

# 2022

## INFORMATION BOOK

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



healthteam  
advantage<sup>SM</sup>

Local.  
Reliable.  
Accessible.

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***Brenda***  
***HealthTeam Advantage Member***

“ I like HealthTeam Advantage because when I call I get answers to my questions and everybody’s so nice. I also like that there’s no deductible. I like what it pays on drugs, and that there are vision and dental benefits. HealthTeam Advantage is a good plan!”

## Hello from Brendan



Dear Neighbor,

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

If you're looking for affordable, comprehensive benefits and personal customer service we think you'll like what you see.

**We're local.** We're based in Greensboro, offering national-level benefits and world-class personal service. Our network includes most of the larger provider networks you already use, like Cone Health, Wake Forest Baptist Health, and UNC Health.

**We're reliable.** Our members trust us (more than 90 percent remain members, year after year) and they show it by consistently giving us high satisfaction ratings and recommending us to friends and family.

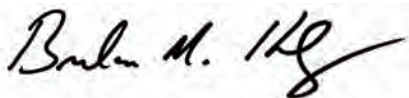
**We're accessible.** As a member, you'll have a personal Healthcare Concierge you can contact for fast answers about your coverage. Your concierge is a HealthTeam Advantage expert who knows you, your plan, and your doctors. They're available by phone, email, or even in person.

Best of all, our plans are affordable for everyone, with zero-cost premium options, copays, and deductibles... and extra benefits like dental, vision, and hearing.

**So if you're ready to be treated like a neighbor rather than a number, go local. You'll get all the benefits you've earned, with the personal service you deserve.**

We look forward to serving you.

Sincerely,



Brendan Hodges  
President



## HealthTeam Advantage at a Glance

When considering your insurance options—Medicare, Medicare Advantage, Medicare Supplement—it's important to keep your needs in mind.

Affordability is essential. Our plans feature:

- ◆ \$0 monthly premium for PPO I or \$75 for PPO II
- ◆ \$0 copays for in-network primary care providers (PCPs)
- ◆ \$0 deductibles for medical and prescriptions
- ◆ Low maximum out-of-pocket cost (\$3,450 for PPO I and \$3,200 for PPO II)





I am a fan of the concierge system and my personal concierge in particular. She is efficient, responsive, friendly, and a great help to me and my husband!”

—Anne, HTA Member

Getting all the benefits you’re used to matters. Our plans have:

- ◆ Prescription drug coverage
- ◆ Delta Dental® (preventive dental with an optional comprehensive rider)
- ◆ VSP® vision
- ◆ TruHearing®
- ◆ SilverSneakers®
- ◆ 24-hour nurse advice line and MDLive® telehealth
- ◆ Custodial care

Beyond that, service and convenience are the game-changers. Members have a personal Healthcare Concierge to call for fast answers about your coverage. Your concierge is a HealthTeam Advantage expert who knows you, your plan, and your doctors. They’re available by phone, email, or even in person.

A user-friendly website with searchable and printable provider/pharmacy directories and drug formularies, health and wellness resources, and more are at your fingertips. Join us on Facebook, where we host fitness classes, offer virtual webinars, and provide helpful information. We’re conveniently located in Greensboro. You’ll also find us active in the Triad community at local events and fundraisers.

Our unwavering commitment is to provide quality Medicare Advantage plans (with all the coverage of Original Medicare, plus the benefits you’re used to) that are affordable for everyone. HealthTeam Advantage is a smart, sensible choice for North Carolinians like you.



I have been with this group for five years. They are great. Every time I have questions, they help me get answers and are very nice.”

—Brenda, HTA Member

# Understanding Medicare Options

When you're preparing for Medicare and making important choices about your health plan, having the right information can make all the difference. We're here to help.

Let's look at eligibility and the different parts of Medicare.

## You're eligible for Medicare if

### 1. You are turning 65 and are already getting benefits from Social Security or the Railroad Retirement Board (RRB).

- ◆ In some cases, you'll automatically get Part A and Part B starting the first day of the month you turn 65, otherwise you must enroll.
- ◆ If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.

### 2. You are under 65 and have a disability.

- ◆ You automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the Railroad Retirement Board (RRB) for 24 months.

### 3. You have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease).

- ◆ You automatically get Part A and Part B the month your disability benefits begin.

### 4. You live in Puerto Rico and get benefits from Social Security or the RRB.

- ◆ You automatically get Part A. If you want Part B, you need to sign up for it.






## You'll need to sign up for Medicare if

- ◆ You are close to 65, but not collecting Social Security or Railroad Retirement Board (RRB) benefits
- ◆ You worked for a railroad
- ◆ You have End-Stage Renal Disease (ESRD)
- ◆ You are already collecting Social Security
- ◆ You are already on Railroad Retirement Board (RRB) benefits
- ◆ You have been on Social Security disability for 24 months



If you're automatically enrolled in Medicare, you will receive your red, white, and blue Medicare card in the mail three months before your 65th birthday or your 25th month of disability.

**IMPORTANT:** You must enroll in Medicare Parts A and B even if you choose a Medicare Advantage plan.

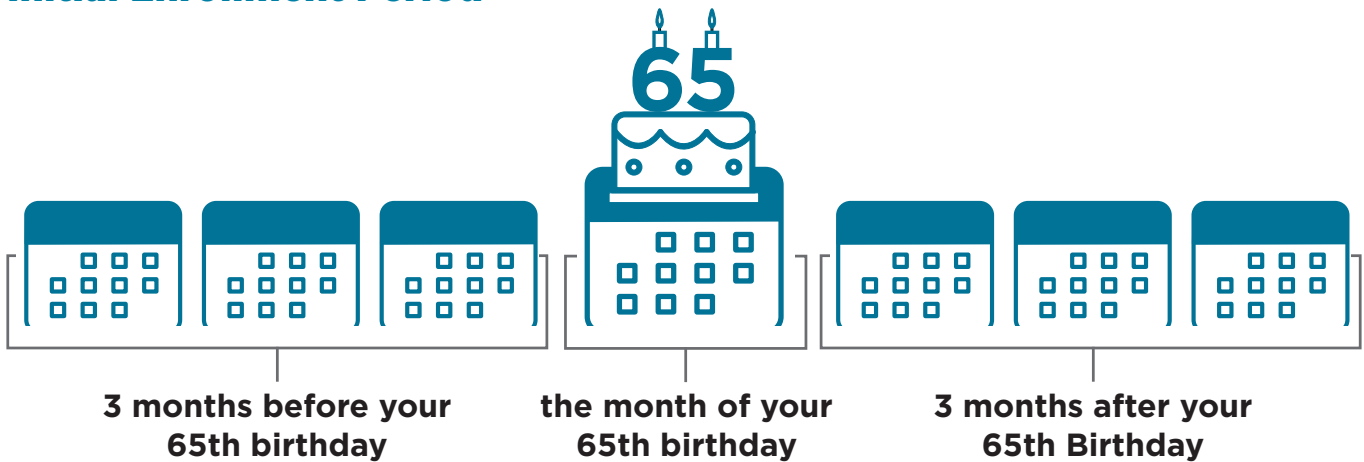
| Medicare Parts, Coverage, and Costs   |          |   |  |                     |   |
|---|----------|---|--|---------------------|---|
|   | Part     | Coverage  | Cost   |                     |   |
|    | <b>A</b> | <b>Government-provided hospital insurance</b><br>Covers hospital and skilled nursing facility stays, hospice, home healthcare   | Deductible   | Copays vary         | Most people won't pay a premium   |
|    | <b>B</b> | <b>Government-provided medical insurance</b><br>Covers outpatient care, doctor services, physical and occupational therapy, mental health services, preventive care                           | Deductible (except for preventive services); 2022 annual deductible is \$198 | Coinsurance of 20%  | Monthly premium based on adjusted gross income; 2022 standard is \$144.60 |
|  | <b>C</b> | <b>Medicare Advantage-provided by private health plans approved by Medicare</b><br>Combines Part A and Part B and usually Part D. It generally also offers extra benefits beyond Medicare     | \$0 deductible options   | \$0 copay options   | \$0 premium options (you still have to pay Part B premium)                |
|  | <b>D</b> | <b>Prescription Plan</b><br>Provided by private health plans approved by Medicare; covers prescription drugs  | \$0 deductible options   | Copays vary by plan | Monthly premium varies by plan  |
|  |          | <b>Medicare Supplement (Medigap)</b><br>Provided by private insurance companies<br>Supplements Medicare coverage; can help pay remaining health care costs (copays, coinsurance, deductibles) | Deductible varies by plan  | Copays vary by plan | Monthly premiums vary by plan   |



# 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 you have a seven-month window to sign up for Part A and/or Part B or a Medicare Advantage plan. So, if you turn 65 in March, for example, you can enroll December through June.

## Annual Enrollment Period (AEP)



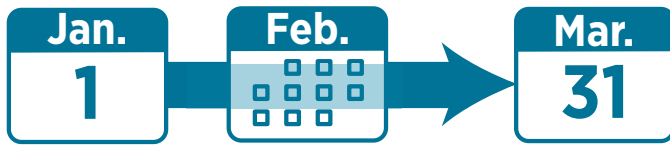
The Annual Enrollment Period (AEP) is October 15-December 7 every year. During this time, you can:

- ◆ Switch, drop, or join a Medicare Advantage plan
- ◆ Enroll in Original Medicare and a Prescription Drug plan

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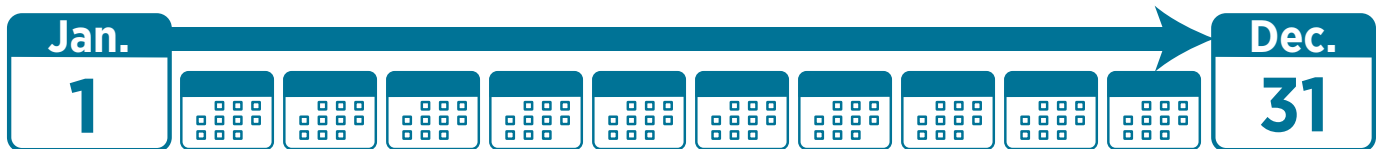
## Open Enrollment Period



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).

## Special Enrollment Period



There are specific circumstances that make you eligible to enroll in a Medicare Advantage plan at any time of the year. If you answer yes to any of the following questions, you qualify for a Special Enrollment 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 a 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?
- ◆ Are you eligible for a Special Needs Plan?



**Dr. Beth Hodges**  
**HealthTeam Advantage Medical Director**

“ As a medical director,  
I love working with  
HealthTeam Advantage  
because I know we  
prioritize the right care  
for each member and  
that as a Plan, we have  
the best interest of that  
member in mind.”

# Our Provider Network

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

We do, however, encourage you to choose an in-network provider as your primary care provider (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.

Our network providers include\*:

- ◆ Alamance Regional Medical Center
- ◆ Annie Penn Hospital
- ◆ Caldwell Memorial Hospital
- ◆ Chatham Hospital
- ◆ Cone Health
- ◆ Davie Medical Center
- ◆ Eagle Physicians and Associates PA
- ◆ FirstHealth of the Carolinas
- ◆ High Point Regional Hospital
- ◆ Lexington Medical Center
- ◆ Moses H. Cone Memorial Hospital
- ◆ Randolph Health
- ◆ Randolph Hospital
- ◆ UNC Health
- ◆ UNC Physicians
- ◆ UNC Rockingham Hospital
- ◆ Wake Forest Baptist Health
- ◆ Wake Forest Baptist Hospital
- ◆ Wesley Long Community Hospital

*\*This is not a complete list of providers. To access the most current list, visit [Healthteamadvantage.com](http://Healthteamadvantage.com).*

# Benefits at a Glance



## Monthly Plan Premium

**Deductible** (Medical & Prescription)

## Out-of-Pocket Maximum

### Doctor Visits

Primary Care Provider (PCP)

Specialist

### Annual Physical Exam

## Inpatient Hospital Coverage

## Skilled Nursing Facility (SNF)

## Outpatient Services

### Emergency Care

## Urgently-Needed Services

## Ambulance

## Ambulatory Surgical Center

## Outpatient Hospital Coverage

Outpatient Hospital Facility

Observation Services

## Physical/Speech Language/ Occupational Therapy Visits

## Home Health Services

## Outpatient X-Rays

included with physician visit  
at outpatient facility

| HealthTeam Advantage Plan I (PPO)  |   | HealthTeam Advantage Plan II (PPO)   |   |
|--|---|--|---|
| <b>\$0</b>   |   | <b>\$75</b>  |   |
| <b>\$0</b>   |   | <b>\$0</b>   |   |
| In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |
| \$3,450  | \$5,150   | \$3,200  | \$5,150   |
| \$0 copay  | \$50 copay  | \$0 copay  | \$30 copay  |
| \$30 copay   | \$75 copay  | \$20 copay   | \$50 copay  |
| \$0 copay  | \$30 copay  | \$0 copay  | \$30 copay  |
| Days 1-6: \$325 copay/day<br>Days 7-90: \$0 copay/day<br>Day 91 & beyond: \$0 copay/day  | Days 1-6: \$650 copay/day<br>Days 7-90: \$0 copay/day<br>Day 91 & beyond: \$0 copay/day | Days 1-5: \$250 copay/day<br>Days 6-90: \$0 copay/day<br>Day 91 & beyond: \$0 copay/day  | Days 1-6: \$500 copay/day<br>Days 7-90: \$0 copay/day<br>Day 91 & beyond: \$0 copay/day |
| Days 1-20: \$0 copay/day<br>Days 21-100: \$184 copay/day   | Days 1-20: \$50 copay/day<br>Days 21-100: \$184 copay/day                               | Days 1-20: \$0 copay/day<br>Days 21-100: \$184 copay/day   | Days 1-20: \$50 copay/day<br>Days 21-100: \$184 copay/day                               |
| \$120 copay  |   | \$90 copay   |   |
| \$30 copay   |   | \$15 copay<br>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. |   |
| \$250 copay for Medicare-covered ambulance benefits/one-way trip.<br>\$300 copay for Medicare-covered air ambulance benefits/one-way trip. |   | \$200 copay for Medicare-covered ambulance benefits/one-way trip.<br>\$300 copay for Medicare-covered air ambulance benefits/one-way trip.                     |   |
| \$200 copay/day  | \$250 copay/day   | \$100 copay/day  | \$200 copay/day   |
| \$225 copay  | \$300 copay   | \$200 copay  | \$300 copay   |
| \$225 copay/stay   | \$300 copay   | \$200 copay/stay   | \$300 copay   |
| \$30 copay   | \$75 copay  | \$20 copay   | \$50 copay  |
| \$0 copay  | \$50 copay  | \$0 copay  | \$50 copay  |
| \$5 copay  | \$10 copay  | \$0 copay  | \$10 copay  |
| \$5 copay  | \$25 copay  | \$0 copay  | \$25 copay  |



**Diagnostic Services/Labs/Imaging**

**Diagnostic Radiology Services (such as MRIs, CT scans)**

**Lab Services**

at a lab facility

at outpatient hospital facility

**Diagnostic Tests and Procedures**

at a lab facility

at outpatient hospital facility

**Hearing Services**

Medicare-Covered Diagnostic Hearing Exam

Hearing Aid

Routine Assessment for Hearing Aids

Fitting and Evaluation for Hearing Aid

**Additional Benefits**

SilverSneakers

Telehealth Visits

24-Hour Nurse Advice Line

**Prescription Drug Benefit**

**In-Network Retail**

(After you pay your deductible, if applicable)

Tier 1 - Preferred Generics

Tier 2 - Generics

Tier 3 - Preferred Brand

Tier 4 - Non-Preferred Drugs

Tier 5 - Specialty Drugs

**Optional Supplemental Coverage**

**Comprehensive Dental Rider**

Monthly Premium

| HealthTeam Advantage Plan I (PPO)  |                          | HealthTeam Advantage Plan II (PPO)   |                          |
|--|--------------------------|--|--------------------------|
| In-Network   | Out-of-Network           | In-Network   | Out-of-Network           |
| \$50-\$200 copay   | \$75-\$250 copay         | \$50-\$175 copay   | \$75-\$200 copay         |
| \$0 copay  | \$10 copay               | \$0 copay  | \$10 copay               |
| \$10 copay   | \$25 copay               | \$10 copay   | \$25 copay               |
| \$0 copay  | \$10 copay               | \$0 copay  | \$10 copay               |
| \$5 copay  | \$25 copay               | \$5 copay  | \$25 copay               |
| \$30 copay   | \$45 copay               | \$20 copay   | \$45 copay               |
| \$499-\$799 (per aid)<br>Premium hearing aids are available in rechargeable style options at \$50 additional cost per aid. | Not Covered              | \$499-\$799 (per aid)<br>Premium hearing aids are available in rechargeable style options at no additional cost per aid. | Not Covered              |
| \$45 copay   | Not Covered              | \$0 copay  | Not Covered              |
| \$0 copay  | Not Covered              | \$0 copay  | Not Covered              |
| \$0 copay  | \$0 copay                | \$0 copay  | \$0 copay                |
| \$0 copay  | \$0 copay                | \$0 copay  | \$0 copay                |
| \$0 copay  | N/A                      | \$0 copay  | N/A                      |
| Initial Coverage Period  |                          | Initial Coverage Period  |                          |
| Retail Rx 30-day supply  | Mail Order 90-day supply | Retail Rx 30-day supply  | Mail Order 90-day supply |
| \$5 copay  | \$10 copay               | \$0 copay  | \$0 copay                |
| \$15 copay   | \$30 copay               | \$12 copay   | \$24 copay               |
| \$45 copay   | \$90 copay               | \$40 copay   | \$80 copay               |
| \$100 copay  | \$200 copay              | \$80 copay   | \$160 copay              |
| 33% coinsurance  | 33% coinsurance          | 33% coinsurance  | 33% coinsurance          |
| \$25   |                          | \$25   |                          |

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



# Healthcare Concierge

## Live, personal assistance to help make the most of your benefits.



I enjoy being a concierge because of the relationships we get to build with our members; they become our family.”

— Ashley, HCC

Great customer service is an important part of any business. At HealthTeam Advantage we take that idea to the next level with our Healthcare Concierges (HCCs). You won't struggle with a traditional call center and phone tree. Our HCCs answer the phone quickly and have resources at their fingertips to resolve your questions.

As a member, you'll have a personal Healthcare Concierge to contact for fast answers about your coverage. Your concierge is a HealthTeam Advantage expert who knows you, your plan, and your doctors.

They're available by:

- ◆ Phone — 888-965-1965
- ◆ Email — [conciiergehta@healthteamadvantage.com](mailto:conciiergehta@healthteamadvantage.com)
- ◆ Scheduling an in-person visit at our Greensboro office

Your concierge can:

- ◆ Find a primary care provider and set an appointment
- ◆ Explain your plan and benefits
- ◆ Replace lost ID cards
- ◆ Answer questions about pending claims or account status
- ◆ Assist with prescription drug coverage questions
- ◆ Help with special healthcare needs

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Your concierge is there for you right from the start. You'll get a Welcome call, Happy Birthday call, and sometimes a call just to check in if we haven't heard from you in a while. Because, as a HealthTeam Advantage member, you're not just a member, you're part of our family.

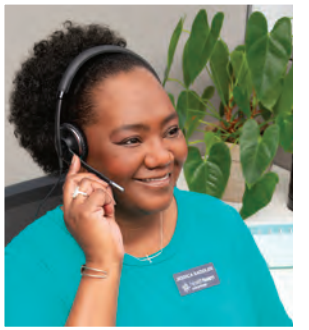
See what some of our members, your neighbors, have to say:

**Pat, HealthTeam Advantage member**

“HealthTeam Advantage is amazing. If you're having a problem, they are efficient in handling the problem and are always so kind and more than willing to go the extra mile. I am impressed with their customer service and that you actually speak to a person!”

**Bill, HealthTeam Advantage member**

“The customer service folks are right on point. They're knowledgeable, accurate, and they give me the information I need. We like the quick service and that they're located here in Greensboro.”



“

I enjoy being an HCC because HTA empowers me to go above and beyond to assist our members. I can actually take the time to explain things to members in a way they can understand. We are treated like family and in turn, we treat our members like family. What's not to love about a company like that?”

— *Jessica, HCC*



## Custodial Care

### **Personal, professional, non-medical care when you need it most.**

Sometimes after a hospital stay or an outpatient procedure\* you might need extra help with basic everyday tasks. That help is custodial care.

Custodial care is non-medical care performed by professional caregivers. It includes help with self-care tasks like eating, dressing, and bathing; household chores like cooking, running errands, and laundry; or mobility tasks like lifting and carrying items.

For example, if you had surgical repair of a hammertoe and you have to keep the affected toe immobilized, you would qualify for the benefit.

Our custodial care benefit covers up to 20 hours of care after a hospital stay or outpatient procedure, for a maximum of 60 hours per year at no cost to you. Original Medicare does not cover custodial care.

Custodial care must be provided by a professional home health agency or provider. Prior authorization is required.

*\*Outpatient procedures must be performed at a facility, not a provider's office and they do not include outpatient diagnostic tests like colonoscopies or biopsies.*

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# Care Management

## Coordinated care and wellness programs to help you get and stay healthy.

Care management is all about helping improve your health and well-being. It involves coordinating care among providers, reducing hospital visits, boosting patient engagement, and helping you and your providers better manage your healthcare.

HealthTeam Advantage makes care management easier with a variety of programs and services that are included with all our plans.

**Living Plus**—health and wellness program focuses on active living, healthy eating, and social connections for members of all abilities. Programs and classes are designed to increase bone and muscle strength, reduce the risk of falls, boost your energy and sense of well-being, and improve your memory and concentration.

**Landmark Health**—program for highest-risk PPO and qualifying HMO CSNP members with multiple chronic conditions such as heart failure, chronic kidney disease, or malnutrition. They collaborate with the member’s own primary care provider by providing 24/7 access to the care they need when they need it.

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# Telehealth

## A safe, convenient option to doctor visits; 24/7

Telehealth visits through MDLive® are doctor visits via your phone or computer. These \$0 copay visits are a less expensive alternative to the emergency room or urgent care center. You can visit with a provider from the comfort and safety of your home, any time from any location. Providers can also prescribe short-term refills of your regular medications (with some restrictions) and send it directly to your pharmacy.

Telehealth visits are safe and secure. We take privacy seriously and meet all HIPAA Privacy Rules. Just as your regular doctor visit is confidential, so is your telehealth session.

MDLIVE is a nationally recognized telehealth provider that treats millions of patients each year for many common (non-emergency) medical conditions.

### 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 throat
- ◆ Urinary problems/UTI (Female only)
- ◆ Vaginitis
- ◆ And more

### How it works:

1. Activate your account. From your smart phone, text “HTA” to 635-483 or call 888-798-8062 (TTY: 800-770-5531) to get started 24 hours a day, 7 days a week. Or, visit [https://members.mdlive.com/hta/landing\\_home](https://members.mdlive.com/hta/landing_home) to register online.
2. Choose from a large network of board-certified doctors.
3. Resolve your issue. Receive care when you need it.

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# 24-hour Nurse Advice Line

**Sometimes a quick phone call with a nurse is all it takes for peace of mind.**

If you're feeling under the weather or have a question about a non-emergency health issue, the 24-hour Nurse Advice Line can help.

You'll speak with a highly trained, caring team staffed with registered nurses from our care management team.

The nurses can help determine if you should visit your doctor, the ER, or an urgent care center. They can answer non-emergency health questions, and give you more information or support on chronic conditions such as diabetes, high blood pressure, COPD, or heart disease.

**! IMPORTANT**

**For emergencies, always dial 911.**

24-Hour Nurse Line: 877-229-8614 TTY: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. They'll help determine next steps based on your injury or illness, and answer general healthcare questions.



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# Preventive Dental Care

## Preventive dental care is important to your health.

Dental health can have a direct impact on your overall health and well-being and may influence the development of certain conditions, such as diabetes and heart disease. Preventive dental services are included in all benefit offerings and include dental cleanings, oral exams, X-rays, and Medicare-covered exams. Please refer to the Summary of Benefits or the Evidence of Coverage for complete details regarding included preventive dental services.

As the state’s leading dental insurance provider, Delta Dental® of North Carolina offers the largest network of dentists. There are more than 1,500 licensed dentists who accept Medicare Advantage plans in our network. More dentists means more convenience and access for you.

Not only is your dental network more accessible, your copays are more affordable. Copays for routine exams, cleanings, and X-rays are \$10 (PPO I) and \$0 (PPO II) per preventive service.

| DESCRIPTION                                | SERVICES   | PLAN I COPAY | PLAN II COPAY |
|--|--|--------------|---------------|
| <b>In-Network</b>                          |  |              |               |
| <b>Preventive Oral Exam &amp; Cleaning</b> | - Office visit, D9430, 1 per 6 months  | \$10 copay   | \$0 copay     |
|  | - Dental exams Periodic oral evaluation, D0120, 1 per 6 months                       | \$10 copay   | \$0 copay     |
|  | - Limited oral evaluation, D0140, 1 per 6 months                                     | \$10 copay   | \$0 copay     |
|  | - Comprehensive oral evaluation, D0150, 1 per 3 years                                | \$10 copay   | \$0 copay     |
|  | - Re-evaluation, limited, problem focused, D0170, 1 per 6 months                     | \$10 copay   | \$0 copay     |
|  | - Dental cleanings--prophylaxis, D1110, 1 per 6 months                               | \$10 copay   | \$0 copay     |
| <b>X-Rays</b>                              | - Intra-oral, complete series including bite-wing images, D0210, 1 set per year      | \$10 copay   | \$0 copay     |
|  | - Intra-oral, periapical, first radiographic image, D0220, 2 per 12 months           | \$10 copay   | \$0 copay     |
|  | - Intra-oral, periapical, each additional radiographic image, D0230, 2 per 12 months | \$10 copay   | \$0 copay     |
|  | - Bite-wings, D0270-D0274, up to four radiographic images per 12 months              | \$10 copay   | \$0 copay     |
|  | - Panoramic image, D0330, 1 set per year   | \$10 copay   | \$0 copay     |

| DESCRIPTION                                  | SERVICES  | PLAN I COPAY  | PLAN II COPAY                                       |
|--|---|---|---|
| <b>In-Network</b>                            |   |   |   |
| <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 |
| <b>Out-of-Network</b>                        |   |   |   |
| <b>Preventive Dental Exam &amp; Cleaning</b> | - Office visit, D9430, 1 per 6 months   | \$30 copay  | \$20 copay  |
|  | - Dental exams Periodic oral evaluation, D0120, 1 per 6 months  | \$30 copay  | \$20 copay  |
|  | - Limited oral evaluation, D0140, 1 per 6 months  | \$30 copay  | \$20 copay  |
|  | - Comprehensive oral evaluation, D0150, 1 per 3 years   | \$30 copay  | \$20 copay  |
|  | - Re-evaluation, limited, problem focused, D0170, 1 per 6 months  | \$30 copay  | \$20 copay  |
|  | - Dental cleanings--prophylaxis, D1110, 1 per 6 months  | \$30 copay  | \$20 copay  |
| <b>X-rays</b>                                | - Intra-oral, complete series including bite-wing images, D0210, 1 set every 3 years  | \$30 copay  | \$20 copay  |
|  | - Intra-oral, periapical, first radiographic image, D0220, 2 per 12 months  | \$30 copay  | \$20 copay  |
|  | - Intra-oral, periapical, each additional radiographic image, D0230, 2 per 12 months  | \$30 copay  | \$20 copay  |
|  | - Bite-wings, D0270-D0274, up to four radiographic images per 12 months   | \$30 copay  | \$20 copay  |
|  | - Panoramic image, D0330, 1 set every 3 years   | \$30 copay  | \$20 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 \$750. Out-of-pocket costs for this supplemental benefit do not apply to Maximum-Out-of-Pocket (MOOP).

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## Optional Coverage: Comprehensive Dental Rider

### **Covering services beyond preventative dental.**

The Dental Comprehensive Rider covers services beyond those outlined in your preventive dental benefits included with your plan membership. These benefits don't need a referral or preauthorization. Members receive these services with a \$25 additional monthly premium when using our contracted network of dentists.

Comprehensive services covered in the rider include fillings, dentures, partials, crowns, and periodontics.

For a complete list of covered services, please see your Evidence of Coverage. Visit [HealthTeamAdvantage.com](http://HealthTeamAdvantage.com) to see if your dentist is part of the Delta Dental network.



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| DESCRIPTION  | SERVICES   | IN-NETWORK COPAY | OUT-OF-NETWORK COPAY PPO ONLY |
|--|--|------------------|-------------------------------|
| <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 Composite Filling Anterior, 1 surface; D2330</li> <li>- Resin-based Composite Filling Anterior, 2 surfaces; D2331</li> <li>- Resin-based Composite Filling Anterior, 3 surfaces; D2332</li> <li>- Resin-based Composite Filling Posterior, 1 surface; D2391</li> <li>- Resin-based Composite Filling Posterior, 2 surfaces; D2392</li> <li>- Resin-based Composite Filling Posterior, 3 surfaces; D2393</li> </ul> | \$80 copay each  | \$100 copay each              |
| <b>Dentures</b> —1 set of full or partial dentures every 5 years   | <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> <li>- Adjustments are covered on new dentures for the first 3 months post-delivery.</li> </ul>  | \$650 each       | \$812.50 copay                |
|  | - Denture adjustment; D5410/D5411/D5421/D5422  | \$30 each        | \$37.50 each                  |
| <b>Extractions</b> —up to 4 of these services per year   | - Erupted tooth; D7140   | \$70 each        | \$87.50 copay                 |
|  | - Surgical removal; D7210  | \$90 each        | \$112.50 copay                |
| <b>Crowns</b> —up to 2 of any of these services per year   | <ul style="list-style-type: none"> <li>- Porcelain/ceramic substrate; D2740</li> <li>- Porcelain fused to high noble 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 each       | \$437.50 copay                |
| <b>Periodontics</b>  | - Scaling and root planing (4 or more teeth per quadrant); 4 quads per 2 years; D4341  | \$50 per quad    | \$62.50 per quad              |
|  | - Scaling and root planing (1-3 teeth per quadrant); 4 quads per 2 years; D4342  | \$25 per quad    | \$31.25 per quad              |
|  | - Full mouth debridement; 1 per 2 years; D4355   | \$25 per quad    | \$31.25 per quad              |

For out-of-network copays, please refer to your Evidence of Coverage. Out-of-pocket costs for this optional supplemental benefit do not apply to Maximum-Out-of-Pocket (MOOP). If your out-of-network dentist will not submit a claim on your behalf, you must submit a request for reimbursement for all out-of-network dental service(s); members may be responsible for cost over the allowable rate and your copay, when seeing an out-of-network provider. Please mail direct member reimbursements to Delta Dental of NC, PO Box 9298, Farmington Hills, MI 48333-9298.



## Vision

### **Healthy eyes and vision are important to your well-being.**

Many eye conditions present no obvious symptoms. Routine eye exams can detect health conditions such as glaucoma, diabetes, and macular degeneration. Early diagnosis, especially with the rapid growth of pre-diabetes and diabetes, gets you the personalized care you deserve to manage your health and feel your best.

Our vision benefits are through a national vision partner, VSP® Vision Care. VSP has thousands of providers nationwide and 972 across North Carolina. The providers are one-stop shops offering exams and eyewear.

### **Using your VSP benefit is easy.**

- Create an account at [vsp.com](https://vsp.com). Review your personalized benefit information.
- Find a [HealthTeam Advantage provider](#) who's right for you.
- At your appointment, tell them you have VSP and present your HealthTeam Advantage ID card. There are no claim forms to complete when you use an in-network provider.

If you choose an out-of-network provider, call VSP at 855-492-9028 for plan details.

| Vision Services   | HealthTeam Advantage Plan I (PPO)  | HealthTeam Advantage Plan II (PPO)   |
|---|--|--|
| <b>Medicare-Covered</b>                                     |  |  |
| Diagnostic Exam (One per year)                              | <b>In-Network:</b><br>\$0 copay<br><br><b>Out-of-Network:</b><br>\$30 copay  | <b>In-Network:</b><br>\$0 copay<br><br><b>Out-of-Network:</b><br>\$30 copay  |
| Eyewear (Materials covered up to Medicare-approved limits.) | <b>In-Network:</b><br>\$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.<br><br><b>Out-of-Network:</b><br>\$50 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$50. | <b>In-Network:</b><br>\$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.<br><br><b>Out-of-Network:</b><br>\$50 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$50. |
| <b>Routine</b>  |  |  |
| Eye Exam (Includes one refraction per year)                 | <b>In-Network:</b><br>\$0 copay<br><br><b>Out-of-Network:</b><br>\$30 copay  | <b>In-Network:</b><br>\$0 copay<br><br><b>Out-of-Network:</b><br>\$30 copay  |
| Eyeglasses (lenses and frames) or contact lenses            | <b>In-Network:</b><br>Reimbursed up to \$100 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full.<br><br><b>Out-of-Network:</b><br>Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year.                  | <b>In-Network:</b><br>Reimbursed up to \$100 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full.<br><br><b>Out-of-Network:</b><br>Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year.                  |
| Contact lens fitting and evaluation                         | <b>In-Network:</b><br>Up to \$60 copay<br><br><b>No out-of-network option.</b>   | <b>In-Network:</b><br>Up to \$60 copay<br><br><b>No out-of-network option.</b>   |
| Lens Enhancements   | <b>Not a covered benefit.</b>  | <b>Not a covered benefit.</b>  |

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# Hearing

## **Good hearing is important to your health and safety.**

There are different types and levels of hearing loss. Some types can be treated with medicine or surgery. Permanent hearing loss, however, is usually treated with hearing aids.

Hearing aids are not a one-size-fits all product. If you have hearing loss, having the hearing aid that best meets your specific needs can make a world of difference.

Our hearing aid benefits are through TruHearing®, an exclusive national hearing aid savings program for members.

This benefit covers up to two TruHearing advanced and premium hearing aids per year (one per ear) and the cost is as low as \$499-\$799 per aid. With your hearing aids you also get unlimited provider visits within the first year of purchase, a 45-day trial period, three-year extended warranty, and 48 batteries per aid.

To find a participating TruHearing provider, call 866-201-9886. Hearing aids received outside the TruHearing provider network are not covered.

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# Fitness

## With SilverSneakers, you're free to move.

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence, and connect with your community. Your fitness benefit includes access to SilverSneakers wherever you are and whenever you want:

### At home or on the go

- ◆ SilverSneakers On-Demand™ fitness classes available 24/7
- ◆ SilverSneakers virtual classes and workshops throughout the week
- ◆ SilverSneakers GO™ mobile app with adjustable workout plans and more
- ◆ SilverSneakers FLEX® classes, walking groups and workshop at parks, community centers and more

### In participating fitness locations

- ◆ Thousands of participating locations with various amenities
- ◆ Ability to enroll at multiple locations at any time
- ◆ SilverSneakers classes are designed for all levels and taught by instructors trained in senior fitness

### In your community

- ◆ Group activities and classes offered outside the gym
- ◆ Events including shared meals, holiday celebrations, and class socials

### Get started in three easy steps

1. Go to [SilverSneakers.com/StartHere](https://SilverSneakers.com/StartHere) to create an online account.
2. Log in to access your SilverSneakers ID number.
3. Enjoy virtual workouts online through your new account or visit a participating facility.

**Questions? Visit [SilverSneakers.com](https://SilverSneakers.com) or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.**

Always talk to your doctor before starting an exercise program.

Participating locations ("PL") not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. SilverSneakers, SilverSneakers FLEX, and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

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# 2022

## Summary of Benefits

HealthTeam Advantage Plan I (PPO)

HealthTeam Advantage Plan II (PPO)



Local.  
Reliable.  
Accessible.





# 2022

## Summary of Benefits

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

This is a summary of drug and health services covered by HealthTeam Advantage PPO. January 1, 2022 - December 31, 2022.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services refer to your Evidence of Coverage booklet. You can request a copy from your Healthcare Concierge or view it on the website at [HealthTeamAdvantage.com](http://HealthTeamAdvantage.com).

To join a HealthTeam Advantage PPO Health Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in North Carolina: Alamance, Davidson, Davie, Forsyth, Guilford, Randolph, and Rockingham counties.

HealthTeam Advantage has a network of doctors, hospitals, pharmacies and other providers. If you use the providers in our network, you may pay less for your covered services. You also have the option of using providers outside the network, however you will have higher costs associated with those visits and services.

For more information, contact the plan at 888-965-1965 (TTY:711) from 8 a.m. to 8 p.m. Eastern, 7 days a week from October 1 - March 31, and 8 a.m. to 8 p.m. Eastern, Monday through Friday, April 1 - September 30, or visit us online at [HealthTeamAdvantage.com](http://HealthTeamAdvantage.com).

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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  | \$75   | 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<br><i>(does not include prescription drugs)</i>                             | <b>In-Network:</b><br>\$3,450 annually<br><br><b>Out-of-Network:</b><br>\$5,150 annually   | <b>In-Network:</b><br>\$3,200 annually<br><br><b>Out-of-Network:</b><br>\$5,150 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><br>\$325 copay per day for days 1 through 6<br><br>\$0 copay per day for days 7 through 90<br><br><b>Out-of-Network:</b><br>\$650 copay per day for days 1 through 6<br><br>\$0 copay per day for days 7 through 90<br>\$0 copay for days 91 and beyond | <b>In-Network:</b><br>\$250 copay per day for days 1 through 5<br><br>\$0 copay per day for days 6 through 90<br><br><b>Out-of-Network:</b><br>\$500 copay per day for days 1 through 6<br><br>\$0 copay per day for days 7 through 90<br>\$0 copay for days 91 and beyond | 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><br>\$225 copay<br><br><b>Out-of-Network:</b><br>\$300 copay<br><br><b>In-Network:</b><br>\$225 copay per stay<br><br><b>Out-of-Network:</b><br>\$300 copay  | <b>In-Network:</b><br>\$200 copay<br><br><b>Out-of-Network:</b><br>\$300 copay<br><br><b>In-Network:</b><br>\$200 copay per stay<br><br><b>Out-of-Network:</b><br>\$300 copay  | Prior authorization may be required for some services. Please contact the plan for more information.             |

| Premiums and Benefits   | HealthTeam Advantage Plan I (PPO)  | HealthTeam Advantage Plan II (PPO)   | What You Should Know  |
|---|--|--|---|
| <b>Ambulatory Surgical Center</b>   |  |  |   |
|   | <b>In-Network:</b><br>\$200 copay per day<br><br><b>Out-of-Network:</b><br>\$250 copay per day | <b>In-Network:</b><br>\$100 copay per day<br><br><b>Out-of-Network:</b><br>\$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 Provider (PCP)</li> </ul> | <b>In-Network:</b><br>\$0 copay<br><br><b>Out-of-Network:</b><br>\$50 copay                    | <b>In-Network:</b><br>\$0 copay<br><br><b>Out-of-Network:</b><br>\$30 copay                    |   |
| <ul style="list-style-type: none"> <li>• Specialist</li> </ul>                  | <b>In-Network:</b><br>\$30 copay<br><br><b>Out-of-Network:</b><br>\$75 copay                   | <b>In-Network:</b><br>\$20 copay<br><br><b>Out-of-Network:</b><br>\$50 copay                   |   |
| <b>Preventive Care (e.g., flu vaccine, diabetic screenings)</b>                 |  |  |   |
|   | <b>In-Network:</b><br>\$0 copay<br><br><b>Out-of-Network:</b><br>\$30 copay                    | <b>In-Network:</b><br>\$0 copay<br><br><b>Out-of-Network:</b><br>\$30 copay                    | 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><br>\$120 copay  | <b>In- and Out-of-Network:</b><br>\$90 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><br>\$30 copay   | <b>In- and Out-of-Network:</b><br>\$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 an outpatient hospital facility</li> </ul> </li> </ul> | <p><b>In-Network:</b><br/>\$50-\$200 copay</p> <p><b>Out-of-Network:</b><br/>\$75-\$250 copay</p> <p><b>In-Network:</b><br/>\$0 copay at a lab facility<br/>\$10 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b><br/>\$10 copay at a lab facility<br/>\$25 copay at an outpatient hospital facility</p> | <p><b>In-Network:</b><br/>\$50-\$175 copay</p> <p><b>Out-of-Network:</b><br/>\$75-\$200 copay</p> <p><b>In-Network:</b><br/>\$0 copay at a lab facility<br/>\$10 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b><br/>\$10 copay at a lab facility<br/>\$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 an outpatient hospital facility</li> </ul> </li> </ul>  | <p><b>In-Network:</b><br/>\$0 copay at a lab facility<br/>\$5 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b><br/>\$10 copay at a lab facility<br/>\$25 copay at an outpatient hospital facility</p>  | <p><b>In-Network:</b><br/>\$0 copay at a lab facility<br/>\$5 copay at an outpatient hospital facility</p> <p><b>Out-of-Network:</b><br/>\$10 copay at a lab facility<br/>\$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 an outpatient facility</li> </ul> </li> </ul> | <p><b>In-Network:</b><br/>\$5 copay for X-ray services included with a physician visit<br/>\$5 copay for X-ray services at an outpatient facility</p> <p><b>Out-of-Network:</b><br/>\$10 copay for X-ray services included with a physician visit<br/>\$25 copay for X-ray services at an outpatient facility</p> | <p><b>In-Network:</b><br/>\$0 copay for X-ray services included with a physician visit<br/>\$0 copay for X-ray services at an outpatient facility</p> <p><b>Out-of-Network:</b><br/>\$10 copay for X-ray services included with a physician visit<br/>\$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> <li>Routine Assessment for Hearing Aids</li> </ul>   | <p><b>In-Network:</b><br/>\$30 copay for a hearing exam</p> <p><b>Out-of-Network:</b><br/>\$45 copay for a hearing exam</p> <p><b>In-Network:</b><br/>\$45 copay<br/>A TruHearing provider must be used for routine hearing benefits.</p> <p><b>Out-of-Network:</b><br/>Not covered</p>                           | <p><b>In-Network:</b><br/>\$20 copay for a hearing exam</p> <p><b>Out-of-Network:</b><br/>\$45 copay for a hearing exam</p> <p><b>In-Network:</b><br/>\$0 copay<br/>A TruHearing provider must be used for routine hearing benefits.</p> <p><b>Out-of-Network:</b><br/>Not covered</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> Not covered</p>   | <p><b>In-Network:</b> \$0 copay</p> <p><b>Out-of-Network:</b> Not covered</p>   | Unlimited visits during first year of purchase. A TruHearing provider must be used for routine hearing benefits.  |
| <ul style="list-style-type: none"> <li>Hearing Aid</li> </ul>   | <p><b>In-Network:</b><br/>\$499-\$799 per hearing aid. Premium hearing aids are available in rechargeable style options at \$50 additional cost per aid.</p> <p><b>Out-of-Network:</b><br/>Not covered</p>  | <p><b>In-Network:</b><br/>\$499-\$799 per hearing aid. Premium hearing aids are available in rechargeable style options at no additional cost.</p> <p><b>Out-of-Network:</b><br/>Not covered</p>  | Up to two TruHearing hearing aids every year (one per ear per year).<br><br>A TruHearing provider must be used for in- and out-of- network hearing aid benefit. |

| 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><br/>\$10 copay for a preventive dental exam and cleaning; copay applies to each preventive service</p> <p><b>Out-of-Network:</b><br/>\$30 copay for a preventive dental exam and cleaning; copay applies to each preventive service</p>   | <p><b>In-Network:</b><br/>\$0 copay for a preventive dental exam and cleaning; copay applies to each preventive service</p> <p><b>Out-of-Network:</b><br/>\$20 copay for a preventive dental exam and cleaning; copay applies to each preventive service</p>   | <p>Office visit, D9430, 1 per 6 months</p> <p>Dental exams- periodic oral evaluation, D0120, 1 per 6 months</p> <p>Dental cleanings- prophylaxis, D1110, 1 per 6 months</p> |
| <ul style="list-style-type: none"> <li>X-rays</li> </ul>                                | <p><b>In-Network:</b><br/>\$10 copay<br/>Intra-oral, complete series including bite-wing images, D0210, 1 set per year</p> <p>Panoramic image, D0330, 1 set per year</p> <p><b>Out-of-Network:</b><br/>\$30 copay<br/>Intra-oral, complete series including bite-wing images, D0210, 1 set per 3 years</p> <p>Panoramic image, D0330, 1 set per 3 years</p> | <p><b>In-Network:</b><br/>\$0 copay<br/>Intra-oral, complete series including bite-wing images, D0210, 1 set per year</p> <p>Panoramic image, D0330, 1 set per year</p> <p><b>Out-of-Network:</b><br/>\$20 copay<br/>Intra-oral, complete series including bite-wing images, D0210, 1 set per 3 years</p> <p>Panoramic image, D0330, 1 set per 3 years</p> |   |
| <ul style="list-style-type: none"> <li>Medicare-covered Comprehensive Dental</li> </ul> | <p><b>In-Network:</b><br/>\$35 copay for each Medicare-covered comprehensive dental exam</p> <p><b>Out-of-Network:</b><br/>\$50 copay for each Medicare-covered comprehensive dental service</p>  | <p><b>In-Network:</b><br/>\$20 copay for each Medicare-covered comprehensive dental exam</p> <p><b>Out-of-Network:</b><br/>\$45 copay for each Medicare-covered comprehensive 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>• Medicare-covered Diagnostic Exam</li> <li>• Medicare-covered Eye Wear</li> </ul> | <p><b>In-Network:</b><br/>\$0 copay</p> <p>\$0 copay for Medicare-covered frames or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> <p><b>Out-of-Network:</b><br/>\$30 copay<br/>\$50 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> | <p><b>In-Network:</b><br/>\$0 copay</p> <p>\$0 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> <p><b>Out-of-Network:</b><br/>\$30 copay<br/>\$50 copay for Medicare-covered eyeglasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.</p> | <p>1 per year</p> <p>Materials covered up to Medicare-approved limits.</p> |
| <ul style="list-style-type: none"> <li>• Routine Eye Exam</li> </ul>  | <p><b>In-Network:</b><br/>\$0 copay</p> <p><b>Out-of-Network:</b><br/>\$30 copay (One routine eye exam per year)</p>   | <p><b>In-Network:</b><br/>\$0 copay</p> <p><b>Out-of-Network:</b><br/>\$30 copay (One routine eye exam per year)</p>   | <p>Refraction included</p>   |
| <ul style="list-style-type: none"> <li>• Eyeglasses (lenses and frames)</li> <li>• Contact Lenses</li> </ul>              | <p><b>In-Network:</b><br/>Reimbursed up to \$100 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full..</p> <p><b>Out-of-Network:</b><br/>Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year.</p>  | <p><b>In-Network:</b><br/>Reimbursed up to \$100 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full.</p> <p><b>Out-of-Network:</b><br/>Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year.</p>   |  |



| Premiums and Benefits (continued)   | HealthTeam Advantage Plan I (PPO)  | HealthTeam Advantage Plan II (PPO)   | What You Should Know   |
|-------------------------------------|--|--|--|
| <b>Mental Health Services</b>       |  |  |  |
| Inpatient Visit                     | <p><b>In-Network:</b><br/>\$325 copay per day for days 1 through 6</p> <p>\$0 copay per day for days 7 through 90</p> <p><b>Out-of-Network:</b><br/>50% of the cost</p>  | <p><b>In-Network:</b><br/>\$250 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><br/>35% of the cost</p>  | Services require prior authorization.  |
| Outpatient Individual Therapy Visit | <p><b>In-Network:</b><br/>\$30 copay</p> <p><b>Out-of-Network:</b><br/>\$75 copay</p>  | <p><b>In-Network:</b><br/>\$20 copay</p> <p><b>Out-of-Network:</b><br/>\$50 copay</p>  |  |
| Outpatient Group Therapy Visit      | <p><b>In-Network:</b><br/>\$30 copay</p> <p><b>Out-of-Network:</b><br/>\$75 copay</p>  | <p><b>In-Network:</b><br/>\$20 copay</p> <p><b>Out-of-Network:</b><br/>\$50 copay</p>  |  |
| <b>Skilled Nursing Facility</b>     |  |  |  |
|                                     | <p><b>In-Network:</b><br/>\$0 copay per day for days 1 through 20<br/>\$184 copay per day for days 21 through 100</p> <p><b>Out-of-Network:</b><br/>\$50 copay per day for days 1 through 20<br/>\$184 copay per day for days 21 through 100</p> | <p><b>In-Network:</b><br/>\$0 copay per day for days 1 through 20<br/>\$184 copay per day for days 21 through 100</p> <p><b>Out-of-Network:</b><br/>\$50 copay per day for days 1 through 20<br/>\$184 copay per day for days 21 through 100</p> | Our plan covers up to 100 days in a SNF. Services require prior authorization. |

| 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><br/>\$30 copay</p> <p><b>Out-of-Network:</b><br/>\$75 copay</p>  | <p><b>In-Network:</b><br/>\$20 copay</p> <p><b>Out-of-Network:</b><br/>\$50 copay</p>  |  |
| <b>Ambulance</b>  |  |  |  |
|   | <p><b>In- and Out-of-Network:</b><br/>\$250 copay for Medicare-covered ambulance benefits per one-way trip.</p> <p>\$300 copay for Medicare-covered air ambulance benefits per one-way trip.</p> | <p><b>In- and Out-of-Network:</b><br/>\$200 copay for Medicare-covered ambulance benefits per one-way trip.</p> <p>\$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><br/>20% of the cost</p> <p><b>Out-of-Network:</b><br/>50% of the cost</p>  | <p><b>In-Network:</b><br/>20% of the cost</p> <p><b>Out-of-Network:</b><br/>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  |
|---|--|---------------------------------|--|---------------------------------|---|
| <b>Outpatient Prescription Drugs</b>  |  |                                 |  |                                 |   |
|   | <b>Retail Rx 30-day supply</b>   | <b>Mail Order 90-day supply</b> | <b>Retail Rx 30-day supply</b>   | <b>Mail Order 90-day supply</b> |   |
| <b>Phase 1: Deductible</b>  | \$0  |                                 | \$0  |                                 | Because there is no prescription drug deductible for the plan, this payment phase does not apply to you. You begin in the Initial Coverage phase when you fill your first prescription of the year.   |
| <b>Phase 2: Initial Coverage</b><br><i>(After you pay your deductible, if applicable)</i>   |  |                                 |  |                                 |   |
| 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   | \$100 copay  | \$200 copay                     | \$80 copay   | \$160 copay                     |   |
| Tier 5: Specialty Drugs   | 33% coinsurance  | 33% coinsurance                 | 33% coinsurance  | 33% coinsurance                 |   |
| <b>Phase 3: Coverage Gap</b><br><i>(After the total amount for the prescription drugs you have filled and refilled reaches \$4,430)</i> | 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 \$7,050. |                                 | 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 \$7,050. |                                 |   |

| Premiums and Benefits (continued)  | HealthTeam Advantage Plan I (PPO)   |                                 | HealthTeam Advantage Plan II (PPO)  |                                 | What You Should Know   |
|--|---|---------------------------------|---|---------------------------------|--|
| <b>Outpatient Prescription Drugs</b> <i>(continued)</i>  |   |                                 |   |                                 |  |
|  | <b>Retail Rx 30-day supply</b>  | <b>Mail Order 90-day supply</b> | <b>Retail Rx 30-day supply</b>  | <b>Mail Order 90-day supply</b> |  |
| <b>Phase 4: Catastrophic Coverage</b><br>(After your out-of-pocket costs have reached the \$7,050 limit for the calendar year) | During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2022). 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 \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs). |                                 |   |                                 |  |
| <b>Foot Care</b> <i>(podiatry services)</i>  |   |                                 |   |                                 |  |
| • Foot Exams and Treatment   | <b>In-Network:</b><br>\$30 copay  |                                 | <b>In-Network:</b><br>\$20 copay  |                                 |  |
|  | <b>Out-of-Network:</b><br>\$75 copay  |                                 | <b>Out-of-Network:</b><br>\$50 copay  |                                 |  |
| <b>Medical Equipment/Supplies</b>  |   |                                 |   |                                 |  |
| • Durable Medical Equipment (e.g., wheelchairs, oxygen, braces)  | <b>In-Network:</b><br>20% of the cost   |                                 | <b>In-Network:</b><br>20% of the cost   |                                 | Services require prior authorization   |
|  | <b>Out-of-Network:</b><br>50% of the cost   |                                 | <b>Out-of-Network:</b><br>30% of the cost   |                                 |  |
| • Prosthetics (e.g., artificial limbs)   | <b>In-Network:</b><br>20% of the cost   |                                 | <b>In-Network:</b><br>20% of the cost   |                                 | Services require prior authorization   |
|  | <b>Out-of-Network:</b><br>50% of the cost   |                                 | <b>Out-of-Network:</b><br>30% of the cost   |                                 |  |
| • Diabetes Supplies  | <b>In-Network:</b><br>\$0 copay for preferred and 20% of the cost for non-preferred   |                                 | <b>In-Network:</b><br>\$0 copay for preferred and 20% of the cost for non-preferred |                                 | Limited to the following manufacturers: Freestyle, Precision, and One Touch. Non-preferred supplies require prior authorization. |
|  | <b>Out-of-Network:</b><br>20% of the cost   |                                 | <b>Out-of-Network:</b><br>20% of the cost   |                                 |  |
| <b>Wellness Programs—Health Club Membership</b>  |   |                                 |   |                                 |  |
|  | <b>In-Network:</b><br>\$0 copay   |                                 | <b>In-Network:</b><br>\$0 copay   |                                 | You must choose from a SilverSneakers® participating facility.   |

| Premiums and Benefits (continued)     | HealthTeam Advantage Plan I (PPO)   | HealthTeam Advantage Plan II (PPO)  | What You Should Know  |
|---------------------------------------|---|---|---|
| <b>Custodial Care</b>                 |   |   |   |
|                                       | <p><b>In-Network:</b><br/>\$0 copay</p> <p><b>Out-of-Network:</b><br/>\$30 copay per hour</p> | <p><b>In-Network:</b><br/>\$0 copay</p> <p><b>Out-of-Network:</b><br/>\$30 copay per hour</p> | <p>Up to 20 hours post-inpatient discharge or qualifying outpatient procedure; maximum of 60 hours annually. Prior authorization is required for some services. Please contact the plan for more information.</p> |
| <b>Telehealth Services</b>            |   |   |   |
|                                       | <p><b>In-Network:</b><br/>\$0 copay</p> <p><b>Out-of-Network:</b><br/>\$0 copay</p>           | <p><b>In-Network:</b><br/>\$0 copay</p> <p><b>Out-of-Network:</b><br/>\$0 copay</p>           |   |
| <b>Optional Supplemental Benefits</b> |   |   |   |
| Comprehensive Dental Rider            | \$25 premium per month  | \$25 premium per month  | Comprehensive services include fillings, dentures, partials, crowns and periodontics. Limits apply. For a complete list of covered services, please see your Evidence of Coverage.                                |

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)

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# Drug List

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

This Drug List was updated on **8/19/2021**. For more recent information or other questions, please contact HealthTeam Advantage at 877-905-9216 (TTY 711), between 8 a.m.-8 p.m. (EST), seven days a week, or visit [HealthTeamAdvantage.com](https://www.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, 2023, 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.

This is a partial, 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 more information about gap coverage.

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



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.
- **NMO (Non-Mail Order)**—Not available through Mail Order.
- **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>  |      |             |
| <i>abacavir sulfate oral solution 20 mg/ml</i>                            | 4    | QL          |
| <i>abacavir sulfate oral tablet 300 mg</i>                                | 4    | QL          |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>                 | 4    | QL          |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>          | 5    | NMO; QL     |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML                                    | 4    | BD; NMO     |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG           | 5    | NMO         |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 5    | NMO         |
| <i>abiraterone acetate oral tablet 250 mg, 500 mg</i>                     | 5    | PA; NMO; QL |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i>             | 2    |             |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                          | 2    |             |
| ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG                                 | 4    | NMO         |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>                         | 1    | GC          |
| <i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>                     | 2    | NMO; QL     |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>                  | 2    | NMO; QL     |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>             | 2    | NMO; QL     |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>      | 2    |             |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                           | 2    |             |
| <i>acetic acid otic solution 2 %</i>                                      | 2    | NMO         |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i>                      | 2    | BD; NMO     |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                       | 4    | PA; NMO     |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED                               | 3    | NMO         |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML                        | 5    | PA; LA; NMO |
| <i>acyclovir external cream 5 %</i>                                       | 4    | NMO         |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>acyclovir external ointment 5 %</i>   | 4    | NMO         |
| <i>acyclovir oral capsule 200 mg</i>   | 1    | NMO; GC     |
| <i>acyclovir oral suspension 200 mg/5ml</i>  | 3    | NMO         |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>  | 1    | NMO; GC     |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>  | 4    | BD; NMO     |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5  | 3    | NMO         |
| <i>adapalene external cream 0.1 %</i>  | 4    | PA; NMO     |
| <i>adapalene external gel 0.1 %, 0.3 %</i>   | 4    | PA; NMO     |
| <i>adapalene external solution 0.1 %</i>   | 4    | PA; NMO     |
| <i>adefovir dipivoxil oral tablet 10 mg</i>  | 5    | PA; NMO; QL |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG   | 5    | PA; NMO; QL |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE   | 3    |             |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT  | 3    |             |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG  | 5    | PA; NMO; QL |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG  | 5    | PA; NMO; QL |
| AFINITOR ORAL TABLET 10 MG   | 5    | PA; NMO; QL |
| <i>albendazole oral tablet 200 mg</i>  | 4    | NMO         |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i> | 2    |             |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>                                | 2    | BD          |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>   | 4    |             |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>  | 2    |             |
| <i>alclometasone dipropionate external cream 0.05 %</i>  | 2    | NMO         |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>alclometasone dipropionate external ointment 0.05 %</i>         | 2    | NMO         |
| ALECENSA ORAL CAPSULE 150 MG                                       | 5    | PA; NMO     |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>          | 1    | GC          |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> | 1    | GC          |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>               | 4    |             |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                      | 1    | GC          |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>                      | 5    | NMO         |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %                               | 3    |             |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML                       | 4    | NMO; QL     |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>                | 2    | NMO; QL     |
| <i>alprazolam oral tablet 2 mg</i>                                 | 2    | NMO; QL     |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG                                | 2    |             |
| ALUNBRIG ORAL TABLET 180 MG  | 5    | PA; NMO; QL |
| ALUNBRIG ORAL TABLET 30 MG   | 5    | PA; NMO; QL |
| ALUNBRIG ORAL TABLET 90 MG   | 5    | PA; NMO; QL |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG                      | 5    | PA; NMO; QL |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>                        | 2    |             |
| <i>amantadine hcl oral capsule 100 mg</i>                          | 2    |             |
| <i>amantadine hcl oral syrup 50 mg/5ml</i>                         | 2    |             |
| <i>amantadine hcl oral tablet 100 mg</i>                           | 2    |             |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG                | 5    | BD; NMO     |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                         | 5    | PA; NMO; QL |
| <i>amcinonide external cream 0.1 %</i>                             | 4    | NMO         |
| <i>amcinonide external lotion 0.1 %</i>                            | 4    | NMO         |
| <i>amcinonide external ointment 0.1 %</i>                          | 4    | NMO         |
| <i>amikacin sulfate injection solution 500 mg/2ml</i>              | 4    | NMO         |
| <i>amiloride hcl oral tablet 5 mg</i>                              | 1    | GC          |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>   | 1    | GC      |
| AMINOSYN-PF INTRAVENOUS SOLUTION 7 %   | 4    | BD; NMO |
| <i>amiodarone hcl oral tablet 100 mg, 400 mg</i>   | 2    |         |
| <i>amiodarone hcl oral tablet 200 mg</i>   | 1    | GC      |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>  | 2    |         |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>  | 1    | GC      |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>   | 1    | GC      |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>  | 2    |         |
| <i>amlodipine-atorvastatin oral tablet 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</i> | 2    |         |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>  | 2    |         |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>                                    | 2    |         |
| <i>ammonium lactate external cream 12 %</i>  | 1    | NMO; GC |
| <i>ammonium lactate external lotion 12 %</i>   | 3    | NMO     |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG   | 4    | NMO     |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>  | 3    |         |
| <i>amoxicill-clarithro-lansopraz oral</i>  | 3    | NMO     |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>   | 1    | NMO; GC |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>  | 1    | NMO; GC |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>  | 1    | NMO; GC |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>   | 1    | NMO; GC |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>  | 4    | NMO     |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | 2    | NMO         |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>   | 2    | NMO         |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>  | 2    | NMO         |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>                  | 3    | PA; QL      |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 75 mg</i>  | 2    | QL          |
| <i>amphetamine-dextroamphetamine oral tablet 30 mg</i>  | 2    | QL          |
| <i>amphotericin b intravenous solution reconstituted 50 mg</i>  | 4    | BD; NMO     |
| <i>ampicillin oral capsule 500 mg</i>   | 1    | NMO; GC     |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>  | 4    | NMO         |
| <i>ampicillin sodium intravenous solution reconstituted 10 gm</i>   | 4    | NMO         |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>                                    | 4    | NMO         |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>  | 4    | NMO         |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>   | 2    |             |
| <i>anastrozole oral tablet 1 mg</i>   | 1    | GC          |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH  | 3    |             |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML  | 5    | LA; NMO; QL |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i>  | 2    | NMO         |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>   | 4    | BD; NMO; QL |
| <i>aprepitant oral capsule 80 &amp; 125 mg</i>  | 4    | BD; NMO; QL |
| APRI ORAL TABLET 0.15-30 MG-MCG   | 2    |             |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG  | 5    | NMO     |
| APTIVUS ORAL CAPSULE 250 MG  | 5    | NMO; QL |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG   | 2    |         |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG  | 5    | PA; NMO |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML  | 4    | PA; NMO |
| <i>aripiprazole oral solution 1 mg/ml</i>  | 4    | QL      |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>                           | 3    | QL      |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>   | 5    | NMO; QL |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>                                     | 4    | PA; QL  |
| ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 3    |         |
| ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG  | 4    | NMO; QL |
| <i>asenapine maleate sublingual tablet sublingual 10 mg</i>                                      | 4    |         |
| <i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>                               | 5    | NMO     |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH               | 3    |         |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH   | 3    |         |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH                | 3    |         |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT                              | 3    |         |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>                   | 2    |         |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML   | 2    | NMO     |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| atazanavir sulfate oral capsule 150 mg, 200 mg                    | 4    | QL          |
| atazanavir sulfate oral capsule 300 mg                            | 4    | QL          |
| atenolol oral tablet 100 mg, 25 mg, 50 mg                         | 1    | GC          |
| atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg           | 1    | GC          |
| atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg                  | 4    | QL          |
| atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg          | 4    | QL          |
| atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg       | 1    | GC          |
| atovaquone oral suspension 750 mg/5ml                             | 5    | NMO         |
| atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg       | 4    | NMO         |
| atropine sulfate ophthalmic solution 1 %                          | 2    |             |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT               | 4    |             |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG                                | 2    |             |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE)                               | 4    | PA          |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG                             | 5    | PA; NMO; QL |
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                  | 2    |             |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML           | 5    | PA; NMO     |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | 5    | PA; NMO     |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG                        | 5    | PA; NMO; QL |
| AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM                     | 4    | NMO         |
| AZASAN ORAL TABLET 100 MG, 75 MG                                  | 3    | BD          |
| AZASITE OPHTHALMIC SOLUTION 1 %                                   | 4    | NMO         |
| azathioprine oral tablet 50 mg                                    | 1    | BD; GC      |
| azelaic acid external gel 15 %                                    | 4    | NMO         |
| azelastine hcl nasal solution 0.1 %, 0.15 %                       | 2    | NMO         |
| azelastine hcl ophthalmic solution 0.05 %                         | 2    | NMO         |
| azithromycin intravenous solution reconstituted 500 mg            | 4    | NMO         |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| azithromycin oral packet 1 gm  | 4    | NMO         |
| azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml                      | 2    | NMO         |
| azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)              | 1    | NMO; GC     |
| azithromycin oral tablet 600 mg  | 2    | NMO         |
| AZOPT OPHTHALMIC SUSPENSION 1 %  | 3    |             |
| aztreonam injection solution reconstituted 1 gm  | 4    | NMO         |
| <b>B</b>   |      |             |
| bacitracin ophthalmic ointment 500 unit/gm   | 2    | NMO         |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm                           | 2    | NMO         |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %                                  | 2    | NMO         |
| baclofen oral tablet 10 mg, 20 mg, 5 mg  | 1    | NMO; GC     |
| balsalazide disodium oral capsule 750 mg   | 2    | NMO         |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG  | 5    | PA; NMO     |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG  | 2    |             |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE  | 3    | NMO         |
| BARACLUDGE ORAL SOLUTION 0.05 MG/ML  | 5    | PA; NMO; QL |
| bcg vaccine injection injectable   | 3    | NMO         |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG   | 4    | NMO; QL     |
| benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg                                   | 1    | GC          |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg | 2    |             |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML                                 | 5    | PA; NMO     |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML                             | 5    | PA; NMO     |
| benznidazole oral tablet 100 mg, 12.5 mg   | 4    | NMO         |
| benzoyl peroxide-erythromycin external gel 5-3 %                                       | 2    | NMO         |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>           | 1    | GC          |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 %                                | 4    | NMO         |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>          | 2    | NMO         |
| <i>betamethasone dipropionate aug external gel 0.05 %</i>            | 2    | NMO         |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>         | 2    | NMO         |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i>       | 2    | NMO         |
| <i>betamethasone dipropionate external cream 0.05 %</i>              | 2    | NMO         |
| <i>betamethasone dipropionate external lotion 0.05 %</i>             | 2    | NMO         |
| <i>betamethasone dipropionate external ointment 0.05 %</i>           | 2    | NMO         |
| <i>betamethasone valerate external cream 0.1 %</i>                   | 3    | NMO         |
| <i>betamethasone valerate external lotion 0.1 %</i>                  | 3    | NMO         |
| <i>betamethasone valerate external ointment 0.1 %</i>                | 3    | NMO         |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                    | 5    | PA; NMO     |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                       | 2    |             |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i>                        | 2    |             |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>    | 2    | NMO         |
| <i>bexarotene oral capsule 75 mg</i>                                 | 5    | PA; NMO     |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                   | 3    | NMO         |
| <i>bicalutamide oral tablet 50 mg</i>                                | 1    | NMO; GC; QL |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML | 4    | NMO         |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML               | 4    | NMO         |

| Drug Name  | Tier | Notes           |
|--|------|-----------------|
| BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML | 4    | NMO             |
| BIDIL ORAL TABLET 20-37.5 MG   | 4    |                 |
| BIKTARVY ORAL TABLET 50-200-25 MG  | 5    | NMO; QL         |
| <i>bimatoprost ophthalmic solution 0.03 %</i>  | 2    |                 |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                       | 1    | GC              |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>     | 1    | GC              |
| BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %  | 3    | NMO             |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %   | 4    | NMO             |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG  | 2    |                 |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)                | 3    | NMO             |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>  | 5    | PA; NMO; QL     |
| BOSULIF ORAL TABLET 100 MG   | 5    | PA; NMO; QL     |
| BOSULIF ORAL TABLET 400 MG, 500 MG   | 5    | PA; NMO; QL     |
| BRAFTOVI ORAL CAPSULE 75 MG  | 5    | PA; LA; NMO; QL |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH   | 3    |                 |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT                                  | 3    |                 |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>  | 2    |                 |
| BRILINTA ORAL TABLET 60 MG, 90 MG  | 3    |                 |
| <i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>                            | 2    |                 |
| BRIVIACT ORAL SOLUTION 10 MG/ML  | 4    |                 |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                                  | 4    |                 |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>                          | 2    | NMO             |
| <i>bromocriptine mesylate oral capsule 5 mg</i>  | 2    |                 |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>   | 2    |             |
| BROMSITE OPHTHALMIC SOLUTION 0.075 %   | 4    | NMO         |
| BRUKINSA ORAL CAPSULE 80 MG  | 5    | PA; NMO; QL |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i>                           | 4    | NMO         |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>                | 4    | BD          |
| <i>budesonide oral capsule delayed release particles 3 mg</i>                            | 4    | NMO         |
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> | 3    |             |
| <i>bumetanide injection solution 0.25 mg/ml</i>  | 4    | NMO         |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 2    |             |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>                               | 1    | NMO; GC; QL |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>                               | 1    | NMO; GC; QL |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>              | 1    | NMO; GC; QL |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>                | 1    | NMO; GC; QL |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>        | 1    | NMO; GC     |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> | 1    | GC          |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>         | 1    | GC          |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>                 | 3    |             |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>   | 1    | GC          |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 75 mg</i>                        | 1    | NMO; GC     |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>                             | 4    | NMO; QL     |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                                 | 4    | NMO; QL     |
| <i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>                          | 4    | NMO; QL     |

| Drug Name  | Tier | Notes           |
|--|------|-----------------|
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                         | 4    | NMO; QL         |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i>                                  | 2    | NMO             |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG                                      | 3    |                 |
| <b>C</b>   |      |                 |
| <i>cabergoline oral tablet 0.5 mg</i>  | 2    | NMO             |
| CABLIVI INJECTION KIT 11 MG  | 5    | PA; NMO         |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG  | 5    | PA; NMO; QL     |
| <i>calcipotriene external cream 0.005 %</i>  | 4    | NMO; QL         |
| <i>calcipotriene external ointment 0.005 %</i>                                       | 4    | NMO; QL         |
| <i>calcipotriene external solution 0.005 %</i>                                       | 4    | NMO; QL         |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i>                               | 2    | BD              |
| <i>calcitriol external ointment 3 mcg/gm</i>   | 3    | NMO             |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                     | 1    | GC              |
| <i>calcitriol oral solution 1 mcg/ml</i>   | 2    |                 |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i>                             | 2    |                 |
| <i>calcium acetate oral tablet 667 mg</i>  | 2    |                 |
| CALQUENCE ORAL CAPSULE 100 MG  | 5    | PA; LA; NMO; QL |
| CAMILA ORAL TABLET 0.35 MG   | 1    | GC              |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                    | 2    |                 |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>       | 2    |                 |
| CAPLYTA ORAL CAPSULE 42 MG   | 5    | NMO             |
| CAPRELSA ORAL TABLET 100 MG  | 5    | PA; NMO; QL     |
| CAPRELSA ORAL TABLET 300 MG  | 5    | PA; NMO; QL     |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                           | 1    | GC              |
| CARBAGLU ORAL TABLET 200 MG  | 5    | PA; NMO         |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | 2    |                 |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg   | 2    |         |
| carbamazepine oral suspension 100 mg/5ml   | 2    |         |
| carbamazepine oral tablet 200 mg   | 2    |         |
| carbamazepine oral tablet chewable 100 mg  | 1    | GC      |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg  | 2    |         |
| carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg   | 1    | GC      |
| carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg   | 2    |         |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 4    |         |
| carteolol hcl ophthalmic solution 1 %  | 2    |         |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG   | 1    | GC      |
| carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg   | 1    | GC      |
| carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg   | 4    |         |
| caspofungin acetate intravenous solution reconstituted 50 mg   | 5    | BD; NMO |
| caspofungin acetate intravenous solution reconstituted 70 mg   | 4    | BD; NMO |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG  | 5    | PA; NMO |
| CAZANT ORAL TABLET 0.1/0.125/0.15 -0.025 MG  | 2    |         |
| ceftazidime er oral tablet extended release 12 hour 500 mg   | 4    | NMO     |
| ceftazidime oral capsule 250 mg, 500 mg  | 2    | NMO     |
| ceftazidime oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml   | 4    | NMO     |
| cefadroxil oral capsule 500 mg   | 2    | NMO     |

| Drug Name  | Tier | Notes |
|--|------|-------|
| cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml                | 2    | NMO   |
| cefadroxil oral tablet 1 gm  | 2    | NMO   |
| cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg          | 4    | NMO   |
| cefdinir oral capsule 300 mg   | 2    | NMO   |
| cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml                  | 3    | NMO   |
| cefepime hcl injection solution reconstituted 1 gm, 2 gm                       | 4    | NMO   |
| cefixime oral capsule 400 mg   | 4    | NMO   |
| cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml                  | 4    | NMO   |
| cefotetan disodium injection solution reconstituted 1 gm, 2 gm                 | 4    | NMO   |
| cefoxitin sodium injection solution reconstituted 10 gm                        | 4    | NMO   |
| cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm                 | 4    | NMO   |
| cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml       | 4    | NMO   |
| cefpodoxime proxetil oral tablet 100 mg, 200 mg                                | 4    | NMO   |
| cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml                 | 3    | NMO   |
| cefprozil oral tablet 250 mg, 500 mg   | 2    | NMO   |
| ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm                  | 4    | NMO   |
| ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | 4    | NMO   |
| ceftriaxone sodium intravenous solution reconstituted 10 gm                    | 4    | NMO   |
| cefuroxime axetil oral tablet 250 mg, 500 mg                                   | 2    | NMO   |
| cefuroxime sodium injection solution reconstituted 75 gm, 750 mg               | 4    | NMO   |
| cefuroxime sodium intravenous solution reconstituted 1.5 gm                    | 4    | NMO   |
| celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg                           | 3    |       |



| Drug Name   | Tier | Notes   |
|---|------|---------|
| CELONTIN ORAL CAPSULE 300 MG                                    | 3    |         |
| cephalexin oral capsule 250 mg, 500 mg                          | 1    | NMO; GC |
| cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | 2    | NMO     |
| cephalexin oral tablet 250 mg, 500 mg                           | 2    | NMO     |
| cetirizine hcl oral solution 1 mg/ml                            | 2    | NMO     |
| cevimeline hcl oral capsule 30 mg                               | 4    |         |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG                   | 3    | NMO     |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG                                | 3    | NMO     |
| CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42  | 3    | NMO     |
| CHEMET ORAL CAPSULE 100 MG                                      | 4    | NMO     |
| chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg            | 2    | NMO; QL |
| chlorhexidine gluconate mouth/throat solution 0.12 %            | 1    | NMO; GC |
| chloroquine phosphate oral tablet 250 mg, 500 mg                | 2    |         |
| chlorpromazine hcl oral tablet 10 mg, 25 mg                     | 4    | BD      |
| chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg            | 4    |         |
| chlorthalidone oral tablet 25 mg, 50 mg                         | 1    | GC      |
| chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg                | 4    | NMO     |
| cholestyramine light oral packet 4 gm                           | 2    |         |
| cholestyramine oral packet 4 gm                                 | 2    |         |
| ciclopirox external gel 0.77 %                                  | 2    | NMO     |
| ciclopirox external shampoo 1 %                                 | 2    | NMO     |
| ciclopirox external solution 8 %                                | 2    | NMO     |
| ciclopirox olamine external cream 0.77 %                        | 2    | NMO     |
| ciclopirox olamine external suspension 0.77 %                   | 3    | NMO     |
| cilostazol oral tablet 100 mg, 50 mg                            | 1    | GC      |
| CIMDUO ORAL TABLET 300-300 MG                                   | 5    | NMO; QL |
| cimetidine hcl oral solution 300 mg/5ml                         | 2    |         |
| cimetidine oral tablet 200 mg                                   | 2    | NMO     |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg                   | 2    |         |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| cinacalcet hcl oral tablet 30 mg                                    | 3    | BD; QL      |
| cinacalcet hcl oral tablet 60 mg                                    | 5    | BD; NMO; QL |
| cinacalcet hcl oral tablet 90 mg                                    | 5    | BD; NMO; QL |
| ciprofloxacin hcl ophthalmic solution 0.3 %                         | 2    | NMO         |
| ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg        | 1    | NMO; GC     |
| ciprofloxacin hcl otic solution 0.2 %                               | 4    | NMO         |
| ciprofloxacin in d5w intravenous solution 200 mg/100ml              | 4    | NMO         |
| ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %               | 4    | NMO         |
| ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %             | 4    | NMO         |
| citalopram hydrobromide oral solution 10 mg/5ml                     | 2    |             |
| citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg             | 1    | GC          |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                    | 4    | NMO         |
| clarithromycin er oral tablet extended release 24 hour 500 mg       | 2    | NMO         |
| clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | 3    | NMO         |
| clarithromycin oral tablet 250 mg, 500 mg                           | 2    | NMO         |
| clemastine fumarate oral tablet 2.68 mg                             | 1    | NMO; GC     |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML                     | 4    | NMO         |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY             | 4    |             |
| clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg                  | 1    | NMO; GC     |
| clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml     | 2    | NMO         |
| clindamycin phos-benzoyl perox external gel 1.2-5 %                 | 4    | NMO         |
| clindamycin phosphate external gel 1 %                              | 2    | NMO         |
| clindamycin phosphate external lotion 1 %                           | 2    | NMO         |
| clindamycin phosphate external solution 1 %                         | 2    | NMO         |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| clindamycin phosphate external swab 1 %   | 2    | NMO     |
| clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml | 4    | NMO     |
| clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml             | 4    | NMO     |
| clindamycin phosphate vaginal cream 2 %   | 2    | NMO     |
| CLINISOL SF INTRAVENOUS SOLUTION 15 %   | 4    | BD; NMO |
| clobazam oral suspension 2.5 mg/ml  | 4    | QL      |
| clobazam oral tablet 10 mg, 20 mg   | 4    | QL      |
| clobetasol propionate e external cream 0.05 %   | 4    | NMO     |
| clobetasol propionate emulsion external foam 0.05 %                                     | 4    | NMO     |
| clobetasol propionate external cream 0.05 %   | 4    | NMO     |
| clobetasol propionate external foam 0.05 %  | 4    | NMO     |
| clobetasol propionate external gel 0.05 %   | 4    | NMO     |
| clobetasol propionate external lotion 0.05 %  | 4    | NMO     |
| clobetasol propionate external ointment 0.05 %  | 4    | NMO     |
| clobetasol propionate external shampoo 0.05 %   | 4    | NMO     |
| clobetasol propionate external solution 0.05 %  | 2    | NMO     |
| clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg                                       | 4    |         |
| clonazepam oral tablet 0.5 mg, 1 mg   | 2    | NMO; QL |
| clonazepam oral tablet 2 mg   | 2    | NMO; QL |
| clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg                      | 2    | NMO; QL |
| clonazepam oral tablet dispersible 2 mg   | 2    | NMO; QL |
| clonidine hcl er oral tablet extended release 12 hour 0.1 mg                            | 2    | QL      |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg  | 1    | GC      |
| clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr                | 2    |         |
| clopidogrel bisulfate oral tablet 75 mg   | 1    | GC      |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg                   | 2    | NMO; QL     |
| clotrimazole external cream 1 %  | 2    | NMO         |
| clotrimazole external solution 1 %   | 2    | NMO         |
| clotrimazole mouth/throat troche 10 mg                                       | 2    | NMO         |
| clotrimazole-betamethasone external cream 1-0.05 %                           | 2    | NMO         |
| clotrimazole-betamethasone external lotion 1-0.05 %                          | 4    | NMO         |
| CLOVIQUE ORAL CAPSULE 250 MG   | 5    | PA; NMO     |
| clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg                           | 3    | NMO; QL     |
| clozapine oral tablet dispersible 100 mg, 150 mg, 25 mg                      | 4    | NMO; QL     |
| clozapine oral tablet dispersible 12.5 mg                                    | 4    | NMO; QL     |
| clozapine oral tablet dispersible 200 mg                                     | 5    | NMO; QL     |
| COARTEM ORAL TABLET 20-120 MG  | 4    | NMO         |
| codeine sulfate oral tablet 15 mg, 30 mg, 60 mg                              | 2    | NMO; QL     |
| colchicine oral capsule 0.6 mg   | 2    | NMO         |
| colchicine oral tablet 0.6 mg  | 2    | NMO         |
| colchicine-probenecid oral tablet 0.5-500 mg                                 | 2    |             |
| colesevelam hcl oral tablet 625 mg   | 3    |             |
| colestipol hcl oral packet 5 gm  | 2    |             |
| colestipol hcl oral tablet 1 gm  | 2    |             |
| colistimethate sodium (cba) injection solution reconstituted 150 mg          | 4    | BD; NMO     |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %                                       | 4    |             |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY | 4    |             |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT                | 4    |             |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG                             | 5    | PA; NMO; QL |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG                      | 5    | PA; NMO; QL |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG  | 5    | PA; NMO; QL |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML  | 2    | NMO         |
| COMPLERA ORAL TABLET 200-25-300 MG  | 5    | NMO; QL     |
| COMPRO RECTAL SUPPOSITORY 25 MG   | 4    | NMO         |
| CONDYLOX EXTERNAL GEL 0.5 %   | 4    | NMO         |
| <i>constulose oral solution 10 gm/15ml</i>  | 2    |             |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML   | 5    | PA; NMO     |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG  | 5    | PA; NMO; QL |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG   | 4    | PA; QL      |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML  | 5    | PA; NMO     |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML  | 5    | PA; NMO     |
| COTELLIC ORAL TABLET 20 MG  | 5    | PA; LA; NMO |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | 3    |             |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>   | 3    | BD          |
| <i>cromolyn sodium ophthalmic solution 4 %</i>  | 2    | NMO         |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>  | 4    |             |
| CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG  | 1    | GC          |
| <i>cvs gauze sterile pad 2"x2"</i>  | 2    | NMO         |
| CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG   | 2    |             |
| CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG   | 2    |             |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>  | 4    | NMO         |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>   | 4    | BD; NMO     |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>  | 4    | BD; NMO     |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                        | 2    | BD          |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                                  | 3    | BD          |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>  | 3    | BD          |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>   | 4    | NMO         |
| <i>cyproheptadine hcl oral tablet 4 mg</i>  | 4    | NMO         |
| CYRED EQ ORAL TABLET 0.15-30 MG-MCG   | 2    |             |
| CYSTADANE ORAL POWDER   | 5    | NMO         |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 %   | 5    | PA; NMO     |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG   | 3    | PA          |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 %   | 5    | PA; NMO     |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>                    | 5    | PA; NMO; QL |
| <b>D</b>  |      |             |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG   | 3    | QL          |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                     | 2    | NMO         |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>                            | 4    | NMO         |
| <i>dapsone oral tablet 100 mg, 25 mg</i>  | 2    |             |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5   | 3    | NMO         |
| <i>daptomycin intravenous solution reconstituted 350 mg</i>                           | 4    | NMO         |
| <i>daptomycin intravenous solution reconstituted 500 mg</i>                           | 5    | NMO         |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i> | 2    |             |
| DAURISMO ORAL TABLET 100 MG, 25 MG  | 5    | PA; NMO     |
| DEBLITANE ORAL TABLET 0.35 MG   | 3    |             |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>                                  | 5    | PA; NMO     |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>                         | 5    | PA; NMO     |
| <i>deferiprone oral tablet 500 mg</i>   | 5    | PA; NMO     |
| DELSTRIGO ORAL TABLET 100-300-300 MG  | 5    | NMO; QL     |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| DEMSER ORAL CAPSULE 250 MG  | 5    | NMO     |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML         | 4    | NMO     |
| DESCOVY ORAL TABLET 200-25 MG   | 5    | NMO; QL |
| desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg                | 2    |         |
| desmopressin acetate oral tablet 0.1 mg, 0.2 mg                                       | 2    |         |
| desmopressin acetate spray nasal solution 0.01 %                                      | 2    |         |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)                    | 2    |         |
| desonide external cream 0.05 %  | 4    | NMO     |
| desonide external lotion 0.05 %   | 4    | NMO     |
| desonide external ointment 0.05 %   | 2    | NMO     |
| desoximetasone external cream 0.05 %, 0.25 %  | 4    | NMO     |
| desoximetasone external gel 0.05 %  | 4    | NMO     |
| desoximetasone external liquid 0.25 %   | 4    | NMO     |
| desoximetasone external ointment 0.05 %, 0.25 %                                       | 4    | NMO     |
| desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg                  | 4    |         |
| desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg | 4    |         |
| dexamethasone oral elixir 0.5 mg/5ml  | 2    | NMO     |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg             | 1    | NMO; GC |
| dexamethasone sodium phosphate ophthalmic solution 0.1 %                              | 2    | NMO     |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG                                    | 3    | QL      |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg        | 4    | QL      |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg              | 4    | QL      |
| dextroamphetamine sulfate oral solution 5 mg/5ml                                      | 4    | QL      |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| dextroamphetamine sulfate oral tablet 10 mg  | 4    | QL          |
| dextroamphetamine sulfate oral tablet 5 mg   | 4    | QL          |
| dextrose intravenous solution 10 %, 5 %  | 4    | BD; NMO     |
| dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 % | 4    | NMO         |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG   | 4    | PA          |
| DIACOMIT ORAL PACKET 250 MG, 500 MG  | 4    | PA          |
| DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG  | 4    | NMO         |
| DIASTAT PEDIATRIC RECTAL GEL 2.5 MG  | 4    | NMO         |
| diazepam oral concentrate 5 mg/ml  | 2    | NMO; QL     |
| diazepam oral solution 5 mg/5ml  | 2    | NMO; QL     |
| diazepam oral tablet 10 mg   | 1    | NMO; GC; QL |
| diazepam oral tablet 2 mg  | 1    | NMO; GC; QL |
| diazepam oral tablet 5 mg  | 1    | NMO; GC; QL |
| diazepam rectal gel 10 mg, 2.5 mg, 20 mg   | 4    | NMO         |
| diazoxide oral suspension 50 mg/ml   | 4    |             |
| diclofenac potassium oral tablet 50 mg   | 2    |             |
| diclofenac sodium er oral tablet extended release 24 hour 100 mg                               | 1    | GC          |
| diclofenac sodium external gel 1 %   | 2    | NMO         |
| diclofenac sodium external gel 3 %   | 4    | PA; NMO; QL |
| diclofenac sodium external solution 1.5 %  | 4    | NMO         |
| diclofenac sodium ophthalmic solution 0.1 %  | 2    | NMO         |
| diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg                              | 1    | GC          |
| diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg                        | 3    |             |
| dicloxacin sodium oral capsule 250 mg, 500 mg  | 2    | NMO         |
| dicyclomine hcl oral capsule 10 mg   | 1    | NMO; GC     |
| dicyclomine hcl oral solution 10 mg/5ml  | 2    | NMO         |
| dicyclomine hcl oral tablet 20 mg  | 1    | NMO; GC     |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML   | 5    | NMO     |
| DIFICID ORAL TABLET 200 MG   | 5    | NMO     |
| diflunisal oral tablet 500 mg  | 2    |         |
| DIGITEK ORAL TABLET 125 MCG, 250 MCG   | 2    |         |
| DIGOX ORAL TABLET 125 MCG, 250 MCG   | 1    | GC      |
| digoxin oral solution 0.05 mg/ml   | 3    |         |
| digoxin oral tablet 125 mcg, 250 mcg   | 1    | GC      |
| dihydroergotamine mesylate nasal solution 4 mg/ml  | 5    | NMO; QL |
| DILANTIN ORAL CAPSULE 30 MG  | 3    |         |
| diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg                        | 1    | GC      |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg | 1    | GC      |
| diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg  | 2    |         |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg                        | 2    |         |
| diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg  | 1    | GC      |
| dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg                               | 1    | GC      |
| dimethyl fumarate oral capsule delayed release 120 mg, 240 mg                                      | 5    | PA; NMO |
| dimethyl fumarate starter pack oral 120 & 240 mg   | 5    | PA; NMO |
| diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml  | 1    | NMO; GC |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg  | 4    | NMO     |
| diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml                              | 3    | BD; NMO |
| dipyridamole oral tablet 25 mg, 50 mg, 75 mg   | 1    | GC      |
| disopyramide phosphate oral capsule 100 mg, 150 mg   | 2    |         |
| disulfiram oral tablet 250 mg, 500 mg  | 1    | GC      |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg                    | 2    |         |
| divalproex sodium oral capsule delayed release sprinkle 125 mg                              | 2    |         |
| divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg                        | 1    | GC      |
| DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM  | 4    |         |
| dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg   | 4    |         |
| DOJOLVI ORAL LIQUID 100 %   | 5    | PA; NMO |
| donepezil hcl oral tablet 10 mg, 5 mg   | 1    | GC      |
| donepezil hcl oral tablet 23 mg   | 3    |         |
| donepezil hcl oral tablet dispersible 10 mg, 5 mg   | 2    |         |
| dorzolamide hcl ophthalmic solution 2 %   | 1    | GC      |
| dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml                              | 2    |         |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %                                  | 2    |         |
| DOVATO ORAL TABLET 50-300 MG  | 5    | NMO; QL |
| doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg                                       | 1    | GC      |
| doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg                         | 2    |         |
| doxepin hcl oral concentrate 10 mg/ml   | 2    |         |
| doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg  | 4    |         |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG  | 4    | NMO     |
| doxycycline hyclate oral capsule 100 mg, 50 mg  | 2    | NMO     |
| doxycycline hyclate oral tablet 100 mg, 20 mg   | 2    | NMO     |
| doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg | 4    | NMO     |
| doxycycline monohydrate oral capsule 100 mg, 50 mg  | 4    | NMO     |
| doxycycline monohydrate oral suspension reconstituted 25 mg/5ml                             | 3    | NMO     |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                 | 4    | NMO         |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG      | 3    |             |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                      | 4    | PA; NMO; QL |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>                       | 4    |             |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>                  | 2    |             |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG  | 4    |             |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>                                    | 5    | PA; NMO     |
| DUAVEE ORAL TABLET 0.45-20 MG   | 3    |             |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i> | 2    |             |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML                                  | 5    | PA; NMO     |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML              | 5    | PA; NMO     |
| DUREZOL OPHTHALMIC EMULSION 0.05 %  | 3    | NMO         |
| <i>dutasteride oral capsule 0.5 mg</i>  | 2    |             |
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>                               | 2    |             |
| <b>E</b>  |      |             |
| <i>econazole nitrate external cream 1 %</i>   | 2    | NMO         |
| EDURANT ORAL TABLET 25 MG   | 5    | NMO; QL     |
| <i>efavirenz oral capsule 200 mg</i>  | 4    | QL          |
| <i>efavirenz oral capsule 50 mg</i>   | 4    | QL          |
| <i>efavirenz oral tablet 600 mg</i>   | 4    | QL          |
| <i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>                        | 5    | NMO; QL     |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>        | 5    | NMO; QL     |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>                                 | 4    | NMO; QL     |

| Drug Name  | Tier | Notes           |
|--|------|-----------------|
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 75 MG  | 4    | PA; NMO         |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG                                    | 3    | NMO             |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG   | 3    |                 |
| ELMIRON ORAL CAPSULE 100 MG  | 4    | NMO             |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24HR  | 4    |                 |
| EMCYT ORAL CAPSULE 140 MG  | 3    | NMO             |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML                                       | 3    |                 |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML                                   | 3    |                 |
| EMOQUETTE ORAL TABLET 0.15-30 MG-MCG   | 2    |                 |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR                             | 5    | NMO; QL         |
| <i>emtricitabine oral capsule 200 mg</i>   | 4    | QL              |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> | 5    | NMO; QL         |
| EMTRIVA ORAL SOLUTION 10 MG/ML   | 4    | QL              |
| EMVERM ORAL TABLET CHEWABLE 100 MG   | 4    | NMO             |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                              | 1    | GC              |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                         | 1    | GC              |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML   | 5    | PA; NMO         |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML   | 5    | PA; NMO         |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML                         | 5    | PA; NMO         |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG   | 5    | PA; NMO         |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML                                | 5    | PA; NMO         |
| ENDARI ORAL PACKET 5 GM  | 4    | PA; LA; NMO; QL |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML                                       | 3    | BD; NMO         |

| Drug Name   | Tier | Notes           |
|---|------|-----------------|
| <i>enoxaparin sodium subcutaneous solution 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</i> | 4    | NMO             |
| ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG   | 1    | GC              |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG  | 2    |                 |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML  | 5    | PA; NMO         |
| <i>entacapone oral tablet 200 mg</i>  | 2    |                 |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>   | 4    | PA; QL          |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG  | 3    | PA; QL          |
| <i>enulose oral solution 10 gm/15ml</i>   | 2    |                 |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG   | 4    | BD              |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML   | 4    | PA              |
| <i>epinephrine injection solution 0.3 mg/0.3ml</i>  | 3    | NMO             |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>                                       | 3    | NMO             |
| EPITOL ORAL TABLET 200 MG   | 2    |                 |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML  | 3    |                 |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>  | 2    |                 |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG   | 4    | NMO             |
| ERIVEDGE ORAL CAPSULE 150 MG  | 5    | PA; NMO         |
| ERLEADA ORAL TABLET 60 MG   | 5    | PA; LA; NMO; QL |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg</i>   | 5    | PA; NMO; QL     |
| <i>erlotinib hcl oral tablet 25 mg</i>  | 5    | PA; NMO; QL     |
| ERRIN ORAL TABLET 0.35 MG   | 3    |                 |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i>   | 4    | NMO             |
| <i>ery external pad 2 %</i>   | 2    | NMO             |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG  | 4    | NMO             |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG   | 4    | NMO             |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| ERYTHROCIN STEARATE ORAL TABLET 250 MG  | 4    | NMO     |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>  | 4    | NMO     |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i>   | 4    | NMO     |
| <i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>   | 4    | NMO     |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>   | 4    | NMO     |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>   | 4    | NMO     |
| <i>erythromycin external gel 2 %</i>  | 2    | NMO     |
| <i>erythromycin external solution 2 %</i>   | 2    | NMO     |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>   | 1    | NMO; GC |
| ESBRIET ORAL CAPSULE 267 MG   | 5    | PA; NMO |
| ESBRIET ORAL TABLET 267 MG, 801 MG  | 5    | PA; NMO |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i>  | 2    |         |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>  | 1    | GC      |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>   | 2    |         |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG  | 2    |         |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 1    | GC      |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>         | 2    |         |
| <i>estradiol transdermal 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</i> | 2    |         |
| <i>estradiol vaginal cream 0.1 mg/gm</i>  | 3    |         |
| <i>estradiol vaginal tablet 10 mcg</i>  | 4    |         |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>  | 4    | NMO     |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>  | 2    |         |
| ESTRING VAGINAL RING 2 MG   | 4    |         |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>  | 4    | NMO; QL     |
| <i>ethacrynic acid oral tablet 25 mg</i>   | 4    |             |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>   | 2    | NMO         |
| <i>ethosuximide oral capsule 250 mg</i>  | 2    |             |
| <i>ethosuximide oral solution 250 mg/5ml</i>   | 1    | GC          |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>  | 2    |             |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>                                     | 4    |             |
| <i>etodolac oral capsule 200 mg, 300 mg</i>  | 2    |             |
| <i>etodolac oral tablet 400 mg, 500 mg</i>   | 2    |             |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>  | 4    |             |
| EUCRISA EXTERNAL OINTMENT 2 %  | 4    | NMO; QL     |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 1    | GC          |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY   | 4    |             |
| <i>everolimus oral tablet 0.25 mg</i>  | 4    | BD; QL      |
| <i>everolimus oral tablet 0.5 mg</i>   | 5    | BD; NMO; QL |
| <i>everolimus oral tablet 0.75 mg</i>  | 5    | BD; NMO; QL |
| <i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>   | 5    | PA; NMO; QL |
| EVOTAZ ORAL TABLET 300-150 MG  | 5    | NMO; QL     |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML   | 5    | PA; NMO     |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM   | 2    | NMO         |
| <i>exemestane oral tablet 25 mg</i>  | 4    | QL          |
| <i>ezetimibe oral tablet 10 mg</i>   | 2    |             |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>                                    | 4    |             |
| <b>F</b>   |      |             |
| FALMINA ORAL TABLET 0.1-20 MG-MCG  | 2    |             |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>  | 2    | NMO         |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i>  | 3    |             |
| <i>famotidine oral tablet 20 mg, 40 mg</i>   | 1    | GC          |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG  | 4    | NMO         |
| FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG  | 5    | NMO         |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG   | 4    | NMO         |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG   | 5    | PA; NMO     |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>   | 3    |             |
| <i>felbamate oral suspension 600 mg/5ml</i>  | 5    | NMO         |
| <i>felbamate oral tablet 400 mg, 600 mg</i>  | 4    |             |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                    | 1    | GC          |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG   | 2    |             |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>                  | 2    |             |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>  | 2    |             |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>                                      | 2    |             |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>                                | 2    |             |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5    | PA; NMO; QL |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>                                       | 4    | PA; NMO; QL |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 3    | PA; NMO; QL |
| <i>fentanyl transdermal patch 72 hour 375 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>                   | 4    | PA; NMO; QL |
| FERRIPROX ORAL SOLUTION 100 MG/ML  | 5    | PA; NMO     |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG                        | 3    |             |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG                                | 3    | NMO         |



| Drug Name  | Tier | Notes   |
|--|------|---------|
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                                       | 3    |         |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML  | 3    |         |
| FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML  | 3    |         |
| <i>finasteride oral tablet 5 mg</i>  | 1    | GC      |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML   | 4    | PA      |
| FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML  | 5    | PA; NMO |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL                               | 5    | BD; NMO |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG   | 4    | BD; NMO |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>  | 1    | GC      |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST | 3    |         |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT                                  | 3    |         |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>    | 4    | NMO     |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>                                  | 2    | NMO     |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>   | 2    | NMO     |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>   | 5    | NMO     |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>  | 1    | GC      |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>  | 2    | NMO     |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>   | 2    | NMO     |
| <i>fluocinolone acetonide external ointment 0.025 %</i>  | 2    | NMO     |
| <i>fluocinolone acetonide external solution 0.01 %</i>   | 4    | NMO     |
| <i>fluocinolone acetonide otic oil 0.01 %</i>  | 4    | NMO     |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>  | 4    | NMO     |
| <i>fluocinonide emulsified base external cream 0.05 %</i>  | 2    | NMO     |
| <i>fluocinonide external gel 0.05 %</i>  | 2    | NMO     |
| <i>fluocinonide external ointment 0.05 %</i>   | 2    | NMO     |
| <i>fluocinonide external solution 0.05 %</i>   | 2    | NMO     |
| <i>fluorometholone ophthalmic suspension 0.1 %</i>   | 2    | NMO     |
| FLUOROPLEX EXTERNAL CREAM 1 %  | 4    | NMO     |
| <i>fluorouracil external cream 5 %</i>   | 4    | NMO     |
| <i>fluorouracil external solution 2 %, 5 %</i>   | 2    | NMO     |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>   | 1    | GC      |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>  | 2    |         |
| <i>fluoxetine hcl oral tablet 10 mg</i>  | 2    |         |
| <i>fluoxetine hcl oral tablet 20 mg, 60 mg</i>   | 4    |         |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>  | 4    | NMO     |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>   | 4    | NMO     |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>   | 2    |         |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>   | 2    |         |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>  | 2    |         |
| <i>flurbiprofen oral tablet 100 mg</i>   | 2    |         |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>  | 2    | NMO     |
| <i>flutamide oral capsule 125 mg</i>   | 4    | NMO     |
| <i>fluticasone propionate external cream 0.05 %</i>  | 1    | NMO; GC |
| <i>fluticasone propionate external ointment 0.005 %</i>  | 2    | NMO     |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i>  | 2    | NMO     |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50mcg/dose,113-14mcg/act,232-14mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act</i> | 3    |         |

| Drug Name   | Tier | Notes           |
|---|------|-----------------|
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>                     | 2    |                 |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>   | 2    |                 |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>          | 4    |                 |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                                 | 3    |                 |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>      | 5    | NMO             |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>                               | 4    | NMO             |
| <i>fosamprenavir calcium oral tablet 700 mg</i>   | 5    | NMO; QL         |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>                                    | 1    | GC              |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>                            | 1    | GC              |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG   | 5    | PA; NMO         |
| <i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>                       | 4    | NMO             |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>   | 1    | GC              |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>   | 1    | GC              |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG  | 5    | NMO; QL         |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML   | 5    | NMO             |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG  | 5    | NMO             |
| FYCOMPA ORAL TABLET 2 MG  | 4    |                 |
| <b>G</b>  |      |                 |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                                       | 1    | GC              |
| <i>gabapentin oral solution 250 mg/5ml</i>  | 2    |                 |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>  | 2    |                 |
| GALAFOLD ORAL CAPSULE 123 MG  | 5    | PA; LA; NMO; QL |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | 2    |                 |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| <i>galantamine hydrobromide oral solution 4 mg/ml</i>   | 3    |         |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>   | 2    |         |
| GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML  | 5    | BD; NMO |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM   | 5    | BD; NMO |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML  | 5    | BD; NMO |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION   | 3    | NMO     |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE   | 3    | NMO     |
| <i>gatifloxacin ophthalmic solution 0.5 %</i>   | 2    | NMO     |
| GATTEX SUBCUTANEOUS KIT 5 MG  | 5    | PA; NMO |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM   | 1    | NMO; GC |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM   | 1    | NMO; GC |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM  | 1    | NMO; GC |
| GAVRETO ORAL CAPSULE 100 MG   | 5    | PA; NMO |
| <i>gemfibrozil oral tablet 600 mg</i>   | 1    | GC      |
| <i>generlac oral solution 10 gm/15ml</i>  | 2    |         |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG  | 3    | BD      |
| GENGRAF ORAL SOLUTION 100 MG/ML   | 3    | BD      |
| GENTAK OPHTHALMIC OINTMENT 0.3 %  | 2    | NMO     |
| <i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i> | 4    | NMO     |
| <i>gentamicin sulfate external cream 0.1 %</i>  | 2    | NMO     |
| <i>gentamicin sulfate external ointment 0.1 %</i>   | 2    | NMO     |
| <i>gentamicin sulfate injection solution 40 mg/ml</i>   | 4    | NMO     |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>   | 2    | NMO     |
| GENVOYA ORAL TABLET 150-150-200-10 MG   | 5    | NMO; QL |
| GILENYA ORAL CAPSULE 0.5 MG   | 5    | PA; NMO |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                      | 5    | PA; NMO     |
| glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml | 5    | PA; NMO     |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg                                      | 1    | GC          |
| glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg         | 1    | GC          |
| glipizide oral tablet 10 mg, 5 mg   | 1    | GC          |
| glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg          | 1    | GC          |
| global alcohol prep ease pad 70 %   | 2    | NMO         |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG                        | 3    | NMO         |
| glucagon emergency injection kit 1 mg   | 3    | NMO         |
| glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg                           | 2    |             |
| glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg                                   | 2    |             |
| glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg             | 2    |             |
| glycopyrrolate oral tablet 1 mg, 2 mg   | 2    | NMO         |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG                          | 5    | PA; NMO; QL |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG                         | 5    | PA; NMO; QL |
| granisetron hcl oral tablet 1 mg  | 4    | BD; NMO; QL |
| griseofulvin microsize oral suspension 125 mg/5ml                             | 4    | NMO         |
| griseofulvin microsize oral tablet 500 mg                                     | 4    | NMO         |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg                        | 4    | NMO         |
| guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg | 4    |             |
| guanfacine hcl oral tablet 1 mg, 2 mg   | 1    | GC          |
| <b>H</b>  |      |             |
| halobetasol propionate external cream 0.05 %                                  | 4    | NMO         |
| halobetasol propionate external ointment 0.05 %                               | 4    | NMO         |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)        | 4    | NMO         |
| haloperidol lactate injection solution 5 mg/ml   | 4    | NMO         |
| haloperidol lactate oral concentrate 2 mg/ml   | 1    | GC          |
| haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg   | 2    |             |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML   | 3    | NMO         |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml   | 3    | NMO         |
| HEPATAMINE INTRAVENOUS SOLUTION 8 %  | 4    | BD; NMO     |
| HETLIOZ ORAL CAPSULE 20 MG   | 5    | PA; NMO; QL |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG  | 3    | NMO         |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | 5    | PA; NMO     |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML                         | 5    | PA; NMO     |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML                     | 5    | PA; NMO     |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML                                | 5    | PA; NMO     |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                               | 5    | PA; NMO     |
| HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML                    | 5    | PA; NMO     |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML           | 5    | PA; NMO     |
| hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg  | 1    | GC          |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| hydrochlorothiazide oral capsule 12.5 mg  | 1    | GC      |
| hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg                               | 1    | GC      |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml                             | 2    | NMO; QL |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg                         | 2    | NMO; QL |
| hydrocodone-acetaminophen oral tablet 5-325 mg                                      | 2    | NMO; QL |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg                   | 2    | NMO; QL |
| hydrocortisone (perianal) external cream 2.5 %                                      | 1    | NMO; GC |
| hydrocortisone ace-pramoxine external cream 1-1 %                                   | 2    | NMO     |
| hydrocortisone butyrate external cream 0.1 %  | 2    | NMO     |
| hydrocortisone butyrate external lotion 0.1 %                                       | 4    | NMO     |
| hydrocortisone butyrate external ointment 0.1 %                                     | 2    | NMO     |
| hydrocortisone butyrate external solution 0.1 %                                     | 2    | NMO     |
| hydrocortisone external cream 1 %   | 1    | NMO; GC |
| hydrocortisone external lotion 2.5 %  | 2    | NMO     |
| hydrocortisone external ointment 1 %, 2.5 %   | 1    | NMO; GC |
| hydrocortisone oral tablet 10 mg, 20 mg, 5 mg                                       | 2    | NMO     |
| hydrocortisone rectal enema 100 mg/60ml   | 4    | NMO     |
| hydrocortisone valerate external cream 0.2 %  | 4    | NMO     |
| hydrocortisone valerate external ointment 0.2 %                                     | 4    | NMO     |
| hydrocortisone-acetic acid otic solution 1-2 %                                      | 4    | NMO     |
| hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg | 4    | NMO; QL |
| hydromorphone hcl oral liquid 1 mg/ml   | 4    | NMO; QL |
| hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg                                      | 2    | NMO; QL |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| hydroxychloroquine sulfate oral tablet 200 mg                         | 2    |             |
| hydroxyurea oral capsule 500 mg                                       | 1    | NMO; GC     |
| hydroxyzine hcl oral syrup 10 mg/5ml                                  | 4    | NMO         |
| hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg                       | 1    | NMO; GC     |
| hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg                 | 1    | NMO; GC     |
| <b>I</b>  |      |             |
| ibandronate sodium oral tablet 150 mg                                 | 2    |             |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                            | 5    | PA; NMO     |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                             | 5    | PA; NMO     |
| IBU ORAL TABLET 600 MG, 800 MG  | 1    | GC          |
| ibuprofen oral suspension 100 mg/5ml                                  | 3    | NMO         |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                          | 1    | GC          |
| ICLEVIA ORAL TABLET 0.15-0.03 MG                                      | 2    |             |
| ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG                               | 5    | PA; NMO; QL |
| ICLUSIG ORAL TABLET 15 MG   | 5    | PA; NMO; QL |
| IDHIFA ORAL TABLET 100 MG   | 5    | PA; NMO; QL |
| IDHIFA ORAL TABLET 50 MG  | 5    | PA; NMO; QL |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 %                                    | 3    | NMO         |
| imatinib mesylate oral tablet 100 mg                                  | 5    | PA; NMO; QL |
| imatinib mesylate oral tablet 400 mg                                  | 5    | PA; NMO; QL |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG                                  | 5    | PA; NMO     |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG                  | 5    | PA; NMO     |
| imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg | 4    | NMO         |
| imipramine hcl oral tablet 10 mg, 25 mg, 50 mg                        | 2    |             |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                               | 4    |             |
| <i>imiquimod external cream 5 %</i>  | 3    | NMO         |
| IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML   | 3    | BD; NMO     |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG  | 4    |             |
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG  | 4    |             |
| INBRIJA INHALATION CAPSULE 42 MG   | 5    | PA; NMO; QL |
| INCASSIA ORAL TABLET 0.35 MG   | 3    |             |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML   | 5    | PA; LA; NMO |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>  | 1    | GC          |
| <i>indomethacin er oral capsule extended release 75 mg</i>   | 4    |             |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>  | 1    | GC          |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10   | 3    | NMO         |
| INLYTA ORAL TABLET 1 MG  | 5    | PA; NMO; QL |
| INLYTA ORAL TABLET 5 MG  | 5    | PA; NMO; QL |
| INQOVI ORAL TABLET 35-100 MG   | 5    | PA; NMO     |
| INREBIC ORAL CAPSULE 100 MG  | 5    | PA; NMO     |
| <i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i> | 3    |             |
| <i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>                       | 3    |             |
| <i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>                          | 3    |             |
| <i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>                | 3    |             |
| <i>insulin aspart subcutaneous solution 100 unit/ml</i>  | 3    |             |
| INTELENCE ORAL TABLET 100 MG   | 5    | NMO; QL     |
| INTELENCE ORAL TABLET 200 MG   | 5    | NMO; QL     |
| INTELENCE ORAL TABLET 25 MG  | 4    | QL          |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %   | 4    | BD; NMO |
| INTRAROSA VAGINAL INSERT 6.5 MG  | 4    | PA      |
| INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML  | 5    | BD; NMO |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT                                  | 5    | BD; NMO |
| INTROVALE ORAL TABLET 0.15-0.03 MG   | 2    |         |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML         | 5    | NMO     |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML  | 4    | NMO     |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML | 5    | NMO     |
| INVIRASE ORAL TABLET 500 MG  | 5    | NMO; QL |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG   | 3    |         |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG                       | 3    |         |
| INVOKANA ORAL TABLET 100 MG, 300 MG  | 3    |         |
| IPOLE INJECTION INJECTABLE   | 3    | NMO     |
| <i>ipratropium bromide inhalation solution 0.02 %</i>  | 2    | BD      |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>   | 2    |         |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>  | 1    | BD; GC  |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>  | 1    | GC      |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>   | 1    | GC      |
| IRESSA ORAL TABLET 250 MG  | 5    | PA; NMO |
| ISENTRESS HD ORAL TABLET 600 MG  | 5    | NMO; QL |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| ISENTRESS ORAL PACKET 100 MG   | 4    | QL          |
| ISENTRESS ORAL TABLET 400 MG   | 5    | NMO; QL     |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG  | 5    | NMO; QL     |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG   | 4    | QL          |
| ISIBLOOM ORAL TABLET 0.15-30 MG-MCG  | 1    | GC          |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION  | 4    | BD; NMO     |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION  | 4    | BD; NMO     |
| <i>isoniazid oral syrup 50 mg/5ml</i>  | 2    |             |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>  | 1    | GC          |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                          | 2    |             |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | 1    | GC          |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                     | 1    | GC          |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                                | 4    | NMO         |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>  | 2    |             |
| ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG   | 5    | PA; NMO     |
| <i>itraconazole oral capsule 100 mg</i>  | 4    | PA; NMO     |
| <i>itraconazole oral solution 10 mg/ml</i>   | 3    | PA; NMO     |
| <i>ivermectin oral tablet 3 mg</i>   | 2    | NMO         |
| IXIARO INTRAMUSCULAR SUSPENSION  | 3    | NMO         |
| <b>J</b>   |      |             |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG  | 5    | PA; NMO; QL |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG             | 1    | GC          |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG  | 3    | QL          |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG                                | 3    | QL          |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG                      | 3    | QL          |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG   | 3    | QL          |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| JARDIANCE ORAL TABLET 10 MG, 25 MG  | 3    |         |
| JASMIEL ORAL TABLET 3-0.02 MG   | 2    |         |
| JULEBER ORAL TABLET 0.15-30 MG-MCG  | 2    |         |
| JULUCA ORAL TABLET 50-25 MG   | 5    | NMO; QL |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG  | 2    |         |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG  | 2    |         |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG   | 1    | GC      |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG   | 2    |         |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG   | 5    | PA; NMO |
| <b>K</b>  |      |         |
| KALETRA ORAL TABLET 100-25 MG   | 3    | QL      |
| KALETRA ORAL TABLET 200-50 MG   | 3    | QL      |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG  | 5    | PA; NMO |
| KALYDECO ORAL TABLET 150 MG   | 5    | PA; NMO |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)   | 2    |         |
| KATERZIA ORAL SUSPENSION 1 MG/ML  | 4    |         |
| <i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 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-%-%, 40-5-0.9 meq/l-%-%</i> | 4    | NMO     |
| <i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>   | 4    | NMO     |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG   | 2    |         |
| KELNOR 1/50 ORAL TABLET 1-50 MG-MCG   | 2    |         |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML  | 5    | PA; NMO |
| <i>ketoconazole external cream 2 %</i>  | 2    | NMO     |
| <i>ketoconazole external shampoo 2 %</i>  | 1    | NMO; GC |
| <i>ketoconazole oral tablet 200 mg</i>  | 2    | NMO     |
| <i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>   | 4    |         |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>  | 2    | NMO     |

| Drug Name  | Tier | Notes           |
|--|------|-----------------|
| KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML                 | 3    | NMO             |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG              | 5    | PA; NMO         |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG              | 5    | PA; NMO         |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG              | 5    | PA; NMO         |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5    | PA; NMO         |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5    | PA; NMO         |
| KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG  | 5    | PA; NMO         |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ                    | 1    | GC              |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ                   | 1    | GC              |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ                   | 1    | GC              |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ                   | 1    | GC              |
| KLOR-CON ORAL PACKET 20 MEQ  | 4    |                 |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ                        | 1    | GC              |
| KORLYM ORAL TABLET 300 MG  | 5    | PA; LA; NMO; QL |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG                                 | 5    | PA; NMO         |
| KURVELO ORAL TABLET 0.15-30 MG-MCG                                 | 2    |                 |
| <b>L</b>   |      |                 |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>            | 1    | GC              |
| <i>lactulose oral solution 10 gm/15ml</i>                          | 2    |                 |
| <i>lamivudine oral solution 10 mg/ml</i>                           | 3    | QL              |
| <i>lamivudine oral tablet 100 mg</i>                               | 3    | QL              |
| <i>lamivudine oral tablet 150 mg</i>                               | 3    | QL              |
| <i>lamivudine oral tablet 300 mg</i>                               | 3    | QL              |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                | 4    | QL              |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | 4    |             |
| <i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>  | 4    | NMO         |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>  | 1    | GC          |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>   | 2    |             |
| <i>lamotrigine oral tablet dispersible 100 mg, 50 mg</i>  | 4    |             |
| <i>lamotrigine oral tablet dispersible 200 mg, 25 mg</i>  | 2    |             |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>   | 4    | NMO         |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>                                | 4    | NMO         |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>                              | 4    | NMO         |
| LAMPIT ORAL TABLET 120 MG, 30 MG  | 4    | NMO         |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>   | 2    |             |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML  | 3    |             |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML  | 3    |             |
| <i>lapatinib ditosylate oral tablet 250 mg</i>  | 5    | PA; NMO; QL |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG  | 2    |             |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG  | 2    |             |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG   | 2    |             |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG   | 2    |             |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG  | 2    |             |
| <i>latanoprost ophthalmic solution 0.005 %</i>  | 1    | GC          |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG   | 3    |             |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG   | 2    |             |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>   | 2    |             |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG  | 5    | PA; NMO     |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG   | 5    | PA; NMO |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG  | 5    | PA; NMO |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG   | 5    | PA; NMO |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG  | 5    | PA; NMO |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG   | 5    | PA; NMO |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG  | 5    | PA; NMO |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG  | 5    | PA; NMO |
| LESSINA ORAL TABLET 0.1-20 MG-MCG   | 1    | GC      |
| <i>letrozole oral tablet 2.5 mg</i>   | 1    | GC      |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>   | 3    | NMO     |
| LEUKERAN ORAL TABLET 2 MG   | 3    | NMO     |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG  | 5    | PA; NMO |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i>  | 4    | PA; NMO |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i> | 4    | BD      |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML  | 3    |         |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML   | 3    |         |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>                                   | 3    |         |
| <i>levetiracetam oral solution 100 mg/ml</i>  | 2    |         |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>  | 1    | GC      |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>  | 2    |         |
| <i>levocarnitine oral solution 1 gm/10ml</i>  | 1    | BD; GC  |
| <i>levocarnitine oral tablet 330 mg</i>   | 4    | BD      |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>  | 3    | NMO     |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>   | 1    | NMO; GC     |
| <i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>   | 4    | NMO         |
| <i>levofloxacin intravenous solution 25 mg/ml</i>  | 4    | NMO         |
| <i>levofloxacin ophthalmic solution 0.5 %</i>  | 3    | NMO         |
| <i>levofloxacin oral solution 25 mg/ml</i>   | 4    | NMO         |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>   | 1    | NMO; GC     |
| LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG   | 2    |             |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg</i>  | 4    |             |
| <i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>   | 2    |             |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>   | 2    |             |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>   | 2    |             |
| LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG   | 2    |             |
| LEVO-T ORAL TABLET 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          |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1    | GC          |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                              | 3    |             |
| LEXIVA ORAL SUSPENSION 50 MG/ML  | 3    | QL          |
| LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM  | 3    |             |
| <i>lidocaine external patch 5 %</i>  | 4    | PA; NMO; QL |
| <i>lidocaine hcl external solution 4 %</i>   | 2    | NMO; QL     |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i>   | 2    | NMO         |



| Drug Name   | Tier | Notes       |
|---|------|-------------|
| lidocaine-prilocaine external cream 2.5-2.5 %                               | 4    | NMO; QL     |
| linezolid intravenous solution 600 mg/300ml                                 | 4    | PA; NMO     |
| linezolid oral suspension reconstituted 100 mg/5ml                          | 5    | PA; NMO     |
| linezolid oral tablet 600 mg  | 4    | PA; NMO     |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                               | 3    |             |
| liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg                       | 1    | GC          |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg             | 1    | GC          |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg | 1    | GC          |
| lithium carbonate er oral tablet extended release 300 mg, 450 mg            | 1    | GC          |
| lithium carbonate oral capsule 150 mg, 300 mg, 600 mg                       | 1    | GC          |
| lithium carbonate oral tablet 300 mg  | 1    | GC          |
| lithium oral solution 8 meq/5ml   | 1    | GC          |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG   | 3    |             |
| LOKELMA ORAL PACKET 10 GM, 5 GM   | 4    |             |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                                  | 5    | PA; NMO     |
| loperamide hcl oral capsule 2 mg  | 1    | NMO; GC     |
| lopinavir-ritonavir oral solution 400-100 mg/5ml                            | 4    | QL          |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML                                 | 2    | NMO; QL     |
| lorazepam oral tablet 0.5 mg, 1 mg, 2 mg                                    | 1    | NMO; GC; QL |
| LORBRENA ORAL TABLET 100 MG   | 5    | PA; NMO; QL |
| LORBRENA ORAL TABLET 25 MG  | 5    | PA; NMO; QL |
| LORYNA ORAL TABLET 3-0.02 MG  | 2    |             |
| losartan potassium oral tablet 100 mg, 25 mg, 50 mg                         | 1    | GC          |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg                | 1    | GC          |
| loteprednol etabonate ophthalmic suspension 0.5 %                                     | 4    | NMO         |
| lovastatin oral tablet 10 mg, 20 mg, 40 mg  | 1    | GC          |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG  | 2    |             |
| loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg                             | 2    |             |
| lubiprostone oral capsule 24 mcg, 8 mcg   | 3    |             |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %  | 3    |             |
| LUPKYNIS ORAL CAPSULE 79 MG   | 5    | PA; NMO; QL |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 75 MG                               | 5    | PA; NMO     |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG                            | 5    | PA; NMO     |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG  | 5    | PA; NMO     |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG  | 5    | PA; NMO     |
| LUTERA ORAL TABLET 0.1-20 MG-MCG  | 2    |             |
| LYLEQ ORAL TABLET 0.35 MG   | 3    |             |
| LYNPARZA ORAL TABLET 100 MG, 150 MG   | 5    | PA; LA; NMO |
| LYSODREN ORAL TABLET 500 MG   | 3    | NMO         |
| LYZA ORAL TABLET 0.35 MG  | 3    |             |
| <b>M</b>  |      |             |
| magnesium sulfate injection solution 50 %, 50 % (10ml syringe)                        | 4    | NMO         |
| malathion external lotion 0.5 %   | 4    | NMO         |
| marlissa oral tablet 0.15-30 mg-mcg   | 2    |             |
| MARPLAN ORAL TABLET 10 MG   | 4    |             |
| MATULANE ORAL CAPSULE 50 MG   | 5    | PA; NMO     |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 2    |             |
| MAVYRET ORAL TABLET 100-40 MG   | 5    | PA; NMO     |
| MAYZENT ORAL TABLET 0.25 MG, 2 MG   | 5    | PA; NMO     |

| Drug Name  | Tier | Notes           |
|--|------|-----------------|
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG                            | 5    | PA; NMO         |
| meclizine hcl oral tablet 12.5 mg, 25 mg   | 1    | NMO; GC         |
| medroxyprogesterone acetate intramuscular suspension 150 mg/ml                   | 4    | NMO             |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml | 4    | NMO             |
| medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg                      | 1    | GC              |
| mefloquine hcl oral tablet 250 mg  | 2    |                 |
| megestrol acetate oral suspension 40 mg/ml                                       | 3    | NMO             |
| megestrol acetate oral suspension 625 mg/5ml                                     | 4    |                 |
| megestrol acetate oral tablet 20 mg, 40 mg                                       | 1    | NMO; GC         |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG  | 5    | PA; NMO         |
| MEKTOVI ORAL TABLET 15 MG  | 5    | PA; LA; NMO; QL |
| meloxicam oral tablet 15 mg, 75 mg   | 1    | GC              |
| memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg | 3    |                 |
| memantine hcl oral solution 2 mg/ml  | 2    |                 |
| memantine hcl oral tablet 10 mg, 5 mg  | 2    |                 |
| memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg                                 | 2    | NMO             |
| MENACTRA INTRAMUSCULAR INJECTABLE  | 3    | NMO             |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG                                     | 4    |                 |
| MENQUADFI INTRAMUSCULAR INJECTABLE   | 3    | NMO             |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED                                      | 3    | NMO             |
| mercaptopurine oral tablet 50 mg   | 2    | NMO             |
| meropenem intravenous solution reconstituted 1 gm, 500 mg                        | 4    | NMO             |
| mesalamine er oral capsule extended release 24 hour 0.375 gm                     | 3    |                 |
| mesalamine oral capsule delayed release 400 mg                                   | 4    |                 |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| mesalamine oral tablet delayed release 1.2 gm   | 4    |         |
| mesalamine oral tablet delayed release 800 mg   | 4    | NMO     |
| mesalamine rectal enema 4 gm  | 4    | NMO     |
| MESNEX ORAL TABLET 400 MG   | 5    | NMO     |
| metaxalone oral tablet 800 mg   | 4    | NMO     |
| metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg  | 1    | GC      |
| metformin hcl oral solution 500 mg/5ml  | 3    |         |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg   | 1    | GC      |
| methadone hcl oral solution 10 mg/5ml, 5 mg/5ml   | 3    | NMO; QL |
| methadone hcl oral tablet 10 mg, 5 mg   | 2    | NMO; QL |
| methazolamide oral tablet 25 mg, 50 mg  | 4    |         |
| methenamine hippurate oral tablet 1 gm  | 2    | NMO     |
| methimazole oral tablet 10 mg, 5 mg   | 1    | GC      |
| methocarbamol oral tablet 500 mg, 750 mg  | 4    | NMO     |
| methotrexate oral tablet 2.5 mg   | 2    | BD; NMO |
| methotrexate sodium (pf) injection solution 50 mg/2ml   | 3    | BD; NMO |
| methotrexate sodium injection solution 50 mg/2ml  | 3    | BD; NMO |
| methoxsalen rapid oral capsule 10 mg  | 5    | PA; NMO |
| methscopolamine bromide oral tablet 2.5 mg, 5 mg  | 4    | NMO     |
| methyl dopa oral tablet 250 mg, 500 mg  | 2    |         |
| methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg                | 4    | PA      |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg               | 4    | PA      |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | 4    | PA      |
| methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg, 72 mg               | 4    | PA      |

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| Drug Name  | Tier | Notes   |
|--|------|---------|
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>    | 4    | PA      |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                     | 4    | PA      |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>  | 2    | PA      |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                   | 2    | BD; NMO |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>  | 2    | NMO     |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i>   | 2    | NMO     |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>  | 1    | GC      |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 2    |         |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | 1    | GC      |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                      | 1    | GC      |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                 | 2    |         |
| <i>metronidazole external cream 0.75 %</i>   | 4    | NMO     |
| <i>metronidazole external gel 0.75 %, 1 %</i>  | 4    | NMO     |
| <i>metronidazole external lotion 0.75 %</i>  | 4    | NMO     |
| <i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>                                 | 4    | NMO     |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>  | 2    | NMO     |
| <i>metronidazole vaginal gel 0.75 %</i>  | 4    | NMO     |
| <i>metyrosine oral capsule 250 mg</i>  | 5    | NMO     |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>  | 2    |         |
| <i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>                        | 5    | NMO     |
| <i>miconazole 3 vaginal suppository 200 mg</i>   | 1    | NMO; GC |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG   | 2    |         |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG   | 2    |         |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG  | 1    | GC      |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG  | 2    |         |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>   | 2    | NMO     |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG   | 4    | NMO; QL |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>   | 4    |         |
| <i>miglustat oral capsule 100 mg</i>   | 5    | PA; NMO |
| MILI ORAL TABLET 0.25-35 MG-MCG  | 2    |         |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>   | 2    | NMO     |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>  | 4    | NMO     |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>   | 1    | GC      |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 75 mg</i>  | 1    | GC      |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>   | 2    |         |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>  | 2    |         |
| M-M-R II INJECTION SOLUTION RECONSTITUTED  | 3    | NMO     |
| <i>modafinil oral tablet 100 mg, 200 mg</i>  | 3    | PA; QL  |
| <i>moexipril hcl oral tablet 15 mg, 75 mg</i>  | 1    | GC      |
| <i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>  | 2    |         |
| <i>mometasone furoate external cream 0.1 %</i>   | 2    | NMO     |
| <i>mometasone furoate external ointment 0.1 %</i>  | 2    | NMO     |
| <i>mometasone furoate external solution 0.1 %</i>  | 2    | NMO     |
| <i>mometasone furoate nasal suspension 50 mcg/act</i>  | 2    | NMO; QL |
| <i>montelukast sodium oral packet 4 mg</i>   | 2    |         |
| <i>montelukast sodium oral tablet 10 mg</i>  | 1    | GC      |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>  | 2    |         |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>   | 2    | NMO; QL |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | 3    | NMO; QL |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i> | 3    | NMO; QL |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                              | 3    | NMO; QL |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>   | 2    | NMO; QL |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>   | 2    | NMO; QL |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG  | 3    | NMO     |
| MOXEZA OPHTHALMIC SOLUTION 0.5 %   | 3    | NMO     |
| <i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>  | 4    | NMO     |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i>  | 3    | NMO     |
| <i>moxifloxacin hcl oral tablet 400 mg</i>   | 4    | NMO     |
| MULTAQ ORAL TABLET 400 MG  | 3    |         |
| <i>mupirocin calcium external cream 2 %</i>  | 4    | NMO     |
| <i>mupirocin external ointment 2 %</i>   | 1    | NMO; GC |
| <i>mycophenolate mofetil oral capsule 250 mg</i>   | 2    | BD      |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>   | 5    | BD; NMO |
| <i>mycophenolate mofetil oral tablet 500 mg</i>  | 2    | BD      |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>   | 2    | BD      |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG  | 3    |         |
| <b>N</b>   |      |         |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>   | 1    | GC      |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>   | 2    |         |
| <i>naftillin sodium injection solution reconstituted 1 gm, 2 gm</i>  | 4    | NMO     |
| <i>naftillin sodium intravenous solution reconstituted 10 gm</i>   | 4    | NMO     |
| <i>naloxone hcl injection solution 0.4 mg/ml</i>   | 3    | NMO     |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>   | 1    | NMO; GC |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>  | 3    | NMO     |

| Drug Name  | Tier | Notes           |
|--|------|-----------------|
| <i>naltrexone hcl oral tablet 50 mg</i>  | 1    | NMO; GC         |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG                | 3    | NMO             |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 3    |                 |
| <i>naproxen oral suspension 125 mg/5ml</i>   | 2    |                 |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                   | 1    | GC              |
| <i>naproxen oral tablet delayed release 375 mg, 500 mg</i>                           | 1    | GC              |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                    | 2    |                 |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>                                      | 3    | NMO; QL         |
| NARCAN NASAL LIQUID 4 MG/0.1ML   | 3    | NMO             |
| NATACYN OPHTHALMIC SUSPENSION 5 %  | 4    | NMO             |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>   | 2    |                 |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG                       | 5    | PA; NMO         |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML   | 4    | NMO             |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG  | 2    |                 |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>              | 4    |                 |
| <i>neomycin sulfate oral tablet 500 mg</i>   | 2    | NMO             |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>                | 3    | NMO             |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>                 | 1    | NMO; GC         |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>               | 3    | NMO             |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>             | 2    | NMO             |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>                       | 3    | NMO             |
| <i>neomycin-polymyxin-hc otic solution 1 %</i>                                       | 2    | NMO             |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>                             | 3    | NMO             |
| NERLYNX ORAL TABLET 40 MG  | 5    | PA; LA; NMO; QL |

| Drug Name  | Tier | Notes              |
|--|------|--------------------|
| NEUPRO TRANSDERMAL PATCH 24 HOUR<br>1 MG/24HR, 2 MG/24HR, 3 MG/24HR,<br>4 MG/24HR, 6 MG/24HR, 8 MG/24HR      | 4    |                    |
| nevirapine er oral tablet extended release<br>24 hour 100 mg   | 4    | QL                 |
| nevirapine er oral tablet extended release<br>24 hour 400 mg   | 4    | QL                 |
| nevirapine oral suspension 50 mg/5ml   | 3    | QL                 |
| nevirapine oral tablet 200 mg  | 3    | QL                 |
| NEXAVAR ORAL TABLET 200 MG   | 5    | PA; LA;<br>NMO; QL |
| niacin er (antihyperlipidemic) oral tablet<br>extended release 1000 mg, 500 mg, 750 mg                       | 2    |                    |
| nicardipine hcl oral capsule 20 mg, 30 mg  | 4    |                    |
| NICOTROL INHALATION INHALER 10 MG  | 4    | NMO                |
| nifedipine er oral tablet extended release<br>24 hour 30 mg, 60 mg, 90 mg                                    | 1    | GC                 |
| nifedipine er osmotic release oral tablet<br>extended release 24 hour 30 mg, 60 mg,<br>90 mg                 | 1    | GC                 |
| NIKKI ORAL TABLET 3-0.02 MG  | 2    |                    |
| nilutamide oral tablet 150 mg  | 5    | NMO; QL            |
| nimodipine oral capsule 30 mg  | 4    | NMO                |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG,<br>4 MG   | 5    | PA; NMO            |
| nisoldipine er oral tablet extended release<br>24 hour 17 mg, 20 mg, 25.5 mg, 30 mg,<br>34 mg, 40 mg, 8.5 mg | 4    |                    |
| nitazoxanide oral tablet 500 mg  | 4    | NMO; QL            |
| nitisinone oral capsule 10 mg, 2 mg, 5 mg  | 5    | PA; NMO            |
| NITRO-BID TRANSDERMAL OINTMENT 2 %   | 3    |                    |
| nitrofurantoin macrocrystal oral capsule<br>100 mg, 25 mg, 50 mg   | 2    | NMO                |
| nitrofurantoin monohyd macro oral capsule<br>100 mg  | 2    | NMO                |
| nitrofurantoin oral suspension 25 mg/5ml   | 4    | NMO                |
| nitroglycerin sublingual tablet sublingual<br>0.3 mg, 0.4 mg, 0.6 mg   | 1    | GC                 |
| nitroglycerin transdermal patch 24 hour<br>0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr                        | 1    | GC                 |

| Drug Name   | Tier | Notes |
|---|------|-------|
| nitroglycerin translingual solution<br>0.4 mg/spray   | 4    |       |
| nizatidine oral capsule 150 mg, 300 mg  | 2    |       |
| nizatidine oral solution 15 mg/ml   | 2    |       |
| NOCDURNA SUBLINGUAL TABLET<br>SUBLINGUAL 27.7 MCG, 55.3 MCG   | 4    |       |
| NORA-BE ORAL TABLET 0.35 MG   | 3    |       |
| norethin ace-eth estrad-fe oral tablet<br>1-20 mg-mcg   | 2    |       |
| norethindrone acetate oral tablet 5 mg  | 2    |       |
| norethindrone acet-ethinyl est oral tablet<br>1-20 mg-mcg   | 2    |       |
| norethindrone oral tablet 0.35 mg   | 1    | GC    |
| norgestimate-eth estradiol oral tablet<br>0.25-35 mg-mcg  | 2    |       |
| norgestim-eth estrad triphasic oral<br>tablet 0.18/0.215/0.25 mg-25 mcg,<br>0.18/0.215/0.25 mg-35 mcg | 2    |       |
| NORTREL 0.5/35 (28) ORAL TABLET<br>0.5-35 MG-MCG  | 2    |       |
| NORTREL 1/35 (21) ORAL TABLET<br>1-35 MG-MCG  | 2    |       |
| NORTREL 1/35 (28) ORAL TABLET<br>1-35 MG-MCG  | 2    |       |
| NORTREL 7/7/7 ORAL TABLET<br>0.5/0.75/1-35 MG-MCG   | 2    |       |
| nortriptyline hcl oral capsule 10 mg, 25 mg,<br>50 mg, 75 mg  | 1    | GC    |
| nortriptyline hcl oral solution 10 mg/5ml   | 2    |       |
| NORVIR ORAL PACKET 100 MG   | 4    | QL    |
| NORVIR ORAL SOLUTION 80 MG/ML   | 4    | QL    |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS<br>SUSPENSION PEN-INJECTOR (70-30) 100<br>UNIT/ML                  | 3    |       |
| NOVOLIN 70/30 SUBCUTANEOUS<br>SUSPENSION (70-30) 100 UNIT/ML  | 3    |       |
| NOVOLIN N FLEXPEN SUBCUTANEOUS<br>SUSPENSION PEN-INJECTOR 100 UNIT/ML                                 | 3    |       |
| NOVOLIN N SUBCUTANEOUS SUSPENSION<br>100 UNIT/ML  | 3    |       |

| Drug Name  | Tier | Notes           |
|--|------|-----------------|
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML                      | 3    |                 |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML   | 3    |                 |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                     | 3    |                 |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3    |                 |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                      | 3    |                 |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                        | 3    |                 |
| NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML  | 3    |                 |
| NOXAFIL ORAL SUSPENSION 40 MG/ML   | 5    | PA; NMO         |
| NUBEQA ORAL TABLET 300 MG  | 5    | PA; LA; NMO; QL |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML                               | 5    | PA; NMO         |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML                           | 5    | PA; NMO         |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG                                  | 5    | PA; NMO         |
| NUEDEXTA ORAL CAPSULE 20-10 MG   | 3    | PA              |
| NUPLAZID ORAL CAPSULE 34 MG  | 5    | PA; LA; NMO     |
| NUPLAZID ORAL TABLET 10 MG   | 5    | PA; LA; NMO     |
| NUTRILIPID INTRAVENOUS EMULSION 20 %   | 4    | BD; NMO         |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM  | 2    | NMO             |
| NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG                                       | 2    |                 |
| NYMYO ORAL TABLET 0.25-35 MG-MCG   | 2    |                 |
| <i>nystatin external cream 100000 unit/gm</i>                                      | 2    | NMO             |
| <i>nystatin external ointment 100000 unit/gm</i>                                   | 2    | NMO             |
| <i>nystatin external powder 100000 unit/gm</i>                                     | 2    | NMO             |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>                             | 1    | NMO; GC         |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>nystatin oral tablet 500000 unit</i>  | 2    | NMO         |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>  | 4    | NMO         |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>   | 4    | NMO         |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM  | 2    | NMO         |
| <b>O</b>   |      |             |
| OCELLA ORAL TABLET 3-0.03 MG   | 2    |             |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML  | 5    | BD; NMO     |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>                                   | 4    | PA          |
| <i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>   | 5    | PA; NMO     |
| ODEFSEY ORAL TABLET 200-25-25 MG   | 5    | NMO; QL     |
| ODOMZO ORAL CAPSULE 200 MG   | 5    | PA; LA; NMO |
| OFEV ORAL CAPSULE 100 MG, 150 MG   | 5    | PA; NMO     |
| <i>ofloxacin ophthalmic solution 0.3 %</i>   | 2    | NMO         |
| <i>ofloxacin otic solution 0.3 %</i>   | 4    | NMO         |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i>   | 4    | NMO         |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 75 mg</i>   | 1    | GC          |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>  | 4    | QL          |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>                      | 4    | QL          |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>   | 2    |             |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                    | 2    |             |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 2    |             |
| <i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>  | 3    | NMO         |

| Drug Name   | Tier | Notes           |
|---|------|-----------------|
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>                            | 2    |                 |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>            | 1    | GC              |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML             | 5    | PA; NMO         |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG                          | 5    | PA; NMO         |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                                 | 2    | BD; NMO; QL     |
| <i>ondansetron hcl oral tablet 24 mg</i>                                      | 2    | BD; NMO; QL     |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                 | 1    | BD; NMO; GC; QL |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>                         | 2    | BD; NMO; QL     |
| ONUREG ORAL TABLET 200 MG, 300 MG   | 5    | PA; NMO         |
| OPSUMIT ORAL TABLET 10 MG   | 5    | PA; NMO; QL     |
| ORAVIG BUCCAL TABLET 50 MG  | 3    | NMO             |
| ORFADIN ORAL CAPSULE 20 MG  | 5    | PA; NMO         |
| ORFADIN ORAL SUSPENSION 4 MG/ML   | 5    | PA; LA; NMO     |
| ORGOVYX ORAL TABLET 120 MG  | 5    | PA; NMO         |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG                                    | 5    | PA; LA; NMO     |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                    | 5    | PA; NMO         |
| <i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>    | 1    | NMO; GC         |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG  | 2    |                 |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>                 | 3    | NMO             |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>            | 3    | NMO             |
| OSPHENA ORAL TABLET 60 MG   | 3    | PA              |
| <i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i> | 4    | NMO             |
| <i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>           | 4    | NMO             |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| <i>oxacillin sodium intravenous solution reconstituted 10 gm</i>   | 4    | NMO     |
| <i>oxandrolone oral tablet 10 mg</i>   | 4    | PA; NMO |
| <i>oxandrolone oral tablet 2.5 mg</i>  | 3    | PA; NMO |
| <i>oxaprozin oral tablet 600 mg</i>  | 2    |         |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>   | 2    | NMO; QL |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>  | 3    |         |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg</i>  | 1    | GC      |
| <i>oxcarbazepine oral tablet 600 mg</i>  | 2    |         |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>                          | 2    |         |
| <i>oxybutynin chloride oral syrup 5 mg/5ml</i>   | 2    |         |
| <i>oxybutynin chloride oral tablet 5 mg</i>  | 1    | GC      |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | 4    | NMO; QL |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>   | 4    | NMO; QL |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>  | 4    | NMO; QL |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>  | 2    | NMO; QL |
| <i>oxycodone hcl oral tablet 20 mg, 30 mg</i>  | 3    | NMO; QL |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i>   | 4    | NMO; QL |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>  | 4    | NMO; QL |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>  | 4    | NMO; QL |
| <i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>   | 3    | NMO; QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML                                    | 3    |         |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML                                    | 3    |         |
| <b>P</b>   |      |         |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>                                 | 4    | QL      |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i>   | 4    | QL      |

| Drug Name   | Tier | Notes   |
|---|------|---------|
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>                   | 1    | GC      |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                                  | 4    |         |
| <i>paromomycin sulfate oral capsule 250 mg</i>  | 4    | NMO     |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | 2    |         |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                          | 1    | GC      |
| PASER ORAL PACKET 4 GM  | 4    | NMO     |
| PAXIL ORAL SUSPENSION 10 MG/5ML   | 4    |         |
| PEDIARIX INTRAMUSCULAR SUSPENSION   | 3    | NMO     |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML                                     | 3    | NMO     |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>                 | 1    | NMO; GC |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>                       | 2    | NMO     |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML                               | 5    | PA; NMO |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG  | 5    | PA; NMO |
| <i>penicillamine oral tablet 250 mg</i>   | 4    | NMO     |
| <i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i> | 4    | NMO     |
| <i>penicillin g potassium injection solution reconstituted 20000000 unit</i>          | 4    | NMO     |
| <i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>                  | 4    | NMO     |
| <i>penicillin g sodium injection solution reconstituted 5000000 unit</i>              | 4    | NMO     |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>      | 2    | NMO     |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                              | 1    | NMO; GC |
| <i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>               | 4    | BD; NMO |
| <i>pentamidine isethionate injection solution reconstituted 300 mg</i>                | 4    | NMO     |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| <i>pentoxifylline er oral tablet extended release 400 mg</i>                                     | 1    | GC      |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>   | 1    | GC      |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 %   | 1    | NMO; GC |
| <i>permethrin external cream 5 %</i>   | 3    | NMO     |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>  | 4    |         |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>        | 4    |         |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG  | 5    | NMO     |
| <i>phenelzine sulfate oral tablet 15 mg</i>  | 2    |         |
| <i>phenobarbital oral elixir 20 mg/5ml</i>   | 2    |         |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2    |         |
| <i>phenytoin oral suspension 125 mg/5ml</i>  | 2    |         |
| <i>phenytoin oral tablet chewable 50 mg</i>  | 1    | GC      |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                             | 2    |         |
| PIFELTRO ORAL TABLET 100 MG  | 5    | NMO; QL |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>   | 2    |         |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>  | 2    |         |
| <i>pimecrolimus external cream 1 %</i>   | 4    | NMO     |
| <i>pimozide oral tablet 1 mg, 2 mg</i>   | 4    |         |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)   | 2    |         |
| <i>pindolol oral tablet 10 mg, 5 mg</i>  | 3    |         |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>  | 1    | GC      |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                                 | 2    |         |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>                           | 2    |         |



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| Drug Name   | Tier | Notes       |
|---|------|-------------|
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i> | 4    | NMO         |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG  | 5    | PA; NMO     |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG   | 5    | PA; NMO     |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG  | 5    | PA; NMO     |
| PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG   | 2    |             |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>  | 3    |             |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION  | 4    | BD; NMO     |
| PLASMA-LYTE A INTRAVENOUS SOLUTION  | 4    | BD; NMO     |
| PLENAMINE INTRAVENOUS SOLUTION 15 %   | 4    | BD; NMO     |
| <i>podofilox external solution 0.5 %</i>  | 2    | NMO         |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>   | 1    | NMO; GC     |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG  | 5    | PA; LA; NMO |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG  | 2    |             |
| <i>posaconazole oral tablet delayed release 100 mg</i>  | 4    | PA          |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>   | 1    | GC          |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>  | 1    | GC          |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>   | 1    | GC          |
| <i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>   | 4    | NMO         |
| <i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>                        | 4    | NMO         |
| <i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>           | 4    | NMO         |
| <i>potassium chloride oral packet 20 meq</i>  | 4    |             |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>  | 2    |             |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>                          | 2    | NMO         |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | 4    |             |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                      | 1    | GC          |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>   | 4    |             |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>   | 1    | GC          |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>  | 1    | GC          |
| <i>prednicarbate external ointment 0.1 %</i>   | 4    | NMO         |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>  | 2    | NMO         |
| <i>prednisolone oral solution 15 mg/5ml</i>  | 4    | BD; NMO     |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>   | 2    | NMO         |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>                              | 4    | BD; NMO     |
| <i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>   | 4    | BD; NMO     |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML   | 4    | BD; NMO     |
| <i>prednisone oral solution 5 mg/5ml</i>   | 4    | BD; NMO     |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>  | 1    | BD; NMO; GC |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>  | 1    | NMO; GC     |
| <i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>  | 2    | NMO         |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>   | 3    |             |
| <i>pregabalin oral solution 20 mg/ml</i>   | 3    |             |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG  | 3    |             |

| Drug Name  | Tier | Notes          |
|--|------|----------------|
| PREMARIN VAGINAL CREAM 0.625 MG/GM   | 3    |                |
| PREMASOL INTRAVENOUS SOLUTION 10 %   | 4    | BD; NMO        |
| PREMPHASE ORAL TABLET 0.625-5 MG   | 3    |                |
| PREMPRO ORAL TABLET 0.3-1.5 MG,<br>0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                 | 3    |                |
| <i>prenatal oral tablet 27-1 mg</i>  | 1    | NMO; GC        |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG  | 2    |                |
| PREVYMIS ORAL TABLET 240 MG, 480 MG  | 5    | PA; NMO;<br>QL |
| PREZCOBIX ORAL TABLET 800-150 MG   | 5    | NMO; QL        |
| PREZISTA ORAL SUSPENSION 100 MG/ML   | 5    | NMO; QL        |
| PREZISTA ORAL TABLET 150 MG  | 4    | QL             |
| PREZISTA ORAL TABLET 600 MG  | 5    | NMO; QL        |
| PREZISTA ORAL TABLET 75 MG   | 4    | QL             |
| PREZISTA ORAL TABLET 800 MG  | 5    | NMO; QL        |
| PRIFTIN ORAL TABLET 150 MG   | 4    | NMO            |
| <i>primaquine phosphate oral tablet 26.3 (15<br/>base) mg</i>                            | 4    | NMO            |
| <i>primidone oral tablet 250 mg, 50 mg</i>   | 1    | GC             |
| PRIVIGEN INTRAVENOUS SOLUTION<br>20 GM/200ML   | 5    | BD; NMO        |
| PROAIR HFA INHALATION AEROSOL<br>SOLUTION 108 (90 BASE) MCG/ACT                          | 3    |                |
| PROAIR RESPICLICK INHALATION AEROSOL<br>POWDER BREATH ACTIVATED<br>108 (90 BASE) MCG/ACT | 3    |                |
| <i>probenecid oral tablet 500 mg</i>   | 2    |                |
| PROCALAMINE INTRAVENOUS SOLUTION<br>3 %  | 4    | BD; NMO        |
| <i>prochlorperazine maleate oral tablet 10 mg,<br/>5 mg</i>                              | 1    | GC             |
| <i>prochlorperazine rectal suppository 25 mg</i>   | 4    | NMO            |
| PROCTO-MED HC EXTERNAL CREAM 2.5 %   | 2    | NMO            |
| PROCTO-PAK EXTERNAL CREAM 1 %  | 2    | NMO            |
| PROCTOSOL HC EXTERNAL CREAM 2.5 %  | 2    | NMO            |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 %   | 2    | NMO            |
| <i>progesterone oral capsule 100 mg, 200 mg</i>  | 2    |                |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG   | 4    | BD             |

| Drug Name  | Tier | Notes          |
|--|------|----------------|
| PROLASTIN-C INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 MG                                  | 5    | PA; NMO        |
| PROLIA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 60 MG/ML                                 | 4    | NMO            |
| PROMACTA ORAL PACKET 12.5 MG   | 5    | PA; NMO;<br>QL |
| PROMACTA ORAL PACKET 25 MG   | 5    | PA; NMO;<br>QL |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG,<br>50 MG, 75 MG                                       | 5    | PA; NMO;<br>QL |
| <i>promethazine hcl oral syrup 6.25 mg/5ml</i>   | 4    | NMO            |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg,<br/>50 mg</i>                              | 1    | NMO; GC        |
| <i>promethazine hcl rectal suppository<br/>12.5 mg, 25 mg</i>                              | 4    | NMO            |
| <i>promethazine-phenylephrine oral syrup<br/>6.25-5 mg/5ml</i>                             | 2    | NMO            |
| <i>propafenone hcl er oral capsule extended<br/>release 12 hour 225 mg, 325 mg, 425 mg</i> | 4    |                |
| <i>propafenone hcl oral tablet 150 mg, 225 mg,<br/>300 mg</i>                              | 2    |                |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i>  | 2    | NMO            |
| <i>propranolol hcl er oral capsule extended<br/>release 24 hour 120 mg, 160 mg, 60 mg</i>  | 2    |                |
| <i>propranolol hcl er oral capsule extended<br/>release 24 hour 80 mg</i>                  | 2    |                |
| <i>propranolol hcl oral solution 20 mg/5ml,<br/>40 mg/5ml</i>                              | 2    |                |
| <i>propranolol hcl oral tablet 10 mg, 20 mg,<br/>40 mg, 60 mg</i>                          | 1    | GC             |
| <i>propranolol hcl oral tablet 80 mg</i>   | 1    | GC             |
| <i>propylthiouracil oral tablet 50 mg</i>  | 1    | GC             |
| PROQUAD SUBCUTANEOUS SUSPENSION<br>RECONSTITUTED   | 3    | NMO            |
| PROSOL INTRAVENOUS SOLUTION 20 %   | 4    | BD; NMO        |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i>   | 4    |                |
| PULMOZYME INHALATION SOLUTION<br>1 MG/ML   | 5    | BD; NMO        |
| PURIXAN ORAL SUSPENSION<br>2000 MG/100ML   | 5    | NMO            |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>pyrazinamide oral tablet 500 mg</i>   | 4    | NMO         |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i>                                     | 2    | NMO         |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i>  | 3    | NMO         |
| <i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>   | 2    | NMO         |
| <i>pyrimethamine oral tablet 25 mg</i>   | 5    | PA; NMO     |
| <b>Q</b>   |      |             |
| QINLOCK ORAL TABLET 50 MG  | 5    | PA; NMO; QL |
| QUADRACEL INTRAMUSCULAR SUSPENSION   | 3    | NMO         |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | 3    |             |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                      | 1    | GC          |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>   | 1    | GC          |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                        | 1    | GC          |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i>  | 3    |             |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>  | 2    |             |
| <i>quinine sulfate oral capsule 324 mg</i>   | 4    | PA; NMO     |
| <b>R</b>   |      |             |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED  | 3    | BD; NMO     |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>  | 2    |             |
| <i>raloxifene hcl oral tablet 60 mg</i>  | 2    |             |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>  | 1    | GC          |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>                                | 3    |             |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>  | 4    | QL          |
| RAVICTI ORAL LIQUID 1.1 GM/ML  | 5    | PA; NMO     |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG   | 2    |             |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML   | 3    | BD; NMO     |
| RECTIV RECTAL OINTMENT 0.4 %  | 4    | NMO         |
| REGGRANEX EXTERNAL GEL 0.01 %   | 5    | PA; NMO     |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER   | 4    | NMO         |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML  | 2    | NMO         |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 2    |             |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML  | 4    | PA          |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML   | 4    | PA          |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML   | 4    | PA          |
| RESTASIS OPHTHALMIC EMULSION 0.05 %   | 3    | QL          |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 4    | PA; NMO     |
| RETEVMO ORAL CAPSULE 40 MG  | 5    | PA; NMO; QL |
| RETEVMO ORAL CAPSULE 80 MG  | 5    | PA; NMO; QL |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG  | 5    | PA; LA; NMO |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG   | 5    | NMO         |
| REYATAZ ORAL PACKET 50 MG   | 5    | NMO; QL     |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 %  | 4    |             |
| <i>ribavirin oral capsule 200 mg</i>  | 4    | NMO         |
| <i>ribavirin oral tablet 200 mg</i>   | 3    | NMO         |
| <i>rifabutin oral capsule 150 mg</i>  | 4    | NMO         |
| <i>rifampin intravenous solution reconstituted 600 mg</i>   | 4    | NMO         |
| <i>rifampin oral capsule 150 mg, 300 mg</i>   | 3    | NMO         |
| <i>riluzole oral tablet 50 mg</i>   | 4    | PA          |
| <i>rimantadine hcl oral tablet 100 mg</i>   | 4    | NMO         |

| Drug Name  | Tier | Notes   |
|--|------|---------|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG                                    | 5    | PA; NMO |
| risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg  | 4    |         |
| risedronate sodium oral tablet 30 mg   | 4    | NMO     |
| risedronate sodium oral tablet delayed release 35 mg                                 | 4    |         |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG                   | 4    | NMO     |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG     | 5    | NMO     |
| risperidone oral solution 1 mg/ml  | 2    |         |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg                      | 1    | GC      |
| risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg          | 4    |         |
| ritonavir oral tablet 100 mg   | 4    | QL      |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg                        | 2    |         |
| rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr        | 2    | QL      |
| rizatriptan benzoate oral tablet 10 mg, 5 mg   | 2    | NMO; QL |
| rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg                             | 2    | NMO; QL |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %   | 4    |         |
| ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg | 2    |         |
| ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg             | 1    | GC      |
| rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg                           | 1    | GC      |
| ROTARIX ORAL SUSPENSION RECONSTITUTED  | 3    | NMO     |
| ROTATEQ ORAL SOLUTION  | 3    | NMO     |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG  | 5    | PA; NMO |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG   | 5    | PA; NMO |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| rufinamide oral suspension 40 mg/ml  | 5    | NMO         |
| rufinamide oral tablet 200 mg, 400 mg  | 5    | NMO         |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG  | 5    | NMO; QL     |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG   | 3    |             |
| RYDAPT ORAL CAPSULE 25 MG  | 5    | PA; NMO; QL |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | 4    |             |
| <b>S</b>   |      |             |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM   | 4    | NMO         |
| sapropterin dihydrochloride oral packet 100 mg, 500 mg                                     | 5    | PA; NMO     |
| sapropterin dihydrochloride oral tablet 100 mg   | 5    | PA; NMO     |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG  | 3    |             |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG  | 3    | NMO         |
| scopolamine transdermal patch 72 hour 1 mg/3days   | 4    | NMO         |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR                    | 5    | NMO         |
| selegiline hcl oral capsule 5 mg   | 2    |             |
| selegiline hcl oral tablet 5 mg  | 2    |             |
| selenium sulfide external lotion 2.5 %   | 2    | NMO         |
| SELZENTRY ORAL SOLUTION 20 MG/ML   | 4    | QL          |
| SELZENTRY ORAL TABLET 150 MG   | 5    | NMO; QL     |
| SELZENTRY ORAL TABLET 25 MG  | 3    | QL          |
| SELZENTRY ORAL TABLET 300 MG   | 5    | NMO; QL     |
| SELZENTRY ORAL TABLET 75 MG  | 5    | NMO; QL     |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE                     | 3    |             |
| sertraline hcl oral concentrate 20 mg/ml   | 1    | GC          |
| sertraline hcl oral tablet 100 mg, 25 mg, 50 mg  | 1    | GC          |
| SETLAKIN ORAL TABLET 0.15-0.03 MG  | 2    |             |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>                 | 5    | NMO         |
| <i>sevelamer carbonate oral tablet 800 mg</i>                         | 3    |             |
| SHAROBEL ORAL TABLET 0.35 MG  | 3    |             |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML          | 3    | NMO         |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML        | 5    | PA; NMO; QL |
| <i>sildenafil citrate oral tablet 20 mg</i>                           | 2    | PA; QL      |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                              | 4    |             |
| <i>silver sulfadiazine external cream 1 %</i>                         | 3    | NMO         |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %                               | 4    |             |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>       | 1    | GC          |
| <i>sirolimus oral solution 1 mg/ml</i>                                | 5    | BD; NMO     |
| <i>sirolimus oral tablet 0.5 mg, 1 mg</i>                             | 4    | BD          |
| <i>sirolimus oral tablet 2 mg</i>                                     | 5    | BD; NMO     |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                     | 5    | NMO         |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML | 5    | PA; NMO     |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML             | 5    | PA; NMO     |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML             | 5    | PA; NMO     |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>   | 4    | NMO         |
| <i>sodium chloride irrigation solution 0.9 %</i>                      | 1    | NMO; GC     |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i>                       | 1    | NMO; GC     |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i>                     | 5    | PA; NMO     |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                       | 5    | PA; NMO     |
| <i>sodium polystyrene sulfonate oral powder</i>                       | 2    | NMO         |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>                  | 5    | PA; NMO     |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                  | 4    |             |
| SOLLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML         | 3    |             |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| SOLTAMOX ORAL SOLUTION 10 MG/5ML   | 4    |             |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5    | PA; LA; NMO |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>                      | 1    | GC          |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                   | 1    | GC          |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG                                   | 3    |             |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT         | 3    |             |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                         | 1    | GC          |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>                                | 1    | GC          |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG   | 1    | GC          |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG     | 4    |             |
| SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG                                | 5    | PA; NMO; QL |
| SPRYCEL ORAL TABLET 140 MG   | 5    | PA; NMO; QL |
| SPRYCEL ORAL TABLET 20 MG  | 5    | PA; NMO; QL |
| SPS ORAL SUSPENSION 15 GM/60ML   | 3    | NMO         |
| SRONYX ORAL TABLET 0.1-20 MG-MCG   | 2    |             |
| SSD EXTERNAL CREAM 1 %   | 1    | NMO; GC     |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML                                      | 5    | PA; NMO     |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML          | 5    | PA; NMO     |
| STIVARGA ORAL TABLET 40 MG   | 5    | PA; NMO     |
| <i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>          | 4    | NMO         |
| STRIBILD ORAL TABLET 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         |
| <i>sucralfate oral suspension 1 gm/10ml</i>                                    | 4    |             |
| <i>sucralfate oral tablet 1 gm</i>   | 1    | GC          |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>sulfacetamide sodium (acne) external lotion 10 %</i>                                    | 2    | NMO         |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>                                       | 2    | NMO         |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>                            | 2    | NMO         |
| <i>sulfadiazine oral tablet 500 mg</i>   | 4    | NMO         |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>                         | 2    | NMO         |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                     | 1    | NMO; GC     |
| <i>sulfasalazine oral tablet 500 mg</i>  | 1    | GC          |
| <i>sulfasalazine oral tablet delayed release 500 mg</i>                                    | 1    | GC          |
| <i>sulindac oral tablet 150 mg, 200 mg</i>   | 1    | GC          |
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>                                      | 4    | NMO; QL     |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                              | 1    | NMO; GC; QL |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i> | 4    | NMO; QL     |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                              | 4    | NMO; QL     |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>                | 4    | NMO; QL     |
| <i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>                | 4    | NMO; QL     |
| SUNOSI ORAL TABLET 150 MG, 75 MG   | 4    | PA; QL      |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 175-3.13-1.6 GM/177ML                                  | 4    | NMO         |
| SUTAB ORAL TABLET 1479-225-188 MG  | 4    | NMO         |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 375 MG, 50 MG  | 5    | PA; NMO     |
| SYEDA ORAL TABLET 3-0.03 MG  | 2    |             |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT                               | 3    |             |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG                           | 5    | PA; LA; NMO |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML                            | 4    | PA          |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML   | 4    | PA          |
| SYMPAZAN ORAL FILM 10 MG, 20 MG  | 5    | NMO; QL     |
| SYMPAZAN ORAL FILM 5 MG  | 4    | QL          |
| SYM TUZA ORAL TABLET 800-150-200-10 MG   | 5    | NMO; QL     |
| SYNAREL NASAL SOLUTION 2 MG/ML   | 5    | PA; NMO     |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG  | 3    |             |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG                             | 3    |             |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG   | 5    | PA; NMO; QL |
| SYNTHROID ORAL TABLET 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 ORAL TABLET 40 MG  | 3    | NMO         |
| TABRECTA ORAL TABLET 150 MG, 200 MG  | 5    | PA; NMO; QL |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i>  | 4    | NMO         |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg</i>  | 2    | BD          |
| <i>tacrolimus oral capsule 5 mg</i>  | 4    | BD          |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG   | 5    | PA; NMO     |
| TAGRISO ORAL TABLET 40 MG, 80 MG   | 5    | PA; LA; NMO |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML  | 5    | PA; LA; NMO |
| TALZENNA ORAL CAPSULE 0.25 MG  | 5    | PA; NMO; QL |
| TALZENNA ORAL CAPSULE 1 MG   | 5    | PA; NMO; QL |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>  | 1    | GC          |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>  | 1    | GC          |
| TARGETIN EXTERNAL GEL 1 %  | 5    | PA; NMO     |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG  | 2    |             |

| Drug Name  | Tier | Notes           |
|--|------|-----------------|
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG   | 5    | PA; NMO; QL     |
| tazarotene external cream 0.1 %  | 4    | PA; NMO         |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM                              | 4    | NMO             |
| TAZORAC EXTERNAL CREAM 0.05 %  | 4    | PA; NMO         |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 %   | 4    | PA; NMO         |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 2    |                 |
| TAZVERIK ORAL TABLET 200 MG  | 5    | PA; NMO; QL     |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML  | 3    | BD; NMO         |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG                              | 4    | NMO             |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML                           | 5    | PA; LA; NMO; QL |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG                | 3    |                 |
| telmisartan oral tablet 20 mg, 40 mg, 80 mg  | 1    | GC              |
| telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg                | 2    |                 |
| telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg                          | 2    |                 |
| temazepam oral capsule 15 mg, 22.5 mg, 30 mg   | 3    | NMO; QL         |
| temazepam oral capsule 7.5 mg  | 3    | NMO; QL         |
| TEMIXYS ORAL TABLET 300-300 MG   | 5    | NMO; QL         |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU   | 3    | BD; NMO         |
| tenofovir disoproxil fumarate oral tablet 300 mg                                       | 4    | QL              |
| TEPMETKO ORAL TABLET 225 MG  | 5    | PA; NMO         |
| terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg                                     | 1    | GC              |
| terbinafine hcl oral tablet 250 mg   | 1    | NMO; GC         |
| terbutaline sulfate oral tablet 2.5 mg, 5 mg   | 4    |                 |
| terconazole vaginal cream 0.4 %, 0.8 %   | 2    | NMO             |

| Drug Name   | Tier | Notes           |
|---|------|-----------------|
| terconazole vaginal suppository 80 mg   | 2    | NMO             |
| teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml  | 5    | PA; NMO         |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)  | 2    |                 |
| testosterone enanthate intramuscular solution 200 mg/ml   | 4    |                 |
| 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 solution 30 mg/act   | 4    | PA              |
| tetrabenazine oral tablet 12.5 mg   | 5    | PA; NMO; QL     |
| tetrabenazine oral tablet 25 mg   | 5    | PA; NMO; QL     |
| tetracycline hcl oral capsule 250 mg, 500 mg  | 4    | NMO             |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG   | 5    | PA; NMO         |
| theophylline er oral tablet extended release 12 hour 300 mg   | 2    |                 |
| theophylline er oral tablet extended release 24 hour 400 mg, 600 mg   | 2    |                 |
| thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg  | 3    |                 |
| thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg  | 4    |                 |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG   | 2    |                 |
| tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg  | 4    |                 |
| TIBSOVO ORAL TABLET 250 MG  | 5    | PA; LA; NMO; QL |
| tigecycline intravenous solution reconstituted 50 mg  | 5    | BD; NMO         |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML   | 5    | PA; NMO         |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>                       | 2    |             |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>                                   | 1    | GC          |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                      | 1    | GC          |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>   | 4    | NMO         |
| TIVICAY ORAL TABLET 10 MG  | 4    | QL          |
| TIVICAY ORAL TABLET 25 MG, 50 MG   | 5    | NMO; QL     |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG  | 4    | QL          |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>  | 3    | NMO         |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>   | 1    | NMO; GC     |
| TOBI PODHALER INHALATION CAPSULE 28 MG   | 5    | PA; NMO     |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i>                              | 5    | BD; NMO     |
| <i>tobramycin ophthalmic solution 0.3 %</i>  | 2    | NMO         |
| <i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>                           | 4    | NMO         |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>                            | 2    | NMO         |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>            | 2    |             |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>   | 2    |             |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i>  | 5    | PA; NMO     |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | 3    |             |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>                                       | 2    |             |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                 | 1    | GC          |
| <i>toremifene citrate oral tablet 60 mg</i>  | 5    | PA; NMO; QL |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                     | 1    | GC          |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML                         | 3    |             |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML                             | 3    |             |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE  | 4    | BD; NMO     |
| <i>tramadol hcl oral tablet 100 mg</i>  | 1    | NMO; GC; QL |
| <i>tramadol hcl oral tablet 50 mg</i>   | 1    | NMO; GC; QL |
| <i>tramadol-acetaminophen oral tablet 375-325 mg</i>  | 4    | NMO; QL     |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>  | 1    | GC          |
| <i>tranexamic acid oral tablet 650 mg</i>   | 3    | NMO         |
| <i>tranylcypromine sulfate oral tablet 10 mg</i>  | 4    |             |
| TRAVASOL INTRAVENOUS SOLUTION 10 %  | 4    | BD; NMO     |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i>  | 3    |             |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>  | 1    | GC          |
| <i>trazodone hcl oral tablet 300 mg</i>   | 2    |             |
| TRECTOR ORAL TABLET 250 MG  | 4    | NMO         |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH | 3    |             |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG                  | 5    | BD; NMO     |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML                       | 3    |             |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML   | 3    |             |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>  | 3    | PA; NMO     |
| <i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>   | 4    | PA; NMO     |
| <i>tretinoin oral capsule 10 mg</i>   | 5    | NMO         |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG  | 4    | BD; NMO     |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>                                 | 2    | NMO         |



| Drug Name  | Tier | Notes   |
|--|------|---------|
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>          | 2    | NMO     |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | 1    | NMO; GC |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>                | 2    | NMO     |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                        | 1    | GC      |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>               | 1    | GC      |
| <i>triazolam oral tablet 0.125 mg</i>                                  | 3    | NMO; QL |
| <i>triazolam oral tablet 0.25 mg</i>                                   | 3    | NMO; QL |
| <i>trientine hcl oral capsule 250 mg</i>                               | 5    | PA; NMO |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG                    | 2    |         |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>         | 4    |         |
| <i>trifluridine ophthalmic solution 1 %</i>                            | 3    | NMO     |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>                     | 2    |         |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                      | 1    | GC      |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG                   | 5    | PA; NMO |
| TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM                             | 1    | NMO; GC |
| <i>trimethobenzamide hcl oral capsule 300 mg</i>                       | 4    | NMO     |
| <i>trimethoprim oral tablet 100 mg</i>                                 | 1    | NMO; GC |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG                         | 2    |         |
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>          | 4    |         |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                              | 4    |         |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG                        | 2    |         |
| TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG                     | 2    |         |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG                     | 2    |         |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                      | 5    | NMO; QL |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG   | 2    |             |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG  | 2    |             |
| TROPHAMINE INTRAVENOUS SOLUTION 10 %   | 4    | BD; NMO     |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>   | 2    |             |
| <i>tropium chloride oral tablet 20 mg</i>  | 2    |             |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML                           | 3    |             |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE  | 3    | NMO         |
| TUKYSA ORAL TABLET 150 MG, 50 MG   | 5    | PA; NMO; QL |
| TURALIO ORAL CAPSULE 200 MG  | 5    | PA; NMO; QL |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML   | 3    | NMO         |
| TYBOST ORAL TABLET 150 MG  | 4    | QL          |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML  | 5    | PA; NMO     |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)  | 3    | NMO         |
| <b>U</b>   |      |             |
| UBRELVY ORAL TABLET 100 MG, 50 MG  | 4    | PA; NMO; QL |
| UCERIS RECTAL FOAM 2 MG/ACT  | 4    | NMO         |
| UKONIQ ORAL TABLET 200 MG  | 5    | PA; NMO     |
| UNITHROID ORAL TABLET 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    |             |
| <i>ursodiol oral capsule 300 mg</i>  | 2    |             |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>   | 2    |             |
| <b>V</b>   |      |             |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>   | 2    | NMO         |
| VALCHLOR EXTERNAL GEL 0.016 %  | 5    | PA; NMO     |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>  | 4    |             |
| <i>valganciclovir hcl oral tablet 450 mg</i>  | 3    |             |
| <i>valproic acid oral capsule 250 mg</i>  | 2    |             |
| <i>valproic acid oral solution 250 mg/5ml</i>   | 2    |             |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>   | 1    | GC          |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 1    | GC          |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML   | 4    | NMO         |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML   | 4    | NMO         |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML  | 4    | NMO         |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML   | 4    | NMO         |
| <i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>                | 4    | NMO         |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i>   | 4    | NMO         |
| <i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>  | 4    | NMO         |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML             | 3    | NMO         |
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML  | 3    | NMO         |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML   | 5    | PA; NMO     |
| VASCEPA ORAL CAPSULE 0.5 GM   | 4    | QL          |
| VASCEPA ORAL CAPSULE 1 GM   | 4    | QL          |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG  | 1    | GC          |
| VELPHORO ORAL TABLET CHEWABLE 500 MG  | 4    |             |
| VEMLIDY ORAL TABLET 25 MG   | 5    | NMO; QL     |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG  | 4    | PA; LA; NMO |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| VENCLEXTA ORAL TABLET 100 MG   | 5    | PA; LA; NMO |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG  | 3    | PA; LA; NMO |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 375 mg, 75 mg</i>                                | 1    | GC          |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 375 mg, 75 mg</i>                         | 4    |             |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 375 mg, 50 mg, 75 mg</i>   | 1    | GC          |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | 2    |             |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>  | 1    | GC          |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>  | 1    | GC          |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG  | 4    | PA; QL      |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML   | 5    | NMO; QL     |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG   | 5    | PA; LA; NMO |
| VESTURA ORAL TABLET 3-0.02 MG  | 2    |             |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML   | 3    |             |
| VIENVA ORAL TABLET 0.1-20 MG-MCG   | 2    |             |
| <i>vigabatrin oral packet 500 mg</i>   | 5    | PA; LA; NMO |
| <i>vigabatrin oral tablet 500 mg</i>   | 5    | PA; NMO     |
| VIGADRONE ORAL PACKET 500 MG   | 5    | PA; NMO     |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG  | 3    |             |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG   | 3    | NMO         |
| VIMPAT ORAL SOLUTION 10 MG/ML  | 4    |             |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG   | 4    |             |
| VIRACEPT ORAL TABLET 250 MG  | 5    | NMO; QL     |
| VIRACEPT ORAL TABLET 625 MG  | 5    | NMO; QL     |
| VIREAD ORAL POWDER 40 MG/GM  | 5    | NMO; QL     |

| Drug Name  | Tier | Notes       |
|--|------|-------------|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG  | 5    | NMO; QL     |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG  | 5    | PA; NMO     |
| VITRAKVI ORAL SOLUTION 20 MG/ML  | 5    | PA; NMO     |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG                                       | 5    | NMO         |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG   | 5    | PA; NMO; QL |
| <i>voriconazole intravenous solution reconstituted 200 mg</i>                                | 5    | PA; NMO     |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i>                                   | 5    | PA; NMO     |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>  | 4    | PA; NMO     |
| VOSEVI ORAL TABLET 400-100-100 MG  | 5    | PA; NMO     |
| VOTRIENT ORAL TABLET 200 MG  | 5    | PA; NMO; QL |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG  | 5    | NMO         |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG   | 4    | NMO         |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG  | 2    |             |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG   | 2    |             |
| VYNDAMAX ORAL CAPSULE 61 MG  | 5    | PA; NMO; QL |
| <b>W</b>   |      |             |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1    | GC          |
| <b>X</b>   |      |             |
| XALKORI ORAL CAPSULE 200 MG, 250 MG  | 5    | PA; NMO; QL |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG  | 3    |             |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG                                     | 3    | NMO         |
| XATMEP ORAL SOLUTION 2.5 MG/ML   | 4    | BD; NMO     |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG                | 4    |             |

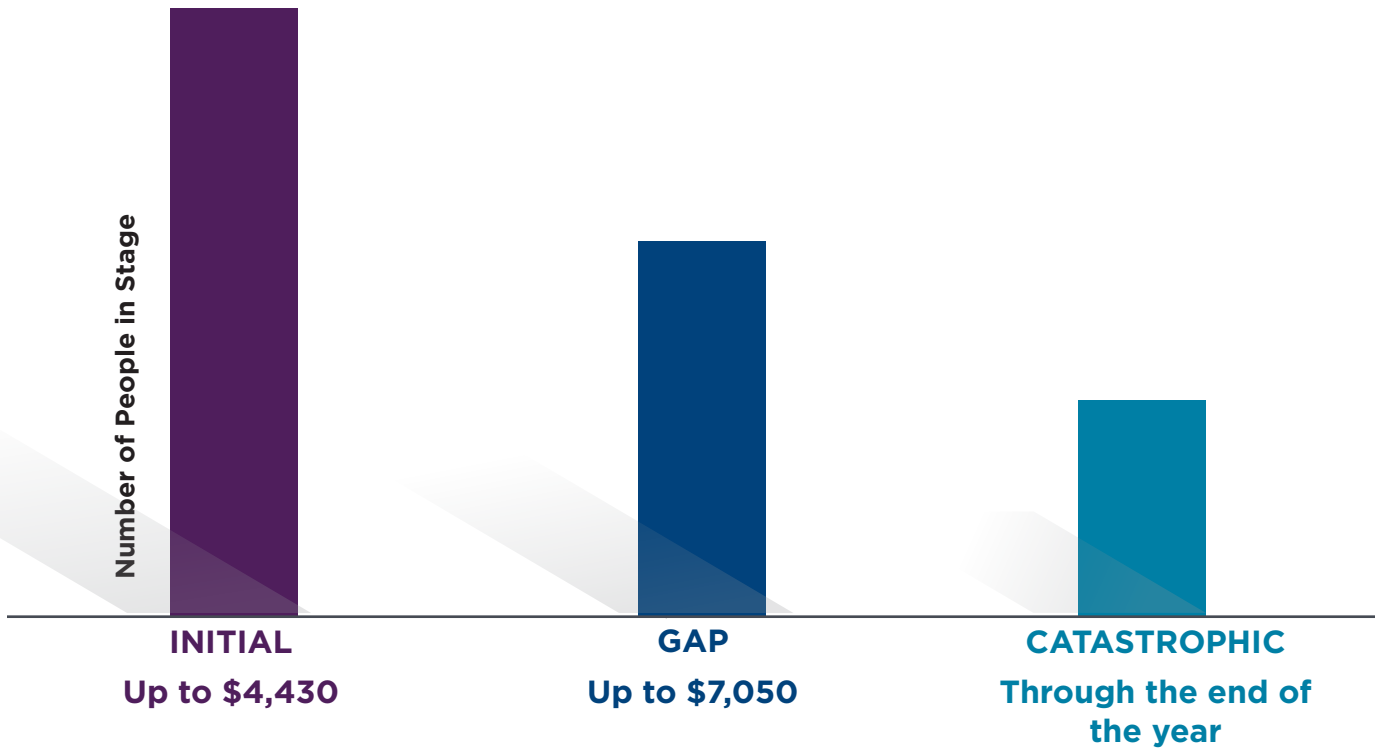
| Drug Name  | Tier | Notes       |
|--|------|-------------|
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG   | 4    |             |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG   | 4    |             |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 4    | NMO         |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML   | 5    | PA; NMO     |
| XIFAXAN ORAL TABLET 200 MG, 550 MG   | 5    | NMO         |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG  | 3    | NMO         |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG  | 3    | NMO         |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML  | 5    | PA; NMO     |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG  | 5    | PA; NMO     |
| XOSPATA ORAL TABLET 40 MG  | 5    | PA; LA; NMO |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG  | 5    | PA; NMO     |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG   | 5    | PA; NMO     |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG  | 5    | PA; NMO     |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG   | 5    | PA; NMO     |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG   | 5    | PA; NMO     |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG   | 5    | PA; NMO     |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG   | 5    | PA; NMO     |
| XTANDI ORAL CAPSULE 40 MG  | 5    | PA; NMO; QL |
| XTANDI ORAL TABLET 40 MG   | 5    | PA; NMO; QL |

| Drug Name   | Tier | Notes           |
|---|------|-----------------|
| XTANDI ORAL TABLET 80 MG  | 5    | PA; NMO; QL     |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML  | 3    |                 |
| XURIDEN ORAL PACKET 2 GM  | 5    | PA; NMO         |
| XYREM ORAL SOLUTION 500 MG/ML   | 5    | PA; LA; NMO; QL |
| XYWAV ORAL SOLUTION 500 MG/ML   | 5    | PA; NMO; QL     |
| <b>Y</b>  |      |                 |
| YF-VAX SUBCUTANEOUS INJECTABLE  | 3    | NMO             |
| YONSA ORAL TABLET 125 MG  | 5    | PA; NMO; QL     |
| YUVAFEM VAGINAL TABLET 10 MCG   | 4    |                 |
| <b>Z</b>  |      |                 |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>   | 2    |                 |
| <i>zaleplon oral capsule 10 mg</i>  | 2    | NMO; QL         |
| <i>zaleplon oral capsule 5 mg</i>   | 2    | NMO; QL         |
| ZARAH ORAL TABLET 3-0.03 MG   | 2    |                 |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML  | 5    | PA; NMO         |
| ZEJULA ORAL CAPSULE 100 MG  | 5    | PA; NMO; QL     |
| ZELBORAF ORAL TABLET 240 MG   | 5    | PA; NMO; QL     |
| ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML   | 5    | NMO             |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | 3    |                 |

| Drug Name   | Tier | Notes       |
|---|------|-------------|
| <i>zidovudine oral capsule 100 mg</i>                                     | 3    | QL          |
| <i>zidovudine oral syrup 50 mg/5ml</i>                                    | 3    | QL          |
| <i>zidovudine oral tablet 300 mg</i>                                      | 3    | QL          |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML              | 5    | PA; NMO     |
| <i>zileuton er oral tablet extended release 12 hour 600 mg</i>            | 5    | NMO         |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>            | 2    |             |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>    | 4    | NMO         |
| ZIRGAN OPHTHALMIC GEL 0.15 %  | 4    | NMO         |
| ZOLINZA ORAL CAPSULE 100 MG   | 5    | PA; NMO; QL |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                              | 2    | NMO; QL     |
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>                  | 2    | NMO; QL     |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i> | 4    | NMO; QL     |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>                          | 2    | NMO; QL     |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                       | 2    |             |
| ZORTRESS ORAL TABLET 1 MG   | 5    | BD; NMO; QL |
| ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                   | 2    |             |
| ZYDELIG ORAL TABLET 100 MG, 150 MG  | 5    | PA; NMO; QL |
| ZYFLO ORAL TABLET 600 MG  | 5    | NMO         |
| ZYKADIA ORAL TABLET 150 MG  | 5    | PA; NMO     |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG  | 3    |             |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG            | 4    | NMO         |

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# 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 \$4,430 (2022).**

## Coverage Gap Stage

During this stage, you pay 25 percent of the total cost for brand name drugs and 25 percent of the total cost for generic drugs PLUS a portion of the dispensing fee. Tier 1 generics are covered at same copay as in the initial coverage stage (see EOC for details).

**Once your out-of-pocket costs reach \$7,050 (2022), you move to catastrophic coverage.**

## Catastrophic Coverage Stage

In this stage, the plan will pay most of the cost of your drugs for the remainder of the year. You pay only a small copay or coinsurance for each filled prescription (see the EOC for details).

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

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan 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 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  
888-965-1965, (TTY 711), or via fax at 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 888-965-1965 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

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**Non-Discrimination Notice**

**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

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 ານເວ ັ າພາສາ ລາວ, ການບໍລິການຊ່ ອຍເຫຼືອເມ່ ນມີ ພ້ ອມໃຫ້ ທ່ ານ. ໂທ 1-888-965-1965 TTY: 711. ອດ້ ານພາສາ, ໂດຍບໍ່ເສັ ງຄ່ າ,

**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 បាយ័នមិនគិតថ្លៃឡើយ គឺអាចមានសេវាប្រតិបត្តិការ។ ចូរ ទូរស័ព្ទ 1-888-965-1965 TTY: 711។

(Arabic):

1-888-965-1965 ت ك ث د ح ت ر ك ذ ا ع ه و غ ل ل ا ف ت م ا د خ د ع ا س م ل ا ة ي و غ ل ل ا ر ف ا و ت ت ك ل ن ا ج م ل ا ب . ل ص ت ا م ق ر ب 1-888-965-1965  
ظ و ح ل م : ا ذ ا ت ن

1965 (711: TTY)



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## CONTACT INFORMATION



### Online

Visit [HealthTeamAdvantage.com](https://HealthTeamAdvantage.com).



### Address

7800 McCloud Road, Suite 100  
Greensboro, North Carolina, 27409

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Prospective members call toll-free 877-905-9216 for questions related to our Medicare Advantage Plans.



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### Prescription Drug Benefit

Prospective members call toll-free 877-905-9216 for questions related to our Part D Prescription Drug Benefit.



### Medicare

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. Or, visit [Medicare.gov](https://www.Medicare.gov).



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