L.A. Care Covered™

L.A. Care Health Plan

L.A. Care Covered™ Formulary

2023

Formulary is subject to change. All previous versions of the formulary are no longer in effect. You can view the most current drug list by going to our website at **http://www.lacare.org/members/getting-care/pharmacy-services**

For more details on how much you are required to pay for a covered service for your plan, visit our website:
http://www.lacare.org/members/welcome-la-care/member-documents/lacare-covered

lacare.org

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

INTRODUCTION

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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 on a monthly basis and is effective the first of every month. These updates may include, and are not limited to, the following: (i) Removal of drugs and/or dosage forms. (ii) changes in tier placement of a drug that results in an increase in cost sharing (iii) any changes of utilization management restrictions, including any additions of these restrictions. Updated documents are available online at: http://www.lacare.org.

If you have questions about your pharmacy coverage, call Member Services at 1-855-270-2327 (TTY 711), available 24 hours a day, 7 days a week.

How to Use the Formulary

The formulary drug listing begins on Page 9. A prescription drug may be located by looking up the therapeutic category and class of the drug or the brand or generic name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. 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.

The presence of a prescription drug on the formulary does not guarantee that a member will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition.

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 6.

How Drugs Are Listed

Drugs are listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs. This formulary uses the Medispan classification system.

If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

A brand name drug is listed in all CAPITAL letters followed by the generic name in parenthesis in all ***bold and italicized lowercase*** letters.

Example: ANTICOAGULANTS
HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	1	QL= 17 days supply
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML (***dalteparin sodium***)	3	

From the above example:
Generic Drug:

- ***enoxaparin inj***

Brand Drug:

- FRAGMIN ING (***dalteparin sodium***)

Non-Formulary Medications

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

Sometimes, doctors may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from L.A. Care before the member can fill the prescription. To decide if the non-formulary drug will be covered, L.A. Care may ask the doctor and/or pharmacist for more information. This type of request for coverage may be made using the 'Medication Request Process' described on Page 6.

L.A. Care will reply to the doctor and/or pharmacist within 24 hours for urgent requests or 72 hours for standard requests after getting the requested medical information. Urgent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a current course of treatment using a non-formulary drug.

L.A. Care will provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills.

L.A. Care will provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency.

The doctor or pharmacist will let you know if the drug is approved. After approval, you can get the drug at a Plan Pharmacy. If the non-formulary drug is denied, you have the right to appeal. You can file a grievance or complaint relating to denial of a coverage request. Coverage documents provide more information on appeal rights and procedures.

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.

This formulary only applies to outpatient drugs and self-administered drugs. These would be considered to be covered under a member's outpatient drug benefit. This formulary does NOT apply to medications used in an inpatient setting or drugs that are not self-administered. These would be considered to be covered under a member's medical benefit. Any specific questions regarding their coverage should be directed to L.A. Care Health Plan Member Services at 1-855-270-2327 (TTY 711)

How to Find a Pharmacy

To find a pharmacy near you, visit the L.A. Care website at lacare.org to find a L.A. Care network pharmacy in your neighborhood. Click on each of the following:
(1) For Members
(2) Pharmacy Services
(3) “Search Now” in the *Find a Pharmacy* tab

Be sure to show your L.A. Care Member ID card when you fill your prescriptions at the pharmacy.

You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for a specialty drug. Some medications are subject to limited distribution by the U.S. Food and Drug Administration or require special handling, provider coordination, or special education that cannot be provided at your local pharmacy. Antineoplastic and biologic agents are examples of such specialty medications and are identified in the formulary with special code SP (Specialty Pharmacy Availability), MSP (Mandatory Specialty Pharmacy), LMSP (Mandatory Lumicera Specialty Pharmacy), or KMSP (Mandatory Kroger Specialty Pharmacy). You may refer to the formulary by visiting L.A. Care's website lacare.org for information on whether a medication must be filled at a specialty pharmacy.

Description of Coverage

We cover outpatient drugs, supplies, and supplements specified in this section when prescribed as follows and obtained at a Plan Pharmacy or through our mail-order service:

We cover a variety of Food and Drug Administration (FDA) approved prescription contraceptive methods including the following prescription contraceptive methods including the following contraceptive drugs and devices at no charge ($0 co-payment): (a) oral contraceptives (b) emergency contraception pills (c) contraceptive rings (d) contraceptive patches (e) cervical caps (f) diaphragms

Coverage also includes a 12-month supply of FDA-approved, self-administered hormonal contraceptives dispensed at one time.

If a covered contraceptive drug or device is unavailable or deemed medically inadvisable by your medical practitioner, you can request an authorization of a non-covered contraceptive drug or device as prescribed by your medical practitioner. If your authorization is approved by the plan, the contraceptive drug or device will be provided at no charge ($0 co-payment).

We cover the following preventive items at no charge ($0 co-payment) when prescribed by a Plan Provider: (a) aspirin (b) folic acid supplements for pregnant women (c) iron & fluoride supplements for children (d) tobacco cessation drugs and products

We cover the following outpatient drugs, supplies, and supplements: (a) drugs that require a prescription by law and certain drugs that do not require a prescription if they are listed on our drug formulary (b) needles & syringes needed to inject covered drugs and supplements (c) inhaler spacers needed to inhale covered drugs (d) diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, insulin syringes/pens covered under the formulary drug list.

How Much I Will Pay for My Drugs

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary. The copayment or coinsurance for each tier is defined in your Summary of Benefits or other plan documents.

Below is a description for each tier:

Tier	***Description***
Tier 1	Most generic drugs and low cost preferred brands
Tier 2	Non-preferred generic drugs, preferred brand name drugs, any other drugs recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy, and cost.
Tier 3	Non-preferred brand name drugs, drugs that are recommended by P&T committee based on drug safety, efficacy and cost, generally have a preferred and often less costly therapeutic alternative at a lower tier
Tier 4	Drugs that are biologics and drugs that the Food and Drug Administration (FDA) or drug manufacturer requires to be distributed through specialty pharmacies, drugs that require the enrollee to have special training or clinical monitoring, drugs that cost the health plan (net of rebates) more than $600 of rebates of rebates for 1-month supply.

Cost-sharing of each tier is individualized by the type of plan. Please see the following link for the cost-sharing specific to your plan: http://www.lacare.org/members/welcome-la-care/member-documents/la-care-covered
Note: Member cost-share for oral anti-cancer drugs shall not exceed $250 for a script of up to 30 days per state law

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
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 choice
KMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
LMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
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
CO	Carve-Out	Drugs carved out by the Department of Health Care Services
EXC	Exclusion	Plan exclusion
SF	Split Fill	Limited to two 15 day fills per month for first 3 months

Please refer to the formulary listing beginning on Page 9 for details regarding specific agents.

Medication Request Process

Some drugs have coverage rules or have limits on the amount you can get.

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. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to an L.A. Care plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary

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.

You can ask for a Prescription Drug Prior Authorization Or Step Therapy Exception Request Form be sent to the provider by calling Member Services at 1-855-270-2327 (TTY 711), available 24 hours a day, 7 days a week.

A decision for approval or denial of the exception request or prior authorization can be made within 24 hours if the request is urgent or within 72 hours if the request is not urgent. If we fail to respond within the appropriate time frames, the request is deemed granted.

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, when used to treat infertility
D. Experimental drug products, or any drug product used in an experimental manner, unless accepted for use by professionally recognized standards of practice

If L.A. Care's coverage is amended to exclude a drug that we have been covering and providing to you, we will continue to provide the drug if a prescription is required by law and a Plan Physician continues to prescribe the drug for the same condition and for a use approved by the Food and Drug Administration.

For additional information regarding prescription drug coverage, please refer to the L.A. Care Covered Evidence of Coverage (Member Handbook).

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 the Provider's Solution Center at 1-866-522-2736.

Definitions

"**Brand name drug"** is a drug that is marketed under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

"Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

"Drug Tier" is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

"Exception request" is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

"Exigent circumstances" are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,

"Generic drug" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase letters.***

"Nonformulary drug" is a prescription drug that is not listed on the health plan's formulary.

"Out-of-pocket cost" are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

"Prescribing provider" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

"Prescription" is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

“Prior Authorization” is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 12/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss		
amphetamine/dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 5MG (ADDERALL XR Equiv)	1	-
amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG (ADDERALL Equiv)	1	-
DEXEDRINE CAP 10MG, 15MG, 5MG ***(dextroamphetamine sulfate)***	3	-
dextroamphetamine ER cap 10MG, 15MG, 5MG (DEXEDRINE Equiv)	1	-
dextroamphetamine soln 5MG/5ML (PROCENTRA Equiv)	1	-
dextroamphetamine tab 10MG, 15MG, 20MG, 30MG, 5MG (DEXEDRINE Equiv)	1	-
lisdexamfetamine dimesylate cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG (VYVANSE Equiv)	1	-
lisdexamfetamine dimesylate chew tab 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (VYVANSE Equiv)	1	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
ADIPEX-P CAP 37.5MG ***(phentermine hcl)***	3	PA-QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NC =Not Covered | **generic** =small letters | **BRANDS** =CAPITAL LETTERS

EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= $250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADIPEX-P TAB 37.5MG ***(phentermine hcl)***	3	PA-QL
phentermine cap 15MG, 30MG, 37.5MG (ADIPEX Equiv)	1	PA-QL QL= 1 cap/day
phentermine tab 37.5MG (ADIPEX Equiv)	1	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ***(phentermine hcl-topiramate)***	3	PA-QL QL= 1 cap/day
ANTI-OBESITY AGENTS - Drugs to help weight loss		
CONTRAVE TAB 8MG-90MG ***(naltrexone hcl-bupropion hcl)***	2	PA-QL QL= 4 tabs/day
IMCIVREE INJ 10MG/ML ***(setmelanotide acetate)***	4	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
SAXENDA INJ 18MG/3ML ***(liraglutide (weight management))***	2	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML ***(semaglutide (weight management))***	2	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML ***(semaglutide (weight management))***	2	PA-QL QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML ***(semaglutide (weight management))***	2	PA-QL QL= 4 pens/28 days
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG (STRATTERA Equiv)	1	-
clonidine ER tab .1MG (KAPVAY Equiv)	1	-
guanfacine ER tab 1MG, 2MG, 3MG, 4MG (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG ***(guanfacine hcl (adhd))***	3	-
KAPVAY TAB .1MG ***(clonidine hcl (adhd))***	3	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG ***(solriamfetol hcl)***	2	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG ***(pitolisant hcl)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
armodafinil tab 150MG, 200MG, 250MG, 50MG (NUVIGIL Equiv)	1	QL QL= 1 tab/day
dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)	1	-
dexmethylphenidate tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FOCALIN TAB 10MG, 2.5MG, 5MG ***(dexmethylphenidate hcl)***	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG ***(dexmethylphenidate hcl)***	3	-
METHYLIN SOLN 10MG/5ML, 5MG/5ML ***(methylphenidate hcl)***	2	-
methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (METADATE CD Equiv)	1	-
methylphenidate chew tab 10MG, 2.5MG, 5MG (METHYLIN Equiv)	1	-
methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG (RITALIN LA Equiv)	1	-
METHYLPHENIDATE ER TAB 18MG ***(methylphenidate hcl)***	2	-
methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG	1	-
methylphenidate soln 10MG/5ML, 5MG/5ML (METHYLIN Equiv)	1	-
methylphenidate tab 10MG, 20MG, 5MG (RITALIN Equiv)	1	-
modafinil tab 100MG, 200MG (PROVIGIL Equiv)	1	QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG ***(armodafinil)***	3	QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROVIGIL TAB 100MG, 200MG ***(modafinil)***	3	QL QL= 2 tabs/day
RITALIN LA CAP 10MG, 20MG, 30MG, 40MG ***(methylphenidate hcl)***	3	-
RITALIN TAB 10MG, 20MG, 5MG ***(methylphenidate hcl)***	3	-
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
amikacin inj 1GM/4ML, 500MG/2ML (KANAMYCIN Equiv)	M	M
neomycin tab 500MG	1	-
paromomycin cap 250MG (HUMATIN Equiv)	1	-
TOBI PODHALER 28MG ***(tobramycin)***	4	LD-PA Only available through Walgreens 888-347-3416
tobramycin neb soln 300MG/4ML, 300MG/5ML (TOBI Equiv)	4	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG ***(baricitinib)***	4	LMSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG ***(upadacitinib)***	4	LMSP-PA-QL QL= 1 tab/day

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XELJANZ SOLN 1MG/ML ***(tofacitinib citrate)***	4	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG ***(tofacitinib citrate)***	4	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ***(tofacitinib citrate)***	4	LMSP-PA-QL QL= 1 tab/day
ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system		
RHEUMATREX TAB ***(methotrexate sodium (antirheumatic))***	3	-
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
ADALIMUMAB-ADAZ INJ 40MG/0.4ML ***(adalimumab-adaz)***	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML ***(adalimumab-adaz)***	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML ***(adalimumab-fkjp)***	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML 20MG/0.4ML ***(adalimumab-fkjp)***	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML ***(adalimumab-fkjp)***	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.4ML ***(adalimumab-bwwd)***	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML ***(adalimumab-bwwd)***	4	LMSP-PA-QL QL= 2 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HADLIMA PUSH INJ 40MG/0.4ML ***(adalimumab-bwwd)***	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML ***(adalimumab-bwwd)***	4	LMSP-PA-QL QL= 2 inj/28 days
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 80MG 80MG/0.8ML ***(adalimumab)***	4	PA-QL-SP QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 pens/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML ***(golimumab)***	4	LMSP-PA-QL QL=1 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SIMPONI INJ 100MG 100MG/ML ***(golimumab)***	4	LMSP-PA-QL QL=1 inj/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG ***(auranofin)***	2	-
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML ***(anakinra)***	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML ***(tocilizumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ***(tocilizumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ***(sarilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG ***(diclofenac w/ misoprostol)***	3	-
CELEBREX CAP 100MG, 200MG, 400MG, 50MG ***(celecoxib)***	3	-
celecoxib cap 100MG, 200MG, 400MG, 50MG (CELEBREX Equiv)	1	-
diclofenac potassium tab 50MG (CATAFLAM Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
diclofenac sodium EC tab 25MG, 50MG, 75MG (VOLTAREN Equiv)	1	-
diclofenac sodium XR tab 100MG (VOLTAREN XR Equiv)	1	-
diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG (ARTHROTEC Equiv)	1	-
etodolac cap 200MG, 300MG (LODINE Equiv)	1	-
etodolac ER tab 400MG, 500MG, 600MG (LODINE XL Equiv)	1	-
etodolac tab 400MG, 500MG	1	-
FELDENE CAP 10MG, 20MG ***(piroxicam)***	3	-
FLURBIPROFEN TAB 50MG ***(flurbiprofen)***	1	-
flurbiprofen tab 100MG, 50MG	1	-
ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML (ADVIL, MOTRIN Equiv)	1	-
ibuprofen tab 800MG	1	-
indomethacin cap 25MG, 50MG (INDOCIN Equiv)	1	-
indomethacin CR cap 75MG (INDOCIN SR Equiv)	1	-
ketorolac inj 15mg/ml 15MG/ML (TORADOL Equiv)	1	QL QL= 20ml/5 days
ketorolac inj 30mg/ml 30MG/ML (TORADOL Equiv)	1	QL QL= 20ml/5 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML (TORADOL Equiv)	1	QL QL= 20ml/5 days
ketorolac tab 10MG (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
mefenamic acid cap 250MG (PONSTEL Equiv)	1	-
meloxicam tab 15MG, 7.5MG (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG ***(meloxicam)***	3	-
MOTRIN SUSP 100MG/5ML, 50MG/1.25ML ***(ibuprofen)***	3	-
nabumetone tab 500MG, 750MG (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG ***(naproxen)***	3	-
NAPROSYN TAB 500MG ***(naproxen)***	3	-
naproxen EC tab 375MG (NAPROSYN EC Equiv)	1	-
naproxen tab 250MG, 375MG, 500MG (NAPROSYN Equiv)	1	-
piroxicam cap 10MG, 20MG (FELDENE Equiv)	1	-
sulindac tab 150MG, 200MG (CLINORIL Equiv)	1	-
TOLMETIN TAB 200MG, 600MG ***(tolmetin sodium)***	3	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK ***(apremilast)***	4	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG ***(apremilast)***	4	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
leflunomide tab 10MG, 20MG (ARAVA Equiv)	1	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
ORENCIA CLICK INJ 125MG/ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		
ENBREL INJ 25MG 25MG/0.5ML ***(etanercept)***	4	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML ***(etanercept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ***(etanercept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML ***(etanercept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
aspirin chew tab 81mg 81MG	$0	OTC Covered for females (no age restriction)
aspirin ec tab 81mg 81MG	$0	OTC Covered for females (no age restriction)
salsalate tab 500MG, 750MG (DISALCID Equiv)	1	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
ABSTRAL SL TAB 300MCG, 400MCG, 600MCG, 800MCG ***(fentanyl citrate)***	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(fentanyl citrate)***	3	PA-QL QL= 120 units/30 days
CODEINE SULFATE TAB 15MG 15MG ***(codeine sulfate)***	1	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG ***(codeine sulfate)***	1	QL QL=180 tabs/30 days
codeine sulfate tab 60mg	1	QL QL=180 tabs/30 days
codeine sulfate tablet 15mg, 30mg 30MG	1	QL QL= 240 tabs/30 days
DILAUDID TAB 2MG 2MG ***(hydromorphone hcl)***	3	QL QL= 240 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DILAUDID TAB 4MG 4MG ***(hydromorphone hcl)***	3	QL QL=180 tabs/30 days
DILAUDID TAB 8MG 8MG ***(hydromorphone hcl)***	3	QL QL=120 tabs/30 days
DOLOPHINE TAB ***(methadone hcl)***	3	QL QL=120 tabs/30 days
DURAGESIC PATCH 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR ***(fentanyl)***	3	QL QL=10 patches/30 days
fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (ACTIQ Equiv)	1	PA-QL QL= 120 lozenges/30 days
fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (DURAGESIC Equiv)	1	QL QL=10 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(fentanyl citrate)***	3	PA-QL QL= 120 tabs/30 days
hydromorphone tab 2mg 2MG (DILAUDID Equiv)	1	QL QL= 240 tabs/30 days
hydromorphone tab 4mg 4MG (DILAUDID Equiv)	1	QL QL=180 tabs/30 days
hydromorphone tab 8mg 8MG (DILAUDID Equiv)	1	QL QL=120 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT ***(fentanyl citrate)***	3	PA-QL QL= 15 bottles/30 days
methadone conc 10MG/ML	1	QL QL=600ml/30 days
METHADONE SOLN 10MG/5ML 10MG/5ML ***(methadone hcl)***	1	QL QL= 600ml/30 days
methadone soln 10mg/5ml 10MG/5ML	1	QL QL= 600ml/30 days
METHADONE SOLN 5MG/5ML 5MG/5ML ***(methadone hcl)***	1	QL QL= 1200ml/30 days
methadone soln 5mg/5ml 5MG/5ML	1	QL QL= 1200ml/30 days
methadone tab 5MG (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days
methadone tab 10mg 10MG (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days
METHADOSE CONC 10MG/ML, 5MG/0.5ML ***(methadone hcl)***	3	QL QL=600ml/30 days
MORPHINE SULFATE ER BEAD CAP 120MG, 30MG, 45MG, 60MG, 75MG, 90MG ***(morphine sulfate beads)***	3	QL QL= 2 caps/day
morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MORPHINE SULFATE SOLN 20MG/5ML ***(morphine sulfate)***	1	QL QL=120ml/30 days
morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML	1	QL QL=120ml/30 days
MORPHINE SULFATE TAB 15MG, 30MG ***(morphine sulfate)***	1	QL QL=180 tabs/30 days
morphine sulfate tab 15MG, 30MG	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG ***(tapentadol hcl)***	3	QL QL= 180 tabs/30 days
oxycodone soln 5MG/5ML (ROXICODONE Equiv)	1	QL QL=240ml/30 days
oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG ***(oxycodone hcl)***	3	QL QL=120 tabs/30 days
tramadol ER tab 100MG, 200MG, 300MG (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG ***(tramadol hcl)***	1	QL QL= 30 tabs/30 days
tramadol tab 50MG (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB ***(tramadol hcl tab)***	3	QL QL= 240 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ***(oxycodone)***	2	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
acetaminophen/codeine soln 12MG/5ML-120MG/5ML	1	QL QL=240ml/30 days
acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days
hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)	1	QL QL=1800ml/30 days
hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML (HYCET Equiv)	1	QL QL=1800ml/30 days
hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG (LORTAB Equiv)	1	QL QL=120 tabs/30 days
hydrocodone/acetaminophen tab 2.5-325mg (NORCO Equiv)	1	QL QL=120 tabs/30 days
LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG ***(hydrocodone-acetaminophen)***	3	QL QL=120 tabs/30 days
LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML ***(hydrocodone-acetaminophen)***	3	QL QL=1800ml/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)	1	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG ***(oxycodone-aspirin)***	1	QL QL= 120 tabs/30 days
PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG ***(oxycodone w/ acetaminophen)***	3	QL QL=120 tabs/30 days
tramadol/acetaminophen tab 37.5MG-325MG (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB 30MG-300MG, 60MG-300MG ***(acetaminophen w/ codeine)***	3	QL QL=180 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR (BUTRANS Equiv)	1	QL QL= 4 patches/28 days
buprenorphine SL tab 2MG, 8MG (SUBUTEX Equiv)	1	-
buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (SUBOXONE Equiv)	1	-
buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG (SUBOXONE Equiv)	1	-
butorphanol nasal spray 10MG/ML (STADOL Equiv)	1	QL QL= 1 bottle/fill, 2 fills/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR ***(buprenorphine)***	3	QL QL= 4 patches/28 days
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG ***(buprenorphine hcl-naloxone hcl dihydrate)***	3	-
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANABOLIC STEROIDS - Drugs used to gain weight		
ANADROL TAB 50MG ***(oxymetholone)***	3	-
ANDROGENS - Drugs to treat low testosterone level		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ***(testosterone)***	2	PA-QL QL= 1 patch/day
ANDROGEL 1% 25MG 25MG/2.5GM ***(testosterone)***	3	PA-QL QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM ***(testosterone)***	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM ***(testosterone)***	3	PA-QL QL= 1 packet/day
ANDROGEL 1.62% 2.5GM 40.5MG/2.5GM ***(testosterone)***	3	PA-QL QL= 2 packets/day
ANDROGEL PUMP 1% ***(testosterone)***	3	PA-QL QL= 4 bottles/30 days
ANDROGEL PUMP 1.62% 1.62% ***(testosterone)***	3	PA-QL QL= 2 bottles/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
danazol cap 100MG, 200MG, 50MG (DANOCRINE Equiv)	1	-
METHITEST TAB 10MG ***(methyltestosterone)***	3	PA
methyltestosterone cap 10MG	1	PA
testosterone cypionate inj 100MG/ML, 200MG/ML (DEPO-TESTOSTERONE Equiv)	1	-
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML ***(testosterone enanthate)***	2	QL QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM ***(testosterone)***	2	PA-QL QL= 1 packet/day
testosterone gel 1% 25mg 25MG/2.5GM (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
testosterone gel 1% 50mg 1%, 50MG/5GM (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
testosterone gel 1% pump 1% (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm 20.25MG/1.25GM (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
testosterone gel 1.62% 2.5gm 40.5MG/2.5GM (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP ***(testosterone)***	2	PA-QL QL= 4 bottles/30 days
testosterone gel pump 1.62% 1.62% (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
testosterone soln 30MG/ACT (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
CORTENEMA 100MG/60ML ***(hydrocortisone (intrarectal))***	3	-
hydrocortisone enema 100MG/60ML (CORTENEMA Equiv)	1	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
lidocaine/hydrocortisone cream .5%-3% (ANAMANTLE Equiv)	1	-
pramoxine/hydrocortisone cream 1%, 1%-2.5% (ANALPRAM-HC Equiv)	1	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
ANUSOL-HC CREAM 1%, 2.5% ***(hydrocortisone (rectal))***	3	-
proctosol HC cream 1%, 2.5% (ANUSOL HC Equiv)	1	-
ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
budesonide rectal foam 2MG (UCERIS RECTAL FOAM Equiv)	1	PA
UCERIS RECTAL FOAM 2MG/ACT ***(budesonide (intrarectal))***	3	PA
ANTHELMINTICS - Drugs to treat worm infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTHELMINTICS - Drugs to treat parasites		
albendazole tab 200MG (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG ***(albendazole)***	3	-
BENZNIDAZOLE TAB 100MG, 12.5MG ***(benznidazole)***	2	RS Restricted to Infectious Disease Specialist
BILTRICIDE TAB 600MG ***(praziquantel)***	3	-
EMVERM TAB 100MG ***(mebendazole)***	2	PA
ivermectin tab 3MG (STROMECTOL Equiv)	1	PA
praziquantel tab 600MG (BILTRICIDE Equiv)	1	-
STROMECTOL TAB 3MG ***(ivermectin)***	3	PA
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
RANEXA TAB 1000MG, 500MG ***(ranolazine)***	3	-
ranolazine tab 1000MG, 500MG (RANEXA Equiv)	1	-
NITRATES - Drugs to treat chest pain		
DILATRATE SR CAP 40MG ***(isosorbide dinitrate)***	3	-
ISORDIL TITRADOSE TAB 40MG, 5MG ***(isosorbide dinitrate)***	3	-
isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG (ISORDIL Equiv)	1	-
isosorbide dinitrate tab 40mg 40MG (ISORDIL Equiv)	1	-
isosorbide mononitrate ER tab 120MG, 30MG, 60MG (IMDUR Equiv)	1	-

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ISOSORBIDE MONONITRATE TAB 10MG, 20MG ***(isosorbide mononitrate)***	1	-
isosorbide mononitrate tab 10MG, 20MG	1	-
NITRO-BID OINT 2% ***(nitroglycerin)***	2	-
NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR ***(nitroglycerin)***	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR ***(nitroglycerin)***	3	-
nitroglycerin lingual spray .4MG/SPRAY (NITROLINGUAL Equiv)	1	-
nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (NITRO-DUR Equiv)	1	-
nitroglycerin SL tab .3MG, .4MG, .6MG (NITROSTAT Equiv)	1	-
NITROLINGUAL PUMP SPRAY .4MG/SPRAY ***(nitroglycerin)***	3	-
NITROSTAT SL TAB .3MG, .4MG, .6MG ***(nitroglycerin)***	3	-
ANTIANXIETY AGENTS - Drugs to treat anxiety		
ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
buspirone tab 10MG, 15MG, 5MG, 7.5MG (BUSPAR Equiv)	1	-
hydroxyzine pamoate cap 25MG, 50MG (VISTARIL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HYDROXYZINE PAMOATE CAP 100MG 100MG ***(hydroxyzine pamoate)***	1	-
hydroxyzine syrup 10MG/5ML (ATARAX Equiv)	1	-
hydroxyzine tab 10MG, 25MG, 50MG (ATARAX Equiv)	1	-
VISTARIL CAP 25MG, 50MG ***(hydroxyzine pamoate)***	3	-
BENZODIAZEPINES - Drugs to treat anxiety		
alprazolam tab .25MG, .5MG, 1MG, 2MG (XANAX Equiv)	1	QL QL= 5 tabs/day
chlordiazepoxide cap 10MG, 25MG, 5MG (LIBRIUM Equiv)	1	-
diazepam conc 5MG/ML (VALIUM Equiv)	1	QL QL= 180ml/30 days
diazepam oral soln 5mg/5ml 5MG/5ML (DIAZEPAM Equiv)	1	QL QL= 180ml/30 days
diazepam tab 2mg, 10mg 10MG, 2MG (VALIUM Equiv)	1	QL QL= 4 tabs/day
diazepam tab 5mg 5MG (VALILUM Equiv)	1	QL QL= 3 tabs/day
lorazepam conc 1MG/0.5ML, 2MG/ML (ATIVAN Equiv)	1	-
lorazepam tab .5MG, 1MG, 2MG (ATIVAN Equiv)	1	-
VALIUM TAB 2MG, 10MG 10MG, 2MG ***(diazepam)***	3	QL QL= 4 tabs/day

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VALIUM TAB 5MG 5MG ***(diazepam)***	3	QL QL= 3 tabs/day
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
disopyramide cap 100MG, 150MG (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG ***(disopyramide phosphate)***	3	-
quinidine gluconate CR tab 324MG	1	-
quinidine sulfate tab 200MG, 300MG	1	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
mexiletine hcl cap 150MG, 200MG, 250MG	1	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
flecainide tab 100MG, 150MG, 50MG (TAMBOCOR Equiv)	1	-
propafenone ER cap 225MG, 325MG, 425MG (RYTHMOL SR Equiv)	1	-
propafenone tab 150MG, 225MG, 300MG (RYTHMOL Equiv)	1	-
RYTHMOL SR CAP 225MG, 325MG, 425MG ***(propafenone hcl)***	3	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
amiodarone tab 100MG, 200MG, 400MG (CORDARONE Equiv)	1	-
CORDARONE TAB ***(amiodarone hcl tab)***	3	-

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dofetilide cap 125MCG, 250MCG, 500MCG (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG ***(dronedarone hcl)***	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG ***(dofetilide)***	3	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML ***(benralizumab)***	4	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 100MG/ML ***(mepolizumab)***	4	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML ***(tezepelumab-ekko)***	4	LMSP-PA-QL QL= 1 pen/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
cromolyn neb soln 20MG/2ML (INTAL Equiv)	1	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT ***(ipratropium bromide hfa)***	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ***(umeclidinium bromide)***	2	-
ipratropium neb soln .02% (ATROVENT Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ***(tiotropium bromide monohydrate)***	2	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
ACCOLATE TAB 10MG, 20MG ***(zafirlukast)***	3	-
montelukast chew tab 4MG, 5MG (SINGULAIR Equiv)	1	-
montelukast granule pack 4MG (SINGULAIR Equiv)	1	-
montelukast tab 10MG (SINGULAIR Equiv)	1	-
SINGULAIR CHEW TAB 4MG, 5MG ***(montelukast sodium)***	3	-
SINGULAIR GRANULE PACK 4MG ***(montelukast sodium)***	3	-
SINGULAIR TAB 10MG ***(montelukast sodium)***	3	-
zafirlukast tab 10MG, 20MG (ACCOLATE Equiv)	1	-
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
DALIRESP TAB 250MCG, 500MCG ***(roflumilast)***	3	-
roflumilast tab 250MCG, 500MCG (DALIRESP Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(fluticasone furoate (inhalation))***	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone furoate (inhalation))***	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone furoate (inhalation))***	2	-
budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)	1	-
FLOVENT DISKUS INHALER ***(fluticasone propionate (inhalation))***	2	-
FLOVENT DISKUS INHALER, FLUTICASONE DISKUS INHALER 100MCG/ACT, 100MCG/BLIST, 250MCG/ACT, 250MCG/BLIST, 50MCG/ACT, 50MCG/BLIST ***(fluticasone propionate (inhalation))***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT ***(fluticasone propionate hfa)***	2	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML ***(budesonide (inhalation))***	3	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
ADVAIR DISKUS INHALER 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT ***(fluticasone-salmeterol)***	1	-
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ***(fluticasone-salmeterol)***	2	-
albuterol HFA inhaler 108MCG/ACT (PROAIR, PROVENTIL Equiv)	1	QL QL= 2 inhalers/30 days
albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML	1	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML, 2.5MG/0.5ML ***(albuterol sulfate)***	1	-
albuterol sulfate syrup 2MG/5ML	1	-
albuterol sulfate tab 2MG, 4MG	1	-
albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)	1	-

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ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH ***(umeclidinium-vilanterol)***	2	-
arformoterol tartrate neb soln 15MCG/2ML (BROVANA Equiv)	1	-
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ***(fluticasone furoate-vilanterol)***	2	-
BREO ELLIPTA INHALER 25MCG/INH-50MCG/INH ***(fluticasone furoate-vilanterol)***	2	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ***(budesonide-glycopyrrolate-formoterol fumarate)***	2	-
BROVANA NEB SOLN 15MCG/2ML ***(arformoterol tartrate)***	3	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ***(ipratropium-albuterol)***	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ***(mometasone furoate-formoterol fumarate dihydrate)***	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ***(mometasone furoate-formoterol fumarate dihydrate)***	2	-

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT ***(fluticasone-salmeterol)***	1	-
formoterol fumarate neb soln 20MCG/2ML (PERFOROMIST Equiv)	1	-
LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT ***(levalbuterol tartrate)***	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML (XOPENEX Equiv)	1	-
METAPROTERENOL SYRUP 10MG/5ML ***(metaproterenol sulfate)***	1	-
PERFOROMIST NEB SOLN 20MCG/2ML ***(formoterol fumarate)***	3	-
SEREVENT DISKUS INHALER 50MCG/DOSE ***(salmeterol xinafoate)***	2	-
STIOLTO INHALER 2.5MCG/ACT ***(tiotropium bromide-olodaterol hcl)***	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ***(olodaterol hcl)***	3	QL QL= 1 inhaler/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYMBICORT INHALER 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT ***(budesonide-formoterol fumarate dihydrate)***	2	-
terbutaline sulfate tab 2.5MG, 5MG (BRETHINE Equiv)	1	-
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH ***(fluticasone-umeclidinium-vilanterol)***	2	-
VENTOLIN HFA INHALER 108MCG/ACT ***(albuterol sulfate)***	1	QL QL= 2 inhalers/30 days
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML ***(levalbuterol hcl)***	3	-
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR 80MG/15ML ***(theophylline)***	2	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG ***(theophylline)***	3	-
theophylline ER tab 400MG, 600MG (UNIPHYL Equiv)	1	-
theophylline soln 80MG/15ML	1	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG ***(theophylline)***	2	-
theophylline tab er 300MG, 450MG (THEOPHYLLINE ER Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
COUMADIN TAB 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG ***(warfarin sodium)***	3	-
warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (COUMADIN Equiv)	1	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG ***(apixaban)***	2	-
XARELTO STARTER PACK ***(rivaroxaban)***	2	-
XARELTO SUSP 1MG/ML ***(rivaroxaban)***	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ***(rivaroxaban)***	2	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML ***(fondaparinux sodium)***	3	PA
enoxaparin inj 300MG/3ML (LOVENOX Equiv)	1	-
fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (ARIXTRA Equiv)	1	PA
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML ***(dalteparin sodium)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
heparin porcine inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML	M	M
LOVENOX INJ 300MG/3ML ***(enoxaparin sodium)***	3	-
THROMBIN INHIBITORS - Drugs to thin the blood		
dabigatran etexilate mesylate cap 150MG, 75MG (PRADAXA Equiv)	1	-
PRADAXA CAP 110MG 110MG ***(dabigatran etexilate mesylate)***	3	-
PRADAXA CAP 75MG, 150MG 150MG, 75MG ***(dabigatran etexilate mesylate)***	3	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
clobazam susp 2.5MG/ML (ONFI Equiv)	1	PA Members age 9 or older require Prior Authorization
clobazam tab 10MG, 20MG (ONFI Equiv)	1	PA
clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG (KLONOPIN Equiv)	1	-
clonazepam tab .5MG, 1MG, 2MG (KLONOPIN Equiv)	1	-
DIASTAT ACDL GEL 10MG, 20MG ***(diazepam (anticonvulsant))***	3	QL QL= 2 packs/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG ***(diazepam (anticonvulsant))***	2	QL QL= 2 packs/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
diazepam rectal gel 10MG, 20MG	1	QL QL= 2 packs/fill
KLONOPIN TAB .5MG, 1MG, 2MG ***(clonazepam)***	3	-
NAYZILAM SPRAY 5MG/0.1ML ***(midazolam (anticonvulsant))***	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ONFI SUSP 2.5MG/ML ***(clobazam)***	3	PA Members age 9 or older require Prior Authorization
ONFI TAB 10MG, 20MG ***(clobazam)***	3	PA
VALTOCO NASAL SPRAY 10MG/0.1ML, 5MG/0.1ML ***(diazepam (anticonvulsant))***	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
BANZEL SUSP 40MG/ML ***(rufinamide)***	3	PA
carbamazepine chew tab 100MG (TEGRETOL Equiv)	1	-
carbamazepine ER cap 100MG, 200MG, 300MG (CARBATROL Equiv)	1	-
carbamazepine ER tab 100MG, 200MG, 400MG (TEGRETOL XR Equiv)	1	-
carbamazepine susp 100MG/5ML, 200MG/10ML (TEGRETOL Equiv)	1	-
carbamazepine tab 200MG (TEGRETOL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CARBATROL CAP 100MG, 200MG, 300MG ***(carbamazepine)***	3	-
DIACOMIT CAP 250MG, 500MG ***(stiripentol)***	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG ***(stiripentol)***	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML ***(cannabidiol)***	4	LD-PA Only available through Lumicera 855-847-3553
EPRONTIA SOLN 25MG/ML ***(topiramate)***	3	PA Members age 9 or older require Prior Authorization
FINTEPLA SOLN 2.2MG/ML ***(fenfluramine hcl (anticonvulsant))***	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
gabapentin cap 100MG, 300MG, 400MG (NEURONTIN Equiv)	1	QL QL= 9 caps/day
gabapentin soln 250MG/5ML, 300MG/6ML (NEURONTIN Equiv)	1	QL QL= 72 mls/day
gabapentin tab 600mg 600MG (NEURONTIN Equiv)	1	QL QL= 6 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
gabapentin tab 800mg 800MG (NEURONTIN Equiv)	1	QL QL= 4.5 tabs/day
KEPPRA SOLN 100MG/ML ***(levetiracetam)***	3	-
KEPPRA TAB 1000MG, 250MG, 500MG, 750MG ***(levetiracetam)***	3	-
KEPPRA XR TAB 500MG, 750MG ***(levetiracetam)***	3	-
lacosamide oral solution 10MG/ML (VIMPAT Equiv)	1	-
lacosamide tab 100MG, 150MG, 200MG, 50MG (VIMPAT Equiv)	1	-
LAMICTAL CHEW TAB 25MG, 5MG ***(lamotrigine)***	3	-
LAMICTAL ODT 100MG, 200MG, 25MG, 50MG ***(lamotrigine)***	3	-
LAMICTAL ODT KIT ***(lamotrigine)***	3	-
LAMICTAL ODT KIT, LAMICTAL XR KIT ***(lamotrigine)***	3	-
LAMICTAL STARTER KIT 25MG ***(lamotrigine)***	3	-
LAMICTAL TAB 100MG, 150MG, 200MG, 25MG ***(lamotrigine)***	3	-
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG ***(lamotrigine)***	3	-
lamotrigine chew tab 25MG, 5MG (LAMICTAL Equiv)	1	-
lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG (LAMICTAL XR Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
lamotrigine ODT 100MG, 200MG, 25MG, 50MG (LAMICTAL Equiv)	1	-
lamotrigine ODT kit 25MG (LAMICTAL ODT KIT Equiv)	1	-
lamotrigine tab 100MG, 150MG, 200MG, 25MG (LAMICTAL Equiv)	1	-
levetiracetam ER tab 500MG, 750MG (KEPPRA XR Equiv)	1	-
levetiracetam soln 100MG/ML, 500MG/5ML (KEPPRA Equiv)	1	-
levetiracetam tab 1000MG, 250MG, 500MG, 750MG (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG ***(primidone)***	3	-
NEURONTIN CAP 100MG, 300MG, 400MG ***(gabapentin)***	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML ***(gabapentin)***	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG ***(gabapentin)***	3	QL QL= 6 tabs/day
NEURONTIN TAB 800MG 800MG ***(gabapentin)***	3	QL QL= 4.5 tabs/day
oxcarbazepine susp 300MG/5ML, 60MG/ML (TRILEPTAL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
oxcarbazepine tab 150MG, 300MG, 600MG (TRILEPTAL Equiv)	1	-
pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG (LYRICA Equiv)	1	QL QL= 3 caps/day
pregabalin cap 225mg 225MG (LYRICA Equiv)	1	QL QL= 2 caps/day
pregabalin cap 300mg 300MG (LYRICA Equiv)	1	QL QL= 2 caps/day
pregabalin soln 20MG/ML (LYRICA Equiv)	1	QL QL= 30ml/day
primidone tab 250MG, 50MG (MYSOLINE Equiv)	1	-
rufinamide susp 40MG/ML (BANZEL Equiv)	1	PA
rufinamide tab 200MG, 400MG (BANZEL Equiv)	1	PA
TEGRETOL SUSP 100MG/5ML ***(carbamazepine)***	3	-
TEGRETOL TAB 200MG ***(carbamazepine)***	3	-
TEGRETOL XR TAB 100MG, 200MG, 400MG ***(carbamazepine)***	3	-
TOPAMAX SPRINKLE CAP 15MG, 25MG ***(topiramate)***	3	-
TOPAMAX TAB 100MG, 200MG, 25MG, 50MG ***(topiramate)***	3	-
topiramate sprinkle cap 15MG, 25MG (TOPAMAX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
topiramate tab 100MG, 200MG, 25MG, 50MG (TOPAMAX Equiv)	1	-
TRILEPTAL SUSP 300MG/5ML ***(oxcarbazepine)***	3	-
TRILEPTAL TAB 150MG, 300MG, 600MG ***(oxcarbazepine)***	3	-
ZONEGRAN CAP 100MG, 25MG ***(zonisamide)***	3	-
ZONISADE SUSP 100MG/5ML ***(zonisamide)***	3	PA PA required for members age 9 years or older
zonisamide cap 100MG, 25MG, 50MG (ZONEGRAN Equiv)	1	-
ZTALMY SUSP 50MG/ML ***(ganaxolone)***	4	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
CARBAMATES - Drugs to treat seizures		
felbamate susp 600MG/5ML (FELBATOL Equiv)	1	-
felbamate tab 400MG, 600MG (FELBATOL Equiv)	1	-
FELBATOL SUSP 600MG/5ML ***(felbamate)***	3	-
FELBATOL TAB 400MG, 600MG ***(felbamate)***	3	-
XCOPRI PAK 100-150MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG ***(cenobamate)***	2	QL QL= 2 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XCOPRI PAK 50-200MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ***(cenobamate)***	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ***(cenobamate)***	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG ***(cenobamate)***	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ***(cenobamate)***	2	QL QL= 1 tab/day
GABA MODULATORS - Drugs to treat seizures		
GABITRIL TAB 12MG, 16MG, 2MG, 4MG ***(tiagabine hcl)***	3	-
tiagabine tab 12MG, 16MG, 2MG, 4MG (GABITRIL Equiv)	1	-
vigabatrin powder pack 500MG (SABRIL POWDER Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
vigabatrin tab 500MG (SABRIL Equiv)	4	LD-PA Only available through Lumicera 855-847-3553

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
vigadrone powder pack 500MG	4	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		
DILANTIN CAP 100MG ***(phenytoin sodium extended cap)***	3	-
DILANTIN CAP 30MG 30MG ***(phenytoin sodium extended)***	2	-
DILANTIN INFATABS 50MG ***(phenytoin)***	3	-
DILANTIN SUSP 125MG/5ML ***(phenytoin)***	3	-
phenytoin cap 100MG, 200MG, 300MG (DILANTIN Equiv)	1	-
phenytoin chew tab 50MG (DILANTIN Equiv)	1	-
phenytoin susp 100MG/4ML, 125MG/5ML (DILANTIN Equiv)	1	-
SUCCINIMIDES - Drugs to treat seizures		
CELONTIN CAP 300MG ***(methsuximide)***	3	-
ethosuximide cap 250MG (ZARONTIN Equiv)	1	-
ethosuximide soln 250MG/5ML (ZARONTIN Equiv)	1	-
methsuximide cap 300MG (CELONTIN Equiv)	1	-
ZARONTIN CAP 250MG ***(ethosuximide)***	3	-
ZARONTIN SOLN 250MG/5ML ***(ethosuximide)***	3	-
VALPROIC ACID - Drugs to treat seizures		
DEPAKENE CAP ***(valproic acid)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DEPAKENE SYRUP ***(valproate sodium)***	3	-
DEPAKOTE ER TAB 250MG, 500MG ***(divalproex sodium)***	3	-
DEPAKOTE SPRINKLE CAP 125MG ***(divalproex sodium)***	3	-
DEPAKOTE TAB 125MG, 250MG, 500MG ***(divalproex sodium)***	3	-
divalproex ER tab 250MG, 500MG (DEPAKOTE ER Equiv)	1	-
divalproex sodium DR tab 125MG, 250MG, 500MG (DEPAKOTE Equiv)	1	-
divalproex sprinkle cap 125MG (DEPAKOTE Equiv)	1	-
valproic acid cap 250MG (DEPAKENE Equiv)	1	-
valproic acid syrup 250MG/5ML (DEPAKENE Equiv)	1	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
mirtazapine ODT 15MG, 30MG, 45MG (REMERON Equiv)	1	-
mirtazapine tab 15MG, 30MG, 45MG, 7.5MG (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG ***(mirtazapine)***	3	-
REMERON TAB 15MG, 30MG ***(mirtazapine)***	3	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bupropion ER tab 100MG, 150MG, 200MG (WELLBUTRIN Equiv)	1	-
bupropion tab 100MG, 75MG (WELLBUTRIN Equiv)	1	-
bupropion XL tab 150MG, 300MG (WELLBUTRIN XL Equiv)	1	-
MAPROTILINE TAB 25MG, 50MG, 75MG ***(maprotiline hcl)***	1	-
WELLBUTRIN SR TAB 100MG, 150MG, 200MG ***(bupropion hcl)***	3	-
WELLBUTRIN XL TAB 150MG, 300MG ***(bupropion hcl)***	3	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR ***(selegiline)***	3	-
MARPLAN TAB 10MG ***(isocarboxazid)***	2	-
NARDIL TAB 15MG 15MG ***(phenelzine sulfate)***	3	-
PARNATE TAB 10MG ***(tranylcypromine sulfate)***	3	-
PHENELZINE SULFATE TAB 15MG ***(phenelzine sulfate)***	1	-
phenelzine tab 15MG (NARDIL Equiv)	1	-
tranylcypromine tab 10MG (PARNATE Equiv)	1	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
CELEXA TAB 10MG, 20MG, 40MG ***(citalopram hydrobromide)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
citalopram soln 10MG/5ML (CELEXA Equiv)	1	-
citalopram tab 10MG, 20MG, 40MG (CELEXA Equiv)	1	-
escitalopram soln 5MG/5ML (LEXAPRO Equiv)	1	-
escitalopram tab 10MG, 20MG, 5MG (LEXAPRO Equiv)	1	-
fluoxetine cap 10MG, 20MG, 40MG (PROZAC Equiv)	1	-
fluoxetine soln 20MG/5ML (PROZAC Equiv)	1	-
FLUOXETINE TAB 60MG 60MG ***(fluoxetine hcl)***	3	-
fluoxetine tab 60mg 60MG	1	-
fluvoxamine ER cap 100MG, 150MG (LUVOX CR Equiv)	1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
fluvoxamine tab 100MG, 25MG, 50MG (LUVOX Equiv)	1	-
LEXAPRO TAB 10MG, 20MG, 5MG ***(escitalopram oxalate)***	3	-
paroxetine ER tab 12.5MG, 25MG, 37.5MG (PAXIL CR Equiv)	1	-
paroxetine oral susp 10MG/5ML (PAXIL Equiv)	1	-
paroxetine tab 10MG, 20MG, 30MG, 40MG (PAXIL Equiv)	1	-
PAXIL CR TAB 12.5MG, 25MG, 37.5MG ***(paroxetine hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PAXIL ORAL SUSP 10MG/5ML ***(paroxetine hcl)***	3	-
PAXIL TAB 10MG, 20MG, 30MG, 40MG ***(paroxetine hcl)***	3	-
PROZAC CAP 10MG, 20MG, 40MG ***(fluoxetine hcl)***	3	-
sertraline conc 20MG/ML (ZOLOFT Equiv)	1	-
sertraline tab 100MG, 25MG, 50MG (ZOLOFT Equiv)	1	-
ZOLOFT CONC 20MG/ML ***(sertraline hcl)***	3	-
ZOLOFT TAB 100MG, 25MG, 50MG ***(sertraline hcl)***	3	-
SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ***(nefazodone hcl)***	1	-
nefazodone tab 50mg, 250mg	1	-
trazodone tab 100MG, 150MG, 50MG (DESYREL Equiv)	1	-
TRINTELLIX TAB 10MG, 20MG, 5MG ***(vortioxetine hbr)***	3	PA-QL QL= 1 tab/day
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
desvenlafaxine ER tab 100MG, 25MG, 50MG (PRISTIQ Equiv)	1	-
duloxetine EC cap 20MG, 30MG, 60MG (CYMBALTA Equiv)	1	-
EFFEXOR XR CAP 150MG, 37.5MG, 75MG ***(venlafaxine hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRISTIQ TAB 100MG, 25MG, 50MG ***(desvenlafaxine succinate)***	3	-
venlafaxine ER cap 150MG, 37.5MG, 75MG (EFFEXOR XR Equiv)	1	-
venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG (EFFEXOR Equiv)	1	-
TRICYCLIC AGENTS - Drugs to treat depression		
amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (ELAVIL Equiv)	1	-
amoxapine tab 100MG, 150MG, 25MG, 50MG (AMOXAPINE Equiv)	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG ***(clomipramine hcl)***	3	-
clomipramine cap 25MG, 50MG, 75MG (ANAFRANIL Equiv)	1	-
desipramine tab (NORPRAMIN Equiv)	1	-
doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (SINEQUAN Equiv)	1	-
doxepin conc 10MG/ML (SINEQUAN Equiv)	1	-
imipramine pamoate cap 100MG, 125MG, 150MG, 75MG (TOFRANIL PM Equiv)	1	-
imipramine tab 10MG, 25MG, 50MG (TOFRANIL Equiv)	1	-
NORPRAMIN TAB 10MG, 25MG ***(desipramine hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
nortriptyline cap 10MG, 25MG, 50MG, 75MG (PAMELOR Equiv)	1	-
nortriptyline oral soln 10MG/5ML (NORTRIPTYLINE Equiv)	1	-
PAMELOR CAP 10MG, 25MG, 50MG, 75MG ***(nortriptyline hcl)***	3	-
protriptyline tab 10MG, 5MG (VIVACTIL Equiv)	1	-
SURMONTIL CAP ***(trimipramine maleate)***	3	-
TOFRANIL TAB 10MG, 25MG, 50MG ***(imipramine hcl)***	3	-
trimipramine cap 100MG, 25MG, 50MG (SURMONTIL Equiv)	1	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)	1	-
GLYSET TAB 100MG, 25MG, 50MG ***(miglitol)***	3	-
MIGLITOL TAB 100MG, 25MG, 50MG ***(miglitol)***	3	-
miglitol tab 100MG, 25MG, 50MG (MIGLITOL Equiv)	1	-
PRECOSE TAB 100MG, 25MG, 50MG ***(acarbose)***	3	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ***(alogliptin-metformin hcl)***	2	QL QL= 2 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ***(alogliptin-pioglitazone)***	2	QL QL= 1 tab/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-45MG ***(alogliptin-pioglitazone)***	2	QL QL= 1 tab/day
glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (METAGLIP Equiv)	1	-
glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG (GLUCOVANCE Equiv)	1	-
JANUMET TAB 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	2	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	2	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ***(empagliflozin-metformin hcl)***	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ***(empagliflozin-metformin hcl)***	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ***(empagliflozin-metformin hcl)***	2	QL QL= 2 tabs/day

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XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG, 5MG-1000MG ***(dapagliflozin propanediol-metformin hcl)***	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-1000MG, 10MG-500MG, 5MG-500MG ***(dapagliflozin propanediol-metformin hcl)***	2	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
GLUCOPHAGE TAB ***(metformin hcl)***	3	-
GLUCOPHAGE XR TAB ***(metformin hcl)***	3	-
metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)	1	-
metformin soln 500MG/5ML (RIOMET Equiv)	1	-
metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)	1	-
RIOMET ER SUSP 500MG/5ML ***(metformin hcl)***	3	-
RIOMET SOLN 500MG/5ML ***(metformin hcl)***	3	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE ***(glucagon)***	2	QL QL= 2 inhalations/fill
diazoxide susp 50MG/ML (PROGLYCEM Equiv)	1	-
GLUCAGEN HYPOKIT INJ 1MG ***(glucagon hcl (rdna))***	2	QL QL= 2 inj/fill
glucagon (rdna) for inj kit 1MG (GLUCAGON Equiv)	1	QL QL= 2 inj/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GLUCAGON EMR INJ 1MG/ML ***(glucagon hcl)***	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG ***(glucagon (rdna))***	2	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML ***(glucagon)***	2	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML ***(glucagon)***	2	QL QL= 2 inj/fill
GVOKE PFS INJ 1MG/0.2ML ***(glucagon)***	2	QL QL= 2 inj/fill
KORLYM TAB 300MG ***(mifepristone (hyperglycemia))***	4	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
PROGLYCEM SUSP 50MG/ML ***(diazoxide)***	3	-
ZEGALOGUE INJ .6MG/0.6ML ***(dasiglucagon hcl)***	2	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ***(alogliptin benzoate)***	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ***(sitagliptin phosphate)***	2	QL QL= 1 tab/day
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - Drugs to regulate blood sugar		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYCLOSET TAB .8MG ***(bromocriptine mesylate (diabetes))***	3	-
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		
OZEMPIC INJ 2MG/3ML ***(semaglutide)***	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ***(exenatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ ***(exenatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG ***(exenatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 5MCG/0.02ML ***(exenatide)***	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML ***(tirzepatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 5.5MG/ML-8MG/3ML-14MG/ML ***(semaglutide)***	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG ***(semaglutide)***	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML ***(dulaglutide)***	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ 18MG/3ML ***(liraglutide)***	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML, 200UNIT/ML ***(insulin lispro)***	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
FIASP FLEXTOUCH INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-
FIASP INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-
FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-
FIASP PUMP CARTRIDGE 20.8MG/ML-100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ 25UNIT/ML-75UNIT/ML ***(insulin lispro protamine & lispro)***	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ ***(insulin isophane & reg (human))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN R INJ 100UNIT/ML ***(insulin regular (human))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500 500UNIT/ML ***(insulin regular (human))***	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ***(insulin regular (human))***	2	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	2	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	2	-
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	2	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	2	-
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	2	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	2	OTC
NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	2	OTC
NOVOLIN N FLEXPEN INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	2	OTC
NOVOLIN N INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	2	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML ***(insulin regular (human))***	2	OTC
NOVOLIN R INJ 100UNIT/ML ***(insulin regular (human))***	2	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NOVOLOG FLEXPEN INJ 100UNIT/ML ***(insulin aspart)***	2	-
NOVOLOG INJ 100UNIT/ML ***(insulin aspart)***	2	-
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	2	-
NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	2	-
NOVOLOG PENFILL INJ 100UNIT/ML ***(insulin aspart)***	2	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML ***(insulin glargine-yfgn)***	2	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML ***(insulin glargine-yfgn)***	2	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
ACTOS TAB 15MG, 30MG, 45MG ***(pioglitazone hcl)***	3	-
pioglitazone tab 15MG, 30MG, 45MG (ACTOS Equiv)	1	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
nateglinide tab 120MG, 60MG (STARLIX Equiv)	1	-
PRANDIN TAB ***(repaglinide)***	3	-
repaglinide tab .5MG, 1MG, 2MG (PRANDIN Equiv)	1	-
STARLIX TAB 120MG, 60MG ***(nateglinide)***	3	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FARXIGA TAB 10MG, 5MG ***(dapagliflozin propanediol)***	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG ***(empagliflozin)***	2	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
AMARYL TAB 1MG, 2MG, 4MG ***(glimepiride)***	3	-
glimepiride tab 1MG, 2MG, 4MG (AMARYL Equiv)	1	-
glipizide ER tab 10MG, 2.5MG, 5MG (GLUCOTROL XL Equiv)	1	-
glipizide tab 10MG, 5MG (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG ***(glipizide)***	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG ***(glipizide)***	3	-
glyburide micronized tab 1.5MG, 3MG, 6MG (GLYNASE Equiv)	1	-
glyburide tab 1.25MG, 2.5MG, 5MG (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG ***(glyburide micronized)***	3	-
TOLAZAMIDE TAB ***(tolazamide)***	1	-
TOLBUTAMIDE TAB 500MG ***(tolbutamide)***	2	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ***(diphenoxylate w/ atropine)***	1	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
diphenoxylate/atropine tab .025MG-2.5MG (LOMOTIL Equiv)	1	-
LOMOTIL TAB ***(diphenoxylate w/ atropine tab)***	3	-
MOTOFEN TAB .025MG-1MG ***(difenoxin w/ atropine)***	3	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG ***(succimer)***	2	-
FERRIPROX SOLN 100MG/ML ***(deferiprone)***	4	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
naloxone inj .4MG/ML, 4MG/10ML	1	-
naltrexone tab 50MG (REVIA Equiv)	1	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
deferasirox granules packet 180MG, 360MG, 90MG (JADENU Equiv)	4	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
deferasirox tab 125MG, 250MG, 500MG (EXJADE Equiv)	4	LMSP
deferasirox tab 180mg 180MG (JADENU Equiv)	4	LMSP
deferasirox tab 90mg, 360mg 360MG, 90MG (JADENU Equiv)	4	LMSP
deferiprone tab 1000MG, 500MG (FERRIPROX Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML ***(naloxone hcl)***	2	-
naloxone hcl nasal spray 4MG/0.1ML (NARCAN Equiv)	1	OTC
NALOXONE PREFILLED INJ .4MG/ML ***(naloxone hcl)***	$0	-
naloxone prefilled inj 2MG/2ML	$0	-
NARCAN NASAL SPRAY 4MG/0.1ML ***(naloxone hcl)***	1	OTC
OPVEE NASAL SPRAY ***(nalmefene hcl)***	2	-
ZIMHI SOLN 5MG/0.5ML ***(naloxone hcl)***	2	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
ANZEMET TAB 100MG, 50MG ***(dolasetron mesylate)***	4	QL QL= 9 tabs/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
granisetron tab 1MG (KYTRIL Equiv)	1	QL QL= 9 tabs/fill
GRANISOL SOLN ***(granisetron hcl)***	4	QL QL= 60ml/fill
ondansetron ODT 4MG, 8MG (ZOFRAN Equiv)	1	-
ondansetron soln 4MG/5ML (ZOFRAN Equiv)	1	-
ONDANSETRON TAB 24MG ***(ondansetron hcl)***	1	-
ondansetron tab 4MG, 8MG	1	-
SANCUSO PATCH 3.1MG/24HR ***(granisetron)***	4	QL QL= 4 patchs/fill
ZOFRAN ODT ***(ondansetron)***	3	-
ZOFRAN SOLN ***(ondansetron hcl)***	3	-
ZOFRAN TAB 4MG, 8MG ***(ondansetron hcl)***	3	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
meclizine chew tab 25MG (BONINE Equiv)	1	OTC
meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)	1	OTC
scopolamine patch 1.5MG, 1MG/3DAYS (TRANSDERM-SCOP Equiv)	1	-
TIGAN CAP 300MG ***(trimethobenzamide hcl)***	3	-
TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS ***(scopolamine)***	3	-
trimethobenzamide cap 300MG (TIGAN Equiv)	1	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AKYNZEO CAP .5MG-300MG ***(netupitant-palonosetron)***	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP ***(nabilone)***	3	-
dronabinol cap 10MG, 2.5MG, 5MG (MARINOL Equiv)	1	PA
MARINOL CAP 10MG, 2.5MG, 5MG ***(dronabinol)***	3	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
aprepitant pak (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
EMEND CAP 125MG, 40MG, 80MG	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG ***(rolapitant hcl)***	2	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGALS - Drugs to treat fungal infection		
ANCOBON CAP 250MG, 500MG ***(flucytosine)***	3	-
flucytosine cap 250MG, 500MG (ANCOBON Equiv)	1	-
griseofulvin micro tab 500MG (GRIFULVIN V Equiv)	1	-
griseofulvin susp 125MG/5ML (GRIFULVIN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
griseofulvin tab 125MG, 250MG (GRIS-PEG Equiv)	1	-
GRIS-PEG TAB ***(griseofulvin ultramicrosize)***	3	-
LAMISIL TAB 250MG ***(terbinafine hcl)***	3	-
nystatin powder	1	-
nystatin tab 500000UNIT	1	-
terbinafine tab 250MG (LAMISIL Equiv)	1	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
DIFLUCAN SUSP 10MG/ML, 40MG/ML ***(fluconazole)***	3	-
DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG ***(fluconazole)***	3	-
fluconazole susp 10MG/ML, 40MG/ML (DIFLUCAN Equiv)	1	-
fluconazole tab 100MG, 150MG, 200MG, 50MG (DIFLUCAN Equiv)	1	-
itraconazole cap 100MG (SPORANOX Equiv)	1	-
itraconazole soln 10MG/ML (SPORANOX Equiv)	1	PA
ketoconazole tab 200MG (NIZORAL Equiv)	1	-
NOXAFIL PAK 300MG ***(posaconazole)***	3	-
NOXAFIL SUSP 40MG/ML ***(posaconazole)***	3	-
NOXAFIL TAB 100MG ***(posaconazole)***	3	-
posaconazole DR tab 100MG (NOXAFIL Equiv)	1	-
posaconazole susp 40MG/ML (NOXAFIL Equiv)	1	-
SPORANOX CAP 100MG ***(itraconazole)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SPORANOX SOLN 10MG/ML ***(itraconazole)***	3	PA
VFEND SUSP 40MG/ML ***(voriconazole)***	3	-
VFEND TAB 200MG, 50MG ***(voriconazole)***	3	-
voriconazole susp 40MG/ML (VFEND Equiv)	1	-
voriconazole tab 200MG, 50MG (VFEND Equiv)	1	-
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
CARBINOXAMINE SOLN 4MG/5ML ***(carbinoxamine maleate)***	1	-
carbinoxamine tab 4MG (PALGIC Equiv)	1	-
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	1	Only 50mg covered
diphenhydramine inj 50MG/ML (BENADRYL Equiv)	M	-
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
ALLEGRA ODT 30MG ***(fexofenadine hcl)***	EXC	OTC
CLARINEX SYRUP ***(desloratadine)***	EXC	-
CLARINEX TAB 5MG ***(desloratadine)***	EXC	-
CLARITIN CHEW TAB 10MG ***(loratadine)***	EXC	OTC
DESLORATADINE ODT 2.5MG, 5MG ***(desloratadine)***	EXC	-
desloratadine tab 5MG (CLARINEX Equiv)	EXC	-
loratadine cap 10MG (CLARITIN Equiv)	EXC	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
promethazine supp 12.5MG, 25MG, 50MG (PHENERGAN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
promethazine syrup 6.25MG/5ML	1	-
promethazine tab 12.5MG, 25MG, 50MG (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG ***(promethazine hcl)***	1	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
cyproheptadine syrup 2MG/5ML	1	-
cyproheptadine tab 4MG	1	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol		
NEXLETOL TAB 180MG ***(bempedoic acid)***	2	PA-QL QL= 1 tab/day
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		
NEXLIZET TAB 10MG-180MG ***(bempedoic acid-ezetimibe)***	2	PA-QL QL= 1 tab/day
ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol		
LOVAZA CAP 1GM-375MG-465MG ***(omega-3-acid ethyl esters)***	3	-
omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG (LOVAZA Equiv)	1	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)	1	-
cholestyramine lite powder pack 4GM (QUESTRAN LITE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
cholestyramine powder 4GM/DOSE (QUESTRAN Equiv)	1	-
cholestyramine powder pack 4GM (QUESTRAN Equiv)	1	-
colesevelam pack 3.75GM (WELCHOL Equiv)	1	-
colesevelam tab 625MG (WELCHOL Equiv)	1	-
COLESTID GRANULE 5GM ***(colestipol hcl)***	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM ***(colestipol hcl)***	3	-
COLESTID TAB 1GM ***(colestipol hcl)***	3	-
colestipol granule 5GM (COLESTID Equiv)	1	-
colestipol powder packet 5GM (COLESTID Equiv)	1	-
colestipol tab 1GM (COLESTID Equiv)	1	-
QUESTRAN LITE POWDER 4GM/DOSE ***(cholestyramine light)***	3	-
QUESTRAN POWDER 4GM/DOSE ***(cholestyramine)***	3	-
QUESTRAN POWDER PACK 4GM ***(cholestyramine)***	3	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG (LOFIBRA Equiv)	1	-
fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG (TRICOR Equiv)	1	-
fenofibric acid DR cap 135MG, 45MG (TRILIPIX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG ***(fenofibric acid)***	3	-
gemfibrozil tab 600MG (LOPID Equiv)	1	-
LOPID TAB 600MG ***(gemfibrozil)***	3	-
TRICOR TAB 145MG, 48MG ***(fenofibrate)***	3	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
ATORVALIQ SUSP 20MG/5ML ***(atorvastatin calcium)***	3	PA Members age 9 or older require Prior Authorization
atorvastatin tab 10MG, 20MG, 40MG, 80MG (LIPITOR Equiv)	$0	-
CRESTOR TAB 10MG, 20MG, 40MG, 5MG ***(rosuvastatin calcium)***	3	-
EZALLOR SPRINKLE CAP 10MG, 20MG, 40MG, 5MG ***(rosuvastatin calcium)***	3	PA Prior Authorization Required for members age 9 years and older
FLOLIPID SUSP 20MG/5ML, 40MG/5ML ***(simvastatin)***	3	PA Members age 9 or older require Prior Authorization
fluvastatin ER tab 80MG (LESCOL XL Equiv)	$0	-
LESCOL XL TAB 80MG ***(fluvastatin sodium)***	3	-
LIPITOR TAB 10MG, 20MG, 40MG, 80MG ***(atorvastatin calcium)***	3	-

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LIVALO TAB 1MG, 2MG, 4MG ***(pitavastatin calcium)***	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
lovastatin tab 10MG, 20MG, 40MG (MEVACOR Equiv)	$0	-
pitavastatin calcium tab 1MG, 2MG, 4MG (LIVALO Equiv)	1	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
PRAVACHOL TAB 20MG, 40MG ***(pravastatin sodium)***	3	-
pravastatin tab 10MG, 20MG, 40MG, 80MG (PRAVACHOL Equiv)	$0	-
rosuvastatin tab 10MG, 20MG, 40MG, 5MG (CRESTOR Equiv)	$0	-
simvastatin tab 10MG, 20MG, 40MG, 5MG (ZOCOR Equiv)	$0	80mg is Not Covered
ZOCOR TAB 10MG, 20MG, 40MG ***(simvastatin)***	3	-
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
ezetimibe tab 10MG (ZETIA Equiv)	1	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
niacin ER tab 1000MG, 500MG, 750MG (NIASPAN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
REPATHA INJ 140MG/ML ***(evolocumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ***(evolocumab)***	4	LMSP-PA-QL QL= 1 inj/28 days
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG ***(quinapril hcl)***	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG ***(ramipril)***	3	-
benazepril tab 10MG, 20MG, 40MG, 5MG (LOTENSIN Equiv)	1	-
captopril tab 100MG, 12.5MG, 25MG, 50MG (CAPOTEN Equiv)	1	-
enalapril maleate oral soln 1MG/ML (EPANED Equiv)	1	PA Prior Authorization required for members age 9 or older
enalapril tab 10MG, 2.5MG, 20MG, 5MG (VASOTEC Equiv)	1	-
fosinopril tab 10MG, 20MG, 40MG (MONOPRIL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (PRINIVIL/ZESTRIL Equiv)	1	-
LOTENSIN TAB 10MG, 20MG, 40MG ***(benazepril hcl)***	3	-
PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG ***(lisinopril)***	3	-
QBRELIS SOLN 1MG/ML ***(lisinopril)***	3	PA Prior Authorization required for members age 9 or older
quinapril tab 10MG, 20MG, 40MG, 5MG (ACCUPRIL Equiv)	1	-
ramipril cap 1.25MG, 10MG, 2.5MG, 5MG (ALTACE Equiv)	1	-
VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG ***(enalapril maleate)***	3	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
DIBENZYLINE CAP 10MG ***(phenoxybenzamine hcl)***	3	LMSP
phenoxybenzamine cap 10MG (DIBENZYLINE Equiv)	1	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
AVAPRO TAB 150MG, 300MG, 75MG ***(irbesartan)***	3	-
COZAAR TAB 100MG, 25MG, 50MG ***(losartan potassium)***	3	-
DIOVAN TAB 160MG, 320MG, 40MG, 80MG ***(valsartan)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
irbesartan tab 150MG, 300MG, 75MG (AVAPRO Equiv)	1	-
losartan tab 100MG, 25MG, 50MG (COZAAR Equiv)	1	-
MICARDIS TAB 20MG, 40MG, 80MG ***(telmisartan)***	3	-
olmesartan tab 20MG, 40MG, 5MG (BENICAR Equiv)	1	-
telmisartan tab 20MG, 40MG, 80MG (MICARDIS Equiv)	1	-
valsartan tab 160MG, 320MG, 40MG, 80MG (DIOVAN Equiv)	1	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
CARDURA TAB 1MG, 2MG, 4MG, 8MG ***(doxazosin mesylate)***	3	-
CATAPRES TAB .1MG, .2MG, .3MG ***(clonidine hcl)***	3	-
CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR ***(clonidine)***	3	-
clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR (CATAPRES-TTS Equiv)	1	-
clonidine tab (CATAPRES Equiv)	1	-
doxazosin tab 1MG, 2MG, 4MG, 8MG (CARDURA Equiv)	1	-
guanfacine IR tab 1MG, 2MG (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG ***(methyldopa)***	1	-
methyldopa tab 250MG, 500MG	1	-
MINIPRESS CAP 1MG, 2MG, 5MG ***(prazosin hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
prazosin cap 1MG, 2MG, 5MG (MINIPRESS Equiv)	1	-
terazosin cap 10MG, 1MG, 2MG, 5MG (HYTRIN Equiv)	1	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
ACCURETIC TAB 12.5MG-20MG, 20MG-25MG ***(quinapril-hydrochlorothiazide)***	3	-
ACCURETIC TAB 10MG-12.5MG ***(quinapril-hydrochlorothiazide)***	3	-
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG ***(quinapril-hydrochlorothiazide)***	3	-
amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)	1	-
amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)	1	-
amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)	1	-
atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG ***(irbesartan-hydrochlorothiazide)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG ***(amlodipine besylate-olmesartan medoxomil)***	3	-
benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)	1	-
BENICAR HCT TAB 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG ***(olmesartan medoxomil-hydrochlorothiazide)***	3	-
bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)	1	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG ***(captopril & hydrochlorothiazide)***	1	-
DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG ***(valsartan-hydrochlorothiazide)***	3	-
enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)	1	-
EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG ***(amlodipine besylate-valsartan)***	3	-
fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG (MONOPRIL HCT Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG ***(losartan potassium & hydrochlorothiazide)***	3	-
irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)	1	-
lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)	1	-
LOPRESSOR HCT TAB 25MG-50MG ***(metoprolol & hydrochlorothiazide)***	3	-
losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)	1	-
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ***(benazepril & hydrochlorothiazide)***	3	-
LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG ***(amlodipine besylate-benazepril hcl)***	3	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ***(methyldopa & hydrochlorothiazide)***	1	-
metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG (LOPRESSOR HCT Equiv)	1	-
olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ***(propranolol & hydrochlorothiazide)***	1	-
QUINAPRIL/HCTZ TAB 12.5MG-20MG ***(quinapril-hydrochlorothiazide)***	1	-
QUINAPRIL/HCTZ TAB 20MG-25MG ***(quinapril-hydrochlorothiazide)***	1	-
quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ACCURETIC Equiv)	1	-
TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG ***(aliskiren-hydrochlorothiazide)***	3	-
TENORETIC TAB 25MG-100MG, 25MG-50MG ***(atenolol & chlorthalidone)***	3	-
valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (DIOVAN HCT Equiv)	1	-
VASERETIC TAB 10MG-25MG ***(enalapril maleate & hydrochlorothiazide)***	3	-
ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ***(lisinopril & hydrochlorothiazide)***	3	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG ***(bisoprolol & hydrochlorothiazide)***	3	-
DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
aliskiren tab 150MG, 300MG (TEKTURNA Equiv)	1	-
TEKTURNA TAB 150MG, 300MG ***(aliskiren fumarate)***	3	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
eplerenone tab 25MG, 50MG (INSPRA Equiv)	1	-
INSPRA TAB 25MG, 50MG ***(eplerenone)***	3	-
VASODILATORS - Drugs to treat high blood pressure		
hydralazine tab 100MG, 10MG, 25MG, 50MG (APRESOLINE Equiv)	1	-
minoxidil tab 10MG, 2.5MG (LONITEN Equiv)	1	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML ***(metronidazole benzoate)***	3	-
FLAGYL TAB 500MG ***(metronidazole)***	3	-
IMPAVIDO CAP 50MG ***(miltefosine)***	4	PA
metronidazole tab 250MG, 500MG (FLAGYL Equiv)	1	-
pentamidine neb soln 300MG (NEBUPENT Equiv)	1	LMSP
PRIMSOL SOLN ***(trimethoprim hcl)***	3	-
PRIMSOL SOLN 50MG/5ML ***(trimethoprim hcl)***	3	-
TINDAMAX TAB ***(tinidazole)***	3	-
tinidazole tab 250MG, 500MG (TINDAMAX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRIMETHOPRIM TAB 100MG (PROLOPRIM Equiv) ***(trimethoprim)***	1	-
trimethoprim tab 100MG (PROLOPRIM Equiv)	1	-
XIFAXAN TAB 200MG 200MG ***(rifaximin)***	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG ***(rifaximin)***	2	QL QL= 60 tabs/30 days
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
BACTRIM DS TAB 160MG-800MG, 80MG-400MG ***(sulfamethoxazole-trimethoprim)***	3	-
smz/tmp (DS) tab 160MG-800MG, 80MG-400MG (BACTRIM DS Equiv)	1	-
smz/tmp susp 40MG/5ML-200MG/5ML (BACTRIM, SEPTRA Equiv)	1	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML ***(nitazoxanide)***	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG ***(nitazoxanide)***	3	PA-QL QL= 6 tabs/3 days
atovaquone susp 750MG/5ML (MEPRON Equiv)	1	-
LAMPIT TAB 120MG, 30MG ***(nifurtimox)***	2	PA
MEPRON SUSP 750MG/5ML ***(atovaquone)***	3	-
nitazoxanide tab 500MG (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CARBAPENEMS - Drugs to treat bacterial infections		
ertapenem inj 1GM (INVANZ Equiv)	M	M
INVANZ INJ ***(ertapenem sodium)***	M	M
INVANZ INJ 1GM ***(ertapenem sodium)***	M	M
meropenem inj 1GM, 500MG (MERREM Equiv)	M	M
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRVANQ SOLN 25MG/ML, 50MG/ML ***(vancomycin hcl)***	1	-
FIRVANQ SOLN 50MG/ML 50MG/ML ***(vancomycin hcl)***	1	-
VANCOCIN CAP 125MG, 250MG ***(vancomycin hcl)***	3	QL QL= 56 caps/fill
vancomycin cap 125MG, 250MG (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
dapsone tab 100MG, 25MG	1	-
LINCOSAMIDES - Drugs to treat bacterial infections		
CLEOCIN CAP ***(clindamycin hcl cap)***	3	-
CLEOCIN SOLN 75MG/5ML ***(clindamycin palmitate hydrochloride)***	3	-
clindamycin cap 150MG, 300MG, 75MG (CLEOCIN Equiv)	1	-
clindamycin soln 75MG/5ML (CLEOCIN Equiv)	1	-
MONOBACTAMS - Drugs to treat bacterial infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CAYSTON INH SOLN 75MG ***(aztreonam lysine)***	4	KMSP-RS
OXAZOLIDINONES - Drugs to treat bacterial infections		
linezolid susp 100MG/5ML (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
linezolid tab 600MG (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ***(tedizolid phosphate)***	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
ZYVOX SUSP 100MG/5ML ***(linezolid)***	3	RS Restricted to Infectious Disease Specialist
ZYVOX TAB 600MG ***(linezolid)***	3	RS Restricted to Infectious Disease Specialist
PLEUROMUTILINS - Drugs to treat infections		
XENLETA TAB 600MG ***(lefamulin acetate)***	2	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
HIPREX TAB 1GM ***(methenamine hippurate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MACROBID CAP 100MG ***(nitrofurantoin monohyd macro)***	3	-
MACRODANTIN CAP 100MG, 50MG ***(nitrofurantoin macrocrystal)***	3	-
methenamine hippurate tab 1GM (HIPREX Equiv)	1	-
nitrofurantoin macrocrystals cap 100MG, 50MG (MACRODANTIN Equiv)	1	-
nitrofurantoin monohydrate cap 100MG (MACROBID Equiv)	1	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG (MALARONE Equiv)	1	-
COARTEM TAB 20MG-120MG ***(artemether-lumefantrine)***	3	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG ***(atovaquone-proguanil hcl)***	3	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
chloroquine tab (ARALEN Equiv)	1	-
hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG (PLAQUENIL Equiv)	1	-
KRINTAFEL TAB 150MG ***(tafenoquine succinate)***	2	-
mefloquine tab 250MG (LARIAM Equiv)	1	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PLAQUENIL TAB 200MG ***(hydroxychloroquine sulfate)***	3	-
PRIMAQUINE TAB 26.3MG ***(primaquine phosphate)***	3	-
primaquine tab 26.3MG (PRIMAQUINE Equiv)	1	-
pyrimethamine tab 25MG (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
FIRDAPSE TAB 10MG ***(amifampridine phosphate)***	4	LD-PA Only available through AnovoRx 844-288-5007
GUANIDINE TAB 125MG ***(guanidine hcl)***	3	-
MESTINON TAB 60MG ***(pyridostigmine bromide)***	3	-
MESTINON TIMESPAN TAB 180MG ***(pyridostigmine bromide)***	3	-
pyridostigmine CR tab 180MG (MESTINON Equiv)	1	-
pyridostigmine tab 60MG (MESTINON Equiv)	1	-
pyridstigmine soln 60MG/5ML (MESTINON Equiv)	1	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP 150MG-300MG ***(isoniazid & rifampin)***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RIFATER TAB 50MG-120MG-300MG ***(isoniazid-rifampin w/ pyrazinamide)***	3	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ethambutol tab 100MG, 400MG (MYAMBUTOL Equiv)	1	-
isoniazid syrup 50MG/5ML (ISONIAZID Equiv)	1	-
ISONIAZID TAB 100MG ***(isoniazid)***	1	-
isoniazid tab 100MG, 300MG	1	-
MYAMBUTOL TAB 400MG ***(ethambutol hcl)***	3	-
MYCOBUTIN CAP 150MG ***(rifabutin)***	3	-
PRETOMANID TAB 200MG ***(pretomanid)***	2	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ***(rifapentine)***	2	-
pyrazinamide tab 500MG	1	-
rifabutin cap 150MG (MYCOBUTIN Equiv)	1	-
RIFADIN CAP 150MG, 300MG ***(rifampin)***	3	-
rifampin cap 150MG, 300MG (RIFADIN Equiv)	1	-
TRECATOR TAB 250MG ***(ethionamide)***	3	RS Restricted to Infectious Disease Specialist
ANTINEOPLASTICS - Drugs to treat cancer		
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
tretinoin cap 10MG (VESANOID Equiv)	4	LMSP-ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCAMTIN CAP .25MG, 1MG ***(topotecan hcl)***	4	LMSP-ONC-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
ALKERAN TAB 2MG ***(melphalan)***	3	LMSP-ONC
busulfan inj 6MG/ML	M	M
BUSULFEX INJ 6MG/ML ***(busulfan)***	M	M
CYCLOPHOSPHAMIDE CAP 25MG, 50MG ***(cyclophosphamide)***	3	ONC
cyclophosphamide cap 25MG, 50MG	1	ONC
CYCLOPHOSPHAMIDE TAB 25MG, 50MG ***(cyclophosphamide)***	2	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG ***(lomustine)***	2	ONC
HEXALEN CAP ***(altretamine)***	4	LMSP-ONC
LEUKERAN TAB 2MG ***(chlorambucil)***	4	LMSP-ONC
melphalan inj 50MG (ALKERAN Equiv)	M	M
MELPHALAN TAB 2MG ***(melphalan)***	1	LMSP-ONC
MYLERAN TAB 2MG ***(busulfan)***	4	LMSP-ONC
temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG (TEMODAR Equiv)	4	LMSP-ONC
ZANOSAR INJ 1GM ***(streptozocin)***	M	M
ANTIMETABOLITES - Drugs to treat cancer		
capecitabine tab 150MG, 500MG (XELODA Equiv)	4	LMSP-ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
JYLAMVO SOLN, XATMEP SOLN 2.5MG/ML, 2MG/ML ***(methotrexate)***	3	PA Prior Authorization required for members age 9 or older
mercaptopurine tab 50MG (PURINETHOL Equiv)	1	ONC
methotrexate inj 1GM	1	-
methotrexate tab 2.5MG (TREXALL Equiv)	1	ONC
PURIXAN SUSP 2000MG/100ML ***(mercaptopurine)***	3	PA Members age 9 or older require Prior Authorization
TABLOID TAB 40MG ***(thioguanine)***	2	ONC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
INLYTA TAB 1MG, 5MG ***(axitinib)***	4	KMSP-ONC-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG ***(lenvatinib mesylate)***	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Optum 877-445-6874
ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer		
RITUXAN INJ 100MG/10ML, 500MG/50ML ***(rituximab)***	M	M
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		
TUKYSA TAB 150MG, 50MG ***(tucatinib)***	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VENCLEXTA STARTER PACK ***(venetoclax)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ***(venetoclax)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
erlotinib tab 100MG, 150MG, 25MG (TARCEVA Equiv)	4	LMSP-ONC-PA-SF
EXKIVITY CAP 40MG ***(mobocertinib succinate)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
gefitinib tab 250MG (IRESSA Equiv)	4	LD-ONC-PA Only available through Lumicera 855-847-3553
GILOTRIF TAB 20MG, 30MG, 40MG ***(afatinib dimaleate)***	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
IRESSA TAB 250MG ***(gefitinib)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
TAGRISSO TAB 40MG, 80MG ***(osimertinib mesylate)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VIZIMPRO TAB 15MG, 30MG, 45MG ***(dacomitinib)***	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG ***(vismodegib)***	4	LMSP-ONC-PA-SF
ODOMZO CAP 200MG ***(sonidegib phosphate)***	4	LMSP-ONC-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
abiraterone tab 250mg 250MG (ZYTIGA Equiv)	1	LMSP-ONC-QL QL= 4 tabs/day
anastrozole tab 1MG (ARIMIDEX Equiv)	$0	ONC Covered at $0 for women 35 years or older; All other members covered at generic copay
ARIMIDEX TAB 1MG ***(anastrozole)***	3	ONC
AROMASIN TAB 25MG ***(exemestane)***	3	ONC
bicalutamide tab 50MG (CASODEX Equiv)	1	ONC
CASODEX TAB 50MG ***(bicalutamide)***	3	ONC
EMCYT CAP 140MG ***(estramustine phosphate sodium)***	2	ONC
ERLEADA TAB 60MG ***(apalutamide)***	4	LMSP-ONC-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG ***(apalutamide)***	4	LMSP-ONC-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG ***(flutamide)***	2	ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
exemestane tab 25MG (AROMASIN Equiv)	$0	ONC Covered at $0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG ***(toremifene citrate)***	3	ONC
FEMARA TAB 2.5MG ***(letrozole)***	3	ONC
FLUTAMIDE CAP 125MG ***(flutamide)***	2	ONC
flutamide cap 125MG (EULEXIN Equiv)	1	ONC
letrozole tab 2.5MG (FEMARA Equiv)	1	ONC
leuprolide inj 1MG/0.2ML (LUPRON Equiv)	M	M
LUPRON DEPOT INJ 11.25MG, 22.5MG ***(leuprolide acetate (3 month))***	M	M
LYSODREN TAB 500MG ***(mitotane)***	4	LD-ONC Only available through Walgreens 888-347-3416
megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML (MEGACE Equiv)	1	ONC
megestrol tab 20MG, 40MG (MEGACE Equiv)	1	ONC
nilutamide tab 150MG (NILANDRON Equiv)	4	LMSP-ONC
NUBEQA TAB 300MG ***(darolutamide)***	4	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG ***(relugolix)***	4	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORSERDU TAB 86MG ***(elacestrant hydrochloride)***	4	LD-PA-QL QL= 3 tabs/day; Only available through Onco360 877-662-6633
ORSERDU TAB 345MG 345MG ***(elacestrant hydrochloride)***	4	LD-PA-QL QL= 1 tab/day; Only available through Onco360 877-662-6633
tamoxifen tab 10MG, 20MG (NOLVADEX Equiv)	$0	ONC Covered at $0 for women 35 years or older; All other members covered at generic copay
toremifene tab 60MG (FARESTON Equiv)	1	ONC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		
WELIREG TAB 40MG ***(belzutifan)***	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ***(pomalidomide)***	4	KMSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG ***(avapritinib)***	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XPOVIO PAK 20MG, 40MG, 50MG, 60MG ***(selinexor)***	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG ***(decitabine-cedazuridine)***	4	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG ***(ribociclib succinate-letrozole)***	4	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG ***(trifluridine-tipiracil)***	4	MSP-ONC-PA
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECENSA CAP 150MG ***(alectinib hcl)***	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG ***(brigatinib)***	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG ***(brigatinib)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG ***(erdafitinib)***	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BALVERSA TAB 4MG 4MG ***(erdafitinib)***	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG ***(erdafitinib)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF TAB 100MG, 400MG, 500MG ***(bosutinib)***	4	KMSP-ONC-PA-SF
BRAFTOVI CAP 75MG 75MG ***(encorafenib)***	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ***(zanubrutinib)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
CABOMETYX TAB 20MG, 40MG, 60MG ***(cabozantinib s-malate)***	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG ***(acalabrutinib)***	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CALQUENCE TAB 100MG ***(acalabrutinib maleate)***	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 100MG, 300MG ***(vandetanib)***	4	LD-ONC-PA Only available through Biologics 800-850-4306

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COMETRIQ KIT 20MG ***(cabozantinib s-malate)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ***(duvelisib)***	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ***(cobimetinib fumarate)***	4	LMSP-ONC-PA-QL QL= 3 tabs/day
everolimus tab 10MG, 2.5MG, 5MG, 7.5MG (AFINITOR Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
everolimus tab for oral susp 2MG, 3MG, 5MG (AFINITOR DISPERZ Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
FOTIVDA CAP .89MG, 1.34MG ***(tivozanib hcl)***	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306
GAVRETO CAP 100MG ***(pralsetinib)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ***(ponatinib hcl)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ***(enasidenib mesylate)***	4	MSP-ONC-PA-QL QL= 1 tab/day
imatinib tab 100MG, 400MG (GLEEVEC Equiv)	4	LMSP-ONC-PA-QL QL= 3 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IMBRUVICA CAP 140MG 140MG ***(ibrutinib)***	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ***(ibrutinib)***	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP 70MG/ML ***(ibrutinib)***	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG ***(ibrutinib)***	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ***(ruxolitinib phosphate)***	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
JAYPIRCA TAB 100MG, 50MG ***(pirtobrutinib)***	4	LMSP-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG ***(ribociclib succinate)***	4	LMSP-PA-QL QL= 63 tabs/28 days
KOSELUGO CAP 25MG ***(selumetinib sulfate)***	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG 10MG ***(selumetinib sulfate)***	4	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KRAZATI TAB 200MG ***(adagrasib)***	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
lapatinib ditosylate tab 250MG (TYKERB Equiv)	4	LMSP-ONC-PA
LORBRENA TAB 100MG 100MG ***(lorlatinib)***	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG ***(lorlatinib)***	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day
LUMAKRAS TAB 120MG ***(sotorasib)***	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG 320MG ***(sotorasib)***	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
LYNPARZA TAB 100MG, 150MG ***(olaparib)***	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI THERAPY PACK 4MG ***(futibatinib)***	4	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633
MEKINIST SOLN .05MG/ML ***(trametinib dimethyl sulfoxide)***	4	LMSP-PA
MEKINIST TAB 0.5MG .5MG ***(trametinib dimethyl sulfoxide)***	4	LMSP-ONC-PA-QL QL= 3 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MEKINIST TAB 2MG 2MG ***(trametinib dimethyl sulfoxide)***	4	LMSP-ONC-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ***(binimetinib)***	4	MSP-ONC-PA-QL QL= 6 tabs/day
NERLYNX TAB 40MG ***(neratinib maleate)***	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NINLARO CAP 2.3MG, 3MG, 4MG ***(ixazomib citrate)***	4	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
pazopanib tab 200MG (VOTRIENT Equiv)	4	LMSP-ONC-PA-QL-SF QL= 4 tabs/day
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ***(pemigatinib)***	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG ***(alpelisib)***	4	LMSP-PA-SF
QINLOCK TAB 50MG ***(ripretinib)***	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG ***(selpercatinib)***	4	LMSP-PA-QL-SF QL= 4 caps/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
REZLIDHIA CAP 150MG ***(olutasidenib)***	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG ***(entrectinib)***	4	LMSP-PA-QL QL= 3 caps/day
RUBRACA TAB 200MG, 250MG, 300MG ***(rucaparib camsylate)***	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG ***(midostaurin)***	4	LMSP-ONC-PA-QL QL= 56 caps/28 days
sorafenib tosylate tab 200MG (NEXAVAR Equiv)	4	LMSP-ONC-PA-SF
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ***(dasatinib)***	3	LMSP-ONC-PA-SF
STIVARGA TAB 40MG ***(regorafenib)***	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG (SUTENT Equiv)	4	LMSP-ONC-PA-SF
TABRECTA TAB 150MG, 200MG ***(capmatinib hcl)***	4	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ***(dabrafenib mesylate)***	4	LMSP-ONC-PA-QL QL= 4 caps/day
TAFINLAR TAB 10MG ***(dabrafenib mesylate)***	4	LMSP-PA
TALZENNA CAP 0.25MG .25MG ***(talazoparib tosylate)***	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TALZENNA CAP 0.5MG, 0.75MG, 1MG .1MG, .35MG, .5MG, .75MG, 1MG ***(talazoparib tosylate)***	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ***(nilotinib hcl)***	4	LMSP-ONC-PA-SF
TAZVERIK TAB 200MG ***(tazemetostat hbr)***	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG ***(tepotinib hcl)***	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG ***(ivosidenib)***	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP 125MG, 200MG ***(pexidartinib hcl)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ***(abemaciclib)***	4	LMSP-ONC-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ***(larotrectinib sulfate)***	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG 25MG ***(larotrectinib sulfate)***	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VITRAKVI SOLN 20MG/ML ***(larotrectinib sulfate)***	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG ***(pacritinib citrate)***	4	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306
XALKORI CAP 200MG, 250MG ***(crizotinib)***	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day
XOSPATA TAB 40MG ***(gilteritinib fumarate)***	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG ***(niraparib tosylate)***	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG ***(niraparib tosylate)***	4	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ***(vemurafenib)***	4	LMSP-ONC-PA-QL
ZOLINZA CAP 100MG ***(vorinostat)***	4	LMSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG ***(idelalisib)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP ***(ceritinib)***	4	LMSP-ONC-PA-QL-SF QL= 3 caps/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZYKADIA TAB 150MG ***(ceritinib)***	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 2000000UNIT/0.5ML ***(interferon gamma-1b)***	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ALFERON-N INJ 5000000UNIT/ML ***(interferon alfa-n3)***	4	LMSP
bexarotene cap 75MG (TARGRETIN Equiv)	4	LMSP-ONC-PA-SF
HYDREA CAP 500MG ***(hydroxyurea)***	3	ONC
hydroxyurea cap 500MG (HYDREA Equiv)	1	ONC
INTRON-A INJ ***(interferon alfa-2b inj)***	4	KMSP
MATULANE CAP 50MG ***(procarbazine hcl)***	2	ONC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
leucovorin tab 10MG, 15MG, 25MG, 5MG	1	ONC
MESNEX TAB 400MG ***(mesna)***	4	LMSP-ONC
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG ***(etoposide)***	4	LMSP-ONC
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
carbidopa tab 25MG (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG ***(carbidopa)***	3	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
benztropine tab .5MG, 1MG, 2MG	1	-
trihexyphenidyl tab 2MG, 5MG (ARTANE Equiv)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
COMTAN TAB 200MG ***(entacapone)***	3	-
entacapone tab 200MG (COMTAN Equiv)	1	-
TASMAR TAB 100MG ***(tolcapone)***	3	-
tolcapone tab 100MG (TASMAR Equiv)	1	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
amantadine cap 100MG (SYMMETREL Equiv)	1	-
amantadine syrup (SYMMETREL Equiv)	1	-
amantadine tab 100MG	1	-
bromocriptine cap 5MG (PARLODEL Equiv)	1	-
bromocriptine tab 2.5MG (PARLODEL Equiv)	1	-
carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG (SINEMET CR Equiv)	1	-
carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (PARCOPA Equiv)	1	-
carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG (SINEMET Equiv)	1	-
MIRAPEX TAB .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG ***(pramipexole dihydrochloride)***	3	-
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR ***(rotigotine)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PARLODEL CAP 5MG ***(bromocriptine mesylate)***	3	-
PARLODEL TAB 2.5MG ***(bromocriptine mesylate)***	3	-
pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (MIRAPEX Equiv)	1	-
REQUIP TAB ***(ropinirole hydrochloride)***	3	-
ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG (REQUIP XL Equiv)	1	-
ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG (REQUIP Equiv)	1	-
SINEMET CR TAB 25MG-100MG, 50MG-200MG ***(carbidopa-levodopa)***	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG ***(carbidopa-levodopa)***	3	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
AZILECT TAB .5MG, 1MG ***(rasagiline mesylate)***	3	-
ELDEPYRL CAP ***(selegiline hcl)***	3	-
rasagiline tab .5MG, 1MG (AZILECT Equiv)	1	-
selegiline cap 5MG (ELDEPRYL Equiv)	1	-
selegiline tab 5MG (ELDEPRYL Equiv)	1	-
XADAGO TAB 100MG, 50MG ***(safinamide mesylate)***	3	PA-QL QL= 1 tab/day
ZELAPAR ODT 1.25MG ***(selegiline hcl)***	3	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
trihexyphenidyl elixir .4MG/ML (ARTANE Equiv)	1	-
TRIHEXYPHENIDYL SOLN .4MG/ML ***(trihexyphenidyl hcl)***	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
ONGENTYS CAP 25MG, 50MG ***(opicapone)***	2	PA-QL QL= 1 tab/day, 30 tabs per fill
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG ***(carbidopa-levodopa)***	1	-
carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv)	1	-
INBRIJA INH POWDER 42MG ***(levodopa)***	3	PA-QL QL= 10 caps/day
STALEVO TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG ***(carbidopa-levodopa-entacapone)***	3	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG ***(lithium carbonate)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
lithium carbonate cap	1	-
lithium carbonate ER tab 300MG, 450MG (LITHOBID Equiv)	1	-
lithium carbonate tab 300MG	1	-
LITHIUM CITRATE SOLN 8MEQ/5ML ***(lithium)***	1	-
LITHOBID TAB 300MG ***(lithium carbonate)***	3	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP ***(carbamazepine (antipsychotic))***	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG ***(ziprasidone hcl)***	3	-
lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG (LATUDA Equiv)	1	-
ziprasidone cap 20MG, 40MG, 60MG, 80MG (GEODON Equiv)	1	-
BENZISOXAZOLES - Drugs to treat mood disorders		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG ***(iloperidone)***	3	PA-QL QL= 2 tabs/day
FANAPT TITRATION PACK ***(iloperidone)***	3	PA-QL QL= 1 pack/plan year
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG ***(paliperidone)***	3	-
paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG (INVEGA Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG ***(risperidone microspheres)***	4	MSP
RISPERDAL M ODT ***(risperidone)***	3	-
RISPERDAL SOLN 1MG/ML ***(risperidone)***	3	-
RISPERDAL TAB .5MG, 1MG, 2MG, 3MG, 4MG ***(risperidone)***	3	-
RISPERIDONE ODT .25MG ***(risperidone)***	2	-
risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL M Equiv)	1	-
risperidone soln 1MG/ML (RISPERDAL Equiv)	1	-
risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL Equiv)	1	-
BUTYROPHENONES - Drugs to treat mood disorders		
haloperidol lactate conc 2MG/ML (HALDOL Equiv)	1	-
haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG (HALDOL Equiv)	1	-
DIBENZAPINES - Drugs to treat mood disorders		
asenapine maleate SL tab 10MG, 2.5MG, 5MG (SAPHRIS Equiv)	1	QL QL= 2 tabs/day
clozapine tab 100MG, 200MG, 25MG, 50MG (CLOZARIL Equiv)	1	-
CLOZARIL TAB 100MG, 200MG, 25MG, 50MG ***(clozapine)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
loxapine cap 10MG, 25MG, 50MG, 5MG (LOXITANE Equiv)	1	-
olanzapine ODT 10MG, 15MG, 20MG, 5MG (ZYPREXA Equiv)	1	-
olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (ZYPREXA Equiv)	1	-
quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (SEROQUEL Equiv)	1	-
quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG (SEROQUEL XR Equiv)	1	-
SAPHRIS SL TAB 10MG, 2.5MG, 5MG ***(asenapine maleate)***	3	QL QL= 2 tabs/day
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG ***(quetiapine fumarate)***	3	-
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG ***(quetiapine fumarate)***	3	-
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG ***(olanzapine)***	3	-
ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG ***(olanzapine)***	3	-
PHENOTHIAZINES - Drugs to treat mood disorders		
chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG (THORAZINE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
fluphenazine tab 10MG, 1MG, 2.5MG, 5MG (PROLIXIN Equiv)	1	-
perphenazine tab 16MG, 2MG, 4MG, 8MG (TRILAFON Equiv)	1	-
prochlorperazine supp 25MG (COMPAZINE Equiv)	1	-
prochlorperazine tab 10MG, 5MG (COMPAZINE Equiv)	1	-
thioridazine tab 100MG, 10MG, 25MG, 50MG (MELLARIL Equiv)	1	-
trifluoperazine tab 10MG, 1MG, 2MG, 5MG (STELAZINE Equiv)	1	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG ***(aripiprazole)***	3	-
aripiprazole soln 1MG/ML (ABILIFY Equiv)	1	PA
aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (ABILIFY Equiv)	1	-
THIOXANTHENES - Drugs to treat mood disorders		
thiothixene cap 10MG, 1MG, 2MG, 5MG (NAVANE Equiv)	1	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
abacavir soln 20MG/ML (ZIAGEN Equiv)	1	-
abacavir tab 300MG (ZIAGEN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
abacavir/lamivudine tab 300MG-600MG (EPZICOM Equiv)	1	-
abacavir/lamivudine/zidovudine tab 150MG-300MG (TRIZIVIR Equiv)	1	-
APTIVUS CAP 250MG ***(tipranavir)***	4	-
APTIVUS SOLN 100MG/ML ***(tipranavir)***	4	-
atazanavir cap 150MG, 200MG, 300MG (REYATAZ Equiv)	1	-
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	4	QL QL= 1 tab/ day
CIMDUO TAB 300MG ***(lamivudine-tenofovir disoproxil fumarate)***	4	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG ***(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)***	4	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ***(indinavir sulfate)***	4	-
darunavir tab 600MG, 800MG (PREZISTA Equiv)	1	-
DELSTRIGO TAB 100MG-300MG ***(doravirine-lamivudine-tenofovir disoproxil fumarate)***	4	QL QL= 1 tab/day
DESCOVY TAB 15MG-120MG, 25MG-200MG ***(emtricitabine-tenofovir alafenamide fumarate)***	$0	-
didanosine DR cap (VIDEX EC Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DOVATO TAB 50MG-300MG ***(dolutegravir sodium-lamivudine)***	4	QL QL= 1 tab/day
EDURANT TAB 25MG ***(rilpivirine hcl)***	4	-
EFAVIRENZ CAP 200MG, 50MG ***(efavirenz)***	1	-
efavirenz tab 600MG (SUSTIVA Equiv)	1	-
efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG (ATRIPLA Equiv)	1	QL QL= 1 tab/day
efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day
emtricitabine cap 200MG (EMTRIVA Equiv)	1	-
emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG (TRUVADA Equiv)	$0	-
EMTRIVA SOLN 10MG/ML ***(emtricitabine)***	4	-
etravirine tab 100MG, 200MG	1	-
EVOTAZ TAB 150MG-300MG ***(atazanavir sulfate-cobicistat)***	4	-
fosamprenavir tab 700MG (LEXIVA Equiv)	1	-
FUZEON INJ 90MG ***(enfuvirtide)***	4	-
GENVOYA TAB 10MG-150MG-200MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)***	4	-
INTELENCE TAB 25MG 25MG ***(etravirine)***	4	-
INVIRASE CAP ***(saquinavir mesylate)***	4	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INVIRASE TAB 500MG ***(saquinavir mesylate)***	4	-
ISENTRESS (HD) TAB 400MG, 600MG ***(raltegravir potassium)***	3	-
ISENTRESS CHEW TAB 100MG, 25MG ***(raltegravir potassium)***	3	-
ISENTRESS POWDER PACK 100MG ***(raltegravir potassium)***	3	-
JULUCA TAB 25MG-50MG ***(dolutegravir sodium-rilpivirine hcl)***	4	QL QL= 1 tab/ day
lamivudine soln 10MG/ML (EPIVIR Equiv)	1	-
lamivudine tab 150MG, 300MG (EPIVIR Equiv)	1	-
lamivudine/zidovudine tab 150MG-300MG (COMBIVIR Equiv)	1	-
LEXIVA SUSP 50MG/ML ***(fosamprenavir calcium)***	4	-
lopinavir/ritonavir soln 100MG/5ML-400MG/5ML (KALETRA Equiv)	1	-
lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG (KALETRA Equiv)	1	-
maraviroc tab 150MG, 300MG (SELZENTRY Equiv)	1	-
NEVIRAPINE ER TAB 100MG ***(nevirapine)***	1	-
nevirapine ER tab 400MG	1	-
NEVIRAPINE SUSP 50MG/5ML ***(nevirapine)***	1	-
nevirapine tab 200MG (VIRAMUNE Equiv)	1	-
NORVIR CAP ***(ritonavir)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NORVIR POWDER PACK 100MG ***(ritonavir)***	3	-
NORVIR SOLN 80MG/ML ***(ritonavir)***	3	-
NORVIR TAB 100MG ***(ritonavir)***	3	-
ODEFSEY TAB 25MG-200MG ***(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)***	4	QL QL= 1 tab/day
PIFELTRO TAB 100MG ***(doravirine)***	4	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG ***(darunavir-cobicistat)***	4	-
PREZISTA SUSP 100MG/ML ***(darunavir)***	4	-
PREZISTA TAB 150MG, 75MG ***(darunavir)***	4	-
PREZISTA TAB 600MG, 800MG ***(darunavir)***	4	-
RESCRIPTOR TAB 200MG ***(delavirdine mesylate)***	4	-
REYATAZ POWDER PACK 50MG ***(atazanavir sulfate)***	4	-
ritonavir tab 100MG (NORVIR Equiv)	1	-
RUKOBIA ER TAB 600MG ***(fostemsavir tromethamine)***	4	-
SELZENTRY SOLN 20MG/ML ***(maraviroc)***	4	-
SELZENTRY TAB 25MG, 75MG ***(maraviroc)***	4	-
SELZENTRY TAB 150MG, 300MG ***(maraviroc)***	4	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (ZERIT Equiv) ***(stavudine)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
stavudine cap 15MG, 20MG, 30MG, 40MG (ZERIT Equiv)	1	-
STRIBILD TAB 150MG-200MG-300MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir df)***	4	-
SYMTUZA TAB 10MG-150MG-200MG-800MG ***(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)***	4	-
tenofovir disoproxil fumarate tab 300MG (VIREAD Equiv)	1	-
TIVICAY PD TAB 5MG ***(dolutegravir sodium)***	4	-
TIVICAY TAB 10MG, 25MG, 50MG ***(dolutegravir sodium)***	4	-
TRIUMEQ PD TAB 5MG-30MG-60MG ***(abacavir-dolutegravir-lamivudine)***	4	-
TRIUMEQ TAB 50MG-300MG-600MG ***(abacavir-dolutegravir-lamivudine)***	4	-
TRIZIVIR TAB 150MG-300MG ***(abacavir sulfate-lamivudine-zidovudine)***	2	-
VIDEX SOLN 2GM ***(didanosine)***	4	-
VIRACEPT TAB 250MG, 625MG ***(nelfinavir mesylate)***	4	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ***(tenofovir disoproxil fumarate)***	4	-
zidovudine cap 100MG (RETROVIR Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
zidovudine syrup 50MG/5ML (RETROVIR Equiv)	1	-
zidovudine tab 300MG (RETROVIR Equiv)	1	-
ANTIVIRAL COMBINATIONS ***		
PAXLOVID 150MG/100MG TAB PACK (EUA) 100MG-150MG ***(nirmatrelvir-ritonavir)***	$0	QL QL= 20 tabs/fill
PAXLOVID TAB (EUA) 100MG-150MG ***(nirmatrelvir-ritonavir)***	$0	QL QL= 30 tabs/fill
PAXLOVID TAB 150-100MG 100MG-150MG ***(nirmatrelvir-ritonavir)***	$0	QL QL= 20 tabs/fill
PAXLOVID TAB 300-100MG 100MG-150MG ***(nirmatrelvir-ritonavir)***	$0	QL QL= 30 tabs/fill
CMV AGENTS - Drugs to treat viral infections		
foscarnet sodium inj 6000MG/250ML (FOSCAVIR Equiv)	M	M
FOSCAVIR INJ 6000MG/250ML ***(foscarnet sodium)***	M	M
LIVTENCITY TAB 200MG ***(maribavir)***	4	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG ***(letermovir)***	4	LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days
VALCYTE TAB 450MG ***(valganciclovir hcl)***	3	-
valganciclovir soln 50MG/ML (VALCYTE Equiv)	1	-
valganciclovir tab 450MG (VALCYTE Equiv)	1	-
HEPATITIS AGENTS - Drugs to treat viral infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
adefovir dipivoxil tab 10MG (HEPSERA Equiv)	4	LMSP
BARACLUDE SOLN .05MG/ML ***(entecavir)***	3	PA Members age 9 or older require Prior Authorization
entecavir tab .5MG, 1MG (BARACLUDE Equiv)	4	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ***(lamivudine (hbv))***	4	-
lamivudine tab 100mg 100MG (EPIVIR HBV Equiv)	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ***(ledipasvir-sofosbuvir)***	4	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG ***(glecaprevir-pibrentasvir)***	4	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG ***(glecaprevir-pibrentasvir)***	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/ML ***(peginterferon alfa-2a)***	4	LMSP
PEG-INTRON INJ 50MCG/0.5ML ***(peginterferon alfa-2b)***	4	LMSP
REBETOL SOLN ***(ribavirin (hepatitis c))***	4	LMSP
RIBAVIRIN CAP 200MG ***(ribavirin (hepatitis c))***	1	LMSP
ribavirin cap 200MG	1	LMSP
RIBAVIRIN TAB 200MG ***(ribavirin (hepatitis c))***	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ***(sofosbuvir-velpatasvir)***	4	LMSP-PA-QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VEMLIDY TAB 25MG ***(tenofovir alafenamide fumarate)***	4	LMSP
VOSEVI TAB 100MG-400MG ***(sofosbuvir-velpatasvir-voxilaprevir)***	4	LMSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
acyclovir cap 200MG (ZOVIRAX Equiv)	1	-
acyclovir susp 200MG/5ML (ZOVIRAX Equiv)	1	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	1	-
famciclovir tab 125MG, 250MG, 500MG (FAMVIR Equiv)	1	-
valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)	1	-
VALTREX TAB 1GM, 500MG ***(valacyclovir hcl)***	3	-
ZOVIRAX CAP 200MG ***(acyclovir)***	3	-
ZOVIRAX SUSP 200MG/5ML ***(acyclovir)***	3	-
ZOVIRAX TAB 400MG, 800MG ***(acyclovir)***	3	-
INFLUENZA AGENTS - Drugs to treat viral infections		
FLUMADINE TAB 100MG ***(rimantadine hydrochloride)***	3	-
oseltamivir cap 45MG, 75MG (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
oseltamivir cap 30mg 30MG (TAMIFLU Equiv)	1	QL QL= 20 caps/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
oseltamivir susp 6MG/ML (TAMIFLU Equiv)	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ***(zanamivir)***	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ***(rimantadine hydrochloride)***	1	-
TAMIFLU CAP 45MG, 75MG ***(oseltamivir phosphate)***	3	QL QL= 10 caps/fill
TAMIFLU CAP 30MG 30MG ***(oseltamivir phosphate)***	3	QL QL= 20 caps/fill
MISC. ANTIVIRALS * **		
LAGEVRIO CAP (EUA) 200MG ***(molnupiravir)***	$0	QL QL= 40 caps/fill
LAGEVRIO CAP 200MG 200MG ***(molnupiravir)***	$0	QL QL= 40 caps/fill
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB 125MG ***(penicillamine)***	2	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG ***(thalidomide)***	4	KMSP-PA
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
azathioprine tab 50MG (IMURAN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
cyclosporine cap 100MG, 25MG (SANDIMMUNE Equiv)	1	-
cyclosporine modified cap 100MG, 25MG, 50MG (NEORAL Equiv)	1	-
cyclosporine modified soln 100MG/ML (NEORAL Equiv)	1	-
IMURAN TAB 50MG ***(azathioprine)***	3	-
mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)	1	-
mycophenolate mofetil cap 250MG (CELLCEPT Equiv)	1	-
mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)	1	-
mycophenolate mofetil tab 500MG (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML ***(cyclosporine)***	4	-
sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)	1	-
tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)	1	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
sodium polystyrene powder 100% (KAYEXALATE Equiv)	1	-
sodium polystyrene susp 15GM/60ML (SPS Equiv)	1	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG (COREG Equiv)	1	-
COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG ***(carvedilol)***	3	-
labetalol tab 100MG, 200MG, 300MG (NORMODYNE Equiv)	1	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
acebutolol cap 200MG, 400MG (SECTRAL Equiv)	1	-
atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)	1	-
bisoprolol tab 10MG, 5MG (ZEBETA Equiv)	1	-
LOPRESSOR TAB 100MG, 50MG ***(metoprolol tartrate)***	3	-
metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)	1	-
metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG (LOPRESSOR Equiv)	1	-
nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG (BYSTOLIC Equiv)	1	-
TENORMIN TAB 100MG, 25MG, 50MG ***(atenolol)***	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG ***(metoprolol succinate)***	3	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BETAPACE AF TAB 120MG, 160MG, 80MG ***(sotalol hcl (afib/afl))***	3	-
BETAPACE TAB 120MG, 160MG, 80MG ***(sotalol hcl)***	3	-
CORGARD TAB 20MG, 40MG, 80MG ***(nadolol)***	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG ***(propranolol hcl)***	3	-
nadolol tab (CORGARD Equiv)	1	-
pindolol tab 10MG, 5MG (VISKEN Equiv)	1	-
propranolol ER cap 120MG, 160MG, 60MG, 80MG (INDERAL LA Equiv)	1	-
propranolol oral soln 20mg/5ml 20MG/5ML (PROPRANOLOL Equiv)	1	-
PROPRANOLOL SOLN 40MG/5ML ***(propranolol hcl)***	1	-
propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG (INDERAL Equiv)	1	-
sotalol AF tab 120MG, 160MG, 80MG (BETAPACE AF Equiv)	1	-
sotalol tab 120MG, 160MG, 240MG, 80MG (BETAPACE Equiv)	1	-
SOTYLIZE SOLN 5MG/ML 5MG/ML ***(sotalol hcl)***	3	PA Prior Authorization required for members age 9 or older
timolol maleate tab 10MG, 20MG, 5MG (BLOCADREN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BIOLOGICALS MISC - Miscellaneous biological drugs		
BIOLOGICALS MISC - Miscellaneous biological drugs		
ADAGEN INJ ***(pegademase bovine)***	M	M
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
ADALAT CC TAB 30MG, 60MG, 90MG ***(nifedipine)***	3	-
amlodipine tab 10MG, 2.5MG, 5MG (NORVASC Equiv)	1	-
CALAN SR TAB 120MG, 180MG, 240MG ***(verapamil hcl)***	3	-
CALAN TAB ***(verapamil hcl)***	3	-
CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG ***(diltiazem hcl coated beads)***	3	-
CARDIZEM TAB 120MG, 30MG, 60MG ***(diltiazem hcl)***	3	-
diltiazem ER cap 120MG, 60MG, 90MG (DILACOR XR Equiv)	1	-
diltiazem tab 120MG, 30MG, 60MG, 90MG (CARDIZEM Equiv)	1	-
felodipine ER tab 10MG, 2.5MG, 5MG (PLENDIL Equiv)	1	-
KATERZIA SUSP 1MG/ML ***(amlodipine benzoate)***	3	PA Prior Authorization required for members age 9 or older

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
nifedipine cap 10MG, 20MG (PROCARDIA Equiv)	1	-
nifedipine ER tab 30MG, 60MG, 90MG (ADALAT CC Equiv)	1	-
nimodipine cap 30MG (NIMOTOP Equiv)	1	-
NORLIQVA ORAL SOLN 1MG/ML ***(amlodipine besylate)***	3	PA Members age 9 or older require Prior Authorization
NORVASC TAB 10MG, 2.5MG, 5MG ***(amlodipine besylate)***	3	-
PROCARDIA CAP 10MG ***(nifedipine)***	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG ***(diltiazem hcl extended release beads)***	3	-
VERAPAMIL ER CAP, VERELAN CAP 100MG, 360MG ***(verapamil hcl)***	3	-
verapamil SR cap 120MG, 180MG, 200MG, 240MG (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG ***(verapamil hcl)***	1	-
verapamil SR tab 120MG, 180MG, 240MG (CALAN SR, ISOPTIN SR Equiv)	1	-
verapamil tab 120MG, 40MG, 80MG (CALAN Equiv)	1	-
VERELAN CAP 120MG, 180MG, 240MG ***(verapamil hcl)***	3	-
VERELAN PM CAP ***(verapamil hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VERELAN PM ER CAP 200MG, 300MG 200MG, 300MG ***(verapamil hcl)***	3	-
VERELAN SR CAP 360mg 360MG ***(verapamil hcl)***	3	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
digoxin soln .05MG/ML (LANOXIN Equiv)	1	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML ***(digoxin)***	1	-
digoxin tab (LANOXIN Equiv)	1	-
LANOXIN TAB 125MCG, 250MCG ***(digoxin)***	3	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG ***(mavacamten)***	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		
amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (CADUET Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG ***(amlodipine besylate-atorvastatin calcium)***	3	-
IMPOTENCE AGENTS - Drugs to treat erectile dysfunction		
CAVERJECT INJ 10MCG, 20MCG ***(alprostadil (vasodilator))***	2	QL QL= 6 inj/30 days
EDEX INJ 10MCG, 20MCG, 40MCG ***(alprostadil (vasodilator))***	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG ***(alprostadil (vasodilator))***	2	QL QL= 6 inj/30 days
sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)	1	QL QL= 6 tabs/30 days
STENDRA TAB 100MG, 200MG, 50MG ***(avanafil)***	2	QL QL= 6 tabs/30 days
tadalafil tab 10MG, 20MG (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
tadalafil tab 2.5mg, 5mg 2.5MG, 5MG (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
vardenafil ODT 10MG (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
vardenafil tab 10MG, 2.5MG, 20MG, 5MG (LEVITRA Equiv)	1	QL QL= 6 tabs/30 days
PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ISOXSUPRINE TAB 10MG, 20MG ***(isoxsuprine hcl)***	2	-
isoxsuprine tab 10MG, 20MG	1	-
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG ***(treprostinil diolamine)***	4	LD-PA Only available through CVS Specialty 800-237-2767
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG ***(treprostinil)***	4	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG ***(treprostinil)***	4	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG ***(treprostinil)***	4	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG ***(treprostinil)***	4	LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN .6MG/ML ***(treprostinil)***	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ***(iloprost)***	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
ambrisentan tab 10MG, 5MG (LETAIRIS Equiv)	4	LMSP-PA-QL QL= 1 tab/day
bosentan tab 125MG, 62.5MG (TRACLEER Equiv)	4	LMSP-PA-QL QL= 2 tabs/day
OPSUMIT TAB 10MG ***(macitentan)***	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TRACLEER TAB 32MG 32MG ***(bosentan)***	4	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
REVATIO SUSP 10MG/ML ***(sildenafil citrate (pulmonary hypertension))***	3	PA Members age 9 or older require Prior Authorization
REVATIO TAB 20MG ***(sildenafil citrate (pulmonary hypertension))***	3	PA
sildenafil susp 10MG/ML (REVATIO Equiv)	1	PA Members age 9 or older require Prior Authorization

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sildenafil tab 20mg 20MG (REVATIO Equiv)	1	PA
tadalafil tab (PAH) 20MG (ADCIRCA Equiv)	4	LMSP-PA
TADLIQ SUSP 20MG/5ML ***(tadalafil (pulmonary hypertension))***	4	MSP-PA Members age 9 or older require Prior Authorization
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(selexipag)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ***(riociguat)***	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
SINUS NODE INHIBITORS - Drugs to control heart rhythm		
CORLANOR TAB 5MG, 7.5MG ***(ivabradine hcl)***	3	PA
TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis		
VYNDAMAX CAP 61MG ***(tafamidis)***	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VYNDAQEL CAP 20MG ***(tafamidis meglumine (cardiac))***	4	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
cefazolin inj 10GM, 1GM, 500MG	M	M
CEFAZOLIN INJ 100GM, 1GM, 2GM, 300GM, 3GM ***(cefazolin sodium)***	M	M
cephalexin cap 250MG, 500MG (KEFLEX Equiv)	1	-
cephalexin susp 125MG/5ML, 250MG/5ML (KEFLEX Equiv)	1	-
KEFLEX CAP 250MG, 500MG ***(cephalexin)***	3	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
CEFACLOR CAP 250MG, 500MG (CECLOR Equiv) ***(cefaclor)***	1	-
cefaclor cap 250MG, 500MG (CECLOR Equiv)	1	-
CEFACLOR ER TAB 500MG ***(cefaclor monohydrate)***	3	-
CEFACLOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML ***(cefaclor)***	3	-
cefoxitin inj 10GM, 1GM, 2GM	M	M
cefuroxime tab 250MG, 500MG (CEFTIN Equiv)	1	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
cefdinir cap 300MG (OMNICEF Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
cefdinir susp 125MG/5ML, 250MG/5ML (OMNICEF Equiv)	1	-
CEFDITOREN TAB 200MG, 400MG ***(cefditoren pivoxil)***	3	-
cefixime cap 400MG (SUPRAX Equiv)	1	-
cefixime susp 100MG/5ML, 200MG/5ML (SUPRAX Equiv)	1	-
CEFOTAXIME INJ 1GM, 2GM (CLAFORAN Equiv) ***(cefotaxime sodium)***	M	M
cefotaxime inj 1GM (CLAFORAN Equiv)	M	M
cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML (VANTIN Equiv)	1	-
cefpodoxime proxetil tab 100MG, 200MG (VANTIN Equiv)	1	-
ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG	M	M
OMNICEF SUSP ***(cefdinir)***	3	-
SPECTRACEF TAB ***(cefditoren pivoxil)***	3	-
SUPRAX CAP ***(cefixime)***	3	-
SUPRAX CAP 400MG ***(cefixime)***	3	-
SUPRAX CHEW TAB 100MG, 200MG ***(cefixime)***	3	-
SUPRAX SUSP 100MG/5ML, 200MG/5ML ***(cefixime)***	3	-
SUPRAX SUSP 500MG/5ML 500MG/5ML ***(cefixime)***	3	-
CONTRACEPTIVES - Drugs to prevent pregnancy		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
amethyst tab 20MCG-90MCG (LYBREL Equiv)	$0	-
aranelle tab (TRI-NORINYL Equiv)	$0	-
aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG (ALESSE Equiv)	$0	-
BALCOLTRA TAB .1MG-20MCG-36.5MG ***(levonorgestrel-ethinyl estradiol-iron)***	$0	-
cesia tab (CYCLESSA Equiv)	$0	-
cryselle tab .3MG-30MCG	$0	-
drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG (BEYAZ Equiv)	$0	-
enpresse tab (TRI-LEVELEN Equiv)	$0	-
gianvi tab, ocella tab .02MG-3MG, .03MG-3MG (YASMIN, YAZ Equiv)	$0	-
isibloom tab, enskyce tab, apri tab (DESOGEN Equiv)	$0	-
jolessa tab, amethia tab .03MG-.15MG (SEASONALE, SEASONIQUE Equiv)	$0	3 copays per Rx
kelnor tab 1MG-35MCG, 1MG-50MCG (DEMULEN Equiv)	$0	-
levonorgestrel-ethinyl estradiol-fe tab .02MG-.1MG-36.5MG, .1MG-20MCG-75MG (BALCOLTRA Equiv)	$0	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LO LOESTRIN TAB 1MG-10MCG-75MG ***(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))***	$0	-
loestrin tab 1MG-20MCG	$0	-
NATAZIA TAB ***(estradiol valerate-dienogest)***	$0	-
NEXTSTELLIS TAB 3MG-14.2MG ***(drospirenone-estetrol)***	$0	-
norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG (TAYTULLA Equiv)	$0	-
norethindrone acetate/ethinyl estradial FE chew tab 1MG-20MCG-75MG (MINASTRIN Equiv)	$0	-
norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)	$0	-
norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)	$0	-
nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)	$0	-
sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)	$0	-
tri-legest tab 1MG-75MG (ESTROSTEP FE Equiv)	$0	-
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)	$0	-
TYBLUME TAB .1MG-20MCG ***(levonorgestrel & eth estradiol)***	$0	-

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VELIVET PAK ***(desogestrel-ethinyl estradiol (triphasic))***	$0	-
viorele tab, kariva tab (MIRCETTE Equiv)	$0	-
wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG (FEMCON FE Equiv)	$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR ***(levonorgestrel-ethinyl estradiol)***	$0	-
zafemy patch 35MCG/24HR-150MCG/24HR (XULANE Equiv)	$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
ANNOVERA RING .013MG/24HR-.15MG/24HR ***(segesterone acetate-ethinyl estradiol)***	$0	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR ***(etonogestrel-ethinyl estradiol)***	$0	-
COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy		
PARAGARD IUD ***(copper (iud))***	EXC	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG ***(ulipristal acetate)***	$0	-
ELLA TAB 30MG ***(ulipristal acetate)***	$0	-
levonorgestrel tab 1.5MG (PLAN B Equiv)	$0	OTC
PLAN B TAB 1.5MG ***(levonorgestrel (emergency oc))***	$0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy		
NEXPLANON IMPLANT 68MG ***(etonogestrel)***	EXC	-

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NEXPLANON IMPLANT 68MG ***(etonogestrel)***	EXC	-
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA INJ 150MG/ML ***(medroxyprogesterone acetate (contraceptive))***	3	--QL QL= 1 inj/90 days
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML ***(medroxyprogesterone acetate (contraceptive))***	EXC	-
medroxyprogesterone inj 150MG/ML (DEPO-PROVERA Equiv)	EXC	-
PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy		
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY ***(levonorgestrel (iud))***	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
norethindrone tab .35MG (NORA-QD Equiv)	$0	-
SLYND TAB 4MG ***(drospirenone)***	$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
ALKINDI SPRINKLE CAP 0.5MG .5MG ***(hydrocortisone)***	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG 1MG ***(hydrocortisone)***	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
budesonide ER tab 9MG (UCERIS Equiv)	1	PA-QL QL=1 tab/day

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budesonide SR cap 3MG (ENTOCORT EC Equiv)	1	-
CORTEF TAB 10MG, 20MG, 5MG ***(hydrocortisone)***	3	-
DEPO-MEDROL INJ 40MG/ML, 80MG/ML ***(methylprednisolone acetate)***	3	-
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ 20MG/ML, 40MG/ML, 50MG/ML, 80MG/ML ***(methylprednisolone acetate)***	3	-
DEXAMETHASONE CONC 1MG/ML ***(dexamethasone)***	1	-
dexamethasone elixir .5MG/5ML	1	-
dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML	1	-
DEXAMETHASONE SOLN .5MG/5ML ***(dexamethasone)***	1	-
dexamethasone tab (DECADRON Equiv)	1	-
hydrocortisone tab 10MG, 20MG, 5MG (CORTEF Equiv)	1	-
KENALOG INJ 40MG/ML ***(triamcinolone acetonide)***	3	-
MEDROL DOSE PACK 4MG ***(methylprednisolone)***	3	-
MEDROL TAB 2MG ***(methylprednisolone)***	2	-
MEDROL TAB 16MG, 32MG, 4MG, 8MG ***(methylprednisolone)***	3	-
methylprednisolone acetate inj 40MG/ML, 80MG/ML (DEPO-MEDROL Equiv)	1	-

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methylprednisolone dose pack 4MG (MEDROL Equiv)	1	-
methylprednisolone tab 16MG, 32MG, 4MG, 8MG (MEDROL Equiv)	1	-
methylprenisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG (SOLU-MEDROL Equiv)	1	-
ORAPRED ODT TAB 10MG, 15MG, 30MG ***(prednisolone sodium phosphate)***	3	-
ORAPRED SOLN 6.7MG/5ML ***(prednisolone sodium phosphate)***	3	-
prednisolone ODT 10MG, 15MG, 30MG (ORAPRED Equiv)	1	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG ***(prednisolone sodium phosphate)***	2	-
PREDNISOLONE SOLN 25MG/5ML ***(prednisolone sodium phosphate)***	3	-
prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/5ML	1	-
PREDNISONE SOLN 5MG/5ML ***(prednisone)***	2	-
prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG (DELTASONE Equiv)	1	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG ***(hydrocortisone sod succinate)***	2	QL QL= 1 vial/fill
SOLU-CORTEF INJ 100MG 100MG ***(hydrocortisone sod succinate)***	2	QL QL= 2 vials/fill

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SOLU-MEDROL INJ 1000MG, 500MG ***(methylprednisolone sod succ)***	3	-
SOLU-MEDROL INJ 2GM 2GM ***(methylprednisolone sod succ)***	2	-
SOLU-MEDROL PF INJ 1000MG, 125MG, 40MG, 500MG ***(methylprednisolone sod succ)***	3	-
triamcinolone acetate inj 200MG/5ML, 400MG/10ML, 40MG/ML (KENALOG Equiv)	1	-
UCERIS TAB 9MG ***(budesonide)***	3	PA-QL QL= 1 tab/day
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
fludrocortisone tab .1MG (FLORINEF Equiv)	1	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
benzonatate cap 100mg, 200mg 100MG, 200MG (TESSALON Equiv)	1	-
HYCODAN SYRUP 1.5MG/5ML-5MG/5ML ***(hydrocodone bitartrate-homatropine methylbromide)***	3	-
hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	1	-
TESSALON CAP 100MG ***(benzonatate)***	3	-
tussigon tab 1.5MG-5MG (HYCODAN Equiv)	1	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML ***(brompheniramine & phenyleph)***	EXC	OTC
CLARINEX-D TAB 2.5MG-120MG ***(desloratadine-pseudoephedrine)***	EXC	-
CLARINEX-D TAB 2.5MG-120MG ***(desloratadine-pseudoephedrine)***	EXC	-
guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML (BRONTEX Equiv)	1	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML ***(guaifenesin-codeine)***	1	OTC-QL QL= 240ml/fill
guaifenesin/codeine syrup 10MG/5ML-100MG/5ML	1	OTC-QL QL= 240ml/fill
HYD POL/CPM SUSP 8MG/5ML-10MG/5ML ***(hydrocodone polistirex-chlorpheniramine polistirex)***	1	QL QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO Equiv)	1	QL QL= 120ml/fill, 2 fills/30 days
lohist liquid 2MG/10ML-5MG/10ML (DECON-A Equiv)	EXC	OTC
promethazine DM syrup 6.25MG/5ML-15MG/5ML	1	-

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PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML ***(promethazine & phenylephrine)***	1	-
promethazine VC syrup 5MG/5ML-6.25MG/5ML	1	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv) ***(promethazine-phenylephrine-codeine)***	1	-
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE Equiv)	1	-
promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)	1	-
SEMPREX-D CAP 8MG-60MG ***(acrivastine & pseudoephedrine)***	EXC	-
TUSSIONEX SUSP ***(hydrocodone polistirex-chlorpheniramine polistirex)***	3	QL QL= 120ml/fill; 2 fills/30 days
ZUTRIPRO LIQUID ***(pseudoephed-cpm w/ hydrocod)***	3	QL QL= 120ml/fill, 2 fills/30 days
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
HYPER-SAL NEB SOLN 7% ***(sodium chloride (inhalant))***	3	-
NEBUSAL NEB SOLN 3.5%, 6% ***(sodium chloride (inhalant))***	2	-

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sodium chloride neb soln .9%, 10%, 3%, 7% (HYPER-SAL Equiv)	1	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
acetylcysteine soln 10%, 20% (MUCOMYST Equiv)	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
adapalene cream .1% (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
adapalene gel .1%, .3% (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)	1	-
adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5% (EPIDUO FORTE Equiv)	1	-
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG (ACCUTANE Equiv)	1	-
ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% ***(tretinoin)***	3	PA
BENZACLIN GEL 1%-5%, 1.2%-2.5% ***(clindamycin phosphate-benzoyl peroxide)***	3	-

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BENZAMYCIN GEL 3%-5% ***(benzoyl peroxide-erythromycin)***	3	-
CLEOCIN-T LOTION 1% ***(clindamycin phosphate (topical))***	3	-
CLEOCIN-T PAD ***(clindamycin phosphate (topical))***	3	-
CLEOCIN-T SOLN ***(clindamycin phosphate (topical))***	3	-
clindamycin gel 1% (CLEOCIN GEL Equiv)	1	-
clindamycin lotion 1% (CLEOCIN- T Equiv)	1	-
clindamycin pad 1% (CLEOCIN-T Equiv)	1	-
clindamycin topical soln 1% (CLEOCIN-T Equiv)	1	-
clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-2.5% (DUAC GEL Equiv)	1	-
DIFFERIN CREAM .1% ***(adapalene)***	3	PA
DIFFERIN GEL .1%, .3% ***(adapalene)***	3	PA
DUAC GEL 1.2%-5% ***(clindamycin phosphate-benzoyl peroxide (refrigerate))***	3	-
EPIDUO GEL 0.1-2.5% .1%-2.5% ***(adapalene-benzoyl peroxide)***	3	-
ERY PAD 2% ***(erythromycin (acne aid))***	2	-
erythromycin gel 2%	1	-
erythromycin pad	1	-
erythromycin soln 2%	1	-
erythromycin/benzoyl peroxide gel 3%-5% (BENZAMYCIN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KLARON LOTION 10% ***(sulfacetamide sodium (acne))***	3	-
RETIN-A CREAM .025%, .05%, .1% ***(tretinoin)***	3	PA
sodium sulfacetamide lotion 10% (KLARON Equiv)	1	-
sodium sulfacetamide/sulfur cleanser 10-5% 5%-10% (SUMAXIN Equiv)	1	-
sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9% (SUMADAN WASH Equiv)	1	-
sodium sulfacetamide/sulfur emulsion 10-5%	1	-
SUMADAN WASH 9-4.5% 4.5%-9% ***(sulfacetamide sodium w/ sulfur)***	3	-
tretinoin cream .025%, .05%, .1%	1	PA Acne Only – members age 35 or older require Prior Authorization
tretinoin gel .04%, .08%, .1% (RETIN-A GEL Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		
RENOVA CREAM .02%, .05% ***(tretinoin (facial wrinkles))***	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
CENTANY OINT 2% ***(mupirocin)***	3	-
CORTISPORIN CREAM ***(neomycin-polymyxin-hc)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CORTISPORIN OINT ***(bacitracin-polymyxin-neomycin hc)***	3	-
gentamicin sulfate cream .1%	1	-
gentamicin sulfate oint .1%	1	-
mupirocin oint 2% (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
ciclopirox cream .77% (LOPROX CREAM Equiv)	1	-
ciclopirox gel .77% (LOPROX GEL Equiv)	1	-
ciclopirox nail soln 8% (PENLAC Equiv)	1	-
ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)	1	-
ciclopirox topical susp .77% (LOPROX SUSP Equiv)	1	-
clotrimazole/betamethasone cream .05%-1% (LORTRISONE CREAM Equiv)	1	-
econazole cream 1% (SPECTAZOLE Equiv)	1	-
EXELDERM SOLN 1% ***(sulconazole nitrate)***	3	-
ketoconazole cream 2% (NIZORAL CREAM Equiv)	1	-
ketoconazole shampoo 2% (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% ***(ciclopirox olamine)***	3	-
LOPROX SHAMPOO 1% ***(ciclopirox)***	3	-
LOTRISONE CREAM .05%-1% ***(clotrimazole w/ betamethasone)***	3	-
MENTAX CREAM 1% ***(butenafine hcl)***	3	-
NAFTIFINE CREAM 1% ***(naftifine hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
naftifine cream 1%, 2% (NAFTIN Equiv)	1	-
naftifine gel 1% (NAFTIN Equiv)	1	-
NAFTIN CREAM 2% ***(naftifine hcl)***	3	-
NAFTIN GEL 1% ***(naftifine hcl)***	3	-
NIZORAL A-D SHAMPOO 1% ***(ketoconazole (topical))***	EXC	OTC
nizoral a-d shampoo 1%	EXC	OTC
NIZORAL SHAMPOO 2% ***(ketoconazole (topical))***	3	-
nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)	1	-
nystatin oint 100000UNIT/GM	1	-
nystatin topical powder 100000UNIT/GM	1	-
nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM	1	-
nystatin/triamcinolone oint .1%-100000UNIT/GM	1	-
oxiconazole nitrate cream 1% (OXISTAT Equiv)	1	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
diclofenac gel 1% 1% (VOLTAREN Equiv)	1	OTC-QL QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH 1.3% ***(diclofenac epolamine)***	3	QL QL= 30 patches/fill
VOLTAREN GEL 1% ***(diclofenac sodium (topical))***	3	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bexarotene gel 1% (TARGRETIN Equiv)	4	LMSP-PA
diclofenac gel 3% (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% ***(fluorouracil (topical))***	3	-
fluorouracil cream 5% (EFUDEX CREAM Equiv)	1	-
FLUOROURACIL CREAM 0.5% .5% ***(fluorouracil (topical))***	3	-
FLUOROURACIL SOLN 2%, 5% ***(fluorouracil (topical))***	2	-
PANRETIN GEL .1% ***(alitretinoin)***	4	LMSP-PA
PICATO GEL .05% ***(ingenol mebutate)***	3	QL QL= 1 box/fill
VALCHLOR GEL .016% ***(mechlorethamine hcl (topical))***	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
ANTIPRURITICS - TOPICAL - Drugs to treat itching		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM ***(doxepin hcl (antipruritic))***	3	PA
DOXEPIN HCL CREAM 5% ***(doxepin hcl (antipruritic))***	3	PA
doxepin hcl cream 5%	3	PA
ANTIPSORIATICS - Drugs to treat psoriasis		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
acitretin cap 10MG, 17.5MG, 25MG (SORIATANE Equiv)	4	LMSP
calcipotriene cream .005% (DOVONEX CREAM Equiv)	1	QL QL= 120gm/30 days
calcipotriene oint .005%	1	-
calcipotriene soln .005% (DOVONEX SOLN Equiv)	1	-
CALCITRIOL OINT 3MCG/GM ***(calcitriol (topical))***	3	-
DOVONEX CREAM .005% ***(calcipotriene)***	3	-
DRITHO-SCALP CREAM 1% ***(anthralin)***	3	-
METHOXSALEN CAP 10MG ***(methoxsalen rapid)***	2	LMSP
methoxsalen cap 10MG (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG ***(methoxsalen rapid)***	3	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML ***(risankizumab-rzaa)***	4	LMSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML ***(risankizumab-rzaa)***	4	LMSP-PA-QL QL= 2 inj/84 days
STELARA INJ 90MG/ML ***(ustekinumab)***	4	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML ***(ixekizumab)***	4	LMSP-PA-QL QL= 1 inj/28 days
tazarotene cream 0.1% .1% (TAZORAC Equiv)	1	-
TAZORAC CREAM .1% ***(tazarotene)***	3	-
TAZORAC CREAM 0.05% .05% ***(tazarotene)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TREMFYA INJ 100MG/ML ***(guselkumab)***	4	LMSP-PA-QL QL= 1 inj/56 days
ZORYVE CREAM .3% ***(roflumilast (topical))***	2	PA-QL QL= 60 grams/30 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
OVACE PLUS CREAM 10% ***(sulfacetamide sodium)***	3	-
selenium sulfide lotion 1%	EXC	OTC
selenium sulfide shampoo 2.25% (SELSEB Equiv)	1	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
acyclovir oint 5% (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% ***(penciclovir)***	3	-
penciclovir cream 1% (DENAVIR Equiv)	1	-
BURN PRODUCTS - Drugs to treat burns		
SILVADENE CREAM 1% ***(silver sulfadiazine)***	3	-
silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)	1	-
SULFAMYLON CREAM 85MG/GM ***(mafenide acetate)***	2	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
alclometasone cream .05% (ACLOVATE Equiv)	1	-
alclometasone oint .05% (ACLOVATE OINT Equiv)	1	-
betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BETAMETHASONE AUGMENTED GEL .05% ***(betamethasone dipropionate augmented)***	2	-
betamethasone augmented gel	1	-
betamethasone augmented lotion .05% (DIPROLENE LOTION Equiv)	1	-
betamethasone augmented oint .05% (DIPROLENE OINT Equiv)	1	-
betamethasone diproprionate cream .05% (DIPROSONE CREAM Equiv)	1	-
betamethasone diproprionate lotion .05%	1	-
betamethasone diproprionate oint .05% (DIPROSONE OINT Equiv)	1	-
betamethasone valerate cream .1%	1	-
betamethasone valerate lotion .1%	1	-
betamethasone valerate oint .1%	1	-
clobetasol foam .05% (OLUX Equiv)	1	PA
clobetasol lotion .05% (CLOBEX Equiv)	1	PA
clobetasol propionate cream .05% (TEMOVATE Equiv)	1	-
clobetasol propionate emollient cream .05% (TEMOVATE E Equiv)	1	-
clobetasol propionate gel .05% (TEMOVATE GEL Equiv)	1	-
clobetasol propionate oint .05% (TEMOVATE Equiv)	1	-
clobetasol propionate soln .05% (TEMOVATE Equiv)	1	PA

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clobetasol shampoo .05% (CLOBEX Equiv)	1	PA
clobetasol spray .05% (CLOBEX Equiv)	1	PA
CLOBEX LOTION .05% ***(clobetasol propionate)***	3	PA
CLOBEX SHAMPOO .05% ***(clobetasol propionate)***	3	PA
CLOBEX SPRAY .05% ***(clobetasol propionate)***	3	PA
DERMA-SMOOTH/FS OIL .01% ***(fluocinolone acetonide)***	2	-
desoximetasone cream .25% (TOPICORT CREAM Equiv)	1	-
desoximetasone oint .25% (TOPICORT Equiv)	1	-
DIPROLENE AF CREAM .05% ***(betamethasone dipropionate augmented)***	3	-
DIPROLENE OINT .05% ***(betamethasone dipropionate augmented)***	3	-
ELOCON CREAM .1% ***(mometasone furoate)***	3	-
ELOCON OINT ***(mometasone furoate)***	3	-
EPIFOAM AEROSOL 1% ***(pramoxine-hc)***	2	-
fluocinolone acetonide cream .01%, .025%	1	-
fluocinolone acetonide oil .01% (DERMA-SMOOTH/FS Equiv)	1	-
fluocinolone acetonide oint .025%	1	-
fluocinolone acetonide soln .01%	1	-
fluocinonide cream 0.05% .05% (LIDEX Equiv)	1	-
fluocinonide cream 0.1% .1% (VANOS CREAM Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
fluocinonide emollient cream .05%	1	-
fluocinonide gel .05%	1	-
fluocinonide oint .05%	1	-
fluocinonide soln .05%	1	-
fluticasone propionate cream .05% (CUTIVATE Equiv)	1	-
fluticasone propionate oint .005% (CUTIVATE Equiv)	1	-
halobetasol propionate cream .05% (ULTRAVATE Equiv)	1	-
halobetasol propionate oint .05% (ULTRAVATE Equiv)	1	PA
hydrocortisone cream .5%, 1%, 2.5% (PROCTOCORT Equiv)	1	-
hydrocortisone lotion 1%, 2.5% (HYTONE Equiv)	1	-
hydrocortisone oint .5%, 1%, 2.5%	1	-
mometasone cream .1% (ELOCON Equiv)	1	-
mometasone oint .1% (ELOCON Equiv)	1	-
mometasone soln .1% (ELOCON Equiv)	1	-
NUCORT LOTION 2% ***(hydrocortisone acetate (topical))***	3	-
OLUX FOAM .05% ***(clobetasol propionate)***	3	PA
PREDNICARBATE CREAM .1% ***(prednicarbate)***	2	-
PREDNICARBATE OIN .1% ***(prednicarbate)***	2	-
PROCTOCORT CREAM 1% ***(hydrocortisone (topical))***	3	-
TEMOVATE CREAM .05% ***(clobetasol propionate)***	3	-
TEMOVATE OINT .05% ***(clobetasol propionate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TOPICORT CREAM .25% ***(desoximetasone)***	3	-
TOPICORT OINT .25% ***(desoximetasone)***	3	-
triamcinolone cream .025%, .1%, .5%	1	-
triamcinolone lotion .025%, .1%	1	-
triamcinolone oint .025%, .1%, .5%	1	-
ULTRAVATE CREAM ***(halobetasol propionate)***	3	-
ULTRAVATE OINT ***(halobetasol propionate)***	3	-
ECZEMA AGENTS - Drugs to treat eczema		
ADBRY INJ 150MG/ML ***(tralokinumab-ldrm)***	4	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG ***(abrocitinib)***	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 300MG/2ML ***(dupilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT INJ 100MG/0.67ML 100MG/0.67ML ***(dupilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML ***(dupilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
ammonium lactate cream 12% (LAC-HYDRIN Equiv)	EXC	OTC
ammonium lactate lotion 12%, 5% (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM 12% ***(lactic acid (ammonium lactate))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LAC-HYDRIN LOTION 12% ***(lactic acid (ammonium lactate))***	3	-
LACTIC ACID LOTION 10%, 5% ***(lactic acid (ammonium lactate))***	1	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM ***(collagenase)***	2	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - Drugs to grow hair		
bimatoprost ophth soln .03%	EXC	-
finasteride tab 1MG (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - Drugs to remove hair		
VANIQA CREAM 13.9% ***(eflornithine hcl)***	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ALDARA CREAM 5% ***(imiquimod)***	3	-
imiquimod cream 5% (ALDARA Equiv)	1	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ELIDEL CREAM 1% ***(pimecrolimus)***	3	Covered for members 2 years or older
HYFTOR GEL .2% ***(sirolimus (topical))***	4	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
pimecrolimus cream 1% (ELIDEL Equiv)	1	Covered for members 2 years or older
PROTOPIC OINT .03%, .1% ***(tacrolimus (topical))***	3	-
tacrolimus oint .03%, .1% (PROTOPIC OINT Equiv)	1	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PODOCON SOLN 25% ***(podophyllum resin)***	2	-
PODOFILOX SOLN .5% (CONDYLOX Equiv) ***(podofilox)***	1	-
podofilox soln .5% (CONDYLOX Equiv)	1	-
SALEX SHAMPOO 2%, 3% ***(salicylic acid)***	3	-
SALEX SHAMPOO 6% ***(salicylic acid)***	3	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
lidocaine cream 3% 3%, 4% (LIDAMANTLE Equiv)	1	-
lidocaine gel .5%, 2% (XYLOCAINE Equiv)	1	-
lidocaine oint 5%	1	QL QL= 107gm/30 days
lidocaine patch 4% (LIDODERM Equiv)	1	QL QL= 3 patches/day
lidocaine patch 5% 5% (LIDODERM Equiv)	1	QL QL= 3 patches/day
lidocaine soln 4% (XYLOCAINE Equiv)	1	-
lidocaine/prilocaine cream 2.5% (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% ***(lidocaine)***	3	QL QL= 3 patches/day
SYNERA PATCH 70MG ***(lidocaine-tetracaine)***	3	-
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% ***(aluminum chloride)***	1	-
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
hydroquinone cream 4% (LUSTRA Equiv)	EXC	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRI-LUMA CREAM .01%-.05%-4% ***(fluocinolone-hydroquinone-tretinoin)***	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
azelaic acid gel 15% (FINACEA Equiv)	1	-
brimonidine tartrate gel .33% (MIRVASO Equiv)	EXC	-
FINACEA GEL 15% ***(azelaic acid)***	3	-
METROCREAM .75% ***(metronidazole (topical))***	3	-
METROGEL 1% 1% ***(metronidazole (topical))***	3	-
METROLOTION .75% ***(metronidazole (topical))***	3	-
metronidazole cream .75% (METROCREAM Equiv)	1	-
metronidazole gel 1% (METROGEL Equiv)	1	-
metronidazole gel 0.75% .75% (METROGEL Equiv)	1	-
metronidazole lotion .75% (METROLOTION Equiv)	1	-
MIRVASO GEL .33% ***(brimonidine tartrate (topical))***	EXC	-
RHOFADE CREAM 1% ***(oxymetazoline hcl (topical))***	EXC	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
CROTAN LOTION 10% ***(crotamiton)***	3	-
ELIMITE CREAM 5% ***(permethrin)***	3	-
LINDANE SHAMPOO 1% ***(lindane)***	1	-
malathion lotion .5% (OVIDE Equiv)	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% ***(spinosad)***	3	QL QL= 1 bottle/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OVIDE LOTION .5% ***(malathion)***	3	QL QL= 2 bottles/fill
permethrin cream 5% (ELIMITE CREAM Equiv)	1	-
SPINOSAD SUSP .9% ***(spinosad)***	2	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% ***(becaplermin)***	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM ***(balsam peru-castor oil)***	2	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
ACCU-CHEK AVIVA PLUS TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK GUIDE TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication

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COVID-19 TEST ***(covid-19 at home test)***	$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 TEST CARTRIDGE ***(covid-19 at home test)***	EXC	OTC
CUE HEALTH MONITOR ***(covid-19 at home test)***	EXC	OTC
KETO-DIASTIX TEST STRIP ***(urine glucose-ketones test)***	1	OTC
KETOSTIX ***(acetone (urine) test)***	1	OTC
ONETOUCH TEST STRIP ***(glucose blood)***	2	OTC
ONETOUCH VERIO TEST STRIP ***(glucose blood)***	2	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
ASTAMED MYO CAP ***(astaxanthin-tocotrienol-zinc-cholecalciferol)***	EXC	-
DEPLIN CAP ***(l-methylfolate-algae)***	EXC	-
ELIGEN B12 TAB ***(cyanocobalamin-salcaprozate sodium)***	EXC	-
FALESSA TAB ***(levomefolate glucosamine)***	EXC	-
FOLTANX TAB ***(l-methylfolate w/ vitamin b6-vitamin b12)***	EXC	-
GLYGEST PAK ***(2-fucosyllactose & lacto-n-neotetraose)***	EXC	-
L-METHYLFOLATE TAB ***(l-methylfolate)***	EXC	-

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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= $250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LUVIRA CAP ***(omega-3-acid ethyl esters (dietary management))***	EXC	-
METANX CAP ***(l-methylfolate w/ algae-vitamin b12-vitamin b6)***	EXC	-
OLLIZAC POWDER ***(2-fucosyllactose & lacto-n-neotetraose)***	EXC	-
PODIAPN CAP ***(l-methylfolate w/ vitamin b6-vitamin b12)***	EXC	-
XAQUIL XR TAB ***(levomefolate glucosamine)***	EXC	-
XYZBAC TAB ***(dietary management product)***	EXC	-
INFANT FOODS		
INFANT FORMULA LIQUID ***(infant foods)***	2	OTC-PA
INFANT FORMULA POWDER ***(infant foods)***	2	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID ***(nutritional supplements)***	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ***(nutritional supplements)***	2	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
acetazolamide ER cap 500MG (DIAMOX SEQUEL Equiv)	1	-
acetazolamide tab 125MG, 250MG	1	-
methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB ***(methazolamide)***	3	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTAZIDE TAB 25MG ***(spironolactone & hydrochlorothiazide)***	3	-
ALDACTAZIDE TAB 50-50MG 50MG ***(spironolactone & hydrochlorothiazide)***	3	-
AMILORIDE/HCTZ TAB 5MG-50MG ***(amiloride & hydrochlorothiazide)***	1	-
amiloride/hydrochlorothiazide tab 5MG-50MG (MODURETIC Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG ***(triamterene & hydrochlorothiazide)***	3	-
spironolactone/hydrochlorothiazide tab 25MG (ALDACTAZIDE Equiv)	1	-
triamterene/hydrochlorothiazide cap 25MG-37.5MG (DYAZIDE Equiv)	1	-
triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG (MAXZIDE Equiv)	1	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
bumetanide tab .5MG, 1MG, 2MG (BUMEX Equiv)	1	-
DEMADEX TAB ***(torsemide)***	3	-
EDECRIN TAB 25MG ***(ethacrynic acid)***	3	-
ethacrynic tab 25MG (EDECRIN Equiv)	1	-
FUROSCIX KIT 80MG/10ML ***(furosemide)***	4	LD-QL QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML ***(furosemide)***	1	-
furosemide soln 10MG/ML	1	-
furosemide tab 20MG, 40MG, 80MG (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG ***(furosemide)***	3	-
torsemide tab 100MG, 10MG, 20MG, 5MG (DEMADEX Equiv)	1	-

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POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTONE TAB 100MG, 25MG, 50MG ***(spironolactone)***	3	-
amiloride tab 5MG (MIDAMOR Equiv)	1	-
CARISPIR SUSP 25MG/5ML ***(spironolactone)***	3	PA
spironolactone susp 25MG/5ML (CAROSPIR Equiv)	1	PA
spironolactone tab 100MG, 25MG, 50MG (ALDACTONE Equiv)	1	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB ***(chlorothiazide)***	1	-
chlorothiazide tab	1	-
chlorthalidone tab 25MG, 50MG	1	-
DIURIL SUSP 250MG/5ML ***(chlorothiazide)***	2	-
hydrochlorothiazide cap 12.5MG (MICROZIDE Equiv)	1	-
hydrochlorothiazide tab 12.5MG, 25MG, 50MG (HYDRODIURIL Equiv)	1	-
indapamide tab 1.25MG, 2.5MG (LOZOL Equiv)	1	-
metolazone tab 10MG, 2.5MG, 5MG (ZAROXOLYN Equiv)	1	-
MICROZIDE CAP ***(hydrochlorothiazide)***	3	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACTONEL TAB 150MG, 35MG ***(risedronate sodium)***	3	ST Step Therapy requires trial of alendronate
alendronate sodium oral soln 70MG/75ML (FOSAMAX Equiv)	1	-
alendronate tab 10MG, 35MG, 70MG (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 5MG ***(alendronate sodium)***	2	-
ATELVIA TAB 35MG ***(risedronate sodium)***	3	ST Step Therapy requires trial of alendronate
BONIVA TAB 150MG 150MG ***(ibandronate sodium)***	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
calcitonin nasal spray 200UNIT/ACT (MIACALCIN Equiv)	1	-
FOSAMAX TAB 70MG ***(alendronate sodium)***	3	-
ibandronate tab 150mg 150MG (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate

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NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ***(parathyroid hormone (recombinant))***	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
PROLIA INJ 60MG/ML ***(denosumab)***	M	M
risedronate DR tab 35MG (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate
risedronate tab 150MG, 30MG, 35MG, 5MG (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
TERIPARATIDE INJ 620MCG/2.48ML 620MCG/2.48ML ***(teriparatide (recombinant))***	4	LMSP
TYMLOS INJ 3120MCG/1.56ML ***(abaloparatide)***	4	LMSP
CORTICOTROPIN ***		
ACTHAR GEL INJ 80UNIT/ML ***(corticotropin)***	4	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
ORILISSA TAB 150MG 150MG ***(elagolix sodium)***	2	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG ***(elagolix sodium)***	2	PA-QL QL= 2 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ***(pegvisomant)***	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG ***(tesamorelin acetate)***	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG ***(somatropin)***	4	LMSP-PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML ***(somatropin)***	4	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG ***(lonapegsomatropin-tcgd)***	4	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
EVISTA TAB 60MG ***(raloxifene hcl)***	3	-
raloxifene tab 60MG (EVISTA Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INCRELEX INJ 40MG/4ML ***(mecasermin)***	4	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
LUPRON DEPOT PED INJ 11.25MG, 30MG ***(leuprolide acetate (cpp) (3 month))***	M	M
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG ***(leuprolide acetate (cpp))***	M	M
SYNAREL NASAL SOLN 2MG/ML ***(nafarelin acetate)***	4	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
ALDURAZYME INJ 2.9MG/5ML ***(laronidase)***	M	M
calcitriol cap .25MCG, .5MCG (ROCALTROL Equiv)	1	-
calcitriol soln 1MCG/ML (ROCALTROL Equiv)	1	-
carglumic acid tab 200MG (CARBAGLU Equiv)	4	LD-PA Only available through AnovoRx 844-288-5007
CARNITOR SOLN 1GM/10ML ***(levocarnitine (metabolic modifiers))***	3	-
CARNITOR TAB 330MG ***(levocarnitine (metabolic modifiers))***	3	-
cinacalcet tab 30MG, 60MG, 90MG (SENSIPAR Equiv)	4	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
doxercalciferol cap .5MCG, 1MCG, 2.5MCG (HECTOROL Equiv)	1	-
FABRAZYME INJ 35MG, 5MG ***(agalsidase beta)***	M	M
HECTOROL CAP ***(doxercalciferol)***	3	-
levocarnitine soln 1GM/10ML (CARNITOR Equiv)	1	-
levocarnitine tab 330MG (CARNITOR Equiv)	1	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML ***(pegvaliase-pqpz)***	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
paricalcitol cap 1MCG, 2MCG, 4MCG (ZEMPLAR Equiv)	1	-
PHEBURANE ORAL PELLETS 483MG/GM ***(sodium phenylbutyrate)***	4	LD Only available through Accredo 800-803-2523
ROCALTROL CAP .25MCG, .5MCG ***(calcitriol)***	3	-
ROCALTROL SOLN 1MCG/ML ***(calcitriol)***	3	-
sapropterin dihydrochloride powder packet 100MG, 500MG (KUVAN Equiv)	1	LMSP-PA
sapropterin dihydrochloride soluble tab 100MG (KUVAN Equiv)	1	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ***(asfotase alfa)***	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
ZEMPLAR CAP 1MCG, 2MCG ***(paricalcitol)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG ***(vosoritide)***	4	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
DDAVP INJ 4MCG/ML ***(desmopressin acetate)***	3	-
DDAVP NASAL SOLN .01% ***(desmopressin acetate refrigerated)***	3	-
DDAVP NASAL SPRAY .01% ***(desmopressin acetate spray)***	3	-
DDAVP TAB .1MG, .2MG ***(desmopressin acetate)***	3	-
desmopressin acetate inj 4MCG/ML (DDAVP Equiv)	1	-
desmopressin acetate nasal spray .01%, .1MG/ML (DDAVP Equiv)	1	-
desmopressin acetate tab .1MG, .2MG (DDAVP Equiv)	1	-
STIMATE NASAL SOLN 1.5MG/ML ***(desmopressin acetate)***	2	LMSP
PROGESTERONE RECEPTOR ANTAGONISTS ***		
mifepristone tab 200MG (MIFIPREX Equiv)	$0	-
MIFIPREX TAB 200MG ***(mifepristone)***	EXC	-
PROLACTIN INHIBITORS - Drugs to regulate hormones		
cabergoline tab .5MG (DOSTINEX Equiv)	1	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)	4	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML ***(octreotide acetate)***	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ***(pasireotide diaspartate)***	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG ***(tolvaptan)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ***(tolvaptan)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
ACTIVELLA TAB .5MG-1MG ***(estradiol & norethindrone acetate)***	3	-
estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG (ACTIVELLA Equiv)	1	-
FEMHRT TAB .5MG-2.5MCG ***(norethindrone acetate-ethinyl estradiol)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
jinteli tab .5MG-2.5MCG, 1MG-5MCG (FEMHRT Equiv)	1	-
MYFEMBREE TAB .5MG-1MG-40MG ***(relugolix-estradiol-norethindrone acetate)***	2	PA-QL QL= 1 tab/day
ORIAHNN CAP .5MG-1MG-300MG ***(elagolix sodium-estradiol-norethindrone acetate)***	2	PA-QL QL= 2 caps/day
PREFEST TAB ***(estradiol-norgestimate)***	3	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ***(conjugated estrogens-medroxyprogesterone acetate)***	2	-
ESTROGENS - Drugs used for contraception		
ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ***(estradiol)***	3	-
CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR ***(estradiol)***	3	-
DELESTROGEN INJ 10MG/ML, 20MG/ML, 40MG/ML ***(estradiol valerate)***	3	QL QL= 5ml/fill
ESTRACE TAB ***(estradiol tab)***	3	-
estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (VIVELLE-DOT Equiv)	1	-
estradiol tab .5MG, 1MG, 2MG (ESTRACE Equiv)	1	-

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estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML (DELESTROGEN Equiv)	1	QL QL= 5ml/fill
MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG ***(esterified estrogens)***	3	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ***(estrogens, conjugated)***	2	-
VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ***(estradiol)***	3	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		
FLUOROQUINOLONES - Drugs to treat bacterial infections		
AVELOX TAB ***(moxifloxacin hcl)***	3	-
CIPRO SUSP 500MG/5ML, 5GM/100ML ***(ciprofloxacin)***	3	-
CIPRO TAB 250MG, 500MG ***(ciprofloxacin hcl)***	3	-
CIPROFLOXACIN 100MG TAB 100MG ***(ciprofloxacin hcl)***	3	-
ciprofloxacin susp 500MG/5ML, 5GM/100ML (CIPRO Equiv)	1	-
ciprofloxacin tab 250MG, 500MG, 750MG (CIPRO Equiv)	1	-
LEVAQUIN TAB 250MG, 500MG, 750MG ***(levofloxacin)***	3	-
levofloxacin soln 25MG/ML (LEVAQUIN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LEVOFLOXACIN SOLN 25MG/ML 25MG/ML ***(levofloxacin)***	1	-
levofloxacin tab 250MG, 500MG, 750MG (LEVAQUIN Equiv)	1	-
moxifloxacin tab 400MG (AVELOX Equiv)	1	-
ofloxacin tab 400MG (FLOXIN Equiv)	1	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation		
TRULANCE TAB 3MG ***(plecanatide)***	2	PA
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG ***(cholic acid)***	4	LD-PA Only available through Dohmen LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG ***(obeticholic acid)***	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
ACTIGALL CAP 300MG ***(ursodiol)***	3	-
URSO FORTE TAB 250MG, 500MG ***(ursodiol)***	3	-
ursodiol cap 300MG (ACTIGALL Equiv)	1	-
ursodiol tab 250MG, 500MG (URSO (FORTE) Equiv)	1	-

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GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
cromolyn conc 100MG/5ML (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML ***(cromolyn sodium (mastocytosis))***	3	-
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation		
lubiprostone cap 24MCG, 8MCG (AMITIZA Equiv)	1	PA-QL QL= 2 caps/day
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
metoclopramide soln 10MG/10ML, 5MG/5ML (REGLAN Equiv)	1	-
metoclopramide tab 10MG, 5MG (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG ***(metoclopramide hcl)***	3	-
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		
BYLVAY CAP 1200MCG 1200MCG ***(odevixibat)***	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG ***(odevixibat)***	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BYLVAY SPRINKLE CAP 200MCG 200MCG ***(odevixibat)***	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG ***(odevixibat)***	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML ***(maralixibat chloride)***	4	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
AZULFIDINE EN TAB 500MG ***(sulfasalazine)***	3	-
AZULFIDINE TAB 500MG ***(sulfasalazine)***	3	-
balsalazide cap 750MG (COLAZAL Equiv)	1	-
CIMZIA INJ 200MG/ML ***(certolizumab pegol)***	4	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ***(certolizumab pegol)***	4	LMSP-PA-QL QL= 1 kit/plan year
COLAZAL CAP 750MG ***(balsalazide disodium)***	3	-
DIPENTUM CAP 250MG ***(olsalazine sodium)***	3	-
mesalamine DR tab 1.2GM (LIALDA Equiv)	1	-
mesalamine enema 4GM (ROWASA Equiv)	1	-
mesalamine ER cap .375GM (APRISO Equiv)	1	-
mesalamine supp 1000MG (CANASA Equiv)	1	-
MESALAMINE TAB DR 800MG ***(mesalamine)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SFROWASA ENEMA 4GM/60ML ***(mesalamine)***	3	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML ***(risankizumab-rzaa (crohn's))***	4	LMSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML ***(risankizumab-rzaa (crohn's))***	4	LMSP-PA-QL QL= 1 inj/56 days
sulfasalazine EC tab 500MG (AZULFIDINE Equiv)	1	-
sulfasalazine tab 500MG (AZULFIDINE Equiv)	1	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
lactulose soln 10GM/15ML	1	-
IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system		
alosetron tab .5MG, 1MG (LOTRONEX Equiv)	1	-
LINZESS CAP 145MCG, 290MCG, 72MCG ***(linaclotide)***	3	PA-QL QL= 1 cap/day
LOTRONEX TAB .5MG, 1MG ***(alosetron hcl)***	3	-
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
MOVANTIK TAB 12.5MG, 25MG ***(naloxegol oxalate)***	2	PA
SYMPROIC TAB ***(naldemedine tosylate)***	2	PA
SYMPROIC TAB .2MG ***(naldemedine tosylate)***	2	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
AURYXIA TAB 210MG ***(ferric citrate)***	3	-
calcium acetate cap 667MG (PHOSLO Equiv)	1	-
FOSRENOL CHEW TAB 1000MG, 500MG, 750MG ***(lanthanum carbonate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FOSRENOL POWDER PACK 1000MG, 750MG ***(lanthanum carbonate)***	2	-
lanthanum carbonate chew tab 1000MG, 500MG, 750MG (FOSRENOL Equiv)	1	-
PHOSLO CAP 667MG ***(calcium acetate (phosphate binder))***	3	-
PHOSLYRA SOLN 667MG/5ML ***(calcium acetate (phosphate binder))***	2	-
RENAGEL TAB 800MG 800MG ***(sevelamer hcl)***	3	-
RENVELA TAB 800MG ***(sevelamer carbonate)***	3	-
sevelamer hydrochloride tab 400MG, 800MG (RENAGEL Equiv)	1	-
sevelamer powder pak .8GM, 2.4GM (RENVELA Equiv)	1	-
sevelamer tab 800MG (RENVELA TAB Equiv)	1	-
VELPHORO CHEW TAB 500MG ***(sucroferric oxyhydroxide)***	3	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG ***(potassium citrate-citric acid)***	1	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ***(pot & sod citrates w/citric ac)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORACIT SOLN 490MG/5ML-640MG/5ML ***(sodium citrate & citric acid)***	1	-
potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG (UROCIT-K TAB Equiv)	1	-
potassium citrate/citric acid powder pack 1002MG-3300MG (POLYCITRA Equiv)	1	-
potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML (POLYCITRA-K Equiv)	1	-
sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML (BICITRA Equiv)	1	-
tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML (POLYCITRA-LC Equiv)	1	-
UROCIT-K TAB 1080MG, 15MEQ, 540MG ***(potassium citrate (alkalinizer))***	3	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG ***(cysteamine bitartrate)***	4	LD-PA Only available through CVS Specialty 800-238-7828
IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
FILSPARI TAB 200MG, 400MG ***(sparsentan)***	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG ***(pentosan polysulfate sodium)***	2	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
alfuzosin SR tab 10MG (UROXATRAL Equiv)	1	-
AVODART CAP .5MG ***(dutasteride)***	3	-
dutasteride cap .5MG (AVODART Equiv)	1	-
finasteride tab 5MG (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG ***(tamsulosin hcl)***	3	-
PROSCAR TAB ***(finasteride tab)***	3	-
tamsulosin cap .4MG (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG ***(alfuzosin hcl)***	3	-
URINARY ANALGESICS - Drugs to treat urinary pain		
phenazopyridine tab 100MG, 200MG (PYRIDIUM Equiv)	1	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
LITHOSTAT TAB 250MG ***(acetohydroxamic acid)***	3	-
tiopronin tab 100MG (THIOLA Equiv)	4	LMSP-PA
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
colchicine/probenecid tab .5MG-500MG (COL-BENEMID Equiv)	1	-
GOUT AGENTS - Drugs to treat gout		
allopurinol tab 100MG, 300MG (ZYLOPRIM Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
colchicine tab .6MG (COLCRYS Equiv)	2	-
febuxostat tab 40MG, 80MG (ULORIC Equiv)	1	ST Step Therapy requires trial of allopurinol
GLOPERBA SOLN .6MG/5ML ***(colchicine)***	3	PA Prior Authorization required for members age 9 or older
ULORIC TAB 40MG, 80MG ***(febuxostat)***	3	ST Step Therapy requires trial of allopurinol
ZYLOPRIM TAB 100MG, 300MG ***(allopurinol)***	3	-
URICOSURICS - Drugs to treat gout		
probenecid tab 500MG (BENEMID Equiv)	1	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML ***(emicizumab-kxwh)***	4	LMSP-PA
BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions		
icatibant inj 30MG/3ML (FIRAZYR Equiv)	M	M
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
CINRYZE INJ 500UNIT ***(c1 esterase inhibitor (human))***	M	M

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EMPAVELI INJ 1080MG/20ML ***(pegcetacoplan)***	4	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG ***(avacopan)***	4	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		
TAVALISSE TAB 100MG, 150MG ***(fostamatinib disodium)***	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
pentoxifylline ER tab 400MG (TRENTAL Equiv)	1	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
TAKHZYRO INJ 300MG/2ML ***(lanadelumab-flyo)***	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML 150MG/ML ***(lanadelumab-flyo)***	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
AGRYLIN CAP .5MG ***(anagrelide hcl)***	3	-
anagrelide cap .5MG, 1MG (AGRYLIN Equiv)	1	-
BRILINTA TAB 60MG, 90MG ***(ticagrelor)***	2	-

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CABLIVI INJ KIT 11MG ***(caplacizumab-yhdp)***	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
cilostazol tab 100MG, 50MG (PLETAL Equiv)	1	-
clopidogrel tab 75mg 75MG (PLAVIX Equiv)	1	-
dipyridamole tab 25MG, 50MG, 75MG (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG ***(prasugrel hcl)***	3	-
PLAVIX TAB 75MG 75MG ***(clopidogrel bisulfate)***	3	-
prasugrel tab 10MG, 5MG (EFFIENT Equiv)	1	-
ZONTIVITY TAB 2.08MG ***(vorapaxar sulfate)***	3	RS Restricted to Cardiology Specialist
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
PYRUKYND TAB 20MG, 50MG, 5MG ***(mitapivat sulfate)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK 5MG ***(mitapivat sulfate)***	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG ***(eliglustat tartrate)***	4	MSP-PA
CEREZYME INJ 400UNIT ***(imiglucerase)***	M	M

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
miglustat cap 100MG (ZAVESCA Equiv)	4	LD-PA Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG ***(hydroxyurea (sickle cell disease))***	2	-
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
ENDARI POWDER PACK 5GM ***(glutamine (sickle cell))***	4	LMSP-PA-QL QL= 6 packets/day
OXBRYTA TAB FOR ORAL SUSP 300MG ***(voxelotor)***	4	LD-PA-QL QL= 5 tabs/day; Only available through Accredo 800-803-2523
COBALAMINS - Drugs to treat vitamin deficiency		
cyanocobalamin inj 1000MCG/ML	1	-
NASCOBAL NASAL SPRAY 500MCG/0.1ML ***(cyanocobalamin)***	3	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
folic acid tab 1mg 1MG	$0	Covered at $0 for females only; All other members covered at generic copay
folic acid tab 400mcg 400MCG	$0	OTC Covered for females only
folic acid tab 800mcg 800MCG	$0	OTC Covered for females only

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HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG ***(avatrombopag maleate)***	4	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ***(pegfilgrastim-jmdb)***	4	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML ***(filgrastim-aafi)***	4	LMSP
NYVEPRIA INJ 6MG/0.6ML ***(pegfilgrastim-apgf)***	4	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ***(eltrombopag olamine)***	4	LMSP-PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ***(epoetin alfa-epbx)***	4	LMSP
RETACRIT INJ 40000UNIT/ML ***(epoetin alfa-epbx)***	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ***(filgrastim-sndz)***	4	LMSP
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG ***(fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid)***	3	-
folbee tab 1MG-2.5MG-25MG	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG ***(fe asp gly-fe polysaccharide-succ acd-c-threonic acid-b12-fa)***	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ***(fe asparto gly-succinic acd-vit c-threonic acd-vit b12-fa)***	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ***(fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa)***	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ***(fe asparto gly-succin ac-c-threonic ac-b12-des stom subst)***	1	-
MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG ***(iron-vitamin c-vitamin b12-folic acid)***	3	-
multivitamin tab 1MG-25MCG-100MG-250MG	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75 MG-200MG-300MCG ***(ferrous fumarate w/ fa-dss-b complex-vit c)***	2	-
tricon cap .5MG-15MCG-75MG-110MG-240MG (TRINSICON Equiv)	1	-

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HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
AMICAR SOLN .25GM/ML ***(aminocaproic acid)***	3	-
AMICAR TAB 1000MG, 500MG ***(aminocaproic acid)***	3	-
aminocaproic acid soln .25GM/ML (AMICAR Equiv)	1	-
aminocaproic acid tab 1000MG, 500MG (AMICAR Equiv)	1	-
CYKLOKAPRON INJ 1000MG/10ML ***(tranexamic acid)***	M	M
LYSTEDA TAB 650MG ***(tranexamic acid)***	3	-
tranexamic acid inj 1000MG/10ML (CYKLOKAPRON Equiv)	M	M
tranexamic acid tab 650MG (LYSTEDA Equiv)	1	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
zolpidem tab 10MG, 5MG (AMBIEN Equiv)	1	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	1	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
BUTISOL TAB 30MG ***(butabarbital sodium)***	3	-
phenobarbital elixir 20MG/5ML	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG	1	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
AMBIEN CR TAB 12.5MG, 6.25MG ***(zolpidem tartrate)***	3	QL QL= 1 tab/day
AMBIEN TAB ***(zolpidem tartrate tab)***	3	QL QL= 1 tab/day
estazolam tab 1MG, 2MG (PROSOM Equiv)	1	-
eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)	1	QL QL= 1 tab/day
HALCION TAB .25MG ***(triazolam)***	3	-
LUNESTA TAB 1MG, 2MG, 3MG ***(eszopiclone)***	3	QL QL= 1 tab/day
midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML (MIDAZOLAM Equiv)	1	RS Restricted to Neurology Specialist
RESTORIL CAP 15MG 15MG ***(temazepam)***	3	-
RESTORIL CAP 22.5MG 22.5MG ***(temazepam)***	3	-
RESTORIL CAP 30MG 30MG ***(temazepam)***	3	-
RESTORIL CAP 7.5MG 7.5MG ***(temazepam)***	3	-
temazepam cap 15mg 15MG (RESTORIL Equiv)	1	-
temazepam cap 22.5mg 22.5MG (RESTORIL Equiv)	1	-
temazepam cap 30mg 30MG (RESTORIL Equiv)	1	-
temazepam cap 7.5mg 7.5MG (RESTORIL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
triazolam tab .125MG, .25MG (HALCION Equiv)	1	-
zaleplon cap 10MG, 5MG (SONATA Equiv)	1	QL QL= 1 cap/day
zolpidem ER tab 12.5MG, 6.25MG (AMBIEN CR Equiv)	1	QL QL= 1 tab/day
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		
ramelteon tab 8MG (ROZEREM Equiv)	1	QL QL= 1 tab/day
ROZEREM TAB 8MG ***(ramelteon)***	3	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	$0	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	$0	QL Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM ***(peg 3350-potassium chloride-sod bicarbonate-sod chloride)***	$0	QL Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
peg 3350 soln (100 gram Moviprep equiv) 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM (MOVIPREP Equiv)	$0	QL QL= 2 fills/year; $0 for members 45-75 years, all other members covered at generic copay
peg 3350/electrolytes soln 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (COLYTE Equiv)	$0	QL Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
sodium/magnesium/potassium soln 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv)	$0	QL QL= 2 fills/calendar year; $0 for members 45-75 years, all other members covered at generic copay
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
lactulose soln	1	-
MIRALAX 17GM/SCOOP ***(polyethylene glycol 3350)***	EXC	OTC
polyethylene glycol 3350 powder 17GM/SCOOP (MIRALAX Equiv)	EXC	OTC
MACROLIDES - Drugs to treat bacterial infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AZITHROMYCIN - Drugs to treat bacterial infections		
azithromycin susp 100MG/5ML, 200MG/5ML (ZITHROMAX Equiv)	1	-
azithromycin tab 250MG, 500MG, 600MG (ZITHROMAX Equiv)	1	-
ZITHROMAX POWDER PACK 1GM ***(azithromycin)***	3	-
ZITHROMAX SUSP 100MG/5ML, 200MG/5ML ***(azithromycin)***	3	-
ZITHROMAX TAB 250MG, 500MG, 600MG ***(azithromycin)***	3	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
BIAXIN TAB ***(clarithromycin)***	3	-
clarithromycin ER tab 500MG (BIAXIN XL Equiv)	1	-
CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML ***(clarithromycin)***	2	-
clarithromycin tab 250MG, 500MG (BIAXIN Equiv)	1	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN EC CAP 250MG ***(erythromycin base)***	2	-
erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML (ERYPED Equiv)	1	-
erythromycin tab 250MG, 500MG (ERYTHROMYCIN Equiv)	1	all forms except PCE
PCE TAB ***(erythromycin base (coated))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FIDAXOMICIN - Drugs to treat infections		
DIFICID SUSP 40MG/ML ***(fidaxomicin)***	2	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB 200MG ***(fidaxomicin)***	2	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
CERVICAL CAP ***(cervical caps)***	$0	-
DIAPHRAGM 2% ***(diaphragm wide seal)***	$0	-
FEMALE CONDOMS ***(condoms - female)***	$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS ***(condoms latex non-lubricated - male)***	$0	OTC-QL QL= 12 condoms/fill
DIABETIC SUPPLIES - Devices to assist with diabetes		
ACCU-CHEK AVIVA PLUS METER ***(blood glucose monitoring supplies)***	$0	OTC
ACCU-CHEK GUIDE CARE METER ***(blood glucose monitoring supplies)***	$0	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACCU-CHEK GUIDE ME KIT ***(blood glucose monitoring supplies)***	$0	OTC
ACCU-CHEK NANO METER ***(blood glucose monitoring supplies)***	$0	OTC
CALIBRATION LIQUID ***(blood glucose calibration)***	1	OTC
DEXCOM G6 RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER ***(continuous blood glucose system transmitter)***	2	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
DEXCOM G7 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3 READER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 2 sensors/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FREESTYLE LIBRE RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY) ***(continuous blood glucose system sensor)***	2	PA-QL QL= 2 sensors/28 days
LANCET DEVICE ***(lancet devices)***	1	OTC
LANCET KIT ***(lancets misc.)***	1	OTC
LANCETS ***(lancets)***	1	OTC
OMNIPOD 5 INTRO KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS ***(insulin infusion disposable pump)***	2	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/year
OMNIPOD DASH PODS ***(insulin infusion disposable pump)***	2	QL QL= 10 pods/month
OMNIPOD GO KIT ***(insulin infusion disposable pump)***	2	QL QL= 10 pods/month
OMNIPOD STARTER KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/year
ONETOUCH DELICA LANCETS ***(lancets)***	2	OTC
ONETOUCH DELICA PLUS LANCETS ***(lancets)***	2	OTC
ONETOUCH DELICA ULTRASOFT LANCETS ***(lancets)***	2	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ONETOUCH METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO FLEX METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO IQ METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO REFLECT METER ***(blood glucose monitoring supplies)***	$0	OTC
V-GO INJ KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% ***(alcohol swabs)***	1	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D AUTOSHIELD DUO PEN NEEDLE ***(insulin pen needle)***	1	OTC
B-D INSULIN SYRINGE U-500 ***(insulin syringe/needle u-500)***	1	-
CARETOUCH MIS ***(needle (disp) 27 g)***	1	OTC
TECHLITE INSULIN SYRINGE ***(insulin syringe/needle u-100)***	1	OTC
TECHLITE PEN NEEDLE ***(insulin pen needle)***	1	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRUEPLUS INSULIN SYRINGE ***(insulin syringe/needle u-100)***	1	OTC
TRUEPLUS PEN NEEDLE ***(insulin pen needle)***	1	OTC
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER ***(spacer/aerosol-holding chambers)***	2	OTC
AEROCHAMBER SUPPLIES ***(spacer/aerosol-holding chamber supplies - bags)***	2	-
PEAK FLOW METER ***(peak flow meter)***	1	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
UBRELVY TAB 100MG, 50MG ***(ubrogepant)***	2	PA-QL QL= 10 tabs/30 days, 6 fills/year
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
ergotamine tartrate/caffeine tab 1MG-100MG (CAFERGOT Equiv)	1	-
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
dihydroergotamine mesylate inj 1MG/ML (D.H.E. Equiv)	1	QL QL= 10 inj/14 days
ERGOMAR SL TAB 2MG ***(ergotamine tartrate)***	3	-
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ ***(erenumab-aooe)***	2	PA-QL QL= 1 pack/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AJOVY INJ 225MG/1.5ML ***(fremanezumab-vfrm)***	2	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ***(galcanezumab-gnlm)***	2	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML ***(galcanezumab-gnlm)***	2	PA-QL QL= 3 inj/fill, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
IMITREX INJ 4MG/0.5ML ***(sumatriptan succinate)***	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML, 6MG/0.5ML ***(sumatriptan succinate)***	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB 100MG, 25MG, 50MG ***(sumatriptan succinate)***	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG ***(rizatriptan benzoate)***	3	QL QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB 10MG ***(rizatriptan benzoate)***	3	QL QL= 12 tabs/fill, 3 fills/60 days
REYVOW TAB 100MG, 50MG ***(lasmiditan succinate)***	2	PA-QL QL= 8 tabs/30 days, 6 fills/year
rizatriptan ODT 10MG, 5MG (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab 10MG, 5MG (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML ***(sumatriptan succinate)***	1	QL QL= 4 inj/fill, 2 fills/30 days
sumatriptan inj 4MG/0.5ML, 6MG/0.5ML	1	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ***(sumatriptan succinate)***	2	QL QL= 4 inj/fill, 2 fills/30 days
sumatriptan tab 100MG, 25MG, 50MG (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab 2.5MG, 5MG (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
sodium fluoride soln .125MG/DROP, .5MG/ML (LURIDE Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG (LURIDE Equiv) ***(sodium fluoride)***	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
sodium fluoride tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG (LURIDE Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
MAGNESIUM - Drugs to treat electrolyte disorders		

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MAGNESIUM SU INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML ***(magnesium sulfate)***	M	M
magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%	M	M
PHOSPHATE - Drugs to treat electrolyte deficiency		
K-PHOS NEUTRAL TAB 130MG-155MG-852MG ***(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)***	3	-
K-PHOS TAB 500MG ***(potassium phosphate monobasic)***	2	-
phospha 250 neutral tab 130MG-155MG-852MG (K-PHOS NEUTRAL Equiv)	1	-
potassium phosphate monobasic tab 500MG (K-PHOS Equiv)	1	-
POTASSIUM - Drugs to treat electrolyte disorders		
K-TAB 8MEQ ***(potassium chloride)***	3	-
K-TAB 10MEQ, 20MEQ ***(potassium chloride)***	3	-
potassium bicarbonate effer tab 25MEQ (K-LYTE Equiv)	1	-
potassium chloride ER cap 10MEQ, 8MEQ (MICRO-K Equiv)	1	-
potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ (K-TAB Equiv)	1	-

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potassium chloride micro tab 10MEQ, 15MEQ, 20MEQ (K-DUR Equiv)	1	-
potassium chloride powder packet 20MEQ (KLOR-CON Equiv)	1	-
potassium chloride soln 10%, 20%	1	-
POTASSIUM CHLORIDE TAB ER 8MEQ ***(potassium chloride)***	3	-
SODIUM - Drugs to treat electrolyte disorders		
SOD CHLORIDE INJ .9%, 4MEQ/ML ***(sodium chloride)***	M	M
sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%	M	M
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG ***(zinc acetate (oral))***	2	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
DEPEN TITRATAB 250MG ***(penicillamine)***	3	-
penicillamine tab 250MG (DEPEN TITRATAB Equiv)	1	-
trientine cap 250MG (SYPRINE Equiv)	4	LMSP-PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
JOENJA TAB 70MG ***(leniolisib phosphate)***	4	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479

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lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (REVLIMID Equiv)	4	LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ***(lenalidomide)***	3	LD-PA-QL QL= 1 cap/day; Only available through Walgreens 888-347-3416
REZUROCK TAB 200MG ***(belumosudil mesylate)***	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ENSPRYNG INJ 120MG/ML ***(satralizumab-mwge)***	4	LMSP-PA-QL
everolimus tab .25MG, .5MG, .75MG, 1MG (ZORTRESS Equiv)	4	LMSP-PA
LUPKYNIS CAP 7.9MG ***(voclosporin)***	4	LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
sirolimus soln 1MG/ML (RAPAMUNE Equiv)	1	-
MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS)		
VIJOICE TAB 125MG, 50MG ***(alpelisib (pros agents))***	4	MSP-PA-QL QL= 1 tab/day

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VIJOICE TAB 250MG ***(alpelisib (pros agents))***	4	MSP-PA-QL QL= 2 tabs/day
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM ***(sodium zirconium cyclosilicate)***	4	LMSP-PA
SPS SUSP 15GM/60ML ***(sodium polystyrene sulfonate)***	1	-
PROGERIA TREATMENT AGENTS ***		
ZOKINVY CAP 50MG, 75MG ***(lonafarnib)***	4	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML ***(belimumab)***	4	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ***(belimumab)***	4	LMSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM /119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML ***(diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
lidocaine viscous soln 2% (LIDOCAINE HCL (MOUTH-THROAT) Equiv)	1	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
clotrimazole troches 10MG (MYCELEX TROCHES Equiv)	1	-
nystatin susp 100000UNIT/ML	1	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
chlorhexidine gluconate soln .12% (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% ***(chlorhexidine gluconate (mouth-throat))***	3	-
DENTAL PRODUCTS - Drugs to prevent cavities		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% ***(sodium fluoride-potassium nitrate)***	1	-
PREVIDENT SOLN .2% ***(sodium fluoride (dental))***	2	-
sodium fluoride cream 1.1% (PREVIDENT Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
sodium fluoride gel 1.1% (PREVIDENT Equiv)	1	-
sodium fluoride paste 1.1% (PREVIDENT Equiv)	1	-
sodium fluoride rinse .02%, .022%, .05%, .2% (PREVIDENT Equiv)	1	-
sodium fluoride/potassium nitrate paste 1.1%-5% (PREVIDENT Equiv)	1	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
triamcinolone in orabase paste .1% (KENALOG/ORABASE Equiv)	1	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
cevimeline cap 30MG (EVOXAC Equiv)	1	-
EVOXAC CAP 30MG ***(cevimeline hcl)***	3	-
pilocarpine tab 5MG, 7.5MG (SALAGEN Equiv)	1	-
SALAGEN TAB 5MG, 7.5MG ***(pilocarpine hcl (oral))***	3	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
DIALYVITE TAB ***(b-complex w/ c-biotin-e-minerals & folic acid)***	1	-
DIALYVITE/ZINC TAB ***(b-complex w/ c-zn & folic acid)***	1	-
FOLBEE PLUS CZ TAB ***(b-complex w/ c-biotin-minerals & folic acid)***	1	-
NEPHROCAP ***(b-complex w/ c & folic acid)***	3	-
renaphro cap (NEPHROCAP Equiv)	1	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
multivitamin/minerals tab (STROVITE Equiv)	1	-
V-C FORTE CAP ***(multiple vitamins w/ minerals)***	3	-
v-c forte cap (V-C FORTE Equiv)	1	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ESCAVITE CHEW TAB ***(ped multivitamins w/fl & iron)***	3	-
pediatric multiple vitamins/fluoride/iron soln	1	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS ***(pediatric multivitamins w/fl)***	2	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG ***(pediatric multivitamins w/fl)***	1	-
MULTIVITAMIN/FLOURIDE CHEW 1MG ***(pediatric multivitamins w/fl)***	1	-
MULTIVITAMIN/FLUORIDE CHEW TAB ***(pediatric multivitamins w/fl)***	1	-
pediatric multiple vitamins/fluoride chew tab	1	-
pediatric multiple vitamins/fluoride soln	1	-
QUFLORA PEDIATRIC CHEW TAB ***(pediatric multivitamins w/fl)***	3	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
CONCEPT DHA CAP ***(prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)***	3	-
MYNATAL-Z TAB ***(prenatal vit w/ ferrous fumarate-folic acid)***	3	-
NEONATAL 19 TAB ***(prenatal vitamin-folic acid)***	3	-
NEONATAL FE TAB ***(prenatal multivitamins w/ iron-folic acid)***	3	-

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PRENATABS RX TAB ***(prenatal vit w/ iron carbonyl-folic acid)***	3	-
PRENATAL 19 CHEW TAB ***(prenatal vit w/ ferrous fumarate-folic acid)***	3	-
PRENATAL 19 TAB ***(prenatal vit w/ docusate-fe fumarate-folic acid)***	3	-
PRENATAL VITAMINS (NON-PREFERRED) ***(prenatal vit w/fe carbonyl-fe bisglyc-methylfol-dss & dha)***	3	-
VITAFOL STRIPS ***(prenatal w/ vit b6-b12-cholecalciferol-folic acid)***	3	-
VP-PNV-DHA CAP ***(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)***	3	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
BACLOFEN SUSP 25MG/5ML ***(baclofen)***	1	PA Prior Authorization Required for members age 9 or older
baclofen susp 25MG/5ML	1	PA Prior Authorization Required for members age 9 or older
baclofen tab 10MG, 20MG, 5MG (BACLOFEN Equiv)	1	-
carisoprodol tab 350MG (SOMA Equiv)	1	QL QL=120 tabs/30 days

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chlorzoxazone tab 500mg 500MG	1	-
cyclobenzaprine tab 10mg 10MG (FLEXERIL Equiv)	1	-
cyclobenzaprine tab 5mg 5MG (FLEXERIL Equiv)	1	-
FLEQSUVY SUSP 1MG/ML, 5MG/ML ***(baclofen)***	3	PA Prior Authorization required for members age 9 or older
LYVISPAH GRANULE PACKET 10MG, 20MG, 5MG ***(baclofen)***	3	PA Members age 9 or older require Prior Authorization
metaxalone tab 400MG, 800MG (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG ***(metaxalone)***	3	-
methocarbamol tab 500MG, 750MG (ROBAXIN Equiv)	1	-
ROBAXIN TAB 750MG ***(methocarbamol)***	3	-
SKELAXIN TAB 800MG ***(metaxalone)***	3	-
SOMA TAB 350MG ***(carisoprodol)***	3	QL QL=120 tabs/30 days
tizanidine tab (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG ***(tizanidine hcl)***	3	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
DANTRIUM CAP 25MG, 50MG ***(dantrolene sodium)***	3	-
dantrolene cap 100MG, 25MG, 50MG (DANTRIUM Equiv)	1	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		

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NASAL AGENTS - MISC. - Miscellaneous nasal agents		
ALCOHOL SWABS 62% ***(alcohol (nasal))***	1	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
azelastine nasal spray 0.1% .1%, 137MCG/SPRAY (ASTELIN Equiv)	1	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
ipratropium nasal spray .03%, .06% (ATROVENT Equiv)	1	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
BECONASE AQ NASAL SPRAY 42MCG/SPRAY ***(beclomethasone diprop monohyd)***	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
fluticasone nasal spray 50MCG/ACT (FLONASE Equiv)	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT ***(triamcinolone acetonide (nasal))***	3	OTC-QL QL= 2 bottles/fill
triamcinolone OTC nasal spray 55MCG/ACT (NASACORT Equiv)	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT ***(ciclesonide (nasal))***	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALS AGENTS - Drugs to treat ALS		
RADICAVA ORS STARTER KIT 105MG/5ML ***(edaravone)***	4	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML ***(edaravone)***	4	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
RELYVRIO PAK 1GM-3GM ***(sodium phenylbutyrate-taurursodiol)***	4	LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523
riluzole tab 50MG (RILUTEK Equiv)	1	-
FRIEDRICH'S ATAXIA AGENTS ***		
SKYCLARYS CAP 50MG ***(omaveloxolone)***	4	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
RETT SYNDROME AGENTS ***		
DAYBUE SOLN 200MG/ML ***(trofinetide)***	4	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML ***(risdiplam)***	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
NUTRIENTS - Drugs to treat nutrient disorders		

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 12/1/2023

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LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN ***(medium chain triglycerides)***	2	OTC-PA
MCT OIL ***(medium chain triglycerides)***	2	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG ***(creatine)***	2	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET ***(citrulline)***	2	OTC-PA
phlexy-10 tab	1	OTC-PA
pro-stat liquid	1	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
BETAGAN OPHTH SOLN ***(levobunolol hcl)***	3	-
brimonidine/timolol ophth soln .2%-.5% (COMBIGAN Equiv)	1	-
COSOPT OPHTH SOLN 6.8MG/ML-22.3MG/ML ***(dorzolamide hcl-timolol maleate)***	3	-
dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML (COSOPT Equiv)	1	-
LEVOBUNOLOL OPHTH SOLN .5% (BETAGAN Equiv) ***(levobunolol hcl)***	1	-
levobunolol ophth soln .5% (BETAGAN Equiv)	1	-
timolol maleate ophth gel .25%, .5% (TIMOPTIC-XE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
timolol maleate ophth soln .25%, .5% (TIMOPTIC Equiv)	1	-
TIMOPTIC OPHTH SOLN .25%, .5% ***(timolol maleate (ophth))***	3	-
TIMOPTIC-XE OPHTH GEL .25%, .5% ***(timolol maleate (ophth))***	3	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
atropine ophth oint 1%	1	-
atropine ophth soln 1% (ISOPTO ATROPINE Equiv)	1	-
ATROPINE SUL SOLN 1% OPHTH 1% ***(atropine sulfate (ophthalmic))***	1	-
ATROPINE SULFATE OPHTH OINT 1% ***(atropine sulfate (ophthalmic))***	1	-
CYCLOGYL OPHTH SOLN .5%, 2% ***(cyclopentolate hcl)***	3	-
CYCLOGYL OPHTH SOLN 1% ***(cyclopentolate hcl)***	3	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ***(cyclopentolate w/ phenylephrine)***	2	-
cyclopentolate ophth soln .5%, 1%, 2% (CYCLOGYL Equiv)	1	-
HOMATROPINE OPHTH SOLN 5% ***(homatropine hbr)***	2	-
MYDRIACYL OPHTH SOLN ***(tropicamide ophth soln)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
phenylephrine ophth soln 10%, 2.5% (MYDFRIN Equiv)	1	-
tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)	1	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN ***(carbachol (ophth))***	2	-
ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% ***(pilocarpine hcl)***	3	-
pilocarpine ophth soln 1%, 2%, 4% (ISOPTO CARPINE Equiv)	1	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
ALPHAGAN P OPHTH SOLN 0.15% .1%, .15% ***(brimonidine tartrate)***	3	-
APRACLONIDINE OPHTH SOLN .5% ***(apraclonidine hcl)***	2	-
apraclonidine ophth soln .5% (IOPIDINE Equiv)	1	-
brimonidine ophth soln 0.15% .15% (ALPHAGAN P 0.15% Equiv)	1	-
brimonidine ophth soln 0.2% .2%	1	-
brimonidine tartrate ophth soln 0.1% .1% (ALPHAGAN Equiv)	1	-
IOPIDINE OPHTH SOLN 1% ***(apraclonidine hcl)***	2	-
IOPIDINE OPHTH SOLN ***(apraclonidine hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SIMBRINZA OPHTH SUSP .2%-1% ***(brinzolamide-brimonidine tartrate)***	2	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
AZASITE SOLN 1% ***(azithromycin (ophth))***	2	-
BACITRACIN OPHTH OINT 500UNIT/GM ***(bacitracin (ophthalmic))***	2	-
bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM (NEOSPORIN Equiv)	1	-
bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% ***(sulfacetamide sodium (ophth))***	3	-
CILOXAN OPHTH OINT .3% ***(ciprofloxacin hcl (ophth))***	3	-
CILOXAN OPHTH SOLN .3% ***(ciprofloxacin hcl (ophth))***	3	-
ciprofloxacin ophth soln .3% (CILOXAN Equiv)	1	-
erythromycin ophth oint 5MG/GM	1	-
gatifloxacin ophth soln .5% (ZYMAXID Equiv)	1	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GENTAK OPHTH OINT .3% ***(gentamicin sulfate (ophth))***	1	-
gentamicin ophth soln .3% (GARAMYCIN Equiv)	1	-
levofloxacin ophth soln .5% (QUIXIN Equiv)	1	-
LEVOFLOXACIN OPHTH SOLN 0.5% .5% ***(levofloxacin (ophth))***	1	-
moxifloxacin ophth soln .5% (VIGAMOX OPHTH SOLN Equiv)	1	-
NATACYN OPHTH SUSP 5% ***(natamycin)***	2	QL QL= 15ml/fill
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ***(neomycin-polymyxin-gramicidin)***	1	-
NEOSPORIN OPHTH SOLN ***(neomycin-polymyxin-gramicidin)***	3	-
OCUFLOX OPHTH SOLN .3% ***(ofloxacin (ophth))***	3	-
ofloxacin ophth soln .3% (OCUFLOX Equiv)	1	-
polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML (POLYTRIM Equiv)	1	-
POLYTRIM OPHTH SOLN .1%-10000UNIT/ML ***(polymyxin b-trimethoprim)***	3	-
sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)	1	-
tobramycin ophth soln .3% (TOBREX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TOBREX OPHTH OINT ***(tobramycin sulfate (ophth))***	3	-
TOBREX OPHTH SOLN ***(tobramycin sulfate (ophth))***	3	-
TRIFLURIDINE OPHTH SOLN 1% ***(trifluridine)***	1	-
VIGAMOX OPHTH SOLN .5% ***(moxifloxacin hcl (ophth))***	3	-
ZIRGAN OPHTH GEL .15% ***(ganciclovir ophthalmic)***	2	-
ZYMAXID OPHTH SOLN .5% ***(gatifloxacin (ophth))***	3	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
cyclosporine ophth emulsion .05% (RESTASIS Equiv)	1	RS Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
ALCAINE OPHTH SOLN .5% ***(proparacaine hcl)***	3	-
proparacaine ophth soln .5% (ALCAINE Equiv)	1	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)	1	-
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% ***(sulfacetamide sod-prednisolone)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DEXAMETHASONE OPHTH SOLN .1% ***(dexamethasone sodium phosphate (ophth))***	2	-
difluprednate ophth emulsion .05% (DUREZOL Equiv)	1	-
DUREZOL OPHTH EMULSION .05% ***(difluprednate)***	3	-
FLAREX OPHTH SUSP .1% ***(fluorometholone acetate)***	3	-
fluorometholone ophth soln (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% ***(fluorometholone (ophth))***	3	-
FML LIQUIFLIM OPHTH SUSP .1% ***(fluorometholone (ophth))***	3	-
FML S.O.P. OPHTH OINT .1% ***(fluorometholone (ophth))***	3	-
LOTEMAX OPHTH OINT .5% ***(loteprednol etabonate)***	2	-
LOTEMAX OPHTH SUSP .5% ***(loteprednol etabonate)***	3	-
loteprednol etabonate ophth gel .5% (LOTEMAX Equiv)	1	-
loteprednol ophth susp .5% (LOTEMAX Equiv)	1	-
MAXIDEX OPHTH SOLN .1%, 9% ***(dexamethasone (ophth))***	2	-
MAXITROL OPHTH OINT .1%-3.5MG/GM-10000UNIT/GM ***(neomycin-polymy-dexameth)***	3	-

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MAXITROL OPHTH SUSP .1%-3.5MG/ML-10000UNIT/ML ***(neomycin-polymy-dexameth)***	3	-
neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	1	-
neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML ***(neomycin-polymyxin-hc (ophth))***	1	-
PRED FORTE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	3	-
PRED FORTE OPHTH SUSP ***(prednisolone acetate (ophth))***	3	-
PRED MILD OPHTH SOLN .12% ***(prednisolone acetate (ophth))***	2	-
PRED-G OPHTH SOLN .3%-1% ***(gentamicin-prednisolone acetate)***	2	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	1	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	1	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ***(prednisolone sodium phosphate (ophth))***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% ***(sulfacetamide sod-prednisolone)***	1	-
TOBRADEX OPHTH OINT .1%-.3% ***(tobramycin-dexamethasone)***	2	-
TOBRADEX OPHTH SOLN .1%-.3% ***(tobramycin-dexamethasone)***	3	-
TOBRADEX ST OPHTH SUSP ***(tobramycin-dexamethasone ophth susp)***	3	-
tobramycin/dexamethasone ophth soln .1%-.3% (TOBRADEX Equiv)	1	-
ZYLET OPHTH SUSP .3%-.5% ***(loteprednol etabonate-tobramycin)***	2	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		
ACULAR (LS) OPHTH SOLN .4%, .5% ***(ketorolac tromethamine (ophth))***	3	-
ACUVAIL OPHTH SOLN .45% ***(ketorolac tromethamine (ophth))***	3	-
ALOCRIL OPHTH SOLN 2% ***(nedocromil sodium (ophth))***	2	-
ALOMIDE OPHTH SOLN .1% ***(lodoxamide tromethamine)***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
azelastine ophth soln .05% (OPTIVAR Equiv)	1	-
AZOPT OPHTH SUSP 1% ***(brinzolamide)***	3	-
bepotastine ophth soln 1.5% (BEPREVE Equiv)	1	-
BEPREVE OPHTH SOLN 1.5% ***(bepotastine besilate)***	3	-
brinzolamide ophth susp 1% (AZOPT Equiv)	1	-
bromfenac ophth soln .09% (BROMDAY Equiv)	1	-
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) ***(bromfenac sodium (ophth))***	1	-
cromolyn ophth soln 4% (CROLOM Equiv)	1	-
CROMOLYN SODIUM OPHTH SOLN 4% ***(cromolyn sodium (ophth))***	1	-
CYSTADROPS SOLN .37% ***(cysteamine hcl)***	4	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN .44% ***(cysteamine hcl)***	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
diclofenac sodium ophth soln .1% (VOLTAREN Equiv)	1	-
dorzolamide ophth soln 2% (TRUSOPT Equiv)	1	-
ELESTAT OPHTH SOLN ***(epinastine hcl (ophth))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EMADINE OPHTH SOLN ***(emedastine difumarate)***	3	-
epinastine opthth soln .05% (ELESTAT Equiv)	1	-
FLURBIPROFEN OPHTH SOLN .03% ***(flurbiprofen sodium)***	2	-
ILEVRO OPHTH SUSP .3% ***(nepafenac)***	2	-
ketorolac ophth soln .4%, .5% (ACULAR (LS) Equiv)	1	-
ketotifen ophth soln .035% (ZADITOR Equiv)	1	OTC OTC covered only
LASTACAFT OPHTH SOLN .25% ***(alcaftadine)***	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% ***(nepafenac)***	2	-
olopatadine ophth soln 0.1% .1% (PATANOL Equiv)	1	OTC
olopatadine ophth soln 0.2% .2% (PATADAY Equiv)	1	OTC-QL QL= 2.5ml/30 days
PATANOL OPHTH SOLN .1% ***(olopatadine hcl)***	3	-
PROLENSA OPHTH SOLN .07% ***(bromfenac sodium (ophth))***	2	-
TRUSOPT OPHTH SOLN 2% ***(dorzolamide hcl)***	3	-
UPNEEQ SOLN .1% ***(oxymetazoline hcl (blepharoptosis))***	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
bimatoprost ophth soln .03%	1	QL QL= 2.5ml/30 days

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latanoprost ophth soln .005% (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ***(bimatoprost)***	2	QL QL= 2.5ml/30 days
TRAVATAN Z DROPS .004% ***(travoprost)***	3	QL QL= 2.5ml/30 days
travoprost ophth soln .004% (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
XALATAN OPHTH SOLN .005% ***(latanoprost)***	3	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
acetic acid otic soln 2% (VOSOL Equiv)	1	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
CIPROFLOXACIN OTIC SOLN .2% ***(ciprofloxacin hcl (otic))***	2	-
ofloxacin otic soln .3% (FLOXIN Equiv)	1	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
CIPRO HC OTIC SUSP .2%-1% ***(ciprofloxacin-hydrocortisone)***	3	-
CIPRODEX OTIC SUSP .1%-.3% ***(ciprofloxacin-dexamethasone)***	3	-
ciprofloxacin/dexamethasone otic susp .1%-.3% (CIPRODEX Equiv)	1	-

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COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ***(neomycin-colistin-hc-thonzonium)***	2	-
neomycin/polymixin/hydrocoritisone otic soln 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
neomycin/polymixin/hydrocoritisone otic susp 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
OTIC STEROIDS - Drugs to treat ear swelling		
ACETASOL HC OTIC SOLN 1%-2% ***(hydrocortisone w/acetic acid)***	1	-
acetic acid/hydrocortisone otic soln 1%-2% (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% ***(fluocinolone acetonide (otic))***	3	-
fluocinolone otic oil .01% (DERMOTIC Equiv)	1	-
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		
methylergonovine tab .2MG (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
GAMASTAN INJ ***(immune globulin (human) im)***	M	M

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM ***(immune globulin (human) iv)***	M	M
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human) subcutaneous)***	2	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ***(immune globulin (human)-hyaluronidase (human recombinant))***	4	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human) subcutaneous)***	2	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human)-klhw)***	4	LD-PA Only available through Diplomat Pharmacy 877-977-9118
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
amoxicillin cap 250MG, 500MG (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG ***(amoxicillin)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML (TRIMOX Equiv)	1	-
amoxicillin tab 500MG, 875MG (AMOXIL Equiv)	1	-
ampicillin cap 500MG (AMPICILLIN Equiv)	1	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
PENICILLIN G PROCAINE INJ 600000UNIT/ML ***(penicillin g procaine)***	M	M
PENICILLIN G SODIUM INJ 5000000UNIT ***(penicillin g sodium)***	M	M
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML ***(penicillin v potassium)***	1	-
penicillin vk tab 250MG, 500MG (VEETIDS Equiv)	1	-
PFIZERPEN G INJ 20000000UNIT, 5000000UNIT (PFIZERPEN G Equiv) ***(penicillin g potassium)***	M	M
pfizerpen g inj 20000000UNIT, 5000000UNIT (PFIZERPEN G Equiv)	M	M
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG ***(amoxicillin & pot clavulanate)***	3	-
amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)	1	-
ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM	M	M
AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML ***(amoxicillin & pot clavulanate)***	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML ***(amoxicillin & pot clavulanate)***	3	-
AUGMENTIN TAB 125MG-500MG ***(amoxicillin & pot clavulanate)***	3	-
piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM	M	M
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
dicloxacillin cap 250MG, 500MG (DYNAPEN Equiv)	1	-
nafcillin inj 10GM, 1GM, 2GM	M	M
oxacillin inj 10GM, 1GM, 2GM	M	M
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES ***(polyethylene glycol 8000)***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
AYGESTIN TAB 5MG ***(norethindrone acetate)***	3	-
hydroxyprogesterone inj 250MG/ML (MAKENA Equiv)	4	LMSP-PA
medroxyprogesterone tab 10MG, 2.5MG, 5MG (PROVERA Equiv)	1	-
norethindrone tab 5MG (AYGESTIN Equiv)	1	-
progesterone cap 100MG, 200MG (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG ***(progesterone)***	3	-
PROVERA TAB 10MG, 2.5MG, 5MG ***(medroxyprogesterone acetate)***	3	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
acamprosate calcium DR tab 333MG (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG ***(disulfiram)***	3	-
disulfiram tab 250MG, 500MG (ANTABUSE Equiv)	1	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM ***(sodium oxybate)***	4	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SODIUM OXYBATE SOLN 500MG/ML ***(sodium oxybate)***	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
ARICEPT TAB 10MG, 5MG ***(donepezil hydrochloride)***	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG ***(donepezil hydrochloride)***	3	QL QL= 1 tab/day
donepezil ODT 10MG, 5MG (ARICEPT Equiv)	1	QL QL= 1 tab/day
donepezil tab 10MG, 5MG (ARICEPT Equiv)	1	QL QL= 2 tabs/day
donepezil tab 23mg 23MG (ARICEPT Equiv)	1	QL QL= 1 tab/day
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR ***(rivastigmine)***	3	ST Step Therapy requires trial of rivastigmine cap
galantamine ER cap 16MG, 24MG, 8MG (RAZADYNE ER Equiv)	1	-
galantamine tab 12MG, 4MG, 8MG (RAZADYNE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
memantine ER cap 14MG, 21MG, 28MG, 7MG (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab
memantine sol 10MG/5ML, 2MG/ML (NAMENDA Equiv)	1	-
memantine tab 10MG, 5MG (NAMENDA Equiv)	1	-
NAMENDA TAB 10MG, 5MG ***(memantine hcl)***	3	-
RAZADYNE ER CAP 16MG, 24MG, 8MG ***(galantamine hydrobromide)***	3	-
RAZADYNE TAB 12MG, 4MG, 8MG ***(galantamine hydrobromide)***	3	-
rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG (EXELON Equiv)	1	-
rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG ***(chlordiazepoxide-amitriptyline)***	1	-
olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (SYMBYAX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ***(perphenazine-amitriptyline)***	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG ***(olanzapine-fluoxetine hcl)***	3	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK ***(milnacipran hcl)***	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ***(milnacipran hcl)***	2	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
INGREZZA CAP 40MG, 60MG, 80MG ***(valbenazine tosylate)***	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
INGREZZA PACK 40-80MG ***(valbenazine tosylate)***	4	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585
tetrabenazine tab 12.5MG, 25MG (XENAZINE Equiv)	4	LMSP-PA
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AVONEX INJ 30MCG/0.5ML ***(interferon beta-1a)***	4	LMSP
dalfampridine ER tab 10MG (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
dimethyl fumarate DR cap 120MG, 240MG (TECFIDERA Equiv)	1	LMSP

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 12/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK Equiv)	1	LMSP
EXTAVIA INJ .3MG ***(interferon beta-1b)***	4	MSP
fingolimod hcl cap 0.5mg .5MG (GILENYA Equiv)	1	LMSP
GILENYA CAP 0.25MG .25MG ***(fingolimod hcl)***	4	LMSP-QL QL= 1 cap/day
glatiramer inj 20MG/ML, 40MG/ML (COPAXONE Equiv)	1	LMSP
KESIMPTA INJ 20MG/0.4ML ***(ofatumumab (ms))***	4	LMSP
MAVENCLAD PAK 10MG ***(cladribine (multiple sclerosis))***	4	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG ***(siponimod fumarate)***	4	LMSP
MAYZENT TAB STARTER PACK .25MG ***(siponimod fumarate)***	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	4	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	4	LMSP
teriflunomide tab 14MG, 7MG (AUBAGIO TAB Equiv)	1	LMSP
ZEPOSIA CAP .92MG ***(ozanimod hcl)***	4	LMSP-PA-QL QL= 1 cap/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZEPOSIA STARTER PACK ***(ozanimod hcl)***	4	LMSP-PA-QL QL= 1 cap/day
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG ***(dextromethorphan hbr-quinidine sulfate)***	2	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psyotherapeutic and neurological drugs		
ERGOLOID MESYLATES TAB 1MG ***(ergoloid mesylates)***	3	-
ORAP TAB ***(pimozide)***	3	-
PIMOZIDE TAB 1MG, 2MG ***(pimozide)***	2	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
bupropion SR tab (ZYBAN Equiv)	$0	SMKG
nicotine gum 2MG, 4MG (NICORETTE Equiv)	$0	OTC-SMKG
NICOTINE KIT ***(nicotine)***	$0	OTC-SMKG
nicotine lozenge 2MG, 4MG (COMMIT Equiv)	$0	OTC-SMKG
nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR (NICODERM Equiv)	$0	OTC-SMKG
NICOTROL INHALER 10MG ***(nicotine)***	$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML ***(nicotine)***	$0	SMKG
VARENICLINE TAB .5MG, 1MG ***(varenicline tartrate)***	$0	SMKG
varenicline tartrate tab .5MG, 1MG (VARENICLINE Equiv)	$0	SMKG

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
varenicline tartrate tab starter pack (VARENICLINE PAK Equiv)	$0	SMKG
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML ***(inotersen sodium)***	4	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG ***(ivacaftor)***	4	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG ***(ivacaftor)***	4	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG ***(lumacaftor-ivacaftor)***	4	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ***(lumacaftor-ivacaftor)***	4	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML ***(dornase alfa)***	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ***(tezacaftor-ivacaftor)***	4	KMSP-PA-QL QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG ***(elexacaftor-tezacaftor-ivacaftor)***	4	KMSP-PA-QL QL= 84 tabs/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG ***(elexacaftor-tezacaftor-ivacaftor)***	4	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG ***(pirfenidone)***	4	LMSP-PA-QL-SF QL= 9 caps/day
ESBRIET TAB 267MG 267MG ***(pirfenidone)***	4	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ***(pirfenidone)***	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ***(nintedanib esylate)***	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
pirfenidone cap 267MG (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 caps/day
pirfenidone tab 267mg 267MG (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 tabs/day
pirfenidone tab 801mg 801MG (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 3 tabs/day
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
sulfadiazine tab 500MG	1	-
TETRACYCLINES - Drugs to treat bacterial infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TETRACYCLINES - Drugs to treat infections		
demeclocycline tab 150MG, 300MG (DECLOMYCIN Equiv)	1	-
doxycycline hyclate cap 100MG, 50MG (VIBRAMYCIN Equiv)	1	-
doxycycline hyclate tab 100MG, 20MG (VIBRATAB Equiv)	1	-
doxycycline monohydrate cap 100mg 100MG (MONODOX Equiv)	1	-
doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)	1	-
doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)	1	-
doxycycline susp 25MG/5ML (VIBRAMYCIN Equiv)	1	-
MINOCIN CAP 100MG, 50MG ***(minocycline hcl)***	3	-
minocycline cap 100MG, 50MG, 75MG (MINOCIN Equiv)	1	-
MONODOX CAP ***(doxycycline (monohydrate))***	3	-
tetracycline cap 250MG, 500MG	1	-
VIBRAMYCIN CAP 100MG ***(doxycycline hyclate)***	3	-
VIBRAMYCIN SUSP 25MG/5ML ***(doxycycline (monohydrate))***	3	-
VIBRAMYCIN SYRUP 50MG/5ML ***(doxycycline calcium)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
methimazole tab (TAPAZOLE Equiv)	1	-
propylthiouracil tab 50MG	1	-
TAPAZOLE TAB 10MG, 5MG ***(methimazole)***	3	-
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 120MG, 130MG, 146.25MG, 15MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 30MG, 32.5MG, 325MG, 48.75MG, 60MG, 65MG, 81.25MG, 90MG, 97.5MG ***(thyroid)***	1	-
ARMOUR THYROID TAB, NATURE THROID TAB 60MG ***(thyroid)***	1	-
CYTOMEL TAB 25MCG, 50MCG, 5MCG ***(liothyronine sodium)***	3	-
levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG (SYNTHROID Equiv)	1	-
liothyronine tab 25MCG, 50MCG, 5MCG (CYTOMEL Equiv)	1	-
np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG ***(levothyroxine sodium)***	3	-
THYROLAR TAB ***(liotrix (t3-t4))***	2	-
TIROSINT-SOL 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML ***(levothyroxine sodium)***	3	PA-QL QL=1 ml/day; Prior Authorization required for members age 9 or older
TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	$0	VAC Covered for members age 19 years or older
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ 5LFU/0.5ML-25LFU/0.5ML ***(diphtheria-tetanus toxoids (dt))***	EXC	VAC

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KINRIX INJ, QUADRACEL DTAP-IPV INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	EXC	VAC
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	EXC	VAC
PENTACEL INJ 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ***(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)***	EXC	VAC
TETANUS/DIPHTHERIA TOXOID INJ 2LF/0.5ML ***(tetanus-diphtheria toxoids (td))***	$0	VAC Covered for members age 19 years or older
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
ANASPAZ ODT .125MG ***(hyoscyamine sulfate)***	3	-
BENTYL CAP ***(dicyclomine hcl)***	3	-
BENTYL SYRUP ***(dicyclomine hcl)***	3	-
dicyclomine cap 10MG (BENTYL Equiv)	1	-
dicyclomine soln 10MG/5ML (BENTYL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
dicyclomine tab 20MG (BENTYL Equiv)	1	-
glycopyrrolate tab 1MG, 2MG (ROBINUL Equiv)	1	-
hyoscyamine sulfate CR tab .375MG (LEVBID Equiv)	1	-
hyoscyamine sulfate elixir .125MG/5ML (LEVSIN Equiv)	1	-
hyoscyamine sulfate ODT .125MG (ANASPAZ Equiv)	1	-
hyoscyamine sulfate SL tab .125MG (LEVSIN Equiv)	1	-
hyoscyamine tab .125MG (LEVSIN Equiv)	1	-
LEVBID TAB .375MG ***(hyoscyamine sulfate)***	3	-
LEVSIN SL TAB .125MG ***(hyoscyamine sulfate)***	3	-
LEVSIN TAB .125MG ***(hyoscyamine sulfate)***	3	-
methscopolamine tab 2.5MG, 5MG (PAMINE Equiv)	1	-
ROBINUL TAB 1MG, 2MG ***(glycopyrrolate)***	3	-
SYMAX DUOTAB .375MG ***(hyoscyamine sulfate)***	3	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
cimetidine tab 200MG, 300MG, 400MG, 800MG (TAGAMET Equiv)	1	-
famotidine susp 40MG/5ML (PEPCID Equiv)	1	-
famotidine tab 10MG, 20MG, 40MG (PEPCID Equiv)	1	-
nizatidine cap 150MG, 300MG (AXID Equiv)	1	-
NIZATIDINE SOLN 15MG/ML ***(nizatidine)***	3	PA Members age 9 or older require Prior Authorization
PEPCID SUSP ***(famotidine)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PEPCID TAB 10MG, 20MG, 40MG ***(famotidine)***	3	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE TAB 1GM ***(sucralfate)***	3	-
sucralfate tab 1GM (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
ACIPHEX TAB 20MG ***(rabeprazole sodium)***	3	-
esomeprazole cap 20MG, 40MG (NEXIUM Equiv)	1	OTC
lansoprazole cap 15MG, 30MG (PREVACID Equiv)	1	OTC
omeprazole DR cap 10MG, 20MG, 40MG (PRILOSEC Equiv)	1	-
pantoprazole EC tab 20MG, 40MG (PROTONIX Equiv)	1	-
PREVACID CAP 30MG ***(lansoprazole)***	3	OTC
PREVACID OTC CAP 15MG ***(lansoprazole)***	3	OTC
rabeprazole EC tab 20MG (ACIPHEX Equiv)	1	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
CYTOTEC TAB 100MCG, 200MCG ***(misoprostol)***	3	-
misoprostol tab 100MCG, 200MCG (CYTOTEC Equiv)	1	-
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
ANTISPASMODICS - Drugs to treat diarrhea		
CUVPOSA SOLN 1MG/5ML ***(glycopyrrolate)***	4	MSP
glycopyrrolate oral soln 1MG/5ML (CUVPOSA Equiv)	4	MSP
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
NIZATIDINE CAP 150MG, 300MG ***(nizatidine)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE SUSP 1GM/10ML ***(sucralfate)***	3	-
sucralfate susp 1GM/10ML (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
omeprazole tab 20MG	1	OTC
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
ZEGERID CAP OTC 20MG-1100MG ***(omeprazole-sodium bicarbonate)***	1	OTC
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
darifenacin SR tab 15MG, 7.5MG (ENABLEX Equiv)	1	PA
DETROL LA CAP 2MG, 4MG ***(tolterodine tartrate)***	3	-
DETROL TAB 1MG, 2MG ***(tolterodine tartrate)***	3	-
DITROPAN XL TAB 10MG, 5MG ***(oxybutynin chloride)***	3	-
ENABLEX TAB 15MG, 7.5MG ***(darifenacin hydrobromide)***	3	PA
fesoterodine fumarate ER tab 4MG, 8MG (TOVIAZ Equiv)	1	-
oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)	1	-
oxybutynin syrup 5MG/5ML	1	-
oxybutynin tab 5MG (DITROPAN Equiv)	1	-

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OXYTROL PATCH (OTC) 3.9MG/24HR ***(oxybutynin)***	1	OTC
solifenacin tab 10MG, 5MG (VESICARE Equiv)	1	-
tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)	1	-
tolterodine tab 1MG, 2MG (DETROL Equiv)	1	-
TOVIAZ TAB 4MG, 8MG ***(fesoterodine fumarate)***	3	-
trospium chloride SR cap 60MG (SANCTURA XR Equiv)	1	PA
trospium tab 20MG (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG ***(solifenacin succinate)***	3	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG ***(mirabegron)***	2	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
bethanechol tab 10MG, 25MG, 50MG, 5MG (URECHOLINE Equiv)	1	-
URECHOLINE TAB 10MG, 25MG, 50MG, 5MG ***(bethanechol chloride)***	3	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
ACTHIB INJ, HIBERIX INJ 10MCG ***(haemophilus b polysac conj vac)***	EXC	VAC
BEXSERO INJ ***(meningococcal vac group b (recombant omv adjuvanted))***	$0	VAC Covered for members age 19 years or older

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MENVEO INJ ***(meningococcal (a,c,y&w-135) oligosaccharide conjugate vac)***	EXC	VAC
PEDVAXHIB INJ 7.5MCG/0.5ML ***(haemophilus b polysac conj vac)***	EXC	VAC
PNEUMOVAX INJ 25MCG/0.5ML ***(pneumococcal vac polyvalent)***	$0	VAC
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine)***	$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
PREVNAR 20 INJ ***(pneumococcal 20-valent conjugate vaccine)***	$0	QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older
TRUMENBA INJ ***(meningococcal group b vaccine (recombinant))***	$0	VAC Covered for members age 19 years or older
VAXNEUVANCE INJ ***(pneumococcal 15-valent conjugate vaccine)***	$0	QL-VAC QL= 1 vaccine/lifetime
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ ***(influenza virus vaccine split preservative free)***	$0	QL-VAC QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ ***(influenza virus vaccine split)***	$0	QL-VAC QL= 1 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COMIRNATY INJ 30MCG/0.3ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL-VAC QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML 30MCG/0.3ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML ***(covid-19 mrna bivalent virus vaccine (moderna))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML ***(covid-19 mrna bivalent virus vaccine (pfizer))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 10MCG/0.2ML ***(covid-19 mrna bivalent virus vaccine (pfizer))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 3MCG/0.2ML ***(covid-19 mrna bivalent virus vaccine (pfizer))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 10MCG/0.2ML ***(covid-19 mrna bivalent virus vaccine (moderna))***	$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN) .5ML ***(covid-19 (sars-cov-2) adenovirus vaccine)***	$0	QL-VAC QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX) 5MCG/0.5ML ***(covid-19 (sars-cov-2) subunit (spike) protein virus vaccine)***	$0	QL-VAC QL= 1 dose/17 days

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COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.3ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL-VAC QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA) 25MCG/0.25ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL-VAC QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.3ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL-VAC QL= 1 dose/17 days
DENGVAXIA SUSP ***(dengue virus vaccine live tetravalent)***	EXC	VAC
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 40MCG/ML, 5MCG/0.5ML ***(hepatitis b vaccine (recomb))***	$0	VAC Covered for members age 19 years or older
FLUAD INJ ***(influenza virus vaccine types a & b surface antigen adjuvant)***	$0	QL-VAC QL= 1 inj/28 days
FLUAD QUAD INJ .5ML ***(influenza virus vacc types a & b surf antigen adjuvant quad)***	$0	QL-VAC QL= 1 inj/28 days
FLUBLOK QUAD PF INJ ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX QUAD INJ ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP ***(influenza virus vaccine live quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ ***(influenza virus vac split high-dose quad preservative free)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ ***(influenza virus vaccine split high-dose preservative free)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
HEPLISAV-B INJ ***(hepatitis b vaccine recombinant adjuvanted)***	$0	VAC Covered for members age 19 years or older
IMOVAX INJ 2.5UNIT/ML ***(rabies virus vaccine, hdc)***	$0	VAC Covered for members age 19 years or older
IPOL INJ ***(poliovirus vaccine, ipv)***	EXC	VAC
PREHEVBRIO SUSP 10MCG/ML ***(hepatitis b vaccine 3-antigen recombinant)***	$0	VAC
RABAVERT INJ ***(rabies vaccine, pcec)***	$0	VAC
ROTARIX SUSP ***(rotavirus vaccine, live oral)***	EXC	VAC
ROTATEQ INJ ***(rotavirus vaccine, live oral pentavalent)***	EXC	VAC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SHINGRIX INJ 50MCG/0.5ML ***(zoster vaccine recombinant adjuvanted)***	$0	VAC Covered for members age 19 years or older
SPIKEVAX INJ 100MCG/0.5ML, 50MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL-VAC QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML 50MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL-VAC QL= 1 dose/24 days
VARIVAX INJ 1350PFU/0.5ML ***(varicella virus vaccine live)***	$0	VAC Covered for members age 19 years or older
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
CLINDESSE VAGINAL CREAM 2% ***(clindamycin phosphate (one dose))***	2	QL QL= 1 applicator/fill
XACIATO GEL 2% ***(clindamycin phosphate vaginal)***	2	QL QL= 1 applicator/fill
VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy		
PHEXXI GEL .4%-1%-1.8% ***(lactic acid-citric acid-potassium bitartrate)***	$0	QL QL= 1 box/fill
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders		
FEM PH GEL .025%-.9% ***(acetic acid-oxyquinoline vaginal)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SPERMICIDES - Drugs to prevent pregnancy		
CONCEPTROL GEL 4% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE FILM 28% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE FOAM 12.5% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE SUPP 100MG ***(nonoxynol-9)***	$0	OTC
TODAY SPONGE 1000MG ***(nonoxynol-9)***	$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
CLEOCIN VAGINAL CREAM 2% ***(clindamycin phosphate vaginal)***	3	-
CLEOCIN VAGINAL SUPP 100MG ***(clindamycin phosphate vaginal)***	3	QL QL= 3 suppositories/fill
clindamycin vaginal cream 2% (CLEOCIN Equiv)	1	QL QL=1 tube/fill
METROGEL VAGINAL GEL ***(metronidazole vaginal)***	3	-
metronidazole vaginal gel .75% (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG ***(miconazole nitrate vaginal)***	3	-
TERAZOL CREAM ***(terconazole vaginal)***	3	-
terconazole cream .4%, .8% (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% .8% ***(terconazole vaginal)***	1	-
terconazole supp 80MG (TERAZOL Equiv)	1	-
VAGINAL ESTROGENS - Drugs to treat low hormones		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ESTRACE VAGINAL CREAM .1MG/GM ***(estradiol vaginal)***	3	-
estradiol cream .1MG/GM (ESTRACE Equiv)	1	-
estradiol vaginal tab, yuvafem vaginal tab 10MCG (VAGIFEM Equiv)	1	QL QL= 8 tabs/28 days (18 tabs on first fill)
ESTRING 2MG, 7.5MCG/24HR ***(estradiol vaginal)***	2	-
FEMRING .05MG/24HR, .1MG/24HR ***(estradiol acetate vaginal)***	3	3 copays per Rx
PREMARIN VAGINAL CREAM .625MG/GM ***(estrogens, conjugated vaginal)***	2	-
VAGIFEM TAB 10MCG ***(estradiol vaginal)***	3	QL QL= 8 tabs/28 days (18 tabs on first fill)
VAGINAL PROGESTINS - Drugs to treat low hormones		
CRINONE GEL 4%, 8% ***(progesterone (vaginal))***	2	PA
ENDOMETRIN INSERT 100MG ***(progesterone (vaginal))***	2	PA
PROGESTERONE SUPP 100MG, 200MG ***(progesterone (vaginal))***	3	PA
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML (EPIPEN (JR) Equiv)	1	QL QL= 2 inj/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML ***(epinephrine (anaphylaxis))***	1	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
midodrine tab (PROAMATINE Equiv)	1	-
VITAMINS - Drugs to treat vitamin deficiency		
MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency		
PRENATAL VITAMINS (NON-PREFERRED) ***(prenatal without a vit w/ fe fum-iron polysacch complex -fa)***	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) ***(prenatal vit w/ ferrous fumarate-folic acid)***	1	-
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
cholecalciferol cap 50000 unit 1.25MG, 50000UNIT	1	OTC
DRISDOL CAP 50000UNIT ***(ergocalciferol)***	3	-
MEPHYTON TAB 5MG ***(phytonadione)***	3	-
phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)	1	-
vitamin D cap 1.25MG, 50000UNIT	1	Rx covered Only
vitamin D cap 1000unit 1000UNIT, 25MCG	$0	OTC
vitamin D cap 400unit 400UNIT	$0	OTC
VITAMIN D TAB 400UNIT 400UNIT ***(ergocalciferol)***	$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
niacin cap 250MG, 500MG	1	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
niacin CR tab 250MG, 500MG, 750MG (SLO-NIACIN Equiv)	1	OTC
niacin tab 100MG, 250MG, 500MG, 50MG	1	OTC
NIACIN TR TAB 1000MG ***(niacin)***	1	OTC
niacinamide tab 100MG, 500MG	1	OTC
POTABA CAP 500MG ***(potassium aminobenzoate)***	3	-
POTABA POWDER PACKET ***(potassium aminobenzoate)***	2	-
SLO-NIACIN TAB 250MG, 500MG, 750MG ***(niacin)***	3	OTC

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A
abacavir soln 103
abacavir tab 103
abacavir/lamivudine tab 104
abacavir/lamivudine/zidovudine tab 104
ABILIFY TAB 103
abiraterone tab 250mg 84
ABSTRAL SL TAB 12
acamprosate calcium DR tab 216
acarbose tab 47
ACCOLATE TAB 26
ACCU-CHEK AVIVA PLUS METER 182
ACCU-CHEK AVIVA PLUS TEST STRIP 149
ACCU-CHEK GUIDE CARE METER 182
ACCU-CHEK GUIDE ME KIT 183
ACCU-CHEK GUIDE TEST STRIP 149
ACCU-CHEK NANO METER 183
ACCU-CHEK SMARTVIEW TEST STRIP 149
ACCU-CHEK TEST STRIP 149
ACCUPRIL TAB 67
ACCURETIC TAB 70
acebutolol cap 114
acetaminophen/codeine soln 16
acetaminophen/codeine tab 16
ACETASOL HC OTIC SOLN 212
acetazolamide ER cap 152
acetazolamide tab 152
acetic acid otic soln 211
acetic acid/hydrocortisone otic soln 212
acetylcysteine soln 134
ACIPHEX TAB 229
acitretin cap 140
ACTEMRA ACTPEN INJ 8
ACTEMRA SC INJ 8
ACTHAR GEL INJ 156
ACTHIB INJ, HIBERIX INJ 231
ACTIGALL CAP 164
ACTIMMUNE INJ 96
ACTIQ LOZENGE 12
ACTIVELLA TAB 161
ACTONEL TAB 155
ACTOS TAB 55
ACULAR (LS) OPHTH SOLN 208
ACUVAIL OPHTH SOLN 208
acyclovir cap 111
acyclovir oint 141
acyclovir susp 111
acyclovir tab 111
ADACEL/BOOSTRIX INJ 226
ADAGEN INJ 116
ADALAT CC TAB 116
ADALIMUMAB-ADAZ INJ 6
ADALIMUMAB-ADAZ PFS INJ 6
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 6
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML 6
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 6
adapalene cream 134
adapalene gel 134
adapalene/benzoyl peroxide gel 0.1-2.5% 134
adapalene/benzoyl peroxide gel 0.3-2.5% 134
ADBRY INJ 145
adefovir dipivoxil tab 110

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ALPHABETICAL LISTING OF DRUGS

ADEMPAS TAB 122
ADIPEX-P CAP 1
ADIPEX-P TAB 2
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 52
ADVAIR DISKUS INHALER 28
ADVAIR HFA INHALER 28
AEROCHAMBER 186
AEROCHAMBER SUPPLIES 186
AFLURIA INJ 232
AFLURIA INJ, FLUZONE INJ 232
AGRYLIN CAP 172
AIMOVIG INJ 186
AJOVY INJ 187
AKYNZEO CAP 60
albendazole tab 21
ALBENZA TAB 21
albuterol HFA inhaler 28
albuterol neb soln 28
ALBUTEROL NEBULIZER SOLN 28
albuterol sulfate syrup 28
albuterol sulfate tab 28
albuterol/ipratropium neb soln 28
ALCAINE OPHTH SOLN 205
alclometasone cream 141
alclometasone oint 141
ALCOHOL SWABS 185
ALDACTAZIDE TAB 152
ALDACTAZIDE TAB 50-50MG 152
ALDACTONE TAB 154
ALDARA CREAM 146
ALDURAZYME INJ 158
ALECENSA CAP 87
alendronate sodium oral soln 155
alendronate tab 155
ALENDRONATE TAB 40MG 155
ALFERON-N INJ 96
alfuzosin SR tab 170
ALINIA SUSP 75
ALINIA TAB 75
aliskiren tab 74
ALKERAN TAB 81
ALKINDI SPRINKLE CAP 0.5MG 128
ALKINDI SPRINKLE CAP 1MG 128
ALLEGRA ODT 62
allopurinol tab 170
ALOCRIL OPHTH SOLN 208
ALOGLIPTIN TAB 50
ALOGLIPTIN-METFORMIN TAB 47
ALOGLIPTIN-PIOGLITAZONE TAB 48
ALOMIDE OPHTH SOLN 208
ALORA PATCH 162
alosetron tab 167
ALPHAGAN P OPHTH SOLN 0.15% 202
alprazolam tab 23
ALTACE CAP 67
ALUNBRIG TAB 30MG 87
ALUNBRIG TAB 90MG, 180MG 87
amantadine cap 97
amantadine syrup 97
amantadine tab 97
AMARYL TAB 56
AMBIEN CR TAB 178
AMBIEN TAB 178
ambrisentan tab 121
amethyst tab 125
AMICAR SOLN 177
AMICAR TAB 177

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amikacin inj 5
amiloride tab 154
AMILORIDE/HCTZ TAB 152
amiloride/hydrochlorothiazide tab 152
aminocaproic acid soln 177
aminocaproic acid tab 177
amiodarone tab 24
amitriptyline tab 46
amlodipine tab 116
amlodipine/atorvastatin tab 118
amlodipine/benazepril cap 70
amlodipine/olmesartan tab 70
amlodipine/valsartan tab 70
ammonium lactate cream 145
ammonium lactate lotion 145
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 134
amoxapine tab 46
amoxicillin cap 213
AMOXICILLIN CHEW TAB 213
amoxicillin susp 214
amoxicillin tab 214
AMOXICILLIN/CLAVULANATE ER TAB 214
amoxicillin/clavulanate susp 214
amoxicillin/clavulanate tab 500-125mg, 875-125mg 215
amphetamine/dextroamphetamine ER cap 1
amphetamine/dextroamphetamine tab 1
ampicillin cap 214
ampicillin/sulbactam inj 215
ANADROL TAB 18
ANAFRANIL CAP 46
anagrelide cap 172
ANASPAZ ODT 227
anastrozole tab 84
ANCOBON CAP 60
ANDRODERM PATCH 18
ANDROGEL 1% 25MG 18
ANDROGEL 1% 50MG, TESTIM GEL 1% 18
ANDROGEL 1.62% 1.25GM 18
ANDROGEL 1.62% 2.5GM 18
ANDROGEL PUMP 1% 18
ANDROGEL PUMP 1.62% 18
ANNOVERA RING 127
ANORO ELLIPTA INHALER 29
ANTABUSE TAB 216
ANUSOL-HC CREAM 20
ANZEMET TAB 58
apraclonidine ophth soln 202
aprepitant pak 60
APTIVUS CAP 104
APTIVUS SOLN 104
aranelle tab 125
arformoterol tartrate neb soln 29
ARICEPT TAB 217
ARICEPT TAB 23MG 217
ARIMIDEX TAB 84
aripiprazole soln 103
aripiprazole tab 103
ARIXTRA INJ 32
armodafinil tab 3
ARMOUR THYROID TAB, NATURE THROID TAB 225
ARNUITY ELLIPTA INHALER 27
AROMASIN TAB 84
ARTHROTEC TAB 8
asenapine maleate SL tab 101

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ASMANEX HFA INHALER 27
ASMANEX INHALER 27
aspirin chew tab 81mg 12
aspirin ec tab 81mg 12
ASTAMED MYO CAP 150
atazanavir cap 104
ATELVIA TAB 155
atenolol tab 114
atenolol/chlorthalidone tab 70
atomoxetine cap 3
ATORVALIQ SUSP 65
atorvastatin tab 65
atovaquone susp 75
atovaquone/proguanil tab 78
ATRALIN GEL, RETIN-A GEL 134
atropine ophth oint 201
atropine ophth soln 201
ATROPINE SUL SOLN 1% OPHTH 201
ATROPINE SULFATE OPHTH OINT 201
ATROVENT HFA INHALER 25
AUGMENTIN ES-600 SUSP 215
AUGMENTIN SUSP 215
AUGMENTIN TAB 215
AURYXIA TAB 167
AVALIDE TAB 70
AVAPRO TAB 68
AVELOX TAB 163
aviane tab 125
AVODART CAP 170
AVONEX INJ 219
AYGESTIN TAB 216
AYVAKIT TAB 86
AZASITE SOLN 203
azathioprine tab 112
azelaic acid gel 148
azelastine nasal spray 0.1% 198
azelastine ophth soln 209
AZILECT TAB 98
azithromycin susp 181
azithromycin tab 181
AZOPT OPHTH SUSP 209
AZOR TAB 71
AZULFIDINE EN TAB 166
AZULFIDINE TAB 166

B

BACITRACIN OPHTH OINT 203
bacitracin/neomycin/polymyxin b ophth oint 203
bacitracin/polymyxin b ophth oint 203
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint 205
BACLOFEN SUSP 196
baclofen tab 196
BACTRIM DS TAB 75
BALCOLTRA TAB 125
balsalazide cap 166
BALVERSA TAB 3MG 87
BALVERSA TAB 4MG 88
BALVERSA TAB 5MG 88
BANZEL SUSP 34
BAQSIMI NASAL POWDER 49
BARACLUDE SOLN 110
B-D AUTOSHIELD DUO PEN NEEDLE 185
B-D INSULIN SYRINGE U-500 185
BECONASE AQ NASAL SPRAY 198
benazepril tab 67
benazepril/hydrochlorothiazide tab 71
BENICAR HCT TAB 71

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BENLYSTA AUTO-INJECTOR	192	betamethasone valerate cream	142	BREO ELLIPTA INHALER	29
BENLYSTA INJ	192	betamethasone valerate lotion	142	BREZTRI AEROSPHERE INHALER	29
BENTYL CAP	227	betamethasone valerate oint	142	BRILINTA TAB	172
BENTYL SYRUP	227	BETAPACE AF TAB	115	brimonidine ophth soln 0.15%	202
BENZACLIN GEL	134	BETAPACE TAB	115	brimonidine ophth soln 0.2%	202
BENZAMYCIN GEL	135	bethanechol tab	231	brimonidine tartrate gel	148
BENZNIDAZOLE TAB	21	bexarotene cap	96	brimonidine tartrate ophth soln 0.1%	202
benzonatate cap 100mg, 200mg	131	bexarotene gel	139	brimonidine/timolol ophth soln	200
benztropine tab	97	BEXSERO INJ	231	brinzolamide ophth susp	209
bepotastine ophth soln	209	BIAXIN TAB	181	bromfenac ophth soln	209
BEPREVE OPHTH SOLN	209	bicalutamide tab	84	BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	209
BETAGAN OPHTH SOLN	200	BIKTARVY TAB	104	bromocriptine cap	97
betamethasone augmented cream	141	BILTRICIDE TAB	21	bromocriptine tab	97
betamethasone augmented gel	142	bimatoprost ophth soln	146	BROVANA NEB SOLN	29
betamethasone augmented lotion	142	bisoprolol tab	114	BROVEX PEB LIQUID	132
betamethasone augmented oint	142	bisoprolol/hydrochlorothiazide tab	71	BRUKINSA CAP	88
betamethasone diproprionate cream	142	BLEPH-10 OPHTH SOLN	203	budesonide ER tab	128
betamethasone diproprionate lotion	142	BLEPHAMIDE S.O.P. OPHTH OINT	205	budesonide inh susp	27
betamethasone diproprionate oint	142	BONIVA TAB 150MG	155	budesonide rectal foam	20
		bosentan tab	121	budesonide SR cap	129
		BOSULIF TAB	88		
		BRAFTOVI CAP 75MG	88		

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bumetanide tab 153
buprenorphine patch 17
buprenorphine SL tab 17
buprenorphine/naloxone sl film 17
buprenorphine/naloxone SL tab 17
bupropion ER tab 43
bupropion SR tab 221
bupropion tab 43
bupropion XL tab 43
buspirone tab 22
busulfan inj 81
BUSULFEX INJ 81
BUTISOL TAB 177
butorphanol nasal spray 17
BUTRANS PATCH 18
BYDUREON BCISE AUTO INJ 51
BYDUREON INJ 51
BYDUREON PEN INJ 51
BYETTA INJ 51
BYLVAY CAP 1200MCG 165
BYLVAY CAP 400MCG 165
BYLVAY SPRINKLE CAP 200MCG 166
BYLVAY SPRINKLE CAP 600MCG 166

C

cabergoline tab 160
CABLIVI INJ KIT 173
CABOMETYX TAB 88
CADUET TAB 119
CALAN SR TAB 116
CALAN TAB 116
calcipotriene cream 140
calcipotriene oint 140
calcipotriene soln 140
calcitonin nasal spray 155
calcitriol cap 158
CALCITRIOL OINT 140
calcitriol soln 158
calcium acetate cap 167
CALIBRATION LIQUID 183
CALQUENCE CAP 88
CALQUENCE TAB 88
CAMZYOS CAP 118
capecitabine tab 81
CAPRELSA TAB 88
captopril tab 67
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 71
CARAFATE SUSP 230
CARAFATE TAB 229
carbamazepine chew tab 34
carbamazepine ER cap 34
carbamazepine ER tab 34
carbamazepine susp 34
carbamazepine tab 34
CARBATROL CAP 35
carbidopa tab 96
carbidopa/levodopa ER tab 97
CARBIDOPA/LEVODOPA ODT 97
carbidopa/levodopa tab 97
carbidopa-levodopa-entacapone tab 99
CARBINOXAMINE SOLN 62
carbinoxamine tab 62
CARDIZEM CD CAP 116
CARDIZEM TAB 116
CARDURA TAB 69
CARETOUCH MIS 185
carglumic acid tab 158
carisoprodol tab 196
CARISPIR SUSP 154
CARNITOR SOLN 158
CARNITOR TAB 158
carvedilol tab 114
CASODEX TAB 84
CATAPRES TAB 69
CATAPRES-TTS PATCH 69
CAVERJECT INJ 119
CAYSTON INH SOLN 77

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cefaclor cap	123	cevimeline cap	194	cilostazol tab	173
CEFACLOR ER TAB	123	CHEMET CAP	57	CILOXAN OPHTH OINT	203
CEFACLOR SUSP	123	chlordiazepoxide cap	23	CILOXAN OPHTH SOLN	203
cefazolin inj	123	CHLORDIAZEPOXIDE/A MITRIPTYLINE TAB	218	CIMDUO TAB	104
CEFAZOLIN INJ	123			cimetidine tab	228
cefdinir cap	123	chlorhexidine gluconate soln	193	CIMZIA INJ	166
cefdinir susp	124			CIMZIA STARTER INJ KIT	166
CEFDITOREN TAB	124	chloroquine tab	78		
cefixime cap	124	CHLOROTHIAZIDE TAB	154	cinacalcet tab	158
cefixime susp	124	chlorpromazine tab	102	CINRYZE INJ	171
CEFOTAXIME INJ	124	chlorthalidone tab	154	CIPRO HC OTIC SUSP	211
cefoxitin inj	123	chlorzoxazone tab 500mg	197	CIPRO SUSP	163
cefpodoxime proxetil susp	124	CHOLBAM CAP	164	CIPRO TAB	163
cefpodoxime proxetil tab	124	cholecalciferol cap 50000 unit	239	CIPRODEX OTIC SUSP	211
ceftriaxone inj	124			CIPROFLOXACIN 100MG TAB	163
cefuroxime tab	123	cholestyramine lite powder	63		
CELEBREX CAP	8			ciprofloxacin ophth soln	203
celecoxib cap	8	cholestyramine lite powder pack	63	CIPROFLOXACIN OTIC SOLN	211
CELEXA TAB	43				
CELONTIN CAP	41	cholestyramine powder	64	ciprofloxacin susp	163
CENTANY OINT	136	cholestyramine powder pack	64	ciprofloxacin tab	163
cephalexin cap	123			ciprofloxacin/dexamethasone otic susp	211
cephalexin susp	123	CIBINQO TAB	145		
CERDELGA CAP	173	ciclopirox cream	137	citalopram soln	44
CEREZYME INJ	173	ciclopirox gel	137	citalopram tab	44
CERVICAL CAP	182	ciclopirox nail soln	137	CITRULLINE PACKET	200
CESAMET CAP	60	ciclopirox shampoo	137	CLARINEX SYRUP	62
cesia tab	125	ciclopirox topical susp	137	CLARINEX TAB	62

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CLARINEX-D TAB	132	clobazam tab	33	CODEINE SULFATE TAB 15MG	12
clarithromycin ER tab	181	clobetasol foam	142		
CLARITHROMYCIN SUSP	181	clobetasol lotion	142	codeine sulfate tab 60mg	12
		clobetasol propionate cream	142	codeine sulfate tablet 15mg, 30mg	12
clarithromycin tab	181				
CLARITIN CHEW TAB	62	clobetasol propionate emollient cream	142	COLAZAL CAP	166
CLEOCIN CAP	76			colchicine tab	171
CLEOCIN SOLN	76	clobetasol propionate gel	142	colchicine/probenecid tab	170
CLEOCIN VAGINAL CREAM	237	clobetasol propionate oint	142	colesevelam pack	64
		clobetasol propionate soln	142	colesevelam tab	64
CLEOCIN VAGINAL SUPP	237	clobetasol shampoo	143	COLESTID GRANULE	64
		clobetasol spray	143	COLESTID POWDER PACK	64
CLEOCIN-T LOTION	135	CLOBEX LOTION	143		
CLEOCIN-T PAD	135	CLOBEX SHAMPOO	143	COLESTID TAB	64
CLEOCIN-T SOLN	135	CLOBEX SPRAY	143	colestipol granule	64
CLIMARA PATCH	162	clomipramine cap	46	colestipol powder packet	64
clindamycin cap	76	clonazepam ODT	33	colestipol tab	64
clindamycin gel	135	clonazepam tab	33	COLY-MYCIN S OTIC SUSP	212
clindamycin lotion	135	clonidine ER tab	3		
clindamycin pad	135	clonidine patch	69	COMBIVENT RESPIMAT INHALER	29
clindamycin soln	76	clonidine tab	69		
clindamycin topical soln	135	clopidogrel tab 75mg	173	COMETRIQ KIT	89
clindamycin vaginal cream	237	clotrimazole troches	193	COMIRNATY INJ	233
clindamycin/benzoyl peroxide gel	135	clotrimazole/betamethasone cream	137	COMIRNATY INJ 30MCG/0.3ML	233
CLINDESSE VAGINAL CREAM	236	clozapine tab	101	COMPLERA TAB	104
		CLOZARIL TAB	101	COMTAN TAB	97
clobazam susp	33	COARTEM TAB	78	CONCEPT DHA CAP	195

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CONCEPTROL GEL 237
CONTRACEPTIVE FILM 237
CONTRACEPTIVE FOAM 237
CONTRACEPTIVE GEL 237
CONTRACEPTIVE SUPP 237
CONTRAVE TAB 2
COPIKTRA CAP 89
CORDARONE TAB 24
COREG TAB 114
CORGARD TAB 115
CORLANOR TAB 122
CORTEF TAB 129
CORTENEMA 20
CORTISPORIN CREAM 136
CORTISPORIN OINT 137
COSOPT OPHTH SOLN 200
COTELLIC TAB 89
COUMADIN TAB 32
COVID-19 TEST 150
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 233
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 233
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 233
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 233
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 233
COVID-19 VACCINE INJ (JANSSEN) 233
COVID-19 VACCINE INJ (NOVAVAX) 233
COVID-19 VACCINE INJ 5-11Y (PFIZER) 234
COVID-19 VACCINE INJ 6M-11Y (MODERNA) 234
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 234
COZAAR TAB 68
CREATINE PACKET 5000MG 200
CREON CAP 152
CRESTOR TAB 65
CRINONE GEL 238
CRIXIVAN CAP 104
cromolyn conc 165
cromolyn neb soln 25
cromolyn ophth soln 209
CROMOLYN SODIUM OPHTH SOLN 209
CROTAN LOTION 148
cryselle tab 125
CUE COVID-19 TEST CARTRIDGE 150
CUE HEALTH MONITOR 150
CUVPOSA SOLN 229
cyanocobalamin inj 174
cyclobenzaprine tab 10mg 197
cyclobenzaprine tab 5mg 197
CYCLOGYL OPHTH SOLN 201
CYCLOMYDRIL OPHTH SOLN 201
cyclopentolate ophth soln 201
cyclophosphamide cap 81
CYCLOPHOSPHAMIDE TAB 81
CYCLOSET TAB 51
cyclosporine cap 113
cyclosporine modified cap 113
cyclosporine modified soln 113
cyclosporine ophth emulsion 205
CYKLOKAPRON INJ 177
cyproheptadine syrup 63
cyproheptadine tab 63
CYSTADROPS SOLN 209

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CYSTAGON CAP 169
CYSTARAN OPHTH SOLN 209
CYTOMEL TAB 225
CYTOTEC TAB 229
CYTRA K CRYSTALS 168
CYTRA-3 SYRUP 168

D

dabigatran etexilate mesylate cap 33
dalfampridine ER tab 219
DALIRESP TAB 26
danazol cap 19
DANTRIUM CAP 197
dantrolene cap 197
dapsone tab 76
darifenacin SR tab 230
darunavir tab 104
DAYBUE SOLN 199
DDAVP INJ 160
DDAVP NASAL SOLN 160
DDAVP NASAL SPRAY 160
DDAVP TAB 160
deferasirox granules packet 57
deferasirox tab 58
deferasirox tab 180mg 58
deferasirox tab 90mg, 360mg 58
deferiprone tab 58
DELESTROGEN INJ 162
DELSTRIGO TAB 104
DEMADEX TAB 153
demeclocycline tab 224
DENAVIR CREAM 141
DENGVAXIA SUSP 234
DEPAKENE CAP 41
DEPAKENE SYRUP 42
DEPAKOTE ER TAB 42
DEPAKOTE SPRINKLE CAP 42
DEPAKOTE TAB 42
DEPEN TITRATAB 190
DEPLIN CAP 150
DEPO-MEDROL INJ 129
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ 129
DEPO-PROVERA INJ 128
DEPO-PROVERA SC INJ 104MG 128
DERMA-SMOOTH/FS OIL 143
DERMOTIC OIL 212
DESCOVY TAB 104
desipramine tab 46
DESLORATADINE ODT 62
desloratadine tab 62
desmopressin acetate inj 160
desmopressin acetate nasal spray 160
desmopressin acetate tab 160
desoximetasone cream 143
desoximetasone oint 143
desvenlafaxine ER tab 45
DETROL LA CAP 230
DETROL TAB 230
DEXAMETHASONE CONC 129
dexamethasone elixir 129
DEXAMETHASONE OPHTH SOLN 206
dexamethasone sodium phosphate inj 129
DEXAMETHASONE SOLN 129
dexamethasone tab 129
DEXCOM G6 RECEIVER 183
DEXCOM G6 SENSOR 183
DEXCOM G6 TRANSMITTER 183
DEXCOM G7 RECEIVER 183
DEXCOM G7 SENSOR 183

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DEXEDRINE CAP 1
dexmethylphenidate ER cap 3
dexmethylphenidate tab 3
dextroamphetamine ER cap 1
dextroamphetamine soln 1
dextroamphetamine tab 1
DIACOMIT CAP 35
DIACOMIT POWDER PACK 35
DIALYVITE TAB 194
DIALYVITE/ZINC TAB 194
DIAPHRAGM 182
DIASTAT ACDL GEL 33
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 33
diazepam conc 23
diazepam oral soln 5mg/5ml 23
diazepam rectal gel 34
diazepam tab 2mg, 10mg 23
diazepam tab 5mg 23
diazoxide susp 49
DIBENZYLINE CAP 68
diclofenac gel 139
diclofenac gel 1% 138
DICLOFENAC PATCH, FLECTOR PATCH 138
diclofenac potassium tab 8
diclofenac sodium EC tab 9
diclofenac sodium ophth soln 209
diclofenac sodium XR tab 9
diclofenac/misoprostol DR tab 9
dicloxacillin cap 215
dicyclomine cap 227
dicyclomine soln 227
dicyclomine tab 228
didanosine DR cap 104
DIFFERIN CREAM 135
DIFFERIN GEL 135
DIFICID SUSP 182
DIFICID TAB 182
DIFLUCAN SUSP 61
DIFLUCAN TAB 61
difluprednate ophth emulsion 206
digoxin soln 118
DIGOXIN SOLN 0.05MG/ML 118
digoxin tab 118
dihydroergotamine mesylate inj 186
DILANTIN CAP 100MG 41
DILANTIN CAP 30MG 41
DILANTIN INFATABS 41
DILANTIN SUSP 41
DILATRATE SR CAP 21
DILAUDID TAB 2MG 12
DILAUDID TAB 4MG 13
DILAUDID TAB 8MG 13
diltiazem ER cap 116
diltiazem tab 116
dimethyl fumarate DR cap 219
dimethyl fumarate DR starter pack 220
DIOVAN HCT TAB 71
DIOVAN TAB 68
DIPENTUM CAP 166
diphenhydramine cap 50mg 62
diphenhydramine inj 62
DIPHENOXYLATE/ATROPINE LIQUID 57
diphenoxylate/atropine tab 57
DIPROLENE AF CREAM 143
DIPROLENE OINT 143
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ 226
dipyridamole tab 173

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disopyramide cap 24
disulfiram tab 216
DITROPAN XL TAB 230
DIURIL SUSP 154
divalproex ER tab 42
divalproex sodium DR tab 42
divalproex sprinkle cap 42
dofetilide cap 25
DOLOPHINE TAB 13
donepezil ODT 217
donepezil tab 217
donepezil tab 23mg 217
DOPTELET TAB 175
dorzolamide ophth soln 209
dorzolamide/timolol ophth soln 200
DOVATO TAB 105
DOVONEX CREAM 140
doxazosin tab 69
doxepin cap 46
doxepin conc 46
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM 139
DOXEPIN HCL CREAM 139
doxercalciferol cap 159
doxycycline hyclate cap 224
doxycycline hyclate tab 224
doxycycline monohydrate cap 100mg 224
doxycycline monohydrate cap 50mg 224
doxycycline monohydrate tab 224
doxycycline susp 224
D-PENAMINE TAB 112
DRISDOL CAP 239
DRITHO-SCALP CREAM 140
dronabinol cap 60
drospirenone/ethinyl estradiol/levomefolate tab 125
DROXIA CAP 174
DRYSOL SOLN 147
DUAC GEL 135
DULERA INHALER 29
duloxetine EC cap 45
DUPIXENT INJ 145
DUPIXENT INJ 100MG/0.67ML 145
DUPIXENT PEN INJ 145
DURAGESIC PATCH 13
DUREZOL OPHTH EMULSION 206
dutasteride cap 170

E

econazole cream 137
EDECRIN TAB 153
EDEX INJ 119
EDURANT TAB 105
EFAVIRENZ CAP 105
efavirenz tab 105
efavirenz/emtricitabine/tenofovir df tab 105
efavirenz/lamivudine/tenofovir df (lo) tab 105
EFFEXOR XR CAP 45
EFFIENT TAB 173
EFUDEX CREAM 139
EGRIFTA INJ 157
ELDEPYRL CAP 98
ELESTAT OPHTH SOLN 209
ELIDEL CREAM 146
ELIGEN B12 TAB 150
ELIMITE CREAM 148
ELIQUIS TAB, ELIQUIS STARTER PACK 32
ELIXOPHYLLIN ELIXIR 31
ELLA TAB 127
ELMIRON CAP 170
ELOCON CREAM 143
ELOCON OINT 143
EMADINE OPHTH SOLN 210
EMCYT CAP 84
EMEND CAP 60

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EMGALITY INJ	187	entecavir tab	110	erythromycin pad	135
EMGALITY INJ 100MG/ML	187	EPIDIOLEX SOLN	35	erythromycin soln	135
		EPIDUO GEL 0.1-2.5%	135	erythromycin tab	181
EMPAVELI INJ	172	EPIFOAM AEROSOL	143	erythromycin/benzoyl peroxide gel	135
EMSAM PATCH	43	epinastine opthth soln	210		
emtricitabine cap	105	epinephrine pen inj 0.15mg, 0.3mg	238	ESBRIET CAP	223
emtricitabine/tenofovir disoproxil fumarate tab	105			ESBRIET TAB 267MG	223
		EPIVIR HBV SOLN	110	ESBRIET TAB 801MG	223
EMTRIVA SOLN	105	eplerenone tab	74	ESCAVITE CHEW TAB	195
EMVERM TAB	21	EPRONTIA SOLN	35	escitalopram soln	44
ENABLEX TAB	230	EQUETRO CAP	100	escitalopram tab	44
enalapril maleate oral soln	67	ERGOLOID MESYLATES TAB	221	esomeprazole cap	229
enalapril tab	67			estazolam tab	178
enalapril/hydrochlorothiazide tab	71	ERGOMAR SL TAB	186	ESTRACE TAB	162
		ergotamine tartrate/caffeine tab	186	ESTRACE VAGINAL CREAM	238
ENBREL INJ 25MG	11				
ENBREL INJ 50MG	11	ERIVEDGE CAP	84	estradiol cream	238
ENBREL MINI INJ	11	ERLEADA TAB	84	estradiol patch	162
ENBREL SURECLICK INJ 50MG	11	ERLEADA TAB 240MG	84	estradiol tab	162
		erlotinib tab	83	estradiol vaginal tab, yuvafem vaginal tab	238
ENDARI POWDER PACK	174	ertapenem inj	76		
ENDOMETRIN INSERT	238	ERY PAD	135	estradiol valerate inj	163
ENGERIX-B INJ, RECOMBIVAX-HB INJ	234	ERYTHROMYCIN EC CAP	181	estradiol/norethindrone tab	161
				ESTRING	238
enoxaparin inj	32	erythromycin ethylsuccinate susp	181	eszopiclone tab	178
enpresse tab	125			ethacrynic tab	153
ENSPRYNG INJ	191	erythromycin gel	135	ethambutol tab	80
entacapone tab	97	erythromycin ophth oint	203	ethosuximide cap	41

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ethosuximide soln 41
etodolac cap 9
etodolac ER tab 9
etodolac tab 9
ETOPOSIDE CAP 96
etravirine tab 105
EULEXIN CAP 84
everolimus tab 89
everolimus tab for oral susp 89
EVISTA TAB 157
EVOTAZ TAB 105
EVOXAC CAP 194
EVRYSDI SOLN 199
EXELDERM SOLN 137
EXELON PATCH 217
exemestane tab 85
EXFORGE TAB 71
EXKIVITY CAP 83
EXTAVIA INJ 220
EZALLOR SPRINKLE CAP 65
ezetimibe tab 66

F

FABRAZYME INJ 159
FALESSA TAB 150
famciclovir tab 111
famotidine susp 228
famotidine tab 228
FANAPT TAB 100
FANAPT TITRATION PACK 100
FARESTON TAB 85
FARXIGA TAB 56
FASENRA PEN INJ 25
febuxostat tab 171
felbamate susp 39
felbamate tab 39
FELBATOL SUSP 39
FELBATOL TAB 39
FELDENE CAP 9
felodipine ER tab 116
FEM PH GEL 236
FEMALE CONDOMS 182
FEMARA TAB 85
FEMHRT TAB 161
FEMRING 238
fenofibrate cap 67mg, 134mg, 200mg 64
fenofibrate tab 48mg, 54mg, 145mg, 160mg 64
fenofibric acid DR cap 64
FENOFIBRIC TAB, FIBRICOR TAB 65
fentanyl citrate lollipop 13
fentanyl patch 13
FENTORA TAB, FENTANYL BUCCAL TAB 13
ferrex 150 forte cap 175
FERREX 28 TAB 175
FERRIPROX SOLN 57
fesoterodine fumarate ER tab 230
FIASP FLEXTOUCH INJ 52
FIASP INJ 52
FIASP PENFILL INJ 52
FIASP PUMP CARTRIDGE 52
FILSPARI TAB 169
FINACEA GEL 148
finasteride tab 146
fingolimod hcl cap 0.5mg 220
FINTEPLA SOLN 35
FIRDAPSE TAB 79
FIRST METRONIDAZOLE SUSP 74
FIRST MOUTHWASH BLM 192
FIRVANQ SOLN 50MG/ML 76
FIRVANQ SOLN 76
FLAGYL TAB 74
FLAREX OPHTH SUSP 206
flecainide tab 24

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FLEQSUVY SUSP 197
FLOLIPID SUSP 65
FLOMAX CAP 170
FLORIVA PLUS DROPS 195
FLOVENT DISKUS INHALER 27
FLOVENT DISKUS INHALER, FLUTICASONE DISKUS INHALER 27
FLOVENT HFA INHALER 28
FLUAD INJ 234
FLUAD QUAD INJ 234
FLUBLOK QUAD PF INJ 234
FLUCELVAX QUAD INJ 234
fluconazole susp 61
fluconazole tab 61
flucytosine cap 60
fludrocortisone tab 131
FLULAVAL QUAD INJ, FLUZONE QUAD INJ 235
FLUMADINE TAB 111
FLUMIST QUADRIVALENT NASAL SUSP 235
fluocinolone acetonide cream 143
fluocinolone acetonide oil 143
fluocinolone acetonide oint 143
fluocinolone acetonide soln 143
fluocinolone otic oil 212
fluocinonide cream 0.05% 143
fluocinonide cream 0.1% 143
fluocinonide emollient cream 144
fluocinonide gel 144
fluocinonide oint 144
fluocinonide soln 144
FLUORIDEX SENSITIVITY PASTE 193
fluorometholone ophth soln 206
fluorouracil cream 139
FLUOROURACIL CREAM 0.5% 139
FLUOROURACIL SOLN 139
fluoxetine cap 44
fluoxetine soln 44
FLUOXETINE TAB 60MG 44
fluphenazine tab 103
FLURBIPROFEN OPHTH SOLN 210
flurbiprofen tab 9
FLUTAMIDE CAP 85
fluticasone nasal spray 198
fluticasone propionate cream 144
fluticasone propionate oint 144
FLUTICASONE/SALMETEROL INHALER 30
fluvastatin ER tab 65
fluvoxamine ER cap 44
fluvoxamine tab 44
FLUZONE HD PF INJ 235
FLUZONE HIGH DOSE PF INJ 235
FLUZONE/FLUARIX QUAD INJ 235
FML FORTE OPHTH SUSP 206
FML LIQUIFLIM OPHTH SUSP 206
FML S.O.P. OPHTH OINT 206
FOCALIN TAB 4
FOCALIN XR CAP 4
FOLBEE PLUS CZ TAB 194
folbee tab 175
folic acid tab 1mg 174
folic acid tab 400mcg 174
folic acid tab 800mcg 174
FOLTANX TAB 150
fondaparinux inj 32

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formoterol fumarate neb soln 30
FOSAMAX TAB 155
fosamprenavir tab 105
foscarnet sodium inj 109
FOSCAVIR INJ 109
fosinopril tab 67
fosinopril/hydrochlorothiazide tab 71
FOSRENOL CHEW TAB 167
FOSRENOL POWDER PACK 168
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hydroxyurea cap 96
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lamivudine tab 106
lamivudine tab 100mg 110
lamivudine/zidovudine tab 106
lamotrigine chew tab 36
lamotrigine ER tab 36
lamotrigine ODT 37
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lorazepam conc 23
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LOVENOX INJ 33
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LUMIGAN OPHTH SOLN 211
LUMRYZ PACK 216
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LUPKYNIS CAP 191
LUPRON DEPOT INJ 85
LUPRON DEPOT PED INJ 158
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lurasidone hcl tab 100
LUVIRA CAP 151
LYNPARZA TAB 91
LYSODREN TAB 85
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malathion lotion 148
MALE CONDOMS 182
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maraviroc tab 106
MARINOL CAP 60
MARPLAN TAB 43
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MAVENCLAD PAK 220
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MAXALT TAB 187
MAXIDEX OPHTH SOLN 206
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MAXITROL OPHTH SUSP 207
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MAYZENT TAB 220
MAYZENT TAB STARTER PACK 220
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megestrol susp 85
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meloxicam tab 10
melphalan inj 81
MELPHALAN TAB 81
memantine ER cap 218
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memantine tab 218
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meropenem inj 76
mesalamine DR tab 166
mesalamine enema 166
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MESNEX TAB	96	methscopolamine tab	228	METROCREAM	148
MESTINON TAB	79	methsuximide cap	41	METROGEL 1%	148
MESTINON TIMESPAN TAB	79	methyldopa tab	69	METROGEL VAGINAL GEL	237
METANX CAP	151	METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	72	METROLOTION	148
METAPROTERENOL SYRUP	30	methylergonovine tab	212	metronidazole cream	148
metaxalone tab	197	METHYLIN SOLN	4	metronidazole gel	148
METAXALONE TAB 400MG	197	methylphenidate CD cap	4	metronidazole gel 0.75%	148
metformin ER tab	49	methylphenidate chew tab	4	metronidazole lotion	148
metformin soln	49	methylphenidate ER cap	4	metronidazole tab	74
metformin tab	49	methylphenidate ER tab	4	metronidazole vaginal gel	237
methadone conc	14	methylphenidate soln	4	mexiletine hcl cap	24
methadone soln 10mg/5ml	14	methylphenidate tab	4	MICARDIS TAB	69
METHADONE SOLN 5MG/5ML	14	methylprednisolone acetate inj	129	MICONAZOLE 3 SUPP 200MG	237
methadone tab	14	methylprednisolone dose pack	130	MICROZIDE CAP	154
methadone tab 10mg	14	methylprednisolone tab	130	midazolam inj	178
METHADOSE CONC	14	methylprenisolone sod succinate inj	130	midodrine tab	239
methazolamide tab	152	methyltestosterone cap	19	mifepristone tab	160
methenamine hippurate tab	78	metoclopramide soln	165	MIFIPREX TAB	160
methimazole tab	225	metoclopramide tab	165	miglitol tab	47
METHITEST TAB	19	metolazone tab	154	miglustat cap	174
methocarbamol tab	197	metoprolol ER tab	114	MINIPRESS CAP	69
methotrexate inj	82	metoprolol tab	114	MINOCIN CAP	224
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mirtazapine ODT 42
mirtazapine tab 42
MIRVASO GEL 148
misoprostol tab 229
MOBIC TAB 10
modafinil tab 4
mometasone cream 144
mometasone oint 144
mometasone soln 144
MONODOX CAP 224
montelukast chew tab 26
montelukast granule pack 26
montelukast tab 26
MORPHINE SULFATE ER BEAD CAP 14
morphine sulfate ER tab 14
MORPHINE SULFATE SOLN 15
MORPHINE SULFATE TAB 15
MOTOFEN TAB 57
MOTRIN SUSP 10
MOUNJARO INJ 51
MOVANTIK TAB 167
moxifloxacin ophth soln 204
moxifloxacin tab 164
MULTAQ TAB 25
MULTIGEN FOLIC TAB 176
MULTIGEN PLUS TAB 176
MULTIGEN TAB 176
multivitamin tab 176
MULTIVITAMIN/FLOURIDE CHEW 0.25MG 195
MULTIVITAMIN/FLOURIDE CHEW 1MG 195
MULTIVITAMIN/FLUORIDE CHEW TAB 195
multivitamin/minerals tab 194
mupirocin oint 137
MUSE SUPP 119
MYAMBUTOL TAB 80
MYCOBUTIN CAP 80
mycophenolate DR tab 113
mycophenolate mofetil cap 113
mycophenolate mofetil susp 113
mycophenolate mofetil tab 113
MYDRIACYL OPHTH SOLN 201
MYFEMBREE TAB 162
MYLERAN TAB 81
MYNATAL-Z TAB 195
MYRBETRIQ TAB 231
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nabumetone tab 10
nadolol tab 115
nafcillin inj 215
naftifine cream 137
naftifine gel 138
NAFTIN CREAM 138
NAFTIN GEL 138
naloxone hcl nasal spray 58
naloxone inj 57
naloxone prefilled inj 58
naltrexone tab 57
NAMENDA TAB 218
NAPROSYN EC TAB 10
NAPROSYN TAB 10
naproxen EC tab 10
naproxen tab 10
NARCAN NASAL SPRAY 58
NARDIL TAB 15MG 43
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nateglinide tab 55
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NAYZILAM SPRAY 34
nebivolol hcl tab 114
NEBUSAL NEB SOLN 133
NEFAZODONE TAB 45
nefazodone tab 50mg, 250mg 45
neomycin tab 5
NEOMYCIN/POLYMIXIN /GRAMICIDIN OPHTH SOLN 204
neomycin/polymixin/hydrocoritisone otic soln 212
neomycin/polymixin/hydrocoritisone otic susp 212
neomycin/polymyxin/dexamethasone ophth oint 207
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NEONATAL 19 TAB 195
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NEUPRO PATCH 97
NEURONTIN CAP 37
NEURONTIN SOLN 37
NEURONTIN TAB 37
NEURONTIN TAB 600MG 37
NEURONTIN TAB 800MG 37
NEVANAC OPHTH SUSP 210
nevirapine ER tab 106
NEVIRAPINE SUSP 106
nevirapine tab 106
NEXLETOL TAB 63
NEXLIZET TAB 63
NEXPLANON IMPLANT 127
NEXTSTELLIS TAB 126
niacin cap 239
niacin CR tab 240
niacin ER tab 66
niacin tab 240
NIACIN TR TAB 240
niacinamide tab 240
nicotine gum 221
NICOTINE KIT 221
nicotine lozenge 221
nicotine patch 221
NICOTROL INHALER 221
NICOTROL NASAL SPRAY 221
nifedipine cap 117
nifedipine ER tab 117
nilutamide tab 85
nimodipine cap 117
NINLARO CAP 92
nitazoxanide tab 75
NITRO-BID OINT 22
NITRO-DUR PATCH 22
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR 22
nitrofurantoin macrocrystals cap 78
nitrofurantoin monohydrate cap 78
nitroglycerin lingual spray 22
nitroglycerin patch 22
nitroglycerin SL tab 22
NITROLINGUAL PUMP SPRAY 22
NITROSTAT SL TAB 22
NIVESTYM INJ 175
NIZATIDINE CAP 228
NIZATIDINE SOLN 228
nizoral a-d shampoo 138
NIZORAL SHAMPOO 138

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norethindrone ace-ethinyl estradiol-fe cap	126
norethindrone acetate/ethinyl estradial FE chew tab	126
norethindrone acetate/ethinyl estradiol tab	126
norethindrone tab	128
norethindrone/ethinyl estradiol FE tab	126
NORLIQVA ORAL SOLN	117
NORPACE CAP	24
NORPRAMIN TAB	46
nortrel tab	126
nortriptyline cap	47
nortriptyline oral soln	47
NORVASC TAB	117
NORVIR CAP	106
NORVIR POWDER PACK	107
NORVIR SOLN	107
NORVIR TAB	107
NOVOLIN 70/30 FLEXPEN INJ	54
NOVOLIN 70/30 INJ	54
NOVOLIN N FLEXPEN INJ	54
NOVOLIN N INJ	54
NOVOLIN R FLEXPEN INJ	54
NOVOLIN R INJ	54
NOVOLOG FLEXPEN INJ	55
NOVOLOG INJ	55
NOVOLOG MIX FLEXPEN INJ	55
NOVOLOG MIX INJ	55
NOVOLOG PENFILL INJ	55
NOXAFIL PAK	61
NOXAFIL SUSP	61
NOXAFIL TAB	61
np thyroid tab	225
NUBEQA TAB	85
NUCALA INJ	25
NUCORT LOTION	144
NUCYNTA TAB	15
NUEDEXTA CAP	221
NULYTELY SOLN	180
NUTRITIONAL SUPPLEMENT LIQUID	151
NUTRITIONAL SUPPLEMENT POWDER	151
NUVARING	127
NUVIGIL TAB	4
nystatin cream	138
nystatin oint	138
nystatin powder	61
nystatin susp	193
nystatin tab	61
nystatin topical powder	138
nystatin/triamcinolone cream	138
nystatin/triamcinolone oint	138
NYVEPRIA INJ	175

O

OCALIVA TAB	164
octreotide inj	161
OCTREOTIDE INJ 100MCG	161
OCUFLOX OPHTH SOLN	204
ODEFSEY TAB	107
ODOMZO CAP	84
OFEV CAP	223
ofloxacin ophth soln	204
ofloxacin otic soln	211
ofloxacin tab	164
olanzapine ODT	102
olanzapine tab	102
olanzapine/fluoxetine cap	218
OLLIZAC POWDER	151
olmesartan tab	69
olmesartan/hydrochlorothiazide tab	72

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olopatadine ophth soln 0.1% 210
olopatadine ophth soln 0.2% 210
OLUMIANT TAB 5
OLUX FOAM 144
omega-3-acid ethyl esters cap 63
omeprazole DR cap 229
omeprazole tab 230
OMNICEF SUSP 124
OMNIPOD 5 INTRO KIT 184
OMNIPOD 5 PACK PODS 184
OMNIPOD DASH INTRO KIT 184
OMNIPOD DASH PODS 184
OMNIPOD GO KIT 184
OMNIPOD STARTER KIT 184
OMNITROPE INJ 157
ondansetron ODT 59
ondansetron soln 59
ONDANSETRON TAB 59
ONETOUCH DELICA LANCETS 184
ONETOUCH DELICA PLUS LANCETS 184
ONETOUCH DELICA ULTRASOFT LANCETS 184
ONETOUCH METER 185
ONETOUCH TEST STRIP 150
ONETOUCH VERIO FLEX METER 185
ONETOUCH VERIO IQ METER 185
ONETOUCH VERIO METER 185
ONETOUCH VERIO REFLECT METER 185
ONETOUCH VERIO TEST STRIP 150
ONFI SUSP 34
ONFI TAB 34
ONGENTYS CAP 99
OPSUMIT TAB 121
OPVEE NASAL SPRAY 58
ORACIT SOLN 169
ORAP TAB 221
ORAPRED ODT TAB 130
ORAPRED SOLN 130
ORENCIA CLICK INJ 11
ORENCIA SC INJ 125MG/ML 11
ORENCIA SC INJ 50MG/0.4ML 11
ORENCIA SC INJ 87.5MG/0.7ML 11
ORENITRAM TAB 120
ORGOVYX TAB 85
ORIAHNN CAP 162
ORILISSA TAB 150MG 156
ORILISSA TAB 200MG 156
ORKAMBI GRANULES PACKET 222
ORKAMBI TAB 222
ORSERDU TAB 86
ORSERDU TAB 345MG 86
oseltamivir cap 111
oseltamivir cap 30mg 111
oseltamivir susp 112
OTEZLA STARTER PACK 10
OTEZLA TAB 10
OVACE PLUS CREAM 141
OVIDE LOTION 149
oxacillin inj 215
OXBRYTA TAB FOR ORAL SUSP 174
oxcarbazepine susp 37
oxcarbazepine tab 38
oxiconazole nitrate cream 138
OXSORALEN ULTRA CAP 140
oxybutynin ER tab 230
oxybutynin syrup 230
oxybutynin tab 230

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oxycodone soln 15
oxycodone tab 15
oxycodone/acetaminophen tab 17
OXYCODONE/ASPIRIN TAB 17
OXYTROL PATCH (OTC) 231
OZEMPIC INJ 51

P

paliperidone ER tab 100
PALYNZIQ INJ 159
PAMELOR CAP 47
PANRETIN GEL 139
pantoprazole EC tab 229
PARAGARD IUD 127
paricalcitol cap 159
PARLODEL CAP 98
PARLODEL TAB 98
PARNATE TAB 43
paromomycin cap 5
paroxetine ER tab 44
paroxetine oral susp 44
paroxetine tab 44
PATANOL OPHTH SOLN 210
PAXIL CR TAB 44
PAXIL ORAL SUSP 45
PAXIL TAB 45
PAXLOVID 150MG/100MG TAB PACK (EUA) 109
PAXLOVID TAB (EUA) 109
PAXLOVID TAB 150-100MG 109
PAXLOVID TAB 300-100MG 109
pazopanib tab 92
PCE TAB 181
PEAK FLOW METER 186
pediatric multiple vitamins/fluoride chew tab 195
pediatric multiple vitamins/fluoride soln 195
pediatric multiple vitamins/fluoride/iron soln 195
PEDVAXHIB INJ 232
peg 3350 soln (100 gram Moviprep equiv) 180
peg 3350/electrolytes soln 180
PEGASYS INJ 110
PEG-INTRON INJ 110
PEMAZYRE TAB 92
penciclovir cream 141
penicillamine tab 190
PENICILLIN G PROCAINE INJ 214
PENICILLIN G SODIUM INJ 214
PENICILLIN VK SOLN 214
penicillin vk tab 214
PENTACEL INJ 227
pentamidine neb soln 74
pentoxifylline ER tab 172
PEPCID SUSP 228
PEPCID TAB 229
PERCOCET TAB 17
PERFOROMIST NEB SOLN 30
PERIDEX SOLN 193
permethrin cream 149
perphenazine tab 103
PERPHENAZINE/ AMITRIPTYLINE TAB 219
pfizerpen g inj 214
PHEBURANE ORAL PELLETS 159
phenazopyridine tab 170
PHENELZINE SULFATE TAB 43
phenelzine tab 43
phenobarbital elixir 177
phenobarbital tab 178
phenoxybenzamine cap 68
phentermine cap 2

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phentermine tab	2	PLAVIX TAB 75MG	173	potassium chloride powder packet	190
phenylephrine ophth soln	202	PLEGRIDY INJ	220	potassium chloride soln	190
phenytoin cap	41	PLEGRIDY PEN INJ	220	POTASSIUM CHLORIDE TAB ER	190
phenytoin chew tab	41	PNEUMOVAX INJ	232	potassium citrate CR tab	169
phenytoin susp	41	PODIAPN CAP	151	potassium citrate/citric acid powder pack	169
PHEXXI GEL	236	PODOCON SOLN	147	potassium citrate/citric acid soln	169
phlexy-10 tab	200	podofilox soln	147	potassium phosphate monobasic tab	189
PHOSLO CAP	168	polyethylene glycol 3350 powder	180	PRADAXA CAP 110MG	33
PHOSLYRA SOLN	168	POLYETHYLENE GLYCOL 8000 GRANULES	215	PRADAXA CAP 75MG, 150MG	33
phospha 250 neutral tab	189	polymyxin b/trimethoprim ophth soln	204	pramipexole tab	98
phytonadione tab	239	POLYTRIM OPHTH SOLN	204	pramoxine/hydrocortisone cream	20
PICATO GEL	139	POMALYST CAP	86	PRANDIN TAB	55
PIFELTRO TAB	107	posaconazole DR tab	61	prasugrel tab	173
pilocarpine ophth soln	202	posaconazole susp	61	PRAVACHOL TAB	66
pilocarpine tab	194	POTABA CAP	240	pravastatin tab	66
pimecrolimus cream	146	POTABA POWDER PACKET	240	praziquantel tab	21
PIMOZIDE TAB	221	potassium bicarbonate effer tab	189	prazosin cap	70
pindolol tab	115	potassium chloride ER cap	189	PRECOSE TAB	47
pioglitazone tab	55	potassium chloride ER tab	189	PRED FORTE OPHTH SUSP	207
piperacillin/tazobactam inj	215	potassium chloride micro tab	190		
PIQRAY TAB	92				
pirfenidone cap	223				
pirfenidone tab 267mg	223				
pirfenidone tab 801mg	223				
piroxicam cap	10				
pitavastatin calcium tab	66				
PLAN B TAB	127				
PLAQUENIL TAB	79				

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PRED MILD OPHTH SOLN	207	PRENATABS RX TAB	196	prochlorperazine supp	103
PRED-G OPHTH SOLN	207	PRENATAL 19 CHEW TAB	196	prochlorperazine tab	103
PREDNICARBATE CREAM	144	PRENATAL 19 TAB	196	PROCTOCORT CREAM	144
PREDNICARBATE OIN	144	PRENATAL VITAMINS (NON-PREFERRED)	196	proctosol HC cream	20
prednisolone ODT	130	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	239	progesterone cap	216
PREDNISOLONE ODT TAB	130	PRETOMANID TAB	80	PROGESTERONE SUPP	238
PREDNISOLONE OPHTH SUSP	207	PREVACID CAP	229	PROGLYCEM SUSP	50
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	207	PREVACID OTC CAP	229	PROLENSA OPHTH SOLN	210
prednisolone soln	130	PREVIDENT SOLN	193	PROLIA INJ	156
PREDNISONE SOLN	130	PREVNAR 13 INJ	232	PROMACTA TAB	175
prednisone tab	130	PREVNAR 20 INJ	232	promethazine DM syrup	132
PREFEST TAB	162	PREVYMIS TAB	109	promethazine supp	62
pregabalin cap	38	PREZCOBIX TAB	107	promethazine syrup	63
pregabalin cap 225mg	38	PREZISTA SUSP	107	promethazine tab	63
pregabalin cap 300mg	38	PREZISTA TAB	107	promethazine VC syrup	133
pregabalin soln	38	PRIFTIN TAB	80	promethazine VC/codeine syrup	133
PREHEVBRIO SUSP	235	primaquine tab	79	promethazine/codeine syrup	133
PREMARIN TAB	163	primidone tab	38	PROMETHEGAN SUPP	63
PREMARIN VAGINAL CREAM	238	PRIMSOL SOLN	74	PROMETRIUM CAP	216
PREMPHASE TAB, PREMPRO TAB	162	PRINIVIL TAB, ZESTRIL TAB	68	propafenone ER cap	24
		PRISTIQ TAB	46	propafenone tab	24
		probenecid tab	171	proparacaine ophth soln	205
		PROCARDIA CAP	117	propranolol ER cap	115
				propranolol oral soln 20mg/5ml	115

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PROPRANOLOL SOLN 115
propranolol tab 115
PROPRANOLOL/HYDRO CHLOROTHIAZIDE TAB 73
propylthiouracil tab 225
PROSCAR TAB 170
pro-stat liquid 200
PROTOPIC OINT 146
protriptyline tab 47
PROVERA TAB 216
PROVIGIL TAB 5
PROZAC CAP 45
PULMICORT INH SUSP 28
PULMOZYME INH SOLN 222
PURIXAN SUSP 82
pyrazinamide tab 80
pyridostigmine CR tab 79
pyridostigmine tab 79
pyridstigmine soln 79
pyrimethamine tab 79
PYRUKYND TAB 173
PYRUKYND TAPER PACK 173

Q

QBRELIS SOLN 68
QINLOCK TAB 92
QSYMIA CAP 2
QUESTRAN LITE POWDER 64
QUESTRAN POWDER 64
QUESTRAN POWDER PACK 64
quetiapine tab 102
quetiapine XR tab 102
QUFLORA PEDIATRIC CHEW TAB 195
quinapril tab 68
QUINAPRIL/HCTZ TAB 73
quinapril/hydrochlorothiazide tab 73
quinidine gluconate CR tab 24
quinidine sulfate tab 24

R

RABAVERT INJ 235
rabeprazole EC tab 229
RADICAVA ORS STARTER KIT 199
RADICAVA ORS SUSP 199
raloxifene tab 157
ramelteon tab 179
ramipril cap 68
RANEXA TAB 21
ranolazine tab 21
rasagiline tab 98
RAZADYNE ER CAP 218
RAZADYNE TAB 218
REBETOL SOLN 110
REGLAN TAB 165
REGRANEX GEL 149
RELENZA DISKHALER 112
RELYVRIO PAK 199
REMERON SOLUTAB 42
REMERON TAB 42
RENAGEL TAB 800MG 168
renaphro cap 194
RENOVA CREAM 136
RENVELA TAB 168
repaglinide tab 55
REPATHA INJ 67
REPATHA PUSHTRONEX INJ 67
REQUIP TAB 98
RESCRIPTOR TAB 107
RESTORIL CAP 15MG 178
RESTORIL CAP 22.5MG 178
RESTORIL CAP 30MG 178
RESTORIL CAP 7.5MG 178
RETACRIT INJ 175
RETEVMO CAP 92
RETIN-A CREAM 136
REVATIO SUSP 121
REVATIO TAB 121
REVLIMID CAP 191

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REYATAZ POWDER PACK	107
REYVOW TAB	187
REZLIDHIA CAP	93
REZUROCK TAB	191
RHEUMATREX TAB	6
RHOFADE CREAM	148
ribavirin cap	110
RIBAVIRIN TAB	110
RIDAURA CAP	8
rifabutin cap	80
RIFADIN CAP	80
RIFAMATE CAP	79
rifampin cap	80
RIFATER TAB	80
riluzole tab	199
RIMANTADINE TAB	112
RINVOQ ER TAB	5
RIOMET ER SUSP	49
RIOMET SOLN	49
risedronate DR tab	156
risedronate tab	156
RISPERDAL CONSTA INJ	101
RISPERDAL M ODT	101
RISPERDAL SOLN	101
RISPERDAL TAB	101
risperidone ODT	101
risperidone soln	101
risperidone tab	101
RITALIN LA CAP	5
RITALIN TAB	5
ritonavir tab	107
RITUXAN INJ	82
rivastigmine cap	218
rivastigmine patch	218
rizatriptan ODT	187
rizatriptan tab	187
ROBAXIN TAB	197
ROBINUL TAB	228
ROCALTROL CAP	159
ROCALTROL SOLN	159
roflumilast tab	26
ropinirole ER tab	98
ropinirole tab	98
rosuvastatin tab	66
ROTARIX SUSP	235
ROTATEQ INJ	235
ROXICODONE TAB	15
ROZEREM TAB	179
ROZLYTREK CAP	93
RUBRACA TAB	93
rufinamide susp	38
rufinamide tab	38
RUKOBIA ER TAB	107
RYBELSUS TAB	52
RYDAPT CAP	93
RYTHMOL SR CAP	24

S

SALAGEN TAB	194
SALEX SHAMPOO	147
salsalate tab	12
SANCUSO PATCH	59
SANDIMMUNE SOLN 100MG/ML	113
SANTYL OINT	146
SAPHRIS SL TAB	102
sapropterin dihydrochloride powder packet	159
sapropterin dihydrochloride soluble tab	159
SAVELLA PAK	219
SAVELLA TAB	219
SAXENDA INJ	2
scopolamine patch	59
selegiline cap	98
selegiline tab	98
selenium sulfide lotion	141
selenium sulfide shampoo	141
SELZENTRY SOLN	107
SELZENTRY TAB	107
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	55

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SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	55	SINEMET TAB	98	sodium fluoride gel	193
		SINGULAIR CHEW TAB	26	sodium fluoride paste	193
SEMPREX-D CAP	133	SINGULAIR GRANULE PACK	26	sodium fluoride rinse	193
SEREVENT DISKUS INHALER	30			sodium fluoride soln	188
		SINGULAIR TAB	26	sodium fluoride tab	188
SEROQUEL TAB	102	sirolimus soln	191	sodium fluoride/potassium nitrate paste	193
SEROQUEL XR TAB	102	sirolimus tab	113		
sertraline conc	45	SIVEXTRO TAB	77	SODIUM OXYBATE SOLN	217
sertraline tab	45	SKELAXIN TAB	197		
sevelamer hydrochloride tab	168	SKYCLARYS CAP	199	sodium polystyrene powder	113
		SKYRIZI INJ 150MG/ML	140		
sevelamer powder pak	168	SKYRIZI INJ 180 MG/1.2ML	167	sodium polystyrene susp	113
sevelamer tab	168			sodium sulfacetamide lotion	136
SFROWASA ENEMA	167	SKYRIZI INJ 360MG/2.4ML	167		
SHINGRIX INJ	236			sodium sulfacetamide/sulfur cleanser 10-5%	136
SIGNIFOR INJ	161	SKYRIZI INJ 75MG/0.83ML	140		
sildenafil susp	121				
sildenafil tab	119	SKYTROFA INJ	157	sodium sulfacetamide/sulfur cleanser 9-4.5%	136
sildenafil tab 20mg	122	SLO-NIACIN TAB	240		
SILVADENE CREAM	141	SLYND TAB	128		
silver sulfadiazine cream	141	smz/tmp (DS) tab	75	sodium sulfacetamide/sulfur emulsion 10-5%	136
SIMBRINZA OPHTH SUSP	203	smz/tmp susp	75		
		SOD CHLORIDE INJ	190		
SIMPONI AUTO-INJECTOR 100MG	7	sodium chloride inj	190	sodium/magnesium/potassium soln	180
		sodium chloride neb soln	134		
SIMPONI INJ 100MG	8	sodium citrate/citric acid soln	169	SOFOSBUVIR/VELPATASVIR TAB	110
simvastatin tab	66				
SINEMET CR TAB	98	sodium fluoride cream	193	solifenacin tab	231

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SOLU-CORTEF INJ 130
SOLU-CORTEF INJ 100MG 130
SOLU-MEDROL INJ 131
SOLU-MEDROL INJ 2GM 131
SOLU-MEDROL PF INJ 131
SOMA TAB 197
SOMAVERT INJ 157
sorafenib tosylate tab 93
sotalol AF tab 115
sotalol tab 115
SOTYLIZE SOLN 5MG/ML 115
SPECTRACEF TAB 124
SPIKEVAX INJ 236
SPIKEVAX INJ 50MCG/0.5ML 236
SPINOSAD SUSP 149
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 26
spironolactone susp 154
spironolactone tab 154
spironolactone/hydrochlorothiazide tab 153
SPORANOX CAP 61
SPORANOX SOLN 62
sprintec 28 tab 126
SPRYCEL TAB 93
SPS SUSP 192
STALEVO TAB 99
STARLIX TAB 55
stavudine cap 107
STELARA INJ 140
STENDRA TAB 119
STIMATE NASAL SOLN 6MG/0.5ML 160
STIOLTO INHALER 30
STIVARGA TAB 93
STRENSIQ INJ 159
STRIBILD TAB 108
STRIVERDI RESPIMAT INHALER 30
STROMECTOL TAB 21
SUBOXONE SL FILM 18
sucralfate susp 230
sucralfate tab 229
sulfacetamide sodium ophth soln 204
sulfacetamide sodium/prednisolone ophth soln 208
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN 208
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L.A. CARE HOME INFUSION DRUG LIST
Alphabetical Index

12/1/2023

Search Tip:
This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. 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.

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Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.
***Products are limited to the L.A. Care Home Infusion Network Pharmacies.

L.A. Care Home Infusion List

Alphabetical Index

Last Updated 12/1/2023

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ADAKVEO INJ	PA	F	HEMATOPOIETIC AGENTS
ADCETRIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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ADYNOVATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
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Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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AMONDYS 45 INJ	-	EXC	NEUROMUSCULAR AGENTS
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AMPICILLIN INJ	-	F	PENICILLINS
AMPICILLIN/SULBACTAM INJ	-	F	PENICILLINS
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
APRETUDE SUSP (QL=7 inj/year)	QL	F	ANTIVIRALS
ARALAST NP INJ	PA	F	RESPIRATORY AGENTS - MISC.
argatroban inj	-	F	ANTICOAGULANTS
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arsenic trioxide inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
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aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
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Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F	OPHTHALMIC AGENTS
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BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BICILLIN C-R INJ	-	F	PENICILLINS
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bortezomib inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butorphanol inj	-	F	ANALGESICS - OPIOID
BYOOVIZ INJ (QL= 1 vial/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CABENUVA SUSP (QL=1 kit/month)	QL	F	ANTIVIRALS
calcium gluconate inj	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
cefazolin inj	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
cefepime inj	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
CEFOTETAN INJ	-	F	CEPHALOSPORINS
cefoxitin inj	-	F	CEPHALOSPORINS
ceftazidime inj	-	F	CEPHALOSPORINS
CEFTRIAXONE INJ	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ (QI= 1 vial/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
cisplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COPPER INJ	-	F	MINERALS & ELECTROLYTES
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
cupric chloride inj (COPPER equiv)	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTARABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DANYELZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN FASPRO	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daunorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
desmopressin (DDAVP) inj	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
DEXTROSE INJ	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTIANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
DILTIAZEM INJ	-	F	CALCIUM CHANNEL BLOCKERS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
diphenhydramine inj	-	F	ANTIHISTAMINES
DOBUTAMINE/D5W INJ	-	F	CARDIOTONICS
DOCETAXEL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	CARDIOTONICS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin hcl inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycyclline hyclate inj	-	F	TETRACYCLINES
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
ELAHERE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
electrolyte-148 solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
electrolyte-a solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELFABRIO SOL	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	NC	MACROLIDES
erythromycin inj	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ESPEROCT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLEXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ	PA	F	ANTIHYPERLIPIDEMICS
EXONDYS 51 SOLN	-	EXC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FEIBA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
FERAHEME INJ	-	NC	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
ferumoxytol inj	-	F	HEMATOPOIETIC AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
FIBRYGA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRMAGON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
FLOLAN INJ, VELETRI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
fluconazole/nacl inj	-	F	ANTIFUNGALS
fludarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS
foscarnet sodium inj	-	F	ANTIVIRALS
FOSCAVIR INJ	-	NC	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
furosemide inj	-	F	DIURETICS
FYARRO SUSP	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAMASTAN INJ	-	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMIFANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ganciclovir inj	-	F	ANTIVIRALS
GAZYVA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
gemcitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ, KOATE-DVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
heparin sodium inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
heparin sodium/nacl inj	-	F	ANTICOAGULANTS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HUMATE-P INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ibandronate sodium inj (BONIVA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFOSFAMIDE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA SOLN	-	NC	DERMATOLOGICALS
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMJUDO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
INFLIXIMAB INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
INFUGEM SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
INVEGA HAFYERA INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
IRINOTECAN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
JEVTANA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JIVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NACL INJ	-	F	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	NC	MINERALS & ELECTROLYTES
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KIMMTRAK SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KORSUVA INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F	GOUT AGENTS
KYMRIAH SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lacosamide iv inj	-	F	ANTICONVULSANTS
LACTATED RINGERS INJ	-	F	MINERALS & ELECTROLYTES
LAMZEDE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LARTRUVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQEMBI SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
leucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
levoleucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOTHYROXIN INJ	-	F	THYROID AGENTS
levothyroxine inj	-	F	THYROID AGENTS
LIBTAYO INJ (QL= 1 vial/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
LINEZOLID IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
LIOTHYRONINE INJ	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
lorazepam inj	-	F	ANTIANXIETY AGENTS
LUNSUMIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 22.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 30MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 45MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 7.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUTATHERA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F	OPHTHALMIC AGENTS
MAGNESIUM SU INJ	-	EXC	MINERALS & ELECTROLYTES
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ	-	F	HEMATOPOIETIC AGENTS
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MORPHINE SULFATE 10MG/ML PF INJ	-	F	ANALGESICS - OPIOID
morphine sulfate inj	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYLOTARG INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYOZYME/LUMIZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nafcillin inj	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NIPENT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPAR INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFRAN) inj	-	NC	ANTIEMETICS
ONDANSETRON INJ	-	F	ANTIEMETICS
ONIVYDE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN (QL= 2 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORENCIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
OXLUMO INJ	PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	F	ANTIEMETICS
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F	ANTIEMETICS
pamidronate inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
pemetrexed disodium for iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PEPAXTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
PHENYTOIN INJ	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	F	HEMATOPOIETIC AGENTS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
PORTRAZZA INJ (QL= 2 vials/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
potassium chloride inj	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
PROCAINAMIDE INJ	-	F	ANTIARRHYTHMICS
PROCHLORPERAZINE INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QALSODY SOL (QL= 1 vial/28 days)	QL	F	NEUROMUSCULAR AGENTS
QUADRAMET INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN SOL	-	NC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	PA	F	HEMATOPOIETIC AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RETISERT IMPLANT	-	NC	OPHTHALMIC AGENTS
REVCOVI INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN (QL= 8 vials/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCENESSE IMP (QL=1 implant/56 days)	-	EXC	DERMATOLOGICALS
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SEVENFACT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUIM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
sodium bicarbonate inj	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTIDOTES
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F	DERMATOLOGICALS
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
STELARA IV INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
STERILE DILUENT SOLN	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTIVIRALS
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO INJ (QL= 1 vial/affected eye/168 days)	PA-QL	F	OPHTHALMIC AGENTS
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F	OPHTHALMIC AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNRIBO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 20 mL/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 28 mL/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ (QL= 2 kits/lifetime)	PA-QL	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TOBRAMYCIN INJ	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETTEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRIESENCE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ (QL= 15mL/28 days)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TZIELD INJ (QL= 14 vials/month)	PA-QL	F	ANTIDIABETICS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN (QL= 30 mL/6 months)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
valrubicin inj (QL= 24 vials/3 months)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANCOMYCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO SOLN	-	EXC	NEUROMUSCULAR AGENTS
VIMIZIM INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ	PA	F	OPHTHALMIC AGENTS
vitamin K1 inj	-	F	VITAMINS
VONVENDI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
voriconazole inj	-	F	ANTIFUNGALS
VPRIV INJ	PA	F	HEMATOPOIETIC AGENTS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
VYVGART HYTRULO INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XIAFLEX INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
XIPERE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
XOFIGO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XOLAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZEPZELCA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERBAXA INJ	-	F	CEPHALOSPORINS
zinc chloride inj	-	F	MINERALS & ELECTROLYTES
ZINC CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
ZINPLAVA SOLN	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ZIRABEV INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (ZOMETA INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln (RECLAST INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYNLONTA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTEGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin inj	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
STREPTOMYCIN INJ	-	F
tobramycin inj	-	F
ZEMDRI INJ	-	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
SIMPONI ARIA INJ	PA	F
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	PA	F
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ	PA	F
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ	PA	F
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
MORPHINE SULFATE 10MG/ML PF INJ	-	F
morphine sulfate inj	-	F
OPIOID PARTIAL AGONISTS		
BUTORPHANOL INJ	-	F
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ	-	F
TESTOPEL MIS	-	NC
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN IV SOLN	-	F
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide inj	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone inj	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
NEXTERONE INJ/AMIODARONE INJ	-	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ	PA	F
FASENRA INJ	PA	F
NUCALA INJ	PA	F
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F
XOLAIR INJ	PA	F
SYMPATHOMIMETICS		
terbutaline inj (BRETHINE INJ equiv)	-	F
XANTHINES		
aminophylline inj	-	F
ANTICOAGULANTS		
HEPARINS AND HEPARINOID-LIKE AGENTS		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
heparin sodium inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
HEPARIN SODIUM/NACL INJ	-	F
THROMBIN INHIBITORS		
argatroban inj	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - MISC.		
lacosamide iv inj	-	F
levetiracetam inj	-	F
HYDANTOINS		
fosphenytoin inj	-	F
PHENYTOIN INJ	-	F
VALPROIC ACID		
valproate inj	-	F
ANTIDEPRESSANTS		
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOLN	PA	F
ANTIDIABETICS		
ANTIDIABETIC-ANTIBODIES		
TZIELD INJ (QL= 14 vials/month)	PA-QL	F
ANTIDOTES		
ANTIDOTES		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ALOXI IV SOLN	-	F
granisetron HCl inj (KYTRIL INJ equiv)	-	F
ondansetron inj	-	F
palonosetron inj	-	F
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F
ondansetron (ZOFRAN) inj	-	NC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO INJ	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS INJ	-	F
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
ANTIFUNGALS		
ABELCET INJ	-	F
AMPHOTERICIN INJ	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj	-	F
ANTIHYPERLIPIDEMICS		
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ	PA	F
ANTIHYPERTENSIVES		
VASODILATORS		
hydralazine inj	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole/trimethoprim inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
CARBAPENEMS		
cilastatin/imipenem inj	-	F
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
CHLORAMPHENICOLS		
CHLORAMPHENICOL INJ	-	F
CYCLIC LIPOPEPTIDES		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
GLYCOPEPTIDES		
DALVANCE INJ	-	F
VANCOMYCIN INJ	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NACL INJ	-	F
LINCOSAMIDES		
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
MONOBACTAMS		
aztreonam inj	-	F
OXAZOLIDINONES		
linezolid IV soln	-	F
ZYVOX IV SOLN	-	F
POLYMYXINS		
colistimethate inj	-	F
polymyxin b inj	-	F
STREPTOGRAMINS		
SYNERCID INJ	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT INJ	-	F
rifampin inj	-	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
bendamustine inj	-	F
BENDAMUSTINE SOL	PA	F
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
cisplatin inj	-	F
CISPLATIN INJ 50MG/50ML	-	F
cyclophosphamide inj	-	F
IFEX INJ	-	F
IFOSFAMIDE INJ	-	F
melphalan inj	-	F
oxaliplatin inj	-	F
TEMODAR IV INJ	PA	F
thiotepa inj	-	F
YONDELIS INJ	PA	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN	PA	F
CARMUSTINE INJ	-	NC
PEPAXTO INJ	-	NC
ANTIMETABOLITES		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
CYTARABINE INJ	-	F
decitabine inj	PA	F
fludarabine inj	-	F
fluorouracil inj	-	F
GEMCITABINE INJ	-	F
nelarabine iv soln	PA	F
pemetrexed disodium for iv soln	PA	F
ALIMTA INJ	-	NC
ARRANON INJ	-	NC
INFUGEM SOLN	-	NC
VIDAZA INJ	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F
ANTINEOPLASTIC - ANTIBODIES		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BESPONSA INJ	PA	F
BLINCYTO INJ	PA	F
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F
DARZALEX SOLN	PA	F
ELAHERE INJ	PA	F
ENHERTU INJ	PA	F
GAZYVA INJ	PA	F
IMFINZI INJ	PA	F
IMJUDO INJ	PA	F
JEMPERLI SOLN	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
KIMMTRAK SOLN	PA	F
LIBTAYO INJ (QL= 1 vial/21 days)	PA-QL	F
LUNSUMIO INJ	PA	F
MONJUVI INJ	PA	F
MYLOTARG INJ	PA	F
OPDIVO INJ	PA	F
PADCEV INJ	PA	F
POLIVY INJ	PA	F
POTELIGEO INJ	PA	F
RUXIENCE INJ	PA	F
RYBREVANT SOLN (QL= 8 vials/4 weeks)	PA-QL	F
SARCLISA SOLN	PA	F
TECENTRIQ INJ 1200MG/20ML (QL= 20 mL/21 days)	PA-QL	F
TECENTRIQ INJ 840MG/14ML (QL= 28 mL/28 days)	PA-QL	F
TIVDAK INJ	PA	F
TRUXIMA INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F
CAMPATH INJ	-	NC
DANYELZA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
UNITUXIN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
MARGENZA INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
BREYANZI INJ	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ	PA	F
PORTRAZZA INJ (QL= 2 vials/3 weeks)	PA-QL	F
VECTIBIX IV SOLN	PA	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F
FIRMAGON INJ	-	NC
LUPRON DEPOT INJ 22.5MG	-	NC
LUPRON DEPOT INJ 30MG	-	NC
LUPRON DEPOT INJ 45MG	-	NC
LUPRON DEPOT INJ 7.5MG	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
LARTRUVO INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
daunorubicin inj	-	F
doxorubicin hcl inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F
lipodox inj	-	F
mitomycin inj	PA	F
mitoxantron inj	-	F
valrubicin inj (QL= 24 vials/3 months)	PA-QL	F
ANTINEOPLASTIC COMBINATIONS		
DARZALEX SOLN FASPRO	PA	F
OPDUALAG SOLN (QL= 2 vials/28 days)	PA-QL	F
VYXEOS INJ	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
BALEODAQ INJ	PA	F
bortezomib inj	PA	F
FYARRO SUSP	PA	F
KYPROLIS SOLN	PA	F
romidepsin for iv inj	PA	F
ROMIDEPSIN INJ	PA	F
temsirolimus soln	-	F
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
ISTODAX (OVERFILL) INJ	-	NC
VELCADE INJ	-	NC
VELCADE INJ, BORTEZOMIB INJ	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	EXC
ASPARLAS INJ	PA	F
ONCASPAR INJ	PA	F
RYLAZE INJ	-	NC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA INJ	-	EXC
LUTATHERA SOLN	-	EXC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
PLUVICTO INJ	-	EXC
QUADRAMET INJ	-	EXC
STRONTIUM INJ	-	EXC
XOFIGO INJ	-	EXC
ANTINEOPLASTICS MISC.		
arsenic trioxide inj	PA	F
dacarbazine inj	-	F
ELZONRIS SOLN	PA	F
NIPENT INJ	PA	F
PHOTOFRIN INJ	-	F
PROLEUKIN INJ	-	F
SYLATRON KIT	-	F
SYNRIBO INJ	PA	F
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane inj	-	F
KHAPZORY SOLN	PA	F
leucovorin inj	-	F
levoleucovorin inj	-	F
mesna inj	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
LEUCOVORIN INJ	-	F
COSELA INJ	-	NC
MITOTIC INHIBITORS		
ABRAXANE INJ	PA	F
DOCETAXEL INJ	-	F
docetaxel IV soln	-	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F
HALAVEN INJ	PA	F
IXEMPRA KIT INJ	PA	F
JEVTANA INJ	PA	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
vincristine inj	-	F
vinorelbine inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
MARQIBO INJ	-	NC
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	-	EXC
TOPOISOMERASE I INHIBITORS		
IRINOTECAN INJ	-	F
ONIVYDE INJ	PA	F
topotecan inj	-	F
TRODELVY SOLN	PA	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA HAFYERA INJ	-	F
PHENOTHIAZINES		
PROCHLORPERAZINE INJ	-	F
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL=7 inj/year)	QL	F
CABENUVA SUSP (QL=1 kit/month)	QL	F
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F
CMV AGENTS		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
HERPES AGENTS		
acyclovir sodium IV soln	-	F
ASSORTED CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV SOLN	PA	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
BETA BLOCKERS CARDIO-SELECTIVE		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
BETA BLOCKERS NON-SELECTIVE		
propranolol inj	-	F
SOTALOL INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
CARDENE INJ	-	F
DILTIAZEM INJ	-	F
nicardipine inj	-	F
verapamil inj	-	F
CARDIOTONICS		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj	PA	F
treprostinil inj	PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
cefazolin inj	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
cefotetan inj	-	F
cefoxitin inj	-	F
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
ceftazidime inj	-	F
ceftriaxone inj	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
CEPHALOSPORINS - 4TH GENERATION		
cefepime inj	-	F
CEFEPIME IV SOLN	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
dexamethasone sodium phosphate inj	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
DERMATOLOGICALS		
ANTIPSORIATICS		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F
ILUMYA SOLN	-	NC
GLABELLAR LINES (FROWN LINES) AGENTS		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
PROTECTIVES AGAINST UV RADIATION		
SCENESSE IMP (QL=1 implant/56 days)	-	EXC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ (QL= 2 kits/lifetime)	PA-QL	F
DIURETICS		
LOOP DIURETICS		
furosemide inj	-	F
OSMOTIC DIURETICS		
mannitol inj	-	F
OSMITROL INJ	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
DIURETICS Cont.		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
EVENITY INJ	PA	F
PAMIDRONATE INJ	-	F
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F
XGEVA INJ	PA	F
zoledronic acid inj (ZOMETA INJ equiv)	-	F
zoledronic acid IV soln (RECLAST INJ equiv)	-	F
BONIVA INJ	-	NC
ibandronate sodium inj (BONIVA equiv)	-	NC
PAMIDRONATE INJ	-	NC
RECLAST INJ	-	NC
ZOMETA INJ	-	NC
CORTICOTROPIN		
ACTHAR HP GEL INJ	-	NC
CORTROPHIN INJ GEL	-	NC
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ	PA	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F
SUPPRELIN LA KIT	-	NC
METABOLIC MODIFIERS		
ALDURAZYME INJ	PA	F
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F
CRYSVITA INJ	PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	PA	F
ELFABRIO SOL	PA	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
KANUMA INJ	PA	F
LAMZEDE INJ	PA	F
MYOZYME/LUMIZYME INJ	PA	F
NAGLAZYME INJ	PA	F
NEXVIAZYME INJ	PA	F
NULIBRY INJ	PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
REVCOVI INJ	PA	F
VIMIZIM INJ	PA	F
XENPOZYME SOLN	PA	F
POSTERIOR PITUITARY HORMONES		
desmopressin (DDAVP) inj	PA	F
SOMATOSTATIC AGENTS		
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ	PA	F
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F
INFLIXIMAB INJ	PA	F
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F
STELARA IV INJ	PA	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
RENFLEXIS INJ	-	NC
LIVE FECAL MICROBIOTA		
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F
GENITOURINARY AGENTS - MISCELLANEOUS		
HYPEROXALURIA AGENTS		
OXLUMO INJ	PA	F
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ	PA	F
ANTIHEMOPHILIC PRODUCTS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
ADYNOVATE INJ	PA	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
ALTUVIIIO INJ	PA	F
ESPEROCT INJ	PA	F
FEIBA INJ	PA	F
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F
HUMATE-P INJ	PA	F
NOVOSEVEN RT INJ	PA	F
SEVENFACT INJ	PA	F
VONVENDI INJ	PA	F
WILATE INJ	PA	F
ADVATE INJ, KOVALTRY INJ	-	NC
AFSTYLA KIT	-	NC
ALPHANATE INJ, HUMATE-P INJ	-	NC
ALPHANINE SD INJ, MONONINE INJ	-	NC
ALPROLIX INJ	-	NC
BENEFIX INJ	-	NC
COAGADEX INJ	-	NC
CORIFACT KIT	-	NC
ELOCTATE INJ	-	NC
FIBRYGA INJ	-	NC
HEMOFIL M INJ, KOATE-DVI INJ	-	NC
IDELVION SOLN	-	NC
IXINITY INJ, RIXUBIS INJ	-	NC
JIVI INJ	-	NC
KCENTRA KIT	-	NC
KOGENATE FS INJ	-	NC
NOVOEIGHT INJ	-	NC
NUWIQ INJ	-	NC
OBIZUR INJ	-	NC
PROFILNINE INJ	-	NC
REBINYN SOL	-	NC
RECOMBINATE INJ	-	NC
TRETTEN INJ	-	NC
XYNTHA INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ	PA	F
PLASMA PROTEINS		
ALBUMINAR INJ	-	F
RYPLAZIM SOLN	PA	F
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE INJ	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ	PA	F
ELELYSO INJ	PA	F
VPRIV INJ	PA	F
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO INJ	PA	F
FOLIC ACID/FOLATES		
folic acid inj	-	F
HEMATOPOIETIC GENE THERAPY		
ZYNTEGLO INJ	-	EXC
HEMATOPOIETIC GROWTH FACTORS		
NPLATE INJ	PA	F
REBLOZYL INJ	PA	F
MIRCERA INJ	-	NC
IRON		
ferric gluconate IV soln	-	F
ferumoxytol inj	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
MONOFERRIC INJ	-	F
VENOFER INJ	-	F
FERAHEME INJ	-	NC
FERRLECIT INJ	-	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	F
plerixafor subcutaneous inj (MOZOBIL equiv)	-	F
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
LOCAL ANESTHETICS-PARENTERAL Cont.		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
MINERALS & ELECTROLYTES		
BICARBONATES		
sodium bicarbonate inj	-	F
CALCIUM		
calcium gluconate inj	-	F
ELECTROLYTE MIXTURES		
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
electrolyte-148 solution (PLASMA-LYTE equiv)	-	F
electrolyte-a solution (PLASMA-LYTE equiv)	-	F
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NACL INJ	-	F
LACTATED RINGERS INJ	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
KCL/NACL INJ	-	NC
MAGNESIUM		
MAGNESIUM SU INJ	-	EXC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
POTASSIUM PHOSPHATE INJ	-	F
SODIUIM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
POTASSIUM		
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE INJ	-	NC
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
SELENIUM INJ	-	F
ZINC		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
ENZYMES		
XIAFLEX INJ	PA	F
IMMUNOMODULATORS		
VYVGART HYTRULO INJ	PA	F
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
GAMIFANT INJ	PA	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 30 mL/6 months)	PA-QL	F
LYMPHATIC AGENTS		
SYLVANT INJ	PA	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
UREMIC PRURITUS AGENTS		
KORSUVA INJ	PA	F
MULTIVITAMINS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
VISCOSUPPLEMENTS		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL STEROIDS		
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F
NEUROMUSCULAR AGENTS		
ALS AGENTS		
QALSODY SOL (QL= 1 vial/28 days)	QL	F
RADICAVA INJ	-	NC
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
NUTRIENTS		
CARBOHYDRATES		
dextrose inj	-	F
LIPIDS		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
OPHTHALMIC AGENTS		
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BYOOVIZ INJ (QL= 1 vial/eye/28 days)	PA-QL	F
CIMERLI INJ (Ql= 1 vial/eye/28 days)	PA-QL	F
SUSVIMO INJ (QL= 1 vial/affected eye/168 days)	PA-QL	F
OPHTHALMIC COMPLEMENT INHIBITORS		
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F
OPHTHALMIC GENE THERAPY		
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
OPHTHALMIC STEROIDS		
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
TRIESENCE INJ (QL=2 inj/fill)	QL	F
XIPERE INJ (QL=2 inj/fill)	QL	F
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F
RETISERT IMPLANT	-	NC
PASSIVE IMMUNIZING AGENTS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AGENTS Cont.		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMASTAN INJ	-	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
HYPERHEP B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	PA	F
ZINPLAVA SOLN	PA	F
PENICILLINS		
AMINOPENICILLINS		
AMPICILLIN INJ	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
PENICILLIN COMBINATIONS		
AMPICILLIN/SULBACTAM INJ	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
BACTOCILL/DEXTROSE INJ	-	F
NAFCILLIN INJ	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PHARMACEUTICAL ADJUVANTS Cont.		
LIQUID VEHICLES		
STERILE DILUENT SOLN	-	F
sterile water for inj	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
LEQEMBI SOLN	-	EXC
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F
OCREVUS INJ	PA	F
TYSABRI INJ (QL= 15mL/28 days)	PA-QL	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycyclline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
LEVOTHYROXIN INJ	-	F
levothyroxine inj	-	F
LIOTHYRONINE INJ	-	F
ULCER DRUGS		
ANTISPASMODICS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
atropine sulfate iv soln	-	F
H-2 ANTAGONISTS		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
ATROPINE SULFATE INJ	-	NC
PROTON PUMP INHIBITORS		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
VASOPRESSORS		
VASOPRESSORS		
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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Symbols and abbreviations are defined on page 1.

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)
ABRAXANE INJ	F
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADYNOVATE INJ	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
ALTUVIIIO INJ	F
AMVUTTRA SOLN	F
ARALAST NP INJ	F
arsenic trioxide inj	F
ARZERRA INJ	F
ASPARLAS INJ	F
AVSOLA INJ	F
azacitidine inj	F
BALEODAQ INJ	F
BAVENCIO INJ	F
BENDAMUSTINE SOL	F
BENDEKA INJ	F
BENLYSTA IV SOLN	F
BEOVU INJ	F
BERINERT INJ	F
BESPONSA INJ	F
BLINCYTO INJ	F
bortezomib inj	F
BOTOX INJ	F
BRINEURA KIT	F
BYOOVIZ INJ	F
CARIMUNE NANOFILTERED INJ	F
carmustine inj	F
CEREZYME INJ	F
CIMERLI INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
COLUMVI 10/10ML INJ	F
COLUMVI 2.5MG INJ	F
CRYSVITA INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
DARZALEX SOLN	F
DARZALEX SOLN FASPRO	F
decitabine inj	F
desmopressin (DDAVP) inj	F
DUROLANE	F
DYSPORT	F
ELAHERE INJ	F
ELAPRASE INJ	F
ELELYSO INJ	F
ELFABRIO SOL	F
ELIGARD INJ 22.5 MG	F
ELIGARD INJ 30 MG	F
ELIGARD INJ 45 MG	F
ELIGARD INJ 7.5 MG	F
ELZONRIS SOLN	F
ENHERTU INJ	F
ENTYVIO INJ	F
epoprostenol inj	F
ERBITUX INJ	F
ESPEROCT INJ	F
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FEIBA INJ	F
FIRMAGON INJ 120MG	F
FIRMAGON INJ 80MG	F
FLEBOGAMMA INJ	F
FYARRO SUSP	F
GAMIFANT INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GIVLAARI INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HALAVEN INJ	F
HEMGENIX INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMFINZI INJ	F
IMJUDO INJ	F
INFLIXIMAB INJ	F
IXEMPRA KIT INJ	F
JELMYTO INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KANUMA INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KHAPZORY SOLN	F
KIMMTRAK SOLN	F
KORSUVA INJ	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LAMZEDE INJ	F
LARTRUVO INJ	F
LEMTRADA INJ	F
LIBTAYO INJ	F
LUNSUMIO INJ	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ 11.25 MG	F
LUPRON DEPOT INJ 3.75 MG	F
LUXTURNA SUSP	F
MARGENZA INJ	F
mitomycin inj	F
MONJUVI INJ	F
MYLOTARG INJ	F
MYOZYME/LUMIZYME INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
NAGLAZYME INJ	F
nelarabine iv soln	F
NEXVIAZYME INJ	F
NIPENT INJ	F
NOVOSEVEN RT INJ	F
NPLATE INJ	F
NUCALA INJ	F
NULIBRY INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONCASPAR INJ	F
ONIVYDE INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
OPDUALAG SOLN	F
ORENCIA INJ	F
OXLUMO INJ	F
PADCEV INJ	F
PANZYGA INJ	F
pemetrexed disodium for iv soln	F
PERJETA INJ	F
POLIVY INJ	F
PORTRAZZA INJ	F
POTELIGEO INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
REBLOZYL INJ	F
REBYOTA SUSP FECAL	F
REVCOVI INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
SANDOSTATIN LAR DEPOT KIT	F
SAPHNELO SOLN	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SARCLISA SOLN	F
SEVENFACT INJ	F
SIGNIFOR LAR INJ	F
SIMPONI ARIA INJ	F
SINUVA 1350 MCG IMP	F
SKYRIZI SOLN	F
SOLIRIS IV SOLN	F
SOMATULINE INJ	F
SPEVIGO INJ	F
SPINRAZA INJ	F
SPRAVATO SOLN	F
STELARA IV INJ	F
SUSVIMO INJ	F
SYFOVRE INJ	F
SYLVANT INJ	F
SYNAGIS INJ	F
SYNRIBO INJ	F
TECENTRIQ INJ 1200MG/20ML	F
TECENTRIQ INJ 840MG/14ML	F
TEMODAR IV INJ	F
TEPEZZA INJ	F
TEZSPIRE SOLN	F
THYROGEN INJ	F
TIVDAK INJ	F
TRELSTAR INJ 11.25MG	F
TRELSTAR INJ 22.5MG	F
TRELSTAR INJ 3.75MG	F
treprostinil inj	F
TRIPTODUR SUSP	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
TZIELD INJ	F
ULTOMIRIS INJ	F
UPLIZNA SOLN	F
valrubicin inj	F
VECTIBIX IV SOLN	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VIMIZIM INJ	F
VISUDYNE INJ	F
VONVENDI INJ	F
VPRIV INJ	F
VYVGART HYTRULO INJ	F
VYVGART INJ	F
VYXEOS INJ	F
WILATE INJ	F
XENPOZYME SOLN	F
XEOMIN INJ	F
XGEVA INJ	F
XIAFLEX INJ	F
XOLAIR INJ	F
YERVOY INJ	F
YONDELIS INJ	F
ZALTRAP INJ	F
ZEPZELCA SOLN	F
ZINPLAVA SOLN	F
ZOLADEX INJ 10.8 MG	F
ZOLADEX INJ 3.6 MG	F
ZOLGENSMA INJ	F
ZYNLONTA SOLN	F
ZYNYZ INJ	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List
Last Updated* 12/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMVUTTRA SOLN	QL=1 syringe/90 days
APRETUDE SUSP	QL=7 inj/year
BEOVU INJ	QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days
BRINEURA KIT	QL=4 kits/28 days
BRIUMVI INJ	QL= 7 vials/48 weeks
BYOOVIZ INJ	QL= 1 vial/eye/28 days
CABENUVA SUSP	QL=1 kit/month
CIMERLI INJ	Ql= 1 vial/eye/28 days
COLUMVI 10/10ML INJ	QL= 3 vials/21 days
COLUMVI 2.5MG INJ	QL= 1 vial/21 days
ELIGARD INJ 22.5 MG	QL= 1 kit/84 days
ELIGARD INJ 30 MG	QL= 1 kit/112 days
ELIGARD INJ 45 MG	QL= 1 kit/168 days
ELIGARD INJ 7.5 MG	QL= 1 kit/28 days
ENTYVIO INJ	QL= 1 vial/56 days
FIRMAGON INJ 120MG	QL=2 vials/fill
FIRMAGON INJ 80MG	QL=1 vial/28 days
HEMGENIX INJ	QL= 1 kit/lifetime
ILUVIEN IMPLANT	QL=2 inj/36 months
JELMYTO INJ	QL= 17 kits/425 days
KRYSTEXXA INJ	QL= 2 mL/28 days
LEMTRADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/21 days
LUPRON DEPO-PED INJ	QL= 1 kit/28 days
LUPRON DEPOT INJ 11.25 MG	QL= 1 kit/84 days
LUPRON DEPOT INJ 3.75 MG	QL= 1 kit/28 days
LUXTURNA SUSP	QL=1 kit per eye, per lifetime
OPDUALAG SOLN	QL= 2 vials/28 days
OZURDEX IMPLANT	QL=2 inj/180 days
PERJETA INJ	QL= 42 mL/63 days
PORTRAZZA INJ	QL= 2 vials/3 weeks
PROLIA SOLN	QL= 1 inj/6 months
QALSODY SOL	QL= 1 vial/28 days
REBYOTA SUSP FECAL	QL= 150 mL/lifetime
RYBREVANT SOLN	QL= 8 vials/4 weeks
SANDOSTATIN LAR DEPOT KIT	QL=1 kit every 4 weeks
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 days

Symbols and abbreviations are defined on page 1.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SINUVA 1350 MCG IMP	QL= 2 kits/90 days
SKYRIZI SOLN	QL=1 vial per 28 days with up to 3 fills per 6 months
SOMATULINE INJ	QL=1 syringe/28 days
SPEVIGO INJ	QL=2 vials/fill, 4 vials/month
SPINRAZA INJ	QL= 1 vial/4 months
SUNLENCA INJ	QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist
SUSVIMO INJ	QL= 1 vial/affected eye/168 days
SYFOVRE INJ	QL= 2 vials/25 days
TECENTRIQ INJ 1200MG/20ML	QL= 20 mL/21 days
TECENTRIQ INJ 840MG/14ML	QL= 28 mL/28 days
TEZSPIRE SOLN	QL=1 inj/28 days
THYROGEN INJ	QL= 2 kits/lifetime
TRELSTAR INJ 11.25MG	QL=1 kit/84 days
TRELSTAR INJ 22.5MG	QL=1 kit/168 days
TRELSTAR INJ 3.75MG	QL=1 kit/28 days
TRIESENCE INJ	QL=2 inj/fill
TRIPTODUR SUSP	QL=1 inj every 24 weeks
TROGARZO INJ	Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days
TYSABRI INJ	QL= 15mL/28 days
TZIELD INJ	QL= 14 vials/month
UPLIZNA SOLN	QL= 30 mL/6 months
valrubicin inj	QL= 24 vials/3 months
VYVGART INJ	QL= 12 vials/28 days; 8 fills/year
XIPERE INJ	QL=2 inj/fill
YUTIQ IMPLANT	QL=2 inj/36 months
ZOLADEX INJ 10.8 MG	QL= 1 implant/84 days
ZOLADEX INJ 3.6 MG	QL= 1 implant/28 days
ZOLGENSMA INJ	QL= 1 kit/lifetime
ZYNYZ INJ	QL= 1 vial/28 days

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