



L.A. Care Covered Formulary

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LA1308C 02/15_EN
Last Updated: 8/1/2018



**L.A. Care
Covered™
For All of L.A.**

L.A. Care Covered & L.A. Care Covered Direct Formulary

INTRODUCTION

Foreword

The L.A. Care Covered & L.A. Care Covered Direct formulary is a preferred list of covered drugs, approved by the L.A. Care Health Plan Pharmacy Quality Oversight Committee. This formulary applies only to outpatient drugs and self-administered drugs.

It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated monthly, updated documents are available online at: <http://www.lacare.org>.

How to Use the Formulary

The formulary drug listing begins on Page 4. Drugs available in generic formulations are listed by their generic names and it's most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

The formulary can be searched by using the "Ctrl + F" function or the index. Drugs can be searched by the generic name, proprietary name, or therapeutic drug category.

Generic and Brand Name Medications

L.A. Care Covered & L.A. Care Covered Direct Plans cover generic and brand name drugs. However, when available, FDA approved generic drugs are to be used in all situations, regardless of the availability of a brand. Generic drugs generally cost less than brand name drugs. All drugs that are or become available generically are subject to review by L.A. Care's Pharmacy Quality Oversight Committee.

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

Non-Formulary Medications

Any drug not found in this formulary listing published by L.A. Care Health Plan shall be considered a non-formulary drug.

A prescriber may request an exception to coverage for a non-formulary drug if the prescriber determines that there is a documented medical need. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific coverage and limitations an individual may have. The individual may have specific benefit inclusions, exclusions, and/or cost share which are not reflected in the formulary.

The formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. Any specific questions regarding their coverage should be directed to L.A. Care Health Plan Member Services at 1-888-839-9909 (TTY: 711).

Restrictions on Medication Coverage

Certain covered drugs may have additional requirements or limits on coverage. These are denoted throughout the document using the following symbols:

| Symbol | Restriction | Description |
|--------|--------------------------------------|--|
| INF | Infertility | Infertility drugs |
| NC | Not Covered | Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization |
| QL | Quantity Limit | Coverage may be limited to specific quantities per prescription and/or time period |
| SP | Specialty Pharmacy Availability | Drug is considered a specialty drug and is available through the specialty pharmacy vendor, however they are not restricted to a specific pharmacy |
| VAC | Vaccine Program | Coverage is available through a vaccine program |
| LD | Limited Distribution | Coverage is available through a limited distributor or limited number of distributors |
| OTC | Over the Counter | Coverage of OTC medication |
| RS | Restricted to Specialist | Coverage may be dependent on the specialty of the prescribing physician |
| MSP | Mandatory Specialty Pharmacy Program | All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans |
| PA | Prior Authorization | Requires specific physician request process |
| SMKG | Smoking Cessation | Coverage for the treatment of smoking cessation drugs, which may have specific restrictions |
| ST | Step Therapy | Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug |

Please refer to the formulary listing beginning on Page 4 for details regarding specific agents.

Medication Request Process

Formulary Agents

- A. Prior Authorization (PA): These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.
- B. Quantity Limits (QL): These drugs have quantity limits. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists without compromising safety.
- C. Step Therapy (ST): These drugs require one or more first step drugs to be tried before progressing to the second step drug. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed on an individual patient need. Approval will be given if a documented medical need exists.

Non-Formulary Agents

- A. Any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists.
- B. The 'Medication Request Process' is generally not available for drugs that are specifically excluded by benefit design. For benefit exclusions refer to the 'General Exclusions' section below.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity.

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

- A. Drugs specifically listed as not covered
- B. Any drug products used for cosmetic purposes
- C. Infertility agents
- D. Experimental drug products, or any drug product used in an experimental manner
- E. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
- F. Foreign drugs or drugs not approved by the United States Food & Drug Administration

Pharmacist and Physician Feedback

The formulary is a tool to promote cost-effective prescription drug use. L.A. Care has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to L.A. Care via e-mail to PharmacyandFormulary@lacare.org.

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Alphabetical Index
Last Updated 8/1/2018**

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| 8-MOP CAP | KMSP | 2 | DERMATOLOGICALS |
| abacavir soln (ZIAGEN equiv) | - | 4 | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) | - | 4 | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 4 | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 4 | ANTIVIRALS |
| ABILIFY DISCMELT (QL= 2 tabs/day) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY SOLN | PA | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY TAB | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABSORICA CAP | - | NC | DERMATOLOGICALS |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 | ANTIDIABETICS |
| ACCOLATE TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ACCU-CHECK GUIDE CARE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK GUIDE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK SMARTVIEW TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCUNEB NEB SOLN | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ACCUPRIL TAB | - | 3 | ANTIHYPERTENSIVES |
| ACCURETIC TAB | - | 3 | ANTIHYPERTENSIVES |
| acebutolol cap (SECTRAL equiv) | - | 1 | BETA BLOCKERS |
| ACEON TAB | - | 3 | ANTIHYPERTENSIVES |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC | ANALGESICS - OPIOID |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | NC | ANALGESICS - OPIOID |
| acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv) | - | NC | ANALGESICS - OPIOID |
| acetaminophen/codeine soln (QL=240ml/30 days) | QL | 1 | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL=180 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC | MIGRAINE PRODUCTS |
| ACETASOL HC OTIC SOLN | - | 3 | OTIC AGENTS |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 1 | DIURETICS |
| acetazolamide tab | - | 1 | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | 1 | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 | OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 | COUGH/COLD/ALLERGY |

| | | | | | |
|------|---|------|--|------|--|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Alphabetical Index
Last Updated 8/1/2018

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| ACIDIC VAGINAL JELLY | - | 2 | VAGINAL PRODUCTS |
| ACIPHEX SPRINKLE CAP | - | NC | ULCER DRUGS |
| ACIPHEX TAB | - | NC | ULCER DRUGS |
| acitretin cap (SORIATANE equiv) | KMSP | 4 | DERMATOLOGICALS |
| ACLOVATE CREAM | - | 3 | DERMATOLOGICALS |
| ACLOVATE OINT | - | 3 | DERMATOLOGICALS |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ACTICLATE TAB 75MG, 150MG | - | NC | TETRACYCLINES |
| ACTIGALL CAP | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ACTIQ LOZENGE (QL= 120 units/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| ACTIVELLA TAB | - | 3 | ESTROGENS |
| ACTONEL TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTOPLUS MET TAB | - | 3 | ANTIDIABETICS |
| ACTOPLUS MET XR TAB | - | 3 | ANTIDIABETICS |
| ACTOS TAB | - | 3 | ANTIDIABETICS |
| ACULAR (LS) OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| ACUVAIL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 1 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| ACZONE GEL | - | NC | DERMATOLOGICALS |
| ACZONE GEL 7.5% | - | NC | DERMATOLOGICALS |
| ADAGEN INJ | M | M | BIOLOGICALS MISC |
| ADALAT CC TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| ADAPALENE LOTION (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| ADASUVE INHALER | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ADAZIN CREAM | - | NC | DERMATOLOGICALS |
| ADCIRCA TAB | LMSP-PA | 4 | CARDIOVASCULAR AGENTS - MISC. |
| ADDERALL TAB | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ADDERALL XR CAP | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ADDYI TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| adefovir dipivoxil tab (HEPSERA equiv) | KMSP | 4 | ANTIVIRALS |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 | CARDIOVASCULAR AGENTS - MISC. |
| ADIPEX-P CAP | PA-QL | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |

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|------|---|------|--|------|--------------------------------------|
| INF | NC =Not Covered | | generic =small letters | | BRANDS =CAPITAL LETTERS |
| LMSP | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program | LD | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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|--|---------------------|-------------|---|
| ADIPEX-P TAB | PA-QL | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADLYXIN INJ | - | NC | ANTIDIABETICS |
| ADOXA PAK | - | NC | TETRACYCLINES |
| ADOXA TAB | - | 3 | TETRACYCLINES |
| ADRENALICK INJ, EPINEPHRINE INJ | - | NC | VASOPRESSORS |
| ADVAIR DISKUS INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVICOR TAB | - | NC | ANTIHYPERTENSIVES |
| ADZENYS XR TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| AEROCHAMBER | OTC | 2 | MEDICAL DEVICES AND SUPPLIES |
| AEROCHAMBER SUPPLIES | - | 2 | MEDICAL DEVICES AND SUPPLIES |
| AEROSPAN HFA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AFINITOR DISPERZ (QL= 1 tab/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFINITOR TAB (QL= 1 tab/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFLURIA INJ | VAC | \$0 | VACCINES |
| AFLURIA INJ, FLUZONE INJ | VAC | \$0 | VACCINES |
| AFSTYLA KIT | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| AGGRENOX CAP | - | 3 | HEMATOLOGICAL AGENTS - MISC. |
| AGRYLIN CAP | - | 3 | HEMATOLOGICAL AGENTS - MISC. |
| AIMOVIQ INJ | - | NC | MIGRAINE PRODUCTS |
| AIRDUO RESPICLICK | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AKNE-MYCIN OINT | - | 3 | DERMATOLOGICALS |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| ALAMAST OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALBATUSIN LIQUID | - | 3 | COUGH/COLD/ALLERGY |
| ALBENZA TAB | - | 3 | ANTHELMINTICS |
| albuterol neb soln 0.083% (PROVENTIL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln 0.5% (VENTOLIN equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln 0.63mg (ACCUNEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln 1.25mg (ACCUNEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL TAB ER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|------|---|------|---|------|---|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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|--|---------------------|-------------|--|
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALCAINE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 1 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | 1 | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| ALCORTIN A GEL | - | NC | DERMATOLOGICALS |
| ALDACTAZIDE TAB | - | 3 | DIURETICS |
| ALDACTAZIDE TAB 50-50MG | - | 3 | DIURETICS |
| ALDACTONE TAB | - | 3 | DIURETICS |
| ALDARA CREAM | - | 3 | DERMATOLOGICALS |
| ALDURAZYME INJ | M | M | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALECENSA CAP (QL= 8 caps/day) | MSP-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALENDRONATE SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alendronate tab (FOSAMAX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALFERON-N INJ | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| ALINIA TAB (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| ALKERAN TAB | KMSP | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 | GOUT AGENTS |
| almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| ALOCRILOPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOGLIPTIN TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| ALOMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOQUIN GEL | - | NC | DERMATOLOGICALS |
| ALORA PATCH | - | 3 | ESTROGENS |
| alosetron tab (LOTRONEX equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 | OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | 1 | ANTIANKXIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC | MIGRAINE PRODUCTS |
| ALTABAX OINT | - | 3 | DERMATOLOGICALS |
| ALTACE CAP | - | 3 | ANTIHYPERTENSIVES |
| ALTACE TAB | - | 3 | ANTIHYPERTENSIVES |
| ALTOPREV TAB | - | 3 | ANTIHYPERLIPIDEMICS |

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|------|---|------|--|------|--------------------------------------|
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| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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|--|---------------------|-------------|---|
| aluminum chloride soln (DRYSOL equiv) | - | 1 | DERMATOLOGICALS |
| ALUNBRIG PAK | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALVESCO INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALZAIR NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| amantadine cap (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine tab | - | 1 | ANTIPARKINSON AGENTS |
| AMARYL TAB | - | 3 | ANTIDIABETICS |
| AMBIEN CR TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| AMBIEN TAB (QL= 1 tab/day) | QL | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| AMCINONIDE CREAM 0.1% | - | NC | DERMATOLOGICALS |
| AMCINONIDE LOTION | - | NC | DERMATOLOGICALS |
| AMCINONIDE OINT | - | NC | DERMATOLOGICALS |
| AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| amethyst tab (LYBREL equiv) | - | \$0 | CONTRACEPTIVES |
| AMICAR SOLN | - | 2 | HEMOSTATICS |
| AMICAR SYRUP | - | 3 | HEMOSTATICS |
| AMICAR TAB | - | 2 | HEMOSTATICS |
| amikacin inj (KANAMYCIN equiv) | M | M | AMINOGLYCOSIDES |
| amiloride tab (MIDAMOR equiv) | - | 1 | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 | DIURETICS |
| aminocaproic acid syrup (AMICAR equiv) | - | 1 | HEMOSTATICS |
| aminocaproic acid tab (AMICAR equiv) | - | 1 | HEMOSTATICS |
| AMINOCAPROIC ACID TAB | - | 3 | HEMOSTATICS |
| aminophylline tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| amiodarone tab (CORDARONE equiv) | - | 1 | ANTIARRHYTHMICS |
| AMITIZA CAP | PA | 3 | GASTROINTESTINAL AGENTS - MISC. |
| amitriptyline tab (ELAVIL equiv) | - | 1 | ANTIDEPRESSANTS |
| amlodipine tab (NORVASC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| amlodipine/atorvastatin tab (CADUET equiv) | - | 1 | CARDIOVASCULAR AGENTS - MISC. |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| AMMONIUM CHLORIDE INJ | M | M | MINERALS & ELECTROLYTES |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | 1 | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | 1 | DERMATOLOGICALS |
| AMOXAPINE TAB | - | 1 | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | 1 | PENICILLINS |
| amoxicillin chew tab (AMOXIL equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN CHEW TAB 250MG | - | 1 | PENICILLINS |

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| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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Alphabetical Index
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|--|---------------------|-------------|--|
| amoxicillin susp (TRIMOX equiv) | - | 1 | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| AMPICILLIN CAP | - | 1 | PENICILLINS |
| ampicillin cap (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| ampicillin susp (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| ampicillin/sulbactam inj | M | M | PENICILLINS |
| AMPYRA TAB (QL= 2 tabs/day) | MSP-PA-QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AMTURNIDE TAB | - | 3 | ANTIHYPERTENSIVES |
| ANADROL TAB | - | 3 | ANDROGENS-ANABOLIC |
| ANAFRANIL CAP | - | 3 | ANTIDEPRESSANTS |
| anagrelide cap (AGRYLIN equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ANALPRAM-E KIT | - | 3 | ANORECTAL AGENTS |
| ANALPRAM-HC CREAM | - | NC | ANORECTAL AGENTS |
| ANAPROX TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| ANASPAZ ODT | - | 3 | ULCER DRUGS |
| ANASTIA LOTION | - | NC | DERMATOLOGICALS |
| anastrozole tab (ARIMIDEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANCOBON CAP | - | 3 | ANTIFUNGALS |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| ANDROGEL 1% 25MG (QL= 1 packet/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 1.25GM (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 2.5GM (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| ANDROGEL PUMP 1% (QL= 4 bottles/30 days) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| ANDROID CAP, TESTRED CAP | PA | 3 | ANDROGENS-ANABOLIC |
| ANDROXY TAB | - | 2 | ANDROGENS-ANABOLIC |
| ANGELIQ TAB | - | 3 | ESTROGENS |
| ANORO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ANTABUSE TAB | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ANTARA CAP | - | NC | ANTIHYPERLIPIDEMICS |
| ANTARA CAP, LOFIBRA CAP | - | NC | ANTIHYPERLIPIDEMICS |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC | OTIC AGENTS |
| ANTIVERT TAB | - | 1 | ANTIEMETICS |
| ANUSOL-HC CREAM | - | 3 | ANORECTAL AGENTS |
| ANUSOL-HC SUPP | - | NC | ANORECTAL AGENTS |
| ANZEMET TAB (QL= 9 tabs/fill) | QL-SP | 4 | ANTIEMETICS |
| APEXICON E CREAM (PSORCON E equiv) | - | NC | DERMATOLOGICALS |

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Alphabetical Index
Last Updated 8/1/2018

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|---|---------------------|-------------|---|
| APHTHASOL PASTE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| APIDRA INJ (Step Therapy requires trial of NOVLOG) | ST | 3 | ANTIDIABETICS |
| APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVLOG) | ST | 3 | ANTIDIABETICS |
| APLENZIN TAB | - | NC | ANTIDEPRESSANTS |
| APOKYN INJ (Only available through CVS Specialty 800-237-2767) | LD | 4 | ANTIPARKINSON AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 1 | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 1 | ANTIEMETICS |
| apri tab (DESOGEN equiv) | - | \$0 | CONTRACEPTIVES |
| APRISO CAP | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| APTIOM TAB | - | NC | ANTICONVULSANTS |
| APTIVUS CAP | - | 4 | ANTIVIRALS |
| APTIVUS SOLN | - | 4 | ANTIVIRALS |
| ARALEN TAB | - | 3 | ANTIMALARIALS |
| aranelle tab (TRI-NORINYL equiv) | - | \$0 | CONTRACEPTIVES |
| ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRT) | KMSP-ST | 4 | HEMATOPOIETIC AGENTS |
| ARAVA TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| ARICEPT ODT (QL= 1 tab/day) | QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARICEPT TAB (QL= 2 tabs/day) | QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg) | QL-ST | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARIMIDEX TAB | - | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day) | PA-QL | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) | PA | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARIXTRA INJ | PA | 3 | ANTICOAGULANTS |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | PA-QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ARMONAIR RESPICLICK | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 | THYROID AGENTS |
| ARNUITY ELLIPTA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AROMASIN TAB | - | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ARTHROTEC TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| ARYMO ER TAB | - | NC | ANALGESICS - OPIOID |
| ASACOL HD TAB, MESALAMINE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ASMANEX HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |

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Alphabetical Index
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| aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| ASPIRIN TAB 81MG (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab | - | NC | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ASTAMED MYO CAP | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ATACAND HCT TAB | - | NC | ANTIHYPERTENSIVES |
| ATACAND TAB | - | NC | ANTIHYPERTENSIVES |
| atazanavir cap (REYATAZ equiv) | - | 4 | ANTIVIRALS |
| ATELVIA TAB (Step Therapy requires trial of alendronate) | ST | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| atenolol tab (TENORMIN equiv) | - | 1 | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ATIVAN TAB | - | 3 | ANTIAXIETY AGENTS |
| atomoxetine cap (STRATTERA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| atorvastatin tab 10mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 20mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | ANTIMALARIALS |
| ATRALIN GEL, RETIN-A GEL | PA | 3 | DERMATOLOGICALS |
| ATRIPLA TAB (QL= 1 tab/day) | QL | 4 | ANTIVIRALS |
| atropine ophth oint | - | 1 | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ATROVENT NASAL SPRAY | - | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AUBAGIO TAB | LMSP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUGMENTIN ES-600 SUSP | - | 3 | PENICILLINS |
| AUGMENTIN SUSP | - | 3 | PENICILLINS |
| AUGMENTIN TAB | - | 3 | PENICILLINS |
| AUGMENTIN XR TAB | - | 3 | PENICILLINS |
| AURYXIA TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| AUSTEDO TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVI-Q INJ, EPIPEN (JR) INJ | - | NC | VASOPRESSORS |
| AVALIDE TAB | - | 3 | ANTIHYPERTENSIVES |
| AVANDAMET TAB | - | 2 | ANTIDIABETICS |
| AVANDARYL TAB | - | 2 | ANTIDIABETICS |
| AVANDIA TAB | - | 2 | ANTIDIABETICS |
| AVAPRO TAB | - | 3 | ANTIHYPERTENSIVES |
| AVAR AEROSOL FOAM | - | 3 | DERMATOLOGICALS |

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Alphabetical Index
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|---|---------------------|-------------|---|
| AVAR GEL | - | 2 | DERMATOLOGICALS |
| AVAR PAD | - | NC | DERMATOLOGICALS |
| AVC VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| AVELOX TAB | - | 3 | FLUOROQUINOLONES |
| aviane tab (ALESSE equiv) | - | \$0 | CONTRACEPTIVES |
| AVINZA CAP (QL= 2 caps/day) | QL | 3 | ANALGESICS - OPIOID |
| AVODART CAP | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| AVONEX INJ | LMSP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AXERT TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| AXID CAP | - | 3 | ULCER DRUGS |
| AXID SOLN | - | 3 | ULCER DRUGS |
| AXIRON SOLN (QL= 2 bottles/30 days) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| AYGESTIN TAB | - | 3 | PROGESTINS |
| AZASAN TAB | - | 3 | ASSORTED CLASSES |
| AZASITE SOLN | - | 2 | OPHTHALMIC AGENTS |
| azathioprine tab (IMURAN equiv) | - | 1 | ASSORTED CLASSES |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 | OPHTHALMIC AGENTS |
| AZELEX CREAM | PA | 3 | DERMATOLOGICALS |
| AZENASE PAK | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZILECT TAB | - | 3 | ANTIPARKINSON AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| AZOPT OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| AZOR TAB | - | 3 | ANTIHYPERTENSIVES |
| AZULFIDINE EN TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| AZULFIDINE TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| BACITRACIN OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| BACLOFEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| BACLOFEN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab 10mg, 20mg | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| BACTRIM DS TAB | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| BACTROBAN CREAM | - | 3 | DERMATOLOGICALS |
| BACTROBAN NASAL OINT | - | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BACTROBAN OINT | - | 3 | DERMATOLOGICALS |
| BALCOLTRA TAB | - | NC | CONTRACEPTIVES |
| balsalazide cap (COLAZAL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| BANZEL SUSP | - | 2 | ANTICONSULSANTS |
| BANZEL TAB | - | 2 | ANTICONSULSANTS |
| BARACLUDE TAB (QL= 1 tab/day) | KMSP-QL | 4 | ANTIVIRALS |
| BASAGLAR INJ | - | 2 | ANTIDIABETICS |
| BAXDELA TAB | - | NC | FLUOROQUINOLONES |
| B-D INSULIN SYRINGE | --OTC | 1 | MEDICAL DEVICES AND SUPPLIES |

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| B-D PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| b-donna tab (DONNATAL equiv) | - | NC | ULCER DRUGS |
| BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone) | QL-ST | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BELBUCA FILM | - | NC | ANALGESICS - OPIOID |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 | ULCER DRUGS |
| BELSOMRA TAB | - | NC | HYPNOTICS |
| BELVIQ TAB (QL= 2 tabs/day) | PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| BELVIQ XR TAB (QL= 1 tab/day) | PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| benazepril tab (LOTENSIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| BENICAR HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| BENICAR TAB | - | NC | ANTIHYPERTENSIVES |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | LMSP-PA-QL | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENLYSTA INJ (QL= 4 inj/28 day) | LMSP-PA-QL | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENTYL CAP | - | 3 | ULCER DRUGS |
| BENTYL SYRUP | - | 3 | ULCER DRUGS |
| BENTYL TAB | - | 3 | ULCER DRUGS |
| BENZAC WASH | - | NC | DERMATOLOGICALS |
| BENZACLIN GEL | - | 3 | DERMATOLOGICALS |
| BENZAMYCIN GEL | - | 3 | DERMATOLOGICALS |
| BENZAMYCIN GEL PACK | - | 3 | DERMATOLOGICALS |
| BENZNIDAZOLE TAB | - | NC | ANTHELMINTICS |
| benzonatate cap (TESSALON equiv) | - | 1 | COUGH/COLD/ALLERGY |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC | COUGH/COLD/ALLERGY |
| BENZOYL PEROXIDE CREAM | OTC | NC | DERMATOLOGICALS |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC | DERMATOLOGICALS |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC | DERMATOLOGICALS |
| benztropine tab | - | 1 | ANTIPARKINSON AGENTS |
| BEPREVE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| BESIVANCE OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| BETAGAN OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 | DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | 1 | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 | DERMATOLOGICALS |
| betamethasone valerate foam (LUXIQ FOAM equiv) | - | NC | DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 | DERMATOLOGICALS |
| BETAPACE AF TAB | - | 3 | BETA BLOCKERS |
| BETAPACE TAB | - | 3 | BETA BLOCKERS |
| BETASERON INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 | OPHTHALMIC AGENTS |

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Alphabetical Index
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|--|---------------------|-------------|---|
| betaxolol tab (KERLONE equiv) | - | 1 | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 | URINARY ANTISPASMODICS |
| BETHKIS NEB SOLN | - | NC | AMINOGLYCOSIDES |
| BETIMOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BEVESPI AEROSPHERE INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BEVYXXA CAP | - | NC | ANTICOAGULANTS |
| bexarotene cap (TARGRETIN equiv) | MSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BEYAZ TAB | - | \$0 | CONTRACEPTIVES |
| BIAFINE EMULSION | - | NC | DERMATOLOGICALS |
| BIAXIN SUSP | - | 3 | MACROLIDES |
| BIAXIN TAB | - | 3 | MACROLIDES |
| BIAXIN XL TAB | - | 3 | MACROLIDES |
| bicalutamide tab (CASODEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIFERARX TAB | - | NC | HEMATOPOIETIC AGENTS |
| BIKTARVY TAB | - | NC | ANTIVIRALS |
| BILTRICIDE TAB | - | 3 | ANTHELMINTICS |
| BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| bisoprolol tab (ZEBETA equiv) | - | 1 | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 | ANTIHYPERTENSIVES |
| BLEPH-10 OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| BLEPHAMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| BONIVA TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate) | QL-ST | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BOSULIF TAB | KMSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRAFTOVI CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRETHINE TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRILINTA TAB (Restricted to Cardiology Specialist) | RS | 3 | HEMATOLOGICAL AGENTS - MISC. |
| brimonidine ophth soln (ALPHAGAN P equiv) | - | 1 | OPHTHALMIC AGENTS |
| BRISDELLE CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BRIVIACT INJ 50MG/5ML | - | NC | ANTICONVULSANTS |
| BRIVIACT SOLN 10MG/ML | - | NC | ANTICONVULSANTS |
| BRIVIACT TAB | - | NC | ANTICONVULSANTS |
| bromfenac ophth soln (BROMDAY equiv) | - | 1 | OPHTHALMIC AGENTS |
| BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY) | - | 1 | OPHTHALMIC AGENTS |
| BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) | - | 1 | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| BROMSITE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| BRONCOPECTOL SYRUP | - | 3 | COUGH/COLD/ALLERGY |

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Alphabetical Index
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| BROVANA NEB SOLN | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| B-SERENE PAD | - | NC | HEMATOPOIETIC AGENTS |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 1 | CORTICOSTEROIDS |
| budesonide inh susp (PULMICORT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide nasal spray (RHINOCORT AQUA equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine) | ST | 1 | CORTICOSTEROIDS |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |
| BUNAVAIL FILM | - | NC | ANALGESICS - OPIOID |
| BUPHENYL POWDER | KMSP | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BUPHENYL TAB | KMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days) | QL | 3 | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) (QL= 21 tabs/7 days) | PA-QL | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | NC | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) | SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 | ANTIDEPRESSANTS |
| BUSPAR TAB | - | 3 | ANTIAXIETY AGENTS |
| bupirone tab (BUSPAR equiv) | - | 1 | ANTIAXIETY AGENTS |
| bupirone tab 30mg (BUSPAR equiv) | - | NC | ANTIAXIETY AGENTS |
| busulfan inj | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BUSULFEX INJ | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC | ANALGESICS - NONNARCOTIC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC | ANALGESICS - NONNARCOTIC |
| BUTISOL ELIXIR | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| BUTISOL TAB | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 1 | ANALGESICS - OPIOID |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYETTA INJ (QL= 1 pen/30 days) | QL | 3 | ANTIDIABETICS |
| BYSTOLIC TAB | - | 2 | BETA BLOCKERS |
| BYVALSON TAB | - | NC | ANTIHYPERTENSIVES |
| cabergoline tab (DOSTINEX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CADUET TAB | - | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CAFICIT INJ | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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| CAFCIT SOLN | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| CALAN SR TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| CALAN TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| calcipotriene oint | - | 1 | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 1 | DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | 1 | DERMATOLOGICALS |
| calcitonin nasal spray (MIACALCIN equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL INJ | LMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol inj (CALCIJEX equiv) | LMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol soln (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| calcium acetate tab (ELIPHOS equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| CALOMIST NASAL SPRAY | - | NC | HEMATOPOIETIC AGENTS |
| CALQUENCE CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAMBIA POWDER PACKET | - | NC | MIGRAINE PRODUCTS |
| CAMPRAL TAB | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CANASA SUPP | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| candesartan tab (ATACAND equiv) | - | NC | ANTIHYPERTENSIVES |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC | ANTIHYPERTENSIVES |
| CANTIL TAB | - | 3 | ULCER DRUGS |
| capecitabine tab (XELODA equiv) | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| CAPITAL/CODEINE SUSP (QL=240ml/30 days) | QL | 3 | ANALGESICS - OPIOID |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC | DERMATOLOGICALS |
| captopril tab (CAPOTEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB | - | 2 | ANTIHYPERTENSIVES |
| CARAC CREAM | - | NC | DERMATOLOGICALS |
| CARAFATE SUSP | - | 1 | ULCER DRUGS |
| CARAFATE TAB | - | 3 | ULCER DRUGS |
| CARBAGLU TAB (Only available through Accredo 888-773-7376) | LD-PA | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 1 | ANTICONVULSANTS |

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| carbamazepine susp (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| CARBATROL CAP | - | 3 | ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbinoxamine soln (PALGIC equiv) | - | 1 | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | 1 | ANTIHISTAMINES |
| carbinoxane maleate tab 6mg (RYVENT equiv) | - | NC | ANTIHISTAMINES |
| CARDENE SR CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| CARDIZEM CD CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| CARDIZEM LA TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| CARDIZEM TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| CARDURA TAB | - | 3 | ANTIHYPERTENSIVES |
| CARDURA XL TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| carisoprodol tab (SOMA equiv) (QL=120 tabs/30 days) | QL | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol tab 250mg (SOMA equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARMOL LOTION | - | NC | DERMATOLOGICALS |
| CARMOL-HC CREAM | - | 3 | DERMATOLOGICALS |
| CARNITOR SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CARNITOR TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CAROSPIR SUSP | - | NC | DIURETICS |
| CARTEOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 | OPHTHALMIC AGENTS |
| carvedilol phosphate ER cap (COREG CR equiv) | - | 1 | BETA BLOCKERS |
| carvedilol tab (COREG equiv) | - | 1 | BETA BLOCKERS |
| CASODEX TAB | - | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CATAFLAM TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| CATAPRES TAB | - | 3 | ANTIHYPERTENSIVES |
| CATAPRES-TTS PATCH | - | 3 | ANTIHYPERTENSIVES |
| CAVERJECT INJ (QL= 6 inj/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| CAYSTON INH SOLN | KMSP-RS | 4 | ANTI-INFECTIVE AGENTS - MISC. |
| CEDAX CAP | - | 3 | CEPHALOSPORINS |
| CEDAX SUSP | - | 3 | CEPHALOSPORINS |
| CEENU CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cefaclor cap (CECLOR equiv) | - | 1 | CEPHALOSPORINS |
| CEFACTOR ER TAB | - | 3 | CEPHALOSPORINS |
| CEFACTOR SUSP | - | 3 | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | 1 | CEPHALOSPORINS |

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| cefazolin inj | M | M | CEPHALOSPORINS |
| CEFAZOLIN INJ | M | M | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFDITOREN TAB | - | 3 | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | 1 | CEPHALOSPORINS |
| CEFOTAXIME INJ | M | M | CEPHALOSPORINS |
| cefotaxime inj (CLAFORAN equiv) | M | M | CEPHALOSPORINS |
| cefoxitin inj | M | M | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| CEFTIN SUSP | - | 3 | CEPHALOSPORINS |
| CEFTIN TAB | - | 3 | CEPHALOSPORINS |
| ceftriaxone inj | M | M | CEPHALOSPORINS |
| cefuroxime susp (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| CELEBREX CAP (QL= 2 caps/day) | QL | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| CELEXA SOLN | - | 3 | ANTIDEPRESSANTS |
| CELEXA TAB | - | 3 | ANTIDEPRESSANTS |
| CELLCEPT CAP | - | 4 | ASSORTED CLASSES |
| CELLCEPT SUSP | - | 4 | ASSORTED CLASSES |
| CELLCEPT TAB | - | 4 | ASSORTED CLASSES |
| CELONTIN CAP | - | 2 | ANTICONVULSANTS |
| CENESTIN TAB | - | 3 | ESTROGENS |
| CENTANY OINT | - | 3 | DERMATOLOGICALS |
| cephalexin cap (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| CEPHALEXIN TAB | - | NC | CEPHALOSPORINS |
| CERDELGA CAP | MSP-PA | 4 | HEMATOPOIETIC AGENTS |
| CEREZYME INJ | M | M | HEMATOPOIETIC AGENTS |
| CERVICAL CAP | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| CESAMET CAP | - | 3 | ANTIEMETICS |
| cesia tab (CYCLESSA equiv) | - | \$0 | CONTRACEPTIVES |
| CETYLEV TAB | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| cevimeline cap (EVOXAC equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| CHANTIX PAK | SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHANTIX TAB | SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHEMET CAP | - | 2 | ANTIDOTES |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| chlordiazepoxide/amitriptyline tab (LIMBITROL equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | NC | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | 1 | ANTIMALARIALS |
| chlorothiazide tab (DIURIL equiv) | - | 1 | DIURETICS |

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| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
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Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---------------------------------|
| CHLOROTHIAZIDE TAB 250MG | - | 1 | DIURETICS |
| chlorpheniramine ER cap | - | 1 | ANTIHISTAMINES |
| chlorpromazine tab (THORAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CHLORPROPAMIDE TAB | - | 1 | ANTIDIABETICS |
| chlorpropamide tab (DIABINESE equiv) | - | 1 | ANTIDIABETICS |
| CHLORTHALIDONE TAB | - | 1 | DIURETICS |
| CHLORZOXAZONE TAB | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | 4 | GASTROINTESTINAL AGENTS - MISC. |
| cholecalciferol cap 50000 unit | OTC | 1 | VITAMINS |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 | ANALGESICS - NONNARCOTIC |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| CHROMAGEN FA TAB | - | 3 | HEMATOPOIETIC AGENTS |
| CIALIS TAB (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| CIALIS TAB 2.5MG, 5MG (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| cicatrace kit (REXASIL equiv) | - | NC | DERMATOLOGICALS |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CILOXAN OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| CILOXAN OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| CIMDUO TAB (QL= 1 tab/day) | QL | 4 | ANTIVIRALS |
| CIMETIDINE SOLN | - | 1 | ULCER DRUGS |
| cimetidine tab (TAGAMET equiv) | - | 1 | ULCER DRUGS |
| CIMZIA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 4 | GASTROINTESTINAL AGENTS - MISC. |
| CIPRO HC OTIC SUSP | - | 3 | OTIC AGENTS |
| CIPRO SUSP | - | 3 | FLUOROQUINOLONES |
| CIPRO SUSP 5% | - | 3 | FLUOROQUINOLONES |
| CIPRO TAB | - | 3 | FLUOROQUINOLONES |
| CIPRO XR TAB | - | 3 | FLUOROQUINOLONES |
| CIPRODEX OTIC SUSP | - | 2 | OTIC AGENTS |
| CIPROFLOXACIN 100MG TAB | - | 3 | FLUOROQUINOLONES |
| ciprofloxacin ER tab (CIPRO XR equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | 2 | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| citalopram soln (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| CITRANATAL CAP MEDLEY | - | NC | MULTIVITAMINS |
| CLARIFOAM EF FOAM | - | 3 | DERMATOLOGICALS |
| CLARINEX REDITAB | - | NC | ANTIHISTAMINES |
| CLARINEX SYRUP | - | NC | ANTIHISTAMINES |
| CLARINEX TAB | - | NC | ANTIHISTAMINES |

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| CLARINEX-D TAB | - | NC | COUGH/COLD/ALLERGY |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 1 | MACROLIDES |
| clarithromycin susp (BIAXIN equiv) | - | 1 | MACROLIDES |
| CLARITHROMYCIN SUSP | - | 2 | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | 1 | MACROLIDES |
| clemastine syrup (TAVIST equiv) | - | 1 | ANTIHISTAMINES |
| CLEMASTINE TAB | - | 1 | ANTIHISTAMINES |
| clemastine tab (TAVIST equiv) | - | 1 | ANTIHISTAMINES |
| CLENPIQ SOLN | - | 2 | LAXATIVES |
| CLEOCIN CAP | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| CLEOCIN SOLN | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| CLEOCIN VAGINAL CREAM | - | 3 | VAGINAL PRODUCTS |
| CLEOCIN VAGINAL SUPP | - | 3 | VAGINAL PRODUCTS |
| CLEOCIN-T GEL | - | 3 | DERMATOLOGICALS |
| CLEOCIN-T LOTION | - | 3 | DERMATOLOGICALS |
| CLEOCIN-T PAD | - | 3 | DERMATOLOGICALS |
| CLEOCIN-T SOLN | - | 3 | DERMATOLOGICALS |
| CLIMARA PATCH | - | 3 | ESTROGENS |
| CLIMARA PRO PATCH | - | 3 | ESTROGENS |
| CLINDACIN KIT | - | NC | DERMATOLOGICALS |
| CLINDAGEL | - | NC | DERMATOLOGICALS |
| clindamycin cap (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin foam (EVOCLIN equiv) | - | NC | DERMATOLOGICALS |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 | VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 1 | DERMATOLOGICALS |
| CLINDAMYCIN/BENZOYL PEROXIDE GEL, ACANYA GEL | - | 3 | DERMATOLOGICALS |
| clindamycin/tretinoin gel (ZIANA equiv) | - | 1 | DERMATOLOGICALS |
| CLINDESSE VAGINAL CREAM | - | 3 | VAGINAL PRODUCTS |
| CLINISTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| CLINORIL TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| clobetasol E foam (OLUX E equiv) | - | NC | DERMATOLOGICALS |
| clobetasol foam (OLUX equiv) | PA | 1 | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | PA | 1 | DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | PA | 1 | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | PA | 1 | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | PA | 1 | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | PA | 1 | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | PA | 1 | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | PA | 1 | DERMATOLOGICALS |
| CLOBEX LOTION | PA | 3 | DERMATOLOGICALS |
| CLOBEX SHAMPOO | PA | 3 | DERMATOLOGICALS |
| CLOBEX SPRAY | PA | 3 | DERMATOLOGICALS |
| CLOCORTOLONE CREAM, CLODERM CREAM | - | 3 | DERMATOLOGICALS |

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|--|---------------------|-------------|---|
| clomipramine cap (ANAFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 1 | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | 1 | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CLOPIDOGREL THERAPY PACK | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | 1 | ANTIANKXIETY AGENTS |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | NC | DERMATOLOGICALS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | 1 | DERMATOLOGICALS |
| clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 1 | ANTI PSYCHOTICS/ANTIMANIC AGENTS |
| CLOZAPINE ODT, FAZACLO ODT | - | 2 | ANTI PSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) | - | 1 | ANTI PSYCHOTICS/ANTIMANIC AGENTS |
| CLOZARIL TAB | - | 3 | ANTI PSYCHOTICS/ANTIMANIC AGENTS |
| COARTEM TAB | - | 3 | ANTIMALARIALS |
| CODEINE SULFATE SOLN | - | NC | ANALGESICS - OPIOID |
| codeine sulfate tab 60mg (QL=180 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| codeine sulfate tablet 15mg, 30 mg (QL=240 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| COLAZAL CAP | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| COLCHICINE CAP | - | NC | GOUT AGENTS |
| COLCHICINE TAB | PA | 2 | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 | GOUT AGENTS |
| colesevelam pack (WELCHOL equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| colesevelam tab (WELCHOL equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| COLESTID GRANULE | - | 3 | ANTIHYPERLIPIDEMICS |
| COLESTID POWDER PACK | - | 3 | ANTIHYPERLIPIDEMICS |
| COLESTID TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| colestipol powder packet (COLESTID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| COLY-MYCIN S OTIC SUSP | - | 2 | OTIC AGENTS |
| COLYTE SOLN | - | 2 | LAXATIVES |
| COMBIGAN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| COMBIPATCH | - | 3 | ESTROGENS |
| COMBIVENT INHALER | - | 2 | ANTI ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVENT RESPIMAT INHALER | - | 2 | ANTI ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVIR TAB | - | 4 | ANTIVIRALS |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMPLERA TAB (QL= 1 tab/day) | QL | 4 | ANTIVIRALS |
| COMTAN TAB | - | 3 | ANTIPARKINSON AGENTS |
| CONCEPTROL GEL | OTC | \$0 | VAGINAL PRODUCTS |
| CONCERTA TAB, RITALIN SR TAB | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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|---|---------------------|-------------|--|
| CONDYLOX GEL | - | 3 | DERMATOLOGICALS |
| CONDYLOX SOLN | - | 3 | DERMATOLOGICALS |
| CONTRACEPTIVE FILM | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE FOAM | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRAVE TAB (QL= 4 tabs/day) | PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| COPAXONE INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| COPEGUS TAB | KMSP | 4 | ANTIVIRALS |
| CORDARONE TAB | - | 3 | ANTIARRHYTHMICS |
| CORDRAN CREAM | - | 3 | DERMATOLOGICALS |
| CORDRAN LOTION | - | 3 | DERMATOLOGICALS |
| CORDRAN TAPE | - | 3 | DERMATOLOGICALS |
| COREG CR CAP | - | 3 | BETA BLOCKERS |
| COREG TAB | - | 3 | BETA BLOCKERS |
| CORGARD TAB | - | 3 | BETA BLOCKERS |
| CORLANOR TAB | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORTANE-B AQUEOUS OTIC SOLN | - | 3 | OTIC AGENTS |
| CORTANE-B OTIC SOLN | - | NC | OTIC AGENTS |
| CORTEF TAB | - | 1 | CORTICOSTEROIDS |
| CORTENEMA | - | 3 | ANORECTAL AGENTS |
| CORTIFOAM | - | 3 | ANORECTAL AGENTS |
| CORTISONE ACETATE TAB | - | 2 | CORTICOSTEROIDS |
| CORTISPORIN CREAM | - | 3 | DERMATOLOGICALS |
| CORTISPORIN OINT | - | 3 | DERMATOLOGICALS |
| CORTISPORIN OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| CORTISPORIN OTIC SOLN | - | 3 | OTIC AGENTS |
| CORZIDE TAB | - | 3 | ANTIHYPERTENSIVES |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | LMSP-PA-QL | 4 | DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) (QL= 2 inj/28 days) | LMSP-PA-QL | 4 | DERMATOLOGICALS |
| COSOPT OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| COSOPT PF OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COTEMPLA XR ODT | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| COUMADIN TAB | - | 3 | ANTICOAGULANTS |
| COVERA-HS TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| COZAAR TAB | - | 3 | ANTIHYPERTENSIVES |
| CPM CAP | - | 3 | ANTIHISTAMINES |
| CREON CAP | - | 2 | DIGESTIVE AIDS |
| CRESEMBA CAP | - | NC | ANTIFUNGALS |
| CRESTOR TAB (QL= 1 tab/day) | QL | 3 | ANTIHYPERLIPIDEMICS |
| CRESTOR TAB 20MG (QL= 1.5 tabs/day) | QL | 3 | ANTIHYPERLIPIDEMICS |
| CRESYLATE OTIC SOLN | - | 3 | OTIC AGENTS |
| CRINONE GEL | PA | 2 | VAGINAL PRODUCTS |
| CRIVAN CAP | - | 4 | ANTIVIRALS |
| CROLOM OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |

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| cromolyn conc (GASTROCROM equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn neb soln (INTAL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | 1 | OPHTHALMIC AGENTS |
| crotamiton lotion (EURAX equiv) | - | 1 | DERMATOLOGICALS |
| cryselle tab | - | \$0 | CONTRACEPTIVES |
| CUPRIMINE CAP | - | NC | ASSORTED CLASSES |
| CUTIVATE CREAM | - | 3 | DERMATOLOGICALS |
| CUTIVATE LOTION | - | NC | DERMATOLOGICALS |
| CUTIVATE OINT | - | 3 | DERMATOLOGICALS |
| CUVPOSA SOLN | MSP | 4 | ULCER DRUGS |
| cyanocobalamin inj | - | 1 | HEMATOPOIETIC AGENTS |
| CYCLESSA TAB | - | 3 | CONTRACEPTIVES |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOGYL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cyclophosphamide tab (CYTOXAN equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOSERINE CAP | - | NC | ANTIMYCOBACTERIAL AGENTS |
| CYCLOSET TAB | - | 3 | ANTIDIABETICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | 4 | ASSORTED CLASSES |
| CYCLOSPORINE MODIFIED CAP | - | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | 4 | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | 4 | ASSORTED CLASSES |
| CYCLOSPORINE OPHTH EMULSION | - | NC | OPHTHALMIC AGENTS |
| CYFOLEX CAP | - | NC | HEMATOPOIETIC AGENTS |
| CYKLOKAPRON INJ | M | M | HEMOSTATICS |
| CYMBALTA CAP | - | NC | ANTIDEPRESSANTS |
| cyproheptadine syrup | - | 1 | ANTIHISTAMINES |
| cyproheptadine tab | - | 1 | ANTIHISTAMINES |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD-PA | 4 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 | OPHTHALMIC AGENTS |
| CYTOMEL TAB | - | 3 | THYROID AGENTS |
| CYTOTEC TAB | - | 3 | ULCER DRUGS |
| CYTRA-3 SYRUP | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| D.H.E. INJ | - | NC | MIGRAINE PRODUCTS |
| DAKLINZA TAB | - | NC | ANTIVIRALS |
| DALIRESP TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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|--|---------------------|-------------|---|
| danazol cap (DANOCRINE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| DANTRIUM CAP | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| dantrolene cap (DANTRIUM equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| dapsone gel (ACZONE equiv) | - | NC | DERMATOLOGICALS |
| dapsone tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 | ANTIMALARIALS |
| darifenacin SR tab (ENABLEX equiv) | PA | 1 | URINARY ANTISPASMODICS |
| DAXBIA CAP | - | NC | CEPHALOSPORINS |
| DAYPRO TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| DAYTRANA PATCH | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DAZIDOX TAB (QL=120 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| DDAVP INJ | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DDAVP NASAL SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DDAVP NASAL SPRAY | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DDAVP TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DEBACTEROL SOLN | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| DECON-A ELIXIR | - | 3 | COUGH/COLD/ALLERGY |
| DELZICOL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| DEMADEX TAB | - | 3 | DIURETICS |
| demeclocycline tab (DECLOMYCIN equiv) | - | 1 | TETRACYCLINES |
| DEMEROL TAB (QL=120 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| DENAVIR CREAM | - | 2 | DERMATOLOGICALS |
| DEPACON INJ | - | NC | ANTICONSULTANTS |
| DEPAKENE CAP | - | 3 | ANTICONSULTANTS |
| DEPAKENE SYRUP | - | 3 | ANTICONSULTANTS |
| DEPAKOTE ER TAB | - | 3 | ANTICONSULTANTS |
| DEPAKOTE SPRINKLE CAP | - | 3 | ANTICONSULTANTS |
| DEPAKOTE TAB | - | 3 | ANTICONSULTANTS |
| DEPEN TITRATAB | - | 2 | ASSORTED CLASSES |
| DEPLIN CAP | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| DEPO-PROVERA INJ | - | NC | CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG | - | NC | CONTRACEPTIVES |
| DEPO-TESTOSTERONE INJ | - | 3 | ANDROGENS-ANABOLIC |
| DERMACINRX KIT | - | NC | DERMATOLOGICALS |
| DERMA-SMOOTH/FS OIL | - | 3 | DERMATOLOGICALS |
| DERMATOP CREAM | - | 3 | DERMATOLOGICALS |
| DERMATOP OINT | - | 3 | DERMATOLOGICALS |
| DERMOTIC OIL | - | 3 | OTIC AGENTS |
| DESCOVY TAB | PA | 4 | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | 1 | ANTIDEPRESSANTS |
| DESLORATADINE ODT | - | NC | ANTIHISTAMINES |
| desloratadine tab (CLARINEX equiv) | - | NC | ANTIHISTAMINES |

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| LMSP | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program | LD | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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Last Updated 8/1/2018

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|--|---------------------|-------------|---|
| desmopressin acetate inj (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate nasal spray (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin nasal soln (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESOGEN TAB | - | 3 | CONTRACEPTIVES |
| DESONATE GEL | - | NC | DERMATOLOGICALS |
| desonide cream | - | NC | DERMATOLOGICALS |
| desonide lotion | - | NC | DERMATOLOGICALS |
| desonide oint | - | NC | DERMATOLOGICALS |
| DESOWEN CREAM | - | NC | DERMATOLOGICALS |
| DESOWEN CREAM KIT | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION KIT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT KIT | - | NC | DERMATOLOGICALS |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 1 | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | 1 | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | 1 | DERMATOLOGICALS |
| DESOXYN TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 | ANTIDEPRESSANTS |
| DESVENLAFAXINE ER TAB | - | NC | ANTIDEPRESSANTS |
| DETROL LA CAP | - | 3 | URINARY ANTISPASMODICS |
| DETROL TAB | - | 3 | URINARY ANTISPASMODICS |
| DEXAMETHASONE CONC | - | 1 | CORTICOSTEROIDS |
| dexamethasone elixir | - | 1 | CORTICOSTEROIDS |
| dexamethasone ophth soln | - | 1 | OPHTHALMIC AGENTS |
| dexamethasone soln | - | 1 | CORTICOSTEROIDS |
| DEXAMETHASONE TAB | - | 1 | CORTICOSTEROIDS |
| dexamethasone tab (DECADRON equiv) | - | 1 | CORTICOSTEROIDS |
| DEXCOM CGM RECEIVER | - | NC | MEDICAL DEVICES AND SUPPLIES |
| DEXEDRINE CAP | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DEXILANT CAP | - | NC | ULCER DRUGS |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DEXPAK TAB | - | 3 | CORTICOSTEROIDS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DIABETA TAB | - | 3 | ANTIDIABETICS |
| DIABETIC METER (all other diabetic meters) | OTC | NC | MEDICAL DEVICES AND SUPPLIES |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
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Alphabetical Index
Last Updated 8/1/2018

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|---|---------------------|-------------|--------------------------------|
| DIALYVITE TAB | - | 1 | MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 | MULTIVITAMINS |
| DIAMOX SEQUEL CAP | - | 3 | DIURETICS |
| DIAPHRAGM | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | 3 | ANTICONVULSANTS |
| DIATZ ZN TAB | - | 3 | MULTIVITAMINS |
| diazepam conc (VALIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| DIAZEPAM SOLN | - | 1 | ANTIANKXIETY AGENTS |
| diazepam tab (VALIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| DIBENZYLIN CAP | KMSP | 3 | ANTIHYPERTENSIVES |
| DICLEGIS TAB | - | NC | ANTIEMETICS |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 1 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 | DERMATOLOGICALS |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 | OPHTHALMIC AGENTS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) | - | NC | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| DICLOPR KIT | - | NC | DERMATOLOGICALS |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | 1 | ULCER DRUGS |
| didanosine DR cap (VIDEX EC equiv) | - | 4 | ANTIVIRALS |
| DIFFERIN CREAM | PA | 3 | DERMATOLOGICALS |
| DIFFERIN GEL | PA | 3 | DERMATOLOGICALS |
| DIFFERIN LOTION | PA | 3 | DERMATOLOGICALS |
| DIFFERIN OTC GEL 0.1% | OTC | NC | DERMATOLOGICALS |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 | MACROLIDES |
| DIFLORASONE CREAM | - | NC | DERMATOLOGICALS |
| diflorasone oint | - | NC | DERMATOLOGICALS |
| DIFLORASONE OINT (PSORCON equiv) | - | NC | DERMATOLOGICALS |
| DIFLUCAN SUSP | - | 3 | ANTIFUNGALS |
| DIFLUCAN TAB | - | 3 | ANTIFUNGALS |
| diflunisal tab (DOLOBID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| digoxin soln (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC | MIGRAINE PRODUCTS |
| DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| DILACOR XR CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| DILANTIN CAP 100MG | - | 3 | ANTICONVULSANTS |
| DILANTIN CAP 30MG | - | 2 | ANTICONVULSANTS |
| DILANTIN INFATABS | - | 3 | ANTICONVULSANTS |
| DILANTIN SUSP | - | 3 | ANTICONVULSANTS |
| DILATRATE SR CAP | - | 3 | ANTIANGINAL AGENTS |
| DILAUDID TAB 2MG (QL=240 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |

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Alphabetical Index
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|--|---------------------|-------------|--|
| DILAUDID TAB 4MG (QL=180 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| DILAUDID TAB 8MG (QL=120 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| DIOVAN HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| DIOVAN TAB | - | 3 | ANTIHYPERTENSIVES |
| DIPENTUM CAP | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 | ANTIHISTAMINES |
| diphenhydramine inj (BENADRYL equiv) | - | M | ANTIHISTAMINES |
| diphenoxylate/atropine liquid (LOMOTIL equiv) | - | 1 | ANTIDIARRHEALS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 | ANTIDIARRHEALS |
| DIPROLENE AF CREAM | - | 3 | DERMATOLOGICALS |
| DIPROLENE LOTION | - | 3 | DERMATOLOGICALS |
| DIPROLENE OINT | - | 3 | DERMATOLOGICALS |
| dipyridamole tab (PERSANTINE equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | 1 | ANTIARRHYTHMICS |
| disopyramide ER cap (NORPACE CR equiv) | - | 1 | ANTIARRHYTHMICS |
| disulfiram tab (ANTABUSE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DITROPAN XL TAB | - | 3 | URINARY ANTISPASMODICS |
| DIURIL SUSP | - | 2 | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| DIVIGEL GEL, ELESTRIN GEL | - | 3 | ESTROGENS |
| dofetilide cap (TIKOSYN equiv) | - | 1 | ANTIARRHYTHMICS |
| DOLGIC PLUS TAB | - | NC | ANALGESICS - NONNARCOTIC |
| DOLOPHINE TAB (QL=120 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| DOMETUSS-DMX LIQ | - | NC | COUGH/COLD/ALLERGY |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg) | QL-ST | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DONNATAL ELIXIR | - | NC | ULCER DRUGS |
| DONNATAL EXTENTABS | - | 2 | ULCER DRUGS |
| DONNATAL TAB | - | NC | ULCER DRUGS |
| DOPTelet TAB | - | NC | HEMATOPOIETIC AGENTS |
| DORAL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| DORIBAX INJ | M | M | ANTI-INFECTIVE AGENTS - MISC. |
| DORIPENEM INJ | M | M | ANTI-INFECTIVE AGENTS - MISC. |
| DORYX MPC TAB | - | NC | TETRACYCLINES |
| DORYX TAB | - | 3 | TETRACYCLINES |
| DORYX TAB 200MG | - | NC | TETRACYCLINES |

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Alphabetical Index
Last Updated 8/1/2018

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|---|---------------------|-------------|---|
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| DOVONEX CREAM | - | 3 | DERMATOLOGICALS |
| DOVONEX SOLN | - | 3 | DERMATOLOGICALS |
| doxazosin tab (CARDURA equiv) | - | 1 | ANTIHYPERTENSIVES |
| doxepin cap (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | - | 3 | DERMATOLOGICALS |
| doxercalciferol cap (HECTOROL equiv) | MSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DOXYCYCLINE CAP, ORACEA CAP | - | NC | DERMATOLOGICALS |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| DOXYCYCLINE HYCLATE DR CAP | - | 3 | TETRACYCLINES |
| doxycycline hyclate DR tab (DORYX equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate DR tab 200mg (DORYX equiv) | - | NC | TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| DRISDOL CAP | - | 3 | VITAMINS |
| DRITHO-SCALP CREAM | - | 3 | DERMATOLOGICALS |
| dronabinol cap (MARINOL equiv) | PA | 1 | ANTIEMETICS |
| DROXIA CAP | - | 2 | HEMATOPOIETIC AGENTS |
| DRYSOL SOLN | - | 1 | DERMATOLOGICALS |
| DST PLUS PAK KIT | - | NC | DERMATOLOGICALS |
| DUAC CS KIT | - | 3 | DERMATOLOGICALS |
| DUAC GEL | - | 3 | DERMATOLOGICALS |
| DUAVEE TAB | - | NC | ESTROGENS |
| DUETACT TAB | - | 3 | ANTIIDIABETICS |
| DULERA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine cap 40mg (IRENKA equiv) | - | NC | ANTIDEPRESSANTS |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 | ANTIDEPRESSANTS |
| DUONEB NEB SOLN | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| DUOPA ENTERAL SUSP | - | NC | ANTIPARKINSON AGENTS |
| DUPIXENT INJ (QL= 2 inj/ 28 days) | LMSP-PA-QL | 4 | DERMATOLOGICALS |
| DURAGESIC PATCH (QL=10 patches/30 days) | QL | 3 | ANALGESICS - OPIOID |
| DUREZOL OPTH EMULSION | - | 2 | OPHTHALMIC AGENTS |
| dutasteride cap (AVODART equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| DUTOPROL TAB | - | NC | ANTIHYPERTENSIVES |
| DUZALLO TAB | - | NC | GOUT AGENTS |

| | | | | | |
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Alphabetical Index
Last Updated 8/1/2018

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|--|---------------------|-------------|--|
| DYAZIDE CAP | - | 3 | DIURETICS |
| DYMISTA NASAL SPRAY | PA | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| DYNACIN TAB | - | 3 | TETRACYCLINES |
| DYNACIRC CR TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| DYRENIUM CAP | - | 2 | DIURETICS |
| econazole cream (SPECTAZOLE equiv) | - | 1 | DERMATOLOGICALS |
| ECOZA FOAM | - | NC | DERMATOLOGICALS |
| EDARBI TAB | - | 3 | ANTIHYPERTENSIVES |
| EDARBYCLOR TAB | - | 3 | ANTIHYPERTENSIVES |
| EDECRIN TAB | - | 3 | DIURETICS |
| EDEX INJ (QL= 6 inj/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| EDLUAR SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| EDURANT TAB | - | 4 | ANTIVIRALS |
| efavirenz cap (SUSTIVA equiv) | - | 4 | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | 4 | ANTIVIRALS |
| EFFEXOR TAB | - | 3 | ANTIDEPRESSANTS |
| EFFEXOR XR CAP | - | 3 | ANTIDEPRESSANTS |
| EFFIENT TAB | - | 3 | HEMATOLOGICAL AGENTS - MISC. |
| EFUDEX CREAM | - | 3 | DERMATOLOGICALS |
| EGRIFTA INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ELDEPYRL CAP | - | 3 | ANTIPARKINSON AGENTS |
| ELESTAT OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| ELIDEL CREAM | - | 2 | DERMATOLOGICALS |
| ELIGEN B12 TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ELIMITE CREAM | - | 3 | DERMATOLOGICALS |
| ELIPHOS TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| ELIQUIS TAB | - | 2 | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | \$0 | CONTRACEPTIVES |
| ELMIRON CAP | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ELOCON CREAM | - | 3 | DERMATOLOGICALS |
| ELOCON OINT | - | 3 | DERMATOLOGICALS |
| ELOCON SOLN | - | 3 | DERMATOLOGICALS |
| EMADINE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| EMBEDA CAP | - | NC | ANALGESICS - OPIOID |
| EMCYT CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 3 | ANTIEMETICS |
| EMEND SUSP | - | NC | ANTIEMETICS |
| EMFLAZA SUSP | - | NC | CORTICOSTEROIDS |
| EMFLAZA TAB | - | NC | CORTICOSTEROIDS |
| EMLA CREAM | - | 3 | DERMATOLOGICALS |
| EMSAM PATCH | - | 3 | ANTIDEPRESSANTS |
| EMTRIVA CAP | - | 4 | ANTIVIRALS |

| | | | | | |
|------|---|------|--|------|--|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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Alphabetical Index
Last Updated 8/1/2018

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| EMTRIVA SOLN | - | 4 | ANTIVIRALS |
| EMVERM TAB | PA | 2 | ANTHELMINTICS |
| ENABLEX TAB | PA | 3 | URINARY ANTISPASMODICS |
| enalapril tab (VASOTEC equiv) | - | 1 | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ENDARI POWDER PACK | - | NC | HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | PA | 2 | VAGINAL PRODUCTS |
| ENJUVIA TAB | - | 3 | ESTROGENS |
| enoxaparin inj (LOVENOX equiv) (QL= 17 days supply) | QL | 1 | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 | CONTRACEPTIVES |
| ENSTILAR FOAM | - | NC | DERMATOLOGICALS |
| entacapone tab (COMTAN equiv) | - | 1 | ANTIPARKINSON AGENTS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | KMSP-QL | 4 | ANTIVIRALS |
| ENTOCORT EC CAP (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine) | ST | 3 | CORTICOSTEROIDS |
| ENTRESTO TAB (QL= 2 tabs/day) | PA-QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| ENVARUSUS XR TAB | - | NC | ASSORTED CLASSES |
| EPANED PREMIXED SOLN | PA | 3 | ANTIHYPERTENSIVES |
| EPANED SOLN | PA | 3 | ANTIHYPERTENSIVES |
| EPCLUSA TAB (QL= 1 tab/day) | KMSP-PA-QL | 4 | ANTIVIRALS |
| EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| EPIDUO GEL 0.1-2.5% | PA | 3 | DERMATOLOGICALS |
| EPIFOAM AEROSOL | - | 2 | DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) | - | 1 | OPHTHALMIC AGENTS |
| EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill) | QL | 2 | VASOPRESSORS |
| EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill) | QL | 2 | VASOPRESSORS |
| EPIVIR HBV SOLN | - | 4 | ANTIVIRALS |
| EPIVIR HBV TAB | - | 4 | ANTIVIRALS |
| EPIVIR SOLN | - | 4 | ANTIVIRALS |
| EPIVIR TAB | - | 4 | ANTIVIRALS |
| eplerenone tab (INSPRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| EPOGEN INJ | KMSP | 4 | HEMATOPOIETIC AGENTS |
| EPROSARTAN TAB | - | 3 | ANTIHYPERTENSIVES |
| EPZICOM TAB | - | 4 | ANTIVIRALS |
| EQUETRO CAP | - | 2 | ANTI PSYCHOTICS/ANTIMANIC AGENTS |
| ERGOCAL CAP | - | NC | VITAMINS |
| ergoloid mesylates tab (HYDERGINE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ERGOLOID MESYLATES TAB | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ERGOMAR SL TAB | - | 3 | MIGRAINE PRODUCTS |
| ergotamine tartrate/caffeine tab (CAFERGOT equiv) | - | 1 | MIGRAINE PRODUCTS |
| ERIVEDGE CAP | KMSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|------|---|------|--|------|--------------------------------------|
| INF | NC =Not Covered | KMSP | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Infertility | M | Kroger Mandatory Specialty Pharmacy Program | MSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
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Alphabetical Index
Last Updated 8/1/2018

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| ERLEADA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERTACZO CREAM | - | 3 | DERMATOLOGICALS |
| ertapenem inj (INVANZ equiv) | M | M | ANTI-INFECTIVE AGENTS - MISC. |
| ERYPED SUSP | - | 2 | MACROLIDES |
| ERYPED SUSP 200MG/5ML | - | 3 | MACROLIDES |
| ERY-TAB | - | 1 | MACROLIDES |
| ERYTHROMYCIN CAP | - | 1 | MACROLIDES |
| erythromycin DR cap (ERYC equiv) | - | 1 | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 1 | MACROLIDES |
| erythromycin ethylsuccinate tab (E.E.S. equiv) | - | 1 | MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 2 | MACROLIDES |
| erythromycin gel | - | 1 | DERMATOLOGICALS |
| erythromycin ophth oint | - | 1 | OPHTHALMIC AGENTS |
| erythromycin pad | - | 1 | DERMATOLOGICALS |
| erythromycin soln | - | 1 | DERMATOLOGICALS |
| erythromycin stearate tab | - | 1 | MACROLIDES |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 1 | MACROLIDES |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 1 | DERMATOLOGICALS |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| ESBRIET CAP (QL= 9 caps/day) | LMSP-PA-QL-SF | 4 | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | LMSP-PA-QL-SF | 4 | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | LMSP-PA-QL-SF | 4 | RESPIRATORY AGENTS - MISC. |
| ESCAVITE CHEW TAB | - | 3 | MULTIVITAMINS |
| escitalopram soln (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| ESGIC TAB | - | NC | ANALGESICS - NONNARCOTIC |
| ESKATA SOLN | - | NC | DERMATOLOGICALS |
| esomeprazole cap (NEXIUM equiv) | - | NC | ULCER DRUGS |
| ESOMEPRAZOLE STRONTIUM CAP | - | NC | ULCER DRUGS |
| estazolam tab (PROSOM equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | NC | ESTROGENS |
| ESTRACE TAB | - | 3 | ESTROGENS |
| ESTRACE VAGINAL CREAM | - | 3 | VAGINAL PRODUCTS |
| estradiol cream (ESTRACE equiv) | - | 1 | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) | - | 1 | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | 1 | ESTROGENS |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 1 | VAGINAL PRODUCTS |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 | ESTROGENS |
| ESTRASORB EMULSION | - | 3 | ESTROGENS |
| ESTRATEST TAB | - | NC | ESTROGENS |
| ESTRING | - | 2 | VAGINAL PRODUCTS |
| ESTROPIPATE TAB | - | 1 | ESTROGENS |
| estropipate tab (OGEN equiv) | - | 1 | ESTROGENS |
| ESTROSTEP FE TAB | - | 3 | CONTRACEPTIVES |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |

| | | | | | |
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Alphabetical Index
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|--|---------------------|-------------|---|
| ethacrynic tab (EDECIN equiv) | - | 1 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |
| etidronate disodium tab 200mg (DIDRONEL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ETIDRONATE DISODIUM TAB 400MG | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| etodolac cap (LODINE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etoposide cap (VEPESID equiv) | KMSP | 4 | ANTINEOPLASTICS |
| EUCRISA OINT | - | NC | DERMATOLOGICALS |
| EURAX CREAM | - | 2 | DERMATOLOGICALS |
| EURAX LOTION | - | 3 | DERMATOLOGICALS |
| EVAMIST SPRAY | - | 3 | ESTROGENS |
| EVISTA TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| EVIVO LIQUID | - | NC | ANTI-DIARRHEALS |
| EVOCIN FOAM | - | NC | DERMATOLOGICALS |
| EVOTAZ TAB | - | 4 | ANTIVIRALS |
| EVOXAC CAP | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| EVZIO INJ | - | NC | ANTIDOTES |
| EXALGO TAB | - | NC | ANALGESICS - OPIOID |
| EXELDERM CREAM | - | 3 | DERMATOLOGICALS |
| EXELDERM SOLN | - | 3 | DERMATOLOGICALS |
| EXELON CAP | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EXELON PATCH | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EXELON SOLN | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| exemestane tab (AROMASIN equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXFORGE HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| EXFORGE TAB | - | 3 | ANTIHYPERTENSIVES |
| EXJADE TAB | MSP | 4 | ANTIDOTES |
| EXTAVIA INJ | MSP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ezetimibe tab (ZETIA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 1 | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| FABIOR AEROSOL FOAM | - | NC | DERMATOLOGICALS |
| FABRAZYME INJ | M | M | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FACTIVE TAB | - | NC | FLUOROQUINOLONES |
| FALESSA KIT | - | NC | CONTRACEPTIVES |
| FALESSA TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| famciclovir tab (FAMVIR equiv) | - | 1 | ANTIVIRALS |

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Alphabetical Index
Last Updated 8/1/2018

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|---|---------------------|-------------|--|
| famotidine susp (PEPCID equiv) | - | 1 | ULCER DRUGS |
| famotidine tab (PEPCID equiv) | - | 1 | ULCER DRUGS |
| FAMVIR TAB | - | 3 | ANTIVIRALS |
| FANAPT TAB (QL= 2 tabs/day) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANSIDAR TAB | - | 3 | ANTIMALARIALS |
| FARESTON TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FARXIGA TAB | - | NC | ANTIDIABETICS |
| FARYDAK CAP (QL= 6 caps/21 days) | MSP-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FAZACLO ODT 12.5MG, 25MG, 100MG | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| felbamate susp (FELBATOL equiv) | - | 1 | ANTICONVULSANTS |
| felbamate tab (FELBATOL equiv) | - | 1 | ANTICONVULSANTS |
| FELBATOL SUSP | - | 3 | ANTICONVULSANTS |
| FELBATOL TAB | - | 2 | ANTICONVULSANTS |
| FELDENE CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| felodipine ER tab (PLENDIL equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| FEM PH GEL | - | 3 | VAGINAL PRODUCTS |
| FEMALE CONDOMS | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FEMARA TAB | - | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FEMCON FE CHEW TAB | - | 3 | CONTRACEPTIVES |
| FEMHRT TAB | - | 3 | ESTROGENS |
| FEMRING (3 copays per Rx) | - | 3 | VAGINAL PRODUCTS |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC | ANTIHYPERTENSIVES |
| fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv) | - | 1 | ANTIHYPERTENSIVES |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC | ANTIHYPERTENSIVES |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC | ANTIHYPERTENSIVES |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| fenofibric acid DR cap (TRILIPIX equiv) | - | NC | ANTIHYPERTENSIVES |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 | ANTIHYPERTENSIVES |
| FENOGLIDE TAB | - | NC | ANTIHYPERTENSIVES |
| fenopropfen calcium tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 1 | ANALGESICS - OPIOID |
| fentanyl patch (DURAGESIC equiv) (QL=10 patches/30 days) | QL | 1 | ANALGESICS - OPIOID |
| fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL PATCH equiv) | - | NC | ANALGESICS - OPIOID |
| FENTORA TAB (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| ferrex 150 forte cap | - | 1 | HEMATOPOIETIC AGENTS |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| FERREX 28 TAB | - | 3 | HEMATOPOIETIC AGENTS |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 4 | ANTIDOTES |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 4 | ANTIDOTES |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FERROUS SULFATE SYRUP (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FETZIMA CAP (QL= 1 cap/day) | PA-QL | 3 | ANTIDEPRESSANTS |

| | | | | | |
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| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
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Alphabetical Index
Last Updated 8/1/2018

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| FETZIMA TITRATION PACK (QL= 1 cap/day) | PA-QL | 3 | ANTIDEPRESSANTS |
| FEXMID TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| FIBRIK CAP | - | NC | MULTIVITAMINS |
| FINACEA FOAM | - | 2 | DERMATOLOGICALS |
| FINACEA GEL | - | 2 | DERMATOLOGICALS |
| FINACEA PLUS KIT | - | 2 | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| finasteride tab (PROPECIA equiv) | - | NC | DERMATOLOGICALS |
| FIORICET CAP | - | NC | ANALGESICS - NONNARCOTIC |
| FIORICET/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIORINAL CAP | - | NC | ANALGESICS - NONNARCOTIC |
| FIORINAL/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIRST BACLOFEN SUSP KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| FIRST DUKES MOUTHWASH | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| FIRST MARYS MOUTHWASH | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| FIRST METRONIDAZOLE SUSP | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| FIRST MOUTHWASH BLM | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| FIRST OMEPRAZOLE SUSP | - | 3 | ULCER DRUGS |
| FIRVANQ SOLN | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| FLAGYL CAP | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| FLAGYL ER TAB | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| FLAGYL TAB | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| FLAREX OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| flavoxate tab (URISPAS equiv) | - | NC | URINARY ANTISPASMODICS |
| flecainide tab (TAMBOCOR equiv) | - | 1 | ANTIARRHYTHMICS |
| FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 | DERMATOLOGICALS |
| FLEXERIL TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| FLOLIPID SUSP | - | NC | ANTHYPERLIPIDEMICS |
| FLOMAX CAP | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| FLO-PRED SUSP | - | NC | CORTICOSTEROIDS |
| FLORIVA CHEW TAB | - | NC | MULTIVITAMINS |
| FLORIVA PLUS DROPS | - | 2 | MULTIVITAMINS |
| FLOVENT DISKUS INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUAD INJ | VAC | \$0 | VACCINES |
| FLUBLOK INJ | VAC | \$0 | VACCINES |
| FLUBLOK QUAD PF INJ | VAC | \$0 | VACCINES |
| FLUCELVAX INJ | VAC | \$0 | VACCINES |
| FLUCELVAX QUAD INJ | VAC | \$0 | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 1 | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | \$0 | VACCINES |
| FLUMADINE TAB | - | 3 | ANTIVIRALS |
| FLUNISOLIDE NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |

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| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| fluocinolone acetonide cream | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 1 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | 1 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | NC | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 1 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 | MINERALS & ELECTROLYTES |
| FLUORAC CREAM | - | NC | DERMATOLOGICALS |
| FLUOR-A-DAY CHEW TAB | - | 1 | MINERALS & ELECTROLYTES |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 | OPHTHALMIC AGENTS |
| FLUOROPLEX CREAM | - | 2 | DERMATOLOGICALS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 2 | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | 2 | DERMATOLOGICALS |
| fluoxetine (pmdd) tab (SARAFEM equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine cap (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUOXETINE CAP (PMDD) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine soln (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab 60mg | - | NC | ANTIDEPRESSANTS |
| fluoxetine weekly cap (PROZAC equiv) | - | NC | ANTIDEPRESSANTS |
| fluphenazine tab (PROLIXIN equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| flurandrenolide Cream (CORDRAN equiv) | - | 1 | DERMATOLOGICALS |
| flurandrenolide lotion (CORDRAN equiv) | - | 1 | DERMATOLOGICALS |
| FLURAZEPAM CAP | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| flurbiprofen ophth soln (OCUFEN equiv) | - | 1 | OPHTHALMIC AGENTS |
| flurbiprofen tab (ANSAID equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| flutamide cap (EULEXIN equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| FLUTICASONE/SALMETEROL INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| fluvastatin ER tab (LESCOL XL equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| FLUVIRIN INJ | VAC | \$0 | VACCINES |
| FLUVIRIN PF INJ | VAC | \$0 | VACCINES |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 1 | ANTIDEPRESSANTS |

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| OTC | LMSP Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
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| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
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| fluvoxamine tab (LUVOX equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUZONE HIGH DOSE PF INJ | VAC | \$0 | VACCINES |
| FLUZONE INTRADERMAL INJ | VAC | \$0 | VACCINES |
| FLUZONE QUADRIVALENT INJ | VAC | \$0 | VACCINES |
| FLUZONE/FLUARIX QUAD INJ | VAC | \$0 | VACCINES |
| FML FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| FML LIQUIFLIM OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| FML S.O.P. OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| FOCALIN TAB | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| FOCALIN XR CAP | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| FOLBEE PLUS CZ TAB | - | 1 | MULTIVITAMINS |
| folbee tab | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FOLIKA-V TAB | - | NC | MULTIVITAMINS |
| fondaparinux inj (ARIXTRA equiv) | PA | 1 | ANTICOAGULANTS |
| FORADIL AEROLIZER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FORTAMET TAB | - | NC | ANTIDIABETICS |
| FORTEO INJ | KMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FORTESTA GEL, TESTOSTERONE GEL (QL= 2 bottles/30 days) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| FORTICAL NASAL SPRAY | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOSAMAX TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOSAMAX+D TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) | - | 4 | ANTIVIRALS |
| FOSCARNET INJ | M | M | ANTIVIRALS |
| fosinopril tab (MONOPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| FOSRENOL CHEW TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| FOSRENOL POWDER PACK | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| FRAGMIN INJ | - | 3 | ANTICOAGULANTS |
| FREESTYLE FREEDOM LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULIN SYRINGE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FREESTYLE LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 | DIAGNOSTIC PRODUCTS |

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Alphabetical Index
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| FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| FULPHILA INJ | KMSP | 4 | HEMATOPOIETIC AGENTS |
| FURADANTIN SUSP | - | 2 | URINARY ANTI-INFECTIVES |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| FUZEON INJ | - | 4 | ANTIVIRALS |
| FYCOMPA TAB | - | NC | ANTICONVULSANTS |
| FYCOMPA SUSP | - | NC | ANTICONVULSANTS |
| gabapentin cap (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| gabapentin tab (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| GABITRIL TAB | - | 3 | ANTICONVULSANTS |
| galantamine ER cap (RAZADYNE ER equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | 2 | MINERALS & ELECTROLYTES |
| GAMASTAN INJ | M | M | PASSIVE IMMUNIZING AGENTS |
| GAMMAGARD INJ | M | M | PASSIVE IMMUNIZING AGENTS |
| GANCICLOVIR CAP | - | 4 | ANTIVIRALS |
| GASTROCROM CONC | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | 1 | OPHTHALMIC AGENTS |
| GATTEX KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| gavilyte-h kit | - | NC | LAXATIVES |
| GAZYVA INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GELCLAIR GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| GELNIQUE | - | 3 | URINARY ANTISPASMODICS |
| gemfibrozil tab (LOPID equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| GENOTROPIN INJ | KMSP-PA | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 | DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 | DERMATOLOGICALS |
| GENVOYA TAB | - | 4 | ANTIVIRALS |
| GEODON CAP | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| GIALAX KIT | - | NC | LAXATIVES |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | NC | CONTRACEPTIVES |
| GILENYA CAP (QL= 1 cap/day) | LMSP-QL | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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Alphabetical Index
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|---|---------------------|-------------|---|
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GILTUSS LIQUID | - | 3 | COUGH/COLD/ALLERGY |
| GILTUSS TR TAB | - | 3 | COUGH/COLD/ALLERGY |
| glatiramer inj (COPAXONE equiv) | LMSP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEEVEC TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GLEOSTINE/LOMUSTINE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glimepiride tab (AMARYL equiv) | - | 1 | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | 1 | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 | ANTIDIABETICS |
| GLUCAGEN HYPOKIT INJ | - | 2 | ANTIDIABETICS |
| GLUCAGEN INJ | - | 2 | DIAGNOSTIC PRODUCTS |
| GLUCAGON DIAGNOSTIC INJ | - | NC | DIAGNOSTIC PRODUCTS |
| GLUCAGON INJ KIT | - | 2 | ANTIDIABETICS |
| GLUCOPHAGE TAB | - | 3 | ANTIDIABETICS |
| GLUCOPHAGE XR TAB | - | 3 | ANTIDIABETICS |
| GLUCOTROL TAB | - | 3 | ANTIDIABETICS |
| GLUCOTROL XL TAB | - | 3 | ANTIDIABETICS |
| GLUCOVANCE TAB | - | 3 | ANTIDIABETICS |
| GLUMETZA TAB 1000MG | - | NC | ANTIDIABETICS |
| GLUMETZA TAB 500MG | - | NC | ANTIDIABETICS |
| glyburide micronized tab (GLYNASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 | ANTIDIABETICS |
| GLYCATE TAB 1.5MG | - | NC | ULCER DRUGS |
| glycopyrrolate tab (ROBINUL equiv) | - | 1 | ULCER DRUGS |
| GLYGEST PAK | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| GLYNASE TAB | - | 3 | ANTIDIABETICS |
| GLYSET TAB | - | 3 | ANTIDIABETICS |
| GLYXAMBI TAB | - | NC | ANTIDIABETICS |
| GOCOVRI CAP | - | NC | ANTIPARKINSON AGENTS |
| GOLYTELY PACKET | - | 1 | LAXATIVES |
| GOLYTELY SOLN | - | NC | LAXATIVES |
| GONITRO POWDER | - | NC | ANTIANGINAL AGENTS |
| GOPRELTO SOLN | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| GORDON'S UREA OINT 40% | - | NC | DERMATOLOGICALS |
| GRALISE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill) | QL-SP | 4 | ANTIEMETICS |
| GRANISOL SOLN (QL= 60ml/fill) | QL-SP | 4 | ANTIEMETICS |
| GRANIX INJ | KMSP | 4 | HEMATOPOIETIC AGENTS |
| GRASTEK SL TAB | - | NC | BIOLOGICALS MISC |
| GRIFULVIN V TAB | - | 3 | ANTIFUNGALS |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 1 | ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | 1 | ANTIFUNGALS |

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|--|---------------------|-------------|--|
| griseofulvin tab (GRIS-PEG equiv) | - | 1 | ANTIFUNGALS |
| GRIS-PEG TAB | - | 3 | ANTIFUNGALS |
| GUAIFENESEN SYRUP | - | NC | COUGH/COLD/ALLERGY |
| guaifenesin tab (ALLFEN JR equiv) | - | NC | COUGH/COLD/ALLERGY |
| guaifenesin/codeine soln (BRONTEX equiv) | OTC | 1 | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| GUANABENZ TAB | - | 3 | ANTIHYPERTENSIVES |
| guanfacine ER tab (INTUNIV equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | 1 | ANTIHYPERTENSIVES |
| GUANIDINE TAB | - | 3 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| GYNAZOLE CREAM | - | NC | VAGINAL PRODUCTS |
| HAEGARDA INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| HALCION TAB | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| HALFLYTELY BOWEL PREP KIT | - | NC | LAXATIVES |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 1 | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | PA | 1 | DERMATOLOGICALS |
| HALOG CREAM | - | NC | DERMATOLOGICALS |
| HALOG OINT | - | NC | DERMATOLOGICALS |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC | DERMATOLOGICALS |
| haloperidol lactate conc (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HARVONI TAB (QL= 1 tab/day) | KMSP-PA-QL | 4 | ANTIVIRALS |
| HC-LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| HECTOROL CAP | MSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HEMANGEOL SOLN | - | NC | BETA BLOCKERS |
| HEMLIBRA INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| HEPLISAV-B INJ | VAC | NC | VACCINES |
| HEPSERA TAB | KMSP | 4 | ANTIVIRALS |
| HETLIOZ CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| HEXALEN CAP | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HIPREX TAB | - | 3 | URINARY ANTI-INFECTIVES |
| HIZENTRA INJ | KMSP | 3 | PASSIVE IMMUNIZING AGENTS |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| HORIZANT TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| HUMALOG INJ, ADMELOG INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 | ANTIDIABETICS |
| HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ (Step Therapy require: trial of NOVOLOG) | ST | 3 | ANTIDIABETICS |
| HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 | ANTIDIABETICS |
| HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 | ANTIDIABETICS |
| HUMALOG PEN INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 | ANTIDIABETICS |
| HUMATROPE INJ, ZOMACTON INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HUMIRA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |

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Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN N INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN R INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 | ANTIDIABETICS |
| HUMULIN R INJ U-500 | - | 2 | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HURRISEAL MIS SNAP | - | NC | MEDICAL DEVICES AND SUPPLIES |
| HYCANTIN CAP | KMSP-PA | 4 | ANTINEOPLASTICS |
| HYCET SOLN (QL=1800ml/30 days) | QL | 3 | ANALGESICS - OPIOID |
| HYCLODEX SOLN | - | NC | DERMATOLOGICALS |
| HYCODAN SYRUP | - | 3 | COUGH/COLD/ALLERGY |
| HYCOFENIX SOLN | - | NC | COUGH/COLD/ALLERGY |
| hydralazine tab (APRESOLINE equiv) | - | 1 | ANTIHYPERTENSIVES |
| HYDREA CAP | - | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 | DIURETICS |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL=1800ml/30 days) | QL | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) (QL=120 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL=120 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days) | QL | 1 | COUGH/COLD/ALLERGY |
| HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month) | QL | 3 | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) (QL= 120 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| hydrocortisone 1% in abso ointment | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 1 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone lotion (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| hydrocortisone supp (ANUSOL HC equiv) | - | NC | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | 1 | CORTICOSTEROIDS |
| hydrocortisone valerate cream | - | NC | DERMATOLOGICALS |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv) | - | NC | DERMATOLOGICALS |

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 Alphabetical Index
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| hydromorphone ER tab (EXALGO equiv) | - | NC | ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | NC | ANALGESICS - OPIOID |
| hydromorphone tab 2mg (DILAUDID equiv) (QL=240 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| hydromorphone tab 4mg (DILAUDID equiv) (QL=180 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| hydromorphone tab 8mg (DILAUDID equiv) (QL=120 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| hydroquinone cream (LUSTRA equiv) | - | NC | DERMATOLOGICALS |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 | ANTIMALARIALS |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyprogesterone inj (MAKENA equiv) | PA | 4 | PROGESTINS |
| hydroxyurea cap (HYDREA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 | ANTIANSIETY AGENTS |
| HYDROXYZINE PAMOATE CAP 100MG | - | 1 | ANTIANSIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | 1 | ANTIANSIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 | ANTIANSIETY AGENTS |
| HYOPHEN TAB | - | NC | URINARY ANTI-INFECTIVES |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | 1 | URINARY ANTISPASMODICS |
| HYPER-SAL NEB SOLN | - | 3 | COUGH/COLD/ALLERGY |
| HYSINGLA ER TAB | - | NC | ANALGESICS - OPIOID |
| HYTONE LOTION | - | 3 | DERMATOLOGICALS |
| HYTRIN CAP | - | 3 | ANTIHYPERTENSIVES |
| HYZAAR TAB | - | 3 | ANTIHYPERTENSIVES |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate) | QL-ST | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| IBRANCE CAP (QL= 21 caps/28 days) | KMSP-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab (Rx covered Only) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ICLUSIG TAB (Only available through Biologics 800-850-4306) | LD-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ILEVRO OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| imatinib tab (GLEEVEC equiv) (QL= 3 tabs/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMDUR TAB | - | 3 | ANTIANGINAL AGENTS |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 1 | ANTIDEPRESSANTS |

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Alphabetical Index
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|--|---------------------|-------------|---|
| imipramine tab (TOFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | 1 | DERMATOLOGICALS |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| IMPAVIDO CAP | PA | 4 | ANTI-INFECTIVE AGENTS - MISC. |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | NC | CONTRACEPTIVES |
| IMPOYZ CREAM | - | NC | DERMATOLOGICALS |
| IMURAN TAB | - | 3 | ASSORTED CLASSES |
| IMVEXXY SUPP | - | NC | VAGINAL PRODUCTS |
| INCIVEK TAB | MSP-PA-SF | 4 | ANTIVIRALS |
| INCRELEX INJ | MSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | 1 | DIURETICS |
| INDERAL LA CAP | - | 3 | BETA BLOCKERS |
| INDOCIN SUPP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| INDOCIN SUSP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin cap (INDOCIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| INFANT FORMULA LIQUID | OTC-PA | 2 | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| INFANT FORMULA POWDER | OTC-PA | 2 | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| INFERGEN INJ | MSP | 4 | ANTIVIRALS |
| INFLAMMA-K KIT | - | NC | DERMATOLOGICALS |
| INGREZZA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INNOPRAN XL CAP | - | 3 | BETA BLOCKERS |
| INSPIRA TAB | - | 3 | ANTIHYPERTENSIVES |
| INSULIN SYRINGE | OTC | 3 | MEDICAL DEVICES AND SUPPLIES |
| INTELENCE TAB | - | 4 | ANTIVIRALS |
| INTERMEZZO SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| INTRAROSA SUPP | - | NC | VAGINAL PRODUCTS |
| INTRON-A INJ | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INTUNIV TAB | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| INVANZ INJ | M | M | ANTI-INFECTIVE AGENTS - MISC. |
| INVEGA INJ | - | NC | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| INVEGA TAB | PA | 3 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| INVIRASE CAP | - | 4 | ANTIVIRALS |
| INVIRASE TAB | - | 4 | ANTIVIRALS |
| INVOKAMET TAB | - | NC | ANTIDIABETICS |
| INVOKAMET XR TAB | - | NC | ANTIDIABETICS |
| INVOKANA TAB | - | NC | ANTIDIABETICS |

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|--|---------------------|-------------|--|
| IODOFLEX PAD | - | NC | ANTISEPTICS & DISINFECTANTS |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | NC | DERMATOLOGICALS |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | NC | DERMATOLOGICALS |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC | DERMATOLOGICALS |
| IOPIDINE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| IOPIDINE OPHTH SOLN 1% | - | 2 | OPHTHALMIC AGENTS |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| irbesartan tab (AVAPRO equiv) | - | 1 | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IRON POLYSACCH/THREONIC ACID/B12/FA CAP | - | 1 | HEMATOPOIETIC AGENTS |
| IRON SUSP (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| ISENTRESS (HD) TAB | - | 3 | ANTIVIRALS |
| ISENTRESS CHEW TAB | - | 3 | ANTIVIRALS |
| ISENTRESS POWDER PACK | - | 3 | ANTIVIRALS |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | NC | MIGRAINE PRODUCTS |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | NC | MIGRAINE PRODUCTS |
| ISONIAZID SYRUP | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| isoniazid tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ISOPTO ATROPINE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISOPTO CARPINE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| ISOPTO HOMATROPINE OPHTH SOLN 2% | - | 2 | OPHTHALMIC AGENTS |
| ISOPTO HOMATROPINE OPHTH SOLN 5% | - | 2 | OPHTHALMIC AGENTS |
| ISOPTO HYOSCINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISORDIL TITRADOSE TAB | - | 3 | ANTIANGINAL AGENTS |
| ISOSORBIDE DINITRATE ER TAB | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate SL tab | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 | ANTIANGINAL AGENTS |
| ISOSORBIDE DINITRATE TAB 30MG, 40MG | - | 3 | ANTIANGINAL AGENTS |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 | ANTIANGINAL AGENTS |
| isotretinoin cap (ACCUTANE equiv) | - | 1 | DERMATOLOGICALS |
| ISOXSUPRINE TAB | - | 1 | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| itraconazole cap (SPORANOX equiv) | PA | 1 | ANTIFUNGALS |
| ivermectin tab (STROMEKTOL equiv) | - | 1 | ANTHELMINTICS |
| JADENU SPRINKLE | KMSP | 4 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JADENU TAB | KMSP | 4 | ANTIDOTES |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JALYN CAP | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUVIA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |

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| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| JENTADUETO TAB | - | NC | ANTIDIABETICS |
| JENTADUETO XR TAB | - | NC | ANTIDIABETICS |
| jinteli tab (FEMHRT equiv) | - | 1 | ESTROGENS |
| jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) (3 copays per Rx) | - | \$0 | CONTRACEPTIVES |
| JUBLIA SOLN | - | NC | DERMATOLOGICALS |
| JULUCA TAB | - | NC | ANTIVIRALS |
| junel FE tab (LOESTRIN FE equiv) | - | \$0 | CONTRACEPTIVES |
| junel tab (LOESTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| JUXTAPID CAP | - | NC | ANTIHYPERLIPIDEMICS |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| K/NA CITRATE SOLN CITRIC ACID | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| KADIAN CAP | - | NC | ANALGESICS - OPIOID |
| KALETRA SOLN | - | 4 | ANTIVIRALS |
| KALETRA TAB | - | 4 | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day) | KMSP-PA-QL-SF | 4 | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day) | KMSP-PA-QL-SF | 4 | RESPIRATORY AGENTS - MISC. |
| KANAMYCIN INJ | M | M | AMINOGLYCOSIDES |
| KAPSPARGO CAP | - | NC | BETA BLOCKERS |
| KAPVAY TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| KARBINAL ER SUSP | - | NC | ANTIHISTAMINES |
| kariva tab (MIRCETTE equiv) | - | \$0 | CONTRACEPTIVES |
| KAYEXALATE POWDER | - | 3 | ASSORTED CLASSES |
| KAZANO TAB | - | NC | ANTIDIABETICS |
| KEFLEX CAP | - | 3 | CEPHALOSPORINS |
| kelnor tab (DEMULEN equiv) | - | \$0 | CONTRACEPTIVES |
| KENALOG SPRAY | - | 3 | DERMATOLOGICALS |
| KEPPRA SOLN | - | 3 | ANTICONVULSANTS |
| KEPPRA TAB | - | 3 | ANTICONVULSANTS |
| KEPPRA XR TAB | - | 3 | ANTICONVULSANTS |
| KERAFOAM | - | NC | DERMATOLOGICALS |
| KERALAC CREAM | - | NC | DERMATOLOGICALS |
| KERLONE TAB | - | 3 | BETA BLOCKERS |
| KERYDIN SOLN | - | NC | DERMATOLOGICALS |
| KETEK TAB | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | 1 | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| KETOPROFEN CAP | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketoprofen cap (ORUDIS equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOPROFEN ER CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOROLAC INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj (TORADOL equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |

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| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Alphabetical Index
Last Updated 8/1/2018

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| KETOSTIX | OTC | 1 | DIAGNOSTIC PRODUCTS |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | 1 | OPHTHALMIC AGENTS |
| KEVEYIS TAB | - | NC | DIURETICS |
| KEVZARA INJ (QL= 2 inj/28 days) | LMS-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| KHEDEZLA ER TAB | - | NC | ANTIDEPRESSANTS |
| KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644) | LD-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| KISQALI PAK (QL= 91 tabs/28 days) | KMSP-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KISQALI TAB (QL= 63 tabs/28 days) | KMSP-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KITABIS PAK NEB SOLN | - | NC | AMINOGLYCOSIDES |
| KLARON LOTION | - | 3 | DERMATOLOGICALS |
| KLONOPIN TAB | - | 3 | ANTICONVULSANTS |
| KLOR-CON M15 TAB | - | 2 | MINERALS & ELECTROLYTES |
| KLOR-CON POWDER PACKET | - | 3 | MINERALS & ELECTROLYTES |
| KLOR-CON POWDER PACKET 25MEQ | - | 3 | MINERALS & ELECTROLYTES |
| KLOR-CON TAB | - | 3 | MINERALS & ELECTROLYTES |
| KOMBIGLYZE XR TAB | - | NC | ANTIDIABETICS |
| KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA | 4 | ANTIDIABETICS |
| K-PHOS NEUTRAL TAB | - | 3 | MINERALS & ELECTROLYTES |
| K-PHOS TAB | - | 2 | MINERALS & ELECTROLYTES |
| KRISTALOSE PACKET | - | 3 | LAXATIVES |
| KUVAN POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KUVAN TAB (Only available through Walgreens 888-347-3416) | LD-PA | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KYBELLA INJ | - | NC | DERMATOLOGICALS |
| KYNAMRO INJ | - | NC | ANTIHYPERTENSIVES |
| KYTRIL TAB (QL= 9 tabs/fill) | QL-SP | 4 | ANTIEMETICS |
| labetalol tab (NORMODYNE equiv) | - | 1 | BETA BLOCKERS |
| LAC-HYDRIN CREAM | - | 3 | DERMATOLOGICALS |
| LAC-HYDRIN LOTION | - | 3 | DERMATOLOGICALS |
| LACRISERT OPHTH INSERT | - | 2 | OPHTHALMIC AGENTS |
| lactulose soln | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| LAMICTAL CHEW TAB | - | 3 | ANTICONVULSANTS |
| LAMICTAL CHEW TAB 2MG | - | 2 | ANTICONVULSANTS |
| LAMICTAL ODT | - | 3 | ANTICONVULSANTS |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 | ANTICONVULSANTS |
| LAMICTAL STARTER KIT | - | 3 | ANTICONVULSANTS |
| LAMICTAL TAB | - | 3 | ANTICONVULSANTS |
| LAMICTAL XR TAB | - | 3 | ANTICONVULSANTS |
| LAMISIL TAB | - | 3 | ANTIFUNGALS |
| lamivudine soln (EPIVIR equiv) | - | 1 | ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | 1 | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 4 | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 4 | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 1 | ANTICONVULSANTS |

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| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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Alphabetical Index
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|---|---------------------|-------------|--|
| lamotrigine ODT (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| LANCET DEVICE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| LANCET KIT | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| LANCETS | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| LANOXIN TAB | - | 3 | CARDIOTONICS |
| LANOXIN TAB 0.0625MG, 0.1875MG | - | NC | CARDIOTONICS |
| lansoprazole cap (PREVACID equiv) | OTC | 1 | ULCER DRUGS |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC | ULCER DRUGS |
| LANSOPRAZOLE SUSP | - | 3 | ULCER DRUGS |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | 1 | ULCER DRUGS |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| LANTUS INJ | - | NC | ANTIDIABETICS |
| LANTUS SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| LARIAM TAB | - | 3 | ANTIMALARIALS |
| LASIX TAB | - | 3 | DIURETICS |
| LASTACRAFT OPHTH SOLN (QL= 3ml/30 days) | QL | 3 | OPHTHALMIC AGENTS |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| LATUDA TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| leflunomide tab (ARAVA equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LESCOL CAP | - | 3 | ANTHYPERLIPIDEMICS |
| LESCOL XL TAB | - | 3 | ANTHYPERLIPIDEMICS |
| LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 | CARDIOVASCULAR AGENTS - MISC. |
| letrozole tab (FEMARA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUCOVORIN TAB | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKERAN TAB | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKINE INJ | KMSP-PA | 4 | HEMATOPOIETIC AGENTS |
| leuprolide inj (LUPRON equiv) | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| levalbuterol neb soln (XOPENEX equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVAQUIN SOLN | - | 3 | FLUOROQUINOLONES |
| LEVAQUIN TAB | - | 3 | FLUOROQUINOLONES |
| LEVATOL TAB | - | 3 | BETA BLOCKERS |
| LEVBID TAB | - | 3 | ULCER DRUGS |
| LEVEMIR FLEXTOUCH INJ | - | NC | ANTIDIABETICS |
| LEVEMIR INJ | - | NC | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |

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Alphabetical Index
Last Updated 8/1/2018

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| LEVITRA TAB (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine soln (XYZAL equiv) | - | NC | ANTIHISTAMINES |
| levocetirizine tab (XYZAL equiv) | - | NC | ANTIHISTAMINES |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| LEVOFLOXACIN SOLN | - | 1 | FLUOROQUINOLONES |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 | CONTRACEPTIVES |
| LEVONORGESTREL TAB 0.75MG | - | \$0 | CONTRACEPTIVES |
| LEVORPHANOL TAB | - | NC | ANALGESICS - OPIOID |
| levothyroxine tab (SYNTHROID equiv) | - | NC | THYROID AGENTS |
| LEVSIN INJ | - | 3 | ULCER DRUGS |
| LEVSIN SL TAB | - | 3 | ULCER DRUGS |
| LEVSIN SOLN | - | 3 | ULCER DRUGS |
| LEVSIN TAB | - | 3 | ULCER DRUGS |
| LEVSINEX CAP | - | 3 | ULCER DRUGS |
| LEXAPRO SOLN | - | 3 | ANTIDEPRESSANTS |
| LEXAPRO TAB | - | 3 | ANTIDEPRESSANTS |
| LEXIVA SUSP | - | 4 | ANTIVIRALS |
| LEXIVA TAB | - | 4 | ANTIVIRALS |
| LIALDA TAB | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| LIBRAX CAP | - | NC | ULCER DRUGS |
| LIBRIUM CAP | - | 3 | ANTIANKXIETY AGENTS |
| LIDAMANTLE LOTION | - | NC | DERMATOLOGICALS |
| LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine cream 3.88% (LIDOTRAL equiv) | - | NC | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine lotion (LIDAMANTLE equiv) | - | NC | DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 1 | DERMATOLOGICALS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine viscous soln | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 1 | ANORECTAL AGENTS |
| lidocaine/hydrocortisone cream | - | NC | DERMATOLOGICALS |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCIN GEL | - | NC | DERMATOLOGICALS |
| LIDODERM PATCH (QL= 3 patches/day) | QL | 3 | DERMATOLOGICALS |
| LIDOLOG KIT | - | NC | CORTICOSTEROIDS |
| LIDOTRAL CREAM | - | NC | DERMATOLOGICALS |
| LIDOTREX GEL | - | NC | DERMATOLOGICALS |
| LIMBITROL TAB | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| lindane lotion | - | 1 | DERMATOLOGICALS |

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Alphabetical Index
Last Updated 8/1/2018

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|--|---------------------|-------------|--|
| LINDANE LOTION | - | 3 | DERMATOLOGICALS |
| lindane shampoo | - | 1 | DERMATOLOGICALS |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| LINZESS CAP | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| liothyronine tab (CYTOMEL equiv) | - | 1 | THYROID AGENTS |
| LIPITOR TAB | - | 3 | ANTIHYPERTENSIVES |
| LIPTRUZET TAB | - | 3 | ANTIHYPERTENSIVES |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium citrate soln | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LITHOBID TAB | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LITHOSTAT TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 | ANTIHYPERTENSIVES |
| L-METHYLFOLATE TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LO LOESTRIN TAB | - | 3 | CONTRACEPTIVES |
| LO MINASTRIN 24 FE CHEW TAB | - | 3 | CONTRACEPTIVES |
| LOCOID CREAM | - | NC | DERMATOLOGICALS |
| LOCOID LIPOCREAM | - | NC | DERMATOLOGICALS |
| LOCOID LOTION | - | NC | DERMATOLOGICALS |
| LOCOID OINT | - | NC | DERMATOLOGICALS |
| LOCOID SOLN | - | NC | DERMATOLOGICALS |
| LODOSYN TAB | - | 3 | ANTIPARKINSON AGENTS |
| LOESTRIN 24 FE TAB | - | 3 | CONTRACEPTIVES |
| LOESTRIN FE TAB | - | 3 | CONTRACEPTIVES |
| LOESTRIN TAB | - | 3 | CONTRACEPTIVES |
| LOFIBRA TAB, TRIGLIDE TAB | - | NC | ANTIHYPERTENSIVES |
| LOMOTIL LIQUID | - | 3 | ANTIDIARRHEALS |
| LOMOTIL TAB | - | 3 | ANTIDIARRHEALS |
| LONHALA MAGNAIR SOLN | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| LONSURF TAB | MSP-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loperamide cap | - | NC | ANTIDIARRHEALS |
| LOPID TAB | - | 3 | ANTIHYPERTENSIVES |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 4 | ANTIVIRALS |
| LOPRESSOR HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| LOPRESSOR TAB | - | 3 | BETA BLOCKERS |
| LOPROX CREAM | - | 3 | DERMATOLOGICALS |
| LOPROX GEL | - | 3 | DERMATOLOGICALS |
| LOPROX SHAMPOO | - | 3 | DERMATOLOGICALS |
| loratadine cap (CLARITIN equiv) | OTC | NC | ANTIHISTAMINES |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTI-ANXIETY AGENTS |

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|---|---------------------|-------------|---|
| LORTAB (QL=120 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| LORTAB ELIXIR (QL=1800ml/30 days) | QL | 3 | ANALGESICS - OPIOID |
| LORVATUS PHARMAPAK KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| LORZONE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| losartan tab (COZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| LOTENSIN HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| LOTENSIN TAB | - | 3 | ANTIHYPERTENSIVES |
| LOTREL CAP | - | 3 | ANTIHYPERTENSIVES |
| LOTRIMIN AF CREAM | - | NC | DERMATOLOGICALS |
| LOTRISONE CREAM | - | 3 | DERMATOLOGICALS |
| LOTRISONE LOTION | - | 3 | DERMATOLOGICALS |
| LOTRONEX TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| lovastatin tab (MEVACOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| LOVAZA CAP | - | 3 | ANTIHYPERLIPIDEMICS |
| LOVENOX INJ (QL= 17 days supply) | QL | 3 | ANTICOAGULANTS |
| loxapine cap (LOXITANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LOXITANE CAP | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LTA 360 KIT | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| LUCEMYRA TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUFYLLIN TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC | DERMATOLOGICALS |
| LUMIFY OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| LUNESTA TAB (QL= 1 tab/day) | QL | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| LUPANETA PACK | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPRON DEPOT INJ | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT PED INJ | M | M | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPRON DEPOT-PED INJ | M | M | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay) | - | \$0 | MINERALS & ELECTROLYTES |
| LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay) | - | \$0 | MINERALS & ELECTROLYTES |
| LUVOX CR CAP (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 3 | ANTIDEPRESSANTS |
| LUXIQ FOAM | - | NC | DERMATOLOGICALS |
| LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day) | LD-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day) | LD-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYRICA CAP | - | 2 | ANTICONVULSANTS |
| LYRICA CR TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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Alphabetical Index
Last Updated 8/1/2018

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| LYRICA SOLN | - | 2 | ANTICONVULSANTS |
| LYSODREN TAB | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSTEDA TAB | - | 3 | HEMOSTATICS |
| MACRILEN PACK | - | NC | DIAGNOSTIC PRODUCTS |
| MACROBID CAP | - | 3 | URINARY ANTI-INFECTIVES |
| MACRODANTIN CAP | - | 3 | URINARY ANTI-INFECTIVES |
| magnesium sulfate inj | M | M | MINERALS & ELECTROLYTES |
| MALARONE TAB | - | 2 | ANTIMALARIALS |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 1 | DERMATOLOGICALS |
| maldemar tab (SCOPACE equiv) | - | 1 | ANTIEMETICS |
| MAPROTILINE TAB | - | 1 | ANTIDEPRESSANTS |
| MARINOL CAP | PA | 3 | ANTIEMETICS |
| MARPLAN TAB | - | 2 | ANTIDEPRESSANTS |
| MATULANE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MAVIK TAB | - | 3 | ANTIHYPERTENSIVES |
| MAVYRET TAB (QL= 3 tabs/day) | KMSP-PA-QL | 4 | ANTIVIRALS |
| MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days) | QL | 3 | MIGRAINE PRODUCTS |
| MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days) | QL | 3 | MIGRAINE PRODUCTS |
| MAXIDEX OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| MAXITROL OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| MAXITROL OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| MAXZIDE TAB | - | 3 | DIURETICS |
| mebendazole chew tab (VERMOX equiv) | - | 1 | ANTHELMINTICS |
| meclizine chew tab (BONINE equiv) | OTC | 1 | ANTIEMETICS |
| meclizine tab (ANTIVERT equiv) | OTC | 1 | ANTIEMETICS |
| MECLOFENAMATE CAP | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC | DERMATOLOGICALS |
| MEDROL DOSE PACK | - | 3 | CORTICOSTEROIDS |
| MEDROL TAB | - | 1 | CORTICOSTEROIDS |
| MEDROL TAB | - | 3 | CORTICOSTEROIDS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) | - | NC | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 | PROGESTINS |
| mefenamic acid cap (PONSTEL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| mefloquine tab (LARIAM equiv) | - | 1 | ANTIMALARIALS |
| MEFLOQUINE TAB | - | 2 | ANTIMALARIALS |
| MEGACE ES SUSP | - | 3 | PROGESTINS |
| MEGACE SUSP | - | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol ES susp (MEGACE ES equiv) | - | 1 | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB | KMSP-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MELOXICAM COMFORT KIT | - | NC | ANALGESICS - ANTI-INFLAMMATORY |

| | | | | | |
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| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| MELOXICAM SUSP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| meloxicam tab (MOBIC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| melphalan inj (ALKERAN equiv) | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| melphalan tab (ALKERAN equiv) | KMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine sol (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENEST TAB | - | 3 | ESTROGENS |
| MENOSTAR PATCH | - | 3 | ESTROGENS |
| MENTAX CREAM | - | 3 | DERMATOLOGICALS |
| meperidine tab (DEMEROL equiv) (QL=120 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| MEPHYTON TAB | - | 3 | VITAMINS |
| meprobamate tab (MILTOWN equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| MEPRON SUSP | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| mercaptopurine tab (PURINETHOL equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meropenem inj | M | M | ANTI-INFECTIVE AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MESTINON SYRUP | - | 3 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| MESTINON TAB | - | 3 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| MESTINON TIMESPAN TAB | - | 3 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| METADATE CD CAP | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| METAGLIP TAB | - | 3 | ANTI-DIABETICS |
| METANX CAP | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| METAPROTERENOL SYRUP | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| METAPROTERENOL TAB | - | 3 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| metaxalone tab (SKELAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| METAXALONE TAB 400MG | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC | ANTI-DIABETICS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 | ANTI-DIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | 1 | ANTI-DIABETICS |
| methadone conc (QL=600ml/30 days) | QL | 1 | ANALGESICS - OPIOID |
| methadone soln 10mg/5ml (QL=600ml/30 days) | QL | 1 | ANALGESICS - OPIOID |
| METHADONE SOLN 5MG/5ML (QL=1200ml/30 days) | QL | 1 | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) (QL=120 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| methadone tab 10mg (DOLOPHINE equiv) (QL= 240 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| METHADOSE CONC (QL=600ml/30 days) | QL | 3 | ANALGESICS - OPIOID |
| methadose tab | - | NC | ANALGESICS - OPIOID |

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Alphabetical Index
Last Updated 8/1/2018

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|---|---------------------|-------------|---|
| methamphetamine tab (DESOXYN equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methazolamide tab (NEPTAZANE equiv) | - | 1 | DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | 1 | URINARY ANTI-INFECTIVES |
| methenamine mandelate tab | - | 1 | URINARY ANTI-INFECTIVES |
| METHENAMINE MANDELATE TAB | - | 3 | URINARY ANTI-INFECTIVES |
| METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 | OXYTOCICS |
| methimazole tab (TAPAZOLE equiv) | - | 1 | THYROID AGENTS |
| METHITEST TAB | PA | 3 | ANDROGENS-ANABOLIC |
| methocarbamol tab (ROBAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| methotrexate inj | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| METHOTREXATE INJ | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (TREXALL equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methoxsalen cap (OXSORALEN ULTRA equiv) | KMSP | 1 | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | 1 | ULCER DRUGS |
| METHYCLOTHIAZIDE TAB | - | 1 | DIURETICS |
| methyl dopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |
| methyl dopa/hydrochlorothiazide tab (ALDORIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 1 | OXYTOCICS |
| METHYLIN CHEW TAB | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLIN SOLN | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLPHENIDATE ER TAB | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab 72mg | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab (RITALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| METHYLTESTOSTERONE CAP | PA | 3 | ANDROGENS-ANABOLIC |
| METIPRANOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | 1 | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 | BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | 1 | BETA BLOCKERS |

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Alphabetical Index
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|--|---------------------|-------------|--|
| METOPROLOL TARTRATE TAB 37.5MG, 75MG | - | NC | BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| METZOZLV ODT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| METROCREAM | - | 3 | DERMATOLOGICALS |
| METROGEL 1% | - | 3 | DERMATOLOGICALS |
| METROGEL VAGINAL GEL | - | 3 | VAGINAL PRODUCTS |
| METROLOTION | - | 3 | DERMATOLOGICALS |
| metronidazole cap (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole cream (METROCREAM equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 | VAGINAL PRODUCTS |
| MEVACOR TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| mexiletine cap (MEXITIL equiv) | - | 1 | ANTIARRHYTHMICS |
| MEXPAROX HC CREAM | - | NC | DERMATOLOGICALS |
| MIACALCIN INJ | KMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIACALCIN NASAL SPRAY | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mibelas chew tab (MINASTRIN equiv) | - | 1 | CONTRACEPTIVES |
| MICARDIS HCT TAB | - | NC | ANTIHYPERTENSIVES |
| MICARDIS TAB | - | 3 | ANTIHYPERTENSIVES |
| MICONAZOLE 3 SUPP 200MG | - | 3 | VAGINAL PRODUCTS |
| MICORT-HC CREAM | - | NC | DERMATOLOGICALS |
| MICRO-K CAP | - | 3 | MINERALS & ELECTROLYTES |
| MICROZIDE CAP | - | 3 | DIURETICS |
| MIDAMOR TAB | - | 3 | DIURETICS |
| midodrine tab (PROAMATINE equiv) | - | 1 | VASOPRESSORS |
| MIDRIN CAP | - | NC | MIGRAINE PRODUCTS |
| MIGERGOT SUPP | - | 2 | MIGRAINE PRODUCTS |
| miglitol tab (GLYSET equiv) | - | 1 | ANTIDIABETICS |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376) | LD-PA | 4 | HEMATOPOIETIC AGENTS |
| MILLIPRED DP PAK | - | 3 | CORTICOSTEROIDS |
| MILLIPRED TAB | - | 3 | CORTICOSTEROIDS |
| MINASTRIN CHEW TAB | - | 3 | CONTRACEPTIVES |
| MINIPRESS CAP | - | 3 | ANTIHYPERTENSIVES |
| MINOCIN CAP | - | 3 | TETRACYCLINES |
| minocycline cap (MINOCIN equiv) | - | 1 | TETRACYCLINES |
| minocycline ER tab (SOLODYN equiv) | - | NC | TETRACYCLINES |
| minocycline tab (DYNACIN equiv) | - | 1 | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| MIRALAX PACKET | - | NC | LAXATIVES |
| MIRALAX POWDER | - | NC | LAXATIVES |
| MIRAPEX ER TAB | - | 3 | ANTIPARKINSON AGENTS |
| MIRAPEX TAB | - | 3 | ANTIPARKINSON AGENTS |
| MIRCERA INJ | - | NC | HEMATOPOIETIC AGENTS |
| MIRCETTE TAB | - | 3 | CONTRACEPTIVES |
| MIRENA IUD | - | NC | CONTRACEPTIVES |

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Alphabetical Index
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|--|---------------------|-------------|---|
| mirtazapine ODT (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| MIRVASO GEL | - | NC | DERMATOLOGICALS |
| misoprostol tab (CYTOTEC equiv) | - | 1 | ULCER DRUGS |
| MITIGARE CAP | - | 2 | GOUT AGENTS |
| MOBIC TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | PA-QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| moexipril tab (UNIVASC equiv) | - | 1 | ANTIHYPERTENSIVES |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| mometasone cream (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| mometasone oint (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| MONODOX CAP | - | 3 | TETRACYCLINES |
| mononessa tab (ORTHO-CYCLEN equiv) | - | \$0 | CONTRACEPTIVES |
| MONOPRIL HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| MONOPRIL TAB | - | 3 | ANTIHYPERTENSIVES |
| montelukast chew tab (SINGULAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| MONUROL GRANULE PACK | - | 3 | URINARY ANTI-INFECTIVES |
| MORPHABOND TAB | - | NC | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day) | QL | 3 | ANALGESICS - OPIOID |
| morphine sulfate ER cap (KADIAN equiv) | - | NC | ANALGESICS - OPIOID |
| morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/ 30 days) | QL | 1 | ANALGESICS - OPIOID |
| morphine sulfate soln (QL=120ml/30 days) | QL | 1 | ANALGESICS - OPIOID |
| morphine sulfate supp | - | NC | ANALGESICS - OPIOID |
| morphine sulfate tab (QL=180 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| MOTOFEN TAB | - | 3 | ANTIIDIARRHEALS |
| MOTRIN SUSP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| MOVANTIK TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| MOVIPREP SOLN (Step Therapy requires trial of CLENPIQ) | ST | 3 | LAXATIVES |
| MOXATAG TAB | - | NC | PENICILLINS |
| MOXATAG TAB 775MG | - | NC | PENICILLINS |
| MOXEZA OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 1 | FLUOROQUINOLONES |
| MUCINEX LIQUID | - | NC | COUGH/COLD/ALLERGY |
| MUCINEX TAB | - | NC | COUGH/COLD/ALLERGY |
| MULTAQ TAB | - | 2 | ANTIARRHYTHMICS |
| multigen folic tab (CHROMAGEN FA equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| multigen tab (CHROMAGEN equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| multivitamin tab | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN TAB | - | 3 | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | NC | MULTIVITAMINS |

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Alphabetical Index
Last Updated 8/1/2018

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|--|---------------------|-------------|--|
| multivitamin/minerals tab (STROVITE equiv) | - | 1 | MULTIVITAMINS |
| mupirocin cream (BACTROBAN equiv) | - | 1 | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 | DERMATOLOGICALS |
| MUSE SUPP (QL= 6 inj/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| MYALEPT INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYAMBUTOL TAB | - | 3 | ANTIMYCOBACTERIAL AGENTS |
| MYCELEX TROCHES | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| MYCOBUTIN CAP | - | 3 | ANTIMYCOBACTERIAL AGENTS |
| mycophenolate DR tab (MYFORTIC equiv) | - | 4 | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 4 | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 4 | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 4 | ASSORTED CLASSES |
| MYDAYIS CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDFRIN OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| MYDRIACYL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| MYFORTIC TAB | - | 4 | ASSORTED CLASSES |
| MYLERAN TAB | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MYRBETRIQ TAB | - | 2 | URINARY ANTISPASMODICS |
| MYSOLINE TAB | - | 3 | ANTICONVULSANTS |
| MYTELASE TAB | - | 3 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| MYTESI TAB | - | NC | ANTIDIARRHEALS |
| nabumetone tab (RELAFEN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | 1 | BETA BLOCKERS |
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| naftillin inj | M | M | PENICILLINS |
| naftifine cream (NAFTIN equiv) | - | 1 | DERMATOLOGICALS |
| NAFTIN CREAM | - | 3 | DERMATOLOGICALS |
| NAFTIN GEL | - | 3 | DERMATOLOGICALS |
| NAFTIN GEL 2% | - | NC | DERMATOLOGICALS |
| naloxone inj | - | 1 | ANTIDOTES |
| NALOXONE PREFILLED INJ | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIEWA equiv) | - | 1 | ANTIDOTES |
| NAMENDA SOL | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA TAB | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMENDA XR TITRATION PACK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine) | ST | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine) | ST | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| naphazoline ophth soln | - | 1 | OPHTHALMIC AGENTS |
| NAPRELAN CR TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN EC TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |

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Alphabetical Index
Last Updated 8/1/2018

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| NAPROSYN SUSP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| naproxen EC tab (NAPROSYN EC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen susp (NAPROSYN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| NARCAN NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NARDIL TAB | - | 2 | ANTIDEPRESSANTS |
| NASACORT AQ NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill) | OTC-QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| NASCOBAL NASAL SPRAY | - | 3 | HEMATOPOIETIC AGENTS |
| NATACYN OPTHH SUSP | - | NC | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | 3 | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | 1 | ANTIDIABETICS |
| NATPARA INJ (Only available through Walgreens 888-347-3416) | LD-PA | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 | DERMATOLOGICALS |
| NAVANE CAP | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NEBUPENT NEB SOLN | KMSP | 4 | ANTI-INFECTIVE AGENTS - MISC. |
| NEBUSAL NEB SOLN | - | 2 | COUGH/COLD/ALLERGY |
| necon tab (ORTHO-NOVUM equiv) | - | \$0 | CONTRACEPTIVES |
| necon tab 1-50 (NORYNIL equiv) | - | \$0 | CONTRACEPTIVES |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| NEORAL CAP | - | 4 | ASSORTED CLASSES |
| NEORAL SOLN | - | 4 | ASSORTED CLASSES |
| NEOSALUS FOAM | - | NC | DERMATOLOGICALS |
| NEOSPORIN OPTHH SOLN | - | 3 | OPHTHALMIC AGENTS |
| NEO-SYNALAR CREAM | - | NC | DERMATOLOGICALS |
| NEOTUSS-D LIQUID | - | 3 | COUGH/COLD/ALLERGY |
| NEPHROCAP | - | 3 | MULTIVITAMINS |
| NEPHRON FA TAB | - | 2 | HEMATOPOIETIC AGENTS |
| NEPHRO-VITE TAB | - | 3 | MULTIVITAMINS |
| NEPTAZANE TAB | - | 3 | DIURETICS |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NESINA TAB | - | NC | ANTIDIABETICS |
| NEULASTA INJ | KMSP | 4 | HEMATOPOIETIC AGENTS |
| NEUMEGA INJ | KMSP | 4 | HEMATOPOIETIC AGENTS |

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Alphabetical Index
Last Updated 8/1/2018

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|---|---------------------|-------------|---|
| NEUPOGEN INJ | - | NC | HEMATOPOIETIC AGENTS |
| NEUPRO PATCH | - | 3 | ANTIPARKINSON AGENTS |
| NEURONTIN CAP | - | 3 | ANTICONVULSANTS |
| NEURONTIN SOLN | - | 3 | ANTICONVULSANTS |
| NEURONTIN TAB | - | 3 | ANTICONVULSANTS |
| NEVANAC OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 4 | ANTIVIRALS |
| NEVIRAPINE SUSP | - | 4 | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | 1 | ANTIVIRALS |
| NEXAVAR TAB | MSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEXICLON XR SUSP | - | 3 | ANTIHYPERTENSIVES |
| NEXICLON XR TAB | - | 3 | ANTIHYPERTENSIVES |
| NEXIUM 24HR TAB | - | NC | ULCER DRUGS |
| NEXIUM CAP | - | NC | ULCER DRUGS |
| NEXIUM GRANULE PACK | - | NC | ULCER DRUGS |
| niacin cap | OTC | 1 | VITAMINS |
| niacin CR tab (SLO-NIACIN equiv) | OTC | 1 | VITAMINS |
| niacin ER tab (NIASPAN equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| niacin tab | OTC | 1 | VITAMINS |
| NIACIN TR TAB | OTC | 1 | VITAMINS |
| niacinamide tab | OTC | 1 | VITAMINS |
| NIACOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| NIASPAN ER TAB | - | 1 | ANTIHYPERLIPIDEMICS |
| nicardipine cap (CARDENE equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| NICODERM PATCH | OTC-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE GUM | OTC-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE LOZENGE | OTC-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine gum (NICORETTE equiv) | OTC-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT | OTC-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) | OTC-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) | OTC-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER | SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY | SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| NIMOTOP CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| NINJACOF-XG LIQUID | OTC | 1 | COUGH/COLD/ALLERGY |

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Alphabetical Index
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| NINLARO CAP | KMSP-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NIRAVAM ODT | - | 3 | ANTIANGIETY AGENTS |
| nisoldipine ER tab (SULAR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| NISOLDIPINE ER TAB 25.5MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| NITRO-BID OINT | - | 3 | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH | - | 3 | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 2 | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | URINARY ANTI-INFECTIVES |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | URINARY ANTI-INFECTIVES |
| nitrofurantoin susp (FURADANTIN equiv) | - | 1 | URINARY ANTI-INFECTIVES |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SR cap | - | 1 | ANTIANGINAL AGENTS |
| NITROLINGUAL PUMP SPRAY | - | 3 | ANTIANGINAL AGENTS |
| NITROMIST SPRAY | - | 3 | ANTIANGINAL AGENTS |
| NITROSTAT SL TAB | - | 3 | ANTIANGINAL AGENTS |
| NITYR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| nizatidine cap (AXID equiv) | - | 1 | ULCER DRUGS |
| nizatidine soln (AXID equiv) | - | 1 | ULCER DRUGS |
| NIZORAL SHAMPOO | - | 3 | DERMATOLOGICALS |
| NOCTIVA EMULSION SPRAY | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone tab (NORA-QD equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| NORINYL TAB 1-50 | - | 3 | CONTRACEPTIVES |
| NORITATE CREAM (Step Therapy requires trial of FINACEA) | ST | 3 | DERMATOLOGICALS |
| NOROXIN TAB | - | 3 | FLUOROQUINOLONES |
| NORPACE CAP | - | 3 | ANTIARRHYTHMICS |
| NORPACE CR CAP | - | 2 | ANTIARRHYTHMICS |
| NORPRAMIN TAB | - | 3 | ANTIDEPRESSANTS |
| NOR-QD TAB | - | 3 | CONTRACEPTIVES |
| NORTHERA CAP | - | NC | VASOPRESSORS |
| nortrel tab (OVCON 35 equiv) | - | \$0 | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | 1 | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 | ANTIDEPRESSANTS |
| NORVASC TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| NORVIR CAP | - | 3 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 3 | ANTIVIRALS |
| NORVIR SOLN | - | 3 | ANTIVIRALS |
| NORVIR TAB | - | 3 | ANTIVIRALS |
| NOVACORT GEL | - | NC | DERMATOLOGICALS |
| NOVOFINE PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG INJ, FIASP INJ | - | 2 | ANTIDIABETICS |

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Alphabetical Index
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| NOVOLOG MIX FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | 2 | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL SUSP | - | 2 | ANTIFUNGALS |
| NOXAFIL TAB | - | 2 | ANTIFUNGALS |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 | THYROID AGENTS |
| NUCORT LOTION | - | 3 | DERMATOLOGICALS |
| NUCYNTA ER TAB | - | NC | ANALGESICS - OPIOID |
| NUCYNTA TAB (QL= 180 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NULYTELY SOLN | - | NC | LAXATIVES |
| NUPLAZID CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NUPLAZID TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NUTRITIONAL SUPPLEMENT LIQUID | OTC-PA | 2 | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| NUTRITIONAL SUPPLEMENT POWDER | OTC-PA | 2 | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| NUVARING | - | \$0 | CONTRACEPTIVES |
| NUVIGIL TAB (QL= 1 tab/day) | PA-QL | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| NYATA KIT | - | NC | DERMATOLOGICALS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 | DERMATOLOGICALS |
| nystatin oint | - | 1 | DERMATOLOGICALS |
| nystatin powder | - | 1 | ANTIFUNGALS |
| nystatin susp | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | 1 | ANTIFUNGALS |
| nystatin topical powder | - | 1 | DERMATOLOGICALS |
| NYSTATIN VAGINAL TAB | - | 1 | VAGINAL PRODUCTS |
| nystatin/triamcinolone cream | - | 1 | DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | 1 | DERMATOLOGICALS |
| OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | 4 | GASTROINTESTINAL AGENTS - MISC. |
| octreotide inj (SANDOSTATIN equiv) | KMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCUFEN OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| OCUFLOX OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| ODACTRA SL TAB | - | NC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ODEFSEY TAB (QL= 1 tab/day) | QL | 4 | ANTIVIRALS |
| ODOMZO CAP | KMSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OFEV CAP (QL= 2 caps/day) | MSP-PA-QL-SF | 4 | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | 1 | FLUOROQUINOLONES |
| OGESTREL TAB | - | 3 | CONTRACEPTIVES |
| olanzapine ODT (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| OLEPTRO TAB | - | 3 | ANTIDEPRESSANTS |
| OLLIZAC POWDER | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| olmesartan tab (BENICAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) | - | NC | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| olopatadine nasal spray (PATANASE equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 | OPHTHALMIC AGENTS |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| OLUMIANT TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| OLUX E FOAM | - | NC | DERMATOLOGICALS |
| OLUX FOAM | PA | 3 | DERMATOLOGICALS |
| OLYSIO CAP | - | NC | ANTIVIRALS |
| omedia otic soln (AMERICAINE equiv) | - | 1 | OTIC AGENTS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 | ULCER DRUGS |
| OMEPRAZOLE TAB | OTC | NC | ULCER DRUGS |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC | ULCER DRUGS |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC | ULCER DRUGS |
| OMNARIS NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| OMNICEF SUSP | - | 3 | CEPHALOSPORINS |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron tab (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONEXTON GEL | - | 3 | DERMATOLOGICALS |
| ONFI SUSP | - | NC | ANTICONVULSANTS |
| ONFI TAB | PA | 2 | ANTICONVULSANTS |
| ONGLYZA TAB | - | NC | ANTIDIABETICS |
| ONZETRA XSAIL | - | NC | MIGRAINE PRODUCTS |
| OPANA ER TAB | - | NC | ANALGESICS - OPIOID |
| OPANA ER TAB (CRUSH RESISTANT) | - | NC | ANALGESICS - OPIOID |
| OPANA TAB | - | NC | ANALGESICS - OPIOID |
| opium tincture | - | 1 | ANTIDIARRHEALS |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 | CARDIOVASCULAR AGENTS - MISC. |
| OPTIVAR OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORALAIR SL TAB | - | NC | BIOLOGICALS MISC |
| ORAP TAB | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ORAPRED ODT | - | 2 | CORTICOSTEROIDS |
| ORAPRED ODT | - | 3 | CORTICOSTEROIDS |
| ORAPRED SOLN | - | 3 | CORTICOSTEROIDS |
| ORAVIG TAB | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| ORAXYL CAP | - | 3 | TETRACYCLINES |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |

| | | | | | |
|------|---|------|--|------|--------------------------------------|
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| LMSP | Infertility | M | Kroger Mandatory Specialty Pharmacy Program | MSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Alphabetical Index
Last Updated 8/1/2018

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENITRAM TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ORFADIN CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORFADIN SUSP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORLISSA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day) | KMSP-PA-QL-SF | 4 | RESPIRATORY AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| ORPHENADRINE/ASPIRIN/CAFFEINE TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| ORTHO TRI-CYCLEN (LO) TAB | - | 3 | CONTRACEPTIVES |
| ORTHO-CYCLEN TAB | - | 3 | CONTRACEPTIVES |
| ORTHO-EVRA PATCH | - | 3 | CONTRACEPTIVES |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 1 | ANTIVIRALS |
| OSENI TAB | - | NC | ANTIDIABETICS |
| OSMOLEX ER TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOPREP TAB | - | 3 | LAXATIVES |
| OSPHENA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | LMSP-PA-QL | 4 | ANALGESICS - ANTI-INFLAMMATORY |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC | OTIC AGENTS |
| OTOVEL OTIC SOLN | - | NC | OTIC AGENTS |
| OTOZIN OTIC DROPS | - | 3 | OTIC AGENTS |
| OVACE PLUS CREAM | - | 3 | DERMATOLOGICALS |
| OVACE PLUS GEL | - | 3 | DERMATOLOGICALS |
| OVACE PLUS LOTION | - | NC | DERMATOLOGICALS |
| OVACE PLUS SHAMPOO | - | 3 | DERMATOLOGICALS |
| OVACE PLUS FOAM | - | NC | DERMATOLOGICALS |
| OVACE WASH | - | 3 | DERMATOLOGICALS |
| OVCON 35 TAB | - | 3 | CONTRACEPTIVES |
| OVIDE LOTION (QL= 2 bottles/fill) | QL | 3 | DERMATOLOGICALS |
| oxacillin inj | M | M | PENICILLINS |
| OXANDRIN TAB | - | 3 | ANDROGENS-ANABOLIC |
| oxandrolone tab (OXANDRIN equiv) | - | 1 | ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| OXAZEPAM CAP | - | 1 | ANTIAXIETY AGENTS |
| oxazepam cap (SERAX equiv) | - | 1 | ANTIAXIETY AGENTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxiconazole nitrate cream (OXISTAT equiv) | - | 1 | DERMATOLOGICALS |
| OXISTAT CREAM | - | 3 | DERMATOLOGICALS |
| OXISTAT LOTION | - | 3 | DERMATOLOGICALS |
| OXSORALEN ULTRA CAP | KMSP | 3 | DERMATOLOGICALS |

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Alphabetical Index
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|--|---------------------|-------------|---|
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) (QL=120 caps/30 days) | QL | 1 | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) | - | NC | ANALGESICS - OPIOID |
| OXYCODONE ER TAB, OXYCONTIN CR TAB | - | NC | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) (QL=240ml/30 days) | QL | 1 | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) (QL=120 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | NC | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN | - | NC | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab (PERCOCET equiv) (QL=120 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| oxycodone/aspirin tab (PERCODAN equiv) (QL=120 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | NC | ANALGESICS - OPIOID |
| OXYCONTIN CR TAB | - | NC | ANALGESICS - OPIOID |
| OXYIR CAP (QL=120 caps/30 days) | - | NC | ANALGESICS - OPIOID |
| oxymorphone tab (OPANA equiv) | - | NC | ANALGESICS - OPIOID |
| OXYTROL PATCH | PA | 3 | URINARY ANTISPASMODICS |
| OZEMPIC INJ | - | NC | ANTIDIABETICS |
| PALGIC SOLN | - | 3 | ANTIHISTAMINES |
| PALGIC TAB | - | 3 | ANTIHISTAMINES |
| paliperidone ER tab (INVEGA equiv) | PA | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PALYNZIQ INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PAMELOR CAP | - | 3 | ANTIDEPRESSANTS |
| PAMINE TAB | - | 3 | ULCER DRUGS |
| PANCREAZE CAP (Step Therapy requires trial of CREON) | ST | 3 | DIGESTIVE AIDS |
| PANCRELIPASE CAP (Step Therapy requires trial of CREON) | ST | 3 | DIGESTIVE AIDS |
| PANDEL CREAM | - | 3 | DERMATOLOGICALS |
| PANRETIN GEL | KMSP-PA | 4 | DERMATOLOGICALS |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 | ULCER DRUGS |
| PAPAVERINE/ALPROSTADIL INJ | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| PAPAVERINE/PHENTOLAMINE INJ | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| PARAFON FORTE TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| PARAGARD IUD | - | NC | CONTRACEPTIVES |
| paramox hc gel (NOVACORT GEL equiv) | - | NC | DERMATOLOGICALS |
| PARCOPA ODT | - | 3 | ANTIPARKINSON AGENTS |
| PAREGORIC TINCTURE | - | NC | ANTIDIARRHEALS |
| paricalcitol cap (ZEMPLAR equiv) | MSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PARLODEL CAP | - | 3 | ANTIPARKINSON AGENTS |
| PARLODEL TAB | - | 3 | ANTIPARKINSON AGENTS |
| PARNATE TAB | - | 3 | ANTIDEPRESSANTS |
| paromomycin cap (HUMATIN equiv) | - | 1 | AMINOGLYCOSIDES |
| paroxetine cap (BRISDELLE equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv) | - | 1 | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PASER GRANULE | - | NC | ANTIMYCOBACTERIAL AGENTS |
| PATADAY OPTH SOLN | - | NC | OPHTHALMIC AGENTS |

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|---|---------------------|-------------|---|
| PATANASE NASAL SPRAY | - | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| PATANOL OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| PAXIL CR TAB | - | 3 | ANTIDEPRESSANTS |
| PAXIL SUSP | - | 3 | ANTIDEPRESSANTS |
| PAXIL TAB | - | 3 | ANTIDEPRESSANTS |
| PAZEO OPTH SOLN 0.7% | - | NC | OPHTHALMIC AGENTS |
| pb-belladonna elixir (DONNATAL equiv) | - | NC | ULCER DRUGS |
| PCE TAB | - | 3 | MACROLIDES |
| PEAK FLOW METER | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| PEDIATEX TDM SUSP | - | 3 | COUGH/COLD/ALLERGY |
| pediatric multiple vitamins/fluoride chew tab | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride soln | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 | MULTIVITAMINS |
| PEDIAZOLE SUSP | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 | LAXATIVES |
| PEGANONE TAB | - | 2 | ANTICONVULSANTS |
| PEGASYS INJ | KMSP | 4 | ANTIVIRALS |
| PEGASYS INJ KIT | KMSP | 4 | ANTIVIRALS |
| PEG-INTRON INJ | KMSP | 4 | ANTIVIRALS |
| PEN NEEDLE | OTC | 3 | MEDICAL DEVICES AND SUPPLIES |
| PENICILLIN G PROCAINE INJ | M | M | PENICILLINS |
| PENICILLIN G SODIUM INJ | M | M | PENICILLINS |
| PENICILLIN VK SOLN | - | 1 | PENICILLINS |
| penicillin vk soln (VEETIDS equiv) | - | 1 | PENICILLINS |
| penicillin vk tab (VEETIDS equiv) | - | 1 | PENICILLINS |
| PENLAC SOLN | - | NC | DERMATOLOGICALS |
| PENNSAID SOLN | - | NC | DERMATOLOGICALS |
| PENNSAID SOLN 1.5% | - | NC | DERMATOLOGICALS |
| PENTASA CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | NC | ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | NC | ANALGESICS - OPIOID |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| PEPCID SUSP | - | 2 | ULCER DRUGS |
| PEPCID TAB | - | 3 | ULCER DRUGS |
| PERCOCET TAB (QL=120 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| PERCODAN TAB (QL=120 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| PERFORMIST NEB SOLN | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PERIDEX SOLN | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| perindopril tab (ACEON equiv) | - | 1 | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PERSANTINE TAB | - | 3 | HEMATOLOGICAL AGENTS - MISC. |
| PERTZYE CAP (Step Therapy requires trial of CREON) | ST | 3 | DIGESTIVE AIDS |
| PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 3 | ANTIDEPRESSANTS |

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Alphabetical Index
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| PFIZERPEN G INJ | M | M | PENICILLINS |
| pfizerpen g inj (PFIZERPEN G equiv) | M | M | PENICILLINS |
| phenazopyridine tab (PYRIDIDIUM equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phendimetrazine tab | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| phenelzine tab (NARDIL equiv) | - | 1 | ANTIDEPRESSANTS |
| phenobarbital elixir | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| phenobarbital tab | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| phenoxybenzamine cap (DIBENZYLININE equiv) | KMSP | 1 | ANTIHYPERTENSIVES |
| phentermine cap (ADIPEX equiv) (QL= 1 cap/day) | PA-QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| phentermine tab (ADIPEX equiv) (QL= 1 tab/day) | PA-QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| PHENTOLAMINE/ALPROSTADIL INJ | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| PHISOHEX LIQUID | - | 3 | ANTISEPTICS & DISINFECTANTS |
| PHOSLO CAP | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| PHOSLYRA SOLN | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PHOTREXA OP KIT | - | NC | OPHTHALMIC AGENTS |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| phytonadione tab (MEPHYTON equiv) | - | 1 | VITAMINS |
| PICATO GEL (QL= 1 box/fill) | QL | 3 | DERMATOLOGICALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| PILOPINE HS OPHTH GEL | - | 3 | OPHTHALMIC AGENTS |
| pimozide tab | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | 1 | BETA BLOCKERS |
| pioglitazone tab (ACTOS equiv) | - | 1 | ANTIDIABETICS |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | 1 | ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | 1 | ANTIDIABETICS |
| piperacillin/tazobactam inj | M | M | PENICILLINS |
| piroxicam cap (FELDENE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| PLAN B TAB | OTC | \$0 | CONTRACEPTIVES |
| PLAQUENIL TAB | - | 3 | ANTIMALARIALS |
| PLAVIX TAB 300MG | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| PLAVIX TAB 75MG | - | 3 | HEMATOLOGICAL AGENTS - MISC. |
| PLEGRIDY INJ | LMSP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ | LMSP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLENDIL TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |

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| PLETAL TAB | - | 3 | HEMATOLOGICAL AGENTS - MISC. |
| PLEXION LOTION | - | 3 | DERMATOLOGICALS |
| PLEXION SCT CREAM | - | 3 | DERMATOLOGICALS |
| PNEUMOVAX INJ | VAC | \$0 | VACCINES |
| PODIAPN CAP | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| PODOCON SOLN | - | 2 | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | 1 | DERMATOLOGICALS |
| POLYCITRA CRYSTAL PACK | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| POLYCITRA-LC SOLN | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| polyethylene glycol 3350 powder (MIRALAX equiv) | - | NC | LAXATIVES |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 | PHARMACEUTICAL ADJUVANTS |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 | OPHTHALMIC AGENTS |
| POLYTRIM OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| POLY-TUSSIN DM SYRUP | - | NC | COUGH/COLD/ALLERGY |
| POMALYST CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PONSTEL CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| POTABA CAP | - | 3 | VITAMINS |
| POTABA POWDER PACKET | - | 2 | VITAMINS |
| POTABA TAB | - | 2 | VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE ER TAB | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (KLOR-CON equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 1 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 | ANTICONSULTANTS |
| POTIGA TAB 50MG (QL= 9 tabs/day) | QL | 2 | ANTICONSULTANTS |
| PRADAXA CAP | - | 2 | ANTICOAGULANTS |
| PRALUENT INJ (QL= 2 inj/28 days) | KMSP-PA-QL | 4 | ANTHYPERLIPIDEMICS |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 1 | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | 1 | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1% | - | 2 | DERMATOLOGICALS |
| PRAMOSONE CREAM 2.5-1% | - | NC | DERMATOLOGICALS |
| PRAMOSONE E CREAM | - | NC | DERMATOLOGICALS |
| PRAMOSONE LOTION | - | 3 | DERMATOLOGICALS |
| PRAMOSONE OINT | - | 2 | DERMATOLOGICALS |
| pramoxine/hydrocortisone cream (ANALPRAM-HC equiv) | - | NC | ANORECTAL AGENTS |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | 1 | ANORECTAL AGENTS |

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| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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Alphabetical Index
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|--|---------------------|-------------|------------------------------|
| pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv) | - | 1 | OTIC AGENTS |
| PRANDIMET TAB | - | NC | ANTIDIABETICS |
| PRANDIN TAB | - | 3 | ANTIDIABETICS |
| PRASCION RA CREAM | - | 2 | DERMATOLOGICALS |
| prasugrel tab (EFFIENT equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| PRAVACHOL TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| pravastatin tab (PRAVACHOL equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| praziquantel tab (BILTRICIDE equiv) | - | 1 | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | 1 | ANTIHYPERTENSIVES |
| PRECISION INSULIN SYRINGE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members n on diabetes medication) | OTC | 2 | DIAGNOSTIC PRODUCTS |
| PRECOSE TAB | - | 3 | ANTIDIABETICS |
| PRED FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| PRED MILD OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 1 | DERMATOLOGICALS |
| prednicarbate cream (DERMATOP equiv) | - | 1 | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 1 | DERMATOLOGICALS |
| prednisolone ODT (ORAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| prednisolone ophth soln (PRED FORTE equiv) | - | 1 | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| prednisolone soln (PEDIAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE SYRUP | - | 1 | CORTICOSTEROIDS |
| prednisolone syrup (PRELONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISON PAK | - | 2 | CORTICOSTEROIDS |
| PREDNISON SOLN | - | 1 | CORTICOSTEROIDS |
| PREDNISON TAB | - | 1 | CORTICOSTEROIDS |
| prednison tab (DELTASONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC | CORTICOSTEROIDS |
| PREFEST TAB | - | 3 | ESTROGENS |
| PRELONE SYRUP | - | 3 | CORTICOSTEROIDS |
| PREMARIN TAB | - | 2 | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | 2 | ESTROGENS |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 | VITAMINS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 | VITAMINS |
| PREPOIK PAK | - | NC | LAXATIVES |
| PRESTALIA TAB | - | NC | ANTIHYPERTENSIVES |
| PREVACID CAP | - | NC | ULCER DRUGS |
| PREVACID OTC CAP | OTC | 1 | ULCER DRUGS |
| PREVACID SOLUTAB | - | NC | ULCER DRUGS |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT GEL | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT PASTE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |

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Alphabetical Index
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|--|---------------------|-------------|---|
| PREVIDENT RINSE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 13 INJ (QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.) | PA-QL-VAC | \$0 | VACCINES |
| PREVPAC KIT | - | 3 | ULCER DRUGS |
| PREVYMIS TAB | - | NC | ANTIVIRALS |
| PREZCOBIX TAB | - | 4 | ANTIVIRALS |
| PREZISTA SUSP | - | 4 | ANTIVIRALS |
| PREZISTA TAB | - | 4 | ANTIVIRALS |
| PRIFTIN TAB | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| PRILOSEC CAP | - | NC | ULCER DRUGS |
| PRILOSEC OTC DR TAB | - | NC | ULCER DRUGS |
| PRIMAQUINE TAB | - | 2 | ANTIMALARIALS |
| primidone tab (MYSOLINE equiv) | - | 1 | ANTICONVULSANTS |
| PRIMLEV TAB | - | NC | ANALGESICS - OPIOID |
| PRIMSOL SOLN | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| PRINIVIL TAB, ZESTRIL TAB | - | 3 | ANTI-HYPERTENSIVES |
| PRISTIQ TAB | - | 3 | ANTIDEPRESSANTS |
| PROAIR HFA INHALER | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| PROAMATINE TAB | - | 3 | VASOPRESSORS |
| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| procainamide inj | - | NC | ANTIARRHYTHMICS |
| PROCARDIA CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| PROCENTRA SOLN | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| PROCORT CREAM | - | NC | ANORECTAL AGENTS |
| PROCRIT INJ | KMSP | 4 | HEMATOPOIETIC AGENTS |
| PROCTOCORT CREAM | - | 3 | DERMATOLOGICALS |
| PROCTOFOAM HC FOAM | - | 2 | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |
| PRODRIN TAB | - | NC | MIGRAINE PRODUCTS |
| progesterone cap (PROMETRIUM equiv) | - | 1 | PROGESTINS |
| progesterone oil inj | - | NC | PROGESTINS |
| PROGESTERONE SUPP | PA | 3 | VAGINAL PRODUCTS |
| PROGLYCEM SUSP | - | 3 | ANTI-DIABETICS |
| PROGRAF CAP | - | 4 | ASSORTED CLASSES |
| PROLENSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PROLEUKIN INJ | - | NC | ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PROMACTA TAB | KMSP-PA | 4 | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 1 | ANTI-HISTAMINES |
| promethazine syrup | - | 1 | ANTI-HISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | 1 | ANTI-HISTAMINES |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| PROMETRIUM CAP | - | 3 | PROGESTINS |

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Alphabetical Index
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|--|---------------------|-------------|--|
| propafenone ER cap (RYTHMOL SR equiv) | - | 1 | ANTIARRHYTHMICS |
| propafenone tab (RYTHMOL equiv) | - | 1 | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | 2 | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | 1 | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | 1 | BETA BLOCKERS |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| PROQUIN XR TAB | - | NC | FLUOROQUINOLONES |
| PROSCAR TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| PROSED DS TAB | - | NC | URINARY ANTI-INFECTIVES |
| PROSOM TAB | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| PROSTIGMIN TAB | - | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| PROTHELIAL PASTE | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| PROTONIX EC TAB | - | NC | ULCER DRUGS |
| PROTONIX PAK | - | NC | ULCER DRUGS |
| PROTOPIC OINT | - | 3 | DERMATOLOGICALS |
| protriptyline tab (VIVACTIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PROVENTIL HFA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PROVERA TAB | - | 3 | PROGESTINS |
| PROVIGIL TAB (QL= 2 tabs/day) | PA-QL | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| PROZAC CAP | - | 3 | ANTIDEPRESSANTS |
| PROZAC SOLN | - | 3 | ANTIDEPRESSANTS |
| PROZAC TAB | - | 3 | ANTIDEPRESSANTS |
| PROZAC WEEKLY CAP | - | NC | ANTIDEPRESSANTS |
| pseudoephedrine/brompheniramine/codeine liquid (CPB WC LIQUID equiv) | OTC | 1 | COUGH/COLD/ALLERGY |
| PULMICORT FLEXHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMICORT INH SUSP | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMOZYME INH SOLN | KMSP | 4 | RESPIRATORY AGENTS - MISC. |
| PUREFOLIX TAB | - | NC | HEMATOPOIETIC AGENTS |
| PURINETHOL TAB | - | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PURIXAN SUSP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PYLERA CAP | - | 3 | ULCER DRUGS |
| pyrazinamide tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| PYRIDIDIUM TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| pyridostigmine CR tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| QBRELIS SOLN | PA | 3 | ANTIHYPERTENSIVES |
| QNASL NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| QSYMIA CAP (QL= 1 cap/day) | PA-QL | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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Alphabetical Index
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|---|---------------------|-------------|--|
| QTERN TAB | - | NC | ANTIDIABETICS |
| QUALAQUIN CAP | - | 3 | ANTIMALARIALS |
| QUDEXY XR CAP, TOPIRAMATE ER CAP | - | NC | ANTICONVULSANTS |
| QUESTRAN LITE POWDER | - | 3 | ANTIHYPERLIPIDEMICS |
| QUESTRAN LITE POWDER PACK | - | 3 | ANTIHYPERLIPIDEMICS |
| QUESTRAN POWDER | - | 3 | ANTIHYPERLIPIDEMICS |
| QUESTRAN POWDER PACK | - | 3 | ANTIHYPERLIPIDEMICS |
| quetiapine tab (SEROQUEL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 | MULTIVITAMINS |
| QUILLIVANT XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| quinapril tab (ACCUPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 1 | ANTIARRHYTHMICS |
| QUINIDINE SULFATE ER TAB | - | 3 | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 | ANTIARRHYTHMICS |
| quinine sulfate cap (QUALAQUIN equiv) | - | 1 | ANTIMALARIALS |
| QVAR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| QVAR REDIHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| rabeprazole EC tab (ACIPHEX equiv) | - | NC | ULCER DRUGS |
| RAGWITEK SL TAB | - | NC | BIOLOGICALS MISC |
| rajani tab (BEYAZ equiv) | - | NC | CONTRACEPTIVES |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramipril cap (ALTACE equiv) | - | 1 | ANTIHYPERTENSIVES |
| RANEXA TAB | - | 2 | ANTIANGINAL AGENTS |
| ranitidine cap (ZANTAC equiv) | - | 1 | ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | 1 | ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | 1 | ULCER DRUGS |
| RAPAFLO CAP (Restricted to Urology Specialist) | RS | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| RAPAMUNE SOLN | - | 4 | ASSORTED CLASSES |
| RAPAMUNE TAB | - | 4 | ASSORTED CLASSES |
| rasagiline tab (AZILECT equiv) | - | 1 | ANTIPARKINSON AGENTS |
| RAVICTI LIQUID | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYALDEE CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYOS TAB | - | NC | CORTICOSTEROIDS |
| RAZADYNE ER CAP | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE SOLN | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RAZADYNE TAB | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBETOL SOLN | KMSP | 4 | ANTIVIRALS |
| REBIF INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|---|---------------------|-------------|---|
| RECTIV OINT | - | NC | ANORECTAL AGENTS |
| REGLAN TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 | DERMATOLOGICALS |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 | ANTIVIRALS |
| RELISTOR INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR INJ KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| REMERON SOLUTAB | - | 3 | ANTIDEPRESSANTS |
| REMERON TAB | - | 3 | ANTIDEPRESSANTS |
| RENAGEL TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| renaphro cap (NEPHROCAP equiv) | - | 1 | MULTIVITAMINS |
| RENOVA CREAM | - | NC | DERMATOLOGICALS |
| REVELA TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| repaglinide tab (PRANDIN equiv) | - | 1 | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | KMSP-PA-QL | 4 | ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | KMSP-PA-QL | 4 | ANTIHYPERLIPIDEMICS |
| REPRESXAIN TAB | - | NC | ANALGESICS - OPIOID |
| REQUIP TAB | - | 3 | ANTIPARKINSON AGENTS |
| REQUIP XL TAB | - | 3 | ANTIPARKINSON AGENTS |
| RESCON TAB | - | 3 | COUGH/COLD/ALLERGY |
| RESCRIPTOR TAB | - | 4 | ANTIVIRALS |
| RESERPINE TAB | - | 3 | ANTIHYPERTENSIVES |
| RESERVAPAK SYRUP | - | NC | ALTERNATIVE MEDICINES |
| RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 | OPHTHALMIC AGENTS |
| RESTORIL CAP 15MG | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| RESTORIL CAP 22.5MG | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| RESTORIL CAP 30MG | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| RESTORIL CAP 7.5MG | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| RETACRIT INJ | - | NC | HEMATOPOIETIC AGENTS |
| RETIN-A CREAM | PA | 3 | DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC | DERMATOLOGICALS |
| RETROVIR CAP | - | 4 | ANTIVIRALS |
| RETROVIR SYRUP | - | 4 | ANTIVIRALS |
| RETROVIR TAB | - | 4 | ANTIVIRALS |
| REVATIO SUSP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| REVATIO TAB | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| REVIA TAB | - | 3 | ANTIDOTES |
| REVLIMID CAP (QL= 1 cap/day) | KMSP-PA-QL | 3 | ASSORTED CLASSES |
| REXAPHENAC CREAM | - | NC | DERMATOLOGICALS |
| REXASIL KIT | - | NC | DERMATOLOGICALS |
| REXULTI TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| REYATAZ CAP | - | 4 | ANTIVIRALS |
| REYATAZ POWDER PACK | - | 4 | ANTIVIRALS |

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Alphabetical Index
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|---|---------------------|-------------|---|
| REZIRA SOLN | - | 3 | COUGH/COLD/ALLERGY |
| REZYST CHEW TAB | - | NC | ANTIDIARRHEALS |
| RHEUMATREX TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| RHINOCORT AQUA NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| RHOFADE CREAM | - | NC | DERMATOLOGICALS |
| RHOGAM PLUS INJ | KMSP-PA | 4 | PASSIVE IMMUNIZING AGENTS |
| RHOPRESSA OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| RIBAPAK TAB | - | NC | ANTIVIRALS |
| RIBATAB | KMSP | 4 | ANTIVIRALS |
| ribavirin cap (REBETOL equiv) | KMSP | 1 | ANTIVIRALS |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC | ANTIVIRALS |
| ribavirin tab (COPEGUS equiv) | KMSP | 1 | ANTIVIRALS |
| RIDAURA CAP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| RIFADIN CAP | - | 3 | ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| RIFATER TAB | PA | 3 | ANTIMYCOBACTERIAL AGENTS |
| RILUTEK TAB | - | NC | NEUROMUSCULAR AGENTS |
| riluzole tab (RILUTEK equiv) | - | 1 | NEUROMUSCULAR AGENTS |
| rimantadine tab (FLUMADINE equiv) | - | 1 | ANTIVIRALS |
| RIOMET SOLN | - | 3 | ANTIDIABETICS |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate) | ST | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RISPERDAL CONSTA INJ | MSP | 4 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL M ODT | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL SOLN | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERDAL TAB | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERIDONE ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RITALIN LA CAP | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| RITALIN LA CAP 60MG | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| RITALIN TAB | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ritonavir tab (NORVIR equiv) | - | 1 | ANTIVIRALS |
| RITUXAN INJ | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| rivastigmine cap (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| ROBAXIN TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |

| | | | | | |
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| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | | Vaccine Program |

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Alphabetical Index
Last Updated 8/1/2018

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|---|---------------------|-------------|---|
| ROBINUL TAB | - | 3 | ULCER DRUGS |
| ROCALTROL CAP | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ROCALTROL SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ropinirole ER tab (REQUIP XL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ROSADAN KIT | - | NC | DERMATOLOGICALS |
| ROSULA EMULSION | - | 3 | DERMATOLOGICALS |
| ROSULA GEL | - | 3 | DERMATOLOGICALS |
| ROSULA PAD | - | 3 | DERMATOLOGICALS |
| ROSULA WASH | - | NC | DERMATOLOGICALS |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 | ANTIHYPERTENSIVES |
| rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day) | QL | 1 | ANTIHYPERTENSIVES |
| rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 | ANTIHYPERTENSIVES |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 | ANTIHYPERTENSIVES |
| ROWASA KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ROXICET SOLN | - | NC | ANALGESICS - OPIOID |
| ROXICODONE TAB (QL=120 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| ROZEREM TAB (QL= 1 tab/day) | QL | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYBIX ODT | - | NC | ANALGESICS - OPIOID |
| RYDAPT CAP | KMSP-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYTARY CAP | - | NC | ANTIPARKINSON AGENTS |
| RYTHMOL SR CAP | - | 3 | ANTIARRHYTHMICS |
| RYTHMOL TAB | - | 3 | ANTIARRHYTHMICS |
| SABRIL POWDER PACK | - | NC | ANTICONVULSANTS |
| SABRIL TAB (Only available through Walgreens 888-347-3416) | LD-PA | 4 | ANTICONVULSANTS |
| SAFYRAL TAB | - | NC | CONTRACEPTIVES |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SALAGEN TAB | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| SALEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| salicylic acid shampoo (SALEX equiv) | - | 1 | DERMATOLOGICALS |
| SALIMEZ FORTE CREAM | - | NC | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| SAMSCA TAB | - | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANCTURA TAB | - | 3 | URINARY ANTISPASMODICS |
| SANCTURA XR CAP | PA | 3 | URINARY ANTISPASMODICS |
| SANCUSO PATCH (QL= 4 patches/fill) | QL-SP | 4 | ANTIEMETICS |
| SANDIMMUNE CAP | - | 4 | ASSORTED CLASSES |
| SANDIMMUNE SOLN 100MG/ML | - | 4 | ASSORTED CLASSES |
| SANDOSTATIN INJ | KMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANDOSTATIN LAR INJ KIT | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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Alphabetical Index
Last Updated 8/1/2018

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|---|---------------------|-------------|---|
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 | DERMATOLOGICALS |
| SAPHRIS SL TAB (QL= 2 tabs/day) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SARAFEM TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA PAK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 1 | ANTIEMETICS |
| SEASONIQUE TAB | - | 3 | CONTRACEPTIVES |
| seb-prev cream (OVACE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| SECONAL CAP | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| SECTRAL CAP | - | 3 | BETA BLOCKERS |
| SEEBRI NEOHALER CAP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SEGLUROMET TAB | - | NC | ANTIDIABETICS |
| selegiline cap (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | - | 1 | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | 1 | DERMATOLOGICALS |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC | DERMATOLOGICALS |
| SELRX SHAMPOO 2.3% | - | NC | DERMATOLOGICALS |
| SELZENTRY SOLN | - | 4 | ANTIVIRALS |
| SELZENTRY TAB | - | 4 | ANTIVIRALS |
| SEMPREX-D CAP | - | 3 | COUGH/COLD/ALLERGY |
| SENSIPAR TAB | LMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SEREVENT DISKUS INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SERNIVO SPRAY | - | NC | DERMATOLOGICALS |
| SEROQUEL TAB | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SEROQUEL XR TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| sertraline conc (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| SEVELAMER CARBONATE TAB | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer powder pak (REVELA equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (REVELA TAB equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| SFROWASA ENEMA | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| SHINGRIX INJ | VAC | NC | VACCINES |
| SHOHL SOLN | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SIKLOS TAB | - | NC | HEMATOPOIETIC AGENTS |
| sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| SILENOR TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| SILIQ INJ | - | NC | DERMATOLOGICALS |
| SILVADENE CREAM | - | 3 | DERMATOLOGICALS |

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Alphabetical Index
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|---|---------------------|-------------|---|
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| SILVERA PAD | - | NC | DERMATOLOGICALS |
| SIMBRINZA OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| SIMCOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| SIMPONI ARIA INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI SC INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| simvastatin tab (80mg is Not Covered) | - | 1 | ANTIHYPERLIPIDEMICS |
| simvastatin tab 80mg (This strength excluded from coverage) | - | NC | ANTIHYPERLIPIDEMICS |
| SINEMET CR TAB | - | 3 | ANTIPARKINSON AGENTS |
| SINEMET TAB | - | 3 | ANTIPARKINSON AGENTS |
| SINGULAIR CHEW TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR GRANULE PACK | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SINGULAIR TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| sirolimus tab (RAPAMUNE equiv) | - | 4 | ASSORTED CLASSES |
| SIRTURO TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |
| SITAVIG TAB | - | NC | ANTIVIRALS |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| SKELAXIN TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| SKELID TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SKLICE LOTION (QL= 1 tube/fill) | PA-QL | 3 | DERMATOLOGICALS |
| SLO-NIACIN TAB | OTC | 3 | VITAMINS |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| sodium chloride 0.9% irr soln | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium chloride inj | M | M | MINERALS & ELECTROLYTES |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 | COUGH/COLD/ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium phenylbutyrate powder (BUPHENYL equiv) | KMSP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | KMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|--|---------------------|-------------|---|
| sodium polystyrene powder (KAYEXALATE equiv) | - | 1 | ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | 1 | ASSORTED CLASSES |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 1 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR EMULSION | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | 1 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | 1 | DERMATOLOGICALS |
| SOLAICE PATCH | - | NC | DERMATOLOGICALS |
| SOLARAZE GEL (QL= 300gm/30 days) | PA-QL | 3 | DERMATOLOGICALS |
| SOLARCAINE EXTRA GEL | - | 3 | DERMATOLOGICALS |
| SOLIQUA INJ | - | NC | ANTIDIABETICS |
| SOLODYN TAB | - | NC | TETRACYCLINES |
| SOLOSEC GRANULES PACKET | - | NC | AMEBICIDES |
| SOMA TAB (QL=120 tabs/30 days) | QL | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| SOMA TAB 250MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOMATULINE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMNOTE CAP | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| SONATA CAP | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| SORIATANE CAP | KMSP | 4 | DERMATOLOGICALS |
| SORIATANE CK KIT | KMSP | 2 | DERMATOLOGICALS |
| SORILUX FOAM | - | 3 | DERMATOLOGICALS |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | 1 | BETA BLOCKERS |
| SOTYLIZE SOLN | - | NC | BETA BLOCKERS |
| SOVALDI TAB | - | NC | ANTIVIRALS |
| SPECTRACEF TAB | - | 3 | CEPHALOSPORINS |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 | DERMATOLOGICALS |
| SPIRIVA HANDIHALER (For use with Handihaler device) | PA | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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Alphabetical Index
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|---|---------------------|-------------|---|
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | PA | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| SPORANOX CAP | PA | 3 | ANTIFUNGALS |
| SPORANOX SOLN | PA | 3 | ANTIFUNGALS |
| SPRITAM TAB | - | NC | ANTICONVULSANTS |
| SPRIX NASAL SPRAY | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SPRYCEL TAB | KMSP-PA-SF | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SSKI SOLN | - | 2 | COUGH/COLD/ALLERGY |
| STAMARIL INJ | - | NC | VACCINES |
| STARLIX TAB | - | 3 | ANTIDIABETICS |
| stavudine cap (ZERIT equiv) | - | 1 | ANTIVIRALS |
| stavudine soln (ZERIT equiv) | - | 1 | ANTIVIRALS |
| STAVZOR CAP | - | NC | ANTICONVULSANTS |
| STAXYN ODT (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| STEGLATRO TAB | - | NC | ANTIDIABETICS |
| STEGLUJAN TAB | - | NC | ANTIDIABETICS |
| STELARA INJ | - | NC | DERMATOLOGICALS |
| STENDRA TAB (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| STIMATE NASAL SOLN | KMSP | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIOLTO INHALER | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRATTERA CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIBILD TAB | - | 4 | ANTIVIRALS |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STROMEKTOL TAB | - | 3 | ANTHELMINTICS |
| STROVITE TAB | - | 3 | MULTIVITAMINS |
| SUBLOCADE INJ | - | NC | ANALGESICS - OPIOID |
| SUBOXONE SL FILM | - | 2 | ANALGESICS - OPIOID |
| SUBOXONE SL TAB | - | NC | ANALGESICS - OPIOID |
| SUBSYS SPRAY | - | NC | ANALGESICS - OPIOID |
| SUCLEAR KIT | - | NC | LAXATIVES |
| SUCRAID SOLN | - | NC | DIGESTIVE AIDS |
| sucrafate tab (CARAFATE equiv) | - | 1 | ULCER DRUGS |
| SULAR TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| SULFADIAZINE TAB | - | 1 | SULFONAMIDES |
| SULFAMYLON CREAM | - | 2 | DERMATOLOGICALS |
| SULFAMYLON PACK | - | NC | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |

| | | | | | |
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| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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Alphabetical Index
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|---|---------------------|-------------|---|
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| SUMADAN KIT | - | NC | DERMATOLOGICALS |
| SUMADEN XLT KIT | - | NC | DERMATOLOGICALS |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan/naproxen tab (TREMIMET equiv) | - | NC | MIGRAINE PRODUCTS |
| SUMAVEL DOSEPRO INJ | - | NC | MIGRAINE PRODUCTS |
| SUMAXIN PAD | - | 3 | DERMATOLOGICALS |
| SUMAXIN TS SUSP | - | 3 | DERMATOLOGICALS |
| SUMAXIN WASH | - | 3 | DERMATOLOGICALS |
| SUPRAX CAP | - | 3 | CEPHALOSPORINS |
| SUPRAX CHEW TAB | - | 3 | CEPHALOSPORINS |
| SUPRAX SUSP | - | 3 | CEPHALOSPORINS |
| SUPRAX SUSP 500MG/5ML | - | 3 | CEPHALOSPORINS |
| SUPRAX TAB | - | 3 | CEPHALOSPORINS |
| SUPREP SOLN (Step Therapy requires trial of CLENPIQ) | ST | 3 | LAXATIVES |
| SURMONTIL CAP | - | 3 | ANTIDEPRESSANTS |
| SUSTIVA CAP | - | 4 | ANTIVIRALS |
| SUSTIVA TAB | - | 4 | ANTIVIRALS |
| SUSTOL INJ | - | NC | ANTIEMETICS |
| SUTENT CAP | KMSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SUTTAR SF SYRUP | - | 3 | COUGH/COLD/ALLERGY |
| SYLATRON INJ | MSP-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMAX DUOTAB | - | 3 | ULCER DRUGS |
| SYMBICORT INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SYMBYAX CAP | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SYMDEKO TAB | - | NC | RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB (QL= 1 tab/day) | QL | 4 | ANTIVIRALS |
| SYMLINPEN INJ | - | NC | ANTIDIABETICS |
| SYMPROIC TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | NC | ANTIVIRALS |
| SYNAREL NASAL SOLN | KMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SYNDROS SOLN | - | NC | ANTIEMETICS |
| SYNERA PATCH | - | 3 | DERMATOLOGICALS |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNRIBO INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYNTHROID TAB | - | 1 | THYROID AGENTS |

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|---|---------------------|-------------|---|
| SYNVEZIA TC CREAM | - | NC | DERMATOLOGICALS |
| SYPRINE CAP | KMSP-PA | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| TABLOID TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TACLONEX OINT | - | 3 | DERMATOLOGICALS |
| TACLONEX SCALP SUSP | - | 3 | DERMATOLOGICALS |
| tacrolimus cap (PROGRAF equiv) | - | 4 | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 | DERMATOLOGICALS |
| TAFINLAR CAP (QL= 4 caps/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAGAMET TAB | - | 3 | ULCER DRUGS |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALTZ INJ | - | NC | DERMATOLOGICALS |
| TAMBOCOR TAB | - | 3 | ANTIARRHYTHMICS |
| TAMIFLU CAP (QL= 10 caps/fill) | QL | 3 | ANTIVIRALS |
| TAMIFLU CAP 30MG (QL= 20 caps/fill) | QL | 3 | ANTIVIRALS |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| TANZEUM INJ | - | NC | ANTIDIABETICS |
| TAPAZOLE TAB | - | 3 | THYROID AGENTS |
| TARCEVA TAB | KMSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARGADOX TAB | - | NC | TETRACYCLINES |
| TARGRETIN CAP | KMSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARGRETIN GEL | KMSP | 4 | DERMATOLOGICALS |
| TARKA TAB | - | 3 | ANTIHYPERTENSIVES |
| TASIGNA CAP | KMSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TASMAR TAB | - | 3 | ANTIPARKINSON AGENTS |
| TAVALISSE TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| TAYTULLA CAP | - | NC | CONTRACEPTIVES |
| tazarotene cream (TAZORAC equiv) | - | 1 | DERMATOLOGICALS |
| TAZORAC CREAM | - | 3 | DERMATOLOGICALS |
| TAZORAC GEL | - | 3 | DERMATOLOGICALS |
| TECFIDERA CAP | LMSP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECFIDERA STARTER PACK | LMSP | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECHNIVIE TAB | - | NC | ANTIVIRALS |
| TEGRETOL CHEW TAB | - | 3 | ANTICONVULSANTS |
| TEGRETOL SUSP | - | 3 | ANTICONVULSANTS |
| TEGRETOL TAB | - | 3 | ANTICONVULSANTS |
| TEGRETOL XR TAB | - | 3 | ANTICONVULSANTS |
| TEKAMLO TAB | - | 3 | ANTIHYPERTENSIVES |
| TEKTURNA HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| TEKTURNA TAB | - | 3 | ANTIHYPERTENSIVES |
| telmisartan tab (MICARDIS equiv) | - | 1 | ANTIHYPERTENSIVES |

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|---|---------------------|-------------|---|
| telmisartan/amlodipine tab (TWINSTA equiv) | - | NC | ANTIHYPERTENSIVES |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | NC | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| TEMOVATE CREAM | PA | 3 | DERMATOLOGICALS |
| TEMOVATE GEL | PA | 3 | DERMATOLOGICALS |
| TEMOVATE OINT | PA | 3 | DERMATOLOGICALS |
| TEMOVATE SOLN | PA | 3 | DERMATOLOGICALS |
| TEMOVATE-E CREAM | PA | 3 | DERMATOLOGICALS |
| temozolomide cap (TEMODAR equiv) | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TENEX TAB | - | 3 | ANTIHYPERTENSIVES |
| tenofovir disoproxil fumarate tab 300mg (VIREAD equiv) | - | 4 | ANTIVIRALS |
| TENORETIC TAB | - | 3 | ANTIHYPERTENSIVES |
| TENORMIN TAB | - | 3 | BETA BLOCKERS |
| TERAZOL CREAM | - | 3 | VAGINAL PRODUCTS |
| TERAZOL SUPP | - | 3 | VAGINAL PRODUCTS |
| terazosin cap (HYTRIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | 1 | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 8% | - | 1 | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TESSALON CAP | - | 3 | COUGH/COLD/ALLERGY |
| TEST STRIP (all other test strips) | OTC | NC | DIAGNOSTIC PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| tetrabenazine tab (XENAZINE equiv) | MSP-PA | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracycline cap | - | 1 | TETRACYCLINES |
| TETRACYCLINE CAP | - | 3 | TETRACYCLINES |
| TEVETEN HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| TEVETEN TAB | - | 3 | ANTIHYPERTENSIVES |
| TEXACORT SOLN | - | 3 | DERMATOLOGICALS |
| THALOMID CAP | KMSP-PA | 4 | ASSORTED CLASSES |

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Alphabetical Index
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|---|---------------------|-------------|--|
| THEO-24 CAP | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THIOLA TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| thioridazine tab (MELLARIL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| THYROLAR TAB | - | 2 | THYROID AGENTS |
| tiagabine tab (GABITRIL equiv) | - | 1 | ANTICONVULSANTS |
| TIAZAC CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| TIBSOVO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TICANASE PAK | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| TICLOPIDINE TAB | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ticlopidine tab (TICLID equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| TIGAN CAP | - | 3 | ANTIEMETICS |
| TIKOSYN CAP | - | 3 | ANTIARRHYTHMICS |
| TIMENTIN INJ | M | M | PENICILLINS |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 | BETA BLOCKERS |
| TIMOLOL OPHTH GEL SOLN | - | 2 | OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| TIMOPTIC OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| TIMOPTIC-XE OPHTH GEL | - | 3 | OPHTHALMIC AGENTS |
| TINDAMAX TAB | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| tinidazole tab (TINDAMAX equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| TIROSINT CAP | - | 3 | THYROID AGENTS |
| TIVICAY TAB (QL= 2 tabs/day) | QL | 4 | ANTIVIRALS |
| tizanidine cap (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TIZANIDINE COMFORT KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TOBI NEB SOLN | - | NC | AMINOGLYCOSIDES |
| TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist) | KMSP-RS | 4 | AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| TOBRADEX OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| TOBRADEX ST OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | KMSP-RS | 4 | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) | - | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TOBREX OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| TOBREX OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | \$0 | VAGINAL PRODUCTS |

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Alphabetical Index
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|--|---------------------|-------------|--|
| TOFRANIL PM CAP | - | 3 | ANTIDEPRESSANTS |
| TOFRANIL TAB | - | 3 | ANTIDEPRESSANTS |
| tolazamide tab (TOLINASE equiv) | - | 1 | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | 2 | ANTIDIABETICS |
| tolcapone tab (TASMAR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| TOLMETIN CAP | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| tolmetin cap (TOLECTIN DS equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| TOLMETIN TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| tolterodine SR cap (DETROL LA equiv) | - | 1 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | 1 | URINARY ANTISPASMODICS |
| TOPAMAX SPRINKLE CAP | - | 3 | ANTICONVULSANTS |
| TOPAMAX TAB | - | 3 | ANTICONVULSANTS |
| TOPICORT CREAM | - | 3 | DERMATOLOGICALS |
| TOPICORT GEL | - | 3 | DERMATOLOGICALS |
| TOPICORT OINT | - | 3 | DERMATOLOGICALS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| TOPROL XL TAB | - | 3 | BETA BLOCKERS |
| torseamide tab (DEMADEX equiv) | - | 1 | DIURETICS |
| TOUJEO MAX SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| TOVIAZ TAB | PA | 3 | URINARY ANTISPASMODICS |
| TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 | CARDIOVASCULAR AGENTS - MISC. |
| TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB | - | NC | ANTIDIABETICS |
| TRAMADOL COMPOUND KIT | - | NC | DERMATOLOGICALS |
| TRAMADOL ER CAP | - | NC | ANALGESICS - OPIOID |
| tramadol ER tab (ULTRAM ER equiv) (QL= 30 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) (QL=240 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) (QL= 240 tabs/30 days) | QL | 1 | ANALGESICS - OPIOID |
| TRANDATE TAB | - | 3 | BETA BLOCKERS |
| trandolapril tab (MAVIK equiv) | - | 1 | ANTIHYPERTENSIVES |
| trandolapril/verapamil ER tab (TARKA equiv) | - | 1 | ANTIHYPERTENSIVES |
| tranexamic acid inj (CYKLOKAPRON equiv) | M | M | HEMOSTATICS |
| tranexamic acid tab (LYSTEDA equiv) | - | 1 | HEMOSTATICS |
| TRANSDERM-SCOP PATCH | - | 3 | ANTIEMETICS |
| TRANXENE-T TAB | - | 3 | ANTIANKXIETY AGENTS |
| tranylcypromine tab (PARNATE equiv) | - | 1 | ANTIDEPRESSANTS |
| TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | 1 | ANTIDEPRESSANTS |
| trazodone tab 300mg (DESYREL equiv) | - | NC | ANTIDEPRESSANTS |
| TRECTOR TAB | PA | 3 | ANTIMYCOBACTERIAL AGENTS |
| TRELEGY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TRELSTAR INJ | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREMFYA INJ | - | NC | DERMATOLOGICALS |
| TRENTAL TAB | - | 3 | HEMATOLOGICAL AGENTS - MISC. |

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| | Available through Specialty Pharmacy Program | ST | Step Therapy | | Vaccine Program |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| TRESIBA INJ | - | NC | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | KMSP | 4 | ANTINEOPLASTICS |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| TRETIN-X CREAM | PA | 3 | DERMATOLOGICALS |
| TREXALL TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREXIMET TAB | - | NC | MIGRAINE PRODUCTS |
| triamcinolone cream | - | 1 | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | 1 | DERMATOLOGICALS |
| triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone oint | - | 1 | DERMATOLOGICALS |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone spray (KENALOG equiv) | - | 1 | DERMATOLOGICALS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 | DIURETICS |
| TRIANEX OINT | - | NC | DERMATOLOGICALS |
| TRIAZOLAM TAB | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| triazolam tab (HALCION equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| TRIBENZOR TAB | - | NC | ANTIHYPERTENSIVES |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tricon cap (TRINSICON equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| TRICOR TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| triderm cream | - | NC | DERMATOLOGICALS |
| trientine cap (SYPRINE equiv) | KMSP-PA | 4 | MISCELLANEOUS THERAPEUTIC CLASSES |
| trifluoperazine tab (STELAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| trifluridine ophth soln (VIROPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| TRIGLIDE TAB | - | NC | ANTIHYPERLIPIDEMICS |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 | ANTIPARKINSON AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 | ANTIPARKINSON AGENTS |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 | CONTRACEPTIVES |
| TRILEPTAL SUSP | - | 2 | ANTICONVULSANTS |
| TRILEPTAL TAB | - | 3 | ANTICONVULSANTS |
| TRILIPIX CAP | - | 1 | ANTIHYPERLIPIDEMICS |
| TRI-LUMA CREAM | - | NC | DERMATOLOGICALS |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | 1 | ANTIEMETICS |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimipramine cap (SURMONTIL equiv) | - | 1 | ANTIDEPRESSANTS |
| tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 | CONTRACEPTIVES |
| TRI-NORINYL TAB | - | 3 | CONTRACEPTIVES |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL | 3 | ANTIDEPRESSANTS |

| | | | | | |
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| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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|---|---------------------|-------------|--|
| TRIUMEQ TAB | - | 4 | ANTIVIRALS |
| TRI-VIT/FLUO DROP | - | 1 | MULTIVITAMINS |
| TRIZIVIR TAB | - | 4 | ANTIVIRALS |
| TROKENDI XR CAP | - | NC | ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| tropium chloride SR cap (SANCTURA XR equiv) | PA | 1 | URINARY ANTISPASMODICS |
| tropium tab (SANCTURA equiv) | - | 1 | URINARY ANTISPASMODICS |
| TRULANCE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ | - | NC | ANTIDIABETICS |
| TRUSOPT OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| TRUVADA TAB | PA | 4 | ANTIVIRALS |
| TUDORZA PRESSAIR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TUSNEL SYRUP | - | 3 | COUGH/COLD/ALLERGY |
| TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days) | QL | 3 | COUGH/COLD/ALLERGY |
| tussigon tab (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 3 | COUGH/COLD/ALLERGY |
| TUSSI-ORGANI SYRUP (QL= 240ml/fill) | QL | 3 | COUGH/COLD/ALLERGY |
| TUSSI-PRES LIQUID | - | NC | COUGH/COLD/ALLERGY |
| TUZISTRA XR SUSP | - | NC | COUGH/COLD/ALLERGY |
| TWYNSTA TAB | - | NC | ANTIHYPERTENSIVES |
| TYBOST TAB | - | NC | ANTIVIRALS |
| tydemy tab (SAFYRAL equiv) | - | NC | CONTRACEPTIVES |
| TYKERB TAB | KMSP-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYLENOL/CODEINE TAB (QL=180 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| TYMLOS INJ | KMSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 | CARDIOVASCULAR AGENTS - MISC. |
| TYZEKA TAB | KMSP-PA | 4 | ANTIVIRALS |
| TYZINE NASAL SOLN | - | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| UCERIS RECTAL FOAM | PA | 3 | ANORECTAL AGENTS |
| U-CORT CREAM | - | 2 | DERMATOLOGICALS |
| ULESFIA LOTION (QL= 4 bottles/fill) | QL | 3 | DERMATOLOGICALS |
| ULORIC TAB (Step Therapy requires trial of allopurinol) | ST | 2 | GOUT AGENTS |
| ULTRACET TAB | - | NC | ANALGESICS - OPIOID |
| ULTRAM TAB (QL=240 tabs/30 days) | QL | 3 | ANALGESICS - OPIOID |
| ULTRAVATE CREAM | - | 3 | DERMATOLOGICALS |
| ULTRAVATE LOTION | - | 3 | DERMATOLOGICALS |
| ULTRAVATE OINT | - | 3 | DERMATOLOGICALS |
| ULTRAVATE PAC KIT | - | NC | DERMATOLOGICALS |
| ULTRESA CAP (Step Therapy requires trial of CREON) | ST | 3 | DIGESTIVE AIDS |
| UMECTA EMULSION | - | NC | DERMATOLOGICALS |
| UMECTA SUSP | - | NC | DERMATOLOGICALS |
| UNIPHYL TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| UNIRETIC TAB | - | 3 | ANTIHYPERTENSIVES |
| UNIVASC TAB | - | 3 | ANTIHYPERTENSIVES |

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Alphabetical Index
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|---|---------------------|-------------|---|
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 | CARDIOVASCULAR AGENTS - MISC. |
| URAMAXIN CREAM | - | NC | DERMATOLOGICALS |
| URAMAXIN GEL | - | NC | DERMATOLOGICALS |
| urea cream | - | NC | DERMATOLOGICALS |
| urea emulsion | - | NC | DERMATOLOGICALS |
| urea gel (URAMAXIN equiv) | - | NC | DERMATOLOGICALS |
| UREA LOTION | - | NC | DERMATOLOGICALS |
| UREA NAIL KIT | - | NC | DERMATOLOGICALS |
| UREA SUSP | - | NC | DERMATOLOGICALS |
| urea susp 40% (UMECTA equiv) | - | NC | DERMATOLOGICALS |
| URECHOLINE TAB | - | 3 | URINARY ANTISPASMODICS |
| URELIEF PLUS TAB | - | NC | URINARY ANTISPASMODICS |
| UROCID-K TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| UROQID #2 TAB | - | 3 | URINARY ANTI-INFECTIVES |
| UROXATRAL TAB | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| URSO FORTE TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol cap (ACTIGALL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| UTA cap | - | NC | URINARY ANTI-INFECTIVES |
| UTIBRON NEOHALER CAP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 3 | VAGINAL PRODUCTS |
| valacyclovir tab (VALTREX equiv) | - | 1 | ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 | DERMATOLOGICALS |
| VALCYTE SOLN | - | 4 | ANTIVIRALS |
| VALCYTE TAB | - | 3 | ANTIVIRALS |
| valganciclovir soln (VALCYTE equiv) | - | 4 | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | 1 | ANTIVIRALS |
| VALIUM TAB | - | 3 | ANTIAXIETY AGENTS |
| valproate inj (DEPAICON equiv) | - | NC | ANTICONSULSANTS |
| valproic acid cap (DEPAKENE equiv) | - | 1 | ANTICONSULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 | ANTICONSULSANTS |
| valsartan tab (DIOVAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| VALTREX TAB | - | 3 | ANTIVIRALS |
| VALTURNA TAB | - | 3 | ANTIHYPERTENSIVES |
| VANOCOCIN CAP (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN) | QL-ST | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin cap (VANOCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN) | QL-ST | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN SOLN KIT | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| VANIQA CREAM | - | NC | DERMATOLOGICALS |
| VANOS CREAM | - | NC | DERMATOLOGICALS |
| VANTIN TAB | - | 3 | CEPHALOSPORINS |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |

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Alphabetical Index
Last Updated 8/1/2018

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|--|---------------------|-------------|--|
| VASCEPA CAP | - | NC | ANTIHYPERLIPIDEMICS |
| VASERETIC TAB | - | 3 | ANTIHYPERTENSIVES |
| vasolex oint (XENADERM equiv) | - | NC | DERMATOLOGICALS |
| VASOTEC TAB | - | 3 | ANTIHYPERTENSIVES |
| VAXCHORA SUSP | - | NC | VACCINES |
| V-C FORTE CAP | - | 3 | MULTIVITAMINS |
| vcf vaginal gel (CONCEPTROL equiv) | OTC | \$0 | VAGINAL PRODUCTS |
| VECTICAL OINT | - | 3 | DERMATOLOGICALS |
| VELPHORO CHEW TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| VELTASSA POWDER | KMSP-PA | 4 | ASSORTED CLASSES |
| VELTIN GEL | - | 3 | DERMATOLOGICALS |
| VEMLIDY TAB | KMSP | 4 | ANTIVIRALS |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENELEX OINT | - | 2 | DERMATOLOGICALS |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 | ANTIDEPRESSANTS |
| venlafaxine ER tab | - | NC | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | 1 | ANTIDEPRESSANTS |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 | CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VERAMYST NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| verapamil SR cap (VERELAN PM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL SR CAP 360mg | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil tab (CALAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERDESO FOAM | - | 3 | DERMATOLOGICALS |
| VEREGEN OINT | - | NC | DERMATOLOGICALS |
| VERELAN CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERELAN PM CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERELAN SR CAP 360mg | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERIPRED SOLN | - | 3 | CORTICOSTEROIDS |
| VERSACLOZ SUSP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VERZENIO TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE TAB | - | 2 | URINARY ANTISPASMODICS |
| VEXOL OPTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| VFEND SUSP (Restricted to Infectious Disease Specialist) | RS | 3 | ANTIFUNGALS |
| VFEND TAB (Restricted to Infectious Disease Specialist) | RS | 3 | ANTIFUNGALS |
| V-GO INJ KIT (QL= 1 kit/day) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| VIAGRA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| VIBERZI TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VIBRAMYCIN CAP | - | 3 | TETRACYCLINES |
| VIBRAMYCIN SUSP | - | 3 | TETRACYCLINES |
| VIBRAMYCIN SYRUP | - | 3 | TETRACYCLINES |
| VICOPROFEN TAB | - | NC | ANALGESICS - OPIOID |

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Alphabetical Index
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| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 | ANTIDIABETICS |
| VICTRELIS CAP | MSP-PA-SF | 4 | ANTIVIRALS |
| VIDEX EC CAP | - | 4 | ANTIVIRALS |
| VIDEX EC CAP 125MG | - | 4 | ANTIVIRALS |
| VIDEX SOLN | - | 4 | ANTIVIRALS |
| VIEKIRA XR TAB | - | NC | ANTIVIRALS |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 4 | ANTICONVULSANTS |
| VIGAMOX OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| VIIBRYD STARTER KIT | - | NC | ANTIDEPRESSANTS |
| VIIBRYD TAB | - | NC | ANTIDEPRESSANTS |
| VIMOVO TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIMPAT SOLN | - | 2 | ANTICONVULSANTS |
| VIMPAT TAB (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| VIRACEPT POWDER | - | 4 | ANTIVIRALS |
| VIRACEPT TAB | - | 4 | ANTIVIRALS |
| VIRAMUNE SUSP | - | 4 | ANTIVIRALS |
| VIRAMUNE TAB | - | 4 | ANTIVIRALS |
| VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine) | ST | 4 | ANTIVIRALS |
| VIREAD TAB | - | 4 | ANTIVIRALS |
| VIREAD TAB 150MG, 200MG, 250MG | - | 4 | ANTIVIRALS |
| VIROPTIC OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| VISICOL TAB | - | 3 | LAXATIVES |
| VISTARIL CAP | - | 3 | ANTIAXIETY AGENTS |
| VISTOGARD PAK | - | NC | ANTIDOTES |
| vitamin D cap (Rx covered Only) | - | 1 | VITAMINS |
| vitamin D cap 1000unit (Covered for members 65 years or older) | OTC | \$0 | VITAMINS |
| vitamin D cap 400unit (Covered for members 65 years or older) | OTC | \$0 | VITAMINS |
| VITAMIN D TAB 400UNIT (Covered for members 65 years or older) | OTC | \$0 | VITAMINS |
| VITEKTA TAB | - | 3 | ANTIVIRALS |
| VIVACTIL TAB | - | 3 | ANTIDEPRESSANTS |
| VIVELLE-DOT PATCH | - | 3 | ESTROGENS |
| VIVITROL INJ | - | NC | ANTIDOTES |
| VIVLODEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIVOTIF CAP (QL= 4 caps/fill) | QL-VAC | 2 | VACCINES |
| VOGELXO PUMP | - | NC | ANDROGENS-ANABOLIC |
| VOLTAREN GEL (QL= 5 tubes/fill) | QL | 3 | DERMATOLOGICALS |
| VOLTAREN OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| VOLTAREN TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| VOLTAREN XR TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| VOPAC 5 CREAM | - | NC | DERMATOLOGICALS |
| VOPAC CREAM | - | NC | DERMATOLOGICALS |
| VOPAC GB CREAM | - | NC | DERMATOLOGICALS |
| voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 1 | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 1 | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | KMSP-PA-QL | 4 | ANTIVIRALS |
| VOSOL HC OTIC SOLN | - | 3 | OTIC AGENTS |
| VOSOL OTIC SOLN | - | 3 | OTIC AGENTS |
| VOSPIRE ER TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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Alphabetical Index
Last Updated 8/1/2018

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|---|---------------------|-------------|---|
| VOTRIENT TAB | KMSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VRAYLAR CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VRAYLAR PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VSL #3 CAP | - | NC | ANTIDIARRHEALS |
| VYTONER CREAM 1.9-1% | - | NC | DERMATOLOGICALS |
| VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered)) | QL | 3 | ANTHYPERLIPIDEMICS |
| VYTORIN TAB 10-80MG | - | NC | ANTHYPERLIPIDEMICS |
| VYVANSE CAP | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYVANSE CHEW TAB | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYZULTA SOLN | - | NC | OPHTHALMIC AGENTS |
| warfarin tab (COUMADIN equiv) | - | 1 | ANTICOAGULANTS |
| WELCHOL PACK | - | 1 | ANTHYPERLIPIDEMICS |
| WELCHOL TAB | - | 1 | ANTHYPERLIPIDEMICS |
| WELLBUTRIN SR TAB | - | 3 | ANTIDEPRESSANTS |
| WELLBUTRIN TAB | - | 3 | ANTIDEPRESSANTS |
| WELLBUTRIN XL TAB | - | 3 | ANTIDEPRESSANTS |
| WESTCORT OINT | - | NC | DERMATOLOGICALS |
| WINRHO SDF INJ | KMSP-PA | 4 | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| WPR PLUS | - | NC | DERMATOLOGICALS |
| wymzya FE tab (FEMCON FE equiv) | - | \$0 | CONTRACEPTIVES |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 | ANTIPARKINSON AGENTS |
| XALATAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 3 | OPHTHALMIC AGENTS |
| XALIX SOL | - | NC | DERMATOLOGICALS |
| XALKORI CAP (QL= 2 caps/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XANAX TAB | - | 3 | ANTIAXIETY AGENTS |
| XANAX XR TAB | - | 3 | ANTIAXIETY AGENTS |
| XAQUIL XR TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| XARELTO STARTER PACK | - | 2 | ANTICOAGULANTS |
| XARELTO TAB | - | 2 | ANTICOAGULANTS |
| XARTEMIS XR TAB | - | NC | ANALGESICS - OPIOID |
| XATMEP SOLN | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XELJANZ TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| XELODA TAB | KMSP | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XENADERM OINT | - | NC | DERMATOLOGICALS |
| XENAZINE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XERESE CREAM | - | 3 | DERMATOLOGICALS |
| XERMELO TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| XHANCE NASAL EXHALER | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA) | PA-QL | 3 | ANTI-INFECTIVE AGENTS - MISC. |

| | | | | | |
|------|---|------|--|------|--------------------------------------|
| INF | NC =Not Covered | | generic =small letters | | BRANDS =CAPITAL LETTERS |
| LMSP | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program | LD | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Alphabetical Index
Last Updated 8/1/2018

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | - | NC | ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | - | NC | ANTIDIABETICS |
| XIIDRA OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| XIMINO CAP | - | NC | TETRACYCLINES |
| XODOL TAB 10MG-300MG | - | NC | ANALGESICS - OPIOID |
| XODOL TAB 5MG-300MG | - | NC | ANALGESICS - OPIOID |
| XODOL TAB 7.5MG-300MG | - | NC | ANALGESICS - OPIOID |
| XOLEGEL | - | NC | DERMATOLOGICALS |
| XOPENEX NEB SOLN | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | PA-QL | 2 | ANALGESICS - OPIOID |
| XTANDI CAP (QL= 4 caps/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XULANE PATCH | - | \$0 | CONTRACEPTIVES |
| XULTOPHY INJ | - | NC | ANTIDIABETICS |
| XURIDEN POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XYLOCAINE SOLN | - | 3 | DERMATOLOGICALS |
| XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688) | LD-PA-QL | 4 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYZAL SOLN | - | NC | ANTIHISTAMINES |
| XYZAL TAB | - | NC | ANTIHISTAMINES |
| XYZBAC TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| YASMIN TAB | - | \$0 | CONTRACEPTIVES |
| YAZ TAB | - | \$0 | CONTRACEPTIVES |
| YODOXIN TAB | - | 3 | AMEBICIDES |
| YOSPRALA TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ZADITOR OPTH SOLN | OTC | NC | OPHTHALMIC AGENTS |
| zafirlukast tab (ACCOLATE equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ZANAFLEX CAP | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| ZANAFLEX TAB | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| ZANOSAR INJ | M | M | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZANTAC CAP | - | 3 | ULCER DRUGS |
| ZANTAC EFFER TAB | - | 3 | ULCER DRUGS |
| ZANTAC GRANULE PACKET | - | 3 | ULCER DRUGS |
| ZANTAC SYRUP | - | 3 | ULCER DRUGS |
| ZANTAC TAB | - | 3 | ULCER DRUGS |
| ZARONTIN CAP | - | 3 | ANTICONVULSANTS |
| ZARONTIN SOLN | - | 3 | ANTICONVULSANTS |
| ZAROXOLYN TAB | - | 3 | DIURETICS |
| ZARXIO INJ | KMSP | 4 | HEMATOPOIETIC AGENTS |
| ZAVESCA CAP (Only available through Accredo 888-773-7376) | LD-PA | 4 | HEMATOPOIETIC AGENTS |
| ZEBETA TAB | - | 3 | BETA BLOCKERS |
| ZECUITY PAD | - | NC | MIGRAINE PRODUCTS |
| ZEGERID CAP | - | NC | ULCER DRUGS |

| | | | |
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| LMSP | Infertility | KMSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Quantity Limit |
| SP | Restricted to Specialist | SF | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Vaccine Program |
| | | | Limited to two 15 day fills per month for first 3 months |
| | | | Step Therapy |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Alphabetical Index
Last Updated 8/1/2018

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| ZEGERID CAP OTC | OTC | 1 | ULCER DRUGS |
| ZEGERID POWDER PACK | - | NC | ULCER DRUGS |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELAPAR ODT | - | 3 | ANTIPARKINSON AGENTS |
| ZELBORAF TAB | MSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZEMPLAR CAP | MSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ZENPEP CAP (Step Therapy requires trial of CREON) | ST | 3 | DIGESTIVE AIDS |
| ZENZEDI TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ZEPATIER TAB | - | NC | ANTIVIRALS |
| ZERIT CAP | - | 4 | ANTIVIRALS |
| ZERIT SOLN | - | 4 | ANTIVIRALS |
| ZESTORETIC TAB | - | 3 | ANTIHYPERTENSIVES |
| ZETIA TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone) | QL-ST | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ZIAC TAB | - | 3 | ANTIHYPERTENSIVES |
| ZIAGEN SOLN | - | 4 | ANTIVIRALS |
| ZIAGEN TAB | - | 4 | ANTIVIRALS |
| ZIANA GEL | - | 3 | DERMATOLOGICALS |
| zidovudine cap (RETROVIR equiv) | - | 1 | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | 1 | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) | - | 1 | ANTIVIRALS |
| zileuton ER tab (ZYFLO CR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZINBRYTA INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| zinc sulfate cap | - | 1 | MINERALS & ELECTROLYTES |
| ZIOPTAN OPHTH SOLN (QL= 1 bottle/day; Step Therapy requires trial of latanoprost) | QL-ST | 3 | OPHTHALMIC AGENTS |
| ziprasidone cap (GEODON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIRGAN OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | 3 | MACROLIDES |
| ZITHROMAX SUSP | - | 3 | MACROLIDES |
| ZITHROMAX TAB | - | 3 | MACROLIDES |
| ZMAX SUSP | - | 3 | MACROLIDES |
| ZOCOR TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| ZOCOR TAB 80MG | - | NC | ANTIHYPERLIPIDEMICS |
| ZOFRAN ODT | - | 3 | ANTIEMETICS |
| ZOFRAN SOLN | - | 3 | ANTIEMETICS |
| ZOFRAN TAB | - | 3 | ANTIEMETICS |
| ZOXYDRO ER CAP | - | NC | ANALGESICS - OPIOID |
| ZOLINZA CAP | KMSP-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |

| | | | | | |
|------|---|------|--|------|--------------------------------------|
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| LMSP | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program | LD | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Alphabetical Index
Last Updated 8/1/2018

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| ZOLOFT CONC | - | 3 | ANTIDEPRESSANTS |
| ZOLOFT TAB | - | 3 | ANTIDEPRESSANTS |
| zolpidem ER tab (AMBIEN CR equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ZOLPIMIST SPRAY | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| ZONATUSS CAP 150MG | - | NC | COUGH/COLD/ALLERGY |
| ZONEGRAN CAP | - | 3 | ANTICONVULSANTS |
| zonisamide cap (ZONEGRAN equiv) | - | 1 | ANTICONVULSANTS |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 | HEMATOLOGICAL AGENTS - MISC. |
| ZORPRIN TAB | - | 3 | ANALGESICS - NONNARCOTIC |
| ZORTRESS TAB | KMSP-PA | 4 | ASSORTED CLASSES |
| ZORVOLEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZOVIRAX CAP | - | 3 | ANTIVIRALS |
| ZOVIRAX CREAM | - | 3 | DERMATOLOGICALS |
| ZOVIRAX OINT | - | NC | DERMATOLOGICALS |
| ZOVIRAX SUSP | - | 3 | ANTIVIRALS |
| ZOVIRAX TAB | - | 3 | ANTIVIRALS |
| ZUBSOLV SL TAB | - | NC | ANALGESICS - OPIOID |
| ZUPLLENZ SL FILM | - | NC | ANTIEMETICS |
| ZURAMPIC TAB | - | NC | GOUT AGENTS |
| ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days) | QL | 3 | COUGH/COLD/ALLERGY |
| ZYBAN TAB | SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZYCLARA CREAM | - | NC | DERMATOLOGICALS |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYFLO CR TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYFLO TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYKADIA CAP (QL= 5 caps/day) | KMSP-PA-QL-SF | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 | OPHTHALMIC AGENTS |
| ZYLOPRIM TAB | - | 3 | GOUT AGENTS |
| ZYMAXID OPHTH SOLN (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | 3 | OPHTHALMIC AGENTS |
| ZYPITAMAG TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ZYPREXA TAB | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYPREXA ZYDIS TAB | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZYTIGA TAB 250MG (QL= 4 tabs/day) | KMSP-PA-QL-SF | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYTIGA TAB 500MG (QL= 2 tabs/da) | KMSP-PA-QL-SF | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYVOX SUSP (Restricted to Infectious Disease Specialist) | RS | 3 | ANTI-INFECTIVE AGENTS - MISC. |

| | | | | | |
|------|---|------|--|------|--------------------------------------|
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| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| SP | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Alphabetical Index
Last Updated 8/1/2018

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|-------------------------------|
| ZYVOX TAB (Restricted to Infectious Disease Specialist) | RS | 3 | ANTI-INFECTIVE AGENTS - MISC. |

| | | | | | |
|------|---|------|--|------|--------------------------------------|
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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--|--|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| ADDERALL XR CAP | - | 1 |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 |
| dextroamphetamine soln (PROCENTRA equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| VYVANSE CAP | - | 2 |
| VYVANSE CHEW TAB | - | 2 |
| ADDERALL TAB | - | 3 |
| DEXEDRINE CAP | - | 3 |
| PROCENTRA SOLN | - | 3 |
| ADZENYS XR TAB | - | NC |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | NC |
| DESOXYN TAB | - | NC |
| methamphetamine tab (DESOXYN equiv) | - | NC |
| MYDAYIS CAP | - | NC |
| ZENZEDI TAB | - | NC |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC |
| ANALECTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 1 |
| CAFCIT SOLN | - | 2 |
| CAFCIT INJ | - | NC |
| ANOREXIANTS NON-AMPHETAMINE | | |
| phentermine cap (ADIPEX equiv) (QL= 1 cap/day) | PA-QL | 1 |
| phentermine tab (ADIPEX equiv) (QL= 1 tab/day) | PA-QL | 1 |
| ADIPEX-P CAP | PA-QL | 3 |
| ADIPEX-P TAB | PA-QL | 3 |
| QSYMIA CAP (QL= 1 cap/day) | PA-QL | 3 |
| phendimetrazine tab | - | NC |
| ANTI-OBESITY AGENTS | | |
| BELVIQ TAB (QL= 2 tabs/day) | PA-QL | 2 |
| BELVIQ XR TAB (QL= 1 tab/day) | PA-QL | 2 |
| CONTRAVE TAB (QL= 4 tabs/day) | PA-QL | 2 |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap (STRATTERA equiv) | - | 1 |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| INTUNIV TAB | - | 3 |
| clonidine ER tab (KAPVAY equiv) | - | NC |
| KAPVAY TAB | - | NC |
| STRATTERA CAP | - | NC |
| STIMULANTS - MISC. | | |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | PA-QL | 1 |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 |
| methylphenidate chew tab (METHYLIN equiv) | - | 1 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program | KMSP Kroger Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy | LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program |

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Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| methylphenidate ER cap (RITALIN LA equiv) | - | 1 |
| methylphenidate ER tab | - | 1 |
| methylphenidate soln (METHYLIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | PA-QL | 1 |
| METHYLIN SOLN | - | 2 |
| METHYLPHENIDATE ER TAB | - | 2 |
| CONCERTA TAB, RITALIN SR TAB | - | 3 |
| DAYTRANA PATCH | - | 3 |
| FOCALIN TAB | - | 3 |
| FOCALIN XR CAP | - | 3 |
| METADATE CD CAP | - | 3 |
| METHYLIN CHEW TAB | - | 3 |
| NUVIGIL TAB (QL= 1 tab/day) | PA-QL | 3 |
| PROVIGIL TAB (QL= 2 tabs/day) | PA-QL | 3 |
| RITALIN LA CAP | - | 3 |
| RITALIN LA CAP 60MG | - | 3 |
| RITALIN TAB | - | 3 |
| COTEMPLA XR ODT | - | NC |
| methylphenidate ER tab 72mg | - | NC |
| QUILLIVANT XR SUSP | - | NC |

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

| ALLERGENIC EXTRACTS | | |
|----------------------------|---|----|
| ODACTRA SL TAB | - | NC |

ALTERNATIVE MEDICINES

| ALTERNATIVE MEDICINE - R'S | | |
|-----------------------------------|---|----|
| RESERVAPAK SYRUP | - | NC |

AMEBICIDES

| AMEBICIDES | | |
|-------------------------|---|----|
| YODOXIN TAB | - | 3 |
| SOLOSEC GRANULES PACKET | - | NC |

AMINOGLYCOSIDES

| AMINOGLYCOSIDES | | |
|---|---------|----|
| neomycin tab | - | 1 |
| paromomycin cap (HUMATIN equiv) | - | 1 |
| TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist) | KMSP-RS | 4 |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | KMSP-RS | 4 |
| amikacin inj (KANAMYCIN equiv) | M | M |
| KANAMYCIN INJ | M | M |
| BETHKIS NEB SOLN | - | NC |
| KITABIS PAK NEB SOLN | - | NC |
| TOBI NEB SOLN | - | NC |

ANALGESICS - ANTI-INFLAMMATORY

| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
|--|---|----|
| OLUMIANT TAB | - | NC |

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| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| XELJANZ TAB | - | NC |
| XELJANZ XR TAB | - | NC |
| ANTIRHEUMATIC ANTIMETABOLITES | | |
| RHEUMATREX TAB | - | 3 |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| HUMIRA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 4 |
| HUMIRA PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 4 |
| SIMPONI ARIA INJ | - | NC |
| SIMPONI SC INJ | - | NC |
| GOLD COMPOUNDS | | |
| RIDAURA CAP | - | 2 |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644) | LD-PA-QL | 4 |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 4 |
| KEVZARA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 4 |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day) | QL | 1 |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 1 |
| etodolac cap (LODINE equiv) | - | 1 |
| etodolac ER tab (LODINE XL equiv) | - | 1 |
| etodolac tab | - | 1 |
| fenoprofen calcium tab | - | 1 |
| flurbiprofen tab (ANSAID equiv) | - | 1 |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 |
| ibuprofen tab | - | 1 |
| ibuprofen tab (Rx covered Only) | - | 1 |
| indomethacin cap (INDOCIN equiv) | - | 1 |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 |
| KETOPROFEN CAP | - | 1 |
| ketoprofen cap (ORUDIS equiv) | - | 1 |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 |
| MECLOFENAMATE CAP | - | 1 |
| mefenamic acid cap (PONSTEL equiv) | - | 1 |
| meloxicam tab (MOBIC equiv) | - | 1 |
| nabumetone tab (RELAFEN equiv) | - | 1 |
| naproxen EC tab (NAPROSYN EC equiv) | - | 1 |
| naproxen sodium tab (ANAPROX equiv) | - | 1 |
| naproxen susp (NAPROSYN equiv) | - | 1 |
| naproxen tab (NAPROSYN equiv) | - | 1 |
| oxaprozin tab (DAYPRO equiv) | - | 1 |
| piroxicam cap (FELDENE equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| TOLMETIN CAP | - | 1 |
| tolmetin cap (TOLECTIN DS equiv) | - | 1 |
| INDOCIN SUPP | - | 2 |
| INDOCIN SUSP | - | 2 |
| NAPROXEN SUSP | - | 2 |
| ANAPROX TAB | - | 3 |
| ARTHROTEC TAB | - | 3 |
| CATAFLAM TAB | - | 3 |
| CELEBREX CAP (QL= 2 caps/day) | QL | 3 |
| CLINORIL TAB | - | 3 |
| DAYPRO TAB | - | 3 |
| FELDENE CAP | - | 3 |
| FENOPROFEN CAP | - | 3 |
| KETOPROFEN ER CAP | - | 3 |
| MELOXICAM SUSP | - | 3 |
| MOBIC TAB | - | 3 |
| MOTRIN SUSP | - | 3 |
| NAPROSYN EC TAB | - | 3 |
| NAPROSYN SUSP | - | 3 |
| NAPROSYN TAB | - | 3 |
| PONSTEL CAP | - | 3 |
| TOLMETIN TAB | - | 3 |
| VOLTAREN TAB | - | 3 |
| VOLTAREN XR TAB | - | 3 |
| KETOROLAC INJ | - | NC |
| ketorolac inj (TORADOL equiv) | - | NC |
| MELOXICAM COMFORT KIT | - | NC |
| NAPRELAN CR TAB | - | NC |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC |
| SPRIX NASAL SPRAY | - | NC |
| VIMOVO TAB | - | NC |
| VIVLODEX CAP | - | NC |
| ZORVOLEX CAP | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | 4 |
| OTEZLA TAB (QL= 2 tabs/day) | LMSP-PA-QL | 4 |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| leflunomide tab (ARAVA equiv) | - | 1 |
| ARAVA TAB | - | 3 |
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 4 |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | LMSP-PA-QL | 4 |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | LMSP-PA-QL | 4 |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | LMSP-PA-QL | 4 |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | 4 |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 4 |
| ENBREL MINI INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 4 |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | 4 |

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

| | | |
|--|---|----|
| bitalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC |
| DOLGIC PLUS TAB | - | NC |
| ESGIC TAB | - | NC |
| FIORICET CAP | - | NC |
| FIORINAL CAP | - | NC |

SALICYLATES

| | | |
|--|-----|-----|
| ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| ASPIRIN TAB 81MG (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| salsalate tab (DISALCID equiv) | - | 1 |
| ZORPRIN TAB | - | 3 |

ANALGESICS - OPIOID

OPIOID AGONISTS

| | | |
|--|-------|---|
| codeine sulfate tab 60mg (QL=180 tabs/30 days) | QL | 1 |
| codeine sulfate tablet 15mg, 30 mg (QL=240 tabs/30 days) | QL | 1 |
| fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 1 |
| fantanyl patch (DURAGESIC equiv) (QL=10 patches/30 days) | QL | 1 |
| hydromorphone tab 2mg (DILAUDID equiv) (QL=240 tabs/30 days) | QL | 1 |
| hydromorphone tab 4mg (DILAUDID equiv) (QL=180 tabs/30 days) | QL | 1 |
| hydromorphone tab 8mg (DILAUDID equiv) (QL=120 tabs/30 days) | QL | 1 |
| meperidine tab (DEMEROL equiv) (QL=120 tabs/30 days) | QL | 1 |
| methadone conc (QL=600ml/30 days) | QL | 1 |
| methadone soln 10mg/5ml (QL=600ml/30 days) | QL | 1 |
| METHADONE SOLN 5MG/5ML (QL=1200ml/30 days) | QL | 1 |
| methadone tab (DOLOPHINE equiv) (QL=120 tabs/30 days) | QL | 1 |
| methadone tab 10mg (DOLOPHINE equiv) (QL= 240 tabs/30 days) | QL | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/ 30 days) | QL | 1 |
| morphine sulfate soln (QL=120ml/30 days) | QL | 1 |
| morphine sulfate tab (QL=180 tabs/30 days) | QL | 1 |
| oxycodone cap (OXYIR equiv) (QL=120 caps/30 days) | QL | 1 |
| oxycodone soln (ROXICODONE equiv) (QL=240ml/30 days) | QL | 1 |
| oxycodone tab (ROXICODONE equiv) (QL=120 tabs/30 days) | QL | 1 |
| tramadol ER tab (ULTRAM ER equiv) (QL= 30 tabs/30 days) | QL | 1 |
| tramadol tab (ULTRAM equiv) (QL=240 tabs/30 days) | QL | 1 |

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|--|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | PA-QL | 2 |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| ACTIQ LOZENGE (QL= 120 units/30 days) | PA-QL | 3 |
| AVINZA CAP (QL= 2 caps/day) | QL | 3 |
| DAZIDOX TAB (QL=120 tabs/30 days) | QL | 3 |
| DEMEROL TAB (QL=120 tabs/30 days) | QL | 3 |
| DILAUDID TAB 2MG (QL=240 tabs/30 days) | QL | 3 |
| DILAUDID TAB 4MG (QL=180 tabs/30 days) | QL | 3 |
| DILAUDID TAB 8MG (QL=120 tabs/30 days) | QL | 3 |
| DOLOPHINE TAB (QL=120 tabs/30 days) | QL | 3 |
| DURAGESIC PATCH (QL=10 patches/30 days) | QL | 3 |
| FENTORA TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 |
| METHADOSE CONC (QL=600ml/30 days) | QL | 3 |
| MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day) | QL | 3 |
| NUCYNTA TAB (QL= 180 tabs/30 days) | QL | 3 |
| ROXICODONE TAB (QL=120 tabs/30 days) | QL | 3 |
| ULTRAM TAB (QL=240 tabs/30 days) | QL | 3 |
| ARYMO ER TAB | - | NC |
| CODEINE SULFATE SOLN | - | NC |
| EMBEDA CAP | - | NC |
| EXALGO TAB | - | NC |
| fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL PATCH equiv) | - | NC |
| hydromorphone ER tab (EXALGO equiv) | - | NC |
| HYDROMORPHONE SUPP | - | NC |
| HYSINGLA ER TAB | - | NC |
| KADIAN CAP | - | NC |
| LEVORPHANOL TAB | - | NC |
| methadose tab | - | NC |
| MORPHABOND TAB | - | NC |
| morphine sulfate ER cap (KADIAN equiv) | - | NC |
| morphine sulfate supp | - | NC |
| NUCYNTA ER TAB | - | NC |
| OPANA ER TAB | - | NC |
| OPANA ER TAB (CRUSH RESISTANT) | - | NC |
| OPANA TAB | - | NC |
| oxycodone conc (ROXICODONE equiv) | - | NC |
| OXYCODONE ER TAB, OXYCONTIN CR TAB | - | NC |
| OXYCONTIN CR TAB | - | NC |
| OXYIR CAP (QL=120 caps/30 days) | - | NC |
| oxymorphone tab (OPANA equiv) | - | NC |
| RYBIX ODT | - | NC |
| SUBSYS SPRAY | - | NC |
| TRAMADOL ER CAP | - | NC |
| ZOHYDRO ER CAP | - | NC |

OPIOID COMBINATIONS

| | | |
|---|----|---|
| acetaminophen/codeine soln (QL=240ml/30 days) | QL | 1 |
|---|----|---|

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| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL=180 tabs/30 days) | QL | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL=1800ml/30 days) | QL | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) (QL=120 tabs/30 days) | QL | 1 |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL=120 tabs/30 days) | QL | 1 |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) (QL= 120 tabs/30 days) | QL | 1 |
| oxycodone/acetaminophen tab (PERCOCET equiv) (QL=120 tabs/30 days) | QL | 1 |
| oxycodone/aspirin tab (PERCODAN equiv) (QL=120 tabs/30 days) | QL | 1 |
| tramadol/acetaminophen tab (ULTRACET equiv) (QL= 240 tabs/30 days) | QL | 1 |
| CAPITAL/CODEINE SUSP (QL=240ml/30 days) | QL | 3 |
| HYCET SOLN (QL=1800ml/30 days) | QL | 3 |
| LORTAB (QL=120 tabs/30 days) | QL | 3 |
| LORTAB ELIXIR (QL=1800ml/30 days) | QL | 3 |
| PERCOCET TAB (QL=120 tabs/30 days) | QL | 3 |
| PERCODAN TAB (QL=120 tabs/30 days) | QL | 3 |
| TYLENOL/CODEINE TAB (QL=180 tabs/30 days) | QL | 3 |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | NC |
| acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv) | - | NC |
| aspirin/codeine tab | - | NC |
| FIORICET/CODEINE CAP | - | NC |
| FIORINAL/CODEINE CAP | - | NC |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | NC |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | NC |
| OXYCODONE/ACETAMINOPHEN SOLN | - | NC |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | NC |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | NC |
| PRIMLEV TAB | - | NC |
| REPREXAIN TAB | - | NC |
| ROXICET SOLN | - | NC |
| ULTRACET TAB | - | NC |
| VICOPROFEN TAB | - | NC |
| XARTEMIS XR TAB | - | NC |
| XODOL TAB 10MG-300MG | - | NC |
| XODOL TAB 5MG-300MG | - | NC |
| XODOL TAB 7.5MG-300MG | - | NC |

OPIOID PARTIAL AGONISTS

| | | |
|---|-------|----|
| buprenorphine SL tab (SUBUTEX equiv) (QL= 21 tabs/7 days) | PA-QL | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 1 |
| SUBOXONE SL FILM | - | 2 |
| BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days) | QL | 3 |
| BELBUCA FILM | - | NC |
| BUNAVAIL FILM | - | NC |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | NC |

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| pentazocine/naloxone tab (TALWIN NX equiv) | - | NC |
| SUBLOCADE INJ | - | NC |
| SUBOXONE SL TAB | - | NC |
| ZUBSOLV SL TAB | - | NC |

ANDROGENS-ANABOLIC

| ANABOLIC STEROIDS | | |
|----------------------------------|---|---|
| oxandrolone tab (OXANDRIN equiv) | - | 1 |
| ANADROL TAB | - | 3 |
| OXANDRIN TAB | - | 3 |

| ANDROGENS | | |
|---|-------|----|
| danazol cap (DANOCRINE equiv) | - | 1 |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 1 |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 1 |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 |
| ANDROGEL 1.62% 1.25GM (QL= 1 packet/day) | PA-QL | 2 |
| ANDROGEL 1.62% 2.5GM (QL= 2 packets/day) | PA-QL | 2 |
| ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days) | PA-QL | 2 |
| ANDROXY TAB | - | 2 |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 |
| TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day) | PA-QL | 2 |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 |
| ANDROGEL 1% 25MG (QL= 1 packet/day) | PA-QL | 3 |
| ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day) | PA-QL | 3 |
| ANDROGEL PUMP 1% (QL= 4 bottles/30 days) | PA-QL | 3 |
| ANDROID CAP, TESTRED CAP | PA | 3 |
| AXIRON SOLN (QL= 2 bottles/30 days) | PA-QL | 3 |
| DEPO-TESTOSTERONE INJ | - | 3 |
| FORTESTA GEL, TESTOSTERONE GEL (QL= 2 bottles/30 days) | PA-QL | 3 |
| METHITEST TAB | PA | 3 |
| METHYLTESTOSTERONE CAP | PA | 3 |
| TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day) | PA-QL | 3 |
| VOGELXO PUMP | - | NC |

ANORECTAL AGENTS

| INTRARECTAL STEROIDS | | |
|--|----|---|
| hydrocortisone enema (CORTENEMA equiv) | - | 1 |
| CORTENEMA | - | 3 |
| CORTIFOAM | - | 3 |
| UCERIS RECTAL FOAM | PA | 3 |

| RECTAL COMBINATIONS | | |
|--|---|---|
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 1 |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | 1 |
| PROCTOFOAM HC FOAM | - | 2 |
| ANALPRAM-E KIT | - | 3 |

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| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANORECTAL AGENTS Cont. | | |
| ANALPRAM-HC CREAM | - | NC |
| pramoxine/hydrocortisone cream (ANALPRAM-HC equiv) | - | NC |
| PROCORT CREAM | - | NC |
| RECTAL STEROIDS | | |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |
| ANUSOL-HC CREAM | - | 3 |
| ANUSOL-HC SUPP | - | NC |
| hydrocortisone supp (ANUSOL HC equiv) | - | NC |
| VASODILATING AGENTS | | |
| RECTIV OINT | - | NC |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| ivermectin tab (STROMECTOL equiv) | - | 1 |
| mebendazole chew tab (VERMOX equiv) | - | 1 |
| praziquantel tab (BILTRICIDE equiv) | - | 1 |
| EMVERM TAB | PA | 2 |
| ALBENZA TAB | - | 3 |
| BILTRICIDE TAB | - | 3 |
| STROMECTOL TAB | - | 3 |
| BENZNIDAZOLE TAB | - | NC |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| RANEXA TAB | - | 2 |
| NITRATES | | |
| ISOSORBIDE DINITRATE ER TAB | - | 1 |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | 1 |
| isosorbide dinitrate SL tab | - | 1 |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| nitroglycerin SR cap | - | 1 |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 2 |
| DILATRATE SR CAP | - | 3 |
| IMDUR TAB | - | 3 |
| ISORDIL TITRADOSE TAB | - | 3 |
| ISOSORBIDE DINITRATE TAB 30MG, 40MG | - | 3 |
| NITRO-BID OINT | - | 3 |
| NITRO-DUR PATCH | - | 3 |
| NITROLINGUAL PUMP SPRAY | - | 3 |
| NITROMIST SPRAY | - | 3 |
| NITROSTAT SL TAB | - | 3 |
| GONITRO POWDER | - | NC |

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| | | | | | |
|------|---|------|---|------|---|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--|---|
| ANTIANXIETY AGENTS | | |
| ANTIANXIETY AGENTS - MISC. | | |
| bupirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| HYDROXYZINE PAMOATE CAP 100MG | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |
| meprobamate tab (MILTOWN equiv) | - | 1 |
| BUSPAR TAB | - | 3 |
| VISTARIL CAP | - | 3 |
| bupirone tab 30mg (BUSPAR equiv) | - | NC |
| BENZODIAZEPINES | | |
| alprazolam ER tab (XANAX XR equiv) | - | 1 |
| alprazolam ODT (NIRAVAM equiv) | - | 1 |
| alprazolam tab (XANAX equiv) | - | 1 |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 |
| clorazepate tab (TRANXENE-T equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| DIAZEPAM SOLN | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| OXAZEPAM CAP | - | 1 |
| oxazepam cap (SERAX equiv) | - | 1 |
| ATIVAN TAB | - | 3 |
| LIBRIUM CAP | - | 3 |
| NIRAVAM ODT | - | 3 |
| TRANXENE-T TAB | - | 3 |
| VALIUM TAB | - | 3 |
| XANAX TAB | - | 3 |
| XANAX XR TAB | - | 3 |
| ANTIARRHYTHMICS | | |
| ANTIARRHYTHMICS TYPE I-A | | |
| disopyramide cap (NORPACE equiv) | - | 1 |
| disopyramide ER cap (NORPACE CR equiv) | - | 1 |
| quinidine gluconate CR tab | - | 1 |
| quinidine sulfate tab | - | 1 |
| NORPACE CR CAP | - | 2 |
| NORPACE CAP | - | 3 |
| QUINIDINE SULFATE ER TAB | - | 3 |
| procainamide inj | - | NC |
| ANTIARRHYTHMICS TYPE I-B | | |
| mexiletine cap (MEXITIL equiv) | - | 1 |
| ANTIARRHYTHMICS TYPE I-C | | |
| flecainide tab (TAMBOCOR equiv) | - | 1 |
| propafenone ER cap (RYTHMOL SR equiv) | - | 1 |
| propafenone tab (RYTHMOL equiv) | - | 1 |
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| INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program | KMSP Kroger Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy | generic =small letters LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program |
| BRANDS =CAPITAL LETTERS | | |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIARRHYTHMICS Cont. | | |
| RYTHMOL SR CAP | - | 3 |
| RYTHMOL TAB | - | 3 |
| TAMBOCOR TAB | - | 3 |
| ANTIARRHYTHMICS TYPE III | | |
| amiodarone tab (CORDARONE equiv) | - | 1 |
| dofetilide cap (TIKOSYN equiv) | - | 1 |
| MULTAQ TAB | - | 2 |
| CORDARONE TAB | - | 3 |
| TIKOSYN CAP | - | 3 |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTI-INFLAMMATORY AGENTS | | |
| cromolyn neb soln (INTAL equiv) | - | 1 |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| ATROVENT HFA INHALER | - | 2 |
| INCRUSE ELLIPTA INHALER | - | 2 |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASON/SALMETEROL) | QL-ST | 2 |
| SPIRIVA HANDIHALER (For use with Handihaler device) | PA | 3 |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | PA | 3 |
| LONHALA MAGNAIR SOLN | - | NC |
| SEEBRI NEOHALER CAP | - | NC |
| TUDORZA PRESSAIR INHALER | - | NC |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | 1 |
| montelukast granule pack (SINGULAIR equiv) | - | 1 |
| montelukast tab (SINGULAIR equiv) | - | 1 |
| zafirlukast tab (ACCOLATE equiv) | - | 1 |
| zileuton ER tab (ZYFLO CR equiv) | - | 1 |
| ACCOLATE TAB | - | 3 |
| SINGULAIR CHEW TAB | - | 3 |
| SINGULAIR GRANULE PACK | - | 3 |
| SINGULAIR TAB | - | 3 |
| ZYFLO CR TAB | - | 3 |
| ZYFLO TAB | - | 3 |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| DALIRESP TAB | - | NC |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA INHALER | - | 1 |
| ASMANEX HFA INHALER | - | 1 |
| ASMANEX INHALER | - | 1 |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| FLOVENT DISKUS INHALER | - | 1 |
| FLOVENT HFA INHALER | - | 1 |
| PULMICORT INH SUSP | - | 3 |

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| | | | | | |
|------|---|------|--|------|--------------------------------------|
| INF | NC =Not Covered | KMSP | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Infertility | M | Kroger Mandatory Specialty Pharmacy Program | MSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| AEROSPAN HFA INHALER | - | NC |
| ALVESCO INHALER | - | NC |
| ARMONAIR RESPICLICK | - | NC |
| PULMICORT FLEXHALER | - | NC |
| QVAR INHALER | - | NC |
| QVAR REDIHALER | - | NC |
| SYMPATHOMIMETICS | | |
| albuterol neb soln 0.083% (PROVENTIL equiv) | - | 1 |
| albuterol neb soln 0.5% (VENTOLIN equiv) | - | 1 |
| albuterol neb soln 0.63mg (ACCUNEB equiv) | - | 1 |
| albuterol neb soln 1.25mg (ACCUNEB equiv) | - | 1 |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol sulfate tab | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| FLUTICASONE/SALMETEROL INHALER | - | 1 |
| levalbuterol neb soln (XOPENEX equiv) | - | 1 |
| METAPROTERENOL SYRUP | - | 1 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 1 |
| ADVAIR DISKUS INHALER | - | 2 |
| ADVAIR HFA INHALER | - | 2 |
| ALBUTEROL TAB ER | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |
| COMBIVENT INHALER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| SEREVENT DISKUS INHALER | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 2 |
| ACCUNEB NEB SOLN | - | 3 |
| BRETHINE TAB | - | 3 |
| BROVANA NEB SOLN | - | 3 |
| DUONEB NEB SOLN | - | 3 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST | 3 |
| METAPROTERENOL TAB | - | 3 |
| PERFOROMIST NEB SOLN | - | 3 |
| STIOLTO INHALER | - | 3 |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 3 |
| VOSPIRE ER TAB | - | 3 |
| XOPENEX NEB SOLN | - | 3 |
| AIRDUO RESPICLICK | - | NC |
| BEVESPI AEROSPHERE INHALER | - | NC |
| FORADIL AEROLIZER | - | NC |
| PROAIR HFA INHALER | - | NC |
| PROVENTIL HFA INHALER | - | NC |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| SYMBICORT INHALER | - | NC |
| UTIBRON NEOHALER CAP | - | NC |
| XANTHINES | | |
| aminophylline tab | - | 1 |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 |
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| LUFYLLIN TAB | - | 3 |
| THEO-24 CAP | - | 3 |
| UNIPHYL TAB | - | 3 |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | 1 |
| COUMADIN TAB | - | 3 |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS TAB | - | 2 |
| XARELTO STARTER PACK | - | 2 |
| XARELTO TAB | - | 2 |
| BEVYXXA CAP | - | NC |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| enoxaparin inj (LOVENOX equiv) (QL= 17 days supply) | QL | 1 |
| fondaparinux inj (ARIXTRA equiv) | PA | 1 |
| ARIXTRA INJ | PA | 3 |
| FRAGMIN INJ | - | 3 |
| LOVENOX INJ (QL= 17 days supply) | QL | 3 |
| THROMBIN INHIBITORS | | |
| PRADAXA CAP | - | 2 |
| ANTICONVULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA TAB | - | NC |
| FYCOMPA SUSP | - | NC |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clonazepam ODT (KLONOPIN equiv) | - | 1 |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| ONFI TAB | PA | 2 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | 3 |
| KLONOPIN TAB | - | 3 |
| ONFI SUSP | - | NC |
| ANTICONVULSANTS - MISC. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |
| carbamazepine ER cap (CARBATROL equiv) | - | 1 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 1 |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| gabapentin cap (NEURONTIN equiv) | - | 1 |
| gabapentin soln (NEURONTIN equiv) | - | 1 |
| gabapentin tab (NEURONTIN equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 1 |
| lamotrigine ODT (LAMICTAL equiv) | - | 1 |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| BANZEL SUSP | - | 2 |
| BANZEL TAB | - | 2 |
| LAMICTAL CHEW TAB 2MG | - | 2 |
| LYRICA CAP | - | 2 |
| LYRICA SOLN | - | 2 |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 |
| POTIGA TAB 50MG (QL= 9 tabs/day) | QL | 2 |
| TRILEPTAL SUSP | - | 2 |
| VIMPAT SOLN | - | 2 |
| VIMPAT TAB (QL= 2 tabs/day) | QL | 2 |
| CARBATROL CAP | - | 3 |
| KEPPRA SOLN | - | 3 |
| KEPPRA TAB | - | 3 |
| KEPPRA XR TAB | - | 3 |
| LAMICTAL CHEW TAB | - | 3 |
| LAMICTAL ODT | - | 3 |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 |
| LAMICTAL STARTER KIT | - | 3 |
| LAMICTAL TAB | - | 3 |
| LAMICTAL XR TAB | - | 3 |
| MYSOLINE TAB | - | 3 |
| NEURONTIN CAP | - | 3 |
| NEURONTIN SOLN | - | 3 |
| NEURONTIN TAB | - | 3 |
| TEGRETOL CHEW TAB | - | 3 |
| TEGRETOL SUSP | - | 3 |
| TEGRETOL TAB | - | 3 |
| TEGRETOL XR TAB | - | 3 |
| TOPAMAX SPRINKLE CAP | - | 3 |
| TOPAMAX TAB | - | 3 |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| TRILEPTAL TAB | - | 3 |
| ZONEGRAN CAP | - | 3 |
| APTIOM TAB | - | NC |
| BRIVIACT INJ 50MG/5ML | - | NC |
| BRIVIACT SOLN 10MG/ML | - | NC |
| BRIVIACT TAB | - | NC |
| QUDEXY XR CAP, TOPIRAMATE ER CAP | - | NC |
| SPRITAM TAB | - | NC |
| TROKENDI XR CAP | - | NC |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 1 |
| felbamate tab (FELBATOL equiv) | - | 1 |
| FELBATOL TAB | - | 2 |
| FELBATOL SUSP | - | 3 |
| GABA MODULATORS | | |
| tiagabine tab (GABITRIL equiv) | - | 1 |
| GABITRIL TAB | - | 3 |
| SABRIL TAB (Only available through Walgreens 888-347-3416) | LD-PA | 4 |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 4 |
| SABRIL POWDER PACK | - | NC |
| HYDANTOINS | | |
| phenytoin cap (DILANTIN equiv) | - | 1 |
| phenytoin chew tab (DILANTIN equiv) | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |
| DILANTIN CAP 30MG | - | 2 |
| PEGANONE TAB | - | 2 |
| DILANTIN CAP 100MG | - | 3 |
| DILANTIN INFATABS | - | 3 |
| DILANTIN SUSP | - | 3 |
| SUCCINIMIDES | | |
| ethosuximide cap (ZARONTIN equiv) | - | 1 |
| ethosuximide soln (ZARONTIN equiv) | - | 1 |
| CELONTIN CAP | - | 2 |
| ZARONTIN CAP | - | 3 |
| ZARONTIN SOLN | - | 3 |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |
| DEPAKENE CAP | - | 3 |
| DEPAKENE SYRUP | - | 3 |
| DEPAKOTE ER TAB | - | 3 |
| DEPAKOTE SPRINKLE CAP | - | 3 |
| DEPAKOTE TAB | - | 3 |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| DEPACON INJ | - | NC |
| STAVZOR CAP | - | NC |
| valproate inj (DEPACON equiv) | - | NC |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | 1 |
| mirtazapine tab (REMERON equiv) | - | 1 |
| REMERON SOLUTAB | - | 3 |
| REMERON TAB | - | 3 |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 |
| bupropion tab (WELLBUTRIN equiv) | - | 1 |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 |
| MAPROTILINE TAB | - | 1 |
| WELLBUTRIN SR TAB | - | 3 |
| WELLBUTRIN TAB | - | 3 |
| WELLBUTRIN XL TAB | - | 3 |
| APLENZIN TAB | - | NC |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| phenelzine tab (NARDIL equiv) | - | 1 |
| tranylcypromine tab (PARNATE equiv) | - | 1 |
| MARPLAN TAB | - | 2 |
| NARDIL TAB | - | 2 |
| EMSAM PATCH | - | 3 |
| PARNATE TAB | - | 3 |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) | - | 1 |
| escitalopram tab (LEXAPRO equiv) | - | 1 |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab (PROZAC equiv) | - | 1 |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine ER tab (PAXIL CR equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| CELEXA SOLN | - | 3 |
| CELEXA TAB | - | 3 |
| LEXAPRO SOLN | - | 3 |
| LEXAPRO TAB | - | 3 |
| LUVOX CR CAP (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 3 |
| PAXIL CR TAB | - | 3 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDEPRESSANTS Cont. | | |
| PAXIL SUSP | - | 3 |
| PAXIL TAB | - | 3 |
| PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 3 |
| PROZAC CAP | - | 3 |
| PROZAC SOLN | - | 3 |
| PROZAC TAB | - | 3 |
| ZOLOFT CONC | - | 3 |
| ZOLOFT TAB | - | 3 |
| fluoxetine tab 60mg | - | NC |
| fluoxetine weekly cap (PROZAC equiv) | - | NC |
| PROZAC WEEKLY CAP | - | NC |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | 1 |
| nefazodone tab 50mg, 250mg | - | 1 |
| trazodone tab (DESYREL equiv) | - | 1 |
| OLEPTRO TAB | - | 3 |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL | 3 |
| trazodone tab 300mg (DESYREL equiv) | - | NC |
| VIIBRYD STARTER KIT | - | NC |
| VIIBRYD TAB | - | NC |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 |
| venlafaxine tab (EFFEXOR equiv) | - | 1 |
| EFFEXOR TAB | - | 3 |
| EFFEXOR XR CAP | - | 3 |
| FETZIMA CAP (QL= 1 cap/day) | PA-QL | 3 |
| FETZIMA TITRATION PACK (QL= 1 cap/day) | PA-QL | 3 |
| PRISTIQ TAB | - | 3 |
| CYMBALTA CAP | - | NC |
| DESVENLAFAXINE ER TAB | - | NC |
| duloxetine cap 40mg (IRENKA equiv) | - | NC |
| KHEDEZLA ER TAB | - | NC |
| venlafaxine ER tab | - | NC |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |
| AMOXAPINE TAB | - | 1 |
| clomipramine cap (ANAFRANIL equiv) | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |

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Last Updated* 8/1/2018

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|--|---------------------|-------------|
| ANTIDEPRESSANTS Cont. | | |
| protriptyline tab (VIVACTIL equiv) | - | 1 |
| trimipramine cap (SURMONTIL equiv) | - | 1 |
| ANAFRANIL CAP | - | 3 |
| NORPRAMIN TAB | - | 3 |
| PAMELOR CAP | - | 3 |
| SURMONTIL CAP | - | 3 |
| TOFRANIL PM CAP | - | 3 |
| TOFRANIL TAB | - | 3 |
| VIVACTIL TAB | - | 3 |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| miglitol tab (GLYSET equiv) | - | 1 |
| GLYSET TAB | - | 3 |
| PRECOSE TAB | - | 3 |
| ANTIDIABETIC - AMYLIN ANALOGS | | |
| SYMLINPEN INJ | - | NC |
| ANTIDIABETIC COMBINATIONS | | |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | 1 |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | 1 |
| ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day) | QL | 2 |
| ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day) | QL | 2 |
| AVANDAMET TAB | - | 2 |
| AVANDARYL TAB | - | 2 |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| ACTOPLUS MET TAB | - | 3 |
| ACTOPLUS MET XR TAB | - | 3 |
| DUETACT TAB | - | 3 |
| GLUCOVANCE TAB | - | 3 |
| METAGLIP TAB | - | 3 |
| GLYXAMBI TAB | - | NC |
| INVOKAMET TAB | - | NC |
| INVOKAMET XR TAB | - | NC |
| JENTADUETO TAB | - | NC |
| JENTADUETO XR TAB | - | NC |
| KAZANO TAB | - | NC |
| KOMBIGLYZE XR TAB | - | NC |
| OSENI TAB | - | NC |
| PRANDIMET TAB | - | NC |
| QTERN TAB | - | NC |

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Last Updated* 8/1/2018

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|--|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| SEGLUROMET TAB | - | NC |
| SOLIQUA INJ | - | NC |
| STEGLUJAN TAB | - | NC |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | - | NC |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | - | NC |
| XULTOPHY INJ | - | NC |
| BIGUANIDES | | |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |
| GLUCOPHAGE TAB | - | 3 |
| GLUCOPHAGE XR TAB | - | 3 |
| RIOMET SOLN | - | 3 |
| FORTAMET TAB | - | NC |
| GLUMETZA TAB 1000MG | - | NC |
| GLUMETZA TAB 500MG | - | NC |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC |
| DIABETIC OTHER | | |
| GLUCAGEN HYPOKIT INJ | - | 2 |
| GLUCAGON INJ KIT | - | 2 |
| PROGLYCEM SUSP | - | 3 |
| KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA | 4 |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| ALOGLIPTIN TAB (QL= 1 tab/day) | QL | 2 |
| JANUVIA TAB (QL= 1 tab/day) | QL | 2 |
| NESINA TAB | - | NC |
| ONGLYZA TAB | - | NC |
| TRADJENTA TAB | - | NC |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET TAB | - | 3 |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | 2 |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 |
| BYETTA INJ (QL= 1 pen/30 days) | QL | 3 |
| ADLYXIN INJ | - | NC |
| OZEMPIC INJ | - | NC |
| TANZEUM INJ | - | NC |
| TRULICITY INJ | - | NC |
| INSULIN | | |
| BASAGLAR INJ | - | 2 |
| HUMULIN R INJ U-500 | - | 2 |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 |
| NOVOLIN INJ | OTC | 2 |
| NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ | - | 2 |
| NOVOLOG INJ, FIASP INJ | - | 2 |
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Last Updated* 8/1/2018

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|--|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| NOVOLOG MIX FLEXPEN INJ | - | 2 |
| NOVOLOG MIX INJ | - | 2 |
| NOVOLOG PENFILL INJ | - | 2 |
| APIDRA INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 |
| APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 |
| HUMALOG INJ, ADMELOG INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 |
| HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 |
| HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 |
| HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 |
| HUMALOG PEN INJ (Step Therapy requires trial of NOVOLOG) | ST | 3 |
| HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| HUMULIN N INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| HUMULIN R INJ (Step Therapy requires trial of NOVOLIN) | OTC-ST | 3 |
| LANTUS INJ | - | NC |
| LANTUS SOLOSTAR INJ | - | NC |
| LEVEMIR FLEXTOUCH INJ | - | NC |
| LEVEMIR INJ | - | NC |
| TOUJEO MAX SOLOSTAR INJ | - | NC |
| TOUJEO SOLOSTAR INJ | - | NC |
| TRESIBA INJ | - | NC |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS equiv) | - | 1 |
| AVANDIA TAB | - | 2 |
| ACTOS TAB | - | 3 |
| MEGLITINIDE ANALOGUES | | |
| nateglinide tab (STARLIX equiv) | - | 1 |
| repaglinide tab (PRANDIN equiv) | - | 1 |
| PRANDIN TAB | - | 3 |
| STARLIX TAB | - | 3 |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 |
| FARXIGA TAB | - | NC |
| INVOKANA TAB | - | NC |
| STEGLATRO TAB | - | NC |
| SULFONYLUREAS | | |
| CHLORPROPAMIDE TAB | - | 1 |
| chlorpropamide tab (DIABINESE equiv) | - | 1 |
| glimepiride tab (AMARYL equiv) | - | 1 |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 |
| glipizide tab (GLUCOTROL equiv) | - | 1 |
| glyburide micronized tab (GLYNASE equiv) | - | 1 |
| glyburide tab (MICRONASE equiv) | - | 1 |
| tolazamide tab (TOLINASE equiv) | - | 1 |
| TOLBUTAMIDE TAB | - | 2 |

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|---|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| AMARYL TAB | - | 3 |
| DIABETA TAB | - | 3 |
| GLUCOTROL TAB | - | 3 |
| GLUCOTROL XL TAB | - | 3 |
| GLYNASE TAB | - | 3 |
| ANTIDIARRHEALS | | |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
| MYTESI TAB | - | NC |
| ANTIDIARRHEAL AGENTS - MISC. | | |
| REZYST CHEW TAB | - | NC |
| VSL #3 CAP | - | NC |
| ANTIDIARRHEAL COMBINATIONS | | |
| EVIVO LIQUID | - | NC |
| ANTIPERISTALTIC AGENTS | | |
| diphenoxylate/atropine liquid (LOMOTIL equiv) | - | 1 |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| opium tincture | - | 1 |
| LOMOTIL LIQUID | - | 3 |
| LOMOTIL TAB | - | 3 |
| MOTOFEN TAB | - | 3 |
| loperamide cap | - | NC |
| PAREGORIC TINCTURE | - | NC |
| ANTIDOTES | | |
| ANTIDOTES | | |
| VISTOGARD PAK | - | NC |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | 2 |
| EXJADE TAB | MSP | 4 |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 4 |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 4 |
| JADENU TAB | KMSP | 4 |
| OPIOID ANTAGONISTS | | |
| naloxone inj | - | 1 |
| naltrexone tab (RE VIA equiv) | - | 1 |
| RE VIA TAB | - | 3 |
| EVZIO INJ | - | NC |
| VIVITROL INJ | - | NC |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| JADENU SPRINKLE | KMSP | 4 |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| CETYLEV TAB | - | NC |
| OPIOID ANTAGONISTS | | |
| NALOXONE PREFILLED INJ | - | 2 |

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|---|--------------|------|
| ANTIDOTES AND SPECIFIC ANTAGONISTS Cont. | | |
| NARCAN NASAL SPRAY | - | 2 |

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

| | | |
|--|-------|----|
| ondansetron ODT (ZOFRAN equiv) | - | 1 |
| ondansetron soln (ZOFRAN equiv) | - | 1 |
| ondansetron tab (ZOFRAN equiv) | - | 1 |
| ZOFRAN ODT | - | 3 |
| ZOFRAN SOLN | - | 3 |
| ZOFRAN TAB | - | 3 |
| ANZEMET TAB (QL= 9 tabs/fill) | QL-SP | 4 |
| granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill) | QL-SP | 4 |
| GRANISOL SOLN (QL= 60ml/fill) | QL-SP | 4 |
| KYTRIL TAB (QL= 9 tabs/fill) | QL-SP | 4 |
| SANCUSO PATCH (QL= 4 patches/fill) | QL-SP | 4 |
| SUSTOL INJ | - | NC |
| ZUPLENZ SL FILM | - | NC |

ANTIEMETICS - ANTICHOLINERGIC

| | | |
|--|-----|---|
| ANTIVERT TAB | - | 1 |
| maldemar tab (SCOPACE equiv) | - | 1 |
| meclizine chew tab (BONINE equiv) | OTC | 1 |
| meclizine tab (ANTIVERT equiv) | OTC | 1 |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 1 |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |
| TIGAN CAP | - | 3 |
| TRANSDERM-SCOP PATCH | - | 3 |

ANTIEMETICS - MISCELLANEOUS

| | | |
|---|-------|----|
| dronabinol cap (MARINOL equiv) | PA | 1 |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| CESAMET CAP | - | 3 |
| MARINOL CAP | PA | 3 |
| DICLEGIS TAB | - | NC |
| SYNDROS SOLN | - | NC |

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

| | | |
|---|-------|----|
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 1 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 1 |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 3 |
| EMEND SUSP | - | NC |

ANTIFUNGALS

ANTIFUNGALS

| | | |
|--|---|---|
| flucytosine cap (ANCOBON equiv) | - | 1 |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 1 |
| griseofulvin susp (GRIFULVIN equiv) | - | 1 |
| griseofulvin tab (GRIS-PEG equiv) | - | 1 |
| nystatin powder | - | 1 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIFUNGALS Cont. | | |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |
| ANCOBON CAP | - | 3 |
| GRIFULVIN V TAB | - | 3 |
| GRIS-PEG TAB | - | 3 |
| LAMISIL TAB | - | 3 |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| fluconazole susp (DIFLUCAN equiv) | - | 1 |
| fluconazole tab (DIFLUCAN equiv) | - | 1 |
| itraconazole cap (SPORANOX equiv) | PA | 1 |
| ketoconazole tab (NIZORAL equiv) | - | 1 |
| voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 1 |
| voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 1 |
| NOXAFIL SUSP | - | 2 |
| NOXAFIL TAB | - | 2 |
| DIFLUCAN SUSP | - | 3 |
| DIFLUCAN TAB | - | 3 |
| SPORANOX CAP | PA | 3 |
| SPORANOX SOLN | PA | 3 |
| VFEND SUSP (Restricted to Infectious Disease Specialist) | RS | 3 |
| VFEND TAB (Restricted to Infectious Disease Specialist) | RS | 3 |
| CRESEMBA CAP | - | NC |

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

| | | |
|-------------------------|---|---|
| chlorpheniramine ER cap | - | 1 |
| CPM CAP | - | 3 |

ANTIHISTAMINES - ETHANOLAMINES

| | | |
|---|---|----|
| carbinoxamine soln (PALGIC equiv) | - | 1 |
| carbinoxamine tab (PALGIC equiv) | - | 1 |
| clemastine syrup (TAVIST equiv) | - | 1 |
| CLEMASTINE TAB | - | 1 |
| clemastine tab (TAVIST equiv) | - | 1 |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| PALGIC SOLN | - | 3 |
| PALGIC TAB | - | 3 |
| diphenhydramine inj (BENADRYL equiv) | - | M |
| carbinoxane maleate tab 6mg (RYVENT equiv) | - | NC |
| KARBINAL ER SUSP | - | NC |

ANTIHISTAMINES - NON-SEDATING

| | | |
|------------------------------------|---|----|
| CLARINEX REDITAB | - | NC |
| CLARINEX SYRUP | - | NC |
| CLARINEX TAB | - | NC |
| DESLORATADINE ODT | - | NC |
| desloratadine tab (CLARINEX equiv) | - | NC |
| levocetirizine soln (XYZAL equiv) | - | NC |
| levocetirizine tab (XYZAL equiv) | - | NC |

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| | | | | | |
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Last Updated* 8/1/2018

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|--|---------------------|-------------|
| ANTIHISTAMINES Cont. | | |
| loratadine cap (CLARITIN equiv) | OTC | NC |
| XYZAL SOLN | - | NC |
| XYZAL TAB | - | NC |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine supp (PHENERGAN equiv) | - | 1 |
| promethazine syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | 1 |
| cyproheptadine tab | - | 1 |
| ANTIHYPERTENSIVES | | |
| ANTIHYPERTENSIVES - COMBINATIONS | | |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 1 |
| LIPTRUZET TAB | - | 3 |
| VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered)) | QL | 3 |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) | - | NC |
| VYTORIN TAB 10-80MG | - | NC |
| ANTIHYPERTENSIVES - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 |
| LOVAZA CAP | - | 3 |
| KYNAMRO INJ | - | NC |
| VASCEPA CAP | - | NC |
| BILE ACID SEQUESTRANTS | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine powder (QUESTRAN equiv) | - | 1 |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 |
| colestipol granule (COLESTID equiv) | - | 1 |
| colestipol powder packet (COLESTID equiv) | - | 1 |
| colestipol tab (COLESTID equiv) | - | 1 |
| WELCHOL PACK | - | 1 |
| WELCHOL TAB | - | 1 |
| COLESTID GRANULE | - | 3 |
| COLESTID POWDER PACK | - | 3 |
| COLESTID TAB | - | 3 |
| QUESTRAN LITE POWDER | - | 3 |
| QUESTRAN LITE POWDER PACK | - | 3 |
| QUESTRAN POWDER | - | 3 |
| QUESTRAN POWDER PACK | - | 3 |
| colesevelam pack (WELCHOL equiv) | - | NC |
| colesevelam tab (WELCHOL equiv) | - | NC |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv) | - | 1 |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
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Last Updated* 8/1/2018

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|--|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| TRILIPIX CAP | - | 1 |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 |
| LOPID TAB | - | 3 |
| TRICOR TAB | - | 3 |
| ANTARA CAP | - | NC |
| ANTARA CAP, LOFIBRA CAP | - | NC |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC |
| fenofibric acid DR cap (TRILIPIX equiv) | - | NC |
| FENOGLIDE TAB | - | NC |
| LOFIBRA TAB, TRIGLIDE TAB | - | NC |
| TRIGLIDE TAB | - | NC |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab 10mg (LIPITOR equiv) | - | 1 |
| atorvastatin tab 20mg (LIPITOR equiv) | - | 1 |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 |
| fluvastatin cap (LESCOL equiv) | - | 1 |
| fluvastatin ER tab (LESCOL XL equiv) | - | 1 |
| lovastatin tab (MEVACOR equiv) | - | 1 |
| pravastatin tab (PRAVACHOL equiv) | - | 1 |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 |
| rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day) | QL | 1 |
| rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 |
| simvastatin tab (80mg is Not Covered) | - | 1 |
| ALTOPREV TAB | - | 3 |
| CRESTOR TAB (QL= 1 tab/day) | QL | 3 |
| CRESTOR TAB 20MG (QL= 1.5 tabs/day) | QL | 3 |
| LESCOL CAP | - | 3 |
| LESCOL XL TAB | - | 3 |
| LIPITOR TAB | - | 3 |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 |
| MEVACOR TAB | - | 3 |
| PRAVACHOL TAB | - | 3 |
| ZOCOR TAB | - | 3 |
| ADVICOR TAB | - | NC |
| FLOLIPID SUSP | - | NC |
| SIMCOR TAB | - | NC |
| simvastatin tab 80mg (This strength excluded from coverage) | - | NC |
| ZOCOR TAB 80MG | - | NC |
| ZYPITAMAG TAB | - | NC |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) | - | 1 |
| ZETIA TAB | - | NC |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIHYPERTENSIVES Cont. | | |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | | |
| JUXTAPID CAP | - | NC |
| NICOTINIC ACID DERIVATIVES | | |
| NIASPAN ER TAB | - | 1 |
| niacin ER tab (NIASPAN equiv) | - | NC |
| NIACOR TAB | - | NC |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT INJ (QL= 2 inj/28 days) | KMSP-PA-QL | 4 |
| REPATHA INJ (QL= 2 inj/28 days) | KMSP-PA-QL | 4 |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | KMSP-PA-QL | 4 |
| ANTIHYPERTENSIVES | | |
| ACE INHIBITORS | | |
| benazepril tab (LOTENSIN equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| moexipril tab (UNIVASC equiv) | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| trandolapril tab (MAVIK equiv) | - | 1 |
| ACCUPRIL TAB | - | 3 |
| ACEON TAB | - | 3 |
| ALTACE CAP | - | 3 |
| ALTACE TAB | - | 3 |
| EPANED PREMIXED SOLN | PA | 3 |
| EPANED SOLN | PA | 3 |
| LOTENSIN TAB | - | 3 |
| MAVIK TAB | - | 3 |
| MONOPRIL TAB | - | 3 |
| PRINIVIL TAB, ZESTRIL TAB | - | 3 |
| QBRELIS SOLN | PA | 3 |
| UNIVASC TAB | - | 3 |
| VASOTEC TAB | - | 3 |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| phenoxybenzamine cap (DIBENZYLINE equiv) | KMSP | 1 |
| DIBENZYLINE CAP | KMSP | 3 |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| irbesartan tab (AVAPRO equiv) | - | 1 |
| losartan tab (COZAAR equiv) | - | 1 |
| olmesartan tab (BENICAR equiv) | - | 1 |
| telmisartan tab (MICARDIS equiv) | - | 1 |
| valsartan tab (DIOVAN equiv) | - | 1 |
| AVAPRO TAB | - | 3 |

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|--|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| COZAAR TAB | - | 3 |
| DIOVAN TAB | - | 3 |
| EDARBI TAB | - | 3 |
| EPROSARTAN TAB | - | 3 |
| MICARDIS TAB | - | 3 |
| TEVETEN TAB | - | 3 |
| ATACAND TAB | - | NC |
| BENICAR TAB | - | NC |
| candesartan tab (ATACAND equiv) | - | NC |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine patch (CATAPRES-TTS equiv) | - | 1 |
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| CARDURA TAB | - | 3 |
| CATAPRES TAB | - | 3 |
| CATAPRES-TTS PATCH | - | 3 |
| GUANABENZ TAB | - | 3 |
| HYTRIN CAP | - | 3 |
| MINIPRESS CAP | - | 3 |
| NEXICLON XR SUSP | - | 3 |
| NEXICLON XR TAB | - | 3 |
| RESERPINE TAB | - | 3 |
| TENEX TAB | - | 3 |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | 1 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 1 |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | - | 1 |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |
| methyldopa/hydrochlorothiazide tab (ALDORIL equiv) | - | 1 |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 1 |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 |
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |

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|---|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | 1 |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 |
| trandolapril/verapamil ER tab (TARKA equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB | - | 2 |
| ACCURETIC TAB | - | 3 |
| AMTURNIDE TAB | - | 3 |
| AVALIDE TAB | - | 3 |
| AZOR TAB | - | 3 |
| BENICAR HCT TAB | - | 3 |
| CORZIDE TAB | - | 3 |
| DIOVAN HCT TAB | - | 3 |
| EDARBYCLOR TAB | - | 3 |
| EXFORGE HCT TAB | - | 3 |
| EXFORGE TAB | - | 3 |
| HYZAAR TAB | - | 3 |
| LOPRESSOR HCT TAB | - | 3 |
| LOTENSIN HCT TAB | - | 3 |
| LOTREL CAP | - | 3 |
| MONOPRIL HCT TAB | - | 3 |
| TARKA TAB | - | 3 |
| TEKAMLO TAB | - | 3 |
| TEKURNA HCT TAB | - | 3 |
| TENORETIC TAB | - | 3 |
| TEVETEN HCT TAB | - | 3 |
| UNIRETIC TAB | - | 3 |
| VALTURNA TAB | - | 3 |
| VASERETIC TAB | - | 3 |
| ZESTORETIC TAB | - | 3 |
| ZIAC TAB | - | 3 |
| ATACAND HCT TAB | - | NC |
| BYVALSON TAB | - | NC |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC |
| DUTOPROL TAB | - | NC |
| MICARDIS HCT TAB | - | NC |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) | - | NC |
| PRESTALIA TAB | - | NC |
| telmisartan/amlodipine tab (TWYNSTA equiv) | - | NC |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | NC |
| TRIBENZOR TAB | - | NC |
| TWYNSTA TAB | - | NC |
| DIRECT RENIN INHIBITORS | | |
| TEKURNA TAB | - | 3 |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPRA equiv) | - | 1 |
| INSPRA TAB | - | 3 |

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|--|--------------|------|
| ANTIHYPERTENSIVES Cont. | | |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| FIRVANQ SOLN | - | 1 |
| metronidazole cap (FLAGYL equiv) | - | 1 |
| metronidazole tab (FLAGYL equiv) | - | 1 |
| tinidazole tab (TINDAMAX equiv) | - | 1 |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN) | QL-ST | 1 |
| VANCOMYCIN SOLN KIT | - | 1 |
| FIRST METRONIDAZOLE SUSP | - | 3 |
| FLAGYL CAP | - | 3 |
| FLAGYL ER TAB | - | 3 |
| FLAGYL TAB | - | 3 |
| PRIMSOL SOLN | - | 3 |
| TINDAMAX TAB | - | 3 |
| VANCOCIN CAP (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN) | QL-ST | 3 |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 |
| XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA) | PA-QL | 3 |
| IMPAVIDO CAP | PA | 4 |
| NEBUPENT NEB SOLN | KMSP | 4 |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | 1 |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 |
| BACTRIM DS TAB | - | 3 |
| PEDIAZOLE SUSP | - | 3 |
| ANTIPROTOZOAL AGENTS | | |
| atovaquone susp (MEPRON equiv) | - | 1 |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 |
| ALINIA TAB (QL= 6 tabs/3 days) | PA-QL | 2 |
| MEPRON SUSP | - | 3 |
| CARBAPENEMS | | |
| DORIBAX INJ | M | M |
| DORIPENEM INJ | M | M |
| ertapenem inj (INVANZ equiv) | M | M |
| INVANZ INJ | M | M |
| meropenem inj | M | M |
| KETOLIDES | | |
| KETEK TAB | - | 3 |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |

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| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 1 |
| CLEOCIN CAP | - | 3 |
| CLEOCIN SOLN | - | 3 |
| MONOBACTAMS | | |
| CAYSTON INH SOLN | KMSP-RS | 4 |
| OXAZOLIDINONES | | |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 1 |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 1 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ZYVOX SUSP (Restricted to Infectious Disease Specialist) | RS | 3 |
| ZYVOX TAB (Restricted to Infectious Disease Specialist) | RS | 3 |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 |
| MALARONE TAB | - | 2 |
| COARTEM TAB | - | 3 |
| FANSIDAR TAB | - | 3 |
| ANTIMALARIALS | | |
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 |
| mefloquine tab (LARIAM equiv) | - | 1 |
| quinine sulfate cap (QUALAQUIN equiv) | - | 1 |
| MEFLOQUINE TAB | - | 2 |
| PRIMAQUINE TAB | - | 2 |
| ARALEN TAB | - | 3 |
| LARIAM TAB | - | 3 |
| PLAQUENIL TAB | - | 3 |
| QUALAQUIN CAP | - | 3 |
| DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| pyridostigmine CR tab (MESTINON equiv) | - | 1 |
| pyridostigmine tab (MESTINON equiv) | - | 1 |
| PROSTIGMIN TAB | - | 2 |
| GUANIDINE TAB | - | 3 |
| MESTINON SYRUP | - | 3 |
| MESTINON TAB | - | 3 |
| MESTINON TIMESPAN TAB | - | 3 |
| MYTELASE TAB | - | 3 |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |
| RIFAMATE CAP | - | 2 |
| RIFATER TAB | PA | 3 |
| ANTIMYCOBACTERIAL AGENTS | | |

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| | | | | | |
|------|---|------|---|------|---|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---------------------------------------|---------------------|-------------|
| ANTIMYCOBACTERIAL AGENTS Cont. | | |
| ethambutol tab (MYAMBUTOL equiv) | - | 1 |
| ISONIAZID SYRUP | - | 1 |
| isoniazid tab | - | 1 |
| pyrazinamide tab | - | 1 |
| rifabutin cap (MYCOBUTIN equiv) | - | 1 |
| rifampin cap (RIFADIN equiv) | - | 1 |
| PRIFTIN TAB | - | 2 |
| MYAMBUTOL TAB | - | 3 |
| MYCOBUTIN CAP | - | 3 |
| RIFADIN CAP | - | 3 |
| TRECTOR TAB | PA | 3 |
| CYCLOSERINE CAP | - | NC |
| PASER GRANULE | - | NC |
| SIRTURO TAB | - | NC |

ANTINEOPLASTICS

ANTINEOPLASTICS MISC.

| | | |
|--------------------------------|------|---|
| tretinoin cap (VESANOID equiv) | KMSP | 4 |
|--------------------------------|------|---|

MITOTIC INHIBITORS

| | | |
|-------------------------------|------|---|
| etoposide cap (VEPESID equiv) | KMSP | 4 |
|-------------------------------|------|---|

TOPOISOMERASE I INHIBITORS

| | | |
|--------------|---------|---|
| HYCAMTIN CAP | KMSP-PA | 4 |
|--------------|---------|---|

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

| | | |
|--------------------------------------|---------------|---|
| cyclophosphamide cap | - | 1 |
| cyclophosphamide tab (CYTOXAN equiv) | - | 1 |
| melphalan tab (ALKERAN equiv) | KMSP | 1 |
| CEENU CAP | - | 2 |
| CYCLOPHOSPHAMIDE CAP | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| ALKERAN TAB | KMSP | 3 |
| AFINITOR TAB (QL= 1 tab/day) | KMSP-PA-QL-SF | 4 |
| HEXALEN CAP | KMSP | 4 |
| LEUKERAN TAB | KMSP | 4 |
| MYLERAN TAB | KMSP | 4 |
| temozolomide cap (TEMODAR equiv) | KMSP | 4 |
| busulfan inj | M | M |
| BUSULFEX INJ | M | M |
| melphalan inj (ALKERAN equiv) | M | M |
| ZANOSAR INJ | M | M |

ANTIMETABOLITES

| | | |
|---------------------------------------|---|---|
| mercaptopurine tab (PURINETHOL equiv) | - | 1 |
| methotrexate inj | - | 1 |
| methotrexate tab (TREXALL equiv) | - | 1 |
| METHOTREXATE INJ | - | 2 |
| TABLOID TAB | - | 2 |

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| | | | |
|------|---|------------------------|--------------------------------------|
| INF | NC =Not Covered | generic =small letters | BRANDS =CAPITAL LETTERS |
| LMSP | Infertility | KMSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | M | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | PA | Quantity Limit |
| SP | Restricted to Specialist | SF | Smoking Cessation |
| | Available through Specialty Pharmacy Program | ST | Vaccine Program |
| | | SMKG | |
| | | LD | |
| | | MSP | |
| | | QL | |
| | | VAC | |
| | | | |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| TREXALL TAB | - | 2 |
| PURINETHOL TAB | - | 3 |
| capecitabine tab (XELODA equiv) | KMSP | 4 |
| XELODA TAB | KMSP | 4 |
| PURIXAN SUSP | - | NC |
| XATMEP SOLN | - | NC |
| ANTINEOPLASTIC - ANTIBODIES | | |
| RITUXAN INJ | M | M |
| GAZYVA INJ | - | NC |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 4 |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 4 |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| ERIVEDGE CAP | KMSP-PA-SF | 4 |
| ODOMZO CAP | KMSP-PA-SF | 4 |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| anastrozole tab (ARIMIDEX equiv) | - | 1 |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| exemestane tab (AROMASIN equiv) | - | 1 |
| flutamide cap (EULEXIN equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| EMCYT CAP | - | 2 |
| FARESTON TAB | - | 2 |
| ARIMIDEX TAB | - | 3 |
| AROMASIN TAB | - | 3 |
| CASODEX TAB | - | 3 |
| FEMARA TAB | - | 3 |
| MEGACE SUSP | - | 3 |
| ZYTIGA TAB 250MG (QL= 4 tabs/day) | KMSP-PA-QL-SF | 3 |
| ZYTIGA TAB 500MG (QL= 2 tabs/da) | KMSP-PA-QL-SF | 3 |
| LYSODREN TAB | KMSP | 4 |
| nilutamide tab (NILANDRON equiv) | KMSP | 4 |
| XTANDI CAP (QL= 4 caps/day) | KMSP-PA-QL-SF | 4 |
| leuprolide inj (LUPRON equiv) | M | M |
| LUPRON DEPOT INJ | M | M |
| TRELSTAR INJ | M | M |
| ERLEADA TAB | - | NC |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP | - | NC |
| ANTINEOPLASTIC COMBINATIONS | | |
| KISQALI PAK (QL= 91 tabs/28 days) | KMSP-PA-QL | 4 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| LONSURF TAB | MSP-PA | 4 |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| SPRYCEL TAB | KMSP-PA-SF | 3 |
| AFINITOR DISPERZ (QL= 1 tab/day) | KMSP-PA-QL-SF | 4 |
| ALECENSA CAP (QL= 8 caps/day) | MSP-PA-QL | 4 |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day) | KMSP-PA-QL-SF | 4 |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day) | KMSP-PA-QL-SF | 4 |
| BOSULIF TAB | KMSP-PA-SF | 4 |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | 4 |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | 4 |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 4 |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | 4 |
| FARYDAK CAP (QL= 6 caps/21 days) | MSP-PA-QL | 4 |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 |
| IBRANCE CAP (QL= 21 caps/28 days) | KMSP-PA-QL | 4 |
| ICLUSIG TAB (Only available through Biologics 800-850-4306) | LD-PA-SF | 4 |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | 4 |
| imatinib tab (GLEEVEC equiv) (QL= 3 tabs/day) | KMSP-PA-QL-SF | 4 |
| IMBRUVICA CAP 140MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 4 |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 4 |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | 4 |
| INLYTA TAB (QL= 8 tabs/day) | KMSP-PA-QL-SF | 4 |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | 4 |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | 4 |
| KISQALI TAB (QL= 63 tabs/28 days) | KMSP-PA-QL | 4 |
| LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 |
| LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day) | LD-PA-QL-SF | 4 |
| LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day) | LD-PA-QL-SF | 4 |
| MEKINIST TAB | KMSP-PA | 4 |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 4 |
| NEXAVAR TAB | MSP-PA-SF | 4 |
| NINLARO CAP | KMSP-PA | 4 |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | 4 |
| RYDAPT CAP | KMSP-PA | 4 |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | 4 |
| SUTENT CAP | KMSP-PA-SF | 4 |
| TAFINLAR CAP (QL= 4 caps/day) | KMSP-PA-QL-SF | 4 |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 4 |
| TARCEVA TAB | KMSP-PA-SF | 4 |
| TASIGNA CAP | KMSP-PA-SF | 4 |
| TYKERB TAB | KMSP-PA | 4 |
| VERZENIO TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | 4 |
| VOTRIENT TAB | KMSP-PA-SF | 4 |
| XALKORI CAP (QL= 2 caps/day) | KMSP-PA-QL-SF | 4 |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | 4 |
| ZELBORAF TAB | MSP-PA-SF | 4 |
| ZOLINZA CAP | KMSP-PA-SF | 4 |

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| | | | | | |
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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-SF | 4 |
| ZYKADIA CAP (QL= 5 caps/day) | KMSP-PA-QL-SF | 4 |
| ALUNBRIG PAK | - | NC |
| BRAFTOVI CAP | - | NC |
| CALQUENCE CAP | - | NC |
| GLEEVEC TAB | - | NC |
| MEKTOVI TAB | - | NC |
| TIBSOVO TAB | - | NC |
| ANTINEOPLASTICS MISC. | | |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| MATULANE CAP | - | 2 |
| HYDREA CAP | - | 3 |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD-PA | 4 |
| ALFERON-N INJ | KMSP | 4 |
| bexarotene cap (TARGRETIN equiv) | MSP-PA-SF | 4 |
| INTRON-A INJ | KMSP | 4 |
| SYLATRON INJ | MSP-PA | 4 |
| TARGRETIN CAP | KMSP-PA-SF | 4 |
| PROLEUKIN INJ | - | NC |
| SYNRIBO INJ | - | NC |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| LEUCOVORIN TAB | - | 1 |
| MESNEX TAB | KMSP | 4 |
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| carbidopa tab (LODOSYN equiv) | - | 1 |
| LODOSYN TAB | - | 3 |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | 1 |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | 1 |
| tolcapone tab (TASMAR equiv) | - | 1 |
| COMTAN TAB | - | 3 |
| TASMAR TAB | - | 3 |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine cap (SYMMETREL equiv) | - | 1 |
| amantadine syrup (SYMMETREL equiv) | - | 1 |
| amantadine tab | - | 1 |
| bromocriptine cap (PARLODEL equiv) | - | 1 |
| bromocriptine tab (PARLODEL equiv) | - | 1 |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 |

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| | | | | | |
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| DrugName | Special Code | Tier |
|---|---|---|
| ANTIPARKINSON AGENTS Cont. | | |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 1 |
| pramipexole tab (MIRAPEX equiv) | - | 1 |
| ropinirole ER tab (REQUIP XL equiv) | - | 1 |
| ropinirole tab (REQUIP equiv) | - | 1 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |
| MIRAPEX ER TAB | - | 3 |
| MIRAPEX TAB | - | 3 |
| NEUPRO PATCH | - | 3 |
| PARCOPA ODT | - | 3 |
| PARLODEL CAP | - | 3 |
| PARLODEL TAB | - | 3 |
| REQUIP TAB | - | 3 |
| REQUIP XL TAB | - | 3 |
| SINEMET CR TAB | - | 3 |
| SINEMET TAB | - | 3 |
| APOKYN INJ (Only available through CVS Specialty 800-237-2767) | LD | 4 |
| DUOPA ENTERAL SUSP | - | NC |
| GOCOVRI CAP | - | NC |
| RYTARY CAP | - | NC |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| rasagiline tab (AZILECT equiv) | - | 1 |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| AZILECT TAB | - | 3 |
| ELDEPYRL CAP | - | 3 |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 |
| ZELAPAR ODT | - | 3 |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON DOPAMINERGICS | | |
| OSMOLEX ER TAB | - | NC |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 |
| lithium carbonate tab | - | 1 |
| lithium citrate soln | - | 1 |
| LITHOBID TAB | - | 3 |
| ANTIPSYCHOTICS - MISC. | | |
| ziprasidone cap (GEODON equiv) | - | 1 |
| EQUETRO CAP | - | 2 |
| GEODON CAP | - | 3 |
| LATUDA TAB | - | NC |
| NUPLAZID CAP | - | NC |
| NUPLAZID TAB | - | NC |
| VRAYLAR CAP | - | NC |
| VRAYLAR PACK | - | NC |
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| INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program | KMSP Kroger Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy | LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| BENZISOXAZOLES | | |
| paliperidone ER tab (INVEGA equiv) | PA | 1 |
| risperidone ODT (RISPERDAL M equiv) | - | 1 |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| RISPERIDONE ODT | - | 2 |
| FANAPT TAB (QL= 2 tabs/day) | PA-QL | 3 |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 |
| INVEGA TAB | PA | 3 |
| RISPERDAL M ODT | - | 3 |
| RISPERDAL SOLN | - | 3 |
| RISPERDAL TAB | - | 3 |
| RISPERDAL CONSTA INJ | MSP | 4 |
| INVEGA INJ | - | NC |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| DIBENZAPINES | | |
| clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 1 |
| clozapine tab (CLOZARIL equiv) | - | 1 |
| loxapine cap (LOXITANE equiv) | - | 1 |
| olanzapine ODT (ZYPREXA equiv) | - | 1 |
| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| CLOZAPINE ODT, FAZACLO ODT | - | 2 |
| CLOZARIL TAB | - | 3 |
| FAZACLO ODT 12.5MG, 25MG, 100MG | - | 3 |
| LOXITANE CAP | - | 3 |
| SAPHRIS SL TAB (QL= 2 tabs/day) | PA-QL | 3 |
| SEROQUEL TAB | - | 3 |
| ZYPREXA TAB | - | 3 |
| ZYPREXA ZYDIS TAB | - | 3 |
| ADASUVE INHALER | - | NC |
| SEROQUEL XR TAB | - | NC |
| VERSACLOZ SUSP | - | NC |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |
| perphenazine tab (TRILAFON equiv) | - | 1 |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day) | PA-QL | 1 |

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| | | | | | |
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| LMSP | Infertility | M | Kroger Mandatory Specialty Pharmacy Program | MSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| aripiprazole soln (ABILIFY equiv) | PA | 1 |
| aripiprazole tab (ABILIFY equiv) | - | 1 |
| ABILIFY DISCMELT (QL= 2 tabs/day) | PA-QL | 3 |
| ABILIFY SOLN | PA | 3 |
| ABILIFY TAB | - | 3 |
| REXULTI TAB | - | NC |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | 1 |
| NAVANE CAP | - | 3 |
| ANTISEPTICS & DISINFECTANTS | | |
| CHLORINE ANTISEPTICS | | |
| PHISOHEX LIQUID | - | 3 |
| IODINE ANTISEPTICS | | |
| IODOFLEX PAD | - | NC |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| lamivudine soln (EPIVIR equiv) | - | 1 |
| lamivudine tab (EPIVIR equiv) | - | 1 |
| nevirapine tab (VIRAMUNE equiv) | - | 1 |
| ritonavir tab (NORVIR equiv) | - | 1 |
| stavudine cap (ZERIT equiv) | - | 1 |
| stavudine soln (ZERIT equiv) | - | 1 |
| zidovudine cap (RETROVIR equiv) | - | 1 |
| zidovudine syrup (RETROVIR equiv) | - | 1 |
| zidovudine tab (RETROVIR equiv) | - | 1 |
| ISENTRESS (HD) TAB | - | 3 |
| ISENTRESS CHEW TAB | - | 3 |
| ISENTRESS POWDER PACK | - | 3 |
| NORVIR CAP | - | 3 |
| NORVIR POWDER PACK | - | 3 |
| NORVIR SOLN | - | 3 |
| NORVIR TAB | - | 3 |
| VITEKTA TAB | - | 3 |
| abacavir soln (ZIAGEN equiv) | - | 4 |
| abacavir tab (ZIAGEN equiv) | - | 4 |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 4 |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 4 |
| APTIVUS CAP | - | 4 |
| APTIVUS SOLN | - | 4 |
| atazanavir cap (REYATAZ equiv) | - | 4 |
| ATRIPLA TAB (QL= 1 tab/day) | QL | 4 |
| CIMDUO TAB (QL= 1 tab/day) | QL | 4 |
| COMBIVIR TAB | - | 4 |
| COMPLERA TAB (QL= 1 tab/day) | QL | 4 |
| CRIXIVAN CAP | - | 4 |
| DESCOVY TAB | PA | 4 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| didanosine DR cap (VIDEX EC equiv) | - | 4 |
| EDURANT TAB | - | 4 |
| efavirenz cap (SUSTIVA equiv) | - | 4 |
| efavirenz tab (SUSTIVA equiv) | - | 4 |
| EMTRIVA CAP | - | 4 |
| EMTRIVA SOLN | - | 4 |
| EPIVIR SOLN | - | 4 |
| EPIVIR TAB | - | 4 |
| EPZICOM TAB | - | 4 |
| EVOTAZ TAB | - | 4 |
| fosamprenavir tab (LEXIVA equiv) | - | 4 |
| FUZEON INJ | - | 4 |
| GENVOYA TAB | - | 4 |
| INTELENCE TAB | - | 4 |
| INVIRASE CAP | - | 4 |
| INVIRASE TAB | - | 4 |
| KALETRA SOLN | - | 4 |
| KALETRA TAB | - | 4 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 4 |
| LEXIVA SUSP | - | 4 |
| LEXIVA TAB | - | 4 |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 4 |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 4 |
| NEVIRAPINE SUSP | - | 4 |
| ODEFSEY TAB (QL= 1 tab/day) | QL | 4 |
| PREZCOBIX TAB | - | 4 |
| PREZISTA SUSP | - | 4 |
| PREZISTA TAB | - | 4 |
| RESCRIPTOR TAB | - | 4 |
| RETROVIR CAP | - | 4 |
| RETROVIR SYRUP | - | 4 |
| RETROVIR TAB | - | 4 |
| REYATAZ CAP | - | 4 |
| REYATAZ POWDER PACK | - | 4 |
| SELZENTRY SOLN | - | 4 |
| SELZENTRY TAB | - | 4 |
| STRIBILD TAB | - | 4 |
| SUSTIVA CAP | - | 4 |
| SUSTIVA TAB | - | 4 |
| SYMFI (LO) TAB (QL= 1 tab/day) | QL | 4 |
| tenofovir disoproxil fumarate tab 300mg (VIREAD equiv) | - | 4 |
| TIVICAY TAB (QL= 2 tabs/day) | QL | 4 |
| TRIUMEQ TAB | - | 4 |
| TRIZIVIR TAB | - | 4 |
| TRUVADA TAB | PA | 4 |
| VIDEX EC CAP | - | 4 |
| VIDEX EC CAP 125MG | - | 4 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| VIDEX SOLN | - | 4 |
| VIRACEPT POWDER | - | 4 |
| VIRACEPT TAB | - | 4 |
| VIRAMUNE SUSP | - | 4 |
| VIRAMUNE TAB | - | 4 |
| VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine) | ST | 4 |
| VIREAD TAB | - | 4 |
| VIREAD TAB 150MG, 200MG, 250MG | - | 4 |
| ZERIT CAP | - | 4 |
| ZERIT SOLN | - | 4 |
| ZIAGEN SOLN | - | 4 |
| ZIAGEN TAB | - | 4 |
| BIKTARVY TAB | - | NC |
| JULUCA TAB | - | NC |
| SYM TUZA TAB | - | NC |
| TYBOST TAB | - | NC |
| CMV AGENTS | | |
| valganciclovir tab (VALCYTE equiv) | - | 1 |
| VALCYTE TAB | - | 3 |
| GANCICLOVIR CAP | - | 4 |
| VALCYTE SOLN | - | 4 |
| valganciclovir soln (VALCYTE equiv) | - | 4 |
| FOSCARNET INJ | M | M |
| PREVYMIS TAB | - | NC |
| HEPATITIS AGENTS | | |
| ribavirin cap (REBETOL equiv) | KMSP | 1 |
| ribavirin tab (COPEGUS equiv) | KMSP | 1 |
| adefovir dipivoxil tab (HEPSERA equiv) | KMSP | 4 |
| BARACLUDE TAB (QL= 1 tab/day) | KMSP-QL | 4 |
| COPEGUS TAB | KMSP | 4 |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | KMSP-QL | 4 |
| EPCLUSA TAB (QL= 1 tab/day) | KMSP-PA-QL | 4 |
| EPIVIR HBV SOLN | - | 4 |
| EPIVIR HBV TAB | - | 4 |
| HARVONI TAB (QL= 1 tab/day) | KMSP-PA-QL | 4 |
| HEPSERA TAB | KMSP | 4 |
| INCIVEK TAB | MSP-PA-SF | 4 |
| INFERGEN INJ | MSP | 4 |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 4 |
| MAVYRET TAB (QL= 3 tabs/day) | KMSP-PA-QL | 4 |
| PEGASYS INJ | KMSP | 4 |
| PEGASYS INJ KIT | KMSP | 4 |
| PEG-INTRON INJ | KMSP | 4 |
| REBETOL SOLN | KMSP | 4 |
| RIBATAB | KMSP | 4 |
| TYZEKA TAB | KMSP-PA | 4 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| VEMLIDY TAB | KMSP | 4 |
| VICTRELIS CAP | MSP-PA-SF | 4 |
| VOSEVI TAB (QL= 1 tab/day) | KMSP-PA-QL | 4 |
| DAKLINZA TAB | - | NC |
| OLYSIO CAP | - | NC |
| RIBAPAK TAB | - | NC |
| SOVALDI TAB | - | NC |
| TECHNIVIE TAB | - | NC |
| VIEKIRA XR TAB | - | NC |
| ZEPATIER TAB | - | NC |
| HERPES AGENTS | | |
| acyclovir cap (ZOVIRAX equiv) | - | 1 |
| acyclovir susp (ZOVIRAX equiv) | - | 1 |
| acyclovir tab (ZOVIRAX equiv) | - | 1 |
| famciclovir tab (FAMVIR equiv) | - | 1 |
| valacyclovir tab (VALTREX equiv) | - | 1 |
| FAMVIR TAB | - | 3 |
| VALTREX TAB | - | 3 |
| ZOVIRAX CAP | - | 3 |
| ZOVIRAX SUSP | - | 3 |
| ZOVIRAX TAB | - | 3 |
| SITAVIG TAB | - | NC |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 1 |
| rimantadine tab (FLUMADINE equiv) | - | 1 |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 |
| FLUMADINE TAB | - | 3 |
| TAMIFLU CAP (QL= 10 caps/fill) | QL | 3 |
| TAMIFLU CAP 30MG (QL= 20 caps/fill) | QL | 3 |
| RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS | | |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC |
| ASSORTED CLASSES | | |
| CHELATING AGENTS | | |
| DEPEN TITRATAB | - | 2 |
| CUPRIMINE CAP | - | NC |
| IMMUNOMODULATORS | | |
| REVLIMID CAP (QL= 1 cap/day) | KMSP-PA-QL | 3 |
| THALOMID CAP | KMSP-PA | 4 |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| AZASAN TAB | - | 3 |
| IMURAN TAB | - | 3 |
| CELLCEPT CAP | - | 4 |

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|--|---------------------|-------------|
| ASSORTED CLASSES Cont. | | |
| CELLCEPT SUSP | - | 4 |
| CELLCEPT TAB | - | 4 |
| cyclosporine cap (SANDIMMUNE equiv) | - | 4 |
| cyclosporine modified cap (NEORAL equiv) | - | 4 |
| cyclosporine modified soln (NEORAL equiv) | - | 4 |
| mycophenolate DR tab (MYFORTIC equiv) | - | 4 |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 4 |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 4 |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 4 |
| MYFORTIC TAB | - | 4 |
| NEORAL CAP | - | 4 |
| NEORAL SOLN | - | 4 |
| PROGRAF CAP | - | 4 |
| RAPAMUNE SOLN | - | 4 |
| RAPAMUNE TAB | - | 4 |
| SANDIMMUNE CAP | - | 4 |
| SANDIMMUNE SOLN 100MG/ML | - | 4 |
| sirolimus tab (RAPAMUNE equiv) | - | 4 |
| tacrolimus cap (PROGRAF equiv) | - | 4 |
| ZORTRESS TAB | KMSP-PA | 4 |
| ENVARUSUS XR TAB | - | NC |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 1 |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| KAYEXALATE POWDER | - | 3 |
| VELTASSA POWDER | KMSP-PA | 4 |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| carvedilol phosphate ER cap (COREG CR equiv) | - | 1 |
| carvedilol tab (COREG equiv) | - | 1 |
| labetalol tab (NORMODYNE equiv) | - | 1 |
| COREG CR CAP | - | 3 |
| COREG TAB | - | 3 |
| TRANDATE TAB | - | 3 |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| BYSTOLIC TAB | - | 2 |
| KERLONE TAB | - | 3 |
| LOPRESSOR TAB | - | 3 |
| SECTRAL CAP | - | 3 |
| TENORMIN TAB | - | 3 |

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Last Updated* 8/1/2018

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|---------------------------------------|--------------|------|
| BETA BLOCKERS Cont. | | |
| TOPROL XL TAB | - | 3 |
| ZEBETA TAB | - | 3 |
| KAPSPARGO CAP | - | NC |
| METOPROLOL TARTRATE TAB 37.5MG, 75MG | - | NC |
| BETA BLOCKERS NON-SELECTIVE | | |
| nadolol tab (CORCARD equiv) | - | 1 |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |
| propranolol tab (INDERAL equiv) | - | 1 |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 |
| sotalol tab (BETAPACE equiv) | - | 1 |
| timolol maleate tab (BLOCADREN equiv) | - | 1 |
| BETAPACE AF TAB | - | 3 |
| BETAPACE TAB | - | 3 |
| CORGARD TAB | - | 3 |
| INDERAL LA CAP | - | 3 |
| INNOPRAN XL CAP | - | 3 |
| LEVATOL TAB | - | 3 |
| HEMANGEOL SOLN | - | NC |
| SOTYLIZE SOLN | - | NC |

BIOLOGICALS MISC

ALLERGENIC EXTRACTS

| | | |
|-----------------|---|----|
| GRASTEK SL TAB | - | NC |
| ORALAIR SL TAB | - | NC |
| RAGWITEK SL TAB | - | NC |

BIOLOGICALS MISC

| | | |
|------------|---|---|
| ADAGEN INJ | M | M |
|------------|---|---|

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

| | | |
|--------------------------------------|---|---|
| amlodipine tab (NORVASC equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 |
| diltiazem ER cap (TIAZAC equiv) | - | 1 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 1 |
| diltiazem tab (CARDIZEM equiv) | - | 1 |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| isradipine cap (DYNACIRC equiv) | - | 1 |
| nicardipine cap (CARDENE equiv) | - | 1 |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |
| nimodipine cap (NIMOTOP equiv) | - | 1 |
| nisoldipine ER tab (SULAR equiv) | - | 1 |
| NISOLDIPINE ER TAB 25.5MG | - | 1 |
| verapamil SR cap (VERELAN PM equiv) | - | 1 |

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Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|--------------|------|
| CALCIUM CHANNEL BLOCKERS Cont. | | |
| verapamil SR cap (VERELAN SR equiv) | - | 1 |
| VERAPAMIL SR CAP 360mg | - | 1 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| ADALAT CC TAB | - | 3 |
| CALAN SR TAB | - | 3 |
| CALAN TAB | - | 3 |
| CARDENE SR CAP | - | 3 |
| CARDIZEM CD CAP | - | 3 |
| CARDIZEM LA TAB | - | 3 |
| CARDIZEM TAB | - | 3 |
| COVERA-HS TAB | - | 3 |
| DILACOR XR CAP | - | 3 |
| DYNACIRC CR TAB | - | 3 |
| NIMOTOP CAP | - | 3 |
| NORVASC TAB | - | 3 |
| PLENDIL TAB | - | 3 |
| PROCARDIA CAP | - | 3 |
| SULAR TAB | - | 3 |
| TIAZAC CAP | - | 3 |
| VERELAN CAP | - | 3 |
| VERELAN PM CAP | - | 3 |
| VERELAN SR CAP 360mg | - | 3 |

CARDIOTONICS

CARDIAC GLYCOSIDES

| | | |
|--------------------------------|---|----|
| digoxin soln (LANOXIN equiv) | - | 1 |
| digoxin tab (LANOXIN equiv) | - | 1 |
| LANOXIN TAB | - | 3 |
| LANOXIN TAB 0.0625MG, 0.1875MG | - | NC |

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

| | | |
|--|-------|---|
| amlodipine/atorvastatin tab (CADUET equiv) | - | 1 |
| ENTRESTO TAB (QL= 2 tabs/day) | PA-QL | 2 |
| CADUET TAB | - | 3 |

IMPOTENCE AGENTS

| | | |
|---|----|----|
| sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days) | QL | 1 |
| CAVERJECT INJ (QL= 6 inj/30 days) | QL | 2 |
| CIALIS TAB (QL= 6 tabs/30 days) | QL | 2 |
| CIALIS TAB 2.5MG, 5MG (QL= 6 tabs/30 days) | QL | 2 |
| EDEX INJ (QL= 6 inj/30 days) | QL | 2 |
| LEVITRA TAB (QL= 6 tabs/30 days) | QL | 2 |
| MUSE SUPP (QL= 6 inj/30 days) | QL | 2 |
| STAXYN ODT (QL= 6 tabs/30 days) | QL | 2 |
| STENDRA TAB (QL= 6 tabs/30 days) | QL | 2 |
| PAPAVERINE/ALPROSTADIL INJ | - | NC |
| PAPAVERINE/PHENTOLAMINE INJ | - | NC |

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| | | | | | |
|------|---|------|--|------|--------------------------------------|
| INF | NC =Not Covered | KMSP | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Infertility | M | Kroger Mandatory Specialty Pharmacy Program | MSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---|---|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ | - | NC |
| PHENTOLAMINE/ALPROSTADIL INJ | - | NC |
| VIAGRA TAB | - | NC |
| PERIPHERAL VASODILATORS | | |
| ISOXSUPRINE TAB | - | 1 |
| PROSTAGLANDIN VASODILATORS | | |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 |
| ORENITRAM TAB | - | NC |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 |
| TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 |
| TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 |
| REVATIO TAB | PA | 3 |
| ADCIRCA TAB | LMSP-PA | 4 |
| REVATIO SUSP | - | NC |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAIVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 |
| SINUS NODE INHIBITORS | | |
| CORLANOR TAB | PA | 3 |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil cap (DURICEF equiv) | - | 1 |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| KEFLEX CAP | - | 3 |
| cefazolin inj | M | M |
| CEFAZOLIN INJ | M | M |
| CEPHALEXIN TAB | - | NC |
| DAXBIA CAP | - | NC |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefaclor cap (CECLOR equiv) | - | 1 |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime susp (CEFTIN equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| CEFACLOR ER TAB | - | 3 |
| CEFACLOR SUSP | - | 3 |
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| INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program | KMSP Kroger Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy | LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program |

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|--|---------------------|-------------|
| CEPHALOSPORINS Cont. | | |
| CEFTIN SUSP | - | 3 |
| CEFTIN TAB | - | 3 |
| cefoxitin inj | M | M |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| cefixime susp (SUPRAX equiv) | - | 1 |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 1 |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 1 |
| CEDAX CAP | - | 3 |
| CEDAX SUSP | - | 3 |
| CEFDITOREN TAB | - | 3 |
| OMNICEF SUSP | - | 3 |
| SPECTRACEF TAB | - | 3 |
| SUPRAX CAP | - | 3 |
| SUPRAX CHEW TAB | - | 3 |
| SUPRAX SUSP | - | 3 |
| SUPRAX SUSP 500MG/5ML | - | 3 |
| SUPRAX TAB | - | 3 |
| VANTIN TAB | - | 3 |
| CEFOTAXIME INJ | M | M |
| cefotaxime inj (CLAFORAN equiv) | M | M |
| ceftriaxone inj | M | M |

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

| | | |
|--|---|-----|
| amethyst tab (LYBREL equiv) | - | \$0 |
| apri tab (DESOGEN equiv) | - | \$0 |
| aranelle tab (TRI-NORINYL equiv) | - | \$0 |
| aviane tab (ALESSE equiv) | - | \$0 |
| BEYAZ TAB | - | \$0 |
| cesia tab (CYCLESSA equiv) | - | \$0 |
| cryselle tab | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 |
| jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) (3 copays per Rx) | - | \$0 |
| junel FE tab (LOESTRIN FE equiv) | - | \$0 |
| junel tab (LOESTRIN equiv) | - | \$0 |
| kariva tab (MIRCETTE equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| mononessa tab (ORTHO-CYCLEN equiv) | - | \$0 |
| necon tab (ORTHO-NOVUM equiv) | - | \$0 |
| necon tab 1-50 (NORYNIL equiv) | - | \$0 |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 |
| tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 |
| wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| YASMIN TAB | - | \$0 |

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Last Updated* 8/1/2018

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|---|--------------|------|
| CONTRACEPTIVES Cont. | | |
| YAZ TAB | - | \$0 |
| mibelas chew tab (MINASTRIN equiv) | - | 1 |
| CYCLESSA TAB | - | 3 |
| DESOGEN TAB | - | 3 |
| ESTROSTEP FE TAB | - | 3 |
| FEMCON FE CHEW TAB | - | 3 |
| LO LOESTRIN TAB | - | 3 |
| LO MINASTRIN 24 FE CHEW TAB | - | 3 |
| LOESTRIN 24 FE TAB | - | 3 |
| LOESTRIN FE TAB | - | 3 |
| LOESTRIN TAB | - | 3 |
| MINASTRIN CHEW TAB | - | 3 |
| MIRCETTE TAB | - | 3 |
| NATAZIA TAB | - | 3 |
| NORINYL TAB 1-50 | - | 3 |
| OGESTREL TAB | - | 3 |
| ORTHO TRI-CYCLEN (LO) TAB | - | 3 |
| ORTHO-CYCLEN TAB | - | 3 |
| OVCON 35 TAB | - | 3 |
| SEASONIQUE TAB | - | 3 |
| TRI-NORINYL TAB | - | 3 |
| BALCOLTRA TAB | - | NC |
| FALESSA KIT | - | NC |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | NC |
| rajani tab (BEYAZ equiv) | - | NC |
| SAFYRAL TAB | - | NC |
| TAYTULLA CAP | - | NC |
| tydemy tab (SAFYRAL equiv) | - | NC |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| XULANE PATCH | - | \$0 |
| ORTHO-EVRA PATCH | - | 3 |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| NUVARING | - | \$0 |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | - | NC |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | - | \$0 |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 |
| LEVONORGESTREL TAB 0.75MG | - | \$0 |
| PLAN B TAB | OTC | \$0 |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | NC |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA INJ | - | NC |
| DEPO-PROVERA SC INJ 104MG | - | NC |
| medroxyprogesterone inj (DEPO-PROVERA equiv) | - | NC |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|--------------|------|
| CONTRACEPTIVES Cont. | | |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| MIRENA IUD | - | NC |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | \$0 |
| NOR-QD TAB | - | 3 |
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 1 |
| budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine) | ST | 1 |
| CORTEF TAB | - | 1 |
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |
| dexamethasone soln | - | 1 |
| DEXAMETHASONE TAB | - | 1 |
| dexamethasone tab (DECADRON equiv) | - | 1 |
| hydrocortisone tab (CORTEF equiv) | - | 1 |
| MEDROL TAB | - | 1 |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 |
| methylprednisolone tab (MEDROL equiv) | - | 1 |
| prednisolone ODT (ORAPRED equiv) | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| PREDNISOLONE SYRUP | - | 1 |
| prednisolone syrup (PRELONE equiv) | - | 1 |
| PREDNISON SOLN | - | 1 |
| PREDNISON TAB | - | 1 |
| prednison tab (DELTASONE equiv) | - | 1 |
| CORTISONE ACETATE TAB | - | 2 |
| ORAPRED ODT | - | 2 |
| PREDNISON PAK | - | 2 |
| DEXPAK TAB | - | 3 |
| ENTOCORT EC CAP (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine) | ST | 3 |
| MEDROL DOSE PACK | - | 3 |
| MEDROL TAB | - | 3 |
| MILLIPRED DP PAK | - | 3 |
| MILLIPRED TAB | - | 3 |
| ORAPRED ODT | - | 3 |
| ORAPRED SOLN | - | 3 |
| PRELONE SYRUP | - | 3 |
| VERIPRED SOLN | - | 3 |
| EMFLAZA SUSP | - | NC |
| EMFLAZA TAB | - | NC |
| FLO-PRED SUSP | - | NC |
| LIDOLOG KIT | - | NC |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC |
| RAYOS TAB | - | NC |
| MINERALOCORTICIDS | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| CORTICOSTEROIDS Cont. | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVES | | |
| benzonatate cap (TESSALON equiv) | - | 1 |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 |
| tussigon tab (HYCODAN equiv) | - | 1 |
| HYCODAN SYRUP | - | 3 |
| TESSALON CAP | - | 3 |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC |
| ZONATUSS CAP 150MG | - | NC |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| guaifenesin/codeine soln (BRONTEX equiv) | OTC | 1 |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 1 |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days) | QL | 1 |
| NINJACOF-XG LIQUID | OTC | 1 |
| promethazine DM syrup | - | 1 |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 |
| pseudoephedrine/brompheniramine/codeine liquid (CPB WC LIQUID equiv) | OTC | 1 |
| ALBATUSSIN LIQUID | - | 3 |
| BRONCOPECTOL SYRUP | - | 3 |
| DECON-A ELIXIR | - | 3 |
| GILTUSS LIQUID | - | 3 |
| GILTUSS TR TAB | - | 3 |
| HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month) | QL | 3 |
| NEOTUSS-D LIQUID | - | 3 |
| PEDIATEX TDM SUSP | - | 3 |
| RESCON TAB | - | 3 |
| REZIRA SOLN | - | 3 |
| SEMPREX-D CAP | - | 3 |
| SUTTAR SF SYRUP | - | 3 |
| TUSNEL SYRUP | - | 3 |
| TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days) | QL | 3 |
| TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 3 |
| TUSSI-ORGANI SYRUP (QL= 240ml/fill) | QL | 3 |
| ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days) | QL | 3 |
| CLARINEX-D TAB | - | NC |
| DOMETUSS-DMX LIQ | - | NC |
| HYCOFENIX SOLN | - | NC |
| MUCINEX LIQUID | - | NC |
| POLY-TUSSIN DM SYRUP | - | NC |
| TUSSI-PRES LIQUID | - | NC |
| TUZISTRA XR SUSP | - | NC |
| EXPECTORANTS | | |

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|--|--------------|------|
| COUGH/COLD/ALLERGY Cont. | | |
| SSKI SOLN | - | 2 |
| GUAIFENESEN SYRUP | - | NC |
| guaifenesin tab (ALLFEN JR equiv) | - | NC |
| MUCINEX TAB | - | NC |
| MISC. RESPIRATORY INHALANTS | | |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 |
| NEBUSAL NEB SOLN | - | 2 |
| HYPER-SAL NEB SOLN | - | 3 |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 |
| DERMATOLOGICALS | | |
| ACNE PRODUCTS | | |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 1 |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 1 |
| clindamycin/tretinoin gel (ZIANA equiv) | - | 1 |
| erythromycin gel | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 1 |
| isotretinoin cap (ACUTANE equiv) | - | 1 |
| RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 1 |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 1 |
| SODIUM SULFACETAMIDE/SULFUR EMULSION | - | 1 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 1 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 1 |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 1 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 1 |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | 1 |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | 1 |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 1 |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 1 |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| ADAPALENE LOTION (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| AVAR GEL | - | 2 |
| EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| PRASCION RA CREAM | - | 2 |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | 2 |
| AKNE-MYCIN OINT | - | 3 |
| ATRALIN GEL, RETIN-A GEL | PA | 3 |
| AVAR AEROSOL FOAM | - | 3 |
| AZELEX CREAM | PA | 3 |
| BENZACLIN GEL | - | 3 |
| BENZAMYCIN GEL | - | 3 |
| BENZAMYCIN GEL PACK | - | 3 |
| CLARIFOAM EF FOAM | - | 3 |
| CLEOCIN-T GEL | - | 3 |
| CLEOCIN-T LOTION | - | 3 |
| CLEOCIN-T PAD | - | 3 |
| CLEOCIN-T SOLN | - | 3 |
| CLINDAMYCIN/BENZOYL PEROXIDE GEL, ACANYA GEL | - | 3 |
| DIFFERIN CREAM | PA | 3 |
| DIFFERIN GEL | PA | 3 |
| DIFFERIN LOTION | PA | 3 |
| DUAC CS KIT | - | 3 |
| DUAC GEL | - | 3 |
| EPIDUO GEL 0.1-2.5% | PA | 3 |
| KLARON LOTION | - | 3 |
| ONEXTON GEL | - | 3 |
| PLEXION LOTION | - | 3 |
| PLEXION SCT CREAM | - | 3 |
| RETIN-A CREAM | PA | 3 |
| ROSULA EMULSION | - | 3 |
| ROSULA GEL | - | 3 |
| SUMAXIN PAD | - | 3 |
| SUMAXIN TS SUSP | - | 3 |
| SUMAXIN WASH | - | 3 |
| TRETIN-X CREAM | PA | 3 |
| VELTIN GEL | - | 3 |
| ZIANA GEL | - | 3 |
| ABSORICA CAP | - | NC |
| ACZONE GEL | - | NC |
| ACZONE GEL 7.5% | - | NC |
| AVAR PAD | - | NC |
| BENZAC WASH | - | NC |
| BENZOYL PEROXIDE CREAM | OTC | NC |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC |
| CLINDACIN KIT | - | NC |
| CLINDAGEL | - | NC |
| clindamycin foam (EVOCLIN equiv) | - | NC |
| dapsone gel (ACZONE equiv) | - | NC |
| DIFFERIN OTC GEL 0.1% | OTC | NC |
| EVOCLIN FOAM | - | NC |

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| | | | | | |
|------|---|------|---|------|---|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| FABIOR AEROSOL FOAM | - | NC |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC |
| ROSULA WASH | - | NC |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC |
| SUMADAN KIT | - | NC |
| SUMADEN XLT KIT | - | NC |
| AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS | | |
| VEREGEN OINT | - | NC |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES | | |
| KYBELLA INJ | - | NC |
| RENOVA CREAM | - | NC |
| ANALGESICS - TOPICAL | | |
| BACLOFEN CREAM COMPOUND KIT | - | NC |
| TRAMADOL COMPOUND KIT | - | NC |
| ANTIBIOTICS - TOPICAL | | |
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin cream (BACTROBAN equiv) | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |
| ALTABAX OINT | - | 3 |
| BACTROBAN CREAM | - | 3 |
| BACTROBAN OINT | - | 3 |
| CENTANY OINT | - | 3 |
| CORTISPORIN CREAM | - | 3 |
| CORTISPORIN OINT | - | 3 |
| NEO-SYNALAR CREAM | - | NC |
| ANTIFUNGALS - TOPICAL | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| ketconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| naftifine cream (NAFTIN equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| nystatin/triamcinolone cream | - | 1 |
| nystatin/triamcinolone oint | - | 1 |
| oxiconazole nitrate cream (OXISTAT equiv) | - | 1 |
| ERTACZO CREAM | - | 3 |
| EXELDERM CREAM | - | 3 |

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| | | | | | |
|------|---|------|--|------|--------------------------------------|
| INF | NC =Not Covered | KMSP | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSF | Infertility | M | Kroger Mandatory Specialty Pharmacy Program | MSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| EXELDERM SOLN | - | 3 |
| LOPROX CREAM | - | 3 |
| LOPROX GEL | - | 3 |
| LOPROX SHAMPOO | - | 3 |
| LOTRISONE CREAM | - | 3 |
| LOTRISONE LOTION | - | 3 |
| MENTAX CREAM | - | 3 |
| NAFTIN CREAM | - | 3 |
| NAFTIN GEL | - | 3 |
| NIZORAL SHAMPOO | - | 3 |
| OXISTAT CREAM | - | 3 |
| OXISTAT LOTION | - | 3 |
| ALCORTIN A GEL | - | NC |
| ALOQUIN GEL | - | NC |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | NC |
| ECOZA FOAM | - | NC |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | NC |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | NC |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC |
| JUBLIA SOLN | - | NC |
| KERYDIN SOLN | - | NC |
| LOTRIMIN AF CREAM | - | NC |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC |
| NAFTIN GEL 2% | - | NC |
| NYATA KIT | - | NC |
| PENLAC SOLN | - | NC |
| VYTONE CREAM 1.9-1% | - | NC |
| XOLEGEL | - | NC |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 |
| FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 |
| VOLTAREN GEL (QL= 5 tubes/fill) | QL | 3 |
| diclofenac soln 1.5% (PENNSAID equiv) | - | NC |
| DICLOPR KIT | - | NC |
| DST PLUS PAK KIT | - | NC |
| INFLAMMA-K KIT | - | NC |
| NAPROXEN CREAM COMPOUND KIT | - | NC |
| PENNSAID SOLN | - | NC |
| PENNSAID SOLN 1.5% | - | NC |
| REXAPHENAC CREAM | - | NC |
| VOPAC 5 CREAM | - | NC |
| VOPAC CREAM | - | NC |
| VOPAC GB CREAM | - | NC |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 1 |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| FLUOROPLEX CREAM | - | 2 |
| FLUOROURACIL CREAM 0.5% | - | 2 |
| FLUOROURACIL SOLN | - | 2 |
| EFUDEX CREAM | - | 3 |
| PICATO GEL (QL= 1 box/fill) | QL | 3 |
| SOLARAZE GEL (QL= 300gm/30 days) | PA-QL | 3 |
| PANRETIN GEL | KMSP-PA | 4 |
| TARGRETIN GEL | KMSP | 4 |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 |
| CARAC CREAM | - | NC |
| FLUORAC CREAM | - | NC |
| ANTIPRURITICS - TOPICAL | | |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | - | 3 |
| ANTIPSORIATICS | | |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 1 |
| calcipotriene oint | - | 1 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 1 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | KMSP | 1 |
| tazarotene cream (TAZORAC equiv) | - | 1 |
| 8-MOP CAP | KMSP | 2 |
| SORIATANE CK KIT | KMSP | 2 |
| DOVONEX CREAM | - | 3 |
| DOVONEX SOLN | - | 3 |
| DRITHO-SCALP CREAM | - | 3 |
| OXSORALEN ULTRA CAP | KMSP | 3 |
| SORILUX FOAM | - | 3 |
| TAZORAC CREAM | - | 3 |
| TAZORAC GEL | - | 3 |
| VECTICAL OINT | - | 3 |
| acitretin cap (SORIATANE equiv) | KMSP | 4 |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | LMSP-PA-QL | 4 |
| COSENTYX INJ (2-PACK) (QL= 2 inj/28 days) | LMSP-PA-QL | 4 |
| SORIATANE CAP | KMSP | 4 |
| SILIQ INJ | - | NC |
| STELARA INJ | - | NC |
| TALTZ INJ | - | NC |
| TREMFYA INJ | - | NC |
| ANTISEBORRHEIC PRODUCTS | | |
| seb-prev cream (OVACE CREAM equiv) | - | 1 |
| selenium sulfide lotion | - | 1 |
| selenium sulfide shampoo (SELSEB equiv) | - | 1 |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | 1 |
| sodium sulfacetamide shampoo (OVACE equiv) | - | 1 |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 1 |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | 1 |
| OVACE PLUS CREAM | - | 3 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| OVACE PLUS GEL | - | 3 |
| OVACE PLUS SHAMPOO | - | 3 |
| OVACE WASH | - | 3 |
| ROSULA PAD | - | 3 |
| ESKATA SOLN | - | NC |
| OVACE PLUS LOTION | - | NC |
| OVACE PLUS FOAM | - | NC |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC |
| SELRX SHAMPOO 2.3% | - | NC |
| ANTIVIRALS - TOPICAL | | |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 1 |
| DENAVIR CREAM | - | 2 |
| XERESE CREAM | - | 3 |
| ZOVIRAX CREAM | - | 3 |
| ZOVIRAX OINT | - | NC |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| SULFAMYLON CREAM | - | 2 |
| SILVADENE CREAM | - | 3 |
| SULFAMYLON PACK | - | NC |
| CORTICOSTEROIDS - TOPICAL | | |
| alclometasone cream (ACLOVATE equiv) | - | 1 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 1 |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |
| BETAMETHASONE AUGMENTED GEL | - | 1 |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | 1 |
| clobetasol foam (OLUX equiv) | PA | 1 |
| clobetasol lotion (CLOBEX equiv) | PA | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | PA | 1 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | PA | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | PA | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | PA | 1 |
| clobetasol shampoo (CLOBEX equiv) | PA | 1 |
| clobetasol spray (CLOBEX equiv) | PA | 1 |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 1 |
| desoximetasone gel (TOPICORT equiv) | - | 1 |
| desoximetasone oint (TOPICORT equiv) | - | 1 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinolone acetonide soln | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide emollient cream | - | 1 |
| fluocinonide gel | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| flurandrenolide Cream (CORDRAN equiv) | - | 1 |
| flurandrenolide lotion (CORDRAN equiv) | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 1 |
| halobetasol propionate oint (ULTRAVATE equiv) | PA | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |
| hydrocortisone oint | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |
| PREDNICARBATE CREAM | - | 1 |
| prednicarbate cream (DERMATOP equiv) | - | 1 |
| PREDNICARBATE OIN | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| triamcinolone spray (KENALOG equiv) | - | 1 |
| EPIFOAM AEROSOL | - | 2 |
| PRAMOSONE CREAM 1% | - | 2 |
| PRAMOSONE OINT | - | 2 |
| U-CORT CREAM | - | 2 |
| ACLOVATE CREAM | - | 3 |
| ACLOVATE OINT | - | 3 |
| CAPEX SHAMPOO | - | 3 |
| CARMOL-HC CREAM | - | 3 |
| CLOBEX LOTION | PA | 3 |
| CLOBEX SHAMPOO | PA | 3 |
| CLOBEX SPRAY | PA | 3 |
| CLOCORTOLONE CREAM, CLODERM CREAM | - | 3 |
| CORDRAN CREAM | - | 3 |
| CORDRAN LOTION | - | 3 |
| CORDRAN TAPE | - | 3 |
| CUTIVATE CREAM | - | 3 |
| CUTIVATE OINT | - | 3 |
| DERMA-SMOOTH/FS OIL | - | 3 |
| DERMATOP CREAM | - | 3 |

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Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| DERMATOP OINT | - | 3 |
| DIPROLENE AF CREAM | - | 3 |
| DIPROLENE LOTION | - | 3 |
| DIPROLENE OINT | - | 3 |
| ELOCON CREAM | - | 3 |
| ELOCON OINT | - | 3 |
| ELOCON SOLN | - | 3 |
| HYTONE LOTION | - | 3 |
| KENALOG SPRAY | - | 3 |
| NUCORT LOTION | - | 3 |
| OLUX FOAM | PA | 3 |
| PANDEL CREAM | - | 3 |
| PRAMOSONE LOTION | - | 3 |
| PROCTOCORT CREAM | - | 3 |
| TACLONEX OINT | - | 3 |
| TACLONEX SCALP SUSP | - | 3 |
| TEMOVATE CREAM | PA | 3 |
| TEMOVATE GEL | PA | 3 |
| TEMOVATE OINT | PA | 3 |
| TEMOVATE SOLN | PA | 3 |
| TEMOVATE-E CREAM | PA | 3 |
| TEXACORT SOLN | - | 3 |
| TOPICORT CREAM | - | 3 |
| TOPICORT GEL | - | 3 |
| TOPICORT OINT | - | 3 |
| ULTRAVATE CREAM | - | 3 |
| ULTRAVATE LOTION | - | 3 |
| ULTRAVATE OINT | - | 3 |
| VERDESO FOAM | - | 3 |
| AMCINONIDE CREAM 0.1% | - | NC |
| AMCINONIDE LOTION | - | NC |
| AMCINONIDE OINT | - | NC |
| APEXICON E CREAM (PSORCON E equiv) | - | NC |
| betamethasone valerate foam (LUXIQ FOAM equiv) | - | NC |
| clobetasol E foam (OLUX E equiv) | - | NC |
| CUTIVATE LOTION | - | NC |
| DERMACINRX KIT | - | NC |
| DESONATE GEL | - | NC |
| desonide cream | - | NC |
| desonide lotion | - | NC |
| desonide oint | - | NC |
| DESOWEN CREAM | - | NC |
| DESOWEN CREAM KIT | - | NC |
| DESOWEN LOTION | - | NC |
| DESOWEN LOTION KIT | - | NC |
| DESOWEN OINT | - | NC |
| DESOWEN OINT KIT | - | NC |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| DIFLORASONE CREAM | - | NC |
| diflorasone oint | - | NC |
| DIFLORASONE OINT (PSORCON equiv) | - | NC |
| ENSTILAR FOAM | - | NC |
| flucinonide cream 0.1% (VANOS CREAM equiv) | - | NC |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC |
| HALOG CREAM | - | NC |
| HALOG OINT | - | NC |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC |
| HC-LIDOCAINE CREAM | - | NC |
| hydrocortisone 1% in abso ointment | - | NC |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC |
| hydrocortisone lotion (LOCOID equiv) | - | NC |
| hydrocortisone valerate cream | - | NC |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC |
| hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv) | - | NC |
| IMPOYZ CREAM | - | NC |
| lidocaine/hydrocortisone cream | - | NC |
| LOCOID CREAM | - | NC |
| LOCOID LIPOCREAM | - | NC |
| LOCOID LOTION | - | NC |
| LOCOID OINT | - | NC |
| LOCOID SOLN | - | NC |
| LUXIQ FOAM | - | NC |
| MEXPAROX HC CREAM | - | NC |
| MICORT-HC CREAM | - | NC |
| NOVACORT GEL | - | NC |
| OLUX E FOAM | - | NC |
| paramox hc gel (NOVACORT GEL equiv) | - | NC |
| PRAMOSONE CREAM 2.5-1% | - | NC |
| PRAMOSONE E CREAM | - | NC |
| SERNIVO SPRAY | - | NC |
| TRIANEX OINT | - | NC |
| triderm cream | - | NC |
| ULTRAVATE PAC KIT | - | NC |
| VANOS CREAM | - | NC |
| WESTCORT OINT | - | NC |
| ECZEMA AGENTS | | |
| DUPIXENT INJ (QL= 2 inj/ 28 days) | LMSP-PA-QL | 4 |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| CARMOL LOTION | - | NC |
| GORDON'S UREA OINT 40% | - | NC |
| KERAFOAM | - | NC |

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| | | | | | |
|------|---|------|---|------|---|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| KERALAC CREAM | - | NC |
| UMECTA EMULSION | - | NC |
| UMECTA SUSP | - | NC |
| URAMAXIN CREAM | - | NC |
| URAMAXIN GEL | - | NC |
| urea cream | - | NC |
| UREA EMULSION | - | NC |
| urea gel (URAMAXIN equiv) | - | NC |
| UREA LOTION | - | NC |
| UREA NAIL KIT | - | NC |
| UREA SUSP | - | NC |
| urea susp 40% (UMECTA equiv) | - | NC |
| EMOLLIENTS | | |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | 1 |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | 1 |
| LAC-HYDRIN CREAM | - | 3 |
| LAC-HYDRIN LOTION | - | 3 |
| ENZYMES - TOPICAL | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 |
| vasolex oint (XENADERM equiv) | - | NC |
| XENADERM OINT | - | NC |
| HAIR GROWTH AGENTS | | |
| finasteride tab (PROPECIA equiv) | - | NC |
| HAIR REDUCTION AGENTS | | |
| VANIQA CREAM | - | NC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 1 |
| ALDARA CREAM | - | 3 |
| ZYCLARA CREAM | - | NC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 |
| ELIDEL CREAM | - | 2 |
| PROTOPIC OINT | - | 3 |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| podofilox soln (CONDYLOX equiv) | - | 1 |
| salicylic acid shampoo (SALEX equiv) | - | 1 |
| PODOCON SOLN | - | 2 |
| CONDYLOX GEL | - | 3 |
| CONDYLOX SOLN | - | 3 |
| SALEX SHAMPOO | - | 3 |
| SALIMEZ FORTE CREAM | - | NC |
| XALIX SOL | - | NC |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |
| lidocaine gel (XYLOCAINE equiv) | - | 1 |

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| | | | | | |
|------|---|------|--|------|--------------------------------------|
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 1 |
| lidocaine soln (XYLOCAINE equiv) | - | 1 |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 |
| EMLA CREAM | - | 3 |
| LIDODERM PATCH (QL= 3 patches/day) | QL | 3 |
| SOLARCAINE EXTRA GEL | - | 3 |
| SYNERA PATCH | - | 3 |
| XYLOCAINE SOLN | - | 3 |
| ADAZIN CREAM | - | NC |
| ANASTIA LOTION | - | NC |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC |
| LIDAMANTLE LOTION | - | NC |
| LIDOCAINE CREAM | - | NC |
| lidocaine cream 3.88% (LIDOTRAL equiv) | - | NC |
| lidocaine lotion (LIDAMANTLE equiv) | - | NC |
| LIDOCIN GEL | - | NC |
| LIDOTRAL CREAM | - | NC |
| LIDOTREX GEL | - | NC |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC |
| SILVERA PAD | - | NC |
| SOLAICE PATCH | - | NC |
| SYNVEXIA TC CREAM | - | NC |
| WPR PLUS | - | NC |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| NEOSALUS FOAM | - | NC |
| MISC. TOPICAL | | |
| aluminum chloride soln (DRYSOL equiv) | - | 1 |
| DRYSOL SOLN | - | 1 |
| HYCLODEX SOLN | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| EUCRISA OINT | - | NC |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| hydroquinone cream (LUSTRA equiv) | - | NC |
| TRI-LUMA CREAM | - | NC |
| ROSACEA AGENTS | | |
| metronidazole cream (METROCREAM equiv) | - | 1 |
| metronidazole gel (METROGEL equiv) | - | 1 |
| metronidazole lotion (METROLOTION equiv) | - | 1 |
| FINACEA FOAM | - | 2 |
| FINACEA GEL | - | 2 |
| FINACEA PLUS KIT | - | 2 |
| METROCREAM | - | 3 |
| METROGEL 1% | - | 3 |
| METROLOTION | - | 3 |
| NORITATE CREAM (Step Therapy requires trial of FINACEA) | ST | 3 |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| DOXYCYCLINE CAP, ORACEA CAP | - | NC |
| MIRVASO GEL | - | NC |
| RHOFADE CREAM | - | NC |
| ROSADAN KIT | - | NC |
| SCABICIDES & PEDICULICIDES | | |
| crotamiton lotion (EURAX equiv) | - | 1 |
| lindane lotion | - | 1 |
| lindane shampoo | - | 1 |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 1 |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 |
| EURAX CREAM | - | 2 |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 |
| ELIMITE CREAM | - | 3 |
| EURAX LOTION | - | 3 |
| LINDANE LOTION | - | 3 |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 |
| OVIDE LOTION (QL= 2 bottles/fill) | QL | 3 |
| SKLICE LOTION (QL= 1 tube/fill) | PA-QL | 3 |
| ULESFIA LOTION (QL= 4 bottles/fill) | QL | 3 |
| WOUND CARE PRODUCTS | | |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 |
| VENELEX OINT | - | 2 |
| BIAFINE EMULSION | - | NC |
| cicatrace kit (REXASIL equiv) | - | NC |
| REXASIL KIT | - | NC |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC DRUGS | | |
| GLUCAGEN INJ | - | 2 |
| GLUCAGON DIAGNOSTIC INJ | - | NC |
| MACRILEN PACK | - | NC |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 |
| DIAGNOSTIC TESTS | | |
| CLINISTIX TEST STRIP | OTC | 1 |
| KETO-DIASTIX TEST STRIP | OTC | 1 |
| KETOSTIX | OTC | 1 |
| ACCU-CHEK AVIVA PLUS TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 |
| ACCU-CHEK GUIDE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 |
| ACCU-CHEK SMARTVIEW TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 |
| ACCU-CHEK TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 |
| FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 |
| FREESTYLE PRECISION NEO TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 |
| FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 |
| PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication) | OTC | 2 |
| TEST STRIP (all other test strips) | OTC | NC |

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Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS | | |
| DIETARY MANAGEMENT PRODUCTS | | |
| ASTAMED MYO CAP | - | NC |
| DEPLIN CAP | - | NC |
| ELIGEN B12 TAB | - | NC |
| FALESSA TAB | - | NC |
| GLYGEST PAK | - | NC |
| L-METHYLFOLATE TAB | - | NC |
| METANX CAP | - | NC |
| OLLIZAC POWDER | - | NC |
| PODIAPN CAP | - | NC |
| XAQUIL XR TAB | - | NC |
| XYZBAC TAB | - | NC |
| INFANT FOODS | | |
| INFANT FORMULA LIQUID | OTC-PA | 2 |
| INFANT FORMULA POWDER | OTC-PA | 2 |
| NUTRITIONAL SUPPLEMENTS | | |
| NUTRITIONAL SUPPLEMENT LIQUID | OTC-PA | 2 |
| NUTRITIONAL SUPPLEMENT POWDER | OTC-PA | 2 |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON CAP | - | 2 |
| PANCREAZE CAP (Step Therapy requires trial of CREON) | ST | 3 |
| PANCRELIPASE CAP (Step Therapy requires trial of CREON) | ST | 3 |
| PERTZYE CAP (Step Therapy requires trial of CREON) | ST | 3 |
| ULTRESA CAP (Step Therapy requires trial of CREON) | ST | 3 |
| ZENPEP CAP (Step Therapy requires trial of CREON) | ST | 3 |
| SUCRAID SOLN | - | NC |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 1 |
| acetazolamide tab | - | 1 |
| methazolamide tab (NEPTAZANE equiv) | - | 1 |
| DIAMOX SEQUEL CAP | - | 3 |
| NEPTAZANE TAB | - | 3 |
| KEVEYIS TAB | - | NC |
| DIURETIC COMBINATIONS | | |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | 2 |
| ALDACTAZIDE TAB | - | 3 |
| ALDACTAZIDE TAB 50-50MG | - | 3 |
| DYAZIDE CAP | - | 3 |
| MAXZIDE TAB | - | 3 |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--------------|------|
| DIURETICS Cont. | | |
| LOOP DIURETICS | | |
| bumetanide tab (BUMEX equiv) | - | 1 |
| ethacrynic tab (EDECIN equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| torsemide tab (DEMADEX equiv) | - | 1 |
| DEMADEX TAB | - | 3 |
| EDECIN TAB | - | 3 |
| LASIX TAB | - | 3 |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| DYRENIUM CAP | - | 2 |
| ALDACTONE TAB | - | 3 |
| MIDAMOR TAB | - | 3 |
| CAROSPIR SUSP | - | NC |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| chlorothiazide tab (DIURIL equiv) | - | 1 |
| CHLOROTHIAZIDE TAB 250MG | - | 1 |
| CHLORTHALIDONE TAB | - | 1 |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 |
| indapamide tab (LOZOL equiv) | - | 1 |
| METHYCLOTHIAZIDE TAB | - | 1 |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |
| MICROZIDE CAP | - | 3 |
| ZAROXOLYN TAB | - | 3 |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| BONE DENSITY REGULATORS | | |
| alendronate tab (FOSAMAX equiv) | - | 1 |
| ETIDRONATE DISODIUM TAB 400MG | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate) | QL-ST | 1 |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 1 |
| risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate) | ST | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| ACTONEL TAB | - | 3 |
| ATELVIA TAB (Step Therapy requires trial of alendronate) | ST | 3 |
| BONIVA TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate) | QL-ST | 3 |
| FOSAMAX+D TAB | - | 3 |
| SKELID TAB | - | 3 |
| NATPARA INJ (Only available through Walgreens 888-347-3416) | LD-PA | 4 |
| TYMLOS INJ | KMSP | 4 |
| FORTICAL NASAL SPRAY | - | NC |
| CALCIUM REGULATORS - MISC. | | |

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| calcitonin nasal spray (MIACALCIN equiv) | - | 1 |
| etidronate disodium tab 200mg (DIDRONEL equiv) | - | 1 |
| ALENDRONATE SOLN | - | 3 |
| FOSAMAX TAB | - | 3 |
| FORTEO INJ | KMSP | 4 |
| MIACALCIN INJ | KMSP | 4 |
| MIACALCIN NASAL SPRAY | - | NC |
| GNRH/LHRH ANTAGONISTS | | |
| ORLISSA TAB | - | NC |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | 4 |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | NC |
| GROWTH HORMONES | | |
| GENOTROPIN INJ | KMSP-PA | 4 |
| HUMATROPE INJ, ZOMACTON INJ | - | NC |
| NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ | - | NC |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| EVISTA TAB | - | 3 |
| OSPHENA TAB | - | NC |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ | MSP | 4 |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL NASAL SOLN | KMSP | 4 |
| LUPRON DEPOT PED INJ | M | M |
| LUPRON DEPOT-PED INJ | M | M |
| LUPANETA PACK | - | NC |
| METABOLIC MODIFIERS | | |
| calcitriol cap (ROCALTROL equiv) | - | 1 |
| calcitriol soln (ROCALTROL equiv) | - | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| sodium phenylbutyrate powder (BUPHENYL equiv) | KMSP | 1 |
| BUPHENYL POWDER | KMSP | 3 |
| CARNITOR SOLN | - | 3 |
| CARNITOR TAB | - | 3 |
| ROCALTROL CAP | - | 3 |
| ROCALTROL SOLN | - | 3 |
| BUPHENYL TAB | KMSP | 4 |
| CALCITRIOL INJ | LMSP | 4 |
| calcitriol inj (CALCIJEX equiv) | LMSP | 4 |
| CARBAGLU TAB (Only available through Accredo 888-773-7376) | LD-PA | 4 |
| doxercalciferol cap (HECTOROL equiv) | MSP | 4 |

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| DrugName | Special Code | Tier |
|--|--|--|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| HECTOROL CAP | MSP | 4 |
| KUVAN POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | 4 |
| KUVAN TAB (Only available through Walgreens 888-347-3416) | LD-PA | 4 |
| ORFADIN CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | 4 |
| paricalcitol cap (ZEMPLAR equiv) | MSP | 4 |
| SENSIPAR TAB | LMSP | 4 |
| sodium phenylbutyrate tab (BUPHENYL equiv) | KMSP | 4 |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | 4 |
| ZEMPLAR CAP | MSP | 4 |
| ALDURAZYME INJ | M | M |
| FABRAZYME INJ | M | M |
| MYALEPT INJ | - | NC |
| NITYR TAB | - | NC |
| ORFADIN SUSP | - | NC |
| PALYNZIQ INJ | - | NC |
| RAVICTI LIQUID | - | NC |
| RAYALDEE CAP | - | NC |
| XURIDEN POWDER | - | NC |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate inj (DDAVP equiv) | - | 1 |
| desmopressin acetate nasal spray (DDAVP equiv) | - | 1 |
| desmopressin acetate tab (DDAVP equiv) | - | 1 |
| desmopressin nasal soln (DDAVP equiv) | - | 1 |
| STIMATE NASAL SOLN | KMSP | 2 |
| DDAVP INJ | - | 3 |
| DDAVP NASAL SOLN | - | 3 |
| DDAVP NASAL SPRAY | - | 3 |
| DDAVP TAB | - | 3 |
| NOCTIVA EMULSION SPRAY | - | NC |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |
| octreotide inj (SANDOSTATIN equiv) | KMSP | 4 |
| SANDOSTATIN INJ | KMSP | 4 |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376) | LD-PA-QL | 4 |
| SANDOSTATIN LAR INJ KIT | - | NC |
| SOMATULINE INJ | - | NC |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 |
| SAMSCA TAB | - | 4 |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 |
| jinteli tab (FEMHRT equiv) | - | 1 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| ACTIVEVELLA TAB | - | 3 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program | KMSP M PA SF ST | generic =small letters Kroger Mandatory Specialty Pharmacy Program Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Step Therapy |
| | | LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ESTROGENS Cont. | | |
| ANGELIQ TAB | - | 3 |
| CLIMARA PRO PATCH | - | 3 |
| COMBIPATCH | - | 3 |
| FEMHRT TAB | - | 3 |
| PREFEST TAB | - | 3 |
| DUAVEE TAB | - | NC |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | NC |
| ESTRATEST TAB | - | NC |
| ESTROGENS | | |
| estradiol patch (CLIMARA equiv) | - | 1 |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| ESTROPIPATE TAB | - | 1 |
| estropipate tab (OGEN equiv) | - | 1 |
| PREMARIN TAB | - | 2 |
| ALORA PATCH | - | 3 |
| CENESTIN TAB | - | 3 |
| CLIMARA PATCH | - | 3 |
| DIVIGEL GEL, ELESTRIN GEL | - | 3 |
| ENJUVIA TAB | - | 3 |
| ESTRACE TAB | - | 3 |
| ESTRASORB EMULSION | - | 3 |
| EVAMIST SPRAY | - | 3 |
| MENEST TAB | - | 3 |
| MENOSTAR PATCH | - | 3 |
| VIVELLE-DOT PATCH | - | 3 |

FLUOROQUINOLONES

| | | |
|---------------------------------------|---|----|
| FLUOROQUINOLONES | | |
| ciprofloxacin ER tab (CIPRO XR equiv) | - | 1 |
| ciprofloxacin susp (CIPRO equiv) | - | 1 |
| ciprofloxacin tab (CIPRO equiv) | - | 1 |
| LEVOFLOXACIN SOLN | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |
| moxifloxacin tab (AVELOX equiv) | - | 1 |
| ofloxacin tab (FLOXIN equiv) | - | 1 |
| AVELOX TAB | - | 3 |
| CIPRO SUSP | - | 3 |
| CIPRO SUSP 5% | - | 3 |
| CIPRO TAB | - | 3 |
| CIPRO XR TAB | - | 3 |
| CIPROFLOXACIN 100MG TAB | - | 3 |
| LEVAQUIN SOLN | - | 3 |
| LEVAQUIN TAB | - | 3 |
| NOROXIN TAB | - | 3 |
| BAXDELA TAB | - | NC |

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| | | | | | |
|------|---|------|--|------|--------------------------------------|
| INF | NC =Not Covered | KMSP | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Infertility | M | Kroger Mandatory Specialty Pharmacy Program | MSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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|--|---------------------|-------------|
| FLUOROQUINOLONES Cont. | | |
| FACTIVE TAB | - | NC |
| PROQUIN XR TAB | - | NC |
| GASTROINTESTINAL AGENTS - MISC. | | |
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) | | |
| TRULANCE TAB | - | NC |
| BILE ACID SYNTHESIS DISORDER AGENTS | | |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | 4 |
| FARNESOID X RECEPTOR (FXR) AGONISTS | | |
| OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | 4 |
| GALLSTONE SOLUBILIZING AGENTS | | |
| ursodiol cap (ACTIGALL equiv) | - | 1 |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
| ACTIGALL CAP | - | 3 |
| URSO FORTE TAB | - | 3 |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | 1 |
| GASTROCROM CONC | - | 2 |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| AMITIZA CAP | PA | 3 |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| REGLAN TAB | - | 3 |
| METZOZOLV ODT | - | NC |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| LIALDA TAB | - | 1 |
| mesalamine enema (ROWASA equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| APRISO CAP | - | 2 |
| CANASA SUPP | - | 2 |
| AZULFIDINE EN TAB | - | 3 |
| AZULFIDINE TAB | - | 3 |
| COLAZAL CAP | - | 3 |
| DIPENTUM CAP | - | 3 |
| SFROWASA ENEMA | - | 3 |
| CIMZIA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 4 |
| ASACOL HD TAB, MESALAMINE TAB | - | NC |
| DELZICOL CAP | - | NC |
| mesalamine DR tab (LIALDA equiv) | - | NC |
| PENTASA CAP | - | NC |
| ROWASA KIT | - | NC |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | 1 |

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|---|--------------|------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTROXEX equiv) | - | 1 |
| LINZESS CAP | PA | 2 |
| LOTROXEX TAB | - | 3 |
| VIBERZI TAB | - | NC |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK TAB | PA | 2 |
| SYMPROIC TAB | PA | 2 |
| RELISTOR INJ | - | NC |
| RELISTOR INJ KIT | - | NC |
| RELISTOR TAB | - | NC |
| PHOSPHATE BINDER AGENTS | | |
| calcium acetate cap (PHOSLO equiv) | - | 1 |
| calcium acetate tab (ELIPHOS equiv) | - | 1 |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 1 |
| sevelamer powder pak (REVELA equiv) | - | 1 |
| sevelamer tab (REVELA TAB equiv) | - | 1 |
| FOSRENOL POWDER PACK | - | 2 |
| PHOSLYRA SOLN | - | 2 |
| SEVELAMER CARBONATE TAB | - | 2 |
| AURYXIA TAB | - | 3 |
| ELIPHOS TAB | - | 3 |
| FOSRENOL CHEW TAB | - | 3 |
| PHOSLO CAP | - | 3 |
| RENAGEL TAB | - | 3 |
| REVELA TAB | - | 3 |
| VELPHORO CHEW TAB | - | 3 |
| SHORT BOWEL SYNDROME (SBS) AGENTS | | |
| GATTEX KIT | - | NC |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |
| XERMELO TAB | - | NC |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA-3 SYRUP | - | 1 |
| K/NA CITRATE SOLN CITRIC ACID | - | 1 |
| ORACIT SOLN | - | 1 |
| potassium citrate CR tab (UROKIT-K TAB equiv) | - | 1 |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 |
| SHOHL'S SOLN | - | 2 |
| POLYCITRA CRYSTAL PACK | - | 3 |
| POLYCITRA-LC SOLN | - | 3 |
| UROKIT-K TAB | - | 3 |

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|--|--------------|------|
| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| CYSTINOSIS AGENTS | | |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD-PA | 4 |
| GENITOURINARY IRRIGANTS | | |
| sodium chloride 0.9% irr soln | - | 1 |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | 2 |
| PROSTATIC HYPERTROPHY AGENTS | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 |
| dutasteride cap (AVODART equiv) | - | 1 |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 1 |
| finasteride tab (PROSCAR equiv) | - | 1 |
| tamsulosin cap (FLOMAX equiv) | - | 1 |
| RAPAFLO CAP (Restricted to Urology Specialist) | RS | 2 |
| UROXATRAL TAB | - | 2 |
| AVODART CAP | - | 3 |
| CARDURA XL TAB | - | 3 |
| FLOMAX CAP | - | 3 |
| JALYN CAP | - | 3 |
| PROSCAR TAB | - | 3 |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIDIUM equiv) | - | 1 |
| PYRIDIDIUM TAB | - | 3 |
| URINARY STONE AGENTS | | |
| LITHOSTAT TAB | - | 3 |
| THIOLA TAB | - | NC |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |
| DUZALLO TAB | - | NC |
| GOUT AGENTS | | |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 |
| COLCHICINE TAB | PA | 2 |
| MITIGARE CAP | - | 2 |
| ULORIC TAB (Step Therapy requires trial of allopurinol) | ST | 2 |
| ZYLOPRIM TAB | - | 3 |
| COLCHICINE CAP | - | NC |
| ZURAMPIC TAB | - | NC |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | 1 |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| AFSTYLA KIT | - | NC |
| HEMLIBRA INJ | - | NC |
| COMPLEMENT INHIBITORS | | |

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| DrugName | Special Code | Tier |
|--|--------------|------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| HAEGARDA INJ | - | NC |
| HEMATAOLOGIC - TYROSINE KINASE INHIBITORS | | |
| TAVALISSE TAB | - | NC |
| HEMATORHEOLOGIC AGENTS | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 |
| TRENTAL TAB | - | 3 |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | 1 |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| prasugrel tab (EFFIENT equiv) | - | 1 |
| TICLOPIDINE TAB | - | 1 |
| ticlopidine tab (TICLID equiv) | - | 1 |
| AGGRENEX CAP | - | 3 |
| AGRYLIN CAP | - | 3 |
| BRILINTA TAB (Restricted to Cardiology Specialist) | RS | 3 |
| EFFIENT TAB | - | 3 |
| PERSANTINE TAB | - | 3 |
| PLAVIX TAB 75MG | - | 3 |
| PLETAL TAB | - | 3 |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 |
| CLOPIDOGREL THERAPY PACK | - | NC |
| PLAVIX TAB 300MG | - | NC |
| YOSPRALA TAB | - | NC |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| CERDELGA CAP | MSP-PA | 4 |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376) | LD-PA | 4 |
| ZAVESCA CAP (Only available through Accredo 888-773-7376) | LD-PA | 4 |
| CEREZYME INJ | M | M |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| ENDARI POWDER PACK | - | NC |
| SIKLOS TAB | - | NC |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| NASCOBAL NASAL SPRAY | - | 3 |
| CALOMIST NASAL SPRAY | - | NC |
| FOLIC ACID/FOLATES | | |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | \$0 |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 |
| HEMATOPOIETIC GROWTH FACTORS | | |

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|--|---------------------|-------------|
| HEMATOPOIETIC AGENTS Cont. | | |
| ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT) | KMSP-ST | 4 |
| EPOGEN INJ | KMSP | 4 |
| FULPHILA INJ | KMSP | 4 |
| GRANIX INJ | KMSP | 4 |
| LEUKINE INJ | KMSP-PA | 4 |
| NEULASTA INJ | KMSP | 4 |
| NEUMEGA INJ | KMSP | 4 |
| PROCRIT INJ | KMSP | 4 |
| PROMACTA TAB | KMSP-PA | 4 |
| ZARXIO INJ | KMSP | 4 |
| DOPTELET TAB | - | NC |
| MIRCERA INJ | - | NC |
| NEUPOGEN INJ | - | NC |
| RETACRIT INJ | - | NC |

HEMATOPOIETIC MIXTURES

| | | |
|--|---|----|
| ferrex 150 forte cap | - | 1 |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | 1 |
| folbee tab | - | 1 |
| IRON POLYSACCH/THREONIC ACID/B12/FA CAP | - | 1 |
| multigen folic tab (CHROMAGEN FA equiv) | - | 1 |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | 1 |
| multigen tab (CHROMAGEN equiv) | - | 1 |
| multivitamin tab | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |
| CHROMAGEN FA TAB | - | 3 |
| FERREX 28 TAB | - | 3 |
| MULTIVITAMIN TAB | - | 3 |
| BIFERARX TAB | - | NC |
| B-SERENE PAD | - | NC |
| CYFOLEX CAP | - | NC |
| PUREFOLIX TAB | - | NC |

IRON

| | | |
|--|-----|-----|
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 |
| FERROUS SULFATE SYRUP (Covered for members 1 year or younger) | OTC | \$0 |
| IRON SUSP (Covered for members 1 year or younger) | OTC | \$0 |

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

| | | |
|--|---|---|
| aminocaproic acid syrup (AMICAR equiv) | - | 1 |
| aminocaproic acid tab (AMICAR equiv) | - | 1 |
| tranexamic acid tab (LYSTEDA equiv) | - | 1 |
| AMICAR SOLN | - | 2 |
| AMICAR TAB | - | 2 |
| AMICAR SYRUP | - | 3 |

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|--|---------------------|-------------|
| HEMOSTATICS Cont. | | |
| AMINOCAPROIC ACID TAB | - | 3 |
| LYSTEDA TAB | - | 3 |
| CYKLOKAPRON INJ | M | M |
| tranexamic acid inj (CYKLOKAPRON equiv) | M | M |
| HYPNOTICS | | |
| NON-BARBITURATE HYPNOTICS | | |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA TAB | - | NC |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| BUTISOL ELIXIR | - | 3 |
| BUTISOL TAB | - | 3 |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| SILENOR TAB | - | NC |
| NON-BARBITURATE HYPNOTICS | | |
| estazolam tab (PROSOM equiv) | - | 1 |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| FLURAZEPAM CAP | - | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 1 |
| TRIAZOLAM TAB | - | 1 |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) | - | 1 |
| AMBIEN TAB (QL= 1 tab/day) | QL | 3 |
| HALCION TAB | - | 3 |
| LUNESTA TAB (QL= 1 tab/day) | QL | 3 |
| PROSOM TAB | - | 3 |
| RESTORIL CAP 15MG | - | 3 |
| RESTORIL CAP 22.5MG | - | 3 |
| RESTORIL CAP 30MG | - | 3 |
| RESTORIL CAP 7.5MG | - | 3 |
| SOMNOTE CAP | - | 3 |
| SONATA CAP | - | 3 |
| AMBIEN CR TAB | - | NC |
| DORAL TAB | - | NC |
| EDLUAR SL TAB | - | NC |
| INTERMEZZO SL TAB | - | NC |
| zolpidem ER tab (AMBIEN CR equiv) | - | NC |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC |

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|--|--|--|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| ZOLPIMIST SPRAY | - | NC |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| ROZEREM TAB (QL= 1 tab/day) | QL | 3 |
| HETLIOZ CAP | - | NC |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| GOLYTELY PACKET | - | 1 |
| CLENPIQ SOLN | - | 2 |
| COLYTE SOLN | - | 2 |
| MOVIPREP SOLN (Step Therapy requires trial of CLENPIQ) | ST | 3 |
| SUPREP SOLN (Step Therapy requires trial of CLENPIQ) | ST | 3 |
| gavilyte-h kit | - | NC |
| GOLYTELY SOLN | - | NC |
| HALFLYTELY BOWEL PREP KIT | - | NC |
| NULYTELY SOLN | - | NC |
| PREPOPIK PAK | - | NC |
| SUCLEAR KIT | - | NC |
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |
| KRISTALOSE PACKET | - | 3 |
| GIALAX KIT | - | NC |
| MIRALAX PACKET | - | NC |
| MIRALAX POWDER | - | NC |
| polyethylene glycol 3350 powder (MIRALAX equiv) | - | NC |
| SALINE LAXATIVES | | |
| OSMOPREP TAB | - | 3 |
| VISICOL TAB | - | 3 |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 3 |
| ZITHROMAX SUSP | - | 3 |
| ZITHROMAX TAB | - | 3 |
| ZMAX SUSP | - | 3 |
| CLARITHROMYCIN | | |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 1 |
| clarithromycin susp (BIAXIN equiv) | - | 1 |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYCIN SUSP | - | 2 |
| BIAXIN SUSP | - | 3 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program | KMSP Kroger Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy | LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MACROLIDES Cont. | | |
| BIAXIN TAB | - | 3 |
| BIAXIN XL TAB | - | 3 |
| ERYTHROMYCINS | | |
| ERY-TAB | - | 1 |
| ERYTHROMYCIN CAP | - | 1 |
| erythromycin DR cap (ERYC equiv) | - | 1 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 1 |
| erythromycin ethylsuccinate tab (E.E.S. equiv) | - | 1 |
| erythromycin stearate tab | - | 1 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 1 |
| ERYPED SUSP | - | 2 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 2 |
| ERYPED SUSP 200MG/5ML | - | 3 |
| PCE TAB | - | 3 |
| FIDAXOMICIN | | |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 |
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |
| CERVICAL CAP | - | \$0 |
| DIAPHRAGM | - | \$0 |
| FEMALE CONDOMS | OTC | \$0 |
| DIABETIC SUPPLIES | | |
| ACCU-CHECK GUIDE CARE METER | OTC | \$0 |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 |
| ACCU-CHEK NANO METER | OTC | \$0 |
| FREESTYLE FREEDOM LITE METER | OTC | \$0 |
| FREESTYLE INSULINX METER | OTC | \$0 |
| FREESTYLE LITE METER | OTC | \$0 |
| FREESTYLE PRECISION NEO METER | OTC | \$0 |
| PRECISION XTRA METER | OTC | \$0 |
| CALIBRATION LIQUID | OTC | 1 |
| LANCET DEVICE | OTC | 1 |
| LANCET KIT | OTC | 1 |
| LANCETS | OTC | 1 |
| V-GO INJ KIT (QL= 1 kit/day) | QL | 2 |
| DEXCOM CGM RECEIVER | - | NC |
| DIABETIC METER (all other diabetic meters) | OTC | NC |
| MISC. DEVICES | | |
| ALCOHOL SWABS | OTC | 1 |
| ORAL HYGIENE PRODUCTS | | |
| HURRISEAL MIS SNAP | - | NC |
| PARENTERAL THERAPY SUPPLIES | | |
| B-D INSULIN SYRINGE | --OTC | 1 |
| B-D PEN NEEDLE | OTC | 1 |
| FREESTYLE INSULIN SYRINGE | OTC | 1 |

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|------|---|------|---|------|---|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| NOVOFINE PEN NEEDLE | OTC | 1 |
| NOVOTWIST PEN NEEDLE | OTC | 1 |
| PRECISION INSULIN SYRINGE | OTC | 1 |
| INSULIN SYRINGE | OTC | 3 |
| PEN NEEDLE | OTC | 3 |
| RESPIRATORY THERAPY SUPPLIES | | |
| PEAK FLOW METER | OTC | 1 |
| AEROCHAMBER | OTC | 2 |
| AEROCHAMBER SUPPLIES | - | 2 |
| MIGRAINE PRODUCTS | | |
| MIGRAINE COMBINATIONS | | |
| ergotamine tartrate/caffeine tab (CAFERGOT equiv) | - | 1 |
| MIGERGOT SUPP | - | 2 |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | NC |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | NC |
| MIDRIN CAP | - | NC |
| PRODRIN TAB | - | NC |
| sumatriptan/naproxen tab (TREXIMET equiv) | - | NC |
| TREXIMET TAB | - | NC |
| MIGRAINE PRODUCTS | | |
| DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days) | QL | 3 |
| ERGOMAR SL TAB | - | 3 |
| D.H.E. INJ | - | NC |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | |
| AIMOVIG INJ | - | NC |
| MIGRAINE PRODUCTS - NSAIDS | | |
| CAMBIA POWDER PACKET | - | NC |
| SEROTONIN AGONISTS | | |
| almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 1 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 1 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 |
| AXERT TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 |
| FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 |

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| | | | | | |
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| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--------------|------|
| MIGRAINE PRODUCTS Cont. | | |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 |
| IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 |
| IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days) | QL | 3 |
| MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days) | QL | 3 |
| MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days) | QL | 3 |
| ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 |
| ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days) | QL | 3 |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC |
| ONZETRA XSAIL | - | NC |
| SUMAVEL DOSEPRO INJ | - | NC |
| ZECUITY PAD | - | NC |

MINERALS & ELECTROLYTES

CHLORIDE

| | | |
|-----------------------|---|---|
| AMMONIUM CHLORIDE INJ | M | M |
|-----------------------|---|---|

FLUORIDE

| | | |
|---|---|-----|
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 |
| LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay) | - | \$0 |
| LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay) | - | \$0 |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| FLUOR-A-DAY CHEW TAB | - | 1 |

MAGNESIUM

| | | |
|-----------------------|---|---|
| magnesium sulfate inj | M | M |
|-----------------------|---|---|

PHOSPHATE

| | | |
|--|---|---|
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 |
| K-PHOS TAB | - | 2 |
| K-PHOS NEUTRAL TAB | - | 3 |

POTASSIUM

| | | |
|---|---|---|
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| POTASSIUM CHLORIDE ER TAB | - | 1 |
| potassium chloride ER tab (KLOR-CON equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 1 |
| potassium chloride soln | - | 1 |
| KLOR-CON M15 TAB | - | 2 |
| KLOR-CON POWDER PACKET | - | 3 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MINERALS & ELECTROLYTES Cont. | | |
| KLOR-CON POWDER PACKET 25MEQ | - | 3 |
| KLOR-CON TAB | - | 3 |
| MICRO-K CAP | - | 3 |
| SODIUM | | |
| sodium chloride inj | M | M |
| ZINC | | |
| zinc sulfate cap | - | 1 |
| GALZIN CAP | - | 2 |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| SYPRINE CAP | KMSP-PA | 4 |
| trientine cap (SYPRINE equiv) | KMSP-PA | 4 |
| IMMUNOSUPPRESSIVE AGENTS | | |
| CYCLOSPORINE MODIFIED CAP | - | 4 |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | LMSP-PA-QL | 4 |
| BENLYSTA INJ (QL= 4 inj/28 day) | LMSP-PA-QL | 4 |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| lidocaine viscous soln | - | 1 |
| LIDOCAINE ORAL SOLN 4% | - | 2 |
| FIRST MOUTHWASH BLM | - | 3 |
| LTA 360 KIT | - | 3 |
| ANTIALLERGY AGENTS - MOUTH/THROAT | | |
| APHTHASOL PASTE | - | 2 |
| ANTI-INFECTIVES - THROAT | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 |
| nystatin susp | - | 1 |
| FIRST DUKES MOUTHWASH | - | 3 |
| FIRST MARYS MOUTHWASH | - | 3 |
| MYCELEX TROCHES | - | 3 |
| ORAVIG TAB | - | 3 |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 |
| PERIDEX SOLN | - | 3 |
| DEBACTEROL SOLN | - | NC |
| DENTAL PRODUCTS | | |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 |
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| | | | | | |
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Last Updated* 8/1/2018

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|---|---------------------|-------------|
| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| PREVIDENT GEL | - | 2 |
| PREVIDENT PASTE | - | 2 |
| PREVIDENT RINSE | - | 2 |
| STERIODS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 |
| THROAT PRODUCTS - MISC. | | |
| cevimeline cap (EVOXAC equiv) | - | 1 |
| pilocarpine tab (SALAGEN equiv) | - | 1 |
| EVOXAC CAP | - | 3 |
| SALAGEN TAB | - | 3 |
| GELCLAIR GEL | - | NC |
| PROTHELIAL PASTE | - | NC |
| MULTIVITAMINS | | |
| B-COMPLEX W/ FOLIC ACID | | |
| DIALYVITE TAB | - | 1 |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 |
| DIALYVITE/ZINC TAB | - | 1 |
| FOLBEE PLUS CZ TAB | - | 1 |
| renaphro cap (NEPHROCAP equiv) | - | 1 |
| DIATZ ZN TAB | - | 3 |
| NEPHROCAP | - | 3 |
| NEPHRO-VITE TAB | - | 3 |
| FIBRIK CAP | - | NC |
| MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID | | |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | NC |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
| STROVITE TAB | - | 3 |
| V-C FORTE CAP | - | 3 |
| MULTIVITAMINS | | |
| FOLIKA-V TAB | - | NC |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| ESCAVITE CHEW TAB | - | 3 |
| PED MV W/ FLUORIDE | | |
| pediatric multiple vitamins/fluoride chew tab | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| TRI-VIT/FLUO DROP | - | 1 |
| FLORIVA PLUS DROPS | - | 2 |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 |
| PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE | | |
| FLORIVA CHEW TAB | - | NC |
| PRENATAL VITAMINS | | |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| MULTIVITAMINS Cont. | | |
| CITRANATAL CAP MEDLEY | - | NC |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| baclofen tab 10mg, 20mg | - | 1 |
| carisoprodol tab (SOMA equiv) (QL=120 tabs/30 days) | QL | 1 |
| CHLORZOXAZONE TAB | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 1 |
| metaxalone tab (SKELAXIN equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine cap (ZANAFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| FEXMID TAB | - | 3 |
| FLEXERIL TAB | - | 3 |
| METAXALONE TAB 400MG | - | 3 |
| PARAFON FORTE TAB | - | 3 |
| ROBAXIN TAB | - | 3 |
| SKELAXIN TAB | - | 3 |
| SOMA TAB (QL=120 tabs/30 days) | QL | 3 |
| ZANAFLEX CAP | - | 3 |
| ZANAFLEX TAB | - | 3 |
| BACLOFEN TAB | - | NC |
| carisoprodol tab 250mg (SOMA equiv) | - | NC |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC |
| FIRST BACLOFEN SUSP KIT | - | NC |
| LORZONE TAB | - | NC |
| SOMA TAB 250MG | - | NC |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene cap (DANTRIUM equiv) | - | 1 |
| DANTRIUM CAP | - | 3 |
| MUSCLE RELAXANT COMBINATIONS | | |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | 1 |
| ORPHENADRINE/ASPIRIN/CAFFEINE TAB | - | 3 |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC |
| LORVATUS PHARMAPAK KIT | - | NC |
| TIZANIDINE COMFORT KIT | - | NC |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL AGENT COMBINATIONS | | |
| DYMISTA NASAL SPRAY | PA | 3 |
| AZENASE PAK | - | NC |
| NASAL AGENTS - MISC. | | |
| ALZAIR NASAL SPRAY | - | NC |

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| | | VAC | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| TICANASE PAK | - | NC |
| NASAL ANESTHETICS | | |
| GOPRELTO SOLN | - | NC |
| NASAL ANTIALLERGY | | |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 1 |
| olopatadine nasal spray (PATANASE equiv) | - | 1 |
| ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY | - | 3 |
| PATANASE NASAL SPRAY | - | 3 |
| NASAL ANTICHOLINERGICS | | |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 |
| ATROVENT NASAL SPRAY | - | 3 |
| NASAL ANTI-INFECTIVES | | |
| BACTROBAN NASAL OINT | - | 3 |
| NASAL STEROIDS | | |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill) | OTC-QL | 1 |
| triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | QL | 1 |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | 1 |
| BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone) | QL-ST | 3 |
| ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone) | QL-ST | 3 |
| budesonide nasal spray (RHINOCORT AQUA equiv) | - | NC |
| FLUNISOLIDE NASAL SPRAY | - | NC |
| mometasone nasal spray (NASONEX equiv) | - | NC |
| NASACORT AQ NASAL SPRAY | - | NC |
| OMNARIS NASAL SPRAY | - | NC |
| QNASL NASAL SPRAY | - | NC |
| RHINOCORT AQUA NASAL SPRAY | - | NC |
| VERAMYST NASAL SPRAY | - | NC |
| XHANCE NASAL EXHALER | - | NC |
| SYMPATHOMIMETIC DECONGESTANTS | | |
| TYZINE NASAL SOLN | - | 3 |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| riluzole tab (RILUTEK equiv) | - | 1 |
| RILUTEK TAB | - | NC |
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |
| LACRISERT OPHTH INSERT | - | 2 |
| BETA-BLOCKERS - OPHTHALMIC | | |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| CARTEOLOL OPHTH SOLN | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|---|------|--|------|--------------------------------------|
| INF | NC =Not Covered | KMSP | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Infertility | M | Kroger Mandatory Specialty Pharmacy Program | MSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 1 |
| BETIMOL OPHTH SOLN | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| COMBIGAN OPHTH SOLN | - | 2 |
| COSOPT PF OPHTH SOLN | - | 2 |
| METIPRANOLOL OPHTH SOLN | - | 2 |
| TIMOLOL OPHTH GEL SOLN | - | 2 |
| BETAGAN OPHTH SOLN | - | 3 |
| COSOPT OPHTH SOLN | - | 3 |
| TIMOPTIC OCUDOSE OPHTH SOLN | - | 3 |
| TIMOPTIC OPHTH SOLN | - | 3 |
| TIMOPTIC-XE OPHTH GEL | - | 3 |
| CYCLOPLEGIC MYDRIATICS | | |
| atropine ophth oint | - | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| ISOPTO HOMATROPINE OPHTH SOLN 2% | - | 2 |
| ISOPTO HOMATROPINE OPHTH SOLN 5% | - | 2 |
| ISOPTO HYOSCINE OPHTH SOLN | - | 2 |
| CYCLOGYL OPHTH SOLN | - | 3 |
| ISOPTO ATROPINE OPHTH SOLN | - | 3 |
| MYDRIACYL OPHTH SOLN | - | 3 |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 |
| PHOSPHOLINE OPHTH SOLN | - | 2 |
| ISOPTO CARPINE OPHTH SOLN | - | 3 |
| PILOPINE HS OPHTH GEL | - | 3 |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 1 |
| brimonidine ophth soln (ALPHAGAN P equiv) | - | 1 |
| ALPHAGAN P OPHTH SOLN | - | 2 |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 |
| IOPIDINE OPHTH SOLN 1% | - | 2 |
| SIMBRINZA OPHTH SUSP | - | 2 |
| IOPIDINE OPHTH SOLN | - | 3 |
| LUMIFY OPHTH SOLN | - | NC |
| OPHTHALMIC ANTI-INFECTIVES | | |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 |

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| | | | | | |
|------|---|------|---|------|---|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 |
| erythromycin ophth oint | - | 1 |
| gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | 1 |
| GENTAK OPHTH OINT | - | 1 |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 |
| neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv) | - | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 |
| tobramycin ophth soln (TOBEX equiv) | - | 1 |
| trifluridine ophth soln (VIROPTIC equiv) | - | 1 |
| AZASITE SOLN | - | 2 |
| BACITRACIN OPHTH OINT | - | 2 |
| ZIRGAN OPHTH GEL | - | 2 |
| BLEPH-10 OPHTH SOLN | - | 3 |
| CILOXAN OPHTH OINT | - | 3 |
| CILOXAN OPHTH SOLN | - | 3 |
| NEOSPORIN OPHTH SOLN | - | 3 |
| OCUFLOX OPHTH SOLN | - | 3 |
| POLYTRIM OPHTH SOLN | - | 3 |
| TOBEX OPHTH OINT | - | 3 |
| TOBEX OPHTH SOLN | - | 3 |
| VIGAMOX OPHTH SOLN | - | 3 |
| VIROPTIC OPHTH SOLN | - | 3 |
| ZYMAXID OPHTH SOLN (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | 3 |
| BESIVANCE OPHTH SUSP | - | NC |
| MOXEZA OPHTH SOLN | - | NC |
| NATACYN OPHTH SUSP | - | NC |
| OPHTHALMIC DECONGESTANTS | | |
| naphazoline ophth soln | - | 1 |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| MYDFRIN OPHTH SOLN | - | 3 |
| OPHTHALMIC IMMUNOMODULATORS | | |
| RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 |
| CYCLOSPORINE OPHTH EMULSION | - | NC |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |
| XIIDRA OPHTH SOLN | - | NC |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN | - | NC |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |

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| | | | | | |
|------|---|------|--|------|--------------------------------------|
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| ALCAINE OPHTH SOLN | - | 3 |
| OPHTHALMIC PHOTOENHANCERS | | |
| PHOTREXA OP KIT | - | NC |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC |
| OPHTHALMIC STEROIDS | | |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 |
| dexamethasone ophth soln | - | 1 |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv) | - | 1 |
| prednisolone ophth soln (PRED FORTE equiv) | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP | - | 2 |
| BLEPHAMIDE OPHTH SOLN | - | 2 |
| DUREZOL OPHTH EMULSION | - | 2 |
| LOTEMAX OPHTH GEL | - | 2 |
| LOTEMAX OPHTH OINT | - | 2 |
| MAXIDEX OPHTH SOLN | - | 2 |
| PRED MILD OPHTH SOLN | - | 2 |
| PRED-G OPHTH SOLN | - | 2 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 2 |
| TOBRADEX OPHTH OINT | - | 2 |
| VEXOL OPHTH SUSP | - | 2 |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 |
| CORTISPORIN OPHTH SOLN | - | 3 |
| FLAREX OPHTH SUSP | - | 3 |
| FML FORTE OPHTH SUSP | - | 3 |
| FML LIQUIFILM OPHTH SUSP | - | 3 |
| FML S.O.P. OPHTH OINT | - | 3 |
| MAXITROL OPHTH OINT | - | 3 |
| MAXITROL OPHTH SUSP | - | 3 |
| PRED FORTE OPHTH SUSP | - | 3 |
| TOBRADEX OPHTH SOLN | - | 3 |
| TOBRADEX ST OPHTH SUSP | - | 3 |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC |
| OPHTHALMICS - MISC. | | |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 |
| bromfenac ophth soln (BROMDAY equiv) | - | 1 |
| BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY) | - | 1 |
| BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) | - | 1 |
| cromolyn ophth soln (CROLOM equiv) | - | 1 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 |
| epinastine ophth soln (ELESTAT equiv) | - | 1 |
| flurbiprofen ophth soln (OCUFEN equiv) | - | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | 1 |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 |
| ALAMAST OPHTH SOLN | - | 2 |
| ALOCRILOPHTH SOLN | - | 2 |
| ALOMIDOPHTH SOLN | - | 2 |
| AZOPTOPHTH SUSP | - | 2 |
| ILEVROOPHTH SUSP | - | 2 |
| NEVANACOPHTH SUSP | - | 2 |
| PROLENSAOPHTH SOLN | - | 2 |
| ACULAR (LS) OPHTH SOLN | - | 3 |
| ACUVAIL OPHTH SOLN | - | 3 |
| BEPREVEOPHTH SOLN | - | 3 |
| CROLOMOPHTH SOLN | - | 3 |
| ELESTATOPHTH SOLN | - | 3 |
| EMADINEOPHTH SOLN | - | 3 |
| LASTACAFTOPHTH SOLN (QL= 3ml/30 days) | QL | 3 |
| OCUFENOPHTH SOLN | - | 3 |
| OPTIVAROPHTH SOLN | - | 3 |
| PATANOLOPHTH SOLN | - | 3 |
| TRUSOPTOPHTH SOLN | - | 3 |
| VOLTARENOPHTH SOLN | - | 3 |
| CYSTARANOPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | 4 |
| BROMSITEOPHTH SOLN | - | NC |
| PATADAYOPHTH SOLN | - | NC |
| PAZEOOPHTH SOLN 0.7% | - | NC |
| ZADITOROPHTH SOLN | OTC | NC |
| PROSTAGLANDINS - OPHTHALMIC | | |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 |
| BIMATOPROSTOPHTH SOLN, LUMIGANOPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 |
| TRAVATAN ZOPHTH SOLN (QL= 5ml/30 days) | QL | 2 |
| XALATANOPHTH SOLN (QL= 2.5ml/30 days) | QL | 3 |
| ZIOPTANOPHTH SOLN (QL= 1 bottle/day; Step Therapy requires trial of latanoprost) | QL-ST | 3 |
| VYZULTA SOLN | - | NC |

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

| | | |
|--|---|---|
| acetic acid otic soln (VOSOL equiv) | - | 1 |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 |
| CRESYLATE OTIC SOLN | - | 3 |
| VOSOL OTIC SOLN | - | 3 |

OTIC ANALGESICS

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| | | | | | |
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| DrugName | Special Code | Tier |
|--|--|---|
| OTIC AGENTS Cont. | | |
| omedia otic soln (AMERICAINE equiv) | - | 1 |
| OTIC ANTI-INFECTIVES | | |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| CIPROFLOXACIN OTIC SOLN | - | 2 |
| OTIC COMBINATIONS | | |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv) | - | 1 |
| CIPRODEX OTIC SUSP | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| CIPRO HC OTIC SUSP | - | 3 |
| CORTANE-B AQUEOUS OTIC SOLN | - | 3 |
| CORTISPORIN OTIC SOLN | - | 3 |
| OTOZIN OTIC DROPS | - | 3 |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC |
| CORTANE-B OTIC SOLN | - | NC |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC |
| OTOVEL OTIC SOLN | - | NC |
| OTIC STEROIDS | | |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 |
| fluocinolone otic oil (DERMOTIC equiv) | - | 1 |
| ACETASOL HC OTIC SOLN | - | 3 |
| DERMOTIC OIL | - | 3 |
| VOSOL HC OTIC SOLN | - | 3 |
| OXYTOCICS | | |
| OXYTOCICS | | |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 1 |
| METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 |
| PASSIVE IMMUNIZING AGENTS | | |
| IMMUNE SERUMS | | |
| HIZENTRA INJ | KMSP | 3 |
| RHOGAM PLUS INJ | KMSP-PA | 4 |
| GAMASTAN INJ | M | M |
| GAMMAGARD INJ | M | M |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| WINRHO SDF INJ | KMSP-PA | 4 |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| amoxicillin chew tab (AMOXIL equiv) | - | 1 |
| AMOXICILLIN CHEW TAB 250MG | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |
| AMPICILLIN CAP | - | 1 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program | KMSP M PA SF ST | generic =small letters Kroger Mandatory Specialty Pharmacy Program Medical Benefit Prior Authorization Limited to two 15 day fills per month for first 3 months Step Therapy |
| LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program | BRANDS =CAPITAL LETTERS | |

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Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--------------|------|
| PENICILLINS Cont. | | |
| ampicillin cap (PRINCIPEN equiv) | - | 1 |
| ampicillin susp (PRINCIPEN equiv) | - | 1 |
| MOXATAG TAB | - | NC |
| MOXATAG TAB 775MG | - | NC |
| NATURAL PENICILLINS | | |
| PENICILLIN VK SOLN | - | 1 |
| penicillin vk soln (VEETIDS equiv) | - | 1 |
| penicillin vk tab (VEETIDS equiv) | - | 1 |
| PENICILLIN G PROCAINE INJ | M | M |
| PENICILLIN G SODIUM INJ | M | M |
| PFIZERPEN G INJ | M | M |
| pfizerpen g inj (PFIZERPEN G equiv) | M | M |
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 |
| amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv) | - | 1 |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| AUGMENTIN ES-600 SUSP | - | 3 |
| AUGMENTIN SUSP | - | 3 |
| AUGMENTIN TAB | - | 3 |
| AUGMENTIN XR TAB | - | 3 |
| ampicillin/sulbactam inj | M | M |
| piperacillin/tazobactam inj | M | M |
| TIMENTIN INJ | M | M |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 |
| nafcillin inj | M | M |
| oxacillin inj | M | M |
| PHARMACEUTICAL ADJUVANTS | | |
| SEMI SOLID VEHICLES | | |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 |
| PROGESTINS | | |
| PROGESTINS | | |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 |
| megestrol ES susp (MEGACE ES equiv) | - | 1 |
| norethindrone tab (AYGESTIN equiv) | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 1 |
| AYGESTIN TAB | - | 3 |
| MEGACE ES SUSP | - | 3 |
| PROMETRIUM CAP | - | 3 |
| PROVERA TAB | - | 3 |
| hydroxyprogesterone inj (MAKENA equiv) | PA | 4 |
| progesterone oil inj | - | NC |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |

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| | | | | | |
|------|---|------|---|------|---|
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| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--|--|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 1 |
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| ANTABUSE TAB | - | 3 |
| CAMPRAL TAB | - | 3 |
| LUCEMYRA TAB | - | NC |
| ANTI-CATAPLECTIC AGENTS | | |
| XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688) | LD-PA-QL | 4 |
| ANTIDEMENTIA AGENTS | | |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg) | QL-ST | 1 |
| galantamine ER cap (RAZADYNE ER equiv) | - | 1 |
| GALANTAMINE SOLN | - | 1 |
| galantamine tab (RAZADYNE equiv) | - | 1 |
| memantine ER cap (NAMENDA XR equiv) | - | 1 |
| memantine sol (NAMENDA equiv) | - | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| rivastigmine patch (EXELON equiv) | - | 1 |
| EXELON SOLN | - | 2 |
| NAMENDA XR TITRATION PACK | - | 2 |
| NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine) | ST | 2 |
| NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine) | ST | 2 |
| ARICEPT ODT (QL= 1 tab/day) | QL | 3 |
| ARICEPT TAB (QL= 2 tabs/day) | QL | 3 |
| ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg) | QL-ST | 3 |
| EXELON CAP | - | 3 |
| EXELON PATCH | - | 3 |
| NAMENDA SOL | - | 3 |
| NAMENDA TAB | - | 3 |
| RAZADYNE ER CAP | - | 3 |
| RAZADYNE SOLN | - | 3 |
| RAZADYNE TAB | - | 3 |
| NAMENDA XR CAP | - | NC |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| chlordiazepoxide/amitriptyline tab (LIMBITROL equiv) | - | 1 |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 1 |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 |
| LIMBITROL TAB | - | 3 |
| SYMBYAX CAP | - | 3 |
| FIBROMYALGIA AGENTS | | |
| SAVELLA PAK | - | 2 |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 |
| HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS | | |
| ADDYI TAB | - | NC |
| MOVEMENT DISORDER DRUG THERAPY | | |
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| INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program | KMSP Kroger Mandatory Specialty Pharmacy Program M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy | LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| tetrabenazine tab (XENAZINE equiv) | MSP-PA | 4 |
| AUSTEDO TAB | - | NC |
| INGREZZA CAP | - | NC |
| XENAZINE TAB | - | NC |
| MULTIPLE SCLEROSIS AGENTS | | |
| AMPYRA TAB (QL= 2 tabs/day) | MSP-PA-QL | 3 |
| AUBAGIO TAB | LMSP | 4 |
| AVONEX INJ | LMSP | 4 |
| EXTAVIA INJ | MSP | 4 |
| GILENYA CAP (QL= 1 cap/day) | LMSP-QL | 4 |
| glatiramer inj (COPAXONE equiv) | LMSP | 4 |
| PLEGRIDY INJ | LMSP | 4 |
| PLEGRIDY PEN INJ | LMSP | 4 |
| TECFIDERA CAP | LMSP | 4 |
| TECFIDERA STARTER PACK | LMSP | 4 |
| BETASERON INJ | - | NC |
| COPAXONE INJ | - | NC |
| REBIF INJ | - | NC |
| ZINBRYTA INJ | - | NC |
| POSTHERPETIC NEURALGIA (PHN) AGENTS | | |
| GRALISE TAB | - | NC |
| LYRICA CR TAB | - | NC |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| fluoxetine (pmdd) tab (SARAFEM equiv) | - | NC |
| FLUOXETINE CAP (PMDD) | - | NC |
| SARAFEM TAB | - | NC |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |
| NUDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| ergoloid mesylates tab (HYDERGINE equiv) | - | 1 |
| pimozide tab | - | 1 |
| ERGOLOID MESYLATES TAB | - | 3 |
| ORAP TAB | - | 3 |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT TAB | - | NC |
| SMOKING DETERRENENTS | | |
| bupropion SR tab (ZYBAN equiv) | SMKG | \$0 |
| CHANTIX PAK | SMKG | \$0 |
| CHANTIX TAB | SMKG | \$0 |
| NICODERM PATCH | OTC-SMKG | \$0 |
| NICORETTE GUM | OTC-SMKG | \$0 |
| NICORETTE LOZENGE | OTC-SMKG | \$0 |
| nicotine gum (NICORETTE equiv) | OTC-SMKG | \$0 |
| NICOTINE KIT | OTC-SMKG | \$0 |
| nicotine lozenge (COMMIT equiv) | OTC-SMKG | \$0 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|---------------|------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| nicotine patch (NICODERM equiv) | OTC-SMKG | \$0 |
| NICOTROL INHALER | SMKG | \$0 |
| NICOTROL NASAL SPRAY | SMKG | \$0 |
| ZYBAN TAB | SMKG | \$0 |
| VASOMOTOR SYMPTOM AGENTS | | |
| BRISDELLE CAP | - | NC |
| paroxetine cap (BRISDELLE equiv) | - | NC |
| RESPIRATORY AGENTS - MISC. | | |
| CYSTIC FIBROSIS AGENTS | | |
| KALYDECO PAK (QL= 2 packets/day) | KMSP-PA-QL-SF | 4 |
| KALYDECO TAB (QL= 2 tabs/day) | KMSP-PA-QL-SF | 4 |
| ORKAMBI TAB (QL= 4 tabs/day) | KMSP-PA-QL-SF | 4 |
| PULMOZYME INH SOLN | KMSP | 4 |
| SYMDEKO TAB | - | NC |
| PULMONARY FIBROSIS AGENTS | | |
| ESBRIET CAP (QL= 9 caps/day) | LMSP-PA-QL-SF | 4 |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | LMSP-PA-QL-SF | 4 |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | LMSP-PA-QL-SF | 4 |
| OFEV CAP (QL= 2 caps/day) | MSP-PA-QL-SF | 4 |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| SULFADIAZINE TAB | - | 1 |
| TETRACYCLINES | | |
| TETRACYCLINES | | |
| demeclocycline tab (DECLOMYCIN equiv) | - | 1 |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 |
| doxycycline hyclate DR tab (DORYX equiv) | - | 1 |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 |
| doxycycline susp (VIBRAMYCIN equiv) | - | 1 |
| minocycline cap (MINOCIN equiv) | - | 1 |
| minocycline tab (DYNACIN equiv) | - | 1 |
| tetracycline cap | - | 1 |
| ADOXA TAB | - | 3 |
| DORYX TAB | - | 3 |
| DOXYCYCLINE HYCLATE DR CAP | - | 3 |
| DYNACIN TAB | - | 3 |
| MINOCIN CAP | - | 3 |
| MONODOX CAP | - | 3 |
| ORAXYL CAP | - | 3 |
| TETRACYCLINE CAP | - | 3 |

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Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| TETRACYCLINES Cont. | | |
| VIBRAMYCIN CAP | - | 3 |
| VIBRAMYCIN SUSP | - | 3 |
| VIBRAMYCIN SYRUP | - | 3 |
| ACTICLATE TAB 75MG, 150MG | - | NC |
| ADOXA PAK | - | NC |
| DORYX MPC TAB | - | NC |
| DORYX TAB 200MG | - | NC |
| doxycycline hyclate DR tab 200mg (DORYX equiv) | - | NC |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC |
| minocycline ER tab (SOLODYN equiv) | - | NC |
| SOLODYN TAB | - | NC |
| TARGADOX TAB | - | NC |
| XIMINO CAP | - | NC |

THYROID AGENTS

ANTITHYROID AGENTS

| | | |
|----------------------------------|---|---|
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |
| TAPAZOLE TAB | - | 3 |

THYROID HORMONES

| | | |
|--|---|----|
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 |
| liothyronine tab (CYTOMEL equiv) | - | 1 |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| SYNTHROID TAB | - | 1 |
| THYROLAR TAB | - | 2 |
| CYTOMEL TAB | - | 3 |
| TIROSINT CAP | - | 3 |
| levothyroxine tab (SYNTHROID equiv) | - | NC |

ULCER DRUGS

ANTISPASMODICS

| | | |
|---|---|---|
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine soln (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| glycopyrrolate tab (ROBINUL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| methscopolamine tab (PAMINE equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| DONNATAL EXTENTABS | - | 2 |
| PROPANTHELINE TAB | - | 2 |
| ANASPAZ ODT | - | 3 |

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| | | | | | |
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|---|---------------------|-------------|
| ULCER DRUGS Cont. | | |
| BENTYL CAP | - | 3 |
| BENTYL SYRUP | - | 3 |
| BENTYL TAB | - | 3 |
| CANTIL TAB | - | 3 |
| LEVBID TAB | - | 3 |
| LEVSIN INJ | - | 3 |
| LEVSIN SL TAB | - | 3 |
| LEVSIN SOLN | - | 3 |
| LEVSIN TAB | - | 3 |
| LEVSINEX CAP | - | 3 |
| PAMINE TAB | - | 3 |
| ROBINUL TAB | - | 3 |
| SYMAX DUOTAB | - | 3 |
| CUVPOSA SOLN | MSP | 4 |
| b-donna tab (DONNATAL equiv) | - | NC |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | NC |
| DONNATAL ELIXIR | - | NC |
| DONNATAL TAB | - | NC |
| GLYCATE TAB 1.5MG | - | NC |
| LIBRAX CAP | - | NC |
| pb-belladonna elixir (DONNATAL equiv) | - | NC |
| H-2 ANTAGONISTS | | |
| CIMETIDINE SOLN | - | 1 |
| cimetidine tab (TAGAMET equiv) | - | 1 |
| famotidine susp (PEPCID equiv) | - | 1 |
| famotidine tab (PEPCID equiv) | - | 1 |
| nizatidine cap (AXID equiv) | - | 1 |
| nizatidine soln (AXID equiv) | - | 1 |
| ranitidine cap (ZANTAC equiv) | - | 1 |
| ranitidine syrup (ZANTAC equiv) | - | 1 |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | 1 |
| PEPCID SUSP | - | 2 |
| AXID CAP | - | 3 |
| AXID SOLN | - | 3 |
| PEPCID TAB | - | 3 |
| TAGAMET TAB | - | 3 |
| ZANTAC CAP | - | 3 |
| ZANTAC EFFER TAB | - | 3 |
| ZANTAC GRANULE PACKET | - | 3 |
| ZANTAC SYRUP | - | 3 |
| ZANTAC TAB | - | 3 |
| MISC. ANTI-ULCER | | |
| CARAFATE SUSP | - | 1 |
| sucralfate tab (CARAFATE equiv) | - | 1 |
| CARAFATE TAB | - | 3 |
| PROTON PUMP INHIBITORS | | |

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Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier | | |
|--|--|---|---|---|
| ULCER DRUGS Cont. | | | | |
| lansoprazole cap (PREVACID equiv) | OTC | 1 | | |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 | | |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 | | |
| PREVACID OTC CAP | OTC | 1 | | |
| FIRST OMEPRAZOLE SUSP | - | 3 | | |
| LANSOPRAZOLE SUSP | - | 3 | | |
| ACIPHEX SPRINKLE CAP | - | NC | | |
| ACIPHEX TAB | - | NC | | |
| DEXILANT CAP | - | NC | | |
| esomeprazole cap (NEXIUM equiv) | - | NC | | |
| ESOMEPRAZOLE STRONTIUM CAP | - | NC | | |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC | | |
| NEXIUM 24HR TAB | - | NC | | |
| NEXIUM CAP | - | NC | | |
| NEXIUM GRANULE PACK | - | NC | | |
| OMEPRAZOLE TAB | OTC | NC | | |
| PREVACID CAP | - | NC | | |
| PREVACID SOLUTAB | - | NC | | |
| PRILOSEC CAP | - | NC | | |
| PRILOSEC OTC DR TAB | - | NC | | |
| PROTONIX EC TAB | - | NC | | |
| PROTONIX PAK | - | NC | | |
| rabeprazole EC tab (ACIPHEX equiv) | - | NC | | |
| ULCER DRUGS - PROSTAGLANDINS | | | | |
| misoprostol tab (CYTOTEC equiv) | - | 1 | | |
| CYTOTEC TAB | - | 3 | | |
| ULCER THERAPY COMBINATIONS | | | | |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | 1 | | |
| ZEGERID CAP OTC | OTC | 1 | | |
| PREVPAC KIT | - | 3 | | |
| PYLERA CAP | - | 3 | | |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC | | |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC | | |
| ZEGERID CAP | - | NC | | |
| ZEGERID POWDER PACK | - | NC | | |
| URINARY ANTI-INFECTIVES | | | | |
| URINARY ANTI-INFECTIVE COMBINATIONS | | | | |
| UROQID #2 TAB | - | 3 | | |
| HYOPHEN TAB | - | NC | | |
| PROSED DS TAB | - | NC | | |
| UTA CAP | - | NC | | |
| URINARY ANTI-INFECTIVES | | | | |
| methenamine hippurate tab (HIPREX equiv) | - | 1 | | |
| methenamine mandelate tab | - | 1 | | |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | | |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | | |
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|--|--------------|------|
| URINARY ANTI-INFECTIVES Cont. | | |
| nitrofurantoin susp (FURADANTIN equiv) | - | 1 |
| FURADANTIN SUSP | - | 2 |
| HIPREX TAB | - | 3 |
| MACROBID CAP | - | 3 |
| MACRODANTIN CAP | - | 3 |
| METHENAMINE MANDELATE TAB | - | 3 |
| MONUROL GRANULE PACK | - | 3 |

URINARY ANTISPASMODICS

BETA-3 ADRENERGIC AGONISTS

| | | |
|---------------|---|---|
| MYRBETRIQ TAB | - | 2 |
|---------------|---|---|

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)

| | | |
|---|----|---|
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| tolterodine tab (DETROL equiv) | - | 1 |
| tropium chloride SR cap (SANCTURA XR equiv) | PA | 1 |
| tropium tab (SANCTURA equiv) | - | 1 |
| VESICARE TAB | - | 2 |
| DETROL TAB | - | 3 |
| DITROPAN XL TAB | - | 3 |
| GELNIQUE | - | 3 |
| OXYTROL PATCH | PA | 3 |
| SANCTURA TAB | - | 3 |
| SANCTURA XR CAP | PA | 3 |
| TOVIAZ TAB | PA | 3 |

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

| | | |
|--------------------------------------|----|---|
| darifenacin SR tab (ENABLEX equiv) | PA | 1 |
| tolterodine SR cap (DETROL LA equiv) | - | 1 |
| DETROL LA CAP | - | 3 |
| ENABLEX TAB | PA | 3 |

URINARY ANTISPASMODIC COMBINATIONS

| | | |
|------------------|---|----|
| URELIEF PLUS TAB | - | NC |
|------------------|---|----|

URINARY ANTISPASMODICS

| | | |
|--------------------------------|---|---|
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
|--------------------------------|---|---|

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

| | | |
|------------------------------------|---|---|
| bethanechol tab (URECHOLINE equiv) | - | 1 |
| URECHOLINE TAB | - | 3 |

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)

| | | |
|-------------------------------|---|----|
| flavoxate tab (URISPAS equiv) | - | NC |
|-------------------------------|---|----|

VACCINES

BACTERIAL VACCINES

| | | |
|--|-----------|-----|
| PNEUMOVAX INJ | VAC | \$0 |
| PREVNAR 13 INJ (QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.) | PA-QL-VAC | \$0 |
| VIVOTIF CAP (QL= 4 caps/fill) | QL-VAC | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|---|------|--|------|--------------------------------------|
| INF | NC =Not Covered | KMSP | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| LMSP | Infertility | M | Kroger Mandatory Specialty Pharmacy Program | MSP | Limited Distribution |
| OTC | Lumicera Mandatory Specialty Pharmacy Program | PA | Medical Benefit | QL | Mandatory Specialty Pharmacy Program |
| RS | Over-the-Counter | SF | Prior Authorization | SMKG | Quantity Limit |
| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|--|--|---|
| VACCINES Cont. | | |
| VAXCHORA SUSP | - | NC |
| VIRAL VACCINES | | |
| AFLURIA INJ | VAC | \$0 |
| AFLURIA INJ, FLUZONE INJ | VAC | \$0 |
| FLUAD INJ | VAC | \$0 |
| FLUBLOK INJ | VAC | \$0 |
| FLUBLOK QUAD PF INJ | VAC | \$0 |
| FLUCELVAX INJ | VAC | \$0 |
| FLUCELVAX QUAD INJ | VAC | \$0 |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | \$0 |
| FLUVIRIN INJ | VAC | \$0 |
| FLUVIRIN PF INJ | VAC | \$0 |
| FLUZONE HIGH DOSE PF INJ | VAC | \$0 |
| FLUZONE INTRADERMAL INJ | VAC | \$0 |
| FLUZONE QUADRIVALENT INJ | VAC | \$0 |
| FLUZONE/FLUARIX QUAD INJ | VAC | \$0 |
| HEPLISAV-B INJ | VAC | NC |
| SHINGRIX INJ | VAC | NC |
| STAMARIL INJ | - | NC |
| VAGINAL PRODUCTS | | |
| MISCELLANEOUS VAGINAL PRODUCTS | | |
| ACIDIC VAGINAL JELLY | - | 2 |
| FEM PH GEL | - | 3 |
| INTRAROSA SUPP | - | NC |
| SPERMICIDES | | |
| CONCEPTROL GEL | OTC | \$0 |
| CONTRACEPTIVE FILM | OTC | \$0 |
| CONTRACEPTIVE FOAM | OTC | \$0 |
| CONTRACEPTIVE GEL | OTC | \$0 |
| CONTRACEPTIVE SUPP | OTC | \$0 |
| TODAY SPONGE | OTC | \$0 |
| vcf vaginal gel (CONCEPTROL equiv) | OTC | \$0 |
| VAGINAL ANTI-INFECTIVES | | |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| NYSTATIN VAGINAL TAB | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| AVC VAGINAL CREAM | - | 2 |
| CLEOCIN VAGINAL CREAM | - | 3 |
| CLEOCIN VAGINAL SUPP | - | 3 |
| CLINDESSE VAGINAL CREAM | - | 3 |
| METROGEL VAGINAL GEL | - | 3 |
| MICONAZOLE 3 SUPP 200MG | - | 3 |
| TERAZOL CREAM | - | 3 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program | KMSP M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months ST Step Therapy | generic =small letters Kroger Mandatory Specialty Pharmacy Program LD Limited Distribution MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation VAC Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| VAGINAL PRODUCTS Cont. | | |
| TERAZOL SUPP | - | 3 |
| GYNAZOLE CREAM | - | NC |
| VAGINAL ESTROGENS | | |
| estradiol cream (ESTRACE equiv) | - | 1 |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 1 |
| ESTRING | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |
| ESTRACE VAGINAL CREAM | - | 3 |
| FEMRING (3 copays per Rx) | - | 3 |
| VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 3 |
| IMVEXXY SUPP | - | NC |
| VAGINAL PROGESTINS | | |
| CRINONE GEL | PA | 2 |
| ENDOMETRIN INSERT | PA | 2 |
| PROGESTERONE SUPP | PA | 3 |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill) | QL | 2 |
| EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill) | QL | 2 |
| ADRENACLICK INJ, EPINEPHRINE INJ | - | NC |
| AUVI-Q INJ, EPIPEN (JR) INJ | - | NC |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| NORTHERA CAP | - | NC |
| VASOPRESSORS | | |
| midodrine tab (PROAMATINE equiv) | - | 1 |
| PROAMATINE TAB | - | 3 |
| VITAMINS | | |
| MISC. NUTRITIONAL FACTORS | | |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |
| OIL SOLUBLE VITAMINS | | |
| vitamin D cap 1000unit (Covered for members 65 years or older) | OTC | \$0 |
| vitamin D cap 400unit (Covered for members 65 years or older) | OTC | \$0 |
| VITAMIN D TAB 400UNIT (Covered for members 65 years or older) | OTC | \$0 |
| cholecalciferol cap 50000 unit | OTC | 1 |
| phytonadione tab (MEPHYTON equiv) | - | 1 |
| vitamin D cap (Rx covered Only) | - | 1 |
| DRISDOL CAP | - | 3 |
| MEPHYTON TAB | - | 3 |
| ERGOCAL CAP | - | NC |
| WATER SOLUBLE VITAMINS | | |
| niacin cap | OTC | 1 |
| niacin CR tab (SLO-NIACIN equiv) | OTC | 1 |
| niacin tab | OTC | 1 |
| NIACIN TR TAB | OTC | 1 |

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| | | | | | |
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| SP | Restricted to Specialist | ST | Limited to two 15 day fills per month for first 3 months | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class**

Last Updated* 8/1/2018

| DrugName | Special Code | Tier |
|-----------------------|---------------------|-------------|
| VITAMINS Cont. | | |
| niacinamide tab | OTC | 1 |
| POTABA POWDER PACKET | - | 2 |
| POTABA TAB | - | 2 |
| POTABA CAP | - | 3 |
| SLO-NIACIN TAB | OTC | 3 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|---|------|--|------|--|
| INF | NC =Not Covered Infertility | KMSP | generic =small letters Kroger Mandatory Specialty Pharmacy Program | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| OTC | Over-the-Counter | PA | Prior Authorization | QL | Quantity Limit |
| RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Prior Authorization Drug List
Last Updated* 8/1/2018**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| ABILIFY DISCMELT | 3 |
| ABILIFY SOLN | 3 |
| ABSTRAL SL TAB | 3 |
| ACTEMRA SC INJ | 4 |
| ACTIMMUNE INJ | 4 |
| ACTIQ LOZENGE | 3 |
| adapalene cream | 1 |
| adapalene gel | 1 |
| ADAPALENE LOTION | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% | 1 |
| ADCIRCA TAB | 4 |
| ADEMPAS TAB | 4 |
| ADIPEX-P CAP | 3 |
| ADIPEX-P TAB | 3 |
| AFINITOR DISPERZ | 4 |
| AFINITOR TAB | 4 |
| ALECENSA CAP | 4 |
| ALINIA SUSP | 2 |
| ALINIA TAB | 2 |
| ALUNBRIG TAB 30MG | 4 |
| ALUNBRIG TAB 90MG, 180MG | 4 |
| AMITIZA CAP | 3 |
| AMPYRA TAB | 3 |
| ANDRODERM PATCH | 2 |
| ANDROGEL 1% 25MG | 3 |
| ANDROGEL 1% 50MG, TESTIM GEL 1% | 3 |
| ANDROGEL 1.62% 1.25GM | 2 |
| ANDROGEL 1.62% 2.5GM | 2 |
| ANDROGEL PUMP 1% | 3 |
| ANDROGEL PUMP 1.62% | 2 |
| ANDROID CAP, TESTRED CAP | 3 |
| aripiprazole ODT | 1 |
| aripiprazole soln | 1 |
| ARIXTRA INJ | 3 |
| armodafinil tab | 1 |
| ATRALIN GEL, RETIN-A GEL | 3 |
| AXIRON SOLN | 3 |
| AZELEX CREAM | 3 |
| BELVIQ TAB | 2 |
| BELVIQ XR TAB | 2 |
| BENLYSTA AUTO-INJECTOR | 4 |
| BENLYSTA INJ | 4 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
 Last Updated* 8/1/2018**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| bexarotene cap | 4 |
| BOSULIF TAB | 4 |
| budesonide ER tab | 1 |
| buprenorphine SL tab | 1 |
| CABOMETYX TAB | 4 |
| CAPRELSA TAB | 4 |
| CARBAGLU TAB | 4 |
| CERDELGA CAP | 4 |
| CHOLBAM CAP | 4 |
| CIMZIA INJ | 4 |
| clobetasol foam | 1 |
| clobetasol lotion | 1 |
| clobetasol propionate cream | 1 |
| clobetasol propionate gel | 1 |
| clobetasol propionate oint | 1 |
| clobetasol propionate soln | 1 |
| clobetasol shampoo | 1 |
| clobetasol spray | 1 |
| CLOBEX LOTION | 3 |
| CLOBEX SHAMPOO | 3 |
| CLOBEX SPRAY | 3 |
| COLCHICINE TAB | 2 |
| COMETRIQ KIT | 4 |
| CONTRACE TAB | 2 |
| CORLANOR TAB | 3 |
| COSENTYX INJ (1-PACK) | 4 |
| COSENTYX INJ (2-PACK) | 4 |
| COTELLIC TAB | 4 |
| CRINONE GEL | 2 |
| CYSTAGON CAP | 4 |
| CYSTARAN OPHTH SOLN | 4 |
| DARAPRIM TAB | 4 |
| darifenacin SR tab | 1 |
| DESCOVY TAB | 4 |
| diclofenac gel | 1 |
| DIFFERIN CREAM | 3 |
| DIFFERIN GEL | 3 |
| DIFFERIN LOTION | 3 |
| dronabinol cap | 1 |
| DUPIXENT INJ | 4 |
| DYMISTA NASAL SPRAY | 3 |
| EMVERM TAB | 2 |

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 Prior Authorization Drug List
 Last Updated* 8/1/2018**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------------|--|
| ENABLEX TAB | 3 |
| ENBREL INJ 25MG | 4 |
| ENBREL INJ 50MG | 4 |
| ENBREL MINI INJ | 4 |
| ENBREL SURECLICK INJ 50MG | 4 |
| ENDOMETRIN INSERT | 2 |
| ENTRESTO TAB | 2 |
| EPANED PREMIXED SOLN | 3 |
| EPANED SOLN | 3 |
| EPCLUSA TAB | 4 |
| EPIDUO FORTE GEL | 2 |
| EPIDUO GEL 0.1-2.5% | 3 |
| ERIVEDGE CAP | 4 |
| ESBRIET CAP | 4 |
| ESBRIET TAB 267MG | 4 |
| ESBRIET TAB 801MG | 4 |
| FANAPT TAB | 3 |
| FANAPT TITRATION PACK | 3 |
| FARYDAK CAP | 4 |
| fentanyl citrate lollipop | 1 |
| FENTORA TAB | 3 |
| FERRIPROX SOLN | 4 |
| FERRIPROX TAB | 4 |
| FETZIMA CAP | 3 |
| FETZIMA TITRATION PACK | 3 |
| fondaparinux inj | 1 |
| FORTESTA GEL, TESTOSTERONE GEL | 3 |
| GENOTROPIN INJ | 4 |
| GILOTRIF TAB | 4 |
| halobetasol propionate oint | 1 |
| HARVONI TAB | 4 |
| HUMIRA INJ | 4 |
| HUMIRA PEN INJ | 4 |
| HYCAMTIN CAP | 4 |
| hydroxyprogesterone inj | 4 |
| IBRANCE CAP | 4 |
| ICLUSIG TAB | 4 |
| IDHIFA TAB | 4 |
| imatinib tab | 4 |
| IMBRUVICA CAP 140MG | 4 |
| IMBRUVICA CAP 70MG | 4 |
| IMBRUVICA TAB | 4 |

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 Prior Authorization Drug List
 Last Updated* 8/1/2018**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------------|--|
| IMPAVIDO CAP | 4 |
| INCIVEK TAB | 4 |
| INFANT FORMULA LIQUID | 2 |
| INFANT FORMULA POWDER | 2 |
| INLYTA TAB | 4 |
| INVEGA TAB | 3 |
| IRESSA TAB | 4 |
| itraconazole cap | 1 |
| JAKAFI TAB | 4 |
| JYNARQUE PAK | 4 |
| KALYDECO PAK | 4 |
| KALYDECO TAB | 4 |
| KEVZARA INJ | 4 |
| KINERET INJ | 4 |
| KISQALI PAK | 4 |
| KISQALI TAB | 4 |
| KORLYM TAB | 4 |
| KUVAN POWDER PACK | 4 |
| KUVAN TAB | 4 |
| LAZANDA NASAL SPRAY | 3 |
| LENVIMA CAP | 4 |
| LETAIRIS TAB | 4 |
| LEUKINE INJ | 4 |
| LINZESS CAP | 2 |
| LONSURF TAB | 4 |
| LYNPARZA CAP | 4 |
| LYNPARZA TAB | 4 |
| MARINOL CAP | 3 |
| MAVYRET TAB | 4 |
| MEKINIST TAB | 4 |
| METHITEST TAB | 3 |
| METHYLTESTOSTERONE CAP | 3 |
| miglustat cap | 4 |
| modafinil tab | 1 |
| MOVANTIK TAB | 2 |
| NATPARA INJ | 4 |
| NERLYNX TAB | 4 |
| NEXAVAR TAB | 4 |
| NINLARO CAP | 4 |
| NUEDEXTA CAP | 2 |
| NUTRITIONAL SUPPLEMENT LIQUID | 2 |
| NUTRITIONAL SUPPLEMENT POWDER | 2 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
 Last Updated* 8/1/2018**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------------|--|
| NUVIGIL TAB | 3 |
| OCALIVA TAB | 4 |
| ODOMZO CAP | 4 |
| OFEV CAP | 4 |
| OLUX FOAM | 3 |
| ONFI TAB | 2 |
| OPSUMIT TAB | 4 |
| ORENCIA CLICK INJ | 4 |
| ORENCIA SC INJ 125MG/ML | 4 |
| ORENCIA SC INJ 50MG/0.4ML | 4 |
| ORENCIA SC INJ 87.5MG/0.7ML | 4 |
| ORFADIN CAP | 4 |
| ORKAMBI TAB | 4 |
| OTEZLA STARTER PACK | 4 |
| OTEZLA TAB | 4 |
| OXYTROL PATCH | 3 |
| paliperidone ER tab | 1 |
| PANRETIN GEL | 4 |
| phentermine cap | 1 |
| phentermine tab | 1 |
| PRALUENT INJ | 4 |
| PREVNAR 13 INJ | \$0 |
| PROGESTERONE SUPP | 3 |
| PROMACTA TAB | 4 |
| PROVIGIL TAB | 3 |
| QBRELIS SOLN | 3 |
| QSYMIA CAP | 3 |
| REPATHA INJ | 4 |
| REPATHA PUSHTRONEX INJ | 4 |
| RETIN-A CREAM | 3 |
| RETIN-A MICRO GEL 0.04%, 0.1% | 1 |
| REVATIO TAB | 3 |
| REVLIMID CAP | 3 |
| RHOGAM PLUS INJ | 4 |
| RIFATER TAB | 3 |
| RUBRACA TAB | 4 |
| RYDAPT CAP | 4 |
| SABRIL TAB | 4 |
| SANCTURA XR CAP | 3 |
| SAPHRIS SL TAB | 3 |
| SIGNIFOR INJ | 4 |
| sildenafil tab 20mg | 1 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary cont.
 Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------------------|--|
| SKLICE LOTION | 3 |
| SOLARAZE GEL | 3 |
| SOMAVERT INJ | 4 |
| SPIRIVA HANDIHALER | 3 |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | 3 |
| SPORANOX CAP | 3 |
| SPORANOX SOLN | 3 |
| SPRYCEL TAB | 3 |
| STIVARGA TAB | 4 |
| STRENSIQ INJ | 4 |
| SUTENT CAP | 4 |
| SYLATRON INJ | 4 |
| SYMPROIC TAB | 2 |
| SYPRINE CAP | 4 |
| TAFINLAR CAP | 4 |
| TAGRISSO TAB | 4 |
| TARCEVA TAB | 4 |
| TARGRETIN CAP | 4 |
| TASIGNA CAP | 4 |
| TEMOVATE CREAM | 3 |
| TEMOVATE GEL | 3 |
| TEMOVATE OINT | 3 |
| TEMOVATE SOLN | 3 |
| TEMOVATE-E CREAM | 3 |
| TESTOSTERONE GEL 1% 25MG | 2 |
| testosterone gel 1% 50mg | 1 |
| testosterone gel 1% pump | 1 |
| TESTOSTERONE GEL PUMP | 2 |
| TESTOSTERONE GEL, VOGELXO GEL | 3 |
| testosterone soln | 1 |
| tetrabenazine tab | 4 |
| THALOMID CAP | 4 |
| TOVIAZ TAB | 3 |
| TRACLEER TAB 32MG | 4 |
| TRACLEER TAB 62.5MG, 125MG | 4 |
| TRECATOR TAB | 3 |
| tretinoin cream | 1 |
| tretinoin gel | 1 |
| TRETIN-X CREAM | 3 |
| trientine cap | 4 |
| TRINTELLIX TAB | 3 |
| tropium chloride SR cap | 1 |

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 Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------|--|
| TRUVADA TAB | 4 |
| TYKERB TAB | 4 |
| TYVASO INH SOLN | 4 |
| TYZEKA TAB | 4 |
| UCERIS RECTAL FOAM | 3 |
| UPTRAVI TAB | 4 |
| VALCHLOR GEL | 4 |
| VELTASSA POWDER | 4 |
| VENCLEXTA STARTER PACK | 4 |
| VENCLEXTA TAB | 4 |
| VENTAVIS INH SOLN | 4 |
| VERZENIO TAB | 4 |
| VICTRELIS CAP | 4 |
| vigabatrin powder pack | 4 |
| VOSEVI TAB | 4 |
| VOTRIENT TAB | 4 |
| WINRHO SDF INJ | 4 |
| XADAGO TAB | 3 |
| XALKORI CAP | 4 |
| XIFAXAN TAB 550MG | 3 |
| XTAMPZA ER CAP | 2 |
| XTANDI CAP | 4 |
| XYREM SOLN | 4 |
| ZAVESCA CAP | 4 |
| ZEJULA CAP | 4 |
| ZELBORAF TAB | 4 |
| ZOLINZA CAP | 4 |
| ZORTRESS TAB | 4 |
| ZYDELIG TAB | 4 |
| ZYKADIA CAP | 4 |
| ZYTIGA TAB 250MG | 3 |
| ZYTIGA TAB 500MG | 3 |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated* 8/1/2018
Over-the-Counter (OTC)**

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

| | | | |
|---|-----------------------------------|------------------------------------|---------------------------------------|
| ACCU-CHECK GUIDE CARE METER | ACCU-CHEK AVIVA PLUS METER | ACCU-CHEK AVIVA PLUS TEST STRIP | ACCU-CHEK GUIDE TEST STRIP |
| ACCU-CHEK NANO METER | ACCU-CHEK SMARTVIEW TEST STRIP | ACCU-CHEK TEST STRIP | AEROCHAMBER |
| ALCOHOL SWABS | ASPIRIN CHEW TAB 75MG | aspirin chew tab 81mg | aspirin ec tab 325mg |
| aspirin ec tab 81mg | aspirin tab 325mg | aspirin tab 81mg | B-D INSULIN SYRINGE |
| B-D PEN NEEDLE | CALIBRATION LIQUID | cholecalciferol cap 50000 unit | CLINISTIX TEST STRIP |
| CONCEPTROL GEL | CONTRACEPTIVE FILM | CONTRACEPTIVE FOAM | CONTRACEPTIVE GEL |
| CONTRACEPTIVE SUPP | FEMALE CONDOMS | ferrous sulfate elixir | FERROUS SULFATE LIQUIII |
| ferrous sulfate soln | FERROUS SULFATE SYRUP | folic acid tab 400mcg | folic acid tab 800mcg |
| FREESTYLE FREEDOM LITE METER | FREESTYLE INSULIN SYRINGE | FREESTYLE INSULINX METER | FREESTYLE INSULINX TEST STRIP |
| FREESTYLE LITE METER | FREESTYLE LITE TEST STRIP | FREESTYLE PRECISION NEO METER | FREESTYLE PRECISION NEO TEST STRIP |
| FREESTYLE TEST STRIP | guaifenesin/codeine soln | guaifenesin/codeine syrup | HUMULIN MIX INJ |
| HUMULIN MIX PEN INJ | HUMULIN N INJ | HUMULIN N PEN INJ | HUMULIN R INJ |
| INFANT FORMULA LIQUID | INFANT FORMULA POWDER | INSULIN SYRINGE | IRON SUSP |
| KETO-DIASTIX TEST STRIF | KETOSTIX | ketotifen ophth soln | LANCET DEVICE |
| LANCET KIT | LANCETS | lansoprazole cap | levonorgestrel tab |
| meclizine chew tab | meclizine tab | NASACORT OTC NASAL SPRAY | niacin cap |
| niacin CR tab | niacin tab | NIACIN TR TAB | niacinamide tab |
| NICODERM PATCH | NICORETTE GUM | NICORETTE LOZENGE | nicotine gum |
| NICOTINE KIT | nicotine lozenge | nicotine patch | NINJACOF-XG LIQUID |
| NOVOFINE PEN NEEDLE | NOVOLIN INJ | NOVOTWIST PEN NEEDLE | NUTRITIONAL SUPPLEMENT LIQUID |
| NUTRITIONAL SUPPLEMENT POWDER | PEAK FLOW METER | PEN NEEDLE | PLAN B TAB |
| PRECISION INSULIN SYRINGE | PRECISION XTRA METER | PRECISION XTRA TEST STRIP | PREVACID OTC CAP |
| pseudoephedrine/brompheni amine/codeine liquid | SLO-NIACIN TAB | TODAY SPONGE | triamcinolone OTC nasal spray |
| vcf vaginal gel | vitamin D cap 1000unit | vitamin D cap 400unit | VITAMIN D TAB 400UNIT |
| ZEGERID CAP OTC | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated* 8/1/2018
Mandatory Specialty Pharmacy (MSP)**

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|-----------------------|-----------------------|----------------------------|------------------------|
| ACTEMRA SC INJ | ACTIMMUNE INJ | ADCIRCA TAB | ADEMPAS TAB |
| ALECENSA CAP | AMPYRA TAB | APOKYN INJ | AUBAGIO TAB |
| AVONEX INJ | BENLYSTA | BENLYSTA INJ | bezarotene cap |
| CABOMETYX TAB | AUTO-INJECTOR | CAPRELSA TAB | CARBAGLU TAB |
| CERDELGA CAP | calcitriol inj | CIMZIA INJ | COMETRIQ KIT |
| COSENTYX INJ (1-PACK) | CHOLBAM CAP | COTELLIC TAB | CUVPOSA SOLN |
| CYTAGON CAP | COSENTYX INJ (2-PACK) | DARAPRIM TAB | doxercalciferol cap |
| DUPIXENT INJ | CYSTARAN OPHTH SOLN | ENBREL INJ 50MG | ENBREL MINI INJ |
| ENBREL SURECLICK INJ | ENBREL INJ 25MG | ESBRIET TAB 267MG | ESBRIET TAB 801MG |
| 50MG | ESBRIET CAP | FARYDAK CAP | FERRIPROX SOLN |
| EXJADE TAB | EXTAVIA INJ | GILOTRIF TAB | glatiramer inj |
| FERRIPROX TAB | GILENYA CAP | HUMIRA PEN INJ | ICLUSIG TAB |
| HECTOROL CAP | HUMIRA INJ | IMBRUVICA CAP 70MG | IMBRUVICA TAB |
| IDHIFA TAB | IMBRUVICA CAP 140MG | INFERGEN INJ | IRESSA TAB |
| INCIVEK TAB | INCRELEX INJ | KEVZARA INJ | KINERET INJ |
| JAKAFI TAB | JYNARQUE PAK | KUVAN TAB | LENVIMA CAP |
| KORLYM TAB | KUVAN POWDER PACK | LYNPARZA CAP | LYNPARZA TAB |
| LETAIRIS TAB | LONSURF TAB | MYLERAN TAB | NATPARA INJ |
| MIACALCIN INJ | miglustat cap | OCALIVA TAB | OFEV CAP |
| NERLYNX TAB | NEXAVAR TAB | ORENCIA SC INJ 125MG/ML | ORENCIA SC INJ |
| OPSUMIT TAB | ORENCIA CLICK INJ | OTEZLA STARTER PACK | 50MG/0.4ML |
| ORENCIA SC INJ | ORFADIN CAP | OTEZLA TAB | OTEZLA TAB |
| 87.5MG/0.7ML | PLEGRIDY INJ | PLEGRIDY PEN INJ | PRALUENT INJ |
| paricalcitol cap | RUBRACA TAB | SABRIL TAB | SENSIPAR TAB |
| RISPERDAL CONSTA INJ | SOMAVERT INJ | STIVARGA TAB | STRENSIQ INJ |
| SIGNIFOR INJ | TAGRISSO TAB | TECFIDERA CAP | TECFIDERA STARTER |
| SYLATRON INJ | TRACLEER TAB 32MG | TRACLEER TAB 62.5MG, 125MG | PACK |
| tetrabenazine tab | VALCHLOR GEL | VENCLEXTA STARTER | TYVASO INH SOLN |
| UPTRAVI TAB | VERZENIO TAB | PACK | VENCLEXTA TAB |
| VENTAVIS INH SOLN | ZAVESCA CAP | VICTRELIS CAP | vigabatrin powder pack |
| XYREM SOLN | ZYDELIG TAB | ZEJULA CAP | ZELBORAF TAB |
| ZEMPLAR CAP | | | |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated* 8/1/2018
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| APIDRA INJ | Step Therapy requires trial of NOVOLOG |
| APIDRA SOLOSTAR INJ | Step Therapy requires trial of NOVOLOG |
| ARANESP INJ | Step Therapy requires trial of EPOGEN or PROCRIT |
| ARICEPT TAB 23MG | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| ATELVIA TAB | Step Therapy requires trial of alendronate |
| BECONASE AQ NASAL SPRAY | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone |
| BONIVA TAB 150MG | QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| budesonide SR cap | Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| donepezil tab 23mg | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| ENTOCORT EC CAP | Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine |
| fluvoxamine ER cap | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| gatifloxacin ophth soln | Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| HUMALOG INJ, ADMELOG INJ | Step Therapy requires trial of NOVOLOG |
| HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ | Step Therapy requires trial of NOVOLOG |
| HUMALOG MIX INJ | Step Therapy requires trial of NOVOLOG |
| HUMALOG MIX KWIKPEN INJ | Step Therapy requires trial of NOVOLOG |
| HUMALOG PEN INJ | Step Therapy requires trial of NOVOLOG |
| HUMULIN MIX INJ | Step Therapy requires trial of NOVOLIN |
| HUMULIN MIX PEN INJ | Step Therapy requires trial of NOVOLIN |
| HUMULIN N INJ | Step Therapy requires trial of NOVOLIN |
| HUMULIN N PEN INJ | Step Therapy requires trial of NOVOLIN |
| HUMULIN R INJ | Step Therapy requires trial of NOVOLIN |
| ibandronate tab 150mg | QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA |
| LIVALO TAB | Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| LUVOX CR CAP | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| MOVIPREP SOLN | Step Therapy requires trial of CLENPIQ |
| NAMZARIC CAP | Step Therapy requires trial of donepezil and memantine |
| NAMZARIC STARTER PACK | Step Therapy requires trial of donepezil and memantine |
| nevirapine ER tab | Step Therapy requires trial of nevirapine |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 8/1/2018
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| NORITATE CREAM | Step Therapy requires trial of FINACEA |
| PANCREAZE CAP | Step Therapy requires trial of CREON |
| PANCRELIPASE CAP | Step Therapy requires trial of CREON |
| PERTZYE CAP | Step Therapy requires trial of CREON |
| PEXEVA TAB | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| risedronate DR tab | Step Therapy requires trial of alendronate |
| risedronate tab | Step Therapy requires trial of alendronate |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| SUPREP SOLN | Step Therapy requires trial of CLENPIQ |
| ULORIC TAB | Step Therapy requires trial of allopurinol |
| ULTRESA CAP | Step Therapy requires trial of CREON |
| VANCOGIN CAP | QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN |
| vancomycin cap | QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN |
| VIRAMUNE XR TAB | Step Therapy requires trial of nevirapine |
| ZENPEP CAP | Step Therapy requires trial of CREON |
| ZETONNA NASAL SPRAY | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone |
| ZIOPTAN OPHTH SOLN | QL= 1 bottle/day; Step Therapy requires trial of latanoprost |
| ZYMAXID OPHTH SOLN | Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Smoking Cessation Agents
Last Updated* 8/1/2018**

| Drug Name | Tier # for Drug Copay |
|----------------------|------------------------------|
| BUPROPION SR TAB | \$0 |
| CHANTIX PAK | \$0 |
| CHANTIX TAB | \$0 |
| NICODERM PATCH | \$0 |
| NICORETTE GUM | \$0 |
| NICORETTE LOZENGE | \$0 |
| NICOTINE GUM | \$0 |
| NICOTINE KIT | \$0 |
| NICOTINE LOZENGE | \$0 |
| NICOTINE PATCH | \$0 |
| NICOTROL INHALER | \$0 |
| NICOTROL NASAL SPRAY | \$0 |
| ZYBAN TAB | \$0 |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated* 8/1/2018
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------|--|
| ABILIFY DISCMELT | QL= 2 tabs/day |
| ABSTRAL SL TAB | QL= 120 tabs/30 days |
| acetaminophen/codeine soln | QL=240ml/30 days |
| acetaminophen/codeine tab | QL=180 tabs/30 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ACTIQ LOZENGE | QL= 120 units/30 days |
| ADEMPAS TAB | QL= 3 tabs/day; Only available through Accredo 888-773-7376 |
| ADIPEX-P CAP | |
| ADIPEX-P TAB | |
| AFINITOR DISPERZ | QL= 1 tab/day |
| AFINITOR TAB | QL= 1 tab/day |
| AKYNZEO CAP | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| ALECENSA CAP | QL= 8 caps/day |
| ALINIA SUSP | QL= 60ml/3 days |
| ALINIA TAB | QL= 6 tabs/3 days |
| almotriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| ALOGLIPTIN TAB | QL= 1 tab/day |
| ALOGLIPTIN-METFORMIN TAB | QL= 2 tabs/day |
| ALOGLIPTIN-PIOGLITAZONE TAB | QL= 1 tab/day |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day |
| AMBIEN TAB | QL= 1 tab/day |
| AMERGE TAB | QL= 9 tabs/fill, 2 fills/30 days |
| AMPYRA TAB | QL= 2 tabs/day |
| ANDRODERM PATCH | QL= 1 patch/day |
| ANDROGEL 1% 25MG | QL= 1 packet/day |
| ANDROGEL 1% 50MG, TESTIM GEL 1% | QL= 2 packets/day |
| ANDROGEL 1.62% 1.25GM | QL= 1 packet/day |
| ANDROGEL 1.62% 2.5GM | QL= 2 packets/day |
| ANDROGEL PUMP 1% | QL= 4 bottles/30 days |
| ANDROGEL PUMP 1.62% | QL= 2 bottles/30 days |
| ANZEMET TAB | QL= 9 tabs/fill |
| aprepitant cap | QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| aprepitant pak | QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| ARICEPT ODT | QL= 1 tab/day |
| ARICEPT TAB | QL= 2 tabs/day |
| ARICEPT TAB 23MG | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| aripiprazole ODT | QL= 2 tabs/day |
| armodafinil tab | QL= 1 tab/day |
| ATRIPLA TAB | QL= 1 tab/day |
| AVINZA CAP | QL= 2 caps/day |
| AXERT TAB | QL= 9 tabs/fill, 2 fills/30 days |
| AXIRON SOLN | QL= 2 bottles/30 days |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 8/1/2018
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| BARACLUDE TAB | QL= 1 tab/day |
| BECONASE AQ NASAL SPRAY | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone |
| BELVIQ TAB | QL= 2 tabs/day |
| BELVIQ XR TAB | QL= 1 tab/day |
| BENLYSTA AUTO-INJECTOR | QL= 4 inj/28 day |
| BENLYSTA INJ | QL= 4 inj/28 day |
| BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |
| BONIVA TAB 150MG | QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| budesonide ER tab | QL=1 tab/day |
| BUPRENORPHINE PATCH, BUTRANS PATCH | QL= 4 patches/28 days |
| buprenorphine SL tab | QL= 21 tabs/7 days |
| butorphanol nasal spray | QL= 1 bottle/fill, 2 fills/30 days |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days |
| BYDUREON INJ | QL= 4 inj/28 days |
| BYDUREON PEN INJ | QL= 4 inj/28 days |
| BYETTA INJ | QL= 1 pen/30 days |
| CABOMETYX TAB | QL= 1 tab/day |
| CAPITAL/CODEINE SUSP | QL=240ml/30 days |
| carisoprodol tab | QL=120 tabs/30 days |
| CAVERJECT INJ | QL= 6 inj/30 days |
| CELEBREX CAP | QL= 2 caps/day |
| celecoxib cap | QL= 2 caps/day |
| CIALIS TAB | QL= 6 tabs/30 days |
| CIALIS TAB 2.5MG, 5MG | QL= 6 tabs/30 days |
| CIMDUO TAB | QL= 1 tab/day |
| CIMZIA INJ | QL= 2 inj/28 days |
| codeine sulfate tab 60mg | QL=180 tabs/30 days |
| codeine sulfate tablet 15mg, 30 mg | QL=240 tabs/30 days |
| COMPLERA TAB | QL= 1 tab/day |
| CONTRACE TAB | QL= 4 tabs/day |
| COSENTYX INJ (1-PACK) | QL= 1 inj/28 days |
| COSENTYX INJ (2-PACK) | QL= 2 inj/28 days |
| COTELLIC TAB | QL= 3 tabs/day |
| CRESTOR TAB | QL= 1 tab/day |
| CRESTOR TAB 20MG | QL= 1.5 tabs/day |
| CYSTARAN OPHTH SOLN | QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416 |
| DARAPRIM TAB | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| DAZIDOX TAB | QL=120 tabs/30 days |
| DEMEROL TAB | QL=120 tabs/30 days |
| diclofenac gel | QL= 300gm/30 days |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 8/1/2018
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| diclofenac gel 1% | QL= 5 tubes/fill |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY | QL= 8 sprays/fill, 2 fills/30 days |
| DILAUDID TAB 2MG | QL=240 tabs/30 days |
| DILAUDID TAB 4MG | QL=180 tabs/30 days |
| DILAUDID TAB 8MG | QL=120 tabs/30 days |
| DOLOPHINE TAB | QL=120 tabs/30 days |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| DUPIXENT INJ | QL= 2 inj/ 28 days |
| DURAGESIC PATCH | QL=10 patches/30 days |
| EDEX INJ | QL= 6 inj/30 days |
| EMEND PAK | QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL INJ 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| enoxaparin inj | QL= 17 days supply |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| EPCLUSA TAB | QL= 1 tab/day |
| EPINEPHRINE PEN INJ 0.15MG (MYLAN) | QL= 2 inj/fill |
| EPINEPHRINE PEN INJ 0.3MG (MYLAN) | QL= 2 inj/fill |
| ESBRIET CAP | QL= 9 caps/day |
| ESBRIET TAB 267MG | QL= 9 tabs/day |
| ESBRIET TAB 801MG | QL= 3 tabs/day |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days (18 tabs on first fill) |
| eszopiclone tab | QL= 1 tab/day |
| ezetimibe/simvastatin tab | QL= 1 tab/day (10-80mg is Not Covered) |
| FANAPT TAB | QL= 2 tabs/day |
| FANAPT TITRATION PACK | QL= 1 pack/plan year |
| FARYDAK CAP | QL= 6 caps/21 days |
| fentanyl citrate lollipop | QL= 120 lozenges/30 days |
| fentanyl patch | QL=10 patches/30 days |
| FENTORA TAB | QL= 120 tabs/30 days |
| FETZIMA CAP | QL= 1 cap/day |
| FETZIMA TITRATION PACK | QL= 1 cap/day |
| FLECTOR PATCH | QL= 30 patches/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| FORTESTA GEL, TESTOSTERONE GEL | QL= 2 bottles/30 days |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 8/1/2018
Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| FROVA TAB | QL= 9 tabs/fill, 2 fills/30 days |
| frovatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| GILENYA CAP | QL= 1 cap/day |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 888-773-7376 |
| granisetron tab | QL= 9 tabs/fill |
| GRANISOL SOLN | QL= 60ml/fill |
| guaifenesin/codeine syrup | QL= 240ml/fill |
| HARVONI TAB | QL= 1 tab/day |
| HUMIRA INJ | QL= 2 inj/28 days |
| HUMIRA PEN INJ | QL= 2 inj/28 days |
| HYCET SOLN | QL=1800ml/30 days |
| hydrocodone/acetaminophen soln | QL=1800ml/30 days |
| hydrocodone/acetaminophen tab | QL=120 tabs/30 days |
| hydrocodone/acetaminophen tab 2.5-325mg | QL=120 tabs/30 days |
| hydrocodone/chlorpheniramine CR susp | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 120ml/fill, 2 fills/30 days |
| hydrocodone/ibuprofen tab | QL= 120 tabs/30 days |
| hydromorphone tab 2mg | QL=240 tabs/30 days |
| hydromorphone tab 4mg | QL=180 tabs/30 days |
| hydromorphone tab 8mg | QL=120 tabs/30 days |
| ibandronate tab 150mg | QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| IBRANCE CAP | QL= 21 caps/28 days |
| IDHIFA TAB | QL= 1 tab/day |
| imatinib tab | QL= 3 tabs/day |
| IMBRUVICA CAP 140MG | QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA CAP 70MG | QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMITREX INJ | QL= 4 inj/fill, 2 fills/30 days |
| IMITREX TAB | QL= 9 tabs/fill, 2 fills/30 days |
| IMITREX VIAL INJ | QL= 5 inj/fill, 2 fills/30 days |
| INLYTA TAB | QL= 8 tabs/day |
| JAKAFI TAB | QL= 2 tabs/day |
| JANUMET TAB | QL= 2 tabs/day |
| JANUMET XR TAB | QL= 2 tabs/day |
| JANUVIA TAB | QL= 1 tab/day |
| JARDIANCE TAB | QL= 1 tab/day |
| JYNARQUE PAK | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KALYDECO PAK | QL= 2 packets/day |
| KALYDECO TAB | QL= 2 tabs/day |
| ketorolac tab | QL= 20 tabs/5 days |
| KEVZARA INJ | QL= 2 inj/28 days |
| KINERET INJ | QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644 |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 8/1/2018
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| KISQALI PAK | QL= 91 tabs/28 days |
| KISQALI TAB | QL= 63 tabs/28 days |
| KYTRIL TAB | QL= 9 tabs/fill |
| LASTACAFT OPHTH SOLN | QL= 3ml/30 days |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LAZANDA NASAL SPRAY | QL= 15 bottles/30 days |
| LENVIMA CAP | QL= 3 caps/day; Only available through Accredo 888-773-7376 |
| LETAIRIS TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA |
| LEVITRA TAB | QL= 6 tabs/30 days |
| lidocaine oint | QL= 107gm/30 days |
| lidocaine patch | QL= 3 patches/day |
| LIDODERM PATCH | QL= 3 patches/day |
| LORTAB | QL=120 tabs/30 days |
| LORTAB ELIXIR | QL=1800ml/30 days |
| LOVENOX INJ | QL= 17 days supply |
| LUNESTA TAB | QL= 1 tab/day |
| LYNPARZA CAP | Only available through Biologics 800-850-4306, QL= 16 caps/day |
| LYNPARZA TAB | Only available through Biologics 800-850-4306, QL= 4 tabs/day |
| malathion lotion | QL= 2 bottles/fill |
| MAVYRET TAB | QL= 3 tabs/day |
| MAXALT MLT TAB | QL= 12 tabs/fill, 3 fills/60 days |
| MAXALT TAB | QL= 12 tabs/fill, 3 fills/60 days |
| meperidine tab | QL=120 tabs/30 days |
| methadone conc | QL=600ml/30 days |
| methadone soln 10mg/5ml | QL=600ml/30 days |
| METHADONE SOLN 5MG/5ML | QL=1200ml/30 days |
| methadone tab | QL=120 tabs/30 days |
| methadone tab 10mg | QL= 240 tabs/30 days |
| METHADOSE CONC | QL=600ml/30 days |
| METHERGINE TAB | QL= 28 tabs/fill, 1 fill/365 days |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| modafinil tab | QL= 2 tabs/day |
| MORPHINE SULFATE ER BEAD CAP | QL= 2 caps/day |
| morphine sulfate ER tab | QL= 90 tabs/ 30 days |
| morphine sulfate soln | QL=120ml/30 days |
| morphine sulfate tab | QL=180 tabs/30 days |
| MUSE SUPP | QL= 6 inj/30 days |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| NASACORT OTC NASAL SPRAY | QL= 2 bottles/fill |
| NATROBA SUSP | QL= 1 bottle/fill |
| NERLYNX TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 8/1/2018
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|--|
| NUCYNTA TAB | QL= 180 tabs/30 days |
| NUDEXTA CAP | QL= 2 caps/day |
| NUVIGIL TAB | QL= 1 tab/day |
| OCALIVA TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| ODEFSEY TAB | QL= 1 tab/day |
| OFEV CAP | QL= 2 caps/day |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days |
| OPSUMIT TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORKAMBI TAB | QL= 4 tabs/day |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OTEZLA STARTER PACK | QL= 1 pack/28 days |
| OTEZLA TAB | QL= 2 tabs/day |
| OVIDE LOTION | QL= 2 bottles/fill |
| oxycodone cap | QL=120 caps/30 days |
| oxycodone soln | QL=240ml/30 days |
| oxycodone tab | QL=120 tabs/30 days |
| oxycodone/acetaminophen tab | QL=120 tabs/30 days |
| oxycodone/aspirin tab | QL=120 tabs/30 days |
| peg 3350/electrolytes soln | Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| PERCOCET TAB | QL=120 tabs/30 days |
| PERCODAN TAB | QL=120 tabs/30 days |
| phentermine cap | QL= 1 cap/day |
| phentermine tab | QL= 1 tab/day |
| PICATO GEL | QL= 1 box/fill |
| POTIGA TAB | QL= 3 tabs/day |
| POTIGA TAB 50MG | QL= 9 tabs/day |
| PRALUENT INJ | QL= 2 inj/28 days |
| PREVNAR 13 INJ | QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years. |
| PROVIGIL TAB | QL= 2 tabs/day |
| QSYMIA CAP | QL= 1 cap/day |
| REGRANEX GEL | QL= 30gm/fill |
| RELENZA DISKHALER | QL= 1 inhaler/fill |
| REPATHA INJ | QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days |
| REVLIMID CAP | QL= 1 cap/day |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 8/1/2018
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| rizatriptan ODT | QL= 12 tabs/fill, 3 fills/60 days |
| rizatriptan tab | QL= 12 tabs/fill, 3 fills/60 days |
| rosuvastatin tab 10mg | QL= 1 tab/day |
| rosuvastatin tab 20mg | QL= 1.5 tabs/day |
| rosuvastatin tab 40mg | QL= 1 tab/day |
| rosuvastatin tab 5mg | QL= 1 tab/day |
| ROXICODONE TAB | QL=120 tabs/30 days |
| ROZEREM TAB | QL= 1 tab/day |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779 |
| SANCUSO PATCH | QL= 4 patches/fill |
| SANTYL OINT | QL= 90gm/30 days |
| SAPHRIS SL TAB | QL= 2 tabs/day |
| SAVELLA TAB | QL= 2 tabs/day |
| SIGNIFOR INJ | QL= 2 vials/day; Only available through Accredo 888-773-7376 |
| sildenafil tab | QL=6 tabs/30 days |
| SIVEXTRO TAB | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| SKLICE LOTION | QL= 1 tube/fill |
| SOLARAZE GEL | QL= 300gm/30 days |
| SOMA TAB | QL=120 tabs/30 days |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| STAXYN ODT | QL= 6 tabs/30 days |
| STENDRA TAB | QL= 6 tabs/30 days |
| STIVARGA TAB | QL= 4 tabs/day |
| STRIVERDI RESPIMAT INHALER | QL= 1 inhaler/30 days |
| sumatriptan inj | QL= 4 inj/fill, 2 fills/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 4 inj/fill, 2 fills/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| SYMFI (LO) TAB | QL= 1 tab/day |
| SYNJARDY TAB | QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG | QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG | QL= 2 tabs/day |
| TAFINLAR CAP | QL= 4 caps/day |
| TAGRISSO TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TAMIFLU CAP | QL= 10 caps/fill |
| TAMIFLU CAP 30MG | QL= 20 caps/fill |
| testosterone gel 1% 25mg | QL= 1 packet/day |
| testosterone gel 1% 50mg | QL= 2 packets/day |

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 8/1/2018
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------------|---|
| testosterone gel 1% pump | QL= 4 bottles/30 days |
| TESTOSTERONE GEL PUMP | QL= 4 bottles/30 days |
| TESTOSTERONE GEL, VOGELXO GEL | QL= 2 packets/day |
| testosterone soln | QL= 2 bottles/30 days |
| TIVICAY TAB | QL= 2 tabs/day |
| TRACLEER TAB 32MG | QL=4 tabs/day; Only available through Walgreens 888-347-3416 |
| TRACLEER TAB 62.5MG, 125MG | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| tramadol ER tab | QL= 30 tabs/30 days |
| tramadol tab | QL=240 tabs/30 days |
| tramadol/acetaminophen tab | QL= 240 tabs/30 days |
| TRAVATAN Z OPHTH SOLN | QL= 5ml/30 days |
| triamcinolone nasal spray | QL= 2 bottles/fill |
| triamcinolone OTC nasal spray | QL= 2 bottles/fill |
| trilyte soln | Covered at \$0 for members 50-75 years, all other members covered at generic copay Limited to 2 fills/calendar year |
| TRINTELLIX TAB | QL= 1 tab/day |
| TUSSICAPS | QL= 20 caps/fill, 2 fills/30 days |
| TUSSIONEX SUSP | QL= 120ml/fill; 2 fills/30 days |
| TUSSI-ORGANI SYRUP | QL= 240ml/fill |
| TYLENOL/CODEINE TAB | QL=180 tabs/30 days |
| TYVASO INH SOLN | QL= 1 ampule/day; Only available through Accredo 888-773-7376 |
| ULESFIA LOTION | QL= 4 bottles/fill |
| ULTRAM TAB | QL=240 tabs/30 days |
| UPTRAVI TAB | QL= 2 tabs/day; Only available through Accredo 888-773-7376 |
| VAGIFEM TAB | QL= 8 tabs/28 days (18 tabs on first fill) |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Accredo 888-773-7376 |
| VANCOGIN CAP | QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN |
| vancomycin cap | QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| VENTAVIS INH SOLN | QL= 9 ampules/day; Only available through Accredo 888-773-7376 |
| VENTOLIN HFA INHALER | QL= 2 inhalers/30 days |
| VERZENIO TAB | QL= 2 tabs/day |
| V-GO INJ KIT | QL= 1 kit/day |
| VICTOZA INJ | QL= 9ml/30 days |
| VIMPAT TAB | QL= 2 tabs/day |
| VIVOTIF CAP | QL= 4 caps/fill |
| VOLTAREN GEL | QL= 5 tubes/fill |
| VOSEVI TAB | QL= 1 tab/day |
| VYTORIN TAB | QL= 1 tab/day (10/80mg is Not Covered) |
| XADAGO TAB | QL= 1 tab/day |
| XALATAN OPHTH SOLN | QL= 2.5ml/30 days |
| XALKORI CAP | QL= 2 caps/day |
| XIFAXAN TAB 200MG | QL= 9 tabs/3 days |

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
Last Updated* 8/1/2018
Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------|--|
| XIFAXAN TAB 550MG | QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA |
| XTAMPZA ER CAP | QL= 120 caps/30 days |
| XTANDI CAP | QL= 4 caps/day |
| XYREM SOLN | QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688 |
| ZEJULA CAP | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZETONNA NASAL SPRAY | QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone |
| ZIOPTAN OPHTH SOLN | QL= 1 bottle/day; Step Therapy requires trial of latanoprost |
| zolmitriptan ODT | QL= 9 tabs/fill, 2 fills/30 days |
| zolmitriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| zolpidem tab | QL= 1 tab/day |
| ZOMIG NASAL SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| ZOMIG TAB | QL= 9 tabs/fill, 2 fills/30 days |
| ZOMIG ZMT | QL= 9 tabs/fill, 2 fills/30 days |
| ZUTRIPRO LIQUID | QL= 120ml/fill, 2 fills/30 days |
| ZYKADIA CAP | QL= 5 caps/day |
| ZYLET OPHTH SUSP | QL= 5ml/fill (10ml bottle is Not Covered) |
| ZYTIGA TAB 250MG | QL= 4 tabs/day |
| ZYTIGA TAB 500MG | QL= 2 tabs/da |

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