfate tab 30 mg, 60 mg	1	NMO; GC; QL
colchicine cap 0.6 mg	2	NMO
colchicine tab 0.6 mg	2	NMO
colchicine-probenecid tab 0.5-500 mg	2	
colesevelam hcl packet 3.75 gm	3	
colestipol hcl packet 5 gm	2	
colestipol hcl tab 1 gm	2	
colistimethate sodium (cba) inj sol reconstituted 150 mg	4	BD; NMO
COMBIGAN OPHTHALMIC sol 0.2-0.5 %	4	
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	
COMBIVENT RESPIMAT inh AEROSOL sol 20-100 MCG/ACT	4	
COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80 & 1 X 20 MG	5	NMO; QL
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG	5	NMO; QL
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	5	NMO; QL
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	NMO
COMPLERA tab 200-25-300 MG	5	NMO; QL
COMPRO RECTAL SUPPOSITORY 25 MG	4	NMO
CONDYLOX ext GEL 0.5 %	4	NMO
COPIKTRA cap 15 MG, 25 MG	5	PA; NMO; QL

Drug Name	Tier	Notes
CORLANOR tab 5 MG, 75 MG	4	PA; QL
COSENTYX (300 MG DOSE) SC sol PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
COSENTYX SENSOREADY (300 MG) SC sol AUTO-INJECTOR 150 MG/ML	5	PA; NMO
COTELLIC tab 20 MG	5	PA; LA; NMO
CREON cap dr PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
CRIXIVAN cap 200 MG	3	QL
CRIXIVAN cap 400 MG	3	QL
cromolyn sodium inh neb sol 20 mg/2ml	2	BD
cromolyn sodium ophthalmic sol 4 %	1	NMO; GC
cromolyn sodium conc 100 mg/5ml	4	
CRYSSELLE-28 tab 0.3-30 MG-MCG	1	GC
CUVPOSA sol 1 MG/5ML	4	
cvs gauze sterile pad 2"x2"	2	NMO
CYCLAFEM 1/35 tab 1-35 MG-MCG	1	GC
CYCLAFEM 7/7/7 tab 0.5/0.75/1-35 MG-MCG	1	GC
cyclobenzaprine hcl tab 10 mg, 5 mg, 7.5 mg	4	PA; NMO; HR
cyclophosphamide cap 25 mg, 50 mg	4	BD; NMO
CYCLOSET tab 0.8 MG	4	
cyclosporine modified cap 100 mg, 50 mg	4	BD
cyclosporine modified cap 25 mg	2	BD
cyclosporine modified sol 100 mg/ml	2	BD
cyclosporine cap 100 mg, 25 mg	2	BD
cyproheptadine hcl syrup 2 mg/5ml	1	NMO; GC
cyproheptadine hcl tab 4 mg	1	NMO; GC
CYRED tab 0.15-30 MG-MCG	1	GC
CYSTADANE POWDER	5	NMO
CYSTAGON cap 150 MG, 50 MG	3	
CYSTARAN OPTHALMIC sol 0.44 %	5	PA; NMO
<b>D</b>		
dalfampridine er tab 12 hour 10 mg	5	PA; NMO; QL
DALIRESP tab 250 MCG, 500 MCG	3	QL

Drug Name	Tier	Notes
danazol cap 100 mg, 200 mg, 50 mg	2	NMO
dantrolene sodium cap 100 mg, 25 mg, 50 mg	4	NMO
dapsone tab 100 mg, 25 mg	2	
DAPTACEL IM susp 23-15-5	3	NMO
daptomycin IV sol reconstituted 350 mg	4	NMO
daptomycin IV sol reconstituted 500 mg	5	NMO
DARAPRIM tab 25 MG	5	NMO
darifenacin hydrobromide er tab 24 hour 15 mg, 7.5 mg	2	
DAURISMO tab 100 MG, 25 MG	5	PA; NMO
DEBLITANE tab 0.35 MG	1	GC
deferasirox tab soluble 125 mg, 250 mg, 500 mg	5	PA; NMO
DELSTRIGO tab 100-300-300 MG	5	NMO; QL
DELYLA tab 0.1-20 MG-MCG	1	GC
DEMSEER cap 250 MG	5	NMO
DENAVIR ext CREAM 1 %	4	NMO
DEPEN TITRATABS tab 250 MG	5	NMO
DEPO-ESTRADIOL IM OIL 5 MG/ML	4	NMO
DEPO-PROVERA IM susp 400 MG/ML	3	BD; NMO
DEPO-SUBQ PROVERA 104 SC susp PREFILLED SYRINGE 104 MG/0.65ML	4	NMO
DESCOVY tab 200-25 MG	5	NMO; QL
desipramine hcl tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
desmopressin ace spray refrig nasal sol 0.01 %	2	
desmopressin acetate tab 0.1 mg, 0.2 mg	2	
desogestrel-ethinyl estradiol tab 0.15- 0.02/0.01 mg (21/5), 0.15-30 mg-mcg	1	GC
desonide ext cream 0.05 %	3	NMO
desonide ext lotion 0.05 %	3	NMO
desonide ext oint 0.05 %	3	NMO
desoximetasone ext cream 0.05 %, 0.25 %	4	NMO
desoximetasone ext gel 0.05 %	4	NMO
desoximetasone ext liquid 0.25 %	4	NMO
desoximetasone ext oint 0.05 %, 0.25 %	4	NMO



Drug Name	Tier	Notes
desvenlafaxine er tab 24 hour 100 mg, 50 mg	4	
desvenlafaxine succinate er tab 24 hour 100 mg, 25 mg, 50 mg	4	
DEXAMETHASONE INTENSOL conc 1 MG/ML	1	NMO; GC
dexamethasone elixir 0.5 mg/5ml	1	NMO; GC
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	NMO; GC
dexamethasone sodium phosphate ophthalmic sol 0.1 %	2	NMO
DEXILANT cap dr 30 MG, 60 MG	3	ST; QL
DEPAK 13 DAY tab THERAPY PACK 1.5 MG (51)	4	NMO
dextroamphetamine sulfate er cap er 24 hour 10 mg, 15 mg, 5 mg	4	PA
dextroamphetamine sulfate tab 10 mg, 5 mg	4	PA
dextrose IV sol 10 %, 5 %	2	BD; NMO
dextrose-nacl IV sol 10-0.2 %, 10-0.45 %, 5-0.225 %	3	NMO
dextrose-nacl IV sol 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %	2	NMO
dextrose-nacl IV sol 5-0.9 %	4	NMO
DIASAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	NMO
DIASAT PEDIATRIC RECTAL GEL 2.5 MG	4	NMO
diazepam conc 5 mg/ml	2	NMO; QL
diazepam sol 5 mg/5ml	2	NMO; QL
diazepam tab 10 mg	2	NMO; QL
diazepam tab 2 mg	2	NMO; QL
diazepam tab 5 mg	2	NMO; QL
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	NMO
diclofenac potassium tab 50 mg	2	
diclofenac sodium er tab 24 hour 100 mg	1	GC
diclofenac sodium ophthalmic sol 0.1 %	1	NMO; GC
diclofenac sodium tab dr 25 mg, 50 mg, 75 mg	1	GC
diclofenac sodium transdermal gel 1 %	2	NMO
diclofenac sodium transdermal gel 3 %	4	PA; NMO; QL
diclofenac sodium transdermal sol 1.5 %	4	NMO

Drug Name	Tier	Notes
diclofenac-misoprostol tab dr 50-0.2 mg, 75-0.2 mg	3	
dicloxacillin sodium cap 250 mg, 500 mg	2	NMO
dicyclomine hcl cap 10 mg	1	NMO; GC
dicyclomine hcl sol 10 mg/5ml	1	NMO; GC
dicyclomine hcl tab 20 mg	1	NMO; GC
didanosine cap dr 200 mg	4	QL
didanosine cap dr 250 mg, 400 mg	4	QL
DIFICID tab 200 MG	5	NMO
diflorasone diacetate ext cream 0.05 %	4	NMO
diflorasone diacetate ext oint 0.05 %	4	NMO
diflunisal tab 500 mg	2	
DIGITEK tab 125 MCG, 250 MCG	1	GC
DIGOX tab 125 MCG, 250 MCG	1	GC
digoxin sol 0.05 mg/ml	1	GC
digoxin tab 125 mcg, 250 mcg	1	GC
dihydroergotamine mesylate nasal sol 4 mg/ml	4	NMO
DILANTIN cap 30 MG	3	
diltiazem hcl er beads cap 24 hour 360 mg, 420 mg	1	GC
diltiazem hcl er coated beads cap 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	GC
diltiazem hcl er cap 12 hour 120 mg, 60 mg, 90 mg	2	
diltiazem hcl tab 120 mg, 30 mg, 60 mg, 90 mg	1	GC
dilt-xr cap er 24 hour 120 mg, 180 mg, 240 mg	1	GC
diphenoxylate-atropine liquid 2.5-0.025 mg/5ml	1	NMO; GC
diphenoxylate-atropine tab 2.5-0.025 mg	1	NMO; GC
diphtheria-tetanus toxoids dt IM susp 25-5 lfu/0.5ml	3	BD; NMO
dipyridamole tab 25 mg, 50 mg, 75 mg	1	GC
disopyramide phosphate cap 100 mg, 150 mg	2	
disulfiram tab 250 mg, 500 mg	1	GC
DIURIL susp 250 MG/5ML	4	

Drug Name	Tier	Notes
divalproex sodium er tab 24 hour 250 mg, 500 mg	2	
divalproex sodium cap dr sprinkle 125 mg	2	
divalproex sodium tab dr 125 mg, 250 mg, 500 mg	1	GC
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	
dofetilide cap 125 mcg, 250 mcg, 500 mcg	4	
donepezil hcl tab 10 mg, 5 mg	1	GC
donepezil hcl tab 23 mg	3	
donepezil hcl tab disp 10 mg, 5 mg	2	
dorzolamide hcl ophthalmic sol 2 %	1	GC
dorzolamide hcl-timolol mal ophthalmic sol 22.3-6.8 mg/ml	1	GC
dorzolamide hcl-timolol mal pf ophthalmic sol 22.3-6.8 mg/ml	2	
DOVATO tab 50-300 MG	5	NMO; QL
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	1	GC
doxepin hcl ext cream 5 %	4	NMO; QL
doxepin hcl cap 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin hcl conc 10 mg/ml	2	
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	4	
DOXY 100 IV sol RECONSTITUTED 100 MG	4	NMO
doxycycline hyclate cap 100 mg, 50 mg	2	NMO
doxycycline hyclate tab 100 mg, 20 mg	2	NMO
doxycycline hyclate tab dr 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	4	NMO
doxycycline monohydrate cap 100 mg, 50 mg	1	NMO; GC
doxycycline monohydrate susp reconstituted 25 mg/5ml	2	NMO
doxycycline monohydrate tab 100 mg, 150 mg, 50 mg, 75 mg	4	NMO
dronabinol cap 10 mg, 2.5 mg, 5 mg	4	PA; NMO; QL
drospiren-eth estrad-levomefol tab 3-0.02-0.451 mg	4	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	

Drug Name	Tier	Notes
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	GC
DROXIA cap 200 MG, 300 MG, 400 MG	4	
DUAVEE tab 0.45-20 MG	4	
duloxetine hcl cap dr particles 20 mg, 30 mg, 40 mg, 60 mg	2	
duramorph inj sol 0.5 mg/ml	2	BD; NMO; QL
duramorph inj sol 1 mg/ml	2	BD; NMO; QL
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	NMO
dutasteride cap 0.5 mg	2	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	
<b>E</b>		
econazole nitrate ext cream 1 %	2	NMO
EDURANT tab 25 MG	5	NMO; QL
efavirenz cap 200 mg	4	QL
efavirenz cap 50 mg	4	QL
efavirenz tab 600 mg	5	NMO; QL
eletriptan hydrobromide tab 20 mg, 40 mg	4	NMO
ELIGARD SC KIT 22.5 MG, 30 MG, 45 MG, 75 MG	4	BD; NMO
ELIQUIS tab 2.5 MG, 5 MG	3	
ELIQUIS STARTER PACK tab 5 MG	3	
ELMIRON cap 100 MG	4	NMO
EMCYT cap 140 MG	3	NMO
EMGALITY (300 MG DOSE) SC sol PREFILLED SYRINGE 100 MG/ML	3	
EMGALITY SC sol AUTO-INJECTOR 120 MG/ML	3	
EMGALITY SC sol PREFILLED SYRINGE 120 MG/ML	3	
EMOQUETTE tab 0.15-30 MG-MCG	1	GC
EMSAM PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	NMO; QL
EMTRIVA cap 200 MG	4	QL
EMTRIVA sol 10 MG/ML	4	QL
EMVERM tab CHEWABLE 100 MG	4	NMO

Drug Name	Tier	Notes
enalapril maleate tab 10 mg, 2.5 mg, 20 mg, 5 mg	1	GC
enalapril-hydrochlorothiazide tab 10-25 mg, 5-12.5 mg	1	GC
ENBREL SC sol PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SC sol RECONSTITUTED 25 MG	5	PA; NMO
ENBREL SURECLICK SC sol AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENDARI PACKET 5 GM	4	PA; LA; NMO; QL
ENGERIX-B inj susp 10 MCG/0.5ML, 20 MCG/ML	3	BD; NMO
enoxaparin sodium SC sol 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	4	NMO
ENPRESSE-28 tab	1	GC
ENSKYCE tab 0.15-30 MG-MCG	1	GC
entacapone tab 200 mg	2	
entecavir tab 0.5 mg, 1 mg	4	QL
ENTRESTO tab 24-26 MG, 49-51 MG, 97-103 MG	3	PA; QL
enulose sol 10 gm/15ml	1	GC
ENVARUSUS XR tab er 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD
EPIDIOLEX sol 100 MG/ML	4	PA
epinastine hcl ophthalmic sol 0.05 %	2	NMO
epinephrine inj sol auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	3	NMO
EPITOL tab 200 MG	2	
EPIVIR HBV sol 5 MG/ML	3	
eplerenone tab 25 mg, 50 mg	2	
eprosartan mesylate tab 600 mg	4	
EQUETRO cap er 12 HOUR 100 MG, 200 MG, 300 MG	4	
ERAXIS IV sol RECONSTITUTED 100 MG, 50 MG	4	NMO
ergoloid mesylates tab 1 mg	2	
ERIVEDGE cap 150 MG	5	NMO

Drug Name	Tier	Notes
ERLEADA tab 60 MG	5	PA; LA; NMO; QL
erlotinib hcl tab 100 mg, 150 mg	5	NMO; QL
erlotinib hcl tab 25 mg	5	NMO; QL
ERRIN tab 0.35 MG	1	GC
ertapenem sodium inj sol reconstituted 1 gm	4	NMO
ery ext pad 2 %	2	NMO
ERY-TAB tab dr 250 MG, 333 MG, 500 MG	4	NMO
ERYTHROCIN LACTOBIONATE IV sol RECONSTITUTED 500 MG	4	NMO
ERYTHROCIN STEARATE tab 250 MG	4	NMO
erythromycin base cap dr particles 250 mg	4	NMO
erythromycin base tab 250 mg, 500 mg	4	NMO
erythromycin ethylsuccinate susp reconstituted 200 mg/5ml, 400 mg/5ml	4	NMO
erythromycin ethylsuccinate tab 400 mg	4	NMO
erythromycin ext gel 2 %	2	NMO
erythromycin ext sol 2 %	1	NMO; GC
erythromycin ophthalmic oint 5 mg/gm	1	NMO; GC
ESBRIET cap 267 MG	5	PA; NMO
ESBRIET tab 267 MG, 801 MG	5	PA; NMO
escitalopram oxalate sol 5 mg/5ml	2	
escitalopram oxalate tab 10 mg, 20 mg, 5 mg	1	GC
esomeprazole magnesium cap dr 20 mg, 40 mg	2	
ESTARYLLA tab 0.25-35 MG-MCG	1	GC
estazolam tab 1 mg	3	NMO; QL
estazolam tab 2 mg	3	NMO; QL
estradiol tab 0.5 mg, 1 mg, 2 mg	1	GC
estradiol PATCH twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	
estradiol PATCH weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tab 10 mcg	4	

Drug Name	Tier	Notes
estradiol valerate IM oil 20 mg/ml, 40 mg/ml	2	NMO
estradiol-norethindrone acet tab 0.5-0.1 mg, 1-0.5 mg	2	
ESTRING VAGINAL RING 2 MG	4	
eszopiclone tab 1 mg, 2 mg, 3 mg	4	NMO; QL
ethacrynic acid tab 25 mg	4	
ethambutol hcl tab 100 mg	2	NMO
ethambutol hcl tab 400 mg	3	NMO
ethosuximide cap 250 mg	2	
ethosuximide sol 250 mg/5ml	1	GC
ethynodiol diac-eth estradiol tab 1-35 mg-mcg, 1-50 mg-mcg	1	GC
etodolac er tab 24 hour 400 mg, 500 mg, 600 mg	4	
etodolac cap 200 mg, 300 mg	2	
etodolac tab 400 mg, 500 mg	2	
EUCRISA ext oint 2 %	4	NMO
EURAX ext CREAM 10 %	4	NMO
EURAX ext LOTION 10 %	4	NMO
EVAMIST TRANSDERMAL sol 1.53 MG/SPRAY	4	
EVOTAZ tab 300-150 MG	5	NMO; QL
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	NMO
exemestane tab 25 mg	2	QL
ezetimibe tab 10 mg	3	
<b>F</b>		
FALMINA tab 0.1-20 MG-MCG	1	GC
famciclovir tab 125 mg, 250 mg, 500 mg	2	NMO
famotidine susp reconstituted 40 mg/5ml	2	
famotidine tab 20 mg, 40 mg	1	GC
FANAPT tab 1 MG, 2 MG, 4 MG	4	NMO; QL
FANAPT tab 10 MG, 12 MG, 6 MG, 8 MG	5	NMO; QL
FANAPT TITRATION PACK tab 1 & 2 & 4 & 6 MG	4	NMO; QL
FARYDAK cap 10 MG, 15 MG, 20 MG	5	PA; NMO
felbamate susp 600 mg/5ml	4	
felbamate tab 400 mg, 600 mg	4	

Drug Name	Tier	Notes
felodipine er tab 24 hour 10 mg, 2.5 mg, 5 mg	1	GC
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	
FEMYNOR tab 0.25-35 MG-MCG	1	GC
fenofibrate micronized cap 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate cap 150 mg, 50 mg	2	
fenofibrate tab 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid cap dr 135 mg, 45 mg	2	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; NMO; QL
fentanyl PATCH 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	NMO; QL
fentanyl PATCH 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	4	NMO; QL
FERRIPROX sol 100 MG/ML	5	NMO
FERRIPROX tab 500 MG	5	NMO
FETZIMA cap er 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	
FETZIMA TITRATION cap ER 24 HOUR THERAPY PACK 20 & 40 MG	3	NMO
FIASP FLEXTOUCH SC sol PEN-INJECTOR 100 UNIT/ML	3	
FIASP SC sol 100 UNIT/ML	3	
finasteride tab 5 mg	1	GC
FIRAZYR SC sol 30 MG/3ML	5	NMO
FIRDAPSE tab 10 MG	5	PA; NMO
FIRMAGON SC sol RECONSTITUTED 120 MG	5	BD; NMO
FIRMAGON SC sol RECONSTITUTED 80 MG	4	BD; NMO
FIRVANQ sol RECONSTITUTED 25 MG/ML, 50 MG/ML	4	NMO
FLAREX OPHTHALMIC susp 0.1 %	4	NMO
FLEBOGAMMA DIF IV sol 5 GM/50ML	5	PA; NMO
flecainide acetate tab 100 mg, 150 mg, 50 mg	1	GC

Drug Name	Tier	Notes
FLOVENT DISKUS inh AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	
FLOVENT HFA inh AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	
fluconazole in sodium chloride IV sol 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	NMO
fluconazole susp reconstituted 10 mg/ml, 40 mg/ml	2	NMO
fluconazole tab 100 mg, 150 mg, 200 mg, 50 mg	2	NMO
flucytosine cap 250 mg, 500 mg	5	NMO
fludrocortisone acetate tab 0.1 mg	1	GC
flunisolide nasal sol 25 mcg/act (0.025%)	1	NMO; GC
fluocinolone acetonide ext cream 0.01 %, 0.025 %	2	NMO
fluocinolone acetonide ext oint 0.025 %	2	NMO
fluocinolone acetonide ext sol 0.01 %	4	NMO
fluocinolone acetonide otic oil 0.01 %	4	NMO
fluocinolone acetonide scalp ext oil 0.01 %	4	NMO
fluocinonide emulsified base ext cream 0.05 %	3	NMO
fluocinonide ext gel 0.05 %	3	NMO
fluocinonide ext oint 0.05 %	3	NMO
fluocinonide ext sol 0.05 %	3	NMO
fluorometholone ophthalmic susp 0.1 %	2	NMO
fluorouracil ext cream 5 %	4	NMO
fluorouracil ext sol 2 %, 5 %	3	NMO
fluoxetine hcl cap 10 mg, 20 mg, 40 mg	1	GC
fluoxetine hcl cap dr 90 mg	4	
fluoxetine hcl sol 20 mg/5ml	2	
fluoxetine hcl tab 10 mg	2	
fluoxetine hcl tab 20 mg, 60 mg	4	
fluphenazine decanoate inj sol 25 mg/ml	4	NMO
fluphenazine hcl inj sol 2.5 mg/ml	4	NMO
fluphenazine hcl conc 5 mg/ml	2	
fluphenazine hcl elixir 2.5 mg/5ml	2	
fluphenazine hcl tab 1 mg, 10 mg	1	GC
fluphenazine hcl tab 2.5 mg, 5 mg	2	

Drug Name	Tier	Notes
flurazepam hcl cap 15 mg	3	NMO; QL
flurazepam hcl cap 30 mg	3	NMO; QL
flurbiprofen tab 100 mg, 50 mg	2	
flurbiprofen sodium ophthalmic sol 0.03 %	1	NMO; GC
flutamide cap 125 mg	1	NMO; GC
fluticasone propionate ext cream 0.05 %	1	NMO; GC
fluticasone propionate ext oint 0.005 %	2	NMO
fluticasone propionate nasal susp 50 mcg/act	1	NMO; GC
fluticasone-salmeterol inh 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	3	
fluvastatin sodium er tab 24 hour 80 mg	2	
fluvastatin sodium cap 20 mg, 40 mg	2	
flvoxamine maleate er cap er 24 hour 100 mg, 150 mg	4	
flvoxamine maleate tab 100 mg, 25 mg, 50 mg	1	GC
fondaparinux sodium SC sol 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	NMO
fondaparinux sodium SC sol 2.5 mg/0.5ml	4	NMO
fosamprenavir calcium tab 700 mg	5	NMO; QL
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	GC
fosinopril sodium-hctz tab 10-12.5 mg, 20-12.5 mg	1	GC
FRAGMIN SC sol 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5	NMO
FRAGMIN SC sol 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	NMO
FREAMINE HBC IV sol 6.9 %	4	BD; NMO
frovatriptan succinate tab 2.5 mg	4	NMO
furosemide inj sol 10 mg/ml, 10 mg/ml (4ml syringe)	1	NMO; GC
furosemide sol 10 mg/ml, 8 mg/ml	1	GC
furosemide tab 20 mg, 40 mg, 80 mg	1	GC
FUZEON SC sol RECONSTITUTED 90 MG	5	NMO; QL
FYAVOLV tab 0.5-2.5 MG-MCG, 1-5 MG-MCG	4	
FYCOMPA susp 0.5 MG/ML	4	

Drug Name	Tier	Notes
FYCOMPA tab 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
<b>G</b>		
gabapentin cap 100 mg, 300 mg, 400 mg	1	GC
gabapentin sol 250 mg/5ml	2	
gabapentin tab 600 mg, 800 mg	2	
GALAFOLD cap 123 MG	5	PA; LA; NMO; QL
galantamine hydrobromide er cap er 24 hour 16 mg, 24 mg, 8 mg	2	
galantamine hydrobromide sol 4 mg/ml	3	
galantamine hydrobromide tab 12 mg, 4 mg, 8 mg	2	
GAMMAGARD inj sol 2.5 GM/25ML	5	PA; NMO
GAMMAGARD S/D LESS IGA IV sol RECONSTITUTED 10 GM, 5 GM	5	PA; NMO
GAMMAKED inj sol 1 GM/10ML	5	PA; NMO
GAMMAPLEX IV sol 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA; NMO
GAMUNEX-C inj sol 1 GM/10ML	5	PA; NMO
GARDASIL 9 IM susp	4	NMO
GARDASIL 9 IM susp PREFILLED SYRINGE	4	NMO
gatifloxacin ophthalmic sol 0.5 %	4	NMO
GATTEX SC KIT 5 MG	5	NMO
GAVILYTE-C sol RECONSTITUTED 240 GM	1	NMO; GC
GAVILYTE-G sol RECONSTITUTED 236 GM	1	NMO; GC
GAVILYTE-N WITH FLAVOR PACK sol RECONSTITUTED 420 GM	1	NMO; GC
gemfibrozil tab 600 mg	1	GC
generlac sol 10 gm/15ml	1	GC
GENGRAF cap 100 MG, 25 MG	2	BD
GENGRAF sol 100 MG/ML	2	BD
gentamicin in saline IV sol 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	2	NMO
gentamicin sulfate ext cream 0.1 %	2	NMO
gentamicin sulfate ext oint 0.1 %	2	NMO
gentamicin sulfate inj sol 40 mg/ml	2	NMO
gentamicin sulfate ophthalmic sol 0.3 %	1	NMO; GC

Drug Name	Tier	Notes
GENVOYA tab 150-150-200-10 MG	5	NMO; QL
GEODON IM sol RECONSTITUTED 20 MG	4	NMO
GIANVI tab 3-0.02 MG	2	
GILENYA cap 0.5 MG	5	PA; NMO
GILOTRIF tab 20 MG, 30 MG, 40 MG	5	PA; NMO
glatiramer acetate SC sol prefilled syringe 20 mg/ml, 40 mg/ml	5	PA; NMO
GLEOSTINE cap 10 MG, 100 MG, 40 MG	4	NMO
glimepiride tab 1 mg, 2 mg, 4 mg	1	GC
glipizide er tab 24 hour 10 mg, 2.5 mg, 5 mg	1	GC
glipizide tab 10 mg, 5 mg	1	GC
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	GC; QL
global alcohol prep ease pad 70 %	2	NMO
GLUCAGEN HYPOKIT inj sol RECONSTITUTED 1 MG	3	NMO
GLUCAGON EMERGENCY inj KIT 1 MG	3	NMO
glycopyrrolate tab 1 mg, 2 mg	2	NMO
GOCOVRI cap er 24 HOUR 137 MG	5	PA; NMO; QL
GOCOVRI cap er 24 HOUR 68.5 MG	5	PA; NMO; QL
GOLYTELY sol RECONSTITUTED 227.1 GM	4	NMO
granisetron hcl tab 1 mg	4	BD; NMO; QL
griseofulvin microsize susp 125 mg/5ml	4	NMO
griseofulvin microsize tab 500 mg	4	NMO
griseofulvin ultramicrosize tab 125 mg, 250 mg	4	NMO
guanfacine hcl er tab 24 hour 1 mg, 2 mg, 3 mg, 4 mg	4	
guanfacine hcl tab 1 mg, 2 mg	1	GC
guanidine hcl tab 125 mg	3	NMO
<b>H</b>		
HAILEY 24 FE tab 1-20 MG-MCG(24)	1	GC
halobetasol propionate ext cream 0.05 %	4	NMO
halobetasol propionate ext oint 0.05 %	4	NMO
HALOG ext CREAM 0.1 %	4	NMO
HALOG ext oint 0.1 %	4	NMO

Drug Name	Tier	Notes
haloperidol decanoate IM sol 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml	2	NMO
haloperidol lactate inj sol 5 mg/ml	2	NMO
haloperidol lactate conc 2 mg/ml	1	GC
haloperidol tab 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	GC
HAVRIX IM susp 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	3	NMO
heparin sodium (porcine) inj sol 1000 unit/ml, 10000 unit/ml	1	NMO; GC
heparin sodium (porcine) inj sol 20000 unit/ml, 5000 unit/ml	2	NMO
HEPATAMINE IV sol 8 %	4	BD; NMO
HETLIOZ cap 20 MG	5	PA; NMO; QL
HIBERIX inj sol RECONSTITUTED 10 MCG	4	NMO
HUMIRA PEDIATRIC CROHNS START SC PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA PEN SC PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
HUMIRA PEN-CD/UC/HS STARTER SC PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PS/UV/ADOL HS START SC PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA SC PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
hydralazine hcl tab 10 mg, 100 mg, 25 mg, 50 mg	1	GC
hydrochlorothiazide cap 12.5 mg	1	GC
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	GC
hydrocodone-acetaminophen sol 7.5-325 mg/15ml	2	NMO; QL
hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg	2	NMO; QL

Drug Name	Tier	Notes
hydrocodone-ibuprofen tab 5-200 mg, 7.5-200 mg	2	NMO; QL
hydrocortisone ace-pramoxine rectal cream 1-1 %	2	NMO
hydrocortisone butyrate ext cream 0.1 %	2	NMO
hydrocortisone butyrate ext lotion 0.1 %	2	NMO
hydrocortisone butyrate ext oint 0.1 %	2	NMO
hydrocortisone butyrate ext sol 0.1 %	2	NMO
hydrocortisone ext cream 1 %, 2.5 %	1	NMO; GC
hydrocortisone ext lotion 2.5 %	1	NMO; GC
hydrocortisone ext oint 1 %, 2.5 %	1	NMO; GC
hydrocortisone tab 10 mg, 20 mg, 5 mg	1	NMO; GC
hydrocortisone rectal enema 100 mg/60ml	4	NMO
hydrocortisone valerate ext cream 0.2 %	3	NMO
hydrocortisone valerate ext oint 0.2 %	2	NMO
hydrocortisone-acetic acid otic sol 1-2 %	4	NMO
hydromorphone hcl er tab 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg	4	NMO; QL
hydromorphone hcl er tab 24 hour abuse-deterrent 32 mg	5	NMO; QL
hydromorphone hcl liquid 1 mg/ml	4	NMO; QL
hydromorphone hcl tab 2 mg, 4 mg	4	NMO; QL
hydromorphone hcl tab 8 mg	4	NMO; QL
hydroxychloroquine sulfate tab 200 mg	3	
hydroxyurea cap 500 mg	1	NMO; GC
hydroxyzine hcl syrup 10 mg/5ml	1	NMO; GC
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1	NMO; GC
hydroxyzine pamoate cap 100 mg, 25 mg, 50 mg	1	NMO; GC
ibandronate sodium tab 150 mg	2	
IBRANCE cap 100 MG, 125 MG, 75 MG	5	PA; NMO
IBU tab 600 MG, 800 MG	1	GC
ibuprofen susp 100 mg/5ml	1	NMO; GC
ibuprofen tab 400 mg, 600 mg, 800 mg	1	GC
ICLUSIG tab 15 MG	5	PA; NMO; QL
ICLUSIG tab 45 MG	5	PA; NMO; QL

Drug Name	Tier	Notes
IDHIFA tab 100 MG	5	PA; NMO; QL
IDHIFA tab 50 MG	5	PA; NMO; QL
ILEVRO OPHTHALMIC susp 0.3 %	3	NMO
imatinib mesylate tab 100 mg	5	NMO; QL
imatinib mesylate tab 400 mg	5	NMO; QL
IMBRUVICA cap 140 MG, 70 MG	5	PA; NMO
IMBRUVICA tab 140 MG, 280 MG, 420 MG, 560 MG	5	PA; NMO
imipenem-cilastatin IV sol reconstituted 250 mg, 500 mg	4	NMO
imipramine hcl tab 10 mg, 25 mg, 50 mg	2	
imipramine pamoate cap 100 mg, 125 mg, 150 mg, 75 mg	4	
imiquimod ext cream 5 %	3	NMO
IMOVAX RABIES IM INJECTABLE 2.5 UNIT/ML	4	BD; NMO
INBRIJA inh cap 42 MG	5	PA; NMO
INCASSIA tab 0.35 MG	1	GC
INCRELEX SC sol 40 MG/4ML	5	PA; LA; NMO
indapamide tab 1.25 mg, 2.5 mg	1	GC
indomethacin er cap er 75 mg	4	
indomethacin cap 25 mg, 50 mg	1	GC
INFANRIX IM susp 25-58-10	3	NMO
INLYTA tab 1 MG	5	NMO; QL
INLYTA tab 5 MG	5	NMO; QL
INTELENCE tab 100 MG	5	NMO; QL
INTELENCE tab 200 MG	5	NMO; QL
INTELENCE tab 25 MG	4	QL
INTRALIPID IV EMULSION 20 %, 30 %	4	BD; NMO
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
INTRON A inj sol 10000000 UNIT/ML, 6000000 UNIT/ML	5	BD; NMO
INTRON A inj sol RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	BD; NMO
INTROVALE tab 0.15-0.03 MG	1	GC
INVEGA SUSTENNA IM susp PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NMO

Drug Name	Tier	Notes
INVEGA SUSTENNA IM susp PREFILLED SYRINGE 39 MG/0.25ML	4	NMO
INVEGA TRINZA IM susp PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	NMO
INVIRASE tab 500 MG	5	NMO; QL
INVOKAMET tab 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKAMET XR tab er 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKANA tab 100 MG, 300 MG	3	
IONOSOL-MB IN D5W IV sol	3	NMO
IPOL inj INJECTABLE	3	NMO
ipratropium bromide inh sol 0.02 %	1	BD; GC
ipratropium bromide nasal sol 0.03 %, 0.06 %	1	GC
ipratropium-albuterol inh sol 0.5-2.5 (3) mg/3ml	1	BD; GC
irbesartan tab 150 mg, 300 mg, 75 mg	1	GC
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	1	GC
IRESSA tab 250 MG	5	PA; NMO
ISENTRESS HD tab 600 MG	5	NMO; QL
ISENTRESS PACKET 100 MG	4	QL
ISENTRESS tab 400 MG	5	NMO; QL
ISENTRESS tab CHEWABLE 100 MG	5	NMO; QL
ISENTRESS tab CHEWABLE 25 MG	4	QL
ISIBLOOM tab 0.15-30 MG-MCG	1	GC
ISOLYTE-P IN D5W IV sol	3	NMO
ISOLYTE-S IV sol	3	NMO
isoniazid syrup 50 mg/5ml	1	GC
isoniazid tab 100 mg, 300 mg	1	GC
isosorbide dinitrate er tab 40 mg	3	
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate er tab 24 hour 120 mg, 30 mg, 60 mg	1	GC
isosorbide mononitrate tab 10 mg, 20 mg	1	GC
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	NMO
isradipine cap 2.5 mg, 5 mg	4	



Drug Name	Tier	Notes
itraconazole cap 100 mg	3	PA; NMO
itraconazole sol 10 mg/ml	3	PA; NMO
ivermectin tab 3 mg	2	NMO
IXIARO IM susp	3	NMO
<b>J</b>		
JAKAFI tab 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	NMO; QL
JANTOVEN tab 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	GC
JANUMET tab 50-1000 MG, 50-500 MG	3	QL
JANUMET XR tab er 24 HOUR 100-1000 MG	3	QL
JANUMET XR tab er 24 HOUR 50-1000 MG, 50-500 MG	3	QL
JANUVIA tab 100 MG, 25 MG, 50 MG	3	QL
JARDIANCE tab 10 MG, 25 MG	3	
JASMIEL tab 3-0.02 MG	2	
JINTELI tab 1-5 MG-MCG	4	
JOLIVETTE tab 0.35 MG	1	GC
JUBLIA ext sol 10 %	4	NMO
JULEBER tab 0.15-30 MG-MCG	1	GC
JULUCA tab 50-25 MG	5	NMO; QL
JUNEL 1.5/30 tab 1.5-30 MG-MCG	1	GC
JUNEL 1/20 tab 1-20 MG-MCG	1	GC
JUNEL FE 1.5/30 tab 1.5-30 MG-MCG	1	GC
JUNEL FE 1/20 tab 1-20 MG-MCG	1	GC
JUXTAPID cap 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; NMO; QL
<b>K</b>		
KALETRA tab 100-25 MG	3	QL
KALETRA tab 200-50 MG	3	QL
KALYDECO PACKET 25 MG, 50 MG, 75 MG	5	PA; NMO
KALYDECO tab 150 MG	5	PA; NMO
KARIVA tab 0.15-0.02/0.01 MG (21/5)	1	GC
kcl in dextrose-nacl IV sol 10-5-0.45 meq/l-%, 20-5-0.33 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%	2	NMO

Drug Name	Tier	Notes
kcl in dextrose-nacl IV sol 20-5-0.2 meq/l-%, 40-5-0.9 meq/l-%	3	NMO
kcl-lactated ringers-d5w IV sol 20 meq/l	3	NMO
KELNOR 1/35 tab 1-35 MG-MCG	1	GC
KELNOR 1/50 tab 1-50 MG-MCG	1	GC
ketoconazole ext cream 2 %	2	NMO
ketoconazole ext shampoo 2 %	1	NMO; GC
ketoconazole tab 200 mg	1	NMO; GC
ketoprofen er cap er 24 hour 200 mg	4	
ketoprofen cap 25 mg	4	
ketorolac tromethamine ophthalmic sol 0.4 %, 0.5 %	1	NMO; GC
KINRIX IM susp , inj 0.5 ML	3	NMO
KIONEX susp 15 GM/60ML	2	NMO
KISQALI (200 MG DOSE) tab THERAPY PACK 200 MG	5	PA; NMO
KISQALI (400 MG DOSE) tab THERAPY PACK 200 MG	5	PA; NMO
KISQALI (600 MG DOSE) tab THERAPY PACK 200 MG	5	PA; NMO
KISQALI FEMARA (400 MG DOSE) tab THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA (600 MG DOSE) tab THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA(200 MG DOSE) tab THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KLOR-CON 10 tab er 10 MEQ	1	GC
KLOR-CON M10 tab er 10 MEQ	1	GC
KLOR-CON M15 tab er 15 MEQ	1	GC
KLOR-CON M20 tab er 20 MEQ	1	GC
KLOR-CON tab er 8 MEQ	1	GC
KORLYM tab 300 MG	5	PA; LA; NMO; QL
KURVELO tab 0.15-30 MG-MCG	1	GC
KUVAN PACKET 100 MG, 500 MG	5	PA; LA; NMO
KUVAN tab SOLUBLE 100 MG	5	PA; LA; NMO

Drug Name	Tier	Notes
<b>L</b>		
labetalol hcl tab 100 mg, 200 mg, 300 mg	1	GC
lactulose sol 10 gm/15ml	1	GC
LAMICTAL XR KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	4	NMO
lamivudine sol 10 mg/ml	2	QL
lamivudine tab 100 mg	2	
lamivudine tab 150 mg	2	QL
lamivudine tab 300 mg	2	QL
lamivudine-zidovudine tab 150-300 mg	4	QL
lamotrigine er tab 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	
lamotrigine tab 100 mg, 150 mg, 200 mg, 25 mg	1	GC
lamotrigine tab chewable 25 mg, 5 mg	2	
lamotrigine tab disp 100 mg, 50 mg	4	
lamotrigine tab disp 200 mg, 25 mg	2	
lamotrigine starter kit-blue kit 35 x 25 mg	4	NMO
lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg	4	NMO
lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg	4	NMO
lansoprazole cap dr 15 mg, 30 mg	2	
LANTUS SOLOSTAR SC sol PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SC sol 100 UNIT/ML	3	
LARIN 1.5/30 tab 1.5-30 MG-MCG	1	GC
LARIN 1/20 tab 1-20 MG-MCG	1	GC
LARIN FE 1.5/30 tab 1.5-30 MG-MCG	1	GC
LARIN FE 1/20 tab 1-20 MG-MCG	1	GC
LARISSIA tab 0.1-20 MG-MCG	1	GC
latanoprost ophthalmic sol 0.005 %	1	GC
LATUDA tab 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	
LEENA tab 0.5/1/0.5-35 MG-MCG	1	GC
leflunomide tab 10 mg, 20 mg	2	
LENVIMA (10 MG DAILY DOSE) cap THERAPY PACK 10 MG	5	PA; NMO

Drug Name	Tier	Notes
LENVIMA (12 MG DAILY DOSE) cap THERAPY PACK 3 X 4 MG	5	PA; NMO
LENVIMA (14 MG DAILY DOSE) cap THERAPY PACK 10 & 4 MG	5	PA; NMO
LENVIMA (18 MG DAILY DOSE) cap THERAPY PACK 10 MG & 2 X 4 MG	5	PA; NMO
LENVIMA (20 MG DAILY DOSE) cap THERAPY PACK 2 X 10 MG	5	PA; NMO
LENVIMA (24 MG DAILY DOSE) cap THERAPY PACK 2 X 10 MG & 4 MG	5	PA; NMO
LENVIMA (4 MG DAILY DOSE) cap THERAPY PACK 4 MG	5	PA; NMO
LENVIMA (8 MG DAILY DOSE) cap THERAPY PACK 2 X 4 MG	5	PA; NMO
LESSINA tab 0.1-20 MG-MCG	1	GC
letrozole tab 2.5 mg	1	GC
leucovorin calcium tab 10 mg, 15 mg, 25 mg, 5 mg	1	NMO; GC
LEUKERAN tab 2 MG	3	NMO
LEUKINE inj sol RECONSTITUTED 250 MCG	5	PA; NMO
leuprolide acetate inj kit 1 mg/0.2ml	4	PA; NMO
levabuterol hcl inh neb sol 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	4	BD
LEVEMIR FLEXTOUCH SC sol PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SC sol 100 UNIT/ML	3	
levetiracetam er tab 24 hour 500 mg, 750 mg	3	
levetiracetam sol 100 mg/ml	2	
levetiracetam tab 1000 mg, 250 mg, 500 mg, 750 mg	1	GC
levobunolol hcl ophthalmic sol 0.5 %	1	GC
levocarnitine sol 1 gm/10ml	1	BD; GC
levocarnitine tab 330 mg	1	BD; GC
levocetirizine dihydrochloride sol 2.5 mg/5ml	1	NMO; GC
levocetirizine dihydrochloride tab 5 mg	1	NMO; GC
levofloxacin in d5w IV sol 500 mg/100ml, 750 mg/150ml	4	NMO

Drug Name	Tier	Notes
levofloxacin IV sol 25 mg/ml	4	NMO
levofloxacin ophthalmic sol 0.5 %	2	NMO
levofloxacin sol 25 mg/ml	4	NMO
levofloxacin tab 250 mg, 500 mg, 750 mg	1	NMO; GC
LEVONEST tab	1	GC
levonorgest-eth estrad 91-day tab 0.1-0.02 & 0.01 mg	4	
levonorgest-eth estrad 91-day tab 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	GC
levonorgestrel-ethinyl estrad tab 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	GC
levonorg-eth estrad triphasic tab	1	GC
LEVORA 0.15/30 (28) tab 0.15-30 MG-MCG	1	GC
LEVO-T tab 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
levothyroxine sodium tab 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	GC
LEVOXYL tab 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
LEXIVA susp 50 MG/ML	3	QL
LIALDA tab dr 1.2 GM	3	
lidocaine ext patch 5 %	4	PA; NMO; QL
lidocaine hcl ext sol 4 %	2	NMO
lidocaine hcl urethral/mucosal ext gel 2 %	2	NMO
lidocaine viscous hcl mouth/throat sol 2 %	1	NMO; GC
lidocaine-prilocaine ext cream 2.5-2.5 %	4	NMO; QL
linezolid IV sol 600 mg/300ml	5	NMO
linezolid susp reconstituted 100 mg/5ml	5	NMO
linezolid tab 600 mg	4	NMO
LINZESS cap 145 MCG, 290 MCG, 72 MCG	3	
liothyronine sodium tab 25 mcg, 5 mcg, 50 mcg	1	GC
lisinopril tab 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	GC

Drug Name	Tier	Notes
lisinopril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	GC
lithium carbonate er tab 300 mg, 450 mg	1	GC
lithium carbonate cap 150 mg, 300 mg, 600 mg	1	GC
lithium carbonate tab 300 mg	1	GC
lithium sol 8 meq/5ml	1	GC
LIVALO tab 1 MG, 2 MG, 4 MG	3	
LO LOESTRIN FE tab 1 MG-10 MCG / 10 MCG	4	
LOKELMA PACKET 10 GM, 5 GM	4	
LONSURF tab 15-6.14 MG, 20-8.19 MG	5	NMO
loperamide hcl cap 2 mg	1	NMO; GC
lopinavir-ritonavir sol 400-100 mg/5ml	4	
lorazepam conc 2 mg/ml	2	NMO; QL
lorazepam tab 0.5 mg, 1 mg, 2 mg	2	NMO; QL
LORBRENA tab 100 MG	5	PA; NMO; QL
LORBRENA tab 25 MG	5	PA; NMO; QL
LORYNA tab 3-0.02 MG	2	
losartan potassium tab 100 mg, 25 mg, 50 mg	1	GC
losartan potassium-hctz tab 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	GC
LOTEMAX OPHTHALMIC GEL 0.5 %	4	NMO
LOTEMAX OPHTHALMIC oint 0.5 %	4	NMO
LOTEMAX SM OPHTHALMIC GEL 0.38 %	4	NMO
loteprednol etabonate ophthalmic susp 0.5 %	4	NMO
lovastatin tab 10 mg, 20 mg, 40 mg	1	GC
LOW-OGESTREL tab 0.3-30 MG-MCG	1	GC
loxapine succinate cap 10 mg, 25 mg, 5 mg, 50 mg	2	
LUMIGAN OPHTHALMIC sol 0.01 %	3	
LUPRON DEPOT (1-MONTH) IM KIT 3.75 MG, 75 MG	5	PA; NMO
LUPRON DEPOT (3-MONTH) IM KIT 11.25 MG	5	PA; NMO
LUPRON DEPOT (3-MONTH) IM KIT 22.5 MG	5	PA; NMO
LUPRON DEPOT (4-MONTH) IM KIT 30 MG	5	PA; NMO

Drug Name	Tier	Notes
LUPRON DEPOT (6-MONTH) IM KIT 45 MG	5	PA; NMO
LUTERA tab 0.1-20 MG-MCG	1	GC
LYNPARZA tab 100 MG, 150 MG	5	PA; LA; NMO
LYRICA cap 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	
LYRICA sol 20 MG/ML	3	
LYSODREN tab 500 MG	3	NMO
LYZA tab 0.35 MG	1	GC
<b>M</b>		
magnesium sulfate inj sol 50 %, 50 % (10ml syringe)	1	NMO; GC
malathion ext lotion 0.5 %	2	NMO
maprotiline hcl tab 25 mg, 50 mg, 75 mg	2	
marlissa tab 0.15-30 mg-mcg	1	GC
MARPLAN tab 10 MG	4	
MATULANE cap 50 MG	5	NMO
MATZIM LA tab er 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
MAYZENT tab 0.25 MG, 2 MG	5	PA; NMO
meclizine hcl tab 12.5 mg, 25 mg	1	NMO; GC
medroxyprogesterone acetate IM susp 150 mg/ml	1	NMO; GC
medroxyprogesterone acetate IM susp prefilled syringe 150 mg/ml	1	NMO; GC
medroxyprogesterone acetate tab 10 mg, 2.5 mg, 5 mg	1	GC
mefloquine hcl tab 250 mg	3	
megestrol acetate susp 40 mg/ml	1	NMO; GC
megestrol acetate susp 625 mg/5ml	4	
megestrol acetate tab 20 mg, 40 mg	1	NMO; GC
MEKINIST tab 0.5 MG, 2 MG	5	PA; NMO
MEKTOVI tab 15 MG	5	PA; LA; NMO; QL
meloxicam tab 15 mg, 7.5 mg	1	GC
memantine hcl er cap er 24 hour 14 mg, 21 mg, 28 mg, 7 mg	3	
memantine hcl sol 2 mg/ml	4	

Drug Name	Tier	Notes
memantine hcl tab 10 mg, 5 mg	2	
memantine hcl tab 28 x 5 mg & 21 x 10 mg	2	NMO
MENACTRA IM INJECTABLE	4	NMO
MENEST tab 0.3 MG, 0.625 MG, 1.25 MG	4	
MENVEO IM sol RECONSTITUTED	3	NMO
mercaptopurine tab 50 mg	2	NMO
meropenem IV sol reconstituted 1 gm, 500 mg	4	NMO
mesalamine cap dr 400 mg	4	
mesalamine tab dr 1.2 gm	4	
mesalamine tab dr 800 mg	4	NMO
mesalamine rectal enema 4 gm	4	NMO
MESNEX tab 400 MG	5	NMO
metaxalone tab 800 mg	4	NMO
metformin hcl er tab 24 hour 500 mg	1	GC; QL
metformin hcl er tab 24 hour 750 mg	1	GC; QL
metformin hcl tab 1000 mg, 500 mg, 850 mg	1	GC
methadone hcl sol 10 mg/5ml	1	NMO; GC; QL
methadone hcl sol 5 mg/5ml	1	NMO; GC; QL
methadone hcl tab 10 mg, 5 mg	1	NMO; GC; QL
methazolamide tab 25 mg, 50 mg	4	
methenamine hippurate tab 1 gm	4	NMO
methimazole tab 10 mg, 5 mg	1	GC
methocarbamol tab 500 mg, 750 mg	4	PA; NMO; HR
methotrexate tab 2.5 mg	2	BD; NMO
methotrexate sodium (pf) inj sol 50 mg/2ml	1	BD; NMO; GC
methotrexate sodium inj sol 50 mg/2ml	1	BD; NMO; GC
methoxsalen rapid cap 10 mg	5	NMO
methscopolamine bromide tab 2.5 mg	2	NMO
methscopolamine bromide tab 5 mg	4	NMO
methylclothiazide tab 5 mg	1	GC
methylphenidate hcl er (cd) cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	PA

Drug Name	Tier	Notes
methylphenidate hcl er (la) cap 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	4	PA
methylphenidate hcl er tab 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg, 72 mg	4	PA
methylphenidate hcl er tab 24 hour 18 mg, 27 mg, 36 mg, 54 mg	4	PA
methylphenidate hcl sol 10 mg/5ml, 5 mg/5ml	4	PA
methylphenidate hcl tab 10 mg, 20 mg, 5 mg	2	PA
methylprednisolone tab 16 mg, 32 mg, 4 mg, 8 mg	1	NMO; GC
methylprednisolone tab therapy pack 4 mg	2	NMO
metoclopramide hcl sol 5 mg/5ml	1	NMO; GC
metoclopramide hcl tab 10 mg, 5 mg	1	GC
metolazone tab 10 mg, 2.5 mg, 5 mg	2	
metoprolol succinate er tab 24 hour 100 mg, 25 mg, 50 mg	1	GC
metoprolol succinate er tab 24 hour 200 mg	2	
metoprolol tartrate tab 100 mg, 25 mg, 50 mg	1	GC
metoprolol-hydrochlorothiazide tab 100-25 mg, 100-50 mg, 50-25 mg	2	
metronidazole ext cream 0.75 %	4	NMO
metronidazole ext gel 0.75 %, 1 %	4	NMO
metronidazole ext lotion 0.75 %	4	NMO
metronidazole in nacl IV sol 500-0.79 mg/100ml-%	2	NMO
metronidazole cap 375 mg	2	NMO
metronidazole tab 250 mg, 500 mg	2	NMO
metronidazole vaginal gel 0.75 %	4	NMO
mexiletine hcl cap 150 mg, 200 mg, 250 mg	2	
miconazole 3 vaginal suppository 200 mg	1	NMO; GC
MICROGESTIN 1.5/30 tab 1.5-30 MG-MCG	1	GC
MICROGESTIN 1/20 tab 1-20 MG-MCG	1	GC
MICROGESTIN FE 1.5/30 tab 1.5-30 MG-MCG	1	GC
MICROGESTIN FE 1/20 tab 1-20 MG-MCG	1	GC
midodrine hcl tab 10 mg, 2.5 mg, 5 mg	2	NMO
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	3	NMO

Drug Name	Tier	Notes
miglitol tab 100 mg, 25 mg, 50 mg	2	
miglustat cap 100 mg	5	PA; NMO
MILI tab 0.25-35 MG-MCG	1	GC
minocycline hcl er tab 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg	4	NMO
minocycline hcl cap 100 mg, 50 mg, 75 mg	2	NMO
minocycline hcl tab 100 mg, 50 mg, 75 mg	4	NMO
minoxidil tab 10 mg, 2.5 mg	1	GC
mirtazapine tab 15 mg, 30 mg, 45 mg, 75 mg	1	GC
mirtazapine tab disp 15 mg, 30 mg, 45 mg	2	
misoprostol tab 100 mcg, 200 mcg	2	
M-M-R II SC INJECTABLE	3	NMO
modafinil tab 100 mg, 200 mg	3	PA; QL
moexipril hcl tab 15 mg, 7.5 mg	2	
molindone hcl tab 10 mg, 25 mg, 5 mg	2	
mometasone furoate ext cream 0.1 %	1	NMO; GC
mometasone furoate ext oint 0.1 %	1	NMO; GC
mometasone furoate ext sol 0.1 %	1	NMO; GC
mometasone furoate nasal susp 50 mcg/act	2	NMO; QL
MONONESSA tab 0.25-35 MG-MCG	1	GC
montelukast sodium packet 4 mg	2	
montelukast sodium tab 10 mg	1	GC
montelukast sodium tab chewable 4 mg, 5 mg	2	
morphine sulfate (conc) sol 100 mg/5ml	2	NMO; QL
morphine sulfate er beads cap 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	3	NMO; QL
morphine sulfate er cap 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	3	NMO; QL
morphine sulfate er tab 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	3	NMO; QL
morphine sulfate sol 10 mg/5ml	2	NMO; QL
morphine sulfate sol 20 mg/5ml	2	NMO; QL
morphine sulfate tab 15 mg, 30 mg	2	NMO; QL
MOVANTIK tab 12.5 MG, 25 MG	3	NMO
MOXEZA OPHTHALMIC sol 0.5 %	3	NMO

Drug Name	Tier	Notes
moxifloxacin hcl in nacl IV sol 400 mg/250ml	4	NMO
moxifloxacin hcl ophthalmic sol 0.5 %	3	NMO
moxifloxacin hcl tab 400 mg	4	NMO
MULTAQ tab 400 MG	3	
mupirocin calcium ext cream 2 %	4	NMO
mupirocin ext oint 2 %	1	NMO; GC
MYCAMINE IV sol RECONSTITUTED 100 MG, 50 MG	5	NMO
mycophenolate mofetil cap 250 mg	2	BD
mycophenolate mofetil susp reconstituted 200 mg/ml	5	BD; NMO
mycophenolate mofetil tab 500 mg	2	BD
mycophenolate sodium tab dr 180 mg	2	BD
mycophenolate sodium tab dr 360 mg	4	BD
MYRBETRIQ tab er 24 HOUR 25 MG, 50 MG	3	
<b>N</b>		
nabumetone tab 500 mg, 750 mg	1	GC
nadolol tab 20 mg, 40 mg, 80 mg	2	
nafcillin sodium inj sol reconstituted 1 gm, 2 gm	4	NMO
nafcillin sodium IV sol reconstituted 10 gm	4	NMO
naftifine hcl ext cream 1 %, 2 %	4	NMO
naloxone hcl inj sol 0.4 mg/ml	1	NMO; GC
naloxone hcl inj sol cartridge 0.4 mg/ml	1	NMO; GC
naloxone hcl inj sol prefilled syringe 2 mg/2ml	1	NMO; GC
naltrexone hcl tab 50 mg	1	NMO; GC
NAMENDA XR TITRATION PACK cap er 24 HOUR 7 & 14 & 21 & 28 MG	3	NMO
NAMZARIC cap ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	NMO
NAMZARIC cap er 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
naproxen dr tab 375 mg, 500 mg	1	GC
naproxen susp 125 mg/5ml	1	GC
naproxen tab 250 mg, 375 mg, 500 mg	1	GC
naproxen sodium tab 275 mg, 550 mg	4	
naratriptan hcl tab 1 mg, 2.5 mg	2	NMO

Drug Name	Tier	Notes
NARCAN NASAL LIQUID 4 MG/0.1ML	3	NMO
NATACYN OPHTHALMIC susp 5 %	4	NMO
nateglinide tab 120 mg, 60 mg	2	
NATPARA SC CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NMO
NEBUPENT inh sol RECONSTITUTED 300 MG	4	BD; NMO
NECON 0.5/35 (28) tab 0.5-35 MG-MCG	1	GC
nefazodone hcl tab 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
neomycin sulfate tab 500 mg	1	NMO; GC
neomycin-bacitracin zn-polymyx ophthalmic oint 5-400-10000	2	NMO
neomycin-polymyxin-dexameth ophthalmic oint 3.5-10000-0.1	1	NMO; GC
neomycin-polymyxin-dexameth ophthalmic susp 3.5-10000-0.1	1	NMO; GC
neomycin-polymyxin-gramicidin ophthalmic sol 1.75-10000-.025	2	NMO
neomycin-polymyxin-hc ophthalmic susp 3.5-10000-1	4	NMO
neomycin-polymyxin-hc otic sol 1 %	2	NMO
neomycin-polymyxin-hc otic susp 3.5-10000-1	2	NMO
NEPHRAMINE IV sol 5.4 %	4	BD; NMO
NERLYNX tab 40 MG	5	PA; LA; NMO; QL
NEUPRO PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
nevirapine er tab 24 hour 100 mg	4	QL
nevirapine er tab 24 hour 400 mg	4	QL
nevirapine susp 50 mg/5ml	3	QL
nevirapine tab 200 mg	2	QL
NEXAVAR tab 200 MG	5	LA; NMO; QL
niacin er (antihyperlipidemic) tab 1000 mg, 500 mg, 750 mg	2	
NIACOR tab 500 MG	1	NMO; GC
nicardipine hcl cap 20 mg, 30 mg	1	GC
NICOTROL inh INHALER 10 MG	4	NMO

Drug Name	Tier	Notes
nifedipine er tab 24 hour 30 mg, 60 mg, 90 mg	1	GC
nifedipine er osmotic release tab 24 hour 30 mg, 60 mg, 90 mg	1	GC
NIKKI tab 3-0.02 MG	2	
nilutamide tab 150 mg	4	NMO; QL
nimodipine cap 30 mg	4	
NINLARO cap 2.3 MG, 3 MG, 4 MG	5	PA; NMO
nisoldipine er tab 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	4	
NITRO-BID TRANSDERMAL oint 2 %	3	
nitrofurantoin macrocrystal cap 100 mg, 25 mg, 50 mg	2	NMO
nitrofurantoin monohyd macro cap 100 mg	2	NMO
nitrofurantoin susp 25 mg/5ml	4	NMO
nitroglycerin sublingual tab sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	GC
nitroglycerin PATCH 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	GC
nitroglycerin translingual sol 0.4 mg/spray	4	
NOCDURNA SUBLINGUAL TAB 27.7 MCG, 55.3 MCG	4	
NORA-BE tab 0.35 MG	1	GC
NORDITROPIN FLEXPEN SC sol 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA; NMO
norethindrone acetate tab 5 mg	2	
norethindrone acet-ethinyl est tab 1-20 mg-mcg	1	GC
norethindrone tab 0.35 mg	1	GC
norethindrone-eth estradiol tab 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
norgestimate-eth estradiol tab 0.25-35 mg-mcg	1	GC
norgestim-eth estrad triphasic tab 0.18/0.215/0.25 mg-25 mcg	2	
norgestim-eth estrad triphasic tab 0.18/0.215/0.25 mg-35 mcg	1	GC
NORLYROC tab 0.35 MG	1	GC
NORMOSOL-M IN D5W IV sol	3	NMO

Drug Name	Tier	Notes
NORMOSOL-R IN D5W IV sol	3	NMO
NORMOSOL-R PH 7.4 IV sol	3	NMO
NORTHERA cap 100 MG, 200 MG, 300 MG	5	PA; NMO
NORTREL 0.5/35 (28) tab 0.5-35 MG-MCG	1	GC
NORTREL 1/35 (21) tab 1-35 MG-MCG	1	GC
NORTREL 1/35 (28) tab 1-35 MG-MCG	1	GC
NORTREL 7/7/7 tab 0.5/0.75/1-35 MG-MCG	1	GC
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg	1	GC
nortriptyline hcl sol 10 mg/5ml	4	
NORVIR PACKET 100 MG	4	QL
NORVIR sol 80 MG/ML	4	QL
NOVOLIN 70/30 SC susp (70-30) 100 UNIT/ML	3	
NOVOLIN N SC susp 100 UNIT/ML	3	
NOVOLIN R inj sol 100 UNIT/ML	3	
NOVOLOG FLEXPEN SC sol PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SC susp PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SC susp (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SC sol CARTRIDGE 100 UNIT/ML	3	
NOVOLOG SC sol 100 UNIT/ML	3	
NOXAFIL susp 40 MG/ML	5	NMO
NOXAFIL tab dr 100 MG	5	NMO
NUCALA SC sol AUTO-INJECTOR 100 MG/ML	5	PA; NMO
NUCALA SC sol PREFILLED SYRINGE 100 MG/ML	5	PA; NMO
NUCALA SC sol RECONSTITUTED 100 MG	5	PA; NMO
NUEDEXTA cap 20-10 MG	3	PA
NUPLAZID cap 34 MG	5	PA; LA; NMO
NUPLAZID tab 10 MG	5	PA; LA; NMO
nutrilipid IV emulsion 20 %	4	BD; NMO
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	3	

Drug Name	Tier	Notes
NYAMYC ext POWDER 100000 UNIT/GM	2	NMO
nystatin ext cream 100000 unit/gm	1	NMO; GC
nystatin ext oint 100000 unit/gm	1	NMO; GC
nystatin ext powder 100000 unit/gm	1	NMO; GC
nystatin mouth/throat susp 100000 unit/ml	1	NMO; GC
nystatin tab 500000 unit	2	NMO
nystatin-triamcinolone ext cream 100000-0.1 unit/gm-%	4	NMO
nystatin-triamcinolone ext oint 100000-0.1 unit/gm-%	4	NMO
NYSTOP ext POWDER 100000 UNIT/GM	1	NMO; GC
<b>O</b>		
OCELLA tab 3-0.03 MG	1	GC
octreotide acetate inj sol 100 mcg/ml	4	PA
octreotide acetate inj sol 1000 mcg/ml, 500 mcg/ml	5	PA; NMO
octreotide acetate inj sol 200 mcg/ml, 50 mcg/ml	2	PA
ODEFSEY tab 200-25-25 MG	5	NMO; QL
ODOMZO cap 200 MG	5	LA; NMO
OFEV cap 100 MG, 150 MG	5	NMO
ofloxacin ophthalmic sol 0.3 %	1	NMO; GC
ofloxacin otic sol 0.3 %	4	NMO
OGESTREL tab 0.5-50 MG-MCG	1	GC
olanzapine IM sol reconstituted 10 mg	4	NMO
olanzapine tab 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	GC
olanzapine tab disp 10 mg, 15 mg, 20 mg, 5 mg	4	QL
olanzapine-fluoxetine hcl cap 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	4	
olmesartan medoxomil tab 20 mg, 40 mg, 5 mg	2	
olmesartan medoxomil-hctz tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	2	
olmesartan-amlodipine-hctz tab 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	2	

Drug Name	Tier	Notes
olopatadine hcl ophthalmic sol 0.1 %, 0.2 %	3	NMO
omega-3-acid ethyl esters cap 1 gm	2	
omeprazole cap dr 10 mg, 20 mg, 40 mg	1	GC
OMNITROPE SC sol 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SC sol RECONSTITUTED 5.8 MG	5	PA; NMO
ondansetron hcl sol 4 mg/5ml	2	BD; NMO
ondansetron hcl tab 24 mg	4	BD; NMO; QL
ondansetron hcl tab 4 mg, 8 mg	1	BD; NMO; GC; QL
ondansetron tab disp 4 mg, 8 mg	2	BD; NMO; QL
OPSUMIT tab 10 MG	5	PA; NMO
ORAVIG BUCCAL tab 50 MG	3	NMO
ORFADIN cap 10 MG, 2 MG, 20 MG, 5 MG	5	NMO
ORFADIN susp 4 MG/ML	5	LA; NMO
ORLISSA tab 150 MG, 200 MG	4	PA; NMO
ORKAMBI PACKET 100-125 MG, 150-188 MG	5	PA; LA; NMO
ORKAMBI tab 100-125 MG, 200-125 MG	5	PA; NMO
orphenadrine citrate er tab 12 hour 100 mg	1	PA; NMO; GC; HR
ORSYTHIA tab 0.1-20 MG-MCG	1	GC
oseltamivir phosphate cap 30 mg, 45 mg, 75 mg	3	NMO
oseltamivir phosphate susp reconstituted 6 mg/ml	3	NMO; QL
OSPHENA tab 60 MG	4	PA
oxacillin sodium inj sol reconstituted 1 gm, 10 gm, 2 gm	4	NMO
oxandrolone tab 10 mg	5	PA; NMO
oxandrolone tab 2.5 mg	4	PA; NMO
oxaprozin tab 600 mg	3	
oxazepam cap 10 mg, 15 mg, 30 mg	2	NMO; QL
oxcarbazepine susp 300 mg/5ml	1	GC
oxcarbazepine tab 150 mg	1	GC
oxcarbazepine tab 300 mg	1	GC
oxcarbazepine tab 600 mg	2	



Drug Name	Tier	Notes
OXERVATE OPHTHALMIC sol 0.002 %	5	PA; NMO
oxiconazole nitrate ext cream 1 %	4	NMO
OXTELLAR XR tab er 24 HOUR 150 MG, 300 MG, 600 MG	4	
oxybutynin chloride er tab 24 hour 10 mg, 15 mg, 5 mg	2	
oxybutynin chloride syrup 5 mg/5ml	1	GC
oxybutynin chloride tab 5 mg	1	GC
oxycodone hcl er tab 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	4	NMO; QL
oxycodone hcl conc 100 mg/5ml	4	NMO; QL
oxycodone hcl sol 5 mg/5ml	4	NMO; QL
oxycodone hcl tab 10 mg, 15 mg, 5 mg	2	NMO; QL
oxycodone hcl tab 20 mg, 30 mg	3	NMO; QL
oxycodone-acetaminophen tab 10-325 mg	4	NMO; QL
oxycodone-acetaminophen tab 2.5-325 mg, 5-325 mg	4	NMO; QL
oxycodone-acetaminophen tab 7.5-325 mg	4	NMO; QL
oxycodone-aspirin tab 4.8355-325 mg	4	NMO; QL
oxycodone-ibuprofen tab 5-400 mg	2	NMO; QL
oxymorphone hcl er tab 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	4	NMO; QL
oxymorphone hcl tab 10 mg, 5 mg	3	NMO; QL
OZEMPIC SC sol PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE	3	
<b>P</b>		
PACERONE tab 100 MG, 200 MG	1	GC
PACERONE tab 400 MG	2	
paliperidone er tab 24 hour 1.5 mg, 3 mg, 6 mg	4	QL
paliperidone er tab 24 hour 9 mg	5	NMO; QL
PANRETIN ext GEL 0.1 %	5	NMO
pantoprazole sodium tab dr 20 mg, 40 mg	1	GC
paricalcitol cap 1 mcg, 2 mcg	4	
paricalcitol cap 4 mcg	4	
paromomycin sulfate cap 250 mg	4	NMO
paroxetine hcl er tab 24 hour 12.5 mg, 25 mg, 37.5 mg	2	

Drug Name	Tier	Notes
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg	1	GC
paroxetine mesylate cap 7.5 mg	4	
PASER PACKET 4 GM	4	NMO
PAXIL susp 10 MG/5ML	4	
PAZEO OPHTHALMIC sol 0.7 %	4	NMO
PEDIARIX IM susp	4	NMO
PEDVAX HIB IM susp 7.5 MCG/0.5ML	3	NMO
peg 3350/electrolytes sol reconstituted 240 gm	1	NMO; GC
peg 3350-kcl-na bicarb-nacl sol reconstituted 420 gm	1	NMO; GC
peg-3350/electrolytes sol reconstituted 236 gm	1	NMO; GC
PEGANONE tab 250 MG	3	
PEGASYS PROCLICK SC sol 180 MCG/0.5ML	5	PA; NMO
PEGASYS SC sol 180 MCG/0.5ML, 180 MCG/ML	5	PA; NMO
penicillin g pot in dextrose IV sol 40000 unit/ml, 60000 unit/ml	4	NMO
penicillin g potassium inj sol reconstituted 20000000 unit	4	NMO
penicillin g procaine IM susp 600000 unit/ml	4	NMO
penicillin g sodium inj sol reconstituted 5000000 unit	4	NMO
penicillin v potassium sol reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
penicillin v potassium tab 250 mg, 500 mg	1	NMO; GC
PENTAM inj sol RECONSTITUTED 300 MG	4	NMO
pentoxifylline er tab 400 mg	1	GC
perindopril erbumine tab 2 mg, 4 mg, 8 mg	1	GC
permethrin ext cream 5 %	3	NMO
perphenazine tab 16 mg, 2 mg, 4 mg, 8 mg	2	
perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	4	
PERSERIS SC PREFILLED SYRINGE 120 MG, 90 MG	5	NMO
phenelzine sulfate tab 15 mg	2	
phenobarbital elixir 20 mg/5ml	1	GC

Drug Name	Tier	Notes
phenobarbital tab 100 mg, 15 mg, 30 mg, 60 mg	1	GC
phenobarbital tab 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	2	
phenytoin susp 125 mg/5ml	1	GC
phenytoin tab chewable 50 mg	1	GC
phenytoin sodium extended cap 100 mg, 200 mg	1	GC
phenytoin sodium extended cap 300 mg	2	
PHOSPHOLINE IODIDE OPHTHALMIC sol RECONSTITUTED 0.125 %	4	
PICATO ext GEL 0.015 %, 0.05 %	4	NMO
PIFELTRO tab 100 MG	5	NMO; QL
pilocarpine hcl ophthalmic sol 1 %, 2 %, 4 %	2	
pilocarpine hcl tab 5 mg, 7.5 mg	2	
pimecrolimus ext cream 1 %	4	NMO
pimozide tab 1 mg, 2 mg	2	
PIMTREA tab 0.15-0.02/0.01 MG (21/5)	1	GC
pindolol tab 10 mg, 5 mg	2	
pioglitazone hcl tab 15 mg, 30 mg, 45 mg	1	GC
pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg	2	QL
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg	2	QL
piperacillin sod-tazobactam so IV sol reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm	4	NMO
PIQRAY (200 MG DAILY DOSE) tab THERAPY PACK 200 MG	5	PA; NMO
PIQRAY (250 MG DAILY DOSE) tab THERAPY PACK 200 & 50 MG	5	PA; NMO
PIQRAY (300 MG DAILY DOSE) tab THERAPY PACK 2 X 150 MG	5	PA; NMO
PIRMELLA 1/35 tab 1-35 MG-MCG	1	GC
piroxicam cap 10 mg, 20 mg	2	
PLASMA-LYTE 148 IV sol	3	NMO
PLASMA-LYTE A IV sol	3	NMO
PLENAMINE IV sol 15 %	4	BD; NMO
podofilox ext sol 0.5 %	4	NMO

Drug Name	Tier	Notes
polymyxin b-trimethoprim ophthalmic sol 10000-0.1 unit/ml-%	1	NMO; GC
POMALYST cap 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA; NMO
PORTIA-28 tab 0.15-30 MG-MCG	1	GC
potassium chloride crys er tab 10 meq, 20 meq	1	GC
potassium chloride er cap 10 meq, 8 meq	1	GC
potassium chloride er tab 10 meq, 20 meq, 8 meq	1	GC
potassium chloride in dextrose IV sol 20-5 meq/l-%, 40-5 meq/l-%	4	NMO
potassium chloride in nacl IV sol 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	4	NMO
potassium chloride IV sol 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml	2	NMO
potassium chloride sol 20 meq/15ml (10%), 40 meq/15ml (20%)	4	
potassium citrate er tab 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	2	NMO
PRALUENT SC sol PEN-INJECTOR 150 MG/ML, 75 MG/ML	4	PA
pramipexole dihydrochloride er tab 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	4	
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	GC
prasugrel hcl tab 10 mg, 5 mg	4	
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	1	GC
prazosin hcl cap 1 mg, 2 mg, 5 mg	1	GC
prednicarbate ext cream 0.1 %	4	NMO
prednicarbate ext oint 0.1 %	4	NMO
prednisolone acetate ophthalmic susp 1 %	2	NMO
prednisolone sol 15 mg/5ml	4	NMO
prednisolone sodium phosphate ophthalmic sol 1 %	1	NMO; GC
prednisolone sodium phosphate sol 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	4	NMO

Drug Name	Tier	Notes
prednisolone sodium phosphate tab disp 10 mg, 15 mg, 30 mg	4	NMO
PREDNISONE INTENSOL conc 5 MG/ML	4	NMO
prednisone sol 5 mg/5ml	2	NMO
prednisone tab 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	NMO; GC
prednisone tab therapy pack 10 mg (21)	2	NMO
prednisone tab therapy pack 10 mg (48), 5 mg (21), 5 mg (48)	1	NMO; GC
preferred plus insulin syringe 28g x 1/2" 0.5 ml	2	NMO
PREFEST tab 1/1-0.09 MG (15/15)	4	
PREMARIN tab 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMASOL IV sol 10 %, 6 %	4	BD; NMO
PREMPHASE tab 0.625-5 MG	3	
PREMPRO tab 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
prenatal tab 27-1 mg	1	NMO; GC
PREPOPIK PACKET 10-3.5-12 MG-GM-GM	4	NMO
PREVIFEM tab 0.25-35 MG-MCG	1	GC
PREZCOBIX tab 800-150 MG	5	NMO; QL
PREZISTA susp 100 MG/ML	5	NMO; QL
PREZISTA tab 150 MG	4	QL
PREZISTA tab 600 MG	5	NMO; QL
PREZISTA tab 75 MG	4	QL
PREZISTA tab 800 MG	5	NMO; QL
PRIFTIN tab 150 MG	4	NMO
primaquine phosphate tab 26.3 mg	4	NMO
primidone tab 250 mg, 50 mg	1	GC
PROAIR HFA INH 108 (90 BASE) MCG/ACT	3	
PROAIR RESPICLICK INH 108 (90 BASE) MCG/ACT	3	
probenecid tab 500 mg	2	
PROCALAMINE IV sol 3 %	4	BD; NMO
prochlorperazine maleate tab 10 mg, 5 mg	1	GC
prochlorperazine rectal suppository 25 mg	4	NMO
PROCTO-MED HC RECTAL CREAM 2.5 %	2	NMO

Drug Name	Tier	Notes
PROCTOSOL HC RECTAL CREAM 2.5 %	2	NMO
PROCTOZONE-HC RECTAL CREAM 2.5 %	2	NMO
progesterone micronized cap 100 mg, 200 mg	2	
PROGLYCEM susp 50 MG/ML	4	
PROGRAF PACKET 0.2 MG, 1 MG	4	BD
PROLASTIN-C IV sol RECONSTITUTED 1000 MG	5	PA; NMO
PROLENSA OPHTHALMIC sol 0.07 %	4	NMO
PROLIA SC sol PREFILLED SYRINGE 60 MG/ML	4	NMO
PROMACTA PACKET 12.5 MG	5	PA; NMO; QL
PROMACTA tab 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO; QL
promethazine hcl syrup 6.25 mg/5ml	1	NMO; GC
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1	NMO; GC
promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg	4	NMO
promethazine-phenylephrine syrup 6.25-5 mg/5ml	2	NMO
propafenone hcl er cap er 12 hour 225 mg, 325 mg, 425 mg	4	
propafenone hcl tab 150 mg, 225 mg, 300 mg	2	
proparacaine hcl ophthalmic sol 0.5 %	2	NMO
propranolol hcl er cap er 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol hcl sol 20 mg/5ml, 40 mg/5ml	1	GC
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	GC
propylthiouracil tab 50 mg	1	GC
PROQUAD SC susp RECONSTITUTED	3	NMO
PROSOL IV sol 20 %	4	BD; NMO
protriptyline hcl tab 10 mg, 5 mg	4	
PULMOZYME inh sol 1 MG/ML	5	BD; NMO
PURIXAN susp 2000 MG/100ML	5	NMO
PYLERA cap 140-125-125 MG	4	NMO
pyrazinamide tab 500 mg	2	NMO

Drug Name	Tier	Notes
pyridostigmine bromide er tab 180 mg	2	NMO
pyridostigmine bromide sol 60 mg/5ml	3	NMO
pyridostigmine bromide tab 30 mg, 60 mg	2	NMO
<b>Q</b>		
QUADRACEL IM susp	3	NMO
quetiapine fumarate er tab 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	4	
quetiapine fumarate tab 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	GC
quinapril hcl tab 10 mg, 20 mg, 40 mg, 5 mg	1	GC
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	GC
quinidine gluconate er tab 324 mg	3	
quinidine sulfate tab 200 mg, 300 mg	1	GC
quinine sulfate cap 324 mg	4	NMO
<b>R</b>		
RABAVERT IM susp RECONSTITUTED	3	BD; NMO
rabeprazole sodium tab dr 20 mg	2	
raloxifene hcl tab 60 mg	2	
ramipril cap 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	GC
ranitidine hcl cap 150 mg, 300 mg	1	GC
ranitidine hcl syrup 75 mg/5ml	2	
ranitidine hcl tab 150 mg, 300 mg	1	GC
ranolazine er tab 12 hour 1000 mg, 500 mg	3	
rasagiline mesylate tab 0.5 mg, 1 mg	4	QL
RAVICTI LIQUID 1.1 GM/ML	5	NMO
REBETOL sol 40 MG/ML	5	NMO
RECLIPSEN tab 0.15-30 MG-MCG	1	GC
RECOMBIVAX HB inj susp 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	BD; NMO
RECTIV RECTAL oint 0.4 %	4	NMO
REGANEX ext GEL 0.01 %	5	PA; NMO
RELENZA DISKHALER inh AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	NMO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	NMO
repaglinide tab 0.5 mg, 1 mg, 2 mg	2	

Drug Name	Tier	Notes
repaglinide-metformin hcl tab 1-500 mg, 2-500 mg	3	
REPATHA PUSHTRONEX SYSTEM SC sol CARTRIDGE 420 MG/3.5ML	4	PA
REPATHA SC sol PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SC sol AUTO-INJECTOR 140 MG/ML	4	PA
RESCRIPTOR tab 200 MG	4	QL
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
RETACRIT inj sol 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; NMO
REVLIMID cap 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; NMO
REXULTI tab 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NMO
REYATAZ PACKET 50 MG	5	NMO; QL
RHOPRESSA OPHTHALMIC sol 0.02 %	4	
RIBASPHERE cap 200 MG	2	NMO
RIBASPHERE tab 600 MG	5	NMO
ribavirin cap 200 mg	4	NMO
ribavirin tab 200 mg	4	NMO
rifabutin cap 150 mg	4	NMO
RIFAMATE cap 150-300 MG	4	NMO
rifampin IV sol reconstituted 600 mg	2	NMO
rifampin cap 150 mg	1	NMO; GC
rifampin cap 300 mg	2	NMO
RIFATER tab 50-120-300 MG	4	NMO
riluzole tab 50 mg	4	
rimantadine hcl tab 100 mg	3	NMO
RIOMET sol 500 MG/5ML	4	
risedronate sodium tab 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	4	
risedronate sodium tab 30 mg	4	NMO
risedronate sodium tab dr 35 mg	4	
RISPERDAL CONSTA IM susp RECONSTITUTED 12.5 MG, 25 MG	4	NMO

Drug Name	Tier	Notes
RISPERDAL CONSTA IM susp RECONSTITUTED 37.5 MG, 50 MG	5	NMO
risperidone sol 1 mg/ml	2	
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	GC
risperidone tab disp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
ritonavir tab 100 mg	4	QL
rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine PATCH 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	2	QL
rizatriptan benzoate tab 10 mg, 5 mg	2	NMO
rizatriptan benzoate tab disp 10 mg, 5 mg	2	NMO
ropinirole hcl er tab 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	
ropinirole hcl tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	GC
rosuvastatin calcium tab 10 mg, 20 mg, 40 mg, 5 mg	1	GC
ROTARIX susp RECONSTITUTED	3	NMO
ROTATEQ sol	3	NMO
ROWEEPRA tab 1000 MG, 500 MG, 750 MG	2	
ROWEEPRA XR tab er 24 HOUR 500 MG, 750 MG	2	
RUBRACA tab 200 MG, 250 MG, 300 MG	5	PA; NMO
RYDAPT cap 25 MG	5	PA; NMO; QL
RYTARY cap er 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
<b>S</b>		
SAMSCA tab 15 MG, 30 MG	5	PA; NMO
SANDIMMUNE sol 100 MG/ML	3	BD
SANTYL ext oint 250 UNIT/GM	4	NMO
SAPHRIS SUBLINGUAL tab SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	QL
SAVELLA tab 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG	3	NMO
scopolamine PATCH 72 hour 1 mg/3days	4	NMO

Drug Name	Tier	Notes
selegiline hcl cap 5 mg	2	
selegiline hcl tab 5 mg	2	
selenium sulfide ext lotion 2.5 %	1	NMO; GC
SELZENTRY sol 20 MG/ML	4	QL
SELZENTRY tab 150 MG	5	NMO; QL
SELZENTRY tab 25 MG	4	QL
SELZENTRY tab 300 MG	5	NMO; QL
SELZENTRY tab 75 MG	5	NMO; QL
SEREVENT DISKUS INH 50 MCG/DOSE	3	
sertraline hcl conc 20 mg/ml	1	GC
sertraline hcl tab 100 mg, 25 mg, 50 mg	1	GC
SETLAKIN tab 0.15-0.03 MG	1	GC
sevelamer carbonate packet 0.8 gm, 2.4 gm	5	NMO
sevelamer carbonate tab 800 mg	3	
SHAROBEL tab 0.35 MG	1	GC
SHINGRIX IM susp RECONSTITUTED 50 MCG/0.5ML	3	NMO
SIGNIFOR SC sol 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	NMO; QL
sildenafil citrate tab 20 mg	2	PA; QL
SILENOR tab 3 MG, 6 MG	4	NMO
silodosin cap 4 mg, 8 mg	4	
silver sulfadiazine ext cream 1 %	1	NMO; GC
SIMBRINZA OPHTHALMIC susp 1-0.2 %	4	
simvastatin tab 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	GC
sirolimus sol 1 mg/ml	5	BD; NMO
sirolimus tab 0.5 mg, 1 mg	4	BD
sirolimus tab 2 mg	5	BD; NMO
SIRTURO tab 100 MG	5	NMO
SKLICE ext LOTION 0.5 %	4	NMO
sodium chloride IV sol 0.45 %, 0.9 %, 3 %, 5 %	4	NMO
sodium chloride irrigation sol 0.9 %	1	NMO; GC
sodium fluoride tab 2.2 (1 f) mg	1	NMO; GC
sodium phenylbutyrate powder 3 gm/tsp	5	NMO
sodium phenylbutyrate tab 500 mg	5	NMO
sodium polystyrene sulfonate powder	2	NMO

Drug Name	Tier	Notes
sodium polystyrene sulfonate susp 15 gm/60ml	2	NMO
sofosbuvir-velpatasvir tab 400-100 mg	5	PA; NMO
solifenacin succinate tab 10 mg, 5 mg	4	
SOLIQUA SC sol PEN-INJECTOR 100-33 UNT-MCG/ML	3	ST
SOLOXIDE tab dr 150 MG	4	NMO
SOLTAMOX sol 10 MG/5ML	4	
SOMATULINE DEPOT SC sol 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	PA; NMO
SOMAVERT SC sol RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA; NMO
SOOLANTRA ext CREAM 1 %	4	NMO
sotalol hcl (af) tab 120 mg, 160 mg, 80 mg	1	GC
sotalol hcl tab 120 mg, 160 mg, 240 mg, 80 mg	1	GC
SPIRIVA HANDIHALER INH CAP 18 MCG	3	
SPIRIVA RESPIMAT INH 1.25 MCG/ACT, 2.5 MCG/ACT	3	
spironolactone tab 100 mg, 25 mg, 50 mg	1	GC
spironolactone-hctz tab 25-25 mg	1	GC
SPRINTEC 28 tab 0.25-35 MG-MCG	1	GC
SPRITAM tab DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
SPRYCEL tab 100 MG, 50 MG, 70 MG, 80 MG	5	PA; NMO; QL
SPRYCEL tab 140 MG	5	PA; NMO; QL
SPRYCEL tab 20 MG	5	PA; NMO; QL
SPS susp 15 GM/60ML	4	NMO
SRONYX tab 0.1-20 MG-MCG	1	GC
stavudine cap 15 mg, 20 mg	4	QL
stavudine cap 30 mg, 40 mg	4	QL
STELARA SC SOL 45 MG/0.5ML	5	PA; NMO
STELARA SC SOL PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
STIVARGA tab 40 MG	5	PA; NMO
streptomycin sulfate IM sol reconstituted 1 gm	4	NMO

Drug Name	Tier	Notes
STRIBILD tab 150-150-200-300 MG	5	NMO; QL
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	NMO
sucalfate tab 1 gm	1	GC
sulfacetamide sodium (acne) ext lotion 10 %	2	NMO
sulfacetamide sodium ophthalmic sol 10 %	1	NMO; GC
sulfacetamide-prednisolone ophthalmic sol 10-0.23 %	1	NMO; GC
sulfadiazine tab 500 mg	2	NMO
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	NMO; GC
sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg	1	NMO; GC
sulfasalazine tab 500 mg	1	GC
sulfasalazine tab dr 500 mg	1	GC
sulindac tab 150 mg, 200 mg	1	GC
sumatriptan nasal sol 20 mg/act, 5 mg/act	4	NMO
sumatriptan succinate tab 100 mg, 25 mg, 50 mg	1	NMO; GC
sumatriptan succinate refill SC sol cartridge 4 mg/0.5ml, 6 mg/0.5ml	4	NMO
sumatriptan succinate SC sol 6 mg/0.5ml	4	NMO
sumatriptan succinate SC sol auto-injector 4 mg/0.5ml, 6 mg/0.5ml	4	NMO
sumatriptan succinate SC sol prefilled syringe 6 mg/0.5ml	4	NMO
sumatriptan-naproxen sodium tab 85-500 mg	4	NMO
SUPRAX cap 400 MG	4	NMO
SUPRAX susp RECONSTITUTED 500 MG/5ML	4	NMO
SUPREP BOWEL PREP KIT sol 175-3.13-1.6 GM/177ML	4	NMO
SUTENT cap 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; NMO
SYEDA tab 3-0.03 MG	1	GC
SYLATRON SC KIT 200 MCG, 300 MCG, 600 MCG	5	PA; NMO
SYMBICORT inh AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	

Drug Name	Tier	Notes
SYMDEKO tab THERAPY PACK 100-150 & 150 MG	5	PA; LA; NMO
SYMFI LO tab 400-300-300 MG	5	NMO; QL
SYMFI tab 600-300-300 MG	5	NMO; QL
SYMLINPEN 120 SC sol PEN-INJECTOR 2700 MCG/2.7ML	4	PA
SYMLINPEN 60 SC sol PEN-INJECTOR 1500 MCG/1.5ML	4	PA
SYMPAZAN FILM 10 MG, 20 MG	5	NMO; QL
SYMPAZAN FILM 5 MG	4	QL
SYMTUZA tab 800-150-200-10 MG	5	NMO; QL
SYNAREL NASAL sol 2 MG/ML	5	NMO
SYNJARDY tab 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	
SYNJARDY XR tab er 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	
SYNRIBO SC sol RECONSTITUTED 3.5 MG	5	NMO
SYNTHROID tab 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<b>T</b>		
TABLOID tab 40 MG	3	NMO
tacrolimus ext oint 0.03 %, 0.1 %	4	NMO
tacrolimus cap 0.5 mg, 1 mg	2	BD
tacrolimus cap 5 mg	4	BD
TAFINLAR cap 50 MG, 75 MG	5	PA; NMO
TAGRISSO tab 40 MG, 80 MG	5	PA; LA; NMO
TAKHZYRO SC sol 300 MG/2ML	5	PA; LA; NMO
TALZENNA cap 0.25 MG	5	PA; NMO; QL
TALZENNA cap 1 MG	5	PA; NMO; QL
tamoxifen citrate tab 10 mg, 20 mg	1	GC
tamsulosin hcl cap 0.4 mg	1	GC
TAPERDEX 12-DAY tab THERAPY PACK 1.5 MG (49)	4	NMO
TAPERDEX 6-DAY tab THERAPY PACK 1.5 MG (21)	4	NMO

Drug Name	Tier	Notes
TAPERDEX 7-DAY tab THERAPY PACK 1.5 MG (27)	4	NMO
TARGRETIN ext GEL 1 %	5	NMO
TARINA 24 FE tab 1-20 MG-MCG(24)	1	GC
TARINA FE 1/20 tab 1-20 MG-MCG	1	GC
TASIGNA cap 150 MG, 200 MG, 50 MG	5	PA; NMO; QL
tazarotene ext cream 0.1 %	4	NMO
TAZICEF inj sol RECONSTITUTED 1 GM, 2 GM, 6 GM	4	NMO
TAZORAC ext CREAM 0.05 %	4	NMO
TAZORAC ext GEL 0.05 %, 0.1 %	4	NMO
TAZTIA XT cap er 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	GC
TDVAX IM susp 2-2 LF/0.5ML	3	BD; NMO
TECFIDERA 120 & 240 MG	5	PA; NMO
TECFIDERA cap dr 120 MG, 240 MG	5	PA; NMO
TEFLARO IV sol RECONSTITUTED 400 MG, 600 MG	4	NMO
TEGSEDI SC sol PREFILLED SYRINGE 284 MG/1.5ML	5	PA; LA; NMO; QL
TEKTURN HCT tab 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan tab 20 mg, 40 mg, 80 mg	1	GC
telmisartan-hctz tab 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	
temazepam cap 15 mg, 22.5 mg, 30 mg	3	NMO; QL
temazepam cap 7.5 mg	3	NMO; QL
TENIVAC IM INJECTABLE 5-2 LFU	3	BD; NMO
tenofovir disoproxil fumarate tab 300 mg	4	QL
terazosin hcl cap 1 mg, 10 mg, 2 mg, 5 mg	1	GC
terbinafine hcl tab 250 mg	1	NMO; GC
terbutaline sulfate tab 2.5 mg, 5 mg	3	
terconazole vaginal cream 0.4 %, 0.8 %	2	NMO
terconazole vaginal suppository 80 mg	4	NMO
testosterone cypionate IM sol 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	NMO
testosterone enanthate IM sol 200 mg/ml	2	NMO

Drug Name	Tier	Notes
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	4	PA
testosterone transdermal sol 30 mg/act	4	PA
tetrabenazine tab 12.5 mg	5	PA; NMO; QL
tetrabenazine tab 25 mg	5	PA; NMO; QL
THALOMID cap 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
theophylline er tab 12 hour 100 mg, 200 mg	1	GC
theophylline er tab 12 hour 300 mg	2	
theophylline er tab 24 hour 400 mg, 600 mg	1	GC
thioridazine hcl tab 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene cap 1 mg, 10 mg, 2 mg, 5 mg	1	GC
tiagabine hcl tab 12 mg, 16 mg	4	
tiagabine hcl tab 2 mg, 4 mg	2	
TIBSOVO tab 250 MG	5	PA; LA; NMO; QL
tigecycline IV sol reconstituted 50 mg	5	BD; NMO
TIGLUTIK susp 50 MG/10ML	3	
timolol maleate ophthalmic gel forming sol 0.25 %, 0.5 %	2	
timolol maleate ophthalmic sol 0.25 %, 0.5 %	1	GC
timolol maleate tab 10 mg	1	GC
timolol maleate tab 20 mg, 5 mg	1	GC
tinidazole tab 250 mg, 500 mg	4	NMO
TIROSINT cap 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
TIVICAY tab 10 MG	4	QL

Drug Name	Tier	Notes
TIVICAY tab 25 MG, 50 MG	5	NMO; QL
tizanidine hcl cap 2 mg, 4 mg, 6 mg	3	NMO
tizanidine hcl tab 2 mg, 4 mg	1	NMO; GC
TOBI PODHALER inh cap 28 MG	5	NMO
tobramycin inh neb sol 300 mg/5ml	5	BD; NMO
tobramycin ophthalmic sol 0.3 %	1	NMO; GC
tobramycin sulfate inj sol 10 mg/ml	2	NMO
tobramycin sulfate inj sol 80 mg/2ml	4	NMO
tobramycin-dexamethasone ophthalmic susp 0.3-0.1 %	2	NMO
TOLAK ext CREAM 4 %	4	NMO
tolazamide tab 250 mg, 500 mg	1	GC
tolbutamide tab 500 mg	1	GC
tolterodine tartrate er cap er 24 hour 2 mg, 4 mg	2	
tolterodine tartrate tab 1 mg, 2 mg	2	
topiramate er cap er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	3	
topiramate cap sprinkle 15 mg, 25 mg	2	
topiramate tab 100 mg, 200 mg, 25 mg, 50 mg	1	GC
toremifene citrate tab 60 mg	5	NMO; QL
toremide tab 10 mg, 100 mg, 20 mg, 5 mg	1	GC
TOUJEO MAX SOLOSTAR SC sol PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SC sol PEN-INJECTOR 300 UNIT/ML	3	
TPN ELECTROLYTES IV sol	3	BD; NMO
TRACLEER tab SOLUBLE 32 MG	5	PA; LA; NMO
tramadol hcl tab 50 mg	1	NMO; GC; QL
tramadol-acetaminophen tab 37.5-325 mg	1	NMO; GC; QL
trandolapril tab 1 mg, 2 mg, 4 mg	1	GC
tranexamic acid tab 650 mg	2	NMO
TRANSDERM-SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS	4	NMO
tranylcypromine sulfate tab 10 mg	4	



Drug Name	Tier	Notes
TRAVASOL IV sol 10 %	4	BD; NMO
TRAVATAN Z OPHTHALMIC sol 0.004 %	3	
trazodone hcl tab 100 mg, 150 mg, 50 mg	1	GC
trazodone hcl tab 300 mg	2	
TRECTOR tab 250 MG	4	NMO
TRELEGY ELLIPTA 100-62.5-25 MCG/INH	3	ST
TRELSTAR MIXJECT IM susp RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	BD; NMO
TRESIBA FLEXTOUCH SC sol PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SC sol 100 UNIT/ML	3	
tretinoin ext cream 0.025 %, 0.05 %, 0.1 %	3	NMO
tretinoin ext gel 0.01 %, 0.025 %, 0.05 %	4	NMO
tretinoin cap 10 mg	5	NMO
TREXALL tab 10 MG, 15 MG, 5 MG, 75 MG	4	BD; NMO
triamcinolone acetonide ext cream 0.025 %, 0.1 %, 0.5 %	1	NMO; GC
triamcinolone acetonide ext lotion 0.025 %, 0.1 %	1	NMO; GC
triamcinolone acetonide ext oint 0.025 %, 0.1 %, 0.5 %	1	NMO; GC
triamcinolone acetonide mouth/throat paste 0.1 %	2	NMO
triamterene-hctz cap 375-25 mg	1	GC
triamterene-hctz tab 375-25 mg, 75-50 mg	1	GC
triazolam tab 0.125 mg	3	NMO; QL
triazolam tab 0.25 mg	3	NMO; QL
trientine hcl cap 250 mg	5	NMO
TRI-ESTARYLLA tab 0.18/0.215/0.25 MG-35 MCG	1	GC
trifluoperazine hcl tab 1 mg, 10 mg, 2 mg, 5 mg	1	GC
trifluridine ophthalmic sol 1 %	3	NMO
trihexyphenidyl hcl elixir 0.4 mg/ml	1	GC
trihexyphenidyl hcl tab 2 mg, 5 mg	1	GC
TRI-LEGEST FE tab 1-20/1-30/1-35 MG-MCG	1	GC
TRI-LO-ESTARYLLA tab 0.18/0.215/0.25 MG-25 MCG	2	

Drug Name	Tier	Notes
TRI-LO-SPRINTEC tab 0.18/0.215/0.25 MG-25 MCG	2	
TRILYTE sol RECONSTITUTED 420 GM	1	NMO; GC
trimethobenzamide hcl cap 300 mg	2	NMO
trimethoprim tab 100 mg	1	NMO; GC
TRI-MILI tab 0.18/0.215/0.25 MG-35 MCG	1	GC
trimipramine maleate cap 100 mg, 25 mg, 50 mg	2	
TRINTELLIX tab 10 MG, 20 MG, 5 MG	4	
TRI-PREVIFEM tab 0.18/0.215/0.25 MG-35 MCG	1	GC
TRI-SPRINTEC tab 0.18/0.215/0.25 MG-35 MCG	1	GC
TRIUMEQ tab 600-50-300 MG	5	NMO; QL
TRIVORA (28) tab	1	GC
TRI-VYLIBRA LO tab 0.18/0.215/0.25 MG-25 MCG	2	
TRI-VYLIBRA tab 0.18/0.215/0.25 MG-35 MCG	1	GC
TROKENDI XR cap er 24 HOUR 100 MG, 25 MG, 50 MG	4	
TROKENDI XR cap er 24 HOUR 200 MG	5	NMO
TROPHAMINE IV sol 10 %	4	BD; NMO
tropium chloride er cap er 24 hour 60 mg	2	
tropium chloride tab 20 mg	2	
TRULICITY SC sol PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	
TRUMENBA IM susp PREFILLED SYRINGE	4	NMO
TRUVADA tab 100-150 MG, 133-200 MG, 67-250 MG, 200-300 MG	5	NMO; QL
TWINRIX IM susp PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	BD; NMO
TYBOST tab 150 MG	4	QL
TYDEMY tab 3-0.03-0.451 MG	4	
TYKERB tab 250 MG	5	NMO; QL
TYMLOS SC sol PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NMO
TYPHIM VI IM sol 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	NMO

Drug Name	Tier	Notes
<b>U</b>		
UCERIS RECTAL FOAM 2 MG/ACT	4	NMO
ULORIC tab 40 MG, 80 MG	3	ST
UNITHROID tab 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
UPTRAVI tab 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; LA; NMO
UPTRAVI tab THERAPY PACK 200 & 800 MCG	5	PA; LA; NMO
ursodiol cap 300 mg	2	
ursodiol tab 250 mg, 500 mg	2	
<b>V</b>		
valacyclovir hcl tab 1 gm, 500 mg	2	NMO
VALCHLOR ext GEL 0.016 %	5	NMO
valganciclovir hcl sol reconstituted 50 mg/ml	4	
valganciclovir hcl tab 450 mg	5	NMO
valproic acid cap 250 mg	2	
valproic acid sol 250 mg/5ml	2	
valsartan tab 160 mg, 320 mg, 40 mg, 80 mg	1	GC
valsartan-hydrochlorothiazide tab 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	GC
vancomycin hcl IV sol reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg	4	NMO
vancomycin hcl cap 125 mg	4	NMO
vancomycin hcl cap 250 mg	5	NMO
VAQTA IM susp 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NMO
VARIVAX SC INJECTABLE 1350 PFU/0.5ML	3	NMO
VARIZIG IM sol 125 UNIT/1.2ML	5	NMO
VARUBI tab 90 MG	4	BD; NMO
VASCEPA cap 0.5 GM	4	QL
VASCEPA cap 1 GM	4	QL

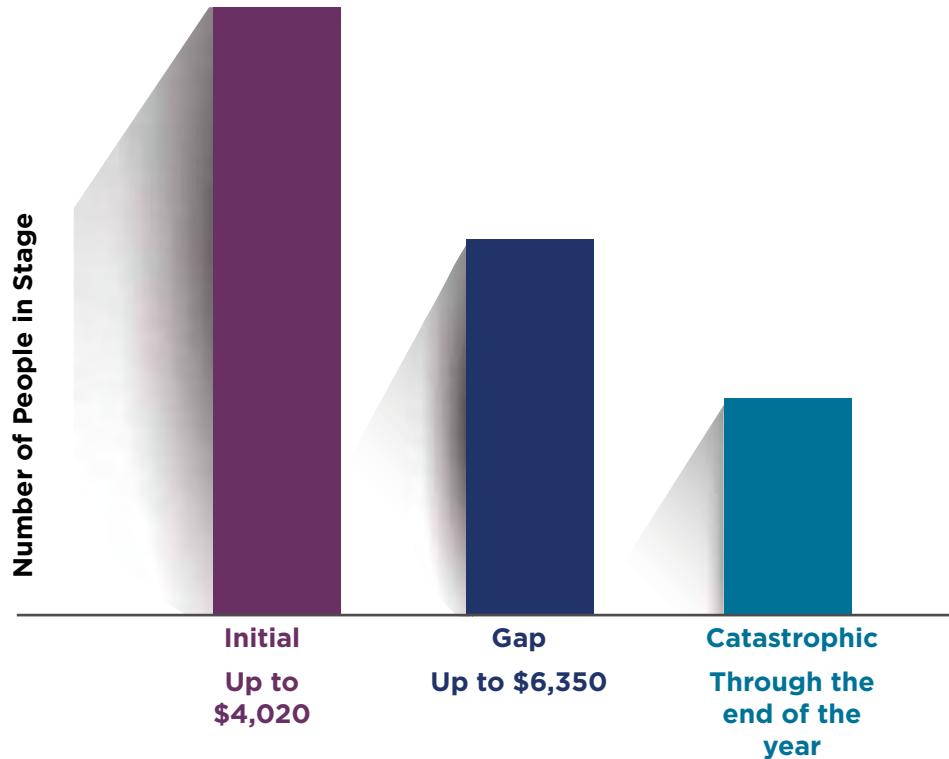
Drug Name	Tier	Notes
VELIVET tab 0.1/0.125/0.15 -0.025 MG	1	GC
VELPHORO tab CHEWABLE 500 MG	4	
VELLIDY tab 25 MG	5	NMO
VENCLEXTA tab 10 MG, 50 MG	4	PA; LA; NMO
VENCLEXTA tab 100 MG	5	PA; LA; NMO
VENCLEXTA STARTING PACK tab THERAPY PACK 10 & 50 & 100 MG	3	PA; LA; NMO
venlafaxine hcl er cap er 24 hour 150 mg, 375 mg, 75 mg	1	GC
venlafaxine hcl er tab 24 hour 150 mg, 225 mg, 375 mg, 75 mg	4	
venlafaxine hcl tab 100 mg, 25 mg, 375 mg, 50 mg, 75 mg	1	GC
verapamil hcl er cap er 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	2	
verapamil hcl er tab 120 mg, 180 mg, 240 mg	1	GC
verapamil hcl tab 120 mg, 40 mg, 80 mg	1	GC
VERSACLOZ susp 50 MG/ML	5	NMO
VERZENIO tab 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; NMO
VIBRAMYCIN SYRUP 50 MG/5ML	4	NMO
VICTOZA SC sol PEN-INJECTOR 18 MG/3ML	3	
VIDEX EC cap dr 125 MG	4	QL
VIDEX sol RECONSTITUTED 4 GM	4	QL
VIENVA tab 0.1-20 MG-MCG	1	GC
vigabatrin packet 500 mg	5	LA; NMO
vigabatrin tab 500 mg	5	NMO
VIGADRONE PACKET 500 MG	5	NMO
VIIBRYD tab 10 MG, 20 MG, 40 MG	3	
VIIBRYD STARTER PACK KIT 10 & 20 MG	3	NMO
VIMPAT sol 10 MG/ML	4	QL
VIMPAT tab 100 MG, 150 MG, 200 MG, 50 MG	4	QL
VIRACEPT tab 250 MG	5	NMO; QL
VIRACEPT tab 625 MG	5	NMO; QL
VIREAD POWDER 40 MG/GM	5	NMO; QL

Drug Name	Tier	Notes
VIREAD tab 150 MG, 200 MG, 250 MG	5	NMO; QL
VITRAKVI cap 100 MG, 25 MG	5	PA; NMO
VITRAKVI sol 20 MG/ML	5	PA; NMO
VIVITROL IM susp RECONSTITUTED 380 MG	5	NMO
VIZIMPRO tab 15 MG, 30 MG, 45 MG	5	PA; NMO; QL
voriconazole IV sol reconstituted 200 mg	4	NMO
voriconazole susp reconstituted 40 mg/ml	5	NMO; QL
voriconazole tab 200 mg, 50 mg	5	NMO; QL
VOSEVI tab 400-100-100 MG	5	PA; NMO
VOTRIENT tab 200 MG	5	NMO; QL
VRAYLAR cap 1.5 MG	5	NMO; QL
VRAYLAR cap 3 MG	5	NMO; QL
VRAYLAR cap 4.5 MG, 6 MG	5	NMO; QL
VRAYLAR cap THERAPY PACK 1.5 & 3 MG	4	NMO; QL
VYFEMLA tab 0.4-35 MG-MCG	1	GC
VYLIBRA tab 0.25-35 MG-MCG	1	GC
VYVANSE cap 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	PA
VYVANSE tab CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	PA
VYZULTA OPHTHALMIC sol 0.024 %	4	
warfarin sodium tab 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GC
<b>W</b>		
WELCHOL tab 625 MG	3	
XALKORI cap 200 MG, 250 MG	5	PA; NMO; QL
XARELTO tab 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK tab THERAPY PACK 15 & 20 MG	3	NMO
XATMEP sol 2.5 MG/ML	4	BD; NMO
XELJANZ tab 10 MG, 5 MG	5	PA; NMO
XELJANZ XR tab er 24 HOUR 11 MG	5	PA; NMO
XGEVA SC sol 120 MG/1.7ML	5	PA; NMO
XIFAXAN tab 200 MG, 550 MG	5	NMO
XOFLUZA tab THERAPY PACK 2 X 20 MG, 2 X 40 MG	3	NMO

Drug Name	Tier	Notes
XOLAIR SC sol PREFILLED SYRINGE 1 50 MG/ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SC sol RECONSTITUTED 150 MG	5	PA; LA; NMO
XOSPATA tab 40 MG	5	PA; LA; NMO
XTANDI cap 40 MG	5	PA; NMO; QL
XULANE PATCH WEEKLY 150-35 MCG/24HR	3	
XULTOPHY SC sol PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	ST
XURIDEN PACKET 2 GM	5	PA; NMO
XYREM sol 500 MG/ML	5	PA; LA; NMO; QL
<b>Y</b>		
YF-VAX SC INJECTABLE	3	NMO
YONSA tab 125 MG	5	PA; NMO; QL
YUVAFEM VAGINAL tab 10 MCG	4	
<b>Z</b>		
zafirlukast tab 10 mg, 20 mg	4	
zaleplon cap 10 mg, 5 mg	4	NMO
ZARAH tab 3-0.03 MG	1	GC
ZARXIO inj sol PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
ZEJULA cap 100 MG	5	PA; NMO; QL
ZELBORAF tab 240 MG	5	NMO; QL
ZENPEP cap dr PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
ZERBAXA IV sol RECONSTITUTED 1.5 (1-0.5) GM	5	NMO
zidovudine cap 100 mg	2	QL
zidovudine syrup 50 mg/5ml	2	QL
zidovudine tab 300 mg	2	QL
zileuton er tab 12 hour 600 mg	5	NMO

Drug Name	Tier	Notes
ZIOPTAN OPHTHALMIC sol 0.0015 %	4	
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg	2	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	NMO
ZOLINZA cap 100 MG	5	NMO; QL
zolmitriptan tab 2.5 mg	2	NMO
zolmitriptan tab 5 mg	4	NMO
zolmitriptan tab disp 2.5 mg, 5 mg	2	NMO
zolpidem tartrate er tab 12.5 mg, 6.25 mg	4	NMO; QL
zolpidem tartrate tab 10 mg, 5 mg	4	NMO; QL
zonisamide cap 100 mg, 25 mg, 50 mg	2	
ZORTRESS tab 0.25 MG	4	BD
ZORTRESS tab 0.5 MG, 0.75 MG, 1 MG	5	BD; NMO
ZOSTAVAX SC susp RECONSTITUTED 1 9400 UNT/0.65ML	3	NMO
ZOSYN IV sol 2-0.25 GM/50ML, -3-0.375 GM/50ML	4	NMO
ZOVIA 1/35E (28) tab 1-35 MG-MCG	1	GC
ZTLIDO ext PATCH 1.8 %	4	PA; NMO; QL
ZYDELIG tab 100 MG	5	NMO; QL
ZYDELIG tab 150 MG	5	NMO; QL
ZYFLO tab 600 MG	5	NMO
ZYKADIA cap 150 MG	5	PA; NMO
ZYKADIA tab 150 MG	5	PA; NMO
ZYLET OPHTHALMIC susp 0.5-0.3 %	4	NMO
ZYPREXA RELPREVV IM susp RECONSTITUTED 210 MG	4	NMO; QL
ZYTIGA tab 500 MG	5	PA; NMO; QL

# Understanding Drug Payment Stages



## Initial Coverage Stage

During this stage you pay a flat fee (copay) or a percentage of a drug's total cost (coinsurance) for each prescription you fill.

**The plan pays the rest until your total drug costs (paid by you and the plan) reach \$4,020.**

## Coverage Gap Stage

During this stage you pay 25% of the total cost for brand name drugs and 25% of the total cost for generic drugs.

**Once your out-of-pocket costs reach \$6,350, you move to catastrophic coverage.**

## Stage

In this stage you pay only a small copay or coinsurance for each filled prescription.

**The plan and Medicare pay the rest until the end of the calendar year.**

## Catastrophic Coverage

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

## Non-Discrimination Notice

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. HealthTeam Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### HealthTeam Advantage:

Provides free aids 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, contact your HealthCare Concierge at 1-888-965-1965 (TTY: 711) October 1-March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

HealthTeam Advantage  
Attn: Appeals and Grievances  
7800 McCloud Road, Suite 100  
Greensboro, NC 27409

1-888-965-1965, (TTY 711), or via fax at 1-800-845-4104.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances Department is available to help you.

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/smartscreen/main.jsf>, by email [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov), by phone 1-888-368-1019, TDD: 1-800-537-7697, or by mail U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

### Get Help in Other Languages

If you need help or speak a non-English language, call 1-888-965-1965 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-965-1965 TTY: 711.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-965-1965 ATS: 711.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-965-1965 TTY: 711.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-965-1965 телетайп: 711.

Gujarati: સચના: જો તમે ગજરાતી બોલતા હો, તો નન:શલ્ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-965-1965 TTY711.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-965-1965 TTY711.

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-888-965-1965 TTY: 711。

Japanese: 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。 1-888-965-1965 TTY: 711. まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-965-1965 TTY: 711 번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-965-1965 TTY: 711.

Hindi: ध्यान दःयदद आप ह दि बोलते है तो आपके दलए मफू त मे भाषा सहायता सेवाएं उपलब्ध है । 1-888-965-1965 TTY: 711 पर कॉल करे ।

Laotian: ໂປດຊາບ: ຖ້າ ຈົ່ ຈ ທ່ ຈາບ ວັ ຈາບສາ ລາວ, ການບໍລິການຊ່ ວຍເຫຼືອເມ່ ນມີ ພັ ອມໃຫ້ ທ່ ຈາບ. ໂທ 1-888-965-1965 TTY: 711. ອດ້ ຈາບສາ, ໂດຍບໍ່ເສັ ງຄ່ ຈ,

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-965-1965 TTY: 711.

Cambodian: ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, ប្រសិនបើអ្នកនិយាយភាសា បាយ័នមិនគិតថ្លៃសេវា គឺអាចមានសេវាប្រសិនបើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-965-1965 TTY: 711។

(Arabic): 1-888-965-1965- ت ك ل ن ا ج م ل ا ب . ل ص ت ا م ق ر ب  
ة ظ و ح ل م : ا ذ ن ت

1965 (711: TTY)

# HealthTeam Advantage Health Plan

## Contact Information

### Web Address

Visit HealthTeam Advantage at [HealthTeamAdvantage.com](https://www.healthteamadvantage.com).

### Sales Information

Prospective members call toll free 1-877-905-9216 for questions related to HealthTeam Advantage Medicare Advantage Plans October 1-March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

### Healthcare Concierge

Current HealthTeam Advantage members call your Healthcare Concierge toll free at 1-888-965-1965 for questions related to your HealthTeam Advantage Medicare Advantage Plan, October 1-March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

### TTY Users

TTY users call toll free 711 for questions related to Medicare Advantage Plans.

### Prescription Drug Benefit

Current HealthTeam Advantage members call toll free 1-888-965-1965 for questions related to your HealthTeam Advantage Part D Prescription Drug Benefit. Prospective members call toll free 1-877-905-9216 for questions related to the HealthTeam Advantage Part D Prescription Drug Benefit.

### Medicare Information

For more information about Medicare, call Medicare at 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week or visit <https://www.medicare.gov>.



*Local. Reliable. Accessible.*

[HealthTeamAdvantage.com](https://www.healthteamadvantage.com)