

2025

# Lisi o Fualaau Inisiua

(Lisi o Vailaau Ufiufi po'o "Lisi o fualaau faasaina")

- Wellcare Dual Access (HMO D-SNP),
- Wellcare Dual Access (HMO-POS D-SNP),
- Wellcare Dual Access Open (PPO D-SNP),
- Wellcare Dual Liberty (HMO D-SNP),
- Wellcare Dual Liberty (HMO-POS D-SNP),
- Wellcare Dual Liberty Nurture (HMO-POS D-SNP),
- Wellcare Dual Liberty Open (PPO D-SNP),
- Wellcare Dual Reserve (HMO D-SNP),
- Wellcare Dual Reserve (HMO-POS D-SNP),
- Wellcare Dual Select (HMO-POS D-SNP),
- Wellcare Fidelis Dual Access (HMO D-SNP),
- Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP)

02



## FAAMOLEMOLE FAITAU: O LENEI PEPA O LO'O I AI FA'AMATALAGA E UIGA I VAILA'AU O LO'O MATOU AOFIA AI I LENEI FUAUFUAGA

### HPMS Faamaonia Lisi o Fualaau Inisiua Faila Tuuina atu ID 25040

**Na toe lisi o fualaau inisiua lenei fa'asologa i le aso 10/15/2024.** Mo nisi fa'amatalaga lata mai po'o isi fesili, fa'amolemole fa'afeso'ota'i mai matou, Wellcare Member Services ile numera telefoni po'o le uegatafa'ilagi mo lau fuafuaga o lo'o lisiina i totonu pito i luma ma tua o le faavaa o lenei pepa Lisi o Fualaau Inisiua, i le va o Oketopa 1 ma Mati 31, e avanoa sui e fitu aso o le vaiaso, 8 a.m. ia 8 p.m., i le va o Aperila 1 ma Setema 30, e avanoa sui Aso Gafua-Aso Faraile, 8 a.m. ia 8 p.m.

## Arizona

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ)**

## Arkansas

Wellcare Dual Liberty Nurture (HMO-POS D-SNP)

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

Wellcare Dual Access (HMO-POS D-SNP)

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellAR](https://www.wellcare.com/allwellAR)**

## Connecticut

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Florida

HMO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Georgia

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Hawaii

HMO-POS D-SNP

**1-877-457-7621 (TTY: 711)**

**[wellcare.com/ohana](https://www.wellcare.com/ohana)**

## Iowa

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Kentucky

HMO-POS D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Louisiana

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Maine

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Mississippi

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Nevada

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellNV](https://www.wellcare.com/allwellNV)**

## **New York**

Wellcare Dual Access (HMO D-SNP),  
Wellcare Dual Access Open (PPO D-SNP)

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

Wellcare Fidelis Dual Access (HMO D-SNP)

**1-800-247-1447 (TTY: 711)**

**[wellcare.com/fidelisNY](https://wellcare.com/fidelisNY)**

## **Oregon**

HMO-POS D-SNP

**1-844-867-1156 (TTY: 711)**

**[wellcare.com/trilliumOR](https://wellcare.com/trilliumOR)**

## **Pennsylvania**

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellPA](https://wellcare.com/allwellPA)**

## **South Carolina**

HMO-POS D-SNP, PPO D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Tennessee**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Texas**

HMO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Washington**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Wisconsin**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellWI](https://wellcare.com/allwellWI)**

**Fa'aaliga i le taimi nei sui usufono:** O lenei Lisi o Fualaau Inisiua ua suia talu mai le tausaga talu ai. Fa'amolemole toe iloilo lenei pepa o fa'amatalaga ina ia mautinoa o loo iai pea vailaau ma fualaau oe inuina.

A'o lenei Lisi Fualaau (Lisi o Fualaau Inisiua) e faasino i "matou," "tatou," poo le "o a matou," o lona uiga Wellcare. Pe a faasino i "fuafuaga" po'o "la tatou fuafuaga," o lona uiga Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP).

O lenei pepa e aofia ai se Lisi o Vailaau Fa'asaina (lisi o fualaau inisiua) mo le matou fuafuaga lea o lo'o iai nei i le aso 10/15/2024. Mo se lisi fou o Vailaau (lisi o fualaau inisiua), fa'amolemole faafesootai matou. O matou fa'amatalaga fa'afeso'ota'i, faatasi ai ma le aso na matou toe faafou ai le Lisi o Vailaau (lisi o fualaau inisiua), e aliali mai i totonu pito i luma ma itulau pito i tua.

E tatau ona e fa'aaogaina i taimi uma faletavai soofa'atasi ina ia fa'aaoga ai penefiti o au talavai. O penefiti, lisi o fualaau inisiua, faletalavai soofa'atasi, ma/poo tupe totogiina e le tagata inisiua i le amataga/tupe totogi fa'ainisiua e ono suia ia Ianuari 1, 2025, ma e fesuisuia'i mai i lea taimi i lea taimi o le tausaga.

**O le a le Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare ‘Ohana Dual Liberty (HMO-POS D-SNP) lisi o fualaau inisiua?**

I lenei pepa, matou te fa'aogaina aiaiga Lisi o vaila'au ma Lisi o Fualaau Inisiua i uiga o le mea lava e tasi. O lisi o fualaau inisiua o se lisi o vailaau ma fualaau totogiina ua filifilia e a matou fuafuaga fa'ainisiua, i fa'atalatalanoaga ma se vaega o auaunaga saunia fa'asoifua maloloina, lea ua fai ma sui o togafitiga fa'atonuina ua talitonu o se vaega talafeagai o polokalame o togafitiga. O a matou fuafuaga fa'ainisiua o le a totogiina ai le tele o lisi o fualaau inisiua ma vailaau o loo lisiina i le matou lisi aloa'ia ae se'iloa e aogā fa'afoma'i, o le pepa talavai e fa'atumuina i se faletalavai soofa'atasi lesitalaina i fuafuaga fa'asiniua, ma mulimulita'ia tulafono o fuafuaga. Mo nisi fa'amatalaga i le fa'atumuina o lau pepa talavai, fa'amolemole toe iloilo le Fa'amaoniga o Vaega Totogiina.

**E mafai ona fua lisi o fualaau inisiua suiga?**

O le tele o suiga i le kava o vaila'au e tupu ia Ianuari 1, ae e mafai ona matou faaopoopo pe aveese lisi o fualaau inisiua faasaina i luga o le formulary i le tausaga, siitia i latou i vaega eseese o fefa'asoa'iga, pe fa'aopoopo ni tapula'a fou. E tatau ona mulimulita'i tulafono a le Medicare le faia o ia suiga. O lisi o fualaau inisiua i le fomu e lafo i masina ta'itasi la matou upegatafa'ilagi o lo'o fa'aalia i totonu pito i luma ma pito i tua itulau fa'avaa.

**O suiga e mafai ona aafia ai oe i lenei tausaga:** I totonu o tulaga o i lalo, o le a aafia oe i suiga o le inisiua i totonu o le tausaga:

- **Suiga vave o nisi lomiga fou o igoa fa'ailoga vaila'au ma ulua'i meaola oloa.** E mafai ona tatou aveese vave se fualaau mai le tatou lisi o fualaau inisiua pe afai tatou te suia i se mea mautinoa lomiga fou o lena fualaau o le a aliali mai ma le tutusa pe itiiti fa'atapula'aina. A matou fa'aopoopoina se fa'aliliuga fou o se vaila'au i la matou fomu lisi o fualaau inisiua, e mafai ona tatou filifili e tausia le igoa o fualaau faasaina po o ulua'i meaola oloa i luga o la matou fomu lisi o fualaau inisiua, ae vave fa'aopoopo fa'agata fou.

E mafai ona tatou faia nei suiga vave pe afai o lo'o matou fa'aopoopoina se fa'ata'ita'iga fou o se vaila'au igoa, po'o le fa'aopoopoina o nisi fa'aliliuga fou fa'aolaola o se oloa fa'aolaola, lea ua uma ona i luga o le lisi o fualaau inisiua (mo se faataitaiga, fa'aopoopoina se biosimilar fesuia'i e mafai ona suitulaga i se uluai oloa olaola e se fale talavai e aunoa ma se talavai fou).

Afai o lo'o e inuina le vaila'au fa'aigoa po'o oloa fa'aola, atonu matou te le ta'uina atu muamua ia te oe ae matou te le'i faia se suiga vave, ae o le a matou tuuina atu mulimuli ane ia oe faamatalaga e uiga i suiga patino na matou faia.

Afai tatou te faia sea suiga, e mafai e oe po'o lau fa'atonu ona fai mai ia i matou e fai se tuusaunoaga ma fa'aauau pea ona ufiufi mo oe le vaila'au o lo'o suia. Mo nisi fa'amatalaga, va'ai le vaega o lo'o fa'aulutalaina "E faapefea ona ou talosagaina se tuusaunoaga i le Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP)'s Lisi o Fualaau Inisiua?"

O nisi o nei ituaiga vaila'au atonu e fou ia te oe. Mo nisi fa'amatalaga, tagai i le vaega o loo i lalo ua faaulutalaina "O a mea e maua mai i mea ola ma fa'afefea ona feso'ota'i ma biosimilars?"

- **O fualaa faasaina ua aveese mai le maketi.** Afai ua faaui i tua se vailaau mai le faatauina atu e le kamupani gaosi oloa poo le Mea'ai ma Fualaa Fa'asaina (FDA) ua fuafua e faaui i tua mo mafuaaga saogalemu po'o le aoga, e mafai ona matou aveese vave le vaila'au mai le matou fua lisi o fualaa inisiua ma mulimuli ane tu'u atu se fa'aaliga i sui o lo'o tagofia le vaila'au.
- **Isi suiga.** E mafai ona tatou faia isi suiga e aafia ai sui usufono i le taimi nei o lo'o tagofia se vaila'au. O lesi foi mea, e mafai ona matou aveese se vaila'au lisi o fualaa inisiua igoa mai le fomu pe a fa'aopoopo i ai se vaila'au tutusa pe aveese se ulua'i meaola oloa pe a fa'aopoopoina se biosimilar. E mafai fo'i ona matou fa'aogaina tapula'a fou i le igoa o le vaila'au po'o ulua'i meaola oloa, pe siitia i se isi tau-fa'asoa vaega, po o mea uma e lua. E mafai ona matou faia ni suiga e fa'atatau i ta'iala fou a le falema'i. Afai matou te aveese Lisi o Fualaa inisiua mai la matou fomu po'o, faaopoopo le faatagaga muamua, fa'atapula'a o aofa'iga ma/po'o fa'atapula'a togafitiga fa'asaina i luga o se vaila'au, e tatau ona matou logoina sui ua aafia i le suiga a itiiti mai 30 aso a o lumana'i le suiga ua avee aoga. I le isi itu, pe a talosaga se sui e toe faatumu le fualaa faasaina, e mafai ona latou maua se sapalai 30 aso o le fualaa faasaina ma fa'aaliga o le suiga.

Afai tatou te faia isi suiga nei, e mafai e oe po'o lau fa'atonu ona fai mai ia i matou e fai se fa'ailoga mo oe ma fa'aauau pea ona ufiufi le vaila'au na e inuina. O le fa'aaliga matou te tu'uina atu ia te oe o le a ofia ai fa'amatalaga i le auala e talosagaina ai se tuusaunoaga, ma e mafai foi ona e mauaina faamatalaga i le vaega o loo i lalo ua faaulutalaina "E faapefea ona ou talosagaina se tuusaunoaga i le Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP)'s lisi o fualaa inisiua?"

**Suiga e le afaina ai oe pe a e iai o lo'o tagofia nei le vaila'au.** E masani lava, pe afai e te inuina se fualaau i la matou 2025 fua Lisi o fualaau inisiua lea na ufiufi i le amataga o le tausaga, matou te le fa'agataina pe fa'aitiitia le fa'asalalauina o le vaila'au i le 2025 tausaga fa'asoa se'i vagana ua fa'amatalaina i luga. O lona uiga o nei vaila'au o le a maua pea i le tau tutusa-fefa'asoa'i ma e leai ni fa'atapula'a fou mo i latou ave e sui usufono mo le vaega o totoe o le tausaga fa'asoa. E te le maua sa'o se fa'aaliga i lenei tausaga e uiga i suiga e fai e le afaina ai oe. Peitai, ia Ianuari 1 o le tausaga e sosoo ai, o ia suiga o le a aafia ai oe, ma e taua le siakiina o le lisi o fualaau inisiua mo le fou tausaga fa'amanuiaga mo so'o se suiga i vaila'au.

O le pepa lisi o fualaau inisiua o lo'o fa'apipi'iina o lo'o iai nei ile aso 10/15/2024. Ina ia maua fa'amatalaga fou e uiga i vaila'au ufiufi e la tatou fuafuaga fa'amolemole fa'afeso'ota'i tatou. O a matou fa'amatalaga fa'afeso'ota'i e fa'aalia i totonu pito i luma ma tua ufiufi itulau.

O le a lisi o fualaau inisiua le pepa fa'atumu i masina ta'itasi ma lafoina i luga o la matou upega tafa'ilagi. Ina ia maua se pepa lisi o fualaau inisiua lolomi po'o le mauaina o fa'amatalaga e uiga i vaila'au o lo'o aafia i la matou fuafuaga, fa'amolemole asiasi i la matou upega tafa'ilagi pe vala'au Sui Usufono Au'aunaga i la matou fa'amatalaga fa'afeso'ota'i totonu pito luma ma pito tua itulau fa'avaa.

## **E fa'apefea ona ou lisi o fualaau inisiua le Lisi Aloa'ia?**

E lua auuala e sa'ili ai vailaau ma lisi o fualaau inisiua i le lisi aloa'iga :

### **Tulaga o le Medical**

E amata lisi o fualaau inisiua le lisi aloa'ia i le itulau 1. O vailaau ma lisi o fualaau inisiua ai lenei lisi aloa'ia ua tuufa'atasia i vaega e fuafua i le ituaiga o le tulaga o le soifua maloloina e masani ona togafitia ai i latou. Faataitaiga, vaila'au fa'aaogaina e togafitia ai se ma'i fatu o lo'o lisiina i lalo o le vaega "Mata'otoga fatu, toto maualuga/ Lipid." Afai e te iloa le mea e fa'aoga ai lau vaila'au, saili mo le igoa vaega i le lisi e amata i le itulau 1. Ona sa'ili lea i le igoa o le vaega mo lau vailaau poo fualaau.

### **Lisiina Fa'a-Alafapeti**

Afai e te le o mautinoa le vaega e su'e ai, e tataua ona e vaai i le Fa'asino Tusi lea e amata i le itulau INDEX-1. O le Fa'asino Tusi o loo lisiina fa'a-alafapeti ai vailaau uma ma fualaau o loo i lenei pepa o fa'amatalaga. E lua igoa o fualaau faasaina ma fualaau lautele e o loo lisiina i le Faasino Upu. Taga'i le Fa'asino Tusi ma sa'ili ai au vailaau ma fualaau. O tafatafa o lau vailaau poo fualaau, e iai le numera o le itulau e te maua ai fa'amatalaga i le totogiina. Susu'e le itulau lisiina i le Fa'asino Tusi ma sa'ili ai le igoa o lau vailaau poo fualaau i le vaega muamua o le lisi.

## **O a vailaau ma fualaaui taatele?**

O la matou fuafuaga e aofia uma ai fualaaui o igoa ma vaila'au lautele. O se vaila'au lautele e fa'amaonia e le FDA e pei o lo'o i ai le mea aoga tutusa ma le igoa fa'ailoga fualaaui faasaina. E masani lava, o fualaaui lautele e aoga e pei lava o le ma e masani lava ona maualalo le tau nai lo le igoa o fualaaui faasaina. E iai fualaaui lautele o lo'o avanoa mo le tele o vaila'au fa'aigoa. E masani ona mafai ona suitulaga fualaaui mo le igoa ole vaila'au ile fale talavai e aunoa ma le mana'omia o se talavai fou, faalagolago i tulafono a le setete.

## **O a mea e maua mai i mea ola ma pe faapefea ona latou fesootai i biosimilars?**

I luga o le fua lisi o fualaaui inisiua, pe a tatou faatatau i fualaaui faasaina, o lona uiga o se vaila'au po'o se mea fa'aola. Fa'aolaola oloa e fualaaui oona e sili atu ona lavelave nai lo fualaaui masani. Talu ai e sili atu le lavelave o mea fa'aolaola nai lo vaila'au masani, nai lo le i ai o se pepa lautele, o lo'o i ai isi mea e ta'ua o biosimilars. E masani lava, biosimilars galue e pei lava o le ulua'i meaola oloa ma atonu e taugofie. O lo'o iai fa'aolaola isi mea mo nisi ulua'i meaola oloa. O nisi biosimilars e mafai ona fesuia'i ma, fa'alagolago i tulafono a le setete, e mafai ona suitulaga mo le uluai oloa olaola i le fale talavai e aunoa ma le mana'omia o se talavai fou, e pei lava o vaila'au lautele e mafai ona sui mo vaila'au igoa.

- Mo le talanoaina o ituaiga fualaaui, fa'amolemole va'ai i le Fa'amaoniga o le Va'aiga, Mataupu 5, Vaega 3.1, "O le 'Drug List' e ta'u mai ai po o fea Vaega D o lo'o ufiufi fualaaui fa'asaina."

## O iai ni faiga fa'atapulaa i a'u mea totogi?

O nisi vailaau ma fualaaui totogiina e ono iai mea fa'aopoopo e mana'omia poo limiti i mea e totogiina. O nei mea mana'omia ma limiti e ono iai se:

- **Fa'atagana Muamua:** O le matou fuafuaga fa'ainisiua e mana'omia ai oe poo lau foma'i ina ia aumai se fa'atagana muamua mo ni ituaiga o vailaau ma fualaaui. O lona uiga e mana'omia le maua mai o se fa'amaoniga mai le matou fuafuaga fa'ainisiua ae le'i fa'atumuina lau pepa talavai. Afai e te le'i maua se fa'amaoniga, e ono le totogiina e le matou fuafuaga fa'ainisiua au vailaau poo fualaaui.
- **Limiti Aofa'iga:** Mo nisi ituaiga o vailaau ma fualaaui, e fa'atapulaaina e le matou fuafuaga fa'ainisiua le aofa'iga o vailaau ma fualaaui e totogiina e le matou fuafuaga fa'ainisiua. Mo le fa'ata'ita'iga, e sauniaina e le matou fuafuaga fa'ainisiua fualaaui mo le ulu tigā rizatriptan 5mg e 18 i le talavai. O lenei faiga e ono fa'aopoopoina i se fa'atulagana i le masina poo le sapalai o le tolu masina.
- **Laasaga o Togafitiga:** I nisi tulaga, o le matou fuafuaga fa'ainisiua e mana'omia ai lou fa'ata'ita'iina o nisi ituaiga o vailaau ma fualaaui e togafiti ai le tulaga o lou soifua maloloina ae matou te le'i totogiina se isi vailaau poo se fualaaui mo lena tulaga. Mo le fa'ata'ita'iga, afai o le Vailaau A ma le Fualaaui B e togafiti ai le tulaga o lou medical, e ono le totogiina e le matou fuafuaga fa'ainisiua le Fualaaui B se'i vagana ua e fa'ata'ita'iina muamua le Vailaau A. Afai e le aogā le Vailaau A ia oe, o le a totogiina e le matou fuafuaga fa'ainisiua le Fualaaui B.

E mafai ona e su'eina pe e iai ni mea fa'aopoopo e mana'omia mo au vailaau ma lisi o fualaaui inisiua poo limiti e ala i lou taga'i le lisi aloa'ia o loo amata i le itulau 1. E mafai foi ona e maua fa'amatalaga atili e fa'atatau i faiga fa'atapulaa o loo apalaiina i vailaau ma fualaaui fa'apitoa totogiina e ala i le asiasi i le matou 'upega tafa'ilagi. Ua matou tuuina foi i luga i 'upega tafa'ilagi pepa o fa'amatalaga o loo fa'amatalaina ai le matou fa'atagana muamua ma faiga fa'atapulaa o laasaga mo togafitiga. E mafai foi ona e fesili mai mo le lafoina atu o se kopi. O matou fa'amatalaga fa'afeso'ota'i, faatasi ai ma le aso na matou toe faafou ai le fua lisi o fualaaui inisiua, o lo'o fa'aalia i totonu pito i luma ma pito i tua itulau fa'avaa.

E mafai ona e fesili i le matou fuafuaga fa'ainisiua e fai se faiga fa'apitoa i nei faiga fa'atapulaa poo limiti poo se lisi o isi vailaau ma fualaaui tutusa e mafai ona togafiti ai le tulaga o lou soifua maloloina. Va'ai le vaega, "E faapefea ona ou talosagaina se tuusaunoaga i le Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP)'s lisi o fualaaui inisiua?" i le itulau VIII mo faamatalaga e uiga i auala e talosagaina ai se tuusaunoaga.

## **E fa'apefea pe afai o la'u vailaau poo fualaau e le o i le lisi o fualaau inisiua?**

Afai e le'o i lenei lisi aloa'ia lau vailaau poo lisi o fualaau inisiua (lisi o vailaau ma fualaau totogiina), e tatau ona e fa'afesoota'ia muamua le Auaunga mo Sui Auai ma fesili pe o totogiina au vailaau ma fualaau.

Afai ua e iloa e le'o totogiina e le matou fuafuaga fa'ainisiua au vailaau ma fualaau, e lua vaega e te filifili mai iai:

- E mafai ona e fesili i le Auaunaga mo Sui Auai mo se lisi o vailaau ma fualaau e tutusa o loo totogiina e le matou fuafuaga fa'ainisiua. A e mauaina le lisi, fa'aali i lau foma'i ma fai i ai e fa'atonu se mea faapena fualaau o lo'o aofia i la tatou fuafuaga.
- E mafai ona e fesili i le matou fuafuaga fa'ainisiua e fai se faiga fa'apitoa ma totogiina au vailaau ma fualaau. Taga'i lalo mo fa'amatalaga e fa'atatau i le talosagaina o se faiga fa'apitoa.

## **E faapefea ona ou talosagaina se tuusaunoga i le Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Nurture (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Dual Select (HMO-POS D-SNP), Wellcare Fidelis Dual Access (HMO D-SNP), Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP)'s Lisi o Fualaau Inisiua?**

E mafai ona e fesili i le matou fuafuaga fa'ainisiua e fai se faiga fa'apitoa i tulafono o a matou talavai totogiina. E tele ituaiga o faiga fa'apitoa e mafai ona e fesili mai ai ia i matou e fai.

- E mafai ona e fesili mai ia i matou e totogi se vailaau poo se lisi o fualaau inisiua tusa lava pe e le'o i le lisi aloa'ia. A taliaina, o lenei vailaau poo le fualaau o le a totogiina i le vaega o tau fa'asoaina ua uma ona filifilia, ma e le mafai ona e fesili mai e tuuina le vailaau poo le fualaau i le vaega o tau fa'asoaina maualalo.
- E mafai ona e fai mai ia matou fa'ate'aina se inisiua tapulaa e aofia ai le faatagaga muamua, laasaga togafitiga, po'o se fa'atapula'a o lau vaila'au. Mo le fa'ata'ita'iga, mo isi ituaiga o vailaau ma fualaau, e limiti e le matou fuafuaga fa'ainisiua le aofa'i o le a matou totogiina. Afai o loo iai se limiti i le aofa'iga, e mafai ona e fesili mai ia i matou e aveese faiga fa'atapulaa ae totogiina se aofa'iga tele.

E masani lava, o la matou fuafuaga o le a na'o le taliaina o lau talosaga mo se tuusaunoga pe afai o isi vaila'au o lo'o aofia i luga o le formulary o le lisi o fualaau inisiua, po'o le fa'aogaina o le tapula'a e le aoga mo oe ma/pe o le a mafua ai ona e maua ni a'afiaga leaga.

E tatau ona fa'afeso'ota'i mai oe po'o lau lisi o fualaau inisiua e fesili mo se tuusaunoaga o faiga faavae, e aofia ai se tuusaunoaga i se fa'atapula'aina o le inisiua. **A e talosagaina se tuusaunoaga, e mana'omia e lau foma'i fa'amatalaga le mafuaaga faafomai aisea e te manaomia ai le tuusaunoaga.** E masani ai e tatau ona faia a matou fuafuaga i totonu o le 72 itula i le maua ai o fa'amatalaga lagolago mai i lau tausii soifua. E mafai ona e talosaga mo se faaiuga (vave) pe afai e te talitonu, ma matou ioe, e ono afaina tele lou soifua maloloina pe a fa'atali 72 itula mo se faaiuga. Afai tatou te malilie, pe afai e talosaga mai lau foma'i mo se filifiliga vave, e tatau ona matou tuuina atu ia te oe se faaiuga e le sili atu 24 itula talu ona maua le fa'amatalaga lagolago a lau fa'atonu.

## **O le a ou te mafai fai pe afai e le o ola la'u fualaau o le lisi o fualaau inisiua po o iai le tapula'a?**

I le avea ai ma se tagata fou pe faaaauu pea i la matou fuafuaga atonu o loo e inuina fualaau e le o maua fua lisi o fualaau inisiua. Pe, atonu o lo'o e inuina se vaila'au o lo'o i luga o matou pepa lisi o fualaau inisiua ae o lo'o i ai le fa'atapula'aina o le inisiua, pei ole faatagaga muamua. E tatau ona e talanoa i lau fa'atonu e uiga i le talosagaina o se inisiua fa'ai'luga e fa'aali atu ua e ausia le ta'iala mo le fa'atagaga, fesuia'i se isi vaila'au tatou te ufiufi, po'o le talosagaina o se lisi o fualaau inisiua fa'apitoa ina ia matou faia ufiufi fualaau e te inuina. A'o e filifili ma lau foma'i le ala sa'o gaoiga mo oe, e mafai ona matou ufiufi lau vaila'au i nisi tulaga i le taimi muamua 90 aso o oe o se sui o la matou fuafuaga.

Mo au vaila'au ta'itasi e le o iai i la matou fomu po'o e iai le lisi o fualaau inisiua o le inisiua, o le a matou aofia ai se sapalai le tumau 30-aso. Afai o lau talavai sa tusia ini nai aso, matou te fa'atagaina le toe fa'atumuina ina ia saunia ai se sapalai maualuga e 30 aso o lau talavai. Afai e le'o fa'amaonia le inisiua, pe a uma lau sapalai 30 aso muamua, matou te le totogia nei vaila'au, e tusa lava pe na itiiti ifo lou auai i le fuafuaga 90 aso.

Afai o oe o se tagata nofomau i se fale tausii ma'i umi ma e te mana'omia se vailaau poo se fualaau e le'o i luga o le matou lisi aloa'ia pe lisi o fualaau inisiua le maua o au vailaau ma fualaau, ae ua te'a le 90 aso muamua o le avea ai o oe ma sui auai o le matou fuafuaga fa'ainisiua, o le a matou totogiina se sapalai fa'afuase'i e 31 aso o lena vailaau ma fualaau a'o e tulituliloaina ai se lisi aloa'ia fai lisi o fualaau inisiua.

Afai o loo e mauaina se tulaga o suiga i tausiga (e pei o le te'a ai i tua poo le tuuina i se fale tausii ma'i mo se tausiga umi), e mafai ona valaau mai lau foma'i poo le faletalavai i le matou Ofisa Autu o Auaunaga Saunia ma talosaga ai le fa'aleaogaina i le taimi e tasi. O le tasi lenei-o le a sili atu le taimi i le 30-sapalai aso (sei vagana ua iai sau tusii talavai na tusia mo ni nai aso).

## Mo nisi fa'amatalaga

Mo nisi fa'amatalaga auilili e uiga i le fuafuaga fa'ainisiua o totogi o au talavai fa'atonuina, fa'amolemole toe iloilo lau Fa'amaoniga o Mea Totogi ma mea o isi fuafuaga fa'ainisiua.

Afai e iai ni au fesili i le matou fuafuaga fa'ainisiua, fa'amolemole fa'afesoota'i mai matou. O matou fa'amatalaga fa'afeso'ota'i, faatasi ai ma le aso na matou toe faafou ai le fua lisi o fualaau inisiua, o lo'o fa'aalia i totonu pito i luma ma pito i tua itulau fa'avaa.

Afai e iai ni au fesili i soo se vaega o totogi o talavai fa'atonuina o le Medicare prescription drug coverage, fa'amolemole valaau le Medicare i le 1-800-MEDICARE (**1-800-633-4227**) 24 itula i le aso/7 aso o le vaiaso. O latou e fa'aaogaina le TTY e tatau ona vili le **1-877-486-2048**. Pe asiasi i le **<http://www.medicare.gov>**.

## O le Lisi Aloa'ia a le matou lisi o fualaau inisiua

O le lisi o fualaau inisiua o loo i lalo o loo iai fa'amatalaga o totogi o vailaau ma fualaau e kavaina e le matou fuafuaga fa'ainisiua. Afai e iai sou fa'afitauli i le su'eina o au vailaau ma fualaau i le lisi, susu'e le Fa'asino Tusi e amata mai le itulau INDEX-1.

O le vaega muamua o le siata o le lisi o igoa o vailaau ma fualaau. O vailaau ma fualaau i igoa fa'amaketi e i mata'itusi lapopoa (f.t., ELIQUIS) ma vaila'au lautele o lo'o lisiina i lalo-mata'itusi faatusilima (f.t., *simvastatin*).

O fa'amatalaga i Mea Mana'omia/Vaega tapulaa o loo ta'uina atu ia te oe pe o iai ni mea mana'omia fa'apitoa o le matou fuafuaga fa'ainisiua mo totogi o au vailaau ma fualaau.

- **NM** o lona uiga o le vailaau poo le fualaau e le'o maua i auaunaga meliina o au penefti fa'ale-masina. O loo fa'amauina lenei mea i Mea Mana'omia/Vaega limiti o lau lisi o fualaau inisiua. E ono mafai ona e mauaina le sili atu ma le masina le sapalai o le tele o vailaau ma lisi o fualaau inisiua o loo i lau lisi aloa'ia e ala i le auaunaga meliina i se tau fa'asoa maualalo. Fa'amolemole taga'i le Mataupu e 5 o lau Fa'amaoniga o Mea Totogi mo nisi fa'amatalaga.
- **PA** e fa'aumi o le Fa'atagana Muamua: Fa'amolemole taga'i le itulau e VII mo fa'amatalaga auiliili.
- **PA-NS** e fa'aumi o le Fa'atagana Muamua mo Amataga Fou: O lona uiga afai e fou lenei vailaau poo le fualaau ia oe, o le a manaomia le fa'atagana mai ia i matou ae le'i fa'atumuina le pepa talavai. Afai o e fa'aaogaina lenei vailaau poo le fualaau i le taimi o lesitala, e le mana'omia lou ausia o aiaiga mo le fa'atagana.
- **B/D** e fa'atusa mo Kava i lalo o le Medicare B po'o le D: O lenei vaila'au e mafai ona agavaa mo le totogiina i lalo ole Medicare Vaega B po'o le Vaega D. O oe (po'o lau foma'i) e mana'omia le mauaina muamua o se fa'atagaga mai ia i matou e fa'amautinoa ai o lenei vaila'au o lo'o aofia i lalo o le Medicare Vaega D ae e te le'i fa'atumu lau talavai mo lenei vaila'au. Matou te ono le totogiina lenei vailaau poo e fualaau pe a leai le fa'amaoniga muamua.
- **QL** e fa'aumi o le Limiti o Aofa'iga: Fa'amolemole taga'i le itulau e VII mo fa'amatalaga au'iliili.
- **LA** e fa'aumi o talavai e Limiti le Mauaina. O lenei talavai e na'o isi ituaiga o faletalavai e ono maua ai. Mo nisi fa'amatalaga fa'afeso'ota'i lau Faletalavai Fa'atonuga po'o le telefoni Sui Usufono Au'aunaga i le numera telefoni o lo'o lisiina i totonu pito i luma ma tua i le faavaa o lenei fua lisi o fualaau inisiua, i le va o Oketopa 1 ma Mati 31, e avanoa sui e fitu aso o le vaiaso, 8 a.m. ia 8 p.m., i le va o Aperila 1 ma Setema 30, e avanoa sui Aso Gafua-Aso Faraile, 8 a.m. ia 8 p.m.
- **ST** e fa'aumi o le Laasaga mo Togafitiga: Fa'amolemole taga'i le itulau e VII mo fa'amatalaga au'iliili.
- **^** e fa'aumi o Vailaau ma Fualaau e ono maua se sapalai e oo atu i le na'o le 30 aso.

## Vaega o vailaau ma fualaaui aofa'iga o cpcopayment/coinsurance

O vaila'au fa'atalatala e fa'avasegaina i se vaega e tasi. Mo le sa'iliina poo le fea vaega e iai au vailaau ma fualaaui, silasila i le Vaega o Vailaau ma lisi o fualaaui inisiua i le lisi aloa'ia e amata i le itulau e 1. Mo nisi fa'amatalaga au'ilili e uiga i tau o talavai e te totogiina mai lau lava taga, e iai soo se deductible e ono apalai, fa'amolemole taga'i lau Fa'amaoniga o Mea Totogi ma mea o isi fuafuaga fa'ainisiua.

- **Tulaga 1 (Ta'atasi Tulaga)** aofia uma lautele ma ituaiga fualaaui faasaina.
  - Faasoa tau: \$0

Fa'afesoota'i lau Fa'amaoniga o Mea Totogi poo le Aotelega o Penefiti mo lau co-pay/coinsurance talafeagai ma aofa'iga.

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau****ALATOTO MA LE FATU, TOTO MAUALUGA/ GA'O****FUALAAU E FAAMAUALALO AI GA'O O LE TINO**

|   |         |                        |
|---|---------|------------------------|
| amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg | \$0 (1) | QL (30 EA per 30 days) |
| atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg   | \$0 (1) | QL (30 EA per 30 days) |
| cholestyramine (with sugar) oral powder in packet 4 gram  | \$0 (1) |                        |
| cholestyramine light oral powder in packet 4 gram   | \$0 (1) |                        |
| colesevelam oral powder in packet 3.75 gram   | \$0 (1) |                        |
| colesevelam oral tablet 625 mg  | \$0 (1) |                        |
| colestipol oral packet 5 gram   | \$0 (1) |                        |
| colestipol oral tablet 1 gram   | \$0 (1) |                        |
| ezetimibe oral tablet 10 mg   | \$0 (1) |                        |
| ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg  | \$0 (1) | QL (30 EA per 30 days) |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg  | \$0 (1) |                        |
| fenofibrate nanocrystallized oral tablet 145 mg, 48 mg  | \$0 (1) |                        |
| fenofibrate oral tablet 160 mg, 54 mg   | \$0 (1) |                        |
| fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg  | \$0 (1) |                        |
| fluvastatin oral capsule 20 mg, 40 mg   | \$0 (1) | QL (60 EA per 30 days) |
| fluvastatin oral tablet extended release 24 hr 80 mg  | \$0 (1) | QL (30 EA per 30 days) |
| gemfibrozil oral tablet 600 mg  | \$0 (1) |                        |
| lovastatin oral tablet 10 mg, 20 mg, 40 mg  | \$0 (1) | QL (60 EA per 30 days) |
| niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg  | \$0 (1) |                        |
| pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg   | \$0 (1) | QL (30 EA per 30 days) |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

10/15/2024

**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|  |         |                        |
|--|---------|------------------------|
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | \$0 (1) | PA                     |
| pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg         | \$0 (1) | QL (30 EA per 30 days) |
| prevalite oral powder in packet 4 gram                     | \$0 (1) |                        |
| rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg         | \$0 (1) | QL (30 EA per 30 days) |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg   | \$0 (1) | QL (30 EA per 30 days) |
| VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM                      | \$0 (1) |                        |

**FUALAAU PUIPUI AI FATU TATA VALE**

|  |         |  |
|--|---------|--|
| amiodarone oral tablet 100 mg, 200 mg, 400 mg                          | \$0 (1) |  |
| disopyramide phosphate oral capsule 100 mg, 150 mg                     | \$0 (1) |  |
| dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg                      | \$0 (1) |  |
| flecainide oral tablet 100 mg, 150 mg, 50 mg                           | \$0 (1) |  |
| mexiletine oral capsule 150 mg, 200 mg, 250 mg                         | \$0 (1) |  |
| MULTAQ ORAL TABLET 400 MG  | \$0 (1) |  |
| pacerone oral tablet 100 mg, 200 mg, 400 mg                            | \$0 (1) |  |
| propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg | \$0 (1) |  |
| propafenone oral tablet 150 mg, 225 mg, 300 mg                         | \$0 (1) |  |
| quinidine sulfate oral tablet 200 mg, 300 mg                           | \$0 (1) |  |
| sotalol af oral tablet 120 mg, 160 mg, 80 mg                           | \$0 (1) |  |
| sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg                      | \$0 (1) |  |

**FUALAAU TOGAFITIA AI LE TOTO MAUALUGA**

|   |         |  |
|---|---------|--|
| acebutolol oral capsule 200 mg, 400 mg  | \$0 (1) |  |
| aliskiren oral tablet 150 mg, 300 mg  | \$0 (1) |  |
| amiloride oral tablet 5 mg  | \$0 (1) |  |
| amiloride-hydrochlorothiazide oral tablet 5-50 mg   | \$0 (1) |  |
| amlodipine oral tablet 10 mg, 2.5 mg, 5 mg  | \$0 (1) |  |
| amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg | \$0 (1) |  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg  | \$0 (1)                    | QL (30 EA per 30 days)           |
| amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg | \$0 (1)                    | QL (30 EA per 30 days)           |
| atenolol oral tablet 100 mg, 25 mg, 50 mg   | \$0 (1)                    |                                  |
| atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg   | \$0 (1)                    |                                  |
| benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg  | \$0 (1)                    |                                  |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg                            | \$0 (1)                    |                                  |
| betaxolol oral tablet 10 mg, 20 mg  | \$0 (1)                    |                                  |
| bisoprolol fumarate oral tablet 10 mg, 5 mg   | \$0 (1)                    |                                  |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg                                     | \$0 (1)                    |                                  |
| bumetanide injection solution 0.25 mg/ml  | \$0 (1)                    |                                  |
| bumetanide oral tablet 0.5 mg, 1 mg, 2 mg   | \$0 (1)                    |                                  |
| candesartan oral tablet 16 mg, 4 mg, 8 mg   | \$0 (1)                    | QL (60 EA per 30 days)           |
| candesartan oral tablet 32 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| candesartan-hydrochlorothiazid oral tablet 16-12.5 mg   | \$0 (1)                    | QL (60 EA per 30 days)           |
| candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg   | \$0 (1)                    |                                  |
| cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg                                       | \$0 (1)                    |                                  |
| carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg  | \$0 (1)                    |                                  |
| chlorthalidone oral tablet 25 mg, 50 mg   | \$0 (1)                    |                                  |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg  | \$0 (1)                    |                                  |

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|---|----------------------------|----------------------------------|
| clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr                     | \$0 (1)                    |                                  |
| diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg                          | \$0 (1)                    |                                  |
| diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg                                | \$0 (1)                    |                                  |
| diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg                 | \$0 (1)                    |                                  |
| diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg   | \$0 (1)                    |                                  |
| diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | \$0 (1)                    |                                  |
| dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg                              | \$0 (1)                    |                                  |
| doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg  | \$0 (1)                    |                                  |
| EDARBI ORAL TABLET 40 MG, 80 MG   | \$0 (1)                    | QL (30 EA per 30 days)           |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG   | \$0 (1)                    | QL (30 EA per 30 days)           |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg  | \$0 (1)                    |                                  |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg   | \$0 (1)                    |                                  |
| eplerenone oral tablet 25 mg, 50 mg   | \$0 (1)                    |                                  |
| felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg                               | \$0 (1)                    |                                  |
| fosinopril oral tablet 10 mg, 20 mg, 40 mg  | \$0 (1)                    |                                  |
| fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg                               | \$0 (1)                    |                                  |
| furosemide injection solution 10 mg/ml  | \$0 (1)                    |                                  |
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)   | \$0 (1)                    |                                  |
| furosemide oral tablet 20 mg, 40 mg, 80 mg  | \$0 (1)                    |                                  |
| guanfacine oral tablet 1 mg, 2 mg   | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg                                  | \$0 (1)                    |                                  |
| hydrochlorothiazide oral capsule 12.5 mg   | \$0 (1)                    |                                  |
| hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg                                | \$0 (1)                    |                                  |
| indapamide oral tablet 1.25 mg, 2.5 mg   | \$0 (1)                    |                                  |
| irbesartan oral tablet 150 mg, 300 mg, 75 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg                               | \$0 (1)                    | QL (60 EA per 30 days)           |
| irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg                               | \$0 (1)                    | QL (30 EA per 30 days)           |
| isradipine oral capsule 2.5 mg, 5 mg   | \$0 (1)                    |                                  |
| KERENDIA ORAL TABLET 10 MG, 20 MG  | \$0 (1)                    | QL (30 EA per 30 days)           |
| labetalol oral tablet 100 mg, 200 mg, 300 mg   | \$0 (1)                    |                                  |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg                      | \$0 (1)                    |                                  |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg          | \$0 (1)                    |                                  |
| losartan oral tablet 100 mg  | \$0 (1)                    | QL (30 EA per 30 days)           |
| losartan oral tablet 25 mg, 50 mg  | \$0 (1)                    | QL (60 EA per 30 days)           |
| losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg                      | \$0 (1)                    | QL (30 EA per 30 days)           |
| losartan-hydrochlorothiazide oral tablet 50-12.5 mg                                  | \$0 (1)                    | QL (60 EA per 30 days)           |
| matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg  | \$0 (1)                    |                                  |
| metolazone oral tablet 10 mg, 2.5 mg, 5 mg   | \$0 (1)                    |                                  |
| metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg | \$0 (1)                    |                                  |
| metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg            | \$0 (1)                    |                                  |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg                 | \$0 (1)                    |                                  |

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| metyrosine oral capsule 250 mg  | \$0 (1)                    | PA; ^                            |
| minoxidil oral tablet 10 mg, 2.5 mg   | \$0 (1)                    |                                  |
| moexipril oral tablet 15 mg, 7.5 mg   | \$0 (1)                    |                                  |
| nadolol oral tablet 20 mg, 40 mg, 80 mg   | \$0 (1)                    |                                  |
| nebivolol oral tablet 10 mg, 2.5 mg, 5 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| nebivolol oral tablet 20 mg   | \$0 (1)                    | QL (60 EA per 30 days)           |
| nicardipine oral capsule 20 mg, 30 mg   | \$0 (1)                    |                                  |
| nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg  | \$0 (1)                    |                                  |
| nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg   | \$0 (1)                    |                                  |
| nimodipine oral capsule 30 mg   | \$0 (1)                    |                                  |
| olmesartan oral tablet 20 mg, 40 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| olmesartan oral tablet 5 mg   | \$0 (1)                    | QL (60 EA per 30 days)           |
| olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg | \$0 (1)                    | QL (30 EA per 30 days)           |
| olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg                                   | \$0 (1)                    | QL (30 EA per 30 days)           |
| perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg   | \$0 (1)                    |                                  |
| pindolol oral tablet 10 mg, 5 mg  | \$0 (1)                    |                                  |
| prazosin oral capsule 1 mg, 2 mg, 5 mg  | \$0 (1)                    |                                  |
| propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg                                  | \$0 (1)                    |                                  |
| propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)  | \$0 (1)                    |                                  |
| propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg   | \$0 (1)                    |                                  |
| quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg   | \$0 (1)                    |                                  |
| ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg  | \$0 (1)                    |                                  |
| spironolactone oral tablet 100 mg, 25 mg, 50 mg   | \$0 (1)                    |                                  |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| spironolacton-hydrochlorothiaz oral tablet 25-25 mg  | \$0 (1)                    |                                  |
| taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg                 | \$0 (1)                    |                                  |
| telmisartan oral tablet 20 mg, 40 mg, 80 mg  | \$0 (1)                    | QL (30 EA per 30 days)           |
| telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg                              | \$0 (1)                    | QL (30 EA per 30 days)           |
| telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg                                      | \$0 (1)                    | QL (30 EA per 30 days)           |
| telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg  | \$0 (1)                    | QL (60 EA per 30 days)           |
| terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg   | \$0 (1)                    |                                  |
| tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg        | \$0 (1)                    |                                  |
| timolol maleate oral tablet 10 mg, 20 mg, 5 mg   | \$0 (1)                    |                                  |
| torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg  | \$0 (1)                    |                                  |
| trandolapril oral tablet 1 mg, 2 mg, 4 mg  | \$0 (1)                    |                                  |
| triamterene-hydrochlorothiazid oral capsule 37.5-25 mg   | \$0 (1)                    |                                  |
| triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg                                      | \$0 (1)                    |                                  |
| valsartan oral tablet 160 mg, 40 mg, 80 mg   | \$0 (1)                    | QL (60 EA per 30 days)           |
| valsartan oral tablet 320 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg | \$0 (1)                    | QL (30 EA per 30 days)           |
| verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg                                    | \$0 (1)                    |                                  |
| verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg                         | \$0 (1)                    |                                  |
| verapamil oral tablet 120 mg, 40 mg, 80 mg   | \$0 (1)                    |                                  |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| verapamil oral tablet extended release 120 mg, 180 mg, 240 mg                      | \$0 (1)                    |                                  |
| <b>FUALAAU TOGAFITIA AI TULAGA O MA'I FATU</b>                                     |                            |                                  |
| CORLANOR ORAL SOLUTION 5 MG/5 ML   | \$0 (1)                    | QL (450 ML per 30 days)          |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG  | \$0 (1)                    | QL (60 EA per 30 days)           |
| digoxin oral solution 50 mcg/ml (0.05 mg/ml)                                       | \$0 (1)                    |                                  |
| digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)    | \$0 (1)                    | QL (60 EA per 30 days)           |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG                                 | \$0 (1)                    | QL (60 EA per 30 days)           |
| ivabradine oral tablet 5 mg, 7.5 mg  | \$0 (1)                    | QL (60 EA per 30 days)           |
| ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg                     | \$0 (1)                    |                                  |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG  | \$0 (1)                    | QL (30 EA per 30 days)           |
| VYNDAQEL ORAL CAPSULE 20 MG  | \$0 (1)                    | PA                               |
| <b>NITARATE</b>  |                            |                                  |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg                         | \$0 (1)                    |                                  |
| isosorbide mononitrate oral tablet 10 mg, 20 mg                                    | \$0 (1)                    |                                  |
| isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg     | \$0 (1)                    |                                  |
| nitro-bid transdermal ointment 2 %   | \$0 (1)                    |                                  |
| nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg                             | \$0 (1)                    |                                  |
| nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr | \$0 (1)                    |                                  |
| <b>TOGAFITIGA O LE COAGULATION</b>   |                            |                                  |
| aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg                   | \$0 (1)                    |                                  |
| BRILINTA ORAL TABLET 60 MG, 90 MG  | \$0 (1)                    |                                  |
| cilostazol oral tablet 100 mg, 50 mg   | \$0 (1)                    |                                  |

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>   |
|---|----------------------------|------------------------------------|
| clopidogrel oral tablet 75 mg   | \$0 (1)                    |                                    |
| dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg   | \$0 (1)                    | QL (60 EA per 30 days)             |
| dipyridamole oral tablet 25 mg, 50 mg, 75 mg  | \$0 (1)                    |                                    |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG  | \$0 (1)                    | PA; LA; ^                          |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG  | \$0 (1)                    | PA; LA; ^                          |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG  | \$0 (1)                    | PA; LA; ^                          |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)  | \$0 (1)                    | QL (74 EA per 180 days)            |
| ELIQUIS ORAL TABLET 2.5 MG  | \$0 (1)                    | QL (60 EA per 30 days)             |
| ELIQUIS ORAL TABLET 5 MG  | \$0 (1)                    | QL (74 EA per 30 days)             |
| enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml | \$0 (1)                    |                                    |
| fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml  | \$0 (1)                    | ^                                  |
| fondaparinux subcutaneous syringe 2.5 mg/0.5 ml   | \$0 (1)                    |                                    |
| heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml                           | \$0 (1)                    |                                    |
| jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg  | \$0 (1)                    |                                    |
| pentoxifylline oral tablet extended release 400 mg  | \$0 (1)                    |                                    |
| prasugrel oral tablet 10 mg, 5 mg   | \$0 (1)                    |                                    |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG  | \$0 (1)                    | PA; LA; QL (360 EA per 30 days); ^ |
| PROMACTA ORAL POWDER IN PACKET 25 MG  | \$0 (1)                    | PA; LA; QL (180 EA per 30 days); ^ |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG   | \$0 (1)                    | PA; LA; QL (30 EA per 30 days); ^  |
| PROMACTA ORAL TABLET 50 MG, 75 MG   | \$0 (1)                    | PA; LA; QL (60 EA per 30 days); ^  |
| warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg  | \$0 (1)                    |                                    |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)   | \$0 (1)                    | QL (51 EA per 180 days)            |

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|  |         |                         |
|--|---------|-------------------------|
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | \$0 (1) | QL (775 ML per 28 days) |
|--|---------|-------------------------|

|                                  |         |                        |
|----------------------------------|---------|------------------------|
| XARELTO ORAL TABLET 10 MG, 20 MG | \$0 (1) | QL (30 EA per 30 days) |
|----------------------------------|---------|------------------------|

|                                   |         |                        |
|-----------------------------------|---------|------------------------|
| XARELTO ORAL TABLET 15 MG, 2.5 MG | \$0 (1) | QL (60 EA per 30 days) |
|-----------------------------------|---------|------------------------|

**ENDOCRINE/MA'I SUKA****FUALAAU MO HOMONE**

|                                |         |  |
|--------------------------------|---------|--|
| cabergoline oral tablet 0.5 mg | \$0 (1) |  |
|--------------------------------|---------|--|

|  |         |  |
|--|---------|--|
| calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation | \$0 (1) |  |
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|---|---------|--|
| calcitriol oral capsule 0.25 mcg, 0.5 mcg | \$0 (1) |  |
|---|---------|--|

|                                   |         |  |
|-----------------------------------|---------|--|
| calcitriol oral solution 1 mcg/ml | \$0 (1) |  |
|-----------------------------------|---------|--|

|                                     |         |                        |
|-------------------------------------|---------|------------------------|
| cinacalcet oral tablet 30 mg, 60 mg | \$0 (1) | QL (60 EA per 30 days) |
|-------------------------------------|---------|------------------------|

|                              |         |                            |
|------------------------------|---------|----------------------------|
| cinacalcet oral tablet 90 mg | \$0 (1) | QL (120 EA per 30 days); ^ |
|------------------------------|---------|----------------------------|

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| danazol oral capsule 100 mg, 200 mg, 50 mg | \$0 (1) |  |
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|--|---------|--|
| desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml) | \$0 (1) |  |
|--|---------|--|

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|---|---------|--|
| desmopressin oral tablet 0.1 mg, 0.2 mg | \$0 (1) |  |
|---|---------|--|

|  |         |  |
|--|---------|--|
| doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg | \$0 (1) |  |
|--|---------|--|

|                           |         |           |
|---------------------------|---------|-----------|
| KORLYM ORAL TABLET 300 MG | \$0 (1) | PA; LA; ^ |
|---------------------------|---------|-----------|

|                                 |         |       |
|---------------------------------|---------|-------|
| mifepristone oral tablet 300 mg | \$0 (1) | PA; ^ |
|---------------------------------|---------|-------|

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|---|---------|--|
| paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg | \$0 (1) |  |
|---|---------|--|

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|--|---------|-------|
| sapropterin oral powder in packet 100 mg, 500 mg | \$0 (1) | PA; ^ |
|--|---------|-------|

|  |         |       |
|--|---------|-------|
| sapropterin oral tablet,soluble 100 mg | \$0 (1) | PA; ^ |
|--|---------|-------|

|  |         |        |
|--|---------|--------|
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | \$0 (1) | PA; LA |
|--|---------|--------|

|   |         |  |
|---|---------|--|
| testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml) | \$0 (1) |  |
|---|---------|--|

|  |         |  |
|--|---------|--|
| testosterone enanthate intramuscular oil 200 mg/ml | \$0 (1) |  |
|--|---------|--|

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)   | \$0 (1)                    | PA; QL (300 GM per 30 days)      |
| testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)                                      | \$0 (1)                    | PA; QL (150 GM per 30 days)      |
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)                                     | \$0 (1)                    | PA; QL (300 GM per 30 days)      |
| tolvaptan oral tablet 15 mg, 30 mg   | \$0 (1)                    | PA; ^                            |
| <b>FUALAAU PUIPUI AI THYROID</b>   |                            |                                  |
| methimazole oral tablet 10 mg, 5 mg  | \$0 (1)                    |                                  |
| propylthiouracil oral tablet 50 mg   | \$0 (1)                    |                                  |
| <b>HOMONE ADRENAL</b>  |                            |                                  |
| dexamethasone oral solution 0.5 mg/5 ml  | \$0 (1)                    |                                  |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg  | \$0 (1)                    |                                  |
| fludrocortisone oral tablet 0.1 mg   | \$0 (1)                    |                                  |
| hydrocortisone oral tablet 10 mg, 20 mg, 5 mg  | \$0 (1)                    |                                  |
| methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg  | \$0 (1)                    | B/D                              |
| methylprednisolone oral tablets,dose pack 4 mg   | \$0 (1)                    |                                  |
| prednisolone oral solution 15 mg/5 ml  | \$0 (1)                    |                                  |
| prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)                     | \$0 (1)                    |                                  |
| prednisone intensol oral concentrate 5 mg/ml   | \$0 (1)                    |                                  |
| prednisone oral solution 5 mg/5 ml   | \$0 (1)                    |                                  |
| prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg   | \$0 (1)                    |                                  |
| prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)                                     | \$0 (1)                    |                                  |
| <b>HOMONE THYROID</b>  |                            |                                  |
| euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | \$0 (1)                    |                                  |

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|  |         |                             |
|--|---------|-----------------------------|
| levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg | \$0 (1) |                             |
| levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg                | \$0 (1) |                             |
| liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg   | \$0 (1) |                             |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG     | \$0 (1) |                             |
| unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg     | \$0 (1) |                             |
| <b>TOGAFITIGA O LE MA'I SUKA</b>   |         |                             |
| acarbose oral tablet 100 mg  | \$0 (1) | QL (90 EA per 30 days)      |
| acarbose oral tablet 25 mg   | \$0 (1) | QL (360 EA per 30 days)     |
| acarbose oral tablet 50 mg   | \$0 (1) | QL (180 EA per 30 days)     |
| alcohol pads topical pads, medicated   | \$0 (1) |                             |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML   | \$0 (1) | PA; QL (3.4 ML per 28 days) |
| diazoxide oral suspension 50 mg/ml   | \$0 (1) | ^                           |
| FARXIGA ORAL TABLET 10 MG, 5 MG  | \$0 (1) | QL (30 EA per 30 days)      |
| glimepiride oral tablet 1 mg   | \$0 (1) | QL (240 EA per 30 days)     |
| glimepiride oral tablet 2 mg   | \$0 (1) | QL (120 EA per 30 days)     |
| glimepiride oral tablet 4 mg   | \$0 (1) | QL (60 EA per 30 days)      |
| glipizide oral tablet 10 mg  | \$0 (1) | QL (120 EA per 30 days)     |
| glipizide oral tablet 5 mg   | \$0 (1) | QL (240 EA per 30 days)     |
| glipizide oral tablet extended release 24hr 10 mg  | \$0 (1) | QL (60 EA per 30 days)      |
| glipizide oral tablet extended release 24hr 2.5 mg   | \$0 (1) | QL (240 EA per 30 days)     |
| glipizide oral tablet extended release 24hr 5 mg   | \$0 (1) | QL (120 EA per 30 days)     |
| glipizide-metformin oral tablet 2.5-250 mg   | \$0 (1) | QL (240 EA per 30 days)     |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg  | \$0 (1)                    | QL (120 EA per 30 days)          |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG   | \$0 (1)                    | QL (30 EA per 30 days)           |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML                    | \$0 (1)                    |                                  |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                                     | \$0 (1)                    |                                  |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML   | \$0 (1)                    |                                  |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML                              | \$0 (1)                    |                                  |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)                    | \$0 (1)                    |                                  |
| INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)                   | \$0 (1)                    |                                  |
| INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)                      | \$0 (1)                    |                                  |
| INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML                                       | \$0 (1)                    |                                  |
| INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                              | \$0 (1)                    |                                  |
| INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML  | \$0 (1)                    |                                  |
| INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)              | \$0 (1)                    |                                  |
| INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML  | \$0 (1)                    |                                  |
| INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) | \$0 (1)                    |                                  |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                             | \$0 (1)                    |                                  |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG  | \$0 (1)                    | QL (60 EA per 30 days)           |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>                   |
|--|----------------------------|--|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG   | \$0 (1)                    | QL (30 EA per 30 days)                             |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG   | \$0 (1)                    | QL (60 EA per 30 days)                             |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG   | \$0 (1)                    | QL (30 EA per 30 days)                             |
| JARDIANCE ORAL TABLET 10 MG, 25 MG   | \$0 (1)                    | QL (30 EA per 30 days)                             |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG  | \$0 (1)                    | QL (60 EA per 30 days)                             |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG   | \$0 (1)                    | QL (60 EA per 30 days)                             |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG   | \$0 (1)                    | QL (30 EA per 30 days)                             |
| metformin oral tablet 1,000 mg   | \$0 (1)                    | QL (75 EA per 30 days)                             |
| metformin oral tablet 500 mg   | \$0 (1)                    | QL (150 EA per 30 days)                            |
| metformin oral tablet 850 mg   | \$0 (1)                    | QL (90 EA per 30 days)                             |
| metformin oral tablet extended release 24 hr 500 mg  | \$0 (1)                    | Generic for Glucophage XR; QL (120 EA per 30 days) |
| metformin oral tablet extended release 24 hr 750 mg  | \$0 (1)                    | Generic for Glucophage XR; QL (60 EA per 30 days)  |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | \$0 (1)                    | PA; QL (2 ML per 28 days)                          |
| nateglinide oral tablet 120 mg   | \$0 (1)                    | QL (90 EA per 30 days)                             |
| nateglinide oral tablet 60 mg  | \$0 (1)                    | QL (180 EA per 30 days)                            |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)  | \$0 (1)                    | (brand RELION not covered)                         |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)   | \$0 (1)                    | (brand RELION not covered)                         |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)  | \$0 (1)                    | (brand RELION not covered)                         |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML  | \$0 (1)                    | (brand RELION not covered)                         |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | \$0 (1)                    | (brand RELION not covered)       |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML   | \$0 (1)                    | (brand RELION not covered)       |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | \$0 (1)                    | PA; QL (3 ML per 28 days)        |
| pioglitazone oral tablet 15 mg, 30 mg, 45 mg  | \$0 (1)                    | QL (30 EA per 30 days)           |
| pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg   | \$0 (1)                    | QL (90 EA per 30 days)           |
| repaglinide oral tablet 0.5 mg  | \$0 (1)                    | QL (960 EA per 30 days)          |
| repaglinide oral tablet 1 mg  | \$0 (1)                    | QL (480 EA per 30 days)          |
| repaglinide oral tablet 2 mg  | \$0 (1)                    | QL (240 EA per 30 days)          |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG  | \$0 (1)                    | PA; QL (30 EA per 30 days)       |
| saxagliptin oral tablet 2.5 mg, 5 mg  | \$0 (1)                    |                                  |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML  | \$0 (1)                    | QL (15 ML per 25 days)           |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG   | \$0 (1)                    | QL (60 EA per 30 days)           |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                                      | \$0 (1)                    | QL (30 EA per 30 days)           |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                                     | \$0 (1)                    | QL (60 EA per 30 days)           |
| TRADJENTA ORAL TABLET 5 MG  | \$0 (1)                    | QL (30 EA per 30 days)           |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG                                  | \$0 (1)                    | QL (30 EA per 30 days)           |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG                             | \$0 (1)                    | QL (60 EA per 30 days)           |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML                 | \$0 (1)                    | PA; QL (2 ML per 28 days)        |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>         |
|---|----------------------------|--|
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR<br>10-1,000 MG, 10-500 MG             | \$0 (1)                    | QL (30 EA per 30 days)                   |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR<br>2.5-1,000 MG, 5-1,000 MG, 5-500 MG | \$0 (1)                    | QL (60 EA per 30 days)                   |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN<br>100 UNIT-3.6 MG /ML (3 ML)             | \$0 (1)                    | QL (15 ML per 30 days)                   |
| <b>FUALAAU ANTINEOPLASTIC / IMMUNOSUPPRESSANT</b>                                   |                            |  |
| <b>FUALAAU ANTINEOPLASTIC / IMMUNOSUPPRESSANT</b>                                   |                            |  |
| abiraterone oral tablet 250 mg  | \$0 (1)                    | PA-NS; QL (120 EA per 30 days)           |
| abiraterone oral tablet 500 mg  | \$0 (1)                    | PA-NS; QL (60 EA per 30 days)            |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG  | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days);<br>^  |
| ALECENSA ORAL CAPSULE 150 MG  | \$0 (1)                    | PA-NS; LA; QL (240 EA per 30 days);<br>^ |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG  | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days);<br>^  |
| ALUNBRIG ORAL TABLET 30 MG  | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days);<br>^  |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-<br>180 MG (23)                           | \$0 (1)                    | PA-NS; LA; QL (30 EA per 180 days);<br>^ |
| anastrozole oral tablet 1 mg  | \$0 (1)                    |  |
| AUGTYRO ORAL CAPSULE 40 MG  | \$0 (1)                    | PA-NS; QL (240 EA per 30 days); ^        |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300<br>MG, 50 MG                         | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days);<br>^  |
| azathioprine oral tablet 50 mg  | \$0 (1)                    | B/D                                      |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG   | \$0 (1)                    | PA-NS; LA; ^                             |
| bexarotene oral capsule 75 mg   | \$0 (1)                    | PA-NS; ^                                 |
| bexarotene topical gel 1 %  | \$0 (1)                    | PA-NS; QL (60 GM per 30 days); ^         |
| bicalutamide oral tablet 50 mg  | \$0 (1)                    |  |
| BOSULIF ORAL CAPSULE 100 MG   | \$0 (1)                    | PA-NS; QL (180 EA per 30 days); ^        |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>                                | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|---|----------------------------|---------------------------------------|
| BOSULIF ORAL CAPSULE 50 MG                              | \$0 (1)                    | PA-NS; QL (330 EA per 30 days); ^     |
| BOSULIF ORAL TABLET 100 MG                              | \$0 (1)                    | PA-NS; QL (90 EA per 30 days); ^      |
| BOSULIF ORAL TABLET 400 MG, 500 MG                      | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^      |
| BRAFTOVI ORAL CAPSULE 75 MG                             | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| BRUKINSA ORAL CAPSULE 80 MG                             | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG               | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG        | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| CALQUENCE ORAL CAPSULE 100 MG                           | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| CAPRELSA ORAL TABLET 100 MG                             | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| CAPRELSA ORAL TABLET 300 MG                             | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)     | \$0 (1)                    | PA-NS; LA; QL (56 EA per 28 days); ^  |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)     | \$0 (1)                    | PA-NS; LA; QL (112 EA per 28 days); ^ |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)         | \$0 (1)                    | PA-NS; LA; QL (84 EA per 28 days); ^  |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                      | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| COTELLIC ORAL TABLET 20 MG                              | \$0 (1)                    | PA-NS; LA; QL (63 EA per 28 days); ^  |
| cyclophosphamide oral capsule 25 mg, 50 mg              | \$0 (1)                    | B/D                                   |
| CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG               | \$0 (1)                    | B/D                                   |
| cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg | \$0 (1)                    | B/D                                   |
| cyclosporine modified oral solution 100 mg/ml           | \$0 (1)                    | B/D                                   |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>        |
|---|----------------------------|---|
| cyclosporine oral capsule 100 mg, 25 mg                             | \$0 (1)                    | B/D                                     |
| DAURISMO ORAL TABLET 100 MG   | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days);<br>^ |
| DAURISMO ORAL TABLET 25 MG  | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days);<br>^ |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                          | \$0 (1)                    |   |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG                      | \$0 (1)                    | PA-NS                                   |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG                        | \$0 (1)                    | PA-NS                                   |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG                        | \$0 (1)                    | PA-NS                                   |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)                       | \$0 (1)                    | PA-NS                                   |
| ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG  | \$0 (1)                    | B/D                                     |
| ERIVEDGE ORAL CAPSULE 150 MG  | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days);<br>^ |
| ERLEADA ORAL TABLET 240 MG  | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^        |
| ERLEADA ORAL TABLET 60 MG   | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^   |
| erlotinib oral tablet 100 mg, 150 mg                                | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^        |
| erlotinib oral tablet 25 mg   | \$0 (1)                    | PA-NS; QL (90 EA per 30 days); ^        |
| everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^        |
| everolimus (antineoplastic) oral tablet for suspension 2 mg         | \$0 (1)                    | PA-NS; QL (150 EA per 30 days); ^       |
| everolimus (antineoplastic) oral tablet for suspension 3 mg         | \$0 (1)                    | PA-NS; QL (90 EA per 30 days); ^        |
| everolimus (antineoplastic) oral tablet for suspension 5 mg         | \$0 (1)                    | PA-NS; QL (60 EA per 30 days); ^        |
| everolimus (immunosuppressive) oral tablet 0.25 mg                  | \$0 (1)                    | B/D                                     |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|--|----------------------------|---------------------------------------|
| everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg | \$0 (1)                    | B/D; ^                                |
| exemestane oral tablet 25 mg                                     | \$0 (1)                    |                                       |
| EXKIVITY ORAL CAPSULE 40 MG                                      | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG    | \$0 (1)                    | PA-NS; ^                              |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG     | \$0 (1)                    | PA-NS                                 |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                            | \$0 (1)                    | PA-NS; LA; QL (21 EA per 28 days); ^  |
| FRUZAQLA ORAL CAPSULE 1 MG                                       | \$0 (1)                    | PA-NS; QL (84 EA per 28 days); ^      |
| FRUZAQLA ORAL CAPSULE 5 MG                                       | \$0 (1)                    | PA-NS; QL (21 EA per 28 days); ^      |
| GAVRETO ORAL CAPSULE 100 MG                                      | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| gefitinib oral tablet 250 mg                                     | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^      |
| gengraf oral capsule 100 mg, 25 mg                               | \$0 (1)                    | B/D                                   |
| gengraf oral solution 100 mg/ml                                  | \$0 (1)                    | B/D                                   |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                         | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| GLEOSTINE ORAL CAPSULE 10 MG, 40 MG                              | \$0 (1)                    |                                       |
| GLEOSTINE ORAL CAPSULE 100 MG                                    | \$0 (1)                    | ^                                     |
| hydroxyurea oral capsule 500 mg                                  | \$0 (1)                    |                                       |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                       | \$0 (1)                    | PA-NS; LA; QL (21 EA per 28 days); ^  |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                        | \$0 (1)                    | PA-NS; LA; QL (21 EA per 28 days); ^  |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                   | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                 | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| imatinib oral tablet 100 mg                                      | \$0 (1)                    | PA-NS; QL (180 EA per 30 days); ^     |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina 10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|--|----------------------------|---------------------------------------|
| imatinib oral tablet 400 mg                                      | \$0 (1)                    | PA-NS; QL (60 EA per 30 days); ^      |
| IMBRUVICA ORAL CAPSULE 140 MG                                    | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| IMBRUVICA ORAL CAPSULE 70 MG                                     | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                               | \$0 (1)                    | PA-NS; LA; QL (324 ML per 30 days); ^ |
| IMBRUVICA ORAL TABLET 420 MG                                     | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| INLYTA ORAL TABLET 1 MG  | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| INLYTA ORAL TABLET 5 MG  | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| INQOVI ORAL TABLET 35-100 MG                                     | \$0 (1)                    | PA-NS; LA; QL (5 EA per 28 days); ^   |
| INREBIC ORAL CAPSULE 100 MG                                      | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| IWILFIN ORAL TABLET 192 MG                                       | \$0 (1)                    | PA-NS; LA; QL (240 EA per 30 days); ^ |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG              | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| JAYPIRCA ORAL TABLET 100 MG                                      | \$0 (1)                    | PA-NS; QL (60 EA per 30 days); ^      |
| JAYPIRCA ORAL TABLET 50 MG                                       | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^      |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | \$0 (1)                    | PA-NS; QL (49 EA per 28 days); ^      |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | \$0 (1)                    | PA-NS; QL (70 EA per 28 days); ^      |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | \$0 (1)                    | PA-NS; QL (91 EA per 28 days); ^      |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)                      | \$0 (1)                    | PA-NS; QL (21 EA per 28 days); ^      |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)                      | \$0 (1)                    | PA-NS; QL (42 EA per 28 days); ^      |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                      | \$0 (1)                    | PA-NS; QL (63 EA per 28 days); ^      |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|---|----------------------------|---------------------------------------|
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG  | \$0 (1)                    | PA; ^                                 |
| KRAZATI ORAL TABLET 200 MG  | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| lapatinib oral tablet 250 mg  | \$0 (1)                    | PA-NS; QL (180 EA per 30 days); ^     |
| lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg                                      | \$0 (1)                    | PA-NS; LA; QL (28 EA per 28 days); ^  |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG  | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | \$0 (1)                    | PA-NS; LA; QL (90 EA per 30 days); ^  |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)          | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| letrozole oral tablet 2.5 mg  | \$0 (1)                    |                                       |
| LEUKERAN ORAL TABLET 2 MG   | \$0 (1)                    | ^                                     |
| leuprolide subcutaneous kit 1 mg/0.2 ml   | \$0 (1)                    | PA-NS                                 |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG  | \$0 (1)                    | PA-NS; LA; ^                          |
| LORBRENA ORAL TABLET 100 MG   | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| LORBRENA ORAL TABLET 25 MG  | \$0 (1)                    | PA-NS; LA; QL (90 EA per 30 days); ^  |
| LUMAKRAS ORAL TABLET 120 MG   | \$0 (1)                    | PA-NS; LA; QL (240 EA per 30 days); ^ |
| LUMAKRAS ORAL TABLET 320 MG   | \$0 (1)                    | PA-NS; QL (90 EA per 30 days); ^      |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG  | \$0 (1)                    | PA-NS; ^                              |
| LYNPARZA ORAL TABLET 100 MG, 150 MG   | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| LYSODREN ORAL TABLET 500 MG   | \$0 (1)                    | ^                                     |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)  | \$0 (1)                    | PA-NS; QL (84 EA per 28 days); ^      |
| LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)  | \$0 (1)                    | PA-NS; QL (112 EA per 28 days); ^     |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

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| Igoa o le Vailaau  | Vasega o le Vailaau | Faamalosiga/Faatapulaaina                     |
|--|---------------------|---|
| LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)                                   | \$0 (1)             | PA-NS; QL (140 EA per 28 days); ^             |
| MATULANE ORAL CAPSULE 50 MG  | \$0 (1)             | LA; ^   |
| megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) | \$0 (1)             | PA  |
| megestrol oral tablet 20 mg, 40 mg   | \$0 (1)             |   |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML  | \$0 (1)             | PA-NS; QL (1200 ML per 30 days); ^            |
| MEKINIST ORAL TABLET 0.5 MG  | \$0 (1)             | PA-NS; LA; QL (90 EA per 30 days); ^          |
| MEKINIST ORAL TABLET 2 MG  | \$0 (1)             | PA-NS; LA; QL (30 EA per 30 days); ^          |
| MEKTOVI ORAL TABLET 15 MG  | \$0 (1)             | PA-NS; LA; QL (180 EA per 30 days); ^         |
| mercaptopurine oral tablet 50 mg   | \$0 (1)             |   |
| methotrexate sodium (pf) injection solution 25 mg/ml                       | \$0 (1)             | B/D   |
| methotrexate sodium injection solution 25 mg/ml                            | \$0 (1)             | B/D   |
| methotrexate sodium oral tablet 2.5 mg                                     | \$0 (1)             |   |
| mycophenolate mofetil oral capsule 250 mg                                  | \$0 (1)             | B/D   |
| mycophenolate mofetil oral suspension for reconstitution 200 mg/ml         | \$0 (1)             | B/D; ^  |
| mycophenolate mofetil oral tablet 500 mg                                   | \$0 (1)             | B/D   |
| mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg   | \$0 (1)             | B/D   |
| mycophenolic acid dr 180 mg tb   | \$0 (1)             | B/D; mycophenolate sodium = mycophenolic acid |
| mycophenolic acid dr 360 mg tb   | \$0 (1)             | B/D; mycophenolate sodium = mycophenolic acid |
| NERLYNX ORAL TABLET 40 MG  | \$0 (1)             | PA-NS; LA; ^                                  |
| nilutamide oral tablet 150 mg  | \$0 (1)             | ^   |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                                    | \$0 (1)             | PA-NS; QL (3 EA per 28 days); ^               |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|---|----------------------------|---------------------------------------|
| NUBEQA ORAL TABLET 300 MG   | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml              | \$0 (1)                    | PA; ^                                 |
| octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml     | \$0 (1)                    | PA                                    |
| ODOMZO ORAL CAPSULE 200 MG  | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| OGSIVEO ORAL TABLET 100 MG, 150 MG  | \$0 (1)                    | PA-NS; QL (56 EA per 28 days); ^      |
| OGSIVEO ORAL TABLET 50 MG   | \$0 (1)                    | PA-NS; QL (180 EA per 30 days); ^     |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML                          | \$0 (1)                    | PA-NS; QL (96 ML per 28 days); ^      |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)                                 | \$0 (1)                    | PA-NS; QL (16 EA per 28 days); ^      |
| OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)                                 | \$0 (1)                    | PA-NS; QL (20 EA per 28 days); ^      |
| OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)                                 | \$0 (1)                    | PA-NS; QL (24 EA per 28 days); ^      |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                                  | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^      |
| ONUREG ORAL TABLET 200 MG, 300 MG   | \$0 (1)                    | PA-NS; LA; QL (14 EA per 28 days)     |
| ORGOVYX ORAL TABLET 120 MG  | \$0 (1)                    | PA-NS; LA; QL (30 EA per 28 days); ^  |
| ORSERDU ORAL TABLET 345 MG  | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^      |
| ORSERDU ORAL TABLET 86 MG   | \$0 (1)                    | PA-NS; QL (90 EA per 30 days); ^      |
| pazopanib oral tablet 200 mg  | \$0 (1)                    | PA-NS; QL (120 EA per 30 days); ^     |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                                  | \$0 (1)                    | PA-NS; LA; QL (28 EA per 28 days); ^  |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)                                  | \$0 (1)                    | PA-NS; QL (28 EA per 28 days); ^      |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | \$0 (1)                    | PA-NS; QL (56 EA per 28 days); ^      |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                | \$0 (1)                    | PA-NS; LA; QL (21 EA per 28 days); ^  |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG                                | \$0 (1)                    | B/D                                   |
| PURIXAN ORAL SUSPENSION 20 MG/ML  | \$0 (1)                    | ^                                     |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|---|----------------------------|---------------------------------------|
| QINLOCK ORAL TABLET 50 MG   | \$0 (1)                    | PA-NS; LA; QL (90 EA per 30 days); ^  |
| RETEVMO ORAL CAPSULE 40 MG  | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| RETEVMO ORAL CAPSULE 80 MG  | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG   | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| RETEVMO ORAL TABLET 40 MG   | \$0 (1)                    | PA-NS; LA; QL (90 EA per 30 days); ^  |
| REZLIDHIA ORAL CAPSULE 150 MG   | \$0 (1)                    | PA-NS; QL (60 EA per 30 days); ^      |
| REZUROCK ORAL TABLET 200 MG   | \$0 (1)                    | PA; LA; QL (30 EA per 30 days); ^     |
| ROZLYTREK ORAL CAPSULE 100 MG   | \$0 (1)                    | PA-NS; LA; QL (150 EA per 30 days); ^ |
| ROZLYTREK ORAL CAPSULE 200 MG   | \$0 (1)                    | PA-NS; LA; QL (90 EA per 30 days); ^  |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG  | \$0 (1)                    | PA-NS; QL (336 EA per 28 days); ^     |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG  | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| RYDAPT ORAL CAPSULE 25 MG   | \$0 (1)                    | PA-NS; QL (224 EA per 28 days); ^     |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML  | \$0 (1)                    | B/D                                   |
| SCSEMBLIX ORAL TABLET 100 MG  | \$0 (1)                    | PA-NS; QL (120 EA per 30 days); ^     |
| SCSEMBLIX ORAL TABLET 20 MG   | \$0 (1)                    | PA-NS; QL (60 EA per 30 days); ^      |
| SCSEMBLIX ORAL TABLET 40 MG   | \$0 (1)                    | PA-NS; QL (300 EA per 30 days); ^     |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | \$0 (1)                    | PA; LA; ^                             |
| sirolimus oral solution 1 mg/ml   | \$0 (1)                    | B/D; ^                                |
| sirolimus oral tablet 0.5 mg, 1 mg, 2 mg  | \$0 (1)                    | B/D                                   |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML  | \$0 (1)                    |                                       |
| sorafenib oral tablet 200 mg  | \$0 (1)                    | PA-NS; QL (120 EA per 30 days); ^     |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG                                    | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^      |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>                                     | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|--|----------------------------|---------------------------------------|
| SPRYCEL ORAL TABLET 20 MG, 70 MG                             | \$0 (1)                    | PA-NS; QL (60 EA per 30 days); ^      |
| STIVARGA ORAL TABLET 40 MG                                   | \$0 (1)                    | PA-NS; LA; QL (84 EA per 28 days); ^  |
| sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg | \$0 (1)                    | PA-NS; QL (28 EA per 28 days); ^      |
| TABLOID ORAL TABLET 40 MG                                    | \$0 (1)                    |                                       |
| TABRECTA ORAL TABLET 150 MG, 200 MG                          | \$0 (1)                    | PA-NS; ^                              |
| tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg                   | \$0 (1)                    | B/D                                   |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                           | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                    | \$0 (1)                    | PA-NS; QL (840 EA per 28 days); ^     |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                            | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG                        | \$0 (1)                    | PA-NS; QL (30 EA per 30 days); ^      |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG         | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| tamoxifen oral tablet 10 mg, 20 mg                           | \$0 (1)                    |                                       |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG                          | \$0 (1)                    | PA-NS; QL (112 EA per 28 days); ^     |
| TASIGNA ORAL CAPSULE 50 MG                                   | \$0 (1)                    | PA-NS; QL (120 EA per 30 days); ^     |
| TAZVERIK ORAL TABLET 200 MG                                  | \$0 (1)                    | PA-NS; LA; ^                          |
| TEPMETKO ORAL TABLET 225 MG                                  | \$0 (1)                    | PA-NS; LA; ^                          |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                          | \$0 (1)                    | PA-NS; LA; QL (28 EA per 28 days); ^  |
| THALOMID ORAL CAPSULE 150 MG, 200 MG                         | \$0 (1)                    | PA-NS; LA; QL (56 EA per 28 days); ^  |
| TIBSOVO ORAL TABLET 250 MG                                   | \$0 (1)                    | PA-NS; LA; ^                          |
| toremifene oral tablet 60 mg                                 | \$0 (1)                    |                                       |
| tretinoin (antineoplastic) oral capsule 10 mg                | \$0 (1)                    | ^                                     |
| TRUQAP ORAL TABLET 160 MG, 200 MG                            | \$0 (1)                    | PA-NS; QL (64 EA per 28 days); ^      |
| TUKYSA ORAL TABLET 150 MG                                    | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|--|----------------------------|---------------------------------------|
| TUKYSA ORAL TABLET 50 MG   | \$0 (1)                    | PA-NS; LA; QL (300 EA per 30 days); ^ |
| TURALIO ORAL CAPSULE 125 MG  | \$0 (1)                    | PA; LA; QL (120 EA per 30 days); ^    |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                              | \$0 (1)                    | PA-NS; QL (56 EA per 28 days); ^      |
| VENCLEXTA ORAL TABLET 10 MG  | \$0 (1)                    | PA-NS; LA; QL (14 EA per 7 days)      |
| VENCLEXTA ORAL TABLET 100 MG                                       | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| VENCLEXTA ORAL TABLET 50 MG  | \$0 (1)                    | PA-NS; LA; QL (7 EA per 7 days); ^    |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | \$0 (1)                    | PA-NS; LA; QL (42 EA per 180 days); ^ |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                 | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| VITRAKVI ORAL CAPSULE 100 MG                                       | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| VITRAKVI ORAL CAPSULE 25 MG  | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                    | \$0 (1)                    | PA-NS; LA; QL (300 ML per 30 days); ^ |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                           | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days); ^  |
| VONJO ORAL CAPSULE 100 MG  | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days); ^ |
| WELIREG ORAL TABLET 40 MG  | \$0 (1)                    | PA-NS; LA; ^                          |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days); ^  |
| XALKORI ORAL PELLETT 150 MG  | \$0 (1)                    | PA-NS; QL (180 EA per 30 days); ^     |
| XALKORI ORAL PELLETT 20 MG, 50 MG                                  | \$0 (1)                    | PA-NS; QL (120 EA per 30 days); ^     |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                     | \$0 (1)                    |                                       |
| XERMELO ORAL TABLET 250 MG   | \$0 (1)                    | PA; LA; QL (84 EA per 28 days); ^     |
| XOSPATA ORAL TABLET 40 MG  | \$0 (1)                    | PA-NS; LA; QL (90 EA per 30 days); ^  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>         |
|---|----------------------------|--|
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | \$0 (1)                    | PA-NS; LA; QL (8 EA per 28 days);<br>^   |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)                               | \$0 (1)                    | PA-NS; LA; QL (4 EA per 28 days);<br>^   |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)  | \$0 (1)                    | PA-NS; LA; QL (24 EA per 28 days);<br>^  |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)  | \$0 (1)                    | PA-NS; LA; QL (32 EA per 28 days);<br>^  |
| XTANDI ORAL CAPSULE 40 MG   | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days);<br>^ |
| XTANDI ORAL TABLET 40 MG  | \$0 (1)                    | PA-NS; LA; QL (120 EA per 30 days);<br>^ |
| XTANDI ORAL TABLET 80 MG  | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days);<br>^  |
| ZEJULA ORAL TABLET 100 MG   | \$0 (1)                    | PA-NS; LA; QL (90 EA per 30 days);<br>^  |
| ZEJULA ORAL TABLET 200 MG, 300 MG   | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days);<br>^  |
| ZELBORAF ORAL TABLET 240 MG   | \$0 (1)                    | PA-NS; LA; QL (240 EA per 30 days);<br>^ |
| ZOLINZA ORAL CAPSULE 100 MG   | \$0 (1)                    | PA-NS; QL (120 EA per 30 days);<br>^     |
| ZYDELIG ORAL TABLET 100 MG, 150 MG  | \$0 (1)                    | PA-NS; LA; QL (60 EA per 30 days);<br>^  |
| ZYKADIA ORAL TABLET 150 MG  | \$0 (1)                    | PA-NS; LA; QL (90 EA per 30 days);<br>^  |
| <b>TOGAFITIGA FAAOPOOPO</b>   |                            |  |
| leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg  | \$0 (1)                    |  |
| MESNEX ORAL TABLET 400 MG   | \$0 (1)                    | ^  |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)  | \$0 (1)                    | B/D; ^                                   |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina  
o le  
Vailaau****FUALAAU AUTONOMIC / CNS, NEUROLOGY /  
PSYCH****FAASAGATAU I LE MA'I LILI**

|  |         |                                       |
|--|---------|---------------------------------------|
| APTIOM ORAL TABLET 200 MG, 400 MG  | \$0 (1) | QL (30 EA per 30 days)                |
| APTIOM ORAL TABLET 600 MG, 800 MG  | \$0 (1) | QL (60 EA per 30 days)                |
| BRIVIACT ORAL SOLUTION 10 MG/ML  | \$0 (1) | QL (600 ML per 30 days); ^            |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                    | \$0 (1) | QL (60 EA per 30 days); ^             |
| carbamazepine oral capsule, er multiphase 12 hr<br>100 mg, 200 mg, 300 mg  | \$0 (1) |                                       |
| carbamazepine oral suspension 100 mg/5 ml                                  | \$0 (1) |                                       |
| carbamazepine oral tablet 200 mg   | \$0 (1) |                                       |
| carbamazepine oral tablet extended release 12 hr<br>100 mg, 200 mg, 400 mg | \$0 (1) |                                       |
| carbamazepine oral tablet, chewable 100 mg                                 | \$0 (1) |                                       |
| clobazam oral suspension 2.5 mg/ml   | \$0 (1) | PA-NS; QL (480 ML per 30 days)        |
| clobazam oral tablet 10 mg, 20 mg  | \$0 (1) | PA-NS; QL (60 EA per 30 days)         |
| clonazepam oral tablet 0.5 mg, 1 mg  | \$0 (1) | QL (90 EA per 30 days)                |
| clonazepam oral tablet 2 mg  | \$0 (1) | QL (300 EA per 30 days)               |
| clonazepam oral tablet, disintegrating 0.125 mg,<br>0.25 mg, 0.5 mg, 1 mg  | \$0 (1) | QL (90 EA per 30 days)                |
| clonazepam oral tablet, disintegrating 2 mg                                | \$0 (1) | QL (300 EA per 30 days)               |
| DIACOMIT ORAL CAPSULE 250 MG   | \$0 (1) | PA-NS; LA; QL (360 EA per 30 days); ^ |
| DIACOMIT ORAL CAPSULE 500 MG   | \$0 (1) | PA-NS; LA; QL (180 EA per 30 days); ^ |
| DIACOMIT ORAL POWDER IN PACKET 250 MG                                      | \$0 (1) | PA-NS; LA; QL (360 EA per 30 days); ^ |
| DIACOMIT ORAL POWDER IN PACKET 500 MG                                      | \$0 (1) | PA-NS; LA; QL (180 EA per 30 days); ^ |
| diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-<br>7.5-10 mg            | \$0 (1) |                                       |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|---|----------------------------|---------------------------------------|
| DILANTIN EXTENDED ORAL CAPSULE 100 MG                                 | \$0 (1)                    |                                       |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG                          | \$0 (1)                    |                                       |
| DILANTIN ORAL CAPSULE 30 MG   | \$0 (1)                    |                                       |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML                              | \$0 (1)                    |                                       |
| divalproex oral capsule, delayed rel sprinkle 125 mg                  | \$0 (1)                    |                                       |
| divalproex oral tablet extended release 24 hr 250 mg, 500 mg          | \$0 (1)                    |                                       |
| divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg | \$0 (1)                    |                                       |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                     | \$0 (1)                    | PA-NS; LA                             |
| epitol oral tablet 200 mg   | \$0 (1)                    |                                       |
| EPRONTIA ORAL SOLUTION 25 MG/ML                                       | \$0 (1)                    | PA-NS                                 |
| ethosuximide oral capsule 250 mg                                      | \$0 (1)                    |                                       |
| ethosuximide oral solution 250 mg/5 ml                                | \$0 (1)                    |                                       |
| felbamate oral suspension 600 mg/5 ml                                 | \$0 (1)                    |                                       |
| felbamate oral tablet 400 mg, 600 mg                                  | \$0 (1)                    |                                       |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                      | \$0 (1)                    | PA-NS; LA; QL (360 ML per 30 days); ^ |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                     | \$0 (1)                    | QL (720 ML per 30 days); ^            |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG                    | \$0 (1)                    | QL (30 EA per 30 days); ^             |
| FYCOMPA ORAL TABLET 2 MG  | \$0 (1)                    | QL (60 EA per 30 days)                |
| gabapentin oral capsule 100 mg, 400 mg                                | \$0 (1)                    | QL (270 EA per 30 days)               |
| gabapentin oral capsule 300 mg  | \$0 (1)                    | QL (360 EA per 30 days)               |
| gabapentin oral solution 250 mg/5 ml                                  | \$0 (1)                    | QL (2160 ML per 30 days)              |
| gabapentin oral tablet 600 mg   | \$0 (1)                    | QL (180 EA per 30 days)               |
| gabapentin oral tablet 800 mg   | \$0 (1)                    | QL (120 EA per 30 days)               |
| gabapentin oral tablet extended release 24 hr 300 mg                  | \$0 (1)                    | PA; QL (180 EA per 30 days)           |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| gabapentin oral tablet extended release 24 hr 600 mg                                       | \$0 (1)                    | PA; QL (90 EA per 30 days)       |
| lacosamide oral solution 10 mg/ml  | \$0 (1)                    | QL (1200 ML per 30 days)         |
| lacosamide oral tablet 100 mg, 150 mg, 200 mg  | \$0 (1)                    | QL (60 EA per 30 days)           |
| lacosamide oral tablet 50 mg   | \$0 (1)                    | QL (120 EA per 30 days)          |
| lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg                                      | \$0 (1)                    |                                  |
| lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg | \$0 (1)                    |                                  |
| lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg                                  | \$0 (1)                    |                                  |
| lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg                       | \$0 (1)                    |                                  |
| levetiracetam oral solution 100 mg/ml  | \$0 (1)                    |                                  |
| levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg                                 | \$0 (1)                    |                                  |
| levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg                            | \$0 (1)                    |                                  |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG                                  | \$0 (1)                    | PA-NS; QL (10 EA per 30 days); ^ |
| methsuximide oral capsule 300 mg   | \$0 (1)                    |                                  |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)                                      | \$0 (1)                    | PA-NS; QL (10 EA per 30 days)    |
| oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)                                       | \$0 (1)                    |                                  |
| oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg   | \$0 (1)                    |                                  |
| phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)   | \$0 (1)                    | PA-NS                            |
| phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg  | \$0 (1)                    | PA-NS                            |
| phenytoin oral suspension 125 mg/5 ml  | \$0 (1)                    |                                  |
| phenytoin oral tablet, chewable 50 mg  | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|--|----------------------------|---------------------------------------|
| phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg  | \$0 (1)                    |                                       |
| pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg  | \$0 (1)                    | QL (120 EA per 30 days)               |
| pregabalin oral capsule 200 mg   | \$0 (1)                    | QL (90 EA per 30 days)                |
| pregabalin oral capsule 225 mg, 300 mg   | \$0 (1)                    | QL (60 EA per 30 days)                |
| pregabalin oral solution 20 mg/ml  | \$0 (1)                    | QL (900 ML per 30 days)               |
| PRIMIDONE ORAL TABLET 125 MG   | \$0 (1)                    |                                       |
| primidone oral tablet 250 mg, 50 mg  | \$0 (1)                    |                                       |
| roweepra oral tablet 500 mg  | \$0 (1)                    |                                       |
| rufinamide oral suspension 40 mg/ml  | \$0 (1)                    | PA-NS; QL (2400 ML per 30 days);<br>^ |
| rufinamide oral tablet 200 mg  | \$0 (1)                    | PA-NS; QL (480 EA per 30 days)        |
| rufinamide oral tablet 400 mg  | \$0 (1)                    | PA-NS; QL (240 EA per 30 days); ^     |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG  | \$0 (1)                    |                                       |
| SYMPAZAN ORAL FILM 10 MG, 20 MG  | \$0 (1)                    | PA-NS; QL (60 EA per 30 days); ^      |
| SYMPAZAN ORAL FILM 5 MG  | \$0 (1)                    | PA-NS; QL (60 EA per 30 days)         |
| tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg   | \$0 (1)                    |                                       |
| topiramate oral capsule, sprinkle 15 mg, 25 mg   | \$0 (1)                    |                                       |
| topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg  | \$0 (1)                    |                                       |
| valproic acid (as sodium salt) oral solution 250 mg/5 ml   | \$0 (1)                    |                                       |
| valproic acid oral capsule 250 mg  | \$0 (1)                    |                                       |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | \$0 (1)                    | PA-NS; QL (10 EA per 30 days)         |
| vigabatrin oral powder in packet 500 mg  | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>      |
|--|----------------------------|---------------------------------------|
| vigabatrin oral tablet 500 mg  | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| vigadrone oral powder in packet 500 mg   | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| vigadrone oral tablet 500 mg   | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| vigpoder oral powder in packet 500 mg  | \$0 (1)                    | PA-NS; LA; QL (180 EA per 30 days); ^ |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | \$0 (1)                    | QL (56 EA per 28 days); ^             |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG  | \$0 (1)                    | QL (30 EA per 30 days); ^             |
| XCOPRI ORAL TABLET 150 MG, 200 MG  | \$0 (1)                    | QL (60 EA per 30 days); ^             |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)                              | \$0 (1)                    | QL (28 EA per 180 days)               |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)     | \$0 (1)                    | QL (28 EA per 180 days); ^            |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML   | \$0 (1)                    | PA-NS                                 |
| zonisamide oral capsule 100 mg, 25 mg, 50 mg   | \$0 (1)                    |                                       |
| ZTALMY ORAL SUSPENSION 50 MG/ML  | \$0 (1)                    | PA-NS; QL (1100 ML per 30 days); ^    |
| <b>FUALAAU TOGAFITI AI TULAGA TAU MAFAUFAU</b>   |                            |                                       |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML                       | \$0 (1)                    | QL (2.4 ML per 56 days)               |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML                       | \$0 (1)                    | QL (3.2 ML per 56 days)               |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG                        | \$0 (1)                    | QL (1 EA per 28 days)                 |

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|  |         |                            |
|--|---------|----------------------------|
| ABILIFY MAINTENA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 300 MG, 400<br>MG | \$0 (1) | QL (1 EA per 28 days)      |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg                                 | \$0 (1) | QL (150 EA per 30 days)    |
| amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25<br>mg, 50 mg, 75 mg            | \$0 (1) |                            |
| amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50<br>mg                              | \$0 (1) |                            |
| aripiprazole oral solution 1 mg/ml   | \$0 (1) | QL (900 ML per 30 days)    |
| aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg,<br>30 mg, 5 mg                 | \$0 (1) | QL (30 EA per 30 days)     |
| aripiprazole oral tablet,disintegrating 10 mg, 15 mg                               | \$0 (1) | QL (60 EA per 30 days)     |
| ARISTADA INITIO INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 675 MG/2.4<br>ML   | \$0 (1) | QL (4.8 ML per 365 days)   |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9<br>ML        | \$0 (1) | QL (3.9 ML per 56 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 441 MG/1.6<br>ML          | \$0 (1) | QL (1.6 ML per 28 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 662 MG/2.4<br>ML          | \$0 (1) | QL (2.4 ML per 28 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 882 MG/3.2<br>ML          | \$0 (1) | QL (3.2 ML per 28 days)    |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg                                     | \$0 (1) | PA; QL (30 EA per 30 days) |
| armodafinil oral tablet 50 mg  | \$0 (1) | PA; QL (60 EA per 30 days) |
| asenapine maleate sublingual tablet 10 mg, 2.5 mg,<br>5 mg                         | \$0 (1) | QL (60 EA per 30 days)     |
| atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40<br>mg                             | \$0 (1) | QL (60 EA per 30 days)     |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| atomoxetine oral capsule 100 mg, 60 mg, 80 mg                            | \$0 (1)                    | QL (30 EA per 30 days)           |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG                      | \$0 (1)                    | ST; QL (60 EA per 30 days)       |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                           | \$0 (1)                    | QL (30 EA per 30 days)           |
| bupropion hcl oral tablet 100 mg, 75 mg                                  | \$0 (1)                    |                                  |
| bupropion hcl oral tablet extended release 24 hr 150 mg                  | \$0 (1)                    | QL (90 EA per 30 days)           |
| bupropion hcl oral tablet extended release 24 hr 300 mg                  | \$0 (1)                    | QL (30 EA per 30 days)           |
| bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg | \$0 (1)                    | QL (60 EA per 30 days)           |
| buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg                  | \$0 (1)                    |                                  |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                               | \$0 (1)                    | QL (30 EA per 30 days)           |
| chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml                      | \$0 (1)                    |                                  |
| chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg           | \$0 (1)                    |                                  |
| citalopram oral solution 10 mg/5 ml                                      | \$0 (1)                    |                                  |
| citalopram oral tablet 10 mg, 20 mg, 40 mg                               | \$0 (1)                    |                                  |
| clomipramine oral capsule 25 mg, 50 mg, 75 mg                            | \$0 (1)                    | PA-NS                            |
| clorazepate dipotassium oral tablet 15 mg                                | \$0 (1)                    | PA-NS; QL (180 EA per 30 days)   |
| clorazepate dipotassium oral tablet 3.75 mg                              | \$0 (1)                    | PA-NS; QL (90 EA per 30 days)    |
| clorazepate dipotassium oral tablet 7.5 mg                               | \$0 (1)                    | PA-NS; QL (360 EA per 30 days)   |
| clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg                       | \$0 (1)                    |                                  |
| clozapine oral tablet,disintegrating 100 mg                              | \$0 (1)                    | QL (270 EA per 30 days)          |
| clozapine oral tablet,disintegrating 12.5 mg, 25 mg                      | \$0 (1)                    |                                  |
| clozapine oral tablet,disintegrating 150 mg                              | \$0 (1)                    | QL (180 EA per 30 days)          |
| clozapine oral tablet,disintegrating 200 mg                              | \$0 (1)                    | QL (120 EA per 30 days)          |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg                                       | \$0 (1)                    |                                  |
| desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg                         | \$0 (1)                    | QL (30 EA per 30 days)           |
| dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg  | \$0 (1)                    | QL (30 EA per 30 days)           |
| dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg   | \$0 (1)                    | QL (60 EA per 30 days)           |
| dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg                              | \$0 (1)                    | QL (120 EA per 30 days)          |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg  | \$0 (1)                    | QL (180 EA per 30 days)          |
| dextroamphetamine sulfate oral tablet 15 mg  | \$0 (1)                    | QL (120 EA per 30 days)          |
| dextroamphetamine sulfate oral tablet 20 mg  | \$0 (1)                    | QL (90 EA per 30 days)           |
| dextroamphetamine sulfate oral tablet 30 mg  | \$0 (1)                    | QL (60 EA per 30 days)           |
| dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg | \$0 (1)                    | QL (30 EA per 30 days)           |
| dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg                     | \$0 (1)                    | QL (60 EA per 30 days)           |
| dextroamphetamine-amphetamine oral tablet 20 mg  | \$0 (1)                    | QL (90 EA per 30 days)           |
| diazepam intensol oral concentrate 5 mg/ml   | \$0 (1)                    | PA-NS; QL (240 ML per 30 days)   |
| diazepam oral solution 5 mg/5 ml (1 mg/ml)   | \$0 (1)                    | PA-NS; QL (1200 ML per 30 days)  |
| diazepam oral tablet 10 mg, 2 mg, 5 mg   | \$0 (1)                    | PA-NS; QL (120 EA per 30 days)   |
| doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg  | \$0 (1)                    |                                  |
| doxepin oral concentrate 10 mg/ml  | \$0 (1)                    |                                  |
| doxepin oral tablet 3 mg, 6 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG                          | \$0 (1)                    |                                  |

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg                         | \$0 (1)                    | QL (60 EA per 30 days)           |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                               | \$0 (1)                    | QL (30 EA per 30 days); ^        |
| escitalopram oxalate oral solution 5 mg/5 ml  | \$0 (1)                    |                                  |
| escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg   | \$0 (1)                    |                                  |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                                     | \$0 (1)                    | ST; QL (60 EA per 30 days); ^    |
| FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)   | \$0 (1)                    | ST; QL (8 EA per 180 days)       |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)                                 | \$0 (1)                    | QL (28 EA per 180 days)          |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                           | \$0 (1)                    | QL (30 EA per 30 days)           |
| fluoxetine oral capsule 10 mg, 20 mg, 40 mg   | \$0 (1)                    |                                  |
| fluoxetine oral solution 20 mg/5 ml (4 mg/ml)   | \$0 (1)                    |                                  |
| fluphenazine decanoate injection solution 25 mg/ml  | \$0 (1)                    |                                  |
| fluphenazine hcl injection solution 2.5 mg/ml   | \$0 (1)                    |                                  |
| fluphenazine hcl oral concentrate 5 mg/ml   | \$0 (1)                    |                                  |
| fluphenazine hcl oral elixir 2.5 mg/5 ml  | \$0 (1)                    |                                  |
| fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg  | \$0 (1)                    |                                  |
| fluvoxamine oral tablet 100 mg, 25 mg, 50 mg  | \$0 (1)                    |                                  |
| guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg                                    | \$0 (1)                    | QL (30 EA per 30 days)           |
| guanfacine oral tablet extended release 24 hr 3 mg  | \$0 (1)                    | QL (60 EA per 30 days)           |
| haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml) | \$0 (1)                    |                                  |
| haloperidol lactate injection solution 5 mg/ml  | \$0 (1)                    |                                  |
| haloperidol lactate oral concentrate 2 mg/ml  | \$0 (1)                    |                                  |

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| <b>Igoa o le Vailaau</b>                                       | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg | \$0 (1)                    |                                  |
| imipramine hcl oral tablet 10 mg, 25 mg, 50 mg                 | \$0 (1)                    |                                  |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML           | \$0 (1)                    | QL (3.5 ML per 180 days)         |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML             | \$0 (1)                    | QL (5 ML per 180 days)           |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML           | \$0 (1)                    | QL (0.75 ML per 28 days)         |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML                | \$0 (1)                    | QL (1 ML per 28 days)            |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML            | \$0 (1)                    | QL (1.5 ML per 28 days)          |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML            | \$0 (1)                    | QL (0.25 ML per 28 days)         |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML             | \$0 (1)                    | QL (0.5 ML per 28 days)          |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML             | \$0 (1)                    | QL (0.88 ML per 90 days)         |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML             | \$0 (1)                    | QL (1.32 ML per 90 days)         |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML             | \$0 (1)                    | QL (1.75 ML per 90 days)         |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML             | \$0 (1)                    | QL (2.63 ML per 90 days)         |
| lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg              | \$0 (1)                    | QL (60 EA per 30 days)           |
| lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg       | \$0 (1)                    | QL (30 EA per 30 days)           |
| lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg      | \$0 (1)                    | QL (60 EA per 30 days)           |
| lisdexamfetamine oral tablet,chewable 40 mg, 50 mg, 60 mg      | \$0 (1)                    | QL (30 EA per 30 days)           |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| lithium carbonate oral capsule 150 mg, 300 mg, 600 mg  | \$0 (1)                    |                                  |
| lithium carbonate oral tablet 300 mg   | \$0 (1)                    |                                  |
| lithium carbonate oral tablet extended release 300 mg, 450 mg  | \$0 (1)                    |                                  |
| lithium citrate oral solution 8 meq/5 ml   | \$0 (1)                    |                                  |
| lorazepam intensol oral concentrate 2 mg/ml  | \$0 (1)                    | QL (150 ML per 30 days)          |
| lorazepam oral tablet 0.5 mg, 1 mg, 2 mg   | \$0 (1)                    | QL (150 EA per 30 days)          |
| loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg  | \$0 (1)                    |                                  |
| lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| lurasidone oral tablet 80 mg   | \$0 (1)                    | QL (60 EA per 30 days)           |
| MARPLAN ORAL TABLET 10 MG  | \$0 (1)                    |                                  |
| methylphenidate hcl oral solution 10 mg/5 ml   | \$0 (1)                    | QL (900 ML per 30 days)          |
| methylphenidate hcl oral solution 5 mg/5 ml  | \$0 (1)                    | QL (1800 ML per 30 days)         |
| methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg   | \$0 (1)                    | QL (90 EA per 30 days)           |
| methylphenidate hcl oral tablet extended release 10 mg, 20 mg  | \$0 (1)                    | QL (90 EA per 30 days)           |
| methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating) | \$0 (1)                    | QL (30 EA per 30 days)           |
| methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg  | \$0 (1)                    | QL (180 EA per 30 days)          |
| mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg  | \$0 (1)                    |                                  |
| mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg  | \$0 (1)                    |                                  |
| modafinil oral tablet 100 mg   | \$0 (1)                    | PA; QL (30 EA per 30 days)       |
| modafinil oral tablet 200 mg   | \$0 (1)                    | PA; QL (60 EA per 30 days)       |
| molindone oral tablet 10 mg, 25 mg, 5 mg   | \$0 (1)                    |                                  |

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>        |
|---|----------------------------|---|
| nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg              | \$0 (1)                    |   |
| nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg                     | \$0 (1)                    |   |
| nortriptyline oral solution 10 mg/5 ml                                    | \$0 (1)                    |   |
| NUPLAZID ORAL CAPSULE 34 MG   | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days);<br>^ |
| NUPLAZID ORAL TABLET 10 MG  | \$0 (1)                    | PA-NS; LA; QL (30 EA per 30 days);<br>^ |
| olanzapine intramuscular recon soln 10 mg                                 | \$0 (1)                    | QL (3 EA per 1 day)                     |
| olanzapine oral tablet 10 mg, 2.5 mg, 5 mg                                | \$0 (1)                    | QL (60 EA per 30 days)                  |
| olanzapine oral tablet 15 mg, 20 mg, 7.5 mg                               | \$0 (1)                    | QL (30 EA per 30 days)                  |
| olanzapine oral tablet,disintegrating 10 mg                               | \$0 (1)                    | QL (60 EA per 30 days)                  |
| olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg                  | \$0 (1)                    | QL (30 EA per 30 days)                  |
| paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg         | \$0 (1)                    | QL (30 EA per 30 days)                  |
| paliperidone oral tablet extended release 24hr 6 mg                       | \$0 (1)                    | QL (60 EA per 30 days)                  |
| paroxetine hcl oral suspension 10 mg/5 ml                                 | \$0 (1)                    | QL (900 ML per 30 days)                 |
| paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg                            | \$0 (1)                    | QL (30 EA per 30 days)                  |
| paroxetine hcl oral tablet 30 mg  | \$0 (1)                    | QL (60 EA per 30 days)                  |
| paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg | \$0 (1)                    | QL (60 EA per 30 days)                  |
| perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg                          | \$0 (1)                    |   |
| phenelzine oral tablet 15 mg  | \$0 (1)                    |   |
| pimozide oral tablet 1 mg, 2 mg   | \$0 (1)                    |   |
| protriptyline oral tablet 10 mg, 5 mg                                     | \$0 (1)                    |   |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg       | \$0 (1)                    |   |
| QUETIAPINE ORAL TABLET 150 MG   | \$0 (1)                    |   |

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|   |         |                                    |
|---|---------|------------------------------------|
| quetiapine oral tablet extended release 24 hr 150 mg, 200 mg  | \$0 (1) | QL (30 EA per 30 days)             |
| quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg   | \$0 (1) | QL (60 EA per 30 days)             |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG   | \$0 (1) | QL (30 EA per 30 days); ^          |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | \$0 (1) | QL (2 EA per 28 days)              |
| risperidone oral solution 1 mg/ml   | \$0 (1) |                                    |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg   | \$0 (1) |                                    |
| risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg  | \$0 (1) | QL (90 EA per 30 days)             |
| risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg   | \$0 (1) | QL (60 EA per 30 days)             |
| risperidone oral tablet,disintegrating 4 mg   | \$0 (1) | QL (120 EA per 30 days)            |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR                                | \$0 (1) | QL (30 EA per 30 days)             |
| sertraline oral concentrate 20 mg/ml  | \$0 (1) |                                    |
| sertraline oral tablet 100 mg, 25 mg, 50 mg   | \$0 (1) |                                    |
| SODIUM OXYBATE ORAL SOLUTION 500 MG/ML  | \$0 (1) | PA; LA; QL (540 ML per 30 days); ^ |
| temazepam oral capsule 15 mg  | \$0 (1) | PA; QL (60 EA per 30 days)         |
| temazepam oral capsule 30 mg, 7.5 mg  | \$0 (1) | PA; QL (30 EA per 30 days)         |
| thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg  | \$0 (1) |                                    |
| thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg  | \$0 (1) |                                    |
| tranylcypramine oral tablet 10 mg   | \$0 (1) |                                    |
| trazodone oral tablet 100 mg, 150 mg, 50 mg   | \$0 (1) |                                    |
| trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg   | \$0 (1) |                                    |
| trimipramine oral capsule 100 mg, 25 mg, 50 mg  | \$0 (1) |                                    |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG   | \$0 (1) | QL (30 EA per 30 days)             |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>  |
|--|----------------------------|-----------------------------------|
| venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg  | \$0 (1)                    |                                   |
| venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg   | \$0 (1)                    |                                   |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML   | \$0 (1)                    | PA-NS; QL (600 ML per 30 days); ^ |
| vilazodone oral tablet 10 mg, 20 mg, 40 mg   | \$0 (1)                    | QL (30 EA per 30 days)            |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG  | \$0 (1)                    | QL (30 EA per 30 days); ^         |
| ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg  | \$0 (1)                    | QL (60 EA per 30 days)            |
| ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)   | \$0 (1)                    |                                   |
| zolpidem oral tablet 10 mg, 5 mg   | \$0 (1)                    | QL (30 EA per 30 days)            |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG   | \$0 (1)                    | PA-NS; QL (28 EA per 365 days); ^ |
| ZURZUVAE ORAL CAPSULE 30 MG  | \$0 (1)                    | PA-NS; QL (14 EA per 365 days); ^ |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG  | \$0 (1)                    | PA-NS; QL (2 EA per 28 days)      |
| <b>FUALAAU TOGAFITIA AI LE PARKINSON</b>   |                            |                                   |
| benztropine oral tablet 0.5 mg, 1 mg, 2 mg   | \$0 (1)                    | PA                                |
| bromocriptine oral capsule 5 mg  | \$0 (1)                    |                                   |
| bromocriptine oral tablet 2.5 mg   | \$0 (1)                    |                                   |
| carbidopa oral tablet 25 mg  | \$0 (1)                    |                                   |
| carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg   | \$0 (1)                    |                                   |
| carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg   | \$0 (1)                    |                                   |
| carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg  | \$0 (1)                    |                                   |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | \$0 (1)                    |                                   |
| entacapone oral tablet 200 mg  | \$0 (1)                    |                                   |

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|---|----------------------------|----------------------------------|
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | \$0 (1)                    |                                  |
| pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg  | \$0 (1)                    |                                  |
| pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg                             | \$0 (1)                    |                                  |
| rasagiline oral tablet 0.5 mg, 1 mg   | \$0 (1)                    |                                  |
| ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg  | \$0 (1)                    |                                  |
| ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg   | \$0 (1)                    |                                  |
| selegiline hcl oral capsule 5 mg  | \$0 (1)                    |                                  |
| selegiline hcl oral tablet 5 mg   | \$0 (1)                    |                                  |
| trihexyphenidyl oral tablet 2 mg, 5 mg  | \$0 (1)                    | PA                               |
| <b>NARCOTIC ANALGESICS</b>  |                            |                                  |
| acetaminophen-codeine oral solution 120-12 mg/5 ml  | \$0 (1)                    | QL (2700 ML per 30 days)         |
| acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg  | \$0 (1)                    | QL (360 EA per 30 days)          |
| acetaminophen-codeine oral tablet 300-60 mg   | \$0 (1)                    | QL (180 EA per 30 days)          |
| buprenorphine hcl sublingual tablet 2 mg, 8 mg  | \$0 (1)                    | PA; QL (90 EA per 30 days)       |
| endocet oral tablet 10-325 mg   | \$0 (1)                    | QL (180 EA per 30 days)          |
| endocet oral tablet 2.5-325 mg, 5-325 mg  | \$0 (1)                    | QL (360 EA per 30 days)          |
| endocet oral tablet 7.5-325 mg  | \$0 (1)                    | QL (240 EA per 30 days)          |
| fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg                         | \$0 (1)                    | PA; QL (120 EA per 30 days); ^   |
| fentanyl citrate buccal lozenge on a handle 200 mcg   | \$0 (1)                    | PA; QL (120 EA per 30 days)      |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr                           | \$0 (1)                    | PA; QL (10 EA per 30 days)       |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml  | \$0 (1)                    | QL (2700 ML per 30 days)         |

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|   |         |                             |
|---|---------|-----------------------------|
| hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg               | \$0 (1) | QL (180 EA per 30 days)     |
| hydrocodone-acetaminophen oral tablet 5-325 mg                            | \$0 (1) | QL (240 EA per 30 days)     |
| hydrocodone-ibuprofen oral tablet 7.5-200 mg                              | \$0 (1) | QL (150 EA per 30 days)     |
| hydromorphone oral liquid 1 mg/ml   | \$0 (1) | QL (600 ML per 30 days)     |
| hydromorphone oral tablet 2 mg, 4 mg, 8 mg                                | \$0 (1) | QL (180 EA per 30 days)     |
| methadone oral solution 10 mg/5 ml, 5 mg/5 ml                             | \$0 (1) | PA; QL (450 ML per 30 days) |
| methadone oral tablet 10 mg, 5 mg   | \$0 (1) | PA; QL (90 EA per 30 days)  |
| morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)                 | \$0 (1) | QL (180 ML per 30 days)     |
| morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)                   | \$0 (1) | QL (900 ML per 30 days)     |
| morphine oral tablet 15 mg, 30 mg   | \$0 (1) | QL (180 EA per 30 days)     |
| morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg | \$0 (1) | PA; QL (90 EA per 30 days)  |
| oxycodone oral capsule 5 mg   | \$0 (1) | QL (180 EA per 30 days)     |
| oxycodone oral concentrate 20 mg/ml                                       | \$0 (1) | QL (180 ML per 30 days)     |
| oxycodone oral solution 5 mg/5 ml   | \$0 (1) | QL (900 ML per 30 days)     |
| oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg                    | \$0 (1) | QL (180 EA per 30 days)     |
| oxycodone-acetaminophen oral tablet 10-325 mg                             | \$0 (1) | QL (180 EA per 30 days)     |
| oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg                  | \$0 (1) | QL (360 EA per 30 days)     |
| oxycodone-acetaminophen oral tablet 7.5-325 mg                            | \$0 (1) | QL (240 EA per 30 days)     |
| <b>NON-NARCOTIC ANALGESICS</b>  |         |                             |
| buprenorphine-naloxone sublingual film 12-3 mg                            | \$0 (1) | QL (60 EA per 30 days)      |
| buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg           | \$0 (1) | QL (90 EA per 30 days)      |
| buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg                 | \$0 (1) | QL (90 EA per 30 days)      |
| celecoxib oral capsule 100 mg, 200 mg, 50 mg                              | \$0 (1) | QL (60 EA per 30 days)      |

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|--|----------------------------|----------------------------------|
| celecoxib oral capsule 400 mg  | \$0 (1)                    | QL (30 EA per 30 days)           |
| diclofenac potassium oral tablet 50 mg   | \$0 (1)                    |                                  |
| diclofenac sodium oral tablet extended release 24 hr 100 mg                                | \$0 (1)                    |                                  |
| diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg                 | \$0 (1)                    |                                  |
| diclofenac sodium topical gel 1 %  | \$0 (1)                    | QL (1000 GM per 28 days)         |
| diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)         | \$0 (1)                    | QL (224 GM per 28 days)          |
| diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg | \$0 (1)                    |                                  |
| diflunisal oral tablet 500 mg  | \$0 (1)                    |                                  |
| etodolac oral capsule 200 mg, 300 mg   | \$0 (1)                    |                                  |
| etodolac oral tablet 400 mg, 500 mg  | \$0 (1)                    |                                  |
| etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg                         | \$0 (1)                    |                                  |
| flurbiprofen oral tablet 100 mg  | \$0 (1)                    |                                  |
| ibu oral tablet 600 mg, 800 mg   | \$0 (1)                    |                                  |
| ibuprofen oral suspension 100 mg/5 ml  | \$0 (1)                    |                                  |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg   | \$0 (1)                    |                                  |
| meloxicam oral tablet 15 mg  | \$0 (1)                    | QL (30 EA per 30 days)           |
| meloxicam oral tablet 7.5 mg   | \$0 (1)                    |                                  |
| nabumetone oral tablet 500 mg, 750 mg  | \$0 (1)                    |                                  |
| naloxone injection solution 0.4 mg/ml  | \$0 (1)                    |                                  |
| naloxone injection syringe 0.4 mg/ml, 1 mg/ml  | \$0 (1)                    |                                  |
| naloxone nasal spray, non-aerosol 4 mg/actuation   | \$0 (1)                    |                                  |
| naltrexone oral tablet 50 mg   | \$0 (1)                    |                                  |
| naproxen oral tablet 250 mg, 375 mg, 500 mg  | \$0 (1)                    |                                  |
| naproxen oral tablet, delayed release (dr/ec) 375 mg                                       | \$0 (1)                    | QL (120 EA per 30 days)          |
| naproxen sodium oral tablet 275 mg, 550 mg   | \$0 (1)                    |                                  |
| oxaprozin oral tablet 600 mg   | \$0 (1)                    |                                  |

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|--|----------------------------|------------------------------------|
| piroxicam oral capsule 10 mg, 20 mg  | \$0 (1)                    |                                    |
| sulindac oral tablet 150 mg, 200 mg  | \$0 (1)                    |                                    |
| tramadol oral tablet 50 mg   | \$0 (1)                    | QL (240 EA per 30 days)            |
| tramadol-acetaminophen oral tablet 37.5-325 mg   | \$0 (1)                    | QL (240 EA per 30 days)            |
| VIVITROL INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL RECON 380 MG   | \$0 (1)                    |                                    |
| <b>TOGAFITI AI AUGA FESOOTA'I MA MASO O LE TINO</b>  |                            |                                    |
| baclofen oral tablet 10 mg, 20 mg  | \$0 (1)                    |                                    |
| cyclobenzaprine oral tablet 10 mg, 5 mg  | \$0 (1)                    | PA                                 |
| dantrolene oral capsule 100 mg, 25 mg, 50 mg   | \$0 (1)                    |                                    |
| pyridostigmine bromide oral tablet 60 mg   | \$0 (1)                    |                                    |
| tizanidine oral tablet 2 mg, 4 mg  | \$0 (1)                    |                                    |
| <b>TOGAFITIGA I VAEGA O LE TINO E PEI O LE FAIAI</b>   |                            |                                    |
| AUSTEDO ORAL TABLET 12 MG, 9 MG  | \$0 (1)                    | PA; LA; QL (120 EA per 30 days); ^ |
| AUSTEDO ORAL TABLET 6 MG   | \$0 (1)                    | PA; LA; QL (60 EA per 30 days); ^  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24<br>HR 12 MG   | \$0 (1)                    | PA; QL (120 EA per 30 days); ^     |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24<br>HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG                       | \$0 (1)                    | PA; QL (30 EA per 30 days); ^      |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24<br>HR 24 MG   | \$0 (1)                    | PA; QL (60 EA per 30 days); ^      |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24<br>HR 6 MG  | \$0 (1)                    | PA; QL (90 EA per 30 days); ^      |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET,<br>EXT REL 24HR DOSE PACK 12-18-24-30 MG                     | \$0 (1)                    | PA; QL (28 EA per 180 days); ^     |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET,<br>EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24<br>MG (14) | \$0 (1)                    | PA; QL (42 EA per 28 days); ^      |
| dalfampridine oral tablet extended release 12 hr 10<br>mg  | \$0 (1)                    | PA; QL (60 EA per 30 days)         |

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|---|----------------------------|----------------------------------|
| dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg                   | \$0 (1)                    | PA; QL (14 EA per 7 days); ^     |
| dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46) | \$0 (1)                    | PA; QL (120 EA per 180 days); ^  |
| dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg                   | \$0 (1)                    | PA; QL (60 EA per 30 days); ^    |
| donepezil oral tablet 10 mg, 5 mg   | \$0 (1)                    |                                  |
| donepezil oral tablet 23 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| donepezil oral tablet, disintegrating 10 mg, 5 mg                               | \$0 (1)                    |                                  |
| fingolimod oral capsule 0.5 mg  | \$0 (1)                    | PA; QL (30 EA per 30 days); ^    |
| galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg             | \$0 (1)                    | QL (30 EA per 30 days)           |
| galantamine oral solution 4 mg/ml   | \$0 (1)                    |                                  |
| galantamine oral tablet 12 mg, 4 mg, 8 mg                                       | \$0 (1)                    | QL (60 EA per 30 days)           |
| glatiramer subcutaneous syringe 20 mg/ml  | \$0 (1)                    | PA; QL (30 ML per 30 days); ^    |
| glatiramer subcutaneous syringe 40 mg/ml  | \$0 (1)                    | PA; QL (12 ML per 28 days); ^    |
| glatopa subcutaneous syringe 20 mg/ml   | \$0 (1)                    | PA; QL (30 ML per 30 days); ^    |
| glatopa subcutaneous syringe 40 mg/ml   | \$0 (1)                    | PA; QL (12 ML per 28 days); ^    |
| memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg             | \$0 (1)                    | PA                               |
| memantine oral solution 2 mg/ml   | \$0 (1)                    | PA                               |
| memantine oral tablet 10 mg, 5 mg   | \$0 (1)                    | PA                               |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG              | \$0 (1)                    |                                  |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG  | \$0 (1)                    |                                  |
| NUDEXTA ORAL CAPSULE 20-10 MG   | \$0 (1)                    | PA; QL (60 EA per 30 days); ^    |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML                       | \$0 (1)                    | PA; ^                            |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg                   | \$0 (1)                    | QL (60 EA per 30 days)           |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina o le Vailaau</b> |
|--|----------------------------|---|
| rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour | \$0 (1)                    | QL (30 EA per 30 days)                        |
| teriflunomide oral tablet 14 mg, 7 mg  | \$0 (1)                    | PA; QL (30 EA per 30 days); ^                 |
| tetrabenazine oral tablet 12.5 mg  | \$0 (1)                    | PA; QL (90 EA per 30 days); ^                 |
| tetrabenazine oral tablet 25 mg  | \$0 (1)                    | PA; QL (120 EA per 30 days); ^                |
| <b>TOGAFITIGA O LE ULU TIGA PITO TASI</b>  |                            |   |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML                    | \$0 (1)                    | PA; QL (1 ML per 30 days)                     |
| dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)                   | \$0 (1)                    | PA; QL (8 ML per 28 days)                     |
| ergotamine-caffeine oral tablet 1-100 mg   | \$0 (1)                    | QL (40 EA per 28 days)                        |
| naratriptan oral tablet 1 mg, 2.5 mg   | \$0 (1)                    | QL (18 EA per 28 days)                        |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG  | \$0 (1)                    | PA; QL (16 EA per 30 days); ^                 |
| rizatriptan oral tablet 10 mg, 5 mg  | \$0 (1)                    | QL (18 EA per 30 days)                        |
| rizatriptan oral tablet,disintegrating 10 mg, 5 mg                                     | \$0 (1)                    | QL (18 EA per 30 days)                        |
| sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation                    | \$0 (1)                    | QL (18 EA per 28 days)                        |
| sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg                                 | \$0 (1)                    | QL (18 EA per 28 days)                        |
| sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml                               | \$0 (1)                    | QL (8 ML per 28 days)                         |
| sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml               | \$0 (1)                    | QL (8 ML per 28 days)                         |
| sumatriptan succinate subcutaneous solution 6 mg/0.5 ml                                | \$0 (1)                    | QL (8 ML per 28 days)                         |
| zolmitriptan oral tablet 2.5 mg, 5 mg  | \$0 (1)                    | QL (18 EA per 28 days)                        |
| zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg                                   | \$0 (1)                    | QL (18 EA per 28 days)                        |
| <b>FUALAAU O LE TALIGA, ISU / FA'AI</b>  |                            |   |
| <b>OLOA TAU FUALAAU PUIPUIA AI MAI FAAMA'I</b>   |                            |   |
| azelastine nasal spray,non-aerosol 137 mcg (0.1 %)                                     | \$0 (1)                    | QL (60 ML per 30 days)                        |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| chlorhexidine gluconate mucous membrane mouthwash 0.12 %                       | \$0 (1)                    |                                  |
| ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)                    | \$0 (1)                    | QL (30 ML per 30 days)           |
| ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)                    | \$0 (1)                    | QL (45 ML per 30 days)           |
| kourzeq dental paste 0.1 %   | \$0 (1)                    |                                  |
| olopatadine nasal spray,non-aerosol 0.6 %                                      | \$0 (1)                    |                                  |
| periogard mucous membrane mouthwash 0.12 %                                     | \$0 (1)                    |                                  |
| triamcinolone acetonide dental paste 0.1 %                                     | \$0 (1)                    |                                  |
| <b>OTIC STEROID / SELA FAASAGATAU</b>  |                            |                                  |
| ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %              | \$0 (1)                    | QL (7.5 ML per 7 days)           |
| neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-% | \$0 (1)                    |                                  |
| neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%         | \$0 (1)                    |                                  |
| <b>SAUNIUNIGA O FUALAAU MO LE TALIGA</b>                                       |                            |                                  |
| acetic acid otic (ear) solution 2 %  | \$0 (1)                    |                                  |
| flac otic oil otic (ear) drops 0.01 %  | \$0 (1)                    |                                  |
| fluocinolone acetonide oil otic (ear) drops 0.01 %                             | \$0 (1)                    |                                  |
| ofloxacin otic (ear) drops 0.3 %   | \$0 (1)                    |                                  |
| <b>GASTROENTEROLOGY</b>  |                            |                                  |
| <b>FUALAAU TOGAFITIA AI MANAVATATA/MASO</b>                                    |                            |                                  |
| dicyclomine oral capsule 10 mg   | \$0 (1)                    |                                  |
| dicyclomine oral solution 10 mg/5 ml   | \$0 (1)                    |                                  |
| dicyclomine oral tablet 20 mg  | \$0 (1)                    |                                  |
| diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml                           | \$0 (1)                    |                                  |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg                                | \$0 (1)                    |                                  |
| glycopyrrolate oral tablet 1 mg, 2 mg  | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

| Igoa o le Vailaau   | Vasega o le Vailaau | Faamalosiga/Faatapulaaina     |
|---|---------------------|-------------------------------|
| loperamide oral capsule 2 mg  | \$0 (1)             |                               |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>  |                     |                               |
| alosetron oral tablet 0.5 mg  | \$0 (1)             | PA; QL (60 EA per 30 days)    |
| alosetron oral tablet 1 mg  | \$0 (1)             | PA; QL (60 EA per 30 days); ^ |
| aprepitant oral capsule 125 mg, 40 mg, 80 mg  | \$0 (1)             | B/D                           |
| aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)   | \$0 (1)             | B/D                           |
| balsalazide oral capsule 750 mg   | \$0 (1)             |                               |
| betaine oral powder 1 gram/scoop  | \$0 (1)             | LA; ^                         |
| budesonide oral capsule,delayed,extend.release 3 mg   | \$0 (1)             |                               |
| budesonide oral tablet,delayed and ext.release 9 mg   | \$0 (1)             | PA; QL (30 EA per 30 days); ^ |
| compro rectal suppository 25 mg   | \$0 (1)             |                               |
| constulose oral solution 10 gram/15 ml  | \$0 (1)             |                               |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT | \$0 (1)             |                               |
| cromolyn oral concentrate 100 mg/5 ml   | \$0 (1)             |                               |
| dronabinol oral capsule 10 mg, 2.5 mg, 5 mg   | \$0 (1)             | B/D; QL (60 EA per 30 days)   |
| enulose oral solution 10 gram/15 ml   | \$0 (1)             |                               |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG  | \$0 (1)             | PA; LA; ^                     |
| gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram  | \$0 (1)             |                               |
| gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram  | \$0 (1)             |                               |
| generlac oral solution 10 gram/15 ml  | \$0 (1)             |                               |
| granisetron hcl oral tablet 1 mg  | \$0 (1)             | B/D                           |
| hydrocortisone rectal enema 100 mg/60 ml  | \$0 (1)             |                               |
| hydrocortisone topical cream with perineal applicator 2.5 %   | \$0 (1)             |                               |
| lactulose oral solution 10 gram/15 ml   | \$0 (1)             |                               |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina 10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>  |
|---|----------------------------|-----------------------------------|
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                   | \$0 (1)                    | QL (30 EA per 30 days)            |
| lubiprostone oral capsule 24 mcg, 8 mcg                         | \$0 (1)                    | QL (60 EA per 30 days)            |
| meclizine oral tablet 12.5 mg, 25 mg                            | \$0 (1)                    |                                   |
| mesalamine oral capsule (with del rel tablets) 400 mg           | \$0 (1)                    |                                   |
| mesalamine oral capsule,extended release 24hr 0.375 gram        | \$0 (1)                    |                                   |
| mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg | \$0 (1)                    |                                   |
| mesalamine rectal enema 4 gram/60 ml                            | \$0 (1)                    |                                   |
| mesalamine rectal suppository 1,000 mg                          | \$0 (1)                    |                                   |
| metoclopramide hcl oral solution 5 mg/5 ml                      | \$0 (1)                    |                                   |
| metoclopramide hcl oral tablet 10 mg, 5 mg                      | \$0 (1)                    |                                   |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                             | \$0 (1)                    | QL (30 EA per 30 days)            |
| nitroglycerin rectal ointment 0.4 % (w/w)                       | \$0 (1)                    | QL (30 GM per 30 days)            |
| OICALIVA ORAL TABLET 10 MG, 5 MG                                | \$0 (1)                    | PA; LA; QL (30 EA per 30 days); ^ |
| ondansetron hcl oral solution 4 mg/5 ml                         | \$0 (1)                    |                                   |
| ondansetron hcl oral tablet 4 mg, 8 mg                          | \$0 (1)                    |                                   |
| ondansetron oral tablet,disintegrating 4 mg, 8 mg               | \$0 (1)                    |                                   |
| peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram | \$0 (1)                    |                                   |
| peg-electrolyte soln oral recon soln 420 gram                   | \$0 (1)                    |                                   |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM         | \$0 (1)                    |                                   |
| prochlorperazine maleate oral tablet 10 mg, 5 mg                | \$0 (1)                    |                                   |
| prochlorperazine rectal suppository 25 mg                       | \$0 (1)                    |                                   |
| procto-med hc topical cream with perineal applicator 2.5 %      | \$0 (1)                    |                                   |
| proctosol hc topical cream with perineal applicator 2.5 %       | \$0 (1)                    |                                   |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| proctozone-hc topical cream with perineal applicator 2.5 %  | \$0 (1)                    |                                  |
| RECTIV RECTAL OINTMENT 0.4 % (W/W)  | \$0 (1)                    | QL (30 GM per 30 days)           |
| scopolamine base transdermal patch 3 day 1 mg over 3 days   | \$0 (1)                    | PA; QL (10 EA per 30 days)       |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)  | \$0 (1)                    | PA; QL (1.2 ML per 56 days); ^   |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)  | \$0 (1)                    | PA; QL (2.4 ML per 56 days); ^   |
| sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)   | \$0 (1)                    |                                  |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML   | \$0 (1)                    | PA; ^                            |
| sulfasalazine oral tablet 500 mg  | \$0 (1)                    |                                  |
| sulfasalazine oral tablet,delayed release (dr/ec) 500 mg  | \$0 (1)                    |                                  |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM  | \$0 (1)                    |                                  |
| TRULANCE ORAL TABLET 3 MG   | \$0 (1)                    | QL (30 EA per 30 days)           |
| ursodiol oral capsule 300 mg  | \$0 (1)                    |                                  |
| ursodiol oral tablet 250 mg, 500 mg   | \$0 (1)                    |                                  |
| VOWST ORAL CAPSULE  | \$0 (1)                    | PA; LA; ^                        |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | \$0 (1)                    |                                  |
| <b>TOGAFITIGA O LE ULCER</b>  |                            |                                  |
| dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg  | \$0 (1)                    | QL (30 EA per 30 days)           |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg   | \$0 (1)                    | QL (60 EA per 30 days)           |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)   | \$0 (1)                    |                                  |
| famotidine oral tablet 20 mg, 40 mg                                  | \$0 (1)                    |                                  |
| lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg      | \$0 (1)                    | QL (60 EA per 30 days)           |
| misoprostol oral tablet 100 mcg, 200 mcg                             | \$0 (1)                    |                                  |
| nizatidine oral capsule 150 mg, 300 mg                               | \$0 (1)                    |                                  |
| omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg | \$0 (1)                    | QL (60 EA per 30 days)           |
| pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg       | \$0 (1)                    | QL (60 EA per 30 days)           |
| rabeprazole oral tablet, delayed release (dr/ec) 20 mg               | \$0 (1)                    | QL (60 EA per 30 days)           |
| sucralfate oral suspension 100 mg/ml                                 | \$0 (1)                    |                                  |
| sucralfate oral tablet 1 gram  | \$0 (1)                    |                                  |
| <b>MANAVA I TOTONU MA AAFIAGA O LE TINO</b>                          |                            |                                  |
| <b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>                       |                            |                                  |
| cetirizine oral solution 1 mg/ml                                     | \$0 (1)                    |                                  |
| cyproheptadine oral tablet 4 mg                                      | \$0 (1)                    | PA                               |
| desloratadine oral tablet 5 mg                                       | \$0 (1)                    |                                  |
| epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml    | \$0 (1)                    | QL (4 EA per 30 days)            |
| hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg                      | \$0 (1)                    | PA                               |
| hydroxyzine pamoate oral capsule 25 mg, 50 mg                        | \$0 (1)                    | PA                               |
| levocetirizine oral solution 2.5 mg/5 ml                             | \$0 (1)                    |                                  |
| levocetirizine oral tablet 5 mg                                      | \$0 (1)                    |                                  |
| promethazine oral syrup 6.25 mg/5 ml                                 | \$0 (1)                    | PA                               |
| promethazine oral tablet 12.5 mg, 25 mg, 50 mg                       | \$0 (1)                    | PA                               |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau****VAILAAU AAFIA AI LE LEAGA MA LE FULA O LE ALA EA**

|  |         |  |
|--|---------|--|
| acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)   | \$0 (1) | B/D                                      |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG   | \$0 (1) | PA; LA; QL (90 EA per 30 days); ^        |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION                | \$0 (1) | QL (12 GM per 30 days)                   |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation  | \$0 (1) | 8.5 gm inhaler; QL (17 GM per 30 days)   |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)  | \$0 (1) | 6.7 gm inhaler; QL (13.4 GM per 30 days) |
| albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml | \$0 (1) | B/D                                      |
| albuterol sulfate oral syrup 2 mg/5 ml   | \$0 (1) |  |
| albuterol sulfate oral tablet 2 mg, 4 mg   | \$0 (1) |  |
| alyq oral tablet 20 mg   | \$0 (1) | PA; QL (60 EA per 30 days); ^            |
| ambrisentan oral tablet 10 mg, 5 mg  | \$0 (1) | PA; LA; QL (30 EA per 30 days); ^        |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION   | \$0 (1) | QL (60 EA per 30 days)                   |
| arformoterol inhalation solution for nebulization 15 mcg/2 ml  | \$0 (1) | B/D; QL (120 ML per 30 days)             |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                    | \$0 (1) | QL (30 EA per 30 days)                   |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION   | \$0 (1) | QL (25.8 GM per 30 days)                 |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG  | \$0 (1) | QL (10.7 GM per 30 days)                 |
| bosentan oral tablet 125 mg, 62.5 mg   | \$0 (1) | PA; LA; QL (60 EA per 30 days); ^        |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina o le Vailaau</b>   |
|---|----------------------------|---|
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE                    | \$0 (1)                    | QL (60 EA per 30 days)  |
| breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation                               | \$0 (1)                    | QL (30.9 GM per 30 days)  |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                                       | \$0 (1)                    | Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days) |
| budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml                                     | \$0 (1)                    | B/D   |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION   | \$0 (1)                    | QL (8 GM per 30 days)   |
| cromolyn inhalation solution for nebulization 20 mg/2 ml  | \$0 (1)                    | B/D   |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML   | \$0 (1)                    | PA; LA; QL (1 ML per 28 days); ^  |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML   | \$0 (1)                    | PA; QL (0.5 ML per 28 days); ^  |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML   | \$0 (1)                    | PA; LA; QL (1 ML per 28 days); ^  |
| flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)  | \$0 (1)                    | QL (50 ML per 30 days)  |
| fluticasone propionate nasal spray,suspension 50 mcg/actuation  | \$0 (1)                    | QL (16 GM per 30 days)  |
| fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose | \$0 (1)                    | QL (60 EA per 30 days)  |
| formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml  | \$0 (1)                    | B/D; QL (120 ML per 30 days)  |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT   | \$0 (1)                    | PA; LA; QL (30 EA per 30 days); ^   |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT   | \$0 (1)                    | PA; LA; QL (20 EA per 30 days); ^   |
| icatibant subcutaneous syringe 30 mg/3 ml   | \$0 (1)                    | PA; QL (27 ML per 30 days); ^   |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>   |
|--|----------------------------|------------------------------------|
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION  | \$0 (1)                    | QL (30 EA per 30 days)             |
| ipratropium bromide inhalation solution 0.02 %   | \$0 (1)                    | B/D                                |
| ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml                       | \$0 (1)                    | B/D                                |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG   | \$0 (1)                    | PA; QL (56 EA per 28 days); ^      |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG   | \$0 (1)                    | PA; LA; QL (56 EA per 28 days); ^  |
| KALYDECO ORAL TABLET 150 MG  | \$0 (1)                    | PA; LA; QL (56 EA per 28 days); ^  |
| levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml | \$0 (1)                    | B/D                                |
| mometasone nasal spray,non-aerosol 50 mcg/actuation  | \$0 (1)                    | QL (34 GM per 30 days)             |
| montelukast oral granules in packet 4 mg   | \$0 (1)                    |                                    |
| montelukast oral tablet 10 mg  | \$0 (1)                    |                                    |
| montelukast oral tablet,chewable 4 mg, 5 mg  | \$0 (1)                    |                                    |
| OFEV ORAL CAPSULE 100 MG, 150 MG   | \$0 (1)                    | PA; LA; QL (60 EA per 30 days); ^  |
| OPSUMIT ORAL TABLET 10 MG  | \$0 (1)                    | PA; LA; QL (30 EA per 30 days); ^  |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG   | \$0 (1)                    | PA; LA; QL (56 EA per 28 days); ^  |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG   | \$0 (1)                    | PA; LA; QL (112 EA per 28 days); ^ |
| pirfenidone oral capsule 267 mg  | \$0 (1)                    | PA; QL (270 EA per 30 days); ^     |
| pirfenidone oral tablet 267 mg   | \$0 (1)                    | PA; QL (270 EA per 30 days); ^     |
| pirfenidone oral tablet 801 mg   | \$0 (1)                    | PA; QL (90 EA per 30 days); ^      |
| PULMOZYME INHALATION SOLUTION 1 MG/ML  | \$0 (1)                    | B/D; ^                             |
| roflumilast oral tablet 250 mcg, 500 mcg   | \$0 (1)                    | QL (30 EA per 30 days)             |
| sajazir subcutaneous syringe 30 mg/3 ml  | \$0 (1)                    | PA; LA; QL (27 ML per 30 days); ^  |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE   | \$0 (1)                    | QL (60 EA per 30 days)             |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>                   |
|---|----------------------------|--|
| sildenafil (pulm.hypertension) oral tablet 20 mg  | \$0 (1)                    | PA; generic for Revatio; QL (90 EA per 30 days)    |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)                  | \$0 (1)                    | PA; LA; QL (56 EA per 28 days); ^                  |
| tadalafil (pulm. hypertension) oral tablet 20 mg  | \$0 (1)                    | PA; generic for Adcirca; QL (60 EA per 30 days); ^ |
| terbutaline oral tablet 2.5 mg, 5 mg  | \$0 (1)                    |  |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG                             | \$0 (1)                    |  |
| theophylline oral solution 80 mg/15 ml  | \$0 (1)                    |  |
| theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg                        | \$0 (1)                    |  |
| theophylline oral tablet extended release 24 hr 400 mg, 600 mg  | \$0 (1)                    |  |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG                       | \$0 (1)                    | QL (60 EA per 30 days)                             |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | \$0 (1)                    | PA; QL (56 EA per 28 days); ^                      |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)            | \$0 (1)                    | PA; LA; QL (84 EA per 28 days); ^                  |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION  | \$0 (1)                    | QL (36 GM per 30 days)                             |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML  | \$0 (1)                    | PA; QL (8 ML per 28 days); ^                       |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML  | \$0 (1)                    | PA; QL (1 ML per 28 days); ^                       |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG   | \$0 (1)                    | PA; LA; QL (8 EA per 28 days); ^                   |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML   | \$0 (1)                    | PA; LA; QL (8 ML per 28 days); ^                   |
| XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML   | \$0 (1)                    | PA; QL (8 ML per 28 days); ^                       |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML  | \$0 (1)                    | PA; LA; QL (1 ML per 28 days); ^                   |
| zafirlukast oral tablet 10 mg, 20 mg  | \$0 (1)                    |  |

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina  
o le  
Vailaau****PUIPUIA- FAAMA'I****ERYTHROMYCINS / OTHER MACROLIDES**

|   |         |                           |
|---|---------|---------------------------|
| azithromycin intravenous recon soln 500 mg  | \$0 (1) |                           |
| azithromycin oral packet 1 gram   | \$0 (1) |                           |
| azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml          | \$0 (1) |                           |
| azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg | \$0 (1) |                           |
| clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml        | \$0 (1) |                           |
| clarithromycin oral tablet 250 mg, 500 mg   | \$0 (1) |                           |
| clarithromycin oral tablet extended release 24 hr 500 mg                          | \$0 (1) |                           |
| DIFICID ORAL TABLET 200 MG  | \$0 (1) | QL (20 EA per 10 days); ^ |
| ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg                       | \$0 (1) |                           |
| erythrocin (as stearate) oral tablet 250 mg                                       | \$0 (1) |                           |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG  | \$0 (1) |                           |
| erythromycin oral capsule, delayed release (dr/ec) 250 mg                         | \$0 (1) |                           |
| erythromycin oral tablet 250 mg, 500 mg   | \$0 (1) |                           |
| erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg          | \$0 (1) |                           |
| <b>FUALAAU AVEESE SIAMA (FUNGUS)</b>  |         |                           |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML  | \$0 (1) | B/D                       |
| amphotericin b injection recon soln 50 mg   | \$0 (1) | B/D                       |
| caspofungin intravenous recon soln 50 mg, 70 mg                                   | \$0 (1) |                           |
| clotrimazole mucous membrane troche 10 mg   | \$0 (1) |                           |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG   | \$0 (1) | PA; ^                     |
| fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml  | \$0 (1) |                           |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml      | \$0 (1)                    |                                  |
| fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg                  | \$0 (1)                    |                                  |
| flucytosine oral capsule 250 mg, 500 mg                                | \$0 (1)                    | PA; ^                            |
| griseofulvin microsize oral suspension 125 mg/5 ml                     | \$0 (1)                    |                                  |
| griseofulvin microsize oral tablet 500 mg                              | \$0 (1)                    |                                  |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg                 | \$0 (1)                    |                                  |
| itraconazole oral capsule 100 mg                                       | \$0 (1)                    | PA; QL (120 EA per 30 days)      |
| ketoconazole oral tablet 200 mg  | \$0 (1)                    | PA                               |
| miconazole intravenous recon soln 100 mg, 50 mg                        | \$0 (1)                    |                                  |
| nystatin oral suspension 100,000 unit/ml                               | \$0 (1)                    |                                  |
| nystatin oral tablet 500,000 unit                                      | \$0 (1)                    |                                  |
| posaconazole oral tablet, delayed release (dr/ec) 100 mg               | \$0 (1)                    | PA; QL (96 EA per 30 days); ^    |
| terbinafine hcl oral tablet 250 mg                                     | \$0 (1)                    |                                  |
| voriconazole intravenous recon soln 200 mg                             | \$0 (1)                    | PA; ^                            |
| voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) | \$0 (1)                    | PA; ^                            |
| voriconazole oral tablet 200 mg  | \$0 (1)                    | PA; QL (120 EA per 30 days)      |
| voriconazole oral tablet 50 mg   | \$0 (1)                    | PA; QL (480 EA per 30 days)      |
| <b>FUALAAU MO LE ALA FEAU VAI</b>                                      |                            |                                  |
| methenamine hippurate oral tablet 1 gram                               | \$0 (1)                    |                                  |
| nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg                 | \$0 (1)                    |                                  |
| nitrofurantoin monohyd/m-cryst oral capsule 100 mg                     | \$0 (1)                    |                                  |
| trimethoprim oral tablet 100 mg  | \$0 (1)                    |                                  |
| <b>PENISINI</b>  |                            |                                  |
| amoxicillin oral capsule 250 mg, 500 mg                                | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml                                   | \$0 (1)                    |                                  |
| amoxicillin oral tablet 500 mg, 875 mg  | \$0 (1)                    |                                  |
| amoxicillin oral tablet,chewable 125 mg, 250 mg   | \$0 (1)                    |                                  |
| amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml | \$0 (1)                    |                                  |
| amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg  | \$0 (1)                    |                                  |
| amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg  | \$0 (1)                    |                                  |
| amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg   | \$0 (1)                    |                                  |
| ampicillin oral capsule 500 mg  | \$0 (1)                    |                                  |
| ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg  | \$0 (1)                    |                                  |
| ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram   | \$0 (1)                    |                                  |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML  | \$0 (1)                    |                                  |
| dicloxacillin oral capsule 250 mg, 500 mg   | \$0 (1)                    |                                  |
| nafcillin injection recon soln 1 gram, 2 gram   | \$0 (1)                    |                                  |
| nafcillin injection recon soln 10 gram  | \$0 (1)                    | ^                                |
| oxacillin injection recon soln 1 gram, 10 gram, 2 gram  | \$0 (1)                    |                                  |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML                                       | \$0 (1)                    |                                  |
| penicillin g potassium injection recon soln 20 million unit   | \$0 (1)                    |                                  |
| penicillin g sodium injection recon soln 5 million unit   | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml                           | \$0 (1)                    |                                  |
| penicillin v potassium oral tablet 250 mg, 500 mg   | \$0 (1)                    |                                  |
| piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram | \$0 (1)                    |                                  |
| <b>QUINOLONES</b>   |                            |                                  |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg                                      | \$0 (1)                    |                                  |
| ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml                         | \$0 (1)                    |                                  |
| levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml                    | \$0 (1)                    |                                  |
| levofloxacin oral solution 250 mg/10 ml   | \$0 (1)                    |                                  |
| levofloxacin oral tablet 250 mg, 500 mg, 750 mg   | \$0 (1)                    |                                  |
| moxifloxacin oral tablet 400 mg   | \$0 (1)                    |                                  |
| moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml                        | \$0 (1)                    |                                  |
| <b>SEFALOPORINI</b>   |                            |                                  |
| cefaclor oral capsule 250 mg, 500 mg  | \$0 (1)                    |                                  |
| cefaclor oral suspension for reconstitution 250 mg/5 ml                                   | \$0 (1)                    |                                  |
| cefadroxil oral capsule 500 mg  | \$0 (1)                    |                                  |
| cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml                    | \$0 (1)                    |                                  |
| cefazolin injection recon soln 1 gram, 10 gram, 500 mg                                    | \$0 (1)                    |                                  |
| cefdinir oral capsule 300 mg  | \$0 (1)                    |                                  |
| cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml                      | \$0 (1)                    |                                  |
| cefepime injection recon soln 1 gram, 2 gram  | \$0 (1)                    |                                  |
| cefixime oral capsule 400 mg  | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml     | \$0 (1)                    |                                  |
| cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram                 | \$0 (1)                    |                                  |
| cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml   | \$0 (1)                    |                                  |
| cefpodoxime oral tablet 100 mg, 200 mg                                   | \$0 (1)                    |                                  |
| cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml    | \$0 (1)                    |                                  |
| cefprozil oral tablet 250 mg, 500 mg                                     | \$0 (1)                    |                                  |
| ceftazidime injection recon soln 1 gram, 2 gram, 6 gram                  | \$0 (1)                    |                                  |
| ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg | \$0 (1)                    |                                  |
| cefuroxime axetil oral tablet 250 mg, 500 mg                             | \$0 (1)                    |                                  |
| cefuroxime sodium injection recon soln 750 mg                            | \$0 (1)                    |                                  |
| cefuroxime sodium intravenous recon soln 1.5 gram                        | \$0 (1)                    |                                  |
| cephalexin oral capsule 250 mg, 500 mg                                   | \$0 (1)                    |                                  |
| cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml   | \$0 (1)                    |                                  |
| tazicef injection recon soln 1 gram, 2 gram, 6 gram                      | \$0 (1)                    |                                  |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG                            | \$0 (1)                    | ^                                |
| <b>SULFA'S / FUALAAU TAILAFEAGAI</b>                                     |                            |                                  |
| sulfadiazine oral tablet 500 mg  | \$0 (1)                    |                                  |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml             | \$0 (1)                    |                                  |
| sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg          | \$0 (1)                    |                                  |
| <b>TETASAIKALINI</b>   |                            |                                  |
| demeclocycline oral tablet 150 mg, 300 mg                                | \$0 (1)                    |                                  |

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| <b>Igoa o le Vailaau</b>                                 | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| doxy-100 intravenous recon soln 100 mg                   | \$0 (1)                    |                                  |
| doxycycline hyclate oral capsule 100 mg, 50 mg           | \$0 (1)                    |                                  |
| doxycycline hyclate oral tablet 100 mg, 20 mg            | \$0 (1)                    |                                  |
| doxycycline monohydrate oral capsule 100 mg, 50 mg       | \$0 (1)                    |                                  |
| doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg | \$0 (1)                    |                                  |
| minocycline oral capsule 100 mg, 50 mg, 75 mg            | \$0 (1)                    |                                  |
| minocycline oral tablet 100 mg, 50 mg, 75 mg             | \$0 (1)                    |                                  |
| tetracycline oral capsule 250 mg, 500 mg                 | \$0 (1)                    |                                  |
| <b>TETEE VAIRUSI</b>                                     |                            |                                  |
| abacavir oral solution 20 mg/ml                          | \$0 (1)                    |                                  |
| abacavir oral tablet 300 mg                              | \$0 (1)                    |                                  |
| abacavir-lamivudine oral tablet 600-300 mg               | \$0 (1)                    |                                  |
| acyclovir oral capsule 200 mg                            | \$0 (1)                    |                                  |
| acyclovir oral suspension 200 mg/5 ml                    | \$0 (1)                    |                                  |
| acyclovir oral tablet 400 mg, 800 mg                     | \$0 (1)                    |                                  |
| acyclovir sodium intravenous solution 50 mg/ml           | \$0 (1)                    | B/D                              |
| adefovir oral tablet 10 mg                               | \$0 (1)                    |                                  |
| amantadine hcl oral capsule 100 mg                       | \$0 (1)                    |                                  |
| amantadine hcl oral solution 50 mg/5 ml                  | \$0 (1)                    |                                  |
| amantadine hcl oral tablet 100 mg                        | \$0 (1)                    |                                  |
| APTIVUS ORAL CAPSULE 250 MG                              | \$0 (1)                    | ^                                |
| atazanavir oral capsule 150 mg, 200 mg, 300 mg           | \$0 (1)                    |                                  |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                       | \$0 (1)                    | ^                                |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG          | \$0 (1)                    | ^                                |
| CIMDUO ORAL TABLET 300-300 MG                            | \$0 (1)                    | ^                                |
| COMPLERA ORAL TABLET 200-25-300 MG                       | \$0 (1)                    | ^                                |
| darunavir oral tablet 600 mg                             | \$0 (1)                    | QL (60 EA per 30 days); ^        |

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|  |         |                           |
|--|---------|---------------------------|
| darunavir oral tablet 800 mg   | \$0 (1) | QL (30 EA per 30 days); ^ |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                       | \$0 (1) | ^                         |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG                                   | \$0 (1) | QL (30 EA per 30 days); ^ |
| DOVATO ORAL TABLET 50-300 MG   | \$0 (1) | ^                         |
| EDURANT ORAL TABLET 25 MG  | \$0 (1) | ^                         |
| efavirenz oral tablet 600 mg   | \$0 (1) |                           |
| efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg                  | \$0 (1) | ^                         |
| efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg  | \$0 (1) | ^                         |
| emtricitabine oral capsule 200 mg  | \$0 (1) |                           |
| emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg | \$0 (1) | QL (30 EA per 30 days); ^ |
| emtricitabine-tenofov (tdf) oral tablet 200-300 mg                         | \$0 (1) | QL (30 EA per 30 days)    |
| EMTRIVA ORAL SOLUTION 10 MG/ML   | \$0 (1) |                           |
| entecavir oral tablet 0.5 mg, 1 mg   | \$0 (1) |                           |
| etravirine oral tablet 100 mg, 200 mg                                      | \$0 (1) | ^                         |
| EVOTAZ ORAL TABLET 300-150 MG  | \$0 (1) | ^                         |
| famciclovir oral tablet 125 mg, 250 mg, 500 mg                             | \$0 (1) |                           |
| fosamprenavir oral tablet 700 mg   | \$0 (1) |                           |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                                       | \$0 (1) | ^                         |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                      | \$0 (1) | ^                         |
| INTELENCE ORAL TABLET 25 MG  | \$0 (1) |                           |
| ISENTRESS HD ORAL TABLET 600 MG  | \$0 (1) | ^                         |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                                     | \$0 (1) | ^                         |
| ISENTRESS ORAL TABLET 400 MG   | \$0 (1) | ^                         |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG                                      | \$0 (1) | ^                         |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG                                       | \$0 (1) |                           |
| JULUCA ORAL TABLET 50-25 MG  | \$0 (1) | ^                         |
| lamivudine oral solution 10 mg/ml  | \$0 (1) |                           |

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10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>   |
|---|----------------------------|------------------------------------|
| lamivudine oral tablet 100 mg, 150 mg, 300 mg                   | \$0 (1)                    |                                    |
| lamivudine-zidovudine oral tablet 150-300 mg                    | \$0 (1)                    |                                    |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG                     | \$0 (1)                    | PA; QL (28 EA per 28 days); ^      |
| LEXIVA ORAL SUSPENSION 50 MG/ML                                 | \$0 (1)                    |                                    |
| LIVTENCITY ORAL TABLET 200 MG                                   | \$0 (1)                    | PA; LA; QL (120 EA per 30 days); ^ |
| lopinavir-ritonavir oral solution 400-100 mg/5 ml               | \$0 (1)                    |                                    |
| lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg            | \$0 (1)                    |                                    |
| maraviroc oral tablet 150 mg, 300 mg                            | \$0 (1)                    | ^                                  |
| nevirapine oral suspension 50 mg/5 ml                           | \$0 (1)                    |                                    |
| nevirapine oral tablet 200 mg                                   | \$0 (1)                    |                                    |
| nevirapine oral tablet extended release 24 hr 400 mg            | \$0 (1)                    |                                    |
| NORVIR ORAL POWDER IN PACKET 100 MG                             | \$0 (1)                    |                                    |
| ODEFSEY ORAL TABLET 200-25-25 MG                                | \$0 (1)                    | ^                                  |
| oseltamivir oral capsule 30 mg                                  | \$0 (1)                    | QL (168 EA per 365 days)           |
| oseltamivir oral capsule 45 mg, 75 mg                           | \$0 (1)                    | QL (84 EA per 365 days)            |
| oseltamivir oral suspension for reconstitution 6 mg/ml          | \$0 (1)                    | QL (1080 ML per 365 days)          |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG                      | \$0 (1)                    | QL (20 EA per 90 days)             |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG      | \$0 (1)                    | QL (30 EA per 90 days)             |
| PIFELTRO ORAL TABLET 100 MG                                     | \$0 (1)                    | ^                                  |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                             | \$0 (1)                    | PA; QL (30 EA per 30 days); ^      |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                             | \$0 (1)                    | ^                                  |
| PREZISTA ORAL SUSPENSION 100 MG/ML                              | \$0 (1)                    | QL (400 ML per 30 days); ^         |
| PREZISTA ORAL TABLET 150 MG                                     | \$0 (1)                    | QL (240 EA per 30 days)            |
| PREZISTA ORAL TABLET 75 MG                                      | \$0 (1)                    | QL (480 EA per 30 days)            |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | \$0 (1)                    | QL (120 EA per 365 days)           |
| REYATAZ ORAL POWDER IN PACKET 50 MG                             | \$0 (1)                    | ^                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>                            | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| ribavirin oral capsule 200 mg                       | \$0 (1)                    |                                  |
| ribavirin oral tablet 200 mg                        | \$0 (1)                    |                                  |
| rimantadine oral tablet 100 mg                      | \$0 (1)                    |                                  |
| ritonavir oral tablet 100 mg                        | \$0 (1)                    |                                  |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG   | \$0 (1)                    | ^                                |
| SELZENTRY ORAL SOLUTION 20 MG/ML                    | \$0 (1)                    | ^                                |
| SELZENTRY ORAL TABLET 25 MG                         | \$0 (1)                    |                                  |
| SELZENTRY ORAL TABLET 75 MG                         | \$0 (1)                    | ^                                |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG       | \$0 (1)                    | PA; QL (28 EA per 28 days); ^    |
| STRIBILD ORAL TABLET 150-150-200-300 MG             | \$0 (1)                    | ^                                |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK) | \$0 (1)                    | ^                                |
| SYMTUZA ORAL TABLET 800-150-200-10 MG               | \$0 (1)                    |                                  |
| tenofovir disoproxil fumarate oral tablet 300 mg    | \$0 (1)                    |                                  |
| TIVICAY ORAL TABLET 10 MG                           | \$0 (1)                    |                                  |
| TIVICAY ORAL TABLET 25 MG, 50 MG                    | \$0 (1)                    | ^                                |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG          | \$0 (1)                    | ^                                |
| TRIUMEQ ORAL TABLET 600-50-300 MG                   | \$0 (1)                    | ^                                |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG    | \$0 (1)                    |                                  |
| TRIZIVIR ORAL TABLET 300-150-300 MG                 | \$0 (1)                    | ^                                |
| valacyclovir oral tablet 1 gram, 500 mg             | \$0 (1)                    |                                  |
| valganciclovir oral recon soln 50 mg/ml             | \$0 (1)                    | ^                                |
| valganciclovir oral tablet 450 mg                   | \$0 (1)                    |                                  |
| VEMLIDY ORAL TABLET 25 MG                           | \$0 (1)                    | ^                                |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                 | \$0 (1)                    | ^                                |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)         | \$0 (1)                    | ^                                |
| VIREAD ORAL TABLET 150 MG, 250 MG                   | \$0 (1)                    | ^                                |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina 10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>  |
|--|----------------------------|-----------------------------------|
| VIREAD ORAL TABLET 200 MG  | \$0 (1)                    |                                   |
| zidovudine oral capsule 100 mg   | \$0 (1)                    |                                   |
| zidovudine oral syrup 10 mg/ml   | \$0 (1)                    |                                   |
| zidovudine oral tablet 300 mg  | \$0 (1)                    |                                   |
| <b>TOGAFITI MA'I MAI SIAMA</b>   |                            |                                   |
| albendazole oral tablet 200 mg   | \$0 (1)                    | ^                                 |
| amikacin injection solution 500 mg/2 ml  | \$0 (1)                    |                                   |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                              | \$0 (1)                    | PA; LA; ^                         |
| atovaquone oral suspension 750 mg/5 ml   | \$0 (1)                    |                                   |
| atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg                                    | \$0 (1)                    |                                   |
| aztreonam injection recon soln 1 gram, 2 gram  | \$0 (1)                    |                                   |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                                      | \$0 (1)                    | PA; LA; QL (84 ML per 56 days); ^ |
| chloroquine phosphate oral tablet 250 mg, 500 mg   | \$0 (1)                    |                                   |
| clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg   | \$0 (1)                    |                                   |
| clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml | \$0 (1)                    |                                   |
| clindamycin phosphate injection solution 150 mg/ml   | \$0 (1)                    |                                   |
| COARTEM ORAL TABLET 20-120 MG  | \$0 (1)                    |                                   |
| colistin (colistimethate na) injection recon soln 150 mg                                   | \$0 (1)                    | QL (30 EA per 10 days)            |
| dapsone oral tablet 100 mg, 25 mg  | \$0 (1)                    |                                   |
| daptomycin intravenous recon soln 500 mg   | \$0 (1)                    | ^                                 |
| EMVERM ORAL TABLET,CHEWABLE 100 MG   | \$0 (1)                    | ^                                 |
| ertapenem injection recon soln 1 gram  | \$0 (1)                    | QL (14 EA per 14 days)            |
| ethambutol oral tablet 100 mg, 400 mg  | \$0 (1)                    |                                   |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml | \$0 (1)                    |                                  |
| gentamicin injection solution 40 mg/ml   | \$0 (1)                    |                                  |
| hydroxychloroquine oral tablet 200 mg  | \$0 (1)                    |                                  |
| imipenem-cilastatin intravenous recon soln 250 mg, 500 mg  | \$0 (1)                    |                                  |
| isoniazid oral solution 50 mg/5 ml   | \$0 (1)                    |                                  |
| isoniazid oral tablet 100 mg, 300 mg   | \$0 (1)                    |                                  |
| ivermectin oral tablet 3 mg  | \$0 (1)                    | PA; QL (20 EA per 30 days)       |
| linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml   | \$0 (1)                    |                                  |
| linezolid oral suspension for reconstitution 100 mg/5 ml   | \$0 (1)                    | QL (1800 ML per 30 days); ^      |
| linezolid oral tablet 600 mg   | \$0 (1)                    | QL (60 EA per 30 days)           |
| mefloquine oral tablet 250 mg  | \$0 (1)                    |                                  |
| meropenem intravenous recon soln 1 gram  | \$0 (1)                    | QL (30 EA per 10 days)           |
| meropenem intravenous recon soln 500 mg  | \$0 (1)                    | QL (10 EA per 10 days)           |
| metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml                                       | \$0 (1)                    |                                  |
| metronidazole oral tablet 250 mg, 500 mg   | \$0 (1)                    |                                  |
| neomycin oral tablet 500 mg  | \$0 (1)                    |                                  |
| nitazoxanide oral tablet 500 mg  | \$0 (1)                    | QL (12 EA per 30 days); ^        |
| pentamidine inhalation recon soln 300 mg   | \$0 (1)                    | B/D; QL (1 EA per 28 days)       |
| pentamidine injection recon soln 300 mg  | \$0 (1)                    |                                  |
| praziquantel oral tablet 600 mg  | \$0 (1)                    |                                  |
| PRIFTIN ORAL TABLET 150 MG   | \$0 (1)                    |                                  |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)  | \$0 (1)                    |                                  |
| pyrazinamide oral tablet 500 mg  | \$0 (1)                    |                                  |
| pyrimethamine oral tablet 25 mg  | \$0 (1)                    | PA; ^                            |
| quinine sulfate oral capsule 324 mg  | \$0 (1)                    | PA                               |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| rifabutin oral capsule 150 mg   | \$0 (1)                    |                                  |
| rifampin intravenous recon soln 600 mg  | \$0 (1)                    |                                  |
| rifampin oral capsule 150 mg, 300 mg  | \$0 (1)                    |                                  |
| SIRTURO ORAL TABLET 100 MG, 20 MG   | \$0 (1)                    | PA; LA; ^                        |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM  | \$0 (1)                    | QL (60 EA per 30 days)           |
| tigecycline intravenous recon soln 50 mg  | \$0 (1)                    | ^                                |
| tinidazole oral tablet 250 mg, 500 mg   | \$0 (1)                    |                                  |
| tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml                 | \$0 (1)                    | PA; QL (280 ML per 28 days); ^   |
| tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml                                    | \$0 (1)                    |                                  |
| TRECTOR ORAL TABLET 250 MG  | \$0 (1)                    |                                  |
| vancomycin intravenous recon soln 1,000 mg  | \$0 (1)                    | QL (20 EA per 10 days)           |
| vancomycin intravenous recon soln 10 gram   | \$0 (1)                    | QL (2 EA per 10 days)            |
| vancomycin intravenous recon soln 500 mg  | \$0 (1)                    | QL (10 EA per 10 days)           |
| vancomycin intravenous recon soln 750 mg  | \$0 (1)                    | QL (27 EA per 10 days)           |
| vancomycin oral capsule 125 mg  | \$0 (1)                    | QL (40 EA per 10 days)           |
| vancomycin oral capsule 250 mg  | \$0 (1)                    | QL (80 EA per 10 days)           |
| XIFAXAN ORAL TABLET 550 MG  | \$0 (1)                    | PA; QL (90 EA per 30 days); ^    |
| <b>SAPALAI O OLOA TAU FUALAAU/VAILAAU</b>   |                            |                                  |
| <b>SAPALAI O OLOA TAU FUALAAU/VAILAAU</b>   |                            |                                  |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"                                       | \$0 (1)                    |                                  |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 "   | \$0 (1)                    |                                  |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE | \$0 (1)                    | BD Preferred                     |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"   | \$0 (1)                    | BD Preferred                     |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina  
o le  
Vailaau****SOIFUA MALOLOINA FAAPITO I TAMA'ITA'I****ESTROGENS / PROGESTINS**

|  |         |
|--|---------|
| camila oral tablet 0.35 mg   | \$0 (1) |
| deblitane oral tablet 0.35 mg  | \$0 (1) |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS<br>SYRINGE 104 MG/0.65 ML   | \$0 (1) |
| dotti transdermal patch semiweekly 0.025 mg/24<br>hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr,<br>0.1 mg/24 hr                | \$0 (1) |
| errin oral tablet 0.35 mg  | \$0 (1) |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg   | \$0 (1) |
| estradiol transdermal patch semiweekly 0.025<br>mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075<br>mg/24 hr, 0.1 mg/24 hr            | \$0 (1) |
| estradiol transdermal patch weekly 0.025 mg/24 hr,<br>0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr,<br>0.075 mg/24 hr, 0.1 mg/24 hr | \$0 (1) |
| estradiol vaginal cream 0.01 % (0.1 mg/gram)   | \$0 (1) |
| estradiol vaginal tablet 10 mcg  | \$0 (1) |
| estradiol valerate intramuscular oil 20 mg/ml, 40<br>mg/ml   | \$0 (1) |
| estradiol-norethindrone acet oral tablet 0.5-0.1 mg,<br>1-0.5 mg   | \$0 (1) |
| fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg   | \$0 (1) |
| heather oral tablet 0.35 mg  | \$0 (1) |
| incassia oral tablet 0.35 mg   | \$0 (1) |
| jinteli oral tablet 1-5 mg-mcg   | \$0 (1) |
| lyleq oral tablet 0.35 mg  | \$0 (1) |
| lyllana transdermal patch semiweekly 0.025 mg/24<br>hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr,<br>0.1 mg/24 hr              | \$0 (1) |
| lyza oral tablet 0.35 mg   | \$0 (1) |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le  
amataga o lenei laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| medroxyprogesterone intramuscular suspension 150 mg/ml                | \$0 (1)                    |                                  |
| medroxyprogesterone intramuscular syringe 150 mg/ml                   | \$0 (1)                    |                                  |
| medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg                   | \$0 (1)                    |                                  |
| mimvey oral tablet 1-0.5 mg   | \$0 (1)                    |                                  |
| nora-be oral tablet 0.35 mg   | \$0 (1)                    |                                  |
| norethindrone (contraceptive) oral tablet 0.35 mg                     | \$0 (1)                    |                                  |
| norethindrone acetate oral tablet 5 mg                                | \$0 (1)                    |                                  |
| norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg | \$0 (1)                    |                                  |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM                                  | \$0 (1)                    |                                  |
| progesterone micronized oral capsule 100 mg, 200 mg                   | \$0 (1)                    |                                  |
| sharobel oral tablet 0.35 mg  | \$0 (1)                    |                                  |
| yuvaferm vaginal tablet 10 mcg  | \$0 (1)                    |                                  |
| <b>FUALAAU AIGA FUAFUAINA / FUALAAU TALAFEAGAI</b>                    |                            |                                  |
| altavera (28) oral tablet 0.15-0.03 mg                                | \$0 (1)                    |                                  |
| alyacen 1/35 (28) oral tablet 1-35 mg-mcg                             | \$0 (1)                    |                                  |
| amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) | \$0 (1)                    |                                  |
| apri oral tablet 0.15-0.03 mg   | \$0 (1)                    |                                  |
| aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg                         | \$0 (1)                    |                                  |
| ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) | \$0 (1)                    |                                  |
| aubra eq oral tablet 0.1-20 mg-mcg                                    | \$0 (1)                    |                                  |
| aviane oral tablet 0.1-20 mg-mcg                                      | \$0 (1)                    |                                  |
| azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5                | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>  | <b>Vasega Faamalosiga/Faatapulaaina o le Vailaau</b> |
|---|--|
| balziva (28) oral tablet 0.4-35 mg-mcg                                  | \$0 (1)  |
| blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)                    | \$0 (1)  |
| blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)         | \$0 (1)  |
| briellyn oral tablet 0.4-35 mg-mcg                                      | \$0 (1)  |
| camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7) | \$0 (1)  |
| cryelle (28) oral tablet 0.3-30 mg-mcg                                  | \$0 (1)  |
| cyred eq oral tablet 0.15-0.03 mg                                       | \$0 (1)  |
| desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5  | \$0 (1)  |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg                  | \$0 (1)  |
| dolishale oral tablet 90-20 mcg (28)                                    | \$0 (1)  |
| drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)     | \$0 (1)  |
| drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg         | \$0 (1)  |
| enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)                     | \$0 (1)  |
| enskyce oral tablet 0.15-0.03 mg  | \$0 (1)  |
| estarylla oral tablet 0.25-35 mg-mcg                                    | \$0 (1)  |
| ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg      | \$0 (1)  |
| falmina (28) oral tablet 0.1-20 mg-mcg                                  | \$0 (1)  |
| finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)                 | \$0 (1)  |
| gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)                         | \$0 (1)  |
| hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)                     | \$0 (1)  |
| iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)              | \$0 (1)  |
| introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)            | \$0 (1)  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| isibloom oral tablet 0.15-0.03 mg  | \$0 (1)                    |                                  |
| jasmiel (28) oral tablet 3-0.02 mg   | \$0 (1)                    |                                  |
| juleber oral tablet 0.15-0.03 mg   | \$0 (1)                    |                                  |
| junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg  | \$0 (1)                    |                                  |
| junel 1/20 (21) oral tablet 1-20 mg-mcg  | \$0 (1)                    |                                  |
| junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)  | \$0 (1)                    |                                  |
| junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)  | \$0 (1)                    |                                  |
| junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)   | \$0 (1)                    |                                  |
| kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)   | \$0 (1)                    |                                  |
| kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5   | \$0 (1)                    |                                  |
| kelnor 1/35 (28) oral tablet 1-35 mg-mcg   | \$0 (1)                    |                                  |
| kelnor 1/50 (28) oral tablet 1-50 mg-mcg   | \$0 (1)                    |                                  |
| kurvelo (28) oral tablet 0.15-0.03 mg  | \$0 (1)                    |                                  |
| l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7) | \$0 (1)                    |                                  |
| larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg  | \$0 (1)                    |                                  |
| larin 1/20 (21) oral tablet 1-20 mg-mcg  | \$0 (1)                    |                                  |
| larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)  | \$0 (1)                    |                                  |
| larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)  | \$0 (1)                    |                                  |
| layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)   | \$0 (1)                    |                                  |
| lessina oral tablet 0.1-20 mg-mcg  | \$0 (1)                    |                                  |
| levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)   | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vilaau</b>   | <b>Vasega o le Vilaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|---------------------------|----------------------------------|
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)                           | \$0 (1)                   |                                  |
| levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)                                | \$0 (1)                   |                                  |
| levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)  | \$0 (1)                   |                                  |
| levora-28 oral tablet 0.15-0.03 mg  | \$0 (1)                   |                                  |
| loryna (28) oral tablet 3-0.02 mg   | \$0 (1)                   |                                  |
| low-ogestrel (28) oral tablet 0.3-30 mg-mcg   | \$0 (1)                   |                                  |
| lutera (28) oral tablet 0.1-20 mg-mcg   | \$0 (1)                   |                                  |
| marlissa (28) oral tablet 0.15-0.03 mg  | \$0 (1)                   |                                  |
| mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24)/75 mg (4)  | \$0 (1)                   |                                  |
| microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg   | \$0 (1)                   |                                  |
| microgestin 1/20 (21) oral tablet 1-20 mg-mcg   | \$0 (1)                   |                                  |
| microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)  | \$0 (1)                   |                                  |
| microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)   | \$0 (1)                   |                                  |
| microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)   | \$0 (1)                   |                                  |
| mili oral tablet 0.25-35 mg-mcg   | \$0 (1)                   |                                  |
| necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg   | \$0 (1)                   |                                  |
| nikki (28) oral tablet 3-0.02 mg  | \$0 (1)                   |                                  |
| noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) | \$0 (1)                   |                                  |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg  | \$0 (1)                   |                                  |
| norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)           | \$0 (1)                   |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| norethindrone-e.estradiol-iron oral tablet,chewable<br>1 mg-20 mcg(24) /75 mg (4)  | \$0 (1)                    |                                  |
| norgestimate-ethinyl estradiol oral tablet<br>0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35<br>mcg (28), 0.25-35 mg-mcg | \$0 (1)                    |                                  |
| nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg  | \$0 (1)                    |                                  |
| nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)   | \$0 (1)                    |                                  |
| nortrel 1/35 (28) oral tablet 1-35 mg-mcg  | \$0 (1)                    |                                  |
| nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg   | \$0 (1)                    |                                  |
| nylia 1/35 (28) oral tablet 1-35 mg-mcg  | \$0 (1)                    |                                  |
| nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg   | \$0 (1)                    |                                  |
| nymyo oral tablet 0.25-35 mg-mcg   | \$0 (1)                    |                                  |
| ocella oral tablet 3-0.03 mg   | \$0 (1)                    |                                  |
| pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x<br>5   | \$0 (1)                    |                                  |
| portia 28 oral tablet 0.15-0.03 mg   | \$0 (1)                    |                                  |
| reclipsen (28) oral tablet 0.15-0.03 mg  | \$0 (1)                    |                                  |
| rivelsa oral tablets,dose pack,3 month 0.15 mg-20<br>mcg/ 0.15 mg-25 mcg   | \$0 (1)                    |                                  |
| setlakin oral tablets,dose pack,3 month 0.15 mg-30<br>mcg (91)   | \$0 (1)                    |                                  |
| sprintec (28) oral tablet 0.25-35 mg-mcg   | \$0 (1)                    |                                  |
| sronyx oral tablet 0.1-20 mg-mcg   | \$0 (1)                    |                                  |
| syeda oral tablet 3-0.03 mg  | \$0 (1)                    |                                  |
| tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)  | \$0 (1)                    |                                  |
| tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg<br>(21)/75 mg (7)   | \$0 (1)                    |                                  |
| tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)  | \$0 (1)                    |                                  |
| tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg<br>(28)  | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)          | \$0 (1)                    |                                  |
| tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg            | \$0 (1)                    |                                  |
| tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg             | \$0 (1)                    |                                  |
| tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)               | \$0 (1)                    |                                  |
| tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)              | \$0 (1)                    |                                  |
| tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)      | \$0 (1)                    |                                  |
| trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)           | \$0 (1)                    |                                  |
| tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg              | \$0 (1)                    |                                  |
| tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)            | \$0 (1)                    |                                  |
| turqoz (28) oral tablet 0.3-30 mg-mcg                             | \$0 (1)                    |                                  |
| velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg | \$0 (1)                    |                                  |
| vestura (28) oral tablet 3-0.02 mg                                | \$0 (1)                    |                                  |
| vienva oral tablet 0.1-20 mg-mcg                                  | \$0 (1)                    |                                  |
| vyfemla (28) oral tablet 0.4-35 mg-mcg                            | \$0 (1)                    |                                  |
| vylibra oral tablet 0.25-35 mg-mcg                                | \$0 (1)                    |                                  |
| wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)      | \$0 (1)                    |                                  |
| zovia 1-35 (28) oral tablet 1-35 mg-mcg                           | \$0 (1)                    |                                  |
| <b>FUALAAU MO LE OB/GYN</b>                                       |                            |                                  |
| clindamycin phosphate vaginal cream 2 %                           | \$0 (1)                    |                                  |
| eluryng vaginal ring 0.12-0.015 mg/24 hr                          | \$0 (1)                    |                                  |
| etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr   | \$0 (1)                    |                                  |
| haloette vaginal ring 0.12-0.015 mg/24 hr                         | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG    | \$0 (1)                    |                                  |
| metronidazole vaginal gel 0.75 % (37.5mg/5 gram)                         | \$0 (1)                    |                                  |
| NEXPLANON SUBDERMAL IMPLANT 68 MG  | \$0 (1)                    |                                  |
| norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr | \$0 (1)                    |                                  |
| terconazole vaginal cream 0.4 %, 0.8 %                                   | \$0 (1)                    |                                  |
| terconazole vaginal suppository 80 mg                                    | \$0 (1)                    |                                  |
| tranexamic acid oral tablet 650 mg                                       | \$0 (1)                    |                                  |
| xulane transdermal patch weekly 150-35 mcg/24 hr                         | \$0 (1)                    |                                  |
| zafemy transdermal patch weekly 150-35 mcg/24 hr                         | \$0 (1)                    |                                  |
| <b>SUESUEGA O AAFIAGA O MATA</b>   |                            |                                  |
| <b>FUALAAU INU MO MA'I O MATA</b>  |                            |                                  |
| acetazolamide oral capsule, extended release 500 mg                      | \$0 (1)                    |                                  |
| acetazolamide oral tablet 125 mg, 250 mg                                 | \$0 (1)                    |                                  |
| methazolamide oral tablet 25 mg, 50 mg                                   | \$0 (1)                    |                                  |
| <b>FUALAAU TOGAFITIA AI LE VAAI I MATA</b>                               |                            |                                  |
| atropine ophthalmic (eye) drops 1 %                                      | \$0 (1)                    |                                  |
| azelastine ophthalmic (eye) drops 0.05 %                                 | \$0 (1)                    |                                  |
| cromolyn ophthalmic (eye) drops 4 %                                      | \$0 (1)                    |                                  |
| cyclosporine ophthalmic (eye) dropperette 0.05 %                         | \$0 (1)                    | QL (60 EA per 30 days)           |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %                                   | \$0 (1)                    | PA; LA; ^                        |
| pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %                     | \$0 (1)                    |                                  |
| sulfacetamide sodium ophthalmic (eye) drops 10 %                         | \$0 (1)                    |                                  |
| sulfacetamide sodium ophthalmic (eye) ointment 10 %                      | \$0 (1)                    |                                  |
| sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)   | \$0 (1)                    |                                  |
| XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %                                    | \$0 (1)                    | PA; QL (10 ML per 42 days); ^    |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina  
o le  
Vailaau****IS FUALAAU MO MATA**

|  |         |
|--|---------|
| brinzolamide ophthalmic (eye) drops,suspension 1 % | \$0 (1) |
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|   |         |
|---|---------|
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % | \$0 (1) |
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|  |         |
|--|---------|
| dorzolamide ophthalmic (eye) drops 2 % | \$0 (1) |
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|---|---------|
| dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml | \$0 (1) |
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|--|---------|
| latanoprost ophthalmic (eye) drops 0.005 % | \$0 (1) |
|--|---------|

|                                       |         |
|---------------------------------------|---------|
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | \$0 (1) |
|---------------------------------------|---------|

|   |         |
|---|---------|
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| travoprost ophthalmic (eye) drops 0.004 % | \$0 (1) |
|---|---------|

**NON-STEROIDAL ANTI-INFLAMMATORY AGENTS**

|  |         |
|--|---------|
| bromfenac ophthalmic (eye) drops 0.075 %, 0.09 % | \$0 (1) |
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|--|---------|
| diclofenac sodium ophthalmic (eye) drops 0.1 % | \$0 (1) |
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|   |         |
|---|---------|
| flurbiprofen sodium ophthalmic (eye) drops 0.03 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| ketorolac ophthalmic (eye) drops 0.4 %, 0.5 % | \$0 (1) |
|---|---------|

|  |         |
|--|---------|
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % | \$0 (1) |
|--|---------|

**SELA FAASAGATAU STEROID TUUFATASIGA**

|   |         |
|---|---------|
| neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % | \$0 (1) |
|---|---------|

|  |         |
|--|---------|
| neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % | \$0 (1) |
|--|---------|

|   |         |
|---|---------|
| neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml | \$0 (1) |
|---|---------|

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|--|---------|
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | \$0 (1) |
|--|---------|

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| tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 % | \$0 (1) |
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E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina  
o le  
Vailaau****SELA FAASAGATAU**

|  |         |
|--|---------|
| bacitracin ophthalmic (eye) ointment 500 unit/gram | \$0 (1) |
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|   |         |
|---|---------|
| bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram | \$0 (1) |
|---|---------|

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|--|---------|
| ciprofloxacin hcl ophthalmic (eye) drops 0.3 % | \$0 (1) |
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| erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %) | \$0 (1) |
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|   |         |
|---|---------|
| gatifloxacin ophthalmic (eye) drops 0.5 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| gentamicin ophthalmic (eye) drops 0.3 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| moxifloxacin ophthalmic (eye) drops 0.5 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml | \$0 (1) |
|---|---------|

|  |         |
|--|---------|
| ofloxacin ophthalmic (eye) drops 0.3 % | \$0 (1) |
|--|---------|

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|---|---------|
| polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| tobramycin ophthalmic (eye) drops 0.3 % | \$0 (1) |
|---|---------|

**STEROIDS**

|   |         |
|---|---------|
| dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| difluprednate ophthalmic (eye) drops 0.05 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| fluorometholone ophthalmic (eye) drops,suspension 0.1 % | \$0 (1) |
|---|---------|

|   |         |
|---|---------|
| loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 % | \$0 (1) |
|---|---------|

|  |         |
|--|---------|
| prednisolone acetate ophthalmic (eye) drops,suspension 1 % | \$0 (1) |
|--|---------|

|  |         |
|--|---------|
| prednisolone sodium phosphate ophthalmic (eye) drops 1 % | \$0 (1) |
|--|---------|

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina

10/15/2024

**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau****SYMPATHOMIMETICS**

ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % \$0 (1)

apraclonidine ophthalmic (eye) drops 0.5 % \$0 (1)

brimonidine ophthalmic (eye) drops 0.15 %, 0.2 % \$0 (1)

**TAOFI BETA**

betaxolol ophthalmic (eye) drops 0.5 % \$0 (1)

carteolol ophthalmic (eye) drops 1 % \$0 (1)

levobunolol ophthalmic (eye) drops 0.5 % \$0 (1)

timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % \$0 (1)

timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 % \$0 (1)

**TETEE VAIRUSI**

trifluridine ophthalmic (eye) drops 1 % \$0 (1)

ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % \$0 (1)

**SUESUEGA O LE IMMUNE SYSTEM, TUI PUIPUI / BIOTECHNOLOGY****FUALAAU O LE BIOTECHNOLOGY**

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML \$0 (1) PA; LA; ^

ARCALYST SUBCUTANEOUS RECON SOLN 220 MG \$0 (1) PA; LA; ^

BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML \$0 (1) PA-NS; LA; ^

BETASERON SUBCUTANEOUS KIT 0.3 MG \$0 (1) PA; QL (14 EA per 28 days); ^

NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML \$0 (1) PA; ^

NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML \$0 (1) PA; ^

NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML \$0 (1) PA; ^

OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) \$0 (1) PA; ^

OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG \$0 (1) PA; ^

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML  | \$0 (1)                    | PA; QL (4 ML per 28 days); ^     |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML   | \$0 (1)                    | PA; QL (2 ML per 28 days); ^     |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | \$0 (1)                    | PA                               |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML  | \$0 (1)                    | PA; ^                            |
| <b>TUI PUIPUI / MISCELLANEOUS IMMUNOLOGICALS</b>  |                            |                                  |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML  | \$0 (1)                    | NM                               |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML  | \$0 (1)                    | NM                               |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML                                   | \$0 (1)                    | NM                               |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML                                      | \$0 (1)                    | NM                               |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML  | \$0 (1)                    | NM                               |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG   | \$0 (1)                    | NM                               |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML  | \$0 (1)                    | NM                               |
| BIVIGAM INTRAVENOUS SOLUTION 10 %   | \$0 (1)                    | PA; NM; LA; ^                    |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML  | \$0 (1)                    | NM                               |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML   | \$0 (1)                    | NM                               |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML   | \$0 (1)                    | NM                               |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML                            | \$0 (1)                    | B/D; NM                          |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML                               | \$0 (1)                    | B/D; NM                          |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML                 | \$0 (1)                    | B/D; NM                          |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 %                                     | \$0 (1)                    | PA; NM; ^                        |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM        | \$0 (1)                    | PA; NM; ^                        |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)                              | \$0 (1)                    | PA; NM; ^                        |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %                           | \$0 (1)                    | PA; NM; LA; ^                    |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)            | \$0 (1)                    | PA; NM; LA; ^                    |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)                             | \$0 (1)                    | PA; NM; ^                        |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML                              | \$0 (1)                    | NM                               |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML                                 | \$0 (1)                    | NM                               |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | \$0 (1)                    | NM                               |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML                          | \$0 (1)                    | B/D; NM                          |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                          | \$0 (1)                    | NM                               |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT                 | \$0 (1)                    | NM                               |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML          | \$0 (1)                    | NM                               |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML                                | \$0 (1)                    | NM                               |
| IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML                     | \$0 (1)                    | NM                               |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
10/15/2024

| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML   | \$0 (1)                    | NM                               |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5   | \$0 (1)                    | NM                               |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML  | \$0 (1)                    | NM                               |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML  | \$0 (1)                    | NM                               |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML  | \$0 (1)                    | NM                               |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML  | \$0 (1)                    | NM                               |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML   | \$0 (1)                    | NM                               |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML   | \$0 (1)                    | NM                               |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %   | \$0 (1)                    | PA; NM; ^                        |
| PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML) | \$0 (1)                    | PA; NM; ^                        |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML   | \$0 (1)                    | NM                               |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML  | \$0 (1)                    | NM                               |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML   | \$0 (1)                    | NM                               |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML  | \$0 (1)                    | NM                               |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML   | \$0 (1)                    | B/D; NM                          |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML                      | \$0 (1)                    | NM                               |
| PRIVIGEN INTRAVENOUS SOLUTION 10 %   | \$0 (1)                    | PA; NM; ^                        |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>  |
|--|----------------------------|---|
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5                            | \$0 (1)                    | NM  |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML) | \$0 (1)                    | NM  |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML   | \$0 (1)                    | NM  |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT   | \$0 (1)                    | NM  |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML                                   | \$0 (1)                    | B/D; NM   |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML   | \$0 (1)                    | B/D; NM   |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML  | \$0 (1)                    | NM  |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML  | \$0 (1)                    | NM  |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML   | \$0 (1)                    | NM  |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML  | \$0 (1)                    | NM; A third dose may be considered in post-transplant members (PA required); QL (2 EA per 999 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML  | \$0 (1)                    | NM  |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML   | \$0 (1)                    | NM  |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML  | \$0 (1)                    | NM  |
| TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML                                      | \$0 (1)                    | B/D; NM   |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML  | \$0 (1)                    | NM  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML   | \$0 (1)                    | NM                               |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML  | \$0 (1)                    | NM                               |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML  | \$0 (1)                    | NM                               |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML   | \$0 (1)                    | NM                               |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML  | \$0 (1)                    | NM                               |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML   | \$0 (1)                    | NM                               |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML   | \$0 (1)                    | NM                               |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL) | \$0 (1)                    | NM                               |
| <b>TOGAFITIGA O LE PA'U O LE TINO</b>   |                            |                                  |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>   |                            |                                  |
| acitretin oral capsule 10 mg, 17.5 mg, 25 mg  | \$0 (1)                    |                                  |
| calcipotriene scalp solution 0.005 %  | \$0 (1)                    | QL (120 ML per 30 days)          |
| calcipotriene topical ointment 0.005 %  | \$0 (1)                    | QL (120 GM per 30 days)          |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML  | \$0 (1)                    | PA; QL (10 ML per 28 days); ^    |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML   | \$0 (1)                    | PA; QL (10 ML per 28 days); ^    |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML  | \$0 (1)                    | PA; QL (2.5 ML per 28 days); ^   |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)   | \$0 (1)                    | PA; QL (10 ML per 28 days); ^    |
| selenium sulfide topical lotion 2.5 %   | \$0 (1)                    |                                  |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML   | \$0 (1)                    | PA; QL (6 ML per 365 days); ^    |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML  | \$0 (1)                    | PA; QL (6 ML per 365 days); ^    |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>                                   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                 | \$0 (1)                    | PA; QL (0.5 ML per 28 days); ^   |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML                  | \$0 (1)                    | PA; QL (0.5 ML per 28 days); ^   |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML                      | \$0 (1)                    | PA; QL (1 ML per 28 days); ^     |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML               | \$0 (1)                    | PA; QL (2 ML per 28 days); ^     |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                     | \$0 (1)                    | PA; QL (2 ML per 28 days); ^     |
| <b>FUALAAU TOGAFITIA AI LE AAFIAGA I LE PA'U O LE TINO</b> |                            |                                  |
| ammonium lactate topical cream 12 %                        | \$0 (1)                    |                                  |
| ammonium lactate topical lotion 12 %                       | \$0 (1)                    |                                  |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML      | \$0 (1)                    | PA; QL (4.56 ML per 28 days); ^  |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML         | \$0 (1)                    | PA; QL (8 ML per 28 days); ^     |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML       | \$0 (1)                    | PA; QL (1.34 ML per 28 days); ^  |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML       | \$0 (1)                    | PA; QL (4.56 ML per 28 days); ^  |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML          | \$0 (1)                    | PA; QL (8 ML per 28 days); ^     |
| fluorouracil topical cream 5 %                             | \$0 (1)                    | QL (40 GM per 30 days)           |
| fluorouracil topical solution 2 %, 5 %                     | \$0 (1)                    | QL (10 ML per 30 days)           |
| imiquimod topical cream in packet 5 %                      | \$0 (1)                    | QL (24 EA per 28 days)           |
| lidocaine hcl mucous membrane solution 4 % (40 mg/ml)      | \$0 (1)                    | QL (50 ML per 30 days)           |
| lidocaine topical adhesive patch,medicated 5 %             | \$0 (1)                    | PA; QL (90 EA per 30 days)       |
| lidocaine topical ointment 5 %                             | \$0 (1)                    | QL (50 GM per 30 days)           |
| lidocaine viscous mucous membrane solution 2 %             | \$0 (1)                    |                                  |
| lidocaine-prilocaine topical cream 2.5-2.5 %               | \$0 (1)                    | QL (30 GM per 30 days)           |
| lidocan iii topical adhesive patch,medicated 5 %           | \$0 (1)                    | PA; QL (90 EA per 30 days)       |
| PANRETIN TOPICAL GEL 0.1 %                                 | \$0 (1)                    | PA-NS; QL (60 GM per 30 days); ^ |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|  |         |                                      |
|--|---------|--------------------------------------|
| pimecrolimus topical cream 1 %                     | \$0 (1) | QL (100 GM per 30 days)              |
| podofilox topical solution 0.5 %                   | \$0 (1) | QL (7 ML per 28 days)                |
| REGRANEX TOPICAL GEL 0.01 %                        | \$0 (1) | QL (15 GM per 30 days); ^            |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM              | \$0 (1) | QL (180 GM per 30 days)              |
| silver sulfadiazine topical cream 1 %              | \$0 (1) |                                      |
| ssd topical cream 1 %                              | \$0 (1) |                                      |
| tacrolimus topical ointment 0.03 %, 0.1 %          | \$0 (1) | QL (100 GM per 30 days)              |
| tridacaine ii topical adhesive patch,medicated 5 % | \$0 (1) | PA; QL (90 EA per 30 days)           |
| tridacaine topical adhesive patch,medicated 5 %    | \$0 (1) | PA; QL (90 EA per 30 days)           |
| VALCHLOR TOPICAL GEL 0.016 %                       | \$0 (1) | PA-NS; LA; QL (60 GM per 30 days); ^ |

**FUALAAU/VAILAAU TOGAFITI AI SIAMA**

|   |         |                        |
|---|---------|------------------------|
| gentamicin topical cream 0.1 %                      | \$0 (1) | QL (30 GM per 30 days) |
| gentamicin topical ointment 0.1 %                   | \$0 (1) | QL (30 GM per 30 days) |
| mupirocin topical ointment 2 %                      | \$0 (1) | QL (44 GM per 30 days) |
| sulfacetamide sodium (acne) topical suspension 10 % | \$0 (1) |                        |

**FUALAAU/VAILAAU TOGAFITIA AI FUNGUS OSO I LE TINO**

|  |         |                         |
|--|---------|-------------------------|
| ciclopirox topical cream 0.77 %                    | \$0 (1) | QL (90 GM per 28 days)  |
| ciclopirox topical gel 0.77 %                      | \$0 (1) | QL (100 GM per 28 days) |
| ciclopirox topical suspension 0.77 %               | \$0 (1) | QL (60 ML per 28 days)  |
| clotrimazole topical cream 1 %                     | \$0 (1) | QL (45 GM per 28 days)  |
| clotrimazole topical solution 1 %                  | \$0 (1) | QL (30 ML per 28 days)  |
| clotrimazole-betamethasone topical cream 1-0.05 %  | \$0 (1) | QL (45 GM per 28 days)  |
| clotrimazole-betamethasone topical lotion 1-0.05 % | \$0 (1) | QL (60 ML per 28 days)  |
| ketoconazole topical cream 2 %                     | \$0 (1) | QL (60 GM per 28 days)  |
| ketoconazole topical shampoo 2 %                   | \$0 (1) | QL (120 ML per 28 days) |
| naftifine topical cream 1 %                        | \$0 (1) | QL (90 GM per 28 days)  |
| naftifine topical cream 2 %                        | \$0 (1) | QL (60 GM per 28 days)  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le amataga o leni laupapa. Fa'afouina

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|   |         |                         |
|---|---------|-------------------------|
| naftifine topical gel 2 %                   | \$0 (1) | QL (60 GM per 28 days)  |
| nyamyc topical powder 100,000 unit/gram     | \$0 (1) | QL (120 GM per 30 days) |
| nystatin topical cream 100,000 unit/gram    | \$0 (1) | QL (30 GM per 28 days)  |
| nystatin topical ointment 100,000 unit/gram | \$0 (1) | QL (30 GM per 28 days)  |
| nystatin topical powder 100,000 unit/gram   | \$0 (1) | QL (120 GM per 30 days) |
| nystop topical powder 100,000 unit/gram     | \$0 (1) | QL (120 GM per 30 days) |

**TOGAFITIGA MO LE ACNE**

|  |         |                        |
|--|---------|------------------------|
| accutane oral capsule 10 mg, 20 mg, 40 mg                          | \$0 (1) |                        |
| adapalene topical cream 0.1 %                                      | \$0 (1) | QL (45 GM per 30 days) |
| adapalene topical gel 0.3 %  | \$0 (1) | QL (45 GM per 30 days) |
| amneestem oral capsule 10 mg, 20 mg, 40 mg                         | \$0 (1) |                        |
| azelaic acid topical gel 15 %                                      | \$0 (1) | QL (50 GM per 30 days) |
| claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg                   | \$0 (1) |                        |
| clindamycin phosphate topical gel 1 %                              | \$0 (1) | QL (75 GM per 30 days) |
| clindamycin phosphate topical gel, once daily 1 %                  | \$0 (1) | QL (75 ML per 30 days) |
| clindamycin phosphate topical lotion 1 %                           | \$0 (1) | QL (60 ML per 30 days) |
| clindamycin phosphate topical solution 1 %                         | \$0 (1) | QL (60 ML per 30 days) |
| clindamycin phosphate topical swab 1 %                             | \$0 (1) | QL (60 EA per 30 days) |
| clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %      | \$0 (1) | QL (45 GM per 30 days) |
| clindamycin-benzoyl peroxide topical gel 1-5 %                     | \$0 (1) | QL (50 GM per 30 days) |
| ery pads topical swab 2 %  | \$0 (1) | QL (60 EA per 30 days) |
| erythromycin with ethanol topical solution 2 %                     | \$0 (1) | QL (60 ML per 30 days) |
| erythromycin-benzoyl peroxide topical gel 3-5 %                    | \$0 (1) |                        |
| isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg | \$0 (1) |                        |
| metronidazole topical cream 0.75 %                                 | \$0 (1) | QL (45 GM per 30 days) |
| metronidazole topical gel 0.75 %                                   | \$0 (1) | QL (45 GM per 30 days) |
| metronidazole topical lotion 0.75 %                                | \$0 (1) | QL (59 ML per 30 days) |
| neuac topical gel 1.2 %(1 % base) -5 %                             | \$0 (1) | QL (45 GM per 30 days) |

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|  |         |                            |
|--|---------|----------------------------|
| tazarotene topical cream 0.1 %                   | \$0 (1) | PA; QL (60 GM per 30 days) |
| tazarotene topical gel 0.05 %, 0.1 %             | \$0 (1) | PA                         |
| tretinoin microspheres topical gel 0.04 %, 0.1 % | \$0 (1) | PA; QL (50 GM per 30 days) |
| tretinoin topical cream 0.025 %, 0.05 %, 0.1 %   | \$0 (1) | PA; QL (45 GM per 30 days) |
| tretinoin topical gel 0.01 %, 0.025 %, 0.05 %    | \$0 (1) | PA; QL (45 GM per 30 days) |
| zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg | \$0 (1) |                            |

**TOPICAL CORTICOSTEROIDS**

|  |         |                         |
|--|---------|-------------------------|
| ala-cort topical cream 1 %, 2.5 %                  | \$0 (1) |                         |
| alclometasone topical cream 0.05 %                 | \$0 (1) | QL (120 GM per 30 days) |
| alclometasone topical ointment 0.05 %              | \$0 (1) | QL (120 GM per 30 days) |
| betamethasone dipropionate topical cream 0.05 %    | \$0 (1) | QL (135 GM per 30 days) |
| betamethasone dipropionate topical lotion 0.05 %   | \$0 (1) | QL (120 ML per 30 days) |
| betamethasone dipropionate topical ointment 0.05 % | \$0 (1) | QL (135 GM per 30 days) |
| betamethasone valerate topical cream 0.1 %         | \$0 (1) | QL (135 GM per 30 days) |
| betamethasone valerate topical lotion 0.1 %        | \$0 (1) | QL (120 ML per 30 days) |
| betamethasone valerate topical ointment 0.1 %      | \$0 (1) | QL (135 GM per 30 days) |
| betamethasone, augmented topical cream 0.05 %      | \$0 (1) | QL (150 GM per 30 days) |
| betamethasone, augmented topical gel 0.05 %        | \$0 (1) | QL (150 GM per 30 days) |
| betamethasone, augmented topical lotion 0.05 %     | \$0 (1) | QL (120 ML per 30 days) |
| betamethasone, augmented topical ointment 0.05 %   | \$0 (1) | QL (150 GM per 30 days) |
| clobetasol scalp solution 0.05 %                   | \$0 (1) | QL (100 ML per 28 days) |
| clobetasol topical cream 0.05 %                    | \$0 (1) | QL (120 GM per 28 days) |
| clobetasol topical gel 0.05 %                      | \$0 (1) | QL (60 GM per 28 days)  |
| clobetasol topical ointment 0.05 %                 | \$0 (1) | QL (120 GM per 28 days) |
| clobetasol topical shampoo 0.05 %                  | \$0 (1) | QL (118 ML per 28 days) |
| clobetasol-emollient topical cream 0.05 %          | \$0 (1) | QL (120 GM per 28 days) |
| clodan topical shampoo 0.05 %                      | \$0 (1) | QL (118 ML per 28 days) |
| desonide topical lotion 0.05 %                     | \$0 (1) | QL (118 ML per 30 days) |

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10/15/2024

**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau**

|  |         |                            |
|--|---------|----------------------------|
| fluocinolone and shower cap scalp oil 0.01 %                   | \$0 (1) | QL (118.28 ML per 30 days) |
| fluocinolone topical cream 0.01 %, 0.025 %                     | \$0 (1) | QL (120 GM per 30 days)    |
| fluocinolone topical ointment 0.025 %                          | \$0 (1) | QL (120 GM per 30 days)    |
| fluocinolone topical solution 0.01 %                           | \$0 (1) | QL (120 ML per 30 days)    |
| fluocinonide topical cream 0.05 %                              | \$0 (1) | QL (120 GM per 30 days)    |
| fluocinonide topical gel 0.05 %                                | \$0 (1) | QL (120 GM per 30 days)    |
| fluocinonide topical ointment 0.05 %                           | \$0 (1) | QL (120 GM per 30 days)    |
| fluocinonide topical solution 0.05 %                           | \$0 (1) | QL (120 ML per 30 days)    |
| fluocinonide-emollient topical cream 0.05 %                    | \$0 (1) | QL (120 GM per 30 days)    |
| fluticasone propionate topical cream 0.05 %                    | \$0 (1) |                            |
| halobetasol propionate topical cream 0.05 %                    | \$0 (1) | QL (100 GM per 30 days)    |
| halobetasol propionate topical ointment 0.05 %                 | \$0 (1) | QL (100 GM per 30 days)    |
| hydrocortisone topical cream 1 %                               | \$0 (1) |                            |
| hydrocortisone topical lotion 2 %, 2.5 %                       | \$0 (1) |                            |
| hydrocortisone topical ointment 2.5 %                          | \$0 (1) |                            |
| mometasone topical cream 0.1 %                                 | \$0 (1) |                            |
| mometasone topical ointment 0.1 %                              | \$0 (1) |                            |
| mometasone topical solution 0.1 %                              | \$0 (1) |                            |
| triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %    | \$0 (1) |                            |
| triamcinolone acetonide topical lotion 0.025 %, 0.1 %          | \$0 (1) |                            |
| triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 % | \$0 (1) |                            |
| triderm topical cream 0.5 %                                    | \$0 (1) |                            |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                      |         |                            |
| malathion topical lotion 0.5 %                                 | \$0 (1) |                            |
| permethrin topical cream 5 %                                   | \$0 (1) | QL (60 GM per 30 days)     |

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina  
o le  
Vailaau****TOGAFITIGA O PONAIVI / SOOGA O LE TINO****ISI TOGAFITIGA O SOOGA O LE TINO**

|  |         |  |
|--|---------|--|
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR<br>162 MG/0.9 ML                    | \$0 (1) | PA; QL (3.6 ML per 28 days); ^   |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                                   | \$0 (1) | PA; QL (3.6 ML per 28 days); ^   |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200<br>MG/ML                             | \$0 (1) | PA; LA; QL (8 ML per 28 days); ^   |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML                                      | \$0 (1) | PA; LA; QL (8 ML per 28 days); ^   |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.8 ML  | \$0 (1) | PA; QL (6 EA per 180 days); ^  |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.8 ML   | \$0 (1) | PA; QL (4 EA per 180 days); ^  |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR<br>KIT 40 MG/0.8 ML                | \$0 (1) | PA; QL (4 EA per 28 days); ^   |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10<br>MG/0.2 ML, 20 MG/0.4 ML           | \$0 (1) | PA; QL (2 EA per 28 days); ^   |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40<br>MG/0.8 ML                         | \$0 (1) | PA; QL (4 EA per 28 days); ^   |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50<br>MG/ML (1 ML)                        | \$0 (1) | PA; QL (8 ML per 28 days); ^   |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML                                    | \$0 (1) | PA; QL (8 ML per 28 days); ^   |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML<br>(0.5), 50 MG/ML (1 ML)           | \$0 (1) | PA; QL (8 ML per 28 days); ^   |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR<br>50 MG/ML (1 ML)                | \$0 (1) | PA; QL (8 ML per 28 days); ^   |
| HUMIRA PEN PSOR-UVEITS-ADOL HS<br>SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | \$0 (1) | PA; Only Humira NDCs starting<br>00074 are covered; QL (6 EA per<br>180 days); ^ |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT<br>40 MG/0.8 ML                     | \$0 (1) | PA; Only Humira NDCs starting<br>00074 are covered; QL (6 EA per<br>28 days); ^  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i leni laupapa i lou toe foi i le  
amataga o leni laupapa. Fa'afouina

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>   |
|---|----------------------------|--|
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML  | \$0 (1)                    | PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^  |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                      | \$0 (1)                    | PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^ |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                      | \$0 (1)                    | PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 180 days); ^ |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML      | \$0 (1)                    | PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^ |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML                                   | \$0 (1)                    | PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^  |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                                   | \$0 (1)                    | PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 28 days); ^  |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML                              | \$0 (1)                    | PA; Only Humira NDCs starting 00074 are covered; QL (2 EA per 28 days); ^  |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML  | \$0 (1)                    | PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^  |
| leflunomide oral tablet 10 mg, 20 mg  | \$0 (1)                    | QL (30 EA per 30 days)   |
| OTEZLA ORAL TABLET 20 MG, 30 MG   | \$0 (1)                    | PA; QL (60 EA per 30 days); ^  |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | \$0 (1)                    | PA; QL (55 EA per 180 days); ^   |
| penicillamine oral tablet 250 mg  | \$0 (1)                    | ^  |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG                                      | \$0 (1)                    | PA; QL (30 EA per 30 days); ^  |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG   | \$0 (1)                    | PA; QL (84 EA per 180 days); ^   |

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                         | \$0 (1)                    | QL (60 EA per 30 days)           |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)             | \$0 (1)                    | QL (55 EA per 180 days)          |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | \$0 (1)                    | PA; QL (3 EA per 180 days); ^    |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML     | \$0 (1)                    | PA; QL (4 EA per 28 days); ^     |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML     | \$0 (1)                    | PA; QL (2 EA per 28 days); ^     |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML                         | \$0 (1)                    | PA; QL (2 EA per 28 days); ^     |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML                         | \$0 (1)                    | PA; QL (4 EA per 28 days); ^     |
| <b>TOGAFITIGA O LE GUGU</b>   |                            |                                  |
| allopurinol oral tablet 100 mg, 300 mg                                    | \$0 (1)                    |                                  |
| colchicine oral capsule 0.6 mg  | \$0 (1)                    | QL (120 EA per 30 days)          |
| colchicine oral tablet 0.6 mg   | \$0 (1)                    | QL (120 EA per 30 days)          |
| febuxostat oral tablet 40 mg, 80 mg                                       | \$0 (1)                    |                                  |
| probenecid oral tablet 500 mg   | \$0 (1)                    |                                  |
| probenecid-colchicine oral tablet 500-0.5 mg                              | \$0 (1)                    |                                  |
| <b>TOGAFITIGA O PONAIVI VAIVAI</b>  |                            |                                  |
| alendronate oral solution 70 mg/75 ml                                     | \$0 (1)                    | QL (300 ML per 28 days)          |
| alendronate oral tablet 10 mg   | \$0 (1)                    | QL (30 EA per 30 days)           |
| alendronate oral tablet 35 mg, 70 mg                                      | \$0 (1)                    | QL (4 EA per 28 days)            |
| ibandronate oral tablet 150 mg  | \$0 (1)                    | QL (1 EA per 30 days)            |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML                                      | \$0 (1)                    | QL (1 ML per 180 days)           |
| raloxifene oral tablet 60 mg  | \$0 (1)                    |                                  |
| risedronate oral tablet 150 mg  | \$0 (1)                    | QL (1 EA per 30 days)            |
| risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)            | \$0 (1)                    | QL (4 EA per 28 days)            |

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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b>  |
|---|----------------------------|---|
| risedronate oral tablet 5 mg  | \$0 (1)                    | QL (30 EA per 30 days)  |
| risedronate oral tablet,delayed release (dr/ec) 35 mg               | \$0 (1)                    | QL (4 EA per 28 days)   |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)  | \$0 (1)                    | PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days); ^ |
| <b>UROLOGICALS</b>  |                            |   |
| <b>ANTICHOLINERGICS / ANTISPASMODICS</b>                            |                            |   |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML                | \$0 (1)                    | QL (300 ML per 28 days)   |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG           | \$0 (1)                    | QL (30 EA per 30 days)  |
| oxybutynin chloride oral syrup 5 mg/5 ml                            | \$0 (1)                    |   |
| oxybutynin chloride oral tablet 5 mg                                | \$0 (1)                    |   |
| oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg  | \$0 (1)                    | QL (60 EA per 30 days)  |
| oxybutynin chloride oral tablet extended release 24hr 5 mg          | \$0 (1)                    | QL (30 EA per 30 days)  |
| solifenacin oral tablet 10 mg, 5 mg                                 | \$0 (1)                    | QL (30 EA per 30 days)  |
| tolterodine oral capsule,extended release 24hr 2 mg, 4 mg           | \$0 (1)                    | QL (30 EA per 30 days)  |
| tolterodine oral tablet 1 mg, 2 mg                                  | \$0 (1)                    | QL (60 EA per 30 days)  |
| tropium oral tablet 20 mg   | \$0 (1)                    | QL (60 EA per 30 days)  |
| <b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>                    |                            |   |
| alfuzosin oral tablet extended release 24 hr 10 mg                  | \$0 (1)                    |   |
| dutasteride oral capsule 0.5 mg                                     | \$0 (1)                    | QL (30 EA per 30 days)  |
| dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg | \$0 (1)                    | QL (30 EA per 30 days)  |
| finasteride oral tablet 5 mg  | \$0 (1)                    |   |
| tamsulosin oral capsule 0.4 mg                                      | \$0 (1)                    |   |

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**Igoa o le Vailaau****Vasega Faamalosiga/Faatapulaaina o le Vailaau****MISCELLANEOUS UROLOGICALS**

|  |         |                            |
|--|---------|----------------------------|
| bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg                               | \$0 (1) |                            |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG  | \$0 (1) | PA; LA                     |
| ELMIRON ORAL CAPSULE 100 MG  | \$0 (1) |                            |
| potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) | \$0 (1) |                            |
| tadalafil oral tablet 2.5 mg   | \$0 (1) | PA; QL (60 EA per 30 days) |
| tadalafil oral tablet 5 mg   | \$0 (1) | PA; QL (30 EA per 30 days) |

**VAILAAU SU'ESU'E AI LE TINO****AUALA TAOFIA AI LE ULAULA**

|   |         |  |
|---|---------|--|
| bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg | \$0 (1) |  |
| NICOTROL INHALATION CARTRIDGE 10 MG                                     | \$0 (1) |  |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML                           | \$0 (1) |  |
| varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)                    | \$0 (1) |  |
| varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)              | \$0 (1) |  |

**OLOA TAU FUALAAU PUIPUIA AI MAI FAAMA'I**

|   |         |           |
|---|---------|-----------|
| acamprosate oral tablet, delayed release (dr/ec) 333 mg               | \$0 (1) |           |
| anagrelide oral capsule 0.5 mg, 1 mg                                  | \$0 (1) |           |
| carglumic acid oral tablet, dispersible 200 mg                        | \$0 (1) | PA; LA; ^ |
| cevimeline oral capsule 30 mg   | \$0 (1) |           |
| CHEMET ORAL CAPSULE 100 MG  | \$0 (1) |           |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | \$0 (1) | B/D       |
| d10 %-0.45 % sodium chloride intravenous parenteral solution          | \$0 (1) |           |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| d2.5 %-0.45 % sodium chloride intravenous parenteral solution      | \$0 (1)                    |                                  |
| d5 % and 0.9 % sodium chloride intravenous parenteral solution     | \$0 (1)                    |                                  |
| d5 %-0.45 % sodium chloride intravenous parenteral solution        | \$0 (1)                    |                                  |
| deferasirox oral granules in packet 180 mg, 360 mg, 90 mg          | \$0 (1)                    | PA; ^                            |
| deferasirox oral tablet 180 mg, 360 mg, 90 mg                      | \$0 (1)                    | PA                               |
| deferasirox oral tablet, dispersible 125 mg                        | \$0 (1)                    | PA                               |
| deferasirox oral tablet, dispersible 250 mg, 500 mg                | \$0 (1)                    | PA; ^                            |
| dextrose 10 % and 0.2 % nacl intravenous parenteral solution       | \$0 (1)                    |                                  |
| dextrose 10 % in water (d10w) intravenous parenteral solution 10 % | \$0 (1)                    |                                  |
| dextrose 5 % in water (d5w) intravenous piggyback 5 %              | \$0 (1)                    |                                  |
| dextrose 5%-0.2 % sod chloride intravenous parenteral solution     | \$0 (1)                    |                                  |
| disulfiram oral tablet 250 mg, 500 mg                              | \$0 (1)                    |                                  |
| droxidopa oral capsule 100 mg                                      | \$0 (1)                    | PA; QL (90 EA per 30 days)       |
| droxidopa oral capsule 200 mg, 300 mg                              | \$0 (1)                    | PA; QL (180 EA per 30 days)      |
| ENDARI ORAL POWDER IN PACKET 5 GRAM                                | \$0 (1)                    | PA; LA; ^                        |
| glutamine (sickle cell) oral powder in packet 5 gram               | \$0 (1)                    | PA; ^                            |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML                            | \$0 (1)                    | PA; LA; ^                        |
| kionex (with sorbitol) oral suspension 15-20 gram/60 ml            | \$0 (1)                    |                                  |
| levocarnitine (with sugar) oral solution 100 mg/ml                 | \$0 (1)                    |                                  |
| levocarnitine oral tablet 330 mg                                   | \$0 (1)                    |                                  |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                      | \$0 (1)                    |                                  |
| midodrine oral tablet 10 mg, 2.5 mg, 5 mg                          | \$0 (1)                    |                                  |

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| <b>Igoa o le Vailaau</b>                              | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg      | \$0 (1)                    | PA; ^                            |
| pilocarpine hcl oral tablet 5 mg, 7.5 mg              | \$0 (1)                    |                                  |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML  | \$0 (1)                    | PA; LA; ^                        |
| riluzole oral tablet 50 mg                            | \$0 (1)                    |                                  |
| risedronate oral tablet 30 mg                         | \$0 (1)                    | QL (30 EA per 30 days)           |
| sodium chloride 0.9 % intravenous parenteral solution | \$0 (1)                    |                                  |
| sodium chloride irrigation solution 0.9 %             | \$0 (1)                    |                                  |
| sodium phenylbutyrate oral powder 0.94 gram/gram      | \$0 (1)                    | PA; ^                            |
| sodium phenylbutyrate oral tablet 500 mg              | \$0 (1)                    | PA; ^                            |
| sodium polystyrene sulfonate oral powder              | \$0 (1)                    |                                  |
| sps (with sorbitol) oral suspension 15-20 gram/60 ml  | \$0 (1)                    |                                  |
| trientine oral capsule 250 mg                         | \$0 (1)                    | PA; ^                            |
| <b>VAITAMINI, HEMATINICS / ELETOLITE</b>              |                            |                                  |
| <b>KEMIKA FAAGASOLO SUA O LE TINO (ELETOLITE)</b>     |                            |                                  |
| klor-con 10 oral tablet extended release 10 meq       | \$0 (1)                    |                                  |
| klor-con 8 oral tablet extended release 8 meq         | \$0 (1)                    |                                  |
| klor-con m10 oral tablet,er particles/crystals 10 meq | \$0 (1)                    |                                  |
| klor-con m15 oral tablet,er particles/crystals 15 meq | \$0 (1)                    |                                  |
| klor-con m20 oral tablet,er particles/crystals 20 meq | \$0 (1)                    |                                  |
| klor-con oral packet 20 meq                           | \$0 (1)                    |                                  |
| magnesium sulfate injection solution 500 mg/ml (50 %) | \$0 (1)                    |                                  |
| magnesium sulfate injection syringe 500 mg/ml (50 %)  | \$0 (1)                    |                                  |

E maua au faamatalaga i uiga o faailoga ma faapuupuuga i lenei laupapa i lou toe foi i le amataga o lenei laupapa. Fa'afouina  
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| <b>Igoa o le Vailaau</b>  | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|---|----------------------------|----------------------------------|
| potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l | \$0 (1)                    |                                  |
| potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l                     | \$0 (1)                    |                                  |
| potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l                                | \$0 (1)                    |                                  |
| potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)                                    | \$0 (1)                    |                                  |
| potassium chloride oral capsule, extended release 10 meq, 8 meq                                       | \$0 (1)                    |                                  |
| potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml   | \$0 (1)                    |                                  |
| potassium chloride oral packet 20 meq   | \$0 (1)                    |                                  |
| potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq                                 | \$0 (1)                    |                                  |
| potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq                           | \$0 (1)                    |                                  |
| potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l                               | \$0 (1)                    |                                  |
| potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l                               | \$0 (1)                    |                                  |
| potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l                     | \$0 (1)                    |                                  |
| sodium chloride 0.45 % intravenous parenteral solution 0.45 %   | \$0 (1)                    |                                  |
| sodium chloride 3 % hypertonic intravenous parenteral solution 3 %                                    | \$0 (1)                    |                                  |
| sodium chloride 5 % hypertonic intravenous parenteral solution 5 %                                    | \$0 (1)                    |                                  |
| <b>OLOA O FUALAAU SUI AI MEAAI</b>  |                            |                                  |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %                                     | \$0 (1)                    | B/D                              |

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| <b>Igoa o le Vailaau</b>   | <b>Vasega o le Vailaau</b> | <b>Faamalosiga/Faatapulaaina</b> |
|--|----------------------------|----------------------------------|
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | \$0 (1)                    | B/D                              |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %   | \$0 (1)                    | B/D                              |
| electrolyte-148 intravenous parenteral solution                      | \$0 (1)                    |                                  |
| intralipid intravenous emulsion 20 %                                 | \$0 (1)                    | B/D                              |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION                     | \$0 (1)                    |                                  |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %        | \$0 (1)                    |                                  |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION                        | \$0 (1)                    |                                  |
| PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %                       | \$0 (1)                    | B/D                              |
| premasol 10 % intravenous parenteral solution 10 %                   | \$0 (1)                    | B/D                              |
| travasol 10 % intravenous parenteral solution 10 %                   | \$0 (1)                    | B/D                              |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                 | \$0 (1)                    | B/D                              |
| <b>VAITAMINI/ HEMATINICS</b>   |                            |                                  |
| fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)            | \$0 (1)                    |                                  |
| prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg          | \$0 (1)                    |                                  |

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## Faasinoga o Vailaau

|                                    |        |   |        |   |        |
|------------------------------------|--------|---|--------|---|--------|
| <i>abacavir</i> .....              | 64     | <i>amantadine hcl</i> .....                 | 64     | <i>atenolol-chlorthalidone</i> .....        | 5      |
| <i>abacavir-lamivudine</i> .....   | 64     | <i>ambrisentan</i> .....                    | 55     | <i>atomoxetine</i> .....                    | 35, 36 |
| ABELCET.....                       | 59     | <i>amethia</i> .....                        | 72     | <i>atorvastatin</i> .....                   | 3      |
| ABILIFY ASIMTUFII.....             | 34     | <i>amikacin</i> .....                       | 68     | <i>atovaquone</i> .....                     | 68     |
| ABILIFY MAINTENA.....              | 34, 35 | <i>amiloride</i> .....                      | 4      | <i>atovaquone-proguanil</i> .....           | 68     |
| <i>abiraterone</i> .....           | 18     | <i>amiloride-hydrochlorothiazide</i> .....  | 4      | <i>atropine</i> .....                       | 78     |
| ABRYSVO (PF).....                  | 82     | <i>amiodarone</i> .....                     | 4      | ATROVENT HFA.....                           | 55     |
| <i>acamprosate</i> .....           | 96     | <i>amitriptyline</i> .....                  | 35     | <i>aubra eq</i> .....                       | 72     |
| <i>acarbose</i> .....              | 14     | <i>amlodipine</i> .....                     | 4      | AUGTYRO.....                                | 18     |
| <i>accutane</i> .....              | 89     | <i>amlodipine-atorvastatin</i> .....        | 3      | AUSTEDO.....                                | 47     |
| <i>acebutolol</i> .....            | 4      | <i>amlodipine-benazepril</i> .....          | 4      | AUSTEDO XR.....                             | 47     |
| <i>acetaminophen-codeine</i> ..... | 44     | <i>amlodipine-olmesartan</i> .....          | 5      | AUSTEDO XR TITRATION                        |        |
| <i>acetazolamide</i> .....         | 78     | <i>amlodipine-valsartan</i> .....           | 5      | KT(WK1-4).....                              | 47     |
| <i>acetic acid</i> .....           | 50     | <i>amlodipine-valsartan-hcthiazid</i> ..... | 5      | AUVELITY.....                               | 36     |
| <i>acetylcysteine</i> .....        | 55     | <i>ammonium lactate</i> .....               | 87     | <i>aviane</i> .....                         | 72     |
| <i>acitretin</i> .....             | 86     | <i>amnestem</i> .....                       | 89     | AYVAKIT.....                                | 18     |
| ACTEMRA.....                       | 92     | <i>amoxapine</i> .....                      | 35     | <i>azathioprine</i> .....                   | 18     |
| ACTEMRA ACTPEN.....                | 92     | <i>amoxicillin</i> .....                    | 60, 61 | <i>azelaic acid</i> .....                   | 89     |
| ACTHIB (PF).....                   | 82     | <i>amoxicillin-pot clavulanate</i> .....    | 61     | <i>azelastine</i> .....                     | 49, 78 |
| ACTIMMUNE.....                     | 81     | <i>amphotericin b</i> .....                 | 59     | <i>azithromycin</i> .....                   | 59     |
| <i>acyclovir</i> .....             | 64     | <i>ampicillin</i> .....                     | 61     | <i>aztreonam</i> .....                      | 68     |
| <i>acyclovir sodium</i> .....      | 64     | <i>ampicillin sodium</i> .....              | 61     | <i>azurette (28)</i> .....                  | 72     |
| ADACEL(TDAP                        |        | <i>ampicillin-sulbactam</i> .....           | 61     | <i>bacitracin</i> .....                     | 80     |
| ADOLESN/ADULT)(PF).....            | 82     | <i>anagrelide</i> .....                     | 96     | <i>bacitracin-polymyxin b</i> .....         | 80     |
| <i>adapalene</i> .....             | 89     | <i>anastrozole</i> .....                    | 18     | <i>baclofen</i> .....                       | 47     |
| <i>adefovir</i> .....              | 64     | ANORO ELLIPTA.....                          | 55     | <i>balsalazide</i> .....                    | 51     |
| ADEMPAS.....                       | 55     | <i>apraclonidine</i> .....                  | 81     | BALVERSA.....                               | 18     |
| ADVAIR HFA.....                    | 55     | <i>aprepitant</i> .....                     | 51     | <i>balziva (28)</i> .....                   | 73     |
| AIMOVIG AUTOINJECTOR.....          | 49     | <i>apri</i> .....                           | 72     | BARACLUDGE.....                             | 64     |
| AKEEGA.....                        | 18     | APTIOM.....                                 | 30     | BCG VACCINE, LIVE (PF).....                 | 82     |
| <i>ala-cort</i> .....              | 90     | APTIVUS.....                                | 64     | BELSOMRA.....                               | 36     |
| <i>albendazole</i> .....           | 68     | <i>aranelle (28)</i> .....                  | 72     | <i>benazepril</i> .....                     | 5      |
| <i>albuterol sulfate</i> .....     | 55     | ARCALYST.....                               | 81     | <i>benazepril-hydrochlorothiazide</i> ..... | 5      |
| <i>alclometasone</i> .....         | 90     | AREXVY (PF).....                            | 82     | BENLYSTA.....                               | 92     |
| <i>alcohol pads</i> .....          | 14     | <i>arformoterol</i> .....                   | 55     | <i>benztropine</i> .....                    | 43     |
| ALECENSA.....                      | 18     | ARIKAYCE.....                               | 68     | BESREMI.....                                | 81     |
| <i>alendronate</i> .....           | 94     | <i>aripiprazole</i> .....                   | 35     | <i>betaine</i> .....                        | 51     |
| <i>alfuzosin</i> .....             | 95     | ARISTADA.....                               | 35     | <i>betamethasone dipropionate</i> .....     | 90     |
| <i>aliskiren</i> .....             | 4      | ARISTADA INITIO.....                        | 35     | <i>betamethasone valerate</i> .....         | 90     |
| <i>allopurinol</i> .....           | 94     | <i>armodafinil</i> .....                    | 35     | <i>betamethasone, augmented</i> .....       | 90     |
| <i>alosetron</i> .....             | 51     | ARNUITY ELLIPTA.....                        | 55     | BETASERON.....                              | 81     |
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**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-877-374-4056(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-877-374-4056 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوّفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-877-374-4056 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-877-374-4056 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नि:शुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-877-374-4056 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-877-374-4056 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-877-374-4056 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-877-374-4056 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-877-374-4056 (TTY: 711)** にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Hawaiian:** Loa‘a iā mākou nā lawelawe unuhi ‘ōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lā‘au paha. No ka loa‘a ‘ana o ka unuhi ‘ōlelo e kelepona iā mākou ma **1-877-374-4056 (TTY: 711)**. Hiki i kekahi kanaka ‘ōlelo Hawai‘i ke kōkua iā ‘oe. He lawelawe manuahi kēia.

**Ilocano:** Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenna agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-877-374-4056 (TTY: 711)**. Mabalín nga makatulóng kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

**Samoan:** E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaa. Ina ia maua se tagata faamatala upu na’o le vili mai a matou i le **1-877-374-4056 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

**Ukrainian:** Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-877-374-4056 (TTY: 711)**. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

**Lao:** ພວກເຮົາມີບໍລິການຄົນພາສາພຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍຄືນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ 1-877-374-4056 (TTY: 711). ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການພຣີ.

**Cambodian:** យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថបូគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-877-374-4056 (TTY: 711)។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរបានអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

**Hmong:** Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov nqe lus nug twg uas koj yuav muaj hais txog peb lub phiaj xwm duav roos kev noj qab haus huv thiab tshuaj. Yog xav tau ib tug kws txhais lus ces tsuas hu rau peb tau ntawm 1-877-374-4056 (TTY: 711). Ib tug neeg twg uas hais tau lus Hmoob yuav pab tau koj. Qhov no yog kev pab cuam pab dawb xwb.

**Thai:** เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข 1-877-374-4056 (TTY: 711) คนที่พูดภาษาไทยได้สามารถช่วยคุณได้ บริการนี้ไม่มีค่าใช้จ่าย

**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-428-2224 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-844-428-2224 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Mandarin):** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-844-428-2224 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-844-428-2224 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-844-428-2224 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-844-428-2224 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-844-428-2224 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-844-428-2224 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-844-428-2224(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

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**Arabic:** نوّفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-844-428-2224 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

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**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il 1-844-428-2224 (TTY: 711). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número 1-844-428-2224 (TTY: 711). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-844-428-2224 (TTY: 711). Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-844-428-2224 (TTY: 711). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-844-428-2224 (TTY : 711) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Bengali:** আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের 1-844-428-2224 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

**Nepali:** हाम्रा स्वास्थ्य वा औषधिसम्बन्धी प्लानहरूको सम्बन्धमा तपाईंसँग हुन सक्ने जुनसुकै प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभासे सेवाहरू छन्। कुनै दोभासेको सेवा प्राप्त गर्न तपाईंले 1-844-428-2224 (TTY: 711) मा हामीलाई कल मात्र गरे पुग्छ। नेपाली भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्नुहुने छ। यो एक निःशुल्क सेवा हो।

**Swahili:** Tuna huduma za mkalimani zisizolipiwa wa kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu mpango wetu wa afya au dawa. Ili kupata mkalimani, tupigie tu simu kupitia 1-844-428-2224 (TTY: 711). Mtu anayezungumza Kiswahili anaweza kukusaidia. Huduma hii ni ya bila malipo.

**Tamil:** எங்கள் உடல்நலம் அல்லது மருந்துத் திட்டம் பற்றி உங்களுக்கு ஏதேனும் கேள்விகள் இருந்தால் பதிலளிப்பதற்காக இலவச மொழிபெயர்ப்பாளர் சேவைகளை வழங்குகிறோம். ஒரு மொழிபெயர்ப்பாளரை அணுக, 1-844-428-2224 (TTY: 711) என்ற எண்ணில் எங்களை அழைக்கவும். தமிழ் பேசத் தெரிந்த ஒருவர் உங்களுக்கு உதவுவார். இது ஒரு இலவச சேவையாகும்.

**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-247-1447 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-800-247-1447 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Mandarin):** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-800-247-1447 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-800-247-1447 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

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**French:** Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-800-247-1447 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-800-247-1447 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-800-247-1447 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-800-247-1447(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-800-247-1447 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوّفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-800-247-1447 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-800-247-1447 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il 1-800-247-1447 (TTY: 711). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número 1-800-247-1447 (TTY: 711). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-800-247-1447 (TTY: 711). Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-800-247-1447 (TTY: 711). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-800-247-1447 (TTY: 711) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Albanian:** Ne ofrojmë shërbime interpretimi pa pagesë për t'u përgjigjur për çdo pyetje që mund të keni lidhur me planin tonë shëndetësor ose të barnave. Për t'u lidhur me një interpret, na telefononi në numrin 1-800-247-1447 (TTY: 711). Një person që flet shqip mund t'ju ndihmojë. Ky shërbim është pa pagesë.

**Urdu:** ہمارے صحت یا منشیات کے منصوبے کے متعلق آپ کے سوالات کا جواب دینے کے لیے ہمارے پاس مفت انٹرپریٹر سروسز ہیں۔ انٹرپریٹر حاصل کرنے کے لیے، بس ہمیں اس نمبر پر کال کریں 1-800-247-1447 (TTY: 711)۔ اردو زبان بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

**Benga:** Tina zéma za mbumba za mbósi zi kual a ebi búló ekoté ya anyi mbi ya mbúno ya wumbúlu o ya vóta. Ku kual a mbumba, betha ne ka naamba ya 1-800-247-1447 (TTY: 711). Muntu oozáni Benga onibisa. Iyi ni zéma ya mbósi.

**Greek:** Διαθέτουμε δωρεάν υπηρεσία διερμηνείας για να απαντήσουμε σε τυχόν ερωτήσεις μπορεί να έχετε σχετικά με το πλάνο ιατρικής ή φαρμακευτικής περίθαλψης. Για να επικοινωνήσετε με διερμηνέα, απλώς καλέστε μας στο 1-800-247-1447 (TTY: 711). Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία.

**Yiddish:** מ'יר האבן אומזיסטע איבערטייטשונג סערוויסעס צו ענטפערן סיי וועלכע פראגן איר קענט האבן וועגן אייער געזונט אדער מעדיצין פלאן. צו באקומען אן איבערטייטשער, דארפט איר אונדז בלויז רופן אויף 1-800-247-1447 (TTY: 711). איינער וואס רעדט יידיש קען אייך העלפן. די סערוויס איז אומזיסט.

**Bengali:** আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের 1-800-247-1447 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

## **Discrimination Is Against the Law**

Wellcare By Allwell complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Wellcare By Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

### **Wellcare By Allwell:**

- Provides aids and services, at no cost, 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 language services, at no cost, to people whose primary language is not English, such as:
  - Qualified interpreters and
  - Information written in other languages.

### **If you need these services, contact Member Services at:**

Wellcare By Allwell: **1-844-428-2224** (TTY/TDD: **711**). Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

If you believe that Wellcare By Allwell failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

**1557 Coordinator**

**PO Box 31384, Tampa, FL 33631**

**1-855-577-8234**

**TTY/TDD: 711**

**Fax: 1-866-388-1769**

**Email: [SM\\_Section1557Coord@centene.com](mailto:SM_Section1557Coord@centene.com)**

You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. If you need help filing a grievance, our 1557 Coordinator 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 at U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

## La discriminación es un delito

Wellcare By Allwell cumple con las leyes Federales de derechos civiles aplicables y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Wellcare By Allwell no excluye a las personas ni las trata de manera diferente por su raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

### Wellcare By Allwell proporciona:

- Brinda asistencia y servicios, sin costo alguno, a las personas con discapacidades para comunicarse de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lengua de señas calificados
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles u otros formatos)
- Brinda servicios de idiomas sin costo para las personas cuyo idioma principal no es el inglés, como los siguientes:
  - Intérpretes calificados e
  - Información escrita en otros idiomas.

### Si necesita estos servicios, llame a Servicios para Miembros al:

Wellcare By Allwell: **1-844-428-2224** (TTY/TDD: **711**). Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes de 8 a.m. a 8 p.m.

Si considera que Wellcare By Allwell no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja ante la siguiente entidad:

**1557 Coordinator**

**PO Box 31384, Tampa, FL 33631**

**1-855-577-8234**

**TTY/TDD: 711**

**Fax: 1-866-388-1769**

**Email: [SM\\_Section1557Coord@centene.com](mailto:SM_Section1557Coord@centene.com)**

Puede presentar una queja en persona, o por correo, fax o correo electrónico. La queja debe presentarse por escrito en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja advierta lo que considera discriminación. Si necesita ayuda para presentar una queja, nuestro Coordinador 1557 está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights del U.S. Department of Health and Human Services de manera electrónica a través del Portal de Reclamos de la Office for Civil Rights, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal a U.S. Department of Health and Human Services; 200 Independence Avenue SW; Room 509F, HHH Building; Washington, D.C. 20201; o por teléfono: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Los formularios de reclamo están disponibles en <https://www.hhs.gov/ocr/complaints/index.html>.

If you, or someone you are helping, have questions about Wellcare By Allwell, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive oral interpretation, ASL, written translation, or auxiliary services, please contact Member Services at **1-844-428-2224 (TTY 711)**.

**Spanish:** Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Wellcare By Allwell y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir interpretación oral, lengua de signos americana (ASL), traducción escrita o servicios auxiliares, comuníquese con Servicios para Miembros al **1-844-428-2224 (TTY 711)**.

**Navajo:** Daa ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh na'ídíkid 'aa Wellcare By Allwell, dóó bineesh'a góó t'oo 'adee naash'ne di Bilagaana bizaad, ni be'esdzááh la' t'áá 'áko góó bil hánish'áásh dzaadi dóó bíka'ashkíd di nihí saad gi 'ádin t'áadoo báahilinigoo dóó di léi na'alkid lahgo 'át'éego. Dáá ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh la nish'j dóó/doodaii na'ach'aah 'ahoosoli eii biniish'laah bil'alnaa'alwo, ni be'esdzááh la' t'aa 'ako góó baa yíltsoós 'ooljee'lahgo 'anaa'niil bika'iishyeed dóó tse'esgizii gi 'adin t'áadoo baahilinigoo dóó di léi na'alkid lahgo 'át'éego. Góó yíltsoós saad náánalahdée' doodaii 'ooljee'lahgo 'anaa'niil tse'esgizii, Bilagáana 'atiingii 'i'ii'ahigii dine bizaad (ASL), t'aa shoodi deistsé' 'Anishtah Tse'esgizii gi **1-844-428-2224 (TTY 711)**.

**Chinese (Mandarin):** 如果您或您帮助的人对 Wellcare By Allwell 有疑问，并且不精通英语，则您有权免费、及时获得以您的语言提供的帮助和信息。如果您或您帮助的人患有听觉和/或视觉方面的疾病，会阻碍沟通，则您有权免费、及时获得辅助工具和服务。要获得口译、美国手语 (ASL)、笔译或辅助服务，请致电 **1-844-428-2224 (TTY 711)** 联系会员服务部。

**Chinese (Cantonese):** 如果您，或是您正在協助的對象，有關於 Wellcare By Allwell 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得口譯，美國手語 (ASL)，書面翻譯或輔助服務，請聯絡會員服務部，電話是 **1-844-428-2224 (TTY 711)**。

**Vietnamese:** Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Wellcare By Allwell và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch Ngôn ngữ ký hiệu Mỹ (ASL) hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số **1-844-428-2224 (TTY 711)**.

**Arabic:** إذا كان لديك أو لدى شخص تساعدك أسئلة حول Wellcare By Allwell، ولم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعدك تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة الشفهية أو لغة الإشارة الأمريكية (ASL) أو الترجمة الكتابية أو خدمات إضافية، يرجى الاتصال بخدمات الأعضاء على **1-844-428-2224 (TTY 711)**.

**Tagalog:** Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Wellcare By Allwell, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng pasalitang pagsasalin, ASL, pasulat na pagsasalin, o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa **1-844-428-2224 (TTY 711)**.

**Korean:** 귀하 또는 귀하의 도움을 받는 분이 Wellcare By Allwell에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 구두 통역, ASL, 서면 번역 또는 보조 서비스를 받으시려면 **1-844-428-2224(TTY 711)**번으로 가입자 서비스부에 연락해주시요.

**French:** Si vous-même ou une personne que vous aidez avez des questions à propos de Wellcare By Allwell et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services d'interprétation, de langue des signes américaine (ASL), de traduction ou de services auxiliaires, veuillez contacter Services aux membres au **1-844-428-2224 (TTY 711)**.

**German:** Falls Sie oder jemand, dem Sie helfen, Fragen zu Wellcare By Allwell hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Für mündliche Verdolmetschungen in andere Sprachen und in amerikanische Gebärdensprache (ASL), schriftliche Übersetzungen oder weitere Unterstützung wenden Sie sich bitte an unseren Kundendienst unter **1-844-428-2224 (TTY 711)**.

**Russian:** Если у вас или у лица, которому вы помогаете, возникли какие-либо вопросы о программе страхования Wellcare By Allwell, при этом вы недостаточно хорошо владеете английским языком, вы имеете право на бесплатную и своевременную помощь и информацию на своем родном языке. Если у вас или у лица, которому вы помогаете, наблюдается какое-либо нарушение слуха и/или зрения, которое препятствует коммуникации, вы имеете право на бесплатные и своевременные вспомогательные услуги и помощь. Для получения услуг устного перевода, перевода на американский жестовый язык (ASL), письменного перевода или вспомогательных услуг обратитесь в отдел обслуживания участников программы страхования по номеру **1-844-428-2224 (TTY 711)**.

**Japanese:** ご自身やあなたが介護している他の人が、Wellcare By Allwellについてご質問をお持ちの場合、英語に自信がなくても無料かつタイムリーにご希望の言語でヘルプや情報を得ることができます。ご自身や、あなたが介護している他の人の聴覚や視覚の状態のためやり取りが難しい場合でも、無料かつタイムリーに補助サービスを受けることができます。通訳やアメリカ手話 (ASL)、翻訳、補助サービスを受けるには、**1-844-428-2224 (TTY 711)**のメンバーサービスにご連絡ください。

**(Farsi) Persian:** اگر شما یا فردی که دارید به او کمک می‌کنید، سوالی درباره Wellcare By Allwell دارید، و انگلیسی نمی‌دانید، حق دارید کمک و اطلاعات را به زبان خودتان به رایگان و به موقع دریافت کنید. اگر شما یا فردی که دارید به او کمک می‌کنید مشکلات شنوایی یا بینایی دارد که برقراری ارتباط را سخت می‌کند، حق دارید کمک‌ها و خدمات امدادی را به زبان خودتان به رایگان و به موقع دریافت کنید. برای دریافت خدمات ترجمه شفاهی، زبان اشاره امریکایی (ASL)، ترجمه کتبی، یا کمک‌های امدادی لطفاً با خدمات اعضا به شماره **1-844-428-2224 (TTY 711)** تماس بگیرید.



## **Wellcare By Trillium Advantage's Nondiscrimination Policy**

Discrimination is against the law. Wellcare By Trillium Advantage must follow state and federal civil rights laws. We cannot treat people (members or potential members) unfairly in any of our programs or activities because of a person's:

- Age
- Disability
- National origin, primary language and proficiency of English language
- Race
- Religion
- Color
- Sex, sex characteristics, sexual orientation, gender identity or sex stereotypes
- Pregnant or related conditions
- Health status or need for services

If you feel you were treated unfairly for any of the above reasons, you can make a complaint. This is also called filing a grievance.

### **Make (or file) a complaint with Wellcare By Trillium Advantage in any of these ways:**

**Phone:** Call our Section 1557 Coordinator at **1-855-577-8234** (TTY: **711**)

**Fax:** 1-866-388-1769

**Mail:** PO Box 31384, Tampa, FL 33631

**Email:** SM\_Section1557Coord@centene.com

**Web:** <https://wellcare.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

### **You can read our complaint process at:**

<https://wellcare.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

### **If you have a disability, Wellcare By Trillium Advantage has these types of free help:**

- Qualified sign language interpreters
- Written information in large print, audio, or other formats
- Other reasonable modifications

### **If you need language help, Wellcare By Trillium Advantage has these types of free help:**

- Qualified interpreters
- Written information in other languages

Need help filing a complaint? Need language help or reasonable modifications? Call Member Services at **1-844-867-1156** (TTY: **711**) to speak with a peer wellness specialist or personal health navigator. Member Services hours: Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

### **You also have a right to file a complaint with any of these organizations:**

## **Oregon Health Authority (OHA) Civil Rights**

**Phone:** 1-844-882-7889 (TTY 711)

**Web:** [www.oregon.gov/OHA/EI](http://www.oregon.gov/OHA/EI)

**Email:** [OHA.PublicCivilRights@odhsoha.oregon.gov](mailto:OHA.PublicCivilRights@odhsoha.oregon.gov)

**Mail:**

Office of Equity and Inclusion Division

421 SW Oak St., Suite 750 Portland, OR 97204

## **Bureau of Labor and Industries Civil Rights Division**

**Phone:** 1-971-673-0764

**Web:** <https://www.oregon.gov/boli/civil-rights>

**Email:** [BOLI\\_help@boli.oregon.gov](mailto:BOLI_help@boli.oregon.gov)

**Mail:**

Bureau of Labor and Industries Civil Rights Division

800 NE Oregon St., Suite 1045 Portland, OR 97232

## **U.S. Department of Health and Human Services Office for Civil Rights (OCR)**

**Phone:** 1-800-368-1019, TDD: 1-800-537-7697

**Web:** <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**Mail:**

Office for Civil Rights

200 Independence Ave. SW, Room 509F, HHH Bldg.

Washington, DC 20201

## **Política de No Discriminación de Wellcare By Trillium Advantage**

La discriminación es un delito. Wellcare By Trillium Advantage debe cumplir con las leyes estatales y federales de derechos civiles. En ninguno de nuestros programas ni actividades podemos tratar a las personas (miembros o posibles miembros) de manera injusta por los siguientes motivos:

- Edad
- Discapacidad
- Nacionalidad de origen, lengua materna y dominio del idioma inglés
- Raza
- Religión
- Color de piel
- Sexo, características sexuales, orientación sexual, identidad de género o estereotipos sexuales
- Embarazo o afecciones relacionadas con este
- Estado de salud o necesidad de servicios

Si cree que recibió un trato injusto por alguno de los motivos anteriores, puede presentar un reclamo. Esto también se llama presentar una queja.

**Puede hacer (o presentar) un reclamo con Wellcare By Trillium Advantage de cualquiera de estas maneras:**

**Teléfono:** Llame a nuestro Coordinador de la Sección 1557 al **1-855-577-8234** (TTY: **711**)

**Fax:** 1-866-388-1769

**Correo Postal:** PO Box 31384, Tampa, FL 33631

**Correo electrónico:** SM\_Section1557Coord@centene.com

**Sitio Web:** <https://wellcare-es.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

**Puede leer nuestro proceso para los reclamos en el siguiente enlace:**

<https://wellcare-es.trilliumadvantage.com/member-resources/member-rights/appeals-grievances.html>

**Si tiene una discapacidad, Wellcare By Trillium Advantage dispone de los siguientes tipos de ayuda gratuita:**

- Intérpretes de lengua de señas calificados
- Información escrita en letra grande, en audio o en otros formatos
- Otras modificaciones razonables

**Si necesita ayuda con el idioma, Wellcare By Trillium Advantage dispone de los siguientes tipos de ayuda gratuita:**

- Intérpretes calificados
- Información escrita en otros idiomas

¿Necesita ayuda para presentar un reclamo? ¿Necesita ayuda con el idioma o solicitar modificaciones razonables? Llame a Servicios para Miembros al **1-844-867-1156** (TTY: **711**) para hablar con un par especialista en bienestar o tener acceso a un navegador personal para temas de salud. Horario de atención de Servicios para Miembros: Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles los siete días de la semana, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes, de 8 a.m. a 8 p.m.

**También tiene derecho a presentar un reclamo ante cualquiera de las siguientes organizaciones:**

### **Oregon Health Authority (OHA) Civil Rights**

**Teléfono:** 1-844-882-7889 (TTY 711)

**Sitio Web:** [www.oregon.gov/OHA/EI](http://www.oregon.gov/OHA/EI)

**Correo Electrónico:** [OHA.PublicCivilRights@odhsoha.oregon.gov](mailto:OHA.PublicCivilRights@odhsoha.oregon.gov)

**Correo Postal:**

Office of Equity and Inclusion Division

421 SW Oak St., Suite 750 Portland, OR 97204

### **Bureau of Labor and Industries Civil Rights Division**

**Teléfono:** 1-971-673-0764

**Sitio Web:** <https://www.oregon.gov/boli/civil-rights>

**Correo Electrónico:** [BOLI\\_help@boli.oregon.gov](mailto:BOLI_help@boli.oregon.gov)

**Correo Postal:**

Bureau of Labor and Industries Civil Rights Division

800 NE Oregon St., Suite 1045 Portland, OR 97232

### **Office for Civil Rights (OCR) del U.S. Department of Health and Human Services**

**Teléfono:** 1-800-368-1019, TDD: 1-800-537-7697

**Sitio Web:** <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**Correo Electrónico:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**Correo Postal:**

Office for Civil Rights

200 Independence Ave. SW, Room 509F, HHH Bldg.

Washington, DC 20201

**English:** You can get this communication in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 1-844-867-1156 or TTY 711. We accept relay calls.

You can get help from a certified and qualified health care interpreter.

**Spanish:** Puede obtener esta información en otros idiomas, en letra de imprenta grande, en braille o en un formato de su preferencia. También puede solicitar un intérprete. Esta ayuda es gratuita. Llame al 1-844-867-1156; los usuarios de TTY deben llamar al 711. Aceptamos llamadas del servicio de retransmisión.

Puede obtener la asistencia de un intérprete certificado y calificado en atención médica.

**Russian:** Вы можете получить данное сообщение на других языках, крупным шрифтом, шрифтом Брайля или в предпочтительном формате. Вы также можете запросить услуги переводчика. Такая помощь предоставляется бесплатно. Позвоните по номеру 1-844-867-1156 или TTY 711. Мы принимаем звонки через коммутаторную службу.

Вам может оказать помощь дипломированный переводчик с квалификацией в области здравоохранения.

**Vietnamese:** Quý vị có thể lấy thông tin này bằng các ngôn ngữ khác, bản in cỡ chữ lớn, chữ nổi hoặc định dạng yêu thích. Quý vị cũng có thể yêu cầu thông dịch viên. Trợ giúp này miễn phí. Gọi số 1-844-867-1156 hoặc TTY 711. Chúng tôi chấp nhận cuộc gọi chuyển tiếp.

Quý vị có thể được thông dịch viên chăm sóc sức khỏe có chứng nhận và đủ năng lực trợ giúp.

**Arabic:** يمكنك الحصول على هذه المعلومات بلغات أخرى أو بطباعة بأحرف كبيرة أو بطريقة برايل أو بتنسيق آخر تفضله. يمكنك أيضًا طلب خدمات مترجم فوري، وهذه المساعدة مجانية. اتصل على الرقم 1-844-867-1156 أو TTY 711. نقبل مكالمات الترحيل.

يمكنك الحصول على مساعدة من مترجم فوري معتمد ومؤهل لشؤون الرعاية الصحية.

**Somali:** Waxaad ku heli kartaa ee isgaarsiintan luqado kale, far waaweyn, farta indhoolaha ama qaabka aad doorbideyso. Waxaad ee sidoo kale codsan kartaa turjumaan. Caawimadani waa bilaash. Wac 1-844-867-1156 ama TTY 711. Waxaan aqbalnaa wicitaanada gudbinta

Waxaad caawimo ka heli kartaa turjumaan daryeel caafimaad oo shahaado haysta oo aqoon leh.

**Simplified Chinese:** 您可以使用其他语言、大号字体、盲文或您喜欢的方式 行交流。您也可以要求提供口服。此服务免。致 1-844-867-1156 或 打免 TTY 711。我 接受 接来。

您可以从 过 的有 的医 口 处获得帮助。

**Traditional Chinese:** 您可以選擇以其他語言、大字版、點字版或您偏好的格式獲取此通訊。您也可以要求口譯員服務。此服務為免費提供。請撥打 1-844-867-1156 或 TTY 711。我們接受轉接來電。

您可以獲得經認證之合格健康照護口譯員的協助。

**Korean:** 가입자는 이 문서를 다른 언어, 대형 인쇄체, 점자 또는 선호하는 형식으로 받을 수 있습니다. 통역사를 요청하실 수도 있습니다. 이러한 지원은 무료입니다. 1-844-867-1156 또는 TTY 711번으로 전화해 주십시오. 릴레이 통화도 가능합니다.

인증 및 유자격 의료 통역사의 도움을 받을 수 있습니다.

**Chuukese:** Ka tongeni kuna ei pwan non ekoch kapasen fanu, awattei mak, kewe tikitik faniten chuun ika met sokkun format (ititin om mak ka mochen) en mi mochen. Ka tongeni eis emon chon chiaku epwe anisuk. Mi free ei aninis. Kori ei nampa 1-844-867-1156 ika TTY 711. Am mi etiwa aninisin kewe mi ter rese tongeni koko.

Ka tongeni kuna aninis seni ekewe mi tufich chon health care chiaku.

**Ukrainian:** Ви можете отримати це повідомлення іншими мовами, великим шрифтом, шрифтом Брайля або іншому форматі за вашим бажанням. Ви також можете отримати допомогу перекладача. Ця допомога безкоштовна. Телефонуйте за номером 1-844-867-1156 або TTY 711. Ми приймаємо перенаправлені дзвінки.

Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

**Farsi:** می‌توانید این مطلب را به زبان‌های دیگر، چاپ درشت، خط بریل یا با فرمتی که ترجیح می‌دهید دریافت کنید. همچنین می‌توانید درخواست مترجم کنید. این کمک رایگان است. با شماره 1-844-867-1156 یا TTY 711 تماس بگیرید. ما تماس‌های رله مخصوص ناشنویان را می‌پذیریم. می‌توانید از یک مترجم کادر درمانی مجرب و دارای مجوز کمک بگیرید.

**Swahili:** Unaweza kupata mawasiliano haya katika lugha zingine, maandishi makubwa, Breli au muundo unaopendelea. Unaweza pia kuomba huduma za mkalimani. Huu ni usaidizi wa bila malipo. Piga simu kwa 1-844-867-1156 au TTY 711. Tunakubali upigaji simu za relay.

Unaweza kupata msaada kutoka kwa mkalimani wa huduma za afya aliyethibitishwa na aliyehitimu.

**Burmese:** ဤစာကို အခြားဘာသာစကားများ၊ ပုံနှိပ်စာလုံးကြီး၊ မျက်မမြင်စာ သို့မဟုတ် သင်နဲ့သက်ရာပုံစံဖြင့် ရယူနိုင်ပါသည်။ စကားပြန်တစ်ဦးကိုလည်း တောင်းဆိုနိုင်ပါသည်။ ဤအကူအညီမှာ အခမဲ့ဖြစ်သည်။ 1-844-867-1156 သို့မဟုတ် TTY 711 ကို ဖုန်းဆက်ပါ။ ဆွံ့အ နားမကြားသူများ၏ တစ်ဆင့်ခံခေါ်ဆိုမှုများကို ကျွန်ုပ်တို့ လက်ခံပါသည်။

အသိအမှတ်ပြုလက်မှတ်ရထားသော အရည်အချင်းမီ ကျန်းမာရေးစောင့်ရှောက်မှု စကားပြန်ထံမှ အကူအညီကို ရယူနိုင်ပါသည်။

**Amharic:** ይህን መልሶክት በሌሎች ቋንቋዎች፣ በትልልቅ ፊደላት፣ በብሬል ወይም እርስዎ በሚመርጡት ቅርጽ ማግኘት ይችላሉ። አስተርጓሚ እንዲቀርብልዎ መጠየቅ ይችላሉ። ይህ እገዛ የሚቀርበው በነጻ ነው። ወደ 1-844-867-1156 ወይም TTY 711 ይደውሉ። የማዘሪያ ጥሪዎችንም እንቀበላለን።

ከተመሰከረላት እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት ይችላሉ።

**Romanian:** Puteți obține această comunicare în alte limbi, cu scris mare, în Braille sau într-un format preferat de dvs. De asemenea, puteți solicita asistența unui interpret. Această asistență este oferită gratuit. Sunați la 1-844-867-1156 sau TTY 711. Acceptăm și serviciile de apeluri pentru persoane cu dizabilități de auz și/sau de vorbire.

Puteți primi asistență din partea unui interpret certificat și calificat în domeniul medical.

## **Race, Ethnicity and Language Information (REL)**

Wellcare By Allwell promises to keep your race, ethnicity, and language (REL) information private. We use some of the following ways to protect your information:

- Keeping paper documents in locked file cabinets.
- Requiring that all electronic information stays on physically secure media.
- Maintaining your electronic information in password-protected files.

We may use or share your REL info to perform our work. These activities may include:

- Finding health care gaps.
- Making intervention programs.
- Designing and directing outreach materials.
- Telling health care professionals and doctors about your language needs.

We will never use your REL information for approving, rate setting, or benefit decisions. We will not give your REL information to unauthorized people.

If you need these services, contact Wellcare By Allwell at **1-844-796-6811** (TTY: **711**). Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

### English

Attention: If you speak English, language assistance services are available to you free of charge. Call **1-844-796-6811** (TTY: **711**).

### Español (Spanish)

Atención: Si habla español, hay servicios de asistencia lingüística disponibles sin costo para usted. Llame al **1-844-796-6811** (TTY: **711**).

### Lus Hmoob (Hmong)

Ua Tib Zoo Saib: Yog tias koj hais lus Hmoob, peb muaj cov kev pab cuam txhais lus uas koj tsis tas them nqi dab tsi. Hu rau **1-844-796-6811** (TTY: **711**).

### 普通话 (Mandarin Chinese)

请注意：如果您说普通话，我们可以为您提供免费语言支持服务。请致电 **1-844-796-6811** (TTY: **711**)。

### ພາສາລາວ (Laotian)

ຂໍຄວນໃສ່ໃຈ: ຫາກວາທານເວົ້າພາສາລາວ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ **1-844-796-6811** (TTY: **711**).

### မြန်မာဘာသာ (Burmese)

သတိပြုရန်- သင်သည် မြန်မာစကားပြောဆိုပါက၊ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို အခမဲ့ရယူနိုင်သည်။ **1-844-796-6811** (TTY: **711**) သို့ ဖုန်းခေါ်ဆိုပါ။

### Somali (Somali)

Fiiro gaar ah: Hadii aad ku hadasho Soomaali, adeegyada kaalmada luuqada ayaad heleysaa oo kuu bilaash ah. La hadal **1-844-796-6811** (TTY: **711**).

### Русский (Russian)

Внимание: если вы говорите на русском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-796-6811** (TTY: **711**).

### Hrvatski (Croatian)

Pažnja: ako govorite hrvatski, usluge jezične pomoći dostupne su vam besplatno. Nazovite **1-844-796-6811** (TTY: **711**).

### German (German)

Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Rufen Sie dazu folgende Nummer an: **1-844-796-6811** (TTY: **711**).

### العربية (Arabic)

انتباه: في حال كنت تتحدث اللغة العربية، تتوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم **1-844-796-6811** (TTY: **711**).

### Tiếng Việt (Vietnamese)

Lưu ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số **1-844-796-6811** (TTY: **711**).

**한국어 (Korean)**

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. **1-844-796-6811** (TTY: **711**)번으로 전화해 주십시오.

**Deitsch (Pennsylvania Dutch)**

Wichdich: Wann du Deitsch schwetzscht, kannscht du en Interpreter griege unni as es ennich eppes koschte zellt. Ruf **1-844-796-6811** (TTY: **711**) uff.

**Polski (Polish)**

Uwaga: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-844-796-6811** (TTY: **711**).

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं. **1-844-796-6811** (TTY: **711**) पर कॉल करें.

**Shqip (Albanian)**

Vëmendje: Nëse flisni shqip, shërbimet e asistencës gjuhësore ju vihen në dispozicion falas. Telefononi **1-844-796-6811** (TTY: **711**).

## Arizona

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellAZ](https://www.wellcare.com/allwellAZ)**

## Arkansas

Wellcare Dual Liberty Nurture (HMO-POS D-SNP)

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

Wellcare Dual Access (HMO-POS D-SNP)

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellAR](https://www.wellcare.com/allwellAR)**

## Connecticut

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Florida

HMO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Georgia

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Hawaii

HMO-POS D-SNP

**1-877-457-7621 (TTY: 711)**

**[wellcare.com/ohana](https://www.wellcare.com/ohana)**

## Iowa

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Kentucky

HMO-POS D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Louisiana

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Maine

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Mississippi

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## Nevada

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellNV](https://www.wellcare.com/allwellNV)**

## **New York**

Wellcare Dual Access (HMO D-SNP),  
Wellcare Dual Access Open (PPO D-SNP)

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

Wellcare Fidelis Dual Access (HMO D-SNP)

**1-800-247-1447 (TTY: 711)**

**[wellcare.com/fidelisNY](https://wellcare.com/fidelisNY)**

## **Oregon**

HMO-POS D-SNP

**1-844-867-1156 (TTY: 711)**

**[wellcare.com/trilliumOR](https://wellcare.com/trilliumOR)**

## **Pennsylvania**

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellPA](https://wellcare.com/allwellPA)**

## **South Carolina**

HMO-POS D-SNP, PPO D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Tennessee**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Texas**

HMO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Washington**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://wellcare.com/medicare)**

## **Wisconsin**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellWI](https://wellcare.com/allwellWI)**



**Na toe Lisi o Fualaaui Inisiua leni fa'asologa i le aso 10/15/2024.**

Mo nisi fa'amatalaga lata mai po'o isi fesili, fa'amolemole fa'afeso'ota'i mai matou, Wellcare Member Services ile numera telefoni po'o le upegatafa'ilagi mo lau Lisi o Fualaaui Inisiua o lo'o lisiina i totonu pito i luma ma tua o le faavaa o leni pepa fa'atumu, i le va o Oketopa 1 ma Mati 31, e avanoa sui e fitu aso o le vaiaso, 8 a.m. ia 8 p.m., i le va o Aperila 1 ma Setema 30, e avanoa sui Aso Gafua-Aso Faraile, 8 a.m. ia 8 p.m.

10/15/2024

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage