

# OneCare (HMO D-SNP), a Medicare Medi-Cal Plan

## 2024 List of Covered Drugs (Formulary)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE  
COVER IN THIS PLAN

This formulary was updated on 11/19/2024. **Important Message About What You Pay for Vaccines** — Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact OneCare Customer Service at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week or visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare) .

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# OneCare (HMO D-SNP), a Medicare Medi-Cal Plan | 2024 List of Covered Drugs (Formulary)

## Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by OneCare. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by OneCare.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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**If you have questions**, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

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## A. Disclaimers

This is a list of drugs that members can get in OneCare.

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, is a Medicare Advantage organization with a Medicare contract. Enrollment in OneCare depends on contract renewal. OneCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Call OneCare Customer Service toll-free at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. Visit us at **www.caloptima.org/OneCare**.

### English Tagline

ATTENTION: If you need help in your language call **1-877-412-2734(TTY 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-877-412-2734(TTY 711)**. These services are free of charge.

### الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-877-412-2734 (TTY 711)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير اتصل بـ **1-877-412-2734 (TTY 711)**. هذه الخدمات مجانية.

### Հայերեն պիտակ (Armenian)

Ուշադրութեամբ: Եթե Ձեզ օգնւթյուն է հարկավոր Ձեր լեզվով, զանգահարեք **1-877-412-2734(TTY 711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1-877-412-2734(TTY 711)**: Այդ ծառայություններն անվճար են:

### ພາສາម៉ាល់ដា សាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-877-412-2734(TTY 711)** ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-877-412-2734(TTY 711)** ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### 简体中文标语 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，**1-877-412-2734 (TTY 711)**。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 **1-877-412-2734 (TTY 711)**。这些服务都是免费的。

### مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-877-412-2734 (TTY 711)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-877-412-2734 (TTY 711)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. For more information, visit **www.caloptima.org/OneCare**.

### **हिंदी टैगलाइनी (Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-877-412-2734 (TTY 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-877-412-2734 (TTY 711)** पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

### **Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-877-412-2734 (TTY 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-877-412-2734 (TTY 711)**. Cov kev pab cuam no yog pab dawb xwb.

### **日本語表記 (Japanese)**

注意日本語での対応が必要な場合は **1-877-412-2734 (TTY 711)** へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-877-412-2734 (TTY 711)** へお電話ください。これらのサービスは無料で提供しています。

### **한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-877-412-2734 (TTY 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-877-412-2734 (TTY 711)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### **ແຫກໄລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-877-412-2734 (TTY 711)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ແລະເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-877-412-2734 (TTY 711)**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

### **Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-877-412-2734 (TTY 711)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-877-412-2734 (TTY 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-877-412-2734 (TTY 711)**। ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-877-412-2734 (TTY 711)** ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. For more information, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

### **Русский (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-877-412-2734** (линия 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-877-412-2734** (телетайп 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-877-412-2734** (TTY 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-877-412-2734** (TTY 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-877-412-2734** (TTY 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-877-412-2734** (TTY 711). Libre ang mga serbisyong ito.

### **แท็กไล่นภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข

**1-877-412-2734** (TTY 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734** (TTY 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-877-412-2734** (TTY 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-877-412-2734** (TTY 711). Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-877-412-2734** (TTY 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-877-412-2734** (TTY 711). Các dịch vụ này đều miễn phí.

- ❖ You can always check OneCare's up-to-date *List of Covered Drugs* online at **www.caloptima.org/OneCare** or by calling **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week .
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week . The call is free.
- ❖ This document is available for free in Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese.
- ❖ You can also make a standing request to get materials in threshold languages and/or alternate format:



**If you have questions**, please call OneCare at **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

- Threshold languages available in Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese.
- Alternative formats are available in large print, braille, data CD, or audio.
- Your standing request will be kept in our system for all future mailings and communication. To cancel or make a change to your standing request please call OneCare Customer Service number at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free.

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## **B. Frequently Asked Questions (FAQ)**

Find answers here to questions you have about this *List of Covered Drugs*. You can read all the FAQ to learn more or look for a question and answer.

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### **B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)**

The drugs on the *List of Covered Drugs* that starts on page 18 are the drugs covered by OneCare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.” The prescription drugs included on this List of Covered Drugs are covered by OneCare. Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) for more information. You can also call the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- OneCare will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - OneCare agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a OneCare network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at **[www.caloptima.org/OneCare](http://www.caloptima.org/OneCare)** or call Customer Service at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week.



**If you have questions**, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

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## B2. Does the Drug List ever change?

Yes, and OneCare must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from OneCare before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check OneCare's up-to-date Drug List online at **[www.caloptima.org/OneCares](http://www.caloptima.org/OneCares)**.
- You can also call OneCare Customer Service at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week to check the current Drug List.

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## B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.



**If you have questions**, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).



- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will also tell your doctor or other prescriber about this change.
- You can work with your doctor or other prescriber to find another drug for your condition. Please contact your doctor or other prescriber if you need help finding another drug.
- You can also call OneCare Customer Service for help at **1-877-412-2734 (TTY 711)**.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

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#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from OneCare before you fill your prescription. Prior authorization is different from a referral. OneCare may not cover the drug if you don't get prior authorization.



**If you have questions**, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

- **Quantity limits:** Sometimes OneCare limits the amount of a drug you can get.
- **Step therapy:** Sometimes OneCare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 16. You can also get more information by visiting our website at [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

---

### **B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?**

The table in the List of Drugs by Medical Condition on page 18 has a column labeled "Necessary actions, restrictions, or limits on use."

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### **B6. What happens if OneCare changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

---

### **B7. How can I find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it starting on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.



**If you have questions**, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 16. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

---

### **B8. What if the drug I want to take is not on the Drug List?**

If you don't find your drug on the Drug List, call OneCare Customer Service at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week and ask about it. If you learn that OneCare will not cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask OneCare to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

---

### **B9. What if I am a new OneCare member and can't find my drug on the Drug List or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of OneCare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by OneCare, **or**
- you are taking a drug that is part of a step therapy restriction

If you are taking a drug that OneCare does not consider to be a Part D drug, you have the right to get a one-time, no less than a 72-hour supply of the drug with Medi-Cal Rx. Please visit the Medi-Cal Rx website ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) for more information. You can also call the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:



**If you have questions**, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new OneCare member.
- This is in addition to the temporary supply during the first 90 days you are a member of OneCare.

If you are a current member moving from one treatment setting to another, this is called a Level of Care Change. Examples include:

- Entering a long-term care facility from an acute-care hospital
- Discharge from hospital to home
- Ending a Part A skilled nursing stay with reversion to Part D coverage
- Giving up hospice status to revert to standard Part A and Part B benefits
- Ending a long-term care facility stay and returning to the community
- Discharge from a psychiatric hospital.

If you have a Level of Care Change, for each of your drugs that is not on our Drug List, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs. In these instances, you have two options:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take, **or**
- You can ask OneCare to make an exception to cover your drug. Please see question B10 for more information about exceptions

---

### **B10. Can I ask for an exception to cover my drug?**

Yes. You can ask OneCare to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, OneCare may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.



**If you have questions**, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

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**B11. How can I ask for an exception?**

To ask for an exception, call Customer Service. Customer Service will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

---

**B12. How long does it take to get an exception?**

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. For more information about providing a supporting statement, call OneCare Customer Service at **1-877-412-2734 (TTY 711)**.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

---

**B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

OneCare covers both brand name drugs and generic drugs.

---

**B14. What are OTC drugs?**

OTC stands for "over-the-counter." Some OTC drugs are covered through Medi-Cal Rx when they are written as prescriptions by your provider. Additional information on OTC drugs covered by Medi-Cal Rx is available on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov/home/cdl/>). You can also call the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

You can read the OneCare Drug List to find out what OTC drugs are covered.

---

**B15. Does OneCare cover non-drug OTC products?**

OneCare covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include supplies associated with injection of insulin.

You can read the OneCare Drug List to find out what non-drug OTC products are covered.



**If you have questions**, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

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**B16. Does OneCare cover long-term supplies of prescriptions?**

- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.

---

**B17. Can I get prescriptions delivered to my home from my local pharmacy?**

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

---

**B18. What is my copay?**

OneCare members have \$0 copays for prescription and OTC drugs and non-drug products if the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

OneCare uses a single tier (Tier 1) drug list which includes generic and brand drugs. The copay for Tier 1 drugs is \$0 as long as you follow the plan's rules.

If you have questions, call OneCare Customer Service at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week.



**If you have questions**, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

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## C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by OneCare. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page I-1. The index alphabetically lists all drugs covered by OneCare.

**Note:** Drugs that are not a “Part D drug” have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medi-Cal.
- If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call OneCare Customer Service at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week.
- You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.



**If you have questions**, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

## C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

| Code   | Meaning   |
|--------|---|
| PA     | You (or your physician) are required to get prior authorization from OneCare before you fill your prescription for this drug. Without prior approval, OneCare may not cover this drug.  |
| PA BvD | This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from OneCare to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, OneCare may not cover this drug.  |
| PA-HRM | This drug has been deemed by the Centers for Medicare & Medicaid Services (CMS) to be potentially harmful and, therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from OneCare before filling a prescription for this drug. Without prior approval, OneCare may not cover this drug. |
| PA NSO | If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from OneCare before you fill your prescription for this drug. Without prior approval, OneCare may not cover this drug.   |
| QL     | OneCare limits the amount of this drug that is covered per prescription, or within a specific time frame.   |
| ST     | Before OneCare will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.   |
| LA     | This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call OneCare Customer Service at <b>1-877-412-2734</b> (TTY <b>711</b> ), 24 hours a day, 7 days a week.   |



**If you have questions**, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).



The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *amoxicillin*), brand name drugs are capitalized (for example, ELIQUIS), and OTC drugs and non-drug products are listed in lower case (for example, insulin pen needle). The information in the “Necessary actions, restrictions, or limits on use” column tells you if OneCare has any rules for covering your drug.



**If you have questions**, please call OneCare at **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare).

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Analgesics  |  |   |
| Analgesics  |  |   |
| <i>butalbital-acetaminophen-caffeine 50-325-40 mg tablet</i>  | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| Nonsteroidal Anti-inflammatory Drugs  |  |   |
| <i>celecoxib (100 mg capsule, 400 mg capsule)</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>celecoxib (50 mg capsule, 200 mg capsule)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>diclofenac 2% solution pump</i>  | \$0 (Tier 1)                             | PA, QL (224 per 28 days)                          |
| <i>diclofenac epolamine 1.3% ptch</i>   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>diclofenac pot 50 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>diclofenac sod er 100 mg tab</i>   | \$0 (Tier 1)                             |   |
| <i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i> | \$0 (Tier 1)                             |   |
| <i>ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>   | \$0 (Tier 1)                             |   |

You can find information on what the symbols and abbreviations in this table mean by going to List of Abbreviations on page 16.

**If you have questions**, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/onecare](http://www.caloptima.org/onecare).

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Analgesics</b>   |  |   |
| <i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| IBU (600 MG TABLET, 800 MG TABLET)  | \$0 (Tier 1)                             |   |
| <i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>indomethacin (25 mg capsule, 50 mg capsule)</i>  | \$0 (Tier 1)                             |   |
| <i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>nabumetone (500 mg tablet, 750 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>naproxen (125 mg/5 ml suspen, 250 mg tablet, 375 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>piroxicam (10 mg capsule, 20 mg capsule)</i>   | \$0 (Tier 1)                             |   |

You can find information on what the symbols and abbreviations in this table mean by going to List of Abbreviations on page 16.

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Analgesics</b>   |  |   |
| <i>sulindac (150 mg tablet, 200 mg tablet)</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <b>Opioid Analgesics, Long-acting</b>   |  |   |
| <i>fentanyl (12 patch, 25 patch, 50 patch, 75 patch, 100 patch)</i>   | \$0 (Tier 1)                             | QL (10 per 30 days)                               |
| <i>levorphanol tartrate (2 mg tablet, 3 mg tablet)</i>  | \$0 (Tier 1)                             | PA NSO  |
| <i>methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, hcl 10 mg tablet)</i>   | \$0 (Tier 1)                             | PA NSO  |
| <i>morphine sulfate er (sulf er 100 mg tablet, sulf er 200 mg tablet, sulfate er 100 mg cap, sulfate er 120 mg cap)</i>   | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| <i>morphine sulfate er (sulf er 15 mg tablet, sulf er 30 mg tablet, sulf er 60 mg tablet, sulfate er 10 mg cap, sulfate er 20 mg cap, sulfate er 30 mg cap, sulfate er 45 mg cap, sulfate er 50 mg cap, sulfate er 60 mg cap, sulfate er 75 mg cap, sulfate er 80 mg cap, sulfate er 90 mg cap)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

You can find information on what the symbols and abbreviations in this table mean by going to List of Abbreviations on page 16.

**If you have questions**, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/onecare](http://www.caloptima.org/onecare).

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Analgesics</b>  |  |   |
| <i>oxycodone hcl er (er 10 mg tablet, er 20 mg tablet)</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>oxymorphone hcl er (er 5 mg tablet, er 10 mg tab, er 15 mg tab, er 20 mg tab, er 30 mg tab, er 40 mg tab)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>oxymorphone hcl er 7.5 mg tab</i>   | \$0 (Tier 1)                             |   |
| <b>Opioid Analgesics, Short-acting</b>   |  |   |
| <i>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>acetaminophen-codeine 120-12 mg/5</i>   | \$0 (Tier 1)                             | QL (5000 per 30 days)                             |
| <i>codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| ENDOCET (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>hydrocodone-acetamin 10-325/15</i>  | \$0 (Tier 1)                             | QL (5000 per 30 days)                             |

You can find information on what the symbols and abbreviations in this table mean by going to List of Abbreviations on page 16.

**If you have questions**, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/onecare](http://www.caloptima.org/onecare).

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Analgesics</b>  |  |   |
| <i>hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>hydrocodone-acetaminophen 10-325mg</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>hydrocodone-acetaminophen 5-325mg</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>hydrocodone-acetaminophen 7.5-325mg</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>hydrocodone-ibuprofen 7.5-200</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>hydromorphone hcl (1 mg/ml solution, 2 mg tablet, 4 mg tablet, 5 mg/5 ml soln, 8 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>meperidine hcl (25 mg/ml vial, 50 mg/5 ml solution, 50 mg/ml vial, 100 mg/ml vial)</i>  | \$0 (Tier 1)                             | PA  |
| <i>morphine sulfate (sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc, sulfate ir 15 mg tab, sulfate ir 30 mg tab)</i> | \$0 (Tier 1)                             |   |

You can find information on what the symbols and abbreviations in this table mean by going to List of Abbreviations on page 16.

**If you have questions**, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/onecare](http://www.caloptima.org/onecare).

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Analgesics</b>  |  |   |
| <i>oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, 15 mg tablet, (ir) 20 mg tab, 20 mg tablet, (ir) 30 mg tab, 30 mg tablet, 100 mg/5 ml conc)</i> | \$0 (Tier 1)                             |   |
| <i>oxycodone-acetaminophen (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 7.5-325)</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>oxymorphone hcl (5 mg tablet, 10 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>tramadol hcl 100 mg tablet</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>tramadol hcl 50 mg tablet</i>   | \$0 (Tier 1)                             | QL (240 per 30 days)                              |

You can find information on what the symbols and abbreviations in this table mean by going to List of Abbreviations on page 16.

**If you have questions**, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/onecare](http://www.caloptima.org/onecare).

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Anesthetics  |  |   |
| Local Anesthetics                                    |  |   |
| <i>lidocaine 5% patch</i>                            | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| <i>lidocaine hcl 4% solution</i>                     | \$0 (Tier 1)                             |   |
| <i>lidocaine hcl viscous (2% 15 ml cup, 2% soln)</i> | \$0 (Tier 1)                             |   |
| <i>lidocaine-prilocaine cream</i>                    | \$0 (Tier 1)                             |   |
| TRIDACAINE II 5% PATCH                               | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |

| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Anti-Addiction/Substance Abuse Treatment Agents  |  |   |
| Alcohol Deterrents/Anti-craving                  |  |   |
| <i>acamprosate calc dr 333 mg tab</i>            | \$0 (Tier 1)                             |   |
| <i>disulfiram (250 mg tablet, 500 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>naltrexone 50 mg tablet</i>                   | \$0 (Tier 1)                             |   |

You can find information on what the symbols and abbreviations in this table mean by going to List of Abbreviations on page 16.

**If you have questions**, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.caloptima.org/onecare](http://www.caloptima.org/onecare).



| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Anti-Addiction/Substance Abuse Treatment Agents  |  |   |
| Opioid Dependence  |  |   |
| <i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>  | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>buprenorphine-naloxone (buprenorphin-naloxon 8-2 mg sl, buprenorphine-nalox 2-0.5mg fm, buprenorphine-nalox 2-0.5mg tb, buprenorphine-nalox 4-1mg film, buprenorphine-nalox 8-2 mg tab, buprenorphine-nalox 8-2mg film, buprenorphine-nalox 12-3mg flm, buprenorphn-naloxn 2-0.5 mg sl)</i> | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>lofexidine 0.18 mg tablet</i>   | \$0 (Tier 1)                             | PA  |
| VIVITROL (380 MG VIAL, 380 MG VIAL-DILUENT)  | \$0 (Tier 1)                             | QL (1 per 30 days)                                |
| Opioid Reversal Agents   |  |   |
| KLOXXADO 8 MG NASAL SPRAY  | \$0 (Tier 1)                             | QL (2 per 30 days)                                |
| <i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>  | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Anti-Addiction/Substance Abuse Treatment Agents  |  |   |
| Smoking Cessation Agents   |  |   |
| <i>bupropion hcl sr 150 mg tablet</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NICOTROL CARTRIDGE INHALER   | \$0 (Tier 1)                             | QL (504 per 30 days)                              |
| NICOTROL NS 10 MG/ML SPRAY   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>varenicline starting month box</i>  | \$0 (Tier 1)                             | QL (53 per 28 days)                               |
| <i>varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| Antibacterials                        |  |   |
| Aminoglycosides                       |  |   |
| <i>amikacin sulf 500 mg/2 ml vial</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antibacterials</b>  |  |   |
| ARIKAYCE 590 MG/8.4 ML VIAL  | \$0 (Tier 1)                             | PA, QL (252 per 30 days)                          |
| <i>gentamicin sulfate (0.1% cream, 0.1% ointment, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>  | \$0 (Tier 1)                             |   |
| <i>gentamicin sulfate in ns (60 mg/ns 50 ml pb, iso 100 mg/100 ml, isoton 60 mg/50 ml, 80 mg/ns 100 ml pb, 80 mg/ns 50 ml pb, isoton 80 mg/100 ml, isoton 80 mg/50 ml, 100 mg/ns 100 ml)</i> | \$0 (Tier 1)                             |   |
| <i>neomycin 500 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>streptomycin sulf 1 gm vial</i>   | \$0 (Tier 1)                             |   |
| <i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>   | \$0 (Tier 1)                             |   |
| <b>Antibacterials, Other</b>   |  |   |
| <i>acetic acid 2% ear solution</i>   | \$0 (Tier 1)                             |   |
| AEMCOLO DR 194 MG TABLET   | \$0 (Tier 1)                             | PA, QL (12 per 3 days)                            |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antibacterials</b>  |  |   |
| <i>aztreonam (1 gm vial, 2 gm vial)</i>  | \$0 (Tier 1)                             |   |
| CLEOCIN 100 MG VAGINAL OVULE   | \$0 (Tier 1)                             |   |
| <i>clindamycin (pedi) 75 mg/5 ml</i>   | \$0 (Tier 1)                             |   |
| <i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>   | \$0 (Tier 1)                             |   |
| <i>clindamycin pediater 75 mg/5 ml</i>   | \$0 (Tier 1)                             |   |
| <i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget)</i> | \$0 (Tier 1)                             |   |
| <i>clindamycin phosphate-d5w (300 mg/50 ml-d5w, 600 mg/50 ml-d5w, 900 mg/50 ml-d5w)</i>  | \$0 (Tier 1)                             |   |
| <i>colistimethate 150 mg vial</i>  | \$0 (Tier 1)                             |   |
| DALVANCE 500 MG VIAL   | \$0 (Tier 1)                             | PA  |
| <i>daptomycin (350 mg vial, 500 mg vial)</i>   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antibacterials</b>  |  |   |
| <i>fosfomycin 3 gm sachet</i>  | \$0 (Tier 1)                             |   |
| <i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>   | \$0 (Tier 1)                             | PA  |
| <i>linezolid 600 mg/300 ml-d5w</i>   | \$0 (Tier 1)                             | PA  |
| <i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel, vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i> | \$0 (Tier 1)                             |   |
| <i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)</i>  | \$0 (Tier 1)                             |   |
| <i>nitrofurantoin mono-mcr 100 mg</i>  | \$0 (Tier 1)                             |   |
| <i>polymyxin b sulfate vial</i>  | \$0 (Tier 1)                             |   |
| SIVEXTRO (200 MG TABLET, 200 MG VIAL)  | \$0 (Tier 1)                             | PA, QL (6 per 30 days)                            |
| SOLOSEC 2 GM GRANULE PACKET  | \$0 (Tier 1)                             | PA  |
| <i>tigecycline 50 mg vial</i>  | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antibacterials</b>  |  |   |
| <i>tinidazole (250 mg tablet, 500 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>trimethoprim 100 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg a-v vial, 500 mg add-van vial, 500 mg vial)</i> | \$0 (Tier 1)                             |   |
| <i>vancomycin hcl 125 mg capsule</i>   | \$0 (Tier 1)                             | PA, QL (160 per 30 days)                          |
| XIFAXAN (200 MG TABLET, 550 MG TABLET)   | \$0 (Tier 1)                             | PA  |
| <b>Beta-lactam, Cephalosporins</b>   |  |   |
| AVYCAZ 2.5 GRAM VIAL   | \$0 (Tier 1)                             | PA  |
| <i>cefaclor (250 mg capsule, 500 mg capsule)</i>   | \$0 (Tier 1)                             |   |
| <i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>  | \$0 (Tier 1)                             |   |
| <i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antibacterials</b>   |  |   |
| <i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>  | \$0 (Tier 1)                             |   |
| <i>cefepime hcl (1 gm vial, 2 gram vial)</i>  | \$0 (Tier 1)                             |   |
| <i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i>  | \$0 (Tier 1)                             |   |
| <i>cefotetan (1 gm vial, 2 gm vial)</i>   | \$0 (Tier 1)                             |   |
| <i>cefoxitin (1 gm vial, 2 gm vial, 10 gm vial)</i>   | \$0 (Tier 1)                             |   |
| <i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>  | \$0 (Tier 1)                             |   |
| <i>ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antibacterials</b>   |  |   |
| <i>cefuroxime (250 mg tab, 500 mg tab)</i>  | \$0 (Tier 1)                             |   |
| <i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>   | \$0 (Tier 1)                             |   |
| <i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 6 GRAM VIAL)   | \$0 (Tier 1)                             |   |
| TEFLARO (400 MG VIAL, 600 MG VIAL)  | \$0 (Tier 1)                             | PA  |
| ZERBAXA 1.5 GRAM VIAL   | \$0 (Tier 1)                             | PA  |
| <b>Beta-lactam, Penicillins</b>   |  |   |
| <i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antibacterials</b>  |  |   |
| <i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>                 | \$0 (Tier 1)                             |   |
| <i>ampicillin 500 mg capsule</i>   | \$0 (Tier 1)                             |   |
| <i>ampicillin sodium (1 gm advantage vl, 1 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial)</i>   | \$0 (Tier 1)                             |   |
| <i>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm btl, ampicillin-sulbactam 15 gm vl)</i> | \$0 (Tier 1)                             |   |
| BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)   | \$0 (Tier 1)                             |   |
| BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS)   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antibacterials</b>  |  |   |
| <i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i>   | \$0 (Tier 1)                             |   |
| <i>nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial)</i>   | \$0 (Tier 1)                             |   |
| <i>oxacillin (1 50 ml inj, 2 50 ml inj)</i>  | \$0 (Tier 1)                             |   |
| <i>oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm vial)</i>   | \$0 (Tier 1)                             |   |
| <i>penicillin g na 5 million unit</i>  | \$0 (Tier 1)                             |   |
| <i>penicillin g potassium (5 million, 20 million)</i>  | \$0 (Tier 1)                             |   |
| <i>penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)</i>   | \$0 (Tier 1)                             |   |
| <i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antibacterials</b>  |  |   |
| <b>Carbapenems</b>   |  |   |
| <i>ertapenem 1 gram vial</i>   | \$0 (Tier 1)                             |   |
| <i>imipenem-cilastatin sodium (250 mg vl, 500 mg vl)</i>   | \$0 (Tier 1)                             |   |
| <i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>  | \$0 (Tier 1)                             |   |
| VABOMERE 2 GRAM VIAL   | \$0 (Tier 1)                             | PA  |
| <b>Macrolides</b>  |  |   |
| <i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, i.v. 500 mg vial)</i> | \$0 (Tier 1)                             |   |
| <i>azithromycin 250 mg tablet (dose pack)</i>  | \$0 (Tier 1)                             |   |
| <i>azithromycin 500 mg tablet (dose pack)</i>  | \$0 (Tier 1)                             |   |
| <i>azithromycin 600 mg tablet</i>  | \$0 (Tier 1)                             | PA  |
| <i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antibacterials</b>  |  |   |
| DIFICID 200 MG TABLET  | \$0 (Tier 1)                             | QL (20 per 10 days)                               |
| DIFICID 40 MG/ML SUSPENSION  | \$0 (Tier 1)                             | QL (136 per 10 days)                              |
| ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)   | \$0 (Tier 1)                             |   |
| <i>erythromycin (250 mg tablet, 500 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <b>Quinolones</b>  |  |   |
| BAXDELA (300 MG VIAL, 450 MG TABLET)   | \$0 (Tier 1)                             | PA, QL (28 per 14 days)                           |
| <i>ciprofloxacin 200 mg/100ml-d5w</i>  | \$0 (Tier 1)                             |   |
| <i>ciprofloxacin hcl (500 mg tab, 750 mg tab)</i>  | \$0 (Tier 1)                             |   |
| <i>ciprofloxacin hcl 250 mg tab</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>levofloxacin (25 mg/ml solution, 250 mg tablet, 250 mg/10 ml soln, 500 mg tablet, 500 mg/20 ml soln, 750 mg tablet)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antibacterials</b>  |  |   |
| <i>levofloxacin-d5w (500 mg/100 ml-d5w, 750 mg/150 ml-d5w)</i>               | \$0 (Tier 1)                             |   |
| <i>moxifloxacin 400 mg/250 ml bag</i>  | \$0 (Tier 1)                             |   |
| <i>moxifloxacin hcl 400 mg tablet</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>ofloxacin (300 mg tablet, 400 mg tablet)</i>                              | \$0 (Tier 1)                             |   |
| <b>Sulfonamides</b>  |  |   |
| <i>sodium sulfacetamide 10% lot</i>  | \$0 (Tier 1)                             |   |
| <i>sulfacetamide sodium (sod 10% top susp, sodium 10% lotn)</i>              | \$0 (Tier 1)                             |   |
| <i>sulfadiazine 500 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i> | \$0 (Tier 1)                             |   |
| <b>Tetracyclines</b>   |  |   |
| <i>demeclocycline hcl (150 mg tablet, 300 mg tablet)</i>                     | \$0 (Tier 1)                             | PA  |
| DOXY 100 MG VIAL   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antibacterials</b>   |  |   |
| <i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>  | \$0 (Tier 1)                             |   |
| <i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg tablet, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>   | \$0 (Tier 1)                             |   |
| <i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>  | \$0 (Tier 1)                             | PA  |

| Name of drug                | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------------------|--|---|
| <b>Anticonvulsants</b>      |  |   |
| Anticonvulsants             |  |   |
| FINTEPLA 2.2 MG/ML SOLUTION | \$0 (Tier 1)                             | QL (360 per 30 days), PA NSO                      |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Anticonvulsants</b>  |  |   |
| XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)  | \$0 (Tier 1)                             | QL (28 per 28 days), PA NSO                       |
| XCOPRI (150 MG TABLET, 200 MG TABLET)   | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| XCOPRI (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)   | \$0 (Tier 1)                             | QL (56 per 28 days), PA NSO                       |
| <b>Anticonvulsants, Other</b>   |  |   |
| BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)                        | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| BRIVIACT 10 MG/ML ORAL SOLN   | \$0 (Tier 1)                             | QL (600 per 30 days), PA NSO                      |
| DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)                   | \$0 (Tier 1)                             | PA NSO  |
| <i>divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Anticonvulsants</b>   |  |   |
| <i>divalproex sodium er (er 250 mg tab, er 500 mg tab)</i>   | \$0 (Tier 1)                             |   |
| EPIDIOLEX (100 MG/ML SOLN PACK, 100 MG/ML SOLUTION)  | \$0 (Tier 1)                             | PA NSO  |
| EPRONTIA 25 MG/ML SOLUTION   | \$0 (Tier 1)                             | PA NSO  |
| <i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>  | \$0 (Tier 1)                             |   |
| FYCOMPA (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| FYCOMPA 0.5 MG/ML ORAL SUSP  | \$0 (Tier 1)                             | QL (680 per 28 days)                              |
| FYCOMPA 2 MG TABLET  | \$0 (Tier 1)                             | QL (180 per 30 days)                              |
| FYCOMPA 4 MG TABLET  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| FYCOMPA 6 MG TABLET  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 25 mg tb start kit, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Anticonvulsants</b>   |  |   |
| <i>lamotrigine tab start kit-blue</i>  | \$0 (Tier 1)                             |   |
| <i>lamotrigine tab start kt-green</i>  | \$0 (Tier 1)                             |   |
| <i>lamotrigine tab start kt-orang</i>  | \$0 (Tier 1)                             |   |
| <i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i> | \$0 (Tier 1)                             |   |
| <i>levetiracetam er 500 mg tablet</i>  | \$0 (Tier 1)                             | QL (180 per 30 days)                              |
| <i>levetiracetam er 750 mg tablet</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)   | \$0 (Tier 1)                             |   |
| SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)  | \$0 (Tier 1)                             |   |
| SUBVENITE TAB START KIT (BLUE)   | \$0 (Tier 1)                             |   |
| SUBVENITE TAB START KIT(GREEN)   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Anticonvulsants</b>   |  |   |
| SUBVENITE TAB START KT(ORANGE)   | \$0 (Tier 1)                             |   |
| <i>topiramate (15 mg cap, 25 mg cap)</i>   | \$0 (Tier 1)                             |   |
| <i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>                                 | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i> | \$0 (Tier 1)                             |   |
| <b>Calcium Channel Modifying Agents</b>  |  |   |
| <i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>   | \$0 (Tier 1)                             |   |
| <i>methsuximide 300 mg capsule</i>   | \$0 (Tier 1)                             |   |
| <i>pregabalin (150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i>                           | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule)</i>                              | \$0 (Tier 1)                             | QL (90 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Anticonvulsants</b>  |  |   |
| <i>pregabalin 20 mg/ml solution</i>   | \$0 (Tier 1)                             | QL (960 per 30 days)                              |
| <b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>   |  |   |
| <i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>  | \$0 (Tier 1)                             | PA NSO  |
| <i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt, 2 mg odt)</i> | \$0 (Tier 1)                             |   |
| <i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>clonazepam 2 mg tablet</i>   | \$0 (Tier 1)                             | QL (300 per 30 days)                              |
| <i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>  | \$0 (Tier 1)                             | QL (180 per 30 days)                              |
| <i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syrg, 10 mg rectal gel syst, 20 mg rectal gel syrg, 20 mg rectal gel syst)</i> | \$0 (Tier 1)                             |   |
| <i>gabapentin (100 mg capsule, 300 mg capsule, 600 mg tablet)</i>   | \$0 (Tier 1)                             | QL (180 per 30 days)                              |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Anticonvulsants</b>  |  |   |
| <i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>  | \$0 (Tier 1)                             | QL (2400 per 30 days)                             |
| <i>gabapentin 400 mg capsule</i>  | \$0 (Tier 1)                             | QL (300 per 30 days)                              |
| <i>gabapentin 800 mg tablet</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)  | \$0 (Tier 1)                             | QL (10 per 30 days), PA NSO                       |
| NAYZILAM 5 MG NASAL SPRAY   | \$0 (Tier 1)                             | QL (10 per 28 days), PA NSO                       |
| <i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>primidone (50 mg tablet, 125 mg tablet, 250 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)  | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Anticonvulsants</b>  |  |   |
| <i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>         | \$0 (Tier 1)                             |   |
| VALTOCO (5 MG NASAL SPRAY, 10 MG NASAL SPRAY, 15 MG NASAL SPRAY, 20 MG NASAL SPRAY) | \$0 (Tier 1)                             | QL (10 per 28 days), PA NSO                       |
| <i>vigabatrin 500 mg powder packt</i>   | \$0 (Tier 1)                             | PA NSO  |
| <i>vigabatrin 500 mg tablet</i>   | \$0 (Tier 1)                             |   |
| VIGADRONE 500 MG TABLET   | \$0 (Tier 1)                             |   |
| VIGAFYDE 100 MG/ML ORAL SOLN  | \$0 (Tier 1)                             | PA NSO  |
| VIGPODER 500 MG POWDER PACKET   | \$0 (Tier 1)                             | PA NSO  |
| ZTALMY 50 MG/ML SUSPENSION  | \$0 (Tier 1)                             | QL (1100 per 30 days), PA NSO                     |
| <b>Sodium Channel Agents</b>  |  |   |
| APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET)                                | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Anticonvulsants   |  |   |
| APTIOM 800 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>                                   | \$0 (Tier 1)                             |   |
| <i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i> | \$0 (Tier 1)                             |   |
| DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)   | \$0 (Tier 1)                             |   |
| DILANTIN 125 MG/5 ML SUSP   | \$0 (Tier 1)                             |   |
| EPITOL 200 MG TABLET  | \$0 (Tier 1)                             |   |
| <i>lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)</i>                 | \$0 (Tier 1)                             |   |
| <i>lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Anticonvulsants</b>  |  |   |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i> | \$0 (Tier 1)                             |   |
| PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE)   | \$0 (Tier 1)                             |   |
| <i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>      | \$0 (Tier 1)                             |   |
| <i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>                     | \$0 (Tier 1)                             |   |
| <i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>                                 | \$0 (Tier 1)                             | PA NSO  |
| ZONISADE 100 MG/5 ML ORAL SUSP  | \$0 (Tier 1)                             | QL (900 per 30 days), PA NSO                      |
| <i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>                                      | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antidementia Agents  |  |   |
| Antidementia Agents, Other   |  |   |
| <i>ergoloid mesylates 1 mg tab</i>   | \$0 (Tier 1)                             | PA  |
| Cholinesterase Inhibitors  |  |   |
| ADLARITY (5 MG/DAY PATCH, 10MG/DAY PATCH)  | \$0 (Tier 1)                             | PA, QL (4 per 28 days)                            |
| <i>donepezil hcl (5 mg tablet, 10 mg tablet, 23 mg tablet)</i>                   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)</i>                     | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>galantamine 4 mg/ml oral soln</i>   | \$0 (Tier 1)                             | QL (200 per 30 days)                              |
| <i>galantamine er (er 8 mg capsule, er 16 mg capsule)</i>                        | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>galantamine er 24 mg capsule</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>                  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antidementia Agents</b>   |  |   |
| <i>rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>                         |  |   |
| <i>memantine hcl (5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>memantine hcl 2 mg/ml solution</i>  | \$0 (Tier 1)                             | QL (480 per 30 days)                              |
| <i>memantine hcl er (er 14 mg capsule, er 21 mg capsule, er 28 mg capsule)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>memantine hcl er 7 mg capsule</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
| <b>Antidepressants</b>   |  |   |
| <b>Antidepressants, Other</b>  |  |   |
| AUVELITY ER 45-105 MG TABLET   | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antidepressants</b>   |  |   |
| <i>bupropion hcl 100 mg tablet</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>bupropion hcl 75 mg tablet</i>  | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)</i>                                     | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>bupropion xl (150 mg tablet, 300 mg tablet)</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>mirtazapine (7.5 mg tablet, 15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>      | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>olanzapine-fluoxetine hcl (3-25 mg, 6-25 mg, 6-50 mg, 12-25 mg, 12-50 mg)</i>                                   | \$0 (Tier 1)                             |   |
| <i>perphenazine-amitriptyline (2 mg-10 mg tab, 2 mg-25 mg tab, 4 mg-10 mg tab, 4 mg-25 mg tab, 4 mg-50 mg tab)</i> | \$0 (Tier 1)                             |   |
| ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)  | \$0 (Tier 1)                             | QL (28 per 180 days), PA NSO                      |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antidepressants</b>  |  |   |
| ZURZUVAE 30 MG CAPSULE  | \$0 (Tier 1)                             | QL (14 per 180 days), PA NSO                      |
| <b>Monoamine Oxidase Inhibitors</b>   |  |   |
| EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)  | \$0 (Tier 1)                             | PA NSO  |
| MARPLAN 10 MG TABLET  | \$0 (Tier 1)                             |   |
| <i>phenelzine sulfate 15 mg tab</i>   | \$0 (Tier 1)                             |   |
| <i>tranylcypromine sulf 10 mg tab</i>   | \$0 (Tier 1)                             |   |
| <b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)</b> |  |   |
| <i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>  | \$0 (Tier 1)                             | QL (600 per 30 days)                              |
| <i>desvenlafaxine er (er 50 mg tab, er 50 mg tablet)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <i>desvenlafaxine er 100 mg tab</i>   | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antidepressants</b>  |  |   |
| <i>desvenlafaxine succinate er (er 25 mg, er 50 mg)</i>                           | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>desvenlafaxine succnt er 100mg</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)        | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| <i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</i>                  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>             | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>escitalopram oxalate 5 mg/5 ml</i>   | \$0 (Tier 1)                             |   |
| FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE) | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| FETZIMA 20-40 MG TITRATION PAK  | \$0 (Tier 1)                             | QL (28 per 28 days), PA NSO                       |
| <i>fluoxetine hcl (10 mg capsule, 10 mg tablet, 40 mg capsule)</i>                | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antidepressants</b>  |  |   |
| <i>fluoxetine hcl (20 mg capsule, 20 mg tablet)</i>                               | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>                  | \$0 (Tier 1)                             | QL (600 per 30 days)                              |
| <i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>                                 | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>fluvoxamine maleate 100 mg tab</i>   | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>nefazodone hcl (50 mg tablet, 100 mg tablet, 200 mg tablet, 250 mg tablet)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>nefazodone hcl 150 mg tablet</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>                  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>paroxetine hcl 10 mg/5 ml susp</i>   | \$0 (Tier 1)                             |   |
| <i>paroxetine hcl 30 mg tablet</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>pmdd fluoxetine 10mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>pmdd fluoxetine 20mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>sertraline 20 mg/ml oral conc</i>  | \$0 (Tier 1)                             | QL (300 per 30 days)                              |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antidepressants</b>   |  |   |
| <i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>sertraline hcl 100 mg tablet</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>                 | \$0 (Tier 1)                             |   |
| TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <i>venlafaxine bes er 112.5 mg tb</i>  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i>                          | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab, er 225 mg tab)</i>                          | \$0 (Tier 1)                             | ST, QL (30 per 30 days)                           |
| <i>venlafaxine hcl er 150 mg tab</i>   | \$0 (Tier 1)                             | ST, QL (60 per 30 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antidepressants</b>  |  |   |
| <i>vilazodone hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <b>Tricyclics</b>   |  |   |
| <i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>                                       | \$0 (Tier 1)                             |   |
| <i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>   | \$0 (Tier 1)                             |   |
| <i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>                       | \$0 (Tier 1)                             |   |
| <i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antidepressants</b>   |  |   |
| <i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, 20 mg/10 ml soln, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i> | \$0 (Tier 1)                             |   |
| <i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>trimipramine maleate (25 mg cap, 50 mg cap)</i>   | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>trimipramine maleate 100 mg cp</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antiemetics</b>                                  |  |   |
| Antiemetics, Other                                  |  |   |
| GIMOTI 15 MG NASAL SPRAY                            | \$0 (Tier 1)                             | PA, QL (9.8 per 28 days)                          |
| <i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antiemetics</b>   |  |   |
| <i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>  | \$0 (Tier 1)                             |   |
| <i>prochlorperazine 25 mg supp</i>   | \$0 (Tier 1)                             |   |
| <i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>   | \$0 (Tier 1)                             |   |
| <i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrup, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i> | \$0 (Tier 1)                             |   |
| PROMETHEGAN (25 MG, 50 MG)   | \$0 (Tier 1)                             |   |
| <i>scopolamine 1 mg/3 day patch</i>  | \$0 (Tier 1)                             | QL (10 per 30 days)                               |
| <i>trimethobenzamide 300 mg cap</i>  | \$0 (Tier 1)                             |   |
| <b>Emetogenic Therapy Adjuncts</b>   |  |   |
| <i>aprepitant (80 mg capsule, 125 mg capsule)</i>  | \$0 (Tier 1)                             | PA, QL (12 per 30 days)                           |
| <i>aprepitant 125-80-80 mg pack</i>  | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antiemetics   |  |   |
| <i>aprepitant 40 mg capsule</i>                                 | \$0 (Tier 1)                             | PA, QL (10 per 30 days)                           |
| <i>dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i> | \$0 (Tier 1)                             | PA  |
| <i>granisetron hcl 1 mg tablet</i>                              | \$0 (Tier 1)                             | PA  |
| <i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>               | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i> | \$0 (Tier 1)                             |   |
| <i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>       | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| SYNDROS 5 MG/ML SOLUTION  | \$0 (Tier 1)                             | PA, QL (120 per 30 days)                          |

| Name of drug              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------|--|---|
| Antifungals               |  |   |
| Antifungals               |  |   |
| ABELCET 100 MG/20 ML VIAL | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antifungals</b>  |  |   |
| <i>amphotericin b 50 mg vial</i>  | \$0 (Tier 1)                             | PA  |
| <i>amphotericin b liposome 50 mg</i>  | \$0 (Tier 1)                             | PA  |
| <i>caspofungin acetate (50 mg vial, 70 mg vial)</i>   | \$0 (Tier 1)                             | PA  |
| <i>ciclopirox 0.77% cream</i>   | \$0 (Tier 1)                             |   |
| <i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>              | \$0 (Tier 1)                             |   |
| <i>econazole nitrate 1% cream</i>   | \$0 (Tier 1)                             |   |
| ERAXIS (50 MG VIAL, 100 MG VIAL)  | \$0 (Tier 1)                             | PA  |
| <i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>fluconazole 150 mg tablet</i>  | \$0 (Tier 1)                             | QL (4 per 30 days)                                |
| <i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>  | \$0 (Tier 1)                             |   |
| <i>fluconazole-ns 200 mg/100 ml</i>   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antifungals</b>   |  |   |
| <i>flucytosine (250 mg capsule, 500 mg capsule)</i>  | \$0 (Tier 1)                             | PA  |
| <i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>   | \$0 (Tier 1)                             |   |
| <i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>  | \$0 (Tier 1)                             |   |
| <i>itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)</i>  | \$0 (Tier 1)                             |   |
| <i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>micafungin (50 mg vial, 100 mg vial)</i>  | \$0 (Tier 1)                             |   |
| <i>miconazole 3 200 mg vag supp</i>  | \$0 (Tier 1)                             |   |
| <i>naftifine hcl (1% cream, 2% cream)</i>  | \$0 (Tier 1)                             |   |
| NYAMYC 100,000 UNIT/GM POWDER  | \$0 (Tier 1)                             |   |
| <i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antifungals   |  |   |
| NYSTOP 100,000 UNIT/GM POWDER   | \$0 (Tier 1)                             |   |
| <i>oxiconazole nitrate 1% cream</i>   | \$0 (Tier 1)                             |   |
| OXISTAT 1% LOTION   | \$0 (Tier 1)                             |   |
| <i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>                      | \$0 (Tier 1)                             | PA  |
| <i>terbinafine hcl 250 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>                | \$0 (Tier 1)                             |   |
| <i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i> | \$0 (Tier 1)                             | PA  |

| Name of drug                                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antigout Agents                                   |  |   |
| Antigout Agents                                   |  |   |
| <i>allopurinol (100 mg tablet, 300 mg tablet)</i> | \$0 (Tier 1)                             |   |

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| Name of drug                                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antigout Agents                                   |  |   |
| <i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i> | \$0 (Tier 1)                             |   |
| GLOPERBA 0.6 MG/5 ML SOLUTION                     | \$0 (Tier 1)                             | PA, QL (300 per 30 days)                          |
| <i>probenecid 500 mg tablet</i>                   | \$0 (Tier 1)                             |   |
| <i>probenecid-colchicine tablet</i>               | \$0 (Tier 1)                             |   |

| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| Antimigraine Agents                   |  |   |
| Antimigraine Agents                   |  |   |
| ELYXYB 120 MG/4.8 ML SOLUTION         | \$0 (Tier 1)                             | PA, QL (28.8 per 6 days)                          |
| NURTEC ODT 75 MG TABLET               | \$0 (Tier 1)                             | PA, QL (18 per 30 days)                           |
| UBRELVY (50 MG TABLET, 100 MG TABLET) | \$0 (Tier 1)                             | PA, QL (16 per 30 days)                           |
| ZAVZPRET 10 MG NASAL SPRAY            | \$0 (Tier 1)                             | PA, QL (8 per 30 days)                            |

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| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antimigraine Agents</b>                 |  |   |
| <b>Ergot Alkaloids</b>                     |  |   |
| <i>dihydroergotamine 4 mg/ml spray</i>     | \$0 (Tier 1)                             | PA  |
| MIGERGOT (, 2-100 MG)                      | \$0 (Tier 1)                             | QL (24 per 30 days)                               |
| <b>Prophylactic</b>                        |  |   |
| AIMOVIG AUTOINJECTOR (70 MG/ML, 140 MG/ML) | \$0 (Tier 1)                             | PA, QL (1 per 28 days)                            |
| AJOVY 225 MG/1.5 ML AUTOINJECT             | \$0 (Tier 1)                             | PA, QL (1.5 per 28 days)                          |
| AJOVY 225 MG/1.5 ML SYRINGE                | \$0 (Tier 1)                             | PA, QL (1.5 per 28 days)                          |
| EMGALITY 120 MG/ML PEN                     | \$0 (Tier 1)                             | PA, QL (2 per 28 days)                            |
| EMGALITY 120 MG/ML SYRINGE                 | \$0 (Tier 1)                             | PA, QL (2 per 28 days)                            |
| EMGALITY 300 MG (100 MG X 3 SYRINGE)       | \$0 (Tier 1)                             | PA, QL (3 per 28 days)                            |
| <b>Serotonin (5-HT) Receptor Agonists</b>  |  |   |
| <i>naratriptan 1 mg tablet</i>             | \$0 (Tier 1)                             | QL (12 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antimigraine Agents</b>  |  |   |
| <i>naratriptan 2.5 mg tablet</i>  | \$0 (Tier 1)                             | QL (12 per 30 days)                               |
| <i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>                                       | \$0 (Tier 1)                             | QL (18 per 28 days)                               |
| <i>sumatriptan (5 mg nasal spray, 20 mg nasal spray)</i>  | \$0 (Tier 1)                             | QL (12 per 30 days)                               |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                  | \$0 (Tier 1)                             | QL (9 per 30 days)                                |
| <i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i> | \$0 (Tier 1)                             | QL (4 per 28 days)                                |
| <i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>  | \$0 (Tier 1)                             | QL (6 per 30 days)                                |
| <i>zolmitriptan odt (2.5 mg odt, 5 mg odt)</i>  | \$0 (Tier 1)                             | QL (6 per 30 days)                                |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antimyasthenic Agents   |  |   |
| Parasympathomimetics  |  |   |
| <i>pyridostigmine bromide (br 30 mg tablet, 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>pyridostigmine er 180 mg tab</i>   | \$0 (Tier 1)                             |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antimycobacterials   |  |   |
| Antimycobacterials, Other  |  |   |
| <i>dapsone (25 mg tablet, 100 mg tablet)</i>                         | \$0 (Tier 1)                             |   |
| <i>rifabutin 150 mg capsule</i>                                      | \$0 (Tier 1)                             |   |
| Antituberculars  |  |   |
| <i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>                 | \$0 (Tier 1)                             |   |
| <i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antimycobacterials   |  |   |
| PRIFTIN 150 MG TABLET  | \$0 (Tier 1)                             |   |
| <i>pyrazinamide 500 mg tablet</i>                                | \$0 (Tier 1)                             |   |
| <i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i> | \$0 (Tier 1)                             |   |
| SIRTURO (20 MG TABLET, 100 MG TABLET)                            | \$0 (Tier 1)                             | PA  |
| TRECTOR 250 MG TABLET  | \$0 (Tier 1)                             |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antineoplastics  |  |   |
| Alkylating Agents  |  |   |
| <i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i> | \$0 (Tier 1)                             | PA NSO  |
| LEUKERAN 2 MG TABLET   | \$0 (Tier 1)                             |   |
| MATULANE 50 MG CAPSULE   | \$0 (Tier 1)                             |   |

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| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| Antineoplastics                       |  |   |
| VALCHLOR 0.016% GEL                   | \$0 (Tier 1)                             | PA NSO  |
| Antiandrogens                         |  |   |
| <i>abiraterone acetate 250 mg tab</i> | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| <i>abiraterone acetate 500 mg tab</i> | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| <i>bicalutamide 50 mg tablet</i>      | \$0 (Tier 1)                             |   |
| ERLEADA 240 MG TABLET                 | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| ERLEADA 60 MG TABLET                  | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| <i>nilutamide 150 mg tablet</i>       | \$0 (Tier 1)                             |   |
| NUBEQA 300 MG TABLET                  | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| <i>toremifene citrate 60 mg tab</i>   | \$0 (Tier 1)                             | PA NSO  |
| XTANDI (40 MG CAPSULE, 40 MG TABLET)  | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| XTANDI 80 MG TABLET                   | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antineoplastics  |  |   |
| YONSA 125 MG TABLET  | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| Antiangiogenic Agents  |  |   |
| <i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule, 20 mg capsule, 25 mg capsule)</i> | \$0 (Tier 1)                             | LA, PA NSO  |
| POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)  | \$0 (Tier 1)                             | PA NSO  |
| THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)                                       | \$0 (Tier 1)                             | PA NSO  |
| Antiestrogens/Modifiers  |  |   |
| SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML SOLN)   | \$0 (Tier 1)                             |   |
| <i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| Antimetabolites  |  |   |
| DROXIA (200 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE)  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics   |  |   |
| <i>hydroxyurea 500 mg capsule</i>   | \$0 (Tier 1)                             |   |
| <i>mercaptopurine 50 mg tablet</i>  | \$0 (Tier 1)                             |   |
| ONUREG (200 MG TABLET, 300 MG TABLET)   | \$0 (Tier 1)                             | PA NSO  |
| PURIXAN 20 MG/ML ORAL SUSP  | \$0 (Tier 1)                             |   |
| SIKLOS (100 MG TABLET, 1,000 MG TABLET)   | \$0 (Tier 1)                             |   |
| TABLOID 40 MG TABLET  | \$0 (Tier 1)                             |   |
| Antineoplastics   |  |   |
| AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET) | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| BRUKINSA 80 MG CAPSULE  | \$0 (Tier 1)                             | PA NSO  |
| CALQUENCE 100 MG TABLET   | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)                          | \$0 (Tier 1)                             | PA NSO  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics                                       |  |   |
| IWILFIN 192 MG TABLET                                 | \$0 (Tier 1)                             | QL (240 per 30 days), PA NSO                      |
| JAYPIRCA 100 MG TABLET                                | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| JAYPIRCA 50 MG TABLET                                 | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| KRAZATI 200 MG TABLET                                 | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| LUMAKRAS 120 MG TABLET                                | \$0 (Tier 1)                             | QL (240 per 30 days), PA NSO                      |
| LUMAKRAS 320 MG TABLET                                | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| LYTGOBI 12 MG DOSE (3X 4MG TB)                        | \$0 (Tier 1)                             | QL (84 per 28 days), PA NSO                       |
| LYTGOBI 16 MG DOSE (4X 4MG TB)                        | \$0 (Tier 1)                             | QL (112 per 28 days), PA NSO                      |
| LYTGOBI 20 MG DOSE (5X 4MG TB)                        | \$0 (Tier 1)                             | QL (140 per 28 days), PA NSO                      |
| PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET) | \$0 (Tier 1)                             | QL (14 per 21 days), PA NSO                       |

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| Name of drug                         | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------------|--|---|
| <b>Antineoplastics</b>               |  |   |
| SCSEMBLIX 100 MG TABLET              | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| SCSEMBLIX 20 MG TABLET               | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| SCSEMBLIX 40 MG TABLET               | \$0 (Tier 1)                             | QL (300 per 30 days), PA NSO                      |
| TAZVERIK 200 MG TABLET               | \$0 (Tier 1)                             | QL (240 per 30 days), PA NSO                      |
| WELIREG 40 MG TABLET                 | \$0 (Tier 1)                             | PA NSO  |
| <b>Antineoplastics, Other</b>        |  |   |
| AUGTYRO 40 MG CAPSULE                | \$0 (Tier 1)                             | QL (240 per 30 days), PA NSO                      |
| IDHIFA (50 MG TABLET, 100 MG TABLET) | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| INQOVI 35 MG-100 MG TABLET           | \$0 (Tier 1)                             | QL (5 per 28 days), PA NSO                        |
| KISQALI FEMARA 200 MG CO-PACK        | \$0 (Tier 1)                             | QL (49 per 28 days), PA NSO                       |
| KISQALI FEMARA 400 MG CO-PACK        | \$0 (Tier 1)                             | QL (70 per 28 days), PA NSO                       |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antineoplastics                                      |  |   |
| KISQALI FEMARA 600 MG CO-PACK                        | \$0 (Tier 1)                             | QL (91 per 28 days), PA NSO                       |
| LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET) | \$0 (Tier 1)                             | PA NSO  |
| NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE) | \$0 (Tier 1)                             | QL (3 per 28 days), PA NSO                        |
| OGSIVEO (100 MG TABLET, 150 MG TABLET)               | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| OGSIVEO 50 MG TABLET                                 | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| REZLIDHIA 150 MG CAPSULE                             | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| TABRECTA (150 MG TABLET, 200 MG TABLET)              | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| TEPMETKO 225 MG TABLET                               | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)        | \$0 (Tier 1)                             | QL (8 per 28 days), PA NSO                        |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antineoplastics</b>  |  |   |
| XPOVIO (40 MG, 60 MG)   | \$0 (Tier 1)                             | QL (4 per 28 days), PA NSO                        |
| XPOVIO 60 MG TWICE WEEKLY DOSE                                | \$0 (Tier 1)                             | QL (24 per 28 days), PA NSO                       |
| XPOVIO 80 MG TWICE WEEKLY DOSE                                | \$0 (Tier 1)                             | QL (32 per 28 days), PA NSO                       |
| ZOLINZA 100 MG CAPSULE  | \$0 (Tier 1)                             |   |
| <b>Aromatase Inhibitors, 3rd Generation</b>                   |  |   |
| <i>anastrozole 1 mg tablet</i>                                | \$0 (Tier 1)                             |   |
| <i>exemestane 25 mg tablet</i>                                | \$0 (Tier 1)                             |   |
| <i>letrozole 2.5 mg tablet</i>                                | \$0 (Tier 1)                             |   |
| <b>Molecular Target Inhibitors</b>                            |  |   |
| AKEEGA (50-500 MG TABLET, 100-500 MG TABLET)                  | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| ALECENSA 150 MG CAPSULE                                       | \$0 (Tier 1)                             | QL (240 per 30 days), PA NSO                      |
| ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET) | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics                                       |  |   |
| ALUNBRIG 30 MG TABLET                                 | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| BALVERSA 3 MG TABLET                                  | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| BALVERSA 4 MG TABLET                                  | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| BALVERSA 5 MG TABLET                                  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| BOSULIF (100 MG CAPSULE, 100 MG TABLET)               | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| BOSULIF (50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET) | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| BRAFTOVI 75 MG CAPSULE                                | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| CALQUENCE 100 MG CAPSULE                              | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics   |  |   |
| CAPRELSA 100 MG TABLET  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| CAPRELSA 300 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)   | \$0 (Tier 1)                             | PA NSO  |
| COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)   | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| COTELLIC 20 MG TABLET   | \$0 (Tier 1)                             | QL (63 per 21 days), PA NSO                       |
| <i>dasatinib (20 mg tablet, 50 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <i>dasatinib 70 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| DAURISMO 100 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| DAURISMO 25 MG TABLET   | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| ERIVEDGE 150 MG CAPSULE   | \$0 (Tier 1)                             |   |
| <i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>                         | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antineoplastics  |  |   |
| <i>everolimus (2 mg tab for susp, 2.5 mg tablet, 3 mg tab for susp, 5 mg tab for susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1)                             | PA NSO  |
| FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)   | \$0 (Tier 1)                             | QL (21 per 21 days), PA NSO                       |
| FRUZAQLA 1 MG CAPSULE  | \$0 (Tier 1)                             | QL (84 per 28 days), PA NSO                       |
| FRUZAQLA 5 MG CAPSULE  | \$0 (Tier 1)                             | QL (21 per 28 days), PA NSO                       |
| GAVRETO 100 MG CAPSULE   | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| <i>gefitinib 250 mg tablet</i>   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)                                  | \$0 (Tier 1)                             | QL (21 per 28 days), PA NSO                       |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antineoplastics  |  |   |
| ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)             | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <i>imatinib mesylate</i> (100 mg tab, 400 mg tab)                            | \$0 (Tier 1)                             | PA NSO  |
| IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET)       | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| IMBRUVICA 140 MG CAPSULE   | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| IMBRUVICA 70 MG/ML SUSPENSION  | \$0 (Tier 1)                             | QL (216 per 30 days), PA NSO                      |
| INLYTA 1 MG TABLET   | \$0 (Tier 1)                             | PA NSO  |
| INLYTA 5 MG TABLET   | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| INREBIC 100 MG CAPSULE   | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET) | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics   |  |   |
| KISQALI 200 MG DAILY DOSE   | \$0 (Tier 1)                             | QL (21 per 28 days), PA NSO                       |
| KISQALI 400 MG DAILY DOSE   | \$0 (Tier 1)                             | QL (42 per 28 days), PA NSO                       |
| KISQALI 600 MG DAILY DOSE   | \$0 (Tier 1)                             | QL (63 per 28 days), PA NSO                       |
| KOSELUGO 10 MG CAPSULE  | \$0 (Tier 1)                             | QL (240 per 30 days), PA NSO                      |
| KOSELUGO 25 MG CAPSULE  | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| <i>lapatinib 250 mg tablet</i>  | \$0 (Tier 1)                             | PA NSO  |
| LAZCLUZE (80 MG TABLET, 240 MG TABLET)                                      | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)                             | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 20 MG DAILY DOSE) | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| LENVIMA 14 MG DAILY DOSE  | \$0 (Tier 1)                             | PA NSO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antineoplastics  |  |   |
| LORBRENA 100 MG TABLET                                     | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| LORBRENA 25 MG TABLET                                      | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| LYNPARZA (100 MG TABLET, 150 MG TABLET)                    | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET) | \$0 (Tier 1)                             | PA NSO  |
| MEKTOVI 15 MG TABLET                                       | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| NERLYNX 40 MG TABLET                                       | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| ODOMZO 200 MG CAPSULE                                      | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| OJEMDA (100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))  | \$0 (Tier 1)                             | QL (24 per 28 days), PA NSO                       |
| OJEMDA 100 MG TAB (400MG DOSE)                             | \$0 (Tier 1)                             | QL (16 per 28 days), PA NSO                       |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics                                       |  |   |
| OJEMDA 25 MG/ML ORAL SUSP                             | \$0 (Tier 1)                             | QL (96 per 28 days), PA NSO                       |
| OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| ORSERDU 345 MG TABLET                                 | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| ORSERDU 86 MG TABLET                                  | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| <i>pazopanib hcl 200 mg tablet</i>                    | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)         | \$0 (Tier 1)                             | QL (56 per 28 days), PA NSO                       |
| PIQRAY 200 MG DAILY DOSE PACK                         | \$0 (Tier 1)                             | QL (28 per 28 days), PA NSO                       |
| QINLOCK 50 MG TABLET                                  | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)  | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics                                       |  |   |
| RETEVMO 40 MG CAPSULE                                 | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| RETEVMO 40 MG TABLET                                  | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| RETEVMO 80 MG CAPSULE                                 | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| ROZLYTREK 100 MG CAPSULE                              | \$0 (Tier 1)                             | QL (150 per 30 days), PA NSO                      |
| ROZLYTREK 200 MG CAPSULE                              | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| ROZLYTREK 50 MG PELLETT PACKET                        | \$0 (Tier 1)                             | QL (360 per 30 days), PA NSO                      |
| RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET) | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| RYDAPT 25 MG CAPSULE                                  | \$0 (Tier 1)                             | QL (240 per 30 days), PA NSO                      |
| <i>sorafenib 200 mg tablet</i>                        | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics   |  |   |
| STIVARGA 40 MG TABLET   | \$0 (Tier 1)                             | QL (84 per 28 days), PA NSO                       |
| <i>sunitinib malate (12.5 mg cap, 25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)  | \$0 (Tier 1)                             | PA NSO  |
| TAGRISSO (40 MG TABLET, 80 MG TABLET)   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL) | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| TALZENNA (0.25 MG CAPSULE, 0.25 MG SOFTGEL)   | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)   | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics   |  |   |
| TIBSOVO 250 MG TABLET   | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| TORPENZ (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET) | \$0 (Tier 1)                             | PA NSO  |
| TRUQAP (160 MG TABLET, 200 MG TABLET)                             | \$0 (Tier 1)                             | QL (64 per 28 days), PA NSO                       |
| TUKYSA 150 MG TABLET  | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| TUKYSA 50 MG TABLET   | \$0 (Tier 1)                             | QL (300 per 30 days), PA NSO                      |
| TURALIO 125 MG CAPSULE  | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| VANFLYTA (17.7 MG TABLET, 26.5 MG TABLET)                         | \$0 (Tier 1)                             | QL (28 per 14 days), PA NSO                       |
| VENCLEXTA 10 MG TABLET  | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| VENCLEXTA 100 MG TABLET   | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antineoplastics  |  |   |
| VENCLEXTA 50 MG TABLET   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| VENCLEXTA STARTING PACK  | \$0 (Tier 1)                             | QL (42 per 28 days), PA NSO                       |
| VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| VIJOICE (50 MG GRANULE PACKET, 50 MG TABLET, 125 MG TABLET)          | \$0 (Tier 1)                             | QL (28 per 28 days), PA NSO                       |
| VIJOICE 250 MG DAILY DOSE PACK                                       | \$0 (Tier 1)                             | QL (56 per 28 days), PA NSO                       |
| VITRAKVI 100 MG CAPSULE  | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| VITRAKVI 20 MG/ML SOLUTION   | \$0 (Tier 1)                             | QL (300 per 30 days), PA NSO                      |
| VITRAKVI 25 MG CAPSULE   | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)                  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antineoplastics                                      |  |   |
| VONJO 100 MG CAPSULE                                 | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| VORANIGO (10 MG TABLET, 40 MG TABLET)                | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| XALKORI (200 MG CAPSULE, 250 MG CAPSULE)             | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| XALKORI 150 MG PELLETT                               | \$0 (Tier 1)                             | QL (180 per 30 days), PA NSO                      |
| XALKORI 20 MG PELLETT                                | \$0 (Tier 1)                             | QL (240 per 30 days), PA NSO                      |
| XALKORI 50 MG PELLETT                                | \$0 (Tier 1)                             | QL (120 per 30 days), PA NSO                      |
| XOSPATA 40 MG TABLET                                 | \$0 (Tier 1)                             | QL (90 per 30 days), PA NSO                       |
| ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET) | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| ZELBORAF 240 MG TABLET                               | \$0 (Tier 1)                             | QL (240 per 30 days), PA NSO                      |
| ZYDELIG (100 MG TABLET, 150 MG TABLET)               | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antineoplastics   |  |   |
| ZYKADIA 150 MG TABLET   | \$0 (Tier 1)                             | PA NSO  |
| Retinoids   |  |   |
| <i>bexarotene (1% gel, 75 mg capsule)</i>                             | \$0 (Tier 1)                             | PA NSO  |
| PANRETIN 0.1% GEL   | \$0 (Tier 1)                             |   |
| <i>tretinoin 10 mg capsule</i>  | \$0 (Tier 1)                             |   |
| Treatment Adjuncts  |  |   |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i> | \$0 (Tier 1)                             |   |
| MESNEX 400 MG TABLET  | \$0 (Tier 1)                             |   |

| Name of drug                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|--|---|
| Antiparasitics                   |  |   |
| Anthelmintics                    |  |   |
| <i>albendazole 200 mg tablet</i> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antiparasitics  |  |   |
| <i>ivermectin 3 mg tablet</i>   | \$0 (Tier 1)                             |   |
| <i>praziquantel 600 mg tablet</i>   | \$0 (Tier 1)                             |   |
| Antiparasitics  |  |   |
| XDEMVY 0.25% DROP   | \$0 (Tier 1)                             | PA  |
| Antiprotozoals  |  |   |
| <i>atovaquone (750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup)</i> | \$0 (Tier 1)                             | PA  |
| <i>atovaquone-proguanil hcl (62.5-25, 250-100)</i>                            | \$0 (Tier 1)                             |   |
| <i>benznidazole (12.5 mg tablet, 100 mg tablet)</i>                           | \$0 (Tier 1)                             |   |
| <i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>                   | \$0 (Tier 1)                             |   |
| COARTEM TABLETS   | \$0 (Tier 1)                             | QL (24 per 3 days)                                |
| <i>hydroxychloroquine 200 mg tab</i>  | \$0 (Tier 1)                             |   |
| KRINTAFEL 150 MG TABLET   | \$0 (Tier 1)                             | QL (4 per 30 days)                                |
| <i>mefloquine hcl 250 mg tablet</i>   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antiparasitics</b>   |  |   |
| <i>nitazoxanide 500 mg tablet</i>                                       | \$0 (Tier 1)                             | PA  |
| <i>pentamidine isethionate (300 mg inhal powdr, 300 mg inject vial)</i> | \$0 (Tier 1)                             |   |
| <i>primaquine 26.3 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>pyrimethamine 25 mg tablet</i>                                       | \$0 (Tier 1)                             | PA  |
| <i>quinine sulfate 324 mg capsule</i>                                   | \$0 (Tier 1)                             | PA  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antiparkinson Agents</b>   |  |   |
| <b>Anticholinergics</b>   |  |   |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>                                       | \$0 (Tier 1)                             |   |
| <b>Antiparkinson Agents, Other</b>  |  |   |
| <i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antiparkinson Agents</b>   |  |   |
| <i>carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)</i>   | \$0 (Tier 1)                             |   |
| <i>entacapone 200 mg tablet</i>   | \$0 (Tier 1)                             | QL (240 per 30 days)                              |
| ONGENTYS (25 MG CAPSULE, 50 MG CAPSULE)   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>tolcapone 100 mg tablet</i>  | \$0 (Tier 1)                             | PA  |
| <b>Dopamine Agonists</b>  |  |   |
| <i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>   | \$0 (Tier 1)                             |   |
| NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH) | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>pramipexole 0.75 mg tablet</i>   | \$0 (Tier 1)                             | QL (180 per 30 days)                              |
| <i>pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>     | \$0 (Tier 1)                             | QL (90 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antiparkinson Agents</b>   |  |   |
| <i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>   |  |   |
| <i>carbidopa 25 mg tablet</i>   | \$0 (Tier 1)                             |   |
| <i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg odt, carbidopa-levodopa 25-100 mg odt, carbidopa-levodopa 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i> | \$0 (Tier 1)                             |   |
| <i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i>   | \$0 (Tier 1)                             |   |
| <b>Monoamine Oxidase B (MAO-B) Inhibitors</b>   |  |   |
| <i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>   | \$0 (Tier 1)                             |   |
| <i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antipsychotics  |  |   |
| 1st Generation/Typical  |  |   |
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>fluphenazine dec 125 mg/5 ml</i>   | \$0 (Tier 1)                             |   |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                             | \$0 (Tier 1)                             |   |
| <i>haloperidol dec 100 mg/ml amp</i>  | \$0 (Tier 1)                             |   |
| <i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)</i>       | \$0 (Tier 1)                             |   |
| <i>haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)</i>                            | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antipsychotics</b>   |  |   |
| <i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>       | \$0 (Tier 1)                             |   |
| <i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>                    | \$0 (Tier 1)                             |   |
| <i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>         | \$0 (Tier 1)                             |   |
| <i>pimozide (1 mg tablet, 2 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>      | \$0 (Tier 1)                             |   |
| <i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <b>2nd Generation/Atypical</b>  |  |   |
| ABILIFY ASIMTUFII 720 MG/2.4ML  | \$0 (Tier 1)                             | QL (2.4 per 42 days)                              |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antipsychotics</b>  |  |   |
| ABILIFY ASIMTUFII 960 MG/3.2ML   | \$0 (Tier 1)                             | QL (3.2 per 42 days)                              |
| ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)                            | \$0 (Tier 1)                             | QL (1 per 28 days)                                |
| ABILIFY MYCITE 10 MG   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| ABILIFY MYCITE 15 MG   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| ABILIFY MYCITE 2 MG  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| ABILIFY MYCITE 20 MG   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| ABILIFY MYCITE 30 MG   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| ABILIFY MYCITE 5 MG  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antipsychotics</b>  |  |   |
| <i>aripiprazole 1 mg/ml solution</i>   | \$0 (Tier 1)                             | QL (900 per 30 days)                              |
| <i>aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| ARISTADA ER 1064 MG/3.9 ML SYR   | \$0 (Tier 1)                             | QL (3.9 per 14 days)                              |
| ARISTADA ER 441 MG/1.6 ML SYRN   | \$0 (Tier 1)                             | QL (1.6 per 14 days)                              |
| ARISTADA ER 662 MG/2.4 ML SYRN   | \$0 (Tier 1)                             | QL (2.4 per 14 days)                              |
| ARISTADA ER 882 MG/3.2 ML SYRN   | \$0 (Tier 1)                             | QL (3.2 per 14 days)                              |
| ARISTADA INITIO ER 675 MG/2.4  | \$0 (Tier 1)                             | QL (4.8 per 365 days)                             |
| <i>asenapine maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>                                  | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |
| CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE)  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET) | \$0 (Tier 1)                             | QL (60 per 30 days), PA NSO                       |

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| Name of drug                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------|--|---|
| Antipsychotics                 |  |   |
| FANAPT TITRATION PACK          | \$0 (Tier 1)                             | PA NSO  |
| INVEGA HAFYERA 1,092 MG/3.5 ML | \$0 (Tier 1)                             | QL (3.5 per 166 days)                             |
| INVEGA HAFYERA 1,560 MG/5 ML   | \$0 (Tier 1)                             | QL (5 per 166 days)                               |
| INVEGA SUSTENNA 117 MG/0.75 ML | \$0 (Tier 1)                             | QL (0.75 per 21 days)                             |
| INVEGA SUSTENNA 156 MG/ML SYRG | \$0 (Tier 1)                             | QL (1 per 21 days)                                |
| INVEGA SUSTENNA 234 MG/1.5 ML  | \$0 (Tier 1)                             | QL (1.5 per 21 days)                              |
| INVEGA SUSTENNA 39 MG/0.25 ML  | \$0 (Tier 1)                             | QL (0.25 per 21 days)                             |
| INVEGA SUSTENNA 78 MG/0.5 ML   | \$0 (Tier 1)                             | QL (0.5 per 21 days)                              |
| INVEGA TRINZA 273 MG/0.88 ML   | \$0 (Tier 1)                             | QL (0.88 per 70 days)                             |
| INVEGA TRINZA 410 MG/1.32 ML   | \$0 (Tier 1)                             | QL (1.32 per 70 days)                             |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antipsychotics</b>   |  |   |
| INVEGA TRINZA 546 MG/1.75 ML  | \$0 (Tier 1)                             | QL (1.75 per 70 days)                             |
| INVEGA TRINZA 819 MG/2.63 ML  | \$0 (Tier 1)                             | QL (2.63 per 70 days)                             |
| <i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>                                     | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>lurasidone hcl 80 mg tablet</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| NUPLAZID (10 MG TABLET, 34 MG CAPSULE)  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 10 mg vial, 15 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)</i>                       | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antipsychotics</b>  |  |   |
| <i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>paliperidone er 6 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| PERSERIS ER 120 MG SYRINGE KIT   | \$0 (Tier 1)                             | QL (1 per 30 days), PA NSO                        |
| PERSERIS ER 90 MG SYRINGE KIT  | \$0 (Tier 1)                             | QL (1 per 30 days), PA NSO                        |
| <i>quetiapine fumarate (fumarate 25 mg tab, fumarate 50 mg tab, fumarate 100 mg tab, 150 mg tablet, fumarate 200 mg tab, fumarate 300 mg tab, fumarate 400 mg tab)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)  | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antipsychotics</b>  |  |   |
| RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL, 50 MG VIAL)                                  | \$0 (Tier 1)                             | QL (2 per 28 days)                                |
| <i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>risperidone 1 mg/ml solution</i>  | \$0 (Tier 1)                             | QL (240 per 30 days)                              |
| <i>risperidone er (er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial)</i>                 | \$0 (Tier 1)                             | QL (2 per 28 days)                                |
| <i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)</i>               | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)                                   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| UZEDY (ER 150 MG/0.42 ML SYRING, ER 200 MG/0.56 ML SYRING, ER 250 MG/0.7 ML SYRINGE)                   | \$0 (Tier 1)                             | QL (1 per 56 days)                                |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antipsychotics</b>  |  |   |
| UZEDY (ER 50 MG/0.14 ML SYRINGE, ER 75 MG/0.21 ML SYRINGE, ER 100 MG/0.28 ML SYRING, ER 125 MG/0.35 ML SYRING)       | \$0 (Tier 1)                             | QL (1 per 28 days)                                |
| VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)   | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |
| <i>ziprasidone 20 mg/ml vial</i>   | \$0 (Tier 1)                             |   |
| <i>ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)</i>                                  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)  | \$0 (Tier 1)                             | QL (2 per 28 days)                                |
| <b>Treatment-Resistant</b>   |  |   |
| <i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i> | \$0 (Tier 1)                             |   |

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| Name of drug                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------|--|---|
| Antipsychotics                |  |   |
| VERSACLOZ 50 MG/ML SUSPENSION | \$0 (Tier 1)                             |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antispasticity Agents                                       |  |   |
| Antispasticity Agents                                       |  |   |
| <i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i> | \$0 (Tier 1)                             |   |
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>            | \$0 (Tier 1)                             |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antivirals  |  |   |
| Anti-HIV Agents, Integrase Inhibitors (INSTI)       |  |   |
| BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET) | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antivirals</b>   |  |   |
| DOVATO 50-300 MG TABLET   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| GENVOYA TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW)         | \$0 (Tier 1)                             |   |
| ISENTRESS 400 MG TABLET   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| ISENTRESS HD 600 MG TABLET  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| JULUCA 50-25 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| STRIBILD TABLET   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| TIVICAY (10 MG TABLET, 25 MG TABLET, 50 MG TABLET)                              | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| TIVICAY PD 5 MG TAB FOR SUSP  | \$0 (Tier 1)                             | QL (180 per 30 days)                              |
| <b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b> |  |   |
| COMPLERA TABLET   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| DELSTRIGO 100-300-300 MG TAB  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antivirals</b>   |  |   |
| EDURANT 25 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>efavir-emtri-tenof 600-200-300</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>efavirenz 600 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>efavirenz-lamivu-tenofof disop (400-300-300, 600-300-300)</i>                          | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>etravirine (100 mg tablet, 200 mg tablet)</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| INTELENCE 25 MG TABLET  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>nevirapine er 400 mg tablet</i>  | \$0 (Tier 1)                             |   |
| PIFELTRO 100 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b> |  |   |
| <i>abacavir 20 mg/ml solution</i>   | \$0 (Tier 1)                             | QL (900 per 30 days)                              |
| <i>abacavir 300 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>abacavir-lamivudine 600-300 mg</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| CIMDUO 300-300 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antivirals</b>  |  |   |
| DESCOVY 200-25 MG TABLET   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>emtricitabine 200 mg capsule</i>                                    | \$0 (Tier 1)                             |   |
| <i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>emtricitabine-tenofv 200-300mg</i>                                  | \$0 (Tier 1)                             |   |
| EMTRIVA 10 MG/ML SOLUTION  | \$0 (Tier 1)                             |   |
| <i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>lamivudine-zidovudine tablet</i>                                    | \$0 (Tier 1)                             |   |
| ODEFSEY TABLET   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| TRIUMEQ 600-50-300 MG TABLET   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| TRIUMEQ PD 60-5-30 MG TAB SUSP   | \$0 (Tier 1)                             | QL (180 per 30 days)                              |
| <i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>    | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antivirals</b>  |  |   |
| Anti-HIV Agents, Other   |  |   |
| DESCOVY 120-15 MG TABLET                                       | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| FUZEON 90 MG VIAL  | \$0 (Tier 1)                             |   |
| <i>maraviroc 150 mg tablet</i>                                 | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>maraviroc 300 mg tablet</i>                                 | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| RUKOBIA ER 600 MG TABLET                                       | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| SELZENTRY 20 MG/ML ORAL SOLN                                   | \$0 (Tier 1)                             | QL (1840 per 30 days)                             |
| SELZENTRY 25 MG TABLET   | \$0 (Tier 1)                             | QL (480 per 30 days)                              |
| SELZENTRY 75 MG TABLET   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| SUNLENCA 4- 300 MG TABLET                                      | \$0 (Tier 1)                             | QL (4 per 2 days)                                 |
| SUNLENCA 5- 300 MG TABLET                                      | \$0 (Tier 1)                             | QL (5 per 8 days)                                 |
| TYBOST 150 MG TABLET   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| Anti-HIV Agents, Protease Inhibitors (PI)                      |  |   |
| APTIVUS 250 MG CAPSULE   | \$0 (Tier 1)                             |   |
| <i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antivirals</b>   |  |   |
| <i>darunavir (600 mg tablet, 800 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| EVOTAZ 300 MG-150 MG TABLET   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>fosamprenavir 700 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i> | \$0 (Tier 1)                             |   |
| NORVIR 100 MG POWDER PACKET   | \$0 (Tier 1)                             |   |
| PREZCOBIX 800 MG-150 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET)  | \$0 (Tier 1)                             |   |
| REYATAZ 50 MG POWDER PACKET   | \$0 (Tier 1)                             |   |
| <i>ritonavir 100 mg tablet</i>  | \$0 (Tier 1)                             |   |

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| Name of drug                                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antivirals</b>                             |  |   |
| SYM TUZA 800-150-200-10 MG TAB                | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| VIRACEPT (250 MG TABLET, 625 MG TABLET)       | \$0 (Tier 1)                             |   |
| <b>Anti-cytomegalovirus (CMV) Agents</b>      |  |   |
| LIVTENCITY 200 MG TABLET                      | \$0 (Tier 1)                             | PA, QL (336 per 28 days)                          |
| PREVYMIS (240 MG TABLET, 480 MG TABLET)       | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>valganciclovir 450 mg tablet</i>           | \$0 (Tier 1)                             | QL (102 per 30 days), PA NSO                      |
| <i>valganciclovir hcl 50 mg/ml</i>            | \$0 (Tier 1)                             |   |
| <b>Anti-hepatitis B (HBV) Agents</b>          |  |   |
| <i>adefovir dipivoxil 10 mg tab</i>           | \$0 (Tier 1)                             | PA  |
| BARACLUDE 0.05 MG/ML SOLUTION                 | \$0 (Tier 1)                             | PA  |
| <i>entecavir (0.5 mg tablet, 1 mg tablet)</i> | \$0 (Tier 1)                             | PA  |
| <i>lamivudine 100 mg tablet</i>               | \$0 (Tier 1)                             | PA NSO  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antivirals</b>                                       |  |   |
| <i>lamivudine hbv 100 mg tablet</i>                     | \$0 (Tier 1)                             | PA NSO  |
| <i>tenofovir disop fum 300 mg tb</i>                    | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| VEMLIDY 25 MG TABLET                                    | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)    | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| VIREAD POWDER   | \$0 (Tier 1)                             | QL (240 per 30 days)                              |
| <b>Anti-hepatitis C (HCV) Agents</b>                    |  |   |
| EPCLUSA (150-37.5 MG PELLET PKT, 200-50 MG PELLET PACK) | \$0 (Tier 1)                             | PA, QL (28 per 28 days)                           |
| EPCLUSA 200 MG-50 MG TABLET                             | \$0 (Tier 1)                             | PA, QL (56 per 28 days)                           |
| <i>ledipasvir-sofosbuvir 90-400mg</i>                   | \$0 (Tier 1)                             | PA, QL (28 per 28 days)                           |
| MAVYRET 100-40 MG TABLET                                | \$0 (Tier 1)                             | PA, QL (84 per 28 days)                           |
| MAVYRET 50-20 MG PELLET PACKET                          | \$0 (Tier 1)                             | PA, QL (140 per 28 days)                          |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i>        | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antivirals</b>  |  |   |
| <i>sofosbuvir-velpatasvir 400-100</i>  | \$0 (Tier 1)                             | PA, QL (28 per 28 days)                           |
| SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET) | \$0 (Tier 1)                             | PA, QL (28 per 28 days)                           |
| VOSEVI 400-100-100 MG TABLET   | \$0 (Tier 1)                             | PA, QL (28 per 28 days)                           |
| ZEPATIER 50-100 MG TABLET  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <b>Anti-influenza Agents</b>   |  |   |
| <i>oseltamivir 6 mg/ml suspension</i>  | \$0 (Tier 1)                             | QL (1050 per 180 days)                            |
| <i>oseltamivir phos 30 mg capsule</i>  | \$0 (Tier 1)                             | QL (84 per 180 days)                              |
| <i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>                        | \$0 (Tier 1)                             | QL (42 per 180 days)                              |
| RELENZA 5 MG DISKHALER   | \$0 (Tier 1)                             | QL (60 per 180 days)                              |
| <i>rimantadine hcl 100 mg tablet</i>   | \$0 (Tier 1)                             |   |
| XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)                                     | \$0 (Tier 1)                             | QL (2 per 30 days)                                |
| XOFLUZA 80 MG TABLET   | \$0 (Tier 1)                             | QL (1 per 30 days)                                |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antivirals</b>   |  |   |
| <b>Antiherpetic Agents</b>  |  |   |
| <i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>                  | \$0 (Tier 1)                             | PA  |
| <i>famciclovir (250 mg tablet, 500 mg tablet)</i>                                 | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>famciclovir 125 mg tablet</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>trifluridine 1% eye drops</i>  | \$0 (Tier 1)                             |   |
| <i>valacyclovir (1 gram tablet, 500 mg tablet)</i>                                | \$0 (Tier 1)                             |   |
| <b>Antivirals</b>   |  |   |
| LAGEVRIO 200 MG CAP (EUA)   | \$0 (Tier 1)                             | QL (40 per 5 days)                                |
| PAXLOVID 150-100 MG DOSE PACK   | \$0 (Tier 1)                             | QL (20 per 5 days)                                |
| PAXLOVID 300-100 MG DOSE PACK   | \$0 (Tier 1)                             | QL (30 per 5 days)                                |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Anxiolytics  |  |   |
| Anxiolytics, Other   |  |   |
| <i>bupirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>hydroxyzine 2 mg/ml oral solution</i>   | \$0 (Tier 1)                             |   |
| <i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>                          | \$0 (Tier 1)                             |   |
| <i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>                              | \$0 (Tier 1)                             |   |
| <i>meprobamate (200 mg tablet, 400 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| Benzodiazepines  |  |   |
| <i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>                             | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>alprazolam 2 mg tablet</i>  | \$0 (Tier 1)                             | QL (150 per 30 days)                              |
| <i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule, 25 mg capsule)</i>                   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Anxiolytics   |  |   |
| <i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution, 5 mg/ml oral conc, 25 mg/5 ml oral conc)</i> | \$0 (Tier 1)                             |   |
| <i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>lorazepam 2 mg tablet</i>  | \$0 (Tier 1)                             | QL (150 per 30 days)                              |
| LORAZEPAM INTENSOL 2 MG/ML  | \$0 (Tier 1)                             |   |
| <i>oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)</i>                                     | \$0 (Tier 1)                             | QL (120 per 30 days)                              |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Bipolar Agents  |  |   |
| Mood Stabilizers  |  |   |
| <i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Bipolar Agents  |  |   |
| <i>lithium carbonate er (er 300 mg tb, er 450 mg tb)</i>          | \$0 (Tier 1)                             |   |
| <i>lithium citrate (8 meq/5 ml soln cup, 8 meq/5 ml solution)</i> | \$0 (Tier 1)                             | QL (1000 per 30 days)                             |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Blood Glucose Regulators   |  |   |
| Antidiabetic Agents  |  |   |
| <i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>      | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>alogliptin (6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>alogliptin-metformin (12.5-1000, 12.5-500)</i>                | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| BYDUREON BCISE 2 MG AUTOINJECT                                   | \$0 (Tier 1)                             | ST, QL (3.4 per 28 days)                          |
| <i>colesevelam hcl 3.75 g packet</i>                             | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Blood Glucose Regulators                               |  |   |
| FARXIGA (5 MG TABLET, 10 MG TABLET)                    | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>glimepiride (1 mg tablet, 2 mg tablet)</i>          | \$0 (Tier 1)                             | PA-HRM, QL (30 per 30 days)                       |
| <i>glimepiride 4 mg tablet</i>                         | \$0 (Tier 1)                             | PA-HRM, QL (60 per 30 days)                       |
| <i>glipizide 10 mg tablet</i>                          | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>glipizide 5 mg tablet</i>                           | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>glipizide er (er 2.5 mg tablet, er 5 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>glipizide er 10 mg tablet</i>                       | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>glipizide xl (2.5 mg tablet, 5 mg tablet)</i>       | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>glipizide xl 10 mg tablet</i>                       | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>      | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>glipizide-metformin 2.5-250 mg</i>                  | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>glyburid-metformin 1.25-250 mg</i>                  | \$0 (Tier 1)                             | PA-HRM, QL (90 per 30 days)                       |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Blood Glucose Regulators   |  |   |
| <i>glyburide (1.25 mg tablet, 2.5 mg tablet)</i>   | \$0 (Tier 1)                             | PA-HRM, QL (120 per 30 days)                      |
| <i>glyburide 5 mg tablet</i>   | \$0 (Tier 1)                             | PA-HRM, QL (240 per 30 days)                      |
| <i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>                                    | \$0 (Tier 1)                             | PA-HRM, QL (120 per 30 days)                      |
| INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET) | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-1,000 MG TAB, 150-500 MG TABLET)    | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| INVOKANA (100 MG TABLET, 300 MG TABLET)  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET)   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET)                   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Blood Glucose Regulators   |  |   |
| JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| JARDIANCE (10 MG TABLET, 25 MG TABLET)   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>metformin hcl 1,000 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>metformin hcl 500 mg tablet</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>metformin hcl 850 mg tablet</i>   | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>metformin hcl er 500 mg tablet</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>metformin hcl er 750 mg tablet</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN) | \$0 (Tier 1)                             | ST, QL (2 per 28 days)                            |
| <i>nateglinide (60 mg tablet, 120 mg tablet)</i>   | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| OZEMPIC (0.25-0.5 PEN, 1 (4 MG/3 ML), 2 (8 MG/3 ML))   | \$0 (Tier 1)                             | ST, QL (3 per 28 days)                            |
| <i>pioglitazone hcl (15 mg tablet, 30 mg tablet, 45 mg tablet)</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Blood Glucose Regulators  |  |   |
| <i>repaglinide (1 mg tablet, 2 mg tablet)</i>   | \$0 (Tier 1)                             | QL (240 per 30 days)                              |
| <i>repaglinide 0.5 mg tablet</i>  | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)                                       | \$0 (Tier 1)                             | ST, QL (30 per 30 days)                           |
| SYMLINPEN 120 PEN INJECTOR  | \$0 (Tier 1)                             | PA  |
| SYMLINPEN 60 PEN INJECTOR   | \$0 (Tier 1)                             | PA  |
| SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET) | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)                  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| SYNJARDY XR 25-1,000 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)   | \$0 (Tier 1)                             | ST, QL (2 per 28 days)                            |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Blood Glucose Regulators</b>   |  |   |
| XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET)                   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET) | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <b>Glycemic Agents</b>  |  |   |
| BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)          | \$0 (Tier 1)                             | QL (4 per 28 days)                                |
| <i>diazoxide 50 mg/ml oral susp</i>                                     | \$0 (Tier 1)                             | PA  |
| GLUCAGON EMERGENCY KIT (1 MG EMERGENCY KIT, 1 MG VIAL)                  | \$0 (Tier 1)                             | QL (4 per 28 days)                                |
| GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL)                               | \$0 (Tier 1)                             | QL (0.8 per 28 days)                              |
| GVOKE HYOPEN 1-PK 1 MG/0.2 ML   | \$0 (Tier 1)                             | QL (0.8 per 28 days)                              |
| GVOKE HYOPEN 1PK 0.5MG/0.1 ML   | \$0 (Tier 1)                             | QL (0.4 per 28 days)                              |

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| Name of drug                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------------------------|--|---|
| Blood Glucose Regulators          |  |   |
| GVOKE HYPOPEN 2-PK 1 MG/0.2 ML    | \$0 (Tier 1)                             | QL (0.8 per 28 days)                              |
| GVOKE HYPOPEN 2PK 0.5MG/0.1 ML    | \$0 (Tier 1)                             | QL (0.4 per 28 days)                              |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR    | \$0 (Tier 1)                             | QL (0.8 per 28 days)                              |
| GVOKE PFS 2-PK 1 MG/0.2 ML SYR    | \$0 (Tier 1)                             | QL (0.8 per 28 days)                              |
| ZEGALOGUE 0.6 MG/0.6 ML SYRING    | \$0 (Tier 1)                             | QL (2.4 per 28 days)                              |
| ZEGALOGUE 0.6 MG/0.6ML AUTOINJ    | \$0 (Tier 1)                             | QL (2.4 per 28 days)                              |
| Insulins                          |  |   |
| HUMALOG (100 CARTRIDGE, 100 VIAL) | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMALOG 100 UNIT/ML KWIKPEN       | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMALOG 200 UNIT/ML KWIKPEN       | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

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| Name of drug                                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Blood Glucose Regulators                      |  |   |
| HUMALOG JR 100 UNIT/ML KWIKPEN                | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMALOG MIX 50-50 KWIKPEN                     | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMALOG MIX 75-25 KWIKPEN                     | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMALOG MIX 75-25 VIAL                        | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMULIN 70-30 (70-30 VIAL, RELION 70-30 VIAL) | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMULIN 70/30 KWIKPEN                         | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMULIN N (N 100 VIAL, RELION N 100)          | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMULIN N 100 UNIT/ML KWIKPEN                 | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| HUMULIN R (R 100 VIAL, RELION R 100)          | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin aspart 100 unit/ml crt</i>         | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin aspart 100 unit/ml pen</i>         | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Blood Glucose Regulators  |  |   |
| <i>insulin aspart 100 unit/ml vl</i>                            | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin aspart prot mix 70-30 (mix70-30 pn, mix70-30 vl)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin glargine max solo u300</i>                           | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin glargine solostar u300</i>                           | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin glargine-yfgn (u100 pen, u100 vl)</i>                | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin lispro 100 unit/ml pen</i>                           | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin lispro 100 unit/ml vl</i>                            | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin lispro jr 100 unit/ml</i>                            | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>insulin lispro mix 75-25 kwkpn</i>                           | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| LYUMJEV 100 UNIT/ML KWIKPEN                                     | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| LYUMJEV 100 UNIT/ML VIAL  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| LYUMJEV 200 UNIT/ML KWIKPEN                                     | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NOVOLIN 70-30 (70-30 100 UNIT/ML VIAL, RELION 70-30 VIAL)       | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Blood Glucose Regulators                                      |  |   |
| NOVOLIN 70-30 FLEXPEN (70-30, RELION 70-30)                   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NOVOLIN N (N 100 VIAL, RELION N 100)                          | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NOVOLIN N FLEXPEN (N 100 UNIT/ML, RELION N U-100)             | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NOVOLIN R (R 100 VIAL, RELION R 100)                          | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NOVOLIN R FLEXPEN (R 100 UNIT/ML, RELION R U-100)             | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NOVOLOG (100 VIAL, RELION 100 VL)                             | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NOVOLOG FLEXPEN (100 UNIT/ML, RELION U-100)                   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NOVOLOG MIX 70-30 (70-30 VIAL, RELION 70-30 VIAL)             | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| NOVOLOG MIX 70-30 FLEXPEN (70-30 FLEXPEN, RELION 70-30 FLXPN) | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

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| Name of drug                | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------------------|--|---|
| Blood Glucose Regulators    |  |   |
| NOVOLOG PENFILL 100 UNIT/ML | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Blood Products and Modifiers                                    |  |   |
| Anticoagulants  |  |   |
| <i>dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)    | \$0 (Tier 1)                             |   |
| <i>enoxaparin 30 mg/0.3 ml syr</i>                              | \$0 (Tier 1)                             | QL (8.4 per 30 days)                              |
| <i>enoxaparin 40 mg/0.4 ml syr</i>                              | \$0 (Tier 1)                             | QL (11.2 per 30 days)                             |
| <i>enoxaparin 60 mg/0.6 ml syr</i>                              | \$0 (Tier 1)                             | QL (16.8 per 30 days)                             |
| <i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i> | \$0 (Tier 1)                             | QL (28 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Blood Products and Modifiers</b>  |  |   |
| <i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>                                       | \$0 (Tier 1)                             | QL (22.4 per 30 days)                             |
| <i>fondaparinux sodium (2.5 mg/0.5 ml syr, 5 mg/0.4 ml syr, 7.5 mg/0.6 ml syr, 10 mg/0.8 ml syr)</i> | \$0 (Tier 1)                             |   |
| FRAGMIN (10,000 UNIT/ML SYRINGE, 10,000 UNITS/ML SYRING)   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| FRAGMIN (12,500 UNIT/0.5 ML SYR, 12,500 UNITS/0.5 ML)  | \$0 (Tier 1)                             | QL (15 per 30 days)                               |
| FRAGMIN (15,000 UNIT/0.6 ML SYR, 15,000 UNITS/0.6 ML)  | \$0 (Tier 1)                             | QL (18 per 30 days)                               |
| FRAGMIN (18,000 UNIT/0.72 ML, 18,000 UNITS/0.72 ML)  | \$0 (Tier 1)                             | QL (22 per 30 days)                               |
| FRAGMIN (2,500 UNIT/0.2 ML SYR, 2,500 UNITS/0.2 ML SYR)  | \$0 (Tier 1)                             | QL (6 per 30 days)                                |
| FRAGMIN (25,000 UNITS/ML VIAL, 95,000 UNIT/3.8 ML VL)  | \$0 (Tier 1)                             | QL (22.8 per 30 days)                             |
| FRAGMIN (5,000 UNIT/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR)  | \$0 (Tier 1)                             | QL (12 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Blood Products and Modifiers   |  |   |
| FRAGMIN (7,500 UNIT/0.3 ML SYR, 7,500 UNITS/0.3 ML SYR)  | \$0 (Tier 1)                             | QL (9 per 30 days)                                |
| <i>heparin sodium (sod 1,000 unit/ml vial, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i> | \$0 (Tier 1)                             |   |
| <i>jantoven (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)  | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Blood Products and Modifiers   |  |   |
| ZONTIVITY 2.08 MG TABLET   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| Blood Products and Modifiers, Other  |  |   |
| <i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>   | \$0 (Tier 1)                             |   |
| ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE) | \$0 (Tier 1)                             | PA  |
| EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/2 ML VIAL, 20,000 UNITS/ML VIAL)   | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Blood Products and Modifiers  |  |   |
| FULPHILA 6 MG/0.6 ML SYRINGE  | \$0 (Tier 1)                             | PA  |
| FYLNETRA 6 MG/0.6 ML SYRINGE  | \$0 (Tier 1)                             | PA  |
| GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL) | \$0 (Tier 1)                             | PA  |
| LEUKINE 250 MCG VIAL  | \$0 (Tier 1)                             | PA  |
| NEULASTA 6 MG/0.6 ML SYRINGE  | \$0 (Tier 1)                             | PA  |
| NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)   | \$0 (Tier 1)                             | PA  |
| NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)   | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Blood Products and Modifiers  |  |   |
| NYVEPRIA 6 MG/0.6 ML SYRINGE  | \$0 (Tier 1)                             | PA  |
| PROCRIT (2,000 VIAL, 3,000 VIAL, 4,000 VIAL, 10,000 VIAL, 20,000 VIAL, 40,000 VIAL)   | \$0 (Tier 1)                             | PA  |
| PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET) | \$0 (Tier 1)                             | PA, LA, QL (90 per 30 days)                       |
| PROMACTA 50 MG TABLET   | \$0 (Tier 1)                             | PA, LA, QL (30 per 30 days)                       |
| PROMACTA 75 MG TABLET   | \$0 (Tier 1)                             | PA, LA, QL (60 per 30 days)                       |
| PYRUKYND (20-5 MG PACK, 50-20 MG PACK)  | \$0 (Tier 1)                             | PA, QL (14 per 14 days)                           |
| PYRUKYND 20 MG TABLET   | \$0 (Tier 1)                             | PA, QL (56 per 28 days)                           |
| PYRUKYND 5 MG TABLET  | \$0 (Tier 1)                             | PA, QL (56 per 28 days)                           |
| PYRUKYND 5 MG TAPER PACK  | \$0 (Tier 1)                             | PA, QL (7 per 7 days)                             |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Blood Products and Modifiers  |  |   |
| PYRUKYND 50 MG TABLET   | \$0 (Tier 1)                             | PA, QL (56 per 28 days)                           |
| RELEUKO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)  | \$0 (Tier 1)                             | PA  |
| RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL) | \$0 (Tier 1)                             | PA  |
| STIMUFEND 6 MG/0.6 ML SYRINGE   | \$0 (Tier 1)                             | PA  |
| UDENYCA 6 MG/0.6 ML AUTOINJECT  | \$0 (Tier 1)                             | PA  |
| UDENYCA 6 MG/0.6 ML SYRINGE   | \$0 (Tier 1)                             | PA  |
| ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)   | \$0 (Tier 1)                             | PA  |
| ZIEXTENZO 6 MG/0.6 ML SYRINGE   | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Blood Products and Modifiers                                   |  |   |
| Hemostasis Agents  |  |   |
| <i>tranexamic acid 650 mg tablet</i>                           | \$0 (Tier 1)                             |   |
| Platelet Modifying Agents                                      |  |   |
| <i>aspirin-dipyridam er 25-200 mg</i>                          | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| BRILINTA (60 MG TABLET, 90 MG TABLET)                          | \$0 (Tier 1)                             |   |
| CABLIVI (11 MG KIT, 11 MG VIAL)                                | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>cilostazol (50 mg tablet, 100 mg tablet)</i>                | \$0 (Tier 1)                             |   |
| <i>clopidogrel 75 mg tablet</i>                                | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i> | \$0 (Tier 1)                             |   |
| DOPTELET ((10 TAB PK) 20 MG TAB, (15 TAB PK) 20 MG TAB)        | \$0 (Tier 1)                             | PA, QL (15 per 5 days)                            |
| DOPTELET (30 TAB PK) 20 MG TAB                                 | \$0 (Tier 1)                             | PA  |

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| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Blood Products and Modifiers                     |  |   |
| <i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| TAVALISSE (100 MG TABLET, 150 MG TABLET)         | \$0 (Tier 1)                             | PA  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Cardiovascular Agents  |  |   |
| Alpha-adrenergic Agonists  |  |   |
| <i>clonidine (0.1 patch, 0.2 patch, 0.3 patch)</i>                 | \$0 (Tier 1)                             | QL (4 per 28 days)                                |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)</i>  | \$0 (Tier 1)                             | PA, QL (84 per 14 days)                           |
| <i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>                   | \$0 (Tier 1)                             |   |
| <i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>    | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Cardiovascular Agents</b>   |  |   |
| <b>Alpha-adrenergic Blocking Agents</b>  |  |   |
| <i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>             | \$0 (Tier 1)                             |   |
| <i>phenoxybenzamine hcl 10 mg cap</i>  | \$0 (Tier 1)                             | PA  |
| <i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>                 | \$0 (Tier 1)                             |   |
| <i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i> | \$0 (Tier 1)                             |   |
| <b>Angiotensin II Receptor Antagonists</b>                                     |  |   |
| <i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb, 32 mg tb)</i>          | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>                 | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>                   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>                   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Cardiovascular Agents</b>   |  |   |
| <i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>                            | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>              | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>                                    |  |   |
| <i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                          | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>benazepril hcl 40 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>                 | \$0 (Tier 1)                             |   |
| FILSPARI (200 MG TABLET, 400 MG TABLET)  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>                               | \$0 (Tier 1)                             |   |
| <i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>lisinopril 40 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Cardiovascular Agents</b>  |  |   |
| <i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>perindopril erbumine 2 mg tab</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>perindopril erbumine 4 mg tab</i>  | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>perindopril erbumine 8 mg tab</i>  | \$0 (Tier 1)                             |   |
| <i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>                          | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule)</i>                                       | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>ramipril 10 mg capsule</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>trandolapril (1 mg tablet, 2 mg tablet)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>trandolapril 4 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <b>Antiarrhythmics</b>  |  |   |
| <i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>                                   | \$0 (Tier 1)                             |   |
| <i>digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Cardiovascular Agents   |  |   |
| <i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</i>          | \$0 (Tier 1)                             |   |
| <i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>   | \$0 (Tier 1)                             |   |
| <i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>           | \$0 (Tier 1)                             |   |
| <i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>  | \$0 (Tier 1)                             |   |
| MULTAQ 400 MG TABLET  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i>          | \$0 (Tier 1)                             |   |
| <i>propafenone hcl er (er 225 mg cap, er 325 mg cap, er 425 mg cap)</i> | \$0 (Tier 1)                             |   |
| <i>quinidine gluc er 324 mg tab</i>                                     | \$0 (Tier 1)                             |   |
| <i>quinidine sulfate (200 mg tab, 300 mg tab)</i>                       | \$0 (Tier 1)                             |   |
| SORINE (120 MG TABLET, 160 MG TABLET)                                   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Cardiovascular Agents</b>  |  |   |
| <i>sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>        | \$0 (Tier 1)                             |   |
| SOTALOL AF (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)                           | \$0 (Tier 1)                             |   |
| <b>Beta-adrenergic Blocking Agents</b>  |  |   |
| <i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>                            | \$0 (Tier 1)                             |   |
| <i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                       | \$0 (Tier 1)                             |   |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>                                 | \$0 (Tier 1)                             |   |
| <i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>                                  | \$0 (Tier 1)                             |   |
| <i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>                | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Cardiovascular Agents</b>  |  |   |
| <i>metoprolol succ er 200 mg tab</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>  | \$0 (Tier 1)                             |   |
| <i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>pindolol (5 mg tablet, 10 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i>                            | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Cardiovascular Agents</b>   |  |   |
| <i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>           | \$0 (Tier 1)                             |   |
| <b>Calcium Channel Blocking Agents, Dihydropyridines</b>                   |  |   |
| <i>amlodipine besylate (2.5 mg tab, 5 mg tab)</i>                          | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>amlodipine besylate 10 mg tab</i>                                       | \$0 (Tier 1)                             |   |
| <i>felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>nifedipine (10 mg capsule, 20 mg capsule)</i>                           | \$0 (Tier 1)                             |   |
| <i>nifedipine er (er 30 mg tablet, er 60 mg tablet)</i>                    | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>nifedipine er 90 mg tablet</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>nimodipine 30 mg capsule</i>  | \$0 (Tier 1)                             |   |
| NYMALIZE 60 MG/ML ORAL SOLUTION  | \$0 (Tier 1)                             | PA  |
| <b>Calcium Channel Blocking Agents, Nondihydropyridines</b>                |  |   |
| CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE) | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Cardiovascular Agents</b>  |  |   |
| DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)  | \$0 (Tier 1)                             |   |
| <i>diltiazem 12hr er (12hr er 120 mg cap, 12hr er 60 mg cap, 12hr er 90 mg cap)</i>   | \$0 (Tier 1)                             |   |
| <i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap, 24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)</i> | \$0 (Tier 1)                             |   |
| <i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp, 24h er(cd) 360 mg cp)</i>      | \$0 (Tier 1)                             |   |
| <i>diltiazem 24hr er (xr) (24h er(xr) 120 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 240 mg cp)</i>  | \$0 (Tier 1)                             |   |
| <i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Cardiovascular Agents</b>  |  |   |
| TIADYLT ER (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)       | \$0 (Tier 1)                             |   |
| <i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>verapamil er pm (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)</i>  | \$0 (Tier 1)                             |   |
| <i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>  | \$0 (Tier 1)                             |   |
| <i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule, sr 360 mg capsule)</i>                                    | \$0 (Tier 1)                             |   |
| <b>Cardiovascular Agents, Other</b>   |  |   |
| <i>acetazolamide (125 mg tablet, 250 mg tablet)</i>   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Cardiovascular Agents</b>   |  |   |
| <i>aliskiren (150 mg tablet, 300 mg tablet)</i>  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>amiloride hcl-hctz 5-50 mg tab</i>  | \$0 (Tier 1)                             |   |
| <i>amlodipine besylate-benazepril (2.5-10, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>amlodipine-atorvastatin (2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>amlodipine-olmesartan (5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)</i>                                     | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Cardiovascular Agents</b>  |  |   |
| <i>atenolol-chlorthalidone (50-25, 100-25)</i>  | \$0 (Tier 1)                             |   |
| <i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)</i>               | \$0 (Tier 1)                             |   |
| CAMZYOS (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE)                                | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| CORLANOR 5 MG/5 ML ORAL SOLN  | \$0 (Tier 1)                             | PA, QL (560 per 30 days)                          |
| <i>digoxin 62.5 mcg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)</i>                               | \$0 (Tier 1)                             |   |
| ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)                              | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Cardiovascular Agents  |  |   |
| ENTRESTO SPRINKLE (6-6MG PELLETT, 15-16 MG PLT)                                      | \$0 (Tier 1)                             | QL (240 per 30 days)                              |
| <i>fosinopril-hydrochlorothiazide</i> (10-12.5 mg tab, 20-12.5 mg tab)               | \$0 (Tier 1)                             |   |
| <i>irbesartan-hydrochlorothiazide</i> (150-12.5 mg tb, 300-12.5 mg tb)               | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>ivabradine hcl</i> (5 mg tablet, 7.5 mg tablet)                                   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>lisinopril-hydrochlorothiazide</i> (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab) | \$0 (Tier 1)                             |   |
| <i>losartan-hydrochlorothiazide</i> (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab) | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>metoprolol-hydrochlorothiazide</i> (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)   | \$0 (Tier 1)                             |   |
| <i>metyrosine</i> 250 mg capsule   | \$0 (Tier 1)                             |   |
| NEXLETOL 180 MG TABLET   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Cardiovascular Agents</b>  |  |   |
| <i>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>                                  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>pentoxifylline er 400 mg tab</i>   | \$0 (Tier 1)                             |   |
| <i>ranolazine er (er 500 mg tablet, er 1,000 mg tablet)</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>spironolactone-hctz 25-25 tab</i>  | \$0 (Tier 1)                             |   |
| <i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>                                    | \$0 (Tier 1)                             |   |
| <i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| WEGOVIY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN)  | \$0 (Tier 1)                             | PA, QL (2 per 28 days)                            |
| WEGOVIY (1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)  | \$0 (Tier 1)                             | PA, QL (3 per 28 days)                            |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Cardiovascular Agents  |  |   |
| Diuretics, Loop  |  |   |
| <i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>  | \$0 (Tier 1)                             |   |
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vial)</i> | \$0 (Tier 1)                             |   |
| <i>torseamide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| Diuretics, Potassium-sparing   |  |   |
| <i>amiloride hcl 5 mg tablet</i>   | \$0 (Tier 1)                             |   |
| <i>eplerenone (25 mg tablet, 50 mg tablet)</i>   | \$0 (Tier 1)                             | ST  |
| KERENDIA (10 MG TABLET, 20 MG TABLET)  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Cardiovascular Agents</b>  |  |   |
| <i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>             | \$0 (Tier 1)                             |   |
| <i>spironolactone 25 mg/5 ml susp</i>   | \$0 (Tier 1)                             | PA  |
| <b>Diuretics, Thiazide</b>  |  |   |
| <i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>                            | \$0 (Tier 1)                             |   |
| DIURIL 250 MG/5 ML ORAL SUSP  | \$0 (Tier 1)                             |   |
| <i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)</i>     | \$0 (Tier 1)                             |   |
| <i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>                             | \$0 (Tier 1)                             |   |
| <i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>                  | \$0 (Tier 1)                             |   |
| <b>Dyslipidemics, Fibric Acid Derivatives</b>                                 |  |   |
| <i>fenofibrate (48 mg tablet, 54 mg tablet, 145 mg tablet, 160 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Cardiovascular Agents</b>   |  |   |
| <i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>                                 | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>gemfibrozil 600 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>                                   |  |   |
| <i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>lovastatin (10 mg tablet, 20 mg tablet)</i>                                       | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>lovastatin 40 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>               | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>              | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>simvastatin (5 mg tablet, 10 mg tablet)</i>                                       | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>simvastatin 20 mg tablet</i>  | \$0 (Tier 1)                             | QL (45 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Cardiovascular Agents   |  |   |
| <i>simvastatin 40 mg tablet</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| Dyslipidemics, Other  |  |   |
| <i>cholestyramine (packet, powder)</i>                                    | \$0 (Tier 1)                             |   |
| <i>cholestyramine light (packet, powder)</i>                              | \$0 (Tier 1)                             |   |
| <i>colesevelam 625 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>colestipol hcl (1 gm tablet, granules, granules packet)</i>            | \$0 (Tier 1)                             |   |
| <i>ezetimibe 10 mg tablet</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>icosapent ethyl (0.5 gm capsule, 1 gram capsule, 500 mg capsule)</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)                                    | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| JUXTAPID 20 MG CAPSULE  | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| JUXTAPID 30 MG CAPSULE  | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| NEXLIZET 180-10 MG TABLET   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)</i> | \$0 (Tier 1)                             | QL (60 per 30 days), PA<br>NSO                    |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Cardiovascular Agents</b>   |  |   |
| <i>omega-3 ethyl esters 1 gm cap</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| PRALUENT PEN (75 MG/ML PEN, 150 MG/ML PEN)                                       | \$0 (Tier 1)                             | PA  |
| PREVALITE (PACKET, POWDER)   | \$0 (Tier 1)                             |   |
| REPATHA 140 MG/ML SURECLICK  | \$0 (Tier 1)                             | PA  |
| REPATHA 140 MG/ML SYRINGE  | \$0 (Tier 1)                             | PA  |
| REPATHA 420 MG/3.5ML PUSHTRONX   | \$0 (Tier 1)                             | PA  |
| VASCEPA (0.5 GM CAPSULE, 1 GM CAPSULE)   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <b>Vasodilators, Direct-acting Arterial</b>                                      |  |   |
| <i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>                                   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Cardiovascular Agents  |  |   |
| Vasodilators, Direct-acting Arterial/Venous  |  |   |
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>  | \$0 (Tier 1)                             |   |
| <i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>   | \$0 (Tier 1)                             |   |
| <i>isosorbide mononitrate er (mn er 60 mg tablet, mononit er 30 mg tb, mononit er 60 mg tb, mononit er 120 mg)</i> | \$0 (Tier 1)                             |   |
| NITRO-BID 2% OINTMENT  | \$0 (Tier 1)                             |   |
| <i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, lingual 0.4 mg, 0.6 mg tablet sl, 400 mcg spray)</i>         | \$0 (Tier 1)                             |   |
| <i>nitroglycerin 0.4% ointment</i>   | \$0 (Tier 1)                             | QL (30 per 21 days)                               |
| <i>nitroglycerin patch (0.1 patch, 0.2 patch, 0.4 patch, 0.6 patch)</i>  | \$0 (Tier 1)                             |   |
| NITROSTAT 0.6 MG TABLET SL   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Central Nervous System Agents  |  |   |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines  |  |   |
| <i>dextroamp-amphetamin 30 mg tab</i>  | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>dextroamphetamine 10 mg tab</i>   | \$0 (Tier 1)                             | PA, QL (180 per 30 days)                          |
| <i>dextroamphetamine 5 mg tab</i>  | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| <i>dextroamphetamine er 10 mg cap</i>  | \$0 (Tier 1)                             | PA, QL (150 per 30 days)                          |
| <i>dextroamphetamine er 15 mg cap</i>  | \$0 (Tier 1)                             | PA, QL (120 per 30 days)                          |
| <i>dextroamphetamine er 5 mg cap</i>   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i> | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Central Nervous System Agents</b>  |  |   |
| <i>methylphenidate er (la) (er(la) 20mg cp, er(la) 40mg cp)</i>                           | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>methylphenidate la (20 mg cap, 40 mg cap)</i>  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>                  |  |   |
| <i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>       | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>                     | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>clonidine hcl er 0.1 mg tablet</i>   | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>guanfacine hcl er (er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>methylphenidate (10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr)</i>                       | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>methylphenidate 10 mg/5 ml sol</i>   | \$0 (Tier 1)                             | PA, QL (900 per 30 days)                          |
| <i>methylphenidate 5 mg/5 ml soln</i>   | \$0 (Tier 1)                             | PA, QL (1800 per 30 days)                         |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Central Nervous System Agents</b>  |  |   |
| <i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>  | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| <i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab, er 72 mg tab)</i>  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>methylphenidate er (la) (er(la) 10mg cp, er(la) 30mg cp)</i>   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>methylphenidate er 36 mg tab</i>   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>  | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| <i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>                                    | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp, er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i> | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>methylphenidate la (10 mg cap, 30 mg cap, 60 mg cap)</i>   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Central Nervous System Agents   |  |   |
| <i>methylphenidate sr 20 mg tab</i>   | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| Central Nervous System, Other   |  |   |
| AUSTEDO (6 MG TABLET, 12 MG TABLET)   | \$0 (Tier 1)                             | PA, QL (120 per 30 days)                          |
| AUSTEDO 9 MG TABLET   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| AUSTEDO XR (18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET) | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| AUSTEDO XR 12 MG TABLET   | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| AUSTEDO XR 24 MG TABLET   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| AUSTEDO XR 6 MG TABLET  | \$0 (Tier 1)                             | PA, QL (210 per 30 days)                          |
| AUSTEDO XR TITR KT(6-12-24 MG)  | \$0 (Tier 1)                             | PA, QL (42 per 28 days)                           |
| AUSTEDO XR TITR(12-18-24-30MG)  | \$0 (Tier 1)                             | PA, QL (28 per 28 days)                           |
| DAYBUE 200 MG/ML SOLUTION   | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Central Nervous System Agents  |  |   |
| NUEDEXTA 20-10 MG CAPSULE  | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>pregabalin er (er 82.5 mg tablet, er 165 mg tablet, er 330 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days), PA<br>NSO                    |
| RADICAVA ORS (105 MG/5 ML SUSP, STARTER KIT SUSP)                            | \$0 (Tier 1)                             | PA, QL (70 per 14 days)                           |
| <i>riluzole 50 mg tablet</i>   | \$0 (Tier 1)                             |   |
| SKYCLARYS 50 MG CAPSULE  | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| TEGLUTIK 5 MG/ML SUSPENSION  | \$0 (Tier 1)                             | PA, QL (600 per 30 days)                          |
| <i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>                          | \$0 (Tier 1)                             | PA NSO  |
| TIGLUTIK 50 MG/10 ML SUSP  | \$0 (Tier 1)                             | PA, QL (600 per 30 days)                          |
| Fibromyalgia Agents  |  |   |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)          | \$0 (Tier 1)                             | QL (60 per 30 days), PA<br>NSO                    |
| SAVELLA TITRATION PACK   | \$0 (Tier 1)                             | QL (55 per 28 days), PA<br>NSO                    |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Central Nervous System Agents                                       |  |   |
| Multiple Sclerosis Agents   |  |   |
| AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)             | \$0 (Tier 1)                             | PA  |
| AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)               | \$0 (Tier 1)                             | PA  |
| BETASERON 0.3 MG INJECTION  | \$0 (Tier 1)                             | PA  |
| <i>dalfampridine er 10 mg tablet</i>                                | \$0 (Tier 1)                             | PA  |
| <i>dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)</i> | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| ENSPRYNG 120 MG/ML SYRINGE  | \$0 (Tier 1)                             | PA  |
| <i>fingolimod 0.5 mg capsule</i>                                    | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| GILENYA 0.25 MG CAPSULE   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)</i>      | \$0 (Tier 1)                             | PA  |
| GLATOPA (20 MG/ML SYRINGE, 40 MG/ML SYRINGE)                        | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Central Nervous System Agents  |  |   |
| MAVENCLAD (10 MG 10 TABLET PK, 10 MG 4 TABLET PK, 10 MG 5 TABLET PK, 10 MG 6 TABLET PK, 10 MG 7 TABLET PK, 10 MG 8 TABLET PK, 10 MG 9 TABLET PK) | \$0 (Tier 1)                             | PA  |
| MAYZENT (1 MG TABLET, 2 MG TABLET)   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| MAYZENT 0.25 MG TABLET   | \$0 (Tier 1)                             | PA, QL (120 per 30 days)                          |
| MAYZENT 0.25MG START-1MG MAINT   | \$0 (Tier 1)                             | PA, QL (7 per 4 days)                             |
| PLEGRIDY 125 MCG/0.5 ML PEN  | \$0 (Tier 1)                             | PA, QL (1 per 28 days)                            |
| PLEGRIDY 125 MCG/0.5 ML SYRINGE  | \$0 (Tier 1)                             | PA, QL (1 per 28 days)                            |
| PONVORY (14-DAY STARTER PACK, 20 MG TABLET)  | \$0 (Tier 1)                             | PA  |
| REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE, TITRATION PACK)   | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Central Nervous System Agents   |  |   |
| REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML, TITRATION PACK)                               | \$0 (Tier 1)                             | PA  |
| TASCENSO ODT (ODT 0.25 MG TABLET, ODT 0.5 MG TABLET)  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>teriflunomide (7 mg tablet, 14 mg tablet)</i>  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| VUMERITY DR 231 MG CAPSULE  | \$0 (Tier 1)                             | PA  |
| ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER KIT (37-DAY), STARTER PACK (7-DAY)) | \$0 (Tier 1)                             | PA  |

| Name of drug                        | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------------|--|---|
| Dental and Oral Agents              |  |   |
| Dental and Oral Agents              |  |   |
| <i>cevimeline hcl 30 mg capsule</i> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Dental and Oral Agents  |  |   |
| <i>chlorhexidine gluconate (0.12% 15 ml cup, 0.12% rinse)</i> | \$0 (Tier 1)                             |   |
| <i>doxycycline hyclate 20 mg tab</i>                          | \$0 (Tier 1)                             |   |
| KOURZEQ 0.1% DENTAL PASTE                                     | \$0 (Tier 1)                             |   |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>           | \$0 (Tier 1)                             |   |
| <i>triamcinolone 0.1% paste</i>                               | \$0 (Tier 1)                             |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Dermatological Agents  |  |   |
| Acne and Rosacea Agents  |  |   |
| ACCUTANE (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)           | \$0 (Tier 1)                             | PA NSO  |
| <i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i> | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Dermatological Agents</b>   |  |   |
| AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)                                    | \$0 (Tier 1)                             | PA NSO  |
| <i>azelaic acid 15% gel</i>  | \$0 (Tier 1)                             |   |
| CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)                      | \$0 (Tier 1)                             | PA NSO  |
| <i>clind ph-benzoyl perox 1.2-5%</i>   | \$0 (Tier 1)                             |   |
| <i>erythromycin-benzoyl gel</i>  | \$0 (Tier 1)                             |   |
| <i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>           | \$0 (Tier 1)                             | PA NSO  |
| NEUAC GEL  | \$0 (Tier 1)                             |   |
| <i>tazarotene (0.05% gel, 0.1% gel)</i>  | \$0 (Tier 1)                             | PA, QL (100 per 30 days)                          |
| <i>tazarotene 0.05% cream</i>  | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>tazarotene 0.1% cream</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)</i> | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Dermatological Agents   |  |   |
| ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)           | \$0 (Tier 1)                             | PA NSO  |
| Dermatitis and Pruritus Agents  |  |   |
| ALA-CORT 1% CREAM   | \$0 (Tier 1)                             |   |
| ALA-CORT 2.5% CREAM   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>amcinonide (0.1% cream, 0.1% ointment)</i>                                   | \$0 (Tier 1)                             |   |
| <i>ammonium lactate (12% cream, 12% lotion)</i>                                 | \$0 (Tier 1)                             | PA  |
| <i>betamethasone diprop augmented (0.05% gel, 0.05% lot, 0.05% oin)</i>         | \$0 (Tier 1)                             |   |
| <i>betamethasone dipropionate (0.05% crm, 0.05% lot)</i>                        | \$0 (Tier 1)                             |   |
| <i>betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm)</i> | \$0 (Tier 1)                             |   |
| <i>clobetasol emollient 0.05% crm</i>   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Dermatological Agents</b>  |  |   |
| <i>clobetasol propionate (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution, 0.05% topical lotn)</i>   | \$0 (Tier 1)                             |   |
| <i>desonide (0.05% cream, 0.05% lotion, 0.05% ointment)</i>   | \$0 (Tier 1)                             |   |
| <i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>                 | \$0 (Tier 1)                             |   |
| <i>diflorasone diacetate (0.05% cream, 0.05% ointment)</i>  | \$0 (Tier 1)                             |   |
| <i>doxepin 5% cream</i>   | \$0 (Tier 1)                             | PA  |
| <i>fluocinolone acetonide (0.01% cream, 0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)</i> | \$0 (Tier 1)                             |   |
| <i>fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution)</i>                                | \$0 (Tier 1)                             |   |
| <i>fluocinonide-e 0.05% cream</i>   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Dermatological Agents</b>  |  |   |
| <i>fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)</i>                | \$0 (Tier 1)                             |   |
| <i>halobetasol propionate (0.05% cream, 0.05% ointmnt)</i>                            | \$0 (Tier 1)                             |   |
| <i>hydrocortisone (1% cream, 1% ointment, 2.5% cream, 2.5% lotion, 2.5% ointment)</i> | \$0 (Tier 1)                             |   |
| <i>hydrocortisone butyrate (butyr 0.1% cream, butyr 0.1% oint, butyr 0.1% soln)</i>   | \$0 (Tier 1)                             |   |
| <i>hydrocortisone valerate (0.2% cream, 0.2% ointmt)</i>                              | \$0 (Tier 1)                             |   |
| <i>mometasone furoate (0.1% cream, 0.1% oint, 0.1% soln)</i>                          | \$0 (Tier 1)                             |   |
| <i>pimecrolimus 1% cream</i>  | \$0 (Tier 1)                             | PA  |
| PROCTO-MED HC 2.5% CREAM  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| PROCTOSOL-HC 2.5% CREAM   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| PROCTOZONE-HC 2.5% CREAM  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Dermatological Agents  |  |   |
| <i>selenium sulfide 2.5% lotion</i>  | \$0 (Tier 1)                             |   |
| <i>tacrolimus (0.03% ointment, 0.1% ointment)</i>  | \$0 (Tier 1)                             | PA  |
| <i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.05% ointment, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i> | \$0 (Tier 1)                             |   |
| TRIDERM (0.1% CREAM, 0.5% CREAM)   | \$0 (Tier 1)                             |   |
| Dermatological Agents  |  |   |
| <i>clotrimazole-betamethasone (crm, lot)</i>   | \$0 (Tier 1)                             |   |
| QBREXZA 2.4% CLOTH   | \$0 (Tier 1)                             | PA  |
| Dermatological Agents, Other   |  |   |
| <i>calcipotriene (0.005% cream, 0.005% ointment, 0.005% solution)</i>  | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Dermatological Agents  |  |   |
| <i>diclofenac sodium 3% gel</i>                                  | \$0 (Tier 1)                             | PA  |
| FILSUEVZ 10% GEL   | \$0 (Tier 1)                             | PA  |
| <i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i> | \$0 (Tier 1)                             | PA NSO  |
| <i>imiquimod 5% cream packet</i>                                 | \$0 (Tier 1)                             | QL (12 per 30 days)                               |
| <i>methoxsalen (10 mg capsule, 10 mg softgel)</i>                | \$0 (Tier 1)                             |   |
| <i>nystatin-triamcinolone (cream, ointm)</i>                     | \$0 (Tier 1)                             |   |
| OTEZLA (20 MG TABLET, 30 MG TABLET)                              | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| OTEZLA 10-20 MG STARTER 28 DAY                                   | \$0 (Tier 1)                             | PA, QL (55 per 28 days)                           |
| <i>podofilox 0.5% topical soln</i>                               | \$0 (Tier 1)                             |   |
| REGRANEX 0.01% GEL   | \$0 (Tier 1)                             | PA  |
| SANTYL OINTMENT  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| SILVADENE 1% CREAM   | \$0 (Tier 1)                             |   |
| <i>silver sulfadiazine 1% cream</i>                              | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Dermatological Agents</b>  |  |   |
| SSD 1% CREAM  | \$0 (Tier 1)                             |   |
| VTAMA 1% CREAM  | \$0 (Tier 1)                             | PA  |
| ZORYVE (0.15% CREAM, 0.3% CREAM, 0.3% FOAM)                               | \$0 (Tier 1)                             | PA  |
| <b>Pediculicides/Scabicides</b>   |  |   |
| CROTAN 10% LOTION   | \$0 (Tier 1)                             | PA, QL (454 per 30 days)                          |
| <i>malathion 0.5% lotion</i>  | \$0 (Tier 1)                             |   |
| <i>permethrin 5% cream</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <b>Topical Anti-infectives</b>  |  |   |
| <i>acyclovir 5% cream</i>   | \$0 (Tier 1)                             | PA, QL (5 per 30 days)                            |
| <i>acyclovir 5% ointment</i>  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>ciclopirox (0.77% topical susp, 8% solution)</i>                       | \$0 (Tier 1)                             |   |
| <i>clindamycin 1% gel</i>   | \$0 (Tier 1)                             |   |
| <i>clindamycin phosphate (ph 1% gel, ph 1% solution, phosp 1% lotion)</i> | \$0 (Tier 1)                             |   |

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| Name of drug                              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Dermatological Agents                     |  |   |
| <i>erythromycin (2% gel, 2% solution)</i> | \$0 (Tier 1)                             |   |
| <i>mupirocin (2% cream, 2% ointment)</i>  | \$0 (Tier 1)                             |   |
| <i>penciclovir 1% cream</i>               | \$0 (Tier 1)                             | PA, QL (5 per 30 days)                            |
| SULFAMYLON 8.5% CREAM                     | \$0 (Tier 1)                             |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Electrolytes/Minerals/Metals/Vitamins   |  |   |
| Electrolyte/Mineral Replacement   |  |   |
| <i>carglumic acid 200 mg tab susp</i>   | \$0 (Tier 1)                             | PA  |
| <i>fluoride (0.25 mg tablet chew, 0.5 mg tablet chew, 1 mg tablet chewable)</i> | \$0 (Tier 1)                             |   |
| ISOLYTE S IV SOLN PH7.4   | \$0 (Tier 1)                             |   |
| KLOR-CON 10 MEQ TABLET  | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Electrolytes/Minerals/Metals/Vitamins  |  |   |
| KLOR-CON 8 MEQ TABLET  | \$0 (Tier 1)                             |   |
| <i>magnesium sulfate 50% syringe</i>   | \$0 (Tier 1)                             |   |
| <i>multiple electrolytes t1 ph5.5</i>  | \$0 (Tier 1)                             |   |
| PLASMA-LYTE 148 IV SOLUTION  | \$0 (Tier 1)                             |   |
| PLASMA-LYTE A PH 7.4 SOLN.   | \$0 (Tier 1)                             |   |
| PLASMA-LYTE A SOLUTION   | \$0 (Tier 1)                             |   |
| <p><i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/100 ml sol, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20 meq/100 ml sol, cl 20% (40 meq/15ml), cl 30 meq/15 ml conc, cl 40 meq/100 ml sol, cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i></p> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Electrolytes/Minerals/Metals/Vitamins</b>  |  |   |
| <i>potassium chloride-0.9% nacl (20 meq/1,000ml-ns, 40 meq/1,000ml-ns)</i>  | \$0 (Tier 1)                             |   |
| <i>potassium citrate er (er 5 tab, er 10 tb, er 15 tb)</i>  | \$0 (Tier 1)                             |   |
| <i>potassium cl 20 meq-0.45% nacl</i>   | \$0 (Tier 1)                             |   |
| <i>potassium cl 20 meq/10 ml conc</i>   | \$0 (Tier 1)                             |   |
| <i>potassium cl 20meq/100ml-water</i>   | \$0 (Tier 1)                             |   |
| <i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 3% iv soln, sodium chloride 5% iv soln)</i> | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Electrolytes/Minerals/Metals/Vitamins   |  |   |
| <i>sodium chloride 0.9%-water</i>   | \$0 (Tier 1)                             |   |
| <i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i>   | \$0 (Tier 1)                             |   |
| Electrolyte/Mineral/Metal Modifiers   |  |   |
| CHEMET 100 MG CAPSULE   | \$0 (Tier 1)                             |   |
| <i>deferasirox (90 mg tablet, 125 mg tb for susp, 180 mg tablet, 250 mg tb for susp, 360 mg tablet, 500 mg tb for susp)</i>               | \$0 (Tier 1)                             | PA  |
| <i>deferiprone 1,000 mg tb(3x/dy)</i>   | \$0 (Tier 1)                             | PA  |
| <i>deferiprone 500 mg tablet</i>  | \$0 (Tier 1)                             | PA  |
| DOJOLVI LIQUID  | \$0 (Tier 1)                             | PA  |
| FERRIPROX 100 MG/ML SOLUTION  | \$0 (Tier 1)                             | PA  |
| JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET) | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Electrolytes/Minerals/Metals/Vitamins   |  |   |
| <i>tolvaptan (15 mg tablet, 30 mg tablet)</i>   | \$0 (Tier 1)                             | PA  |
| <i>trientine hcl 250 mg capsule</i>   | \$0 (Tier 1)                             | PA  |
| Electrolytes/Minerals/Metals/Vitamins   |  |   |
| CLINIMIX (4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)                      | \$0 (Tier 1)                             | PA  |
| CLINIMIX E (2.75%-5% SOLUTION, 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION) | \$0 (Tier 1)                             | PA  |
| CLINISOL 15% SOLUTION   | \$0 (Tier 1)                             | PA  |
| <i>dextrose 10%-0.2% nacl iv soln</i>   | \$0 (Tier 1)                             |   |
| <i>dextrose 10%-0.45% nacl iv sol</i>   | \$0 (Tier 1)                             |   |
| <i>dextrose 2.5%-0.45% nacl iv</i>  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Electrolytes/Minerals/Metals/Vitamins   |  |   |
| <i>dextrose 5%-0.2% nacl iv soln</i>  | \$0 (Tier 1)                             |   |
| <i>dextrose 5%-0.225% nacl iv sol</i>   | \$0 (Tier 1)                             |   |
| <i>dextrose 5%-0.45% nacl iv soln</i>   | \$0 (Tier 1)                             |   |
| <i>dextrose 5%-0.9% nacl iv soln</i>  | \$0 (Tier 1)                             |   |
| <i>dextrose in water (5%-water 100 ml, 5%-water iv soln, 10%-water iv solution)</i> | \$0 (Tier 1)                             |   |
| INTRALIPID (20% IV EMUL, 30% IV EMUL)   | \$0 (Tier 1)                             | PA  |
| ISOLYTE P-DEXTROSE 5% SOLN  | \$0 (Tier 1)                             |   |
| <i>kcl 20 meq in d5w-lact ringer</i>  | \$0 (Tier 1)                             |   |
| <i>kcl 20 meq/l in d5w solution</i>   | \$0 (Tier 1)                             |   |
| <i>kcl-d5w-0.2% nacl (10 meq/500 ml-d5w-0.2%nacl, 20 meq/l-d5w-0.2% nacl)</i>       | \$0 (Tier 1)                             |   |
| <i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)</i>   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Electrolytes/Minerals/Metals/Vitamins</b>   |  |   |
| <i>kcl-d5w-0.45% nacl (10 meq/500ml-d5w-0.45%nacl, 10 meq/l-d5w-0.45% nacl, 20 meq/l-d5w-0.45% nacl, 30 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)</i> | \$0 (Tier 1)                             |   |
| <i>kcl-d5w-0.9% nacl (20 meq/l-d5w-0.9%, 40 meq/l-d5w-0.9%)</i>  | \$0 (Tier 1)                             |   |
| <i>l-glutamine 5 gram powder pkt</i>   | \$0 (Tier 1)                             | PA, QL (180 per 30 days)                          |
| <i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>   | \$0 (Tier 1)                             |   |
| <i>magnesium sulfate (50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml)</i>  | \$0 (Tier 1)                             |   |
| NUTRILIPID 20% IV FAT EMULSION   | \$0 (Tier 1)                             | PA  |
| PREMASOL 10% IV SOLUTION   | \$0 (Tier 1)                             | PA  |
| <i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i>   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Electrolytes/Minerals/Metals/Vitamins  |  |   |
| PROSOL 20% INJECTION   | \$0 (Tier 1)                             | PA  |
| TPN ELECTROLYTES II IV SOLN  | \$0 (Tier 1)                             |   |
| TPN ELECTROLYTES VIAL  | \$0 (Tier 1)                             |   |
| TRAVASOL 10% SOLN VIAFLEX  | \$0 (Tier 1)                             | PA  |
| TROPHAMINE 10% IV SOLUTION   | \$0 (Tier 1)                             | PA  |
| Phosphate Binders  |  |   |
| AURYXIA 210 MG TABLET  | \$0 (Tier 1)                             | QL (360 per 30 days), PA NSO                      |
| <i>calcium acetate (667 mg capsule, 667 mg gelcap)</i>                         | \$0 (Tier 1)                             |   |
| FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)                          | \$0 (Tier 1)                             | PA NSO  |
| <i>lanthanum carbonate (500 mg tab chew, 750 mg tab chew, 1,000 mg tb chw)</i> | \$0 (Tier 1)                             | PA NSO  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Electrolytes/Minerals/Metals/Vitamins                 |  |   |
| <i>sevelamer 2.4 gm powder packet</i>                 | \$0 (Tier 1)                             | PA  |
| <i>sevelamer carbonate 800 mg tab</i>                 | \$0 (Tier 1)                             |   |
| <i>sevelamer hcl (400 mg tablet, 800 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| Potassium Binders                                     |  |   |
| KIONEX 15 GM/60 ML SUSPENSION                         | \$0 (Tier 1)                             |   |
| LOKELMA 10 GRAM POWDER PACKET                         | \$0 (Tier 1)                             | PA, QL (34 per 30 days)                           |
| LOKELMA 5 GRAM POWDER PACKET                          | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| <i>sodium polystyrene sulf powder</i>                 | \$0 (Tier 1)                             |   |
| SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP) | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Gastrointestinal Agents   |  |   |
| Anti-Constipation Agents  |  |   |
| CONSTULOSE 10 GM/15 ML SOLN   | \$0 (Tier 1)                             |   |
| ENULOSE 10 GM/15 ML SOLUTION  | \$0 (Tier 1)                             |   |
| GENERLAC 10 GM/15 ML SOLUTION   | \$0 (Tier 1)                             |   |
| KRISTALOSE (10 GM PACKET, 20 GM PACKET)   | \$0 (Tier 1)                             | PA  |
| <i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i> | \$0 (Tier 1)                             |   |
| <i>lactulose 10 gm packet</i>   | \$0 (Tier 1)                             | PA  |
| LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>lubiprostone (8 mcg capsule, 24 mcg capsule)</i>   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Gastrointestinal Agents</b>  |  |   |
| MOVANTIK (12.5 MG TABLET, 25 MG TABLET)   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML KIT, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)     | \$0 (Tier 1)                             | PA  |
| RELISTOR 150 MG TABLET  | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| SUTAB 1.479-0.225-0.188 GM TAB  | \$0 (Tier 1)                             |   |
| TRULANCE 3 MG TABLET  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <b>Anti-Diarrheal Agents</b>  |  |   |
| <i>alosetron hcl (0.5 mg tablet, 1 mg tablet)</i>   | \$0 (Tier 1)                             | PA  |
| <i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i> | \$0 (Tier 1)                             |   |
| <i>loperamide 2 mg capsule</i>  | \$0 (Tier 1)                             |   |
| MYTESI 125 MG DR TABLET   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| VIBERZI (75 MG TABLET, 100 MG TABLET)   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Gastrointestinal Agents   |  |   |
| XERMELO 250 MG TABLET   | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| Antispasmodics, Gastrointestinal                                      |  |   |
| <i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>glycopyrrolate (1 mg tablet, 1.5 mg tablet, 2 mg tablet)</i>       | \$0 (Tier 1)                             |   |
| Gastrointestinal Agents, Other  |  |   |
| GATTEX 5 MG INJECTION   | \$0 (Tier 1)                             | PA  |
| GAVILYTE-C SOLUTION   | \$0 (Tier 1)                             |   |
| GAVILYTE-G SOLUTION   | \$0 (Tier 1)                             |   |
| GAVILYTE-N SOLUTION   | \$0 (Tier 1)                             |   |
| GOLYTELY SOLUTION   | \$0 (Tier 1)                             |   |
| <i>lansoprazol-amoxicil-clarithro</i>                                 | \$0 (Tier 1)                             |   |
| MYALEPT 11.3 MG (5 MG/ML) VIAL  | \$0 (Tier 1)                             | PA  |
| OCALIVA (5 MG TABLET, 10 MG TABLET)                                   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Gastrointestinal Agents</b>   |  |   |
| <i>peg 3350-electrolyte solution</i>   | \$0 (Tier 1)                             |   |
| <i>peg-3350 and electrolytes soln</i>  | \$0 (Tier 1)                             |   |
| <i>peg3350 100-7.5-2.691-1.01-5.9</i>  | \$0 (Tier 1)                             |   |
| SEROSTIM 6 MG VIAL   | \$0 (Tier 1)                             | PA  |
| <i>sod sul-potass sul-mag sul sol</i>  | \$0 (Tier 1)                             |   |
| <i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>                 | \$0 (Tier 1)                             |   |
| VELSIPITY 2 MG TABLET  | \$0 (Tier 1)                             | PA  |
| <b>Histamine2 (H2) Receptor Antagonists</b>                                    |  |   |
| <i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)</i>                | \$0 (Tier 1)                             |   |
| <i>nizatidine (150 mg capsule, 300 mg capsule)</i>                             | \$0 (Tier 1)                             |   |
| <b>Protectants</b>   |  |   |
| <i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>                            | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Gastrointestinal Agents                                    |  |   |
| <i>sucralfate 1 gm tablet</i>                              | \$0 (Tier 1)                             |   |
| Proton Pump Inhibitors                                     |  |   |
| <i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>     | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>omeprazole dr 20 mg capsule</i>                         | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>pantoprazole sod dr 20 mg tab</i>                       | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>pantoprazole sod dr 40 mg tab</i>                       | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>rabeprazole sod dr 20 mg tab</i>                        | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment |  |   |
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment |  |   |
| ARALAST NP 1,000 MG VIAL   | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment                            |  |   |
| ARALAST NP 500 MG VIAL  | \$0 (Tier 1)                             |   |
| <i>betaine 1 gram/scoop powder</i>  | \$0 (Tier 1)                             | PA NSO  |
| CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)   | \$0 (Tier 1)                             | PA  |
| CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE) | \$0 (Tier 1)                             | PA  |
| <i>cromolyn 100 mg/5 ml oral conc</i>   | \$0 (Tier 1)                             |   |
| CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)  | \$0 (Tier 1)                             | PA  |
| CYSTARAN 0.44% EYE DROPS  | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| GALAFOLD 123 MG CAPSULE   | \$0 (Tier 1)                             | PA, QL (14 per 28 days)                           |
| GLASSIA 1 GM/50 ML VIAL   | \$0 (Tier 1)                             | PA  |
| JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)                                | \$0 (Tier 1)                             | PA  |
| KEVEYIS 50 MG TABLET  | \$0 (Tier 1)                             | PA, QL (120 per 30 days)                          |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment                           |  |   |
| <i>miglustat 100 mg capsule</i>  | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| ORMALVI 50 MG TABLET   | \$0 (Tier 1)                             | PA, QL (120 per 30 days)                          |
| PALYNZIQ (2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)                           | \$0 (Tier 1)                             | PA  |
| PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP, DR 21,000 CAP, DR 37,000 CAP) | \$0 (Tier 1)                             | PA  |
| PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE, DR 16,000 CAPSULE, DR 24,000 CAPSULE)                 | \$0 (Tier 1)                             | PA  |
| PLENAMINE 15% SOLUTION   | \$0 (Tier 1)                             | PA  |
| PROLASTIN C (1,000 MG VIAL, 1,000 MG/20 ML VL)   | \$0 (Tier 1)                             | PA  |
| RAVICTI 1.1 GRAM/ML LIQUID   | \$0 (Tier 1)                             | PA  |
| REVCOVI 2.4 MG/1.5 ML VIAL   | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment                 |  |   |
| RIVFLOZA 128 MG/0.8 ML SYRINGE   | \$0 (Tier 1)                             | PA, QL (0.8 per 30 days)                          |
| RIVFLOZA 160 MG/ML SYRINGE   | \$0 (Tier 1)                             | PA, QL (1 per 30 days)                            |
| RIVFLOZA 80 MG/0.5 ML VIAL   | \$0 (Tier 1)                             | PA, QL (0.5 per 30 days)                          |
| <i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i> | \$0 (Tier 1)                             | PA  |
| <i>sodium phenylbutyrate (500mg tb, powder)</i>  | \$0 (Tier 1)                             | PA  |
| TEGSEDI 284 MG/1.5 ML SYRINGE  | \$0 (Tier 1)                             | PA, QL (6 per 28 days)                            |
| VIOKACE (10,440-39,150 UNIT TAB, 20,880-78,300 UNITS TB)                                 | \$0 (Tier 1)                             |   |
| VYNDAMAX 61 MG CAPSULE   | \$0 (Tier 1)                             | PA  |
| VYNDAQEL 20 MG CAPSULE   | \$0 (Tier 1)                             | PA  |
| WAINUA 45 MG/0.8 ML AUTOINJECT   | \$0 (Tier 1)                             | PA  |
| YARGESA 100 MG CAPSULE   | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment  |  |   |
| ZEMAIRA 1,000 MG VIAL   | \$0 (Tier 1)                             | PA  |
| ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE, DR 40,000 CAPSULE, DR 60,000 CAPSULE) | \$0 (Tier 1)                             | PA  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Genitourinary Agents   |  |   |
| Antispasmodics, Urinary  |  |   |
| <i>darifenacin er (er 7.5 mg tablet, er 15 mg tablet)</i>        | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>fesoterodine fumarate er (er 4 mg tablet, er 8 mg tablet)</i> | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>flavoxate hcl 100 mg tablet</i>                               | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Genitourinary Agents</b>  |  |   |
| MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)                                     | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| MYRBETRIQ ER 8 MG/ML SUSP  | \$0 (Tier 1)                             | QL (100 per 10 days)                              |
| <i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>    | \$0 (Tier 1)                             |   |
| <i>oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)</i> | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>solifenacin succinate (5 mg tablet, 10 mg tablet)</i>                         | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>                                 | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>tolterodine tartrate er (er 2 mg cap, er 4 mg cap)</i>                        | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>trospium chloride 20 mg tablet</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>trospium chloride er 60 mg cap</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <b>Benign Prostatic Hypertrophy Agents</b>                                       |  |   |
| <i>alfuzosin hcl er 10 mg tablet</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Genitourinary Agents  |  |   |
| <i>dutasteride 0.5 mg capsule</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>finasteride 5 mg tablet</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>tamsulosin hcl 0.4 mg capsule</i>  | \$0 (Tier 1)                             |   |
| Genitourinary Agents, Other   |  |   |
| <i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i> | \$0 (Tier 1)                             |   |
| ELMIRON 100 MG CAPSULE  | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| LITHOSTAT 250 MG TABLET   | \$0 (Tier 1)                             | PA  |
| <i>penicillamine 250 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>tiopronin (100 mg tablet, dr 100 mg tablet, dr 300 mg tablet)</i>                | \$0 (Tier 1)                             | PA  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) |  |   |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) |  |   |
| ACTHAR GEL 400 UNIT/5 ML VIAL                              | \$0 (Tier 1)                             | PA, QL (30 per 28 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)  |  |   |
| ACTHAR SELFJECT (40 UNIT/0.5 ML, 80 UNIT/ML)  | \$0 (Tier 1)                             | PA  |
| <i>betamethasone dipropionate (0.05% oint, aug 0.05% crm)</i>   | \$0 (Tier 1)                             |   |
| <i>betamethasone dp aug 0.05% crm</i>   | \$0 (Tier 1)                             |   |
| CORTROPHIN (GEL 80 UNIT/ML VIAL, GEL 400 UNIT/5 ML)   | \$0 (Tier 1)                             | PA, QL (30 per 28 days)                           |
| <i>deflazacort (6 mg tablet, 18 mg tablet, 22.75 mg/ml susp, 30 mg tablet, 36 mg tablet)</i>  | \$0 (Tier 1)                             | PA  |
| <i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>fludrocortisone 0.1 mg tablet</i>  | \$0 (Tier 1)                             |   |
| HEMADY 20 MG TABLET   | \$0 (Tier 1)                             | PA NSO  |
| <i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)</i>   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)   |  |   |
| <i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)</i>   | \$0 (Tier 1)                             |   |
| <i>prednisolone sodium phos odt (odt 10 mg tablet, odt 15 mg tablet, odt 30 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| <i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>                     | \$0 (Tier 1)                             |   |
| <i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i> | \$0 (Tier 1)                             |   |
| PREDNISONE INTENSOL 5 MG/ML  | \$0 (Tier 1)                             |   |
| TAPERDEX 7 DAY 1.5 MG TAB PACK   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)   |  |   |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)   |  |   |
| <i>desmopressin 10 mcg/0.1 ml spr</i>  | \$0 (Tier 1)                             |   |
| <i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>   | \$0 (Tier 1)                             |   |
| EGRIFTA SV 2 MG VIAL   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE) | \$0 (Tier 1)                             | PA  |
| HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)   | \$0 (Tier 1)                             | PA  |
| INCRELEX 40 MG/4 ML VIAL   | \$0 (Tier 1)                             | PA  |
| NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)   | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)  |  |   |
| NUTROPIN AQ NUSPIN (5, 10, 20)  | \$0 (Tier 1)                             | PA  |
| OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)  | \$0 (Tier 1)                             | PA  |
| SEROSTIM (4 MG VIAL, 5 MG VIAL)   | \$0 (Tier 1)                             | PA  |
| SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE) | \$0 (Tier 1)                             | PA  |
| SOGROYA (5 MG/1.5 ML PEN, 10 MG/1.5 ML PEN, 15 MG/1.5 ML PEN)   | \$0 (Tier 1)                             | PA  |
| ZOMACTON (5 MG VIAL, 10 MG VIAL)  | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)  |  |   |
| Androgens  |  |   |
| <i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>   | \$0 (Tier 1)                             |   |
| <i>methyltestosterone 10 mg cap</i>  | \$0 (Tier 1)                             | PA NSO  |
| <i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 30 mg/1.5 ml pump, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>   | \$0 (Tier 1)                             | PA NSO  |
| <i>testosterone 10 mg gel pump</i>   | \$0 (Tier 1)                             | PA NSO  |
| <i>testosterone cypionate (testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml, testosterone 500 mg/2.5 ml, testosterone 500 mg/5 ml, testosterone 1,000 mg/10ml, testosterone 1,000 mg/5 ml, testosterone 2,000 mg/10ml, testosterone 6,000 mg/30ml)</i> | \$0 (Tier 1)                             | PA NSO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)  |  |   |
| <i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i>  | \$0 (Tier 1)                             | PA NSO  |
| Estrogens  |  |   |
| DEPO-ESTRADIOL 5 MG/ML VIAL  | \$0 (Tier 1)                             |   |
| DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)   | \$0 (Tier 1)                             | QL (8 per 28 days)                                |
| ESTRACE 0.01% CREAM  | \$0 (Tier 1)                             |   |
| <i>estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>  | \$0 (Tier 1)                             |   |
| <i>estradiol (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i>  | \$0 (Tier 1)                             | QL (8 per 28 days)                                |
| <i>estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))</i> | \$0 (Tier 1)                             | QL (4 per 28 days)                                |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>  |  |   |
| <i>estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))</i> | \$0 (Tier 1)                             | QL (8 per 28 days)                                |
| <i>estradiol 0.05 mg patch (1/wk)</i>   | \$0 (Tier 1)                             | QL (8 per 28 days)                                |
| <i>estradiol valerate (20 mg/ml vl, 40 mg/ml vl, 50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>  | \$0 (Tier 1)                             |   |
| ESTRING (2 MG VAGINAL RING, 7.5 MCG/DAY (2MG RING)  | \$0 (Tier 1)                             |   |
| FEMRING (0.05 VAG RING, 0.10 VAG RING)  | \$0 (Tier 1)                             |   |
| IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)   | \$0 (Tier 1)                             | QL (18 per 28 days)                               |
| LYLLANA (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)  | \$0 (Tier 1)                             | QL (8 per 28 days)                                |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)                                    |  |   |
| MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET)                                       | \$0 (Tier 1)                             |   |
| MENOSTAR 14 MCG/DAY PATCH  | \$0 (Tier 1)                             |   |
| PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL) | \$0 (Tier 1)                             |   |
| YUVAFEM (10 MCG INSERT, 10 MCG TABLET)   | \$0 (Tier 1)                             |   |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)                                    |  |   |
| ACTIVELLA 1 MG-0.5 MG TABLET   | \$0 (Tier 1)                             |   |
| ALTAVERA-28 TABLET   | \$0 (Tier 1)                             |   |
| ALYACEN 1-35 28 TABLET   | \$0 (Tier 1)                             |   |
| AMETHIA 0.15-0.03-0.01 MG TAB  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |  |   |
| ANGELIQ (0.25 MG-0.5 MG TABLET, 0.5 MG-1 MG TABLET)                       | \$0 (Tier 1)                             |   |
| ANNOVERA VAGINAL RING   | \$0 (Tier 1)                             |   |
| APRI 28 DAY TABLET  | \$0 (Tier 1)                             |   |
| ARANELLE 28 TABLET  | \$0 (Tier 1)                             |   |
| ASHLYNA 0.15-0.03-0.01 MG TAB   | \$0 (Tier 1)                             |   |
| AUBRA EQ-28 TABLET  | \$0 (Tier 1)                             |   |
| AUBRA-28 TABLET   | \$0 (Tier 1)                             |   |
| AVIANE-28 TABLET  | \$0 (Tier 1)                             |   |
| AZURETTE 28 DAY TABLET  | \$0 (Tier 1)                             |   |
| BALCOLTRA TABLET  | \$0 (Tier 1)                             |   |
| BALZIVA 28 TABLET   | \$0 (Tier 1)                             |   |
| BEYAZ 28 TABLET   | \$0 (Tier 1)                             |   |
| BLISOVI 24 FE TABLET  | \$0 (Tier 1)                             |   |
| BLISOVI FE 1.5-30 TABLET  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)                             |  |   |
| BRIELLYN TABLET   | \$0 (Tier 1)                             |   |
| CAMRESE LO TABLET   | \$0 (Tier 1)                             |   |
| CLIMARA PRO PATCH   | \$0 (Tier 1)                             |   |
| COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)   | \$0 (Tier 1)                             |   |
| CRYSELLE-28 TABLET  | \$0 (Tier 1)                             |   |
| CYRED 28 DAY TABLET   | \$0 (Tier 1)                             |   |
| CYRED EQ 28 DAY TABLET  | \$0 (Tier 1)                             |   |
| <i>desogestr-eth estrad eth estra</i>   | \$0 (Tier 1)                             |   |
| <i>desogestrel-ethinyl estradiol (desogestrel-ee 0.15-0.03 mg tb, desogestrel-ethinyl estrad tab)</i> | \$0 (Tier 1)                             |   |
| DOLISHALE 90-20 MCG TABLET  | \$0 (Tier 1)                             |   |
| <i>drosp-ee-levomef 3-0.02-0.451</i>  | \$0 (Tier 1)                             |   |
| <i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>                                  | \$0 (Tier 1)                             |   |
| ELURYNG VAGINAL RING  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |  |   |
| ENILLORING VAGINAL RING   | \$0 (Tier 1)                             |   |
| ENPRESSE-28 TABLET  | \$0 (Tier 1)                             |   |
| ENSKYCE 28 TABLET   | \$0 (Tier 1)                             |   |
| ESTARYLLA 0.25-0.035 MG TABLET  | \$0 (Tier 1)                             |   |
| <i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i>       | \$0 (Tier 1)                             |   |
| <i>ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)</i>                | \$0 (Tier 1)                             |   |
| <i>etonogestrel-ee vaginal ring</i>                                       | \$0 (Tier 1)                             |   |
| FALMINA-28 TABLET   | \$0 (Tier 1)                             |   |
| FINZALA 1-0.02(24)-75 CHEW TAB  | \$0 (Tier 1)                             |   |
| FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)                        | \$0 (Tier 1)                             |   |
| GEMMILY 1 MG-20 MCG CAPSULE   | \$0 (Tier 1)                             |   |
| HAILEY 24 FE 1 MG-20 MCG TAB  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |  |   |
| HALOETTE VAGINAL RING   | \$0 (Tier 1)                             |   |
| ICLEVIA 0.15 MG-0.03 MG TABLET  | \$0 (Tier 1)                             |   |
| INTRAROSA 6.5 MG VAG INSERT   | \$0 (Tier 1)                             | PA  |
| INTROVALE 0.15-0.03 MG TABLET   | \$0 (Tier 1)                             |   |
| ISIBLOOM 28 DAY TABLET  | \$0 (Tier 1)                             |   |
| JASMIEL 3 MG-0.02 MG TABLET   | \$0 (Tier 1)                             |   |
| JINTELI 1 MG-5 MCG TABLET   | \$0 (Tier 1)                             |   |
| JOYEAUX-28 TABLET   | \$0 (Tier 1)                             |   |
| JULEBER 28 DAY TABLET   | \$0 (Tier 1)                             |   |
| JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)                          | \$0 (Tier 1)                             |   |
| JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)                       | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |  |   |
| JUNEL FE 24 TABLET  | \$0 (Tier 1)                             |   |
| KAITLIB FE 0.8-0.025MG CHEW TB  | \$0 (Tier 1)                             |   |
| KARIVA 28 DAY TABLET  | \$0 (Tier 1)                             |   |
| KELNOR 1-35 28 TABLET   | \$0 (Tier 1)                             |   |
| KELNOR 1-50 TABLET  | \$0 (Tier 1)                             |   |
| KURVELO-28 TABLET   | \$0 (Tier 1)                             |   |
| KYLEENA 19.5 MG SYSTEM  | \$0 (Tier 1)                             | PA BVD  |
| LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)                              | \$0 (Tier 1)                             |   |
| LARIN FE (1-20 TABLET, 1.5-30 TABLET)                                     | \$0 (Tier 1)                             |   |
| LAYOLIS FE CHEWABLE TABLET  | \$0 (Tier 1)                             |   |
| LEENA 28 TABLET   | \$0 (Tier 1)                             |   |
| LESSINA-28 TABLET   | \$0 (Tier 1)                             |   |
| LEVONEST-28 TABLET  | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)  |  |   |
| <i>levonorg-eth estrad eth estrad (levono-e estrad 0.15-0.03-0.01, levonor-e estrad 0.1-0.02-0.01, levonorg 0.15mg-ee 20-25-30mcg)</i> | \$0 (Tier 1)                             |   |
| <i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)</i>                       | \$0 (Tier 1)                             |   |
| LEVORA-28 TABLET   | \$0 (Tier 1)                             |   |
| LILETTA 52 MG SYSTEM   | \$0 (Tier 1)                             | PA BVD  |
| LO LOESTRIN FE 1-10 TABLET   | \$0 (Tier 1)                             |   |
| LOESTRIN (21 1-20 TABLET, 21 1.5-30 TABLET)  | \$0 (Tier 1)                             |   |
| LOESTRIN FE (1-20 TABLET, 1.5-30 TABLET)   | \$0 (Tier 1)                             |   |
| LORYNA 3 MG-0.02 MG TABLET   | \$0 (Tier 1)                             |   |
| LOW-OGESTREL-28 TABLET   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |  |   |
| LUTERA-28 TABLET  | \$0 (Tier 1)                             |   |
| MARLISSA-28 TABLET  | \$0 (Tier 1)                             |   |
| MERZEE 1 MG-20 MCG CAPSULE  | \$0 (Tier 1)                             |   |
| MIBELAS 24 FE CHEWABLE TABLET   | \$0 (Tier 1)                             |   |
| MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)                               | \$0 (Tier 1)                             |   |
| MICROGESTIN 24 FE 1 MG-20 MCG   | \$0 (Tier 1)                             |   |
| MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)                                  | \$0 (Tier 1)                             |   |
| MILI 0.25-0.035 MG TABLET   | \$0 (Tier 1)                             |   |
| MIMVEY 1-0.5 MG TABLET  | \$0 (Tier 1)                             |   |
| MIRENA 52 MG SYSTEM   | \$0 (Tier 1)                             | PA BVD  |
| NATAZIA 28 TABLET   | \$0 (Tier 1)                             |   |
| NECON 0.5-35-28 TABLET  | \$0 (Tier 1)                             |   |
| NEXTSTELLIS 3-14.2 MG TABLET  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)   |  |   |
| NIKKI 3 MG-0.02 MG TABLET   | \$0 (Tier 1)                             |   |
| <i>norelgestrom-ee 150-35 mcg/day</i>   | \$0 (Tier 1)                             |   |
| <i>norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, norethin-estra-fe 0.8-0.025 mg)</i>  | \$0 (Tier 1)                             |   |
| <i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5, norethind-eth 1-0.02 mg)</i>   | \$0 (Tier 1)                             |   |
| <i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1-0.02(24)-75 chw)</i>  | \$0 (Tier 1)                             |   |
| <i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i> | \$0 (Tier 1)                             |   |
| NORTREL (0.5-35-28 TABLET, 1-35 21 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)                  |  |   |
| NUVARING VAGINAL RING  | \$0 (Tier 1)                             |   |
| NYLIA (1-35 28 TABLET, 7-7-7-28 TABLET)  | \$0 (Tier 1)                             |   |
| NYMYO 0.25-0.035 MG (28) TAB   | \$0 (Tier 1)                             |   |
| OCELLA 3 MG-0.03 MG TABLET   | \$0 (Tier 1)                             |   |
| PIMTREA 28 DAY TABLET  | \$0 (Tier 1)                             |   |
| PORTIA-28 TABLET   | \$0 (Tier 1)                             |   |
| PREMPHASE 0.625-5 MG TABLET  | \$0 (Tier 1)                             |   |
| PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-2.5 MG TABLET, 0.625-5 MG TABLET) | \$0 (Tier 1)                             |   |
| QUARTETTE TABLET   | \$0 (Tier 1)                             |   |
| RECLIPSEN 28 DAY TABLET  | \$0 (Tier 1)                             |   |
| RIVELSA TABLET   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |  |   |
| SAFYRAL TABLET  | \$0 (Tier 1)                             |   |
| SETLAKIN 0.15 MG-0.03 MG TAB  | \$0 (Tier 1)                             |   |
| SKYLA 13.5 MG SYSTEM  | \$0 (Tier 1)                             | PA BVD  |
| SLYND 4 MG TABLET   | \$0 (Tier 1)                             |   |
| SPRINTEC 28 DAY TABLET  | \$0 (Tier 1)                             |   |
| SRONYX 0.10-0.02 MG TABLET  | \$0 (Tier 1)                             |   |
| SYEDA 28 TABLET   | \$0 (Tier 1)                             |   |
| TARINA 24 FE 1 MG-20 MCG TAB  | \$0 (Tier 1)                             |   |
| TARINA FE 1-20 EQ TABLET  | \$0 (Tier 1)                             |   |
| TARINA FE 1-20 TABLET   | \$0 (Tier 1)                             |   |
| TILIA FE 28 TABLET  | \$0 (Tier 1)                             |   |
| TRI-ESTARYLLA TABLET  | \$0 (Tier 1)                             |   |
| TRI-LEGEST FE-28 DAY TABLET   | \$0 (Tier 1)                             |   |
| TRI-LO-ESTARYLLA TABLET   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |  |   |
| TRI-LO-SPRINTEC TABLET  | \$0 (Tier 1)                             |   |
| TRI-MILI 28 TABLET  | \$0 (Tier 1)                             |   |
| TRI-SPRINTEC TABLET   | \$0 (Tier 1)                             |   |
| TRI-VYLIBRA 28 TABLET   | \$0 (Tier 1)                             |   |
| TRI-VYLIBRA LO TABLET   | \$0 (Tier 1)                             |   |
| TRIVORA-28 TABLET   | \$0 (Tier 1)                             |   |
| TURQOZ-28 TABLET  | \$0 (Tier 1)                             |   |
| TYBLUME 0.1-0.02 MG CHEW TAB  | \$0 (Tier 1)                             |   |
| TYDEMY 3-0.03-0.451 MG TABLET   | \$0 (Tier 1)                             |   |
| VELIVET 28 DAY TABLET   | \$0 (Tier 1)                             |   |
| VEOZAH 45 MG TABLET   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| VESTURA 3 MG-0.02 MG TABLET   | \$0 (Tier 1)                             |   |
| VIENVA-28 TABLET  | \$0 (Tier 1)                             |   |
| VYFEMLA 0.4 MG-0.035 MG TABLET  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |  |   |
| VYLIBRA 28 TABLET   | \$0 (Tier 1)                             |   |
| WYMZYA FE (0.4-0.035 MG CHEW TB, CHEWABLE TABLET)                         | \$0 (Tier 1)                             |   |
| XULANE 150-35 MCG/DAY PATCH   | \$0 (Tier 1)                             |   |
| YASMIN 28 TABLET  | \$0 (Tier 1)                             |   |
| YAZ 28 TABLET   | \$0 (Tier 1)                             |   |
| ZAFEMY 150-35 MCG/DAY PATCH   | \$0 (Tier 1)                             |   |
| ZOVIA 1-35 TABLET   | \$0 (Tier 1)                             |   |
| ZOVIA 1-35E TABLET  | \$0 (Tier 1)                             |   |
| Progestins  |  |   |
| CAMILA 0.35 MG TABLET   | \$0 (Tier 1)                             |   |
| CRINONE (4% GEL, 8% GEL)  | \$0 (Tier 1)                             | PA  |
| DEBLITANE 0.35 MG TABLET  | \$0 (Tier 1)                             |   |
| DEPO-SUBQ PROVERA 104 SYRINGE   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)       |  |   |
| ERRIN 0.35 MG TABLET  | \$0 (Tier 1)                             |   |
| HEATHER 0.35 MG TABLET  | \$0 (Tier 1)                             |   |
| INCASSIA 0.35 MG TABLET   | \$0 (Tier 1)                             |   |
| LYLEQ 0.35 MG TABLET  | \$0 (Tier 1)                             |   |
| LYZA 0.35 MG TABLET   | \$0 (Tier 1)                             |   |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i> | \$0 (Tier 1)                             |   |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>                           | \$0 (Tier 1)                             | PA NSO  |
| <i>megestrol acetate 40mg/ml oral suspension</i>                                | \$0 (Tier 1)                             | PA  |
| NORA-BE TABLET  | \$0 (Tier 1)                             |   |
| <i>norethindrn 5 mg tb (lupaneta)</i>   | \$0 (Tier 1)                             |   |
| <i>norethindrone 0.35 mg tablet</i>   | \$0 (Tier 1)                             |   |
| <i>norethindrone 5 mg tablet</i>  | \$0 (Tier 1)                             |   |
| <i>progesterone (100 mg capsule, 200 mg capsule)</i>                            | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |  |   |
| SHAROBEL 0.35 MG TABLET   | \$0 (Tier 1)                             |   |
| Selective Estrogen Receptor Modifying Agents                              |  |   |
| DUAVEE 0.45-20 MG TABLET  | \$0 (Tier 1)                             |   |
| <i>raloxifene hcl 60 mg tablet</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)  |  |   |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)  |  |   |
| ERMEZA 150 MCG/5 ML SOLUTION  | \$0 (Tier 1)                             |   |
| EUTHYROX (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET) | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)  |  |   |
| <i>levothyroxine sodium (13 mcg capsule, 25 mcg capsule, 25 mcg tablet, 50 mcg capsule, 50 mcg tablet, 75 mcg capsule, 75 mcg tablet, 88 mcg capsule, 88 mcg tablet, 100 mcg capsule, 100 mcg tablet, 112 mcg capsule, 112 mcg tablet, 125 mcg capsule, 125 mcg tablet, 137 mcg capsule, 137 mcg tablet, 150 mcg capsule, 150 mcg tablet, 175 mcg capsule, 175 mcg tablet, 200 mcg capsule, 200 mcg tablet, 300 mcg tablet)</i> | \$0 (Tier 1)                             |   |
| LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)  | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)   |  |   |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>   | \$0 (Tier 1)                             |   |
| REZDIFFRA (60 MG TABLET, 80 MG TABLET, 100 MG TABLET)  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)   | \$0 (Tier 1)                             |   |
| THYQUIDITY 100 MCG/5 ML SOLN   | \$0 (Tier 1)                             |   |
| TIROSINT-SOL (13 MCG/ML SOLN, 25 MCG/ML SOLN, 37.5 MCG/ML SOLN, 44 MCG/ML SOLN, 50 MCG/ML SOLN, 62.5 MCG/ML SOLN, 75 MCG/ML SOLN, 88 MCG/ML SOLN, 100 MCG/ML SOLN, 112 MCG/ML SOLN, 125 MCG/ML SOLN, 137 MCG/ML SOLN, 150 MCG/ML SOLN, 175 MCG/ML SOLN, 200 MCG/ML SOLN) | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)   |  |   |
| UNITHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET) | \$0 (Tier 1)                             |   |

| Name of drug                           | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Suppressant (Adrenal) |  |   |
| Hormonal Agents, Suppressant (Adrenal) |  |   |
| LYSODREN 500 MG TABLET                 | \$0 (Tier 1)                             |   |
| <i>mifepristone 300 mg tablet</i>      | \$0 (Tier 1)                             | PA, QL (120 per 30 days)                          |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Suppressant (Pituitary)  |  |   |
| Hormonal Agents, Suppressant (Pituitary)  |  |   |
| <i>cabergoline 0.5 mg tablet</i>  | \$0 (Tier 1)                             |   |
| ELIGARD 22.5 MG SYRINGE   | \$0 (Tier 1)                             | PA NSO  |
| ELIGARD 30 MG SYRINGE   | \$0 (Tier 1)                             | PA NSO  |
| ELIGARD 30 MG SYRINGE KIT   | \$0 (Tier 1)                             | PA NSO  |
| ELIGARD 45 MG SYRINGE   | \$0 (Tier 1)                             | PA NSO  |
| ELIGARD 7.5 MG SYRINGE  | \$0 (Tier 1)                             | PA NSO  |
| FIRMAGON (2 X 120 MG KIT, 2 X 120 MG VIALS, 80 MG KIT, 80 MG VIAL, 120 MG VIAL)   | \$0 (Tier 1)                             | PA NSO  |
| ISTURISA (1 MG TABLET, 5 MG TABLET)   | \$0 (Tier 1)                             | PA  |
| <i>leuprolide acetate (1 mg/0.2 ml vial, 2wk 1 mg/0.2 ml kit, 2wk 14 mg/2.8 ml kt, 2wk 14 mg/2.8 ml vl)</i>                               | \$0 (Tier 1)                             | PA NSO  |
| <i>leuprolide depot 22.5 mg vial</i>  | \$0 (Tier 1)                             | PA NSO  |
| LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 11.25 MG 3MO KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT) | \$0 (Tier 1)                             | PA NSO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Suppressant (Pituitary)   |  |   |
| LUPRON DEPOT (LUPANETA) (DEPO 11.25MG (LUPANETA), DEPOT 3.75MG (LUPANETA))   | \$0 (Tier 1)                             | PA NSO  |
| LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)   | \$0 (Tier 1)                             | PA NSO  |
| MYFEMBREE 40 MG-1 MG-0.5 MG TB   | \$0 (Tier 1)                             | PA  |
| <i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i> | \$0 (Tier 1)                             | PA  |
| ORGOVYX 120 MG TABLET  | \$0 (Tier 1)                             | QL (32 per 30 days), PA NSO                       |
| ORIAHNN 300-1-0.5MG/300MG CAPS   | \$0 (Tier 1)                             | PA  |
| RECORLEV 150 MG TABLET   | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Suppressant (Pituitary)                              |  |   |
| SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)                            | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL) | \$0 (Tier 1)                             | PA  |
| SYNAREL 2 MG/ML NASAL SPRAY   | \$0 (Tier 1)                             | PA  |
| TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)                  | \$0 (Tier 1)                             | PA NSO  |

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Hormonal Agents, Suppressant (Thyroid)         |  |   |
| Antithyroid Agents                             |  |   |
| <i>methimazole (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <i>propylthiouracil 50 mg tablet</i>           | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Immunological Agents  |  |   |
| Angioedema Agents   |  |   |
| CINRYZE (500 VIAL, 500 VIAL-DILUENT)                                    | \$0 (Tier 1)                             | PA  |
| HAEGARDA (2,000 VIAL, 3,000 VIAL)                                       | \$0 (Tier 1)                             | PA  |
| <i>icatibant 30 mg/3 ml syringe</i>                                     | \$0 (Tier 1)                             | PA NSO  |
| ORLADEYO (110 MG CAPSULE, 150 MG CAPSULE)                               | \$0 (Tier 1)                             | PA  |
| SAJAZIR 30 MG/3 ML SYRINGE  | \$0 (Tier 1)                             | PA NSO  |
| TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)     | \$0 (Tier 1)                             | PA  |
| Immunoglobulins   |  |   |
| BIVIGAM (5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL, LIQUID 10% VIAL) | \$0 (Tier 1)                             | PA  |
| GAMMAGARD LIQUID 10% VIAL   | \$0 (Tier 1)                             | PA  |
| GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)                      | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Immunological Agents   |  |   |
| GAMMAKED 1 GRAM/10 ML VIAL   | \$0 (Tier 1)                             | PA  |
| GAMMAPLEX (2.5 GRAM/50 ML VIAL, 5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)   | \$0 (Tier 1)                             | PA  |
| GAMUNEX-C 1 GRAM/10 ML VIAL  | \$0 (Tier 1)                             | PA  |
| OCTAGAM (5% (1 G/20 ML) VIAL, 5% (10 G/200 ML) VIAL, 5% (2.5 G/50 ML) VIAL, 5% (5 G/100 ML) VIAL, 5% VIAL, 10% (10 G/100 ML) VIAL, 10% (2 G/20 ML) VIAL, 10% (20 G/200 ML) VIAL, 10% (30 G/300 ML) VIAL, 10% (5 G/50 ML) VIAL, 10% VIAL) | \$0 (Tier 1)                             | PA  |
| PANZYGA (10% (1 G/10 ML) VIAL, 10% (10 G/100 ML) VIAL, 10% (2.5 G/25 ML) VIAL, 10% (20 G/200 ML) VIAL, 10% (30 G/300 ML) VIAL, 10% (5 G/50 ML) VIAL)   | \$0 (Tier 1)                             | PA  |

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| Name of drug                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|--|---|
| Immunological Agents             |  |   |
| PRIVIGEN 10% VIAL                | \$0 (Tier 1)                             | PA  |
| Immunological Agents             |  |   |
| FABHALTA 200 MG CAPSULE          | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| GRASTEK 2,800 BAU SL TABLET      | \$0 (Tier 1)                             | PA  |
| ODACTRA 12 SQ-HDM SL TABLET      | \$0 (Tier 1)                             | PA  |
| ORALAIR 300 MG SUBLINGUAL TABLET | \$0 (Tier 1)                             | PA  |
| REZUROCK 200 MG TABLET           | \$0 (Tier 1)                             | PA NSO  |
| TARPEYO DR 4 MG CAPSULE          | \$0 (Tier 1)                             | PA, QL (120 per 30 days)                          |
| TAVNEOS 10 MG CAPSULE            | \$0 (Tier 1)                             | PA, QL (180 per 30 days)                          |
| ZILBRYSQ 16.6 MG/0.416 ML SYRN   | \$0 (Tier 1)                             | QL (12 per 28 days), PA NSO                       |
| ZILBRYSQ 23 MG/0.574 ML SYRING   | \$0 (Tier 1)                             | QL (17 per 28 days), PA NSO                       |
| ZILBRYSQ 32.4 MG/0.81 ML SYRNG   | \$0 (Tier 1)                             | QL (23 per 28 days), PA NSO                       |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Immunological Agents                                       |  |   |
| Immunological Agents, Other                                |  |   |
| ACTEMRA 162 MG/0.9 ML SYRINGE                              | \$0 (Tier 1)                             | PA  |
| ACTEMRA ACTPEN 162 MG/0.9 ML                               | \$0 (Tier 1)                             | PA  |
| ARCALYST 220 MG VIAL                                       | \$0 (Tier 1)                             | PA  |
| BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)         | \$0 (Tier 1)                             | PA NSO  |
| BIMZELX 160 MG/ML AUTOINJECTOR                             | \$0 (Tier 1)                             | PA  |
| BIMZELX 160 MG/ML SYRINGE                                  | \$0 (Tier 1)                             | PA  |
| COSENTYX 300 MG DOSE-2 SYRINGE                             | \$0 (Tier 1)                             | PA  |
| COSENTYX SENSOREADY 150 MG PEN                             | \$0 (Tier 1)                             | PA  |
| COSENTYX SNRDY 300MG DOSE-2PEN                             | \$0 (Tier 1)                             | PA  |
| COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE) | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Immunological Agents   |  |   |
| COSENTYX UNOREADY 300 MG PEN   | \$0 (Tier 1)                             | PA  |
| DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)   | \$0 (Tier 1)                             | PA  |
| DUPIXENT SYRINGE (100 MG/0.67 ML SYRINGE, 200 MG/1.14 ML SYRINGE, 300 MG/2 ML SYRINGE)                   | \$0 (Tier 1)                             | PA  |
| ILUMYA 100 MG/ML SYRINGE   | \$0 (Tier 1)                             | PA  |
| JOENJA 70 MG TABLET  | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE) | \$0 (Tier 1)                             | PA  |
| KINERET 100 MG/0.67 ML SYRINGE   | \$0 (Tier 1)                             | PA  |
| LITFULO 50 MG CAPSULE  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| OLUMIANT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET)   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Immunological Agents  |  |   |
| OMVOH 100 MG/ML PEN   | \$0 (Tier 1)                             | PA  |
| OMVOH 100 MG/ML SYRINGE   | \$0 (Tier 1)                             | PA  |
| ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE) | \$0 (Tier 1)                             | PA  |
| ORENCIA CLICKJECT 125 MG/ML   | \$0 (Tier 1)                             | PA  |
| OTEZLA 10-20-30MG START 28 DAY  | \$0 (Tier 1)                             | PA, QL (55 per 28 days)                           |
| RIDAURA 3 MG CAPSULE  | \$0 (Tier 1)                             |   |
| RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)                | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| RINVOQ LQ 1 MG/ML SOLUTION  | \$0 (Tier 1)                             | PA, QL (1440 per 30 days)                         |
| SILIQ 210 MG/1.5 ML SYRINGE   | \$0 (Tier 1)                             | PA  |
| SKYRIZI 150 MG/ML PEN   | \$0 (Tier 1)                             | PA  |
| SKYRIZI 150 MG/ML SYRINGE   | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Immunological Agents   |  |   |
| SKYRIZI 360 MG/2.4 ML ON-BODY  | \$0 (Tier 1)                             | PA  |
| SOTYKTU 6 MG TABLET  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)  | \$0 (Tier 1)                             | PA  |
| TALTZ 80 MG/ML AUTOINJECTOR  | \$0 (Tier 1)                             | PA  |
| TALTZ 80 MG/ML SYRINGE   | \$0 (Tier 1)                             | PA  |
| TALTZ SYRINGE (20 MG/0.25 ML SYRINGE, 40 MG/0.5 ML SYRINGE)          | \$0 (Tier 1)                             | PA  |
| TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE) | \$0 (Tier 1)                             | PA  |
| TREMFYA 200 MG/2 ML PEN  | \$0 (Tier 1)                             | PA  |
| XELJANZ (5 MG TABLET, 10 MG TABLET)                                  | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Immunological Agents  |  |   |
| XELJANZ 1 MG/ML SOLUTION  | \$0 (Tier 1)                             | PA, QL (300 per 30 days)                          |
| XELJANZ XR (11 MG TABLET, 22 MG TABLET)   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE) | \$0 (Tier 1)                             | PA  |
| Immunostimulants  |  |   |
| ACTIMMUNE 100 MCG/0.5 ML VIAL   | \$0 (Tier 1)                             | PA NSO  |
| BESREMI 500 MCG/ML SYRINGE  | \$0 (Tier 1)                             | PA NSO  |
| PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)   | \$0 (Tier 1)                             | PA  |
| Immunosuppressants  |  |   |
| ASTAGRAF XL (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)  | \$0 (Tier 1)                             | PA BVD  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Immunological Agents   |  |   |
| AZASAN (75 MG TABLET, 100 MG TABLET)                                       | \$0 (Tier 1)                             | PA BVD  |
| <i>azathioprine (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>            | \$0 (Tier 1)                             | PA BVD  |
| CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)              | \$0 (Tier 1)                             | PA BVD  |
| CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT) | \$0 (Tier 1)                             | PA  |
| <i>cyclosporine (25 mg capsule, 100 mg capsule)</i>                        | \$0 (Tier 1)                             | PA BVD  |
| <i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>              | \$0 (Tier 1)                             | PA BVD  |
| ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)         | \$0 (Tier 1)                             | PA  |
| ENBREL 50 MG/ML MINI CARTRIDGE   | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Immunological Agents  |  |   |
| ENBREL 50 MG/ML<br>SURECLICK  | \$0 (Tier 1)                             | PA  |
| <i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>  | \$0 (Tier 1)                             | PA BVD  |
| GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)   | \$0 (Tier 1)                             | PA BVD  |
| HUMIRA 40 MG/0.8 ML SYRINGE   | \$0 (Tier 1)                             | PA  |
| HUMIRA PEN 40 MG/0.8 ML   | \$0 (Tier 1)                             | PA  |
| HUMIRA(CF) (CDV HUMIRA(CF) 10 MG/0.1ML SYR, CDV HUMIRA(CF) 20 MG/0.2ML SYR, CDV HUMIRA(CF) 40 MG/0.4ML SYR, HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING) | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Immunological Agents  |  |   |
| HUMIRA(CF) PEN (CDV HUMIRA(CF) PEN 40 MG/0.4ML, CDV HUMIRA(CF) PEN 80 MG/0.8ML, HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML) | \$0 (Tier 1)                             | PA  |
| HUMIRA(CF) PEN CRHN-UC-HS 80MG  | \$0 (Tier 1)                             | PA  |
| HUMIRA(CF) PEN PEDI UC 80 MG  | \$0 (Tier 1)                             | PA  |
| HUMIRA(CF) PEN PS-UV-AHS 80-40  | \$0 (Tier 1)                             | PA  |
| HYFTOR 0.2% GEL   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| JYLAMVO 2 MG/ML ORAL SOLUTION   | \$0 (Tier 1)                             |   |
| <i>leflunomide (10 mg tablet, 20 mg tablet)</i>   | \$0 (Tier 1)                             |   |
| LUPKYNIS 7.9 MG CAPSULE   | \$0 (Tier 1)                             | PA, QL (180 per 30 days)                          |
| <i>methotrexate (2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>   | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Immunological Agents  |  |   |
| <i>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 100 mg/4 ml vial, 200 mg/8 ml vial, 250 mg/10 ml vial)</i> | \$0 (Tier 1)                             |   |
| <i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>  | \$0 (Tier 1)                             | PA BVD  |
| <i>mycophenolic acid (dr 180 mg tb, dr 360 mg tb)</i>   | \$0 (Tier 1)                             | PA BVD  |
| MYFORTIC (180 MG TABLET, 360 MG TABLET)   | \$0 (Tier 1)                             | PA BVD  |
| MYHIBBIN 200 MG/ML SUSPENSION   | \$0 (Tier 1)                             | PA BVD  |
| NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)  | \$0 (Tier 1)                             | PA BVD  |
| PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)                                      | \$0 (Tier 1)                             | PA BVD  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Immunological Agents  |  |   |
| RAPAMUNE (1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)  | \$0 (Tier 1)                             | PA BVD  |
| SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)  | \$0 (Tier 1)                             | PA BVD  |
| SIMLANDI(CF) AI 40 MG/0.4 ML  | \$0 (Tier 1)                             | PA  |
| SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)   | \$0 (Tier 1)                             | PA, QL (3 per 28 days)                            |
| SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE)  | \$0 (Tier 1)                             | PA, QL (1 per 28 days)                            |
| <i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>  | \$0 (Tier 1)                             | PA BVD  |
| <i>tacrolimus (0.5 mg capsule, 0.5 mg capsule (ir), 1 mg capsule, 1 mg capsule (ir), 5 mg capsule, 5 mg capsule (ir))</i> | \$0 (Tier 1)                             | PA BVD  |
| XATMEP 2.5 MG/ML ORAL SOLUTION  | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Immunological Agents  |  |   |
| ZORTRESS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET) | \$0 (Tier 1)                             | PA BVD  |
| Vaccines  |  |   |
| ABRYSVO VIAL  | \$0 (Tier 1)                             |   |
| ACTHIB VACCINE  | \$0 (Tier 1)                             |   |
| ADACEL TDAP (SYRINGE, VIAL)   | \$0 (Tier 1)                             |   |
| AREXVY VACCINE  | \$0 (Tier 1)                             |   |
| <i>bcg vaccine (tice strain) vial</i>                                 | \$0 (Tier 1)                             |   |
| BEXSERO PREFILLED SYRINGE   | \$0 (Tier 1)                             |   |
| BOOSTRIX TDAP (SYRINGE, VIAL)   | \$0 (Tier 1)                             |   |
| DAPTACEL DTAP VACCINE   | \$0 (Tier 1)                             |   |
| <i>diphtheria-tetanus toxoids-ped</i>                                 | \$0 (Tier 1)                             |   |
| ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)                      | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Immunological Agents                                    |  |   |
| ENGERIX-B PEDI 10 MCG/0.5 SYRN                          | \$0 (Tier 1)                             | PA  |
| GARDASIL 9 (9 SYRINGE, 9 VIAL)                          | \$0 (Tier 1)                             | PA  |
| HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE) | \$0 (Tier 1)                             |   |
| HEPLISAV-B 20 MCG/0.5 ML SYRNG                          | \$0 (Tier 1)                             | PA  |
| HIBERIX VACCINE   | \$0 (Tier 1)                             |   |
| IMOVAX RABIES VACCINE VIAL                              | \$0 (Tier 1)                             |   |
| INFANRIX DTAP VACCINE                                   | \$0 (Tier 1)                             |   |
| IPOL VIAL   | \$0 (Tier 1)                             |   |
| IXCHIQ VIAL   | \$0 (Tier 1)                             |   |
| IXIARO VACCINE  | \$0 (Tier 1)                             |   |
| JYNNEOS VACCINE   | \$0 (Tier 1)                             |   |
| KINRIX VACCINE  | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Immunological Agents   |  |   |
| M-M-R II VACCINE VIAL  | \$0 (Tier 1)                             |   |
| MENACTRA VIAL  | \$0 (Tier 1)                             |   |
| MENQUADFI VIAL   | \$0 (Tier 1)                             |   |
| MENVEO VACCINE   | \$0 (Tier 1)                             |   |
| MRESVIA 50 MCG/0.5 ML SYRINGE  | \$0 (Tier 1)                             |   |
| PEDIARIX 0.5 ML SYRINGE  | \$0 (Tier 1)                             |   |
| PEDVAXHIB VACCINE VIAL   | \$0 (Tier 1)                             |   |
| PENBRAYA VACCINE   | \$0 (Tier 1)                             |   |
| PENTACEL VACCINE   | \$0 (Tier 1)                             |   |
| PREHEVBRIO 10 MCG/ML VIAL  | \$0 (Tier 1)                             | PA  |
| PRIORIX VIAL   | \$0 (Tier 1)                             |   |
| PROQUAD VIAL   | \$0 (Tier 1)                             |   |
| QUADRACEL DTAP-IPV (SYRINGE, VIAL)   | \$0 (Tier 1)                             |   |
| RABAVERT VACCINE   | \$0 (Tier 1)                             |   |
| RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL) | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Immunological Agents   |  |   |
| ROTARIX (ORAL SYRINGE, SUSPENSION)   | \$0 (Tier 1)                             |   |
| ROTATEQ VACCINE  | \$0 (Tier 1)                             |   |
| SHINGRIX VACCINE   | \$0 (Tier 1)                             | QL (2 per 365 days)                               |
| <i>tdvax vial</i>  | \$0 (Tier 1)                             |   |
| TENIVAC (SYRINGE, VIAL)  | \$0 (Tier 1)                             |   |
| TICOVAC (1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE)                                     | \$0 (Tier 1)                             |   |
| TRUMENBA 120 MCG/0.5 ML VACCIN   | \$0 (Tier 1)                             |   |
| TWINRIX VACCINE SYRINGE  | \$0 (Tier 1)                             |   |
| TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)  | \$0 (Tier 1)                             |   |
| VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL) | \$0 (Tier 1)                             |   |
| VARIVAX VACCINE  | \$0 (Tier 1)                             |   |

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| Name of drug            | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------|--|---|
| Immunological Agents    |  |   |
| VAXCHORA VACCINE        | \$0 (Tier 1)                             |   |
| YF-VAX (1 VIAL, 5 VIAL) | \$0 (Tier 1)                             |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Inflammatory Bowel Disease Agents                                     |  |   |
| Aminosalicylates  |  |   |
| <i>balsalazide disodium 750 mg cp</i>                                 | \$0 (Tier 1)                             |   |
| <i>mesalamine (4 gm/60 ml enema, 800 mg dr tablet, 1,000 mg supp)</i> | \$0 (Tier 1)                             |   |
| <i>mesalamine dr 1.2 gm tablet</i>                                    | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>mesalamine dr 400 mg capsule</i>                                   | \$0 (Tier 1)                             |   |
| <i>mesalamine er 500 mg capsule</i>                                   | \$0 (Tier 1)                             | QL (240 per 30 days)                              |
| PENTASA 250 MG CAPSULE  | \$0 (Tier 1)                             | QL (480 per 30 days)                              |
| <i>sulfasalazine 500 mg tablet</i>                                    | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Inflammatory Bowel Disease Agents   |  |   |
| <i>sulfasalazine dr 500 mg tab</i>  | \$0 (Tier 1)                             |   |
| Glucocorticoids   |  |   |
| ANUSOL-HC 2.5% CREAM  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>budesonide 2 mg rectal foam</i>  | \$0 (Tier 1)                             | PA  |
| <i>budesonide dr 3 mg capsule</i>   | \$0 (Tier 1)                             |   |
| <i>budesonide ec 3 mg capsule</i>   | \$0 (Tier 1)                             |   |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg/60 ml)</i> | \$0 (Tier 1)                             |   |

| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Metabolic Bone Disease Agents                    |  |   |
| Metabolic Bone Disease Agents                    |  |   |
| <i>alendronate sod 70 mg/75 ml</i>               | \$0 (Tier 1)                             |   |
| <i>alendronate sodium (35 mg tab, 70 mg tab)</i> | \$0 (Tier 1)                             | QL (4 per 28 days)                                |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Metabolic Bone Disease Agents  |  |   |
| <i>alendronate sodium 10 mg tab</i>                                      | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>calcitonin-salmon (200 unit spr, 200 units sp)</i>                    | \$0 (Tier 1)                             |   |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i> | \$0 (Tier 1)                             |   |
| <i>cinacalcet hcl (30 mg tablet, 60 mg tablet, 90 mg tablet)</i>         | \$0 (Tier 1)                             | PA BVD  |
| <i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>         | \$0 (Tier 1)                             |   |
| FORTEO 600 MCG/2.4 ML PEN INJ  | \$0 (Tier 1)                             | PA  |
| <i>ibandronate sodium 150 mg tab</i>                                     | \$0 (Tier 1)                             | QL (1 per 28 days)                                |
| <i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>        | \$0 (Tier 1)                             | PA  |
| PROLIA 60 MG/ML SYRINGE  | \$0 (Tier 1)                             | PA NSO  |
| RAYALDEE (ER 30 MCG CAP (HARD), ER 30 MCG CAP (SOFT))                    | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>risedronate sodium 150 mg tab</i>                                     | \$0 (Tier 1)                             | QL (1 per 28 days)                                |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Metabolic Bone Disease Agents   |  |   |
| <i>risedronate sodium 35 mg tab</i>   | \$0 (Tier 1)                             | QL (4 per 28 days)                                |
| <i>risedronate sodium 35 mg tab (dose pack of 12)</i>                               | \$0 (Tier 1)                             | QL (12 per 84 days)                               |
| SOHONOS (1 MG CAPSULE, 1.5 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE) | \$0 (Tier 1)                             | PA  |
| <i>teriparatide 620 mcg/2.48 ml</i>   | \$0 (Tier 1)                             | PA  |
| TYMLOS 80 MCG DOSE PEN INJECTR  | \$0 (Tier 1)                             | PA, QL (2 per 30 days)                            |
| XGEVA 120 MG/1.7 ML VIAL  | \$0 (Tier 1)                             | PA  |

| Name of drug                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------|--|---|
| Ophthalmic Agents            |  |   |
| Ophthalmic Agents            |  |   |
| <i>atropine 1% eye drops</i> | \$0 (Tier 1)                             | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Ophthalmic Agents   |  |   |
| <i>bacitracin-polymyxin eye oint</i>  | \$0 (Tier 1)                             |   |
| POLYCIN EYE OINTMENT  | \$0 (Tier 1)                             |   |
| <i>polymyxin b-tmp eye drops</i>  | \$0 (Tier 1)                             |   |
| <i>tobramycin-dexameth ophth susp</i>   | \$0 (Tier 1)                             |   |
| Ophthalmic Agents, Other  |  |   |
| <i>cyclosporine 0.05% eye emuls</i>   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>dorzolamide-timolol eye drops</i>  | \$0 (Tier 1)                             |   |
| <i>neo-bacit-poly-hc eye ointment</i>   | \$0 (Tier 1)                             |   |
| NEO-POLYCIN EYE OINTMENT  | \$0 (Tier 1)                             |   |
| NEO-POLYCIN HC EYE OINTMENT   | \$0 (Tier 1)                             |   |
| <i>neomyc-bacit-polymix eye oint</i>  | \$0 (Tier 1)                             |   |
| <i>neomyc-polym-gramicid eye drop</i>   | \$0 (Tier 1)                             |   |
| <i>neomycin-poly-hc eye drops</i>   | \$0 (Tier 1)                             |   |
| <i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i> | \$0 (Tier 1)                             |   |

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| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| <b>Ophthalmic Agents</b>              |  |   |
| OXERVATE 0.002% EYE DROP              | \$0 (Tier 1)                             | PA  |
| <i>sulf-pred 10-0.23% eye drops</i>   | \$0 (Tier 1)                             |   |
| TYRVAYA 0.03 MG NASAL SPRAY           | \$0 (Tier 1)                             | PA, QL (8.4 per 30 days)                          |
| VUITY 1.25% EYE DROP                  | \$0 (Tier 1)                             | PA, QL (5 per 30 days)                            |
| XIIDRA 5% EYE DROPS                   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <b>Ophthalmic Anti-Infectives</b>     |  |   |
| AZASITE 1% EYE DROPS                  | \$0 (Tier 1)                             |   |
| <i>bacitracin 500 unit/gm ophth</i>   | \$0 (Tier 1)                             |   |
| BESIVANCE 0.6% SUSP                   | \$0 (Tier 1)                             | PA, QL (5 per 30 days)                            |
| CILOXAN 0.3% OINTMENT                 | \$0 (Tier 1)                             | PA  |
| <i>ciprofloxacin 0.3% eye drop</i>    | \$0 (Tier 1)                             |   |
| <i>erythromycin 0.5% eye ointment</i> | \$0 (Tier 1)                             |   |
| <i>gatifloxacin 0.5% eye drops</i>    | \$0 (Tier 1)                             |   |
| <i>gentamicin 0.3% eye drop</i>       | \$0 (Tier 1)                             |   |
| <i>levofloxacin 0.5% eye drops</i>    | \$0 (Tier 1)                             |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Ophthalmic Agents</b>                              |  |   |
| <i>moxifloxacin (0.5% drops, 0.5% drp-visc)</i>       | \$0 (Tier 1)                             |   |
| NATACYN 5% EYE DROPS                                  | \$0 (Tier 1)                             |   |
| <i>ofloxacin 0.3% eye drops</i>                       | \$0 (Tier 1)                             |   |
| <i>sulfacetamide sodium (10% drops, 10% ointment)</i> | \$0 (Tier 1)                             |   |
| TOBRADEX EYE OINTMENT                                 | \$0 (Tier 1)                             | QL (7 per 30 days)                                |
| <i>tobramycin 0.3% eye drop</i>                       | \$0 (Tier 1)                             |   |
| TOBREX 0.3% EYE OINTMENT                              | \$0 (Tier 1)                             |   |
| ZIRGAN 0.15% OPHTHALMIC GEL                           | \$0 (Tier 1)                             |   |
| <b>Ophthalmic Anti-allergy Agents</b>                 |  |   |
| ALOMIDE 0.1% EYE DROP                                 | \$0 (Tier 1)                             | ST  |
| <i>azelastine hcl 0.05% drops</i>                     | \$0 (Tier 1)                             |   |
| <i>cromolyn 4% eye drops</i>                          | \$0 (Tier 1)                             |   |
| <b>Ophthalmic Anti-inflammatories</b>                 |  |   |
| <i>bromfenac sodium 0.09% eye drp</i>                 | \$0 (Tier 1)                             | QL (3.4 per 180 days)                             |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Ophthalmic Agents  |  |   |
| <i>dexamethasone 0.1% eye drop</i>                           | \$0 (Tier 1)                             |   |
| <i>diclofenac 0.1% eye drops</i>                             | \$0 (Tier 1)                             |   |
| <i>difluprednate 0.05% eye drop</i>                          | \$0 (Tier 1)                             |   |
| EYSUVIS 0.25% EYE DROPS                                      | \$0 (Tier 1)                             | PA  |
| FLAREX 0.1% EYE DROPS  | \$0 (Tier 1)                             |   |
| <i>fluorometholone (0.1% drops, 0.1% eye drop)</i>           | \$0 (Tier 1)                             |   |
| <i>flurbiprofen 0.03% eye drop</i>                           | \$0 (Tier 1)                             |   |
| FML FORTE 0.25% EYE DROPS                                    | \$0 (Tier 1)                             |   |
| <i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i> | \$0 (Tier 1)                             |   |
| LOTEMAX 0.5% EYE OINTMENT                                    | \$0 (Tier 1)                             | QL (10 per 180 days)                              |
| <i>loteprednol 0.5% ophthalmic gel</i>                       | \$0 (Tier 1)                             | QL (10 per 180 days)                              |
| <i>loteprednol etabonate (0.2% drp, 0.5% drp)</i>            | \$0 (Tier 1)                             |   |
| NEVANAC (0.1% DROPTAINER, 0.1% EYE DROP)                     | \$0 (Tier 1)                             | QL (6 per 180 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Ophthalmic Agents</b>   |  |   |
| PRED MILD 0.12% EYE DROPS  | \$0 (Tier 1)                             |   |
| <i>prednisolone ac 1% eye drop</i>   | \$0 (Tier 1)                             |   |
| <i>prednisolone sod 1% eye drop</i>  | \$0 (Tier 1)                             |   |
| <b>Ophthalmic Beta-Adrenergic Blocking Agents</b>  |  |   |
| <i>betaxolol hcl 0.5% eye drop</i>   | \$0 (Tier 1)                             |   |
| BETOPTIC S (0.25% DROP, 0.25% DROP)  | \$0 (Tier 1)                             |   |
| <i>carteolol hcl 1% eye drops</i>  | \$0 (Tier 1)                             |   |
| <i>levobunolol 0.5% eye drops</i>  | \$0 (Tier 1)                             |   |
| <i>timolol maleate (0.25% gel-solution, maleate 0.25% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drops)</i> | \$0 (Tier 1)                             |   |
| <b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>  |  |   |
| <i>acetazolamide er 500 mg cap</i>   | \$0 (Tier 1)                             |   |
| <i>apraclonidine hcl 0.5% drops</i>  | \$0 (Tier 1)                             |   |
| <i>brimonidine tartrate (tartrate 0.1% drop, tartrate 0.15% drp, 0.2% eye drop)</i>  | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Ophthalmic Agents</b>                                 |  |   |
| <i>brimonidine-timolol 0.2%-0.5%</i>                     | \$0 (Tier 1)                             |   |
| <i>brinzolamide 1% eye drops</i>                         | \$0 (Tier 1)                             |   |
| <i>dorzolamide hcl 2% eye drops</i>                      | \$0 (Tier 1)                             |   |
| IOPIDINE 1% EYE DROPS                                    | \$0 (Tier 1)                             |   |
| <i>methazolamide (25 mg tablet, 50 mg tablet)</i>        | \$0 (Tier 1)                             |   |
| <i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>    | \$0 (Tier 1)                             |   |
| RHOPRESSA 0.02% OPHTH SOLUTION                           | \$0 (Tier 1)                             | QL (5 per 30 days)                                |
| <b>Ophthalmic Prostaglandin and Prostanamide Analogs</b> |  |   |
| <i>bimatoprost 0.03% eye drops</i>                       | \$0 (Tier 1)                             | ST  |
| <i>latanoprost 0.005% eye drops</i>                      | \$0 (Tier 1)                             |   |
| LUMIGAN 0.01% EYE DROPS                                  | \$0 (Tier 1)                             | ST  |
| <i>travoprost 0.004% eye drop</i>                        | \$0 (Tier 1)                             | ST  |

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| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| Otic Agents                           |  |   |
| Otic Agents                           |  |   |
| CIPRO HC OTIC SUSPENSION              | \$0 (Tier 1)                             |   |
| <i>ciproflox-dexameth otic susp</i>   | \$0 (Tier 1)                             |   |
| <i>fluocinolone oil 0.01% ear drp</i> | \$0 (Tier 1)                             |   |
| <i>neomycin-polymyxin-hc ear soln</i> | \$0 (Tier 1)                             |   |
| <i>neomycin-polymyxin-hc ear susp</i> | \$0 (Tier 1)                             |   |
| <i>ofloxacin 0.3% ear drops</i>       | \$0 (Tier 1)                             |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Respiratory Tract/Pulmonary Agents  |  |   |
| Anti-inflammatories, Inhaled Corticosteroids                                |  |   |
| ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)                                  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Respiratory Tract/Pulmonary Agents</b>  |  |   |
| <i>flunisolide 0.025% spray</i>  | \$0 (Tier 1)                             | ST, QL (50 per 30 days)                           |
| <i>fluticasone propionate (50 mcg diskus, 100mcg diskus, 250 mcg disk)</i>                 | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| QVAR REDHALER (40 MCG, 80 MCG)   | \$0 (Tier 1)                             | QL (21.2 per 30 days)                             |
| <b>Antihistamines</b>  |  |   |
| <i>azelastine 0.1% (137 mcg) spry</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrpr)</i> | \$0 (Tier 1)                             |   |
| <i>desloratadine 5 mg tablet</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>levocetirizine 2.5 mg/5 ml sol</i>  | \$0 (Tier 1)                             |   |
| <i>levocetirizine 5 mg tablet</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <b>Antileukotrienes</b>  |  |   |
| <i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>      | \$0 (Tier 1)                             | QL (30 per 30 days)                               |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Respiratory Tract/Pulmonary Agents   |  |   |
| <i>zafirlukast (10 mg tablet, 20 mg tablet)</i>  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| Bronchodilators, Anticholinergic   |  |   |
| ATROVENT 17 MCG HFA INHALER  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>ipratropium br 0.02% soln</i>   | \$0 (Tier 1)                             |   |
| <i>ipratropium bromide (0.03% spray, 0.06% spray)</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| SPIRIVA HANDIHALER 18 MCG CAP  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| SPIRIVA RESPIMAT (1.25 MCG, 2.5 MCG)   | \$0 (Tier 1)                             | QL (4 per 30 days)                                |
| Bronchodilators, Sympathomimetic   |  |   |
| <i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, sul 2.5 mg/3 ml soln, sulf 2 mg/5 ml syrup, 2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i> | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Respiratory Tract/Pulmonary Agents   |  |   |
| <i>albuterol sulfate hfa 90 mcg inhaler (proair generic)</i>                   | \$0 (Tier 1)                             | QL (17 per 30 days)                               |
| <i>albuterol sulfate hfa 90 mcg inhaler (proventil generic)</i>                | \$0 (Tier 1)                             | QL (13.4 per 30 days)                             |
| <i>albuterol sulfate hfa 90 mcg inhaler (ventolin generic)</i>                 | \$0 (Tier 1)                             | QL (36 per 30 days)                               |
| <i>arformoterol 15 mcg/2 ml soln</i>   | \$0 (Tier 1)                             | PA NSO  |
| COMBIVENT RESPIMAT 20-100 MCG  | \$0 (Tier 1)                             | QL (4 per 30 days)                                |
| <i>epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)</i>                    | \$0 (Tier 1)                             | QL (2 per 30 days)                                |
| <i>levalbuterol conc 1.25 mg/0.5</i>   | \$0 (Tier 1)                             | PA NSO  |
| <i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i> | \$0 (Tier 1)                             | PA NSO  |
| <i>levalbuterol tar hfa 45mcg inh</i>  | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| SEREVENT DISKUS 50 MCG   | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| STRIVERDI RESPIMAT INHAL SPRAY   | \$0 (Tier 1)                             | QL (4 per 30 days)                                |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Respiratory Tract/Pulmonary Agents   |  |   |
| Cystic Fibrosis Agents   |  |   |
| BRONCHITOL 40 MG INHALE CAP  | \$0 (Tier 1)                             | PA  |
| CAYSTON 75 MG INHAL SOLUTION   | \$0 (Tier 1)                             | PA  |
| KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET) | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)   | \$0 (Tier 1)                             | PA, QL (112 per 28 days)                          |
| ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)   | \$0 (Tier 1)                             | PA, QL (56 per 28 days)                           |
| PULMOZYME 1 MG/ML AMPUL  | \$0 (Tier 1)                             | PA NSO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Respiratory Tract/Pulmonary Agents</b>                |  |   |
| SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS) | \$0 (Tier 1)                             | PA  |
| TOBI PODHALER 28 MG INHALE CAP                           | \$0 (Tier 1)                             | PA  |
| <i>tobramycin (300 mg/4 ml, 300 mg/5 ml)</i>             | \$0 (Tier 1)                             |   |
| TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)  | \$0 (Tier 1)                             | PA, QL (56 per 28 days)                           |
| TRIKAFTA 100-50-75 MG/150 MG                             | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| TRIKAFTA 50-25-37.5 MG/75 MG                             | \$0 (Tier 1)                             | PA, QL (84 per 28 days)                           |
| <b>Mast Cell Stabilizers</b>                             |  |   |
| <i>cromolyn 20 mg/2 ml neb soln</i>                      | \$0 (Tier 1)                             |   |
| <b>Phosphodiesterase Inhibitors, Airways Disease</b>     |  |   |
| <i>roflumilast (250 mcg tablet, 500 mcg tablet)</i>      | \$0 (Tier 1)                             | QL (30 per 30 days), PA NSO                       |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Respiratory Tract/Pulmonary Agents</b>   |  |   |
| <i>theophylline 80 mg/15ml oral solution</i>  | \$0 (Tier 1)                             |   |
| <i>theophylline anhydrous (er 100 mg tablet, er 200 mg tablet, er 300 mg tab, er 450 mg tab)</i>                                    | \$0 (Tier 1)                             |   |
| <i>theophylline er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet)</i> | \$0 (Tier 1)                             |   |
| <b>Pulmonary Antihypertensives</b>  |  |   |
| ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)   | \$0 (Tier 1)                             | PA, LA  |
| ALYQ 20 MG TABLET   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>ambrisentan (5 mg tablet, 10 mg tablet)</i>  | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>bosentan (62.5 mg tablet, 125 mg tablet)</i>   | \$0 (Tier 1)                             | PA, LA, QL (60 per 30 days)                       |
| OPSUMIT 10 MG TABLET  | \$0 (Tier 1)                             | PA, LA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Respiratory Tract/Pulmonary Agents   |  |   |
| OPSYNVI (10-20 MG TABLET, 10-40 MG TABLET)   | \$0 (Tier 1)                             | PA, LA, QL (30 per 30 days)                       |
| ORENITRAM ER (ER 0.125 MG TABLET, ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET) | \$0 (Tier 1)                             | PA  |
| ORENITRAM MONTH 1 TITRATION KT   | \$0 (Tier 1)                             | PA  |
| ORENITRAM MONTH 2 TITRATION KT   | \$0 (Tier 1)                             | PA  |
| ORENITRAM MONTH 3 TITRATION KT   | \$0 (Tier 1)                             | PA  |
| <i>sildenafil 20 mg tablet</i>   | \$0 (Tier 1)                             | PA  |
| <i>sildenafil citrate (10 mg/ml oral susp, 20 mg tablet)</i>   | \$0 (Tier 1)                             | PA  |
| <i>tadalafil 20mg tablet (adcirca generic)</i>   | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| TADLIQ 20 MG/5 ML SUSPENSION   | \$0 (Tier 1)                             | PA, QL (300 per 30 days)                          |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Respiratory Tract/Pulmonary Agents   |  |   |
| TRACLEER (62.5 MG TABLET, 125 MG TABLET)   | \$0 (Tier 1)                             | PA, LA, QL (60 per 30 days)                       |
| TRACLEER 32 MG TABLET FOR SUSP   | \$0 (Tier 1)                             | PA, LA, QL (120 per 30 days)                      |
| TYVASO DPI (16 MCG CARTRIDGE, 16-32-48 MCG TITRAT, 32 MCG CARTRIDGE, 32-48 MCG MAINT KIT, 48 MCG CARTRIDGE, 64 MCG CARTRIDGE)                    | \$0 (Tier 1)                             | PA  |
| UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET) | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| Pulmonary Fibrosis Agents  |  |   |
| OFEV (100 MG CAPSULE, 150 MG CAPSULE)  | \$0 (Tier 1)                             | PA, QL (60 per 30 days)                           |
| <i>pirfenidone (267 mg capsule, 267 mg tablet)</i>   | \$0 (Tier 1)                             | PA, QL (270 per 30 days)                          |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Respiratory Tract/Pulmonary Agents                                     |  |   |
| <i>pirfenidone (534 mg tablet, 801 mg tablet)</i>                      | \$0 (Tier 1)                             | PA, QL (90 per 30 days)                           |
| Respiratory Tract Agents, Other  |  |   |
| <i>acetylcysteine (10% vial, 20% vial)</i>                             | \$0 (Tier 1)                             |   |
| ANORO ELLIPTA 62.5-25 MCG INH  | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR) | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| BREYNA (80-4.5 MCG INHALER, 160-4.5 MCG INHALER)                       | \$0 (Tier 1)                             | QL (33 per 30 days)                               |
| BREZTRI AEROSPHERE INHALER   | \$0 (Tier 1)                             | QL (10.7 per 30 days)                             |
| <i>budesonide-formoterol fumarate (80-4.5, 160-4.5)</i>                | \$0 (Tier 1)                             | QL (33 per 30 days)                               |
| FASENRA (10 MG/0.5 ML SYRINGE, 30 MG/ML SYRINGE)                       | \$0 (Tier 1)                             | PA  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Respiratory Tract/Pulmonary Agents   |  |   |
| FASENRA PEN 30 MG/ML   | \$0 (Tier 1)                             | PA  |
| <i>fluticasone prop 50 mcg spray</i>                                       | \$0 (Tier 1)                             | QL (16 per 30 days)                               |
| <i>fluticasone prop hfa 220 mcg</i>  | \$0 (Tier 1)                             | QL (24 per 30 days)                               |
| <i>fluticasone propionate hfa (hfa 44 mcg, hfa 110 mcg)</i>                | \$0 (Tier 1)                             | QL (12 per 30 days)                               |
| <i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>                     | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>                      | \$0 (Tier 1)                             | QL (1 per 30 days)                                |
| <i>fluticasone-salmeterol hfa (45-21, 115-21, 230-21)</i>                  | \$0 (Tier 1)                             | QL (12 per 30 days)                               |
| <i>fluticasone-vilanterol (100-25, 200-25)</i>                             | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| <i>iprat-albut 0.5-3(2.5) mg/3 ml</i>                                      | \$0 (Tier 1)                             |   |
| NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE) | \$0 (Tier 1)                             | PA, QL (3 per 28 days)                            |
| NUCALA 40 MG/0.4 ML SYRINGE  | \$0 (Tier 1)                             | PA, QL (0.4 per 28 days)                          |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Respiratory Tract/Pulmonary Agents                         |  |   |
| STIOLTO RESPIMAT (INHAL SPRAY, INHALER (10), INHALER (60)) | \$0 (Tier 1)                             | QL (4 per 30 days)                                |
| TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)                 | \$0 (Tier 1)                             | QL (60 per 30 days)                               |
| WIXELA INHUB (100-50, 250-50, 500-50)                      | \$0 (Tier 1)                             | QL (60 per 30 days)                               |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Skeletal Muscle Relaxants                              |  |   |
| Skeletal Muscle Relaxants                              |  |   |
| <i>carisoprodol 350 mg tablet</i>                      | \$0 (Tier 1)                             | QL (120 per 30 days)                              |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1)                             | QL (90 per 30 days)                               |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>    | \$0 (Tier 1)                             |   |
| <i>orphenadrine er 100 mg tablet</i>                   | \$0 (Tier 1)                             |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Sleep Disorder Agents  |  |   |
| Sleep Promoting Agents   |  |   |
| <i>eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)</i>                     | \$0 (Tier 1)                             | PA-HRM, QL (30 per 30 days)                       |
| <i>ramelteon 8 mg tablet</i>   | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>tasimelteon 20 mg capsule</i>   | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>temazepam (15 mg capsule, 30 mg capsule)</i>                                | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>triazolam (0.125 mg tablet, 0.25 mg tablet)</i>                             | \$0 (Tier 1)                             | QL (30 per 30 days)                               |
| <i>zaleplon (5 mg capsule, 10 mg capsule)</i>                                  | \$0 (Tier 1)                             | PA-HRM, QL (30 per 30 days)                       |
| <i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>                           | \$0 (Tier 1)                             | PA-HRM, QL (30 per 30 days)                       |
| <i>zolpidem tartrate er (er 6.25 mg tab, er 12.5 mg tab)</i>                   | \$0 (Tier 1)                             | PA-HRM, QL (30 per 30 days)                       |
| Wakefulness Promoting Agents   |  |   |
| <i>armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i> | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |

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| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Sleep Disorder Agents                           |  |   |
| <i>modafinil (100 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1)                             | PA, QL (30 per 30 days)                           |
| <i>sodium oxybate 0.5 g/ml soln</i>             | \$0 (Tier 1)                             | PA  |
| XYWAV 0.5 GM/ML ORAL SOLUTION                   | \$0 (Tier 1)                             | PA, LA  |

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Supplies                                       |  |   |
| Supplies                                       |  |   |
| <i>alcohol 70% prep pads</i>                   | \$0 (Tier 1)                             |   |
| <i>gauze pads &amp; dressings - pads 2 x 2</i> | \$0 (Tier 1)                             | ST  |
| <i>insulin pen needle</i>                      | \$0 (Tier 1)                             | ST, QL (200 per 30 days)                          |
| <i>insulin syringe (disp) u-100 0.3 ml</i>     | \$0 (Tier 1)                             | ST, QL (200 per 30 days)                          |
| <i>insulin syringe (disp) u-100 1/2 ml</i>     | \$0 (Tier 1)                             | ST, QL (200 per 30 days)                          |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Supplies  |  |   |
| <i>insulin syringe (disp) u-100 1ml</i>   | \$0 (Tier 1)                             | ST, QL (200 per 30 days)                          |
| <i>insulin syringe (syring 0.5 ml 29g 1/2", syringe 1 ml 29g 1/2", syringe 1 ml 30g 1/2")</i> | \$0 (Tier 1)                             | QL (200 per 30 days)                              |
| <i>isopropyl alcohol 0.7 ml/ml medicated pad</i>  | \$0 (Tier 1)                             | ST  |
| <i>needles, insulin disp., safety</i>   | \$0 (Tier 1)                             | ST, QL (200 per 30 days)                          |

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## OneCare Customer Service

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| <b>Method</b>  | Customer Service – Contact Information   |
| <b>CALL</b>    | <b>1-877-412-2734</b><br>Calls to this number are free. You can call Customer Service 24 hours a day, 7 days a week.<br><br>Customer Service also has free language interpreter services available for non-English speakers. |
| <b>TTY</b>     | <b>711</b><br>Calls to this number are free. You can call Customer Service 24 hours a day, 7 days a week.  |
| <b>FAX</b>     | <b>1-714-246-8711</b>  |
| <b>WRITE</b>   | OneCare<br>Attention: Customer Service<br>505 City Parkway West<br>Orange, CA 92868  |
| <b>EMAIL</b>   | OneCarecustomerservice@caloptima.org   |
| <b>WEBSITE</b> | <a href="http://www.caloptima.org/Onecare">www.caloptima.org/Onecare</a>   |