



**L.A. Care**  
*Covered*™

# L.A. Care Health Plan

## *L.A. Care Covered™ Formulary*

### 2024

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 All previous versions of the formulary are no longer in effect.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>



# 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
<b><i>enoxaparin inj</i></b> 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 <b><i>(dalteparin sodium)</i></b>	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), LMS (Mandatory Lumicera Specialty Pharmacy), or KMS (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 1/1/2024

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

1

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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>phentermine hcl</i> )	3	PA-QL
<i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ( <i>phentermine hcl-topiramate</i> )	3	PA-QL QL= 1 cap/day
<b>ANTI-OBESITY AGENTS - Drugs to help weight loss</b>		
CONTRAVE TAB 8MG-90MG ( <i>naltrexone hcl-bupropion hcl</i> )	2	PA-QL QL= 4 tabs/day
IMCIVREE INJ 10MG/ML ( <i>setmelanotide acetate</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
SAXENDA INJ 18MG/3ML ( <i>liraglutide (weight management)</i> )	2	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML ( <i>semaglutide (weight management)</i> )	2	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML ( <i>semaglutide (weight management)</i> )	2	PA-QL QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML ( <i>semaglutide (weight management)</i> )	2	PA-QL QL= 4 pens/28 days
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		

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

2

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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
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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
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG (STRATTERA Equiv)</i>	1	-
<i>clonidine ER tab .1MG (KAPVAY Equiv)</i>	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG (INTUNIV Equiv)</i>	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG ( <i>guanfacine hcl (adhd)</i> )	3	-
KAPVAY TAB .1MG ( <i>clonidine hcl (adhd)</i> )	3	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders</b>		
SUNOSI TAB 150MG, 75MG ( <i>solriamfetol hcl</i> )	2	PA-QL QL= 1 tab/day
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders</b>		
WAKIX TAB 17.8MG, 4.45MG ( <i>pitolisant hcl</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG (NUVIGIL Equiv)</i>	1	QL QL= 1 tab/day
<i>dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)</i>	1	-
<i>dextroamphetamine tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)</i>	1	-

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

3

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
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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 <i>(dexmethylphenidate hcl)</i>	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG <i>(dexmethylphenidate hcl)</i>	3	-
METHYLIN SOLN 10MG/5ML, 5MG/5ML <i>(methylphenidate hcl)</i>	2	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	1	-
<i>methylphenidate chew tab 10MG, 2.5MG, 5MG</i> (METHYLIN Equiv)	1	-
<i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv)	1	-
METHYLPHENIDATE ER TAB 18MG <i>(methylphenidate hcl)</i>	2	-
<i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i>	1	-
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	1	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	1	-
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	1	QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG <i>(armodafinil)</i>	3	QL QL= 1 tab/day

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

4

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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>modafinil</i> )	3	QL QL= 2 tabs/day
RITALIN LA CAP 10MG, 20MG, 30MG, 40MG ( <i>methylphenidate hcl</i> )	3	-
RITALIN TAB 10MG, 20MG, 5MG ( <i>methylphenidate hcl</i> )	3	-
<b>AMINOGLYCOSIDES - Drugs to treat bacterial infections</b>		
<b>AMINOGLYCOSIDES - Drugs to treat infections</b>		
<i>amikacin inj 1GM/4ML, 500MG/2ML</i> (KANAMYCIN Equiv)	M	M
<i>neomycin tab 500MG</i>	1	-
<i>paromomycin cap 250MG</i> (HUMATIN Equiv)	1	-
TOBI PODHALER 28MG ( <i>tobramycin</i> )	4	LD-PA Only available through Walgreens 888-347-3416
<i>tobramycin neb soln 300MG/4ML, 300MG/5ML</i> (TOBI Equiv)	4	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system</b>		
OLUMIANT TAB 1MG, 2MG, 4MG ( <i>baricitinib</i> )	4	LMSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG ( <i>upadacitinib</i> )	4	LMSP-PA-QL QL= 1 tab/day

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 10ml/day	
XELJANZ TAB 10MG, 5MG ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 2 tabs/day	
XELJANZ XR TAB 11MG, 22MG ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 1 tab/day	
<b>ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system</b>			
RHEUMATREX TAB ( <i>methotrexate sodium (antirheumatic)</i> )	3	-	
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>			
ADALIMUMAB-ADAZ INJ 40MG/0.4ML ( <i>adalimumab-adaz</i> )	4	LMSP-PA-QL QL= 2 inj/28 days	
ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML ( <i>adalimumab-adaz</i> )	4	LMSP-PA-QL QL= 2 inj/28 days	
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML ( <i>adalimumab-fkjp</i> )	4	LMSP-PA-QL QL= 2 inj/28 days	
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML 20MG/0.4ML ( <i>adalimumab-fkjp</i> )	4	LMSP-PA-QL QL= 2 inj/28 days	
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML ( <i>adalimumab-fkjp</i> )	4	LMSP-PA-QL QL= 2 inj/28 days	
HADLIMA INJ 40MG/0.4ML ( <i>adalimumab-bwwd</i> )	4	LMSP-PA-QL QL= 2 inj/28 days	
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML ( <i>adalimumab-bwwd</i> )	4	LMSP-PA-QL QL= 2 inj/28 days	

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6

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 <i>(adalimumab-bwwd)</i>	4	LMSP-PA-QL QL= 2 inj/28 days	
HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML <i>(adalimumab-bwwd)</i>	4	LMSP-PA-QL QL= 2 inj/28 days	
HUMIRA INJ 10MG 10MG/0.1ML <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 80MG 80MG/0.8ML <i>(adalimumab)</i>	4	PA-QL-SP QL= 2 syringes/28 days	
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 2 pens/28 days	
SIMPONI AUTO-INJECTOR 100MG 100MG/ML <i>(golimumab)</i>	4	LMSP-PA-QL QL=1 inj/28 days	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>golimumab</i> )	4	LMSP-PA-QL QL=1 inj/28 days
<b>GOLD COMPOUNDS - Drugs to treat disorders of the immune system</b>		
RIDAURA CAP 3MG ( <i>auranofin</i> )	2	-
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis</b>		
KINERET INJ 100MG/0.67ML ( <i>anakinra</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis</b>		
ACTEMRA ACTPEN INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ( <i>sarilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation</b>		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG ( <i>diclofenac w/ misoprostol</i> )	3	-
CELEBREX CAP 100MG, 200MG, 400MG, 50MG ( <i>celecoxib</i> )	3	-
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	-
<i>diclofenac potassium tab 50MG</i> (CATALFLAM Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>fentanyl citrate</i> )	3	PA-QL QL= 15 bottles/30 days
<i>methadone conc 10MG/ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 10MG/5ML 10MG/5ML ( <i>methadone hcl</i> )	1	QL QL= 600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i>	1	QL QL= 600ml/30 days
METHADONE SOLN 5MG/5ML 5MG/5ML ( <i>methadone hcl</i> )	1	QL QL=1200ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	1	QL QL=1200ml/30 days
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days
<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days
METHADOSE CONC 10MG/ML, 5MG/0.5ML ( <i>methadone hcl</i> )	3	QL QL=600ml/30 days
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days
MORPHINE SULFATE SOLN 20MG/5ML ( <i>morphine sulfate</i> )	1	QL QL=120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i>	1	QL QL=120ml/30 days

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 TAB 15MG, 30MG ( <i>morphine sulfate</i> )	1	QL QL=180 tabs/30 days
<i>morphine sulfate tab 15MG, 30MG</i>	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG ( <i>tapentadol hcl</i> )	3	QL QL= 180 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG ( <i>oxycodone hcl</i> )	3	QL QL=120 tabs/30 days
<i>tramadol ER tab 100MG, 200MG, 300MG</i> (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG ( <i>tramadol hcl</i> )	1	QL QL= 30 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB 50MG ( <i>tramadol hcl</i> )	3	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	2	PA-QL QL= 120 caps/30 days
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		

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

15

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
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	1	QL QL=240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG (TYLENOL/CODEINE Equiv)</i>	1	QL QL=180 tabs/30 days
<i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)</i>	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML (HYCET Equiv)</i>	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG (LORTAB Equiv)</i>	1	QL QL=120 tabs/30 days
<i>hydrocodone/acetaminophen tab 2.5-325mg (NORCO Equiv)</i>	1	QL QL=120 tabs/30 days
LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=120 tabs/30 days
LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=1800ml/30 days
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCEP Equiv)</i>	1	QL QL=120 tabs/30 days

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16

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
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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/ASPIRIN TAB 4.835MG-325MG <i>(oxycodone-aspirin)</i>	1	QL QL= 120 tabs/30 days
PERCOSET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG <i>(oxycodone w/ acetaminophen)</i>	3	QL QL=120 tabs/30 days
<i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB 30MG-300MG, 60MG-300MG <i>(acetaminophen w/ codeine)</i>	3	QL QL=180 tabs/30 days
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTTRANS Equiv)	1	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	1	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE Equiv)	1	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	1	-
<i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv)	1	QL QL= 1 bottle/fill, 2 fills/30 days
BUTTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR <i>(buprenorphine)</i>	3	QL QL= 4 patches/28 days

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17

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	3	-
<b>ANDROGENS-ANABOLIC - Drugs to regulate male hormones</b>		
<b>ANDROGENS - Drugs to treat low testosterone level</b>		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ( <i>testosterone</i> )	2	PA-QL QL= 1 patch/day
ANDROGEL 1% 25MG 25MG/2.5GM ( <i>testosterone</i> )	3	PA-QL QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM ( <i>testosterone</i> )	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM ( <i>testosterone</i> )	3	PA-QL QL= 1 packet/day
ANDROGEL 1.62% 2.5GM 40.5MG/2.5GM ( <i>testosterone</i> )	3	PA-QL QL= 2 packets/day
ANDROGEL PUMP 1% ( <i>testosterone</i> )	3	PA-QL QL= 4 bottles/30 days
ANDROGEL PUMP 1.62% 1.62% ( <i>testosterone</i> )	3	PA-QL QL= 2 bottles/30 days
<i>danazol cap 100MG, 200MG, 50MG (DANOCRINE Equiv)</i>	1	-
METHITEST TAB 10MG ( <i>methyltestosterone</i> )	3	PA
<i>methyltestosterone cap 10MG</i>	1	PA

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18

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	1	-
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML ( <i>testosterone enanthate</i> )	2	QL QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM ( <i>testosterone</i> )	2	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP ( <i>testosterone</i> )	2	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CORTENEMA 100MG/60ML ( <i>hydrocortisone (intrarectal)</i> )	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
<i>lidocaine/hydrocortisone cream .5%-3% (ANAMANTLE Equiv)</i>	1	-
<i>pramoxine/hydrocortisone cream 1%, 1%-2.5% (ANALPRAM-HC Equiv)</i>	1	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
ANUSOL-HC CREAM 1%, 2.5% ( <i>hydrocortisone (rectal)</i> )	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
<b>ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>budesonide rectal foam 2MG (UCERIS RECTAL FOAM Equiv)</i>	1	PA
UCERIS RECTAL FOAM 2MG/ACT ( <i>budesonide (intrarectal)</i> )	3	PA
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
<i>albendazole tab 200MG (ALBENZA Equiv)</i>	1	-
ALBENZA TAB 200MG ( <i>albendazole</i> )	3	-

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20

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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21

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	1	-
NITRO-BID OINT 2% ( <i>nitroglycerin</i> )	2	-
NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR ( <i>nitroglycerin</i> )	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR ( <i>nitroglycerin</i> )	3	-
<i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv)	1	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	1	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	1	-
NITROLINGUAL PUMP SPRAY .4MG/SPRAY ( <i>nitroglycerin</i> )	3	-
NITROSTAT SL TAB .3MG, .4MG, .6MG ( <i>nitroglycerin</i> )	3	-
<b>ANTIANXIETY AGENTS - Drugs to treat anxiety</b>		
<b>ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs</b>		
<i>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	1	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	1	-

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22

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 <i>(hydroxyzine pamoate)</i>	1	-	
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	1	-	
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	1	-	
VISTARIL CAP 25MG, 50MG <i>(hydroxyzine pamoate)</i>	3	-	
<b>BENZODIAZEPINES - Drugs to treat anxiety</b>			
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	1	QL QL= 5 tabs/day	
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	1	-	
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	1	QL QL= 180ml/30 days	
<i>diazepam oral soln 5mg/5ml 5MG/5ML</i> (DIAZEPAM Equiv)	1	QL QL= 180ml/30 days	
<i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv)	1	QL QL= 4 tabs/day	
<i>diazepam tab 5mg 5MG</i> (VALILUM Equiv)	1	QL QL= 3 tabs/day	
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	1	-	
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-	
VALIUM TAB 2MG, 10MG 10MG, 2MG <i>(diazepam)</i>	3	QL QL= 4 tabs/day	

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<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VALIUM TAB 5MG 5MG ( <i>diazepam</i> )	3	QL QL= 3 tabs/day
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		
<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG ( <i>disopyramide</i> <i>phosphate</i> )	3	-
<i>quinidine gluconate CR tab</i>	1	-
<i>quinidine sulfate tab 200MG, 300MG</i>	1	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	1	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	1	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-
RYTHMOL SR CAP 225MG, 325MG, 425MG ( <i>propafenone hcl</i> )	3	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	1	-
CORDARONE TAB ( <i>amiodarone hcl</i> )	3	-

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24

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>dofetilide cap 125MCG, 250MCG, 500MCG</b> (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG ( <i>dofetilide</i> )	3	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	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 ( <i>mepolizumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML ( <i>tezepelumab-ekko</i> )	4	LMSP-PA-QL QL= 1 pen/28 days
<b>ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD</b>		
cromolyn neb soln 20MG/2ML (INTAL Equiv)	1	-
<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT ( <i>ipratropium bromide hfa</i> )	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ( <i>umeclidinium bromide</i> )	2	-
ipratropium neb soln .02% (ATROVENT Equiv)	1	-

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>tiotropium bromide monohydrate</i> )	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)	
<b>LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD</b>			
ACCOLATE TAB 10MG, 20MG ( <i>zafirlukast</i> )	3	-	
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	1	-	
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	1	-	
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	1	-	
SINGULAIR CHEW TAB 4MG, 5MG ( <i>montelukast sodium</i> )	3	-	
SINGULAIR GRANULE PACK 4MG ( <i>montelukast sodium</i> )	3	-	
SINGULAIR TAB 10MG ( <i>montelukast sodium</i> )	3	-	
<i>zafirlukast tab 10MG, 20MG</i> (ACCOLATE Equiv)	1	-	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD</b>			
DALIRESP TAB 250MCG, 500MCG ( <i>roflumilast</i> )	3	-	
<i>roflumilast tab 250MCG, 500MCG</i> (DALIRESP Equiv)	1	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	2	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i>	1	-
FLUTICASONE DISKUS INHALER ( <i>fluticasone propionate (inhalation)</i> )	2	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT ( <i>fluticasone propionate hfa</i> )	2	-
FLUTICASONE HFA INHALER 110 MCG/ACT 110MCG/ACT ( <i>fluticasone propionate hfa</i> )	2	-

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 HFA INHALER 220MCG/ACT 220MCG/ACT ( <i>fluticasone propionate hfa</i> )	2	-
FLUTICASONE HFA INHALER 44 MCG/ACT 44MCG/ACT ( <i>fluticasone propionate hfa</i> )	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT ( <i>fluticasone propionate (inhalation)</i> )	2	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML ( <i>budesonide (inhalation)</i> )	3	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ( <i>fluticasone-salmeterol</i> )	2	-
<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	1	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML</i>	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML, 2.5MG/0.5ML ( <i>albuterol sulfate</i> )	1	-	
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-	
<i>albuterol sulfate tab 2MG, 4MG</i>	1	-	
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv)	1	-	
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH ( <i>umeclidinium-vilanterol</i> )	2	-	
<i>arformoterol tartrate neb soln 15MCG/2ML</i> (BROVANA Equiv)	1	-	
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	2	-	
BREO ELLIPTA INHALER 25MCG/INH-50MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	2	-	
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ( <i>budesonide-glycopyrrolate-formoterol fumarate</i> )	2	-	
BROVANA NEB SOLN 15MCG/2ML ( <i>arformoterol tartrate</i> )	3	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use
<i>budesonide/formoterol inhaler 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)</i>	1	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ( <i>ipratropium-albuterol</i> )	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	2	-
<i>fluticasone/salmeterol inhaler, wixela inhaler 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)</i>	1	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT ( <i>fluticasone-salmeterol</i> )	1	-
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT ( <i>fluticasone-salmeterol</i> )	1	-
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT ( <i>fluticasone-salmeterol</i> )	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use
<b>formoterol fumarate neb soln 20MCG/2ML</b> (PERFOROMIST Equiv)	1	-
LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT ( <i>levalbuterol tartrate</i> )	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
<b>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</b> (XOPENEX Equiv)	1	-
METAPROTERENOL SYRUP 10MG/5ML ( <i>metaproterenol sulfate</i> )	1	-
PERFOROMIST NEB SOLN 20MCG/2ML ( <i>formoterol fumarate</i> )	3	-
SEREVENT DISKUS INHALER 50MCG/DOSE ( <i>salmeterol xinafoate</i> )	2	-
STIOLTO INHALER 2.5MCG/ACT ( <i>tiotropium bromide-olodaterol hcl</i> )	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ( <i>olodaterol hcl</i> )	3	QL QL= 1 inhaler/30 days
<b>terbutaline sulfate tab 2.5MG, 5MG</b> (BRETHINE Equiv)	1	-
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VENTOLIN HFA INHALER 108MCG/ACT ( <i>albuterol sulfate</i> )	1	QL QL= 2 inhalers/30 days
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML ( <i>levalbuterol hcl</i> )	3	-
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
ELIXOPHYLLIN ELIXIR ( <i>theophylline</i> )	2	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG ( <i>theophylline</i> )	3	-
<i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv)	1	-
<i>theophylline soln 80MG/15ML</i>	1	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG ( <i>theophylline</i> )	2	-
<i>theophylline tab er</i> (THEOPHYLLINE ER Equiv)	1	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
COUMADIN TAB 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG ( <i>warfarin sodium</i> )	3	-
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG ( <i>apixaban</i> )	2	-
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	2	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XARELTO SUSP 1MG/ML ( <i>rivaroxaban</i> )	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ( <i>rivaroxaban</i> )	2	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML ( <i>fondaparinux sodium</i> )	3	PA
<i>enoxaparin inj 300MG/3ML</i> (LOVENOX Equiv)	1	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	1	PA
FRAGMIN INJ 10000UNIT/4ML, 95000UNIT/3.8ML ( <i>dalteparin sodium</i> )	3	-
LOVENOX INJ 300MG/3ML ( <i>enoxaparin sodium</i> )	3	-
<b>THROMBIN INHIBITORS - Drugs to thin the blood</b>		
<i>dabigatran etexilate mesylate cap 150MG, 75MG</i> (PRADAXA Equiv)	1	-
PRADAXA CAP 110MG 110MG ( <i>dabigatran etexilate mesylate</i> )	3	-
PRADAXA CAP 75MG, 150MG 150MG, 75MG ( <i>dabigatran etexilate mesylate</i> )	3	-
<b>ANTICONVULSANTS - Drugs to treat seizures</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam susp 2.5MG/ML</i> (ONFI Equiv)	1	PA Members age 9 or older require Prior Authorization

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<i>clobazam tab 10MG, 20MG (ONFI Equiv)</i>	1	PA
<i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG (KLONOPI</i> N Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG (KLONOPI</i> N Equiv)	1	-
DIASTAT ACDL GEL 10MG, 20MG ( <i>diazepam (anticonvulsant)</i> )	3	QL QL= 2 packs/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	2	QL QL= 2 packs/fill
<i>diazepam rectal gel 10MG, 20MG</i>	1	QL QL= 2 packs/fill
KLONOPI TAB .5MG, 1MG, 2MG ( <i>clonazepam</i> )	3	-
NAYZILAM SPRAY 5MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ONFI SUSP 2.5MG/ML ( <i>clobazam</i> )	3	PA Members age 9 or older require Prior Authorization
ONFI TAB 10MG, 20MG ( <i>clobazam</i> )	3	PA
VALTOCO NASAL SPRAY 10MG/0.1ML, 5MG/0.1ML ( <i>diazepam (anticonvulsant)</i> )	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
<b>ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs</b>		
BANZEL SUSP 40MG/ML ( <i>rufinamide</i> )	3	PA

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-	
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-	
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	1	-	
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	1	-	
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv) <i>CARBATROL CAP 100MG, 200MG, 300MG</i> <i>(carbamazepine)</i>	1	-	
DIACOMIT CAP 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479	
DIACOMIT POWDER PACK 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479	
EPIDIOLEX SOLN 100MG/ML ( <i>cannabidiol</i> )	4	LD-PA Only available through Lumicera 855-847-3553	
EPRONTIA SOLN 25MG/ML ( <i>topiramate</i> )	3	PA Members age 9 or older require Prior Authorization	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FINTEPLA SOLN 2.2MG/ML ( <i>fenfluramine hcl</i> <i>(anticonvulsant)</i> )	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i> gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	QL QL= 9 caps/day
<i> gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	QL QL= 72 mls/day
<i> gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv)	1	QL QL= 6 tabs/day
<i> gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv)	1	QL QL= 4.5 tabs/day
KEPPRA SOLN 100MG/ML ( <i>levetiracetam</i> )	3	-
KEPPRA TAB 1000MG, 250MG, 500MG, 750MG ( <i>levetiracetam</i> )	3	-
KEPPRA XR TAB 500MG, 750MG ( <i>levetiracetam</i> )	3	-
<i> lacosamide oral solution 10MG/ML</i> (VIMPAT Equiv)	1	-
<i> lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	1	-
LAMICTAL CHEW TAB 25MG, 5MG ( <i>lamotrigine</i> )	3	-
LAMICTAL ODT 100MG, 200MG, 25MG, 50MG ( <i>lamotrigine</i> )	3	-
LAMICTAL ODT KIT ( <i>lamotrigine</i> )	3	-

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use	
LAMICTAL ODT KIT, LAMICTAL XR KIT <i>(lamotrigine)</i>	3	-	
LAMICTAL STARTER KIT 25MG <i>(lamotrigine)</i>	3	-	
LAMICTAL TAB 100MG, 150MG, 200MG, 25MG <i>(lamotrigine)</i>	3	-	
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG <i>(lamotrigine)</i>	3	-	
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-	
<i>lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG</i> (LAMICTAL XR Equiv)	1	-	
<i>lamotrigine ODT 100MG, 200MG, 25MG, 50MG</i> (LAMICTAL Equiv)	1	-	
<i>lamotrigine ODT kit 25MG</i> (LAMICTAL ODT KIT Equiv)	1	-	
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-	
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-	
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	1	-	
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-	
MYSOLINE TAB 250MG, 50MG <i>(primidone)</i>	3	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NEURONTIN CAP 100MG, 300MG, 400MG <i>( gabapentin )</i>	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML <i>( gabapentin )</i>	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG <i>( gabapentin )</i>	3	QL QL= 6 tabs/day
NEURONTIN TAB 800MG 800MG <i>( gabapentin )</i>	3	QL QL= 4.5 tabs/day
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	1	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG,</i> <i>50MG, 75MG</i> (LYRICA Equiv)	1	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	1	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-
<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	1	PA
<i>rufinamide tab 200MG, 400MG</i> (BANZEL Equiv)	1	PA
TEGRETOL SUSP 100MG/5ML <i>( carbamazepine )</i>	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
TEGRETOL TAB 200MG ( <i>carbamazepine</i> )	3	-	
TEGRETOL XR TAB 100MG, 200MG, 400MG ( <i>carbamazepine</i> )	3	-	
TOPAMAX SPRINKLE CAP 15MG, 25MG ( <i>topiramate</i> )	3	-	
TOPAMAX TAB 100MG, 200MG, 25MG, 50MG ( <i>topiramate</i> )	3	-	
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-	
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-	
TRILEPTAL SUSP 300MG/5ML ( <i>oxcarbazepine</i> )	3	-	
TRILEPTAL TAB 150MG, 300MG, 600MG ( <i>oxcarbazepine</i> )	3	-	
ZONEGRAN CAP 100MG, 25MG ( <i>zonisamide</i> )	3	-	
ZONISADE SUSP 100MG/5ML ( <i>zonisamide</i> )	3	PA PA required for members age 9 years or older	
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-	
ZTALMY SUSP 50MG/ML ( <i>ganaxolone</i> )	4	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575	
<b>CARBAMATES - Drugs to treat seizures</b>			

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>felbamate susp 600MG/5ML (FELBATOL Equiv)</i>	1	-	
<i>felbamate tab 400MG, 600MG (FELBATOL Equiv)</i>	1	-	
FELBATOL SUSP 600MG/5ML ( <i>felbamate</i> )	3	-	
FELBATOL TAB 400MG, 600MG ( <i>felbamate</i> )	3	-	
XCOPRI PAK 100-150MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day	
XCOPRI PAK 150-200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day	
XCOPRI PAK 50-200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day	
XCOPRI TAB 150MG, 200MG 150MG, 200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day	
XCOPRI TAB 50MG, 100MG 100MG, 50MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day	
XCOPRI TITRATION PAK 12.5-25MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day	
XCOPRI TITRATION PAK 150-200MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day	
XCOPRI TITRATION PAK 50-100MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day	
<b>GABA MODULATORS - Drugs to treat seizures</b>			
GABITRIL TAB 12MG, 16MG, 2MG, 4MG ( <i>tiagabine hcl</i> )	3	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	1	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
<i>vigadron powder pack 500MG</i>	4	LD-PA Only available through PantheRx 855-726-8479
<b>HYDANTOINS - Drugs to treat seizures</b>		
DILANTIN CAP 100MG 100MG ( <i>phenytoin sodium extended</i> )	3	-
DILANTIN CAP 30MG 30MG ( <i>phenytoin sodium extended</i> )	2	-
DILANTIN INFATABS 50MG ( <i>phenytoin</i> )	3	-
DILANTIN SUSP 125MG/5ML ( <i>phenytoin</i> )	3	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	1	-
<b>SUCCINIMIDES - Drugs to treat seizures</b>		

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CELONTIN CAP 300MG ( <i>methylsuximide</i> )	3	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	1	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
<i>methylsuximide cap 300MG</i> (CELONTIN Equiv)	1	-
ZARONTIN CAP 250MG ( <i>ethosuximide</i> )	3	-
ZARONTIN SOLN 250MG/5ML ( <i>ethosuximide</i> )	3	-
<b>VALPROIC ACID - Drugs to treat seizures</b>		
DEPAKENE CAP ( <i>valproic acid</i> )	3	-
DEPAKENE SYRUP ( <i>valproate sodium</i> )	3	-
DEPAKOTE ER TAB 250MG, 500MG ( <i>divalproex sodium</i> )	3	-
DEPAKOTE SPRINKLE CAP 125MG ( <i>divalproex sodium</i> )	3	-
DEPAKOTE TAB 125MG, 250MG, 500MG ( <i>divalproex sodium</i> )	3	-
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	1	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	1	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	1	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	1	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	1	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>mirtazapine ODT 15MG, 30MG, 45MG (REMERON Equiv)</b>	1	-
<b>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG (REMERON Equiv)</b>	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG <b>(mirtazapine)</b>	3	-
REMERON TAB <b>(mirtazapine tab)</b>	3	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<b>bupropion ER tab 100MG, 150MG, 200MG (WELLBUTRIN Equiv)</b>	1	-
<b>bupropion tab 100MG, 75MG (WELLBUTRIN Equiv)</b>	1	-
<b>bupropion XL tab 150MG, 300MG (WELLBUTRIN XL Equiv)</b>	1	-
MAPROTILINE TAB 25MG, 50MG, 75MG <b>(maprotiline hcl)</b>	1	-
WELLBUTRIN SR TAB 100MG, 150MG, 200MG <b>(bupropion hcl)</b>	3	-
WELLBUTRIN XL TAB 150MG, 300MG <b>(bupropion hcl)</b>	3	-
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR <b>(selegiline)</b>	3	-
MARPLAN TAB 10MG <b>(isocarboxazid)</b>	2	-
NARDIL TAB 15MG 15MG <b>(phenelzine sulfate)</b>	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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PARNATE TAB 10MG ( <i>tranylcypromine sulfate</i> )	3	-	
PHENELZINE SULFATE TAB 15MG ( <i>phenelzine sulfate</i> )	1	-	
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-	
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	1	-	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression</b>			
CELEXA TAB 10MG, 20MG, 40MG ( <i>citalopram hydrobromide</i> )	3	-	
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	1	-	
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	1	-	
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	1	-	
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	1	-	
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	1	-	
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	1	-	
FLUOXETINE TAB 60MG 60MG ( <i>fluoxetine hcl</i> )	3	-	
<i>fluoxetine tab 60mg 60MG</i>	1	-	
<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	1	ST  Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine	
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	1	-	

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LEXAPRO TAB 10MG, 20MG, 5MG ( <i>escitalopram oxalate</i> )	3	-	
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	1	-	
<i>paroxetine oral susp 10MG/5ML</i> (PAXIL Equiv)	1	-	
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	1	-	
PAXIL CR TAB 12.5MG, 25MG, 37.5MG ( <i>paroxetine hcl</i> )	3	-	
PAXIL ORAL SUSP 10MG/5ML ( <i>paroxetine hcl</i> )	3	-	
PAXIL TAB 10MG, 20MG, 30MG, 40MG ( <i>paroxetine hcl</i> )	3	-	
PROZAC CAP 10MG, 20MG, 40MG ( <i>fluoxetine hcl</i> )	3	-	
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	1	-	
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	1	-	
ZOLOFT CONC 20MG/ML ( <i>sertraline hcl</i> )	3	-	
ZOLOFT TAB 100MG, 25MG, 50MG ( <i>sertraline hcl</i> )	3	-	
<b>SEROTONIN MODULATORS - Drugs to treat depression</b>			
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ( <i>nefazodone hcl</i> )	1	-	
<i>nefazodone tab 50mg, 250mg</i>	1	-	
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	1	-	

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Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRINTELLIX TAB 10MG, 20MG, 5MG ( <i>vortioxetine hbr</i> )	3	PA-QL QL= 1 tab/day
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression</b>		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	1	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	1	-
EFFEXOR XR CAP 150MG, 37.5MG, 75MG ( <i>venlafaxine hcl</i> )	3	-
PRISTIQ TAB 100MG, 25MG, 50MG ( <i>desvenlafaxine succinate</i> )	3	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	1	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	1	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<i>amitriptyline tab</i> (ELAVIL Equiv)	1	-
<i>amoxapine tab 100MG, 150MG, 25MG, 50MG</i> (AMOXAPINE Equiv)	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG ( <i>clomipramine hcl</i> )	3	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	1	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	1	-

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

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	1	-	
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	1	-	
<i>imipramine pamoate cap 100MG, 125MG, 150MG, 75MG</i> (TOFRANIL PM Equiv)	1	-	
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	1	-	
NORPRAMIN TAB 10MG, 25MG ( <i>desipramine hcl</i> )	3	-	
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	1	-	
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	1	-	
PAMELOR CAP 10MG, 25MG, 50MG, 75MG ( <i>nortriptyline hcl</i> )	3	-	
<i>protriptyline tab 10MG, 5MG</i> (VIVACTIL Equiv)	1	-	
SURMONTIL CAP ( <i>trimipramine maleate</i> )	3	-	
TOFRANIL TAB ( <i>imipramine hcl</i> )	3	-	
<i>trimipramine cap 100MG, 25MG, 50MG</i> (SURMONTIL Equiv)	1	-	
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>			
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>			
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	1	-	
GLYSET TAB 100MG, 25MG, 50MG ( <i>miglitol</i> )	3	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
MIGLITOL TAB 100MG, 25MG, 50MG ( <i>miglitol</i> )	3	-	
<i>miglitol tab 100MG, 25MG, 50MG</i> (MIGLITOL Equiv)	1	-	
PRECOSE TAB 100MG, 25MG, 50MG ( <i>acarbose</i> )	3	-	
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>			
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ( <i>alogliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day	
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ( <i>alogliptin-pioglitazone</i> )	2	QL QL= 1 tab/day	
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-45MG ( <i>alogliptin-pioglitazone</i> )	2	QL QL= 1 tab/day	
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv)	1	-	
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	1	-	
JANUMET TAB 50MG-1000MG, 50MG-500MG ( <i>sitagliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day	
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ( <i>sitagliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day	
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 2 tabs/day	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG <i>(dapagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-1000MG, 10MG-500MG, 5MG-500MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 1 tab/day
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
GLUCOPHAGE TAB <i>(metformin hcl)</i>	3	-
GLUCOPHAGE XR TAB <i>(metformin hcl)</i>	3	-
<i>metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)</i>	1	-
<i>metformin soln 500MG/5ML (RIOMET Equiv)</i>	1	-
<i>metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)</i>	1	-
RIOMET ER SUSP 500MG/5ML <i>(metformin hcl)</i>	3	-
RIOMET SOLN 500MG/5ML <i>(metformin hcl)</i>	3	-
<b>DIABETIC OTHER - Drugs to regulate blood sugar</b>		
BAQSIMI NASAL POWDER 3MG/DOSE <i>(glucagon)</i>	2	QL QL= 2 inhalations/fill

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>diazoxide susp 50MG/ML (PROGLYCEM Equiv)</i>	1	-	
GLUCAGEN HYPOKIT INJ 1MG ( <i>glucagon hcl (rdna)</i> )	2	QL QL= 2 inj/fill	
<i>glucagon (rdna) for inj kit 1MG (GLUCAGON Equiv)</i>	1	QL QL= 2 inj/fill	
GLUCAGON EMR INJ 1MG/ML ( <i>glucagon hcl</i> )	2	QL QL= 2 inj/fill	
GLUCAGON INJ KIT 1MG ( <i>glucagon (rdna)</i> )	2	QL QL= 2 inj/fill	
GVOKE INJ .5MG/0.1ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill	
GVOKE INJ KIT 1MG/0.2ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill	
GVOKE PFS INJ 1MG/0.2ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill	
KORLYM TAB 300MG ( <i>mifepristone (hyperglycemia)</i> )	4	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)	
PROGLYCEM SUSP 50MG/ML ( <i>diazoxide</i> )	3	-	
ZEGALOGUE INJ .6MG/0.6ML ( <i>dasiglucagon hcl</i> )	2	QL QL= 2 inj/fill	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs to regulate blood sugar</b>			

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 TAB 12.5MG, 25MG, 6.25MG <i>(alogliptin benzoate)</i>	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG <i>(sitagliptin phosphate)</i>	2	QL QL= 1 tab/day
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - Drugs to regulate blood sugar</b>		
CYCLOSET TAB .8MG <i>(bromocriptine mesylate (diabetes))</i>	3	-
<b>INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar</b>		
OZEMPIC INJ 2MG/3ML <i>(semaglutide)</i>	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
BYDUREON BCISE AUTO INJ 2MG/0.85ML <i>(exenatide)</i>	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ <i>(exenatide)</i>	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG <i>(exenatide)</i>	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 10MCG/0.04ML <i>(exenatide)</i>	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML ( <i>tirzepatide</i> )	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)	
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 5.5MG/ML-8MG/3ML-14MG/ML ( <i>semaglutide</i> )	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)	
RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	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 ( <i>dulaglutide</i> )	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)	
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)	
<b>INSULIN - Drugs to regulate blood sugar</b>			
HUMALOG JR KWIKPEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	2	-	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro</i> )	2	-	
HUMALOG MIX INJ 25UNIT/ML-75UNIT/ML, 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro</i> )	2	-	
HUMALOG MIX KWIKPEN INJ 50UNIT/ML ( <i>insulin lispro protamine &amp; lispro (human)</i> )	2	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 PEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	2	-	
HUMULIN MIX INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	2	OTC	
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	2	OTC	
HUMULIN N INJ 100UNIT/ML ( <i>insulin nph (human)</i> ( <i>isophane</i> ))	2	OTC	
HUMULIN N PEN INJ 100UNIT/ML ( <i>insulin nph</i> ( <i>human</i> ) ( <i>isophane</i> ))	2	OTC	
HUMULIN R INJ 100UNIT/ML ( <i>insulin regular</i> ( <i>human</i> ))	2	OTC	
HUMULIN R INJ U-500 500UNIT/ML ( <i>insulin</i> <i>regular (human)</i> )	2	-	
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ( <i>insulin regular (human)</i> )	2	-	
INSULIN LISPRI INJ 100UNIT/ML ( <i>insulin lispro</i> )	1	-	
INSULIN LISPRO INJ 100UNIT/ML ( <i>insulin lispro</i> )	1	-	
LYUMJEV INJ 100UNIT/ML ( <i>insulin lispro-aabc</i> )	2	-	
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro-aabc</i> )	2	-	
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML ( <i>insulin glargine-yfgn</i> )	2	-	
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML ( <i>insulin glargine-yfgn</i> )	2	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
ACTOS TAB 15MG, 30MG, 45MG ( <i>pioglitazone hcl</i> )	3	-
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	1	-
PRANDIN TAB ( <i>repaglinide</i> )	3	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
STARLIX TAB 120MG, 60MG ( <i>nateglinide</i> )	3	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		
FARXIGA TAB 10MG, 5MG ( <i>dapagliflozin propanediol</i> )	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG ( <i>empagliflozin</i> )	2	QL QL= 1 tab/day
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
AMARYL TAB 1MG, 2MG, 4MG ( <i>glimepiride</i> )	3	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG ( <i>glipizide</i> )	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG ( <i>glipizide</i> )	3	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG ( <i>glyburide micronized</i> )	1	-

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glyburide tab 1.25MG, 2.5MG, 5MG (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG ( <i>glyburide micronized</i> )	3	-
TOLAZAMIDE TAB ( <i>tolazamide</i> )	1	-
TOLBUTAMIDE TAB 500MG ( <i>tolbutamide</i> )	2	-
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ( <i>diphenoxylate w/ atropine</i> )	1	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	1	-
LOMOTIL TAB ( <i>diphenoxylate w/ atropine tab</i> )	3	-
MOTOFEN TAB .025MG-1MG ( <i>difenoxin w/ atropine</i> )	3	-
<b>ANTIDOTES - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
CHEMET CAP 100MG ( <i>succimer</i> )	2	-
FERRIPROX SOLN 100MG/ML ( <i>deferiprone</i> )	4	LD-PA Only available through Ferriprox Total Care 866-758-7071

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<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	1	-
<i>naltrexone tab 50MG (REVIA Equiv)</i>	1	-
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>deferasirox granules packet 180MG, 360MG, 90MG (JADENU Equiv)</i>	4	LMSP
<i>deferasirox tab 125MG, 250MG, 500MG (EXJADE Equiv)</i>	4	LMSP
<i>deferasirox tab 180mg 180MG (JADENU Equiv)</i>	4	LMSP
<i>deferasirox tab 90mg, 360mg 360MG, 90MG (JADENU Equiv)</i>	4	LMSP
<i>deferiprone tab 1000MG, 500MG (FERRIPROX Equiv)</i>	4	LD-PA Only available through Lumicera 855-847-3553
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
<i>KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>)</i>	2	-
<i>naloxone hcl nasal spray 4MG/0.1ML (NARCAN Equiv)</i>	1	OTC
<i>NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)</i>	\$0	-
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	-
<i>NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)</i>	1	OTC

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OPVEE NASAL SPRAY ( <i>nalmefene hcl</i> )	2	-
ZIMHI SOLN 5MG/0.5ML ( <i>naloxone hcl</i> )	2	-
<b>ANTIEMETICS - Drugs to treat nausea and vomiting</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
ANZEMET TAB 100MG, 50MG ( <i>dolasetron mesylate</i> )	4	QL QL= 9 tabs/fill
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	1	QL QL= 9 tabs/fill
GRANISOL SOLN ( <i>granisetron hcl</i> )	4	QL QL= 60ml/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv)	1	-
ONDANSETRON TAB 24MG (ZOFRAN Equiv) ( <i>ondansetron hcl</i> )	1	-
<i>ondansetron tab 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
SANCUSO PATCH 3.1MG/24HR ( <i>granisetron</i> )	4	QL QL= 4 patchs/fill
ZOFRAN ODT ( <i>ondansetron</i> )	3	-
ZOFRAN SOLN ( <i>ondansetron hcl</i> )	3	-
ZOFRAN TAB 4MG, 8MG ( <i>ondansetron hcl</i> )	3	-
<b>ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting</b>		
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	1	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	1	OTC

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57

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use
<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	1	-
TIGAN CAP 300MG ( <i>trimethobenzamide hcl</i> )	3	-
TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS ( <i>scopolamine</i> )	3	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	1	-
<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
AKYNZEO CAP .5MG-300MG ( <i>netupitant-palonosetron</i> )	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP ( <i>nabilone</i> )	3	-
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	1	PA
MARINOL CAP 10MG, 2.5MG, 5MG ( <i>dronabinol</i> )	3	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<i>aprepitant pak</i> (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<b>EMEND CAP 125MG, 40MG, 80MG</b>	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VARUBI TAB 90MG ( <i>rolapitant hcl</i> )	2	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
ANCOBON CAP 250MG, 500MG ( <i>flucytosine</i> )	3	-
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	1	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	1	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	1	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	1	-
GRIS-PEG TAB ( <i>griseofulvin ultramicrosize</i> )	3	-
LAMISIL TAB 250MG ( <i>terbinafine hcl</i> )	3	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
DIFLUCAN SUSP 10MG/ML, 40MG/ML ( <i>fluconazole</i> )	3	-
DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG ( <i>fluconazole</i> )	3	-
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	1	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	1	-	
<i>itraconazole soln 10MG/ML</i> (SPORANOX Equiv)	1	PA	
<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	1	-	
<i>NOXAFILE PAK 300MG (posaconazole)</i>	3	-	
<i>NOXAFILE SUSP 40MG/ML (posaconazole)</i>	3	-	
<i>NOXAFILE TAB 100MG (posaconazole)</i>	3	-	
<i>posaconazole DR tab 100MG</i> (NOXAFILE Equiv)	1	-	
<i>posaconazole susp 40MG/ML</i> (NOXAFILE Equiv)	1	-	
<i>SPORANOX CAP 100MG (itraconazole)</i>	3	-	
<i>SPORANOX SOLN 10MG/ML (itraconazole)</i>	3	PA	
<i>VFEND SUSP 40MG/ML (voriconazole)</i>	3	-	
<i>VFEND TAB 200MG, 50MG (voriconazole)</i>	3	-	
<i>voriconazole susp 40MG/ML</i> (VFEND Equiv)	1	-	
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	1	-	
<b>ANTIHISTAMINES - Drugs to treat allergies</b>			
<b>ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>			
<i>CARBINOXAMINE SOLN 4MG/5ML (carbinoxamine maleate)</i>	1	-	
<i>carbinoxamine tab 4MG</i> (PALGIC Equiv)	1	-	
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered	
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	M	-	
<b>ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms</b>			

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALLEGRA ODT 30MG ( <i>fexofenadine hcl</i> )	EXC	OTC
CLARINEX SYRUP ( <i>desloratadine</i> )	EXC	-
CLARINEX TAB 5MG ( <i>desloratadine</i> )	EXC	-
CLARITIN CHEW TAB 10MG ( <i>loratadine</i> )	EXC	OTC
DESLORATADINE ODT 2.5MG, 5MG ( <i>desloratadine</i> )	EXC	-
<i>desloratadine tab 5MG</i> (CLARINEX Equiv)	EXC	-
<i>loratadine cap 10MG</i> (CLARITIN Equiv)	EXC	OTC
<b>ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp 12.5MG, 25MG</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG ( <i>promethazine hcl</i> )	1	-
<b>ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>ciproheptadine syrup 2MG/5ML</i>	1	-
<i>ciproheptadine tab 4MG</i>	1	-
<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol</b>		
NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	2	PA-QL QL= 1 tab/day
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol</b>		
NEXLIZET TAB 10MG-180MG ( <i>bempedoic acid-ezetimibe</i> )	2	PA-QL QL= 1 tab/day

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61

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol</b>		
LOVAZA CAP 1GM-375MG-465MG ( <i>omega-3-acid ethyl esters</i> )	3	-
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	1	-
<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	1	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	1	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	1	-
COLESTID GRANULE 5GM ( <i>colestipol hcl</i> )	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM ( <i>colestipol hcl</i> )	3	-
COLESTID TAB 1GM ( <i>colestipol hcl</i> )	3	-
<i>colestipol granule 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol powder packet 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
QUESTRAN LITE POWDER 4GM/DOSE <i>(cholestyramine light)</i>	3	-
QUESTRAN POWDER 4GM/DOSE <i>(cholestyramine)</i>	3	-
QUESTRAN POWDER PACK 4GM <i>(cholestyramine)</i>	3	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG (LOFIBRA Equiv)</i>	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG (TRICOR Equiv)</i>	1	-
<i>fenofibric acid DR cap 135MG, 45MG (TRILIPIX Equiv)</i>	1	-
FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG <i>(fenofibric acid)</i>	3	-
<i>gemfibrozil tab 600MG (LOPID Equiv)</i>	1	-
LOPID TAB 600MG <i>(gemfibrozil)</i>	3	-
TRICOR TAB 145MG, 48MG <i>(fenofibrate)</i>	3	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		
ATORVALIQ SUSP 20MG/5ML <i>(atorvastatin calcium)</i>	3	PA Members age 9 or older require Prior Authorization
<i>atorvastatin tab 10MG, 20MG, 40MG, 80MG (LIPITOR Equiv)</i>	\$0	-
CRESTOR TAB 10MG, 20MG, 40MG, 5MG <i>(rosuvastatin calcium)</i>	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
EZALLOR SPRINKLE CAP 10MG, 20MG, 40MG, 5MG ( <i>rosuvastatin calcium</i> )	3	PA Prior Authorization Required for members age 9 years and older	
FLOLIPID SUSP 20MG/5ML, 40MG/5ML ( <i>simvastatin</i> )	3	PA Members age 9 or older require Prior Authorization	
<i>fluvastatin ER tab 80MG (LESCOL XL Equiv)</i>	\$0	-	
LESCOL XL TAB 80MG ( <i>fluvastatin sodium</i> )	3	-	
LIPITOR TAB 10MG, 20MG, 40MG, 80MG ( <i>atorvastatin calcium</i> )	3	-	
LIVALO TAB 1MG, 2MG, 4MG ( <i>pitavastatin calcium</i> )	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin	
<i>lovastatin tab 10MG, 20MG, 40MG (MEVACOR Equiv)</i>	\$0	-	
<i>pitavastatin calcium tab 1MG, 2MG, 4MG (LIVALO Equiv)</i>	1	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin	
PRAVACHOL TAB 20MG, 40MG ( <i>pravastatin sodium</i> )	3	-	
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG (PRAVACHOL Equiv)</i>	\$0	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>rosuvastatin tab 10MG, 20MG, 40MG, 5MG</b> (CRESTOR Equiv)	\$0	-
<b>simvastatin tab 10MG, 20MG, 40MG, 5MG</b> (ZOCOR Equiv)	\$0	80mg is Not Covered
ZOCOR TAB 10MG, 20MG, 40MG ( <b>simvastatin</b> )	3	-
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		
<b>ezetimibe tab 10MG</b> (ZETIA Equiv)	1	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<b>niacin ER tab 1000MG, 500MG, 750MG</b> (NIASPAN Equiv)	1	-
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		
REPATHA INJ 140MG/ML ( <b>evolocumab</b> )	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <b>evolocumab</b> )	4	LMSP-PA-QL QL= 1 inj/28 days
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG ( <b>quinapril hcl</b> )	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG ( <b>ramipril</b> )	3	-
<b>benazepril tab</b> (LOTENSIN Equiv)	1	-

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<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	1	-
<i>enalapril maleate oral soln 1MG/ML</i> (EPANED Equiv)	1	PA Prior Authorization required for members age 9 or older
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	1	-
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	1	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	1	-
LOTENSIN TAB 10MG, 20MG, 40MG ( <i>benazepril hcl</i> )	3	-
PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG ( <i>lisinopril</i> )	3	-
QBRELIS SOLN 1MG/ML ( <i>lisinopril</i> )	3	PA Prior Authorization required for members age 9 or older
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	1	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	1	-
VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG ( <i>enalapril maleate</i> )	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
DIBENZYLINE CAP 10MG ( <i>phenoxybenzamine hcl</i> )	3	LMSP
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	1	LMSP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
AVAPRO TAB 150MG, 300MG, 75MG ( <i>irbesartan</i> )	3	-
COZAAR TAB 100MG, 25MG, 50MG ( <i>losartan potassium</i> )	3	-
DIOVAN TAB 160MG, 320MG, 40MG, 80MG ( <i>valsartan</i> )	3	-
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	1	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	1	-
MICARDIS TAB 20MG, 40MG, 80MG ( <i>telmisartan</i> )	3	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	1	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	1	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	1	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
CARDURA TAB 1MG, 2MG, 4MG, 8MG ( <i>doxazosin mesylate</i> )	3	-
CATAPRES TAB .1MG, .2MG, .3MG ( <i>clonidine hcl</i> )	3	-
CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR ( <i>clonidine</i> )	3	-

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67

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR (CATAPRES-TTS Equiv)</i>	1	-
<i>clonidine tab (CATAPRES Equiv)</i>	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG (CARDURA Equiv)</i>	1	-
<i>guanfacine IR tab 1MG, 2MG (TENEX Equiv)</i>	1	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) ( <i>methyldopa</i> )	1	-
<i>methyldopa tab 250MG, 500MG (ALDOMET Equiv)</i>	1	-
MINIPRESS CAP 1MG, 2MG, 5MG ( <i>prazosin hcl</i> )	3	-
<i>prazosin cap 1MG, 2MG, 5MG (MINIPRESS Equiv)</i>	1	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG (HYTRIN Equiv)</i>	1	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
ACCURETIC TAB 20MG-25MG ( <i>quinapril-hydrochlorothiazide</i> )	3	-
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG ( <i>quinapril-hydrochlorothiazide</i> )	3	-
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)</i>	1	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)</i>	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)</i>	1	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)</i>	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG ( <i>irbesartan-hydrochlorothiazide</i> )	3	-
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG ( <i>amlodipine besylate-olmesartan medoxomil</i> )	3	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)</i>	1	-
BENICAR HCT TAB 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	3	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)</i>	1	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG ( <i>captopril &amp; hydrochlorothiazide</i> )	1	-
DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG ( <i>valsartan-hydrochlorothiazide</i> )	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<b>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)</b>	1	-	
EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG ( <b>amlodipine besylate-valsartan</b> )	3	-	
<b>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG (MONOPRIL HCT Equiv)</b>	1	-	
HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG ( <b>losartan potassium &amp; hydrochlorothiazide</b> )	3	-	
<b>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)</b>	1	-	
<b>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)</b>	1	-	
LOPRESSOR HCT TAB 25MG-50MG ( <b>metoprolol &amp; hydrochlorothiazide</b> )	3	-	
<b>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)</b>	1	-	
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <b>benazepril &amp; hydrochlorothiazide</b> )	3	-	
LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG ( <b>amlodipine besylate-benazepril hcl</b> )	3	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ( <i>methyldopa &amp; hydrochlorothiazide</i> )	1	-	
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i> (LOPRESSOR HCT Equiv)	1	-	
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	1	-	
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ( <i>propranolol &amp; hydrochlorothiazide</i> )	1	-	
<i>QUINAPRIL/HCTZ TAB 12.5MG-20MG</i>	1	-	
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	1	-	
TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG ( <i>aliskiren-hydrochlorothiazide</i> )	3	-	
TENORETIC TAB 25MG-100MG, 25MG-50MG ( <i>atenolol &amp; chlorthalidone</i> )	3	-	
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	1	-	
VASERETIC TAB 10MG-25MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )	3	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	3	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG ( <i>bisoprolol &amp; hydrochlorothiazide</i> )	3	-
<b>DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure</b>		
<i>aliskiren tab 150MG, 300MG</i> (TEKTURNA Equiv)	1	-
TEKTURNA TAB 150MG, 300MG ( <i>aliskiren fumarate</i> )	3	-
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure</b>		
<i>eplerenone tab 25MG, 50MG</i> (INSPRA Equiv)	1	-
INSPRA TAB 25MG, 50MG ( <i>eplerenone</i> )	3	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	1	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	1	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML ( <i>metronidazole benzoate</i> )	3	-
FLAGYL TAB 500MG ( <i>metronidazole</i> )	3	-
IMPAVIDO CAP 50MG ( <i>miltefosine</i> )	4	PA
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	1	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	1	LMSP

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRIMSOL SOLN ( <i>trimethoprim hcl</i> )	3	-
PRIMSOL SOLN 50MG/5ML ( <i>trimethoprim hcl</i> )	3	-
TINDAMAX TAB ( <i>tinidazole</i> )	3	-
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	1	-
TRIMETHOPRIM TAB 100MG (PROLOPRIM Equiv) <i>(trimethoprim)</i>	1	-
<i>trimethoprim tab 100MG</i> (PROLOPRIM Equiv)	1	-
XIFAXAN TAB 200MG 200MG ( <i>rifaximin</i> )	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG ( <i>rifaximin</i> )	2	QL QL= 60 tabs/30 days
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
BACTRIM DS TAB 160MG-800MG, 80MG-400MG <i>(sulfamethoxazole-trimethoprim)</i>	3	-
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	1	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
ALINIA SUSP 100MG/5ML ( <i>nitazoxanide</i> )	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG ( <i>nitazoxanide</i> )	3	PA-QL QL= 6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LAMPIT TAB 120MG, 30MG ( <i>nifurtimox</i> )	2	PA
MEPRON SUSP 750MG/5ML ( <i>atovaquone</i> )	3	-
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
<b>CARBAPENEMS - Drugs to treat bacterial infections</b>		
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	M
INVANZ INJ ( <i>ertapenem sodium</i> )	M	M
INVANZ INJ 1GM ( <i>ertapenem sodium</i> )	M	M
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	M
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		
FIRVANQ SOLN 25MG/ML, 50MG/ML ( <i>vancomycin hcl</i> )	1	-
FIRVANQ SOLN 50MG/ML 50MG/ML ( <i>vancomycin hcl</i> )	1	-
VANCOCIN CAP 125MG, 250MG ( <i>vancomycin hcl</i> )	3	QL QL= 56 caps/fill
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
<b>LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)</b>		
<i>dapsone tab 100MG, 25MG</i>	1	-
<b>LINCOSAMIDES - Drugs to treat bacterial infections</b>		
CLEOCIN CAP ( <i>clindamycin hcl cap</i> )	3	-
CLEOCIN SOLN 75MG/5ML ( <i>clindamycin palmitate hydrochloride</i> )	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>clindamycin cap 150MG, 300MG, 75MG (CLEOCIN Equiv)</i>	1	-
<i>clindamycin soln 75MG/5ML (CLEOCIN Equiv)</i>	1	-
<b>MONOBACTAMS - Drugs to treat bacterial infections</b>		
CAYSTON INH SOLN 75MG ( <i>aztreonam lysine</i> )	4	KMSP-RS
<b>OXAZOLIDINONES - Drugs to treat bacterial infections</b>		
<i>linezolid susp 100MG/5ML (ZYVOX Equiv)</i>	1	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG (ZYVOX Equiv)</i>	1	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ( <i>tedizolid phosphate</i> )	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
ZYVOX SUSP 100MG/5ML ( <i>linezolid</i> )	3	RS Restricted to Infectious Disease Specialist
ZYVOX TAB 600MG ( <i>linezolid</i> )	3	RS Restricted to Infectious Disease Specialist
<b>PLEUROMUTILINS - Drugs to treat infections</b>		

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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XENLETA TAB 600MG ( <i>lefamulin acetate</i> )	2	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
HIPREX TAB 1GM ( <i>methenamine hippurate</i> )	3	-
MACROBID CAP 100MG ( <i>nitrofurantoin monohyd macro</i> )	3	-
MACRODANTIN CAP 100MG, 50MG ( <i>nitrofurantoin macrocrystal</i> ) <i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	3 1	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	1	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	1	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		
atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG (MALARONE Equiv)	1	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG ( <i>atovaquone-proguanil hcl</i> )	3	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<i>chloroquine tab</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 100MG, 200MG, 300MG,</i> <i>400MG</i> (PLAQUENIL Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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KRINTAFEL TAB 150MG ( <i>tafenoquine succinate</i> )	2	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	1	-
PLAQUENIL TAB 200MG ( <i>hydroxychloroquine sulfate</i> )	3	-
PRIMAQUINE TAB 26.3MG ( <i>primaquine phosphate</i> )	3	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	1	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
FIRDAPSE TAB 10MG ( <i>amifampridine phosphate</i> )	4	LD-PA Only available through AnovoRx 844-288-5007
GUANIDINE TAB 125MG ( <i>guanidine hcl</i> )	3	-
MESTINON TAB 60MG ( <i>pyridostigmine bromide</i> )	3	-
MESTINON TIMESPAN TAB 180MG ( <i>pyridostigmine bromide</i> )	3	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine soln 60MG/5ML</i> (MESTINON Equiv)	1	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		

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

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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78

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
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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79

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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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80

<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>venetoclax</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ( <i>venetoclax</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
<b>ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer</b>		
<i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv)	4	LMSP-ONC-PA-SF
EXKIVITY CAP 40MG ( <i>mobocertinib succinate</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	4	LD-ONC-PA Only available through Lumicera 855-847-3553
GILOTRIF TAB 20MG, 30MG, 40MG ( <i>afatinib dimaleate</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
IRESSA TAB 250MG ( <i>gefitinib</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
TAGRISSO TAB 40MG, 80MG ( <i>osimertinib mesylate</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118

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81

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
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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>dacomitinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	4	LMSP-ONC-PA-SF
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	4	LMSP-ONC-PA-SF
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	1	LMSP-ONC-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	ONC  Covered at \$0 for women 35 years or older; All other members covered at generic copay
ARIMIDEX TAB 1MG ( <i>anastrozole</i> )	3	ONC
AROMASIN TAB 25MG ( <i>exemestane</i> )	3	ONC
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	1	ONC
CASODEX TAB 50MG ( <i>bicalutamide</i> )	3	ONC
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	2	ONC
ERLEADA TAB 60MG ( <i>apalutamide</i> )	4	LMSP-ONC-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG ( <i>apalutamide</i> )	4	LMSP-ONC-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG ( <i>flutamide</i> )	2	ONC

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82

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>exemestane tab 25MG (AROMASIN Equiv)</i>	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG ( <i>toremifene citrate</i> )	3	ONC
FEMARA TAB 2.5MG ( <i>letrozole</i> )	3	ONC
FLUTAMIDE CAP 125MG ( <i>flutamide</i> )	2	ONC
<i>flutamide cap 125MG (EULEXIN Equiv)</i>	1	ONC
<i>letrozole tab 2.5MG (FEMARA Equiv)</i>	1	ONC
LUPRON DEPOT INJ 45MG ( <i>leuprolide acetate (6 month)</i> )	M	M
LYSODREN TAB 500MG ( <i>mitotane</i> )	4	LD-ONC Only available through Walgreens 888-347-3416
<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML (MEGACE Equiv)</i>	1	ONC
<i>megestrol tab 20MG, 40MG (MEGACE Equiv)</i>	1	ONC
<i>nilutamide tab 150MG (NILANDRON Equiv)</i>	4	LMSP-ONC
NUBEQA TAB 300MG ( <i>darolutamide</i> )	4	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG ( <i>relugolix</i> )	4	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306

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83

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>elacestrant hydrochloride</i> )	4	LD-PA-QL QL= 3 tabs/day; Only available through Onco360 877-662-6633
ORSERDU TAB 345MG 345MG ( <i>elacestrant hydrochloride</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Onco360 877-662-6633
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	1	ONC
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors</b>		
WELIREG TAB 40MG ( <i>belzutifan</i> )	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer</b>		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	4	KMSP-PA-QL QL= 21 caps/28 days
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer</b>		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG ( <i>avapritinib</i> )	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		

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84

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 <i>(selinexor)</i>	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		
INQOVI TAB 35MG-100MG <i>(decitabine-cedazuridine)</i>	4	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG <i>(ribociclib succinate-letrazole)</i>	4	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG <i>(trifluridine-tipiracil)</i>	4	MSP-ONC-PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
ALECensa CAP 150MG <i>(alectinib hcl)</i>	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG <i>(brigatinib)</i>	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG <i>(brigatinib)</i>	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG <i>(erdafitinib)</i>	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767

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85

<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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## L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767	
BALVERSA TAB 5MG 5MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767	
BOSULIF TAB 100MG, 400MG, 500MG ( <i>bosutinib</i> )	4	KMSP-ONC-PA-SF	
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118	
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553	
CABOMETYX TAB 20MG, 40MG, 60MG ( <i>cabozantinib s-malate</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day	
CALQUENCE CAP 100MG ( <i>acalabrutinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118	
CALQUENCE TAB 100MG ( <i>acalabrutinib maleate</i> )	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306	
CAPRELSA TAB 100MG, 300MG ( <i>vandetanib</i> )	4	LD-ONC-PA Only available through Biologics 800-850-4306	

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86

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>cabozantinib s-malate</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118	
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118	
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	4	LMSP-ONC-PA-QL QL= 3 tabs/day	
<i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day	
<i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day	
FOTIVDA CAP .89MG, 1.34MG ( <i>tivozanib hcl</i> )	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306	
GAVRETO CAP 100MG ( <i>pralsetinib</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Luminera 855-847-3553	
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ( <i>ponatinib hcl</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144	
IDHIFA TAB 100MG, 50MG ( <i>enasidenib mesylate</i> )	4	MSP-ONC-PA-QL QL= 1 tab/day	
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	4	LMSP-ONC-PA-QL QL= 3 tabs/day	

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87

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Luminera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118	
IMBRUVICA CAP 70MG 70MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118	
IMBRUVICA SUSP 70MG/ML ( <i>ibrutinib</i> )	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118	
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118	
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ( <i>ruxolitinib phosphate</i> )	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day	
JAYPIRCA TAB 100MG, 50MG ( <i>pirtobrutinib</i> )	4	LMSP-PA-QL QL= 2 tabs/day	
KISQALI TAB 200MG ( <i>ribociclib succinate</i> )	4	LMSP-PA-QL QL= 63 tabs/28 days	
KOSELUGO CAP 25MG ( <i>selumetinib sulfate</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633	
KOSELUGO CAP 10MG 10MG ( <i>selumetinib sulfate</i> )	4	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633	

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

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>adagrasib</i> )	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306	
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	4	LMSP-ONC-PA	
LORBRENA TAB 100MG 100MG ( <i>lorlatinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day	
LORBRENA TAB 25MG 25MG ( <i>lorlatinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day	
LUMAKRAS TAB 120MG ( <i>sotorasib</i> )	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306	
LUMAKRAS TAB 320MG 320MG ( <i>sotorasib</i> )	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306	
LYNPARZA TAB 100MG, 150MG ( <i>olaparib</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306	
LYTGOBI THERAPY PACK 4MG ( <i>futibatinib</i> )	4	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633	
MEKINIST SOLN .05MG/ML ( <i>trametinib dimethyl sulfoxide</i> )	4	LMSP-PA	
MEKINIST TAB 0.5MG .5MG ( <i>trametinib dimethyl sulfoxide</i> )	4	LMSP-ONC-PA-QL QL= 3 tabs/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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>trametinib dimethyl sulfoxide</i> )	4	LMSP-ONC-PA-QL QL= 1 tab/day	
MEKTOVI TAB 15MG ( <i>binimetinib</i> )	4	MSP-ONC-PA-QL QL= 6 tabs/day	
NERLYNX TAB 40MG ( <i>neratinib maleate</i> )	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118	
NINLARO CAP 2.3MG, 3MG, 4MG ( <i>ixazomib citrate</i> )	4	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566	
<i>pazopanib tab 200MG</i> (VOTRIENT Equiv)	4	LMSP-ONC-PA-QL-SF QL= 4 tabs/day	
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ( <i>pemigatinib</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306	
PIQRAY TAB 150MG, 200MG ( <i>alpelisib</i> )	4	LMSP-PA-SF	
QINLOCK TAB 50MG ( <i>ripretinib</i> )	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306	
RETEVMO CAP 40MG, 80MG ( <i>selpercatinib</i> )	4	LMSP-PA-QL-SF QL= 4 caps/day	

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## L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>olutasidenib</i> )	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306	
ROZLYTREK CAP 100MG, 200MG ( <i>entrectinib</i> )	4	LMSP-PA-QL QL= 3 caps/day	
RUBRACA TAB 200MG, 250MG, 300MG ( <i>rucaparib camsylate</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874	
RYDAPT CAP 25MG ( <i>midostaurin</i> )	4	LMSP-ONC-PA-QL QL= 56 caps/28 days	
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	4	LMSP-ONC-PA-SF	
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ( <i>dasatinib</i> )	3	LMSP-ONC-PA-SF	
STIVARGA TAB 40MG ( <i>regorafenib</i> )	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day	
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	4	LMSP-ONC-PA-SF	
TABRECTA TAB 150MG, 200MG ( <i>capmatinib hcl</i> )	4	LMSP-PA-QL-SF QL= 4 tabs/day	
TAFINLAR CAP 50MG, 75MG ( <i>dabrafenib mesylate</i> )	4	LMSP-ONC-PA-QL QL= 4 caps/day	
TAFINLAR TAB 10MG ( <i>dabrafenib mesylate</i> )	4	LMSP-PA	
TALZENNA CAP 0.25MG .25MG ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day	
TASIGNA CAP 150MG, 200MG, 50MG ( <i>nilotinib hcl</i> )	4	LMSP-ONC-PA-SF	
TAZVERIK TAB 200MG ( <i>tazemetostat hbr</i> )	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633	
TEPMETKO TAB 225MG ( <i>tepotinib hcl</i> )	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306	
TIBSOVO TAB 250MG ( <i>ivosidenib</i> )	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306	
TURALIO CAP 125MG, 200MG ( <i>pexidartinib hcl</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306	
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ( <i>abemaciclib</i> )	4	LMSP-ONC-PA-QL QL= 2 tabs/day	
VITRAKVI CAP 100MG 100MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523	
VITRAKVI CAP 25MG 25MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523	

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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## L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG ( <i>pacritinib citrate</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG ( <i>niraparib tosylate</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ( <i>vemurafenib</i> )	4	LMSP-ONC-PA-QL
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	4	LMSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG ( <i>idelalisib</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP ( <i>ceritinib</i> )	4	LMSP-ONC-PA-QL-SF QL= 3 caps/day

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 ( <i>ceritinib</i> )	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
ACTIMMUNE INJ 2000000UNIT/0.5ML ( <i>interferon gamma-1b</i> )	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	4	LMSP-ONC-PA-SF
HYDREA CAP 500MG ( <i>hydroxyurea</i> )	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ ( <i>interferon alfa-2b inj</i> )	4	KMSP
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	2	ONC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	1	ONC
MESNEX TAB 400MG ( <i>mesna</i> )	4	LMSP-ONC
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
ETOPOSIDE CAP 50MG ( <i>etoposide</i> )	4	LMSP-ONC
<b>ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease</b>		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG ( <i>carbidopa</i> )	3	-
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRIHEXYYPHENIDYL SOLN .4MG/ML <i>(trihexyphenidyl hcl)</i>	1	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG ( <i>carbidopa-levodopa</i> )	1	-
<i>carbidopa-levodopa-entacapone tab</i> <b>12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG</b> (STALEVO Equiv)	1	-
INBRIJA INH POWDER 42MG ( <i>levodopa</i> )	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 ( <i>carbidopa-levodopa-entacapone</i> )	3	-
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG <i>(lithium carbonate)</i>	1	-
<i>lithium carbonate cap</i>	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LITHOBID TAB 300MG ( <i>lithium carbonate</i> )	3	-
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		
EQUETRO CAP 100MG, 200MG, 300MG ( <i>carbamazepine (mood)</i> )	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG ( <i>ziprasidone hcl</i> )	3	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG</i> (LATUDA TAB Equiv)	1	QL
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	1	-
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG ( <i>iloperidone</i> )	3	PA-QL QL= 2 tabs/day
FANAPT TITRATION PACK ( <i>iloperidone</i> )	3	PA-QL QL= 1 pack/plan year
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG ( <i>paliperidone</i> )	3	-
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	1	-
RISPERDAL M ODT ( <i>risperidone</i> )	3	-
RISPERDAL SOLN 1MG/ML ( <i>risperidone</i> )	3	-
RISPERDAL TAB .5MG, 1MG, 2MG, 3MG, 4MG ( <i>risperidone</i> )	3	-

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98

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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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100

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	1	-
<i>procchlorperazine supp 25MG</i> (COMPAZINE Equiv)	1	-
<i>procchlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	1	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	1	-
<b>QUINOLINONE DERIVATIVES - Drugs to treat mood disorders</b>		
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, <i>5MG (aripiprazole)</i>	3	-
<i>aripiprazole soln 1MG/ML</i> (ABILIFY Equiv)	1	PA
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	1	-
<b>THIOXANTHENES - Drugs to treat mood disorders</b>		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-
<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	1	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	1	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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102

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	4	-	
EFAVIRENZ CAP 200MG, 50MG ( <i>efavirenz</i> )	1	-	
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	1	-	
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv)	1	QL QL= 1 tab/day	
<i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day	
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	1	-	
<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv)	\$0	-	
EMTRIVA SOLN 10MG/ML ( <i>emtricitabine</i> )	4	-	
<i>etravirine tab 100MG, 200MG</i>	1	-	
EVOTAZ TAB 150MG-300MG ( <i>atazanavir sulfate-cobicistat</i> )	4	-	
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	1	-	
FUZEON INJ 90MG ( <i>enfuvirtide</i> )	4	-	
GENVOYA TAB 10MG-150MG-200MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	4	-	
INTELENCE TAB 25MG 25MG ( <i>etravirine</i> )	4	-	
INVIRASE CAP ( <i>saquinavir mesylate</i> )	4	-	
INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	4	-	

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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104

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 SOLN 80MG/ML ( <i>ritonavir</i> )	3	-	
NORVIR TAB 100MG ( <i>ritonavir</i> )	3	-	
ODEFSEY TAB 25MG-200MG ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	4	QL QL= 1 tab/day	
PIFELTRO TAB 100MG ( <i>doravirine</i> )	4	QL QL= 1 tab/day	
PREZCOBIX TAB 150MG-800MG ( <i>darunavir-cobicistat</i> )	4	-	
PREZISTA SUSP 100MG/ML ( <i>darunavir</i> )	4	-	
PREZISTA TAB 150MG, 75MG ( <i>darunavir</i> )	4	-	
PREZISTA TAB 600MG, 800MG ( <i>darunavir</i> )	4	-	
SCRIPTOR TAB 200MG ( <i>delavirdine mesylate</i> )	4	-	
REYATAZ POWDER PACK 50MG ( <i>atazanavir sulfate</i> )	4	-	
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	1	-	
RUKOBIA ER TAB 600MG ( <i>fostemsavir tromethamine</i> )	4	-	
SELZENTRY SOLN 20MG/ML ( <i>maraviroc</i> )	4	-	
SELZENTRY TAB 25MG, 75MG ( <i>maraviroc</i> )	4	-	
SELZENTRY TAB 150MG, 300MG ( <i>maraviroc</i> )	4	-	
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG ( <i>stavudine</i> )	1	-	
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i>	1	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>ANTIVIRAL COMBINATIONS ***</b>		
PAXLOVID TAB 150-100MG 100MG-150MG <i>(nirmatrelvir-ritonavir)</i>	\$0	QL QL= 20 tabs/fill
PAXLOVID TAB 300-100MG 100MG-150MG <i>(nirmatrelvir-ritonavir)</i>	\$0	QL QL= 30 tabs/fill
<b>CMV AGENTS - Drugs to treat viral infections</b>		
<i>foscarnet sodium inj 6000MG/250ML (FOSCAVIR Equiv)</i>	M	M
FOSCAVIR INJ 6000MG/250ML ( <i>foscarnet sodium</i> )	M	M
LIVTENCITY TAB 200MG ( <i>maribavir</i> )	4	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG ( <i>letermovir</i> )	4	LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days
VALCYTE TAB 450MG ( <i>valganciclovir hcl</i> )	3	-
<i>valganciclovir soln 50MG/ML (VALCYTE Equiv)</i>	1	-
<i>valganciclovir tab 450MG (VALCYTE Equiv)</i>	1	-
<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG (HEPSERA Equiv)</i>	4	LMSP
BARACLUDE SOLN .05MG/ML ( <i>entecavir</i> )	3	PA Members age 9 or older require Prior Authorization
<i>entecavir tab .5MG, 1MG (BARACLUDE Equiv)</i>	4	LMSP-QL QL= 1 tab/day

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	4	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ( <i>ledipasvir-sofosbuvir</i> )	4	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG ( <i>glecaprevir-pibrentasvir</i> )	4	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	4	LMSP
PEG-INTRON INJ 50MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	4	LMSP
REBETOL SOLN ( <i>ribavirin (hepatitis c)</i> )	4	LMSP
RIBAVIRIN CAP 200MG ( <i>ribavirin (hepatitis c)</i> )	1	LMSP
<i>ribavirin cap 200MG</i>	1	LMSP
RIBAVIRIN TAB 200MG ( <i>ribavirin (hepatitis c)</i> )	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir</i> )	4	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	4	LMSP
VOSEVI TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	4	LMSP-PA-QL QL= 1 tab/day
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	1	-

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108

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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>acyclovir susp 200MG/5ML (ZOVIRAX Equiv)</i>	1	-
<i>acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)</i>	1	-
<i>famciclovir tab 125MG, 250MG, 500MG (FAMVIR Equiv)</i>	1	-
<i>valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)</i>	1	-
VALTREX TAB 1GM, 500MG ( <i>valacyclovir hcl</i> )	3	-
ZOVIRAX CAP 200MG ( <i>acyclovir</i> )	3	-
ZOVIRAX SUSP 200MG/5ML ( <i>acyclovir</i> )	3	-
ZOVIRAX TAB 400MG, 800MG ( <i>acyclovir</i> )	3	-
<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		
FLUMADINE TAB ( <i>rimantadine hydrochloride</i> )	3	-
<i>oseltamivir cap 45MG, 75MG (TAMIFLU Equiv)</i>	1	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG (TAMIFLU Equiv)</i>	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML (TAMIFLU Equiv)</i>	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	1	-
TAMIFLU CAP 45MG, 75MG ( <i>oseltamivir phosphate</i> )	3	QL QL= 10 caps/fill

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109

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TAMIFLU CAP 30MG 30MG ( <i>oseltamivir phosphate</i> )	3	QL QL= 20 caps/fill
<b>MISC. ANTIVIRALS ***</b>		
LAGEVRIO CAP (EUA) 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP 200MG 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB 125MG ( <i>penicillamine</i> )	2	-
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
THALOMID CAP 100MG, 150MG, 200MG, 50MG ( <i>thalidomide</i> )	4	KMSP-PA
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	1	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	1	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	1	-
IMURAN TAB 50MG ( <i>azathioprine</i> )	3	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	1	-

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110

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>mycophenolate mofetil cap 250MG (CELLCEPT Equiv)</i>	1	-
<i>mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)</i>	1	-
<i>mycophenolate mofetil tab 500MG (CELLCEPT Equiv)</i>	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML <i>(cyclosporine)</i>	4	-
<i>sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)</i>	1	-
<i>tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)</i>	1	-
<b>POTASSIUM REMOVING RESINS - Drugs to manage potassium levels</b>		
<i>sodium polystyrene powder 100% (KAYEXALATE Equiv)</i>	1	-
<i>sodium polystyrene susp 15GM/60ML (SPS Equiv)</i>	1	-
<b>BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<b>ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG (COREG Equiv)</i>	1	-
COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG <i>(carvedilol)</i>	3	-
<i>labetalol tab 100MG, 200MG, 300MG (NORMODYNE Equiv)</i>	1	-
<b>BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>acebutolol cap 200MG, 400MG (SECTRAL Equiv)</i>	1	-

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111

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
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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)</i>	1	-
<i>bisoprolol tab 10MG, 5MG (ZEBETA Equiv)</i>	1	-
<i>LOPRESSOR TAB 100MG, 50MG (<i>metoprolol tartrate</i>)</i>	3	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)</i>	1	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG (LOPRESSOR Equiv)</i>	1	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG (BYSTOLIC Equiv)</i>	1	-
TENORMIN TAB 100MG, 25MG, 50MG ( <i>atenolol</i> )	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG ( <i>metoprolol succinate</i> )	3	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		
BETAPACE AF TAB 120MG, 160MG, 80MG ( <i>sotalol hcl (afib/afl)</i> )	3	-
BETAPACE TAB 120MG, 160MG, 80MG ( <i>sotalol hcl</i> )	3	-
CORGARD TAB 20MG, 40MG, 80MG ( <i>nadolol</i> )	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG ( <i>propranolol hcl</i> )	3	-
<i>nadolol tab (CORGARD Equiv)</i>	1	-
<i>pindolol tab 10MG, 5MG (VISKEN Equiv)</i>	1	-

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112

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	1	-
<i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv)	1	-
PROPRANOLOL SOLN 40MG/5ML ( <i>propranolol hcl</i> )	1	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	1	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	1	-
SOTYLIZE SOLN 5MG/ML 5MG/ML ( <i>sotalol hcl</i> )	3	PA Prior Authorization required for members age 9 or older
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	1	-
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		
ADALAT CC TAB 30MG, 60MG, 90MG ( <i>nifedipine</i> )	3	-
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
CALAN SR TAB 120MG, 180MG, 240MG ( <i>verapamil hcl</i> )	3	-
CALAN TAB ( <i>verapamil hcl</i> )	3	-

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113

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG ( <i>diltiazem hcl coated beads</i> )	3	-
CARDIZEM TAB 120MG, 30MG, 60MG ( <i>diltiazem hcl</i> )	3	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG</i> (TIAZAC Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	1	-
KATERZIA SUSP 1MG/ML ( <i>amlodipine benzoate</i> )	3	PA Prior Authorization required for members age 9 or older
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	1	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nimodipine cap 30MG</i> (NIMOTOP Equiv)	1	-
NORLIQVA ORAL SOLN 1MG/ML ( <i>amlodipine besylate</i> )	3	PA Members age 9 or older require Prior Authorization
NORVASC TAB 10MG, 2.5MG, 5MG ( <i>amlodipine besylate</i> )	3	-
PROCARDIA CAP 10MG ( <i>nifedipine</i> )	3	-

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114

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
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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG ( <i>diltiazem hcl extended release beads</i> )	3	-
VERAPAMIL ER CAP, VERELAN CAP 100MG, 360MG ( <i>verapamil hcl</i> )	3	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG ( <i>verapamil hcl</i> )	1	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv)	1	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	1	-
VERELAN CAP 120MG, 180MG, 240MG ( <i>verapamil hcl</i> )	3	-
VERELAN PM CAP ( <i>verapamil hcl</i> )	3	-
VERELAN PM ER CAP 200MG, 300MG 200MG, 300MG ( <i>verapamil hcl</i> )	3	-
VERELAN SR CAP 360mg 360MG ( <i>verapamil hcl</i> )	3	-
<b>CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm</b>		
<b>CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm</b>		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML ( <i>digoxin</i> )	1	-
<i>digoxin tab</i> (LANOXIN Equiv)	1	-
LANOXIN TAB 125MCG, 250MCG ( <i>digoxin</i> )	3	-
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions</b>		

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy</b>		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG <i>(mavacamten)</i>	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs</b>		
<i>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)</i>	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG ( <i>amlodipine besylate-atorvastatin calcium</i> )	3	-
<b>IMPOTENCE AGENTS - Drugs to treat erectile dysfunction</b>		
CAVERJECT INJ 10MCG, 20MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
EDEX INJ 10MCG, 20MCG, 40MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days

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116

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)</i>	1	QL QL= 6 tabs/30 days
STENDRA TAB 100MG, 200MG, 50MG ( <i>avanafil</i> )	2	QL QL= 6 tabs/30 days
<i>tadalafil tab 10MG, 20MG (CIALIS Equiv)</i>	1	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG (CIALIS Equiv)</i>	1	QL QL= 6 tabs/30 days
<i>vardenafil ODT 10MG (STAXYN Equiv)</i>	1	QL QL= 6 tabs/30 days
<i>vardenafil tab 10MG, 2.5MG, 20MG, 5MG (LEVITRA Equiv)</i>	1	QL QL= 6 tabs/30 days
<b>PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions</b>		
ISOXSUPRINE TAB 10MG, 20MG ( <i>isoxsuprine hcl</i> )	2	-
<i>isoxsuprine tab 10MG, 20MG</i>	1	-
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG ( <i>treprostинil diolamine</i> )	4	LD-PA Only available through CVS Specialty 800-237-2767
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG ( <i>treprostинil</i> )	4	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use	
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG ( <i>treprostinil</i> )	4	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523	
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG ( <i>treprostinil</i> )	4	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523	
TYVASO DPI POWDER TITRATION KIT 16-32MCG ( <i>treprostinil</i> )	4	LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523	
TYVASO INH SOLN .6MG/ML ( <i>treprostinil</i> )	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523	
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ( <i>iloprost</i> )	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523	
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>			
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	4	LMSP-PA-QL QL= 1 tab/day	
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	4	LMSP-PA-QL QL= 2 tabs/day	

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118

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OPSUMIT TAB 10MG ( <i>macitentan</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TRACLEER TAB 32MG 32MG ( <i>bosentan</i> )	4	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
REVATIO SUSP 10MG/ML ( <i>sildenafil citrate (pulmonary hypertension)</i> )	3	PA Members age 9 or older require Prior Authorization
REVATIO TAB 20MG ( <i>sildenafil citrate (pulmonary hypertension)</i> )	3	PA
<i>sildenafil susp 10MG/ML</i> (REVATIO Equiv)	1	PA Members age 9 or older require Prior Authorization
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	4	LMSP-PA
TADLIQ SUSP 20MG/5ML ( <i>tadalafil (pulmonary hypertension)</i> )	4	MSP-PA Members age 9 or older require Prior Authorization
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG <i>(selexipag)</i>	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension</b>		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG <i>(riociguat)</i>	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
<b>SINUS NODE INHIBITORS - Drugs to control heart rhythm</b>		
CORLANOR TAB 5MG, 7.5MG <i>(ivabradine hcl)</i>	3	PA
<b>TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis</b>		
VYNDAMAX CAP 61MG <i>(tafamidis)</i>	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP 20MG <i>(tafamidis meglumine (cardiac))</i>	4	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	M
CEFAZOLIN INJ 100GM, 1GM, 2GM, 300GM, 3GM <i>(cefazolin sodium)</i>	M	M

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Last Updated 1/1/2024

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<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	1	-	
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	1	-	
KEFLEX CAP 250MG, 500MG ( <i>cephalexin</i> )	3	-	
<b>CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections</b>			
CEFACLOR CAP 250MG, 500MG (CECLR Equiv) <i>(cefaclor)</i>	1	-	
<i>cefaclor cap 250MG, 500MG</i> (CECLR Equiv)	1	-	
CEFACLOR ER TAB 500MG ( <i>cefaclor monohydrate</i> )	3	-	
CEFACLOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML ( <i>cefaclor</i> )	3	-	
<i>cefoxitin inj 1GM, 1GM, 2GM</i>	M	M	
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	1	-	
<b>CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections</b>			
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	1	-	
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-	
CEFDITOREN TAB 200MG, 400MG ( <i>cefditoren pivoxil</i> )	3	-	
<i>cefixime cap 400MG</i> (SUPRAX Equiv)	1	-	
<i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	1	-	
CEFOTAXIME INJ 1GM, 2GM ( <i>cefotaxime sodium</i> )	M	M	
<i>cefotaxime inj 1GM</i>	M	M	

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Last Updated 1/1/2024

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<i>cefepodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	1	-
<i>cefepodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv)	1	-
<i>ceftiraxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i>	M	M
OMNICEF SUSP ( <i>cefdinir</i> )	3	-
SPECTRACEF TAB ( <i>cefditoren pivoxil</i> )	3	-
SUPRAX CAP ( <i>cefixime</i> )	3	-
SUPRAX CAP 400MG ( <i>cefixime</i> )	3	-
SUPRAX CHEW TAB 100MG, 200MG ( <i>cefixime</i> )	3	-
SUPRAX SUSP 100MG/5ML, 200MG/5ML ( <i>cefixime</i> )	3	-
SUPRAX SUSP 500MG/5ML 500MG/5ML ( <i>cefixime</i> )	3	-
<b>CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy</b>		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>aranelle tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-
BALCOLTRA TAB .1MG-20MCG-36.5MG (levonorgestrel-ethynodiol-iron)	\$0	-
<i>cesia tab</i> (CYCLESSA Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<i>drospirenone/ethynodiol-levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
<i>enpresse tab</i> (TRI-LEVELEN Equiv)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab</i> (DESOGEN Equiv)	\$0	-
<i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	3 copays per Rx
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
<i>levonorgestrel-ethynodiol-ffe tab .02MG-.1MG-36.5MG, .1MG-20MCG-75MG</i> (BALCOLTRA Equiv)	\$0	-
<i>LO LOESTRIN TAB 1MG-10MCG-75MG (norethindrone acetate-ethynodiol-ffe fum (biphasic))</i>	\$0	-
<i>loestrin tab 1MG-20MCG</i>	\$0	-
<i>NATAZIA TAB (estradiol valerate-dienogest)</i>	\$0	-
<i>NEXTSTELLIS TAB 3MG-14.2MG (drospirenone-estetrol)</i>	\$0	-
<i>norethindrone ace-ethynodiol-ffe cap 1MG-20MCG-75MG</i> (TAYTULLA Equiv)	\$0	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<i>norethindrone acetate/ethinyl estradiol FE chew tab 1MG-20MCG-75MG (MINASTRIN Equiv)</i>	\$0	-
<i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)</i>	\$0	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)</i>	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)</i>	\$0	-
<i>sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)</i>	\$0	-
<i>tri-legest tab 1MG-75MG (ESTROSTEP FE Equiv)</i>	\$0	-
<i>tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)</i>	\$0	-
<i>TYBLUME TAB .1MG-20MCG (<i>levonorgestrel &amp; eth estradiol</i>)</i>	\$0	-
<i>VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>)</i>	\$0	-
<i>viorele tab, kariva tab (MIRCETTE Equiv)</i>	\$0	-
<i>wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG (FEMCON FE Equiv)</i>	\$0	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
<i>TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>)</i>	\$0	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>zafemy patch 35MCG/24HR-150MCG/24HR (XULANE Equiv)</i>	\$0	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
ANNOVERA RING .013MG/24HR-.15MG/24HR <i>(segesterone acetate-ethinyl estradiol)</i>	\$0	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR <i>(etonogestrel-ethinyl estradiol)</i>	\$0	-
<b>COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy</b>		
PARAGARD IUD <i>(copper (iud))</i>	EXC	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
ELLA TAB 30MG <i>(ulipristal acetate)</i>	\$0	-
ELLA TAB 30MG <i>(ulipristal acetate)</i>	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
PLAN B TAB 1.5MG <i>(levonorgestrel (emergency oc))</i>	\$0	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy</b>		
NEXPLANON IMPLANT 68MG <i>(etonogestrel)</i>	EXC	-
NEXPLANON IMPLANT 68MG <i>(etonogestrel)</i>	EXC	-
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones</b>		
DEPO-PROVERA INJ 150MG/ML <i>(medroxyprogesterone acetate (contraceptive))</i>	3	--QL QL= 1 inj/90 days
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML <i>(medroxyprogesterone acetate (contraceptive))</i>	EXC	-
<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	EXC	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<b>PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy</b>		
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY ( <i>levonorgestrel (iud)</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
SLYND TAB 4MG ( <i>drospirenone</i> )	\$0	-
<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
ALKINDI SPRINKLE CAP 0.5MG .5MG ( <i>hydrocortisone</i> )	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG 1MG ( <i>hydrocortisone</i> )	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
<i>budesonide ER tab 9MG</i> (UCERIS Equiv)	1	PA-QL QL=1 tab/day
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	1	-
CORTEF TAB 10MG, 20MG, 5MG ( <i>hydrocortisone</i> )	3	-
DEPO-MEDROL INJ 40MG/ML, 80MG/ML ( <i>methylprednisolone acetate</i> )	3	-
DEPO-MEDROL INJ, METHYLSPREDNISOLONE ACE INJ 20MG/ML, 40MG/ML, 50MG/ML, 80MG/ML ( <i>methylprednisolone acetate</i> )	3	-

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DEXAMETHASONE CONC 1MG/ML <i>(dexamethasone)</i>	1	-	
<i>dexamethasone elixir .5MG/5ML</i>	1	-	
<i>dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML</i>	1	-	
DEXAMETHASONE SOLN .5MG/5ML <i>(dexamethasone)</i>	1	-	
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 2MG, 4MG, 6MG (DECADRON Equiv)</i>	1	-	
<i>hydrocortisone tab 10MG, 20MG, 5MG (CORTEF Equiv)</i>	1	-	
KENALOG INJ 40MG/ML ( <i>triamcinolone acetonide</i> )	3	-	
MEDROL DOSE PACK 4MG ( <i>methylprednisolone</i> )	3	-	
MEDROL TAB 2MG ( <i>methylprednisolone</i> )	2	-	
MEDROL TAB 16MG, 32MG, 4MG, 8MG <i>(methylprednisolone)</i>	3	-	
<i>methylprednisolone acetate inj 40MG/ML, 80MG/ML (DEPO-MEDROL Equiv)</i>	1	-	
<i>methylprednisolone dose pack 4MG (MEDROL Equiv)</i>	1	-	
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG (MEDROL Equiv)</i>	1	-	
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG (SOLU-MEDROL Equiv)</i>	1	-	

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ORAPRED ODT TAB 10MG, 15MG, 30MG <i>(prednisolone sodium phosphate)</i>	3	-	
ORAPRED SOLN 6.7MG/5ML <i>(prednisolone sodium phosphate)</i>	3	-	
<b><i>prednisolone ODT 10MG, 15MG, 30MG</i></b> (ORAPRED Equiv)	1	-	
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG <i>(prednisolone sodium phosphate)</i>	2	-	
PREDNISOLONE SOLN 25MG/5ML <i>(prednisolone sodium phosphate)</i>	3	-	
<b><i>prednisolone soln 15MG/5ML</i></b> (PEDIAPRED Equiv)	1	-	
PREDNISONE SOLN 5MG/5ML <i>(prednisone)</i>	2	-	
<b><i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i></b> (DELTASONE Equiv)	1	-	
SOLU-CORTEF INJ 1000MG, 250MG, 500MG <i>(hydrocortisone sod succinate)</i>	2	QL QL= 1 vial/fill	
SOLU-CORTEF INJ 100MG 100MG <i>(hydrocortisone sod succinate)</i>	2	QL QL= 2 vials/fill	
SOLU-MEDROL INJ 1000MG, 500MG <i>(methylprednisolone sod succ)</i>	3	-	
SOLU-MEDROL INJ 2GM 2GM <i>(methylprednisolone sod succ)</i>	2	-	
SOLU-MEDROL PF INJ 1000MG, 125MG, 40MG, 500MG <i>(methylprednisolone sod succ)</i>	3	-	

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<i>triamcinolone acetate inj 200MG/5ML, 400MG/10ML, 40MG/ML (KENALOG Equiv)</i>	1	-
UCERIS TAB 9MG ( <i>budesonide</i> )	3	PA-QL QL= 1 tab/day
<b>MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions</b>		
<i>fludrocortisone tab .1MG (FLORINEF Equiv)</i>	1	-
<b>COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<b>ANTITUSSIVES - Drugs to treat cough</b>		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG (TESSALON Equiv)</i>	1	-
HYCODAN SYRUP 1.5MG/5ML-5MG/5ML <i>(hydrocodone bitartrate-homatropine methylbromide)</i>	3	-
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)</i>	1	-
TESSALON CAP 100MG ( <i>benzonatate</i> )	3	-
<i>tussigon tab 1.5MG-5MG (HYCODAN Equiv)</i>	1	-
<b>COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms</b>		
BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML <i>(brompheniramine &amp; phenyleph)</i>	EXC	OTC
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
		1	OTC
<b>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML</b> (BRONTEX Equiv)		1	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) ( <i>guaifenesin-codeine</i> )		1	OTC-QL QL= 240ml/fill
<b>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML</b> (TUSSI-ORGANIDIN-S Equiv)		1	OTC-QL QL= 240ml/fill
HYD POL/CPM SUSP 8MG/5ML-10MG/5ML ( <i>hydrocodone polistirex-chlorpheniramine polistirex</i> )		1	QL QL= 120ml/fill; 2 fills/30 days
<b>hydrocodone/chlorpheniramine CR susp</b> <b>8MG/5ML-10MG/5ML</b> (TUSSIONEX Equiv)		1	QL QL= 120ml/fill; 2 fills/30 days
<b>hydrocodone/chlorpheniramine/pseudoephedrine</b> <b>liquid</b> (ZUTRIPRO Equiv)		1	QL QL= 120ml/fill, 2 fills/30 days
<b>lohist liquid 2MG/10ML-5MG/10ML</b> (DECON-A Equiv)	EXC		OTC
<b>promethazine DM syrup 6.25MG/5ML-15MG/5ML</b>		1	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML ( <i>promethazine &amp;</i> <i>phenylephrine</i> )		1	-
<b>promethazine VC syrup 5MG/5ML-6.25MG/5ML</b>		1	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML ( <i>promethazine-phenylephrine-codeine</i> )		1	-
<b>promethazine VC/codeine syrup</b>		1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)</i>	1	-
<i>SEMPREX-D CAP 8MG-60MG (acrivastine &amp; pseudoephedrine)</i>	EXC	-
<i>TUSSIONEX SUSP (hydrocodone polistirex-chlorpheniramine polistirex)</i>	3	QL QL= 120ml/fill; 2 fills/30 days
<i>ZUTRIPRO LIQUID (pseudoephed-cpm w/ hydrocod)</i>	3	QL QL= 120ml/fill, 2 fills/30 days
<b>MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants</b>		
<i>HYPER-SAL NEB SOLN 7% (sodium chloride (inhalant))</i>	3	-
<i>NEBUSAL NEB SOLN 3.5%, 6% (sodium chloride (inhalant))</i>	2	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	1	-
<b>MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>acetylcysteine soln 10%, 20% (MUCOMYST Equiv)</i>	1	-
<b>DERMATOLOGICALS - Drugs to treat skin conditions</b>		
<b>ACNE PRODUCTS - Drugs to treat skin conditions</b>		
<i>adapalene cream .1% (DIFFERIN Equiv)</i>	1	PA Acne Only – members age 35 or older require Prior Authorization

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
		PA	
<i>adapalene gel .1%, .3% (DIFERIN Equiv)</i>	1	PA	Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)</i>	1	-	
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5% (EPIDUO FORTE Equiv)</i>	1	-	
<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG (ACUTANE Equiv)</i>	1	-	
<i>ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% (tretinoi)</i>	3	PA	
<i>BENZACLIN GEL 1%-5%, 1.2%-2.5% (clindamycin phosphate-benzoyl peroxide)</i>	3	-	
<i>BENZAMYCIN GEL 3%-5% (benzoyl peroxide-erythromycin)</i>	3	-	
<i>CLEOCIN-T LOTION 1% (clindamycin phosphate (topical))</i>	3	-	
<i>CLEOCIN-T PAD (clindamycin phosphate (topical))</i>	3	-	
<i>CLEOCIN-T SOLN (clindamycin phosphate (topical))</i>	3	-	
<i>clindamycin gel 1% (CLEOCIN GEL Equiv)</i>	1	-	
<i>clindamycin lotion 1% (CLEOCIN- T Equiv)</i>	1	-	
<i>clindamycin pad 1% (CLEOCIN-T Equiv)</i>	1	-	
<i>clindamycin topical soln 1% (CLEOCIN-T Equiv)</i>	1	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-2.5%</i> (BENZACLIN Equiv)	1	-	
DIFFERIN CREAM .1% ( <i>adapalene</i> )	3	PA	
DIFFERIN GEL .1%, .3% ( <i>adapalene</i> )	3	PA	
DUAC GEL ( <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> )	3	-	
EPIDUO GEL 0.1-2.5% .1%-2.5% ( <i>adapalene-benzoyl peroxide</i> )	3	-	
ERY PAD 2% ( <i>erythromycin (acne aid)</i> )	2	-	
<i>erythromycin gel 2%</i>	1	-	
<i>erythromycin pad</i>	1	-	
<i>erythromycin soln 2%</i>	1	-	
<i>erythromycin/benzoyl peroxide gel 3%-5%</i> (BENZAMYCIN Equiv)	1	-	
KLARON LOTION 10% ( <i>sulfacetamide sodium (acne)</i> )	3	-	
RETIN-A CREAM .025%, .05%, .1% ( <i>tretinoin</i> )	3	PA	
<i>sodium sulfacetamide lotion 10%</i> (KLARON Equiv)	1	-	
<i>sodium sulfacetamide/sulfur cleanser 10-5%</i> 5%-10% (SUMAXIN Equiv)	1	-	
<i>sodium sulfacetamide/sulfur cleanser 9-4.5%</i> 4.5%-9% (SUMADAN WASH Equiv)	1	-	
<i>sodium sulfacetamide/sulfur emulsion 10-5%</i>	1	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SUMADAN WASH 9-4.5% 4.5%-9% ( <i>sulfacetamide sodium w/ sulfur</i> )	3	-
<i>tretinoin cream .025%, .05%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .01%, .025%, .05% (RETIN-A GEL Equiv)</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses</b>		
RENOVA CREAM .02%, .05% ( <i>tretinoin (facial wrinkles)</i> )	EXC	-
<b>ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections</b>		
CENTANY OINT 2% ( <i>mupirocin</i> )	3	-
CORTISPORIN CREAM ( <i>neomycin-polymyxin-hc</i> )	3	-
CORTISPORIN OINT ( <i>bacitracin-polymyxin-neomycin hc</i> )	3	-
<i>gentamicin sulfate cream .1%</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
<i>mupirocin oint 2% (BACTROBAN OINT Equiv)</i>	1	-
<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
<i>ciclopirox cream .77% (LOPROX CREAM Equiv)</i>	1	-
<i>ciclopirox gel .77% (LOPROX GEL Equiv)</i>	1	-
<i>ciclopirox nail soln 8% (PENLAC Equiv)</i>	1	-
<i>ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)</i>	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<i>ciclopirox topical susp .77% (LOPROX SUSP Equiv)</i>	1	-	
<i>clotrimazole/betamethasone cream .05%-1% (LORTRISONE CREAM Equiv)</i>	1	-	
<i>econazole cream 1% (SPECTAZOLE Equiv)</i>	1	-	
<i>EXELDERM SOLN 1% (sulconazole nitrate)</i>	3	-	
<i>ketoconazole cream 2% (NIZORAL CREAM Equiv)</i>	1	-	
<i>ketoconazole shampoo 2% (NIZORAL SHAMPOO Equiv)</i>	1	-	
<i>LOPROX CREAM .77% (ciclopirox olamine)</i>	3	-	
<i>LOPROX SHAMPOO 1% (ciclopirox)</i>	3	-	
<i>LOTRISONE CREAM .05%-1% (clotrimazole w/ betamethasone)</i>	3	-	
<i>MENTAX CREAM 1% (butenafine hcl)</i>	3	-	
<i>NAFTIFINE CREAM 1% (naftifine hcl)</i>	3	-	
<i>naftifine cream 1%, 2% (NAFTIN Equiv)</i>	1	-	
<i>naftifine gel 1% (NAFTIN Equiv)</i>	1	-	
<i>NAFTIN CREAM 2% (naftifine hcl)</i>	3	-	
<i>NAFTIN GEL 1% (naftifine hcl)</i>	3	-	
<i>NIZORAL A-D SHAMPOO 1% (NIZORAL Equiv) (ketoconazole (topical))</i>	EXC	OTC	
<i>nizoral a-d shampoo 1% (NIZORAL Equiv)</i>	EXC	OTC	
<i>NIZORAL SHAMPOO 2% (ketoconazole (topical))</i>	3	-	
<i>nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)</i>	1	-	

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Last Updated 1/1/2024

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<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>oxiconazole nitrate cream 1% (OXISTAT Equiv)</i>	1	-
<i>tavaborole soln 5% (KERYDIN Equiv)</i>	1	QL-ST  QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1% (VOLTAREN Equiv)</i>	1	OTC-QL  QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH 1.3% <i>(diclofenac epolamine)</i>	3	QL  QL= 30 patches/fill
VOLTAREN GEL 1% ( <i>diclofenac sodium (topical)</i> )	3	OTC-QL  QL= 5 tubes/fill
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
<i>bexarotene gel 1% (TARGRETIN Equiv)</i>	4	LMSP-PA
<i>diclofenac gel 3% (SOLARAZE Equiv)</i>	1	PA-QL  QL= 300gm/30 days
EFUDEX CREAM 5% ( <i>fluorouracil (topical)</i> )	3	-
<i>fluorouracil cream 5% (EFUDEX CREAM Equiv)</i>	1	-

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FLUOROURACIL CREAM 0.5% .5% ( <i>fluorouracil (topical)</i> )	3	-
FLUOROURACIL SOLN 2%, 5% ( <i>fluorouracil (topical)</i> )	2	-
PICATO GEL .05% ( <i>ingenol mebutate</i> )	3	QL QL= 1 box/fill
VALCHLOR GEL .016% ( <i>mechlorethamine hcl (topical)</i> )	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
<b>ANTIPRURITICS - TOPICAL - Drugs to treat itching</b>		
DOXE PIN CREAM, PRUDOXIN CREAM, ZONALON CREAM ( <i>doxepin hcl (antipruritic)</i> )	3	PA
DOXE PIN HCL CREAM 5% ( <i>doxepin hcl (antipruritic)</i> ) <i>doxepin hcl cream 5%</i>	3	PA
<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
<i>acitretin cap 10MG, 17.5MG, 25MG (SORIATANE Equiv)</i>	4	LMSP
<i>calcipotriene cream .005% (DOVONEX CREAM Equiv)</i>	1	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	1	-
<i>calcipotriene soln .005% (DOVONEX SOLN Equiv)</i>	1	-
CALCITRIOL OINT 3MCG/GM ( <i>calcitriol (topical)</i> )	3	-

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DOVONEX CREAM .005% ( <i>calcipotriene</i> )	3	-
DRITHO-SCALP CREAM 1% ( <i>anthralin</i> )	3	-
METHOXSALEN CAP 10MG ( <i>methoxsalen rapid</i> )	2	LMSP
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG ( <i>methoxsalen rapid</i> )	3	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML ( <i>risankizumab-rzaa</i> )	4	LMSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML ( <i>risankizumab-rzaa</i> )	4	LMSP-PA-QL QL= 2 inj/84 days
STELARA INJ 90MG/ML ( <i>ustekinumab</i> )	4	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML ( <i>ixekizumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-
TAZORAC CREAM .1% ( <i>tazarotene</i> )	3	-
TAZORAC CREAM 0.05% .05% ( <i>tazarotene</i> )	3	-
TREMFYA INJ 100MG/ML ( <i>guselkumab</i> )	4	LMSP-PA-QL QL= 1 inj/56 days
ZORYVE CREAM .3% ( <i>roflumilast (topical)</i> )	2	PA-QL QL= 60 grams/30 days
<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
OVACE PLUS CREAM 10% ( <i>sulfacetamide sodium</i> )	3	-
<i>selenium sulfide lotion 1%</i>	EXC	OTC

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<i>selenium sulfide shampoo 2.25% (SELSEB Equiv)</i>	1	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
<i>acyclovir oint 5% (ZOVIRAX OINT Equiv)</i>	1	-
<i>DENAVIR CREAM 1% (penciclovir)</i>	3	-
<i>penciclovir cream 1% (DENAVIR Equiv)</i>	1	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
<i>SILVADENE CREAM 1% (silver sulfadiazine)</i>	3	-
<i>silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)</i>	1	-
<i>SULFAMYLYON CREAM 85MG/GM (masenide acetate)</i>	2	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
<i>alclometasone cream .05% (ACLOVATE Equiv)</i>	1	-
<i>alclometasone oint .05% (ACLOVATE OINT Equiv)</i>	1	-
<i>betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)</i>	1	-
<i>BETAMETHASONE AUGMENTED GEL .05% (betamethasone dipropionate augmented)</i>	2	-
<i>betamethasone augmented gel</i>	1	-
<i>betamethasone augmented lotion .05% (DIPROLENE LOTION Equiv)</i>	1	-
<i>betamethasone augmented oint .05% (DIPROLENE OINT Equiv)</i>	1	-

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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	1	-	
<i>betamethasone dipropionate lotion .05%</i>	1	-	
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	1	-	
<i>betamethasone valerate cream .1%</i>	1	-	
<i>betamethasone valerate lotion .1%</i>	1	-	
<i>betamethasone valerate oint .1%</i>	1	-	
<i>clobetasol foam .05%</i> (OLUX Equiv)	1	PA	
<i>clobetasol lotion .05%</i> (CLOBEX Equiv)	1	PA	
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	1	-	
<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	1	-	
<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	1	-	
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	1	-	
<i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv)	1	PA	
<i>clobetasol shampoo .05%</i> (CLOBEX Equiv)	1	PA	
<i>clobetasol spray .05%</i> (CLOBEX Equiv)	1	PA	
CLOBEX LOTION .05% ( <i>clobetasol propionate</i> )	3	PA	
CLOBEX SHAMPOO .05% ( <i>clobetasol propionate</i> )	3	PA	
CLOBEX SPRAY .05% ( <i>clobetasol propionate</i> )	3	PA	
DERMA-SMOOTH/FS OIL .01% ( <i>fluocinolone acetonide</i> )	2	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<i>desoximetasone cream .25% (TOPICORT CREAM Equiv)</i>	1	-	
<i>desoximetasone oint .25% (TOPICORT Equiv)</i>	1	-	
DIPROLENE AF CREAM .05% ( <i>betamethasone dipropionate augmented</i> )	3	-	
DIPROLENE OINT .05% ( <i>betamethasone dipropionate augmented</i> )	3	-	
ELOCON CREAM .1% ( <i>mometasone furoate</i> )	3	-	
ELOCON OINT ( <i>mometasone furoate</i> )	3	-	
EPIFOAM AEROSOL 1% ( <i>pramoxine-hc</i> )	2	-	
<i>fluocinolone acetonide cream .01%, .025%</i>	1	-	
<i>fluocinolone acetonide oil .01%</i> (DERMA-SMOOTH/FS Equiv)	1	-	
<i>fluocinolone acetonide oint .025%</i>	1	-	
<i>fluocinolone acetonide soln .01%</i>	1	-	
<i>fluocinonide cream 0.05% .05% (LIDEX Equiv)</i>	1	-	
<i>fluocinonide cream 0.1% .1% (VANOS CREAM Equiv)</i>	1	-	
<i>fluocinonide emollient cream .05%</i>	1	-	
<i>fluocinonide gel .05%</i>	1	-	
<i>fluocinonide oint .05%</i>	1	-	
<i>fluocinonide soln .05%</i>	1	-	
<i>fluticasone propionate cream .05% (CUTIVATE Equiv)</i>	1	-	
<i>fluticasone propionate oint .005% (CUTIVATE Equiv)</i>	1	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<i>halobetasol propionate cream .05% (ULTRAVATE Equiv)</i>	1	-
<i>halobetasol propionate oint .05% (ULTRAVATE Equiv)</i>	1	PA
<i>hydrocortisone cream .5%, 1%, 2.5% (PROCTOCORT Equiv)</i>	1	-
<i>hydrocortisone lotion 1%, 2.5% (HYTONE Equiv)</i>	1	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	1	-
<i>mometasone cream .1% (ELOCON Equiv)</i>	1	-
<i>mometasone oint .1% (ELOCON Equiv)</i>	1	-
<i>mometasone soln .1% (ELOCON Equiv)</i>	1	-
NUCORT LOTION 2% ( <i>hydrocortisone acetate (topical)</i> )	3	-
OLUX FOAM .05% ( <i>clobetasol propionate</i> )	3	PA
PROCTOCORT CREAM 1% ( <i>hydrocortisone (topical)</i> )	3	-
TEMOVATE CREAM .05% ( <i>clobetasol propionate</i> )	3	-
TEMOVATE OINT .05% ( <i>clobetasol propionate</i> )	3	-
TOPICORT CREAM .25% ( <i>desoximetasone</i> )	3	-
TOPICORT OINT .25% ( <i>desoximetasone</i> )	3	-
<i>triamcinolone cream .025%, .1%, .5%</i>	1	-
<i>triamcinolone lotion .025%, .1%</i>	1	-
<i>triamcinolone oint .025%, .1%, .5%</i>	1	-
ULTRAVATE CREAM ( <i>halobetasol propionate</i> )	3	-
ULTRAVATE OINT ( <i>halobetasol propionate</i> )	3	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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ADBRY INJ 150MG/ML ( <i>tralokinumab-ldrm</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG ( <i>abrocitinib</i> )	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 300MG/2ML ( <i>dupilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT INJ 100MG/0.67ML 100MG/0.67ML ( <i>dupilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML ( <i>dupilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
ammonium lactate cream 12% (LAC-HYDRIN Equiv)	EXC	OTC
ammonium lactate lotion 12%, 5% (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM 12% ( <i>lactic acid (ammonium lactate)</i> )	3	-
LAC-HYDRIN LOTION 12% ( <i>lactic acid (ammonium lactate)</i> )	3	-
LACTIC ACID LOTION 10%, 5% ( <i>lactic acid (ammonium lactate)</i> )	1	-
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		
SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	2	QL QL= 90gm/30 days
<b>HAIR GROWTH AGENTS - Drugs to grow hair</b>		

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Last Updated 1/1/2024

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<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
<b>HAIR REDUCTION AGENTS - Drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
ALDARA CREAM 5% ( <i>imiquimod</i> )	3	-
<i>imiquimod cream 5%</i> (ALDARA Equiv)	1	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
ELIDEL CREAM 1% ( <i>pimecrolimus</i> )	3	Covered for members 2 years or older
HYFTOR GEL .2% ( <i>sirolimus (topical)</i> )	4	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
<i>pimecrolimus cream 1%</i> (ELIDEL Equiv)	1	Covered for members 2 years or older
PROTOPIC OINT .03%, .1% ( <i>tacrolimus (topical)</i> )	3	-
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	1	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
CONDYLOX GEL .5% ( <i>podofilox</i> )	3	-
PODOCON SOLN 25% ( <i>podophyllum resin</i> )	2	-
PODOFILOX SOLN .5% (CONDYLOX Equiv) <i>(podofilox)</i>	1	-
<i>podofilox soln .5%</i> (CONDYLOX Equiv)	1	-
SALEX SHAMPOO 2%, 3% ( <i>salicylic acid</i> )	3	-
SALEX SHAMPOO 6% ( <i>salicylic acid</i> )	3	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel .5%, 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint 5%</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch 4%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine patch 5% 5%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% ( <i>lidocaine</i> )	3	QL QL= 3 patches/day
<b>MISC. TOPICAL - Miscellaneous topical products</b>		
DRYSOL SOLN 20% ( <i>aluminum chloride</i> )	1	-
<b>PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration</b>		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ( <i>fluocinolone-hydroquinone-tretinoin</i> )	EXC	-
<b>ROSACEA AGENTS - Drugs to treat skin conditions</b>		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	1	-
<i>brimonidine tartrate gel .33%</i> (MIRVASO Equiv)	EXC	-
FINACEA GEL 15% ( <i>azelaic acid</i> )	3	-
METROCREAM .75% ( <i>metronidazole (topical)</i> )	3	-
METROGEL 1% 1% ( <i>metronidazole (topical)</i> )	3	-

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Last Updated 1/1/2024

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METROLOTION .75% ( <i>metronidazole (topical)</i> )	3	-
<i>metronidazole cream</i> .75% (METROCREAM Equiv)	1	-
<i>metronidazole gel</i> 1% (METROGEL Equiv)	1	-
<i>metronidazole gel</i> 0.75% .75% (METROGEL Equiv)	1	-
<i>metronidazole lotion</i> .75% (METROLOTION Equiv)	1	-
MIRVASO GEL .33% ( <i>brimonidine tartrate (topical)</i> )	EXC	-
RHOFADE CREAM 1% ( <i>oxymetazoline hcl (topical)</i> )	EXC	-
<b>SCABICIDES &amp; PEDICULICIDES - Drugs to treat skin conditions</b>		
CROTAN LOTION 10% ( <i>crotamiton</i> )	3	-
ELIMITE CREAM 5% ( <i>permethrin</i> )	3	-
LINDANE SHAMPOO 1% ( <i>lindane</i> )	1	-
<i>malathion lotion</i> .5% (OVIDE Equiv)	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% ( <i>spinosad</i> )	3	QL QL= 1 bottle/fill
OVIDE LOTION .5% ( <i>malathion</i> )	3	QL QL= 2 bottles/fill
<i>permethrin cream</i> 5% (ELIMITE CREAM Equiv)	1	-
SPINOSAD SUSP .9% ( <i>spinosad</i> )	2	QL QL= 1 bottle/fill
<b>WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers</b>		
REGRANEX GEL .01% ( <i>becaplermin</i> )	2	QL QL= 30gm/fill

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VENELEX OINT 87MG/GM-788MG/GM ( <i>balsam peru-castor oil</i> )	2	-
<b>DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products</b>		
<b>DIAGNOSTIC TESTS - Miscellaneous diagnostic test products</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK GUIDE TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
COVID-19 TEST ( <i>covid-19 at home test</i> )	\$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 TEST CARTRIDGE ( <i>covid-19 at home test</i> )	EXC	OTC
CUE HEALTH MONITOR ( <i>covid-19 at home test</i> )	EXC	OTC
KETO-DIASTIX TEST STRIP ( <i>urine glucose-ketones test</i> )	1	OTC
KETOSTIX ( <i>acetone (urine) test</i> )	1	OTC

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ONETOUCH TEST STRIP ( <i>glucose blood</i> )	2	OTC
ONETOUCH VERIO TEST STRIP ( <i>glucose blood</i> )	2	OTC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition</b>		
<b>DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency</b>		
ASTAMED MYO CAP ( <i>astaxanthin-tocotrienol-zinc-cholecalciferol</i> )	EXC	-
DEPLIN CAP ( <i>l-methylfolate-algae</i> )	EXC	-
ELIGEN B12 TAB ( <i>cyanocobalamin-salcaprozate sodium</i> )	EXC	-
FALESSA TAB ( <i>levomefolate glucosamine</i> )	EXC	-
FOLTANX TAB ( <i>l-methylfolate w/ vitamin b6-vitamin b12</i> )	EXC	-
GLYGEST PAK ( <i>2-fucosyllactose &amp; lacto-n-neotetraose</i> )	EXC	-
L-METHYLFOLATE TAB ( <i>l-methylfolate</i> )	EXC	-
LUVIRA CAP ( <i>omega-3-acid ethyl esters (dietary management)</i> )	EXC	-
METANX CAP ( <i>l-methylfolate w/ algae-vitamin b12-vitamin b6</i> )	EXC	-
OLLIZAC POWDER ( <i>2-fucosyllactose &amp; lacto-n-neotetraose</i> )	EXC	-
PODIAPN CAP ( <i>l-methylfolate w/ vitamin b6-vitamin b12</i> )	EXC	-

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XAQUIL XR TAB ( <i>levomefolate glucosamine</i> )	EXC	-
XYZBAC TAB ( <i>dietary management product</i> )	EXC	-
<b>INFANT FOODS</b>		
INFANT FORMULA LIQUID ( <i>infant foods</i> )	2	OTC-PA
INFANT FORMULA POWDER ( <i>infant foods</i> )	2	OTC-PA
<b>NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency</b>		
NUTRITIONAL SUPPLEMENT LIQUID ( <i>nutritional supplements</i> )	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ( <i>nutritional supplements</i> )	2	OTC-PA
<b>DIGESTIVE AIDS - Drugs to treat low digestive enzymes</b>		
<b>DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes</b>		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	-
<b>DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure</b>		
acetazolamide ER cap 500MG (DIAMOX SEQUEL Equiv)	1	-
acetazolamide tab 125MG, 250MG	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)</i>	1	-
NEPTAZANE TAB ( <i>methazolamide</i> )	3	-
<b>DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
ALDACTAZIDE TAB 25MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	3	-
ALDACTAZIDE TAB 50-50MG 50MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	3	-
AMILORIDE/HCTZ TAB 5MG-50MG ( <i>amiloride &amp; hydrochlorothiazide</i> )	1	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG (MODURETIC Equiv)</i>	1	-
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	3	-
<i>spironolactone/hydrochlorothiazide tab 25MG (ALDACTAZIDE Equiv)</i>	1	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG (DYAZIDE Equiv)</i>	1	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG (MAXZIDE Equiv)</i>	1	-
<b>LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>bumetanide tab .5MG, 1MG, 2MG (BUMEX Equiv)</i>	1	-
DEMADEX TAB ( <i>torsemide</i> )	3	-
EDECIN TAB 25MG ( <i>ethacrynic acid</i> )	3	-

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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
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<i>ethacrynic tab 25MG (EDECRIN Equiv)</i>	1	-
FUROSCIX KIT 80MG/10ML ( <i>furosemide</i> )	4	LD-QL QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML (LASIX Equiv) ( <i>furosemide</i> )	1	-
<i>furosemide soln 10MG/ML (LASIX Equiv)</i>	1	-
<i>furosemide tab 20MG, 40MG, 80MG (LASIX Equiv)</i>	1	-
LASIX TAB 20MG, 40MG, 80MG ( <i>furosemide</i> )	3	-
<i>torsemide tab 100MG, 10MG, 20MG, 5MG (DEMADEX Equiv)</i>	1	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
ALDACTONE TAB 100MG, 25MG, 50MG ( <i>spironolactone</i> )	3	-
<i>amiloride tab 5MG (MIDAMOR Equiv)</i>	1	-
CARISPIR SUSP 25MG/5ML ( <i>spironolactone</i> )	3	PA
<i>spironolactone susp 25MG/5ML (CAROSPIR Equiv)</i>	1	PA
<i>spironolactone tab 100MG, 25MG, 50MG (ALDACTONE Equiv)</i>	1	-
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
CHLOROTHIAZIDE TAB (DIURIL Equiv) ( <i>chlorothiazide</i> )	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<i>chlorothiazide tab</i> (DIURIL Equiv)	1	-	
<i>chlorthalidone tab 25MG, 50MG</i>	1	-	
DIURIL SUSP 250MG/5ML ( <i>chlorothiazide</i> )	2	-	
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-	
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-	
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-	
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	1	-	
MICROZIDE CAP ( <i>hydrochlorothiazide</i> )	3	-	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones</b>			
<b>BONE DENSITY REGULATORS - Drugs to treat bone disease</b>			
ACTONEL TAB 150MG, 35MG ( <i>risedronate sodium</i> )	3	ST	Step Therapy requires trial of alendronate
<i>alendronate sodium oral soln 70MG/75ML</i> (FOSAMAX Equiv)	1	-	
<i>alendronate tab 10MG, 35MG, 70MG</i> (FOSAMAX Equiv)	1	-	
ALENDRONATE TAB 40MG 5MG ( <i>alendronate sodium</i> )	2	-	
ATELVIA TAB 35MG ( <i>risedronate sodium</i> )	3	ST	Step Therapy requires trial of alendronate

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BONIVA TAB 150MG 150MG ( <i>ibandronate sodium</i> )	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
FOSAMAX TAB 70MG ( <i>alendronate sodium</i> )	3	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ( <i>parathyroid hormone (recombinant)</i> )	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>risedronate DR tab 35MG</i> (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate
<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
TERIPARATIDE INJ 620MCG/2.48ML 620MCG/2.48ML ( <i>teriparatide (recombinant)</i> )	4	LMSP
TYMLOS INJ 3120MCG/1.56ML ( <i>abaloparatide</i> )	4	LMSP
<b>CORTICOTROPIN ***</b>		

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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ACTHAR GEL INJ 80UNIT/ML ( <i>corticotropin</i> )	4	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
ORILISSA TAB 150MG 150MG ( <i>elagolix sodium</i> )	2	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG ( <i>elagolix sodium</i> )	2	PA-QL QL= 2 tabs/day
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ( <i>pegvisomant</i> )	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution</b>		
EGRIFTA INJ 1MG, 2MG ( <i>tesamorelin acetate</i> )	EXC	-
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG ( <i>somatropin</i> )	4	LMSP-PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML ( <i>somatropin</i> )	4	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG ( <i>lonapegsomatropin-tcgd</i> )	4	LMSP-PA

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML ( <i>somapacitan-beco</i> )	4	LMSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
EVISTA TAB 60MG ( <i>raloxifene hcl</i> )	3	-
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	4	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG ( <i>leuprolide acetate (cpp)</i> )	M	M
SYNAREL NASAL SOLN 2MG/ML ( <i>nafarelin acetate</i> )	4	LMSP
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	1	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	1	-
<i>carglumic acid tab 200MG</i> (CARBAGLU Equiv)	4	LD-PA Only available through AnovoRx 844-288-5007

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CARNITOR SOLN 1GM/10ML ( <i>levocarnitine (metabolic modifiers)</i> )	3	-
CARNITOR TAB 330MG ( <i>levocarnitine (metabolic modifiers)</i> )	3	-
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	4	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	1	-
HECTOROL CAP ( <i>doxercalciferol</i> )	3	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	1	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	1	-
PALYNZIQ INJ 20MG/ML ( <i>pegvaliase-pqpz</i> )	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	1	-
PHEBURANE ORAL PELLETS 483MG/GM ( <i>sodium phenylbutyrate</i> )	4	LD Only available through Accredo 800-803-2523
ROCALTROL CAP .25MCG, .5MCG ( <i>calcitriol</i> )	3	-
ROCALTROL SOLN 1MCG/ML ( <i>calcitriol</i> )	3	-
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	1	LMSP-PA

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Last Updated 1/1/2024

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<b>sapropterin dihydrochloride soluble tab 100MG</b> (KUVAN Equiv)	1	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ( <i>asfotase alfa</i> )	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
ZEMPLAR CAP 1MCG, 2MCG ( <i>paricalcitol</i> )	3	-
<b>NATRIURETIC PEPTIDES ***</b>		
VOXZOGO INJ .4MG, .56MG, 1.2MG ( <i>vosoritide</i> )	4	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
DDAVP NASAL SOLN .01% ( <i>desmopressin acetate refrigerated</i> )	3	-
DDAVP NASAL SPRAY .01% ( <i>desmopressin acetate spray</i> )	3	-
DDAVP TAB .1MG, .2MG ( <i>desmopressin acetate</i> )	3	-
<i>desmopressin acetate nasal spray .01%, .1MG/ML</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	2	LMSP
<b>PROGESTERONE RECEPTOR ANTAGONISTS ***</b>		
<i>mifepristone tab 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG ( <i>mifepristone</i> )	EXC	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		
<i>cabergoline tab .5MG (DOSTINEX Equiv)</i>	1	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)</i>	4	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML ( <i>octreotide acetate</i> )	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ( <i>pasireotide diaspartate</i> )	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<b>VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
JYNARQUE PAK 15MG ( <i>tolvaptan</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ( <i>tolvaptan</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
ACTIVELLA TAB .5MG-1MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	-

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<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	1	-	
FEMHRT TAB .5MG-2.5MCG ( <i>norethindrone acetate-ethinyl estradiol</i> )	3	-	
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	1	-	
MYFEMBREE TAB .5MG-1MG-40MG ( <i>relugolix-estradiol-norethindrone acetate</i> )	2	PA-QL QL= 1 tab/day	
ORIAHNN CAP .5MG-1MG-300MG ( <i>elagolix sodium-estradiol-norethindrone acetate</i> )	2	PA-QL QL= 2 caps/day	
PREFEST TAB ( <i>estradiol-norgestimate</i> )	3	-	
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	-	
<b>ESTROGENS - Drugs used for contraception</b>			
ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ( <i>estradiol</i> )	3	-	
CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR ( <i>estradiol</i> )	3	-	
DELESTROGEN INJ 10MG/ML, 20MG/ML, 40MG/ML ( <i>estradiol valerate</i> )	3	QL QL= 5ml/fill	
ESTRACE TAB ( <i>estradiol tab</i> )	3	-	

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Last Updated 1/1/2024

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

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160

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
URSO FORTE TAB 250MG, 500MG ( <i>ursodiol</i> )	3	-
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	1	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	1	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML ( <i>cromolyn sodium (mastocytosis)</i> )	3	-
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation</b>		
<i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv)	1	PA-QL QL= 2 caps/day
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG ( <i>metoclopramide hcl</i> )	3	-
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions</b>		
BYLVAY CAP 1200MCG 1200MCG ( <i>odevixibat</i> )	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 CAP 400MCG 400MCG ( <i>odevixibat</i> )	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479	
BYLVAY SPRINKLE CAP 200MCG 200MCG ( <i>odevixibat</i> )	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479	
BYLVAY SPRINKLE CAP 600MCG 600MCG ( <i>odevixibat</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479	
LIVMARLI SOLN 9.5MG/ML ( <i>maralixibat chloride</i> )	4	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481	
<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>			
AZULFIDINE EN TAB 500MG ( <i>sulfasalazine</i> )	3	-	
AZULFIDINE TAB 500MG ( <i>sulfasalazine</i> )	3	-	
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	1	-	
CIMZIA INJ 200MG/ML ( <i>certolizumab pegol</i> )	4	LMSP-PA-QL QL= 2 inj/28 days	
CIMZIA STARTER INJ KIT 200MG/ML ( <i>certolizumab pegol</i> )	4	LMSP-PA-QL QL= 1 kit/plan year	
COLAZAL CAP 750MG ( <i>balsalazide disodium</i> )	3	-	
DIPENTUM CAP 250MG ( <i>olsalazine sodium</i> )	3	-	
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	1	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<b>mesalamine enema 4GM (ROWASA Equiv)</b>	1	-
<b>mesalamine ER cap .375GM (APRISO Equiv)</b>	1	-
<b>mesalamine supp 1000MG (CANASA Equiv)</b>	1	-
MESALAMINE TAB DR 800MG ( <b>mesalamine</b> )	1	-
SFROWASA ENEMA 4GM/60ML ( <b>mesalamine</b> )	3	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML ( <i>risankizumab-rzaa (crohn's)</i> )	4	LMSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML ( <i>risankizumab-rzaa (crohn's)</i> )	4	LMSP-PA-QL QL= 1 inj/56 days
<b>sulfasalazine EC tab 500MG (AZULFIDINE Equiv)</b>	1	-
<b>sulfasalazine tab 500MG (AZULFIDINE Equiv)</b>	1	-
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>lactulose soln 10GM/15ML</b>	1	-
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system</b>		
<b>alosetron tab .5MG, 1MG (LOTRONEX Equiv)</b>	1	-
LINZESS CAP 145MCG, 290MCG, 72MCG ( <i>linaclotide</i> )	3	PA-QL QL= 1 cap/day
LOTRONEX TAB .5MG, 1MG ( <b>alosetron hcl</b> )	3	-
<b>LIVE FECAL MICROBIOTA ***</b>		
<b>VOWST CAP (fecal microbiota spores, live-brpk)</b>	4	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>MOVANTIK TAB 12.5MG, 25MG (<i>naloxegol oxalate</i>)</b>	2	PA

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYMPROIC TAB ( <i>naldemedine tosylate</i> )	2	PA
SYMPROIC TAB .2MG ( <i>naldemedine tosylate</i> )	2	PA
<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		
AURYXIA TAB 210MG ( <i>ferric citrate</i> )	3	-
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	1	-
FOSRENOL CHEW TAB 1000MG, 500MG, 750MG ( <i>lanthanum carbonate</i> )	3	-
FOSRENOL POWDER PACK 1000MG, 750MG ( <i>lanthanum carbonate</i> )	2	-
<i>lanthanum carbonate chew tab 1000MG, 500MG,</i> <b>750MG</b> (FOSRENOL Equiv)	1	-
PHOSLO CAP 667MG ( <i>calcium acetate (phosphate binder)</i> )	3	-
PHOSLYRA SOLN 667MG/5ML ( <i>calcium acetate (phosphate binder)</i> )	2	-
RENELA TAB 800MG ( <i>sevelamer carbonate</i> )	3	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENELA Equiv)	1	-
<i>sevelamer tab 800MG</i> (RENELA TAB Equiv)	1	-
VELPHORO CHEW TAB 500MG ( <i>sucroferric oxyhydroxide</i> )	3	-
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYTRA K CRYSTALS 1002MG-3300MG ( <i>potassium citrate-citric acid</i> )	1	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ( <i>pot &amp; sod citrates w/citric ac</i> )	1	-
ORACIT SOLN 490MG/5ML-640MG/5ML ( <i>sodium citrate &amp; citric acid</i> )	1	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROCIT-K TAB Equiv)	1	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv)	1	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	1	-
<i>sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	1	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv)	1	-
UROCIT-K TAB 1080MG, 15MEQ, 540MG ( <i>potassium citrate (alkalinizer)</i> )	3	-
<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	4	LD-PA Only available through CVS Specialty 800-238-7828
<b>IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease</b>		
FILSPARI TAB 200MG, 400MG ( <i>sparsentan</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
<b>INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	2	-
<b>PROSTATIC HYPERPLASIA AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
<i>AVODART CAP .5MG</i> ( <i>dutasteride</i> )	3	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
<i>FLOMAX CAP .4MG</i> ( <i>tamsulosin hcl</i> )	3	-
<i>PROSCAR TAB (finasteride tab)</i>	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
<i>UROXATRAL TAB 10MG (alfuzosin hcl)</i>	3	-
<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	1	-
<b>URINARY STONE AGENTS - Drugs to prevent kidney stones</b>		
LITHOSTAT TAB 250MG ( <i>acetohydroxamic acid</i> )	3	-

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Last Updated 1/1/2024

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<i>tiopronin tab 100MG (THIOLA Equiv)</i>	4	LMSP-PA
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
<i>colchicine/probenecid tab .5MG-500MG (COL-BENEMID Equiv)</i>	1	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<i>allopurinol tab 100MG, 300MG (ZYLOPRIM Equiv)</i>	1	-
<i>colchicine tab .6MG (COLCRYS Equiv)</i>	2	-
<i>febuxostat tab 40MG, 80MG (ULORIC Equiv)</i>	1	ST  Step Therapy requires trial of allopurinol
<i>GLOPERBA SOLN .6MG/5ML (colchicine)</i>	3	PA  Prior Authorization required for members age 9 or older
<i>ULORIC TAB 40MG, 80MG (febuxostat)</i>	3	ST  Step Therapy requires trial of allopurinol
<i>ZYLOPRIM TAB 100MG, 300MG (allopurinol)</i>	3	-
<b>URICOSURICS - Drugs to treat gout</b>		
<i>probenecid tab 500MG (BENEMID Equiv)</i>	1	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
<i>HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML (emicizumab-kxwh)</i>	4	LMSP-PA

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary**

**Last Updated 1/1/2024**

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions</b>		
<i>icatibant inj 30MG/3ML (FIRAZYR Equiv)</i>	M	M
<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
CINRYZE INJ 500UNIT ( <i>c1 esterase inhibitor (human)</i> )	M	M
EMPAVELI INJ 1080MG/20ML ( <i>pegcetacoplan</i> )	4	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG ( <i>avacopan</i> )	4	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
<b>HEMATOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders</b>		
TAVALISSE TAB 100MG, 150MG ( <i>fostamatinib disodium</i> )	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG (TRENTAL Equiv)</i>	1	-
<b>PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions</b>		
TAKHZYRO INJ 300MG/2ML ( <i>lanadelumab-flyo</i> )	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML 150MG/ML ( <i>lanadelumab-flyo</i> )	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523

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Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
AGRYLIN CAP .5MG ( <i>anagrelide hcl</i> )	3	-
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	1	-
BRILINTA TAB 60MG, 90MG ( <i>ticagrelor</i> )	2	-
CABLIVI INJ KIT 11MG ( <i>caplacizumab-yhdp</i> )	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	1	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	1	-
<i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG ( <i>prasugrel hcl</i> )	3	-
PLAVIX TAB 75MG 75MG ( <i>clopidogrel bisulfate</i> )	3	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	1	-
ZONTIVITY TAB 2.08MG ( <i>vorapaxar sulfate</i> )	3	RS Restricted to Cardiology Specialist
<b>HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency</b>		
PYRUKYND TAB 20MG, 50MG, 5MG ( <i>mitapivat sulfate</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK 5MG ( <i>mitapivat sulfate</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>HEMATOPOIETIC AGENTS - Drugs to treat blood disorders</b>		
<b>AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders</b>		
CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	4	MSP-PA
CEREZYME INJ 400UNIT ( <i>imiglucerase</i> )	M	M
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	4	LD-PA Only available through Accredo 800-803-2523
<b>AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders</b>		
DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea</i> <i>(sickle cell disease)</i> )	2	-
<b>AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders</b>		
ENDARI POWDER PACK 5GM ( <i>glutamine (sickle cell)</i> )	4	LMSP-PA-QL QL= 6 packets/day
OXBRYTA TAB FOR ORAL SUSP 300MG ( <i>voxelotor</i> )	4	LD-PA-QL QL= 5 tabs/day; Only available through Accredo 800-803-2523
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i> <i>500MCG/0.1ML</i> (NASCOBAL Equiv)	1	-
NASCOBAL SPRAY 500MCG/0.1ML ( <i>cyanocobalamin</i> )	3	-
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		

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171

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<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
DOPTELET TAB 20MG ( <i>avatrombopag maleate</i> )	4	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	4	LMSP
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML ( <i>filgrastim-aafi</i> )	4	LMSP
NYVEPRIA INJ 6MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	4	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ( <i>eltrombopag olamine</i> )	4	LMSP-PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ( <i>epoetin alfa-epbx</i> )	4	LMSP
RETACRIT INJ 40000UNIT/ML ( <i>epoetin alfa-epbx</i> )	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-sndz</i> )	4	LMSP
<b>HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders</b>		

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<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-15 0MG ( <i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i> )	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG ( <i>fe asp gly-fe polysaccharide-succ acd-c-threonic acid-b12-fa</i> )	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ( <i>fe asparto gly-succinic acd-vit c-threonic acd-vit b12-fa</i> )	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ( <i>fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa</i> )	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ( <i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i> )	1	-
MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG ( <i>iron-vitamin c-vitamin b12-folic acid</i> )	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<b><i>multivitamin tab 1MG-25MCG-100MG-250MG</i></b>	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75 MG-200MG-300MCG ( <i>ferrous fumarate w/fa-dss-b complex-vit c</i> )	2	-
<b><i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i></b> (TRINSICON Equiv)	1	-
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		
<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		
AMICAR SOLN .25GM/ML ( <i>aminocaproic acid</i> )	3	-
AMICAR TAB 1000MG, 500MG ( <i>aminocaproic acid</i> )	3	-
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	1	-
LYSTEDA TAB 650MG ( <i>tranexamic acid</i> )	3	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
<b>HYPNOTICS - Drugs to treat insomnia</b>		
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
BUTISOL TAB 30MG ( <i>butabarbital sodium</i> )	3	-
<i>phenobarbital elixir 20MG/5ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
AMBIEN CR TAB 12.5MG, 6.25MG ( <i>zolpidem tartrate</i> )	3	QL QL= 1 tab/day
AMBIEN TAB ( <i>zolpidem tartrate tab</i> )	3	QL QL= 1 tab/day
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	1	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	1	QL QL= 1 tab/day
HALCION TAB .25MG ( <i>triazolam</i> )	3	-
LUNESTA TAB 1MG, 2MG, 3MG ( <i>eszopiclone</i> )	3	QL QL= 1 tab/day
<i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML</i> (MIDAZOLAM Equiv)	1	RS Restricted to Neurology Specialist
RESTORIL CAP 15MG 15MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 22.5MG 22.5MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 30MG 30MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 7.5MG 7.5MG ( <i>temazepam</i> )	3	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>temazepam cap 22.5mg 22.5MG (RESTORIL Equiv)</i>	1	-
<i>temazepam cap 30mg 30MG (RESTORIL Equiv)</i>	1	-
<i>temazepam cap 7.5mg 7.5MG (RESTORIL Equiv)</i>	1	-
<i>triazolam tab .125MG, .25MG (HALCION Equiv)</i>	1	-
<i>zaleplon cap 10MG, 5MG (SONATA Equiv)</i>	1	QL QL= 1 cap/day
<i>zolpidem ER tab 12.5MG, 6.25MG (AMBIEN CR Equiv)</i>	1	QL QL= 1 tab/day
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia</b>		
<i>ramelteon tab 8MG (ROZEREM Equiv)</i>	1	QL QL= 1 tab/day
<i>ROZEREM TAB 8MG (ramelteon)</i>	3	QL QL= 1 tab/day
<b>LAXATIVES - Drugs to treat constipation</b>		
<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	\$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 ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	\$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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Last Updated 1/1/2024

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NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM <i>(peg 3350-potassium chloride-sod bicarbonate-sod chloride)</i>	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<i>peg 3350 soln (100 gram Moviprep equiv) 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM</i> (MOVIPREP Equiv)	\$0	QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
<i>peg 3350/electrolytes soln 2.97GM-5.86GM-6.74GM-22.74GM-236GM</i> (NULYTELY Equiv)	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<i>sodium/magnesium/potassium soln 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML</i> (SUPREP Equiv)	\$0	QL QL= 2 fills/calender year; \$0 for members 45-75 years, all other members covered at generic copay
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>lactulose soln</i>	1	-
MIRALAX 17GM/SCOOP ( <i>polyethylene glycol 3350</i> )	EXC	OTC
<i>polyethylene glycol 3350 powder 17GM/SCOOP</i> (MIRALAX Equiv)	EXC	OTC
<b>MACROLIDES - Drugs to treat bacterial infections</b>		

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Last Updated 1/1/2024

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<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	1	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	1	-
ZITHROMAX POWDER PACK 1GM ( <i>azithromycin</i> )	3	-
ZITHROMAX SUSP 100MG/5ML, 200MG/5ML ( <i>azithromycin</i> )	3	-
ZITHROMAX TAB 250MG, 500MG, 600MG ( <i>azithromycin</i> )	3	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		
BIAXIN TAB ( <i>clarithromycin</i> )	3	-
<i>clarithromycin ER tab 500MG</i> (BIAXIN XL Equiv)	1	-
CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML ( <i>clarithromycin</i> )	2	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	1	-
<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		
ERYTHROMYCIN EC CAP 250MG ( <i>erythromycin base</i> )	2	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	1	-
<i>erythromycin tab 250MG, 500MG</i> (ERYTHROMYCIN Equiv)	1	all forms except PCE
PCE TAB ( <i>erythromycin base (coated)</i> )	3	-

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<b>FIDAXOMICIN - Drugs to treat infections</b>		
DIFICID SUSP 40MG/ML ( <i>fidaxomicin</i> )	2	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	2	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	-
DIAPHRAGM ( <i>diaphragms</i> )	\$0	-
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS ( <i>condoms latex lubricated - male</i> )	\$0	OTC-QL QL= 12 condoms/fill
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
ACCU-CHEK AVIVA PLUS METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK GUIDE CARE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC

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ACCU-CHEK GUIDE ME KIT ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK NANO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	1	OTC
DEXCOM G6 RECEIVER ( <i>continuous blood glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER ( <i>continuous blood glucose system transmitter</i> )	2	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER ( <i>continuous blood glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
DEXCOM G7 SENSOR ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER ( <i>continuous blood glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3 READER ( <i>continuous blood glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days

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FREESTYLE LIBRE RECEIVER ( <i>continuous blood glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year	
FREESTYLE LIBRE SENSOR (14-DAY) ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days	
LANCET DEVICE ( <i>lancet devices</i> )	1	OTC	
LANCET KIT ( <i>lancets misc.</i> )	1	OTC	
LANCETS ( <i>lancets</i> )	1	OTC	
OMNIPOD 5 INTRO KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/year	
OMNIPOD 5 PACK PODS ( <i>insulin infusion disposable pump</i> )	2	QL QL= 10 pods/month	
OMNIPOD DASH INTRO KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/year	
OMNIPOD DASH PODS ( <i>insulin infusion disposable pump</i> )	2	QL QL= 10 pods/month	
OMNIPOD GO KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 10 pods/month	
OMNIPOD STARTER KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/year	
ONETOUCH METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC	
ONETOUCH VERO FLEX METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC	

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181

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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
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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 VERIO IQ METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ONETOUCH VERIO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ONETOUCH VERIO REFLECT METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
V-GO INJ KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/day
<b>MISC. DEVICES - Drugs for miscellaneous use</b>		
ALCOHOL SWABS 70% ( <i>alcohol swabs</i> )	1	OTC
<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
B-D AUTOSHIELD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
B-D INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	1	-
CARETOUCH MIS ( <i>needle (disp) 27 g</i> )	1	OTC
TECHLITE INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	OTC
TECHLITE PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	OTC
TRUEPLUS PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
AEROCHAMBER ( <i>spacer/aerosol-holding chambers</i> )	2	OTC

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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AEROCHAMBER SUPPLIES ( <i>spacer/aerosol-holding chamber supplies - bags</i> )	2	-
PEAK FLOW METER ( <i>peak flow meter</i> )	1	OTC
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache</b>		
UBRELVY TAB 100MG, 50MG ( <i>ubrogepant</i> )	2	PA-QL QL= 10 tabs/30 days, 6 fills/year
ZAVZPRET NASAL SPRAY 10MG/ACT ( <i>zavegepant hcl</i> )	2	PA-QL QL= 6 units/fill; 60 units/365 days
<b>MIGRAINE COMBINATIONS - Drugs to treat migraine headaches</b>		
<i>ergotamine tartrate/caffeine tab 1MG-100MG</i> (CAFERGOT Equiv)	1	-
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	1	QL QL= 10 inj/14 days
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches</b>		
AIMOVIG INJ ( <i>erenumab-aooe</i> )	2	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML ( <i>fremanezumab-vfrm</i> )	2	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA-QL QL= 1 inj/28 days

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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EMGALITY INJ 100MG/ML 100MG/ML <i>(galcanezumab-gnlm)</i>	2	PA-QL QL= 3 inj/fill, 6 fills/year
<b>SEROTONIN AGONISTS - Drugs to treat migraine headaches</b>		
IMITREX INJ 4MG/0.5ML ( <i>sumatriptan succinate</i> )	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML, 6MG/0.5ML ( <i>sumatriptan succinate</i> )	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB 100MG, 25MG, 50MG ( <i>sumatriptan succinate</i> )	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG ( <i>rizatriptan benzoate</i> )	3	QL QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB 10MG ( <i>rizatriptan benzoate</i> )	3	QL QL= 12 tabs/fill, 3 fills/60 days
REYVOW TAB 100MG, 50MG ( <i>lasmiditan succinate</i> )	2	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (IMITREX Equiv) ( <i>sumatriptan succinate</i> )	1	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> (IMITREX Equiv)	1	QL QL= 4 inj/fill, 2 fills/30 days

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary**

**Last Updated 1/1/2024**

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 6MG/0.5ML 6MG/0.5ML <i>(sumatriptan succinate)</i>	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
<b>MINERALS &amp; ELECTROLYTES - Drugs to treat electrolyte disorders</b>		
<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
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 ( <i>sodium fluoride</i> )	\$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	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<b>PHOSPHATE - Drugs to treat electrolyte deficiency</b>		
K-PHOS NEUTRAL TAB 130MG-155MG-852MG <i>(pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic)</i>	3	-
K-PHOS TAB 500MG ( <i>potassium phosphate monobasic</i> )	2	-

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**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary**

**Last Updated 1/1/2024**

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<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	1	-
<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	1	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
K-TAB 8MEQ ( <i>potassium chloride</i> )	3	-
K-TAB 10MEQ, 20MEQ ( <i>potassium chloride</i> )	3	-
<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride micro tab 10MEQ, 15MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-
<i>potassium chloride soln 10%, 20%</i>	1	-
POTASSIUM CHLORIDE TAB ER 8MEQ ( <i>potassium chloride</i> )	3	-
<b>SODIUM - Drugs to treat electrolyte disorders</b>		
SOD CHLORIDE INJ .9%, 4MEQ/ML ( <i>sodium chloride</i> )	M	M
<b>ZINC - Drugs to treat mineral deficiency</b>		

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GALZIN CAP 25MG, 50MG ( <i>zinc acetate (oral)</i> )	2	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
DEPEN TITRATAB 250MG ( <i>penicillamine</i> )	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	4	LMSP-PA
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
JOENJA TAB 70MG ( <i>leniolisib phosphate</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
<i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG</i> (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 ( <i>lenalidomide</i> )	3	LD-PA-QL QL= 1 cap/day; Only available through Walgreens 888-347-3416
REZUROCK TAB 200MG ( <i>belumosudil mesylate</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
ENSPRYNG INJ 120MG/ML ( <i>satralizumab-mwge</i> )	4	LMSP-PA-QL

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>everolimus tab .25MG, .5MG, .75MG, 1MG</i> (ZORTRESS Equiv)	4	LMSP-PA
LUPKYNIS CAP 7.9MG ( <i>voclosporin</i> )	4	LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
<i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv)	1	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS)</b>		
VIJOICE TAB 125MG, 50MG ( <i>alpelisib (pros agents)</i> )	4	MSP-PA-QL QL= 1 tab/day
VIJOICE TAB 250MG ( <i>alpelisib (pros agents)</i> )	4	MSP-PA-QL QL= 2 tabs/day
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		
LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	4	LMSP-PA
SPS SUSP 15GM/60ML ( <i>sodium polystyrene sulfonate</i> )	1	-
<b>PROGERIA TREATMENT AGENTS ***</b>		
ZOKINVY CAP 50MG, 75MG ( <i>lonafarnib</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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BENLYSTA AUTO-INJECTOR 200MG/ML <i>(belimumab)</i>	4	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML <i>(belimumab)</i>	4	LMSP-PA-QL QL= 4 inj/28 day
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		
<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		
FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM /119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15G M/237ML <i>(diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth)</i>	3	-
<i>lidocaine viscous soln 2%</i> (LIDOCAINE HCL (MOUTH-THROAT) Equiv)	1	-
<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-
<i>nystatin susp 100000UNIT/ML</i>	1	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln .12%</i> (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% <i>(chlorhexidine gluconate (mouth-throat))</i>	3	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		

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FLUORIDEX SENSITIVITY PASTE 1.1%-5% ( <i>sodium fluoride-potassium nitrate</i> )	1	-
PREVIDENT SOLN .2% ( <i>sodium fluoride (dental)</i> )	2	-
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	1	-
<b>STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling</b>		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	1	-
<b>THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat</b>		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	1	-
EVOXAC CAP 30MG ( <i>cevimeline hcl</i> )	3	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	1	-
SALAGEN TAB 5MG, 7.5MG ( <i>pilocarpine hcl (oral)</i> )	3	-
<b>MULTIVITAMINS - Drugs to treat vitamin deficiency</b>		
<b>B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency</b>		
DIALYVITE TAB ( <i>b-complex w/ c-biotin-e-minerals &amp; folic acid</i> )	1	-

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DIALYVITE/ZINC TAB ( <i>b-complex w/ c-zn &amp; folic acid</i> )	1	-
FOLBEE PLUS CZ TAB ( <i>b-complex w/ c-biotin-minerals &amp; folic acid</i> )	1	-
NEPHROCAP ( <i>b-complex w/ c &amp; folic acid</i> ) <i>renaphro cap</i> (NEPHROCAP Equiv)	3 1	-
<b>MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency</b>		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	1	-
V-C FORTE CAP ( <i>multiple vitamins w/ minerals</i> )	3	-
<i>v-c forte cap</i> (V-C FORTE Equiv)	1	-
<b>PED MULTI VITAMINS W/FL &amp; FE - Drugs to treat vitamin deficiency</b>		
ESCAVITE CHEW TAB ( <i>ped multivitamins w/fl &amp; iron</i> )	3	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	1	-
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
FLORIVA PLUS DROPS ( <i>pediatric multivitamins w/fl</i> )	2	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	1	-
MULTIVITAMIN/FLOURIDE CHEW 1MG ( <i>pediatric multivitamins w/fl</i> )	1	-
MULTIVITAMIN/FLUORIDE CHEW TAB ( <i>pediatric multivitamins w/fl</i> )	1	-
<i>pediatric multiple vitamins/fluoride chew tab</i>	1	-

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Last Updated 1/1/2024

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<i>pediatric multiple vitamins/fluoride soln</i>	1	-
QUFLORA PEDIATRIC CHEW TAB ( <i>pediatric multivitamins w/fl</i> )	3	-
<b>PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency</b>		
CONCEPT DHA CAP ( <i>prenatal vit w/fe fum-iron polysacch complex -fa-omega 3</i> )	3	-
MYNATAL-Z TAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	3	-
NEONATAL 19 TAB ( <i>prenatal vitamin-folic acid</i> )	3	-
NEONATAL FE TAB ( <i>prenatal multivitamins w/ iron-folic acid</i> )	3	-
PRENATABS RX TAB ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	3	-
PRENATAL 19 CHEW TAB ( <i>prenatal vit w/ferrous fumarate-folic acid</i> )	3	-
PRENATAL 19 TAB ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	3	-
PRENATAL VITAMINS (NON-PREFERRED) ( <i>prenatal vit w/fe carbonyl-fe bisglyc-methylfol-dss &amp; dha</i> )	3	-
VITAFOL STRIPS ( <i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i> )	3	-
VP-PNV-DHA CAP ( <i>prenatal vit w/ferrous fumarate-fa-omega 3 fatty acids</i> )	3	-

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192

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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
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
BACLOFEN SUSP 25MG/5ML (BACLOFEN Equiv) <i>(baclofen)</i>	1	PA Prior Authorization Required for members age 9 or older
<i>baclofen susp 25MG/5ML</i> (BACLOFEN Equiv)	1	PA Prior Authorization Required for members age 9 or older
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	1	-
<i>carisoprodol tab 350MG</i> (SOMA Equiv)	1	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	1	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	1	-
FLEQSUHVY SUSP 1MG/ML, 5MG/ML ( <i>baclofen</i> )	3	PA Prior Authorization required for members age 9 or older
LYVISPAN GRANULE PACKET 10MG, 20MG, 5MG <i>(baclofen)</i>	3	PA Members age 9 or older require Prior Authorization
<i>metaxalone tab 400MG, 800MG</i> (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG ( <i>metaxalone</i> )	3	-
<i>methocarbamol tab</i> (ROBAXIN Equiv)	1	-
ROBAXIN TAB 750MG ( <i>methocarbamol</i> )	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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SKELAXIN TAB 800MG ( <i>metaxalone</i> )	3	-
SOMA TAB 350MG ( <i>carisoprodol</i> )	3	QL QL=120 tabs/30 days
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG ( <i>tizanidine hcl</i> )	3	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
DANTRIUM CAP 25MG, 50MG ( <i>dantrolene sodium</i> )	3	-
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL AGENTS - MISC. - Miscellaneous nasal agents</b>		
ALCOHOL SWABS 62% ( <i>alcohol (nasal)</i> )	1	OTC
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	1	-
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	1	-
<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		
BECONASE AQ NASAL SPRAY 42MCG/SPRAY ( <i>beclomethasone diprop monohyd</i> )	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>fluticasone nasal spray 50MCG/ACT (FLONASE Equiv)</i>	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT ( <i>triamcinolone acetonide (nasal)</i> )	3	OTC-QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT (NASACORT Equiv)</i>	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT ( <i>ciclesonide (nasal)</i> )	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		
<b>ALS AGENTS - Drugs to treat ALS</b>		
RADICAVA ORS STARTER KIT 105MG/5ML ( <i>edaravone</i> )	4	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML ( <i>edaravone</i> )	4	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
RELYVRIQ PAK 1GM-3GM ( <i>sodium phenylbutyrate-taurursodiol</i> )	4	LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG (RILUTEK Equiv)</i>	1	-
<b>FRIEDRICH'S ATAXIA AGENTS ***</b>		

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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SKYCLARYS CAP 50MG ( <i>omaveloxolone</i> )	4	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
<b>RETTE SYNDROME AGENTS ***</b>		
DAYBUE SOLN 200MG/ML ( <i>trofinetide</i> )	4	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy</b>		
EVRYSDI SOLN .75MG/ML ( <i>risdiplam</i> )	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
<b>NUTRIENTS - Drugs to treat nutrient disorders</b>		
<b>LIPIDS - Drugs to treat nutrient disorders</b>		
LIQUIGEN ( <i>medium chain triglycerides</i> )	2	OTC-PA
MCT OIL ( <i>medium chain triglycerides</i> )	2	OTC-PA
<b>MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances</b>		
CREATINE PACKET 5000MG ( <i>creatine</i> )	2	OTC-PA
<b>PROTEINS - Drugs to treat nutrient disorders</b>		
CITRULLINE PACKET ( <i>citrulline</i> )	2	OTC-PA
<i>phlexy-10 tab</i>	1	OTC-PA
<i>pro-stat liquid</i>	1	OTC-PA
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		
<b>BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma</b>		
BETAGAN OPHTH SOLN ( <i>levobunolol hcl</i> )	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>brimonidine/timolol ophth soln .2%-.5%</i> (COMBIGAN Equiv)	1	-
COSOPT OPHTH SOLN 6.8MG/ML-22.3MG/ML ( <i>dorzolamide hcl-timolol maleate</i> )	3	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	1	-
LEVOBUNOLOL OPHTH SOLN .5% ( <i>levobunolol hcl</i> )	1	-
<i>levobunolol ophth soln .5%</i>	1	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	1	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	1	-
TIMOPTIC OPHTH SOLN .25%, .5% ( <i>timolol maleate (ophth)</i> )	3	-
TIMOPTIC-XE OPHTH GEL .25%, .5% ( <i>timolol maleate (ophth)</i> )	3	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		
<i>atropine ophth oint 1%</i>	1	-
<i>atropine ophth soln 1%</i> (ISOPTO ATROPINE Equiv)	1	-
ATROPINE SUL SOLN 1% OPHTH 1% ( <i>atropine sulfate (ophthalmic)</i> )	1	-
ATROPINE SULFATE OPHTH OINT 1% ( <i>atropine sulfate (ophthalmic)</i> )	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYCLOGYL OPHTH SOLN .5%, 2% ( <i>cyclopentolate hcl</i> )	3	-
CYCLOGYL OPHTH SOLN 1% ( <i>cyclopentolate hcl</i> )	3	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ( <i>cyclopentolate w/ phenylephrine</i> )	2	-
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	1	-
HOMATROPINE OPHTH SOLN 5% ( <i>homatropine hbr</i> )	2	-
MYDRIACYL OPHTH SOLN ( <i>tropicamide ophth soln</i> )	3	-
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	1	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
ISOPTO CARBACHOL OPHTH SOLN ( <i>carbachol (ophth)</i> )	2	-
ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% ( <i>pilocarpine hcl</i> )	3	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	1	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
ALPHAGAN P OPHTH SOLN 0.15% .1%, .15% ( <i>brimonidine tartrate</i> )	3	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
APRACLONIDINE OPHTH SOLN .5% ( <i>apraclonidine hcl</i> )	2	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	1	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	1	-
<i>brimonidine ophth soln 0.2% .2%</i>	1	-
<i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv)	1	-
IOPIDINE OPHTH SOLN 1% ( <i>apraclonidine hcl</i> )	2	-
IOPIDINE OPHTH SOLN ( <i>apraclonidine hcl</i> )	3	-
SIMBRINZA OPHTH SUSP .2%-1% ( <i>brinzolamide-brimonidine tartrate</i> )	2	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% ( <i>azithromycin (ophth)</i> )	2	-
BACITRACIN OPHTH OINT 500UNIT/GM ( <i>bacitracin (ophthalmic)</i> )	2	-
<i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	1	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% ( <i>sulfacetamide sodium (ophth)</i> )	3	-

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Last Updated 1/1/2024

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CILOXAN OPHTH OINT .3% ( <i>ciprofloxacin hcl (ophth)</i> )	3	-	
CILOXAN OPHTH SOLN .3% ( <i>ciprofloxacin hcl (ophth)</i> )	3	-	
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	1	-	
<i>erythromycin ophth oint 5MG/GM</i>	1	-	
<i>gatifloxacin ophth soln .5%</i> (ZYMAXID Equiv)	1	ST  Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA	
GENTAK OPHTH OINT .3% ( <i>gentamicin sulfate (ophth)</i> )	1	-	
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	1	-	
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	1	-	
LEVOFLOXACIN OPHTH SOLN 0.5% .5%  ( <i>levofloxacin (ophth)</i> )	1	-	
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	1	-	
NATACYN OPHTH SUSP 5% ( <i>natamycin</i> )	2	QL  QL= 15ml/fill	
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML  ( <i>neomycin-polymyxin-gramicidin</i> )	1	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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NEOSPORIN OPHTH SOLN <i>(neomycin-polymyxin-gramicidin)</i>	3	-
OCUFLOX OPHTH SOLN .3% ( <i>ofloxacin (ophth)</i> )	3	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	1	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv)	1	-
POLYTRIM OPHTH SOLN .1%-10000UNIT/ML <i>(polymyxin b-trimethoprim)</i>	3	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	1	-
<i>tobramycin ophth soln .3%</i> (TOBREX Equiv)	1	-
TOBREX OPHTH OINT ( <i>tobramycin sulfate (ophth)</i> )	3	-
TOBREX OPHTH SOLN ( <i>tobramycin sulfate (ophth)</i> )	3	-
TRIFLURIDINE OPHTH SOLN 1% ( <i>trifluridine</i> )	1	-
VIGAMOX OPHTH SOLN .5% ( <i>moxifloxacin hcl (ophth)</i> )	3	-
ZIRGAN OPHTH GEL .15% ( <i>ganciclovir ophthalmic</i> )	2	-
ZYMAXID OPHTH SOLN .5% ( <i>gatifloxacin (ophth)</i> )	3	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
<b>OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes</b>		

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Last Updated 1/1/2024

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<i>cyclosporine ophth emulsion .05% (RESTASIS Equiv)</i>	1	RS Restricted to Ophthalmology or Optometry Specialist
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		
ALCAINE OPHTH SOLN .5% ( <i>proparacaine hcl</i> )	3	-
<i>proparacaine ophth soln .5% (ALCAINE Equiv)</i>	1	-
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)</i>	1	-
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% ( <i>sulfacetamide sod-prednisolone</i> )	3	-
DEXAMETHASONE OPHTH SOLN .1% ( <i>dexamethasone sodium phosphate (ophth)</i> )	2	-
<i>diluprednate ophth emulsion .05% (DUREZOL Equiv)</i>	1	-
DUREZOL OPHTH EMULSION .05% ( <i>diluprednate</i> )	3	-
FLAREX OPHTH SUSP .1% ( <i>fluorometholone acetate</i> )	3	-
<i>fluorometholone ophth soln (FML LIQUIFILM Equiv)</i>	1	-
FML FORTE OPHTH SUSP .25% ( <i>fluorometholone (ophth)</i> )	3	-
FML LIQUIFLIM OPHTH SUSP .1% ( <i>fluorometholone (ophth)</i> )	3	-

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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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use	
FML S.O.P. OPHTH OINT .1% ( <i>fluorometholone (ophth)</i> )	3	-	
LOTEMAX OPHTH OINT .5% ( <i>loteprednol etabonate</i> )	2	-	
LOTEMAX OPHTH SUSP .5% ( <i>loteprednol etabonate</i> )	3	-	
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	1	-	
<i>loteprednol ophth susp .5%</i> (LOTEMAX Equiv)	1	-	
MAXIDEX OPHTH SOLN .1%, 9% ( <i>dexamethasone (ophth)</i> )	2	-	
MAXITROL OPHTH OINT .1%-3.5MG/GM-10000UNIT/GM ( <i>neomycin-polymy-dexameth</i> )	3	-	
MAXITROL OPHTH SUSP .1%-3.5MG/ML-10000UNIT/ML ( <i>neomycin-polymy-dexameth</i> )	3	-	
<i>neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	1	-	
<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	1	-	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-hc (ophth)</i> )	1	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use	
PRED FORTE OPHTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	3	-	
PRED FORTE OPHTH SUSP ( <i>prednisolone acetate (ophth)</i> )	3	-	
PRED MILD OPHTH SOLN .12% ( <i>prednisolone acetate (ophth)</i> )	2	-	
PRED-G OPHTH SOLN .3%-1% ( <i>gentamicin-prednisolone acetate</i> )	2	-	
PREDNISOLONE OPHTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	1	-	
PREDNISOLONE OPHTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	1	-	
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ( <i>prednisolone sodium phosphate (ophth)</i> )	2	-	
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	1	-	
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% ( <i>sulfacetamide sod-prednisolone</i> )	1	-	
TOBRADEX OPHTH OINT .1%-.3% ( <i>tobramycin-dexamethasone</i> )	2	-	
TOBRADEX OPHTH SOLN .1%-.3% ( <i>tobramycin-dexamethasone</i> )	3	-	
TOBRADEX ST OPHTH SUSP ( <i>tobramycin-dexamethasone ophth susp</i> )	3	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use	
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	1	-	
ZYLET OPHTH SUSP .3%-.5% ( <i>loteprednol etabonate-tobramycin</i> )	2	QL QL= 5ml/fill (10ml bottle is Not Covered)	
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>			
ACULAR (LS) OPHTH SOLN .4%, .5% ( <i>ketorolac tromethamine (ophth)</i> )	3	-	
ACUVAIL OPHTH SOLN .45% ( <i>ketorolac tromethamine (ophth)</i> )	3	-	
ALOCRIL OPHTH SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	2	-	
ALOMIDE OPHTH SOLN .1% ( <i>lodoxamide tromethamine</i> )	2	-	
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-	
AZOPT OPHTH SUSP 1% ( <i>brinzolamide</i> )	3	-	
<i>bepotastine ophth soln 1.5%</i> (BEPREVE Equiv)	1	-	
BEPREVE OPHTH SOLN 1.5% ( <i>bepotastine besilate</i> )	3	-	
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	1	-	
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	1	-	
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) ( <i>bromfenac sodium (ophth)</i> )	1	-	
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME  Name of drug	DRUG TIER  What the drug will cost you (tier level)	REQUIREMENTS/LIMITS  Necessary actions, restrictions, or limits on use	
CROMOLYN SODIUM OPHTH SOLN 4% ( <i>cromolyn sodium (ophth)</i> )	1	-	
CYSTADROPS SOLN .37% ( <i>cysteamine hcl</i> )	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% ( <i>cysteamine hcl</i> )	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416	
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-	
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-	
ELESTAT OPHTH SOLN ( <i>epinastine hcl (ophth)</i> )	3	-	
EMADINE OPHTH SOLN ( <i>emedastine difumarate</i> )	3	-	
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-	
FLURBIPROFEN OPHTH SOLN .03% ( <i>flurbiprofen sodium</i> )	2	-	
ILEVRO OPHTH SUSP .3% ( <i>nepafenac</i> )	2	-	
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-	
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	1	OTC OTC covered only	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LASTACAFT OPHTH SOLN .25% ( <i>alcaftadine</i> )	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% ( <i>nepafenac</i> )	2	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	OTC
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	OTC-QL QL= 2.5ml/30 days
PATANOL OPHTH SOLN .1% ( <i>olopatadine hcl</i> )	3	-
PROLENSA OPHTH SOLN .07% ( <i>bromfenac sodium</i> <i>(ophth)</i> )	2	-
TRUSOPT OPHTH SOLN 2% ( <i>dorzolamide hcl</i> )	3	-
UPNEEQ SOLN .1% ( <i>oxymetazoline hcl</i> <i>(blepharoptosis)</i> )	EXC	-
<b>PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>bimatoprost ophth soln .03%</i>	1	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ( <i>bimatoprost</i> )	2	QL QL= 2.5ml/30 days
TRAVATAN Z DROPS .004% ( <i>travoprost</i> )	3	QL QL= 2.5ml/30 days
<i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XALATAN OPHTH SOLN .005% ( <i>latanoprost</i> )	3	QL QL= 2.5ml/30 days
<b>OTIC AGENTS - Drugs to treat ear infection</b>		
<b>OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents</b>		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
<b>OTIC ANTI-INFECTIVES - Drugs to treat ear infections</b>		
CIPROFLOXACIN OTIC SOLN .2% ( <i>ciprofloxacin hcl</i> <i>(otic)</i> )	2	-
<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	1	-
<b>OTIC COMBINATIONS - Drugs to treat ear conditions</b>		
CIPRO HC OTIC SUSP .2%-1% ( <i>ciprofloxacin-hydrocortisone</i> )	3	-
CIPRODEX OTIC SUSP .1%-.3% ( <i>ciprofloxacin-dexamethasone</i> )	3	-
<i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv)	1	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ( <i>neomycin-colistin-hc-thonzonium</i> )	2	-
<i>neomycin/polymixin/hydrocoritisone otic soln</i> <b>1%-3.5MG/ML-10000UNIT/ML</b> (CORTISPORIN Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>neomycin/polymixin/hydrocoritisone otic susp 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)</i>	1	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
ACETASOL HC OTIC SOLN 1%-2% ( <i>hydrocortisone w/acetic acid</i> )	1	-
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% ( <i>fluocinolone acetonide (otic)</i> )	3	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	1	-
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
<b>PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
GAMASTAN INJ ( <i>immune globulin (human) im</i> )	M	M
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM ( <i>immune globulin (human) iv</i> )	M	M
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	2	KMSP-PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		

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Last Updated 1/1/2024

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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 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	4	KMSP-PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	2	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human)-klhw</i> )	4	LD-PA Only available through Diplomat Pharmacy 877-977-9118
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG ( <i>amoxicillin</i> )	1	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	1	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		

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Last Updated 1/1/2024

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		M	M
PENICILLIN G PROCAINE INJ 600000UNIT/ML <i>(penicillin g procaine)</i>	M	M	
PENICILLIN G SODIUM INJ 5000000UNIT <i>(penicillin g sodium)</i>	M	M	
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML <i>(penicillin v potassium)</i>	1	-	
<i>penicillin vk tab 250MG, 500MG (VEETIDS Equiv)</i>	1	-	
PFIZERPEN G INJ 20000000UNIT, 5000000UNIT (PFIZERPEN G Equiv) <i>(penicillin g potassium)</i>	M	M	
<i>pizerpen g inj 20000000UNIT, 5000000UNIT</i> (PFIZERPEN G Equiv)	M	M	
<b>PENICILLIN COMBINATIONS - Drugs to treat bacterial infections</b>			
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG <i>(amoxicillin &amp; pot clavulanate)</i>	3	-	
<i>amoxicillin/clavulanate susp</i> <b>28.5MG/5ML-200MG/5ML,</b> <b>42.9MG/5ML-600MG/5ML,</b> <b>57MG/5ML-400MG/5ML,</b> <b>62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)</b>	1	-	
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg</i> <b>125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)</b>	1	-	
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM,</i> <b>5GM-10GM</b>	M	M	

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Last Updated 1/1/2024

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AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
AUGMENTIN TAB 125MG-500MG ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i>	M	M
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	M
<i>oxacillin inj 10GM, 1GM, 2GM</i>	M	M
<b>PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects</b>		
<b>SEMI SOLID VEHICLES - Miscellaneous compounding ingredients</b>		
POLYETHYLENE GLYCOL 8000 GRANULES ( <i>polyethylene glycol 8000</i> )	2	-
<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		
AYGESTIN TAB 5MG ( <i>norethindrone acetate</i> )	3	-
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	4	LMSP-PA

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Last Updated 1/1/2024

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<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG ( <i>progesterone</i> )	3	-
PROVERA TAB 10MG, 2.5MG, 5MG ( <i>medroxyprogesterone acetate</i> )	3	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG ( <i>disulfiram</i> )	3	-
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	1	-
<b>ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders</b>		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM ( <i>sodium oxybate</i> )	4	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523
SODIUM OXYBATE SOLN 500MG/ML ( <i>sodium oxybate</i> )	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		

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213

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

# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
		QL QL= 2 tabs/day	
ARICEPT TAB 10MG, 5MG ( <i>donepezil hydrochloride</i> )	3	QL QL= 2 tabs/day	
ARICEPT TAB 23MG 23MG ( <i>donepezil hydrochloride</i> )	3	QL QL= 1 tab/day	
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day	
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day	
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day	
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR ( <i>rivastigmine</i> )	3	ST Step Therapy requires trial of rivastigmine cap	
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	1	-	
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-	
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab	
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-	
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-	
NAMENDA TAB 10MG, 5MG ( <i>memantine hcl</i> )	3	-	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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RAZADYNE ER CAP 16MG, 24MG, 8MG <i>(galantamine hydrobromide)</i>	3	-
RAZADYNE TAB 12MG, 4MG, 8MG <i>(galantamine hydrobromide)</i>	3	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
<b>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG <i>(chlordiazepoxide-amitriptyline)</i>	1	-
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG <i>(perphenazine-amitriptyline)</i>	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG <i>(olanzapine-fluoxetine hcl)</i>	3	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK <i>(milnacipran hcl)</i>	2	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG <i>(milnacipran hcl)</i>	2	QL QL= 2 tabs/day
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
INGREZZA CAP 40MG, 60MG, 80MG ( <i>valbenazine tosylate</i> )	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
INGREZZA PACK 40-80MG ( <i>valbenazine tosylate</i> )	4	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	4	LMSP-PA
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		
AVONEX INJ 30MCG/0.5ML ( <i>interferon beta-1a</i> )	4	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	1	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	1	LMSP
EXTAVIA INJ .3MG ( <i>interferon beta-1b</i> )	4	MSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	1	LMSP
GILENYA CAP 0.25MG .25MG ( <i>fingolimod hcl</i> )	4	LMSP-QL QL= 1 cap/day

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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glatiramer inj 20MG/ML, 40MG/ML (COPAXONE Equiv)	1	LMSP	
KESIMPTA INJ 20MG/0.4ML ( <i>ofatumumab (ms)</i> )	4	LMSP	
MAVENCLAD PAK 10MG ( <i>cladribine (multiple sclerosis)</i> )	4	LD Only available through Walgreens 888-347-3416	
MAYZENT TAB .25MG, 1MG, 2MG ( <i>siponimod fumarate</i> )	4	LMSP	
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	4	LMSP	
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	LMSP	
PLEGRIDY PEN INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	LMSP	
teriflunomide tab 14MG, 7MG (AUBAGIO TAB Equiv)	1	LMSP	
ZEPOSIA CAP .92MG ( <i>ozanimod hcl</i> )	4	LMSP-PA-QL QL= 1 cap/day	
ZEPOSIA STARTER PACK ( <i>ozanimod hcl</i> )	4	LMSP-PA-QL QL= 1 cap/day	
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders</b>			
NUEDEXTA CAP 10MG-20MG ( <i>dextromethorphan hbr-quinidine sulfate</i> )	2	PA-QL QL= 2 caps/day	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs</b>			

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ERGOLOID MESYLATES TAB 1MG ( <i>ergoloid mesylates</i> )	3	-
ORAP TAB ( <i>pimozide</i> )	3	-
PIMOZIDE TAB 1MG, 2MG ( <i>pimozide</i> )	2	-
<b>SMOKING DETERRENTS - Drugs to treat smoking urges</b>		
<i>bupropion SR tab</i> (ZYBAN Equiv)	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
<i>NICOTINE KIT (nicotine)</i>	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
<i>NICOTROL INHALER 10MG (nicotine)</i>	\$0	SMKG
<i>NICOTROL NASAL SPRAY 10MG/ML (nicotine)</i>	\$0	SMKG
<i>VARENICLINE TAB .5MG, 1MG (varenicline tartrate)</i>	\$0	SMKG
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	SMKG
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis</b>		
TEGSEDI INJ 284MG/1.5ML ( <i>inotersen sodium</i> )	4	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML ( <i>dornase alfa</i> )	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ( <i>tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 84 tabs/28 days
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	4	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
<b>PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis</b>		
ESBRIET CAP 267MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 9 caps/day

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ESBRIET TAB 267MG 267MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ( <i>nintedanib esylate</i> )	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>pirfenidone cap 267MG</i> (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 3 tabs/day
<b>SULFONAMIDES - Drugs to treat bacterial infections</b>		
<b>SULFONAMIDES - Drugs to treat infection</b>		
<i>sulfadiazine tab 500MG</i>	1	-
<b>TETRACYCLINES - Drugs to treat bacterial infections</b>		
<b>TETRACYCLINES - Drugs to treat infections</b>		
<i>demeclacycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv)	1	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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<i>doxycycline hyclate tab 100MG, 20MG (VIBRATAB Equiv)</i>	1	-
<i>doxycycline monohydrate cap 100mg 100MG (MONODOX Equiv)</i>	1	-
<i>doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)</i>	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)</i>	1	-
<i>doxycycline susp 25MG/5ML (VIBRAMYCIN Equiv)</i>	1	-
MINOCIN CAP 100MG, 50MG ( <i>minocycline hcl</i> )	3	-
<i>minocycline cap 100MG, 50MG, 75MG (MINOCIN Equiv)</i>	1	-
MONODOX CAP ( <i>doxycycline (monohydrate)</i> )	3	-
<i>tetracycline cap 250MG, 500MG</i>	1	-
VIBRAMYCIN CAP 100MG ( <i>doxycycline hyclate</i> )	3	-
VIBRAMYCIN SUSP 25MG/5ML ( <i>doxycycline (monohydrate)</i> )	3	-
VIBRAMYCIN SYRUP 50MG/5ML ( <i>doxycycline calcium</i> )	3	-
<b>THYROID AGENTS - Drugs to regulate thyroid hormones</b>		
<b>ANTITHYROID AGENTS - Drugs to treat high thyroid level</b>		
<i>methimazole tab (TAPAZOLE Equiv)</i>	1	-
<i>propylthiouracil tab 50MG</i>	1	-
TAPAZOLE TAB 10MG, 5MG ( <i>methimazole</i> )	3	-

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Last Updated 1/1/2024

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<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		
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 ( <i>thyroid</i> )	1	-
ARMOUR THYROID TAB, NATURE THROID TAB 60MG ( <i>thyroid</i> )	1	-
CYTOMEL TAB 25MCG, 50MCG, 5MCG ( <i>liothyronine sodium</i> )	3	-
<i>levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG (SYNTHROID Equiv)</i>	1	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG (CYTOMEL Equiv)</i>	1	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)</i>	1	-
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG ( <i>levothyroxine sodium</i> )	3	-
THYROLAR TAB ( <i>liotrix (t3-t4)</i> )	2	-

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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 <i>(levothyroxine sodium)</i>	3	PA-QL QL=1 ml/day; Prior Authorization required for members age 9 or older	
<b>TOXOIDS - Drugs to prevent infection</b>			
<b>TOXOID COMBINATIONS - Drugs to prevent infection</b>			
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	\$0	VAC Covered for members age 19 years or older	
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ 5LFU/0.5ML-25LFU/0.5ML ( <i>diphtheria-tetanus toxoids (dt)</i> )	EXC	VAC	
KINRIX INJ, QUADRACEL DTAP-IPV INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ( <i>diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac</i> )	EXC	VAC	

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE  10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML <i>(diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac)</i>	EXC	VAC
PENTACEL INJ  5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML <i>(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)</i>	EXC	VAC
TETANUS/DIPHTHERIA TOXOID INJ 2LF/0.5ML <i>(tetanus-diphtheria toxoids (td))</i>	\$0	VAC Covered for members age 19 years or older
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
ANASPAZ ODT .125MG ( <i>hyoscyamine sulfate</i> )	3	-
BENTYL CAP ( <i>dicyclomine hcl</i> )	3	-
BENTYL SYRUP ( <i>dicyclomine hcl</i> )	3	-
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	1	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	1	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv)	1	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	1	-

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

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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

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<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
LEVIBID TAB .375MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSIN SL TAB .125MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSIN TAB .125MG ( <i>hyoscyamine sulfate</i> )	3	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	1	-
ROBINUL TAB 1MG, 2MG ( <i>glycopyrrolate</i> )	3	-
SYMAX DUOTAB .375MG ( <i>hyoscyamine sulfate</i> )	3	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cimetidine tab 200MG, 300MG, 400MG, 800MG</i> (TAGAMET Equiv)	1	-
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	1	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	1	-
<i>nizatidine cap 150MG, 300MG</i> (AXID Equiv)	1	-
NIZATIDINE SOLN 15MG/ML ( <i>nizatidine</i> )	3	PA Members age 9 or older require Prior Authorization
PEPCID SUSP ( <i>famotidine</i> )	3	-
PEPCID TAB 10MG, 20MG, 40MG ( <i>famotidine</i> )	3	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
CARAFATE TAB 1GM ( <i>sucralfate</i> )	3	-
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		

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ACIPHEX TAB 20MG ( <i>rabeprazole sodium</i> )	3	-
<i>esomeprazole cap 20MG, 40MG</i> (NEXIUM Equiv)	1	OTC
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	1	OTC
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	1	-
PREVACID CAP 30MG ( <i>lansoprazole</i> )	3	OTC
PREVACID OTC CAP 15MG ( <i>lansoprazole</i> )	3	OTC
<i>rabeprazole EC tab 20MG</i> (ACIPHEX Equiv)	1	-
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		
CYTOTEC TAB 100MCG, 200MCG ( <i>misoprostol</i> )	3	-
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
CUVPOSA SOLN 1MG/5ML ( <i>glycopyrrolate</i> )	4	MSP
<i>glycopyrrolate oral soln 1MG/5ML</i> (CUVPOSA Equiv)	4	MSP
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
NIZATIDINE CAP 150MG, 300MG ( <i>nizatidine</i> )	1	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
CARAFATE SUSP 1GM/10ML ( <i>sucralfate</i> )	3	-
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	1	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>omeprazole tab 20MG</i>	1	OTC

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<b>ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions</b>		
ZEGERID CAP OTC 20MG-1100MG <i>(omeprazole-sodium bicarbonate)</i>	1	OTC
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		
<i>darifenacin SR tab 15MG, 7.5MG (ENABLEX Equiv)</i>	1	PA
DETROL LA CAP 2MG, 4MG ( <i>tolterodine tartrate</i> )	3	-
DETROL TAB 1MG, 2MG ( <i>tolterodine tartrate</i> )	3	-
DITROPAN XL TAB 10MG, 5MG ( <i>oxybutynin chloride</i> )	3	-
ENABLEX TAB 15MG, 7.5MG ( <i>darifenacin hydrobromide</i> )	3	PA
<i>fesoterodine fumarate ER tab 4MG, 8MG (TOVIAZ Equiv)</i>	1	-
<i>oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)</i>	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG (DITROPAN Equiv)</i>	1	-
OXYTROL PATCH (OTC) 3.9MG/24HR ( <i>oxybutynin</i> )	1	OTC
<i>solifenacin tab 10MG, 5MG (VESICARE Equiv)</i>	1	-
<i>tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)</i>	1	-
<i>tolterodine tab 1MG, 2MG (DETROL Equiv)</i>	1	-
TOVIAZ TAB 4MG, 8MG ( <i>fesoterodine fumarate</i> )	3	-

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<i>trospium chloride SR cap 60MG</i> (SANCTURA XR Equiv)	1	PA
<i>trospium tab 20MG</i> (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG ( <i>solifenacin succinate</i> )	3	-
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms</b>		
MYRBETRIQ TAB 25MG, 50MG ( <i>mirabegron</i> )	2	-
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention</b>		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	1	-
URECHOLINE TAB 10MG, 25MG, 50MG, 5MG ( <i>bethanechol chloride</i> )	3	-
<b>VACCINES - Drugs to prevent infection</b>		
<b>BACTERIAL VACCINES - Drugs to prevent infection</b>		
ACTHIB INJ, HIBERIX INJ 10MCG ( <i>haemophilus b polysac conj vac</i> )	EXC	VAC
BEXSERO INJ ( <i>meningococcal vac group b (recombant omv adjuvanted)</i> )	\$0	VAC Covered for members age 19 years or older
MENVEO INJ ( <i>meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac</i> )	EXC	VAC
PEDVAXHIB INJ 7.5MCG/0.5ML ( <i>haemophilus b polysac conj vac</i> )	EXC	VAC

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PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	\$0	VAC
PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	\$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 ( <i>pneumococcal 20-valent conjugate vaccine</i> )	\$0	QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older
TRUMENBA INJ ( <i>meningococcal group b vaccine (recombinant)</i> )	\$0	VAC Covered for members age 19 years or older
VAXNEUVANCE INJ ( <i>pneumococcal 15-valent conjugate vaccine</i> )	\$0	QL-VAC QL= 1 vaccine/lifetime
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
AFLURIA INJ ( <i>influenza virus vaccine split preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ ( <i>influenza virus vaccine split</i> )	\$0	QL-VAC QL= 1 inj/28 days
COMIRNATY INJ 30MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML 30MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days

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		\$0	QL-VAC QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML ( <i>covid-19 mrna bivalent virus vaccine (moderna)</i> )	\$0	QL-VAC QL= 1 inj/fill	
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	\$0	QL-VAC QL= 1 inj/fill	
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 10MCG/0.2ML ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	\$0	QL-VAC QL= 1 inj/fill	
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 3MCG/0.2ML ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	\$0	QL-VAC QL= 1 inj/fill	
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 10MCG/0.2ML ( <i>covid-19 mrna bivalent virus vaccine (moderna)</i> )	\$0	QL-VAC QL= 1 inj/fill	
COVID-19 VACCINE INJ (JANSSEN) .5ML ( <i>covid-19 (sars-cov-2) adenovirus vaccine</i> )	\$0	QL-VAC QL= 1 dose/45 days	
COVID-19 VACCINE INJ (NOVAVAX) 5MCG/0.5ML ( <i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days	
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/17 days	

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

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FLUZONE HD PF INJ ( <i>influenza virus vac split high-dose quad preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	QL-VAC QL= 1 inj/28 days
HEPLISAV-B INJ ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	\$0	VAC Covered for members age 19 years or older
IMOVAX INJ 2.5UNIT/ML ( <i>rabies virus vaccine, hdc</i> )	\$0	VAC Covered for members age 19 years or older
IPOL INJ ( <i>poliovirus vaccine, ipv</i> )	EXC	VAC
PREHEVBRIOSUSP 10MCG/ML ( <i>hepatitis b vaccine 3-antigen recombinant</i> )	\$0	VAC
RABAVERT INJ ( <i>rabies vaccine, pcc</i> )	\$0	VAC
ROTARIX SUSP ( <i>rotavirus vaccine, live oral</i> )	EXC	VAC
ROTATEQ INJ ( <i>rotavirus vaccine, live oral pentavalent</i> )	EXC	VAC
SHINGRIX INJ 50MCG/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	\$0	VAC Covered for members age 19 years or older
SPIKEVAX INJ 100MCG/0.5ML, 50MCG/0.5ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days

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SPIKEVAX INJ 50MCG/0.5ML 50MCG/0.5ML <i>(covid-19 (sars-cov-2) mrna virus vaccine)</i>	\$0	QL-VAC QL= 1 dose/24 days
VARIVAX INJ 1350PFU/0.5ML <i>(varicella virus vaccine live)</i>	\$0	VAC Covered for members age 19 years or older
<b>VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections</b>		
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
CLINDESSE VAGINAL CREAM 2% <i>(clindamycin phosphate (one dose))</i>	2	QL QL= 1 applicator/fill
XACIATO GEL 2% <i>(clindamycin phosphate vaginal)</i>	2	QL QL= 1 applicator/fill
<b>VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy</b>		
PHEXXI GEL .4%-1%-1.8% <i>(lactic acid-citric acid-potassium bitartrate)</i>	\$0	QL QL= 1 box/fill
<b>VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders</b>		
FEM PH GEL .025%-.9% <i>(acetic acid-oxyquinoline vaginal)</i>	3	-
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
CONCEPTROL GEL 4% <i>(nonoxynol-9)</i>	\$0	OTC
CONTRACEPTIVE FILM 28% <i>(nonoxynol-9)</i>	\$0	OTC
CONTRACEPTIVE FOAM 12.5% <i>(nonoxynol-9)</i>	\$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% <i>(nonoxynol-9)</i>	\$0	OTC

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 1/1/2024

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

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<i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	1	QL QL= 8 tabs/28 days (18 tabs on first fill)
ESTRING 2MG, 7.5MCG/24HR ( <i>estradiol vaginal</i> )	2	-
FEMRING .05MG/24HR, .1MG/24HR ( <i>estradiol acetate vaginal</i> )	3	3 copays per Rx
PREMARIN VAGINAL CREAM .625MG/GM ( <i>estrogens, conjugated vaginal</i> )	2	-
VAGIFEM TAB 10MCG ( <i>estradiol vaginal</i> )	3	QL QL= 8 tabs/28 days (18 tabs on first fill)
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		
CRINONE GEL 4%, 8% ( <i>progesterone (vaginal)</i> )	2	PA
ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	2	PA
PROGESTERONE SUPP 100MG, 200MG ( <i>progesterone (vaginal)</i> )	3	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	1	QL QL= 2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML ( <i>epinephrine (anaphylaxis)</i> )	1	QL QL= 2 inj/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		

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Last Updated 1/1/2024

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<i>midodrine tab</i> (PROAMATINE Equiv)	1	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency</b>		
PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal without a vit w/ fe fum-iron polysacch complex -fa)</i>	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	1	-
<b>OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
DRISDOL CAP 50000UNIT ( <i>ergocalciferol</i> )	3	-
MEPHYTON TAB 5MG ( <i>phytonadione</i> )	3	-
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	1	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	1	Rx covered Only
<i>vitamin D cap 1000unit 1000UNIT, 25MCG</i>	\$0	OTC
<i>vitamin D cap 400unit 400UNIT</i>	\$0	OTC
VITAMIN D TAB 400UNIT 400UNIT ( <i>ergocalciferol</i> )	\$0	OTC Covered for members 65 years or older
<b>WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>niacin cap 250MG, 500MG</i>	1	OTC
<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	1	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	1	OTC
NIACIN TR TAB 1000MG ( <i>niacin</i> )	1	OTC

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<b>niacinamide tab 100MG, 500MG</b>	1	OTC	
POTABA CAP 500MG ( <i>potassium aminobenzoate</i> )	3	-	
POTABA POWDER PACKET ( <i>potassium aminobenzoate</i> )	2	-	
SLO-NIACIN TAB 250MG, 500MG, 750MG ( <i>niacin</i> )	3	OTC	

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## ALPHABETICAL LISTING OF DRUGS

<b>A</b>		ACCU-CHEK TEST STRIP	147	ACULAR (LS) OPHTH	205
abacavir soln	101	ACCUPRIL TAB	65	SOLN	
abacavir tab	101	ACCURETIC TAB	68	ACUVAIL OPHTH SOLN	205
abacavir/lamivudine tab	101	acebutolol cap	111	acyclovir cap	108
abacavir/lamivudine/zidovu	102	acetaminophen/codeine	16	acyclovir oint	139
dine tab		soln		acyclovir susp	109
ABILIFY TAB	101	acetaminophen/codeine tab	16	acyclovir tab	109
abiraterone tab 250mg	82	ACETASOL HC OTIC	209	ADACEL/BOOSTRIX INJ	223
ABSTRAL SL TAB	12	SOLN		ADALAT CC TAB	113
acamprosate calcium DR	213	acetazolamide ER cap	149	ADALIMUMAB-ADAZ	6
tab		acetazolamide tab	149	INJ	
acarbose tab	47	acetic acid otic soln	208	ADALIMUMAB-ADAZ	6
ACCOLATE TAB	26	acetic acid/hydrocortisone	209	PFS INJ	
ACCU-CHEK AVIVA	179	otic soln		ADALIMUMAB-FKJP	6
PLUS METER		acetylcysteine soln	131	AUTO-INJECTOR KIT	
ACCU-CHEK AVIVA	147	ACIPHEX TAB	226	ADALIMUMAB-FKJP	6
PLUS TEST STRIP		acitretin cap	137	PFS KIT 20 MG/0.4ML	
ACCU-CHEK GUIDE	179	ACTEMRA ACTPEN INJ	8	ADALIMUMAB-FKJP	6
CARE METER		ACTEMRA SC INJ	8	PFS KIT 40 MG/0.8ML	
ACCU-CHEK GUIDE ME	180	ACTHAR GEL INJ	154	adapalene cream	131
KIT		ACTHIB INJ, HIBERIX	228	adapalene gel	132
INJ		INJ		adapalene/benzoyl	132
ACCU-CHEK GUIDE	147	ACTIGALL CAP	161	peroxide gel 0.1-2.5%	
TEST STRIP		ACTIMMUNE INJ	94	adapalene/benzoyl	132
ACCU-CHEK NANO	180	ACTIQ LOZENGE	12	peroxide gel 0.3-2.5%	
METER		ACTIVELLA TAB	158	ADBRY INJ	143
ACCU-CHEK	147	ACTONEL TAB	152	adefovir dipivoxil tab	107
SMARTVIEW TEST STRIP		ACTOS TAB	54	ADEMPAS TAB	120

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## ALPHABETICAL LISTING OF DRUGS

ADIPEX-P CAP	1	ALDACTAZIDE TAB	150	ALORA PATCH	159
ADIPEX-P TAB	2	50-50MG		alosetron tab	164
ADVAIR HFA INHALER	28	ALDACTONE TAB	151	ALPHAGAN P OPHTH	198
AEROCHAMBER	182	ALDARA CREAM	144	SOLN 0.15%	
AEROCHAMBER	183	ALECENSA CAP	85	alprazolam tab	23
SUPPLIES		alendronate sodium oral	152	ALTACE CAP	65
AFLURIA INJ	229	soln		ALUNBRIG TAB 30MG	85
AFLURIA INJ, FLUZONE INJ	229	alendronate tab	152	ALUNBRIG TAB 90MG,	85
		ALENDRONATE TAB	152	180MG	
AGRYLIN CAP	170	40MG		amantadine cap	95
AIMOVIG INJ	183	alfuzosin SR tab	167	amantadine syrup	95
AJOVY INJ	183	ALINIA SUSP	73	amantadine tab	95
AKYNZEO CAP	58	ALINIA TAB	73	AMARYL TAB	54
albendazole tab	20	alisikiren tab	72	AMBIEN CR TAB	175
ALBENZA TAB	20	ALKERAN TAB	79	AMBIEN TAB	175
albuterol HFA inhaler	28	ALKINDI SPRINKLE CAP	126	ambrisentan tab	118
albuterol neb soln	28	0.5MG		amethyst tab	122
ALBUTEROL NEBULIZER SOLN	29	ALKINDI SPRINKLE CAP	126	AMICAR SOLN	174
albuterol sulfate syrup	29	1MG		AMICAR TAB	174
albuterol sulfate tab	29	ALLEGRA ODT	61	amikacin inj	5
albuterol/ipratropium neb soln	29	allopurinol tab	168	amiloride tab	151
ALCAINE OPHTH SOLN	202	ALOCRIL OPHTH SOLN	205	AMILORIDE/HCTZ TAB	150
alclometasone cream	139	ALOGLIPTIN TAB	51	amiloride/hydrochlorothia zide tab	150
alclometasone oint	139	ALOGLIPTIN-METFORM IN TAB	48	aminocaproic acid soln	174
ALCOHOL SWABS	182	ALOGLIPTIN-PIOGLITAZ ONE TAB	48	aminocaproic acid tab	174
ALDACTAZIDE TAB	150	ALOMIDE OPHTH SOLN	205	amiodarone tab	24
				amitriptyline tab	46

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## ALPHABETICAL LISTING OF DRUGS

amlodipine tab	113	ANAFRANIL CAP	46	arformoterol tartrate neb	29
amlodipine/atorvastatin tab	116	anagrelide cap	170	soln	
amlodipine/benazepril cap	68	ANASPAZ ODT	224	ARICEPT TAB	214
amlodipine/olmesartan tab	68	anastrozole tab	82	ARICEPT TAB 23MG	214
amlodipine/valsartan tab	69	ANCOBON CAP	59	ARIMIDEX TAB	82
ammonium lactate cream	143	ANDRODERM PATCH	18	aripiprazole soln	101
ammonium lactate lotion	143	ANDROGEL 1% 25MG	18	aripiprazole tab	101
amnesteem cap, claravis cap, isotretinoin cap,	132	ANDROGEL 1% 50MG, TESTIM GEL 1%	18	ARIIXTRA INJ	33
myorisan cap, zenatane cap		ANDROGEL 1.62%	18	armodafinil tab	3
amoxapine tab	46	1.25GM		ARMOUR THYROID	222
amoxicillin cap	210	ANDROGEL 1.62%	18	TAB, NATURE THROID	
AMOXICILLIN CHEW TAB	210	2.5GM		TAB	
amoxicillin susp	210	ANDROGEL PUMP	18	ARNUITY ELLIPTA	27
amoxicillin tab	210	1.62%		INHALER	
AMOXICILLIN/CLAVUL ANATE ER TAB	211	ANNOVERA RING	125	AROMASIN TAB	82
amoxicillin/clavulanate susp	211	ANORO ELLIPTA	29	ARTHROTEC TAB	8
amoxicillin/clavulanate tab 500-125mg, 875-125mg	211	INHALER		asenapine maleate SL tab	99
amphetamine/dextroamphetamine ER cap	1	ANTABUSE TAB	213	ASMANEX HFA	27
amphetamine/dextroamphetamine tab	1	ANUSOL-HC CREAM	20	ASMANEX INHALER	27
ampicillin cap	210	ANZEMET TAB	57	aspirin chew tab 81mg	12
ampicillin/sulbactam inj	211	apraclonidine ophth soln	199	aspirin ec tab 81mg	12
		aprepitant pak	58	ASTAMED MYO CAP	148
		APTIVUS CAP	102	atazanavir cap	102
		APTIVUS SOLN	102	ATELVIA TAB	152
		aranelle tab	122	atenolol tab	112
				atenolol/chlorthalidone tab	69
				atomoxetine cap	3

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## ALPHABETICAL LISTING OF DRUGS

ATORVALIQ SUSP	63	azathioprine tab	110	BALVERSA TAB 5MG	86
atorvastatin tab	63	azelaic acid gel	145	BANZEL SUSP	34
atovaquone susp	73	azelastine nasal spray 0.1%	194	BAQSIMI NASAL	49
atovaquone/proguanil tab	76	azelastine ophth soln	205	POWDER	
ATRALIN GEL, RETIN-A GEL	132	AZILECT TAB	96	BARACLUDE SOLN	107
atropine ophth oint	197	azithromycin susp	178	B-D AUTOSHIELD DUO	182
atropine ophth soln	197	azithromycin tab	178	PEN NEEDLE	
ATROPINE SUL SOLN 1% OPHTH	197	AZOPT OPHTH SUSP	205	B-D INSULIN SYRINGE	182
ATROPINE SULFATE OPHTH OINT	197	AZOR TAB	69	U-500	
ATROVENT HFA INHALER	25	AZULFIDINE EN TAB	163	BECONASE AQ NASAL SPRAY	194
AUGMENTIN ES-600 SUSP	212	AZULFIDINE TAB	163	benazepril tab	65
AUGMENTIN SUSP	212	<b>B</b>		benazepril/hydrochlorothia zide tab	69
AUGMENTIN TAB	212	BACITRACIN OPHTH OINT	199	BENICAR HCT TAB	69
AURYXIA TAB	165	bacitracin/neomycin/poly myxin b ophth oint	199	BENLYSTA	189
AVALIDE TAB	69	bacitracin/polymyxin b ophth oint	199	AUTO-INJECTOR	
AVAPRO TAB	67	bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	202	BENLYSTA INJ	189
AVELOX TAB	160	baclofen susp	193	BENTYL CAP	224
aviane tab	122	baclofen tab	193	BENTYL SYRUP	224
AVODART CAP	167	BACTRIM DS TAB	73	BENZACLIN GEL	132
AVONEX INJ	216	BALCOLTRA TAB	122	BENZAMYCIN GEL	132
AYGESTIN TAB	212	balsalazide cap	163	BENZNIDAZOLE TAB	21
AYVAKIT TAB	84	BALVERSA TAB 3MG	85	benzonataate cap 100mg, 200mg	129
AZASITE SOLN	199	BALVERSA TAB 4MG	86	benztropine tab	94
				bepotastine ophth soln	205
				BEPREVE OPHTH SOLN	205

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## ALPHABETICAL LISTING OF DRUGS

BETAGAN OPHTH SOLN	196	bicalutamide tab	82	brinzolamide ophth susp	205
betamethasone augmented cream	139	BIKTARVY TAB	102	bromfenac ophth soln	205
BETAMETHASONE AUGMENTED GEL	139	BILTRICIDE TAB	21	BROMFENAC OPHTH SOLN	205
betamethasone augmented lotion	139	bimatoprost ophth soln	144	0.09% (TWICE DAILY)	
betamethasone augmented oint	139	bisoprolol tab	112	bromocriptine cap	95
betamethasone dipropionate cream	140	bisoprolol/hydrochlorothia zide tab	69	bromocriptine tab	95
betamethasone dipropionate lotion	140	BLEPH-10 OPHTH SOLN	199	BROVANA NEB SOLN	29
betamethasone dipropionate oint	140	BLEPHAMIDE S.O.P.	202	BROVEX PEB LIQUID	129
betamethasone valerate cream	140	OPHTH OINT		BRUKINSA CAP	86
betamethasone valerate lotion	140	BONIVA TAB 150MG	153	budesonide ER tab	126
betamethasone valerate oint	140	bosentan tab	118	budesonide inh susp	27
BETAPACE AF TAB	112	BOSULIF TAB	86	budesonide rectal foam	20
BETAPACE TAB	112	BRAFTOVI CAP 75MG	86	budesonide SR cap	126
bethanechol tab	228	BREO ELLIPTA	29	budesonide/formoterol inhaler	30
bexarotene cap	94	INHALER		bumetanide tab	150
bexarotene gel	136	BREZTRI AEROSPHERE	29	buprenorphine patch	17
BEXSERO INJ	228	INHALER		buprenorphine SL tab	17
BIAXIN TAB	178	BRILINTA TAB	170	buprenorphine/naloxone sl film	17
		brimonidine ophth soln 0.15%	199	buprenorphine/naloxone SL tab	17
		brimonidine ophth soln 0.2%	199	bupropion ER tab	43
		brimonidine tartrate gel	145	bupropion SR tab	218
		brimonidine tartrate ophth soln 0.1%	199	bupropion tab	43
		brimonidine/timolol ophth soln	197	bupropion XL tab	43
				buspirone tab	22

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## ALPHABETICAL LISTING OF DRUGS

busulfan inj	79	CALCITRIOL OINT	137	carbinoxamine tab	60
BUSULFEX INJ	79	calcitriol soln	155	CARDIZEM CD CAP	114
BUTISOL TAB	175	calcium acetate cap	165	CARDIZEM TAB	114
butorphanol nasal spray	17	CALIBRATION LIQUID	180	CARDURA TAB	67
BUTRANS PATCH	17	CALQUENCE CAP	86	CARETOUCH MIS	182
BYDUREON BCISE	51	CALQUENCE TAB	86	carglumic acid tab	155
AUTO INJ		CAMZYOS CAP	116	carisoprodol tab	193
BYDUREON INJ	51	capecitabine tab	80	CARISPIR SUSP	151
BYDUREON PEN INJ	51	CAPRELSA TAB	86	CARNITOR SOLN	156
BYETTA INJ	51	captopril tab	66	CARNITOR TAB	156
BYLVAY CAP 1200MCG	162	CAPTOPRIL/HYDROCHL	69	carvedilol tab	111
BYLVAY CAP 400MCG	163	OROTHIAZIDE TAB		CASODEX TAB	82
BYLVAY SPRINKLE CAP 200MCG	163	CARAFATE SUSP	226	CATAPRES TAB	67
BYLVAY SPRINKLE CAP 600MCG	163	CARAFATE TAB	225	CATAPRES-TTS PATCH	67
		carbamazepine chew tab	35	CAVERJECT INJ	116
		carbamazepine ER cap	35	CAYSTON INH SOLN	75
		carbamazepine ER tab	35	CEFACLOR CAP	121
		carbamazepine susp	35	CEFACLOR ER TAB	121
		carbamazepine tab	35	CEFACLOR SUSP	121
		CARBATROL CAP	35	cefazolin inj	120
		carbidopa tab	94	CEFAZOLIN INJ	120
		carbidopa/levodopa ER tab	95	cefdinir cap	121
		CARBIDOPA/LEVODOPA ODT	95	cefdinir susp	121
		carbidopa/levodopa tab	95	cefixime cap	121
		carbidopa-levodopa-entaca pone tab	97	cefixime susp	121
		CARBINOXAMINE SOLN	60	CEFOTAXIME INJ	121
				cefoxitin inj	121

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243

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
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## ALPHABETICAL LISTING OF DRUGS

cefpodoxime proxetil susp	122	CHOLBAM CAP	161	CIPROFLOXACIN	160
cefpodoxime proxetil tab	122	cholestyramine lite	62	100MG TAB	
ceftriaxone inj	122	powder		ciprofloxacin ophth soln	200
cefuroxime tab	121	cholestyramine lite	62	CIPROFLOXACIN OTIC	208
CELEBREX CAP	8	powder pack		SOLN	
celecoxib cap	8	cholestyramine powder	62	ciprofloxacin susp	160
CELEXA TAB	44	cholestyramine powder	62	ciprofloxacin tab	161
CELONTIN CAP	42	pack		ciprofloxacin/dexamethaso	208
CENTANY OINT	134	CIBINQO TAB	143	ne otic susp	
cephalexin cap	121	ciclopirox cream	134	citalopram soln	44
cephalexin susp	121	ciclopirox gel	134	citalopram tab	44
CERDELGA CAP	171	ciclopirox nail soln	134	CITRULLINE PACKET	196
CEREZYME INJ	171	ciclopirox shampoo	134	CLARINEX SYRUP	61
CERVICAL CAP	179	ciclopirox topical susp	135	CLARINEX TAB	61
CESAMET CAP	58	cilostazol tab	170	CLARINEX-D TAB	129
cesia tab	122	CILOXAN OPHTH OINT	200	clarithromycin ER tab	178
cevimeline cap	190	CILOXAN OPHTH SOLN	200	CLARITHROMYCIN	178
CHEMET CAP	55	CIMDUO TAB	102	SUSP	
chlordiazepoxide cap	23	cimetidine tab	225	clarithromycin tab	178
CHLORDIAZEPOXIDE/A	215	CIMZIA INJ	163	CLARITIN CHEW TAB	61
MITRIPTYLINE TAB		CIMZIA STARTER INJ	163	CLEOCIN CAP	74
chlorhexidine gluconate	189	KIT		CLEOCIN SOLN	74
soln		cinacalcet tab	156	CLEOCIN VAGINAL	234
chloroquine tab	76	CINRYZE INJ	169	CREAM	
CHLOROTHIAZIDE TAB	151	CIPRO HC OTIC SUSP	208	CLEOCIN VAGINAL	234
chlorpromazine tab	100	CIPRO SUSP	160	SUPP	
chlorthalidone tab	152	CIPRO TAB	160	CLEOCIN-T LOTION	132
chlorzoxazone tab 500mg	193	CIPRODEX OTIC SUSP	208	CLEOCIN-T PAD	132

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244

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## ALPHABETICAL LISTING OF DRUGS

CLEOCIN-T SOLN	132	CLOBEX SPRAY	140	colestipol powder packet	62
CLIMARA PATCH	159	clomipramine cap	46	colestipol tab	62
clindamycin cap	75	clonazepam ODT	34	COLY-MYCIN S OTIC	208
clindamycin gel	132	clonazepam tab	34	SUSP	
clindamycin lotion	132	clonidine ER tab	3	COMBIVENT RESPIMAT	30
clindamycin pad	132	clonidine patch	68	INHALER	
clindamycin soln	75	clonidine tab	68	COMETRIQ KIT	87
clindamycin topical soln	132	clopидогрел таб 75mg	170	COMIRNATY INJ	229
clindamycin vaginal cream	234	clotrimazole troches	189	COMIRNATY INJ	229
clindamycin/benzoyl peroxide gel	133	clotrimazole/betamethasone cream	135	30MCG/0.3ML COMPLERA TAB	102
CLINDESSE VAGINAL CREAM	233	clozapine tab	99	COMTAN TAB	95
clobazam susp	33	CLOZARIL TAB	99	CONCEPT DHA CAP	192
clobazam tab	34	CODEINE SULFATE TAB	12	CONCEPTROL GEL	233
clobetasol foam	140	15MG		CONDYLOX GEL	144
clobetasol lotion	140	codeine sulfate tab 60mg	12	CONTRACEPTIVE FILM	233
clobetasol propionate cream	140	codeine sulfate tablet	12	CONTRACEPTIVE FOAM	233
clobetasol propionate	140	15mg, 30mg		CONTRACEPTIVE GEL	233
colchicine		COLAZAL CAP	163	CONTRACEPTIVE SUPP	234
clobetasol propionate	140	colchicine tab	168	CONTRAVE TAB	2
emollient cream		colchicine/probenecid tab	168	COPIKTRA CAP	87
clobetasol propionate gel	140	colesevelam pack	62	CORDARONE TAB	24
clobetasol propionate oint	140	colesevelam tab	62	COREG TAB	111
clobetasol propionate soln	140	COLESTID GRANULE	62	CORGARD TAB	112
clobetasol shampoo	140	COLESTID POWDER	62	CORLANOR TAB	120
clobetasol spray	140	PACK		CORTEF TAB	126
CLOBEX LOTION	140	COLESTID TAB	62	CORTENEMA	20
CLOBEX SHAMPOO	140	colestipol granule	62	CORTISPORIN CREAM	134

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245

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## ALPHABETICAL LISTING OF DRUGS

CORTISPORIN OINT	134	COVID-19 VACCINE INJ	231	CYCLOMYDRIL OPHTH	198
COSOPT OPHTH SOLN	197	6M-4Y (PFIZER)		SOLN	
COTELLIC TAB	87	COZAAR TAB	67	cyclopentolate ophth soln	198
COUMADIN TAB	32	CREATINE PACKET	196	cyclophosphamide cap	79
COVID-19 TEST	147	5000MG		CYCLOPHOSPHAMIDE	79
COVID-19 VACCINE	230	CREON CAP	149	TAB	
BIVALENT BOOSTER INJ (MODERNA)		CRESTOR TAB	63	CYCLOSET TAB	51
COVID-19 VACCINE	230	CRINONE GEL	235	cyclosporine cap	110
BIVALENT BOOSTER INJ (PFIZER)		CRIXIVAN CAP	102	cyclosporine modified cap	110
COVID-19 VACCINE	230	cromolyn conc	162	cyclosporine modified	110
BIVALENT BOOSTER INJ 5-11Y (PFIZER)		cromolyn neb soln	25	soln	
COVID-19 VACCINE	230	cromolyn ophth soln	205	cyclosporine ophth	202
BIVALENT BOOSTER INJ 6M-4Y (PFIZER)		CROMOLYN SODIUM	206	emulsion	
COVID-19 VACCINE	230	OPHTH SOLN		cyproheptadine syrup	61
BIVALENT BOOSTER INJ 6M-5Y (MODERNA)		CROTAN LOTION	146	cyproheptadine tab	61
COVID-19 VACCINE INJ (JANSSEN)	230	cryselle tab	122	CYSTADROPS SOLN	206
COVID-19 VACCINE INJ (NOVAVAX)	230	CUE COVID-19 TEST	147	CYSTAGON CAP	167
COVID-19 VACCINE INJ	230	CARTRIDGE		CYSTARAN OPHTH	206
5-11Y (PFIZER)		CUE HEALTH MONITOR	147	SOLN	
COVID-19 VACCINE INJ	231	CUVPOSA SOLN	226	CYTOMEL TAB	222
6M-11Y (MODERNA)		cyanocobalamin inj	171	CYTOTEC TAB	226
		cyanocobalamin nasal	171	CYTRA K CRYSTALS	166
		spray 500 mcg/0.1ml		CYTRA-3 SYRUP	166
		cyclobenzaprine tab 10mg	193	<hr/>	
		cyclobenzaprine tab 5mg	193	<b>D</b>	
		CYCLOGYL OPHTH	198	dabigatran etexilate	33
		SOLN		mesylate cap	
				dalfampridine ER tab	216
				DALIRESP TAB	26

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246

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## ALPHABETICAL LISTING OF DRUGS

danazol cap	18	DEPAKOTE TAB	42	DEXAMETHASONE	202
DANTRIUM CAP	194	DEPEN TITRATAB	187	OPHTH SOLN	
dantrolene cap	194	DEPLIN CAP	148	dexamethasone sodium	127
dapsone tab	74	DEPO-MEDROL INJ	126	phosphate inj	
darifenacin SR tab	227	DEPO-MEDROL INJ,	126	DEXAMETHASONE	127
darunavir tab	102	METHYLPREDNISOLON		SOLN	
DAYBUE SOLN	196	E ACE INJ		dexamethasone tab	127
DDAVP NASAL SOLN	157	DEPO-PROVERA INJ	125	DEXCOM G6 RECEIVER	180
DDAVP NASAL SPRAY	157	DEPO-PROVERA SC INJ	125	DEXCOM G6 SENSOR	180
DDAVP TAB	157	104MG		DEXCOM G6	180
deferasirox granules	56	DERMA-SMOOTH/FS	140	TRANSMITTER	
packet		OIL		DEXCOM G7 RECEIVER	180
deferasirox tab	56	DERMOTIC OIL	209	DEXCOM G7 SENSOR	180
deferasirox tab 180mg	56	DESCOVY TAB	102	DEXEDRINE CAP	1
deferasirox tab 90mg, 360mg	56	desipramine tab	46	dextroamphetamine ER	3
deferiprone tab	56	DESLOTRATADINE ODT	61	cap	
DELESTROGEN INJ	159	desloratadine tab	61	dextroamphetamine tab	3
DELSTRIGO TAB	102	desmopressin acetate nasal	157	dextroamphetamine ER	1
DEMADEX TAB	150	spray		cap	
demeclocycline tab	220	desmopressin acetate tab	157	dextroamphetamine soln	1
DENAVIR CREAM	139	desoximetasone cream	141	dextroamphetamine tab	1
DENVAXIA SUSP	231	desoximetasone oint	141	DIACOMIT CAP	35
DEPAKENE CAP	42	desvenlafaxine ER tab	46	DIACOMIT POWDER	35
DEPAKENE SYRUP	42	DETROL LA CAP	227	PACK	
DEPAKOTE ER TAB	42	DETROL TAB	227	DIALVITE TAB	190
DEPAKOTE SPRINKLE CAP	42	DEXAMETHASONE	127	DIALVITE/ZINC TAB	191
		CONC		DIAPHRAGM	179
		dexamethasone elixir	127	DIASTAT ACDL GEL	34

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247

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## ALPHABETICAL LISTING OF DRUGS

DIASTAT RECTAL GEL,	34	DIFICID SUSP	179	diphenhydramine cap	60
DIAZEPAM RECTAL GEL		DIFICID TAB	179	50mg	
diazepam conc	23	DIFLUCAN SUSP	59	diphenhydramine inj	60
diazepam oral soln	23	DIFLUCAN TAB	59	DIPHENOXYLATE/ATRO	55
5mg/5ml		difluprednate ophth	202	PINE LIQUID	
diazepam rectal gel	34	emulsion		diphenoxylate/atropine tab	55
diazepam tab 2mg, 10mg	23	digoxin soln	115	DIPROLENE AF CREAM	141
diazepam tab 5mg	23	DIGOXIN SOLN	115	DIPROLENE OINT	141
diazoxide susp	50	0.05MG/ML		DIPHTHERIA/TETANUS	223
DIBENZYLINE CAP	67	digoxin tab	115	TOXOID (PEDIATRIC)	
diclofenac gel	136	dihydroergotamine	183	INJ	
diclofenac gel 1%	136	mesylate inj		dipyridamole tab	170
DICLOFENAC PATCH, FLECTOR PATCH	136	DILANTIN CAP 100MG	41	disopyramide cap	24
diclofenac potassium tab	8	DILANTIN CAP 30MG	41	disulfiram tab	213
diclofenac sodium EC tab	9	DILANTIN INFATABS	41	DITROPAN XL TAB	227
diclofenac sodium ophth soln	206	DILANTIN SUSP	41	DIURIL SUSP	152
diclofenac sodium XR tab	9	DILATRATE SR CAP	21	divalproex ER tab	42
diclofenac/misoprostol	9	DILAUDID TAB 2MG	12	divalproex sodium DR tab	42
DR tab		DILAUDID TAB 4MG	13	divalproex sprinkle cap	42
dicloxacillin cap	212	DILAUDID TAB 8MG	13	dofetilide cap	25
dicyclomine cap	224	diltiazem ER cap	114	DOLOPHINE TAB	13
dicyclomine soln	224	diltiazem tab	114	donepezil ODT	214
dicyclomine tab	224	dimethyl fumarate DR cap	216	donepezil tab	214
didanosine DR cap	102	dimethyl fumarate DR	216	donepezil tab 23mg	214
DIFFERIN CREAM	133	starter pack		DOPTELET TAB	172
DIFFERIN GEL	133	DIOVAN HCT TAB	69	dorzolamide ophth soln	206
		DIOVAN TAB	67	dorzolamide/timolol ophth	197
		DIPENTUM CAP	163	soln	

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248

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## ALPHABETICAL LISTING OF DRUGS

DOVATO TAB	102	DULERA INHALER	30	ELIGEN B12 TAB	148
DOVONEX CREAM	138	duloxetine EC cap	46	ELIMITE CREAM	146
doxazosin tab	68	DUPIXENT INJ	143	ELIQUIS TAB, ELIQUIS	32
doxepin cap	47	DUPIXENT INJ	143	STARTER PACK	
doxepin conc	47	100MG/0.67ML		ELIXOPHYLLIN ELIXIR	32
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	137	DUPIXENT PEN INJ	143	ELLA TAB	125
doxepin hcl cream	137	DURAGESIC PATCH	13	ELMIRON CAP	167
doxercalciferol cap	156	DUREZOL OPHTH	202	ELOCON CREAM	141
doxycycline hyclate cap	220	EMULSION		ELOCON OINT	141
doxycycline hyclate tab	221	dutasteride cap	167	EMADINE OPHTH SOLN	206
doxycycline monohydrate cap 100mg	221	<b>E</b>		EMCYT CAP	82
doxycycline monohydrate cap 50mg	221	econazole cream	135	EMEND CAP	58
doxycycline monohydrate tab	221	EDECрин TAB	150	EMGALITY INJ	183
doxycycline susp	221	EDEX INJ	116	EMGALITY INJ	184
D-PENAMINE TAB	110	EDURANT TAB	103	100MG/ML	
DRISDOL CAP	236	EFAVIRENZ CAP	103	EMPAVELI INJ	169
DRITHO-SCALP CREAM	138	efavirenz tab	103	EMSAM PATCH	43
dronabinol cap	58	efavirenz/emtricitabine/tenofovir disoproxil fumarate tab	103	emtricitabine cap	103
drospirenone/ethinyl estradiol/levomefolate tab	123	ofovir df tab		emtricitabine/tenofovir disoproxil fumarate tab	103
DROXIA CAP	171	efavirenz/lamivudine/tenofovir disoproxil fumarate tab	103	EMTRIVA SOLN	103
DRYSOL SOLN	145	EFFEXOR XR CAP	46	EMVERM TAB	21
DUAC GEL	133	EFFIENT TAB	170	ENABLEX TAB	227
		EFUDEX CREAM	136	enalapril maleate oral soln	66
		EGRIFTA INJ	154	enalapril tab	66
		ELDEPYRL CAP	96	enalapril/hydrochlorothiazide tab	70
		ELESTAT OPHTH SOLN	206	ENBREL INJ 25MG	11
		ELIDEL CREAM	144		

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## ALPHABETICAL LISTING OF DRUGS

ENBREL INJ 50MG	11	ERLEADA TAB	82	estradiol patch	160
ENBREL MINI INJ	11	ERLEADA TAB 240MG	82	estradiol tab	160
ENBREL SURECLICK INJ 50MG	11	erlotinib tab	81	estradiol vaginal tab,	235
		ertapenem inj	74	yuvafem vaginal tab	
ENDARI POWDER PACK	171	ERY PAD	133	estradiol valerate inj	160
ENDOMETRIN INSERT	235	ERYTHROMYCIN EC	178	estradiol/norethindrone tab	159
ENGERIX-B INJ,	231	CAP		ESTRING	235
RECOMBIVAX-HB INJ		erythromycin	178	eszopiclone tab	175
enoxaparin inj	33	ethylsuccinate susp		ethacrynic tab	151
enpresse tab	123	erythromycin gel	133	ethambutol tab	78
ENSPRYNG INJ	187	erythromycin ophth oint	200	ethosuximide cap	42
entacapone tab	95	erythromycin pad	133	ethosuximide soln	42
entecavir tab	107	erythromycin soln	133	etodolac cap	9
EPIDIOLEX SOLN	35	erythromycin tab	178	etodolac ER tab	9
EPIDUO GEL 0.1-2.5%	133	erythromycin/benzoyl	133	etodolac tab	9
EPIFOAM AEROSOL	141	peroxide gel		ETOPOSIDE CAP	94
epinastine opthth soln	206	ESBRIET CAP	219	etravirine tab	103
epinephrine pen inj	235	ESBRIET TAB 267MG	220	EULEXIN CAP	82
0.15mg, 0.3mg		ESBRIET TAB 801MG	220	everolimus tab	87
EPIVIR HBV SOLN	108	ESCAVITE CHEW TAB	191	everolimus tab for oral	87
eplerenone tab	72	escitalopram soln	44	susp	
EPRONTIA SOLN	35	escitalopram tab	44	EVISTA TAB	155
EQUETRO CAP	98	esomeprazole cap	226	EVOTAZ TAB	103
ERGOLOID MESYLATES TAB	218	estazolam tab	175	EVOXAC CAP	190
ergotamine	183	ESTRACE TAB	159	EVYSDI SOLN	196
tartrate/caffeine tab		ESTRACE VAGINAL	234	EXELDERM SOLN	135
ERIVEDGE CAP	82	CREAM		EXELON PATCH	214
		estradiol cream	234	exemestane tab	83

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## ALPHABETICAL LISTING OF DRUGS

EXFORGE TAB	70	FEMRING	235	FIRVANQ SOLN	74
EXKIVITY CAP	81	fenofibrate cap 67mg,	63	50MG/ML	
EXTAVIA INJ	216	134mg, 200mg		FLAGYL TAB	72
EZALLOR SPRINKLE	64	fenofibrate tab 48mg,	63	FLAREX OPHTH SUSP	202
CAP		54mg, 145mg, 160mg		flecainide tab	24
ezetimibe tab	65	fenofibric acid DR cap	63	FLEQSUVY SUSP	193
<b>F</b>		FENOFIBRIC TAB,	63	FLOLIPID SUSP	64
FALESSA TAB	148	FIBRICOR TAB		FLOMAX CAP	167
famciclovir tab	109	fentanyl citrate lollipop	13	FLORIVA PLUS DROPS	191
famotidine susp	225	fentanyl patch	13	FLUAD INJ	231
famotidine tab	225	FENTORA TAB,	13	FLUAD QUAD INJ	231
FANAPT TAB	98	FENTANYL BUCCAL TAB		FLUBLOK QUAD PF INJ	231
FANAPT TITRATION	98	ferrex 150 forte cap	173	FLUCELVAX QUAD INJ	231
PACK		FERREX 28 TAB	173	fluconazole susp	59
FARESTON TAB	83	FERRIPROX SOLN	55	fluconazole tab	59
FARXIGA TAB	54	fesoterodine fumarate ER	227	flucytosine cap	59
FASENRA PEN INJ	25	tab		fludrocortisone tab	129
febuxostat tab	168	FILSPARI TAB	167	FLULAVAL QUAD INJ,	231
felbamate susp	40	FINACEA GEL	145	FLUZONE QUAD INJ	
felbamate tab	40	finasteride tab	144	FLUMADINE TAB	109
FELBATOL SUSP	40	fingolimod hcl cap 0.5mg	216	FLUMIST	231
FELBATOL TAB	40	FINTEPLA SOLN	36	QUADRIVALENT NASAL	
FELDENE CAP	9	FIRDAPSE TAB	77	SUSP	
felodipine ER tab	114	FIRST	72	fluocinolone acetonide	141
FEM PH GEL	233	METRONIDAZOLE SUSP		cream	
FEMALE CONDOMS	179	FIRST MOUTHWASH	189	fluocinolone acetonide oil	141
FEMARA TAB	83	BLM		fluocinolone acetonide	141
FEMHRT TAB	159	FIRVANQ SOLN	74	oint	

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## ALPHABETICAL LISTING OF DRUGS

fluocinolone acetonide soln	141	FLUTICASONE HFA INHALER	27	FLUTICASONE-SALMET 30 EROL INHALER 232-14
fluocinolone otic oil	209	FLUTICASONE HFA INHALER 110 MCG/ACT	27	MCG/ACT
fluocinonide cream 0.05%	141	FLUTICASONE HFA INHALER 220MCG/ACT	28	FLUTICASONE-SALMET 30 EROL INHALER 55-14
fluocinonide cream 0.1%	141	FLUTICASONE HFA INHALER 44 MCG/ACT	28	MCG/ACT
fluocinonide emollient cream	141	fluticasone nasal spray	195	fluvastatin ER tab 64
fluocinonide gel	141	fluticasone propionate	141	fluvoxamine ER cap 44
fluocinonide oint	141	cream	28	fluvoxamine tab 44
fluocinonide soln	141	FLUTICASONE PROPIONATE DISKUS	28	FLUZONE HD PF INJ 232
FLUORIDEX SENSITIVITY PASTE	190	INHALER 100MCG/ACT	28	FLUZONE HIGH DOSE 232 PF INJ
fluorometholone ophth soln	202	FLUTICASONE PROPIONATE DISKUS	28	FLUZONE/FLUARIX 232 QUAD INJ
fluorouracil cream	136	INHALER 250MCG/ACT	28	FML FORTE OPHTH 202 SUSP
FLUOROURACIL CREAM 0.5%	137	FLUTICASONE PROPIONATE DISKUS	28	FML LIQUIFLIM OPHTH 202 SUSP
FLUOROURACIL SOLN	137	INHALER 50MCG/ACT	28	FML S.O.P. OPHTH OINT 203 FOCALIN TAB 4
fluoxetine cap	44	fluticasone propionate oint	141	FOCALIN XR CAP 4
fluoxetine soln	44	fluticasone/salmeterol	30	FOLBEE PLUS CZ TAB 191
FLUOXETINE TAB 60MG	44	inhaler, wixela inhaler		folbee tab 173
fluphenazine tab	100	FLUTICASONE-SALMET 30		folic acid tab 1mg 172
FLURBIPROFEN OPHTH SOLN	206	EROL INHALER 113-14		folic acid tab 400mcg 172
flurbiprofen tab	9	MCG/ACT		folic acid tab 800mcg 172
flutamide cap	83			FOLTANX TAB 148
FLUTICASONE DISKUS INHALER	27			fondaparinux inj 33

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252

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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## ALPHABETICAL LISTING OF DRUGS

formoterol fumarate neb soln	31	furosemide soln	151	GILENYA CAP 0.25MG	216
FOSAMAX TAB	153	furosemide tab	151	GILOTrif TAB	81
fosamprenavir tab	103	FUZEON INJ	103	glatiramer inj	217
foscarnet sodium inj	107			GLEOSTINE/LOMUSTIN E CAP	79
FOSCAVIR INJ	107	<b>G</b>		glimepiride tab	54
fosinopril tab	66	gabapentin cap	36	glipizide ER tab	54
fosinopril/hydrochlorothiazide tab	70	gabapentin soln	36	glipizide tab	54
FOSRENOL CHEW TAB	165	gabapentin tab 600mg	36	glipizide/metformin tab	48
FOSRENOL POWDER PACK	165	gabapentin tab 800mg	36	GLOPERBA SOLN	168
FOTIVDA CAP	87	GABITRIL TAB	40	GLUCAGEN HYPOKIT INJ	50
FRAGMIN INJ	33	galantamine ER cap	214	glucagon (rdna) for inj kit	50
FREESTYLE LIBRE 2 RECEIVER	180	galantamine tab	214	GLUCAGON EMR INJ	50
FREESTYLE LIBRE 2 SENSOR	180	GALZIN CAP	187	GLUCAGON INJ KIT	50
FREESTYLE LIBRE 3 READER	180	GAMASTAN INJ	209	GLUCOPHAGE TAB	49
FREESTYLE LIBRE 3 SENSOR	180	GAMMAGARD INJ	209	GLUCOPHAGE XR TAB	49
FREESTYLE LIBRE RECEIVER	181	GASTROCROM CONC	162	GLUCOTROL TAB	54
FREESTYLE LIBRE SENSOR (14-DAY)	181	gatifloxacin ophth soln	200	GLUCOTROL XL TAB	54
FULPHILA INJ	172	GAVILYTE-C SOLN	176	GLYBURID MCR TAB	54
FUROSCIX KIT	151	GAVRETO CAP	87	glyburide tab	55
		gefitinib tab	81	glyburide/metformin tab	48
		gemfibrozil tab	63	glycopyrrolate oral soln	226
		GENOTROPIN INJ	154	glycopyrrolate tab	224
		GENTAK OPHTH OINT	200	GLYGEST PAK	148
		gentamicin ophth soln	200	GLYNASE TAB	55
		gentamicin sulfate cream	134	GLYSET TAB	47
		gentamicin sulfate oint	134	GOLYTELY SOLN	176
		GENVOYA TAB	103		
		GEODON CAP	98		
		gianvi tab, ocella tab	123		

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

253

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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## ALPHABETICAL LISTING OF DRUGS

granisetron tab	57	haloperidol tab	99	HUMIRA INJ	7
GRANISOL SOLN	57	HECTOROL CAP	156	PSORIASIS/UVEITIS	
griseofulvin micro tab	59	HEMLIBRA INJ	168	STARTER PACK	
griseofulvin susp	59	HEPLISAV-B INJ	232	HUMIRA PEN INJ 40MG	7
griseofulvin tab	59	HEXALEN CAP	79	HUMULIN MIX INJ	53
GRIS-PEG TAB	59	HIPREX TAB	76	HUMULIN MIX PEN INJ	53
guaifenesin/codeine soln	130	HIZENTRA INJ	209	HUMULIN N INJ	53
GUAIFENESIN/CODEINE	130	HOMATROPINE OPHTH SOLN	198	HUMULIN N PEN INJ	53
SYRUP		HUMALOG JR	52	HUMULIN R INJ	53
guanfacine ER tab	3	KWIKPEN INJ		HUMULIN R INJ U-500	53
guanfacine IR tab	68	HUMALOG KWIKPEN	52	HUMULIN R U-500	53
GUANIDINE TAB	77	INJ		KWIKPEN INJ	
GVOKE INJ	50	HUMALOG MIX INJ	52	HYCAMTIN CAP	79
GVOKE INJ KIT	50	HUMALOG MIX	52	HYCODAN SYRUP	129
GVOKE PFS INJ	50	KWIKPEN INJ		HYD POL/CPM SUSP	130
<b>H</b>		HUMALOG PEN INJ	53	hydralazine tab	72
HADLIMA INJ	6	HUMIRA INJ 10MG	7	HYDREA CAP	94
HADLIMA INJ	6	HUMIRA INJ 20MG	7	hydrochlorothiazide cap	152
40MG/0.8ML		HUMIRA INJ 40MG	7	hydrochlorothiazide tab	152
HADLIMA PUSH INJ	7	HUMIRA INJ 80MG	7	hydrocodone/acetaminoph en soln	16
HADLIMA PUSH INJ	7	HUMIRA INJ	7	hydrocodone/acetaminoph en soln 10-325 mg/15ml	16
40MG/0.8ML		CROHNS/UC/HIDRADEN		hydrocodone/acetaminoph en tab	16
HALCION TAB	175	ITIS STARTER PACK		hydrocodone/acetaminoph en 10-325mg	
halobetasol propionate cream	142	HUMIRA INJ PEDIATRIC	7	UC STARTER PACK	
halobetasol propionate oint	142	CROHNS STARTER PACK			
haloperidol lactate conc	99	HUMIRA INJ PEDIATRIC	7		

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254

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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## ALPHABETICAL LISTING OF DRUGS

hydrocodone/chlorpheniramine CR susp	130	hyoscyamine sulfate ODT	225	IMURAN TAB	110
hydrocodone/chlorpheniramine/pseudoephedrine liquid	130	hyoscyamine sulfate SL tab	225	INBRIJA INH POWDER	97
hydrocodone/homatropine syrup	129	hyoscyamine tab	225	INCRELEX INJ	155
hydrocortisone cream	142	HYPER-SAL NEB SOLN	131	INCRUSE ELLIPTA	25
hydrocortisone enema	20	HYQVIA INJ	210	INHALER	
hydrocortisone lotion	142	HYZAAR TAB	70	indapamide tab	152
hydrocortisone oint	142			INDERAL LA CAP	112
hydrocortisone tab	127	<b>I</b>		indomethacin cap	9
hydromorphone tab 2mg	13	ibandronate tab 150mg	153	indomethacin CR cap	9
hydromorphone tab 4mg	13	ibuprofen susp (Rx ONLY)	9	INFANT FORMULA	149
hydromorphone tab 8mg	13	ibuprofen tab	9	LIQUID	
hydroquinone cream	145	icatibant inj	169	INFANT FORMULA	149
hydroxychloroquine tab	76	ICLUSIG TAB	87	POWDER	
hydroxyprogesterone inj	212	IDHIFA TAB	87	INGREZZA CAP	216
hydroxyurea cap	94	ILEVRO OPHTH SUSP	206	INGREZZA PACK	216
hydroxyzine pamoate cap	22	imatinib tab	87	40-80MG	
<b>HYDROXYZINE</b>	23	IMBRUICA CAP 140MG	88	INLYTA TAB	80
PAMOATE CAP 100MG		IMBRUICA CAP 70MG	88	INQOVI TAB	85
hydroxyzine syrup	23	IMBRUICA SUSP	88	INSPRA TAB	72
hydroxyzine tab	23	IMBRUICA TAB	88	INSULIN LISPRI INJ	53
<b>HYFTOR GEL</b>	144	420MG, 560MG		INSULIN LISPRO INJ	53
hyoscyamine sulfate CR tab	224	IMCIVREE INJ	2	INTELENCE TAB 25MG	103
hyoscyamine sulfate elixir	224	imipramine pamoate cap	47	INTRON-A INJ	94
		imipramine tab	47	INTUNIV TAB	3
		imiquimod cream	144	INVANZ INJ	74
		IMITREX INJ	184	INVEGA TAB	98
		IMITREX TAB	184	INVIRASE CAP	103
		IMOVAX INJ	232	INVIRASE TAB	103
		IMPAVIDO CAP	72		

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255

<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS	
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## ALPHABETICAL LISTING OF DRUGS

IOPIDINE OPHTH SOLN	199	isosorbide mononitrate ER	21	KEFLEX CAP	121
IPOL INJ	232	tab		kelnor tab	123
ipratropium nasal spray	194	isosorbide mononitrate tab	21	KENALOG INJ	127
ipratropium neb soln	25	ISOXSUPRINE TAB	117	KEPPRA SOLN	36
irbesartan tab	67	itraconazole cap	60	KEPPRA TAB	36
irbesartan/hydrochlorothia	70	itraconazole soln	60	KEPPRA XR TAB	36
zide tab		ivermectin tab	21	KESIMPTA INJ	217
<b>IRESSA TAB</b>	<b>81</b>	<b>J</b>			
<b>IRON</b>	<b>173</b>	JAKAFI TAB	88	ketoconazole cream	135
POLYSACCH/THREONIC		JANUMET TAB	48	ketoconazole shampoo	135
ACID/B12/FA CAP		JANUMET XR TAB	48	ketoconazole tab	60
ISENTRESS (HD) TAB	104	JANUVIA TAB	51	KETO-DIASTIX TEST	147
ISENTRESS CHEW TAB	104	JARDIANCE TAB	54	STRIP	
ISENTRESS POWDER	104	JAYPIRCA TAB	88	ketorolac inj 15mg/ml	9
PACK		jinteli tab	159	ketorolac inj 30mg/ml	9
isibloom tab, enskyce tab,	123	JOENJA TAB	187	ketorolac inj 60mg/2ml	10
apri tab		jolessa tab, amethia tab	123	ketorolac ophth soln	206
isoniazid syrup	78	JULUCA TAB	104	ketorolac tab	10
isoniazid tab	78	JYlamvo SOLN,	80	KETOSTIX	147
ISOPTO CARBACHOL	198	XATMEP SOLN		ketotifen ophth soln	206
OPHTH SOLN		JYNARQUE PAK	158	KEVZARA INJ	8
ISOPTO CARPINE	198	JYNARQUE TAB	158	KINERET INJ	8
OPHTH SOLN		<b>K</b>		KINRIX INJ,	223
ISORDIL TITRADOSE	21	KALYDECO PAK	219	QUADRACEL DTAP-IPV	
TAB		KALYDECO TAB	219	INJ	
isosorbide dinitrate tab	21	KAPVAY TAB	3	KINRIX PREF SYRINGE,	224
isosorbide dinitrate tab	21	KATERZIA SUSP	114	QUADRACEL PREF	
40mg				SYRINGE	
				KISQALI PAK	85

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256

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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## ALPHABETICAL LISTING OF DRUGS

KISQALI TAB	88	LAMICTAL STARTER KIT	37	LEDIPASVIR/SOFOSBUV	108
KLARON LOTION	133	LAMICTAL TAB	37	IR TAB	
KLONOPIN TAB	34	LAMICTAL XR TAB	37	leflunomide tab	11
KLOXXADO NASAL SPRAY	56	LAMISIL TAB	59	lenalidomide cap	187
KORLYM TAB	50	lamivudine soln	104	LENVIMA CAP	80
KOSELUGO CAP	88	lamivudine tab	104	LESCOL XL TAB	64
KOSELUGO CAP 10MG	88	lamivudine tab 100mg	108	letrozole tab	83
K-PHOS NEUTRAL TAB	185	lamivudine/zidovudine tab	104	leucovorin tab	94
K-PHOS TAB	185	lamotrigine chew tab	37	LEUKERAN TAB	79
KRAZATI TAB	89	lamotrigine ER tab	37	LEVALBUTEROL	31
KRINTAFEL TAB	77	lamotrigine ODT	37	INHALER, XOPENEX	
K-TAB	186	lamotrigine ODT kit	37	HFA INHALER	
		lamotrigine tab	37	levalbuterol neb soln	31
<b>L</b>		LAMPIT TAB	74	LEVAQUIN TAB	161
labetalol tab	111	LANCET DEVICE	181	LEVIBID TAB	225
LAC-HYDRIN CREAM	143	LANCET KIT	181	levetiracetam ER tab	37
LAC-HYDRIN LOTION	143	LANCETS	181	levetiracetam soln	37
lacosamide oral solution	36	LANOXIN TAB	115	levetiracetam tab	37
lacosamide tab	36	lansoprazole cap	226	LEVOBUNOLOL OPHTH	197
LACTIC ACID LOTION	143	lanthanum carbonate chew	165	SOLN	
lactulose soln	164	tab		levocarnitine soln	156
LAGEVRIO CAP (EUA)	110	lapatinib ditosylate tab	89	levocarnitine tab	156
LAGEVRIO CAP 200MG	110	LASIX TAB	151	levofloxacin ophth soln	200
LAMICTAL CHEW TAB	36	LASTACAFT OPHTH	207	LEVOFLOXACIN OPHTH	200
LAMICTAL ODT	36	SOLN		SOLN 0.5%	
LAMICTAL ODT KIT	36	latanoprost ophth soln	207	levofloxacin soln	161
LAMICTAL ODT KIT, LAMICTAL XR KIT	37	LAZANDA NASAL	14	LEVOFLOXACIN SOLN	161
		SPRAY		25MG/ML	

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257

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## ALPHABETICAL LISTING OF DRUGS

levofloxacin tab	161	lisdexamfetamine	1	LOPROX CREAM	135
levonorgestrel tab	125	dimesylate cap		LOPROX SHAMPOO	135
levonorgestrel-ethinyl	123	lisdexamfetamine	1	loratadine cap	61
estradiol-fe tab		dimesylate chew tab		lorazepam conc	23
levothyroxine tab	222	lisinopril tab	66	lorazepam tab	23
LEVSIN SL TAB	225	lisinopril/hydrochlorothiaz	70	LORBRENA TAB 100MG	89
LEVSIN TAB	225	ide tab		LORBRENA TAB 25MG	89
LEXAPRO TAB	45	lithium carbonate cap	97	LORTAB	16
LEXIVA SUSP	104	lithium carbonate ER tab	97	LORTAB ELIXIR	16
lidocaine cream 3%	145	lithium carbonate tab	97	losartan tab	67
lidocaine gel	145	LITHOBID TAB	98	losartan/hydrochlorothiazi	70
lidocaine oint	145	LITHOSTAT TAB	167	de tab	
lidocaine patch	145	LIVALO TAB	64	LOTEMAX OPHTH OINT	203
lidocaine patch 5%	145	LIVMARLI SOLN	163	LOTEMAX OPHTH SUSP	203
lidocaine soln	145	LIVTENCITY TAB	107	LOTENSIN HCT TAB	70
lidocaine viscous soln	189	L-METHYLFOLATE TAB	148	LOTENSIN TAB	66
lidocaine/hydrocortisone	20	LO LOESTRIN TAB	123	loteprednol etabonate	203
cream		LODOSYN TAB	94	ophth gel	
lidocaine/prilocaine cream	145	loestrin tab	123	loteprednol ophth susp	203
LIDODERM PATCH	145	lohist liquid	130	LOTREL CAP	70
LINDANE SHAMPOO	146	LOKELMA PAK	188	LOTRISONE CREAM	135
linezolid susp	75	LOMOTIL TAB	55	LOTRONEX TAB	164
linezolid tab	75	LONSURF TAB	85	lovastatin tab	64
LINZESS CAP	164	LOPID TAB	63	LOVAZA CAP	62
liothyronine tab	222	lopinavir/ritonavir soln	104	LOVENOX INJ	33
LIPITOR TAB	64	lopinavir/ritonavir tab	104	loxapine cap	99
LIQUIGEN	196	LOPRESSOR HCT TAB	70	lubiprostone cap	162
		LOPRESSOR TAB	112	LUMAKRAS TAB	89

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258

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## ALPHABETICAL LISTING OF DRUGS

LUMAKRAS TAB 320MG	89	MARPLAN TAB	43	MEKINIST TAB 2MG	90
LUMIGAN OPHTH SOLN	207	MATULANE CAP	94	MEKTOVI TAB	90
LUMRYZ PACK	213	MAVENCLAD PAK	217	meloxicam tab	10
LUNESTA TAB	175	MAVYRET PAK	108	MELPHALAN TAB	79
LUPKYNIS CAP	188	MAVYRET TAB	108	memantine ER cap	214
LUPRON DEPOT INJ	83	MAXALT MLT TAB	184	memantine sol	214
LUPRON DEPOT-PED INJ	155	MAXALT TAB	184	memantine tab	214
lurasidone hcl tab	98	MAXIDEX OPHTH SOLN	203	MENEST TAB	160
LUVIRA CAP	148	MAXITROL OPHTH OINT	203	MENTAX CREAM	135
LYNPARZA TAB	89	MAXITROL OPHTH	203	MENVEO INJ	228
LYSODREN TAB	83	SUSP		MEPHYTON TAB	236
LYSTEDA TAB	174	MAXZIDE TAB	150	MEPRON SUSP	74
LYTGOBI THERAPY PACK	89	MAYZENT TAB	217	mercaptopurine tab	80
LYUMJEV INJ	53	MAYZENT TAB STARTER	217	meropenem inj	74
LYUMJEV KWIKPEN INJ	53	PACK		mesalamine DR tab	163
LYVISPAH GRANULE PACKET	193	MCT OIL	196	mesalamine enema	164
		meclizine chew tab	57	mesalamine ER cap	164
		meclizine tab	57	mesalamine supp	164
		MEDROL DOSE PACK	127	MESALAMINE TAB DR	164
		MEDROL TAB	127	MESNEX TAB	94
MACROBID CAP	76	medroxyprogesterone inj	125	MESTINON TAB	77
MACRODANTIN CAP	76	medroxyprogesterone tab	213	MESTINON TIMESPAN	77
MALARONE TAB	76	mefenamic acid cap	10	TAB	
malathion lotion	146	mefloquine tab	77	METANX CAP	148
MALE CONDOMS	179	megestrol susp	83	METAPROTERENOL	31
MAPROTILINE TAB	43	megestrol tab	83	SYRUP	
maraviroc tab	104	MEKINIST SOLN	89	metaxalone tab	193
MARINOL CAP	58	MEKINIST TAB 0.5MG	89		

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## ALPHABETICAL LISTING OF DRUGS

METAXALONE TAB 400MG	193	methylphenidate chew tab methylphenidate ER cap	4 4	metronidazole lotion metronidazole tab	146 72
metformin ER tab	49	methylphenidate ER tab	4	metronidazole vaginal gel	234
metformin soln	49	methylphenidate soln	4	mexiletine hcl cap	24
metformin tab	49	methylphenidate tab	4	MICARDIS TAB	67
methadone conc	14	methylprednisolone	127	MICONAZOLE 3 SUPP	234
methadone soln 10mg/5ml	14	acetate inj		200MG	
METHADONE SOLN 5MG/5ML	14	methylprednisolone dose pack	127	MICROZIDE CAP	152
methadone tab	14	methylprednisolone tab	127	midazolam inj	175
methadone tab 10mg	14	methylprednisolone sod	127	midodrine tab	236
METHADOSE CONC	14	succinate inj		mifepristone tab	157
methazolamide tab	150	methyltestosterone cap	18	MIFIPREX TAB	157
methenamine hippurate tab	76	metoclopramide soln	162	MIGLITOL TAB	48
methimazole tab	221	metoclopramide tab	162	miglustat cap	171
METHITEST TAB	18	metolazone tab	152	MINIPRESS CAP	68
methocarbamol tab	193	metoprolol ER tab	112	MINOCIN CAP	221
methotrexate inj	80	metoprolol tab	112	minocycline cap	221
methotrexate tab	80	metoprolol/hydrochlorothi	71	minoxidil tab	72
METHOXSALEN CAP	138	azide tab		MIRALAX	177
methscopolamine tab	225	METROCREAM	145	MIRAPEX TAB	95
methsuximide cap	42	METROGEL 1%	145	MIRENA IUD	126
methyldopa tab	68	METROGEL VAGINAL	234	mirtazapine ODT	43
METHYLDOPA/HYDROC	71	GEL		mirtazapine tab	43
HLOROTHIAZIDE TAB		METROLOTION	146	MIRVASO GEL	146
methylergonovine tab	209	metronidazole cream	146	misoprostol tab	226
METHYLIN SOLN	4	metronidazole gel	146	MOBIC TAB	10
methylphenidate CD cap	4	metronidazole gel 0.75%	146	modafinil tab	4
				mometasone cream	142

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## ALPHABETICAL LISTING OF DRUGS

mometasone oint	142	mupirocin oint	134	NALOXONE PREFILLED	56
mometasone soln	142	MUSE SUPP	116	INJ	
MONODOX CAP	221	MYAMBUTOL TAB	78	naltrexone tab	56
montelukast chew tab	26	MYCOBUTIN CAP	78	NAMENDA TAB	214
montelukast granule pack	26	mycophenolate DR tab	110	NAPROSYN EC TAB	10
montelukast tab	26	mycophenolate mofetil	111	NAPROSYN TAB	10
morphine sulfate ER tab	14	cap		naproxen EC tab	10
MORPHINE SULFATE	14	mycophenolate mofetil	111	naproxen tab	10
SOLN		susp		NARCAN NASAL SPRAY	56
morphine sulfate tab	15	mycophenolate mofetil tab	111	NARDIL TAB 15MG	43
MOTOFEN TAB	55	MYDRIACYL OPHTH	198	NASACORT OTC NASAL	195
MOTRIN SUSP	10	SOLN		SPRAY	
MOUNJARO INJ	52	MYFEMBREE TAB	159	NASCOBAL SPRAY	171
MOVANTIK TAB	164	MYLERAN TAB	79	NATACYN OPHTH SUSP	200
moxifloxacin ophth soln	200	MYNATAL-Z TAB	192	NATAZIA TAB	123
moxifloxacin tab	161	MYRBETRIQ TAB	228	nateglinide tab	54
MULTAQ TAB	25	MYSOLINE TAB	37	NATPARA INJ	153
MULTIGEN FOLIC TAB	173			NATROBA SUSP	146
MULTIGEN PLUS TAB	173	N		NAYZILAM SPRAY	34
MULTIGEN TAB	173	nabumetone tab	10	nebivolol hcl tab	112
multivitamin tab	173	nadolol tab	112	NEBUSAL NEB SOLN	131
MULTIVITAMIN/FLOURI	191	nafcillin inj	212	NEFAZODONE TAB	45
DE CHEW 0.25MG		NAFTIFINE CREAM	135	nefazodone tab 50mg,	45
MULTIVITAMIN/FLOURI	191	naftifine gel	135	250mg	
DE CHEW 1MG		NAFTIN CREAM	135	neomycin tab	5
MULTIVITAMIN/FLUORI	191	NAFTIN GEL	135	NEOMYCIN/POLYMICIN	200
DE CHEW TAB		naloxone hcl nasal spray	56	/GRAMICIDIN OPHTH	
multivitamin/minerals tab	191	naloxone inj	56	SOLN	

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## ALPHABETICAL LISTING OF DRUGS

neomycin/polymixin/hydro	208	NEVIRAPINE SUSP	104	NITRO-DUR PATCH	22
coritisone otic soln		nevirapine tab	104	0.3MG/HR, 0.8MG/HR	
neomycin/polymixin/hydro	209	NEXLETOL TAB	61	nitrofurantoin	76
coritisone otic susp		NEXLIZET TAB	61	macrocrystals cap	
neomycin/polymyxin/dexa	203	NEXPLANON IMPLANT	125	nitrofurantoin	76
methasone ophth oint		NEXTSTELLIS TAB	123	monohydrate cap	
neomycin/polymyxin/dexa	203	niacin cap	236	nitroglycerin lingual spray	22
methasone ophth soln		niacin CR tab	236	nitroglycerin patch	22
NEOMYCIN/POLYMYXI	203	niacin ER tab	65	nitroglycerin SL tab	22
N/HYDROCORTISONE		niacin tab	236	NITROLINGUAL PUMP	22
OPHTH SOLN		NIACIN TR TAB	236	SPRAY	
NEONATAL 19 TAB	192	niacinamide tab	237	NITROSTAT SL TAB	22
NEONATAL FE TAB	192	nicotine gum	218	NIVESTYM INJ	172
NEOSPORIN OPHTH	201	NICOTINE KIT	218	NIZATIDINE CAP	225
SOLN		nicotine lozenge	218	NIZATIDINE SOLN	225
NEPHROCAP	191	nicotine patch	218	NIZORAL A-D	135
NEPHRON FA TAB	174	NICOTROL INHALER	218	SHAMPOO	
NEPTAZANE TAB	150	NICOTROL NASAL	218	NIZORAL SHAMPOO	135
NERLYNX TAB	90	SPRAY		norethindrone ace-ethinyl	123
NEUPRO PATCH	95	nifedipine cap	114	estradiol-fe cap	
NEURONTIN CAP	38	nifedipine ER tab	114	norethindrone	124
NEURONTIN SOLN	38	nilutamide tab	83	acetate/ethinyl estradiol FE	
NEURONTIN TAB	38	nimodipine cap	114	chew tab	
600MG		NINLARO CAP	90	norethindrone	124
NEURONTIN TAB	38	nitazoxanide tab	74	acetate/ethinyl estradiol	
800MG		NITRO-BID OINT	22	tab	
NEVANAC OPHTH SUSP	207	NITRO-DUR PATCH	22	norethindrone tab	126
NEVIRAPINE ER TAB	104				

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## ALPHABETICAL LISTING OF DRUGS

norethindrone/ethinyl estradiol FE tab	124	NUVIGIL TAB	4	olmesartan/hydrochlorothi azide tab	71
NORLIQVA ORAL SOLN	114	nystatin cream	135	olopatadine ophth soln	207
NORPACE CAP	24	nystatin oint	136	0.1%	
NORPRAMIN TAB	47	nystatin powder	59	olopatadine ophth soln	207
nortrel tab	124	nystatin susp	189	0.2%	
nortriptyline cap	47	nystatin tab	59	OLUMIANT TAB	5
nortriptyline oral soln	47	nystatin topical powder	136	OLUX FOAM	142
NORVASC TAB	114	nystatin/triamcinolone cream	136	omega-3-acid ethyl esters cap	62
NORVIR CAP	104	nystatin/triamcinolone oint	136	omeprazole DR cap	226
NORVIR POWDER PACK	104	NYVEPRIA INJ	172	omeprazole tab	226
NORVIR SOLN	105	<b>O</b>			
NORVIR TAB	105	OCALIVA TAB	161	OMNICEF SUSP	122
NOXAFILE PAK	60	octreotide inj	158	OMNIPOD 5 INTRO KIT	181
NOXAFILE SUSP	60	OCTREOTIDE INJ	158	OMNIPOD 5 PACK PODS	181
NOXAFILE TAB	60	100MCG		OMNIPOD DASH INTRO KIT	181
np thyroid tab	222	OCUFLOX OPHTH SOLN	201	OMNIPOD DASH PODS	181
NUBEQA TAB	83	ODEFSEY TAB	105	OMNIPOD GO KIT	181
NUCALA INJ	25	ODOMZO CAP	82	OMNIPOD STARTER KIT	181
NUCORT LOTION	142	OFEV CAP	220	OMNITROPE INJ	154
NUCYNTA TAB	15	ofloxacin ophth soln	201	ondansetron ODT	57
NUEDEXTA CAP	217	ofloxacin otic soln	208	ondansetron soln	57
NULYTELY SOLN	177	ofloxacin tab	161	ondansetron tab	57
NUTRITIONAL SUPPLEMENT LIQUID	149	olanzapine ODT	100	ONETOUCH METER	181
NUTRITIONAL SUPPLEMENT POWDER	149	olanzapine tab	100	ONETOUCH TEST STRIP	148
NUVARING	125	olanzapine/fluoxetine cap	215	ONETOUCH VERIO	181
		OLLIZAC POWDER	148	FLEX METER	
		olmesartan tab	67		

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## ALPHABETICAL LISTING OF DRUGS

ONETOUCH VERIO IQ METER	182	ORKAMBI GRANULES PACKET	219	OXYCODONE/ASPIRIN TAB	17
ONETOUCH VERIO METER	182	ORKAMBI TAB	219	OXYTROL PATCH (OTC)	227
ONETOUCH VERIO REFLECT METER	182	ORSERDU TAB	84	OZEMPIC INJ	51
ONETOUCH VERIO TEST STRIP	148	ORSERDU TAB 345MG	84		
ONFI SUSP	34	oseltamivir cap	109	<b>P</b>	
ONFI TAB	34	oseltamivir cap 30mg	109	paliperidone ER tab	98
OPSUMIT TAB	119	oseltamivir susp	109	PALYNZIQ INJ	156
OPVEE NASAL SPRAY	57	OTEZLA STARTER PACK	10	PAMELOR CAP	47
ORACIT SOLN	166	OTEZLA TAB	10	pantoprazole EC tab	226
ORAP TAB	218	OVACE PLUS CREAM	138	PARAGARD IUD	125
ORAPRED ODT TAB	128	OVIDE LOTION	146	paricalcitol cap	156
ORAPRED SOLN	128	oxacillin inj	212	PARLODEL CAP	95
ORENCIA CLICK INJ	11	OXBRYTA TAB FOR ORAL SUSP	171	PARLODEL TAB	95
ORENCIA SC INJ 125MG/ML	11	oxcarbazepine susp	38	PARNATE TAB	44
ORENCIA SC INJ 50MG/0.4ML	11	oxcarbazepine tab	38	paromomycin cap	5
ORENCIA SC INJ 87.5MG/0.7ML	11	oxiconazole nitrate cream	136	paroxetine ER tab	45
ORENITRAM TAB	117	OXSORALEN ULTRA CAP	138	paroxetine oral susp	45
ORGOVYX TAB	83	oxybutynin ER tab	227	paroxetine tab	45
ORIAHNN CAP	159	oxybutynin syrup	227	PATANOL OPHTH SOLN	207
ORILISSA TAB 150MG	154	oxybutynin tab	227	PAXIL CR TAB	45
ORILISSA TAB 200MG	154	oxycodone soln	15	PAXIL ORAL SUSP	45
		oxycodone tab	15	PAXIL TAB	45
		oxycodone/acetaminophen tab	16	PAXLOVID TAB 150-100MG	107
				PAXLOVID TAB 300-100MG	107
				pazopanib tab	90
				PCE TAB	178

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## ALPHABETICAL LISTING OF DRUGS

PEAK FLOW METER	183	PERFOROMIST NEB	31	phytonadione tab	236
pediatric multiple	191	SOLN		PICATO GEL	137
vitamins/fluoride chew tab		PERIDEX SOLN	189	PIFELTRO TAB	105
pediatric multiple	192	permethrin cream	146	pilocarpine ophth soln	198
vitamins/fluoride soln		perphenazine tab	101	pilocarpine tab	190
pediatric multiple	191	PERPHENAZINE/	215	pimecrolimus cream	144
vitamins/fluoride/iron soln		AMITRIPTYLINE TAB		PIMOZIDE TAB	218
PEDVAXHIB INJ	228	pfizerpen g inj	211	pindolol tab	112
peg 3350 soln (100 gram	177	PHEBURANE ORAL	156	pioglitazone tab	54
Moviprep equiv)		PELLETS		piperacillin/tazobactam inj	212
peg 3350/electrolytes soln	177	phenazopyridine tab	167	PIQRAY TAB	90
PEGASYS INJ	108	PHENELZINE SULFATE	44	pirfenidone cap	220
PEG-INTRON INJ	108	TAB		pirfenidone tab 267mg	220
PEMAZYRE TAB	90	phenelzine tab	44	pirfenidone tab 801mg	220
penciclovir cream	139	phenobarbital elixir	175	piroxicam cap	10
penicillamine tab	187	phenobarbital tab	175	pitavastatin calcium tab	64
PENICILLIN G	211	phenoxybenzamine cap	67	PLAN B TAB	125
PROCAINE INJ		phentermine cap	2	PLAQUENIL TAB	77
PENICILLIN G SODIUM	211	phentermine tab	2	PLAVIX TAB 75MG	170
INJ		phenylephrine ophth soln	198	PLEGRIDY INJ	217
PENICILLIN VK SOLN	211	phenytoin cap	41	PLEGRIDY PEN INJ	217
penicillin vk tab	211	phenytoin chew tab	41	PNEUMOVAX INJ	229
PENTACEL INJ	224	phenytoin susp	41	PODIAPN CAP	148
pentamidine neb soln	72	PHEXXI GEL	233	PODOC CON SOLN	144
pentoxifylline ER tab	169	phlexy-10 tab	196	podofilox soln	144
PEPCID SUSP	225	PHOSLO CAP	165	polyethylene glycol 3350	177
PEPCID TAB	225	PHOSLYRA SOLN	165	powder	
PERCOCET TAB	17	phospha 250 neutral tab	186		

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## ALPHABETICAL LISTING OF DRUGS

POLYETHYLENE GLYCOL 8000 GRANULES	212	potassium citrate/citric acid soln	166	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	204
polymyxin b/trimethoprim ophth soln	201	potassium phosphate monobasic tab	186	prednisolone soln	128
POLYTRIM OPHTH SOLN	201	PRADAXA CAP 110MG	33	PREDNISONE SOLN	128
POMALYST CAP	84	PRADAXA CAP 75MG, 150MG	33	prednisone tab	128
posaconazole DR tab	60	pramipexole tab	96	PREFEST TAB	159
posaconazole susp	60	pramoxine/hydrocortisone cream	20	pregabalin cap	38
POTABA CAP	237	PRANDIN TAB	54	pregabalin cap 225mg	38
POTABA POWDER	237	prasugrel tab	170	pregabalin cap 300mg	38
PACKET		PRAVACHOL TAB	64	pregabalin soln	38
potassium bicarbonate effer tab	186	pravastatin tab	64	PREHEVBRIOT SUSP	232
potassium chloride ER cap	186	praziquantel tab	21	PREMARIN TAB	160
potassium chloride ER tab	186	prazosin cap	68	PREMARIN VAGINAL CREAM	235
potassium chloride micro tab	186	PRECOSE TAB	48	PREMPHASE TAB,	159
potassium chloride powder packet	186	PRED FORTE OPHTH SUSP	204	PREMPRO TAB	192
potassium chloride soln	186	PRED MILD OPHTH SOLN	204	PRENATABS RX TAB	192
POTASSIUM CHLORIDE TAB ER	186	PRED-G OPHTH SOLN	204	PRENATAL 19 CHEW TAB	192
potassium citrate CR tab	166	prednisolone ODT	128	PRENATAL 19 TAB	192
potassium citrate/citric acid powder pack	166	PREDNISOLONE ODT	128	PRENATAL VITAMINS (NON-PREFERRED)	192
		TAB		PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	236
		PREDNISOLONE OPHTH SUSP	204	PRETOMANID TAB	78
				PREVACID CAP	226

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## ALPHABETICAL LISTING OF DRUGS

PREVACID OTC CAP	226	promethazine supp	61	PROZAC CAP	45
PREVIDENT SOLN	190	promethazine syrup	61	PULMICORT INH SUSP	28
PREVNAR 13 INJ	229	promethazine tab	61	PULMOZYME INH SOLN	219
PREVNAR 20 INJ	229	PROMETHAZINE VC	130	PURIXAN SUSP	80
PREVYMIS TAB	107	SYRUP		pyrazinamide tab	78
PREZCOBIX TAB	105	promethazine VC/codeine	130	pyridostigmine CR tab	77
PREZISTA SUSP	105	syrup		pyridostigmine tab	77
PREZISTA TAB	105	promethazine/codeine	131	pyridostigmine soln	77
PRIFTIN TAB	78	syrup		pyrimethamine tab	77
primaquine tab	77	PROMETHEGAN SUPP	61	PYRUKYND TAB	170
primidone tab	38	PROMETRIUM CAP	213	PYRUKYND TAPER	170
PRIMSOL SOLN	73	propafenone ER cap	24	PACK	
PRINVIL TAB, ZESTRIL TAB	66	propafenone tab	24	<b>Q</b>	
		proparacaine ophth soln	202	QBRELIS SOLN	66
PRISTIQ TAB	46	propranolol ER cap	113	QINLOCK TAB	90
probencid tab	168	propranolol oral soln	113	QSYMIA CAP	2
PROCARDIA CAP	114	20mg/5ml		QUESTRAN LITE	63
prochlorperazine supp	101	PROPRANOLOL SOLN	113	POWDER	
prochlorperazine tab	101	propranolol tab	113	QUESTRAN POWDER	63
PROCTOCORT CREAM	142	PROPRANOLOL/HYDRO	71	QUESTRAN POWDER	63
proctosol HC cream	20	CHLOROTHIAZIDE TAB		PACK	
progesterone cap	213	propylthiouracil tab	221	quetiapine tab	100
PROGESTERONE SUPP	235	PROSCAR TAB	167	quetiapine XR tab	100
PROGLYCEM SUSP	50	pro-stat liquid	196	QUFLORA PEDIATRIC	192
PROLENSA OPHTH SOLN	207	PROTOPIC OINT	144	CHEW TAB	
PROMACTA TAB	172	protriptyline tab	47	quinapril tab	66
promethazine DM syrup	130	PROVERA TAB	213	QUINAPRIL/HCTZ TAB	71
		PROVIGIL TAB	5		

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## ALPHABETICAL LISTING OF DRUGS

quinapril/hydrochlorothiazide tab	71	repaglinide tab	54	RIFAMATE CAP	78
quinidine gluconate CR tab	24	REPATHA INJ	65	rifampin cap	78
quinidine sulfate tab	24	REPATHA PUSHTRONEX	65	RIFATER TAB	78
		INJ		riluzole tab	195
<b>R</b>		REQUIP TAB	96	RIMANTADINE TAB	109
RABAVERT INJ	232	RESCRIPTOR TAB	105	RINVOQ ER TAB	5
rabeprazole EC tab	226	RESTORIL CAP 15MG	175	RIOMET ER SUSP	49
RADICAVA ORS	195	RESTORIL CAP 22.5MG	175	RIOMET SOLN	49
STARTER KIT		RESTORIL CAP 30MG	175	risedronate DR tab	153
RADICAVA ORS SUSP	195	RESTORIL CAP 7.5MG	175	risedronate tab	153
raloxifene tab	155	RETACRIT INJ	172	RISPERDAL M ODT	98
ramelteon tab	176	RETEVMO CAP	90	RISPERDAL SOLN	98
ramipril cap	66	RETIN-A CREAM	133	RISPERDAL TAB	98
RANEXA TAB	21	REVATIO SUSP	119	risperidone microspheres	99
ranolazine tab	21	REVATIO TAB	119	inj	
rasagiline tab	96	REVLIMID CAP	187	risperidone ODT	99
RAZADYNE ER CAP	215	REYATAZ POWDER	105	risperidone soln	99
RAZADYNE TAB	215	PACK		risperidone tab	99
REBETOL SOLN	108	REYVOW TAB	184	RITALIN LA CAP	5
REGLAN TAB	162	REZLIDHIA CAP	91	RITALIN TAB	5
REGRANEX GEL	146	REZUROCK TAB	187	ritonavir tab	105
RELENZA DISKHALER	109	RHEUMATREX TAB	6	rivastigmine cap	215
RELYVRIO PAK	195	RHOFADE CREAM	146	rivastigmine patch	215
REMERON SOLUTAB	43	RIBAVIRIN CAP	108	rizatriptan ODT	184
REMERON TAB	43	RIBAVIRIN TAB	108	rizatriptan tab	184
renaphro cap	191	RIDAURA CAP	8	ROBAXIN TAB	193
RENOVA CREAM	134	rifabutin cap	78	ROBINUL TAB	225
RENVELA TAB	165	RIFADIN CAP	78	ROCALTROL CAP	156

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## ALPHABETICAL LISTING OF DRUGS

ROCALTROL SOLN	156	sapropterin	156	sevelamer tab	165
roflumilast tab	26	dihydrochloride powder		SFROWASA ENEMA	164
ropinirole ER tab	96	packet		SHINGRIX INJ	232
ropinirole tab	96	sapropterin	157	SIGNIFOR INJ	158
rosuvastatin tab	65	dihydrochloride soluble		sildenafil susp	119
ROTARIX SUSP	232	tab		sildenafil tab	117
ROTATEQ INJ	232	SAVELLA PAK	215	sildenafil tab 20mg	119
ROXICODONE TAB	15	SAVELLA TAB	216	SILVADENE CREAM	139
ROZEREM TAB	176	SAXENDA INJ	2	silver sulfadiazine cream	139
ROZLYTREK CAP	91	scopolamine patch	58	SIMBRINZA OPHTH	199
RUBRACA TAB	91	selegiline cap	96	SUSP	
rufinamide susp	38	selegiline tab	96	SIMPONI	7
rufinamide tab	38	selenium sulfide lotion	138	AUTO-INJECTOR 100MG	
RUKOBIA ER TAB	105	selenium sulfide shampoo	139	SIMPONI INJ 100MG	8
RYBELSUS TAB	52	SELZENTRY SOLN	105	simvastatin tab	65
RYDAPT CAP	91	SELZENTRY TAB	105	SINEMET CR TAB	96
RYTHMOL SR CAP	24	SEMLEE INJ, INSULIN	53	SINEMET TAB	96
<hr/>					
<b>S</b>		GLARGINE-YFGN INJ		SINGULAIR CHEW TAB	26
SALAGEN TAB	190	SEMLEE PEN, INSULIN	53	SINGULAIR GRANULE	26
SALEX SHAMPOO	144	GLARGINE-YFGN PEN		PACK	
salsalate tab	12	SEMPREX-D CAP	131	SINGULAIR TAB	26
SANCUSO PATCH	57	SEREVENT DISKUS	31	sirolimus soln	188
SANDIMMUNE SOLN	111	INHALER		sirolimus tab	111
100MG/ML		SEROQUEL TAB	100	SIVEXTRO TAB	75
SANTYL OINT	143	SEROQUEL XR TAB	100	SKELAXIN TAB	194
SAPHRIS SL TAB	100	sertraline conc	45	SKYCLARYS CAP	196
		sertraline tab	45	SKYRIZI INJ 150MG/ML	138
		sevelamer powder pak	165		

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269

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## ALPHABETICAL LISTING OF DRUGS

SKYRIZI INJ 180 MG/1.2ML	164	sodium sulfacetamide lotion	133	sotalol tab SOTYLIZE SOLN	113
SKYRIZI INJ 360MG/2.4ML	164	sodium sulfacetamide/sulfur	133	5MG/ML	122
SKYRIZI INJ 75MG/0.83ML	138	cleanser 10-5%	133	SPECTRACEF TAB SPIKEVAX INJ	232
SKYTROFA INJ	154	sodium sulfacetamide/sulfur	133	SPIKEVAX INJ 50MCG/0.5ML	233
SLO-NIACIN TAB	237	cleanser 9-4.5%		SPINOSAD SUSP	146
SLYND TAB	126	sodium sulfacetamide/sulfur	133	SPIRIVA RESPIMAT	26
smz/tmp (DS) tab	73	emulsion 10-5%		INHALER 1.25MCG/ACT	
smz/tmp susp	73	sodium/magnesium/potassi	177	spironolactone susp	151
SOD CHLORIDE INJ	186	um soln		spironolactone tab	151
sodium chloride neb soln	131	sodium citrate/citric acid	108	spironolactone/hydrochlor	150
sodium citrate/citric acid soln	166	SOFOSBUVIR/VELPATAS VIR TAB		othiazide tab	
sodium fluoride cream	190	SOGROYA INJ	155	SPORANOX CAP	60
sodium fluoride gel	190	solifenacin tab	227	SPORANOX SOLN	60
sodium fluoride paste	190	SOLU-CORTEF INJ	128	sprintec 28 tab	124
sodium fluoride rinse	190	SOLU-CORTEF INJ	128	SPRYCEL TAB	91
sodium fluoride soln	185	100MG		SPS SUSP	188
sodium fluoride tab	185	SOLU-MEDROL INJ	128	STALEVO TAB	97
sodium fluoride/potassium nitrate paste	190	SOLU-MEDROL INJ	128	STARLIX TAB	54
SODIUM OXYBATE SOLN	213	2GM		stavudine cap	105
SODIUM POLYSTYRENE powder	111	SOLU-MEDROL PF INJ	128	STELARA INJ	138
sodium polystyrene susp	111	SOMA TAB	194	STENDRA TAB	117
		SOMAVERT INJ	154	STIMATE NASAL SOLN	157
		sorafenib tosylate tab	91	STIOLTO INHALER	31
		sotalol AF tab	113	STIVARGA TAB	91
				STRENSIQ INJ	157

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## ALPHABETICAL LISTING OF DRUGS

STRIBILD TAB	106	SUPRAX CAP	122	TADLIQ SUSP	119
STRIVERDI RESPIMAT	31	SUPRAX CHEW TAB	122	TAFINLAR CAP	91
INHALER		SUPRAX SUSP	122	TAFINLAR TAB	91
STROMECTOL TAB	21	SUPRAX SUSP	122	TAGRISSO TAB	81
SUBOXONE SL FILM	18	500MG/5ML		TAKHZYRO INJ	169
sucralfate susp	226	SURMONTIL CAP	47	TAKHZYRO INJ	169
sucralfate tab	225	SYMAX DUOTAB	225	150MG/ML	
sulfacetamide sodium	201	SYMBYAX CAP	215	TALTZ INJ	138
ophth soln		SYMDEKO TAB	219	TALZENNA CAP 0.25MG	91
sulfacetamide	204	SYMJEPI INJ	235	TALZENNA CAP 0.5MG,	92
sodium/prednisolone		SYMPROIC TAB	165	0.75MG, 1MG	
ophth soln		SYMTUZA TAB	106	TAMIFLU CAP	109
SULFACETAMIDE/PRED	204	SYNAREL NASAL SOLN	155	TAMIFLU CAP 30MG	110
NISOLONE OPHTH		SYNJARDY TAB	48	tamoxifen tab	84
SOLN		SYNJARDY XR TAB	49	tamsulosin cap	167
sulfadiazine tab	220	10-1000MG, 25-1000MG		TAPAZOLE TAB	221
SULFAMYLYON CREAM	139	SYNJARDY XR TAB	49	TASIGNA CAP	92
sulfasalazine EC tab	164	5-1000MG,		TASMAR TAB	95
sulfasalazine tab	164	12.5-1000MG		tavaborole soln	136
sulindac tab	10	SYNTHROID TAB	222	TAVALISSE TAB	169
SUMADAN WASH 9-4.5%	134			TAVNEOS CAP	169
SUMATRIPTAN INJ	184	TABLOID TAB	80	tazarotene cream 0.1%	138
SUMATRIPTAN INJ 6MG/0.5ML	185	TABRECTA TAB	91	TAZORAC CREAM	138
sumatriptan tab	185	tacrolimus cap	111	TAZORAC CREAM 0.05%	138
sunitinib malate cap	91	tacrolimus oint	144	TAZVERIK TAB	92
SUNOSI TAB	3	tadalafil tab	117	TECHLITE INSULIN SYRINGE	182
		tadalafil tab (PAH)	119	TECHLITE PEN NEEDLE	182
		tadalafil tab 2.5mg, 5mg	117		

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## ALPHABETICAL LISTING OF DRUGS

TEGRETOL SUSP	38	TERIPARATIDE INJ	153	theophylline soln	32
TEGRETOL TAB	39	620MCG/2.48ML		THEOPHYLLINE TAB ER	32
TEGRETOL XR TAB	39	TESSALON CAP	129	thioridazine tab	101
TEGSEDI INJ	218	testosterone cypionate inj	19	thiothixene cap	101
TEKTURNA HCT TAB	71	TESTOSTERONE	19	THYROLAR TAB	222
TEKTURNA TAB	72	ENANTHATE INJ		tiagabine tab	41
telmisartan tab	67	200MG/ML		TIAZAC CAP	115
temazepam cap 15mg	175	TESTOSTERONE GEL 1%	19	TIBSOVO TAB	92
temazepam cap 22.5mg	176	25MG		TIGAN CAP	58
temazepam cap 30mg	176	testosterone gel 1% 50mg	19	TIKOSYN CAP	25
temazepam cap 7.5mg	176	testosterone gel 1% pump	19	timolol maleate ophth gel	197
TEMOVATE CREAM	142	testosterone gel 1.62%	19	timolol maleate ophth soln	197
TEMOVATE OINT	142	1.25gm		timolol maleate tab	113
temozolomide cap	79	testosterone gel 1.62%	19	TIMOPTIC OPHTH SOLN	197
tenofovir disoproxil fumarate tab	106	2.5gm		TIMOPTIC-XE OPHTH GEL	197
TENORETIC TAB	71	TESTOSTERONE GEL	19	TINDAMAX TAB	73
TENORMIN TAB	112	PUMP		tinidazole tab	73
TEPMETKO TAB	92	testosterone gel pump	19	tiopronin tab	168
TERAZOL CREAM	234	1.62%		TIROSINT-SOL	223
terazosin cap	68	testosterone soln	19	TIVICAY PD TAB	106
terbinafine tab	59	TETANUS/DIPHTHERIA	224	TIVICAY TAB	106
terbutaline sulfate tab	31	TOXOID INJ		tizanidine tab	194
terconazole cream	234	tetrabenazine tab	216	TOBI PODHALER	5
TERCONAZOLE CREAM 0.8%	234	tetracycline cap	221	TOBRADEX OPHTH	204
terconazole supp	234	TEZSPIRE INJ	25	THALOMID CAP	110
teriflunomide tab	217	THEO-24 CAP	32	TOBRADEX OPHTH OINT	204
		theophylline ER tab	32	TOBRADEX OPHTH SOLN	

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## ALPHABETICAL LISTING OF DRUGS

TOBRADEX ST OPHTH SUSP	204	tramadol ER tab	15	triamterene/hydrochlorothiazide cap	150
tobramycin neb soln	5	TRAMADOL HCL ER TAB	15	triamterene/hydrochlorothiazide tab	150
tobramycin ophth soln	201	tramadol tab	15	triazolam tab	176
tobramycin/dexamethasone ophth soln	205	tramadol/acetaminophen tab	17	tricitrates soln	166
TOBREX OPHTH OINT	201	TRANSDERM-SCOP PATCH	58	tricon cap	174
TOBREX OPHTH SOLN	201	PATCH		TRICOR TAB	63
TODAY SPONGE	234	tranylcypromine tab	44	trientine cap	187
TOFRANIL TAB	47	TRAVATAN Z DROPS	207	trifluoperazine tab	101
TOLAZAMIDE TAB	55	travoprost ophth soln	207	TRIFLURIDINE OPHTH SOLN	201
TOLBUTAMIDE TAB	55	trazodone tab	45	trihexyphenidyl elixir	96
tolcapone tab	95	TRECATOR TAB	78	TRIHEXYPHENIDYL SOLN	97
TOLMETIN TAB	10	TRELEGY ELLIPTA INHALER	31	TRIHEXYPHENIDYL	97
tolterodine SR cap	227	TREMFYA INJ	138	trihexyphenidyl tab	94
tolterodine tab	227	tretinoin cap	79	TRIKAFTA TAB	219
TOPAMAX SPRINKLE CAP	39	tretinoin cream	134	TRIKAFTA THERAPY	219
TOPAMAX TAB	39	tretinoin gel	134	PACK	
TOPICORT CREAM	142	triamcinolone acetate inj	129	tri-legest tab	124
TOPICORT OINT	142	triamcinolone cream	142	TRILEPTAL SUSP	39
topiramate sprinkle cap	39	triamcinolone in orabase	190	TRILEPTAL TAB	39
topiramate tab	39	paste		TRI-LUMA CREAM	145
TOPROL XL TAB	112	triamcinolone lotion	142	trimethobenzamide cap	58
toremifene tab	84	triamcinolone oint	142	TRIMETHOPRIM TAB	73
torsemide tab	151	triamcinolone OTC nasal spray	195	trimipramine cap	47
TOVIAZ TAB	227			TRINTELLIX TAB	46
TRACLEER TAB 32MG	119			tri-sprintec tab	124

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## ALPHABETICAL LISTING OF DRUGS

TRIUMEQ PD TAB	106	TYVASO DPI POWDER	118	VALCYTE TAB	107
TRIUMEQ TAB	106	TITRATION KIT		valganciclovir soln	107
TRIZIVIR TAB	106	16-32-48MCG		valganciclovir tab	107
tropicamide ophth soln	198	TYVASO DPI POWDER	118	VALIUM TAB 2MG,	23
trospium chloride SR cap	228	TITRATION KIT		10MG	
trospium tab	228	16-32MCG		VALIUM TAB 5MG	24
TRUEPLUS INSULIN SYRINGE	182	TYVASO INH SOLN	118	valproic acid cap	42
TRUEPLUS PEN NEEDLE	182	<b>U</b>		valproic acid syrup	42
TRULANCE TAB	161	UBRELVY TAB	183	valsartan tab	67
TRULICITY INJ	52	UCERIS RECTAL FOAM	20	valsartan/hydrochlorothiazi de tab	71
TRUMENBA INJ	229	UCERIS TAB	129	VALTOCO NASAL SPRAY	34
TRUSOPT OPHTH SOLN	207	ULORIC TAB	168	VALTREX TAB	109
TUKYSA TAB	80	ULTRAM TAB	15	VANCOCIN CAP	74
TURALIO CAP	92	ULTRAVATE CREAM	142	vancomycin cap	74
tussigon tab	129	ULTRAVATE OINT	142	VANIQA CREAM	144
TUSSIONEX SUSP	131	UPNEEQ SOLN	207	vardenafil ODT	117
TWIRLA PATCH	124	UPTRAVI TAB	120	vardenafil tab	117
TYBLUME TAB	124	URECHOLINE TAB	228	VARENICLINE TAB	218
TYLENOL/CODEINE TAB	17	UROCIT-K TAB	166	varenicline tartrate tab	218
TYMLOS INJ	153	UROXATRAL TAB	167	varenicline tartrate tab	218
TYVASO DPI POWDER	117	URSO FORTE TAB	162	starter pack	
TYVASO DPI POWDER	118	ursodiol cap	162	VARIVAX INJ	233
MAINTENANCE KIT		ursodiol tab	162	VARUBI TAB	59
32-48MCG		<b>V</b>		VASERETIC TAB	71
		VAGIFEM TAB	235	VASOTEC TAB	66
		valacyclovir tab	109	VAXNEUVANCE INJ	229
		VALCHLOR GEL	137	v-c forte cap	191

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## ALPHABETICAL LISTING OF DRUGS

VELIVET PAK	124	VFEND TAB	60	VIZIMPRO TAB	82
VELPHORO CHEW TAB	165	V-GO INJ KIT	182	VOLTAREN GEL	136
VEMLIDY TAB	108	VIBRAMYCIN CAP	221	VONJO CAP	93
VENCLEXTA STARTER PACK	81	VIBRAMYCIN SUSP	221	voriconazole susp	60
VENCLEXTA TAB	81	VIBRAMYCIN SYRUP	221	voriconazole tab	60
VENELEX OINT	147	VICTOZA INJ	52	VOSEVI TAB	108
venlafaxine ER cap	46	VIDEX SOLN	106	VOWST CAP	164
venlafaxine tab	46	vigabatrin powder pack	41	VOXZOGO INJ	157
VENTAVIS INH SOLN	118	vigabatrin tab	41	VP-PNV-DHA CAP	192
VENTOLIN HFA INHALER	32	vigadrone powder pack	41	VYNDAMAX CAP	120
VERAPAMIL ER CAP, VERELAN CAP	115	VIGAMOX OPHTH SOLN	201	VYNDAQEL CAP	120
verapamil SR cap	115	VIJOICE TAB	188	<b>W</b>	
VERAPAMIL SR CAP 360mg	115	VIJOICE TAB 250MG	188	WAKIX TAB	3
verapamil SR tab	115	viorele tab, kariva tab	124	warfarin tab	32
verapamil tab	115	VIRACEPT TAB	106	WEGOVY INJ	2
VERELAN CAP	115	VIREAD TAB 150MG,	106	WEGOVY INJ	2
VERELAN PM CAP	115	200MG, 250MG		1.7MG/0.75ML	
VERELAN PM ER CAP 200MG, 300MG	115	VISTARIL CAP	23	WEGOVY INJ	2
VERELAN SR CAP 360mg	115	VITAFOL STRIPS	192	2.4MG/0.75ML	
VERZENIO TAB	92	vitamin D cap	236	WELIREG TAB	84
VESICARE TAB	228	vitamin D cap 1000unit	236	WELLBUTRIN SR TAB	43
VFEND SUSP	60	vitamin D cap 400unit	236	WELLBUTRIN XL TAB	43
		VITAMIN D TAB	236	wymzya FE tab	124
		400UNIT		<b>X</b>	
		VITRAKVI CAP 100MG	92	XACIATO GEL	233
		VITRAKVI CAP 25MG	92	XADAGO TAB	96
		VITRAKVI SOLN	93	XALATAN OPHTH SOLN	208
		VIVELLE-DOT PATCH	160		

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## ALPHABETICAL LISTING OF DRUGS

XALKORI CAP	93	XIGDUO XR TAB	49	ZEPOSIA CAP	217
XAQUIL XR TAB	149	2.5-1000MG, 5-1000MG		ZEPOSIA STARTER PACK	217
XARELTO STARTER PACK	32	XIGDUO XR TAB	49	ZESTORETIC TAB	72
XARELTO SUSP	33	5-500MG, 10-500MG, 10-1000MG		ZETONNA NASAL SPRAY	195
XARELTO TAB	33	XOPENEX NEB SOLN	32	ZIAC TAB	72
XCOPRI PAK 100-150MG	40	XOSPATA TAB	93	zidovudine cap	106
XCOPRI PAK 150-200MG	40	XPOVIO PAK	85	zidovudine syrup	106
XCOPRI PAK 50-200MG	40	XTAMPZA ER CAP	15	zidovudine tab	106
XCOPRI TAB 150MG, 200MG	40	XYZBAC TAB	149	ZIMHI SOLN	57
XCOPRI TAB 50MG, 100MG	40	<b>Z</b>		ziprasidone cap	98
XCOPRI TITRATION PAK 12.5-25MG	40	zafemny patch	125	ZIRGAN OPHTH GEL	201
XCOPRI TITRATION PAK 150-200MG	40	zafirlukast tab	26	ZITHROMAX POWDER PACK	178
XCOPRI TITRATION PAK 50-100MG	40	zaleplon cap	176	ZITHROMAX SUSP	178
XELJANZ SOLN	6	ZANAFLEX TAB	194	ZITHROMAX TAB	178
XELJANZ TAB	6	ZANOSAR INJ	79	ZOCOR TAB	65
XELJANZ XR TAB	6	ZARONTIN CAP	42	ZOFRAN ODT	57
XEMBIFY INJ	210	ZARONTIN SOLN	42	ZOFRAN SOLN	57
XENLETA TAB	76	ZARXIO INJ	172	ZOFRAN TAB	57
XIFAXAN TAB 200MG	73	ZAVZPRET NASAL SPRAY	183	ZOKINVY CAP	188
XIFAXAN TAB 550MG	73	ZEGALOGUE INJ	50	ZOLINZA CAP	93
		ZEGERID CAP OTC	227	zolmitriptan tab	185
		ZEJULA CAP	93	ZOLOFT CONC	45
		ZEJULA TAB	93	ZOLOFT TAB	45
		ZELAPAR ODT	96	zolpidem ER tab	176
		ZELBORAF TAB	93	zolpidem tab	174
		ZEMPLAR CAP	157	ZONEGRAN CAP	39
				ZONISADE SUSP	39

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## ALPHABETICAL LISTING OF DRUGS

zonisamide cap	39
ZONTIVITY TAB	170
ZORYVE CREAM	138
ZOVIRAX CAP	109
ZOVIRAX SUSP	109
ZOVIRAX TAB	109
ZTALMY SUSP	39
ZUTRIPRO LIQUID	131
ZYDELIG TAB	93
ZYKADIA CAP	93
ZYKADIA TAB	94
ZYLET OPHTH SUSP	205
ZYLOPRIM TAB	168
ZYMAXID OPHTH SOLN	201
ZYPREXA TAB	100
ZYPREXA ZYDIS TAB	100
ZYVOX SUSP	75
ZYVOX TAB	75

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# **L.A. CARE HOME INFUSION DRUG LIST**

## **Alphabetical Index**

**1/1/2024**

### **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 1/1/2024**

Drug Name	Special Code	Tier	Category
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP GEL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
acyclovir sodium IV soln	-	F	ANTIVIRALS
ADAKVEO INJ	PA	F	HEMATOPOIETIC AGENTS
ADCETRIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
adriamycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADVATE INJ, KOVALTRY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ADYNOVATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F	CORTICOSTEROIDS
AKYNZEO INJ	-	NC	ANTIEMETICS
ALBUMINAR INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
ALDURAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALIMTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALIQOPA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol inj	-	F	GOUT AGENTS
ALOXI IV SOLN	-	F	ANTIEMETICS
ALPHANATE INJ, HUMATE-P INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ, MONONINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ALPROLIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ALTUVIPIO INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
amikacin inj	-	F	AMINOGLYCOSIDES
aminophylline inj	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AMINOSYN II INJ	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS

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AMIODARONE INJ	-	F	ANTIARRHYTHMICS
AMONDYS 45 INJ	-	EXC	NEUROMUSCULAR AGENTS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
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
ARRANON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASPARLAS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATGAM INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ATROPINE SULFATE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
atropine sulfate iv soln	-	F	ULCER DRUGS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
AZEDRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS

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BALEODAQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
bendamustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDAMUSTINE SOL	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
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

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BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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

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CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ (QL= 1 vial/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ	PA	F	ANTI-ASTHMATIC 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

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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.
DAPTO MYCIN 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

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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
doxycycline hydiate 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

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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/ANTICHO LINERGICS
ESPEROCT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLINXXA	-	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

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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 AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ganciclovir inj	-	F	ANTIVIRALS
GAZYVA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE	-	NC	MUSCuloskeletal therapy agents

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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/ANTICHO LINERGICS
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
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID

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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
IDEVION 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.
INFILIXIMAB 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
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

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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
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F	GOUT AGENTS

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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.
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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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
LUXURNA 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.
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS

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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, Ophthalmology 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
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

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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 (ZOFTRAN) 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
OXLUMO INJ	PA	F	GENITOURINARY AGENTS - MISCELLANEOUS

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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/ANTICHO LINERGICS
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
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	F	HEMATOPOIETIC AGENTS

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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
QALSDODY SOL (QL= 1 vial/28 days)	PA-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
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.

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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.
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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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
SODIUM 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
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
TYSAZBRI INJ (QL= 15mL/28 days)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TZIELD INJ (QL= 14 vials/month)	PA-QL	F	ANTIDIABETICS
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.

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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
VYVGART HYTRULO INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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.
YEROVY 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, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
ZOMETTA 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.

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

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<u>Drug Name</u>	<u>Special Code</u>	<u>Tier</u>
<b>ANTIARRHYTHMICS Cont.</b>		
NEXTERONE INJ/AMIODARONE INJ	-	F
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
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
<b>SYMPATHOMIMETICS</b>		
terbutaline inj (BRETHINE INJ equiv)	-	F
<b>XANTHINES</b>		
aminophylline inj	-	F
<b>ANTICOAGULANTS</b>		
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
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
<b>THROMBIN INHIBITORS</b>		
argatroban inj	-	F
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - MISC.</b>		
lacosamide iv inj	-	F
levetiracetam inj	-	F
<b>HYDANTOINS</b>		
fosphenytoin inj	-	F
phenytoin inj	-	F
<b>VALPROIC ACID</b>		
valproate inj	-	F
<b>ANTIDEPRESSANTS</b>		
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO SOLN	PA	F
<b>ANTIDIABETICS</b>		
<b>ANTIDIABETIC-ANTIBODIES</b>		
TZIELD INJ (QL= 14 vials/month)	PA-QL	F
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F

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<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
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 (ZOFTRAN) inj	-	NC
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO INJ	-	NC
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>		
CANCIDAS INJ	-	F
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
<b>ANTIFUNGALS</b>		
ABELCET INJ	-	F
AMPHOTERICIN INJ	-	F
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
diphenhydramine inj	-	F
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA INJ	PA	F
<b>ANTIHYPERTENSIVES</b>		
<b>VASODILATORS</b>		
hydralazine inj	-	F
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
sulfamethoxazole/trimethoprim inj	-	F

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<u>Drug Name</u>	<u>Special Code</u>	<u>Tier</u>
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
<b>CARBAPENEMS</b>		
cilastatin/imipenem inj	-	F
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL INJ	-	F
<b>CYCLIC LIPOPEPTIDES</b>		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
<b>GLYCOPEPTIDES</b>		
DALVANCE INJ	-	F
vancomycin inj	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NAACL INJ	-	F
<b>LINCOBAMIDES</b>		
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
<b>MONOBACTAMS</b>		
aztreonam inj	-	F
<b>OXAZOLIDINONES</b>		
linezolid IV soln	-	F
ZYVOX IV SOLN	-	F
<b>POLYMYXINS</b>		
colistimethate inj	-	F
polymyxin b inj	-	F
<b>STREPTOGRAMINS</b>		
SYNERCID INJ	-	F
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
CAPASTAT INJ	-	F
rifampin inj	-	F
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
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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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
<b>ANTIMETABOLITES</b>		
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
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
MARGENZA INJ	PA	F

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
<b>ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY</b>		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
BREYANZI INJ	-	NC
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
ERBITUX INJ	PA	F
PORTRAZZA INJ (QL= 2 vials/3 weeks)	PA-QL	F
VECTIBIX IV SOLN	PA	F
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
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
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
LARTRUVO INJ	PA	F

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
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
<b>ANTINEOPLASTIC COMBINATIONS</b>		
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
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
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
<b>ANTINEOPLASTIC ENZYMES</b>		
ERWINAZE INJ	-	EXC
ASPARLAS INJ	PA	F
ONCASPAR INJ	PA	F
RYLAZE INJ	-	NC
<b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>		
AZEDRA INJ	-	EXC
LUTATHERA SOLN	-	EXC

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PLUVICTO INJ	-	EXC
QUADRAMET INJ	-	EXC
STRONTIUM INJ	-	EXC
XOFIGO INJ	-	EXC
<b>ANTINEOPLASTICS MISC.</b>		
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
<b>CHEMOTHERAPY ADJUNCTS</b>		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
dexrazoxane inj	-	F
KHAPZORY SOLN	PA	F
leucovorin inj	-	F
levoleucovorin inj	-	F
mesna inj	-	F
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
LEUCOVORIN INJ	-	F
COSELA INJ	-	NC
<b>MITOTIC INHIBITORS</b>		
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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MARQIBO INJ	-	NC
<b>ONCOLYTIC VIRAL AGENTS</b>		
IMLYGIC INJ	-	EXC
<b>TOPOISOMERASE I INHIBITORS</b>		
irinotecan inj	-	F
ONIVYDE INJ	PA	F
topotecan inj	-	F
TRODELVY SOLN	PA	F
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine inj	-	F
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>BENZISOXAZOLES</b>		
INVEGA HAFYERA INJ	-	F
<b>PHENOTHIAZINES</b>		
PROCHLORPERAZINE INJ	-	F
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
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: 10QL-RS vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)		F
<b>CMV AGENTS</b>		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
<b>HERPES AGENTS</b>		
acyclovir sodium IV soln	-	F
<b>ASSORTED CLASSES</b>		
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA IV SOLN	PA	F
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
labetalol inj	-	F

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

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<b>CEPHALOSPORINS Cont.</b>		
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
cefepime inj	-	F
CEFEPIME IV SOLN	-	F
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO INJ	-	F
<b>CONTRACEPTIVES</b>		
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
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
<b>DERMATOLOGICALS</b>		
<b>ANTIPSORIATICS</b>		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F
ILUMYA SOLN	-	NC
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
<b>PROTECTIVES AGAINST UV RADIATION</b>		
SCENESSE IMP (QL=1 implant/56 days)	-	EXC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
THYROGEN INJ (QL= 2 kits/lifetime)	PA-QL	F
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
furosemide inj	-	F
<b>OSMOTIC DIURETICS</b>		
mannitol inj	-	F
OSMITROL INJ	-	F
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		

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<b>DIURETICS Cont.</b>		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
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
<b>CORTICOTROPIN</b>		
ACTHAR HP GEL INJ	-	NC
CORTROPHIN INJ GEL	-	NC
<b>INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS</b>		
TEPEZZA INJ	PA	F
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
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
<b>METABOLIC MODIFIERS</b>		
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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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
REVCovi INJ	PA	F
VIMIZIM INJ	PA	F
XENPOZYME SOLN	PA	F
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin (DDAVP) inj	PA	F
<b>SOMATOSTATIC AGENTS</b>		
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
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide inj	-	F
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA INJ	PA	F
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F
INFILIXIMAB 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
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>HYPEROXALURIA AGENTS</b>		
OXLUMO INJ	PA	F
<b>GOUT AGENTS</b>		
<b>GOUT AGENTS</b>		
allopurinol inj	-	F
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>		
GIVLAARI INJ	PA	F
<b>ANTIHEMOPHILIC PRODUCTS</b>		

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
ADYNNOVATE INJ	PA	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
ALTUVIPIO 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
IDEVION 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
TRETEN INJ	-	NC
XYNTHA INJ	-	NC
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F

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

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<b>LOCAL ANESTHETICS-PARENTERAL Cont.</b>		
lidocaine inj	-	F
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin inj	-	F
<b>ERYTHROMYCINS</b>		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>BICARBONATES</b>		
sodium bicarbonate inj	-	F
<b>CALCIUM</b>		
calcium gluconate inj	-	F
<b>ELECTROLYTE MIXTURES</b>		
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
<b>MAGNESIUM</b>		
MAGNESIUM SU INJ	-	EXC

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<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
<b>MANGANESE</b>		
MANGANESE SULFATE INJ	-	F
<b>PHOSPHATE</b>		
potassium phosphate inj	-	F
SODIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
<b>POTASSIUM</b>		
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE INJ	-	NC
<b>SODIUM</b>		
sodium chloride inj	-	F
<b>TRACE MINERALS</b>		
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
SELENIUM INJ	-	F
<b>ZINC</b>		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>ENZYMES</b>		
XIAFLEX INJ	PA	F
<b>IMMUNOMODULATORS</b>		
VYVGART HYTRULO INJ	PA	F
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
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
<b>LYMPHATIC AGENTS</b>		
SYLVANT INJ	PA	F
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
<b>UREMIC PRURITUS AGENTS</b>		
KORSUVA INJ	PA	F
<b>MULTIVITAMINS</b>		

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<b>MULTIVITAMINS Cont.</b>		
<b>MULTIVITAMINS</b>		
INFUVITE INJ	-	F
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
INFUVITE INJ	-	F
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	PA	F
EUFLINXXA	-	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
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL STEROIDS</b>		
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F
RADICAVA INJ	-	NC
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
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.

**L.A. Care Home Infusion List**  
**Category/Class**  
**Last Updated\* 1/1/2024**

<u>Drug Name</u>	<u>Special Code</u>	<u>Tier</u>
<b>NEUROMUSCULAR AGENTS Cont.</b>		
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
dextrose inj	-	F
<b>LIPIDS</b>		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
<b>PROTEINS</b>		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
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
<b>OPHTHALMIC COMPLEMENT INHIBITORS</b>		
SYFOVRE INJ (QL= 2 vials/25 days )	PA-QL	F
<b>OPHTHALMIC GENE THERAPY</b>		
LUXURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		
VISUDYNE INJ	PA	F
<b>OPHTHALMIC STEROIDS</b>		
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
<b>PASSIVE IMMUNIZING AGENTS</b>		

**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.

**L.A. Care Home Infusion List**  
**Category/Class**  
**Last Updated\* 1/1/2024**

<u>Drug Name</u>	<u>Special Code</u>	<u>Tier</u>
<b>PASSIVE IMMUNIZING AGENTS Cont.</b>		
<b>IMMUNE SERUMS</b>		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
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
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	PA	F
ZINPLAVA SOLN	PA	F
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
ampicillin inj	-	F
<b>NATURAL PENICILLINS</b>		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
<b>PENICILLIN COMBINATIONS</b>		
AMPICILLIN/SULBACTAM INJ	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
BACTOCILL/DEXTROSE INJ	-	F
nafcillin inj	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
<b>PHARMACEUTICAL ADJUVANTS</b>		

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.

<u>DrugName</u>	<u>Special Code</u>	<u>Tier</u>
<b>PHARMACEUTICAL ADJUVANTS Cont.</b>		
<b>LIQUID VEHICLES</b>		
sterile diluent soln	-	F
sterile water for inj	-	F
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
progesterone IM inj	-	F
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>ANTIDEMENTIA AGENTS</b>		
ADUHELM INJ	-	EXC
LEQEMBI SOLN	-	EXC
<b>CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS</b>		
SKYSONA INJ	-	EXC
<b>MULTIPLE SCLEROSIS AGENTS</b>		
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
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
<b>TETRACYCLINES</b>		
<b>FLUOROCYCLINES</b>		
XERAVA INJ	-	F
<b>GLYCYL CYCLINES</b>		
tigecycline inj	-	F
<b>TETRACYCLINES</b>		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
<b>THYROID AGENTS</b>		
<b>THYROID HORMONES</b>		
LEVOTHYROXIN INJ	-	F
levothyroxine inj	-	F
LIOTHYRONINE INJ	-	F
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		

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.

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

**L.A. Care Home Infusion List  
Prior Authorization Drug List  
Last Updated\* 1/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABRAXANE INJ	F
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADYNOVATE INJ	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
ALTUVIPIO 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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 1/1/2024**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.**  
**Prior Authorization Drug List**  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
INFILIXIMAB 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
LUXURNA SUSP	F
MARGENZA INJ	F
mitomycin inj	F
MONJUVI INJ	F
MYLOTARG INJ	F
MYOZYME/LUMIZYME INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 1/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
QALSYOD SOL	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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 1/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
SAPHNELO SOLN	F
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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 1/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
VECTIBIX IV SOLN	F
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\* 1/1/2024

### Quantity Limit (QL)

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

#### Quantity Limit (QL) Medications

<b>Drug Name</b>	<b>Quantity Limit</b>
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
LUXURNA 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
QALSDODY 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.

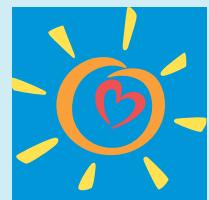
**L.A. Care Home Infusion List Cont.****Last Updated\* 1/1/2024****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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

Symbols and abbreviations are defined on page 1.



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