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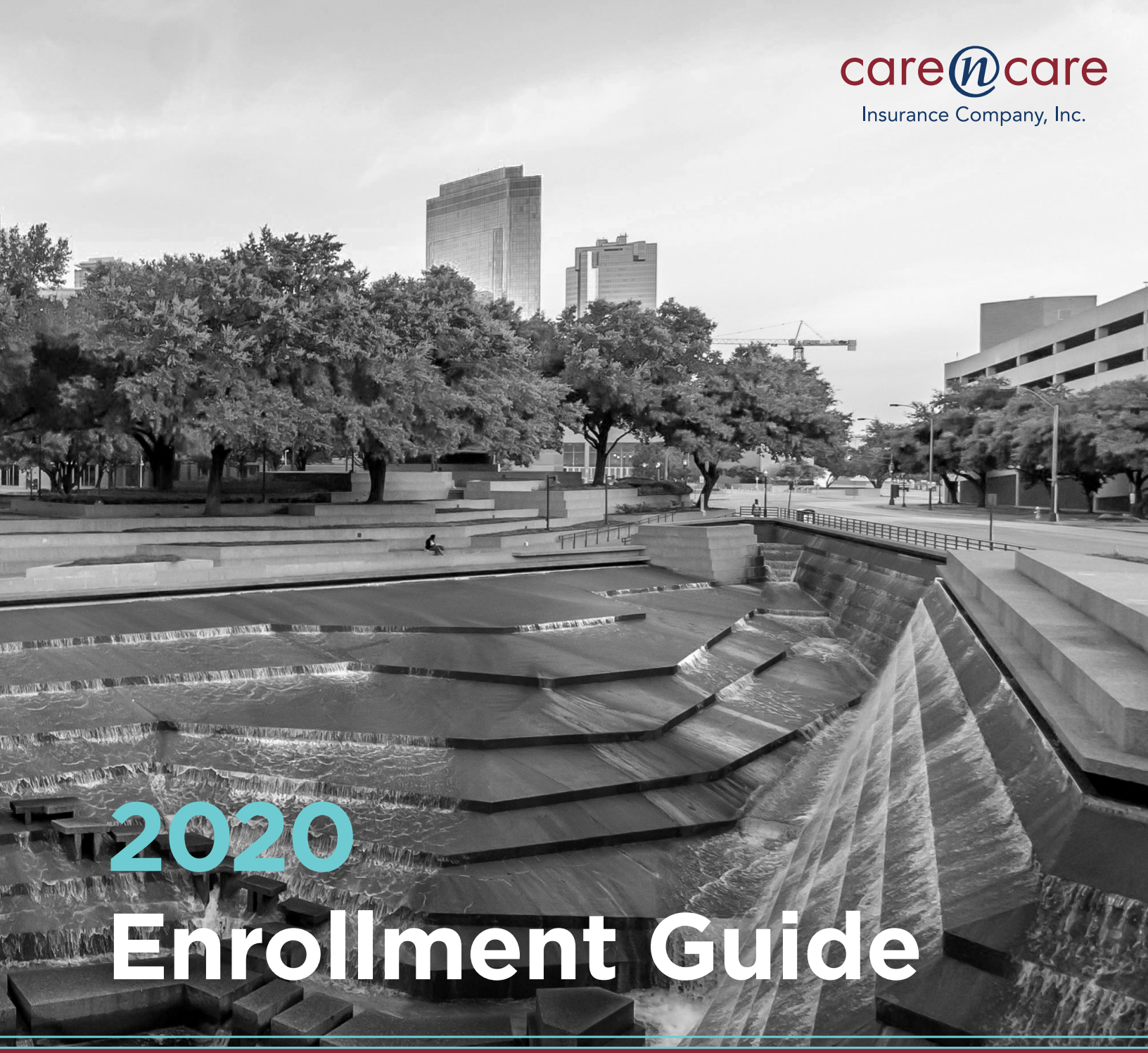

2020 Enrollment Guide

CARE N' CARE CHOICE (PPO)

CARE N' CARE CHOICE PLUS (PPO)

CARE N' CARE CHOICE PREMIUM (PPO)

CARE N' CARE CHOICE MA-ONLY (PPO)

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Using your Care N' Care Enrollment Guide

Care N' Care's Enrollment Guide offers important information to help you when choosing the right Medicare Advantage plan for you. The guide includes plan and benefit details, a formulary drug list, contact information to reach a Care N' Care Medicare Specialist and enrollment forms. Enrollment tools inside the guide are:

Basics of Medicare
A brief overview of the ABC's of Medicare, when you are eligible for Medicare and an understanding of the drug stages. PG 4

Summary of Benefits
A detailed plan overview that provides important plan information. Also includes a pre-enrollment checklist. PG 21

Drug List
A list of drugs and their tier level covered under the plan. PG 37

Plan Benefits
Detailed information about the excellent benefits and services offered by Care N' Care beyond what Original Medicare offers. PG 9

Medicare Plan Ratings
The Medicare Star Ratings program rates all health and prescription drug plans each year, based on the plan's quality and performance. PG 36

Non-Discrimination Notice and Language Interpreter Services
Provides information on how to file a grievance if you feel the plan discriminated in any way and contains instructions on how to access free language interpreter services to answer questions you may have about a plan. PG 34

Ready to Enroll
Your Enrollment Guide includes everything you need to enroll – including enrollment forms. PG 111

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ABCs of Medicare

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Medicare Basics

A

Part A of Medicare helps cover:

- Inpatient hospital care
- Skilled nursing facility care
- Home health care
- Hospice care
- Blood

B

Part B of Medicare helps cover:

- Doctors office visits
- Outpatient care
- Home health care
- Durable medical equipment
- Some preventive services

C

Part C of Medicare is a Medicare Advantage Plan. It covers:

- Part A
- Part B
- Sometimes part D of Medicare

D

Part D of Medicare helps cover:

- Prescription Drugs

Original Medicare vs Medicare Advantage

Original Medicare A + B

- Copay & Coinsurance paid by you!
- No Drug Coverage leaving you exposed to penalties
- No Maximum out of Pocket
- Government provided

Medicare Advantage A + B + D = C

- Still part of Medicare - Medicare Advantage plans are contracted through the centers for Medicare and Medicaid Services (CMS).
- Receive the same services, supplies and benefits offered under Original Medicare, plus additional coverage such as fitness membership, vision, hearing and dental care at no additional costs.
- Medicare Advantage plans have a maximum out-of-pocket limit (MOOP). Once you hit your MOOP, you pay nothing for covered healthcare for the rest of that calendar year.
- Private companies pay for your healthcare services– not Medicare.

Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.
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Understanding Enrollment Periods

Initial Enrollment Period (IEP) – Once you turn 65 or are eligible for Medicare. This period begins 3 months before, includes your birthday month and ends three months after the month you turn 65. If you are still employed when you turn 65, you are not required to enroll until you retire or lose that coverage. Prescription drug (Part D) coverage must be creditable or you may be subject to a late enrollment penalty once you enroll in a plan with Part D benefits.

Annual Enrollment Period (AEP) (October 15 – December 7) – This is your opportunity each year to add, drop, or switch your current Medicare Plan.

Open Enrollment Period (OEP) (January 1 – March 31) – This is your opportunity to make one final change if you are not happy with your current Medicare Advantage plan. Effective date will be the 1st of the month following the date in which the final change was made. Moving from Original Medicare to a Medicare Advantage Plan is not allowed.

Special Election Period (SEP) – There are certain times when beneficiaries may be able to enroll in a Medicare plan outside the initial, annual and open enrollment periods.

Some examples of Special Election Periods include:

Retire and lose employer coverage

Recently moved into, live in, or recently moved out of a Long-Term Care Facility such as a nursing home

Move outside of plan's service area

Recently lost creditable prescription drug coverage (coverage that was as good as Medicare)

Receive assistance from the state

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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 **$4,020.**

Coverage Gap Stage

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

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

Catastrophic Coverage Stage

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

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

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Excellent Benefits!

Choose an affordable alternative to costly supplemental plans and expensive monthly premiums. Care N' Care(HMO/PPO) Plans include everything Original Medicare does and more!

$0

Premiums
Co-Pays
Deductibles

Over The
Counter (OTC)
Benefit

Preventive
Dental

SilverSneakers®

Eyewear
Coverage

Hearing Aid
Coverage

Personal
Healthcare
Concierge

Local Plan

Worldwide
Coverage when
you travel

Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.
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SilverSneakers®: Included Benefit

More than a fitness program

Feel Your Best With SilverSneakers

SilverSneakers is a program designed with you in mind. Enroll in a Care N' Care HMO or PPO plan to have the opportunity to join, at no extra cost, a group of like-minded people focused on maintaining good health and independence.

The SilverSneakers Experience

SilverSneakers is much more than a fitness program – it's a way for you to achieve your best health in mind, body and spirit[1].

- Memberships to thousands of fitness locations[2] – visit as many as you wish!
- Fun activities held outside the gym[2]
- Group exercise classes[3] designed for all abilities
- Social connections through events such as shared meals, holiday celebrations, and class socials
- SilverSneakers On-Demand™ online workout videos that feature tips on fitness and nutrition
- SilverSneakers GO™ mobile app with workout programs, location finder and more

Enroll in as many participating locations[2] as you like and take part in fitness classes[3] (at select locations), use amenities and participate in events in your community.

[1] Always talk with your doctor before starting an exercise program.
[2] Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
[3] Membership includes SilverSneakers® instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

SilverSneakers®

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Dental Health: Included Benefit

Oral health is important- not only for your physical health but also for you socially. Good teeth can improve confidence, make you smile more and may have an influence on your overall health. Care N' Care (HMO/PPO) has you covered! All plans include the following dental benefits.

Covered Dental Benefits

Benefit	Care N' Care Classic (HMO)	Care N' Care Choice (PPO)	Care N' Care Choice Plus (PPO)	Care N' Care Choice Premium (PPO)	Care N' Care Choice MA-Only (PPO)
Member Copay (Per Visit)	$0	$25	$20	$10	$10

PPO Products only: Copayment for in or out-of-network providers

Diagnostic

Clinical Oral Evaluations		
D0120	Periodic Oral Evaluation	1 every 6 months
D0150	Comprehensive Oral Evaluation- new or established	1 every 12 months 1 every 36 months (established)
**Either two (2) D0120 or one (1) D0120 & D0150 per year*		
Radiographs / Diagnostic Imaging		
D0210	Intraoral, complete series (includes bitewings)	1 every 36 months
D0220	Intraoral, periapical first film	1 every 12 months
D0270	Bitewing, single film	1 every 12 months
D0272	Bitewings, two films	1 every 12 months
D0273	Bitewings, three films	1 every 12 months
D0274	Bitewings, four films	1 every 12 months

**Choose one (1) per year D0120/D0220 or D0220, D0270, D0272, D0273, D0274*

Preventative		
Dental Prophylaxis		
D1110	Prophylaxis- Adult	1 every 6 months

Periodontics (Up to 2 quadrants per year)		
D4341	Periodontal Scaling and Root Planing, per quadrant	1 every 12 months
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1 every 12 months

Adjustments to Dentures (Up to two (2) per year)		
D5410	Adjust complete denture- maxillary	
D5411	Adjust complete denture- mandibular	
D5421	Adjust partial denture- maxillary	
D5422	Adjust partial denture- mandibular	

**Lab fees are the member's responsibility*

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Vision Health: Included Benefits

Be kind to your eyes.

Sight provides much pleasure, but it's also an important part of staying safe and independent. Your eyes deserve good care and attention. With Care N' Care (HMO/PPO), all plans include a vision benefit powered by EyeMed to keep your eyes young and healthy.

Plan Name	Routine Eye Exam		Glasses, Lenses Frames, and Contacts[3]	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Care N' Care Choice (PPO)	$0 copay	$50 Copay[1]	$0 copay[4]	$30 copay[2,3]
Care N' Care Choice Plus (PPO)	$0 copay	$40 copay[1]	$0 copay[4]	$30 copay[2,3]
Care N' Care Choice Premium (PPO)	$0 copay	$35 Copay[1]	$0 copay[5]	$30 copay[2,3]
Care N' Care Choice MA-Only (PPO)	$0 copay	$35 Copay[1]	$0 copay[5]	$30 copay[2,3]
Care N' Care Classic (HMO)	$0 copay	N/A	$0 copay[5]	N/A

[1] You will be reimbursed up to a maximum amount of $30 for a routine eye exam with submission of paid receipt and completed reimbursement form.
[2] You will be reimbursed up to a maximum amount of 50% of the Maximum Benefit for lenses and frams with submission of paid receipt and completed reimbursement form.
[3] You will be reimbursed up to a maximum amount of $120 for Contact Lenses, and $210 for medically necessary contacts with submission of paid receipt and completed reimbursement form.
[4] With a maximum benefit amount of $100
[5] With a maximum benefit amount of $150
All vision benefits provided by EyeMed.

POWERED BY eyeMed

Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal. This information is not a complete description of benefits. Call 1-877-665-2622 (TTY 711) from 8am-8pm, CST, seven days a week for more information.
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Hearing Health: Included Benefit

Enjoy Better Hearing and Compreshensive care.

Good hearing is important to your health-that's why Care N' Care (HMO/PPO) offers a hearing aid benefit through TruHearing® on all plans. Hearing aids can be expensive—but our hearing benefit makes addressing hearing loss more affordable with copayments of $999 or less.

Comprehensive Hearing Benefit Includes:

(See reverse for copayment details)

State-of-the-Art Technology

Experience the latest advances in hearing technology

- Enjoy natural, lifelike sound in virtually all listening situations
- Hear speech clearly, even in noisy environments
- Stream audio and phone calls directly to your ears from your smartphone[3]

Personalized Care

Receive expert care from our team of helpful professionals

- Guidance and assistance from a TruHearing hearing consultant
- Local, professional care from an accredited provider in your area
- A hearing exam plus three follow-up visits for fitting and adjustments

Help Along Your Way

Get started on the journey to better hearing with confidence

- A worry-free purchase with a 45-day trial and 3-year warranty
- 48 free batteries per aid included with non-rechargeable models
- Guides to help you adapt to your new hearing aids at TruHearing.com/GetStarted

TruHearing® Select

2020 Hearing Aid Coverage

Care N' Care plans cover up to two hearing aids per year.

Plan Name	Routine Hearing Exam[4]	Hearing Aids
Care N' Care Choice (PPO)	$45 copay	$699 copay[1] $999 copay[2]
Care N' Care Choice Plus (PPO)	$45 copay	$699 copay[1] $999 copay[2]
Care N' Care Choice Premium (PPO)	$45 copay	$699 copay[1] $999 copay[2]
Care N' Care Choice MA-Only (PPO)	$45 copay	$699 copay[1] $999 copay[2]
Care N' Care Classic (HMO)	$45 copay	$599 copay[1] $899 copay[2]

[1] Advanced Hearing Aids TruHearing Advanced 19, 32 Channels, 6 Programs
[2] Premium Hearing Aids TruHearing Premium 19, 48 Channels, 6 Programs
PPO Products only: All hearing benefits provided through TruHearing™ at in-network copays
Routine Hearing Exam and Hearing Aid Copays do not count towards Maximum Out-of-Pocket.
[3] Smartphone compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices.
Connectivity also available to many Android® phones with use of a phone clip accessory.
[4] Must be performed by a TruHearing network provider.

Over-the-Counter Benefit: Included

Savings easy and convenient from your home

Over-the-counter (OTC) drugs and supplies can be expensive. That's why Care N' Care(HMO/PPO) now offers a way to save money on these items and have them conveniently delivered to your home, saving you time and money. **Ordering the items you need to stay healthy is easy as 1..2..3**

Select the health and wellness products you would like from the OTC product catalog

Place one order per calendar quarter, online or by phone

Receive your order – delivered to your door

Care N' Care provides a $30 credit every quarter toward the purchase of select OTC health and wellness items like pain relievers, cough and cold medicine, vitamins, sunscreens and bandages, through a mail order catalog. Orders are shipped by the US postal service at no additional cost.

From dental floss to bandages – We've got the everyday products you need!

View the catalog at cnchealthplan.com/our-benefits-2020

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Healthcare Concierge: Included Benefit

Personal assistance from a local Care N' Care Concierge.

At Care N' Care, your Healthcare Concierge is your single point of contact and trusted partner committed to working with you throughout your entire healthcare experience.

When you enroll in a Care N' Care PPO or HMO plan, you will have a personal Healthcare Concierge who is local and works closely with you each time you need assistance. As a member of Care N' Care, you are more than just a member – you are a part of our family.

Your Care N' Care Healthcare Concierge can help:

EXPLAIN HEALTH BENEFITS. Your Healthcare Concierge will take the guesswork out of understanding your health plan coverage. Give them a call or send an email and they can answer questions you may have about your health plan benefits, services, pending claims, or account status.

FIND A HEALTHCARE PROVIDER. Your Healthcare Concierge is available to help you access the healthcare you need. Your Healthcare Concierge can assist with locating providers within the Care N' Care network as well as assist you with scheduling an appointment.

VERIFY HEALTH PLAN COVERAGE AND ASSIST WITH CLAIMS AND BILLING PROCESS. Navigating the healthcare system can sometimes be confusing. Your Healthcare Concierge can confirm your health plan coverage, verify status and assist you with the claims and billing process.

Your Healthcare Concierge's first priority is to make sure you are provided with excellent member service. Members will be able to contact their Personal Healthcare Concierge by phone, email, or by appointment in Fort Worth at the Care N' Care office.

Care N' Care - Not just caring *for* you, caring about you!

EXTRA, EXTRA!

Supplemental Dental Rider gives you additional coverage if you need it.

Sometimes we need a little something extra to care for our teeth. Care N' Care offers a supplemental dental rider to fill the gap.

Care N' Care's (HMO/PPO) Plans help meet most of your everyday dental needs. The rider covers services most often used without the need for a referral or preauthorization. You can choose from almost 5,000 in-network dentists. Members receive all of the services with only an $18 additional monthly premium.

- $2,000 Annual Benefit Maximum (ABM)
- No Annual Deductible
- Only Comprehensive procedures listed below count toward the ABM

Optional Supplemental Benefits	
Comprehensive Services	$18 Premium

Restorative (Up to 4 total fillings per year)			
Code	Description	Frequency	Member Co-Pay
D2140	Amalgam Filling- one surface posterior	Up to 4 Total Fillings Per Year	$35.00
D2150	Amalgam Filling- two surfaces posterior		$45.00
D2160	Amalgam Filling- three surfaces posterior		$55.00
D2330	Resin-Based Composite- one surface, anterior		$50.00
D2331	Resin-Based Composite- two surfaces, anterior		$65.00
D2332	Resin-Based Composite- three surfaces, anterior		$80.00

Crowns (Total of 2 per year – 6 month waiting period)			
Code	Description	Frequency	Member Co-Pay
D2740	Crown- Porcelain/Ceramic Substrate	2 Crowns Per Year	$295.00
D2750	Crown- Porcelain Fused to High Noble Metal		$275.00
D2751	Crown- Porcelain Fused to Predominantly Base Metal		$305.00
D2752	Crown- Porcelain Fused to Noble Metal		$320.00
D2791	Crown- Full Cast Base Metal		$307.00
D2792	Crown- Full Cast Noble Metal		$305.00

Scaling & Root Planing (Total of 2 per year)			
Code	Description	Frequency	Member Co-Pay
D4341	Scaling & Root Planing (per quadrant)	1 Every 12 Months	$53.00
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1 Every 12 Months	$30.00
D4355	Full Mouth Debridement	1 Every 12 Months	$32.00

Prosthodontics - Removable (6 month waiting period)			
Code	Description	Frequency	Member Co-Pay
D5110	Complete denture- maxillary	1 Every 60 Months	$206.00
D5120	Complete denture- mandibular	1 Every 60 Months	$206.00
D5130	Immediate denture- maxillary (in lieu of D5110)	1 Every 60 Months	$213.75
D5140	Immediate denture- mandibular (in lieu of D5120)	1 Every 60 Months	$213.75

Partial Dentures (Including Routine Post-Delivery Care)			
Code	Description	Frequency	Member Co-Pay
D5213	Maxillary partial denture- cast metal framework	1 Every 60 Months	$217.75
D5214	Mandibular partial denture- cast metal framework	1 Every 60 Months	$217.75

Denture Adjustments (Up to 2 per year)			
Code	Description	Frequency	Member Co-Pay
D5410	Adjust Complete Denture- maxillary	Up To 2 Per Year	$0.00
D5411	Adjust Complete Denture- mandibular		$0.00
D5421	Adjust partial denture- maxillary		$0.00
D5422	Adjust partial denture- mandibular		$0.00

Repairs to complete dentures		
Code	Description	Member Co-Pay
D5510	Repair broken complete denture base	$39.00
D5520	Replace missing/broken teeth, complete denture	$31.00

Repairs to Partial Dentures		
Code	Description	Member Co-Pay
D5610	Repair resin denture base	$45.00
D5640	Replace broken teeth, per tooth	$30.00

Extractions (Up to 2 per year)			
Code	Description	Frequency	Member Co-Pay
D7140	Extraction, Erupted Tooth	Up To 2 Per Year	$40.00
D7210	Extraction, Surgical		$75.00

**Lab fees are the member's responsibility.*

The Care N' Care Provider Network

As a Care N' Care PPO health plan member, you can choose to receive care from any provider or hospital. In addition, because Care N' Care is a PPO plan, you do not need a referral to go to any doctor or hospital. We encourage you to select an in-network provider to act as your primary care physician (PCP) because you will 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 select an out-of-network provider, please make sure that the provider accepts Medicare; otherwise, you will be responsible for the full cost of services. With the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers. To view the most updated list of Care N' Care providers, go to www.cnchealthplan.com/search.

Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal. Out-of-Network/non-contracted providers are under no obligation to treat Care N' Care members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Summary of Benefits

CARE N' CARE CHOICE (PPO)
CARE N' CARE CHOICE PLUS (PPO)

January 1, 2020 - December 31, 2020
Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage".

To join a Care N' Care (PPO) 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 Texas: Collin, Cooke, Dallas, Denton, Erath, Hood, Johnson, Parker, Palo Pinto, Rockwall, Somervell, Tarrant, and Wise.

CARE N' CARE CHOICE PREMIUM (PPO)
CARE N' CARE CHOICE MA-ONLY (PPO)

Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at https:// www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille or large print. For more information, please call us at 1-877-665-2622 (TTY users should call 711) to speak to a Medicare Specialist, or visit us at cnchealthplan.com

CARE N' CARE CHOICE (PPO)

Premiums and Benefits	Care N' Care Choice (PPO)	
	In-Network	Out-Of-Network
Monthly Plan Premium	You pay $0 You must continue to pay your Medicare part B Premium	
Deductible	No Deductible	
Maximum Out-of-Pocket	You pay no more than $3,900 annually for in-network services unless specifically excluded.	You pay no more than $7,500 annually for combined in and out-of-network services unless specifically excluded.
Inpatient Hospital	Day 1: $250 per day Days 2-6: $125 per day Days 7 and beyond: $0 per day	You pay 35% of the cost
Outpatient Surgery • Outpatient Hospital • Ambulatory Surgical Center	 You pay a $250 copay You pay a $200 copay	 You pay a $350 copay You pay a $275 copay
Doctor Visits • Primary • Specialist	 You pay a $15 copay You pay a $35 copay	 You pay a $50 copay You pay a $60 copay

Premiums and Benefits	Care N' Care Choice (PPO)	
	In-Network	Out-Of-Network
Preventive Care (e.g. Flu Vaccine, Diabetic Screenings)	You pay nothing. There are some covered services that have a cost.	You pay a $30 copay
Emergency Care	You pay $75 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.	You pay $75 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.
Urgently Needed Services	You pay a $30 copay per visit	You pay a $30 copay per visit
Diagnostic Services/ Labs/Imaging • Diagnostic tests and procedures • Sleep Study • Lab Services • MRI, CAT Scan • X-Rays	 You pay a $10 copay You pay a $150 copay You pay a $10 copay You pay a $200 You pay a $10 copay	 You pay a $25 copay You pay a $200 copay You pay a $25 copay You pay a $250 copay You pay a $25 copay
Hearing Services • Routine hearing exam • Hearing aid	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket
Dental Services • Oral exam & Cleaning • X-Ray • Denture Adjustments • Comprehensive Services	 You pay a $25 copay You pay a $25 copay Covered with additional Premium, see Optional Supplemental Benefits.	 You pay a $25 copay You pay a $25 copay Covered with additional Premium, see Optional Supplemental Benefits.
Vision Services • Routine Eye Exam • Glasses, Lenses and Frames	 You pay a $0 copay You pay a $0 copay with a maximum benefit amount of $100	 You pay a $50 Copay. You will be reimbursed up to a maximum amount of $30 for a routine eye exam with submission of paid receipt and completed reimbursement form. You pay a $30 copay and you will be reimbursed up to a maximum amount of $50 for frames, lenses/glasses with submission of paid receipt and completed reimbursement form.

Premiums and Benefits	Care N' Care Choice (PPO)	
	In-Network	Out-Of-Network
Mental Health Services • Outpatient group therapy/individual therapy visit	You pay a $40 copay	You pay a $60 copay
Skilled Nursing Facility	Days 1-20: $0 copay Days 21-100: $167.50 copay per day	You pay 40% of the cost
Physical Therapy	You pay a $40 copay	You pay a $60 copay
Ambulance • Ground Ambulance • Air Ambulance	You pay a $200 copay You pay 20% of the cost	You pay a $200 copay You pay 20% of the cost
Transportation	Not Covered	Not Covered
Medicare Part B Drugs	You pay 20% of the cost	You pay 30% of the cost

Outpatient Prescription Drugs			
Deductible	You pay $0		
Initial Coverage	Retail Rx 30-day supply	Retail or Mail Order 90-day Supply	
Tier 1: Preferred Generics Tier 2: Generics Tier 3: Preferred Brands Tier 4: Non-Preferred Drugs Tier 5: Specialty Drugs	$5 copay $15 copay $47 copay $100 copay 33% of the cost	$10 copay $30 copay $94 copay $200 copay 33% of the cost	If you reside in a long-term health care facility, you pay the same as a standard retail pharmacy.
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new 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.			
Coverage Gap			
For Tier 1 and select Tier 2 and 3 generic drugs, you pay either your Tier 1, 2, or 3 copayment or 25% of the costs, whichever is lower. For all other covered generic drugs, you pay 25% of the costs. For select Tier 3 brand drugs, you pay no more than the Tier 3 copayment. For all other brand name drugs, you pay 25% of the cost (plus a portion of the dispensing fee). You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of $6,350. This amount and rules for counting costs toward this amount have been set by Medicare.			
Catastrophic Coverage			
During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2020). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or $3.60 for a generic drug or a drug that is treated like a generic and $8.95 for all other drugs).			

CARE N' CARE CHOICE PLUS (PPO)

Premiums and Benefits	Care N' Care Choice Plus (PPO)	
	In-Network	Out-Of-Network
Monthly Plan Premium	You pay $55 You must continue to pay your Medicare part B Premium	
Deductible	No Deductible	
Maximum Out-of-Pocket	You pay no more than $3,400 annually for in-network services unless specifically excluded.	You pay no more than $5,100 annually for combined in and out-of-network services unless specifically excluded.
Inpatient Hospital	Days 1-6: $250 per day Days 7 and beyond: $0 per day	You pay 25% of the cost
Outpatient Surgery • Outpatient Hospital • Ambulatory Surgical Center	 You pay a $200 copay You pay a $150 copay	 You pay a $325 copay You pay a $225 copay
Doctor Visits • Primary • Specialist	 You pay a $10 copay You pay a $25 copay	 You pay a $40 copay You pay a $50 copay
Preventive Care (e.g. Flu Vaccine, Diabetic Screenings)	You pay nothing. There are some covered services that have a cost.	You pay a $30 copay
Emergency Care	You pay $100 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.	You pay $100 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.
Urgently Needed Services	You pay a $30 copay per visit	You pay a $30 copay per visit
Diagnostic Services/ Labs/Imaging • Diagnostic tests and procedures • Sleep Study • Lab Services • MRI, CAT Scan • X-Rays	 You pay a $5 copay at a Dr. Office You pay a $10 copay at an outpatient hospital facility. You pay a $125 copay You pay a $5 copay at a Dr. Office You pay a $10 copay at an outpatient hospital facility. You pay a $175 You pay a $5 copay	 You pay a $15 copay at a Dr. Office You pay a $25 copay at an outpatient hospital facility. You pay a $175 copay You pay a $15 copay at a Dr. Office You pay a $25 copay at an outpatient hospital facility. You pay a $200 copay You pay a $30 copay

Premiums and Benefits	Care N' Care Choice Plus (PPO)	
	In-Network	Out-Of-Network
Hearing Services • Routine hearing exam • Hearing aid	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket
Dental Services • Oral exam & Cleaning • X-Ray • Denture Adjustments • Comprehensive Services	You pay a $20 copay You pay a $20 copay You pay a $20 copay Covered with additional Premium, see Optional Supplemental Benefits.	You pay a $20 copay You pay a $20 copay You pay a $20 copay Covered with additional Premium, see Optional Supplemental Benefits.
Vision Services • Routine Eye Exam • Glasses, Lenses and Frames	You pay a $0 copay You pay a $0 copay with a maximum benefit amount of $100	You pay a $40 Copay. You will be reimbursed up to a maximum amount of $30 for a routine eye exam with submission of paid receipt and completed reimbursement form You pay a $30 copay and you will be reimbursed up to a maximum amount of $50 for frames, lenses/glasses with submission of paid receipt and completed reimbursement form.
Mental Health Services • Outpatient group therapy/individual therapy visit	You pay a $40 copay	You pay a $55 copay
Skilled Nursing Facility	Days 1-20: $20 copay per day Days 21-100: $160 copay per day	You pay 35% of the cost
Physical Therapy	You pay a $25 copay	You pay a $45 copay
Ambulance • Ground Ambulance • Air Ambulance	You pay a $225 copay You pay 20% of the cost	You pay a $225 copay You pay 20% of the cost
Transportation	Not Covered	Not Covered
Medicare Part B Drugs	You pay 20% of the cost	You pay 30% of the cost

Outpatient Prescription Drugs			
Deductible	You pay $0		
Initial Coverage	Retail Rx 30-day supply	Retail or Mail Order 90-day Supply	
Tier 1: Preferred Generics Tier 2: Generics Tier 3: Preferred Brands Tier 4: Non-Preferred Drugs Tier 5: Specialty Drugs	$2 copay $12 copay $45 copay $90 copay 33% of the cost	$4 copay $24 copay $90 copay $180 copay 33% of the cost	If you reside in a long-term health care facility, you pay the same as a standard retail pharmacy.
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new 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.			
Coverage Gap			
For Tier 1 and select Tier 2 and 3 generic drugs, you pay either your Tier 1, 2, or 3 copayment or 25% of the costs, whichever is lower. For all other covered generic drugs, you pay 25% of the costs. For select Tier 3 brand drugs, you pay no more than the Tier 3 copayment. For all other brand name drugs, you pay 25% of the cost (plus a portion of the dispensing fee). You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of $6,350. This amount and rules for counting costs toward this amount have been set by Medicare.			
Catastrophic Coverage			
During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2020). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or $3.60 for a generic drug or a drug that is treated like a generic and $8.95 for all other drugs).			

CARE N' CARE CHOICE PREMIUM (PPO)

Premiums and Benefits	Care N' Care Choice Premium (PPO)	
	In-Network	Out-Of-Network
Monthly Plan Premium	You pay $200 You must continue to pay your Medicare part B Premium	
Deductible	No Deductible	
Maximum Out-of-Pocket	You pay no more than $3,100 annually for in-network services unless specifically excluded.	You pay no more than $5,100 annually for combined in and out-of-network services unless specifically excluded.
Inpatient Hospital	$0 Copay	You pay 30% of the cost
Outpatient Surgery • Outpatient Hospital • Ambulatory Surgical Center	$0 Copay	You pay a $225 copay You pay a $200 copay
Doctor Visits • Primary • Specialist	$0 Copay	You pay a $35 copay You pay a $40 copay

Premiums and Benefits	Care N' Care Choice Premium (PPO)	
	In-Network	Out-Of-Network
Preventive Care (e.g. Flu Vaccine, Diabetic Screenings)	You pay nothing. There are some covered services that have a cost.	You pay a $30 copay
Emergency Care	$0 Copay	$0 Copay
Urgently Needed Services	$0 Copay	$0 Copay
Diagnostic Services/ Labs/Imaging • Diagnostic tests and procedures • Sleep Study • Lab Services • MRI, CAT Scan • X-Rays	$0 Copay	You pay a $10 copay at a Dr. Office You pay a $25 copay at an outpatient hospital facility. You pay a $150 copay You pay a $10 copay at a Dr. Office You pay a $25 copay at an outpatient hospital facility. You pay a $200 copay You pay a $10 copay at a Dr. Office You pay a $25 copay at an outpatient hospital facility.
Hearing Services • Routine hearing exam • Hearing aid	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket
Dental Services • Oral exam & Cleaning • X-Ray • Denture Adjustments • Comprehensive Services	$0 Copay	You pay a $10 copay You pay a $10 copay You pay a $10 copay Covered with additional Premium, see Optional Supplemental Benefits.

Premiums and Benefits	Care N' Care Choice Premium (PPO)	
	In-Network	Out-Of-Network
Vision Services • Routine Eye Exam	You pay a $0 copay	You pay a $35 Copay. You will be reimbursed up to a maximum amount of $30 for a routine eye exam with submission of paid receipt and completed reimbursement form.
• Glasses, Lenses and Frames	You pay a $0 copay with a maximum benefit amount of $150	You pay a $30 copay and you will be reimbursed up to a maximum amount of $75 for frames, lenses/glasses with submission of paid receipt and completed reimbursement form.
Mental Health Services • Outpatient group therapy/individual therapy visit	$0 Copay	You pay a $50 copay
Skilled Nursing Facility	$0 Copay	You pay 30% of the cost
Physical Therapy	$0 Copay	You pay a $30 copay
Ambulance • Ground Ambulance • Air Ambulance	$0 Copay	You pay a $225 copay You pay 20% of the cost
Transportation	Not Covered	Not Covered
Medicare Part B Drugs	$0 Copay	You pay 30% of the cost

Outpatient Prescription Drugs			
Deductible	You pay $0		
Initial Coverage	Retail Rx 30-day supply	Retail or Mail Order 90-day Supply	
Tier 1: Preferred Generics Tier 2: Generics Tier 3: Preferred Brands Tier 4: Non-Preferred Drugs Tier 5: Specialty Drugs	$0 copay $10 copay $40 copay $85 copay 33% of the cost	$0 copay $20 copay $80 copay $170 copay 33% of the cost	If you reside in a long-term health care facility, you pay the same as a standard retail pharmacy.
Cost-Sharing may change depending on the pharmacy you choose and when you enter a new 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.			

Outpatient Prescription Drugs
Coverage Gap
For Tier 1 and select Tier 2 and 3 generic drugs, you pay either your Tier 1, 2, or 3 copayment or 25% of the costs, whichever is lower. For all other covered generic drugs, you pay 25% of the costs. For select Tier 3 brand drugs, you pay no more than the Tier 3 copayment. For all other brand name drugs, you pay 25% of the cost (plus a portion of the dispensing fee). You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of $6,350. This amount and rules for counting costs toward this amount have been set by Medicare.
Catastrophic Coverage
During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2020). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or $3.60 for a generic drug or a drug that is treated like a generic and $8.95 for all other drugs).

CARE N' CARE CHOICE MA-ONLY (PPO)

Premiums and Benefits	Care N' Care Choice MA-Only (PPO)	
	In-Network	Out-Of-Network
Monthly Plan Premium	You pay $0 You must continue to pay your Medicare part B Premium	
Deductible	No Deductible	
Maximum Out-of-Pocket	You pay no more than $3,000 annually for in-network services unless specifically excluded.	You pay no more than $5,100 annually for combined in and out-of-network services unless specifically excluded.
Inpatient Hospital	Days 1-6: $175 per day Days 7 and beyond: $0 per day	You pay 35% of the cost
Outpatient Surgery • Outpatient Hospital • Ambulatory Surgical Center	 You pay a $100 copay You pay a $75 copay	 You pay a $225 copay You pay a $175 copay
Doctor Visits • Primary • Specialist	 You pay a $10 copay You pay a $25 copay	 You pay a $40 copay You pay a $50 copay
Preventive Care (e.g. Flu Vaccine, Diabetic Screenings)	You pay nothing. There are some covered services that have a cost.	You pay a $30 copay
Emergency Care	You pay $100 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.	You pay $100 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.
Urgently Needed Services	You pay a $30 copay per visit	You pay a $30 copay per visit

Premiums and Benefits	Care N' Care Choice MA-Only (PPO)	
	In-Network	Out-Of-Network
Diagnostic Services/ Labs/Imaging		
• Diagnostic tests and procedures	You pay a $0 copay at a Dr. Office. You pay a $5 copay at an outpatient hospital facility.	You pay a $10 copay at a Dr. Office. You pay a $25 copay at an outpatient hospital facility.
• Sleep Study	You pay a $100 copay	You pay a $150 copay
• Lab Services	You pay a $0 copay at a Dr. Office. You pay a $5 copay at an outpatient hospital facility.	You pay a $10 copay at a Dr. Office. You pay a $25 copay at an outpatient hospital facility.
• MRI, CAT Scan	You pay a $150	You pay a $200 copay
• X-Rays	You pay a $0 copay	You pay a $10 copay at a Dr. Office. You pay a $25 copay at an outpatient hospital facility.
Hearing Services		
• Routine hearing exam	You pay a $45 copay*	You pay a $45 copay*
• Hearing aid	You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket	You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket
Dental Services		
• Oral exam & Cleaning	You pay a $10 copay	You pay a $10 copay
• X-Ray	You pay a $10 copay	You pay a $10 copay
• Denture Adjustments	You pay a $10 copay	You pay a $10 copay
• Comprehensive Services	Covered with additional Premium, see Optional Supplemental Benefits.	Covered with additional Premium, see Optional Supplemental Benefits.
Vision Services		
• Routine Eye Exam	You pay a $0 copay	You pay a $35 Copay. You will be reimbursed up to a maximum amount of $30 for a routine eye exam with submission of paid receipt and completed reimbursement form.
• Glasses, Lenses and Frames	You pay a $0 copay with a maximum benefit amount of $150	You pay a $30 copay and you will be reimbursed up to a maximum amount of $75 for frames, lenses/glasses with submission of paid receipt and completed reimbursement form.
Mental Health Services		
• Outpatient group therapy/individual therapy visit	You pay a $35 copay	You pay a $50 copay

Premiums and Benefits	Care N' Care Choice MA-Only (PPO)	
	In-Network	Out-Of-Network
Skilled Nursing Facility	Days 1-5: $0 copay Days 6-20: $20 copay per day Days 21-100: $160 copay per day	You pay 35% of the cost
Physical Therapy	You pay a $10 copay	You pay a $20 copay
Ambulance • Ground Ambulance • Air Ambulance	You pay a $225 copay You pay 20% of the cost	You pay a $225 copay You pay 20% of the cost
Transportation	Not Covered	Not Covered
Medicare Part B Drugs	You pay 20% of the cost	You pay 30% of the cost

Optional Supplemental Benefits	
Comprehensive Services	$18 Premium

Restorative (Up to 4 total fillings per year)

Code	Description	Frequency	Member Co-Pay
D2140	Amalgam Filling - one surface		$35.00
D2150	Amalgam Filling - two surfaces		$45.00
D2160	Amalgam Filling - three surfaces		$55.00
D2330	Resin-Based Composite - one surface, anterior		$50.00
D2331	Resin-Based Composite - two surfaces, anterior		$65.00
D2332	Resin-Based Composite - three surfaces, anterior		$80.00

Crowns (Total of 2 per year – 6 month waiting period)

Code	Description	Frequency	Member Co-Pay
D2740	Crown - Porcelain/Ceramic Substrate		$295.00
D2750	Crown - Porcelain Fused to High Noble Metal		$275.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal		$305.00
D2752	Crown - Porcelain Fused to Noble Metal		$320.00
D2791	Crown - Full Cast Base Metal		$307.00
D2792	Crown - Full Cast Noble Metal		$305.00

Scaling & Root Planing (Total of 2 per year)

Code	Description	Frequency	Member Co-Pay
D4341	Scaling & Root Planing (per quadrant)	1/12 months	$53.00
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1/12 months	$30.00
D4355	Full Mouth Debridement	1/12 months	$32.00

Prosthodontics - Removable (6 month waiting period)			
Code	Description	Frequency	Member Co-Pay
D5110	Complete denture - maxillary	1/60 months	$206.00
D5120	Complete denture - mandibular	1/60 months	$206.00
D5130	Immediate denture - maxillary (in lieu of D5110)	1/60 months	$213.75
D5140	Immediate denture - mandibular (in lieu of D5120)	1/60 months	$213.75
Partial Dentures (Including Routine Post-Delivery Care)			
Code	Description	Frequency	Member Co-Pay
D5213	Maxillary partial denture - cast metal framework	1/60 months	$217.75
D5214	Mandibular partial denture - cast metal framework	1/60 months	$217.75
Denture Adjustments (Up to 2 per year)			
Code	Description	Frequency	Member Co-Pay
D5410	Adjust Complete Denture - maxillary		$0.00
D5411	Adjust Complete Denture - mandibular		$0.00
D5421	Adjust partial denture - maxillary		$0.00
D5422	Adjust partial denture - mandibular		$0.00
Repairs to complete dentures			
Code	Description	Frequency	Member Co-Pay
D5510	Repair broken complete denture base		$39.00
D5520	Replace missing/broken teeth, complete denture		$31.00
Repairs to Partial Dentures			
Code	Description	Frequency	Member Co-Pay
D5610	Repair resin denture base		$45.00
D5640	Replace broken teeth, per tooth		$30.00
Extractions (Up to 2 per year)			
Code	Description	Frequency	Member Co-Pay
D7140	Extraction, Erupted Tooth		$40.00
D7210	Extraction, Surgical		$75.00

**Lab fees are the member's responsibility.*

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Medicare Specialist at 1-877-665-2622

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit cnchealthplan.com or call 1-877-665-2622 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor, or pay a higher share of the cost.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ If you select a plan with a monthly premium then in addition to your monthly plan premium you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Discrimination is Against the Law

Care N' Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Care N' Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Care N' Care:

- 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 Care N' Care at 1-877-665-2622 (TTY: 711) 8AM - 8PM (CST), October 1 - March 31, 8am to 8pm, CST,seven days a week or April 1 - September 30, 8am to 5pm, CST, Monday through Friday.

If you believe that Care N' Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Care N' Care, Attn: Appeals and Grievances, 1701 River Run, Suite 402, Fort Worth, TX 76107, 1- 877-374-7993, (TTY 711), or via fax at 817-810-5214. 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/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-665-2622 (TTY:711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-665-2622 (TTY:711)

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-665-2622 (ATS: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-665-2622 (телетайп: 711).

繁體中文 (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 1-877-665-2622 (TTY:711).。

繁體中文(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。** 1-877-665-2622 (TTY:711).**まで、お電話にてご連絡ください 。**

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-665-2622 (TTY: 711). 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-665-2622 (TTY:711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-665-2622 (TTY: 711).

عربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-665-2622 .(711:TTY)

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-665-2622 (TTY: 711).

فارسی (Persian): به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما فراهم می باشد. با توجه: اگر تماس بگیرید711). (TTY: 1-877-665-2622

ह दी (Hindi): ध्यान दें: यदद आप ह दी बोलते हैं तो आपके ललए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-665-2622 (TTY: 711) पर कॉल करें।

اُردُو (Urdu):

اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں 1-877-665-2622 (TTY: 711). کریں کال

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-665-2622 (TTY: 711).

ພາສາລາວ (Laotian/Lao):
ໂປດຊາບ: ຖ້ອາ ທ່ານເວົ້າພາສາ ລາວ, ການບລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ສຽ້ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-877-665-2622 (TTY: 711).

Care N Care Insurance Company - H6328

2019 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.

2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, Care N Care Insurance Company received the following Overall Star Rating from Medicare.


3.5 Stars

We received the following Summary Star Rating for Care N Care Insurance Company 's health/drug plan services:

Health Plan Services:	 3.5 Stars
Drug Plan Services:	 3.5 Stars

The number of stars shows how well our plan performs.

	5 stars - excellent
	4 stars - above average
	3 stars - average
	2 stars - below average
	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 877-665-2622 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 5:00 p.m. Central time.

Current members please call 877-374-7993 (toll-free) or 711 (TTY).

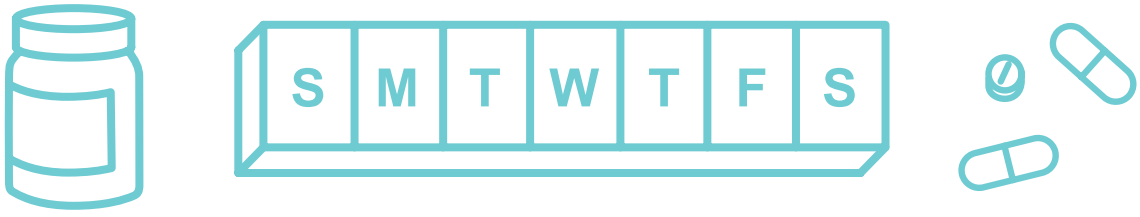
*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system. Y0107_H6328_19_130_C

care n care
Insurance Company, Inc.

DRUG LIST

CARE N' CARE CHOICE PREMIUM (PPO)
CARE N' CARE CHOICE PLUS (PPO)
CARE N' CARE CHOICE (PPO)



This Drug List was updated on 8/27/2019. For more recent information or other questions, please contact Care N' Care Health Plan at 1-877-665-2622 (TTY 711), October 1- March 31, 8am to 8pm, CST, seven days a week or April 1- September 30, 8am to 5pm, CST, Monday through Friday,or visit https://www.cnchealthplan.com. You must generally use network pharmacies to use your prescriptiondrug benefit. Benefits, formulary, pharmacy network, and/or copayments / coinsurance may change on January 1, 2021, and from time to time during the year.

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

You must continue to pay your Medicare Part B premium.

DRUG LIST

This is an alphabetical list of drugs covered by the plan. Each drug is in one of five tiers, which is listed after the drug name. Each tier has a different copay or coinsurance amount based on the plan selected. Please refer to the ***Evidence of Coverage*** for the different tier copay or coinsurance amounts.

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:

- BD (Part B versus Part D determination) – This prescription 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. Please refer to our Evidence of Coverage for more information about this coverage.
- LA (Limited Access) – This prescription drug is limited to certain pharmacies.
- PA (Prior Authorization) – You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without 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.

For further information on requirements for specific drugs, please refer to the ***Comprehensive Formulary.*** You can contact the plan or visit our website at cnchealthplan.com for this document.

Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case (e.g., atorvastatin)

A

20ml potassium chloride solution 2 meq/ml intravenous; Tier 2

abacavir sulfate solution 20 mg/ml oral; Tier 2 (QL)

abacavir sulfate tablet 300 mg oral; Tier 2 (QL)

abacavir sulfate-lamivudine tablet 600-300 mg oral; Tier 4 (QL)

abacavir-lamivudine-zidovudine tablet 300-150-300 mg oral; Tier 5 (QL)

ABELCET SUSPENSION 5 MG/ML INTRAVENOUS; Tier 5 (BD)

ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR; Tier 5

ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR; Tier 5

ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR; Tier 5

ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR; Tier 5

abiraterone acetate tablet 250 mg oral; Tier 5 (PA QL)

acamprosate calcium tablet delayed release 333 mg oral; Tier 2

acarbose tablet 100 mg oral; Tier 1 (GC)

acarbose tablet 25 mg oral; Tier 1 (GC)

acarbose tablet 50 mg oral; Tier 1 (GC)

acebutolol hcl capsule 200 mg oral; Tier 1 (GC)

acebutolol hcl capsule 400 mg oral; Tier 1 (GC)

acetaminophen-codeine #3 tablet 300-30 mg oral; Tier 2 (QL)

acetaminophen-codeine solution 120-12 mg/5ml oral; Tier 2 (QL)

acetaminophen-codeine tablet 300-15 mg oral; Tier 2 (QL)

acetaminophen-codeine tablet 300-60 mg oral; Tier 2 (QL)

acetazolamide tablet 125 mg oral; Tier 2

acetazolamide tablet 250 mg oral; Tier 2

acetic acid solution 2 % otic; Tier 1 (GC)

acetylcysteine solution 10 % inhalation; Tier 1 (BD GC)

acetylcysteine solution 20 % inhalation; Tier 1 (BD GC)

acitretin capsule 10 mg oral; Tier 4

acitretin capsule 17.5 mg oral; Tier 5

acitretin capsule 25 mg oral; Tier 4

ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR; Tier 3

ACTIMMUNE SOLUTION 2000000 UNIT/0.5ML SUBCUTANEOUS; Tier 5 (LA PA)

acyclovir capsule 200 mg oral; Tier 1 (GC)

acyclovir cream 5 % external; Tier 4

acyclovir ointment 5 % external; Tier 4

acyclovir sodium solution 50 mg/ml intravenous; Tier 1 (BD GC)

acyclovir suspension 200 mg/5ml oral; Tier 1 (GC)

acyclovir tablet 400 mg oral; Tier 1 (GC)

acyclovir tablet 800 mg oral; Tier 1 (GC)

ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR (PREFILLED SYRINGE); Tier 3

ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR; Tier 3

adapalene cream 0.1 % external; Tier 4

adapalene gel 0.1 % external; Tier 4

adapalene gel 0.3 % external; Tier 4

ADAPALENE SOLUTION 0.1 % EXTERNAL; Tier 4

adefovir dipivoxil tablet 10 mg oral; Tier 5 (QL)

ADEMPAS TABLET 0.5 MG ORAL; Tier 5 (PA)

ADEMPAS TABLET 1 MG ORAL; Tier 5 (PA)

ADEMPAS TABLET 1.5 MG ORAL; Tier 5 (PA)

ADEMPAS TABLET 2 MG ORAL; Tier 5 (PA)

ADEMPAS TABLET 2.5 MG ORAL; Tier 5 (PA)

AFINITOR DISPERZ TABLET SOLUBLE 2 MG ORAL; Tier 5 (QL)

AFINITOR DISPERZ TABLET SOLUBLE 3 MG ORAL; Tier 5 (QL)

AFINITOR DISPERZ TABLET SOLUBLE 5 MG ORAL; Tier 5 (QL)

AFINITOR TABLET 10 MG ORAL; Tier 5 (QL)

AFINITOR TABLET 2.5 MG ORAL; Tier 5 (QL)

AFINITOR TABLET 5 MG ORAL; Tier 5 (QL)

AFINITOR TABLET 7.5 MG ORAL; Tier 5 (QL)

albendazole tablet 200 mg oral; Tier 4

ALBUTEROL SULFATE ER TABLET EXTENDED RELEASE 12 HOUR 4 MG ORAL; Tier 2

ALBUTEROL SULFATE ER TABLET EXTENDED RELEASE 12 HOUR 8 MG ORAL; Tier 2

ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (NDA020503); Tier 1 (GC)

ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION; Tier 1 (GC)

albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation; Tier 1 (BD GC)

albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation; Tier 1 (BD GC)

albuterol sulfate nebulization solution 0.63 mg/3ml inhalation; Tier 1 (BD GC)

albuterol sulfate nebulization solution 1.25 mg/3ml inhalation; Tier 1 (BD GC)

albuterol sulfate syrup 2 mg/5ml oral; Tier 1 (GC)

albuterol sulfate tablet 2 mg oral; Tier 2

albuterol sulfate tablet 4 mg oral; Tier 2

alclometasone dipropionate cream 0.05 % external; Tier 1 (GC)

alclometasone dipropionate ointment 0.05 % external; Tier 1 (GC)

ALECENSA CAPSULE 150 MG ORAL; Tier 5 (PA)

alendronate sodium tablet 10 mg oral; Tier 1 (GC)
alendronate sodium tablet 35 mg oral; Tier 1 (GC)
ALENDRONATE SODIUM TABLET 40 MG ORAL; Tier 1 (GC)
alendronate sodium tablet 5 mg oral; Tier 1 (GC)
alendronate sodium tablet 70 mg oral; Tier 1 (GC)
alfuzosin hcl er tablet extended release 24 hour 10 mg oral; Tier 1 (GC)
ALINIA SUSPENSION RECONSTITUTED 100 MG/5ML ORAL; Tier 4
ALINIA TABLET 500 MG ORAL; Tier 4
aliskiren fumarate tablet 150 mg oral; Tier 2
aliskiren fumarate tablet 300 mg oral; Tier 2
allopurinol tablet 100 mg oral; Tier 1 (GC)
allopurinol tablet 300 mg oral; Tier 1 (GC)
almotriptan malate tablet 12.5 mg oral; Tier 4
almotriptan malate tablet 6.25 mg oral; Tier 4
alosetron hcl tablet 0.5 mg oral; Tier 5
alosetron hcl tablet 1 mg oral; Tier 5
ALPHAGAN P SOLUTION 0.1 % OPHTHALMIC; Tier 3
alprazolam er tablet extended release 24 hour 0.5 mg oral; Tier 2 (QL)
alprazolam er tablet extended release 24 hour 1 mg oral; Tier 2 (QL)
alprazolam er tablet extended release 24 hour 2 mg oral; Tier 2 (QL)
alprazolam er tablet extended release 24 hour 3 mg oral; Tier 2 (QL)
alprazolam tablet 0.25 mg oral; Tier 2 (QL)
alprazolam tablet 0.5 mg oral; Tier 2 (QL)
alprazolam tablet 1 mg oral; Tier 2 (QL)
alprazolam tablet 2 mg oral; Tier 2 (QL)
alprazolam tablet dispersible 0.25 mg oral; Tier 2 (QL)
alprazolam tablet dispersible 0.5 mg oral; Tier 2 (QL)
alprazolam tablet dispersible 1 mg oral; Tier 2 (QL)
altavera tablet 0.15-30 mg-mcg oral; Tier 1 (GC)
ALUNBRIG TABLET 180 MG ORAL; Tier 5 (PA QL)
ALUNBRIG TABLET 30 MG ORAL; Tier 5 (PA QL)
ALUNBRIG TABLET 90 MG ORAL; Tier 5 (PA QL)
ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL; Tier 5 (PA QL)
alyacen 1/35 tablet 1-35 mg-mcg oral; Tier 1 (GC)
amantadine hcl capsule 100 mg oral; Tier 2
amantadine hcl syrup 50 mg/5ml oral; Tier 2
amantadine hcl tablet 100 mg oral; Tier 2
AMBISOME SUSPENSION RECONSTITUTED 50 MG INTRAVENOUS; Tier 4 (BD)
ambrisentan tablet 10 mg oral; Tier 5 (PA)
ambrisentan tablet 5 mg oral; Tier 5 (PA)
AMCINONIDE CREAM 0.1 % EXTERNAL; Tier 4
AMCINONIDE LOTION 0.1 % EXTERNAL; Tier 4
AMCINONIDE OINTMENT 0.1 % EXTERNAL; Tier 4
amethia lo tablet 0.1-0.02 & 0.01 mg oral; Tier 2
amethia tablet 0.15-0.03 &0.01 mg oral; Tier 1 (GC)
amikacin sulfate solution 500 mg/2ml injection; Tier 4
amiloride hcl tablet 5 mg oral; Tier 1 (GC)
amiloride-hydrochlorothiazide tablet 5-50 mg oral; Tier 1 (GC)
AMINOSYN II SOLUTION 10 % INTRAVENOUS; Tier 4 (BD)
AMINOSYN-PF SOLUTION 10 % INTRAVENOUS; Tier 4 (BD)
AMINOSYN-PF SOLUTION 7 % INTRAVENOUS; Tier 4 (BD)
amiodarone hcl tablet 100 mg oral; Tier 1 (GC)
amiodarone hcl tablet 200 mg oral; Tier 1 (GC)
amiodarone hcl tablet 400 mg oral; Tier 1 (GC)
AMITIZA CAPSULE 24 MCG ORAL; Tier 3
AMITIZA CAPSULE 8 MCG ORAL; Tier 3
amitriptyline hcl tablet 10 mg oral; Tier 2
amitriptyline hcl tablet 100 mg oral; Tier 2
amitriptyline hcl tablet 150 mg oral; Tier 2
amitriptyline hcl tablet 25 mg oral; Tier 2

amitriptyline hcl tablet 50 mg oral; Tier 2
amitriptyline hcl tablet 75 mg oral; Tier 2
amlodipine besy-benazepril hcl capsule 10-20 mg oral; Tier 1 (GC)
amlodipine besy-benazepril hcl capsule 10-40 mg oral; Tier 1 (GC)
amlodipine besy-benazepril hcl capsule 2.5-10 mg oral; Tier 1 (GC)
amlodipine besy-benazepril hcl capsule 5-10 mg oral; Tier 1 (GC)
amlodipine besy-benazepril hcl capsule 5-20 mg oral; Tier 1 (GC)
amlodipine besy-benazepril hcl capsule 5-40 mg oral; Tier 1 (GC)
amlodipine besylate tablet 10 mg oral; Tier 1 (GC)
amlodipine besylate tablet 2.5 mg oral; Tier 1 (GC)
amlodipine besylate tablet 5 mg oral; Tier 1 (GC)
amlodipine besylate-valsartan tablet 10-160 mg oral; Tier 1 (GC)
amlodipine besylate-valsartan tablet 10-320 mg oral; Tier 1 (GC)
amlodipine besylate-valsartan tablet 5-160 mg oral; Tier 1 (GC)
amlodipine besylate-valsartan tablet 5-320 mg oral; Tier 1 (GC)
amlodipine-atorvastatin tablet 10-10 mg oral; Tier 2
amlodipine-atorvastatin tablet 10-20 mg oral; Tier 2
amlodipine-atorvastatin tablet 10-40 mg oral; Tier 2
amlodipine-atorvastatin tablet 10-80 mg oral; Tier 2
amlodipine-atorvastatin tablet 2.5-10 mg oral; Tier 2
amlodipine-atorvastatin tablet 2.5-20 mg oral; Tier 2
amlodipine-atorvastatin tablet 2.5-40 mg oral; Tier 2
amlodipine-atorvastatin tablet 5-10 mg oral; Tier 2
amlodipine-atorvastatin tablet 5-20 mg oral; Tier 2
amlodipine-atorvastatin tablet 5-40 mg oral; Tier 2
amlodipine-atorvastatin tablet 5-80 mg oral; Tier 2
amlodipine-olmesartan tablet 10-20 mg oral; Tier 2
amlodipine-olmesartan tablet 10-40 mg oral; Tier 2
amlodipine-olmesartan tablet 5-20 mg oral; Tier 2
amlodipine-olmesartan tablet 5-40 mg oral; Tier 2
amlodipine-valsartan-hctz tablet 10-160-12.5 mg oral; Tier 1 (GC)
amlodipine-valsartan-hctz tablet 10-160-25 mg oral; Tier 1 (GC)
amlodipine-valsartan-hctz tablet 10-320-25 mg oral; Tier 1 (GC)
amlodipine-valsartan-hctz tablet 5-160-12.5 mg oral; Tier 1 (GC)
amlodipine-valsartan-hctz tablet 5-160-25 mg oral; Tier 1 (GC)
ammonium lactate cream 12 % external; Tier 1 (GC)
ammonium lactate lotion 12 % external; Tier 1 (GC)
amnesteem capsule 10 mg oral; Tier 4
amnesteem capsule 20 mg oral; Tier 4
amnesteem capsule 40 mg oral; Tier 4
AMOXAPINE TABLET 100 MG ORAL; Tier 2
AMOXAPINE TABLET 150 MG ORAL; Tier 2
AMOXAPINE TABLET 25 MG ORAL; Tier 2
AMOXAPINE TABLET 50 MG ORAL; Tier 2
amoxicill-clarithro-lansopraz oral; Tier 3
amoxicillin capsule 250 mg oral; Tier 1 (GC)
amoxicillin capsule 500 mg oral; Tier 1 (GC)
amoxicillin suspension reconstituted 125 mg/5ml oral; Tier 1 (GC)
amoxicillin suspension reconstituted 200 mg/5ml oral; Tier 1 (GC)

amoxicillin suspension reconstituted 250 mg/5ml oral; Tier 1 (GC)

amoxicillin suspension reconstituted 400 mg/5ml oral; Tier 1 (GC)

amoxicillin tablet 500 mg oral; Tier 1 (GC)

amoxicillin tablet 875 mg oral; Tier 1 (GC)

AMOXICILLIN TABLET CHEWABLE 125 MG ORAL; Tier 1 (GC)

AMOXICILLIN TABLET CHEWABLE 250 MG ORAL; Tier 1 (GC)

AMOXICILLIN-POT CLAVULANATE ER TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG ORAL; Tier 3

amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral; Tier 2

amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral; Tier 2

amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral; Tier 2

amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral; Tier 2

amoxicillin-pot clavulanate tablet 250-125 mg oral; Tier 2

amoxicillin-pot clavulanate tablet 500-125 mg oral; Tier 2

amoxicillin-pot clavulanate tablet 875-125 mg oral; Tier 2

AMOXICILLIN-POT CLAVULANATE TABLET CHEWABLE 200-28.5 MG ORAL; Tier 2

AMOXICILLIN-POT CLAVULANATE TABLET CHEWABLE 400-57 MG ORAL; Tier 2

amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral; Tier 2

amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral; Tier 2

amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral; Tier 2

amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral; Tier 2

amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral; Tier 2

amphetamine-dextroamphet er capsule extended release 24 hour 5 mg oral; Tier 2

amphetamine-dextroamphetamine tablet 10 mg oral; Tier 2

amphetamine-dextroamphetamine tablet 12.5 mg oral; Tier 2

amphetamine-dextroamphetamine tablet 15 mg oral; Tier 2

amphetamine-dextroamphetamine tablet 20 mg oral; Tier 2

amphetamine-dextroamphetamine tablet 30 mg oral; Tier 2

amphetamine-dextroamphetamine tablet 5 mg oral; Tier 2

amphetamine-dextroamphetamine tablet 7.5 mg oral; Tier 2

AMPHOTERICIN B SOLUTION RECONSTITUTED 50 MG INTRAVENOUS; Tier 4 (BD)

AMPICILLIN CAPSULE 500 MG ORAL; Tier 1 (GC)

ampicillin sodium solution reconstituted 1 gm injection; Tier 2

ampicillin sodium solution reconstituted 10 gm intravenous; Tier 2

AMPICILLIN SODIUM SOLUTION RECONSTITUTED 125 MG INJECTION; Tier 2

ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm injection; Tier 4

ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm injection; Tier 4

ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection; Tier 4

ANADROL-50 TABLET 50 MG ORAL; Tier 5

anagrelide hcl capsule 0.5 mg oral; Tier 1 (GC)

anagrelide hcl capsule 1 mg oral; Tier 1 (GC)

anastrozole tablet 1 mg oral; Tier 1 (GC)

ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL; Tier 3 (PA)

ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL; Tier 3 (PA)

APOKYN SOLUTION CARTRIDGE 30 MG/3ML SUBCUTANEOUS; Tier 5 (LA QL)

apraclonidine hcl solution 0.5 % ophthalmic; Tier 2

aprepitant capsule 125 mg oral; Tier 4 (BD)

aprepitant capsule 40 mg oral; Tier 4 (BD)

aprepitant capsule 80 & 125 mg oral; Tier 4 (BD)

aprepitant capsule 80 mg oral; Tier 4 (BD)

apri tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL; Tier 3

APTIOM TABLET 200 MG ORAL; Tier 4

APTIOM TABLET 400 MG ORAL; Tier 5

APTIOM TABLET 600 MG ORAL; Tier 5

APTIOM TABLET 800 MG ORAL; Tier 5

APTIVUS CAPSULE 250 MG ORAL; Tier 5 (QL)

APTIVUS SOLUTION 100 MG/ML ORAL; Tier 5 (QL)

aranelle tablet 0.5/1/0.5-35 mg-mcg oral; Tier 1 (GC)

ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS; Tier 5 (PA)

ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION; Tier 4 (PA)

aripiprazole solution 1 mg/ml oral; Tier 4 (QL)

aripiprazole tablet 10 mg oral; Tier 2 (QL)

aripiprazole tablet 15 mg oral; Tier 2 (QL)

aripiprazole tablet 2 mg oral; Tier 2 (QL)

aripiprazole tablet 20 mg oral; Tier 2 (QL)

aripiprazole tablet 30 mg oral; Tier 2 (QL)

aripiprazole tablet 5 mg oral; Tier 2 (QL)

aripiprazole tablet dispersible 10 mg oral; Tier 5 (QL)

aripiprazole tablet dispersible 15 mg oral; Tier 5 (QL)

armodafinil tablet 150 mg oral; Tier 3 (PA)

armodafinil tablet 200 mg oral; Tier 3 (PA)

armodafinil tablet 250 mg oral; Tier 3 (PA)

armodafinil tablet 50 mg oral; Tier 3 (PA)

ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION; Tier 3

ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION; Tier 3

ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION; Tier 3

ascomp-codeine capsule 50-325-40-30 mg oral; Tier 4 (PA QL)

ashlyna tablet 0.15-0.03 &0.01 mg oral; Tier 1 (GC)

ASMANEX 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION; Tier 3

ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION; Tier 3

ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION; Tier 3

ASMANEX 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION; Tier 3

ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION; Tier 3

ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION; Tier 3

aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral; Tier 2

ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML; Tier 3

atazanavir sulfate capsule 150 mg oral; Tier 4 (QL)

atazanavir sulfate capsule 200 mg oral; Tier 4 (QL)

atazanavir sulfate capsule 300 mg oral; Tier 5 (QL)

atenolol tablet 100 mg oral; Tier 1 (GC)

atenolol tablet 25 mg oral; Tier 1 (GC)

atenolol tablet 50 mg oral; Tier 1 (GC)

atenolol-chlorthalidone tablet 100-25 mg oral; Tier 1 (GC)

atenolol-chlorthalidone tablet 50-25 mg oral; Tier 1 (GC)
atomoxetine hcl capsule 10 mg oral; Tier 4 (QL)
atomoxetine hcl capsule 100 mg oral; Tier 4 (QL)
atomoxetine hcl capsule 18 mg oral; Tier 4 (QL)
atomoxetine hcl capsule 25 mg oral; Tier 4 (QL)
atomoxetine hcl capsule 40 mg oral; Tier 4 (QL)
atomoxetine hcl capsule 60 mg oral; Tier 4 (QL)
atomoxetine hcl capsule 80 mg oral; Tier 4 (QL)
atorvastatin calcium tablet 10 mg oral; Tier 1 (GC)
atorvastatin calcium tablet 20 mg oral; Tier 1 (GC)
atorvastatin calcium tablet 40 mg oral; Tier 1 (GC)
atorvastatin calcium tablet 80 mg oral; Tier 1 (GC)
atovaquone suspension 750 mg/5ml oral; Tier 5
atovaquone-proguanil hcl tablet 250-100 mg oral; Tier 2
atovaquone-proguanil hcl tablet 62.5-25 mg oral; Tier 2
ATRIPLA TABLET 600-200-300 MG ORAL; Tier 5 (QL)
ATROPINE SULFATE SOLUTION 1 % OPHTHALMIC; Tier 2
AUBAGIO TABLET 14 MG ORAL; Tier 5 (LA PA)
AUBAGIO TABLET 7 MG ORAL; Tier 5 (LA PA)
aubra tablet 0.1-20 mg-mcg oral; Tier 1 (GC)
AURYXIA TABLET 1 GM 210 MG(FE) ORAL; Tier 4 (PA)
AUSTEDO TABLET 12 MG ORAL; Tier 5 (PA QL)
AUSTEDO TABLET 6 MG ORAL; Tier 5 (PA QL)
AUSTEDO TABLET 9 MG ORAL; Tier 5 (PA QL)
aviane tablet 0.1-20 mg-mcg oral; Tier 1 (GC)
AVONEX KIT 30 MCG INTRAMUSCULAR; Tier 5 (PA)
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR; Tier 5 (PA)
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR; Tier 5 (PA)
AZACTAM SOLUTION RECONSTITUTED 2 GM INJECTION; Tier 4
AZASAN TABLET 100 MG ORAL; Tier 3 (BD)
AZASAN TABLET 75 MG ORAL; Tier 3 (BD)
AZASITE SOLUTION 1 % OPHTHALMIC; Tier 4
azathioprine tablet 50 mg oral; Tier 1 (BD GC)
azelaic acid gel 15 % external; Tier 4
azelastine hcl solution 0.05 % ophthalmic; Tier 2
azelastine hcl solution 0.1 % nasal; Tier 2
azelastine hcl solution 0.15 % nasal; Tier 2
AZITHROMYCIN PACKET 1 GM ORAL; Tier 2
azithromycin solution reconstituted 500 mg intravenous; Tier 2
azithromycin suspension reconstituted 100 mg/5ml oral; Tier 2
azithromycin suspension reconstituted 200 mg/5ml oral; Tier 2
azithromycin tablet 250 mg oral (6 pack); Tier 1 (GC)
azithromycin tablet 250 mg oral; Tier 1 (GC)
azithromycin tablet 500 mg oral (3 pack); Tier 1 (GC)
azithromycin tablet 500 mg oral; Tier 1 (GC)
azithromycin tablet 600 mg oral; Tier 2
AZOPT SUSPENSION 1 % OPHTHALMIC; Tier 3
aztreonam solution reconstituted 1 gm injection; Tier 4

B

BACITRACIN OINTMENT 500 UNIT/GM OPHTHALMIC; Tier 2
bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic; Tier 2
bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic; Tier 2
baclofen tablet 10 mg oral; Tier 1 (GC)
baclofen tablet 20 mg oral; Tier 1 (GC)
BACLOFEN TABLET 5 MG ORAL; Tier 1 (GC)
BACTOCILL IN DEXTROSE SOLUTION 1 GM/50ML INTRAVENOUS; Tier 4
BACTOCILL IN DEXTROSE SOLUTION 2 GM/50ML INTRAVENOUS; Tier 4

BACTROBAN NASAL OINTMENT 2 % NASAL; Tier 3
balsalazide disodium capsule 750 mg oral; Tier 2
BALVERSA TABLET 3 MG ORAL; Tier 5 (PA)
BALVERSA TABLET 4 MG ORAL; Tier 5 (PA)
BALVERSA TABLET 5 MG ORAL; Tier 5 (PA)
balziva tablet 0.4-35 mg-mcg oral; Tier 1 (GC)
BANZEL SUSPENSION 40 MG/ML ORAL; Tier 5
BANZEL TABLET 200 MG ORAL; Tier 5
BANZEL TABLET 400 MG ORAL; Tier 5
BARACLUDE SOLUTION 0.05 MG/ML ORAL; Tier 5 (QL)
BCG VACCINE INJECTABLE INJECTION; Tier 3
BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL; Tier 4
BELSOMRA TABLET 10 MG ORAL; Tier 4
BELSOMRA TABLET 15 MG ORAL; Tier 4
BELSOMRA TABLET 20 MG ORAL; Tier 4
BELSOMRA TABLET 5 MG ORAL; Tier 4
benazepril hcl tablet 10 mg oral; Tier 1 (GC)
benazepril hcl tablet 20 mg oral; Tier 1 (GC)
benazepril hcl tablet 40 mg oral; Tier 1 (GC)
benazepril hcl tablet 5 mg oral; Tier 1 (GC)
benazepril-hydrochlorothiazide tablet 10-12.5 mg oral; Tier 1 (GC)
benazepril-hydrochlorothiazide tablet 20-12.5 mg oral; Tier 1 (GC)
benazepril-hydrochlorothiazide tablet 20-25 mg oral; Tier 1 (GC)
benazepril-hydrochlorothiazide tablet 5-6.25 mg oral; Tier 1 (GC)
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS; Tier 5
BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS; Tier 5
BENZNIDAZOLE TABLET 100 MG ORAL; Tier 4
BENZNIDAZOLE TABLET 12.5 MG ORAL; Tier 4
benzoyl peroxide-erythromycin gel 5-3 % external; Tier 2
benztropine mesylate tablet 0.5 mg oral; Tier 1 (GC)
benztropine mesylate tablet 1 mg oral; Tier 1 (GC)
benztropine mesylate tablet 2 mg oral; Tier 1 (GC)
BEPREVE SOLUTION 1.5 % OPHTHALMIC; Tier 4
BESIVANCE SUSPENSION 0.6 % OPHTHALMIC; Tier 4
betamethasone dipropionate aug cream 0.05 % external; Tier 2
betamethasone dipropionate aug lotion 0.05 % external; Tier 2
betamethasone dipropionate aug ointment 0.05 % external; Tier 2
betamethasone dipropionate cream 0.05 % external; Tier 2
betamethasone dipropionate lotion 0.05 % external; Tier 2
betamethasone dipropionate ointment 0.05 % external; Tier 2
betamethasone valerate cream 0.1 % external; Tier 2
betamethasone valerate foam 0.12 % external; Tier 4
betamethasone valerate lotion 0.1 % external; Tier 2
betamethasone valerate ointment 0.1 % external; Tier 2
BETASERON KIT 0.3 MG SUBCUTANEOUS; Tier 5 (PA)
betaxolol hcl solution 0.5 % ophthalmic; Tier 2
bethanechol chloride tablet 10 mg oral; Tier 1 (GC)
bethanechol chloride tablet 25 mg oral; Tier 1 (GC)
bethanechol chloride tablet 5 mg oral; Tier 1 (GC)
bethanechol chloride tablet 50 mg oral; Tier 1 (GC)

bexarotene capsule 75 mg oral; Tier 5

BEXSERO SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR; Tier 3

bicalutamide tablet 50 mg oral; Tier 1 (GC)

BICILLIN C-R 900/300 SUSPENSION 900000-300000 UNIT/2ML INTRAMUSCULAR; Tier 4

BICILLIN C-R SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR; Tier 4

BICILLIN L-A SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR; Tier 3

BICILLIN L-A SUSPENSION 2400000 UNIT/4ML INTRAMUSCULAR; Tier 3

BICILLIN L-A SUSPENSION 600000 UNIT/ML INTRAMUSCULAR; Tier 3

BIDIL TABLET 20-37.5 MG ORAL; Tier 3

BIKTARVY TABLET 50-200-25 MG ORAL; Tier 5 (QL)

bimatoprost solution 0.03 % ophthalmic; Tier 2

bisoprolol fumarate tablet 10 mg oral; Tier 1 (GC)

bisoprolol fumarate tablet 5 mg oral; Tier 1 (GC)

bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral; Tier 1 (GC)

bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral; Tier 1 (GC)

bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral; Tier 1 (GC)

BIVIGAM SOLUTION 10 GM/100ML INTRAVENOUS; Tier 5 (BD)

BLEPHAMIDE S.O.P. OINTMENT 10-0.2 % OPHTHALMIC; Tier 4

BLEPHAMIDE SUSPENSION 10-0.2 % OPHTHALMIC; Tier 3

blisovi 24 fe tablet 1-20 mg-mcg(24) oral; Tier 1 (GC)

blisovi fe 1.5/30 tablet 1.5-30 mg-mcg oral; Tier 1 (GC)

BOOSTRIX SUSPENSION 5-2.5-18.5 INTRAMUSCULAR (0.5ML SYRINGE); Tier 3

BOOSTRIX SUSPENSION 5-2.5-18.5 INTRAMUSCULAR; Tier 3

bosentan tablet 125 mg oral; Tier 5 (PA)

bosentan tablet 62.5 mg oral; Tier 5 (PA)

BOSULIF TABLET 100 MG ORAL; Tier 5 (PA QL)

BOSULIF TABLET 400 MG ORAL; Tier 5 (PA QL)

BOSULIF TABLET 500 MG ORAL; Tier 5 (PA QL)

BRAFTOVI CAPSULE 75 MG ORAL; Tier 5 (LA PA QL)

BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH INHALATION; Tier 3 (GC)

BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/INH INHALATION; Tier 3 (GC)

briellyn tablet 0.4-35 mg-mcg oral; Tier 1 (GC)

BRILINTA TABLET 60 MG ORAL; Tier 3

BRILINTA TABLET 90 MG ORAL; Tier 3

brimonidine tartrate solution 0.15 % ophthalmic; Tier 2

brimonidine tartrate solution 0.2 % ophthalmic; Tier 1 (GC)

BRIVIACT SOLUTION 10 MG/ML ORAL; Tier 5 (QL)

BRIVIACT TABLET 10 MG ORAL; Tier 5 (QL)

BRIVIACT TABLET 100 MG ORAL; Tier 5 (QL)

BRIVIACT TABLET 25 MG ORAL; Tier 5 (QL)

BRIVIACT TABLET 50 MG ORAL; Tier 5 (QL)

BRIVIACT TABLET 75 MG ORAL; Tier 5 (QL)

BROMFENAC SODIUM (ONCE-DAILY) SOLUTION 0.09 % OPHTHALMIC; Tier 2

bromocriptine mesylate capsule 5 mg oral; Tier 2

bromocriptine mesylate tablet 2.5 mg oral; Tier 2

BROMSITE SOLUTION 0.075 % OPHTHALMIC; Tier 4

budesonide capsule delayed release particles 3 mg oral; Tier 4

budesonide er tablet extended release 24 hour 9 mg oral; Tier 4

budesonide suspension 0.25 mg/2ml inhalation; Tier 3 (BD)

budesonide suspension 0.5 mg/2ml inhalation; Tier 3 (BD)

budesonide suspension 1 mg/2ml inhalation; Tier 3 (BD)

bumetanide solution 0.25 mg/ml injection; Tier 2

bumetanide tablet 0.5 mg oral; Tier 2

bumetanide tablet 1 mg oral; Tier 2

bumetanide tablet 2 mg oral; Tier 2

buprenorphine hcl tablet sublingual 2 mg sublingual; Tier 2 (QL)

buprenorphine hcl tablet sublingual 8 mg sublingual; Tier 2 (QL)

buprenorphine hcl-naloxone hcl film 12-3 mg sublingual; Tier 4

buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual; Tier 4

buprenorphine hcl-naloxone hcl film 4-1 mg sublingual; Tier 4

buprenorphine hcl-naloxone hcl film 8-2 mg sublingual; Tier 4

buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual; Tier 2 (QL)

buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual; Tier 2 (QL)

buprenorphine patch weekly 10 mcg/hr transdermal; Tier 3 (QL)

buprenorphine patch weekly 15 mcg/hr transdermal; Tier 3 (QL)

buprenorphine patch weekly 20 mcg/hr transdermal; Tier 3 (QL)

buprenorphine patch weekly 5 mcg/hr transdermal; Tier 3 (QL)

BUPRENORPHINE PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL; Tier 3 (QL)

bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral; Tier 1 (GC)

bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral; Tier 1 (GC)

bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral; Tier 1 (GC)

bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral; Tier 1 (GC)

bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral; Tier 1 (GC)

bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral; Tier 1 (GC)

BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL; Tier 3 (QL)

bupropion hcl tablet 100 mg oral; Tier 1 (GC)

bupropion hcl tablet 75 mg oral; Tier 1 (GC)

buspirone hcl tablet 10 mg oral; Tier 1 (GC)

buspirone hcl tablet 15 mg oral; Tier 1 (GC)

buspirone hcl tablet 30 mg oral; Tier 1 (GC)

buspirone hcl tablet 5 mg oral; Tier 1 (GC)

buspirone hcl tablet 7.5 mg oral; Tier 1 (GC)

butalbital-apap-caff-cod capsule 50-325-40-30 mg oral; Tier 4 (PA QL)

butalbital-apap-caffeine tablet 50-325-40 mg oral; Tier 4 (PA QL)

butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral; Tier 4 (PA QL)

butalbital-aspirin-caffeine capsule 50-325-40 mg oral; Tier 4 (PA QL)

butorphanol tartrate solution 10 mg/ml nasal; Tier 2

BUTRANS PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL; Tier 3 (QL)

BYSTOLIC TABLET 10 MG ORAL; Tier 3

BYSTOLIC TABLET 2.5 MG ORAL; Tier 3

BYSTOLIC TABLET 20 MG ORAL; Tier 3

BYSTOLIC TABLET 5 MG ORAL; Tier 3

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cabergoline tablet 0.5 mg oral; Tier 2

CABLIVI KIT 11 MG INJECTION; Tier 5 (PA)

CABOMETYX TABLET 20 MG ORAL; Tier 5 (PA)

CABOMETYX TABLET 40 MG ORAL; Tier 5 (PA)

CABOMETYX TABLET 60 MG ORAL; Tier 5 (PA)

calcipotriene cream 0.005 % external; Tier 4
calcipotriene ointment 0.005 % external; Tier 4
calcipotriene solution 0.005 % external; Tier 4
calcipotriene-betameth diprop ointment 0.005-0.064 % external; Tier 4
calcitonin (salmon) solution 200 unit/act nasal; Tier 2 (BD)
calcitriol capsule 0.25 mcg oral; Tier 1 (GC)
calcitriol capsule 0.5 mcg oral; Tier 1 (GC)
CALCITRIOL OINTMENT 3 MCG/GM EXTERNAL; Tier 2
calcitriol solution 1 mcg/ml oral; Tier 1 (GC)
calcium acetate (phos binder) capsule 667 mg oral; Tier 2
calcium acetate (phos binder) tablet 667 mg oral; Tier 2
CALQUENCE CAPSULE 100 MG ORAL; Tier 5 (LA PA QL)
camila tablet 0.35 mg oral; Tier 1 (GC)
camrese lo tablet 0.1-0.02 & 0.01 mg oral; Tier 2
candesartan cilexetil tablet 16 mg oral; Tier 1 (GC)
candesartan cilexetil tablet 32 mg oral; Tier 1 (GC)
candesartan cilexetil tablet 4 mg oral; Tier 1 (GC)
candesartan cilexetil tablet 8 mg oral; Tier 1 (GC)
candesartan cilexetil-hctz tablet 16-12.5 mg oral; Tier 2
candesartan cilexetil-hctz tablet 32-12.5 mg oral; Tier 2
candesartan cilexetil-hctz tablet 32-25 mg oral; Tier 2
CAPEX SHAMPOO 0.01 % EXTERNAL; Tier 4
CAPRELSA TABLET 100 MG ORAL; Tier 5 (QL)
CAPRELSA TABLET 300 MG ORAL; Tier 5 (QL)
captopril tablet 100 mg oral; Tier 1 (GC)
captopril tablet 12.5 mg oral; Tier 1 (GC)
captopril tablet 25 mg oral; Tier 1 (GC)
captopril tablet 50 mg oral; Tier 1 (GC)
CAPTOPRIL-HYDROCHLOROTHIAZIDE TABLET 25-15 MG ORAL; Tier 1 (GC)
CAPTOPRIL-HYDROCHLOROTHIAZIDE TABLET 25-25 MG ORAL; Tier 1 (GC)
CAPTOPRIL-HYDROCHLOROTHIAZIDE TABLET 50-15 MG ORAL; Tier 1 (GC)
CAPTOPRIL-HYDROCHLOROTHIAZIDE TABLET 50-25 MG ORAL; Tier 1 (GC)
CARAFATE SUSPENSION 1 GM/10ML ORAL; Tier 3
CARBAGLU TABLET 200 MG ORAL; Tier 5
carbamazepine er capsule extended release 12 hour 100 mg oral; Tier 2
carbamazepine er capsule extended release 12 hour 200 mg oral; Tier 2
carbamazepine er capsule extended release 12 hour 300 mg oral; Tier 2
carbamazepine er tablet extended release 12 hour 100 mg oral; Tier 2
carbamazepine er tablet extended release 12 hour 200 mg oral; Tier 2
carbamazepine er tablet extended release 12 hour 400 mg oral; Tier 2
carbamazepine suspension 100 mg/5ml oral; Tier 2
carbamazepine tablet 200 mg oral; Tier 2
carbamazepine tablet chewable 100 mg oral; Tier 1 (GC)
carbidopa-levodopa er tablet extended release 25-100 mg oral; Tier 2
carbidopa-levodopa er tablet extended release 50-200 mg oral; Tier 2
carbidopa-levodopa tablet 10-100 mg oral; Tier 1 (GC)
carbidopa-levodopa tablet 25-100 mg oral; Tier 1 (GC)
carbidopa-levodopa tablet 25-250 mg oral; Tier 1 (GC)
carbidopa-levodopa tablet dispersible 10-100 mg oral; Tier 2

carbidopa-levodopa tablet dispersible 25-100 mg oral; Tier 2

carbidopa-levodopa tablet dispersible 25-250 mg oral; Tier 2

CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 12.5-50-200 MG ORAL; Tier 2

CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 18.75-75-200 MG ORAL; Tier 2

CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 25-100-200 MG ORAL; Tier 2

CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 31.25-125-200 MG ORAL; Tier 2

CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 37.5-150-200 MG ORAL; Tier 2

CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 50-200-200 MG ORAL; Tier 2

carbinoxamine maleate solution 4 mg/5ml oral; Tier 1 (GC)

carbinoxamine maleate tablet 4 mg oral; Tier 1 (GC)

CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL; Tier 4

CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL; Tier 4

CARTEOLOL HCL SOLUTION 1 % OPHTHALMIC; Tier 1 (GC)

cartia xt capsule extended release 24 hour 120 mg oral; Tier 1 (GC)

cartia xt capsule extended release 24 hour 180 mg oral; Tier 1 (GC)

cartia xt capsule extended release 24 hour 240 mg oral; Tier 1 (GC)

cartia xt capsule extended release 24 hour 300 mg oral; Tier 1 (GC)

carvedilol phosphate er capsule extended release 24 hour 10 mg oral; Tier 4

carvedilol phosphate er capsule extended release 24 hour 20 mg oral; Tier 4

carvedilol phosphate er capsule extended release 24 hour 40 mg oral; Tier 4

carvedilol phosphate er capsule extended release 24 hour 80 mg oral; Tier 4

carvedilol tablet 12.5 mg oral; Tier 1 (GC)

carvedilol tablet 25 mg oral; Tier 1 (GC)

carvedilol tablet 3.125 mg oral; Tier 1 (GC)

carvedilol tablet 6.25 mg oral; Tier 1 (GC)

caspofungin acetate solution reconstituted 50 mg intravenous; Tier 5 (BD)

caspofungin acetate solution reconstituted 70 mg intravenous; Tier 5 (BD)

CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION; Tier 5 (PA)

caziant tablet 0.1/0.125/0.15 -0.025 mg oral; Tier 1 (GC)

cefaclor capsule 250 mg oral; Tier 2

cefaclor capsule 500 mg oral; Tier 2

CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500 MG ORAL; Tier 3

cefadroxil capsule 500 mg oral; Tier 1 (GC)

cefadroxil suspension reconstituted 250 mg/5ml oral; Tier 2

cefadroxil suspension reconstituted 500 mg/5ml oral; Tier 2

cefadroxil tablet 1 gm oral; Tier 2

cefazolin sodium solution reconstituted 1 gm injection; Tier 4

cefazolin sodium solution reconstituted 10 gm injection; Tier 4

cefazolin sodium solution reconstituted 500 mg injection; Tier 4

cefdinir capsule 300 mg oral; Tier 2

cefdinir suspension reconstituted 125 mg/5ml oral; Tier 2

cefdinir suspension reconstituted 250 mg/5ml oral; Tier 2

cefepime hcl solution reconstituted 1 gm injection; Tier 4

cefepime hcl solution reconstituted 2 gm injection; Tier 4

cefixime suspension reconstituted 100 mg/5ml oral; Tier 4

cefixime suspension reconstituted 200 mg/5ml oral; Tier 4

cefotetan disodium solution reconstituted 1 gm injection; Tier 4

cefotetan disodium solution reconstituted 2 gm injection; Tier 4

cefoxitin sodium solution reconstituted 1 gm intravenous; Tier 4

cefoxitin sodium solution reconstituted 10 gm injection; Tier 4

cefoxitin sodium solution reconstituted 2 gm intravenous; Tier 4

cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral; Tier 4

cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral; Tier 4

cefpodoxime proxetil tablet 100 mg oral; Tier 4

cefpodoxime proxetil tablet 200 mg oral; Tier 4

cefprozil suspension reconstituted 125 mg/5ml oral; Tier 2

cefprozil suspension reconstituted 250 mg/5ml oral; Tier 2

cefprozil tablet 250 mg oral; Tier 2

cefprozil tablet 500 mg oral; Tier 2

ceftazidime solution reconstituted 1 gm injection; Tier 4

ceftazidime solution reconstituted 2 gm injection; Tier 4

ceftazidime solution reconstituted 6 gm injection; Tier 4

ceftriaxone sodium solution reconstituted 1 gm injection; Tier 4

ceftriaxone sodium solution reconstituted 10 gm intravenous; Tier 4

ceftriaxone sodium solution reconstituted 2 gm injection; Tier 4

ceftriaxone sodium solution reconstituted 250 mg injection; Tier 4

ceftriaxone sodium solution reconstituted 500 mg injection; Tier 4

cefuroxime axetil tablet 250 mg oral; Tier 2

cefuroxime axetil tablet 500 mg oral; Tier 2

cefuroxime sodium solution reconstituted 1.5 gm intravenous; Tier 4

cefuroxime sodium solution reconstituted 7.5 gm injection; Tier 4

cefuroxime sodium solution reconstituted 750 mg injection; Tier 4

celecoxib capsule 100 mg oral; Tier 2

celecoxib capsule 200 mg oral; Tier 2

celecoxib capsule 400 mg oral; Tier 2

celecoxib capsule 50 mg oral; Tier 2

CELONTIN CAPSULE 300 MG ORAL; Tier 3

cephalexin capsule 250 mg oral; Tier 1 (GC)

cephalexin capsule 500 mg oral; Tier 1 (GC)

cephalexin suspension reconstituted 125 mg/5ml oral; Tier 1 (GC)

cephalexin suspension reconstituted 250 mg/5ml oral; Tier 1 (GC)

CEPHALEXIN TABLET 250 MG ORAL; Tier 1 (GC)

CEPHALEXIN TABLET 500 MG ORAL; Tier 1 (GC)

cetirizine hcl solution 1 mg/ml oral; Tier 1 (GC)

cevimeline hcl capsule 30 mg oral; Tier 3

CHANTIX CONTINUING MONTH PAK TABLET 1 MG ORAL; Tier 3

CHANTIX STARTING MONTH PAK TABLET 0.5 MG X 11 & 1 MG X 42 ORAL; Tier 3

CHANTIX TABLET 0.5 MG ORAL; Tier 3

CHANTIX TABLET 1 MG ORAL; Tier 3

CHEMET CAPSULE 100 MG ORAL; Tier 4

chlordiazepoxide hcl capsule 10 mg oral; Tier 2 (QL)

chlordiazepoxide hcl capsule 25 mg oral; Tier 2 (QL)
chlordiazepoxide hcl capsule 5 mg oral; Tier 2 (QL)
chlorhexidine gluconate solution 0.12 % mouth/throat; Tier 1 (GC)
CHLOROQUINE PHOSPHATE TABLET 250 MG ORAL; Tier 2
chloroquine phosphate tablet 500 mg oral; Tier 2
CHLOROTHIAZIDE TABLET 250 MG ORAL; Tier 2
chlorothiazide tablet 500 mg oral; Tier 2
chlorpromazine hcl tablet 10 mg oral; Tier 2 (BD)
chlorpromazine hcl tablet 100 mg oral; Tier 2
chlorpromazine hcl tablet 200 mg oral; Tier 2
chlorpromazine hcl tablet 25 mg oral; Tier 2 (BD)
chlorpromazine hcl tablet 50 mg oral; Tier 2
chlorthalidone tablet 25 mg oral; Tier 1 (GC)
chlorthalidone tablet 50 mg oral; Tier 1 (GC)
CHLORZOXAZONE TABLET 375 MG ORAL; Tier 3 (PA)
CHLORZOXAZONE TABLET 500 MG ORAL; Tier 3 (PA)
CHLORZOXAZONE TABLET 750 MG ORAL; Tier 3 (PA)
cholestyramine light powder 4 gm/dose oral; Tier 2
cholestyramine packet 4 gm oral; Tier 2
ciclopirox gel 0.77 % external; Tier 2
ciclopirox olamine cream 0.77 % external; Tier 2
ciclopirox olamine suspension 0.77 % external; Tier 2
ciclopirox shampoo 1 % external; Tier 2
ciclopirox solution 8 % external; Tier 2
cilostazol tablet 100 mg oral; Tier 1 (GC)
cilostazol tablet 50 mg oral; Tier 1 (GC)
CIMDUO TABLET 300-300 MG ORAL; Tier 5 (QL)
CIMETIDINE HCL SOLUTION 300 MG/5ML ORAL; Tier 2
cimetidine tablet 200 mg oral; Tier 2
cimetidine tablet 300 mg oral; Tier 2
cimetidine tablet 400 mg oral; Tier 2
cimetidine tablet 800 mg oral; Tier 2
cinacalcet hcl tablet 30 mg oral; Tier 3 (BD QL)
cinacalcet hcl tablet 60 mg oral; Tier 5 (BD QL)
cinacalcet hcl tablet 90 mg oral; Tier 5 (BD QL)
CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS; Tier 5
CIPRODEX SUSPENSION 0.3-0.1 % OTIC; Tier 3
CIPROFLOXACIN HCL SOLUTION 0.2 % OTIC; Tier 3
ciprofloxacin hcl solution 0.3 % ophthalmic; Tier 1 (GC)
CIPROFLOXACIN HCL TABLET 100 MG ORAL; Tier 1 (GC)
ciprofloxacin hcl tablet 250 mg oral; Tier 1 (GC)
ciprofloxacin hcl tablet 500 mg oral; Tier 1 (GC)
ciprofloxacin hcl tablet 750 mg oral; Tier 1 (GC)
ciprofloxacin in d5w solution 200 mg/100ml intravenous; Tier 4
ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral; Tier 4
citalopram hydrobromide solution 10 mg/5ml oral; Tier 2
citalopram hydrobromide tablet 10 mg oral; Tier 1 (GC)
citalopram hydrobromide tablet 20 mg oral; Tier 1 (GC)
citalopram hydrobromide tablet 40 mg oral; Tier 1 (GC)
claravis capsule 10 mg oral; Tier 4
claravis capsule 20 mg oral; Tier 4
claravis capsule 30 mg oral; Tier 4
claravis capsule 40 mg oral; Tier 4
clarithromycin er tablet extended release 24 hour 500 mg oral; Tier 2
CLARITHROMYCIN SUSPENSION RECONSTITUTED 125 MG/5ML ORAL; Tier 2
CLARITHROMYCIN SUSPENSION RECONSTITUTED 250 MG/5ML ORAL; Tier 2
clarithromycin tablet 250 mg oral; Tier 2

clarithromycin tablet 500 mg oral; Tier 2
CLEMASTINE FUMARATE TABLET 2.68 MG ORAL; Tier 1 (GC)
CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/160ML ORAL; Tier 4
CLEOCIN SUPPOSITORY 100 MG VAGINAL; Tier 4
CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL; Tier 4
clindamycin hcl capsule 150 mg oral; Tier 1 (GC)
clindamycin hcl capsule 300 mg oral; Tier 1 (GC)
clindamycin hcl capsule 75 mg oral; Tier 1 (GC)
clindamycin palmitate hcl solution reconstituted 75 mg/5ml oral; Tier 2
clindamycin phos-benzoyl perox gel 1.2-5 % external; Tier 4
clindamycin phos-benzoyl perox gel 1-5 % external; Tier 4
clindamycin phosphate cream 2 % vaginal; Tier 2
clindamycin phosphate foam 1 % external; Tier 4
clindamycin phosphate gel 1 % external; Tier 2
clindamycin phosphate in d5w solution 300 mg/50ml intravenous; Tier 4
clindamycin phosphate in d5w solution 600 mg/50ml intravenous; Tier 4
clindamycin phosphate in d5w solution 900 mg/50ml intravenous; Tier 4
clindamycin phosphate lotion 1 % external; Tier 2
clindamycin phosphate solution 1 % external; Tier 2
clindamycin phosphate solution 300 mg/2ml injection; Tier 4
clindamycin phosphate solution 600 mg/4ml injection; Tier 4
clindamycin phosphate solution 900 mg/6ml injection; Tier 4
clindamycin phosphate swab 1 % external; Tier 2
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS; Tier 3 (BD)
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS; Tier 3 (BD)
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS; Tier 3 (BD)
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS; Tier 3 (BD)
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS; Tier 3 (BD)
CLINIMIX/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS; Tier 3 (BD)
CLINIMIX/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS; Tier 3 (BD)
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS; Tier 3 (BD)
CLINIMIX/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS; Tier 3 (BD)
clinisol sf solution 15 % intravenous; Tier 4 (BD)
clobazam suspension 2.5 mg/ml oral; Tier 4 (QL)
clobazam tablet 10 mg oral; Tier 4 (QL)
clobazam tablet 20 mg oral; Tier 4 (QL)
clobetasol propionate cream 0.05 % external; Tier 4
clobetasol propionate e cream 0.05 % external; Tier 4
clobetasol propionate emulsion foam 0.05 % external; Tier 4
clobetasol propionate foam 0.05 % external; Tier 4
clobetasol propionate gel 0.05 % external; Tier 4
clobetasol propionate liquid 0.05 % external; Tier 4
clobetasol propionate lotion 0.05 % external; Tier 4
clobetasol propionate ointment 0.05 % external; Tier 4
clobetasol propionate shampoo 0.05 % external; Tier 4
clobetasol propionate solution 0.05 % external; Tier 4
clomipramine hcl capsule 25 mg oral; Tier 4
clomipramine hcl capsule 50 mg oral; Tier 4
clomipramine hcl capsule 75 mg oral; Tier 4

clonazepam tablet 0.5 mg oral; Tier 2 (QL)
clonazepam tablet 1 mg oral; Tier 2 (QL)
clonazepam tablet 2 mg oral; Tier 2 (QL)
clonazepam tablet dispersible 0.125 mg oral; Tier 2 (QL)
clonazepam tablet dispersible 0.25 mg oral; Tier 2 (QL)
clonazepam tablet dispersible 0.5 mg oral; Tier 2 (QL)
clonazepam tablet dispersible 1 mg oral; Tier 2 (QL)
clonazepam tablet dispersible 2 mg oral; Tier 2 (QL)
clonidine hcl er tablet extended release 12 hour 0.1 mg oral; Tier 4 (QL)
clonidine hcl tablet 0.1 mg oral; Tier 1 (GC)
clonidine hcl tablet 0.2 mg oral; Tier 1 (GC)
clonidine hcl tablet 0.3 mg oral; Tier 1 (GC)
clonidine patch weekly 0.1 mg/24hr transdermal; Tier 2
clonidine patch weekly 0.2 mg/24hr transdermal; Tier 2
clonidine patch weekly 0.3 mg/24hr transdermal; Tier 2
clopidogrel bisulfate tablet 75 mg oral; Tier 1 (GC)
clorazepate dipotassium tablet 15 mg oral; Tier 2 (QL)
clorazepate dipotassium tablet 3.75 mg oral; Tier 2 (QL)
clorazepate dipotassium tablet 7.5 mg oral; Tier 2 (QL)
clotrimazole cream 1 % external; Tier 1 (GC)
clotrimazole lozenge 10 mg mouth/throat; Tier 1 (GC)
clotrimazole solution 1 % external; Tier 1 (GC)
clotrimazole-betamethasone cream 1-0.05 % external; Tier 2
clotrimazole-betamethasone lotion 1-0.05 % external; Tier 4
clozapine tablet 100 mg oral; Tier 2
clozapine tablet 200 mg oral; Tier 2
clozapine tablet 25 mg oral; Tier 2
clozapine tablet 50 mg oral; Tier 2
clozapine tablet dispersible 100 mg oral; Tier 4
clozapine tablet dispersible 12.5 mg oral; Tier 4
CLOZAPINE TABLET DISPERSIBLE 150 MG ORAL; Tier 4
CLOZAPINE TABLET DISPERSIBLE 200 MG ORAL; Tier 5
clozapine tablet dispersible 25 mg oral; Tier 4
COARTEM TABLET 20-120 MG ORAL; Tier 4
codeine sulfate tablet 30 mg oral; Tier 2 (QL)
CODEINE SULFATE TABLET 60 MG ORAL; Tier 2 (QL)
COLCHICINE CAPSULE 0.6 MG ORAL; Tier 2
COLCHICINE TABLET 0.6 MG ORAL; Tier 2
colchicine-probenecid tablet 0.5-500 mg oral; Tier 2
colesevelam hcl packet 3.75 gm oral; Tier 3
colesevelam hcl tablet 625 mg oral; Tier 3
colestipol hcl packet 5 gm oral; Tier 2
colestipol hcl tablet 1 gm oral; Tier 2
colistimethate sodium (cba) solution reconstituted 150 mg injection; Tier 4 (BD)
COMBIGAN SOLUTION 0.2-0.5 % OPHTHALMIC; Tier 3
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.14 MG/DAY TRANSDERMAL; Tier 4
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.25 MG/DAY TRANSDERMAL; Tier 4
COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION; Tier 4
COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80 & 1 X 20 MG ORAL; Tier 5 (QL)
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG ORAL; Tier 5 (QL)
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL; Tier 5 (QL)

COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML; Tier 3

COMPLERA TABLET 200-25-300 MG ORAL; Tier 5 (QL)

compro suppository 25 mg rectal; Tier 2

CONDYLOX GEL 0.5 % EXTERNAL; Tier 4

COPIKTRA CAPSULE 15 MG ORAL; Tier 5 (PA QL)

COPIKTRA CAPSULE 25 MG ORAL; Tier 5 (PA QL)

CORLANOR TABLET 5 MG ORAL; Tier 4 (QL)

CORLANOR TABLET 7.5 MG ORAL; Tier 4 (QL)

CORTISONE ACETATE TABLET 25 MG ORAL; Tier 3

CORTISPORIN CREAM 3.5-10000-0.5 EXTERNAL; Tier 3

CORTISPORIN OINTMENT 1 % EXTERNAL; Tier 3

COSENTYX 300 DOSE SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS; Tier 5 (PA)

COSENTYX SENSOREADY 300 DOSE SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS; Tier 5 (PA)

COTELLIC TABLET 20 MG ORAL; Tier 5 (LA PA)

CREON CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT ORAL; Tier 3

CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL; Tier 3

CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL; Tier 3

CREON CAPSULE DELAYED RELEASE PARTICLES 36000 UNIT ORAL; Tier 3

CREON CAPSULE DELAYED RELEASE PARTICLES 6000 UNIT ORAL; Tier 3

CRIXIVAN CAPSULE 200 MG ORAL; Tier 3 (QL)

CRIXIVAN CAPSULE 400 MG ORAL; Tier 3 (QL)

cromolyn sodium concentrate 100 mg/5ml oral; Tier 4

cromolyn sodium nebulization solution 20 mg/2ml inhalation; Tier 2 (BD)

cromolyn sodium solution 4 % ophthalmic; Tier 1 (GC)

cryselle-28 tablet 0.3-30 mg-mcg oral; Tier 1 (GC)

CUVPOSA SOLUTION 1 MG/5ML ORAL; Tier 4

CVS GAUZE STERILE PAD 2"X2"; Tier 3

cyclafem 1/35 tablet 1-35 mg-mcg oral; Tier 1 (GC)

cyclafem 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral; Tier 1 (GC)

cyclobenzaprine hcl tablet 10 mg oral; Tier 2 (PA)

cyclobenzaprine hcl tablet 5 mg oral; Tier 2 (PA)

cyclobenzaprine hcl tablet 7.5 mg oral; Tier 3 (PA)

cyclophosphamide capsule 25 mg oral; Tier 4 (BD)

cyclophosphamide capsule 50 mg oral; Tier 4 (BD)

CYCLOSET TABLET 0.8 MG ORAL; Tier 4

cyclosporine capsule 100 mg oral; Tier 2 (BD)

cyclosporine capsule 25 mg oral; Tier 2 (BD)

cyclosporine modified capsule 100 mg oral; Tier 2 (BD)

cyclosporine modified capsule 25 mg oral; Tier 2 (BD)

CYCLOSPORINE MODIFIED CAPSULE 50 MG ORAL; Tier 2 (BD)

cyclosporine modified solution 100 mg/ml oral; Tier 2 (BD)

cyproheptadine hcl syrup 2 mg/5ml oral; Tier 1 (GC)

cyproheptadine hcl tablet 4 mg oral; Tier 1 (GC)

cyred tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

CYSTADANE POWDER ORAL; Tier 5

CYSTAGON CAPSULE 150 MG ORAL; Tier 3

CYSTAGON CAPSULE 50 MG ORAL; Tier 3

CYSTARAN SOLUTION 0.44 % OPHTHALMIC; Tier 5 (PA)

D

dalfampridine er tablet extended release 12 hour 10 mg oral; Tier 5 (PA QL)

DALIRESP TABLET 250 MCG ORAL; Tier 3 (QL)

DALIRESP TABLET 500 MCG ORAL; Tier 3 (QL)

danazol capsule 100 mg oral; Tier 2
danazol capsule 200 mg oral; Tier 2
danazol capsule 50 mg oral; Tier 2
dantrolene sodium capsule 100 mg oral; Tier 4
dantrolene sodium capsule 25 mg oral; Tier 4
dantrolene sodium capsule 50 mg oral; Tier 4
dapsone tablet 100 mg oral; Tier 2
dapsone tablet 25 mg oral; Tier 2
DAPTACEL SUSPENSION 23-15-5 INTRAMUSCULAR; Tier 3
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS; Tier 4
daptomycin solution reconstituted 500 mg intravenous; Tier 5
DARAPRIM TABLET 25 MG ORAL; Tier 5
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral; Tier 2
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral; Tier 2
DAURISMO TABLET 100 MG ORAL; Tier 5 (PA)
DAURISMO TABLET 25 MG ORAL; Tier 5 (PA)
DAYTRANA PATCH 15 MG/9HR TRANSDERMAL; Tier 4
deblitane tablet 0.35 mg oral; Tier 1 (GC)
deferasirox tablet soluble 125 mg oral; Tier 5 (PA)
deferasirox tablet soluble 250 mg oral; Tier 5 (PA)
deferasirox tablet soluble 500 mg oral; Tier 5 (PA)
DELSTRIGO TABLET 100-300-300 MG ORAL; Tier 5 (QL)
delyla tablet 0.1-20 mg-mcg oral; Tier 1 (GC)
demeclocycline hcl tablet 150 mg oral; Tier 4
demeclocycline hcl tablet 300 mg oral; Tier 4
DEMSER CAPSULE 250 MG ORAL; Tier 5
DENAVIR CREAM 1 % EXTERNAL; Tier 4
DEPEN TITRATABS TABLET 250 MG ORAL; Tier 5
DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR; Tier 4
DEPO-PROVERA SUSPENSION 400 MG/ML INTRAMUSCULAR; Tier 3 (BD)
DESCOVY TABLET 200-25 MG ORAL; Tier 5 (QL)
desipramine hcl tablet 10 mg oral; Tier 2
desipramine hcl tablet 100 mg oral; Tier 2
desipramine hcl tablet 150 mg oral; Tier 2
desipramine hcl tablet 25 mg oral; Tier 2
desipramine hcl tablet 50 mg oral; Tier 2
desipramine hcl tablet 75 mg oral; Tier 2
desmopressin ace spray refrig solution 0.01 % nasal; Tier 2
desmopressin acetate tablet 0.1 mg oral; Tier 2
desmopressin acetate tablet 0.2 mg oral; Tier 2
desogestrel-ethinyl estradiol tablet 0.15-0.02/0.01 mg (21/5) oral; Tier 1 (GC)
desogestrel-ethinyl estradiol tablet 0.15-30 mg-mcg oral; Tier 1 (GC)
desonide cream 0.05 % external; Tier 4
desonide lotion 0.05 % external; Tier 4
desonide ointment 0.05 % external; Tier 4
desoximetasone cream 0.05 % external; Tier 2
desoximetasone cream 0.25 % external; Tier 2
desoximetasone gel 0.05 % external; Tier 2
desoximetasone liquid 0.25 % external; Tier 2
desoximetasone ointment 0.05 % external; Tier 2
desoximetasone ointment 0.25 % external; Tier 2
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL; Tier 3
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL; Tier 3
desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral; Tier 3
desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral; Tier 3
desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral; Tier 3
dexamethasone elixir 0.5 mg/5ml oral; Tier 1 (GC)
DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL; Tier 1 (GC)

DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 0.1 % OPHTHALMIC; Tier 1 (GC)

dexamethasone tablet 0.5 mg oral; Tier 1 (GC)

dexamethasone tablet 0.75 mg oral; Tier 1 (GC)

DEXAMETHASONE TABLET 1 MG ORAL; Tier 1 (GC)

dexamethasone tablet 1.5 mg oral; Tier 1 (GC)

DEXAMETHASONE TABLET 2 MG ORAL; Tier 1 (GC)

dexamethasone tablet 4 mg oral; Tier 1 (GC)

dexamethasone tablet 6 mg oral; Tier 1 (GC)

DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL; Tier 3 (QL ST)

DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL; Tier 3 (QL ST)

dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral; Tier 4

dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral; Tier 4

dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral; Tier 4

dextroamphetamine sulfate tablet 10 mg oral; Tier 4

dextroamphetamine sulfate tablet 5 mg oral; Tier 4

dextrose solution 10 % intravenous; Tier 2 (BD)

dextrose solution 5 % intravenous; Tier 2 (BD)

DEXTROSE-NACL SOLUTION 10-0.2 % INTRAVENOUS; Tier 2

DEXTROSE-NACL SOLUTION 10-0.45 % INTRAVENOUS; Tier 2

DEXTROSE-NACL SOLUTION 2.5-0.45 % INTRAVENOUS; Tier 2

dextrose-nacl solution 5-0.2 % intravenous; Tier 2

DEXTROSE-NACL SOLUTION 5-0.225 % INTRAVENOUS; Tier 2

dextrose-nacl solution 5-0.33 % intravenous; Tier 2

dextrose-nacl solution 5-0.45 % intravenous; Tier 2

dextrose-nacl solution 5-0.9 % intravenous; Tier 2

DIASTAT ACUDIAL GEL 10 MG RECTAL; Tier 4

DIASTAT ACUDIAL GEL 20 MG RECTAL; Tier 4

DIASTAT PEDIATRIC GEL 2.5 MG RECTAL; Tier 4

diazepam concentrate 5 mg/ml oral; Tier 2 (QL)

DIAZEPAM SOLUTION 5 MG/5ML ORAL; Tier 2 (QL)

diazepam tablet 10 mg oral; Tier 2 (QL)

diazepam tablet 2 mg oral; Tier 2 (QL)

diazepam tablet 5 mg oral; Tier 2 (QL)

diclofenac potassium tablet 50 mg oral; Tier 2

diclofenac sodium er tablet extended release 24 hour 100 mg oral; Tier 1 (GC)

diclofenac sodium gel 1 % transdermal; Tier 2

diclofenac sodium gel 3 % transdermal; Tier 4 (PA)

diclofenac sodium solution 0.1 % ophthalmic; Tier 1 (GC)

diclofenac sodium solution 1.5 % transdermal; Tier 4

diclofenac sodium tablet delayed release 25 mg oral; Tier 1 (GC)

diclofenac sodium tablet delayed release 50 mg oral; Tier 1 (GC)

diclofenac sodium tablet delayed release 75 mg oral; Tier 1 (GC)

diclofenac-misoprostol tablet delayed release 50-0.2 mg oral; Tier 2

diclofenac-misoprostol tablet delayed release 75-0.2 mg oral; Tier 2

dicloxacillin sodium capsule 250 mg oral; Tier 2

dicloxacillin sodium capsule 500 mg oral; Tier 2

dicyclomine hcl capsule 10 mg oral; Tier 1 (GC)

dicyclomine hcl solution 10 mg/5ml oral; Tier 1 (GC)

dicyclomine hcl tablet 20 mg oral; Tier 1 (GC)

didanosine capsule delayed release 200 mg oral; Tier 2 (QL)

didanosine capsule delayed release 250 mg oral; Tier 2 (QL)

didanosine capsule delayed release 400 mg oral; Tier 2 (QL)
DIFICID TABLET 200 MG ORAL; Tier 5
DIFLORASONE DIACETATE CREAM 0.05 % EXTERNAL; Tier 4
diflorasone diacetate ointment 0.05 % external; Tier 4
diflunisal tablet 500 mg oral; Tier 2
digitek tablet 125 mcg oral; Tier 1 (GC)
digitek tablet 250 mcg oral; Tier 1 (GC)
digox tablet 125 mcg oral; Tier 1 (GC)
digox tablet 250 mcg oral; Tier 1 (GC)
DIGOXIN SOLUTION 0.05 MG/ML ORAL; Tier 1 (GC)
digoxin tablet 125 mcg oral; Tier 1 (GC)
digoxin tablet 250 mcg oral; Tier 1 (GC)
DIHYDROERGOTAMINE MESYLATE SOLUTION 4 MG/ML NASAL; Tier 4
DILANTIN CAPSULE 30 MG ORAL; Tier 2
diltiazem hcl er beads capsule extended release 24 hour 360 mg oral; Tier 2
diltiazem hcl er beads capsule extended release 24 hour 420 mg oral; Tier 2
diltiazem hcl er capsule extended release 12 hour 120 mg oral; Tier 2
diltiazem hcl er capsule extended release 12 hour 60 mg oral; Tier 2
diltiazem hcl er capsule extended release 12 hour 90 mg oral; Tier 2
diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral; Tier 1 (GC)
diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral; Tier 1 (GC)
diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral; Tier 1 (GC)
diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral; Tier 1 (GC)
diltiazem hcl tablet 120 mg oral; Tier 1 (GC)
diltiazem hcl tablet 30 mg oral; Tier 1 (GC)
diltiazem hcl tablet 60 mg oral; Tier 1 (GC)
diltiazem hcl tablet 90 mg oral; Tier 1 (GC)
DILT-XR CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL; Tier 1 (GC)
dilt-xr capsule extended release 24 hour 180 mg oral; Tier 1 (GC)
dilt-xr capsule extended release 24 hour 240 mg oral; Tier 1 (GC)
DIPHENOXYLATE-ATROPINE LIQUID 2.5-0.025 MG/5ML ORAL; Tier 1 (GC)
diphenoxylate-atropine tablet 2.5-0.025 mg oral; Tier 1 (GC)
DIPHTHERIA-TETANUS TOXOIDS DT SUSPENSION 25-5 LFU/0.5ML INTRAMUSCULAR; Tier 3 (BD)
dipyridamole tablet 25 mg oral; Tier 1 (GC)
dipyridamole tablet 50 mg oral; Tier 1 (GC)
dipyridamole tablet 75 mg oral; Tier 1 (GC)
disopyramide phosphate capsule 100 mg oral; Tier 1 (GC)
disopyramide phosphate capsule 150 mg oral; Tier 1 (GC)
disulfiram tablet 250 mg oral; Tier 1 (GC)
disulfiram tablet 500 mg oral; Tier 1 (GC)
DIURIL SUSPENSION 250 MG/5ML ORAL; Tier 4
divalproex sodium capsule delayed release sprinkle 125 mg oral; Tier 2
divalproex sodium er tablet extended release 24 hour 250 mg oral; Tier 2
divalproex sodium er tablet extended release 24 hour 500 mg oral; Tier 2
divalproex sodium tablet delayed release 125 mg oral; Tier 1 (GC)
divalproex sodium tablet delayed release 250 mg oral; Tier 1 (GC)
divalproex sodium tablet delayed release 500 mg oral; Tier 1 (GC)
DIVIGEL GEL 1 MG/GM TRANSDERMAL; Tier 4
dofetilide capsule 125 mcg oral; Tier 2
dofetilide capsule 250 mcg oral; Tier 2

dofetilide capsule 500 mcg oral; Tier 2
donepezil hcl tablet 10 mg oral; Tier 1 (GC)
donepezil hcl tablet 23 mg oral; Tier 2
donepezil hcl tablet 5 mg oral; Tier 1 (GC)
donepezil hcl tablet dispersible 10 mg oral; Tier 1 (GC)
donepezil hcl tablet dispersible 5 mg oral; Tier 1 (GC)
dorzolamide hcl solution 2 % ophthalmic; Tier 1 (GC)
dorzolamide hcl-timolol mal pf solution 22.3-6.8 mg/ml ophthalmic; Tier 1 (GC)
dorzolamide hcl-timolol mal solution 22.3-6.8 mg/ml ophthalmic; Tier 1 (GC)
DOVATO TABLET 50-300 MG ORAL; Tier 5 (QL)
doxazosin mesylate tablet 1 mg oral; Tier 1 (GC)
doxazosin mesylate tablet 2 mg oral; Tier 1 (GC)
doxazosin mesylate tablet 4 mg oral; Tier 1 (GC)
doxazosin mesylate tablet 8 mg oral; Tier 1 (GC)
doxepin hcl capsule 10 mg oral; Tier 2
doxepin hcl capsule 100 mg oral; Tier 2
DOXEPIN HCL CAPSULE 150 MG ORAL; Tier 2
doxepin hcl capsule 25 mg oral; Tier 2
doxepin hcl capsule 50 mg oral; Tier 2
doxepin hcl capsule 75 mg oral; Tier 2
doxepin hcl concentrate 10 mg/ml oral; Tier 2
doxercalciferol capsule 0.5 mcg oral; Tier 4
doxercalciferol capsule 1 mcg oral; Tier 4
doxercalciferol capsule 2.5 mcg oral; Tier 4
doxy 100 solution reconstituted 100 mg intravenous; Tier 4
doxycycline hyclate capsule 100 mg oral; Tier 2
doxycycline hyclate capsule 50 mg oral; Tier 2
doxycycline hyclate tablet 100 mg oral; Tier 2
doxycycline hyclate tablet 20 mg oral; Tier 2
doxycycline hyclate tablet delayed release 100 mg oral; Tier 4
doxycycline hyclate tablet delayed release 150 mg oral; Tier 4
doxycycline hyclate tablet delayed release 200 mg oral; Tier 4
doxycycline hyclate tablet delayed release 50 mg oral; Tier 4
doxycycline hyclate tablet delayed release 75 mg oral; Tier 4
doxycycline monohydrate capsule 100 mg oral; Tier 1 (GC)
doxycycline monohydrate capsule 50 mg oral; Tier 1 (GC)
doxycycline monohydrate suspension reconstituted 25 mg/5ml oral; Tier 2
doxycycline monohydrate tablet 100 mg oral; Tier 2
doxycycline monohydrate tablet 150 mg oral; Tier 2
doxycycline monohydrate tablet 50 mg oral; Tier 2
doxycycline monohydrate tablet 75 mg oral; Tier 2
dronabinol capsule 10 mg oral; Tier 4 (PA QL)
dronabinol capsule 2.5 mg oral; Tier 4 (PA QL)
dronabinol capsule 5 mg oral; Tier 4 (PA QL)
drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral; Tier 4
drospirenone-ethinyl estradiol tablet 3-0.02 mg oral; Tier 2
drospirenone-ethinyl estradiol tablet 3-0.03 mg oral; Tier 1 (GC)
DROXIA CAPSULE 200 MG ORAL; Tier 4
DROXIA CAPSULE 300 MG ORAL; Tier 4
DROXIA CAPSULE 400 MG ORAL; Tier 4
DUAVEE TABLET 0.45-20 MG ORAL; Tier 4
duloxetine hcl capsule delayed release particles 20 mg oral; Tier 2
duloxetine hcl capsule delayed release particles 30 mg oral; Tier 2
duloxetine hcl capsule delayed release particles 40 mg oral; Tier 2
duloxetine hcl capsule delayed release particles 60 mg oral; Tier 2
duramorph solution 0.5 mg/ml injection; Tier 4 (BD QL)

duramorph solution 1 mg/ml injection; Tier 4 (BD QL)

DUREZOL EMULSION 0.05 % OPHTHALMIC; Tier 3

dutasteride capsule 0.5 mg oral; Tier 2

dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral; Tier 2

DYMISTA SUSPENSION 137-50 MCG/ACT NASAL; Tier 4

E

econazole nitrate cream 1 % external; Tier 2

EDARBI TABLET 40 MG ORAL; Tier 4

EDARBI TABLET 80 MG ORAL; Tier 4

EDARBYCLOR TABLET 40-12.5 MG ORAL; Tier 4

EDARBYCLOR TABLET 40-25 MG ORAL; Tier 4

EDURANT TABLET 25 MG ORAL; Tier 5 (QL)

efavirenz capsule 200 mg oral; Tier 4 (QL)

efavirenz capsule 50 mg oral; Tier 4 (QL)

efavirenz tablet 600 mg oral; Tier 5 (QL)

eletriptan hydrobromide tablet 20 mg oral; Tier 4

eletriptan hydrobromide tablet 40 mg oral; Tier 4

ELIGARD KIT 22.5 MG SUBCUTANEOUS; Tier 4

ELIGARD KIT 30 MG SUBCUTANEOUS; Tier 4

ELIGARD KIT 45 MG SUBCUTANEOUS; Tier 4

ELIGARD KIT 7.5 MG SUBCUTANEOUS; Tier 4

ELIQUIS STARTER PACK TABLET 5 MG ORAL; Tier 3

ELIQUIS TABLET 2.5 MG ORAL; Tier 3

ELIQUIS TABLET 5 MG ORAL; Tier 3

ELMIRON CAPSULE 100 MG ORAL; Tier 4

EMCYT CAPSULE 140 MG ORAL; Tier 3

emoquette tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL; Tier 5 (QL)

EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL; Tier 5 (QL)

EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL; Tier 5 (QL)

EMTRIVA CAPSULE 200 MG ORAL; Tier 4 (QL)

EMTRIVA SOLUTION 10 MG/ML ORAL; Tier 4 (QL)

EMVERM TABLET CHEWABLE 100 MG ORAL; Tier 3

enalapril maleate tablet 10 mg oral; Tier 1 (GC)

enalapril maleate tablet 2.5 mg oral; Tier 1 (GC)

enalapril maleate tablet 20 mg oral; Tier 1 (GC)

enalapril maleate tablet 5 mg oral; Tier 1 (GC)

enalapril-hydrochlorothiazide tablet 10-25 mg oral; Tier 1 (GC)

enalapril-hydrochlorothiazide tablet 5-12.5 mg oral; Tier 1 (GC)

ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS; Tier 5 (PA)

ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS; Tier 5 (PA)

ENBREL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS; Tier 5 (PA)

ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS; Tier 5 (PA)

ENDARI PACKET 5 GM ORAL; Tier 4 (LA PA QL)

ENGERIX-B SUSPENSION 10 MCG/0.5ML INJECTION; Tier 3 (BD)

ENGERIX-B SUSPENSION 20 MCG/ML INJECTION; Tier 3 (BD)

enoxaparin sodium solution 100 mg/ml subcutaneous; Tier 4

enoxaparin sodium solution 120 mg/0.8ml subcutaneous; Tier 4

enoxaparin sodium solution 150 mg/ml subcutaneous; Tier 4

enoxaparin sodium solution 30 mg/0.3ml subcutaneous; Tier 4

enoxaparin sodium solution 40 mg/0.4ml subcutaneous; Tier 4

enoxaparin sodium solution 60 mg/0.6ml subcutaneous; Tier 4

enoxaparin sodium solution 80 mg/0.8ml subcutaneous; Tier 4

enpresse-28 tablet oral; Tier 1 (GC)

enskyce tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

entacapone tablet 200 mg oral; Tier 2

entecavir tablet 0.5 mg oral; Tier 4 (QL)
entecavir tablet 1 mg oral; Tier 4 (QL)
ENTRESTO TABLET 24-26 MG ORAL; Tier 3
ENTRESTO TABLET 49-51 MG ORAL; Tier 3
ENTRESTO TABLET 97-103 MG ORAL; Tier 3
enulose solution 10 gm/15ml oral; Tier 1 (GC)
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL; Tier 4 (BD)
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL; Tier 4 (BD)
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL; Tier 4 (BD)
EPIDIOLEX SOLUTION 100 MG/ML ORAL; Tier 4 (PA)
epinastine hcl solution 0.05 % ophthalmic; Tier 2
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION; Tier 2
epinephrine solution auto-injector 0.3 mg/0.3ml injection; Tier 2
epitol tablet 200 mg oral; Tier 2
EPIVIR HBV SOLUTION 5 MG/ML ORAL; Tier 3
eplerenone tablet 25 mg oral; Tier 2
eplerenone tablet 50 mg oral; Tier 2
EPROSARTAN MESYLATE TABLET 600 MG ORAL; Tier 1 (GC)
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL; Tier 4
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL; Tier 4
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL; Tier 4
ERAXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS; Tier 4
ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS; Tier 4
ERGOLOID MESYLATES TABLET 1 MG ORAL; Tier 2
ERIVEDGE CAPSULE 150 MG ORAL; Tier 5
ERLEADA TABLET 60 MG ORAL; Tier 5 (LA PA QL)
erlotinib hcl tablet 100 mg oral; Tier 5 (QL)
erlotinib hcl tablet 150 mg oral; Tier 5 (QL)
erlotinib hcl tablet 25 mg oral; Tier 5 (QL)
errin tablet 0.35 mg oral; Tier 1 (GC)
ertapenem sodium solution reconstituted 1 gm injection; Tier 4
ery pad 2 % external; Tier 1 (GC)
ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL; Tier 3
ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL; Tier 3
ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL; Tier 3
ERYTHROCIN LACTOBIONATE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS; Tier 4
ERYTHROCIN STEARATE TABLET 250 MG ORAL; Tier 4
erythromycin base capsule delayed release particles 250 mg oral; Tier 4
erythromycin base tablet 250 mg oral; Tier 2
erythromycin base tablet 500 mg oral; Tier 2
erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral; Tier 2
erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral; Tier 2
ERYTHROMYCIN ETHYLSUCCINATE TABLET 400 MG ORAL; Tier 2
erythromycin gel 2 % external; Tier 1 (GC)
erythromycin ointment 5 mg/gm ophthalmic; Tier 1 (GC)
erythromycin solution 2 % external; Tier 1 (GC)
ESBRIET CAPSULE 267 MG ORAL; Tier 5 (PA)
ESBRIET TABLET 267 MG ORAL; Tier 5 (PA)
ESBRIET TABLET 801 MG ORAL; Tier 5 (PA)
escitalopram oxalate solution 5 mg/5ml oral; Tier 2
escitalopram oxalate tablet 10 mg oral; Tier 1 (GC)
escitalopram oxalate tablet 20 mg oral; Tier 1 (GC)
escitalopram oxalate tablet 5 mg oral; Tier 1 (GC)

esomeprazole magnesium capsule delayed release 20 mg oral; Tier 2

esomeprazole magnesium capsule delayed release 40 mg oral; Tier 2

estarylla tablet 0.25-35 mg-mcg oral; Tier 1 (GC)

estradiol cream 0.1 mg/gm vaginal; Tier 2

estradiol patch twice weekly 0.025 mg/24hr transdermal; Tier 2

estradiol patch twice weekly 0.0375 mg/24hr transdermal; Tier 2

estradiol patch twice weekly 0.05 mg/24hr transdermal; Tier 2

estradiol patch twice weekly 0.075 mg/24hr transdermal; Tier 2

estradiol patch twice weekly 0.1 mg/24hr transdermal; Tier 2

estradiol patch weekly 0.025 mg/24hr transdermal; Tier 2

estradiol patch weekly 0.0375 mg/24hr transdermal; Tier 2

estradiol patch weekly 0.05 mg/24hr transdermal; Tier 2

estradiol patch weekly 0.06 mg/24hr transdermal; Tier 2

estradiol patch weekly 0.075 mg/24hr transdermal; Tier 2

estradiol patch weekly 0.1 mg/24hr transdermal; Tier 2

estradiol tablet 0.5 mg oral; Tier 1 (GC)

estradiol tablet 1 mg oral; Tier 1 (GC)

estradiol tablet 10 mcg vaginal; Tier 2

estradiol tablet 2 mg oral; Tier 1 (GC)

estradiol valerate oil 20 mg/ml intramuscular; Tier 2

estradiol valerate oil 40 mg/ml intramuscular; Tier 2

estradiol-norethindrone acet tablet 0.5-0.1 mg oral; Tier 2

estradiol-norethindrone acet tablet 1-0.5 mg oral; Tier 2

ESTRING RING 2 MG VAGINAL; Tier 4

eszopiclone tablet 1 mg oral; Tier 3 (QL)

eszopiclone tablet 2 mg oral; Tier 3 (QL)

eszopiclone tablet 3 mg oral; Tier 3 (QL)

ethacrynic acid tablet 25 mg oral; Tier 4

ethambutol hcl tablet 100 mg oral; Tier 2

ethambutol hcl tablet 400 mg oral; Tier 2

ethosuximide capsule 250 mg oral; Tier 1 (GC)

ethosuximide solution 250 mg/5ml oral; Tier 1 (GC)

ethynodiol diac-eth estradiol tablet 1-35 mg-mcg oral; Tier 1 (GC)

ethynodiol diac-eth estradiol tablet 1-50 mg-mcg oral; Tier 1 (GC)

etodolac capsule 200 mg oral; Tier 2

etodolac capsule 300 mg oral; Tier 2

etodolac er tablet extended release 24 hour 400 mg oral; Tier 2

etodolac er tablet extended release 24 hour 500 mg oral; Tier 2

etodolac er tablet extended release 24 hour 600 mg oral; Tier 2

etodolac tablet 400 mg oral; Tier 2

etodolac tablet 500 mg oral; Tier 2

EURAX CREAM 10 % EXTERNAL; Tier 4

EURAX LOTION 10 % EXTERNAL; Tier 4

EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL; Tier 4

EVOTAZ TABLET 300-150 MG ORAL; Tier 5 (QL)

EXEL COMFORT POINT PEN NEEDLE 29G X 12MM; Tier 3

exemestane tablet 25 mg oral; Tier 2

ezetimibe tablet 10 mg oral; Tier 2

F

falmina tablet 0.1-20 mg-mcg oral; Tier 1 (GC)

famciclovir tablet 125 mg oral; Tier 2

famciclovir tablet 250 mg oral; Tier 2

famciclovir tablet 500 mg oral; Tier 2
famotidine suspension reconstituted 40 mg/5ml oral; Tier 2
famotidine tablet 20 mg oral; Tier 1 (GC)
famotidine tablet 40 mg oral; Tier 1 (GC)
FANAPT TABLET 1 MG ORAL; Tier 4
FANAPT TABLET 10 MG ORAL; Tier 5
FANAPT TABLET 12 MG ORAL; Tier 5
FANAPT TABLET 2 MG ORAL; Tier 4
FANAPT TABLET 4 MG ORAL; Tier 4
FANAPT TABLET 6 MG ORAL; Tier 5
FANAPT TABLET 8 MG ORAL; Tier 5
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL; Tier 4
FARYDAK CAPSULE 10 MG ORAL; Tier 5 (PA)
FARYDAK CAPSULE 15 MG ORAL; Tier 5 (PA)
FARYDAK CAPSULE 20 MG ORAL; Tier 5 (PA)
felbamate suspension 600 mg/5ml oral; Tier 4
felbamate tablet 400 mg oral; Tier 4
felbamate tablet 600 mg oral; Tier 4
felodipine er tablet extended release 24 hour 10 mg oral; Tier 1 (GC)
felodipine er tablet extended release 24 hour 2.5 mg oral; Tier 1 (GC)
felodipine er tablet extended release 24 hour 5 mg oral; Tier 1 (GC)
FEMRING RING 0.05 MG/24HR VAGINAL; Tier 4
femynor tablet 0.25-35 mg-mcg oral; Tier 1 (GC)
FENOFIBRATE CAPSULE 150 MG ORAL; Tier 2
FENOFIBRATE CAPSULE 50 MG ORAL; Tier 2
fenofibrate micronized capsule 130 mg oral; Tier 2
fenofibrate micronized capsule 134 mg oral; Tier 2
fenofibrate micronized capsule 200 mg oral; Tier 2
fenofibrate micronized capsule 43 mg oral; Tier 2
fenofibrate micronized capsule 67 mg oral; Tier 2
fenofibrate tablet 145 mg oral; Tier 2
fenofibrate tablet 160 mg oral; Tier 2
fenofibrate tablet 48 mg oral; Tier 2
fenofibrate tablet 54 mg oral; Tier 2
fenofibric acid capsule delayed release 135 mg oral; Tier 2
fenofibric acid capsule delayed release 45 mg oral; Tier 2
fentanyl citrate lozenge on a handle 1200 mcg buccal; Tier 5 (PA QL)
fentanyl citrate lozenge on a handle 1600 mcg buccal; Tier 5 (PA QL)
fentanyl citrate lozenge on a handle 200 mcg buccal; Tier 5 (PA QL)
fentanyl citrate lozenge on a handle 400 mcg buccal; Tier 5 (PA QL)
fentanyl citrate lozenge on a handle 600 mcg buccal; Tier 5 (PA QL)
fentanyl citrate lozenge on a handle 800 mcg buccal; Tier 5 (PA QL)
fentanyl patch 72 hour 100 mcg/hr transdermal; Tier 3 (QL)
fentanyl patch 72 hour 12 mcg/hr transdermal; Tier 3 (QL)
fentanyl patch 72 hour 25 mcg/hr transdermal; Tier 3 (QL)
fentanyl patch 72 hour 37.5 mcg/hr transdermal; Tier 4 (QL)
fentanyl patch 72 hour 50 mcg/hr transdermal; Tier 3 (QL)
fentanyl patch 72 hour 62.5 mcg/hr transdermal; Tier 4 (QL)
fentanyl patch 72 hour 75 mcg/hr transdermal; Tier 3 (QL)
fentanyl patch 72 hour 87.5 mcg/hr transdermal; Tier 4 (QL)
FERRIPROX SOLUTION 100 MG/ML ORAL; Tier 5
FERRIPROX TABLET 500 MG ORAL; Tier 5
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL; Tier 3
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL; Tier 3

FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL; Tier 3

FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL; Tier 3

FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL; Tier 3

FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS; Tier 3

FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS; Tier 3

finasteride tablet 5 mg oral; Tier 1 (GC)

FIRAZYR SOLUTION 30 MG/3ML SUBCUTANEOUS; Tier 5

FIRDAPSE TABLET 10 MG ORAL; Tier 5 (PA)

FIRMAGON SOLUTION RECONSTITUTED 120 MG SUBCUTANEOUS; Tier 5 (BD)

FIRMAGON SOLUTION RECONSTITUTED 80 MG SUBCUTANEOUS; Tier 4 (BD)

FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL; Tier 4

FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL; Tier 4

FLAREX SUSPENSION 0.1 % OPHTHALMIC; Tier 4

FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS; Tier 5 (BD)

flecainide acetate tablet 100 mg oral; Tier 1 (GC)

flecainide acetate tablet 150 mg oral; Tier 1 (GC)

flecainide acetate tablet 50 mg oral; Tier 1 (GC)

FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST INHALATION; Tier 3

FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST INHALATION; Tier 3

FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST INHALATION; Tier 3

FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION; Tier 3

FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION; Tier 3

FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION; Tier 3

fluconazole in sodium chloride solution 200-0.9 mg/100ml-% intravenous; Tier 2

fluconazole in sodium chloride solution 400-0.9 mg/200ml-% intravenous; Tier 2

fluconazole suspension reconstituted 10 mg/ml oral; Tier 2

fluconazole suspension reconstituted 40 mg/ml oral; Tier 2

fluconazole tablet 100 mg oral; Tier 2

fluconazole tablet 150 mg oral; Tier 2

fluconazole tablet 200 mg oral; Tier 2

fluconazole tablet 50 mg oral; Tier 2

flucytosine capsule 250 mg oral; Tier 5

flucytosine capsule 500 mg oral; Tier 5

fludrocortisone acetate tablet 0.1 mg oral; Tier 1 (GC)

flunisolide solution 25 mcg/act (0.025%) nasal; Tier 2

fluocinolone acetonide cream 0.01 % external; Tier 2

fluocinolone acetonide cream 0.025 % external; Tier 2

fluocinolone acetonide oil 0.01 % otic; Tier 2

fluocinolone acetonide ointment 0.025 % external; Tier 2

fluocinolone acetonide scalp oil 0.01 % external; Tier 4

fluocinolone acetonide solution 0.01 % external; Tier 4

fluocinonide cream 0.1 % external; Tier 4

fluocinonide emulsified base cream 0.05 % external; Tier 2

fluocinonide gel 0.05 % external; Tier 2

fluocinonide ointment 0.05 % external; Tier 2

fluocinonide solution 0.05 % external; Tier 2

fluorometholone suspension 0.1 % ophthalmic; Tier 2

fluorouracil cream 5 % external; Tier 3

fluorouracil solution 2 % external; Tier 2

FLUOROURACIL SOLUTION 5 % EXTERNAL; Tier 2

fluoxetine hcl capsule 10 mg oral; Tier 1 (GC)

fluoxetine hcl capsule 20 mg oral; Tier 1 (GC)

fluoxetine hcl capsule 40 mg oral; Tier 1 (GC)

FLUOXETINE HCL CAPSULE DELAYED RELEASE 90 MG ORAL; Tier 4

fluoxetine hcl solution 20 mg/5ml oral; Tier 2

fluoxetine hcl tablet 10 mg oral; Tier 2

fluoxetine hcl tablet 20 mg oral; Tier 2

fluoxetine hcl tablet 60 mg oral; Tier 2

fluphenazine decanoate solution 25 mg/ml injection; Tier 2

FLUPHENAZINE HCL CONCENTRATE 5 MG/ML ORAL; Tier 2

FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML ORAL; Tier 2

FLUPHENAZINE HCL SOLUTION 2.5 MG/ML INJECTION; Tier 2

FLUPHENAZINE HCL TABLET 1 MG ORAL; Tier 1 (GC)

FLUPHENAZINE HCL TABLET 10 MG ORAL; Tier 1 (GC)

FLUPHENAZINE HCL TABLET 2.5 MG ORAL; Tier 1 (GC)

FLUPHENAZINE HCL TABLET 5 MG ORAL; Tier 1 (GC)

FLURAZEPAM HCL CAPSULE 15 MG ORAL; Tier 2 (QL)

FLURAZEPAM HCL CAPSULE 30 MG ORAL; Tier 2 (QL)

FLURBIPROFEN SODIUM SOLUTION 0.03 % OPHTHALMIC; Tier 1 (GC)

flurbiprofen tablet 100 mg oral; Tier 2

flurbiprofen tablet 50 mg oral; Tier 2

flutamide capsule 125 mg oral; Tier 1 (GC)

fluticasone propionate cream 0.05 % external; Tier 1 (GC)

fluticasone propionate lotion 0.05 % external; Tier 1 (GC)

fluticasone propionate ointment 0.005 % external; Tier 1 (GC)

fluticasone propionate suspension 50 mcg/act nasal; Tier 1 (GC)

fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/dose inhalation; Tier 2 (GC)

FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION; Tier 2 (GC)

FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION; Tier 2 (GC)

fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/dose inhalation; Tier 2 (GC)

fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/dose inhalation; Tier 2 (GC)

FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION; Tier 2 (GC)

fluvastatin sodium capsule 20 mg oral; Tier 2

fluvastatin sodium capsule 40 mg oral; Tier 2

fluvastatin sodium er tablet extended release 24 hour 80 mg oral; Tier 2

fluvoxamine maleate er capsule extended release 24 hour 100 mg oral; Tier 4

fluvoxamine maleate er capsule extended release 24 hour 150 mg oral; Tier 4

fluvoxamine maleate tablet 100 mg oral; Tier 1 (GC)

fluvoxamine maleate tablet 25 mg oral; Tier 1 (GC)

fluvoxamine maleate tablet 50 mg oral; Tier 1 (GC)

fondaparinux sodium solution 10 mg/0.8ml subcutaneous; Tier 5

fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous; Tier 4

fondaparinux sodium solution 5 mg/0.4ml subcutaneous; Tier 5

fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous; Tier 5

FORTEO SOLUTION 600 MCG/2.4ML SUBCUTANEOUS; Tier 5

fosamprenavir calcium tablet 700 mg oral; Tier 5 (QL)

fosinopril sodium tablet 10 mg oral; Tier 1 (GC)

fosinopril sodium tablet 20 mg oral; Tier 1 (GC)

fosinopril sodium tablet 40 mg oral; Tier 1 (GC)

fosinopril sodium-hctz tablet 10-12.5 mg oral; Tier 1 (GC)

fosinopril sodium-hctz tablet 20-12.5 mg oral; Tier 1 (GC)

FRAGMIN SOLUTION 10000 UNIT/ML SUBCUTANEOUS; Tier 5

FRAGMIN SOLUTION 12500 UNIT/0.5ML SUBCUTANEOUS; Tier 5

FRAGMIN SOLUTION 15000 UNIT/0.6ML SUBCUTANEOUS; Tier 5

FRAGMIN SOLUTION 18000 UNT/0.72ML SUBCUTANEOUS; Tier 5

FRAGMIN SOLUTION 2500 UNIT/0.2ML SUBCUTANEOUS; Tier 4

FRAGMIN SOLUTION 5000 UNIT/0.2ML SUBCUTANEOUS; Tier 4

FRAGMIN SOLUTION 7500 UNIT/0.3ML SUBCUTANEOUS; Tier 5

FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS; Tier 5

FREAMINE HBC SOLUTION 6.9 % INTRAVENOUS; Tier 4 (BD)

frovatriptan succinate tablet 2.5 mg oral; Tier 2

furosemide solution 10 mg/ml injection (4ml syringe); Tier 1 (GC)

furosemide solution 10 mg/ml injection; Tier 1 (GC)

furosemide solution 10 mg/ml oral; Tier 1 (GC)

FUROSEMIDE SOLUTION 8 MG/ML ORAL; Tier 1 (GC)

furosemide tablet 20 mg oral; Tier 1 (GC)

furosemide tablet 40 mg oral; Tier 1 (GC)

furosemide tablet 80 mg oral; Tier 1 (GC)

FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS; Tier 5 (QL)

fyavolv tablet 0.5-2.5 mg-mcg oral; Tier 2

fyavolv tablet 1-5 mg-mcg oral; Tier 4

FYCOMPA SUSPENSION 0.5 MG/ML ORAL; Tier 4

FYCOMPA TABLET 10 MG ORAL; Tier 4

FYCOMPA TABLET 12 MG ORAL; Tier 4

FYCOMPA TABLET 2 MG ORAL; Tier 4

FYCOMPA TABLET 4 MG ORAL; Tier 4

FYCOMPA TABLET 6 MG ORAL; Tier 4

FYCOMPA TABLET 8 MG ORAL; Tier 4

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gabapentin capsule 100 mg oral; Tier 1 (GC)

gabapentin capsule 300 mg oral; Tier 1 (GC)

gabapentin capsule 400 mg oral; Tier 1 (GC)

gabapentin solution 250 mg/5ml oral; Tier 2

gabapentin tablet 600 mg oral; Tier 2

gabapentin tablet 800 mg oral; Tier 2

GALAFOLD CAPSULE 123 MG ORAL; Tier 5 (LA PA QL)

galantamine hydrobromide er capsule extended release 24 hour 16 mg oral; Tier 2

galantamine hydrobromide er capsule extended release 24 hour 24 mg oral; Tier 2

galantamine hydrobromide er capsule extended release 24 hour 8 mg oral; Tier 2

GALANTAMINE HYDROBROMIDE SOLUTION 4 MG/ML ORAL; Tier 3

galantamine hydrobromide tablet 12 mg oral; Tier 2

galantamine hydrobromide tablet 4 mg oral; Tier 2

galantamine hydrobromide tablet 8 mg oral; Tier 2

GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 10 GM INTRAVENOUS; Tier 5 (BD)

GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 5 GM INTRAVENOUS; Tier 5 (BD)

GAMMAGARD SOLUTION 2.5 GM/25ML INJECTION; Tier 5 (BD)

GAMMAKED SOLUTION 1 GM/10ML INJECTION; Tier 5 (BD)

GAMMAPLEX SOLUTION 10 GM/100ML INTRAVENOUS; Tier 5 (BD)

GAMMAPLEX SOLUTION 10 GM/200ML INTRAVENOUS; Tier 5 (BD)

GAMMAPLEX SOLUTION 20 GM/200ML INTRAVENOUS; Tier 5 (BD)

GAMMAPLEX SOLUTION 5 GM/50ML INTRAVENOUS; Tier 5 (BD)

GAMUNEX-C SOLUTION 1 GM/10ML INJECTION; Tier 5 (BD)

GARDASIL 9 SUSPENSION INTRAMUSCULAR; Tier 3

GARDASIL 9 SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR; Tier 3

gatifloxacin solution 0.5 % ophthalmic; Tier 2

GATTEX KIT 5 MG SUBCUTANEOUS; Tier 5

gavilyte-c solution reconstituted 240 gm oral; Tier 1 (GC)

gavilyte-g solution reconstituted 236 gm oral; Tier 1 (GC)

gavilyte-n with flavor pack solution reconstituted 420 gm oral; Tier 1 (GC)

gemfibrozil tablet 600 mg oral; Tier 1 (GC)

generlac solution 10 gm/15ml oral; Tier 1 (GC)

gengraf capsule 100 mg oral; Tier 2 (BD)

gengraf capsule 25 mg oral; Tier 2 (BD)

gengraf solution 100 mg/ml oral; Tier 2 (BD)

GENTAMICIN IN SALINE SOLUTION 0.8-0.9 MG/ML-% INTRAVENOUS; Tier 2

gentamicin in saline solution 1.2-0.9 mg/ml-% intravenous; Tier 2

GENTAMICIN IN SALINE SOLUTION 1.6-0.9 MG/ML-% INTRAVENOUS; Tier 2

GENTAMICIN IN SALINE SOLUTION 1-0.9 MG/ML-% INTRAVENOUS; Tier 2

gentamicin sulfate cream 0.1 % external; Tier 2

gentamicin sulfate ointment 0.1 % external; Tier 2

gentamicin sulfate solution 0.3 % ophthalmic; Tier 1 (GC)

gentamicin sulfate solution 40 mg/ml injection; Tier 2

GENVOYA TABLET 150-150-200-10 MG ORAL; Tier 5 (QL)

GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR; Tier 4

gianvi tablet 3-0.02 mg oral; Tier 2

GILENYA CAPSULE 0.5 MG ORAL; Tier 5 (PA)

GILOTRIF TABLET 20 MG ORAL; Tier 5 (PA)

GILOTRIF TABLET 30 MG ORAL; Tier 5 (PA)

GILOTRIF TABLET 40 MG ORAL; Tier 5 (PA)

glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous; Tier 5 (PA)

glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous; Tier 5 (PA)

GLEOSTINE CAPSULE 10 MG ORAL; Tier 4

GLEOSTINE CAPSULE 100 MG ORAL; Tier 4

GLEOSTINE CAPSULE 40 MG ORAL; Tier 4

glimepiride tablet 1 mg oral; Tier 1 (GC)

glimepiride tablet 2 mg oral; Tier 1 (GC)

glimepiride tablet 4 mg oral; Tier 1 (GC)

glipizide er tablet extended release 24 hour 10 mg oral; Tier 1 (GC)

glipizide er tablet extended release 24 hour 2.5 mg oral; Tier 1 (GC)

glipizide er tablet extended release 24 hour 5 mg oral; Tier 1 (GC)

glipizide tablet 10 mg oral; Tier 1 (GC)

glipizide tablet 5 mg oral; Tier 1 (GC)

glipizide-metformin hcl tablet 2.5-250 mg oral; Tier 1 (GC)

glipizide-metformin hcl tablet 2.5-500 mg oral; Tier 1 (GC)

glipizide-metformin hcl tablet 5-500 mg oral; Tier 1 (GC)

GLOBAL ALCOHOL PREP EASE PAD 70 %; Tier 3

GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION; Tier 3

GLUCAGON EMERGENCY KIT 1 MG INJECTION; Tier 3

glycopyrrolate tablet 1 mg oral; Tier 2

glycopyrrolate tablet 2 mg oral; Tier 2

GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137 MG ORAL; Tier 5 (PA QL)

GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG ORAL; Tier 5 (PA QL)

GOLYTELY SOLUTION RECONSTITUTED 227.1 GM ORAL; Tier 1 (GC)

granisetron hcl tablet 1 mg oral; Tier 2 (BD QL)

griseofulvin microsize suspension 125 mg/5ml oral; Tier 2

griseofulvin microsize tablet 500 mg oral; Tier 2

griseofulvin ultramicrosize tablet 125 mg oral; Tier 2

griseofulvin ultramicrosize tablet 250 mg oral; Tier 2

guanfacine hcl er tablet extended release 24 hour 1 mg oral; Tier 2

guanfacine hcl er tablet extended release 24 hour 2 mg oral; Tier 2

guanfacine hcl er tablet extended release 24 hour 3 mg oral; Tier 2

guanfacine hcl er tablet extended release 24 hour 4 mg oral; Tier 2

guanfacine hcl tablet 1 mg oral; Tier 1 (GC)

guanfacine hcl tablet 2 mg oral; Tier 1 (GC)

GUANIDINE HCL TABLET 125 MG ORAL; Tier 3

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hailey 24 fe tablet 1-20 mg-mcg(24) oral; Tier 1 (GC)

halobetasol propionate cream 0.05 % external; Tier 2

halobetasol propionate ointment 0.05 % external; Tier 2

HALOG CREAM 0.1 % EXTERNAL; Tier 4

HALOG OINTMENT 0.1 % EXTERNAL; Tier 4

haloperidol decanoate solution 100 mg/ml intramuscular 1 ml; Tier 2

haloperidol decanoate solution 100 mg/ml intramuscular; Tier 2

haloperidol decanoate solution 50 mg/ml intramuscular; Tier 2

haloperidol lactate concentrate 2 mg/ml oral; Tier 1 (GC)

haloperidol lactate solution 5 mg/ml injection; Tier 2

haloperidol tablet 0.5 mg oral; Tier 1 (GC)

haloperidol tablet 1 mg oral; Tier 1 (GC)

haloperidol tablet 10 mg oral; Tier 1 (GC)

haloperidol tablet 2 mg oral; Tier 1 (GC)

haloperidol tablet 20 mg oral; Tier 1 (GC)

haloperidol tablet 5 mg oral; Tier 1 (GC)

HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR (PREFILLED SYRINGE); Tier 3

HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR; Tier 3

HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR (PREFILLED SYRINGE); Tier 3

HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR; Tier 3

heparin sodium (porcine) solution 1000 unit/ml injection; Tier 1 (GC)

heparin sodium (porcine) solution 10000 unit/ml injection; Tier 1 (GC)

heparin sodium (porcine) solution 20000 unit/ml injection; Tier 1 (GC)

heparin sodium (porcine) solution 5000 unit/ml injection; Tier 1 (GC)

HEPATAMINE SOLUTION 8 % INTRAVENOUS; Tier 4 (BD)

HETLIOZ CAPSULE 20 MG ORAL; Tier 5 (PA QL)

HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION; Tier 3

HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML SUBCUTANEOUS (6 PACK); Tier 5 (PA)

HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PEN-PS/UV/ADOL HS START PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PEN-PS/UV/ADOL HS START PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PREFILLED SYRINGE KIT 10 MG/0.2ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS; Tier 5 (PA)

HUMIRA PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS; Tier 5 (PA)

hydralazine hcl tablet 10 mg oral; Tier 1 (GC)

hydralazine hcl tablet 100 mg oral; Tier 1 (GC)

hydralazine hcl tablet 25 mg oral; Tier 1 (GC)

hydralazine hcl tablet 50 mg oral; Tier 1 (GC)

hydrochlorothiazide capsule 12.5 mg oral; Tier 1 (GC)

hydrochlorothiazide tablet 12.5 mg oral; Tier 1 (GC)

hydrochlorothiazide tablet 25 mg oral; Tier 1 (GC)

hydrochlorothiazide tablet 50 mg oral; Tier 1 (GC)

hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral; Tier 2 (QL)

hydrocodone-acetaminophen tablet 10-325 mg oral; Tier 2 (QL)

hydrocodone-acetaminophen tablet 5-325 mg oral; Tier 2 (QL)

hydrocodone-acetaminophen tablet 7.5-325 mg oral; Tier 2 (QL)

hydrocodone-ibuprofen tablet 10-200 mg oral; Tier 2 (QL)

hydrocodone-ibuprofen tablet 5-200 mg oral; Tier 2 (QL)

hydrocodone-ibuprofen tablet 7.5-200 mg oral; Tier 2 (QL)

hydrocortisone ace-pramoxine cream 1-1 % rectal; Tier 2

hydrocortisone butyrate lotion 0.1 % external; Tier 3

hydrocortisone butyrate ointment 0.1 % external; Tier 3

hydrocortisone butyrate solution 0.1 % external; Tier 2

hydrocortisone cream 1 % external; Tier 1 (GC)

hydrocortisone cream 2.5 % external; Tier 1 (GC)

hydrocortisone enema 100 mg/60ml rectal; Tier 4

hydrocortisone lotion 2.5 % external; Tier 1 (GC)
hydrocortisone ointment 1 % external; Tier 1 (GC)
hydrocortisone ointment 2.5 % external; Tier 1 (GC)
hydrocortisone tablet 10 mg oral; Tier 1 (GC)
hydrocortisone tablet 20 mg oral; Tier 1 (GC)
hydrocortisone tablet 5 mg oral; Tier 1 (GC)
hydrocortisone valerate cream 0.2 % external; Tier 3
hydrocortisone valerate ointment 0.2 % external; Tier 3
hydrocortisone-acetic acid solution 1-2 % otic; Tier 2
hydromorphone hcl er tablet er 24 hour abuse-deterrent 12 mg oral; Tier 4 (QL)
hydromorphone hcl er tablet er 24 hour abuse-deterrent 16 mg oral; Tier 4 (QL)
hydromorphone hcl er tablet er 24 hour abuse-deterrent 32 mg oral; Tier 5 (QL)
hydromorphone hcl er tablet er 24 hour abuse-deterrent 8 mg oral; Tier 4 (QL)
hydromorphone hcl liquid 1 mg/ml oral; Tier 4 (QL)
hydromorphone hcl tablet 2 mg oral; Tier 2 (QL)
hydromorphone hcl tablet 4 mg oral; Tier 2 (QL)
hydromorphone hcl tablet 8 mg oral; Tier 2 (QL)
hydroxychloroquine sulfate tablet 200 mg oral; Tier 2
hydroxyurea capsule 500 mg oral; Tier 1 (GC)
hydroxyzine hcl syrup 10 mg/5ml oral; Tier 2
hydroxyzine hcl tablet 10 mg oral; Tier 2
hydroxyzine hcl tablet 25 mg oral; Tier 2
hydroxyzine hcl tablet 50 mg oral; Tier 2
HYDROXYZINE PAMOATE CAPSULE 100 MG ORAL; Tier 2
hydroxyzine pamoate capsule 25 mg oral; Tier 2
hydroxyzine pamoate capsule 50 mg oral; Tier 2

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ibandronate sodium tablet 150 mg oral; Tier 2
IBRANCE CAPSULE 100 MG ORAL; Tier 5 (PA)
IBRANCE CAPSULE 125 MG ORAL; Tier 5 (PA)
IBRANCE CAPSULE 75 MG ORAL; Tier 5 (PA)
ibu tablet 600 mg oral; Tier 1 (GC)
ibu tablet 800 mg oral; Tier 1 (GC)
ibuprofen suspension 100 mg/5ml oral; Tier 1 (GC)
ibuprofen tablet 400 mg oral; Tier 1 (GC)
ibuprofen tablet 600 mg oral; Tier 1 (GC)
ibuprofen tablet 800 mg oral; Tier 1 (GC)
ICLUSIG TABLET 15 MG ORAL; Tier 5 (PA QL)
ICLUSIG TABLET 45 MG ORAL; Tier 5 (PA QL)
IDHIFA TABLET 100 MG ORAL; Tier 5 (PA QL)
IDHIFA TABLET 50 MG ORAL; Tier 5 (PA QL)
ILEVRO SUSPENSION 0.3 % OPHTHALMIC; Tier 3
imatinib mesylate tablet 100 mg oral; Tier 5 (QL)
imatinib mesylate tablet 400 mg oral; Tier 5 (QL)
IMBRUVICA CAPSULE 140 MG ORAL; Tier 5 (PA)
IMBRUVICA CAPSULE 70 MG ORAL; Tier 5 (PA)
IMBRUVICA TABLET 140 MG ORAL; Tier 5 (PA)
IMBRUVICA TABLET 280 MG ORAL; Tier 5 (PA)
IMBRUVICA TABLET 420 MG ORAL; Tier 5 (PA)
IMBRUVICA TABLET 560 MG ORAL; Tier 5 (PA)
imipenem-cilastatin solution reconstituted 250 mg intravenous; Tier 4
imipenem-cilastatin solution reconstituted 500 mg intravenous; Tier 4
imipramine hcl tablet 10 mg oral; Tier 2
imipramine hcl tablet 25 mg oral; Tier 2
imipramine hcl tablet 50 mg oral; Tier 2
imipramine pamoate capsule 100 mg oral; Tier 4
imipramine pamoate capsule 125 mg oral; Tier 4
imipramine pamoate capsule 150 mg oral; Tier 4
imipramine pamoate capsule 75 mg oral; Tier 4
imiquimod cream 5 % external; Tier 3
IMOVAX RABIES INJECTABLE 2.5 UNIT/ML INTRAMUSCULAR; Tier 3 (BD)
INBRIJA CAPSULE 42 MG INHALATION; Tier 5 (PA)
incassia tablet 0.35 mg oral; Tier 1 (GC)

INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS; Tier 5 (LA PA)

indapamide tablet 1.25 mg oral; Tier 1 (GC)

indapamide tablet 2.5 mg oral; Tier 1 (GC)

indomethacin capsule 25 mg oral; Tier 1 (GC)

indomethacin capsule 50 mg oral; Tier 1 (GC)

indomethacin er capsule extended release 75 mg oral; Tier 2

INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR; Tier 3

INLYTA TABLET 1 MG ORAL; Tier 5 (QL)

INLYTA TABLET 5 MG ORAL; Tier 5 (QL)

INTELENCE TABLET 100 MG ORAL; Tier 5 (QL)

INTELENCE TABLET 200 MG ORAL; Tier 5 (QL)

INTELENCE TABLET 25 MG ORAL; Tier 4 (QL)

INTRALIPID EMULSION 20 % INTRAVENOUS; Tier 4 (BD)

INTRALIPID EMULSION 30 % INTRAVENOUS; Tier 4 (BD)

INTRAROSA INSERT 6.5 MG VAGINAL; Tier 4 (PA)

INTRON A SOLUTION 10000000 UNIT/ML INJECTION; Tier 5 (BD)

INTRON A SOLUTION 6000000 UNIT/ML INJECTION; Tier 5 (BD)

INTRON A SOLUTION RECONSTITUTED 10000000 UNIT INJECTION; Tier 5 (BD)

INTRON A SOLUTION RECONSTITUTED 18000000 UNIT INJECTION; Tier 5 (BD)

INTRON A SOLUTION RECONSTITUTED 50000000 UNIT INJECTION; Tier 5 (BD)

introvale tablet 0.15-0.03 mg oral; Tier 1 (GC)

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR; Tier 5

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR; Tier 5

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR; Tier 5

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR; Tier 4

INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR; Tier 5

INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML INTRAMUSCULAR; Tier 5

INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML INTRAMUSCULAR; Tier 5

INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR; Tier 5

INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML INTRAMUSCULAR; Tier 5

INVIRASE TABLET 500 MG ORAL; Tier 5 (QL)

INVOKAMET TABLET 150-1000 MG ORAL; Tier 3

INVOKAMET TABLET 150-500 MG ORAL; Tier 3

INVOKAMET TABLET 50-1000 MG ORAL; Tier 3

INVOKAMET TABLET 50-500 MG ORAL; Tier 3

INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL; Tier 3

INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL; Tier 3

INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL; Tier 3

INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL; Tier 3

INVOKANA TABLET 100 MG ORAL; Tier 3

INVOKANA TABLET 300 MG ORAL; Tier 3

IONOSOL-MB IN D5W SOLUTION INTRAVENOUS; Tier 3

IPOL INJECTABLE INJECTION; Tier 3

ipratropium bromide solution 0.02 % inhalation; Tier 1 (BD GC)

ipratropium bromide solution 0.03 % nasal; Tier 1 (GC)

ipratropium bromide solution 0.06 % nasal; Tier 1 (GC)

ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation; Tier 1 (BD GC)

irbesartan tablet 150 mg oral; Tier 1 (GC)

irbesartan tablet 300 mg oral; Tier 1 (GC)

irbesartan tablet 75 mg oral; Tier 1 (GC)

irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral; Tier 1 (GC)

irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral; Tier 1 (GC)

IRESSA TABLET 250 MG ORAL; Tier 5 (PA)

ISENTRESS HD TABLET 600 MG ORAL; Tier 5 (QL)

ISENTRESS PACKET 100 MG ORAL; Tier 4 (QL)

ISENTRESS TABLET 400 MG ORAL; Tier 5 (QL)

ISENTRESS TABLET CHEWABLE 100 MG ORAL; Tier 5 (QL)

ISENTRESS TABLET CHEWABLE 25 MG ORAL; Tier 4 (QL)

isibloom tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

ISOLYTE-P IN D5W SOLUTION INTRAVENOUS; Tier 3

ISOLYTE-S SOLUTION INTRAVENOUS; Tier 3

ISONIAZID SYRUP 50 MG/5ML ORAL; Tier 1 (GC)

isoniazid tablet 100 mg oral; Tier 1 (GC)

isoniazid tablet 300 mg oral; Tier 1 (GC)

ISOSORBIDE DINITRATE ER TABLET EXTENDED RELEASE 40 MG ORAL; Tier 2

isosorbide dinitrate tablet 10 mg oral; Tier 2

isosorbide dinitrate tablet 20 mg oral; Tier 2

ISOSORBIDE DINITRATE TABLET 30 MG ORAL; Tier 2

isosorbide dinitrate tablet 5 mg oral; Tier 2

isosorbide mononitrate er tablet extended release 24 hour 120 mg oral; Tier 1 (GC)

isosorbide mononitrate er tablet extended release 24 hour 30 mg oral; Tier 1 (GC)

isosorbide mononitrate er tablet extended release 24 hour 60 mg oral; Tier 1 (GC)

isosorbide mononitrate tablet 10 mg oral; Tier 1 (GC)

isosorbide mononitrate tablet 20 mg oral; Tier 1 (GC)

isotretinoin capsule 10 mg oral; Tier 4

isotretinoin capsule 20 mg oral; Tier 4

isotretinoin capsule 30 mg oral; Tier 4

isotretinoin capsule 40 mg oral; Tier 4

isradipine capsule 2.5 mg oral; Tier 2

isradipine capsule 5 mg oral; Tier 2

itraconazole capsule 100 mg oral; Tier 4

itraconazole solution 10 mg/ml oral; Tier 4

ivermectin tablet 3 mg oral; Tier 2

IXIARO SUSPENSION INTRAMUSCULAR; Tier 3

J

JAKAFI TABLET 10 MG ORAL; Tier 5 (QL)

JAKAFI TABLET 15 MG ORAL; Tier 5 (QL)

JAKAFI TABLET 20 MG ORAL; Tier 5 (QL)

JAKAFI TABLET 25 MG ORAL; Tier 5 (QL)

JAKAFI TABLET 5 MG ORAL; Tier 5 (QL)

jantoven tablet 1 mg oral; Tier 1 (GC)

jantoven tablet 10 mg oral; Tier 1 (GC)

jantoven tablet 2 mg oral; Tier 1 (GC)

jantoven tablet 2.5 mg oral; Tier 1 (GC)

jantoven tablet 3 mg oral; Tier 1 (GC)

jantoven tablet 4 mg oral; Tier 1 (GC)

jantoven tablet 5 mg oral; Tier 1 (GC)

jantoven tablet 6 mg oral; Tier 1 (GC)

jantoven tablet 7.5 mg oral; Tier 1 (GC)

JANUMET TABLET 50-1000 MG ORAL; Tier 3 (QL)

JANUMET TABLET 50-500 MG ORAL; Tier 3 (QL)

JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL; Tier 3 (QL)

JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL; Tier 3 (QL)

JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL; Tier 3 (QL)

JANUVIA TABLET 100 MG ORAL; Tier 3 (QL)

JANUVIA TABLET 25 MG ORAL; Tier 3 (QL)

JANUVIA TABLET 50 MG ORAL; Tier 3 (QL)

JARDIANCE TABLET 10 MG ORAL; Tier 3

JARDIANCE TABLET 25 MG ORAL; Tier 3

jasmiel tablet 3-0.02 mg oral; Tier 2

jinteli tablet 1-5 mg-mcg oral; Tier 2

jolivette tablet 0.35 mg oral; Tier 1 (GC)

JUBLIA SOLUTION 10 % EXTERNAL; Tier 4

juleber tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

JULUCA TABLET 50-25 MG ORAL; Tier 5 (QL)

junel 1.5/30 tablet 1.5-30 mg-mcg oral; Tier 1 (GC)

junel 1/20 tablet 1-20 mg-mcg oral; Tier 1 (GC)

junel fe 1.5/30 tablet 1.5-30 mg-mcg oral; Tier 1 (GC)

junel fe 1/20 tablet 1-20 mg-mcg oral; Tier 1 (GC)

JUXTAPID CAPSULE 10 MG ORAL; Tier 5 (PA QL)

JUXTAPID CAPSULE 20 MG ORAL; Tier 5 (PA QL)

JUXTAPID CAPSULE 30 MG ORAL; Tier 5 (PA QL)

JUXTAPID CAPSULE 40 MG ORAL; Tier 5 (PA QL)

JUXTAPID CAPSULE 5 MG ORAL; Tier 5 (PA QL)

JUXTAPID CAPSULE 60 MG ORAL; Tier 5 (PA QL)

K

kaitlib fe tablet chewable 0.8-25 mg-mcg oral; Tier 2

KALETRA TABLET 100-25 MG ORAL; Tier 3 (QL)

KALETRA TABLET 200-50 MG ORAL; Tier 3 (QL)

KALYDECO PACKET 25 MG ORAL; Tier 5 (PA)

KALYDECO PACKET 50 MG ORAL; Tier 5 (PA)

KALYDECO PACKET 75 MG ORAL; Tier 5 (PA)

KALYDECO TABLET 150 MG ORAL; Tier 5 (PA)

kariva tablet 0.15-0.02/0.01 mg (21/5) oral; Tier 1 (GC)

kcl in dextrose-nacl solution 10-5-0.45 meq/l-%-% intravenous; Tier 2

kcl in dextrose-nacl solution 20-5-0.2 meq/l-%-% intravenous; Tier 2

KCL IN DEXTROSE-NACL SOLUTION 20-5-0.33 MEQ/L-%-% INTRAVENOUS; Tier 2

kcl in dextrose-nacl solution 20-5-0.45 meq/l-%-% intravenous; Tier 2

kcl in dextrose-nacl solution 20-5-0.9 meq/l-%-% intravenous; Tier 2

kcl in dextrose-nacl solution 30-5-0.45 meq/l-%-% intravenous; Tier 2

kcl in dextrose-nacl solution 40-5-0.45 meq/l-%-% intravenous; Tier 2

KCL IN DEXTROSE-NACL SOLUTION 40-5-0.9 MEQ/L-%-% INTRAVENOUS; Tier 2

KCL-LACTATED RINGERS-D5W SOLUTION 20 MEQ/L INTRAVENOUS; Tier 2

kelnor 1/35 tablet 1-35 mg-mcg oral; Tier 1 (GC)

kelnor 1/50 tablet 1-50 mg-mcg oral; Tier 1 (GC)

ketoconazole cream 2 % external; Tier 2

ketoconazole foam 2 % external; Tier 4

ketoconazole shampoo 2 % external; Tier 1 (GC)

ketoconazole tablet 200 mg oral; Tier 1 (GC)

KETOPROFEN CAPSULE 25 MG ORAL; Tier 2

KETOPROFEN ER CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL; Tier 4

ketorolac tromethamine solution 0.4 % ophthalmic; Tier 1 (GC)

ketorolac tromethamine solution 0.5 % ophthalmic; Tier 1 (GC)

KINRIX SUSPENSION INTRAMUSCULAR INJECTION 0.5 ML; Tier 3

KINRIX SUSPENSION INTRAMUSCULAR; Tier 3

kionex suspension 15 gm/60ml oral; Tier 2

KISQALI 200 DOSE TABLET THERAPY PACK 200 MG ORAL; Tier 5 (PA)

KISQALI 400 DOSE TABLET THERAPY PACK 200 MG ORAL; Tier 5 (PA)

KISQALI 600 DOSE TABLET THERAPY PACK 200 MG ORAL; Tier 5 (PA)

KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 200 & 2.5 MG ORAL; Tier 5 (PA)

KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 200 & 2.5 MG ORAL; Tier 5 (PA)

KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 200 & 2.5 MG ORAL; Tier 5 (PA)

klor-con 10 tablet extended release 10 meq oral; Tier 1 (GC)

klor-con m10 tablet extended release 10 meq oral; Tier 1 (GC)

KLOR-CON M15 TABLET EXTENDED RELEASE 15 MEQ ORAL; Tier 1 (GC)

klor-con m20 tablet extended release 20 meq oral; Tier 1 (GC)

klor-con sprinkle capsule extended release 8 meq oral; Tier 2

klor-con tablet extended release 8 meq oral; Tier 1 (GC)

KORLYM TABLET 300 MG ORAL; Tier 5 (LA PA QL)

kurvelo tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

KUVAN PACKET 100 MG ORAL; Tier 5 (LA PA)

KUVAN PACKET 500 MG ORAL; Tier 5 (LA PA)

KUVAN TABLET SOLUBLE 100 MG ORAL; Tier 5 (LA PA)

L

labetalol hcl tablet 100 mg oral; Tier 1 (GC)

labetalol hcl tablet 200 mg oral; Tier 1 (GC)

labetalol hcl tablet 300 mg oral; Tier 1 (GC)

lactulose solution 10 gm/15ml oral; Tier 1 (GC)

LAMICTAL XR KIT 21 X 25 MG & 7 X 50 MG ORAL; Tier 4

LAMICTAL XR KIT 25 & 50 & 100 MG ORAL; Tier 4

LAMICTAL XR KIT 50 & 100 & 200 MG ORAL; Tier 4

lamivudine solution 10 mg/ml oral; Tier 2 (QL)

lamivudine tablet 100 mg oral; Tier 2

lamivudine tablet 150 mg oral; Tier 2 (QL)

lamivudine tablet 300 mg oral; Tier 2 (QL)

lamivudine-zidovudine tablet 150-300 mg oral; Tier 4 (QL)

lamotrigine er tablet extended release 24 hour 100 mg oral; Tier 3

lamotrigine er tablet extended release 24 hour 200 mg oral; Tier 3

lamotrigine er tablet extended release 24 hour 25 mg oral; Tier 3

lamotrigine er tablet extended release 24 hour 250 mg oral; Tier 3

lamotrigine er tablet extended release 24 hour 300 mg oral; Tier 3

lamotrigine er tablet extended release 24 hour 50 mg oral; Tier 3

lamotrigine starter kit-blue kit 35 x 25 mg oral; Tier 4

lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg oral; Tier 4

lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg oral; Tier 4

lamotrigine tablet 100 mg oral; Tier 1 (GC)

lamotrigine tablet 150 mg oral; Tier 1 (GC)

lamotrigine tablet 200 mg oral; Tier 1 (GC)

lamotrigine tablet 25 mg oral; Tier 1 (GC)

lamotrigine tablet chewable 25 mg oral; Tier 1 (GC)

lamotrigine tablet chewable 5 mg oral; Tier 1 (GC)

lamotrigine tablet dispersible 100 mg oral; Tier 4

lamotrigine tablet dispersible 200 mg oral; Tier 4

lamotrigine tablet dispersible 25 mg oral; Tier 4

lamotrigine tablet dispersible 50 mg oral; Tier 4

lansoprazole capsule delayed release 15 mg oral; Tier 1 (GC)

lansoprazole capsule delayed release 30 mg oral; Tier 1 (GC)

LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS; Tier 3

LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS; Tier 3

larin 1.5/30 tablet 1.5-30 mg-mcg oral; Tier 1 (GC)

larin 1/20 tablet 1-20 mg-mcg oral; Tier 1 (GC)

larin fe 1.5/30 tablet 1.5-30 mg-mcg oral; Tier 1 (GC)

larin fe 1/20 tablet 1-20 mg-mcg oral; Tier 1 (GC)

larissia tablet 0.1-20 mg-mcg oral; Tier 1 (GC)

latanoprost solution 0.005 % ophthalmic; Tier 1 (GC)

LATUDA TABLET 120 MG ORAL; Tier 3

LATUDA TABLET 20 MG ORAL; Tier 3

LATUDA TABLET 40 MG ORAL; Tier 3

LATUDA TABLET 60 MG ORAL; Tier 3

LATUDA TABLET 80 MG ORAL; Tier 3

leena tablet 0.5/1/0.5-35 mg-mcg oral; Tier 1 (GC)

leflunomide tablet 10 mg oral; Tier 2

leflunomide tablet 20 mg oral; Tier 2

LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10 MG ORAL; Tier 5 (PA)

LENVIMA 12 MG DAILY DOSE CAPSULE THERAPY PACK 3 X 4 MG ORAL; Tier 5 (PA)

LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 10 & 4 MG ORAL; Tier 5 (PA)

LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL; Tier 5 (PA)

LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 2 X 10 MG ORAL; Tier 5 (PA)

LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL; Tier 5 (PA)

LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4 MG ORAL; Tier 5 (PA)

LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 2 X 4 MG ORAL; Tier 5 (PA)

lessina tablet 0.1-20 mg-mcg oral; Tier 1 (GC)

letrozole tablet 2.5 mg oral; Tier 1 (GC)

LEUCOVORIN CALCIUM TABLET 10 MG ORAL; Tier 1 (GC)

LEUCOVORIN CALCIUM TABLET 15 MG ORAL; Tier 1 (GC)

leucovorin calcium tablet 25 mg oral; Tier 1 (GC)

leucovorin calcium tablet 5 mg oral; Tier 1 (GC)

LEUKERAN TABLET 2 MG ORAL; Tier 3

LEUKINE SOLUTION RECONSTITUTED 250 MCG INJECTION; Tier 5 (PA)

leuprolide acetate kit 1 mg/0.2ml injection; Tier 1 (GC PA)

levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation; Tier 2 (BD)

levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation; Tier 2 (BD)

levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation; Tier 2 (BD)

levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation; Tier 2 (BD)

LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS; Tier 3

LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS; Tier 3

levetiracetam er tablet extended release 24 hour 500 mg oral; Tier 2

levetiracetam er tablet extended release 24 hour 750 mg oral; Tier 2

levetiracetam solution 100 mg/ml oral; Tier 2

levetiracetam tablet 1000 mg oral; Tier 1 (GC)

levetiracetam tablet 250 mg oral; Tier 1 (GC)

levetiracetam tablet 500 mg oral; Tier 1 (GC)

levetiracetam tablet 750 mg oral; Tier 1 (GC)

levobunolol hcl solution 0.5 % ophthalmic; Tier 1 (GC)

levocarnitine solution 1 gm/10ml oral; Tier 1 (BD GC)

levocarnitine tablet 330 mg oral; Tier 1 (BD GC)

levocetirizine dihydrochloride solution 2.5 mg/5ml oral; Tier 1 (GC)

levocetirizine dihydrochloride tablet 5 mg oral; Tier 1 (GC)

levofloxacin in d5w solution 500 mg/100ml intravenous; Tier 4

levofloxacin in d5w solution 750 mg/150ml intravenous; Tier 4

levofloxacin solution 0.5 % ophthalmic; Tier 2

levofloxacin solution 25 mg/ml intravenous; Tier 4

levofloxacin solution 25 mg/ml oral; Tier 4

levofloxacin tablet 250 mg oral; Tier 1 (GC)

levofloxacin tablet 500 mg oral; Tier 1 (GC)

levofloxacin tablet 750 mg oral; Tier 1 (GC)

levonest tablet oral; Tier 1 (GC)

levonorgest-eth estrad 91-day tablet 0.1-0.02 & 0.01 mg oral; Tier 2

levonorgest-eth estrad 91-day tablet 0.15-0.03 &0.01 mg oral; Tier 1 (GC)

levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral; Tier 1 (GC)

levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral; Tier 1 (GC)

levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

levonorg-eth estrad triphasic tablet oral; Tier 1 (GC)

levora 0.15/30 (28) tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

levo-t tablet 100 mcg oral; Tier 1 (GC)

levo-t tablet 112 mcg oral; Tier 1 (GC)

levo-t tablet 125 mcg oral; Tier 1 (GC)

levo-t tablet 137 mcg oral; Tier 1 (GC)

levo-t tablet 150 mcg oral; Tier 1 (GC)

levo-t tablet 175 mcg oral; Tier 1 (GC)

levo-t tablet 200 mcg oral; Tier 1 (GC)

levo-t tablet 25 mcg oral; Tier 1 (GC)

levo-t tablet 300 mcg oral; Tier 1 (GC)

levo-t tablet 50 mcg oral; Tier 1 (GC)

levo-t tablet 75 mcg oral; Tier 1 (GC)

levo-t tablet 88 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 100 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 112 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 125 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 137 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 150 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 175 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 200 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 25 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 300 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 50 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 75 mcg oral; Tier 1 (GC)

levothyroxine sodium tablet 88 mcg oral; Tier 1 (GC)

levoxyl tablet 100 mcg oral; Tier 1 (GC)

levoxyl tablet 112 mcg oral; Tier 1 (GC)

levoxyl tablet 125 mcg oral; Tier 1 (GC)

levoxyl tablet 137 mcg oral; Tier 1 (GC)

levoxyl tablet 150 mcg oral; Tier 1 (GC)

levoxyl tablet 175 mcg oral; Tier 1 (GC)

levoxyl tablet 200 mcg oral; Tier 1 (GC)

levoxyl tablet 25 mcg oral; Tier 1 (GC)

levoxyl tablet 50 mcg oral; Tier 1 (GC)

levoxyl tablet 75 mcg oral; Tier 1 (GC)

levoxyl tablet 88 mcg oral; Tier 1 (GC)

LEXIVA SUSPENSION 50 MG/ML ORAL; Tier 3 (QL)

lidocaine hcl solution 4 % external; Tier 1 (GC)

lidocaine hcl urethral/mucosal gel 2 % external; Tier 1 (GC)

lidocaine patch 5 % external; Tier 4 (PA QL)

lidocaine viscous hcl solution 2 % mouth/throat; Tier 1 (GC)

lidocaine-prilocaine cream 2.5-2.5 % external; Tier 2

linezolid solution 600 mg/300ml intravenous; Tier 5

linezolid suspension reconstituted 100 mg/5ml oral; Tier 5

linezolid tablet 600 mg oral; Tier 4

LINZESS CAPSULE 145 MCG ORAL; Tier 3

LINZESS CAPSULE 290 MCG ORAL; Tier 3

LINZESS CAPSULE 72 MCG ORAL; Tier 3

liothyronine sodium tablet 25 mcg oral; Tier 1 (GC)

liothyronine sodium tablet 5 mcg oral; Tier 1 (GC)

liothyronine sodium tablet 50 mcg oral; Tier 1 (GC)
lisinopril tablet 10 mg oral; Tier 1 (GC)
lisinopril tablet 2.5 mg oral; Tier 1 (GC)
lisinopril tablet 20 mg oral; Tier 1 (GC)
lisinopril tablet 30 mg oral; Tier 1 (GC)
lisinopril tablet 40 mg oral; Tier 1 (GC)
lisinopril tablet 5 mg oral; Tier 1 (GC)
lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral; Tier 1 (GC)
lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral; Tier 1 (GC)
lisinopril-hydrochlorothiazide tablet 20-25 mg oral; Tier 1 (GC)
lithium carbonate capsule 150 mg oral; Tier 1 (GC)
lithium carbonate capsule 300 mg oral; Tier 1 (GC)
lithium carbonate capsule 600 mg oral; Tier 1 (GC)
lithium carbonate er tablet extended release 300 mg oral; Tier 1 (GC)
lithium carbonate er tablet extended release 450 mg oral; Tier 1 (GC)
lithium carbonate tablet 300 mg oral; Tier 1 (GC)
LITHIUM SOLUTION 8 MEQ/5ML ORAL; Tier 1 (GC)
LIVALO TABLET 1 MG ORAL; Tier 3
LIVALO TABLET 2 MG ORAL; Tier 3
LIVALO TABLET 4 MG ORAL; Tier 3
LO LOESTRIN FE TABLET 1 MG-10 MCG / 10 MCG ORAL; Tier 2
LOKELMA PACKET 10 GM ORAL; Tier 4
LOKELMA PACKET 5 GM ORAL; Tier 4
LONSURF TABLET 15-6.14 MG ORAL; Tier 5
LONSURF TABLET 20-8.19 MG ORAL; Tier 5
loperamide hcl capsule 2 mg oral; Tier 1 (GC)
lopinavir-ritonavir solution 400-100 mg/5ml oral; Tier 4
lorazepam concentrate 2 mg/ml oral; Tier 2 (QL)
lorazepam tablet 0.5 mg oral; Tier 1 (GC QL)
lorazepam tablet 1 mg oral; Tier 1 (GC QL)
lorazepam tablet 2 mg oral; Tier 1 (GC QL)
LORBRENA TABLET 100 MG ORAL; Tier 5 (PA QL)
LORBRENA TABLET 25 MG ORAL; Tier 5 (PA QL)
loryna tablet 3-0.02 mg oral; Tier 2
losartan potassium tablet 100 mg oral; Tier 1 (GC)
losartan potassium tablet 25 mg oral; Tier 1 (GC)
losartan potassium tablet 50 mg oral; Tier 1 (GC)
losartan potassium-hctz tablet 100-12.5 mg oral; Tier 1 (GC)
losartan potassium-hctz tablet 100-25 mg oral; Tier 1 (GC)
losartan potassium-hctz tablet 50-12.5 mg oral; Tier 1 (GC)
LOTEMAX GEL 0.5 % OPHTHALMIC; Tier 4
LOTEMAX OINTMENT 0.5 % OPHTHALMIC; Tier 4
LOTEMAX SM GEL 0.38 % OPHTHALMIC; Tier 4
loteprednol etabonate suspension 0.5 % ophthalmic; Tier 4
lovastatin tablet 10 mg oral; Tier 1 (GC)
lovastatin tablet 20 mg oral; Tier 1 (GC)
lovastatin tablet 40 mg oral; Tier 1 (GC)
low-ogestrel tablet 0.3-30 mg-mcg oral; Tier 1 (GC)
loxapine succinate capsule 10 mg oral; Tier 2
loxapine succinate capsule 25 mg oral; Tier 2
loxapine succinate capsule 5 mg oral; Tier 2
loxapine succinate capsule 50 mg oral; Tier 2
LUMIGAN SOLUTION 0.01 % OPHTHALMIC; Tier 3
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR; Tier 5 (PA)
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR; Tier 5 (PA)
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR; Tier 5 (PA)
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR; Tier 5 (PA)

LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR; Tier 5 (PA)

LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR; Tier 5 (PA)

lutera tablet 0.1-20 mg-mcg oral; Tier 1 (GC)

LYNPARZA TABLET 100 MG ORAL; Tier 5 (LA PA)

LYNPARZA TABLET 150 MG ORAL; Tier 5 (LA PA)

LYRICA CAPSULE 100 MG ORAL; Tier 3 (QL)

LYRICA CAPSULE 150 MG ORAL; Tier 3 (QL)

LYRICA CAPSULE 200 MG ORAL; Tier 3 (QL)

LYRICA CAPSULE 225 MG ORAL; Tier 3 (QL)

LYRICA CAPSULE 25 MG ORAL; Tier 3 (QL)

LYRICA CAPSULE 300 MG ORAL; Tier 3 (QL)

LYRICA CAPSULE 50 MG ORAL; Tier 3 (QL)

LYRICA CAPSULE 75 MG ORAL; Tier 3 (QL)

LYRICA SOLUTION 20 MG/ML ORAL; Tier 3 (QL)

LYSODREN TABLET 500 MG ORAL; Tier 3

lyza tablet 0.35 mg oral; Tier 1 (GC)

M

magnesium sulfate solution 50 % injection (10ml syringe); Tier 1 (GC)

magnesium sulfate solution 50 % injection; Tier 1 (GC)

malathion lotion 0.5 % external; Tier 2

MAPROTILINE HCL TABLET 25 MG ORAL; Tier 2

MAPROTILINE HCL TABLET 50 MG ORAL; Tier 2

MAPROTILINE HCL TABLET 75 MG ORAL; Tier 2

marlissa tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

MARPLAN TABLET 10 MG ORAL; Tier 4

MATULANE CAPSULE 50 MG ORAL; Tier 5

matzim la tablet extended release 24 hour 180 mg oral; Tier 2

matzim la tablet extended release 24 hour 240 mg oral; Tier 2

matzim la tablet extended release 24 hour 300 mg oral; Tier 2

matzim la tablet extended release 24 hour 360 mg oral; Tier 2

matzim la tablet extended release 24 hour 420 mg oral; Tier 2

MAYZENT TABLET 0.25 MG ORAL; Tier 5 (PA)

MAYZENT TABLET 2 MG ORAL; Tier 5 (PA)

meclizine hcl tablet 12.5 mg oral; Tier 1 (GC)

meclizine hcl tablet 25 mg oral; Tier 1 (GC)

medroxyprogesterone acetate suspension 150 mg/ml intramuscular; Tier 1 (GC)

medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular; Tier 1 (GC)

medroxyprogesterone acetate tablet 10 mg oral; Tier 1 (GC)

medroxyprogesterone acetate tablet 2.5 mg oral; Tier 1 (GC)

medroxyprogesterone acetate tablet 5 mg oral; Tier 1 (GC)

MEFLOQUINE HCL TABLET 250 MG ORAL; Tier 2

megestrol acetate suspension 40 mg/ml oral; Tier 1 (GC PA)

megestrol acetate suspension 625 mg/5ml oral; Tier 4 (PA)

megestrol acetate tablet 20 mg oral; Tier 1 (GC PA)

megestrol acetate tablet 40 mg oral; Tier 1 (GC PA)

MEKINIST TABLET 0.5 MG ORAL; Tier 5 (PA)

MEKINIST TABLET 2 MG ORAL; Tier 5 (PA)

MEKTOVI TABLET 15 MG ORAL; Tier 5 (LA PA QL)

meloxicam tablet 15 mg oral; Tier 1 (GC)

meloxicam tablet 7.5 mg oral; Tier 1 (GC)

memantine hcl er capsule extended release 24 hour 14 mg oral; Tier 3

memantine hcl er capsule extended release 24 hour 21 mg oral; Tier 3

memantine hcl er capsule extended release 24 hour 28 mg oral; Tier 3

memantine hcl er capsule extended release 24 hour 7 mg oral; Tier 3

memantine hcl solution 2 mg/ml oral; Tier 2

memantine hcl tablet 10 mg oral; Tier 2
memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral; Tier 2
memantine hcl tablet 5 mg oral; Tier 2
MENACTRA INJECTABLE INTRAMUSCULAR; Tier 3
MENEST TABLET 0.3 MG ORAL; Tier 2
MENEST TABLET 0.625 MG ORAL; Tier 2
MENEST TABLET 1.25 MG ORAL; Tier 2
MENVEO SOLUTION RECONSTITUTED INTRAMUSCULAR; Tier 3
mercaptopurine tablet 50 mg oral; Tier 2
meropenem solution reconstituted 1 gm intravenous; Tier 4
meropenem solution reconstituted 500 mg intravenous; Tier 4
mesalamine enema 4 gm rectal; Tier 4
mesalamine tablet delayed release 1.2 gm oral; Tier 3
mesalamine tablet delayed release 800 mg oral; Tier 3
MESNEX TABLET 400 MG ORAL; Tier 5
metaxalone tablet 800 mg oral; Tier 4 (PA)
metformin hcl er tablet extended release 24 hour 500 mg oral; Tier 1 (GC)
metformin hcl er tablet extended release 24 hour 750 mg oral; Tier 1 (GC)
metformin hcl tablet 1000 mg oral; Tier 1 (GC)
metformin hcl tablet 500 mg oral; Tier 1 (GC)
metformin hcl tablet 850 mg oral; Tier 1 (GC)
METHADONE HCL SOLUTION 10 MG/5ML ORAL; Tier 2 (QL)
METHADONE HCL SOLUTION 5 MG/5ML ORAL; Tier 2 (QL)
methadone hcl tablet 10 mg oral; Tier 2 (QL)
methadone hcl tablet 5 mg oral; Tier 2 (QL)
methazolamide tablet 25 mg oral; Tier 4
methazolamide tablet 50 mg oral; Tier 4
methenamine hippurate tablet 1 gm oral; Tier 2
methimazole tablet 10 mg oral; Tier 1 (GC)
methimazole tablet 5 mg oral; Tier 1 (GC)
methocarbamol tablet 500 mg oral; Tier 2 (PA)
methocarbamol tablet 750 mg oral; Tier 2 (PA)
methotrexate sodium (pf) solution 50 mg/2ml injection; Tier 1 (BD GC)
methotrexate sodium solution 50 mg/2ml injection; Tier 1 (BD GC)
methotrexate tablet 2.5 mg oral; Tier 2 (BD)
methoxsalen rapid capsule 10 mg oral; Tier 5
methscopolamine bromide tablet 2.5 mg oral; Tier 2
methscopolamine bromide tablet 5 mg oral; Tier 2
METHYCLOTHIAZIDE TABLET 5 MG ORAL; Tier 1 (GC)
methylphenidate hcl er (cd) capsule extended release 10 mg oral; Tier 4
methylphenidate hcl er (cd) capsule extended release 20 mg oral; Tier 4
methylphenidate hcl er (cd) capsule extended release 30 mg oral; Tier 4
methylphenidate hcl er (cd) capsule extended release 40 mg oral; Tier 4
methylphenidate hcl er (cd) capsule extended release 50 mg oral; Tier 4
methylphenidate hcl er (cd) capsule extended release 60 mg oral; Tier 4
methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral; Tier 4
methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral; Tier 4
methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral; Tier 4
methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral; Tier 4
METHYLPHENIDATE HCL ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL; Tier 4
methylphenidate hcl er tablet extended release 10 mg oral; Tier 4

methylphenidate hcl er tablet extended release 18 mg oral; Tier 3

methylphenidate hcl er tablet extended release 20 mg oral; Tier 4

METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL; Tier 3

METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL; Tier 3

METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL; Tier 3

METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL; Tier 3

methylphenidate hcl er tablet extended release 27 mg oral; Tier 3

methylphenidate hcl er tablet extended release 36 mg oral; Tier 3

methylphenidate hcl er tablet extended release 54 mg oral; Tier 3

METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 72 MG ORAL; Tier 4

methylphenidate hcl solution 10 mg/5ml oral; Tier 4

methylphenidate hcl solution 5 mg/5ml oral; Tier 4

methylphenidate hcl tablet 10 mg oral; Tier 2

methylphenidate hcl tablet 20 mg oral; Tier 2

methylphenidate hcl tablet 5 mg oral; Tier 2

methylprednisolone tablet 16 mg oral; Tier 1 (GC)

methylprednisolone tablet 32 mg oral; Tier 1 (GC)

methylprednisolone tablet 4 mg oral; Tier 1 (GC)

methylprednisolone tablet 8 mg oral; Tier 1 (GC)

methylprednisolone tablet therapy pack 4 mg oral; Tier 2

metoclopramide hcl solution 5 mg/5ml oral; Tier 1 (GC)

metoclopramide hcl tablet 10 mg oral; Tier 1 (GC)

metoclopramide hcl tablet 5 mg oral; Tier 1 (GC)

metolazone tablet 10 mg oral; Tier 1 (GC)

metolazone tablet 2.5 mg oral; Tier 1 (GC)

metolazone tablet 5 mg oral; Tier 1 (GC)

metoprolol succinate er tablet extended release 24 hour 100 mg oral; Tier 1 (GC)

metoprolol succinate er tablet extended release 24 hour 200 mg oral; Tier 1 (GC)

metoprolol succinate er tablet extended release 24 hour 25 mg oral; Tier 1 (GC)

metoprolol succinate er tablet extended release 24 hour 50 mg oral; Tier 1 (GC)

metoprolol tartrate tablet 100 mg oral; Tier 1 (GC)

metoprolol tartrate tablet 25 mg oral; Tier 1 (GC)

metoprolol tartrate tablet 50 mg oral; Tier 1 (GC)

metoprolol-hydrochlorothiazide tablet 100-25 mg oral; Tier 2

metoprolol-hydrochlorothiazide tablet 100-50 mg oral; Tier 2

metoprolol-hydrochlorothiazide tablet 50-25 mg oral; Tier 2

metronidazole capsule 375 mg oral; Tier 2

metronidazole cream 0.75 % external; Tier 2

metronidazole gel 0.75 % external; Tier 2

metronidazole gel 0.75 % vaginal; Tier 2

metronidazole gel 1 % external; Tier 2

metronidazole in nacl solution 500-0.79 mg/100ml-% intravenous; Tier 2

metronidazole lotion 0.75 % external; Tier 2

metronidazole tablet 250 mg oral; Tier 2

metronidazole tablet 500 mg oral; Tier 2

MEXILETINE HCL CAPSULE 150 MG ORAL; Tier 2

MEXILETINE HCL CAPSULE 200 MG ORAL; Tier 2

MEXILETINE HCL CAPSULE 250 MG ORAL; Tier 2

MICONAZOLE 3 SUPPOSITORY 200 MG VAGINAL; Tier 1 (GC)

microgestin 1.5/30 tablet 1.5-30 mg-mcg oral; Tier 1 (GC)

microgestin 1/20 tablet 1-20 mg-mcg oral; Tier 1 (GC)

microgestin fe 1.5/30 tablet 1.5-30 mg-mcg oral; Tier 1 (GC)

microgestin fe 1/20 tablet 1-20 mg-mcg oral; Tier 1 (GC)
midodrine hcl tablet 10 mg oral; Tier 2
midodrine hcl tablet 2.5 mg oral; Tier 2
midodrine hcl tablet 5 mg oral; Tier 2
MIGERGOT SUPPOSITORY 2-100 MG RECTAL; Tier 3
miglitol tablet 100 mg oral; Tier 1 (GC)
miglitol tablet 25 mg oral; Tier 1 (GC)
miglitol tablet 50 mg oral; Tier 1 (GC)
miglustat capsule 100 mg oral; Tier 5 (PA)
mili tablet 0.25-35 mg-mcg oral; Tier 1 (GC)
MILLIPRED TABLET 5 MG ORAL; Tier 4
minitran patch 24 hour 0.1 mg/hr transdermal; Tier 2
minitran patch 24 hour 0.2 mg/hr transdermal; Tier 2
minitran patch 24 hour 0.4 mg/hr transdermal; Tier 2
minitran patch 24 hour 0.6 mg/hr transdermal; Tier 2
minocycline hcl capsule 100 mg oral; Tier 1 (GC)
minocycline hcl capsule 50 mg oral; Tier 1 (GC)
minocycline hcl capsule 75 mg oral; Tier 1 (GC)
minocycline hcl er tablet extended release 24 hour 105 mg oral; Tier 4
minocycline hcl er tablet extended release 24 hour 115 mg oral; Tier 4
minocycline hcl er tablet extended release 24 hour 135 mg oral; Tier 4
minocycline hcl er tablet extended release 24 hour 45 mg oral; Tier 4
minocycline hcl er tablet extended release 24 hour 65 mg oral; Tier 4
minocycline hcl er tablet extended release 24 hour 80 mg oral; Tier 4
minocycline hcl er tablet extended release 24 hour 90 mg oral; Tier 4
minocycline hcl tablet 100 mg oral; Tier 2
minocycline hcl tablet 50 mg oral; Tier 2
minocycline hcl tablet 75 mg oral; Tier 2
minoxidil tablet 10 mg oral; Tier 1 (GC)
minoxidil tablet 2.5 mg oral; Tier 1 (GC)
mirtazapine tablet 15 mg oral; Tier 1 (GC)
mirtazapine tablet 30 mg oral; Tier 1 (GC)
mirtazapine tablet 45 mg oral; Tier 1 (GC)
mirtazapine tablet 7.5 mg oral; Tier 1 (GC)
mirtazapine tablet dispersible 15 mg oral; Tier 2
mirtazapine tablet dispersible 30 mg oral; Tier 2
mirtazapine tablet dispersible 45 mg oral; Tier 2
misoprostol tablet 100 mcg oral; Tier 2
misoprostol tablet 200 mcg oral; Tier 2
M-M-R II INJECTABLE SUBCUTANEOUS; Tier 3
modafinil tablet 100 mg oral; Tier 3 (PA QL)
modafinil tablet 200 mg oral; Tier 3 (PA QL)
moexipril hcl tablet 15 mg oral; Tier 1 (GC)
moexipril hcl tablet 7.5 mg oral; Tier 1 (GC)
MOLINDONE HCL TABLET 10 MG ORAL; Tier 2
MOLINDONE HCL TABLET 25 MG ORAL; Tier 2
MOLINDONE HCL TABLET 5 MG ORAL; Tier 2
mometasone furoate cream 0.1 % external; Tier 1 (GC)
mometasone furoate ointment 0.1 % external; Tier 1 (GC)
mometasone furoate solution 0.1 % external; Tier 1 (GC)
mometasone furoate suspension 50 mcg/act nasal; Tier 2
mononessa tablet 0.25-35 mg-mcg oral; Tier 1 (GC)
montelukast sodium packet 4 mg oral; Tier 2
montelukast sodium tablet 10 mg oral; Tier 1 (GC)
montelukast sodium tablet chewable 4 mg oral; Tier 1 (GC)
montelukast sodium tablet chewable 5 mg oral; Tier 1 (GC)
morphine sulfate (concentrate) solution 100 mg/5ml oral; Tier 3 (QL)

morphine sulfate er capsule extended release 24 hour 10 mg oral; Tier 3 (QL)

morphine sulfate er capsule extended release 24 hour 100 mg oral; Tier 4 (QL)

morphine sulfate er capsule extended release 24 hour 20 mg oral; Tier 3 (QL)

morphine sulfate er capsule extended release 24 hour 30 mg oral; Tier 3 (QL)

morphine sulfate er capsule extended release 24 hour 40 mg oral; Tier 4 (QL)

morphine sulfate er capsule extended release 24 hour 50 mg oral; Tier 4 (QL)

morphine sulfate er capsule extended release 24 hour 60 mg oral; Tier 4 (QL)

morphine sulfate er capsule extended release 24 hour 80 mg oral; Tier 4 (QL)

morphine sulfate er tablet extended release 100 mg oral; Tier 3 (QL)

morphine sulfate er tablet extended release 15 mg oral; Tier 2 (QL)

morphine sulfate er tablet extended release 200 mg oral; Tier 3 (QL)

morphine sulfate er tablet extended release 30 mg oral; Tier 2 (QL)

morphine sulfate er tablet extended release 60 mg oral; Tier 2 (QL)

morphine sulfate solution 10 mg/5ml oral; Tier 2 (QL)

morphine sulfate solution 20 mg/5ml oral; Tier 2 (QL)

MORPHINE SULFATE TABLET 15 MG ORAL; Tier 2 (QL)

MORPHINE SULFATE TABLET 30 MG ORAL; Tier 2 (QL)

MOVANTIK TABLET 12.5 MG ORAL; Tier 3

MOVANTIK TABLET 25 MG ORAL; Tier 3

MOXEZA SOLUTION 0.5 % OPHTHALMIC; Tier 3

moxifloxacin hcl in nacl solution 400 mg/250ml intravenous; Tier 4

moxifloxacin hcl solution 0.5 % ophthalmic; Tier 3

moxifloxacin hcl tablet 400 mg oral; Tier 3

MULTAQ TABLET 400 MG ORAL; Tier 3

MUPIROCIN CALCIUM CREAM 2 % EXTERNAL; Tier 4

mupirocin ointment 2 % external; Tier 1 (GC)

MYCAMINE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS; Tier 5

MYCAMINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS; Tier 5

mycophenolate mofetil capsule 250 mg oral; Tier 2 (BD)

mycophenolate mofetil suspension reconstituted 200 mg/ml oral; Tier 5 (BD)

mycophenolate mofetil tablet 500 mg oral; Tier 2 (BD)

mycophenolate sodium tablet delayed release 180 mg oral; Tier 2 (BD)

mycophenolate sodium tablet delayed release 360 mg oral; Tier 2 (BD)

MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL; Tier 3

MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL; Tier 3

N

nabumetone tablet 500 mg oral; Tier 1 (GC)

nabumetone tablet 750 mg oral; Tier 1 (GC)

nadolol tablet 20 mg oral; Tier 2

nadolol tablet 40 mg oral; Tier 2

nadolol tablet 80 mg oral; Tier 2

nafcillin sodium solution reconstituted 1 gm injection; Tier 4

nafcillin sodium solution reconstituted 10 gm intravenous; Tier 4

nafcillin sodium solution reconstituted 2 gm injection; Tier 4

naftifine hcl cream 1 % external; Tier 4

naftifine hcl cream 2 % external; Tier 4

naloxone hcl solution 0.4 mg/ml injection; Tier 1 (GC)

NALOXONE HCL SOLUTION CARTRIDGE 0.4 MG/ML INJECTION; Tier 1 (GC)

NALOXONE HCL SOLUTION PREFILLED SYRINGE 2 MG/2ML INJECTION; Tier 1 (GC)

naltrexone hcl tablet 50 mg oral; Tier 1 (GC)

NAMENDA XR TITRATION PACK CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG ORAL; Tier 3

NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG ORAL; Tier 3

NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL; Tier 3

NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL; Tier 3

NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL; Tier 3

NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL; Tier 3

naproxen dr tablet delayed release 375 mg oral; Tier 1 (GC)

naproxen dr tablet delayed release 500 mg oral; Tier 1 (GC)

naproxen sodium tablet 275 mg oral; Tier 2

naproxen sodium tablet 550 mg oral; Tier 2

naproxen suspension 125 mg/5ml oral; Tier 1 (GC)

naproxen tablet 250 mg oral; Tier 1 (GC)

naproxen tablet 375 mg oral; Tier 1 (GC)

naproxen tablet 500 mg oral; Tier 1 (GC)

naratriptan hcl tablet 1 mg oral; Tier 2

naratriptan hcl tablet 2.5 mg oral; Tier 2

NARCAN LIQUID 4 MG/0.1ML NASAL; Tier 3

NATACYN SUSPENSION 5 % OPHTHALMIC; Tier 4

nateglinide tablet 120 mg oral; Tier 1 (GC)

nateglinide tablet 60 mg oral; Tier 1 (GC)

NATPARA CARTRIDGE 100 MCG SUBCUTANEOUS; Tier 5 (PA)

NATPARA CARTRIDGE 25 MCG SUBCUTANEOUS; Tier 5 (PA)

NATPARA CARTRIDGE 50 MCG SUBCUTANEOUS; Tier 5 (PA)

NATPARA CARTRIDGE 75 MCG SUBCUTANEOUS; Tier 5 (PA)

NEBUPENT SOLUTION RECONSTITUTED 300 MG INHALATION; Tier 4 (BD)

necon 0.5/35 (28) tablet 0.5-35 mg-mcg oral; Tier 1 (GC)

NEFAZODONE HCL TABLET 100 MG ORAL; Tier 2

NEFAZODONE HCL TABLET 150 MG ORAL; Tier 2

NEFAZODONE HCL TABLET 200 MG ORAL; Tier 2

NEFAZODONE HCL TABLET 250 MG ORAL; Tier 2

NEFAZODONE HCL TABLET 50 MG ORAL; Tier 2

neomycin sulfate tablet 500 mg oral; Tier 1 (GC)

neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic; Tier 2

neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic; Tier 1 (GC)

neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic; Tier 1 (GC)

NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION 1.75-10000-.025 OPHTHALMIC; Tier 2

neomycin-polymyxin-hc solution 1 % otic; Tier 1 (GC)

NEOMYCIN-POLYMYXIN-HC SUSPENSION 3.5-10000-1 OPHTHALMIC; Tier 2

neomycin-polymyxin-hc suspension 3.5-10000-1 otic; Tier 1 (GC)

NEPHRAMINE SOLUTION 5.4 % INTRAVENOUS; Tier 4 (BD)

NERLYNX TABLET 40 MG ORAL; Tier 5 (LA PA QL)

NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL; Tier 4

NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL; Tier 4

NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL; Tier 4

NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL; Tier 4

NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL; Tier 4

NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL; Tier 4

nevirapine er tablet extended release 24 hour 100 mg oral; Tier 4 (QL)

nevirapine er tablet extended release 24 hour 400 mg oral; Tier 4 (QL)

nevirapine suspension 50 mg/5ml oral; Tier 3 (QL)

nevirapine tablet 200 mg oral; Tier 2 (QL)

NEXAVAR TABLET 200 MG ORAL; Tier 5 (LA QL)

niacin er (antihyperlipidemic) tablet extended release 1000 mg oral; Tier 2

niacin er (antihyperlipidemic) tablet extended release 500 mg oral; Tier 2

niacin er (antihyperlipidemic) tablet extended release 750 mg oral; Tier 2

NIACOR TABLET 500 MG ORAL; Tier 2

nicardipine hcl capsule 20 mg oral; Tier 1 (GC)

nicardipine hcl capsule 30 mg oral; Tier 1 (GC)

NICOTROL INHALER 10 MG INHALATION; Tier 4

nifedipine er osmotic release tablet extended release 24 hour 30 mg oral; Tier 1 (GC)

nifedipine er osmotic release tablet extended release 24 hour 60 mg oral; Tier 1 (GC)

nifedipine er osmotic release tablet extended release 24 hour 90 mg oral; Tier 1 (GC)

nifedipine er tablet extended release 24 hour 30 mg oral; Tier 1 (GC)

nifedipine er tablet extended release 24 hour 60 mg oral; Tier 1 (GC)

nifedipine er tablet extended release 24 hour 90 mg oral; Tier 1 (GC)

nikki tablet 3-0.02 mg oral; Tier 2

nilutamide tablet 150 mg oral; Tier 4 (QL)

nimodipine capsule 30 mg oral; Tier 4

NINLARO CAPSULE 2.3 MG ORAL; Tier 5 (PA)

NINLARO CAPSULE 3 MG ORAL; Tier 5 (PA)

NINLARO CAPSULE 4 MG ORAL; Tier 5 (PA)

nisoldipine er tablet extended release 24 hour 17 mg oral; Tier 3

NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL; Tier 3

NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5 MG ORAL; Tier 3

NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL; Tier 3

nisoldipine er tablet extended release 24 hour 34 mg oral; Tier 3

NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL; Tier 3

nisoldipine er tablet extended release 24 hour 8.5 mg oral; Tier 3

NITRO-BID OINTMENT 2 % TRANSDERMAL; Tier 3

nitrofurantoin macrocrystal capsule 100 mg oral; Tier 2

nitrofurantoin macrocrystal capsule 25 mg oral; Tier 2

nitrofurantoin macrocrystal capsule 50 mg oral; Tier 2

nitrofurantoin monohyd macro capsule 100 mg oral; Tier 2

nitrofurantoin suspension 25 mg/5ml oral; Tier 4

nitroglycerin patch 24 hour 0.1 mg/hr transdermal; Tier 1 (GC)

nitroglycerin patch 24 hour 0.2 mg/hr transdermal; Tier 1 (GC)

nitroglycerin patch 24 hour 0.4 mg/hr transdermal; Tier 1 (GC)

nitroglycerin patch 24 hour 0.6 mg/hr transdermal; Tier 1 (GC)

nitroglycerin solution 0.4 mg/spray translingual; Tier 4

nitroglycerin tablet sublingual 0.3 mg sublingual; Tier 1 (GC)

nitroglycerin tablet sublingual 0.4 mg sublingual; Tier 1 (GC)

nitroglycerin tablet sublingual 0.6 mg sublingual; Tier 1 (GC)

nizatidine capsule 150 mg oral; Tier 1 (GC)

nizatidine capsule 300 mg oral; Tier 1 (GC)

nora-be tablet 0.35 mg oral; Tier 1 (GC)

norethin ace-eth estrad-fe tablet 1-20 mg-mcg(24) oral; Tier 1 (GC)

norethindrone acetate tablet 5 mg oral; Tier 2

norethindrone acet-ethinyl est tablet 1-20 mg-mcg oral; Tier 1 (GC)

norethindrone tablet 0.35 mg oral; Tier 1 (GC)

norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral; Tier 4

norethindrone-eth estradiol tablet 1-5 mg-mcg oral; Tier 4

norethin-eth estradiol-fe tablet chewable 0.8-25 mg-mcg oral; Tier 2

norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral; Tier 1 (GC)

norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-25 mcg oral; Tier 2

norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-35 mcg oral; Tier 1 (GC)

norlyroc tablet 0.35 mg oral; Tier 1 (GC)

NORMOSOL-M IN D5W SOLUTION INTRAVENOUS; Tier 3

NORMOSOL-R IN D5W SOLUTION INTRAVENOUS; Tier 3

NORMOSOL-R PH 7.4 SOLUTION INTRAVENOUS; Tier 3

NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL; Tier 4

NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL; Tier 4

NORTHERA CAPSULE 100 MG ORAL; Tier 5 (PA)

NORTHERA CAPSULE 200 MG ORAL; Tier 5 (PA)

NORTHERA CAPSULE 300 MG ORAL; Tier 5 (PA)

nortrel 0.5/35 (28) tablet 0.5-35 mg-mcg oral; Tier 1 (GC)

nortrel 1/35 (21) tablet 1-35 mg-mcg oral; Tier 1 (GC)

nortrel 1/35 (28) tablet 1-35 mg-mcg oral; Tier 1 (GC)

nortrel 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral; Tier 1 (GC)

nortriptyline hcl capsule 10 mg oral; Tier 1 (GC)

nortriptyline hcl capsule 25 mg oral; Tier 1 (GC)

nortriptyline hcl capsule 50 mg oral; Tier 1 (GC)

nortriptyline hcl capsule 75 mg oral; Tier 1 (GC)

NORTRIPTYLINE HCL SOLUTION 10 MG/5ML ORAL; Tier 2

NORVIR PACKET 100 MG ORAL; Tier 4 (QL)

NORVIR SOLUTION 80 MG/ML ORAL; Tier 4 (QL)

NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS; Tier 3

NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS; Tier 3

NOVOLIN R SOLUTION 100 UNIT/ML INJECTION; Tier 3

NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS; Tier 3

NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS; Tier 3

NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS; Tier 3

NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS; Tier 3

NOVOLOG SOLUTION 100 UNIT/ML SUBCUTANEOUS; Tier 3

NOXAFIL SUSPENSION 40 MG/ML ORAL; Tier 5

NOXAFIL TABLET DELAYED RELEASE 100 MG ORAL; Tier 5

NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS; Tier 5 (PA)

NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS; Tier 5 (PA)

NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS; Tier 5 (PA)

NUEDEXTA CAPSULE 20-10 MG ORAL; Tier 3 (PA)

NUPLAZID CAPSULE 34 MG ORAL; Tier 5 (LA PA)

NUPLAZID TABLET 10 MG ORAL; Tier 5 (LA PA)

NUTRILIPID EMULSION 20 % INTRAVENOUS; Tier 4 (BD)

NUVARING RING 0.12-0.015 MG/24HR VAGINAL; Tier 3

nyamyc powder 100000 unit/gm external; Tier 1 (GC)

nystatin cream 100000 unit/gm external; Tier 1 (GC)

nystatin ointment 100000 unit/gm external; Tier 1 (GC)

nystatin powder 100000 unit/gm external; Tier 1 (GC)

nystatin suspension 100000 unit/ml mouth/throat; Tier 1 (GC)

nystatin tablet 500000 unit oral; Tier 2

nystatin-triamcinolone cream 100000-0.1 unit/gm-% external; Tier 2

nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external; Tier 2

nystop powder 100000 unit/gm external; Tier 1 (GC)

O

ocella tablet 3-0.03 mg oral; Tier 1 (GC)

octreotide acetate solution 100 mcg/ml injection; Tier 2 (PA)

octreotide acetate solution 1000 mcg/ml injection; Tier 5 (PA)

octreotide acetate solution 200 mcg/ml injection; Tier 2 (PA)

octreotide acetate solution 50 mcg/ml injection; Tier 2 (PA)

octreotide acetate solution 500 mcg/ml injection; Tier 5 (PA)

ODEFSEY TABLET 200-25-25 MG ORAL; Tier 5 (QL)

ODOMZO CAPSULE 200 MG ORAL; Tier 5 (LA)

OFEV CAPSULE 100 MG ORAL; Tier 5

OFEV CAPSULE 150 MG ORAL; Tier 5

ofloxacin solution 0.3 % ophthalmic; Tier 1 (GC)

ofloxacin solution 0.3 % otic; Tier 2

OGESTREL TABLET 0.5-50 MG-MCG ORAL; Tier 1 (GC)

olanzapine solution reconstituted 10 mg intramuscular; Tier 4

olanzapine tablet 10 mg oral; Tier 1 (GC)

olanzapine tablet 15 mg oral; Tier 1 (GC)

olanzapine tablet 2.5 mg oral; Tier 1 (GC)

olanzapine tablet 20 mg oral; Tier 1 (GC)

olanzapine tablet 5 mg oral; Tier 1 (GC)

olanzapine tablet 7.5 mg oral; Tier 1 (GC)

olanzapine tablet dispersible 10 mg oral; Tier 3 (QL)

olanzapine tablet dispersible 15 mg oral; Tier 3 (QL)

olanzapine tablet dispersible 20 mg oral; Tier 3 (QL)

olanzapine tablet dispersible 5 mg oral; Tier 3 (QL)

olanzapine-fluoxetine hcl capsule 12-25 mg oral; Tier 4

olanzapine-fluoxetine hcl capsule 12-50 mg oral; Tier 4

olanzapine-fluoxetine hcl capsule 3-25 mg oral; Tier 4

olanzapine-fluoxetine hcl capsule 6-25 mg oral; Tier 4

olanzapine-fluoxetine hcl capsule 6-50 mg oral; Tier 4

olmesartan medoxomil tablet 20 mg oral; Tier 1 (GC)

olmesartan medoxomil tablet 40 mg oral; Tier 1 (GC)

olmesartan medoxomil tablet 5 mg oral; Tier 1 (GC)

olmesartan medoxomil-hctz tablet 20-12.5 mg oral; Tier 1 (GC)

olmesartan medoxomil-hctz tablet 40-12.5 mg oral; Tier 1 (GC)

olmesartan medoxomil-hctz tablet 40-25 mg oral; Tier 1 (GC)

olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral; Tier 2

olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral; Tier 2

olmesartan-amlodipine-hctz tablet 40-10-25 mg oral; Tier 2

olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral; Tier 2

olmesartan-amlodipine-hctz tablet 40-5-25 mg oral; Tier 2

olopatadine hcl solution 0.1 % ophthalmic; Tier 2

olopatadine hcl solution 0.2 % ophthalmic; Tier 2

olopatadine hcl solution 0.6 % nasal; Tier 4

omega-3-acid ethyl esters capsule 1 gm oral; Tier 2

omeprazole capsule delayed release 10 mg oral; Tier 1 (GC)

omeprazole capsule delayed release 20 mg oral; Tier 1 (GC)

omeprazole capsule delayed release 40 mg oral; Tier 1 (GC)

OMNITROPE SOLUTION 10 MG/1.5ML SUBCUTANEOUS; Tier 5 (PA)

OMNITROPE SOLUTION 5 MG/1.5ML SUBCUTANEOUS; Tier 5 (PA)

OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS; Tier 5 (PA)

ondansetron hcl solution 4 mg/5ml oral; Tier 2 (BD)

ondansetron hcl tablet 24 mg oral; Tier 1 (BD GC)

ondansetron hcl tablet 4 mg oral; Tier 1 (BD GC)

ondansetron hcl tablet 8 mg oral; Tier 1 (BD GC)

ondansetron tablet dispersible 4 mg oral; Tier 2 (BD)

ondansetron tablet dispersible 8 mg oral; Tier 2 (BD)

OPSUMIT TABLET 10 MG ORAL; Tier 5 (PA)

ORAVIG TABLET 50 MG BUCCAL; Tier 3

ORFADIN CAPSULE 10 MG ORAL; Tier 5

ORFADIN CAPSULE 2 MG ORAL; Tier 5

ORFADIN CAPSULE 20 MG ORAL; Tier 5

ORFADIN CAPSULE 5 MG ORAL; Tier 5

ORFADIN SUSPENSION 4 MG/ML ORAL; Tier 5 (LA)

ORILISSA TABLET 150 MG ORAL; Tier 4 (PA)

ORILISSA TABLET 200 MG ORAL; Tier 4 (PA)

ORKAMBI PACKET 100-125 MG ORAL; Tier 5 (LA PA)

ORKAMBI PACKET 150-188 MG ORAL; Tier 5 (LA PA)

ORKAMBI TABLET 100-125 MG ORAL; Tier 5 (PA)

ORKAMBI TABLET 200-125 MG ORAL; Tier 5 (PA)

orphenadrine citrate er tablet extended release 12 hour 100 mg oral; Tier 1 (GC PA)

orsythia tablet 0.1-20 mg-mcg oral; Tier 1 (GC)

oseltamivir phosphate capsule 30 mg oral; Tier 3

oseltamivir phosphate capsule 45 mg oral; Tier 3

oseltamivir phosphate capsule 75 mg oral; Tier 3

oseltamivir phosphate suspension reconstituted 6 mg/ml oral; Tier 3

OSPHENA TABLET 60 MG ORAL; Tier 4 (PA)

oxacillin sodium solution reconstituted 1 gm injection; Tier 4

oxacillin sodium solution reconstituted 10 gm injection; Tier 4

oxacillin sodium solution reconstituted 2 gm injection; Tier 4

oxandrolone tablet 10 mg oral; Tier 5 (PA)

oxandrolone tablet 2.5 mg oral; Tier 4 (PA)

oxaprozin tablet 600 mg oral; Tier 2
OXAZEPAM CAPSULE 10 MG ORAL; Tier 2 (QL)
oxazepam capsule 15 mg oral; Tier 2 (QL)
OXAZEPAM CAPSULE 30 MG ORAL; Tier 2 (QL)
oxcarbazepine suspension 300 mg/5ml oral; Tier 1 (GC)
oxcarbazepine tablet 150 mg oral; Tier 1 (GC)
oxcarbazepine tablet 300 mg oral; Tier 1 (GC)
oxcarbazepine tablet 600 mg oral; Tier 1 (GC)
OXERVATE SOLUTION 0.002 % OPHTHALMIC; Tier 5 (PA)
oxiconazole nitrate cream 1 % external; Tier 4
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL; Tier 4
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL; Tier 4
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600 MG ORAL; Tier 4
oxybutynin chloride er tablet extended release 24 hour 10 mg oral; Tier 2
oxybutynin chloride er tablet extended release 24 hour 15 mg oral; Tier 2
oxybutynin chloride er tablet extended release 24 hour 5 mg oral; Tier 2
oxybutynin chloride syrup 5 mg/5ml oral; Tier 1 (GC)
oxybutynin chloride tablet 5 mg oral; Tier 1 (GC)
oxycodone hcl concentrate 100 mg/5ml oral; Tier 4 (QL)
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL; Tier 4 (QL)
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL; Tier 4 (QL)
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL; Tier 4 (QL)
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL; Tier 4 (QL)
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL; Tier 4 (QL)
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL; Tier 4 (QL)
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL; Tier 4 (QL)
oxycodone hcl solution 5 mg/5ml oral; Tier 4 (QL)
oxycodone hcl tablet 10 mg oral; Tier 2 (QL)
oxycodone hcl tablet 15 mg oral; Tier 2 (QL)
oxycodone hcl tablet 20 mg oral; Tier 3 (QL)
oxycodone hcl tablet 30 mg oral; Tier 3 (QL)
oxycodone hcl tablet 5 mg oral; Tier 2 (QL)
oxycodone-acetaminophen tablet 10-325 mg oral; Tier 3 (QL)
oxycodone-acetaminophen tablet 2.5-325 mg oral; Tier 3 (QL)
oxycodone-acetaminophen tablet 5-325 mg oral; Tier 3 (QL)
oxycodone-acetaminophen tablet 7.5-325 mg oral; Tier 3 (QL)
oxycodone-aspirin tablet 4.8355-325 mg oral; Tier 3 (QL)
OXYCODONE-IBUPROFEN TABLET 5-400 MG ORAL; Tier 3 (QL)
oxymorphone hcl tablet 10 mg oral; Tier 4 (QL)
oxymorphone hcl tablet 5 mg oral; Tier 4 (QL)
OZEMPIC SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE SUBCUTANEOUS; Tier 3
OZEMPIC SOLUTION PEN-INJECTOR 1 MG/DOSE SUBCUTANEOUS; Tier 3

P

pacerone tablet 100 mg oral; Tier 1 (GC)
pacerone tablet 200 mg oral; Tier 1 (GC)
pacerone tablet 400 mg oral; Tier 1 (GC)
paliperidone er tablet extended release 24 hour 1.5 mg oral; Tier 4 (QL)
paliperidone er tablet extended release 24 hour 3 mg oral; Tier 4 (QL)
paliperidone er tablet extended release 24 hour 6 mg oral; Tier 4 (QL)

paliperidone er tablet extended release 24 hour 9 mg oral; Tier 5 (QL)

PANRETIN GEL 0.1 % EXTERNAL; Tier 5

pantoprazole sodium tablet delayed release 20 mg oral; Tier 1 (GC)

pantoprazole sodium tablet delayed release 40 mg oral; Tier 1 (GC)

paricalcitol capsule 1 mcg oral; Tier 4

paricalcitol capsule 2 mcg oral; Tier 4

paricalcitol capsule 4 mcg oral; Tier 4

paromomycin sulfate capsule 250 mg oral; Tier 4

paroxetine hcl er tablet extended release 24 hour 12.5 mg oral; Tier 2

paroxetine hcl er tablet extended release 24 hour 25 mg oral; Tier 2

paroxetine hcl er tablet extended release 24 hour 37.5 mg oral; Tier 2

paroxetine hcl tablet 10 mg oral; Tier 1 (GC)

paroxetine hcl tablet 20 mg oral; Tier 1 (GC)

paroxetine hcl tablet 30 mg oral; Tier 1 (GC)

paroxetine hcl tablet 40 mg oral; Tier 1 (GC)

paroxetine mesylate capsule 7.5 mg oral; Tier 4

PASER PACKET 4 GM ORAL; Tier 4

PAXIL SUSPENSION 10 MG/5ML ORAL; Tier 4

PAZEO SOLUTION 0.7 % OPHTHALMIC; Tier 4

PEDIARIX SUSPENSION INTRAMUSCULAR; Tier 3

PEDVAX HIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR; Tier 3

peg 3350/electrolytes solution reconstituted 240 gm oral; Tier 1 (GC)

peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral; Tier 1 (GC)

peg-3350/electrolytes solution reconstituted 236 gm oral; Tier 1 (GC)

PEGANONE TABLET 250 MG ORAL; Tier 3

PEGASYS PROCLICK SOLUTION 180 MCG/0.5ML SUBCUTANEOUS; Tier 5 (PA)

PEGASYS SOLUTION 180 MCG/0.5ML SUBCUTANEOUS; Tier 5 (PA)

PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS; Tier 5 (PA)

PENICILLIN G POT IN DEXTROSE SOLUTION 40000 UNIT/ML INTRAVENOUS; Tier 4

PENICILLIN G POT IN DEXTROSE SOLUTION 60000 UNIT/ML INTRAVENOUS; Tier 4

penicillin g potassium solution reconstituted 20000000 unit injection; Tier 4

PENICILLIN G PROCAINE SUSPENSION 600000 UNIT/ML INTRAMUSCULAR; Tier 4

PENICILLIN G SODIUM SOLUTION RECONSTITUTED 5000000 UNIT INJECTION; Tier 4

PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED 125 MG/5ML ORAL; Tier 2

PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED 250 MG/5ML ORAL; Tier 2

penicillin v potassium tablet 250 mg oral; Tier 1 (GC)

penicillin v potassium tablet 500 mg oral; Tier 1 (GC)

PENTAM SOLUTION RECONSTITUTED 300 MG INJECTION; Tier 4

pentoxifylline er tablet extended release 400 mg oral; Tier 1 (GC)

perindopril erbumine tablet 2 mg oral; Tier 1 (GC)

perindopril erbumine tablet 4 mg oral; Tier 1 (GC)

perindopril erbumine tablet 8 mg oral; Tier 1 (GC)

permethrin cream 5 % external; Tier 3

perphenazine tablet 16 mg oral; Tier 2

perphenazine tablet 2 mg oral; Tier 2

perphenazine tablet 4 mg oral; Tier 2

perphenazine tablet 8 mg oral; Tier 2

PERPHENAZINE-AMITRIPTYLINE TABLET 2-10 MG ORAL; Tier 4

PERPHENAZINE-AMITRIPTYLINE TABLET 2-25 MG ORAL; Tier 4

PERPHENAZINE-AMITRIPTYLINE TABLET 4-10 MG ORAL; Tier 4

PERPHENAZINE-AMITRIPTYLINE TABLET 4-25 MG ORAL; Tier 4

PERPHENAZINE-AMITRIPTYLINE TABLET 4-50 MG ORAL; Tier 4

PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS; Tier 5

PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS; Tier 5

phenelzine sulfate tablet 15 mg oral; Tier 2

phenobarbital elixir 20 mg/5ml oral; Tier 1 (GC)

phenobarbital tablet 100 mg oral; Tier 1 (GC)

phenobarbital tablet 15 mg oral; Tier 1 (GC)

phenobarbital tablet 16.2 mg oral; Tier 2

phenobarbital tablet 30 mg oral; Tier 1 (GC)

phenobarbital tablet 32.4 mg oral; Tier 2

phenobarbital tablet 60 mg oral; Tier 1 (GC)

phenobarbital tablet 64.8 mg oral; Tier 2

phenobarbital tablet 97.2 mg oral; Tier 2

phenytoin sodium extended capsule 100 mg oral; Tier 1 (GC)

phenytoin sodium extended capsule 200 mg oral; Tier 1 (GC)

phenytoin sodium extended capsule 300 mg oral; Tier 1 (GC)

phenytoin suspension 125 mg/5ml oral; Tier 1 (GC)

phenytoin tablet chewable 50 mg oral; Tier 1 (GC)

PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC; Tier 4

PICATO GEL 0.015 % EXTERNAL; Tier 4

PICATO GEL 0.05 % EXTERNAL; Tier 4

PIFELTRO TABLET 100 MG ORAL; Tier 5 (QL)

pilocarpine hcl solution 1 % ophthalmic; Tier 2

pilocarpine hcl solution 2 % ophthalmic; Tier 2

pilocarpine hcl solution 4 % ophthalmic; Tier 2

pilocarpine hcl tablet 5 mg oral; Tier 2

pilocarpine hcl tablet 7.5 mg oral; Tier 2

pimecrolimus cream 1 % external; Tier 4

PIMOZIDE TABLET 1 MG ORAL; Tier 2

PIMOZIDE TABLET 2 MG ORAL; Tier 2

pimtrea tablet 0.15-0.02/0.01 mg (21/5) oral; Tier 1 (GC)

pindolol tablet 10 mg oral; Tier 2

pindolol tablet 5 mg oral; Tier 2

pioglitazone hcl tablet 15 mg oral; Tier 1 (GC)

pioglitazone hcl tablet 30 mg oral; Tier 1 (GC)

pioglitazone hcl tablet 45 mg oral; Tier 1 (GC)

pioglitazone hcl-glimepiride tablet 30-2 mg oral; Tier 2 (QL)

pioglitazone hcl-glimepiride tablet 30-4 mg oral; Tier 2 (QL)

pioglitazone hcl-metformin hcl tablet 15-500 mg oral; Tier 1 (GC)

pioglitazone hcl-metformin hcl tablet 15-850 mg oral; Tier 1 (GC)

piperacillin sod-tazobactam so solution reconstituted 2.25 (2-0.25) gm intravenous; Tier 4

piperacillin sod-tazobactam so solution reconstituted 3.375 (3-0.375) gm intravenous; Tier 4

piperacillin sod-tazobactam so solution reconstituted 4.5 (4-0.5) gm intravenous; Tier 4

PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200 MG ORAL; Tier 5 (PA)

PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 200 & 50 MG ORAL; Tier 5 (PA)

PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 2X150 MG ORAL; Tier 5 (PA)

pirmella 1/35 tablet 1-35 mg-mcg oral; Tier 1 (GC)

piroxicam capsule 10 mg oral; Tier 2

piroxicam capsule 20 mg oral; Tier 2

PLASMA-LYTE 148 SOLUTION INTRAVENOUS; Tier 3

PLASMA-LYTE A SOLUTION INTRAVENOUS; Tier 3

plenamine solution 15 % intravenous; Tier 4 (BD)

podofilox solution 0.5 % external; Tier 2

polymyxin b sulfate solution reconstituted 500000 unit injection; Tier 2

polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic; Tier 1 (GC)

POMALYST CAPSULE 1 MG ORAL; Tier 5 (LA PA)

POMALYST CAPSULE 2 MG ORAL; Tier 5 (LA PA)

POMALYST CAPSULE 3 MG ORAL; Tier 5 (LA PA)

POMALYST CAPSULE 4 MG ORAL; Tier 5 (LA PA)

portia-28 tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

potassium chloride crys er tablet extended release 10 meq oral; Tier 1 (GC)

potassium chloride crys er tablet extended release 20 meq oral; Tier 1 (GC)

potassium chloride er capsule extended release 10 meq oral; Tier 2

potassium chloride er capsule extended release 8 meq oral; Tier 2

potassium chloride er tablet extended release 10 meq oral; Tier 1 (GC)

POTASSIUM CHLORIDE ER TABLET EXTENDED RELEASE 20 MEQ ORAL; Tier 1 (GC)

potassium chloride er tablet extended release 8 meq oral; Tier 1 (GC)

potassium chloride in dextrose solution 20-5 meq/l-% intravenous; Tier 2

POTASSIUM CHLORIDE IN DEXTROSE SOLUTION 40-5 MEQ/L-% INTRAVENOUS; Tier 2

potassium chloride in nacl solution 20-0.45 meq/l-% intravenous; Tier 2

potassium chloride in nacl solution 20-0.9 meq/l-% intravenous; Tier 2

potassium chloride in nacl solution 40-0.9 meq/l-% intravenous; Tier 2

potassium chloride solution 10 meq/100ml intravenous; Tier 2

potassium chloride solution 2 meq/ml intravenous; Tier 2

potassium chloride solution 20 meq/100ml intravenous; Tier 2

potassium chloride solution 20 meq/15ml (10%) oral; Tier 2

potassium chloride solution 40 meq/100ml intravenous; Tier 2

potassium chloride solution 40 meq/15ml (20%) oral; Tier 2

potassium citrate er tablet extended release 10 meq (1080 mg) oral; Tier 2

potassium citrate er tablet extended release 15 meq (1620 mg) oral; Tier 2

potassium citrate er tablet extended release 5 meq (540 mg) oral; Tier 2

PRADAXA CAPSULE 110 MG ORAL; Tier 4

PRADAXA CAPSULE 150 MG ORAL; Tier 4

PRADAXA CAPSULE 75 MG ORAL; Tier 4

PRALUENT SOLUTION PEN-INJECTOR 150 MG/ML SUBCUTANEOUS; Tier 4 (PA)

PRALUENT SOLUTION PEN-INJECTOR 75 MG/ML SUBCUTANEOUS; Tier 4 (PA)

pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral; Tier 3

pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral; Tier 3

pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral; Tier 3

pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral; Tier 3

pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral; Tier 3

pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral; Tier 3

pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral; Tier 3

pramipexole dihydrochloride tablet 0.125 mg oral; Tier 1 (GC)

pramipexole dihydrochloride tablet 0.25 mg oral; Tier 1 (GC)

pramipexole dihydrochloride tablet 0.5 mg oral; Tier 1 (GC)

pramipexole dihydrochloride tablet 0.75 mg oral; Tier 1 (GC)

pramipexole dihydrochloride tablet 1 mg oral; Tier 1 (GC)

pramipexole dihydrochloride tablet 1.5 mg oral; Tier 1 (GC)

prasugrel hcl tablet 10 mg oral; Tier 3

prasugrel hcl tablet 5 mg oral; Tier 3

pravastatin sodium tablet 10 mg oral; Tier 1 (GC)

pravastatin sodium tablet 20 mg oral; Tier 1 (GC)

pravastatin sodium tablet 40 mg oral; Tier 1 (GC)

pravastatin sodium tablet 80 mg oral; Tier 1 (GC)

praziquantel tablet 600 mg oral; Tier 4

prazosin hcl capsule 1 mg oral; Tier 1 (GC)

prazosin hcl capsule 2 mg oral; Tier 1 (GC)

prazosin hcl capsule 5 mg oral; Tier 1 (GC)

PREDNICARBATE CREAM 0.1 % EXTERNAL; Tier 4

PREDNICARBATE OINTMENT 0.1 % EXTERNAL; Tier 4

PREDNISOLONE ACETATE SUSPENSION 1 % OPHTHALMIC; Tier 2

PREDNISOLONE SODIUM PHOSPHATE SOLUTION 1 % OPHTHALMIC; Tier 2

prednisolone sodium phosphate solution 10 mg/5ml oral; Tier 2

prednisolone sodium phosphate solution 20 mg/5ml oral; Tier 2

PREDNISOLONE SODIUM PHOSPHATE SOLUTION 25 MG/5ML ORAL; Tier 2

prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral; Tier 2

prednisolone sodium phosphate tablet dispersible 10 mg oral; Tier 4

prednisolone sodium phosphate tablet dispersible 15 mg oral; Tier 4

prednisolone sodium phosphate tablet dispersible 30 mg oral; Tier 4

PREDNISOLONE SOLUTION 15 MG/5ML ORAL; Tier 2

PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL; Tier 1 (GC)

PREDNISONE SOLUTION 5 MG/5ML ORAL; Tier 1 (GC)

prednisone tablet 1 mg oral; Tier 1 (GC)

prednisone tablet 10 mg oral; Tier 1 (GC)

prednisone tablet 2.5 mg oral; Tier 1 (GC)

prednisone tablet 20 mg oral; Tier 1 (GC)

prednisone tablet 5 mg oral; Tier 1 (GC)

PREDNISONE TABLET 50 MG ORAL; Tier 1 (GC)

PREDNISONE TABLET THERAPY PACK 10 MG (21) ORAL; Tier 1 (GC)

PREDNISONE TABLET THERAPY PACK 10 MG (48) ORAL; Tier 1 (GC)

PREDNISONE TABLET THERAPY PACK 5 MG (21) ORAL; Tier 1 (GC)

PREDNISONE TABLET THERAPY PACK 5 MG (48) ORAL; Tier 1 (GC)

PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML; Tier 3

PREFEST TABLET 1/1-0.09 MG (15/15) ORAL; Tier 4

PREMARIN CREAM 0.625 MG/GM VAGINAL; Tier 3

PREMARIN TABLET 0.3 MG ORAL; Tier 3

PREMARIN TABLET 0.45 MG ORAL; Tier 3

PREMARIN TABLET 0.625 MG ORAL; Tier 3

PREMARIN TABLET 0.9 MG ORAL; Tier 3

PREMARIN TABLET 1.25 MG ORAL; Tier 3

PREMASOL SOLUTION 10 % INTRAVENOUS; Tier 4 (BD)

premasol solution 6 % intravenous; Tier 4 (BD)

PREMPHASE TABLET 0.625-5 MG ORAL; Tier 3

PREMPRO TABLET 0.3-1.5 MG ORAL; Tier 3

PREMPRO TABLET 0.45-1.5 MG ORAL; Tier 3

PREMPRO TABLET 0.625-2.5 MG ORAL; Tier 3

PREMPRO TABLET 0.625-5 MG ORAL; Tier 3

PRENATAL TABLET 27-1 MG ORAL; Tier 1 (GC)

previfem tablet 0.25-35 mg-mcg oral; Tier 1 (GC)

PREZCOBIX TABLET 800-150 MG ORAL; Tier 5 (QL)

PREZISTA SUSPENSION 100 MG/ML ORAL; Tier 5 (QL)

PREZISTA TABLET 150 MG ORAL; Tier 4 (QL)

PREZISTA TABLET 600 MG ORAL; Tier 5 (QL)
PREZISTA TABLET 75 MG ORAL; Tier 4 (QL)
PREZISTA TABLET 800 MG ORAL; Tier 5 (QL)
PRIFTIN TABLET 150 MG ORAL; Tier 4
primaquine phosphate tablet 26.3 mg oral; Tier 4
primidone tablet 250 mg oral; Tier 1 (GC)
primidone tablet 50 mg oral; Tier 1 (GC)
PROAIR HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION; Tier 3 (GC)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION; Tier 3 (GC)
probenecid tablet 500 mg oral; Tier 2
PROCALAMINE SOLUTION 3 % INTRAVENOUS; Tier 4 (BD)
prochlorperazine maleate tablet 10 mg oral; Tier 1 (GC)
prochlorperazine maleate tablet 5 mg oral; Tier 1 (GC)
prochlorperazine suppository 25 mg rectal; Tier 2
procto-med hc cream 2.5 % rectal; Tier 2
proctosol hc cream 2.5 % rectal; Tier 2
proctozone-hc cream 2.5 % rectal; Tier 2
progesterone micronized capsule 100 mg oral; Tier 2
progesterone micronized capsule 200 mg oral; Tier 2
PROGLYCEM SUSPENSION 50 MG/ML ORAL; Tier 4
PROGRAF PACKET 0.2 MG ORAL; Tier 4 (BD)
PROGRAF PACKET 1 MG ORAL; Tier 4 (BD)
PROLASTIN-C SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS; Tier 5 (PA)
PROLENSA SOLUTION 0.07 % OPHTHALMIC; Tier 4
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS; Tier 4
PROMACTA PACKET 12.5 MG ORAL; Tier 5 (PA QL)
PROMACTA TABLET 12.5 MG ORAL; Tier 5 (PA QL)
PROMACTA TABLET 25 MG ORAL; Tier 5 (PA QL)
PROMACTA TABLET 50 MG ORAL; Tier 5 (PA QL)
PROMACTA TABLET 75 MG ORAL; Tier 5 (PA QL)
promethazine hcl suppository 12.5 mg rectal; Tier 4
promethazine hcl suppository 25 mg rectal; Tier 4
promethazine hcl suppository 50 mg rectal; Tier 4
promethazine hcl syrup 6.25 mg/5ml oral; Tier 1 (GC)
promethazine hcl tablet 12.5 mg oral; Tier 1 (GC)
promethazine hcl tablet 25 mg oral; Tier 1 (GC)
promethazine hcl tablet 50 mg oral; Tier 1 (GC)
PROMETHAZINE-PHENYLEPHRINE SYRUP 6.25-5 MG/5ML ORAL; Tier 2
propafenone hcl er capsule extended release 12 hour 225 mg oral; Tier 4
propafenone hcl er capsule extended release 12 hour 325 mg oral; Tier 4
propafenone hcl er capsule extended release 12 hour 425 mg oral; Tier 4
propafenone hcl tablet 150 mg oral; Tier 2
propafenone hcl tablet 225 mg oral; Tier 2
propafenone hcl tablet 300 mg oral; Tier 2
proparacaine hcl solution 0.5 % ophthalmic; Tier 1 (GC)
propranolol hcl er capsule extended release 24 hour 120 mg oral; Tier 2
propranolol hcl er capsule extended release 24 hour 160 mg oral; Tier 2
propranolol hcl er capsule extended release 24 hour 60 mg oral; Tier 2
propranolol hcl er capsule extended release 24 hour 80 mg oral; Tier 2
PROPRANOLOL HCL SOLUTION 20 MG/5ML ORAL; Tier 1 (GC)
PROPRANOLOL HCL SOLUTION 40 MG/5ML ORAL; Tier 1 (GC)
propranolol hcl tablet 10 mg oral; Tier 1 (GC)
propranolol hcl tablet 20 mg oral; Tier 1 (GC)
propranolol hcl tablet 40 mg oral; Tier 1 (GC)
propranolol hcl tablet 60 mg oral; Tier 1 (GC)

propranolol hcl tablet 80 mg oral; Tier 1 (GC)
propylthiouracil tablet 50 mg oral; Tier 1 (GC)
PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS; Tier 3
PROSOL SOLUTION 20 % INTRAVENOUS; Tier 4 (BD)
protriptyline hcl tablet 10 mg oral; Tier 2
protriptyline hcl tablet 5 mg oral; Tier 2
PULMOZYME SOLUTION 1 MG/ML INHALATION; Tier 5 (BD)
PURIXAN SUSPENSION 2000 MG/100ML ORAL; Tier 5
PYLERA CAPSULE 140-125-125 MG ORAL; Tier 4
pyrazinamide tablet 500 mg oral; Tier 2
pyridostigmine bromide er tablet extended release 180 mg oral; Tier 2
pyridostigmine bromide solution 60 mg/5ml oral; Tier 2
PYRIDOSTIGMINE BROMIDE TABLET 30 MG ORAL; Tier 2
pyridostigmine bromide tablet 60 mg oral; Tier 2

Q

QUADRACEL SUSPENSION INTRAMUSCULAR; Tier 3
quetiapine fumarate er tablet extended release 24 hour 150 mg oral; Tier 3
quetiapine fumarate er tablet extended release 24 hour 200 mg oral; Tier 3
quetiapine fumarate er tablet extended release 24 hour 300 mg oral; Tier 3
quetiapine fumarate er tablet extended release 24 hour 400 mg oral; Tier 3
quetiapine fumarate er tablet extended release 24 hour 50 mg oral; Tier 3
quetiapine fumarate tablet 100 mg oral; Tier 1 (GC)
quetiapine fumarate tablet 200 mg oral; Tier 1 (GC)
quetiapine fumarate tablet 25 mg oral; Tier 1 (GC)
quetiapine fumarate tablet 300 mg oral; Tier 1 (GC)
quetiapine fumarate tablet 400 mg oral; Tier 1 (GC)
quetiapine fumarate tablet 50 mg oral; Tier 1 (GC)
quinapril hcl tablet 10 mg oral; Tier 1 (GC)
quinapril hcl tablet 20 mg oral; Tier 1 (GC)
quinapril hcl tablet 40 mg oral; Tier 1 (GC)
quinapril hcl tablet 5 mg oral; Tier 1 (GC)
quinapril-hydrochlorothiazide tablet 10-12.5 mg oral; Tier 1 (GC)
quinapril-hydrochlorothiazide tablet 20-12.5 mg oral; Tier 1 (GC)
quinapril-hydrochlorothiazide tablet 20-25 mg oral; Tier 1 (GC)
quinidine gluconate er tablet extended release 324 mg oral; Tier 2
QUINIDINE SULFATE TABLET 200 MG ORAL; Tier 1 (GC)
QUINIDINE SULFATE TABLET 300 MG ORAL; Tier 1 (GC)
quinine sulfate capsule 324 mg oral; Tier 4

R

RABAVERT SUSPENSION RECONSTITUTED INTRAMUSCULAR; Tier 3 (BD)
rabeprazole sodium tablet delayed release 20 mg oral; Tier 2
raloxifene hcl tablet 60 mg oral; Tier 2
ramipril capsule 1.25 mg oral; Tier 1 (GC)
ramipril capsule 10 mg oral; Tier 1 (GC)
ramipril capsule 2.5 mg oral; Tier 1 (GC)
ramipril capsule 5 mg oral; Tier 1 (GC)
ranitidine hcl capsule 150 mg oral; Tier 2
ranitidine hcl capsule 300 mg oral; Tier 2
ranitidine hcl syrup 75 mg/5ml oral; Tier 2
ranitidine hcl tablet 150 mg oral; Tier 1 (GC)
ranitidine hcl tablet 300 mg oral; Tier 1 (GC)

ranolazine er tablet extended release 12 hour 1000 mg oral; Tier 3

ranolazine er tablet extended release 12 hour 500 mg oral; Tier 3

rasagiline mesylate tablet 0.5 mg oral; Tier 3

rasagiline mesylate tablet 1 mg oral; Tier 3

RAVICTI LIQUID 1.1 GM/ML ORAL; Tier 5

REBETOL SOLUTION 40 MG/ML ORAL; Tier 5

reclipsen tablet 0.15-30 mg-mcg oral; Tier 1 (GC)

RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION (1ML SYRINGE); Tier 3 (BD)

RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION; Tier 3 (BD)

RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION; Tier 3 (BD)

RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION; Tier 3 (BD)

RECTIV OINTMENT 0.4 % RECTAL; Tier 4

REGRANEX GEL 0.01 % EXTERNAL; Tier 5

RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER INHALATION; Tier 4

RELI-ON INSULIN SYRINGE 29G 0.3 ML; Tier 3

repaglinide tablet 0.5 mg oral; Tier 1 (GC)

repaglinide tablet 1 mg oral; Tier 1 (GC)

repaglinide tablet 2 mg oral; Tier 1 (GC)

REPAGLINIDE-METFORMIN HCL TABLET 1-500 MG ORAL; Tier 1 (GC)

REPAGLINIDE-METFORMIN HCL TABLET 2-500 MG ORAL; Tier 1 (GC)

REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS; Tier 4 (PA)

REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS; Tier 4 (PA)

REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS; Tier 4 (PA)

RESCRIPTOR TABLET 200 MG ORAL; Tier 4 (QL)

RESTASIS EMULSION 0.05 % OPHTHALMIC; Tier 3

RETACRIT SOLUTION 10000 UNIT/ML INJECTION; Tier 4 (PA)

RETACRIT SOLUTION 2000 UNIT/ML INJECTION; Tier 4 (PA)

RETACRIT SOLUTION 3000 UNIT/ML INJECTION; Tier 4 (PA)

RETACRIT SOLUTION 4000 UNIT/ML INJECTION; Tier 4 (PA)

RETACRIT SOLUTION 40000 UNIT/ML INJECTION; Tier 4 (PA)

REVLIMID CAPSULE 10 MG ORAL; Tier 5 (LA PA)

REVLIMID CAPSULE 15 MG ORAL; Tier 5 (LA PA)

REVLIMID CAPSULE 2.5 MG ORAL; Tier 5 (LA PA)

REVLIMID CAPSULE 20 MG ORAL; Tier 5 (LA PA)

REVLIMID CAPSULE 25 MG ORAL; Tier 5 (LA PA)

REVLIMID CAPSULE 5 MG ORAL; Tier 5 (LA PA)

REXULTI TABLET 0.25 MG ORAL; Tier 5

REXULTI TABLET 0.5 MG ORAL; Tier 5

REXULTI TABLET 1 MG ORAL; Tier 5

REXULTI TABLET 2 MG ORAL; Tier 5

REXULTI TABLET 3 MG ORAL; Tier 5

REXULTI TABLET 4 MG ORAL; Tier 5

REYATAZ PACKET 50 MG ORAL; Tier 5 (QL)

ribasphere capsule 200 mg oral; Tier 2

RIBASPHERE TABLET 600 MG ORAL; Tier 5

ribavirin capsule 200 mg oral; Tier 4

ribavirin tablet 200 mg oral; Tier 4

rifabutin capsule 150 mg oral; Tier 3

RIFAMATE CAPSULE 150-300 MG ORAL; Tier 4

rifampin capsule 150 mg oral; Tier 2

rifampin capsule 300 mg oral; Tier 2

rifampin solution reconstituted 600 mg intravenous; Tier 4

RIFATER TABLET 50-120-300 MG ORAL; Tier 4

riluzole tablet 50 mg oral; Tier 4

rimantadine hcl tablet 100 mg oral; Tier 2

RIOMET SOLUTION 500 MG/5ML ORAL; Tier 4

risedronate sodium tablet 150 mg oral; Tier 2

risedronate sodium tablet 30 mg oral; Tier 2

risedronate sodium tablet 35 mg oral (12 pack); Tier 2

risedronate sodium tablet 35 mg oral (4 pack); Tier 2

risedronate sodium tablet 35 mg oral; Tier 2

risedronate sodium tablet 5 mg oral; Tier 2

risedronate sodium tablet delayed release 35 mg oral; Tier 2

RISPERDAL CONSTA SUSPENSION RECONSTITUTED 12.5 MG INTRAMUSCULAR; Tier 4

RISPERDAL CONSTA SUSPENSION RECONSTITUTED 25 MG INTRAMUSCULAR; Tier 4

RISPERDAL CONSTA SUSPENSION RECONSTITUTED 37.5 MG INTRAMUSCULAR; Tier 5

RISPERDAL CONSTA SUSPENSION RECONSTITUTED 50 MG INTRAMUSCULAR; Tier 5

risperidone solution 1 mg/ml oral; Tier 2

risperidone tablet 0.25 mg oral; Tier 1 (GC)

risperidone tablet 0.5 mg oral; Tier 1 (GC)

risperidone tablet 1 mg oral; Tier 1 (GC)

risperidone tablet 2 mg oral; Tier 1 (GC)

risperidone tablet 3 mg oral; Tier 1 (GC)

risperidone tablet 4 mg oral; Tier 1 (GC)

RISPERIDONE TABLET DISPERSIBLE 0.25 MG ORAL; Tier 2

risperidone tablet dispersible 0.5 mg oral; Tier 2

risperidone tablet dispersible 1 mg oral; Tier 2

risperidone tablet dispersible 2 mg oral; Tier 2

risperidone tablet dispersible 3 mg oral; Tier 2

risperidone tablet dispersible 4 mg oral; Tier 2

ritonavir tablet 100 mg oral; Tier 4 (QL)

rivastigmine patch 24 hour 13.3 mg/24hr transdermal; Tier 2

rivastigmine patch 24 hour 4.6 mg/24hr transdermal; Tier 2

rivastigmine patch 24 hour 9.5 mg/24hr transdermal; Tier 2

rivastigmine tartrate capsule 1.5 mg oral; Tier 2

rivastigmine tartrate capsule 3 mg oral; Tier 2

rivastigmine tartrate capsule 4.5 mg oral; Tier 2

rivastigmine tartrate capsule 6 mg oral; Tier 2

rizatriptan benzoate tablet 10 mg oral; Tier 2

rizatriptan benzoate tablet 5 mg oral; Tier 2

rizatriptan benzoate tablet dispersible 10 mg oral; Tier 2

rizatriptan benzoate tablet dispersible 5 mg oral; Tier 2

ropinirole hcl er tablet extended release 24 hour 12 mg oral; Tier 2

ropinirole hcl er tablet extended release 24 hour 2 mg oral; Tier 2

ropinirole hcl er tablet extended release 24 hour 4 mg oral; Tier 2

ropinirole hcl er tablet extended release 24 hour 6 mg oral; Tier 2

ropinirole hcl er tablet extended release 24 hour 8 mg oral; Tier 2

ropinirole hcl tablet 0.25 mg oral; Tier 1 (GC)

ropinirole hcl tablet 0.5 mg oral; Tier 1 (GC)

ropinirole hcl tablet 1 mg oral; Tier 1 (GC)

ropinirole hcl tablet 2 mg oral; Tier 1 (GC)

ropinirole hcl tablet 3 mg oral; Tier 1 (GC)

ropinirole hcl tablet 4 mg oral; Tier 1 (GC)

ropinirole hcl tablet 5 mg oral; Tier 1 (GC)

rosuvastatin calcium tablet 10 mg oral; Tier 1 (GC)

rosuvastatin calcium tablet 20 mg oral; Tier 1 (GC)

rosuvastatin calcium tablet 40 mg oral; Tier 1 (GC)

rosuvastatin calcium tablet 5 mg oral; Tier 1 (GC)

ROTARIX SUSPENSION RECONSTITUTED ORAL; Tier 3

ROTATEQ SOLUTION ORAL; Tier 3

roweepra tablet 1000 mg oral; Tier 1 (GC)

roweepra tablet 500 mg oral; Tier 1 (GC)

roweepra tablet 750 mg oral; Tier 1 (GC)

roweepra xr tablet extended release 24 hour 500 mg oral; Tier 2

roweepra xr tablet extended release 24 hour 750 mg oral; Tier 2

RUBRACA TABLET 200 MG ORAL; Tier 5 (PA)

RUBRACA TABLET 250 MG ORAL; Tier 5 (PA)

RUBRACA TABLET 300 MG ORAL; Tier 5 (PA)

RYDAPT CAPSULE 25 MG ORAL; Tier 5 (PA QL)

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SAMSCA TABLET 15 MG ORAL; Tier 5 (PA)

SAMSCA TABLET 30 MG ORAL; Tier 5 (PA)

SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL; Tier 5

SANDIMMUNE SOLUTION 100 MG/ML ORAL; Tier 3 (BD)

SANTYL OINTMENT 250 UNIT/GM EXTERNAL; Tier 4

SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL; Tier 4

SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL; Tier 4

SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL; Tier 4

SAVELLA TABLET 100 MG ORAL; Tier 3 (QL)

SAVELLA TABLET 12.5 MG ORAL; Tier 3 (QL)

SAVELLA TABLET 25 MG ORAL; Tier 3 (QL)

SAVELLA TABLET 50 MG ORAL; Tier 3 (QL)

SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL; Tier 3

scopolamine patch 72 hour 1 mg/3days transdermal; Tier 3

selegiline hcl capsule 5 mg oral; Tier 2

selegiline hcl tablet 5 mg oral; Tier 2

selenium sulfide lotion 2.5 % external; Tier 1 (GC)

SELZENTRY SOLUTION 20 MG/ML ORAL; Tier 3 (QL)

SELZENTRY TABLET 150 MG ORAL; Tier 3 (QL)

SELZENTRY TABLET 25 MG ORAL; Tier 3 (QL)

SELZENTRY TABLET 300 MG ORAL; Tier 3 (QL)

SELZENTRY TABLET 75 MG ORAL; Tier 3 (QL)

SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE INHALATION; Tier 3 (GC)

sertraline hcl concentrate 20 mg/ml oral; Tier 1 (GC)

sertraline hcl tablet 100 mg oral; Tier 1 (GC)

sertraline hcl tablet 25 mg oral; Tier 1 (GC)

sertraline hcl tablet 50 mg oral; Tier 1 (GC)

setlakin tablet 0.15-0.03 mg oral; Tier 1 (GC)

sevelamer carbonate packet 0.8 gm oral; Tier 5

sevelamer carbonate packet 2.4 gm oral; Tier 5

sevelamer carbonate tablet 800 mg oral; Tier 3

sharobel tablet 0.35 mg oral; Tier 1 (GC)

SHINGRIX SUSPENSION RECONSTITUTED 50 MCG/0.5ML INTRAMUSCULAR; Tier 3

SIGNIFOR SOLUTION 0.3 MG/ML SUBCUTANEOUS; Tier 5 (QL)

SIGNIFOR SOLUTION 0.6 MG/ML SUBCUTANEOUS; Tier 5 (QL)

SIGNIFOR SOLUTION 0.9 MG/ML SUBCUTANEOUS; Tier 5 (QL)

sildenafil citrate tablet 20 mg oral; Tier 2 (PA QL)

SILENOR TABLET 3 MG ORAL; Tier 3

SILENOR TABLET 6 MG ORAL; Tier 3

silodosin capsule 4 mg oral; Tier 4

silodosin capsule 8 mg oral; Tier 4

silver sulfadiazine cream 1 % external; Tier 1 (GC)

SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC; Tier 4

simvastatin tablet 10 mg oral; Tier 1 (GC)

simvastatin tablet 20 mg oral; Tier 1 (GC)

simvastatin tablet 40 mg oral; Tier 1 (GC)

simvastatin tablet 5 mg oral; Tier 1 (GC)

simvastatin tablet 80 mg oral; Tier 1 (GC)

sirolimus solution 1 mg/ml oral; Tier 5 (BD)

sirolimus tablet 0.5 mg oral; Tier 4 (BD)

sirolimus tablet 1 mg oral; Tier 4 (BD)

sirolimus tablet 2 mg oral; Tier 5 (BD)

SIRTURO TABLET 100 MG ORAL; Tier 5

SKLICE LOTION 0.5 % EXTERNAL; Tier 4

sodium chloride solution 0.45 % intravenous; Tier 2
sodium chloride solution 0.9 % intravenous; Tier 2
sodium chloride solution 0.9 % irrigation; Tier 1 (GC)
sodium chloride solution 3 % intravenous; Tier 2
sodium chloride solution 5 % intravenous; Tier 2
SODIUM FLUORIDE TABLET 2.2 (1 F) MG ORAL; Tier 1 (GC)
sodium phenylbutyrate powder 3 gm/tsp oral; Tier 5
sodium phenylbutyrate tablet 500 mg oral; Tier 5
sodium polystyrene sulfonate powder oral; Tier 2
sodium polystyrene sulfonate suspension 15 gm/60ml oral; Tier 2
SOFOSBUVIR-VELPATASVIR TABLET 400-100 MG ORAL; Tier 5 (PA)
solifenacin succinate tablet 10 mg oral; Tier 4
solifenacin succinate tablet 5 mg oral; Tier 4
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS; Tier 3
soloxide tablet delayed release 150 mg oral; Tier 4
SOLTAMOX SOLUTION 10 MG/5ML ORAL; Tier 4
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS; Tier 5 (PA)
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS; Tier 5 (PA)
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS; Tier 5 (PA)
SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS; Tier 5 (LA PA)
SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS; Tier 5 (LA PA)
SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS; Tier 5 (LA PA)
SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS; Tier 5 (LA PA)
SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS; Tier 5 (LA PA)
SOOLANTRA CREAM 1 % EXTERNAL; Tier 4
sotalol hcl (af) tablet 120 mg oral; Tier 1 (GC)
sotalol hcl tablet 120 mg oral; Tier 1 (GC)
sotalol hcl tablet 160 mg oral; Tier 1 (GC)
sotalol hcl tablet 240 mg oral; Tier 1 (GC)
sotalol hcl tablet 80 mg oral; Tier 1 (GC)
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION; Tier 3 (GC)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION; Tier 3 (GC)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION; Tier 3 (GC)
spironolactone tablet 100 mg oral; Tier 1 (GC)
spironolactone tablet 25 mg oral; Tier 1 (GC)
spironolactone tablet 50 mg oral; Tier 1 (GC)
spironolactone-hctz tablet 25-25 mg oral; Tier 1 (GC)
sprintec 28 tablet 0.25-35 mg-mcg oral; Tier 1 (GC)
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL; Tier 4
SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL; Tier 4
SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL; Tier 4
SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL; Tier 4
SPRYCEL TABLET 100 MG ORAL; Tier 5 (PA QL)
SPRYCEL TABLET 140 MG ORAL; Tier 5 (PA QL)
SPRYCEL TABLET 20 MG ORAL; Tier 5 (PA QL)
SPRYCEL TABLET 50 MG ORAL; Tier 5 (PA QL)
SPRYCEL TABLET 70 MG ORAL; Tier 5 (PA QL)
SPRYCEL TABLET 80 MG ORAL; Tier 5 (PA QL)
sps suspension 15 gm/60ml oral; Tier 2
sronyx tablet 0.1-20 mg-mcg oral; Tier 1 (GC)
ssd cream 1 % external; Tier 1 (GC)
stavudine capsule 15 mg oral; Tier 2 (QL)
stavudine capsule 20 mg oral; Tier 2 (QL)
stavudine capsule 30 mg oral; Tier 2 (QL)
stavudine capsule 40 mg oral; Tier 2 (QL)

STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS; Tier 5 (PA)

STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS; Tier 5 (PA)

STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS; Tier 5 (PA)

STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION; Tier 3 (GC)

STIVARGA TABLET 40 MG ORAL; Tier 5 (PA)

STREPTOMYCIN SULFATE SOLUTION RECONSTITUTED 1 GM INTRAMUSCULAR; Tier 3

STRIBILD TABLET 150-150-200-300 MG ORAL; Tier 5 (QL)

sucralfate tablet 1 gm oral; Tier 1 (GC)

sulfacetamide sodium (acne) lotion 10 % external; Tier 2

sulfacetamide sodium solution 10 % ophthalmic; Tier 1 (GC)

SULFACETAMIDE-PREDNISOLONE SOLUTION 10-0.23 % OPHTHALMIC; Tier 1 (GC)

SULFADIAZINE TABLET 500 MG ORAL; Tier 2

sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral; Tier 2

sulfamethoxazole-trimethoprim tablet 400-80 mg oral; Tier 1 (GC)

sulfamethoxazole-trimethoprim tablet 800-160 mg oral; Tier 1 (GC)

SULFAMYLON CREAM 85 MG/GM EXTERNAL; Tier 4

sulfasalazine tablet 500 mg oral; Tier 1 (GC)

sulfasalazine tablet delayed release 500 mg oral; Tier 1 (GC)

sulindac tablet 150 mg oral; Tier 1 (GC)

sulindac tablet 200 mg oral; Tier 1 (GC)

sumatriptan solution 20 mg/act nasal; Tier 2

sumatriptan solution 5 mg/act nasal; Tier 2

sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous; Tier 2

sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous; Tier 2

sumatriptan succinate solution 6 mg/0.5ml subcutaneous; Tier 2

sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous; Tier 2

sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous; Tier 2

SUMATRIPTAN SUCCINATE SOLUTION PREFILLED SYRINGE 6 MG/0.5ML SUBCUTANEOUS; Tier 2

sumatriptan succinate tablet 100 mg oral; Tier 1 (GC)

sumatriptan succinate tablet 25 mg oral; Tier 1 (GC)

sumatriptan succinate tablet 50 mg oral; Tier 1 (GC)

sumatriptan-naproxen sodium tablet 85-500 mg oral; Tier 4

SUPRAX CAPSULE 400 MG ORAL; Tier 4

SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL; Tier 3

SUPRAX TABLET CHEWABLE 100 MG ORAL; Tier 4

SUPRAX TABLET CHEWABLE 200 MG ORAL; Tier 4

SUPREP BOWEL PREP KIT SOLUTION 17.5-3.13-1.6 GM/177ML ORAL; Tier 4

SUTENT CAPSULE 12.5 MG ORAL; Tier 5 (PA)

SUTENT CAPSULE 25 MG ORAL; Tier 5 (PA)

SUTENT CAPSULE 37.5 MG ORAL; Tier 5 (PA)

SUTENT CAPSULE 50 MG ORAL; Tier 5 (PA)

syeda tablet 3-0.03 mg oral; Tier 1 (GC)

SYLATRON KIT 200 MCG SUBCUTANEOUS; Tier 5 (PA)

SYLATRON KIT 300 MCG SUBCUTANEOUS; Tier 5 (PA)

SYLATRON KIT 600 MCG SUBCUTANEOUS; Tier 5 (PA)

SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION; Tier 3 (GC)

SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION; Tier 3 (GC)

SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL; Tier 5 (LA PA)

SYMFI LO TABLET 400-300-300 MG ORAL; Tier 5 (QL)

SYMFI TABLET 600-300-300 MG ORAL; Tier 5 (QL)

SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS; Tier 4 (PA)

SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS; Tier 4 (PA)

SYMPAZAN FILM 10 MG ORAL; Tier 5 (QL)

SYMPAZAN FILM 20 MG ORAL; Tier 5 (QL)

SYMPAZAN FILM 5 MG ORAL; Tier 4 (QL)

SYMTUZA TABLET 800-150-200-10 MG ORAL; Tier 5 (QL)

SYNAREL SOLUTION 2 MG/ML NASAL; Tier 5

SYNJARDY TABLET 12.5-1000 MG ORAL; Tier 3

SYNJARDY TABLET 12.5-500 MG ORAL; Tier 3

SYNJARDY TABLET 5-1000 MG ORAL; Tier 3

SYNJARDY TABLET 5-500 MG ORAL; Tier 3

SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL; Tier 3

SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL; Tier 3

SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL; Tier 3

SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL; Tier 3

SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS; Tier 5

SYNTHROID TABLET 100 MCG ORAL; Tier 3

SYNTHROID TABLET 112 MCG ORAL; Tier 3

SYNTHROID TABLET 125 MCG ORAL; Tier 3

SYNTHROID TABLET 137 MCG ORAL; Tier 3

SYNTHROID TABLET 150 MCG ORAL; Tier 3

SYNTHROID TABLET 175 MCG ORAL; Tier 3

SYNTHROID TABLET 200 MCG ORAL; Tier 3

SYNTHROID TABLET 25 MCG ORAL; Tier 3

SYNTHROID TABLET 300 MCG ORAL; Tier 3

SYNTHROID TABLET 50 MCG ORAL; Tier 3

SYNTHROID TABLET 75 MCG ORAL; Tier 3

SYNTHROID TABLET 88 MCG ORAL; Tier 3

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TABLOID TABLET 40 MG ORAL; Tier 3

TACLONEX SUSPENSION 0.005-0.064 % EXTERNAL; Tier 4

tacrolimus capsule 0.5 mg oral; Tier 2 (BD)

tacrolimus capsule 1 mg oral; Tier 2 (BD)

tacrolimus capsule 5 mg oral; Tier 4 (BD)

tacrolimus ointment 0.03 % external; Tier 2

tacrolimus ointment 0.1 % external; Tier 2

TAFINLAR CAPSULE 50 MG ORAL; Tier 5 (PA)

TAFINLAR CAPSULE 75 MG ORAL; Tier 5 (PA)

TAGRISSO TABLET 40 MG ORAL; Tier 5 (LA PA)

TAGRISSO TABLET 80 MG ORAL; Tier 5 (LA PA)

TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS; Tier 5 (LA PA)

TALZENNA CAPSULE 0.25 MG ORAL; Tier 5 (PA QL)

TALZENNA CAPSULE 1 MG ORAL; Tier 5 (PA QL)

tamoxifen citrate tablet 10 mg oral; Tier 1 (GC)

tamoxifen citrate tablet 20 mg oral; Tier 1 (GC)

tamsulosin hcl capsule 0.4 mg oral; Tier 1 (GC)

TAPERDEX 12-DAY TABLET THERAPY PACK 1.5 MG (49) ORAL; Tier 4

taperdex 6-day tablet therapy pack 1.5 mg (21) oral; Tier 4

TAPERDEX 7-DAY TABLET THERAPY PACK 1.5 MG (27) ORAL; Tier 4

TARGRETIN GEL 1 % EXTERNAL; Tier 5

tarina 24 fe tablet 1-20 mg-mcg(24) oral; Tier 1 (GC)

tarina fe 1/20 tablet 1-20 mg-mcg oral; Tier 1 (GC)

TASIGNA CAPSULE 150 MG ORAL; Tier 5 (PA QL)

TASIGNA CAPSULE 200 MG ORAL; Tier 5 (PA QL)

TASIGNA CAPSULE 50 MG ORAL; Tier 5 (PA QL)

tazarotene cream 0.1 % external; Tier 4

tazicef solution reconstituted 1 gm injection; Tier 4

tazicef solution reconstituted 2 gm injection; Tier 4
tazicef solution reconstituted 6 gm injection; Tier 4
TAZORAC CREAM 0.05 % EXTERNAL; Tier 4
TAZORAC GEL 0.05 % EXTERNAL; Tier 4
TAZORAC GEL 0.1 % EXTERNAL; Tier 4
taztia xt capsule extended release 24 hour 120 mg oral; Tier 1 (GC)
taztia xt capsule extended release 24 hour 180 mg oral; Tier 1 (GC)
taztia xt capsule extended release 24 hour 240 mg oral; Tier 1 (GC)
taztia xt capsule extended release 24 hour 300 mg oral; Tier 1 (GC)
taztia xt capsule extended release 24 hour 360 mg oral; Tier 1 (GC)
TDVAX SUSPENSION 2-2 LF/0.5ML INTRAMUSCULAR; Tier 3 (BD)
TECFIDERA 120 & 240 MG ORAL; Tier 5 (PA)
TECFIDERA CAPSULE DELAYED RELEASE 120 MG ORAL; Tier 5 (PA)
TECFIDERA CAPSULE DELAYED RELEASE 240 MG ORAL; Tier 5 (PA)
TEFLARO SOLUTION RECONSTITUTED 400 MG INTRAVENOUS; Tier 4
TEFLARO SOLUTION RECONSTITUTED 600 MG INTRAVENOUS; Tier 4
TEGSEDI SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS; Tier 5 (LA PA)
telmisartan tablet 20 mg oral; Tier 1 (GC)
telmisartan tablet 40 mg oral; Tier 1 (GC)
telmisartan tablet 80 mg oral; Tier 1 (GC)
telmisartan-hctz tablet 40-12.5 mg oral; Tier 2
telmisartan-hctz tablet 80-12.5 mg oral; Tier 2
telmisartan-hctz tablet 80-25 mg oral; Tier 2
temazepam capsule 15 mg oral; Tier 2 (QL)
temazepam capsule 22.5 mg oral; Tier 3 (QL)
temazepam capsule 30 mg oral; Tier 2 (QL)
temazepam capsule 7.5 mg oral; Tier 3 (QL)
TENIVAC INJECTABLE 5-2 LFU INTRAMUSCULAR; Tier 3 (BD)
tenofovir disoproxil fumarate tablet 300 mg oral; Tier 4 (QL)
terazosin hcl capsule 1 mg oral; Tier 1 (GC)
terazosin hcl capsule 10 mg oral; Tier 1 (GC)
terazosin hcl capsule 2 mg oral; Tier 1 (GC)
terazosin hcl capsule 5 mg oral; Tier 1 (GC)
terbinafine hcl tablet 250 mg oral; Tier 1 (GC)
terbutaline sulfate tablet 2.5 mg oral; Tier 2
terbutaline sulfate tablet 5 mg oral; Tier 2
terconazole cream 0.4 % vaginal; Tier 2
TERCONAZOLE CREAM 0.8 % VAGINAL; Tier 2
terconazole suppository 80 mg vaginal; Tier 2
testosterone cypionate solution 100 mg/ml intramuscular; Tier 2
testosterone cypionate solution 200 mg/ml intramuscular (1 ml); Tier 2
testosterone cypionate solution 200 mg/ml intramuscular; Tier 2
testosterone enanthate solution 200 mg/ml intramuscular; Tier 2
testosterone gel 10 mg/act (2%) transdermal; Tier 3 (PA)
TESTOSTERONE GEL 12.5 MG/ACT (1%) TRANSDERMAL; Tier 3 (PA)
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal; Tier 3 (PA)
testosterone gel 20.25 mg/act (1.62%) transdermal; Tier 3 (PA)
testosterone gel 25 mg/2.5gm (1%) transdermal; Tier 3 (PA)
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal; Tier 3 (PA)
testosterone gel 50 mg/5gm (1%) transdermal; Tier 3 (PA)
testosterone solution 30 mg/act transdermal; Tier 3 (PA)
tetrabenazine tablet 12.5 mg oral; Tier 5 (PA QL)

tetrabenazine tablet 25 mg oral; Tier 5 (PA QL)
THALOMID CAPSULE 100 MG ORAL; Tier 5 (PA)
THALOMID CAPSULE 150 MG ORAL; Tier 5 (PA)
THALOMID CAPSULE 200 MG ORAL; Tier 5 (PA)
THALOMID CAPSULE 50 MG ORAL; Tier 5 (PA)
theophylline er tablet extended release 12 hour 100 mg oral; Tier 1 (GC)
theophylline er tablet extended release 12 hour 200 mg oral; Tier 1 (GC)
theophylline er tablet extended release 12 hour 300 mg oral; Tier 1 (GC)
theophylline er tablet extended release 24 hour 400 mg oral; Tier 1 (GC)
theophylline er tablet extended release 24 hour 600 mg oral; Tier 1 (GC)
thioridazine hcl tablet 10 mg oral; Tier 2
thioridazine hcl tablet 100 mg oral; Tier 2
thioridazine hcl tablet 25 mg oral; Tier 2
thioridazine hcl tablet 50 mg oral; Tier 2
thiothixene capsule 1 mg oral; Tier 1 (GC)
thiothixene capsule 10 mg oral; Tier 1 (GC)
thiothixene capsule 2 mg oral; Tier 1 (GC)
thiothixene capsule 5 mg oral; Tier 1 (GC)
tiagabine hcl tablet 12 mg oral; Tier 4
tiagabine hcl tablet 16 mg oral; Tier 4
tiagabine hcl tablet 2 mg oral; Tier 2
tiagabine hcl tablet 4 mg oral; Tier 2
TIBSOVO TABLET 250 MG ORAL; Tier 5 (LA PA QL)
tigecycline solution reconstituted 50 mg intravenous; Tier 5 (BD)
TIGLUTIK SUSPENSION 50 MG/10ML ORAL; Tier 5
TIMOLOL MALEATE GEL FORMING SOLUTION 0.25 % OPHTHALMIC; Tier 2
TIMOLOL MALEATE GEL FORMING SOLUTION 0.5 % OPHTHALMIC; Tier 2
timolol maleate solution 0.25 % ophthalmic; Tier 1 (GC)
timolol maleate solution 0.5 % (daily) ophthalmic; Tier 1 (GC)
timolol maleate solution 0.5 % ophthalmic; Tier 1 (GC)
TIMOLOL MALEATE TABLET 10 MG ORAL; Tier 1 (GC)
TIMOLOL MALEATE TABLET 20 MG ORAL; Tier 1 (GC)
timolol maleate tablet 5 mg oral; Tier 1 (GC)
tinidazole tablet 250 mg oral; Tier 4
tinidazole tablet 500 mg oral; Tier 4
TIROSINT CAPSULE 100 MCG ORAL; Tier 3
TIROSINT CAPSULE 112 MCG ORAL; Tier 3
TIROSINT CAPSULE 125 MCG ORAL; Tier 3
TIROSINT CAPSULE 13 MCG ORAL; Tier 3
TIROSINT CAPSULE 137 MCG ORAL; Tier 3
TIROSINT CAPSULE 150 MCG ORAL; Tier 3
TIROSINT CAPSULE 175 MCG ORAL; Tier 3
TIROSINT CAPSULE 200 MCG ORAL; Tier 3
TIROSINT CAPSULE 25 MCG ORAL; Tier 3
TIROSINT CAPSULE 50 MCG ORAL; Tier 3
TIROSINT CAPSULE 75 MCG ORAL; Tier 3
TIROSINT CAPSULE 88 MCG ORAL; Tier 3
TIROSINT-SOL SOLUTION 100 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 112 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 125 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 13 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 137 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 150 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 175 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 200 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 25 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 50 MCG/ML ORAL; Tier 3
TIROSINT-SOL SOLUTION 75 MCG/ML ORAL; Tier 3

TIROSINT-SOL SOLUTION 88 MCG/ML ORAL; Tier 3
TIVICAY TABLET 10 MG ORAL; Tier 4 (QL)
TIVICAY TABLET 25 MG ORAL; Tier 5 (QL)
TIVICAY TABLET 50 MG ORAL; Tier 5 (QL)
tizanidine hcl capsule 2 mg oral; Tier 3
tizanidine hcl capsule 4 mg oral; Tier 3
tizanidine hcl capsule 6 mg oral; Tier 3
tizanidine hcl tablet 2 mg oral; Tier 1 (GC)
tizanidine hcl tablet 4 mg oral; Tier 1 (GC)
TOBI PODHALER CAPSULE 28 MG INHALATION; Tier 5
tobramycin nebulization solution 300 mg/5ml inhalation; Tier 5 (BD)
tobramycin solution 0.3 % ophthalmic; Tier 1 (GC)
TOBRAMYCIN SULFATE SOLUTION 10 MG/ML INJECTION; Tier 2
tobramycin sulfate solution 80 mg/2ml injection; Tier 2
tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic; Tier 2
TOLAK CREAM 4 % EXTERNAL; Tier 4
TOLAZAMIDE TABLET 250 MG ORAL; Tier 1 (GC)
TOLAZAMIDE TABLET 500 MG ORAL; Tier 1 (GC)
TOLBUTAMIDE TABLET 500 MG ORAL; Tier 1 (GC)
TOLMETIN SODIUM CAPSULE 400 MG ORAL; Tier 2
tolterodine tartrate er capsule extended release 24 hour 2 mg oral; Tier 2
tolterodine tartrate er capsule extended release 24 hour 4 mg oral; Tier 2
tolterodine tartrate tablet 1 mg oral; Tier 2
tolterodine tartrate tablet 2 mg oral; Tier 2
topiramate capsule sprinkle 15 mg oral; Tier 2
topiramate capsule sprinkle 25 mg oral; Tier 2
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL; Tier 3
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 150 MG ORAL; Tier 3
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL; Tier 3
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL; Tier 3
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL; Tier 3
topiramate tablet 100 mg oral; Tier 1 (GC)
topiramate tablet 200 mg oral; Tier 1 (GC)
topiramate tablet 25 mg oral; Tier 1 (GC)
topiramate tablet 50 mg oral; Tier 1 (GC)
toremifene citrate tablet 60 mg oral; Tier 5 (QL)
torsemide tablet 10 mg oral; Tier 1 (GC)
torsemide tablet 100 mg oral; Tier 1 (GC)
torsemide tablet 20 mg oral; Tier 1 (GC)
torsemide tablet 5 mg oral; Tier 1 (GC)
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS; Tier 3
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS; Tier 3
TPN ELECTROLYTES SOLUTION INTRAVENOUS; Tier 2 (BD)
TRACLEER TABLET SOLUBLE 32 MG ORAL; Tier 5 (LA PA)
tramadol hcl er tablet extended release 24 hour 100 mg oral; Tier 2 (QL)
tramadol hcl er tablet extended release 24 hour 200 mg oral; Tier 2 (QL)
tramadol hcl tablet 50 mg oral; Tier 1 (GC QL)
tramadol-acetaminophen tablet 37.5-325 mg oral; Tier 1 (GC QL)
trandolapril tablet 1 mg oral; Tier 1 (GC)
trandolapril tablet 2 mg oral; Tier 1 (GC)
trandolapril tablet 4 mg oral; Tier 1 (GC)
tranexamic acid tablet 650 mg oral; Tier 2
TRANSDERM-SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL; Tier 3
tranylcypromine sulfate tablet 10 mg oral; Tier 2
TRAVASOL SOLUTION 10 % INTRAVENOUS; Tier 4 (BD)
TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC; Tier 3

trazodone hcl tablet 100 mg oral; Tier 1 (GC)
trazodone hcl tablet 150 mg oral; Tier 1 (GC)
trazodone hcl tablet 300 mg oral; Tier 2
trazodone hcl tablet 50 mg oral; Tier 1 (GC)
TRECATOR TABLET 250 MG ORAL; Tier 4
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION; Tier 3 (GC ST)
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 11.25 MG INTRAMUSCULAR; Tier 5 (BD)
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR; Tier 5 (BD)
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR; Tier 5 (BD)
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS; Tier 3
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS; Tier 3
TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS; Tier 3
tretinoin capsule 10 mg oral; Tier 5
tretinoin cream 0.025 % external; Tier 3
tretinoin cream 0.05 % external; Tier 3
tretinoin cream 0.1 % external; Tier 3
tretinoin gel 0.01 % external; Tier 4
tretinoin gel 0.025 % external; Tier 4
tretinoin gel 0.05 % external; Tier 4
tretinoin microsphere gel 0.04 % external; Tier 4
tretinoin microsphere gel 0.1 % external; Tier 4
TREXALL TABLET 10 MG ORAL; Tier 4 (BD)
TREXALL TABLET 15 MG ORAL; Tier 4 (BD)
TREXALL TABLET 5 MG ORAL; Tier 4 (BD)
TREXALL TABLET 7.5 MG ORAL; Tier 4 (BD)
triamcinolone acetonide cream 0.025 % external; Tier 1 (GC)
triamcinolone acetonide cream 0.1 % external; Tier 1 (GC)
triamcinolone acetonide cream 0.5 % external; Tier 1 (GC)
triamcinolone acetonide lotion 0.025 % external; Tier 2
triamcinolone acetonide lotion 0.1 % external; Tier 2
triamcinolone acetonide ointment 0.025 % external; Tier 1 (GC)
triamcinolone acetonide ointment 0.1 % external; Tier 1 (GC)
triamcinolone acetonide ointment 0.5 % external; Tier 1 (GC)
triamcinolone acetonide paste 0.1 % mouth/throat; Tier 2
triamterene-hctz capsule 37.5-25 mg oral; Tier 1 (GC)
triamterene-hctz tablet 37.5-25 mg oral; Tier 1 (GC)
triamterene-hctz tablet 75-50 mg oral; Tier 1 (GC)
triazolam tablet 0.125 mg oral; Tier 3 (QL)
triazolam tablet 0.25 mg oral; Tier 3 (QL)
trientine hcl capsule 250 mg oral; Tier 5
tri-estarylla tablet 0.18/0.215/0.25 mg-35 mcg oral; Tier 1 (GC)
trifluoperazine hcl tablet 1 mg oral; Tier 1 (GC)
trifluoperazine hcl tablet 10 mg oral; Tier 1 (GC)
trifluoperazine hcl tablet 2 mg oral; Tier 1 (GC)
trifluoperazine hcl tablet 5 mg oral; Tier 1 (GC)
TRIFLURIDINE SOLUTION 1 % OPHTHALMIC; Tier 2
trihexyphenidyl hcl elixir 0.4 mg/ml oral; Tier 1 (GC)
trihexyphenidyl hcl tablet 2 mg oral; Tier 1 (GC)
trihexyphenidyl hcl tablet 5 mg oral; Tier 1 (GC)
tri-legest fe tablet 1-20/1-30/1-35 mg-mcg oral; Tier 1 (GC)
tri-lo-estarylla tablet 0.18/0.215/0.25 mg-25 mcg oral; Tier 2
tri-lo-sprintec tablet 0.18/0.215/0.25 mg-25 mcg oral; Tier 2
trilyte solution reconstituted 420 gm oral; Tier 1 (GC)

trimethobenzamide hcl capsule 300 mg oral; Tier 2
trimethoprim tablet 100 mg oral; Tier 1 (GC)
tri-mili tablet 0.18/0.215/0.25 mg-35 mcg oral; Tier 1 (GC)
trimipramine maleate capsule 100 mg oral; Tier 2
trimipramine maleate capsule 25 mg oral; Tier 2
trimipramine maleate capsule 50 mg oral; Tier 2
TRINTELLIX TABLET 10 MG ORAL; Tier 4
TRINTELLIX TABLET 20 MG ORAL; Tier 4
TRINTELLIX TABLET 5 MG ORAL; Tier 4
tri-previfem tablet 0.18/0.215/0.25 mg-35 mcg oral; Tier 1 (GC)
tri-sprintec tablet 0.18/0.215/0.25 mg-35 mcg oral; Tier 1 (GC)
TRIUMEQ TABLET 600-50-300 MG ORAL; Tier 5 (QL)
trivora (28) tablet oral; Tier 1 (GC)
tri-vylibra lo tablet 0.18/0.215/0.25 mg-25 mcg oral; Tier 2
tri-vylibra tablet 0.18/0.215/0.25 mg-35 mcg oral; Tier 1 (GC)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL; Tier 4
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL; Tier 5
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL; Tier 4
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL; Tier 4
TROPHAMINE SOLUTION 10 % INTRAVENOUS; Tier 4 (BD)
trospium chloride er capsule extended release 24 hour 60 mg oral; Tier 2
trospium chloride tablet 20 mg oral; Tier 2
TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS; Tier 3
TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS; Tier 3
TRUMENBA SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR; Tier 3
TRUVADA TABLET 100-150 MG ORAL; Tier 5 (QL)
TRUVADA TABLET 133-200 MG ORAL; Tier 5 (QL)
TRUVADA TABLET 167-250 MG ORAL; Tier 5 (QL)
TRUVADA TABLET 200-300 MG ORAL; Tier 5 (QL)
TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR; Tier 3 (BD)
TYBOST TABLET 150 MG ORAL; Tier 4 (QL)
tydemy tablet 3-0.03-0.451 mg oral; Tier 4
TYKERB TABLET 250 MG ORAL; Tier 5 (QL)
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS; Tier 5
TYPHIM VI SOLUTION 25 MCG/0.5ML INTRAMUSCULAR (0.5ML SYRINGE); Tier 3
TYPHIM VI SOLUTION 25 MCG/0.5ML INTRAMUSCULAR; Tier 3

U

UCERIS FOAM 2 MG/ACT RECTAL; Tier 4
ULORIC TABLET 40 MG ORAL; Tier 3 (ST)
ULORIC TABLET 80 MG ORAL; Tier 3 (ST)
unithroid tablet 100 mcg oral; Tier 1 (GC)
unithroid tablet 112 mcg oral; Tier 1 (GC)
unithroid tablet 125 mcg oral; Tier 1 (GC)
unithroid tablet 150 mcg oral; Tier 1 (GC)
unithroid tablet 175 mcg oral; Tier 1 (GC)
unithroid tablet 200 mcg oral; Tier 1 (GC)
unithroid tablet 25 mcg oral; Tier 1 (GC)
unithroid tablet 300 mcg oral; Tier 1 (GC)
unithroid tablet 50 mcg oral; Tier 1 (GC)
unithroid tablet 75 mcg oral; Tier 1 (GC)
unithroid tablet 88 mcg oral; Tier 1 (GC)
UPTRAVI TABLET 1000 MCG ORAL; Tier 5 (LA PA)
UPTRAVI TABLET 1200 MCG ORAL; Tier 5 (LA PA)
UPTRAVI TABLET 1400 MCG ORAL; Tier 5 (LA PA)
UPTRAVI TABLET 1600 MCG ORAL; Tier 5 (LA PA)
UPTRAVI TABLET 200 MCG ORAL; Tier 5 (LA PA)
UPTRAVI TABLET 400 MCG ORAL; Tier 5 (LA PA)
UPTRAVI TABLET 600 MCG ORAL; Tier 5 (LA PA)

UPTRAVI TABLET 800 MCG ORAL; Tier 5 (LA PA)

UPTRAVI TABLET THERAPY PACK 200 & 800 MCG ORAL; Tier 5 (LA PA)

ursodiol capsule 300 mg oral; Tier 2

ursodiol tablet 250 mg oral; Tier 2

ursodiol tablet 500 mg oral; Tier 2

V

valacyclovir hcl tablet 1 gm oral; Tier 2

valacyclovir hcl tablet 500 mg oral; Tier 2

VALCHLOR GEL 0.016 % EXTERNAL; Tier 5

valganciclovir hcl solution reconstituted 50 mg/ml oral; Tier 4

valganciclovir hcl tablet 450 mg oral; Tier 5

valproic acid capsule 250 mg oral; Tier 2

valproic acid solution 250 mg/5ml oral; Tier 2

valsartan tablet 160 mg oral; Tier 1 (GC)

valsartan tablet 320 mg oral; Tier 1 (GC)

valsartan tablet 40 mg oral; Tier 1 (GC)

valsartan tablet 80 mg oral; Tier 1 (GC)

valsartan-hydrochlorothiazide tablet 160-12.5 mg oral; Tier 1 (GC)

valsartan-hydrochlorothiazide tablet 160-25 mg oral; Tier 1 (GC)

valsartan-hydrochlorothiazide tablet 320-12.5 mg oral; Tier 1 (GC)

valsartan-hydrochlorothiazide tablet 320-25 mg oral; Tier 1 (GC)

valsartan-hydrochlorothiazide tablet 80-12.5 mg oral; Tier 1 (GC)

vancomycin hcl capsule 125 mg oral; Tier 4

vancomycin hcl capsule 250 mg oral; Tier 5

vancomycin hcl solution reconstituted 1 gm intravenous; Tier 4

vancomycin hcl solution reconstituted 10 gm intravenous; Tier 4

VANCOMYCIN HCL SOLUTION RECONSTITUTED 250 MG INTRAVENOUS; Tier 4

vancomycin hcl solution reconstituted 500 mg intravenous; Tier 4

vancomycin hcl solution reconstituted 750 mg intravenous; Tier 4

VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR (INJECTION); Tier 3

VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR; Tier 3

VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR (INJECTION); Tier 3

VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR; Tier 3

VARIVAX INJECTABLE 1350 PFU/0.5ML SUBCUTANEOUS; Tier 3

VARIZIG SOLUTION 125 UNIT/1.2ML INTRAMUSCULAR; Tier 4

VASCEPA CAPSULE 0.5 GM ORAL; Tier 4

VASCEPA CAPSULE 1 GM ORAL; Tier 4

velivet tablet 0.1/0.125/0.15 -0.025 mg oral; Tier 1 (GC)

VELPHORO TABLET CHEWABLE 500 MG ORAL; Tier 4

VELTASSA PACKET 16.8 GM ORAL; Tier 4

VELTASSA PACKET 25.2 GM ORAL; Tier 4

VELTASSA PACKET 8.4 GM ORAL; Tier 4

VEMLIDY TABLET 25 MG ORAL; Tier 5

VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL; Tier 3 (LA PA)

VENCLEXTA TABLET 10 MG ORAL; Tier 4 (LA PA)

VENCLEXTA TABLET 100 MG ORAL; Tier 5 (LA PA)

VENCLEXTA TABLET 50 MG ORAL; Tier 4 (LA PA)

venlafaxine hcl er capsule extended release 24 hour 150 mg oral; Tier 1 (GC)

venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral; Tier 1 (GC)

venlafaxine hcl er capsule extended release 24 hour 75 mg oral; Tier 1 (GC)

venlafaxine hcl er tablet extended release 24 hour 150 mg oral; Tier 2

venlafaxine hcl er tablet extended release 24 hour 225 mg oral; Tier 2

venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral; Tier 2

venlafaxine hcl er tablet extended release 24 hour 75 mg oral; Tier 2

venlafaxine hcl tablet 100 mg oral; Tier 1 (GC)

venlafaxine hcl tablet 25 mg oral; Tier 1 (GC)

venlafaxine hcl tablet 37.5 mg oral; Tier 1 (GC)

venlafaxine hcl tablet 50 mg oral; Tier 1 (GC)

venlafaxine hcl tablet 75 mg oral; Tier 1 (GC)

verapamil hcl er capsule extended release 24 hour 100 mg oral; Tier 2

verapamil hcl er capsule extended release 24 hour 120 mg oral; Tier 2

verapamil hcl er capsule extended release 24 hour 180 mg oral; Tier 2

verapamil hcl er capsule extended release 24 hour 200 mg oral; Tier 2

verapamil hcl er capsule extended release 24 hour 240 mg oral; Tier 2

VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL; Tier 2

VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL; Tier 2

verapamil hcl er tablet extended release 120 mg oral; Tier 1 (GC)

verapamil hcl er tablet extended release 180 mg oral; Tier 1 (GC)

verapamil hcl er tablet extended release 240 mg oral; Tier 1 (GC)

verapamil hcl tablet 120 mg oral; Tier 1 (GC)

verapamil hcl tablet 40 mg oral; Tier 1 (GC)

verapamil hcl tablet 80 mg oral; Tier 1 (GC)

VERSACLOZ SUSPENSION 50 MG/ML ORAL; Tier 4

VERZENIO TABLET 100 MG ORAL; Tier 5 (LA PA)

VERZENIO TABLET 150 MG ORAL; Tier 5 (LA PA)

VERZENIO TABLET 200 MG ORAL; Tier 5 (LA PA)

VERZENIO TABLET 50 MG ORAL; Tier 5 (LA PA)

VIBRAMYCIN SYRUP 50 MG/5ML ORAL; Tier 4

VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS; Tier 3

VIDEX EC CAPSULE DELAYED RELEASE 125 MG ORAL; Tier 4 (QL)

VIDEX SOLUTION RECONSTITUTED 4 GM ORAL; Tier 4 (QL)

vienva tablet 0.1-20 mg-mcg oral; Tier 1 (GC)

vigabatrin packet 500 mg oral; Tier 5 (LA)

vigabatrin tablet 500 mg oral; Tier 5

vigadrone packet 500 mg oral; Tier 5

VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL; Tier 3

VIIBRYD TABLET 10 MG ORAL; Tier 3

VIIBRYD TABLET 20 MG ORAL; Tier 3

VIIBRYD TABLET 40 MG ORAL; Tier 3

VIMPAT SOLUTION 10 MG/ML ORAL; Tier 4 (QL)

VIMPAT TABLET 100 MG ORAL; Tier 4 (QL)

VIMPAT TABLET 150 MG ORAL; Tier 4 (QL)

VIMPAT TABLET 200 MG ORAL; Tier 4 (QL)

VIMPAT TABLET 50 MG ORAL; Tier 4 (QL)

VIRACEPT TABLET 250 MG ORAL; Tier 5 (QL)

VIRACEPT TABLET 625 MG ORAL; Tier 5 (QL)

VIREAD POWDER 40 MG/GM ORAL; Tier 5 (QL)

VIREAD TABLET 150 MG ORAL; Tier 5 (QL)

VIREAD TABLET 200 MG ORAL; Tier 5 (QL)

VIREAD TABLET 250 MG ORAL; Tier 5 (QL)

VITRAKVI CAPSULE 100 MG ORAL; Tier 5 (PA)

VITRAKVI CAPSULE 25 MG ORAL; Tier 5 (PA)

VITRAKVI SOLUTION 20 MG/ML ORAL; Tier 5 (PA)

VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR; Tier 5

VIZIMPRO TABLET 15 MG ORAL; Tier 5 (PA QL)

VIZIMPRO TABLET 30 MG ORAL; Tier 5 (PA QL)

VIZIMPRO TABLET 45 MG ORAL; Tier 5 (PA QL)

voriconazole solution reconstituted 200 mg intravenous; Tier 4

voriconazole suspension reconstituted 40 mg/ml oral; Tier 5

voriconazole tablet 200 mg oral; Tier 5

voriconazole tablet 50 mg oral; Tier 5

VOSEVI TABLET 400-100-100 MG ORAL; Tier 5 (PA)

VOTRIENT TABLET 200 MG ORAL; Tier 5 (QL)

VRAYLAR CAPSULE 1.5 MG ORAL; Tier 5

VRAYLAR CAPSULE 3 MG ORAL; Tier 5

VRAYLAR CAPSULE 4.5 MG ORAL; Tier 5

VRAYLAR CAPSULE 6 MG ORAL; Tier 5

VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL; Tier 4

vyfemla tablet 0.4-35 mg-mcg oral; Tier 1 (GC)

vylibra tablet 0.25-35 mg-mcg oral; Tier 1 (GC)

VYVANSE CAPSULE 10 MG ORAL; Tier 4

VYVANSE CAPSULE 20 MG ORAL; Tier 4

VYVANSE CAPSULE 30 MG ORAL; Tier 4

VYVANSE CAPSULE 40 MG ORAL; Tier 4

VYVANSE CAPSULE 50 MG ORAL; Tier 4

VYVANSE CAPSULE 60 MG ORAL; Tier 4

VYVANSE CAPSULE 70 MG ORAL; Tier 4

VYVANSE TABLET CHEWABLE 10 MG ORAL; Tier 4

VYVANSE TABLET CHEWABLE 20 MG ORAL; Tier 4

VYVANSE TABLET CHEWABLE 30 MG ORAL; Tier 4

VYVANSE TABLET CHEWABLE 40 MG ORAL; Tier 4

VYVANSE TABLET CHEWABLE 50 MG ORAL; Tier 4

VYVANSE TABLET CHEWABLE 60 MG ORAL; Tier 4

VYZULTA SOLUTION 0.024 % OPHTHALMIC; Tier 4

W

warfarin sodium tablet 1 mg oral; Tier 1 (GC)

warfarin sodium tablet 10 mg oral; Tier 1 (GC)

warfarin sodium tablet 2 mg oral; Tier 1 (GC)

warfarin sodium tablet 2.5 mg oral; Tier 1 (GC)

warfarin sodium tablet 3 mg oral; Tier 1 (GC)

warfarin sodium tablet 4 mg oral; Tier 1 (GC)

warfarin sodium tablet 5 mg oral; Tier 1 (GC)

warfarin sodium tablet 6 mg oral; Tier 1 (GC)

warfarin sodium tablet 7.5 mg oral; Tier 1 (GC)

wixela inhub aerosol powder breath activated 100-50 mcg/dose inhalation; Tier 2 (GC)

wixela inhub aerosol powder breath activated 250-50 mcg/dose inhalation; Tier 2 (GC)

wixela inhub aerosol powder breath activated 500-50 mcg/dose inhalation; Tier 2 (GC)

X

XALKORI CAPSULE 200 MG ORAL; Tier 5 (PA QL)

XALKORI CAPSULE 250 MG ORAL; Tier 5 (PA QL)

XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL; Tier 3

XARELTO TABLET 10 MG ORAL; Tier 3

XARELTO TABLET 15 MG ORAL; Tier 3

XARELTO TABLET 2.5 MG ORAL; Tier 3

XARELTO TABLET 20 MG ORAL; Tier 3

XATMEP SOLUTION 2.5 MG/ML ORAL; Tier 4 (BD)

XELJANZ TABLET 10 MG ORAL; Tier 5 (PA)

XELJANZ TABLET 5 MG ORAL; Tier 5 (PA)

XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL; Tier 5 (PA)

XGEVA SOLUTION 120 MG/1.7ML SUBCUTANEOUS; Tier 5 (PA)

XIFAXAN TABLET 200 MG ORAL; Tier 4

XIFAXAN TABLET 550 MG ORAL; Tier 4

XIIDRA SOLUTION 5 % OPHTHALMIC; Tier 4

XOFLUZA TABLET THERAPY PACK 2 X 20 MG ORAL; Tier 3

XOFLUZA TABLET THERAPY PACK 2 X 40 MG ORAL; Tier 3

XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS; Tier 5 (PA)

XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS; Tier 5 (PA)

XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS; Tier 5 (LA PA)

XOSPATA TABLET 40 MG ORAL; Tier 5 (LA PA)

XTANDI CAPSULE 40 MG ORAL; Tier 5 (PA QL)

XULANE PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL; Tier 3

XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS; Tier 3

XURIDEN PACKET 2 GM ORAL; Tier 5 (PA)

XYREM SOLUTION 500 MG/ML ORAL; Tier 5 (LA PA QL)

Y

YF-VAX INJECTABLE SUBCUTANEOUS; Tier 3

YONSA TABLET 125 MG ORAL; Tier 5 (PA QL)

yuvafem tablet 10 mcg vaginal; Tier 2

Z

zafirlukast tablet 10 mg oral; Tier 2

zafirlukast tablet 20 mg oral; Tier 2

zaleplon capsule 10 mg oral; Tier 2

zaleplon capsule 5 mg oral; Tier 2

zarah tablet 3-0.03 mg oral; Tier 1 (GC)

ZARXIO SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION; Tier 5

ZARXIO SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION; Tier 5

ZEJULA CAPSULE 100 MG ORAL; Tier 5 (PA QL)

ZELBORAF TABLET 240 MG ORAL; Tier 5 (QL)

ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL; Tier 3

ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL; Tier 3

ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL; Tier 3

ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL; Tier 3

ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-14000 UNIT ORAL; Tier 3

ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL; Tier 3

ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL; Tier 3

ZERBAXA SOLUTION RECONSTITUTED 1.5 (1-0.5) GM INTRAVENOUS; Tier 4

zidovudine capsule 100 mg oral; Tier 2 (QL)

zidovudine syrup 50 mg/5ml oral; Tier 2 (QL)

zidovudine tablet 300 mg oral; Tier 2 (QL)

zileuton er tablet extended release 12 hour 600 mg oral; Tier 5

ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC; Tier 4

ziprasidone hcl capsule 20 mg oral; Tier 2

ziprasidone hcl capsule 40 mg oral; Tier 2

ziprasidone hcl capsule 60 mg oral; Tier 2

ziprasidone hcl capsule 80 mg oral; Tier 2

ZIRGAN GEL 0.15 % OPHTHALMIC; Tier 4

ZOLINZA CAPSULE 100 MG ORAL; Tier 5 (QL)

zolmitriptan tablet 2.5 mg oral; Tier 2

zolmitriptan tablet 5 mg oral; Tier 2

zolmitriptan tablet dispersible 2.5 mg oral; Tier 2

zolmitriptan tablet dispersible 5 mg oral; Tier 2

zolpidem tartrate er tablet extended release 12.5 mg oral; Tier 4 (QL)

zolpidem tartrate er tablet extended release 6.25 mg oral; Tier 4 (QL)

zolpidem tartrate tablet 10 mg oral; Tier 2 (QL)

zolpidem tartrate tablet 5 mg oral; Tier 2 (QL)

zonisamide capsule 100 mg oral; Tier 2

zonisamide capsule 25 mg oral; Tier 2

zonisamide capsule 50 mg oral; Tier 2

ZORTRESS TABLET 0.25 MG ORAL; Tier 4 (BD)

ZORTRESS TABLET 0.5 MG ORAL; Tier 5 (BD)

ZORTRESS TABLET 0.75 MG ORAL; Tier 5 (BD)

ZORTRESS TABLET 1 MG ORAL; Tier 5 (BD)

ZOSTAVAX SUSPENSION RECONSTITUTED 19400 UNT/0.65ML SUBCUTANEOUS; Tier 3

ZOSYN SOLUTION 2-0.25 GM/50ML INTRAVENOUS; Tier 4

zovia 1/35e (28) tablet 1-35 mg-mcg oral; Tier 1 (GC)

ZTLIDO PATCH 1.8 % EXTERNAL; Tier 4 (PA QL)

ZYDELIG TABLET 100 MG ORAL; Tier 5 (QL)

ZYDELIG TABLET 150 MG ORAL; Tier 5 (QL)

ZYFLO TABLET 600 MG ORAL; Tier 5

ZYKADIA CAPSULE 150 MG ORAL; Tier 5 (PA)

ZYKADIA TABLET 150 MG ORAL; Tier 5 (PA)

ZYLET SUSPENSION 0.5-0.3 % OPHTHALMIC; Tier 4

ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR; Tier 4
ZYTIGA TABLET 500 MG ORAL; Tier 5 (PA QL)

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Let's Enroll!

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Enrolling is as Easy as One, Two, Three!

1. Review your enrollment guide with a licensed sales agent to decide on the Care N' Care health plan that best fits your lifestyle.
2. Complete the enrollment form.
3. Your licensed sales agent will submit your enrollment form to Care N' Care.

We're Here to Help

Contact a Care N' Care Medicare Specialist Toll-Free or go to our website to learn more.

1-877-665-2622 (TTY 711) October 1 - March 31, 8am to 8pm, CST, seven days a week or April 1 - September 30, 8am to 5pm, CST, Monday through Friday

cnchealthplan.com/enroll

Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.
Y0107_20_044_M

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Scope of Sales

Appointment Confirmation Form

The Center for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of products(s) you want the agent to discuss.

____ MEDICARE ADVANTAGE PLANS (PART C)

Medicare Health Maintenance Organization (HMO) Plan – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan – A Medicare Advantage Plan provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you automatically into a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ Date:_____

If you are the representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary:_____

To be completed by Agent:

Plan(s) the agent represented during this meeting: _____

Agent Name: _____ Agent Phone: _____

Beneficiary Name: _____ Beneficiary Phone: _____

Beneficiary Address: _____
(optional)

Initial Method of Contact: _____
(Indicate here if beneficiary was a walk-in.)

Date Appointment Completed: _____
*Scope of Appointment documentation is subject to CMS record retention requirements

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

_____

_____

_____

_____

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Enrollment Request Form Guide

Care N' Care(HMO/PPO) is a Medicare Advantage organization offering both HMO and PPO plans. You must reside in one of these counties to qualify: **Collin, Cooke, Dallas, Denton, Erath, Hood, Johnson, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise Counties.**

Please complete the Enrollment Request Form on the next page using the instructions below. You can also enroll with Care N' Care over the phone by calling us at the number listed below or by going online at cnchealthplan.com/enroll.

Plan Information

- Choose the plan that best fits your needs.
- Write in the name of the Primary Care Physician (PCP) you have selected. Need a PCP? Locate one near you by searching our online directory at cnchealthplan.com/search.
- Select and list an in-network Primary Care Physician (PCP), if you choose the HMO plan.
- You understand that the plan you have chosen is **NOT** a Medicare supplement (Medigap plan).

Applicant Information

- Complete a separate Enrollment Request Form for each person enrolling in a plan.
- Write your name exactly as it appears on your red, white, and blue Medicare card. This is how it will appear on your Care N' Care member identification card.
- **Double check** - Incomplete information may delay your enrollment.
- Remember, you must continue to pay your Medicare Part B Premium.

Sign and Date Enrollment Request Form

- Complete all sections of the Enrollment Request Form in full, including the plan you want to enroll in and your premium payment option. Missing or incomplete information may cause a delay in the effective date of your coverage.
- Your Enrollment Request Form must be signed and dated by the last calendar day of the month in order for your coverage to be effective the first day of the following month.
- If your authorized representative helped you complete this Enrollment Request Form, he/she must sign the form and submit a copy of the court order or Durable Power of Attorney that allows them to act on your behalf, if requested by Care N' Care.
- Care N' Care determines when your Enrollment Request Form is considered to be complete based on Medicare enrollment guidelines.
- Your enrollment with Care N' Care is subject to approval by the Centers for Medicare & Medicaid Services (CMS). If your enrollment is not accepted by CMS, we will notify you immediately.

Return the Enrollment Request Form

- **Mail the completed Enrollment Request Form to:**

  Care N' Care Insurance Co., Inc.
  1701 River Run, Suite 402
  Fort Worth, TX 76107

Questions? Call Care N' Care!

Toll-Free at 1-877-665-2622 (TTY 711) October 1 - March 31, 8am to 8pm, CST, seven days a week or April 1 - September 30, 8am to 5pm, CST, Monday through Friday

Individual Enrollment Request Form - 2020

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Please contact Care N' Care if you need information in another language or format (Braille).

To Enroll in Care N' Care Health Plans, Please Provide the Following Information:

Please check which plan you want to enroll in:

MA-PD Plans:

- ☐ Care N' Care Choice Premium PPO $200 per month
- ☐ Care N' Care Choice Plus PPO $55 per month
- ☐ Care N' Care Choice PPO $0 per month

MA-Only Plan:

- ☐ Care N' Care Choice MA-Only PPO $0 per month

Optional Supplemental Benefits Rider:

- ☐ Care N' Care Dental Rider $18 per month

LAST Name:	FIRST Name:	Middle Initial:	☐ Mr. ☐ Ms. ☐ Mrs.

Birth Date: (_ _ / _ _ / _ _ _ _) (MM/DD/YYYY)	Sex: ☐ M ☐ F	Home Phone Number: ( )	Alternate Phone Number: ( )

Permanent Residence Street Address (P.O. Box is not allowed):

City:	County:	State:	ZIP Code:

Mailing Address (only if different from your Permanent Residence Address):
Street Address:

City:	County:	State:	ZIP Code:

Emergency Contact:	Phone Number:	Relationship to You:

E-mail Address:

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

-OR-

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card): _____

Medicare Number: _____

Is Entitled To: Effective Date:

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Individual Enrollment Request Form - 2020

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Paying Your Plan Premium

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or "Electronic Funds Transfer (EFT)" each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay Care N' Care the Part D-IRMAA.

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or "Electronic Funds Transfer (EFT)" each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Care N' Care the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

- ☐ Get a Bill Monthly
- ☐ Electronic funds transfer (EFT) from your bank account each month.
  Please enclose a VOIDED check or provide the following:

  Account Holder Name: _____

  Bank Routing Number: _____

  Bank Account Number: _____

  Account type: ☐ Checking ☐ Savings
- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.
  I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Individual Enrollment Request Form - 2020

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Please read and answer these important questions:

1. Do you have End-Stage Renal Disease (ESRD)? ☐ **Yes** ☐ **No**

If you have had a successful kidney transplant and/or you don't need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. ☐ **Yes** ☐ **No**

Will you have other prescription drug coverage in addition to Care N' Care Health Plan?

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage	ID # for this coverage	Group # for this coverage

3. Are you a resident in a long-term care facility, such as a nursing home? ☐ **Yes** ☐ **No**

If "yes," please provide the following information:

Name of Institution: _____

Address & Phone Number of Institution (number and street):

_____

4. Are you enrolled in your State Medicaid program? ☐ **Yes** ☐ **No**

If yes, please provide your Medicaid number: _____

5. Do you or your spouse work? ☐ **Yes** ☐ **No**

Please choose the name of a Primary Care Physician (PCP):

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format: ☐ Spanish ☐ Large Print

Please contact Care N' Care at 1-877-374-7993, if you need information in an accessible format or a language other than what is listed above. Our office hours are 8 AM to 8 PM, seven days a week (CST) from October 1 to March 31, and 8 AM to 8 PM Monday through Friday, from April 1 to September 30. TTY users should call 711.

Please Read This Important Information

If you currently have health coverage from an employer or union, joining Care N' Care Health Plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Care N' Care Health Plan. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below

By completing this enrollment application, I agree to the following:

Care N' Care is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future.

I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Care N' Care serves a specific service area. If I move out of the area that Care N' Care serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Care N' Care, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Care N' Care when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Care N' Care coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Care N' Care provides refunds for all covered benefits, even if I get services out-of-network. Services authorized by Care N' Care and other services contained in my Care N' Care Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR CARE N' CARE WILL PAY FOR THE SERVICES.**

I understand that if, I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Care N' Care he/she may be paid based on my enrollment in Care N' Care.

Release of Information: By joining this Medicare health plan, I acknowledge that Care N' Care will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Care N' Care will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:	**Today's Date:**

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Relationship to Enrollee: _____

Address: _____ Phone Number: _____

Office Use Only:

Name of agent/broker (if assisted in enrollment): _____ NPN Number: _____

Plan ID#: _____ Effective Date of Coverage: _____

Date Application Received by Agent: _____

ICEP/IEP:_____ AEP:_____ SEP (type):_____ Not Eligible:_____

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Individual Enrollment Request Form - 2020

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

- ☐ Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.
- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums, or I get Extra Help paying for Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I belong to a pharmacy assistance program provided by my state.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.

☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.

☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If one of these statements applies to you or you're not sure, please contact Care N' Care (HMO/PPO) at 1-877-665-2622 (TTY users should call 711) to see if you are eligible to enroll. We are open October 1- March 31, 8am to 8pm, CST, seven days a week or April 1- September 30, 8am to 5pm, CST, Monday through Friday

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Enrollment Receipt

Complete if enrolling with a licensed agent.

APPLICATION DATE: _____

PROPOSED EFFECTIVE DATE: _____

MEDICARE ID: _____

PLAN NAME: _____

AGENT NAME: _____

AGENT PHONE: _____

AGENT NPN NUMBER: _____

This receipt verifies that you completed an enrollment form with a licensed agent who sells Care N' Care (PPO/HMO) Medicare Advantage health plans. Use this as your temporary proof of coverage until Medicare has confirmed your enrollment.

If you have questions about your enrollment, call your licensed agent or call a Care N' Care Medicare Specialist at the number listed on the back of this booklet.

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What's Next

The following next steps will help you better understand what to expect on your way to becoming a Care N' Care HMO or PPO Member.

1

Enrollment Receipt

After submitting your completed enrollment form you will receive a receipt. If enrolling with a licensed sales agent, the agent will complete the receipt located in the Enrollment Kit or if you enroll online, you will receive a confirmation number and have the ability to print a copy of your completed application for your files.

2

Confirmation Letter

Once Medicare approves your enrollment, you will receive a letter from Care N' Care confirming your approval by Medicare to the plan.

3

Welcome Call

Your Healthcare Concierge will call to welcome you to Care N' Care, and confirm the information provided on the enrollment form, like your home address and primary care physician. Your Healthcare Concierge can also assist with any questions you may have.

4

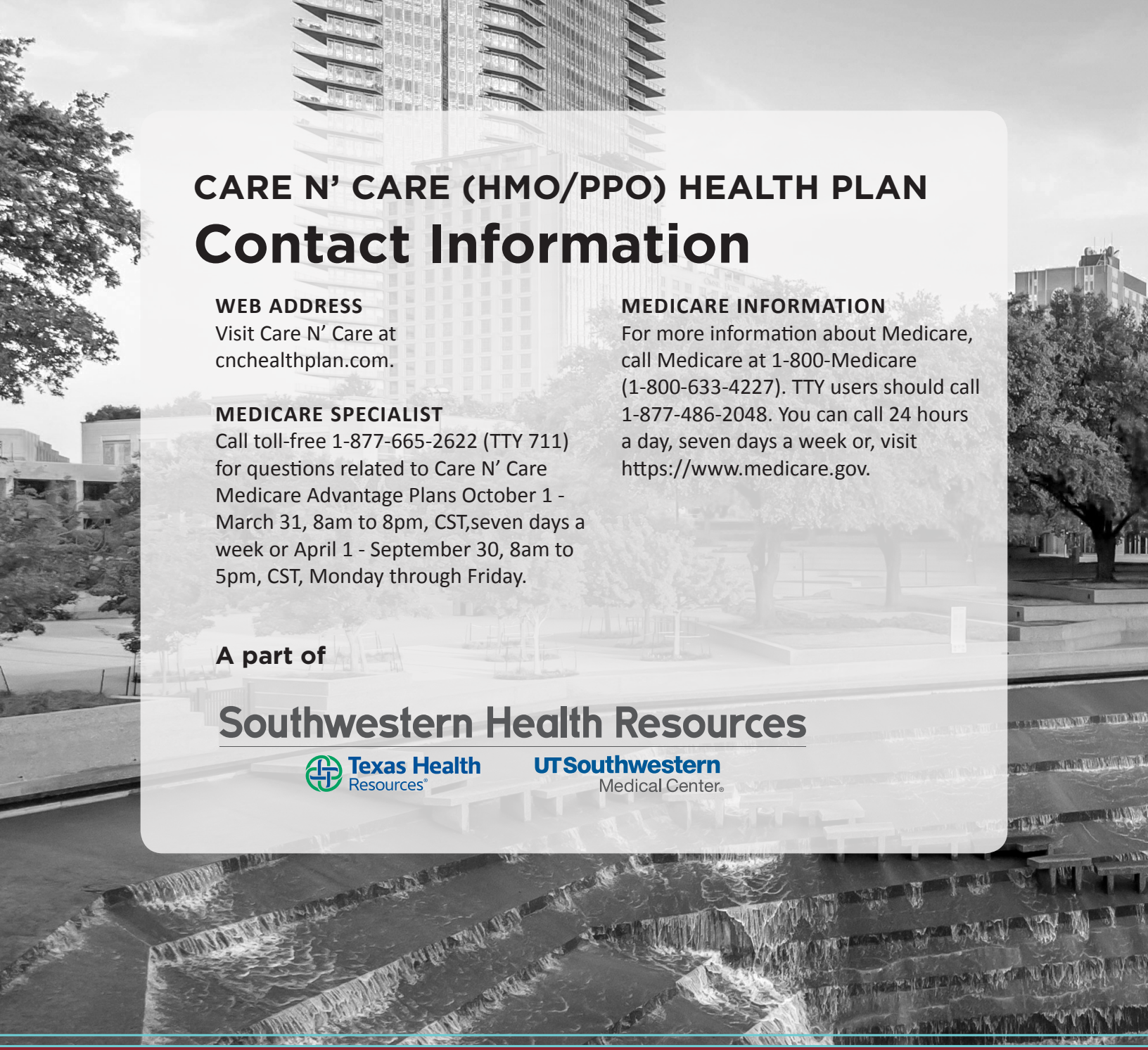
Identification (ID) Card

Members will receive two ID cards. ID cards will mail separate from any other materials provided by Care N' Care. Use your Care N' Care member ID card when visiting your doctor, pharmacy, facility or hospital.

5

Member Material & Health Questionnaire

Members will receive a Material Kit and a Health Questionnaire within 30 days of enrollment. The Member Material kit provides all of the information required by Medicare, including how to get a copy of your Evidence of Coverage, Drug Formulary and a Provider/ Pharmacy Directory. Your health is our priority and the questionnaire is a way for us to get to know you. The information you provide helps us to offer suggestions and recommendations for a healthier lifestyle. We encourage you to participate in the questionnaire.



CARE N' CARE (HMO/PPO) HEALTH PLAN

Contact Information

WEB ADDRESS
Visit Care N' Care at cnchealthplan.com.

MEDICARE SPECIALIST
Call toll-free 1-877-665-2622 (TTY 711) for questions related to Care N' Care Medicare Advantage Plans October 1 - March 31, 8am to 8pm, CST,seven days a week or April 1 - September 30, 8am to 5pm, CST, Monday through Friday.

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

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