



L.A. Care
*Covered*TM

L.A. Care Health Plan

L.A. Care CoveredTM Formulary

2025

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 All previous versions of the formulary are no longer in effect.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



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

lacare.org

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 its 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
<i>enoxaparin inj</i> 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, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML <i>(dalteparin sodium)</i>	3	

From the above example:

Generic Drug:

- ***enoxaparin inj***

Brand Drug:

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

Non-Formulary Medications

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

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

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

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

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

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

Benefit Coverage and Limitations

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

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

How to Find a Pharmacy

To find a pharmacy near you, visit the L.A. Care website at lacare.org to find a L.A. Care network pharmacy in your neighborhood. Click on each of the following:

- (1) For Members
- (2) Pharmacy Services
- (3) "Search Now" in the *Find a Pharmacy* tab

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

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

Description of Coverage

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

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

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

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

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

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

How Much I Will Pay for My Drugs

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

Below is a description for each tier:

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

Cost-sharing of each tier is individualized by the type of plan. Please see the following link for the cost-sharing specific to your plan: <http://www.lacare.org/members/welcome-la-care/member-documents/la-care-covered>

Note: Member cost-share for oral anti-cancer drugs shall not exceed \$250 for a script of up to 30 days per state law

Restrictions on Medication Coverage

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

Symbol	Restriction	Description
INF	Infertility	Infertility drugs
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
VAC	Vaccine Program	Coverage is available through a vaccine program
LD	Limited Distribution	Coverage is available through a limited distributor or limited number of distributors
OTC	Over the Counter	Coverage of OTC medication
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
KMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
LMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
PA	Prior Authorization	Requires specific physician request process
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more “prerequisite” first step drugs to be tried before progressing to the second step drug
CO	Carve-Out	Drugs carved out by the Department of Health Care Services
EXC	Exclusion	Plan exclusion
SF	Split Fill	Limited to two 15 day fills per month for first 3 months

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

Medication Request Process

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

Formulary Agents

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

Non-Formulary Agents

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

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

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

- A. Drugs specifically listed as not covered
- B. Any drug products used for cosmetic purposes
- C. Infertility agents, when used to treat infertility
- D. Experimental drug products, or any drug product used in an experimental manner, unless accepted for use by professionally recognized standards of practice

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

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

Pharmacist and Physician Feedback

The formulary is a tool to promote cost-effective prescription drug use. L.A. Care has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to L.A. Care via the Provider's Solution Center at 1-866-522-2736.

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Last Updated 6/1/2025

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

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	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (<i>lisdexamfetamine dimesylate</i>)	3	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
ADIPEX-P CAP 37.5MG (<i>phentermine hcl</i>)	3	PA-QL
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 hcl-topiramate cap er 24hr 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG</i> (QSYMIA 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
ANTI-OBESITY AGENTS - Drugs to help weight loss		
CONTRAVE TAB 8MG-90MG (<i>naltrexone hcl-bupropion hcl</i>)	3	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

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2

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OL	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	ST	Step Therapy
VAC	Vaccine Program				

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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
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
ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide (weight management)</i>)	2	PA-QL QL= 4 inj/28 days
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG (<i>guanfacine hcl (adhd)</i>)	3	-
KAPVAY TAB .1MG (<i>clonidine hcl (adhd)</i>)	3	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>)	2	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders		

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	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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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
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
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	1	QL QL= 1 tab/day
<i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv)	1	-
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	1	-
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, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (APTENSIO XR Equiv)	1	-

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	LD	Limited Distribution
LMSF	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG (<i>methylphenidate hcl</i>)	1	-
<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
PROVIGIL TAB 100MG, 200MG (<i>modafinil</i>)	3	QL QL= 2 tabs/day
RITALIN LA CAP, APTENSIO XR CAP 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG (<i>methylphenidate hcl</i>)	3	-
RITALIN TAB 10MG, 20MG, 5MG (<i>methylphenidate hcl</i>)	3	-
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
<i>amikacin inj 1GM/4ML, 500MG/2ML</i> (KANAMYCIN Equiv)	M	M
<i>neomycin tab 500MG</i>	1	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TOBI PODHALER 28MG (<i>tobramycin</i>)	4	LD-PA Only available through Walgreens 888-347-3416
<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	1	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG (<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
RINVOQ ORAL SOLN 1MG/ML (<i>upadacitinib</i>)	4	LMSP-PA-QL QL= 12ml/day
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
ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system		
RHEUMATREX TAB (<i>methotrexate sodium</i> (<i>antirheumatic</i>))	3	-
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML 20MG/0.4ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT 20MG/0.2ML (YUFLYMA Equiv) (<i>adalimumab-aaty</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) (<i>adalimumab-aaty</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) (<i>adalimumab-aaty</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT 40MG/0.4ML (YUFLYMA Equiv) (<i>adalimumab-aaty</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT 80MG/0.8ML (YUFLYMA Equiv) (<i>adalimumab-aaty</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT 80MG/0.8ML (YUFLYMA Equiv) (<i>adalimumab-aaty</i>)	4	LMSP-PA-QL QL= 1 kit/fill; 1 fill/plan year
ADALIMUMAB-ADAZ INJ 20MG/0.2ML (HYRIMOZ Equiv) (<i>adalimumab-adaz</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 10/0.1ML 10MG/0.1ML (<i>adalimumab-adaz</i>)	4	LMSP-PA-QL QL= 2 inj/28 days

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML (HYRIMOZ Equiv) (<i>adalimumab-adaz</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML 40MG/0.8ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ (adalimumab-bwwd) 40MG/0.4ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) 40MG/0.8ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ (adalimumab-bwwd) 40MG/0.4ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) 40MG/0.8ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
SIMLANDI INJ (adalimumab-ryvk) 40MG/0.4ML, 80MG/0.8ML (<i>adalimumab-ryvk</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
SIMLANDI KIT (adalimumab-ryvk) 20MG/0.2ML, 80MG/0.8ML (<i>adalimumab-ryvk</i>)	4	LMSP-PA-QL QL= 2 inj/28 days

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

Last Updated 6/1/2025

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 AUTO-INJECTOR 100MG 100MG/ML (<i>golimumab</i>)	4	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML (<i>golimumab</i>)	4	LMSP-PA-QL QL=1 inj/28 days
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML (<i>anakinra</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
TYENNE INJ 162MG/0.9ML (<i>tocilizumab-aazg</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG (<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> (CATAFLAM Equiv)	1	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-

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

Last Updated 6/1/2025

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 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 (<i>flurbiprofen</i>)	1	-
<i>flurbiprofen tab 100MG</i>	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 800MG</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
<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv)	1	QL QL= 20ml/5 days

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LMSF	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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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>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	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK (<i>apremilast</i>)	4	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 20MG, 30MG (<i>apremilast</i>)	4	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	1	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		

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

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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
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		
ENBREL INJ 25MG 25MG/0.5ML (<i>etanercept</i>)	4	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML (<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
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for female members only
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for female members only

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<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	1	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
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
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
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	1	QL-ST QL=10 patches/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	1	QL QL= 240 tabs/30 days

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<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	1	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	1	QL QL=120 tabs/30 days
<i>methadone conc 10MG/ML</i>	1	QL-ST QL=600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
METHADONE SOLN 10MG/5ML 10MG/5ML (<i>methadone hcl</i>)	1	QL-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone soln 10mg/5ml 10MG/5ML</i>	1	QL-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
METHADONE SOLN 5MG/5ML 5MG/5ML (<i>methadone hcl</i>)	1	QL-ST QL=1200ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone soln 5mg/5ml 5MG/5ML</i>	1	QL-ST QL=1200ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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

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<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	1	QL-ST QL=120 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<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-ST QL=600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	QL-ST QL= 90 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
MORPHINE SULFATE ORAL SOLN 10 MG/5ML 10MG/5ML (<i>morphine sulfate</i>)	1	QL QL= 120ml/30 days
MORPHINE SULFATE ORAL SOLN 100MG/5ML 100MG/5ML, 20MG/ML (<i>morphine sulfate</i>)	1	QL QL=120ml/30 days
<i>morphine sulfate oral soln 10mg/5ml 10MG/5ML</i> (MORPHINE SULFATE Equiv)	1	QL QL= 120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 20MG/5ML, 20MG/ML</i>	1	QL QL=120ml/30 days
MORPHINE SULFATE SOLN 20MG/5ML 20MG/5ML (<i>morphine sulfate</i>)	1	QL QL= 120ml/30 days

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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-ST QL= 30 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG (<i>tramadol hcl</i>)	1	QL-ST QL= 30 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB (<i>tramadol hcl tab</i>)	3	QL QL= 240 tabs/30 days

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XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (<i>oxycodone</i>)	2	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML, 30MG/12.5ML-300MG/12.5ML (<i>acetaminophen w/ codeine</i>)	2	-
<i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML</i> (HYCET Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	1	QL QL=120 tabs/30 days
<i>hydrocodone/acetaminophen tab 2.5-325mg</i> (NORCO Equiv)	1	QL QL=120 tabs/30 days
LORTAB (<i>hydrocodone-acetaminophen</i>)	3	QL QL=120 tabs/30 days

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LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML (hydrocodone-acetaminophen)	3	QL QL=1800ml/30 days
oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)	1	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG (oxycodone-aspirin)	1	QL QL= 120 tabs/30 days
PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (oxycodone w/ acetaminophen)	3	QL QL=120 tabs/30 days
tramadol/acetaminophen tab 37.5MG-325MG (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB (acetaminophen w/ codeine)	3	QL QL=180 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR (BUTRANS Equiv)	1	QL-ST QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
buprenorphine SL tab 2MG, 8MG (SUBUTEX Equiv)	1	-
buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (SUBOXONE Equiv)	1	-

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<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG (SUBOXONE Equiv)</i>	1	-
<i>butorphanol nasal spray 10MG/ML (STADOL Equiv)</i>	1	QL QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR (<i>buprenorphine</i>)	3	QL-ST QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	3	-
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANDROGENS - Drugs to treat low testosterone level		
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

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ANDROGEL PUMP 1.62% 1.62% (<i>testosterone</i>)	3	PA-QL QL= 2 bottles/30 days
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	1	-
METHITEST TAB 10MG (<i>methyltestosterone</i>)	3	PA
<i>methyltestosterone cap 10MG</i>	1	PA
<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 (<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> (VOGELXO GEL, 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 1% 1% (<i>testosterone</i>)	1	PA-QL QL= 4 bottles/30 days

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<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
VOGELXO GEL PUMP 1% 1% (<i>testosterone</i>)	3	PA-QL QL= 4 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
CORTENEMA 100MG/60ML (<i>hydrocortisone (intrarectal)</i>)	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	1	-
<i>pramoxine/hydrocortisone cream 1%-2.5%</i> (ANALPRAM-HC Equiv)	1	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
ANUSOL-HC CREAM 2.5% (<i>hydrocortisone (rectal)</i>)	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>budesonide rectal foam 2MG, 2MG/ACT</i> (UCERIS RECTAL FOAM Equiv)	1	PA

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UCERIS RECTAL FOAM 2MG/ACT (<i>budesonide (intrarectal)</i>)	3	PA
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
HYDROCORTISONE CREAM 1% (<i>hydrocortisone (rectal)</i>)	1	-
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG (<i>albendazole</i>)	3	-
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	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMECTOL TAB 3MG (<i>ivermectin</i>)	3	-
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
RANEXA TAB 1000MG, 500MG (<i>ranolazine</i>)	3	-
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	1	-
NITRATES - Drugs to treat chest pain		
ISORDIL TITRADOSE TAB 40MG, 5MG (<i>isosorbide dinitrate</i>)	3	-

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<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 (<i>isosorbide mononitrate</i>)	3	-
<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	-

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ANTI-ANXIETY AGENTS - Drugs to treat anxiety		
ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
<i>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	1	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	1	-
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	-
BENZODIAZEPINES - Drugs to treat anxiety		
<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

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

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<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-
RYTHMOL SR CAP 225MG, 325MG, 425MG (<i>propafenone hcl</i>)	3	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	1	-
CORDARONE TAB (<i>amiodarone hcl tab</i>)	3	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG (<i>dofetilide</i>)	3	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
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
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		

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<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	1	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT (<i>ipratropium bromide hfa</i>)	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH (<i>umeclidinium bromide</i>)	2	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-
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)
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
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	-

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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	-
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS ***		
OHTUVAYRE SUSP 3MG/2.5ML (<i>ensifentrine</i>)	4	LD-PA-QL QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
DALIRESP TAB 250MCG, 500MCG (<i>roflumilast</i>)	3	-
<i>roflumilast tab 250MCG, 500MCG</i> (DALIRESP Equiv)	1	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ALVESCO INHALER 160MCG/ACT, 80MCG/ACT (<i>ciclesonide</i>)	2	-
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	-

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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</i> (PULMICORT Equiv)	1	-
FLUTICASONE DISKUS INHALER 100MCG/ACT, 250MCG/ACT, 50MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	3	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT (<i>fluticasone propionate hfa</i>)	3	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML (<i>budesonide (inhalation)</i>)	3	-
QVAR REDHALER 40MCG/ACT, 80MCG/ACT (<i>beclomethasone dipropionate hfa</i>)	2	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT (<i>fluticasone-salmeterol</i>)	2	-

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<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, 2.5MG/0.5ML</i>	1	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML (<i>albuterol sulfate</i>)	1	-
<i>albuterol sulfate syrup 2MG/5ML, 8MG/20ML</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/ACT-62.5MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	-
<i>arformoterol tartrate neb soln 15MCG/2ML</i> (BROVANA Equiv)	1	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-

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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	-
<i>budesonide/formoterol inhaler</i> 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)	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</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)	1	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-

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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	-
<i>formoterol fumarate neb soln 20MCG/2ML</i> (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 or an albuterol HFA product
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	1	-
PERFOROMIST NEB SOLN 20MCG/2ML (<i>formoterol fumarate</i>)	3	-
STIOLTO INHALER 2.5MCG/ACT (<i>tiotropium bromide-olodaterol hcl</i>)	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT (<i>olodaterol hcl</i>)	2	QL QL= 1 inhaler/30 days
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	1	-

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TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH (<i>fluticasone-umeclidinium-vilanterol</i>)	2	-
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	-
XANTHINES - Drugs to treat asthma and COPD		
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 (<i>theophylline</i>)	2	-
<i>theophylline tab er</i> (THEOPHYLLINE ER Equiv)	1	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
COUMADIN TAB (<i>warfarin sodium</i>)	3	-
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		

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ELIQUIS TAB, ELIQUIS STARTER PACK 5MG (<i>apixaban</i>)	2	-
<i>rivaroxaban tab 2.5mg 2.5MG</i> (XARELTO Equiv)	1	-
XARELTO STARTER PACK (<i>rivaroxaban</i>)	2	-
XARELTO SUSP 1MG/ML (<i>rivaroxaban</i>)	2	-
XARELTO TAB 10MG, 15MG, 20MG (<i>rivaroxaban</i>)	2	-
XARELTO TAB 2.5MG (<i>rivaroxaban</i>)	2	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (<i>fondaparinux sodium</i>)	3	PA
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</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/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML (<i>dalteparin sodium</i>)	3	-
LOVENOX INJ 300MG/3ML (<i>enoxaparin sodium</i>)	3	-
THROMBIN INHIBITORS - Drugs to thin the blood		
<i>dabigatran etexilate mesylate cap 110MG, 150MG, 75MG</i> (PRADAXA Equiv)	1	-

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PRADAXA CAP 110MG, 150MG, 75MG (<i>dabigatran etexilate mesylate</i>)	3	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<i>clobazam susp 10MG/4ML, 2.5MG/ML</i> (ONFI Equiv)	1	PA Prior Authorization required for members age 9 years and older
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	1	PA
<i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
DIASTAT ACDL GEL 10MG, 20MG (<i>diazepam (anticonvulsant)</i>)	3	QL QL= 4 doses/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	2	QL QL= 4 doses/fill
DIAZEPAM GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	2	QL QL= 4 doses/fill
<i>diazepam rectal gel 10MG, 20MG</i>	1	QL QL= 4 doses/fill
KLONOPIN TAB .5MG, 1MG, 2MG (<i>clonazepam</i>)	3	-
NAYZILAM SPRAY 5MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL QL= 4 doses/fill

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ONFI SUSP 2.5MG/ML (<i>clobazam</i>)	3	PA Prior Authorization required for members age 9 years and older
ONFI TAB 10MG, 20MG (<i>clobazam</i>)	3	PA
VALTOCO NASAL SPRAY 10MG/0.1ML, 7.5MG/0.1ML (<i>diazepam (anticonvulsant)</i>)	3	QL QL= 4 doses/fill
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
BANZEL SUSP 40MG/ML (<i>rufinamide</i>)	3	PA
<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)	1	-
CARBATROL CAP 100MG, 200MG, 300MG (<i>carbamazepine</i>)	3	-
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

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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 Prior Authorization required for members age 9 years and older
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 100MG/10ML, 10MG/ML, 50MG/5ML</i> (VIMPAT Equiv)	1	-

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EXC	Plan Exclusion	INF	Infertility	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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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>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	1	-
LAMICTAL CHEW TAB 25MG, 5MG (<i>lamotrigine</i>)	3	-
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 starter kit 25MG</i> (LAMICTAL STARTER 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

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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
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, 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

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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 Prior Authorization required for members age 9 years and 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
CARBAMATES - Drugs to treat seizures		

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

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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>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	1	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	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 25MG 25MG (<i>cenobamate</i>)	2	QL QL= 1 tab/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
GABA MODULATORS - Drugs to treat seizures		

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
GABITRIL TAB 12MG, 16MG, 2MG, 4MG (<i>tiagabine hcl</i>)	3	-
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	1	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigadrone powder pack 500MG</i>	1	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		
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	-

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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>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	1	-
SUCCINIMIDES - Drugs to treat seizures		
CELONTIN CAP 300MG (<i>methsuximide</i>)	3	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	1	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
<i>methsuximide cap 300MG</i> (CELONTIN Equiv)	1	-
ZARONTIN CAP 250MG (<i>ethosuximide</i>)	3	-
ZARONTIN SOLN 250MG/5ML (<i>ethosuximide</i>)	3	-
VALPROIC ACID - Drugs to treat seizures		
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	-

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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>valproic acid syrup 250MG/5ML, 500MG/10ML</i> (DEPAKENE Equiv)	1	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG (<i>mirtazapine</i>)	3	-
REMERON TAB (<i>mirtazapine tab</i>)	3	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	1	-
MAPROTILINE TAB 25MG, 50MG, 75MG (<i>maprotiline hcl</i>)	1	-
WELLBUTRIN SR TAB 100MG, 150MG, 200MG (<i>bupropion hcl</i>)	3	-
WELLBUTRIN XL TAB 150MG, 300MG (<i>bupropion hcl</i>)	3	-
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID- Drugs to treat depression		

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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
ZURZUVAE CAP 20MG, 25MG 20MG, 25MG (<i>zuranolone</i>)	4	LD-PA-QL QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
ZURZUVAE CAP 30MG 30MG (<i>zuranolone</i>)	4	LD-PA-QL QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR (<i>selegiline</i>)	3	-
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	2	-
NARDIL TAB 15MG 15MG (<i>phenelzine sulfate</i>)	3	-
PARNATE TAB 10MG (<i>tranlycypromine sulfate</i>)	3	-
PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>)	1	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranlycypromine tab 10MG</i> (PARNATE Equiv)	1	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
CELEXA TAB 10MG, 20MG, 40MG (<i>citalopram hydrobromide</i>)	3	-
<i>citalopram soln 10MG/5ML, 20MG/10ML</i> (CELEXA Equiv)	1	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	1	-

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<i>escitalopram soln 10MG/10ML, 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	-
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</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	-

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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	-
SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG (<i>nefazodone hcl</i>)	3	-
<i>nefazodone tab 50mg, 250mg</i>	1	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	1	-
TRINTELLIX TAB 10MG, 20MG, 5MG (<i>vortioxetine hbr</i>)	3	PA-QL QL= 1 tab/day
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
<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	-

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<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	-
TRICYCLIC AGENTS - Drugs to treat depression		
<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 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (NORPRAMIN Equiv)	1	-
<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	-

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OL	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	ST	Step Therapy
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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>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	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	1	-
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	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		
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 (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day

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<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (METAGLIP Equiv)</i>	1	-
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG (GLUCOVANCE Equiv)</i>	1	-
JANUMET TAB 50MG-1000MG, 50MG-500MG <i>(sitagliptin phosphate-metformin hcl)</i>	2	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG <i>(sitagliptin phosphate-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
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 5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL Ql= 1 tab/day

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

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GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>)	2	QL QL= 2 inj/fill
GVOKE INJ 1MG/0.2ML (<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 .5MG/0.1ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
<i>mifepristone tab 300MG</i> (KORLYM Equiv)	1	LMSP-PA-QL QL= 4 tabs/day
PROGLYCEM SUSP 50MG/ML (<i>diazoxide</i>)	3	-
ZEGALOGUE INJ .6MG/0.6ML (<i>dasiglucagon hcl</i>)	2	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
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
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - Drugs to regulate blood sugar		
CYCLOSET TAB .8MG (<i>bromocriptine mesylate (diabetes)</i>)	3	-
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		

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<i>liraglutide soln pen-injector 18MG/3ML, 6MG/ML</i> (VICTOZA Equiv)	1	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; 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)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
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 (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 5MCG/0.02ML (<i>exenatide</i>)	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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OZEMPIC INJ 2MG/1.5ML (<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)
INSULIN - Drugs to regulate blood sugar		
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 (<i>insulin lispro protamine & lispro (human)</i>)	2	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 50UNIT/ML (<i>insulin lispro protamine & lispro (human)</i>)	2	-
HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-
HUMALOG TEMPO PEN 100UNIT/ML (<i>insulin lispro</i>)	2	-
HUMULIN MIX INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC

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HUMULIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
HUMULIN N PEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
HUMULIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	2	OTC
HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>)	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>)	2	-
INSULIN GLARGINE SOLN PEN-INJ 300UNIT/ML (<i>insulin glargine</i>)	2	-
INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) (<i>insulin lispro</i>)	1	-
INSULIN LISPRO JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-
LYUMJEV INJ 100UNIT/ML (<i>insulin lispro-aabc</i>)	2	-
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro-aabc</i>)	2	-
LYUMJEV TEMPO PEN 100UNIT/ML (<i>insulin lispro-aabc</i>)	2	-

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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	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
ACTOS TAB 15MG, 30MG, 45MG (<i>pioglitazone hcl</i>)	3	-
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	1	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
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
SULFONYLUREAS - Drugs to regulate blood sugar		
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 (<i>glipizide</i>)	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG (<i>glipizide</i>)	3	-

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GLYBURID MCR TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	1	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (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	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	1	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
<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	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG (<i>succimer</i>)	2	-

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FERRIPROX SOLN 100MG/ML (<i>deferiprone</i>)	4	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	1	-
<i>naltrexone tab 50MG</i> (REVIA Equiv)	1	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv)	1	LMSP
<i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv)	1	LMSP
<i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv)	1	LMSP
<i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>)	2	-
<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	1	OTC
NALOXONE HCL SOLN 0.4MG/ML .4MG/ML (<i>naloxone hcl</i>)	\$0	-

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NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)	\$0	-
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	-
NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)	1	OTC
OPVEE NASAL SPRAY (<i>nalmefene hcl</i>)	2	-
RIVIVE, REXTOVY SPRAY 3MG/0.1ML, 4MG/0.25ML (<i>naloxone hcl</i>)	1	OTC
ZIMHI SOLN 5MG/0.5ML (<i>naloxone hcl</i>)	2	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
ANZEMET TAB 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> (ZOFTRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	1	-
<i>ondansetron tab 4MG, 8MG</i> (ZOFTRAN Equiv)	1	-
SANCUSO PATCH 3.1MG/24HR (<i>granisetron</i>)	4	QL QL= 4 patches/fill
ZOFTRAN ODT (<i>ondansetron</i>)	3	-
ZOFTRAN SOLN (<i>ondansetron hcl</i>)	3	-
ZOFTRAN TAB 4MG (<i>ondansetron hcl</i>)	3	-

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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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
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	1	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	1	OTC
<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	1	-
TIGAN CAP (<i>trimethobenzamide hcl</i>)	3	-
TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS (<i>scopolamine</i>)	3	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	1	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
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
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>aprepitant pak</i> (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist

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EMEND CAP 125MG, 40MG, 80MG	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG (<i>rolapitant hcl</i>)	2	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGALS - Drugs to treat fungal infection		
ANCOBON CAP 250MG, 500MG (<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 (<i>terbinafine hcl</i>)	3	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
DIFLUCAN SUSP 10MG/ML, 40MG/ML (<i>fluconazole</i>)	3	-
DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG (<i>fluconazole</i>)	3	-

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<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	1	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	1	-
<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	-
NOXAFIL PAK 300MG (<i>posaconazole</i>)	3	-
NOXAFIL SUSP 40MG/ML (<i>posaconazole</i>)	3	-
NOXAFIL TAB 100MG (<i>posaconazole</i>)	3	-
<i>posaconazole DR tab 100MG</i> (NOXAFIL Equiv)	1	-
<i>posaconazole susp 40MG/ML</i> (NOXAFIL Equiv)	1	-
SPORANOX CAP 100MG (<i>itraconazole</i>)	3	-
SPORANOX SOLN 10MG/ML (<i>itraconazole</i>)	3	PA
VFEND SUSP 40MG/ML (<i>voriconazole</i>)	3	-
VFEND TAB 200MG, 50MG (<i>voriconazole</i>)	3	-
<i>voriconazole susp 40MG/ML</i> (VFEND Equiv)	1	-
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	1	-
ANTI-HISTAMINES - Drugs to treat allergies		
ANTI-HISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
CARBINOXAMINE SOLN 4MG/5ML (<i>carbinoxamine maleate</i>)	1	-
CARBINOXAMINE SOLN 4MG/5ML (<i>carbinoxamine maleate</i>)	1	-

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<i>carbinoxamine tab 4MG</i> (PALGIC Equiv)	1	-
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	M	-
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
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
ZYRTEC CHILD CHEW TAB 10MG (<i>cetirizine hcl</i>)	EXC	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
<i>promethazine supp</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup 12.5MG/10ML, 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	1	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol		

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NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	2	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		
NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>)	2	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol		
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	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<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	-

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<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	-
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	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	1	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	1	-
FENOFIBRIC TAB 105MG, 35MG (<i>fenofibric acid</i>)	3	-

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FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG <i>(fenofibric acid)</i>	3	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	1	-
LOPID TAB 600MG <i>(gemfibrozil)</i>	3	-
TRICOR TAB 145MG, 48MG <i>(fenofibrate)</i>	3	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
ATORVALIQ SUSP 20MG/5ML <i>(atorvastatin calcium)</i>	3	PA Prior Authorization required for members age 9 years and older
<i>atorvastatin tab 10MG, 20MG, 40MG, 80MG</i> (LIPITOR Equiv)	\$0	-
CRESTOR TAB 10MG, 20MG, 40MG, 5MG <i>(rosuvastatin calcium)</i>	3	-
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 Prior Authorization required for members age 9 years and older
<i>fluvastatin ER tab 80MG</i> (LESCOL XL Equiv)	\$0	-
LESCOL XL TAB 80MG <i>(fluvastatin sodium)</i>	3	-
LIPITOR TAB 10MG, 20MG, 40MG, 80MG <i>(atorvastatin calcium)</i>	3	-

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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</i> (MEVACOR Equiv)	\$0	-
<i>pitavastatin calcium tab 1MG, 2MG, 4MG</i> (LIVALO Equiv)	1	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-
<i>rosuvastatin tab 10MG, 20MG, 40MG, 5MG</i> (CRESTOR Equiv)	\$0	-
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	\$0	80mg is Not Covered
ZOCOR TAB 10MG, 20MG, 40MG (<i>simvastatin</i>)	3	-
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	1	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	1	-
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		

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REPATHA INJ 140MG/ML (<i>evolocumab</i>)	2	QL-ST QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ 420MG/3.5ML (<i>evolocumab</i>)	2	QL-ST QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG (<i>quinapril hcl</i>)	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG (<i>ramipril</i>)	3	-
<i>benazepril tab 10MG, 20MG, 40MG, 5MG</i> (LOTENSIN Equiv)	1	-
<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 years and older

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<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	1	-
EPANED SOLN 1MG/ML (<i>enalapril maleate</i>)	3	PA Prior Authorization required for members age 9 years and older
<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 years and 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	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
DIBENZYLINE CAP 10MG (<i>phenoxybenzamine hcl</i>)	3	LMSP

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<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	1	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
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	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
CARDURA TAB 1MG, 2MG, 4MG, 8MG (<i>doxazosin mesylate</i>)	3	-
CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR (<i>clonidine</i>)	3	-
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	1	-
<i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	1	-

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<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG (<i>methyldopa</i>)	3	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-
MINIPRESS CAP 1MG, 2MG, 5MG (<i>prazosin hcl</i>)	3	-
<i>prazosin cap</i> (MINIPRESS Equiv)	1	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	1	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	1	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	1	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG (<i>irbesartan-hydrochlorothiazide</i>)	3	-

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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</i> (LOTENSIN HCT Equiv)	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</i> (ZIAC Equiv)	1	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG (<i>captopril & hydrochlorothiazide</i>)	1	-
DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (<i>valsartan-hydrochlorothiazide</i>)	3	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	1	-
EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (<i>amlodipine besylate-valsartan</i>)	3	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv)	1	-

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HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (<i>losartan potassium & hydrochlorothiazide</i>)	3	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv)	1	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv)	1	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	1	-
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (<i>benazepril & hydrochlorothiazide</i>)	3	-
LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG (<i>amlodipine besylate-benazepril hcl</i>)	3	-
<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	-
TEKTURN 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 & chlorthalidone</i>)	3	-

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<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 & hydrochlorothiazide</i>)	3	-
ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (<i>lisinopril & hydrochlorothiazide</i>)	3	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (<i>bisoprolol & hydrochlorothiazide</i>)	3	-
DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure		
<i>aliskiren tab 150MG, 300MG</i> (TEKTURN A Equiv)	1	-
TEKTURN A TAB 150MG, 300MG (<i>aliskiren fumarate</i>)	3	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
<i>eplerenone tab 25MG, 50MG</i> (INSPIRA Equiv)	1	-
INSPIRA TAB 25MG, 50MG (<i>eplerenone</i>)	3	-
VASODILATORS - Drugs to treat high blood pressure		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	1	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	1	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
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FIRST METRONIDAZOLE SUSP 50MG/ML (<i>metronidazole benzoate</i>)	3	-
FLAGYL TAB (<i>metronidazole</i>)	3	-
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	4	PA
LIKMEZ SUSP 500MG/5ML (<i>metronidazole</i>)	3	PA Prior Authorization required for members age 9 years and older
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	1	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	1	LMSP
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 (<i>trimethoprim</i>)	1	-
<i>trimethoprim tab</i>	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
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
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	-

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<i>smz/tmp susp 160MG/20ML-800MG/20ML, 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA TAB 500MG (<i>nitazoxanide</i>)	3	PA-QL QL= 6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	1	-
LAMPIT TAB 120MG, 30MG (<i>nifurtimox</i>)	2	RS Restricted to Infectious Disease Specialist
MEPRON SUSP 750MG/5ML (<i>atovaquone</i>)	3	-
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
CARBAPENEMS - Drugs to treat bacterial infections		
<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
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRVANQ SOLN 25MG/ML 25MG/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

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<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
<i>dapsone tab 100MG, 25MG</i>	1	-
LINCOSAMIDES - Drugs to treat bacterial infections		
CLEOCIN CAP (<i>clindamycin hcl cap</i>)	3	-
CLEOCIN SOLN 75MG/5ML (<i>clindamycin palmitate hydrochloride</i>)	3	-
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	1	-
<i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv)	1	-
MONOBACTAMS - Drugs to treat bacterial infections		
CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>)	4	LD-RS Only available through CVS Specialty 800-238-7828
OXAZOLIDINONES - Drugs to treat bacterial infections		
<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist

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SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>)	2	QL-RS QL= 6 tabs/fill; 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
PLEUROMUTILINS - Drugs to treat infections		
XENLETA TAB 600MG (<i>lefamulin acetate</i>)	2	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
HIPREX TAB 1GM (<i>methenamine hippurate</i>)	3	-
MACROBID CAP 100MG (<i>nitrofurantoin monohydrate macro</i>)	3	-
MACRODANTIN CAP 100MG, 50MG (<i>nitrofurantoin macrocrystal</i>)	3	-
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	1	-

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<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	1	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	1	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	1	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG (<i>atovaquone-proguanil hcl</i>)	3	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
<i>chloroquine tab</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG</i> (PLAQUENIL Equiv)	1	-
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)	1	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		

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FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>)	4	LD-PA Only available through AnovoRx 844-288-5007
GUANIDINE TAB (<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	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP (<i>isoniazid & rifampin</i>)	2	-
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	3	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	1	-
<i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv)	1	-
<i>isoniazid tab 100MG, 300MG</i>	1	-
MYAMBUTOL TAB 400MG (<i>ethambutol hcl</i>)	3	-
MYCOBUTIN CAP 150MG (<i>rifabutin</i>)	3	-

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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 (<i>rifampin</i>)	3	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-
TRECTOR TAB 250MG (<i>ethionamide</i>)	3	RS Restricted to Infectious Disease Specialist
ANTINEOPLASTICS - Drugs to treat cancer		
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	1	LMSP-ONC
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCANTIN CAP .25MG, 1MG (<i>topotecan hcl</i>)	4	LMSP-ONC-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
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

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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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

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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
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
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</i> (TEMODAR Equiv)	1	LMSP-ONC
ZANOSAR INJ 1GM (<i>streptozocin</i>)	M	M
ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	1	LMSP-ONC
JYLAMVO SOLN, XATMEP SOLN 2.5MG/ML, 2MG/ML (<i>methotrexate</i>)	3	PA Prior Authorization required for members age 9 years and older
<i>mercaptopurine susp 2000MG/100ML</i> (PURIXAN Equiv)	1	PA Prior Authorization required for members age 9 years and older
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
METHOTREXATE INJ 1000MG/40ML, 1GM/40ML (<i>methotrexate sodium</i>)	EXC	-
<i>methotrexate inj 1GM/40ML, 250MG/10ML, 50MG/2ML</i>	1	-

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

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METHOTREXATE IV SOLN 1000MG/40ML (<i>methotrexate</i>)	1	-
<i>methotrexate tab 2.5MG</i> (Trexall Equiv)	1	ONC
TABLOID TAB 40MG (<i>thioguanine</i>)	2	ONC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
FRUZAQLA CAP 1MG 1MG (<i>fruquintinib</i>)	4	LD-PA-QL QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG 5MG (<i>fruquintinib</i>)	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
INLYTA TAB 5MG (<i>axitinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through CVS Specialty 800-238-7828
INLYTA TAB 1MG 1MG (<i>axitinib</i>)	4	LD-ONC-PA-QL-SF QL= 8 tabs/day; Only available through CVS Specialty 800-238-7828
LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>)	4	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Optum 877-445-6874
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>)	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		
VENCLEXTA STARTER PACK (<i>venetoclax</i>)	4	LD-ONC-PA Only available through Optum 877-445-6874
VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>)	4	LD-ONC-PA Only available through Optum 877-445-6874
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	1	LMSP-ONC-PA-QL QL= 3 tabs/day
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	1	LD-ONC-PA-QL QL= 1 tab/day; 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
TAGRISSE 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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-238-7828
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	4	LMSP-ONC-PA-QL-SF QL= 1 cap/day
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	4	LMSP-ONC-PA-QL-SF QL= 1 cap/day
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
<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

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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
ERLEADA TAB 240MG 240MG (<i>apalutamide</i>)	4	LMSP-ONC-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG (<i>flutamide</i>)	2	ONC
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$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</i> (EULEXIN Equiv)	1	ONC
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	1	ONC
LUPRON DEPOT INJ 30MG (<i>leuprolide acetate (4 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</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	1	LMSP-ONC
NUBEQA TAB 300MG (<i>darolutamide</i>)	4	MSP-PA-QL-SF QL= 4 tabs/day

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

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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
ORGOVYX TAB 120MG (<i>relugolix</i>)	4	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>)	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 345MG 345MG (<i>elacestrant hydrochloride</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or 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
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		
WELIREG TAB 40MG (<i>belzutifan</i>)	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		

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

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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
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	4	LD-PA-QL QL= 21 caps/28 days; Only available through CVS Specialty 800-238-7828
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
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
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 10MG, 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>)	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Onco360 877-662-6633
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
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-letrozole</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
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	4	LMSP-ONC-PA-QL QL= 8 caps/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
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 or Onco360 877-662-6633
AUGTYRO CAP 40MG (<i>repotrectinib</i>)	4	LMSP-PA-QL-SF QL= 8 caps/day
AUGTYRO CAP 160MG 160MG (<i>repotrectinib</i>)	4	LMSP-PA-QL-SF QL= 2 caps/day
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
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 CAP 100MG, 50MG (<i>bosutinib</i>)	4	MSP-PA
BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>)	4	LD-ONC-PA-SF Only available through CVS Specialty 800-238-7828

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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 TAB 100MG (<i>acalabrutinib maleate</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CAPRELSA TAB 100MG (<i>vandetanib</i>)	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG 300MG (<i>vandetanib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
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

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COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	4	LMSP-ONC-PA-QL QL= 3 tabs/day
<i>dasatinib tab 100MG, 140MG, 20MG, 50MG, 70MG, 80MG</i> (SPRYCEL Equiv)	1	LMSP-ONC-PA
<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 or Onco360 877-662-6633
GAVRETO CAP 100MG (<i>pralsetinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
GAVRETO CAP 100MG (<i>pralsetinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 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)	1	LMSP-ONC-PA-QL QL= 3 tabs/day

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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 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 caps/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

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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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

Last Updated 6/1/2025

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)	1	LMSP-ONC-PA
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-238-7828
LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-238-7828
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 240MG 240MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 4 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

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

Last Updated 6/1/2025

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 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
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
OGSIVEO TAB 100MG, 50MG (<i>nirogacestat hydrobromide</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OGSIVEO TAB 50MG 150MG (<i>nirogacestat hydrobromide</i>)	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

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

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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
OJEMDA SUSP 25MG/ML (<i>tovorafenib</i>)	4	LD-PA-QL-SF QL= 96ml/28 days; Only available through Onco360 877-662-6633
OJEMDA TAB 100MG (<i>tovorafenib</i>)	4	LD-PA-QL QL= 24 tabs/28 days; Only available through Onco360 877-662-6633
OJJAARA TAB 100MG, 150MG, 200MG (<i>momelotinib dihydrochloride</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>pazopanib tab 200MG</i> (VOTRIENT Equiv)	1	LMSP-ONC-PA-QL 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 80MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 2 caps/day
RETEVMO CAP 40MG 40MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 3 caps/day
RETEVMO TAB 120MG, 160MG, 80MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 2 tabs/day

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RETEVMO TAB 40MG 40MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 3 tabs/day
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
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	4	LMSP-PA-QL QL= 6 packs/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
SCEMBLIX TAB 20MG, 40MG (<i>asciminib hcl</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCEMBLIX TAB 100 MG 100MG (<i>asciminib hcl</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	1	LMSP-ONC-PA
STIVARGA TAB 40MG (<i>regorafenib</i>)	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day

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

Last Updated 6/1/2025

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>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	1	LMSP-ONC-PA-QL QL= 1 cap/day
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	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through CVS Specialty 800-238-7828
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG (<i>talazoparib tosylate</i>)	4	LD-ONC-PA-QL-SF QL= 1 cap/day; Only available through CVS Specialty 800-238-7828
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 Onco360 877-662-6633 or Biologics 800-850-4306

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRUQAP TAB 160MG, 200MG (<i>capivasertib</i>)	4	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TRUQAP THERAPY PACK 160MG, 200MG (<i>capivasertib</i>)	4	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TURALIO CAP 125MG, 200MG (<i>pexidartinib hcl</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VANFLYTA TAB 17.7MG (<i>quizartinib dihydrochloride</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VANFLYTA TAB 26.5MG 26.5MG (<i>quizartinib dihydrochloride</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>)	4	LMSP-ONC-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfat</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523

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98

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

Last Updated 6/1/2025

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 CAP 25MG 25MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523
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 or Onco360 877-662-6633
VORANIGO TAB 40MG (<i>vorasidenib</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VORANIGO TAB 10MG 10MG (<i>vorasidenib</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through CVS Specialty 800-238-7828
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>)	4	MSP-PA-QL-SF QL= 4 caps/day

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99

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

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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
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
ZYKADIA TAB 150MG (<i>ceritinib</i>)	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 100MCG/0.5ML (<i>interferon gamma-1b</i>)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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100

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

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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
BESREMI INJ 500MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	LD-PA-QL QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	1	LMSP-ONC-PA
HYDREA CAP 500MG (<i>hydroxyurea</i>)	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	2	ONC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	1	ONC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS - Drugs to protect against chemotherapy drugs		
IWILFIN TAB 192MG (<i>eflornithine hydrochloride</i>)	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679
<i>mesna tab 400MG</i> (MESNEX Equiv)	1	LMSP-ONC
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG (<i>etoposide</i>)	4	LMSP-ONC
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG (<i>carbidopa</i>)	3	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		

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<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
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	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<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, .5MG, .75MG, 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	-

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PARLODEL TAB 2.5MG (<i>bromocriptine mesylate</i>)	3	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	1	-
REQUIP TAB (<i>ropinirole hydrochloride</i>)	3	-
<i>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG</i> (REQUIP XL Equiv)	1	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	1	-
SINEMET CR TAB (<i>carbidopa-levodopa</i>)	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG (<i>carbidopa-levodopa</i>)	3	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
AZILECT TAB .5MG, 1MG (<i>rasagiline mesylate</i>)	3	-
ELDEPYRL CAP (<i>selegiline hcl</i>)	3	-
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	1	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	1	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	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	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	1	-

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

103

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

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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
TRIHENXYPHENIDYL SOLN .4MG/ML (trihexyphenidyl hcl)	1	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<i>amantadine soln 50MG/5ML</i> (AMANTADINE Equiv)	1	-
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	1	-
<i>carbidopa-levodopa-entacapone tab</i> <i>12.5MG-50MG-200MG, 18.75MG-75MG-200MG,</i> <i>25MG-100MG-200MG, 31.25MG-125MG-200MG,</i> <i>37.5MG-150MG-200MG, 50MG-200MG</i> (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	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (ESKALITH ER Equiv) (<i>lithium carbonate</i>)	1	-
<i>lithium carbonate cap 150MG, 300MG, 600MG</i> (ESKALITH ER Equiv)	1	-

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104

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
L MSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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VAC	Vaccine Program				

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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>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
<i>lithium oral solution 8MEQ/5ML</i> (LITHIUM Equiv)	1	PA Prior Authorization required for members age 9 years and older
LITHOBID TAB 300MG (<i>lithium carbonate</i>)	3	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP 100MG, 200MG, 300MG (<i>carbamazepine (mood)</i>)	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG (<i>ziprasidone hcl</i>)	3	-
LATUDA TAB 120MG, 20MG, 40MG, 60MG, 80MG (<i>lurasidone 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	-
BENZISOXAZOLES - Drugs to treat mood disorders		
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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
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	-
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	-
BUTYROPHENONES - Drugs to treat mood disorders		
<i>haloperidol lactate conc 10MG/5ML, 2MG/ML</i> (HALDOL Equiv)	1	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	1	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
DIBENZAPINES - Drugs to treat mood disorders		
<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	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	1	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	1	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	1	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	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	-

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
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	-
PHENOTHIAZINES - Drugs to treat mood disorders		
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	1	-
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	1	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	1	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	1	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-
<i>thioridazine hcl tab 100MG, 10MG, 25MG, 50MG</i> (THIORIDAZINE Equiv)	1	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	1	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (<i>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	-

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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
THIOXANTHENES - Drugs to treat mood disorders		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
<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	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	1	-
APTIVUS CAP 250MG (<i>tipranavir</i>)	4	-
APTIVUS SOLN 100MG/ML (<i>tipranavir</i>)	4	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (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 (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day
CRIXIVAN CAP 400MG (<i>indinavir sulfate</i>)	4	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>darunavir tab 600MG, 800MG</i> (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	-
<i>didanosine DR cap</i> (VIDEX EC Equiv)	1	-
DOVATO TAB 50MG-300MG (<i>dolutegravir sodium-lamivudine</i>)	4	QL QL= 1 tab/day
EDURANT PED TAB 2.5MG (<i>rilpivirine hcl</i>)	4	-
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-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	-

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LMSF	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	1	-
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	-
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, 300MG/30ML</i> (EPIVIR Equiv)	1	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	1	-
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	1	-
LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>)	4	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv)	1	-
<i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv)	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</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP 100MG (<i>ritonavir</i>)	3	-
NORVIR POWDER PACK 100MG (<i>ritonavir</i>)	3	-
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	-
RESCRIPTOR TAB (<i>delavirdine mesylate</i>)	4	-
REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>)	4	-

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<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 (ZERIT Equiv) (<i>stavudine</i>)	1	-
<i>stavudine cap</i> (ZERIT Equiv)	1	-
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	-

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TRIZIVIR TAB 150MG-300MG (<i>abacavir sulfate-lamivudine-zidovudine</i>)	2	-
VIDEX SOLN (<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	-
ANTIVIRAL COMBINATIONS- Drugs to treat viral infections		
PAXLOVID PAK 100MG-150MG (<i>nirmatrelvir-ritonavir</i>)	\$0	QL QL= 11 tabs/90 days
PAXLOVID TAB 150-100MG 100MG-150MG (<i>nirmatrelvir-ritonavir</i>)	\$0	QL QL= 20 tabs/90 days
PAXLOVID TAB 300-100MG 100MG-150MG (<i>nirmatrelvir-ritonavir</i>)	\$0	QL QL= 30 tabs/90 days
CMV AGENTS - Drugs to treat viral infections		
<i>foscarnet sodium inj 6000MG/250ML</i> (FOSCAVIR Equiv)	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

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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OL	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	ST	Step Therapy
VAC	Vaccine Program				

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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
PREVYMIS PAK 120MG, 20MG (<i>letermovir</i>)	4	LMSP-PA-QL QL= 4 packets/day; Limit 800 packets/365 days
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</i> (VALCYTE Equiv)	1	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	1	-
HEPATITIS AGENTS - Drugs to treat viral infections		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	4	LMSP
BARACLUDE SOLN .05MG/ML (<i>entecavir</i>)	3	PA Prior Authorization required for members age 9 years and older
BARACLUDE TAB .5MG, 1MG (<i>entecavir</i>)	3	LMSP-QL QL= 1 tab/day
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	1	LMSP-QL QL= 1 tab/day
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>)	2	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG (<i>glecaprevir-pibrentasvir</i>)	4	LMSP-PA-QL QL= 5 packs/day

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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MAVYRET TAB 40MG-100MG (glecaprevir-pibrentasvir)	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/ML (peginterferon alfa-2a)	4	LMSP
PEG-INTRON INJ 50MCG/0.5ML (peginterferon alfa-2b)	4	LMSP
RIBAVIRIN CAP 200MG (REBETOL Equiv) (ribavirin (hepatitis c))	1	LMSP
ribavirin cap (REBETOL Equiv)	1	LMSP
RIBAVIRIN TAB 200MG (ribavirin (hepatitis c))	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (sofosbuvir-velpatasvir)	4	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG (tenofovir alafenamide fumarate)	4	LMSP
VOSEVI TAB 100MG-400MG (sofosbuvir-velpatasvir-voxilaprevir)	4	LMSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
acyclovir cap 200MG (ZOVIRAX Equiv)	1	-
acyclovir susp 200MG/5ML, 800MG/20ML (ZOVIRAX Equiv)	1	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	1	-
famciclovir tab 125MG, 250MG, 500MG (FAMVIR Equiv)	1	-
valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)	1	-

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VALTREX TAB 1GM, 500MG (<i>valacyclovir hcl</i>)	3	-
ZOVIRAX CAP (<i>acyclovir</i>)	3	-
ZOVIRAX SUSP 200MG/5ML (<i>acyclovir</i>)	3	-
ZOVIRAX TAB (<i>acyclovir</i>)	3	-
INFLUENZA AGENTS - Drugs to treat viral infections		
FLUMADINE TAB (<i>rimantadine hydrochloride</i>)	3	-
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	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
TAMIFLU CAP 30MG 30MG (<i>oseltamivir phosphate</i>)	3	QL QL= 20 caps/fill
MISC. ANTIVIRALS- Drugs to treat viral infections		
LAGEVRIO CAP (EUA) 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill

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LAGEVRIO CAP 200MG 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB (<i>penicillamine</i>)	2	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	4	LD Only available through CVS Specialty 800-238-7828
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
<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	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	1	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	1	-

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<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML (cyclosporine)	4	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	1	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	1	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
<i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv)	1	-
<i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv)	1	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	1	-
COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG (<i>carvedilol</i>)	3	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	1	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	1	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	1	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	1	-
LOPRESSOR TAB 100MG, 50MG (<i>metoprolol tartrate</i>)	3	-

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

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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>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 years and older
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	1	-
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
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	-
CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG (<i>diltiazem hcl coated beads</i>)	3	-
CARDIZEM TAB (<i>diltiazem hcl tab</i>)	3	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG, 420MG</i> (CARDIZEM CD Equiv)	1	-

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

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<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 years and 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 Prior Authorization required for members age 9 years and older
NORVASC TAB 10MG, 2.5MG, 5MG (<i>amlodipine besylate</i>)	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG (<i>diltiazem hcl extended release beads</i>)	3	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	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	-

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VERELAN CAP 120MG, 180MG, 240MG (<i>verapamil hcl</i>)	3	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
<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	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		
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
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		
<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</i> (CADUET Equiv)	1	-

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CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (<i>amlodipine besylate-atorvastatin calcium</i>)	3	-
IMPOTENCE AGENTS - Drugs to treat erectile dysfunction		
<i>avanafil tab 100MG, 200MG, 50MG</i> (STENDRA Equiv)	1	QL QL= 6 tabs/30 days
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, 250MCG, 500MCG (<i>alprostadil (vasodilator)</i>)	2	QL QL= 6 inj/30 days
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	1	QL QL= 6 tabs/30 days
STENDRA TAB 100MG, 200MG, 50MG (<i>avanafil</i>)	3	QL QL= 6 tabs/30 days
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>vardenafil ODT 10MG</i> (STAXYN Equiv)	1	QL QL= 6 tabs/30 days

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<i>varденаfil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	1	QL QL= 6 tabs/30 days
PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions		
ISOXSUPRINE TAB 10MG, 20MG (<i>isoxsuprine hcl</i>)	2	-
<i>isoxsuprine tab 20MG</i>	1	-
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG (<i>treprostinil diolamine</i>)	4	LD-PA Only available through CVS Specialty 800-237-2767
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG (<i>treprostinil</i>)	4	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

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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
TYVASO INH SOLN 0.6 MG/ML .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
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR ***		
WINREVAIR INJ 45MG, 60MG (<i>sotatercept-csrk</i>)	4	LD-PA Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	1	LMSP-PA-QL QL= 1 tab/day
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
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
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
REVATIO SUSP 10MG/ML (<i>sildenafil citrate (pulmonary hypertension)</i>)	3	PA Prior Authorization required for members age 9 years and older
REVATIO TAB 20MG (<i>sildenafil citrate (pulmonary hypertension)</i>)	3	PA
<i>sildenafil susp 10MG/ML</i> (REVATIO Equiv)	1	PA Prior Authorization required for members age 9 years and older
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	1	PA
TADLIQ SUSP 20MG/5ML (<i>tadalafil (pulmonary hypertension)</i>)	3	PA Prior Authorization required for members age 9 years and older
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
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
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
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
SINUS NODE INHIBITORS - Drugs to control heart rhythm		

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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
CORLANOR TAB 5MG, 7.5MG (<i>ivabradine hcl</i>)	3	PA
<i>ivabradine hcl tab 5MG, 7.5MG</i> (CORLANOR Equiv)	1	PA
TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis		
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
VYNDALIN 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
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
CEFADROXIL TAB 1GM (<i>cefadroxil</i>)	2	-
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	M
CEFAZOLIN INJ 100GM, 1GM, 2GM, 300GM, 3GM (<i>cefazolin sodium</i>)	M	M
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	1	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	1	-
KEFLEX CAP (<i>cephalexin</i>)	3	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
CEFACLOX CLAV 250MG, 500MG (CECLOR Equiv) (<i>cefactor</i>)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>cefaclor cap</i> (CECLOR Equiv)	1	-
CEFACLOR ER TAB 500MG (<i>cefaclor monohydrate</i>)	3	-
CEFACLOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML (<i>cefaclor</i>)	3	-
<i>cefroxitin inj 10GM, 1GM, 2GM</i>	M	M
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	1	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	1	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-
CEFDITOREN TAB (<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 (CLAFORAN Equiv) (<i>cefotaxime sodium</i>)	M	M
<i>cefotaxime inj</i> (CLAFORAN Equiv)	M	M
CEFPODOXIME PROXETIL SUSP 100MG/5ML, 50MG/5ML (<i>cefpodoxime proxetil</i>)	1	-
<i>cefpodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv)	1	-
<i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i>	M	M
OMNICEF SUSP (<i>cefdinir</i>)	3	-
SPECTRACEF TAB (<i>cefditoren pivoxil</i>)	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
<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 (<i>levonorgestrel-ethinyl estradiol-iron</i>)	\$0	-
<i>cesia tab</i> (CYCLESSA Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TAB .03MG-.451MG-3MG (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	\$0	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FEMLYV TAB .02MG-1MG (<i>norethindrone acet & eth estro</i>)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</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-ethinyl estradiol-fe tab .02MG-.1MG-36.5MG, .1MG-20MCG-75MG</i> (BALCOLTRA Equiv)	\$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>)	\$0	-
<i>loestrin tab 1MG-20MCG</i>	\$0	-
NATAZIA TAB (<i>estradiol valerate-dienogest</i>)	\$0	-
NEXTSTELLIS TAB 3MG-14.2MG (<i>drospirenone-estetrol</i>)	\$0	-
<i>norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG</i> (TAYTULLA Equiv)	\$0	-
<i>norethindrone acetate/ethinyl estradiol FE chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv)	\$0	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>)	\$0	-
VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
<i>wymzya FE tab .4MG-35MCG, .4MG-35MCG-75MG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>)	\$0	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANNOVERA RING .013MG/24HR-.15MG/24HR (<i>segesterone acetate-ethinyl estradiol</i>)	\$0	QL QL= 1 ring/year
<i>eluryng vaginal ring .015MG/24HR-.12MG/24HR</i> (NUVARING Equiv)	\$0	-
COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy		
PARAGARD IUD (<i>copper (iud)</i>)	EXC	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
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
PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy		
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
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	-
PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy		
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY (<i>levonorgestrel (iud)</i>)	EXC	-

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

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PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab .35MG</i> (NORA-QD Equiv)	\$0	-
OPILL TAB .075MG (<i>norgestrel</i>)	\$0	OTC
SLYND TAB 4MG (<i>drospirenone</i>)	\$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
ALKINDI SPRINKLE CAP 0.5MG .5MG (<i>hydrocortisone</i>)	3	PA-QL QL= 3 caps/day; Prior Authorization required for members age 9 years and older
ALKINDI SPRINKLE CAP 1MG 1MG (<i>hydrocortisone</i>)	3	PA-QL QL= 3 caps/day; Prior Authorization required for members age 9 years and older
<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, METHYLPREDNISOLONE 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	-
DEXAMETHASONE SODIUM PHOSPHATE INJ 10MG/ML, 4MG/ML <i>(dexamethasone sodium phosphate)</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</i> (DECADRON Equiv)	1	-
<i>hydrocortisone succinate inj 1000mg 100MG</i> (SOLU-CORTEF Equiv)	1	QL QL= 2 vials/fill
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	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</i> (DEPO-MEDROL Equiv)	1	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	1	-

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<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG</i> (SOLU-MEDROL Equiv)	1	-
ORAPRED ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>)	3	-
ORAPRED SOLN 5MG/5ML (<i>prednisolone sodium phosphate</i>)	3	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (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	-
<i>prednisolone soln 15MG/5ML</i>	1	-
PREDNISONE SOLN 5MG/5ML (<i>prednisone</i>)	2	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (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	-

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

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CLARINEX-D TAB 2.5MG-120MG (<i>desloratadine-pseudoephedrine</i>)	EXC	-
CLARINEX-D TAB 2.5MG-120MG (<i>desloratadine-pseudoephedrine</i>)	EXC	-
<i>guaifenesin/codeine soln</i> (BRONTEX Equiv)	1	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (<i>guaifenesin-codeine</i>)	1	OTC-QL QL= 240ml/fill
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML</i>	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
<i>hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML</i> (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days
<i>hydrocodone/chlorpheniramine/pseudoephedrine liquid</i> (ZUTRIPRO Equiv)	1	QL QL= 120ml/fill, 2 fills/30 days
<i>lohist liquid</i> (DECON-A Equiv)	EXC	OTC
<i>promethazine DM syrup 6.25MG/5ML-15MG/5ML</i>	1	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (<i>promethazine & phenylephrine</i>)	1	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (<i>promethazine & phenylephrine</i>)	1	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i>	1	-

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PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv) <i>(promethazine-phenylephrine-codeine)</i>	1	-
<i>promethazine VC/codeine syrup</i> (PHENERGAN VC/CODEINE Equiv)	1	-
<i>promethazine/codeine syrup</i> 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)	1	-
SEMPREX-D CAP <i>(acrivastine & pseudoephedrine)</i>	EXC	-
ZUTRIPRO LIQUID <i>(pseudoephed-cpm w/ hydrocod)</i>	3	QL QL= 120ml/fill, 2 fills/30 days
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
HYPER-SAL NEB SOLN 7% <i>(sodium chloride (inhalant))</i>	3	-
NEBUSAL NEB SOLN 3.5%, 6% <i>(sodium chloride (inhalant))</i>	2	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	1	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		

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<i>adapalene cream .1%</i> (DIFFERIN Equiv)	1	PA Acne Only - Prior Authorization required for members age 35 years and older
<i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv)	1	PA Acne Only - Prior Authorization required for members age 35 years and older
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv)	1	-
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5%</i> (EPIDUO FORTE Equiv)	1	-
<i>amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv)	1	-
ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% (<i>tretinoin</i>)	3	PA
BENZACLIN GEL 1%-5%, 1.2%-2.5% (<i>clindamycin phosphate-benzoyl peroxide</i>)	3	-
BENZAMYCIN GEL 3%-5% (<i>benzoyl peroxide-erythromycin</i>)	3	-
CLEOCIN-T LOTION 1% (<i>clindamycin phosphate (topical)</i>)	3	-
CLEOCIN-T PAD (<i>clindamycin phosphate (topical)</i>)	3	-

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CLEOCIN-T SOLN (<i>clindamycin phosphate (topical)</i>)	3	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	1	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	1	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-5%</i> (BENZACLIN Equiv)	1	-
DIFFERIN CREAM .1% (<i>adapalene</i>)	3	PA
DIFFERIN GEL .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	-

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<i>sodium sulfacetamide/sulfur cleanser 10-5% 5%-10%</i> (SUMAXIN Equiv)	1	-
<i>sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9%</i> (SUMADAN WASH Equiv)	1	-
<i>sodium sulfacetamide/sulfur emulsion 10-5%</i>	1	-
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 - Prior Authorization required for members age 35 years and older
<i>tretinoin gel .01%, .025%, .05%</i> (RETIN-A GEL Equiv)	1	PA Acne Only - Prior Authorization required for members age 35 years and older
<i>tretinoin gel 0.08% .08%</i> (RETIN-A MICRO Equiv)	1	PA Acne Only - Prior Authorization required for members age 35 years and older
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
CENTANY OINT 2% (<i>mupirocin</i>)	3	-

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CORTISPORIN CREAM (<i>neomycin-polymyxin-hc</i>)	3	-
CORTISPORIN OINT (<i>bacitracin-polymyxin-neomycin hc</i>)	3	-
<i>gentamicin sulfate cream</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	1	-
<i>ciclopirox gel .77%</i> (LOPROX GEL Equiv)	1	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	1	-
<i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv)	1	-
<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	1	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	1	-
EXELDERM SOLN (<i>sulconazole nitrate</i>)	3	-
<i>ketoconazole cream 2%</i> (NIZORAL CREAM Equiv)	1	-
<i>ketoconazole shampoo 1%, 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% (<i>ciclopirox olamine</i>)	3	-
LOPROX SHAMPOO 1% (<i>ciclopirox</i>)	3	-
LOTRISONE CREAM (<i>clotrimazole w/ betamethasone</i>)	3	-
MENTAX CREAM 1% (<i>butenafine hcl</i>)	3	-

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NAFTIFINE CREAM 1% (<i>naftifine hcl</i>)	3	-
<i>naftifine cream 2%</i> (NAFTIN Equiv)	1	-
<i>naftifine gel 1%</i> (NAFTIN Equiv)	1	-
NAFTIN CREAM (<i>naftifine hcl</i>)	3	-
NAFTIN GEL 1% (<i>naftifine hcl</i>)	3	-
NIZORAL SHAMPOO (<i>ketconazole (topical)</i>)	3	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<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%</i> (OXISTAT Equiv)	1	-
<i>tavaborole soln 5%</i> (KERYDIN Equiv)	1	QL-ST QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	OTC-QL QL= 5 tubes/fill
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	3	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		

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<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	1	LMSP-PA
<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% (<i>fluorouracil (topical)</i>)	3	-
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	1	-
FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>)	3	-
FLUOROURACIL SOLN 2% (<i>fluorouracil (topical)</i>)	2	-
<i>fluorouracil soln 5%</i> (FLUOROURACIL Equiv)	1	-
PICATO GEL (<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 Accredo 800-803-2523
ANTIPSORIATICS - Drugs to treat psoriasis		
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	4	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	1	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	1	-
CALCIPOTRIENE SOLN .005% (DOVONEX SOLN Equiv) (<i>calcipotriene</i>)	1	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	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</i> (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP (<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
SPEVIGO INJ 150MG/ML (<i>spesolimab-sbzo</i>)	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
STELARA INJ 90MG/ML (<i>ustekinumab</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
STEQEYMA INJ 45MG/0.5ML (<i>ustekinumab-stba</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
STEQEYMA INJ 90MG 90MG/ML (<i>ustekinumab-stba</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
TALTZ INJ 20MG/0.25ML 20MG/0.25ML (<i>ixekizumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML 40MG/0.5ML (<i>ixekizumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.05% .05%</i> (TAZORAC Equiv)	1	-
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-

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OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TAZORAC CREAM .05%, .1% (<i>tazarotene</i>)	3	-
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	4	LMSP-PA-QL QL= 1 inj/56 days
USTEKINUMAB-AEKN 45MG/0.5ML 45MG/0.5ML (<i>ustekinumab-aekn</i>)	4	LD-PA-QL QL= 1 inj/84 days; Only available through Lumicera 855-847-3553
USTEKINUMAB-AEKN 90MG/ML 90MG/ML (<i>ustekinumab-aekn</i>)	4	LD-PA-QL QL= 1 inj/84 days; Only available through Lumicera 855-847-3553
YESINTEK INJ 45MG/0.5ML (<i>ustekinumab-kfce</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
YESINTEK SYRINGE 45MG/0.5ML (<i>ustekinumab-kfce</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
YESINTEK SYRINGE 90MG 90MG/ML (<i>ustekinumab-kfce</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
OVACE PLUS CREAM 10% (<i>sulfacetamide sodium</i>)	3	-
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	1	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% (<i>penciclovir</i>)	3	-
<i>penciclovir cream 1%</i> (DENAVIR Equiv)	1	-
BURN PRODUCTS - Drugs to treat burns		
SILVADENE CREAM 1% (<i>silver sulfadiazine</i>)	3	-

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<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	1	-
SULFAMYLLON CREAM 85MG/GM (<i>mafenide acetate</i>)	2	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	1	-
ALCLOMETASONE OINT .05% (ACLOVATE OINT Equiv) (<i>alclometasone dipropionate</i>)	1	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	1	-
BETAMETH VALERATE LOTION .1% (<i>betamethasone valerate</i>)	1	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	1	-
BETAMETHASONE AUGMENTED GEL .05% (<i>betamethasone dipropionate augmented</i>)	2	-
<i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv)	1	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	1	-
<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	-

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<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	-
<i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv)	1	-
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	1	-
DIPROLENE AF CREAM .05% (<i>betamethasone dipropionate augmented</i>)	3	-

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DIPROLENE OINT .05% (<i>betamethasone dipropionate augmented</i>)	3	-
ELOCON CREAM (<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%</i> (LIDEX Equiv)	1	-
<i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv)	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%</i> (CUTIVATE Equiv)	1	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	1	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	1	PA
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	1	-
<i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv)	1	-

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

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HYDROCORTISONE LOTION 2.5% 2.5% <i>(hydrocortisone (topical))</i>	1	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	1	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	1	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	1	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	1	-
NUCORT LOTION 2% <i>(hydrocortisone acetate (topical))</i>	3	-
OLUX FOAM .05% <i>(clobetasol propionate)</i>	3	PA
PROCTOCORT CREAM <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	-
ECZEMA AGENTS - Drugs to treat eczema		
ADBRY INJ 150MG/ML <i>(tralokinumab-ldrm)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG <i>(abrocitinib)</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

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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
DUPIXENT INJ 100MG/0.67ML, 300MG/2ML (<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
EBGLYSS INJ 250MG/2ML (<i>lebrikizumab-lbkz</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
EBGLYSS PEN INJ 250MG/2ML (<i>lebrikizumab-lbkz</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
<i>ammonium lactate lotion 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM (<i>lactic acid (ammonium lactate)</i>)	3	-
LAC-HYDRIN LOTION (<i>lactic acid (ammonium lactate)</i>)	3	-
LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>)	1	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	2	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - Drugs to grow hair		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-

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

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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
LITFULO CAP 50MG (<i>ritlecitinib tosylate</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
HAIR REDUCTION AGENTS - Drugs to remove hair		
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-
IMMUNOMODULATING AGENTS - SYSTEMIC ***		
NEMLUVIO INJ 30MG (<i>nemolizumab-ilto</i>)	4	LMSP-PA-QL QL= 1 inj/56 days
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ALDARA CREAM 5% (<i>imiquimod</i>)	3	-
<i>imiquimod cream 5%</i> (ALDARA Equiv)	1	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ELIDEL CREAM 1% (<i>pimecrolimus</i>)	3	Covered for members age 2 years and 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 age 2 years and older
PROTOPIC OINT .03%, .1% (<i>tacrolimus (topical)</i>)	3	-
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	1	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% (<i>podophyllum resin</i>)	2	-

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PODOFILOX SOLN .5% (<i>podofilox</i>)	1	-
<i>podofilox soln .5%</i>	1	-
SALEX SHAMPOO 2%, 3% (<i>salicylic acid</i>)	3	-
SALEX SHAMPOO 6% (<i>salicylic acid</i>)	3	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint</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
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	1	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL - Drugs to treat eczema		
ZORYVE CREAM .3% (<i>roflumilast (topical)</i>)	2	PA-QL QL= 60 grams/30 days
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-

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TRI-LUMA CREAM .01%-.05%-4% (fluocinolone-hydroquinone-tretinoin)	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
azelaic acid gel 15% (FINACEA Equiv)	1	-
brimonidine tartrate gel .33% (MIRVASO Equiv)	EXC	-
FINACEA GEL 15% (azelaic acid)	3	-
ivermectin cream 1% (SOOLANTRA Equiv)	1	QL QL= 45 grams/30 days
METROCREAM .75% (metronidazole (topical))	3	-
METROGEL 1% 1% (metronidazole (topical))	3	-
METROLOTION .75% (metronidazole (topical))	3	-
metronidazole cream .75% (METROCREAM Equiv)	1	-
metronidazole gel 1% (METROGEL Equiv)	1	-
metronidazole gel 0.75% .75% (METROGEL Equiv)	1	-
metronidazole lotion .75% (METROLOTION Equiv)	1	-
MIRVASO GEL .33% (brimonidine tartrate (topical))	EXC	-
RHOFADE CREAM 1% (oxymetazoline hcl (topical))	EXC	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
ELIMITE CREAM 5% (permethrin)	3	-
LINDANE SHAMPOO 1% (lindane)	1	-
malathion lotion .5% (OVIDE Equiv)	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% (spinosad)	3	QL QL= 1 bottle/fill

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OVIDE LOTION .5% (<i>malathion</i>)	3	QL QL= 2 bottles/fill
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	1	-
SPINOSAD SUSP .9% (<i>spinosad</i>)	2	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% (<i>becaplermin</i>)	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>)	2	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
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

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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
ONETOUCH TEST STRIP (<i>glucose blood</i>)	2	OTC
ONETOUCH VERIO TEST STRIP (<i>glucose blood</i>)	2	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
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 & lacto-n-neotetraose</i>)	EXC	-
L-METHYLFOLATE TAB (<i>l-methylfolate</i>)	EXC	-

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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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

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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
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 & lacto-n-neotetraose</i>)	EXC	-
PODIAPN CAP (<i>l-methylfolate w/ vitamin b6-vitamin b12</i>)	EXC	-
XAQUIL XR TAB (<i>levomefolate glucosamine</i>)	EXC	-
XYZBAC TAB (<i>dietary management product</i>)	EXC	-
INFANT FOODS		
INFANT FORMULA LIQUID (<i>infant foods</i>)	2	OTC-PA
INFANT FORMULA POWDER (<i>infant foods</i>)	2	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID (<i>nutritional supplements</i>)	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER (<i>nutritional supplements</i>)	2	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		

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CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	1	-
<i>acetazolamide tab 125MG, 250MG</i>	1	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB (<i>methazolamide</i>)	3	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTAZIDE TAB 25MG (<i>spironolactone & hydrochlorothiazide</i>)	3	-
ALDACTAZIDE TAB 50-50MG 50MG (<i>spironolactone & hydrochlorothiazide</i>)	3	-
AMILORIDE/HCTZ TAB 5MG-50MG (<i>amiloride & hydrochlorothiazide</i>)	1	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG (<i>triamterene & hydrochlorothiazide</i>)	3	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	1	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	1	-
EDECIN TAB 25MG (<i>ethacrynic acid</i>)	3	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	1	-
FUROSCIX KIT 80MG/10ML (<i>furosemide</i>)	4	LD-QL QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633
FUROSEMIDE SOLN 40MG/5ML (<i>furosemide</i>)	1	-
<i>furosemide soln 10MG/ML</i>	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG (<i>furosemide</i>)	3	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTONE TAB (<i>spironolactone tab</i>)	3	-
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-

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

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CARISPIR SUSP 25MG/5ML (<i>spironolactone</i>)	3	PA
<i>spironolactone susp 25MG/5ML</i> (CAROSPIR Equiv)	1	PA
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB (DIURIL Equiv) (<i>chlorothiazide</i>)	1	-
<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	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
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	-

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<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
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
<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</i>)	4	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)	4	LMSP
CORTICOTROPIN ***		
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
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
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
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
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
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 2MG (<i>tesamorelin acetate</i>)	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
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

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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
SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML (<i>somapacitan-beco</i>)	4	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
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
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	4	LD Only available through AnovoRx 844-288-5007
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
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
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	1	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	1	-

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<i>carglumic acid tab 200MG</i> (CARBAGLU Equiv)	1	LD-PA Only available through AnovoRx 844-288-5007
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
CYSTADANE POWDER (<i>betaine</i>)	4	LD Only available through AnovoRx 844-288-5007
DOXERCALCIFEROL CAP .5MCG, 1MCG, 2.5MCG (HECTOROL Equiv) (<i>doxercalciferol</i>)	1	-
<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 10MG/0.5ML, 2.5MG/0.5ML (<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	-

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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
<i>sapropterin dihydrochloride soluble tab 100MG</i> (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
XPHOZAH TAB 20MG, 30MG (<i>tenapanor hcl (ckd)</i>)	4	MSP-PA-QL QL= 2 tabs/day
YORVIPATH INJ 168MCG/0.56ML (<i>palopecteriparatide</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 294MCG 294MCG/0.98ML (<i>palopecteriparatide</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479

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YORVIPATH INJ 420MCG 420MCG/1.4ML (<i>palopegteriparatide</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
ZEMPLAR CAP 1MCG, 2MCG (<i>paricalcitol</i>)	3	-
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG (<i>vosoritide</i>)	4	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
DDAVP NASAL SOLN .01% (<i>desmopressin acetate refrigerated</i>)	3	-
DDAVP NASAL SPRAY (<i>desmopressin acetate spray</i>)	3	-
DDAVP TAB .1MG, .2MG (<i>desmopressin acetate</i>)	3	-
<i>desmopressin acetate nasal spray .01%</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
DESMOPRESSIN NASAL SPRAY .01% (<i>desmopressin acetate spray</i>)	1	-
STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>)	2	LMSP
PROGESTERONE RECEPTOR ANTAGONISTS ***		
<i>mifepristone tab 200mg 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG (<i>mifepristone</i>)	EXC	-

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PROLACTIN INHIBITORS - Drugs to regulate hormones		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML</i> (SANDOSTATIN Equiv)	1	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 diaspertate</i>)	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG (<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
<i>tolvaptan tab 15MG, 30MG</i> (SAMSCA, JYNARQUE Equiv)	1	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

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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>tolvaptan tab therapy pack 15MG</i> (JYNARQUE Equiv)	1	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
<i>ACTIVELLA TAB .5MG-1MG (estradiol & norethindrone acetate)</i>	3	-
<i>BIJUVA CAP .5MG-100MG, 1MG-100MG (estradiol-progesterone)</i>	3	QL QL= 1 cap/day
<i>COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY (estradiol & norethindrone acetate)</i>	2	-
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	1	-
<i>FEMHRT TAB .5MG-2.5MCG (norethindrone acetate-ethinyl estradiol)</i>	3	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	1	-
<i>MYFEMBREE TAB .5MG-1MG-40MG (relugolix-estradiol-norethindrone acetate)</i>	2	PA-QL QL= 1 tab/day
<i>ORIAHNN CAP .5MG-1MG-300MG (elagolix sodium-estradiol-norethindrone acetate)</i>	2	PA-QL QL= 2 caps/day
<i>PREFEST TAB (estradiol-norgestimate)</i>	3	-

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PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	-
ESTROGENS - Drugs used for contraception		
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 .5MG, 1MG, 2MG (<i>estradiol</i>)	3	-
<i>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR</i> (CLIMARA Equiv)	1	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	1	-
<i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv)	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	-

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VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (<i>estradiol</i>)	3	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		
FLUOROQUINOLONES - Drugs to treat bacterial infections		
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</i> (CIPRO Equiv)	1	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	1	-
LEVAQUIN TAB 250MG, 750MG (<i>levofloxacin</i>)	3	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	1	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	1	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	1	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	1	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
5-HT4 RECEPTOR AGONISTS - Drugs to treat constipation		

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MOTEGRITY TAB 1MG, 2MG (<i>prucalopride succinate</i>)	3	PA-QL QL= 1 tab/day
<i>prucalopride succinate tab 1MG, 2MG</i> (MOTEGRITY Equiv)	1	PA-QL QL= 1 tab/day
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation		
TRULANCE TAB 3MG (<i>plecanatide</i>)	2	PA-QL QL= 1 tab/day
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>)	4	LD-PA Only available through Dohmen LSS 844-246-5226
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
ACTIGALL CAP (<i>ursodiol</i>)	3	-
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	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML (<i>cromolyn sodium (mastocytosis)</i>)	3	-
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation		
<i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv)	1	PA-QL QL= 2 caps/day

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GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab</i> (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG (<i>metoclopramide hcl</i>)	3	-
HEPATOTROPICS ***		
REZDIFFRA TAB 100MG, 60MG, 80MG (<i>resmetirom</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Optum 877-445-6874
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		
BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
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

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LIVMARLI SOLN 9.5MG/ML (<i>maralixibat chloride</i>)	4	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481
LIVMARLI SOLN 19MG/ML 19MG/ML (<i>maralixibat chloride</i>)	4	LD-PA-QL QL= 60mL/30 days; Only available through Eversana 866-849-4481
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
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
COLAZAL CAP 750MG (<i>balsalazide disodium</i>)	3	-
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	3	-
ENTYVIO SC INJ 108MG/0.68ML (<i>vedolizumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	1	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	1	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	1	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	1	-
SFROWASA ENEMA 4GM/60ML (<i>mesalamine</i>)	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

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SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML (<i>risankizumab-rzaa (crohn's)</i>)	4	LMSP-PA-QL QL= 1 inj/56 days
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	1	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	1	-
TREMFYA INJ 200MG/2ML 200MG/2ML (<i>guselkumab (gastrointestinal)</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
TREMFYA INJ CROHNS INDUCTION PACK 200MG/2ML (<i>guselkumab (gastrointestinal)</i>)	4	LMSP-PA-QL QL= 2 inj/28 days; 6 inj/year
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose soln 10GM/15ML</i>	1	-
IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system		
<i>alosetron tab .5MG, 1MG</i> (LOTROXON Equiv)	1	-
LINZESS CAP 145MCG, 290MCG, 72MCG (<i>linaclotide</i>)	3	PA-QL QL= 1 cap/day
LOTROXON TAB .5MG, 1MG (<i>alosetron hcl</i>)	3	-
LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections		
VOWST CAP (<i>fecal microbiota spores, live-brpk</i>)	4	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
MOVANTIK TAB 12.5MG, 25MG (<i>naloxegol oxalate</i>)	2	PA
SYMPROIC TAB (<i>naldemedine tosylate</i>)	2	PA
SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>)	2	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		

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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, 750MG</i> (FOSRENOL Equiv)	1	-
PHOSLO CAP (<i>calcium acetate (phosphate binder)</i>)	3	-
PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>)	2	-
RENVELA TAB 800MG (<i>sevelamer carbonate</i>)	3	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	1	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	1	-
VELPHORO CHEW TAB 500MG (<i>sucroferric oxyhydroxide</i>)	3	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG (<i>potassium citrate-citric acid</i>)	1	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (<i>pot & sod citrates w/citric ac</i>)	1	-

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ORACIT SOLN 334MG/5ML-500MG/5ML, 490MG/5ML-640MG/5ML (<i>sodium citrate & citric acid</i>)	1	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROCIT-K Equiv)	1	-
<i>potassium citrate/citric acid powder pack</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	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	4	LD-PA Only available through CVS Specialty 800-238-7828
HYPEROXALURIA AGENTS ***		

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RIVFLOZA INJ 128MG/0.8ML (<i>nedosiran sodium</i>)	4	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA INJ 160MG 160MG/ML (<i>nedosiran sodium</i>)	4	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA VIAL 80MG/0.5ML (<i>nedosiran sodium</i>)	4	LD-PA-QL QL= 2 vials/30 days; Only available through Orsini 800-410-8575
IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
FILSPARI TAB 200MG, 400MG (<i>sparsentan</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	3	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
AVODART CAP .5MG (<i>dutasteride</i>)	3	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG (<i>tamsulosin hcl</i>)	3	-

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PROSCAR TAB (<i>finasteride tab</i>)	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG (<i>alfuzosin hcl</i>)	3	-
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	1	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
LITHOSTAT TAB 250MG (<i>acetohydroxamic acid</i>)	3	-
<i>tiopronin tab 100MG</i> (THIOLA Equiv)	1	LMSP-PA
<i>tiopronin tab delayed release 100MG, 300MG</i> (THIOLA EC Equiv)	1	LMSP-PA
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	1	-
GOUT AGENTS - Drugs to treat gout		
<i>allopurinol tab</i> (ZYLOPRIM Equiv)	1	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	1	-
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	1	ST Step Therapy requires trial of allopurinol
GLOPERBA SOLN .6MG/5ML (<i>colchicine</i>)	3	PA Prior Authorization required for members age 9 years and older

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

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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
ULORIC TAB 40MG, 80MG (<i>febuxostat</i>)	3	ST Step Therapy requires trial of allopurinol
ZYLOPRIM TAB 100MG, 300MG (<i>allopurinol</i>)	3	-
URICOSURICS - Drugs to treat gout		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	1	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
ADVATE, KOVALTRY INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	EXC	-
ADYNOVATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT, 750UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	EXC	-
AFSTYLA KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	EXC	-
ALPHANATE, HUMATE-P INJ 1000UNIT, 1000UNIT-2400UNIT, 1500UNIT, 2000UNIT, 250UNIT, 250UNIT-600UNIT, 500UNIT, 500UNIT-1200UNIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	EXC	-

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

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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
ALPHANINE SD INJ 1000UNIT, 1500UNIT, 500UNIT (<i>coagulation factor ix</i>)	EXC	-
ALPROLIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	EXC	-
ALTUVIIIIO INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) fc-vwf-xten fusion protein-eh1l</i>)	EXC	-
BENEFIX INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>coagulation factor ix (recombinant)</i>)	EXC	-
COAGADEX INJ 250UNIT, 500UNIT (<i>coagulation factor x (human)</i>)	EXC	-
CORIFACT KIT 1000-1600 UNIT (<i>factor xiii concentrate (human)</i>)	EXC	-
ELOCTATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 500UNIT, 6000UNIT, 750UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	EXC	-
ESPEROCT INJ 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 500UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei</i>)	EXC	-
FEIBA INJ 1000UNIT, 2500UNIT, 500UNIT (<i>antiinhibitor coagulant complex</i>)	EXC	-

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FIBRYGA, RIASTAP INJ (<i>fibrinogen concentrate (human)</i>)	EXC	-
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML (<i>emicizumab-kxwh</i>)	4	LMSP-PA
HEMOFIL M, KOATE INJ 1000UNIT, 1700UNIT, 250UNIT, 500UNIT (<i>antihemophilic factor (human)</i>)	EXC	-
IDELVION INJ 1000UNIT, 2000UNIT, 250UNIT, 3500UNIT, 500UNIT (<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>)	EXC	-
IXINITY INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>coagulation factor ix (recombinant)</i>)	EXC	-
JIVI INJ 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 500UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>)	EXC	-
KOGENATE FS INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	EXC	-
NOVOEIGHT INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	EXC	-
NOVOSEVEN RT INJ 1MG, 2MG, 5MG, 8MG (<i>coagulation factor viia (recombinant)</i>)	EXC	-

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

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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
NUWIQ INJ 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))</i>	EXC	-
NUWIQ KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))</i>	EXC	-
OBIZUR INJ 500UNIT <i>(antihemophilic factor (recombinant porcine) (rpfviii))</i>	EXC	-
PROFILNINE INJ 1000UNIT, 1500UNIT, 500UNIT <i>(factor ix complex)</i>	EXC	-
REBINYN INJ 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT <i>(coagulation factor ix (recombinant) glycopegylated)</i>	EXC	-
RECOMBINATE INJ <i>(antihemophilic factor (recombinant))</i>	EXC	-
RIXUBIS INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(coagulation factor ix (recombinant))</i>	EXC	-
SEVENFACT INJ 1MG, 2MG, 5MG <i>(coagulation factor viia (recombinant)-jncw)</i>	EXC	-
TRETTEN INJ 2500UNIT <i>(coagulation factor xiii a-subunit (recombinant))</i>	EXC	-

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

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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
VONVENDI INJ 1300UNIT, 650UNIT (<i>von willebrand factor (recombinant)</i>)	EXC	-
WILATE INJ 1000UNIT, 500UNIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	EXC	-
XYNTHA INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	EXC	-
BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	M	M
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
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
VOYDEYA TAB 100MG (<i>danicopan</i>)	4	LD-PA-QL QL= 6 tabs/day; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK (<i>danicopan</i>)	4	LD-PA-QL QL= 6 tabs/day; Only available through Onco360 877-662-6633

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZILBRYSQ INJ 16.6MG/0.416ML (<i>ziluoplan sodium</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 23MG 23MG/0.574ML (<i>ziluoplan sodium</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 32.4MG 32.4MG/0.81ML (<i>ziluoplan sodium</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
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
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
AGRYLIN CAP .5MG (<i>anagrelide hcl</i>)	3	-
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	1	-
CABLIVI INJ KIT 11MG (<i>caplacizumab-yhdp</i>)	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<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	-
<i>ticagrelor tab 60MG, 90MG</i> (BRILINTA Equiv)	1	-
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	3	RS Restricted to Cardiology Specialist
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
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
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	4	LMSP-PA-QL QL= 2 caps/day
CEREZYME INJ 400UNIT (<i>imiglucerase</i>)	M	M

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

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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>miglustat cap 100MG</i> (ZAVESCA Equiv)	1	LD-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea (sickle cell disease)</i>)	2	-
OXBRYTA TAB 300MG, 500MG (<i>voxelotor</i>)	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
<i>l-glutamine powder packet 5GM</i> (ENDARI Equiv)	1	LMSP-PA-QL QL= 6 packets/day
XROMI SOLN 100MG/ML (<i>hydroxyurea (sickle cell disease)</i>)	3	PA Prior Authorization required for members age 9 years and older
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
<i>cyanocobalamin nasal spray 500 mcg/0.1ml 500MCG/0.1ML</i> (NASCOBAL Equiv)	1	-
NASCOBAL SPRAY 500MCG/0.1ML (<i>cyanocobalamin</i>)	3	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		

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

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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>folic acid tab 1mg 1MG</i>	\$0	\$0 copay for female members only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for female members only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for female members only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through CVS Specialty 800-238-7828
<i>eltrombopag olamine powder pack for susp 12.5MG, 25MG</i> (PROMACTA Equiv)	1	LMSP-PA-QL QL= 1 packet/day
<i>eltrombopag olamine tab 12.5MG, 25MG</i> (PROMACTA Equiv)	1	LMSP-PA-QL QL= 1 tab/day
<i>eltrombopag olamine tab 50mg 50MG</i> (PROMACTA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
<i>eltrombopag olamine tab 75mg 75MG</i> (PROMACTA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	4	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-aafi</i>)	4	LMSP
NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>)	4	LMSP

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RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>)	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>)	4	LMSP
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG (<i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i>)	3	-
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG (<i>fe asp gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i>)	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>)	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i>)	1	-

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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	-
<i>multivitamin tab 1MG-25MCG-100MG-250MG</i>	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG (<i>ferrous fumarate w/ fa-dss-b complex-vit c</i>)	2	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	1	-
STEM CELL MOBILIZERS - Drugs to treat blood disorders		
XOLREMDI CAP 100MG (<i>mavorixafor</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
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	-

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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
LYSTEDA TAB 650MG (<i>tranexamic acid</i>)	3	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>phenobarbital elixir 20MG/5ML, 30MG/7.5ML, 60MG/15ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
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

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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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

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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>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	-
<i>temazepam cap 22.5mg 22.5MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 7.5mg 7.5MG</i> (RESTORIL Equiv)	1	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	1	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	1	QL QL= 1 cap/day
<i>zolpidem ER tab 12.5MG, 6.25MG</i> (AMBIEN CR Equiv)	1	QL QL= 1 tab/day
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		
<i>ramelteon tab 8MG</i> (ROZEREM Equiv)	1	QL QL= 1 tab/day
ROZEREM TAB 8MG (<i>ramelteon</i>)	3	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		

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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
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	QL \$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	QL \$0 copay for members age 45-75 years; all other members covered at preferred brand copay; Limited to 2 fills/calendar year
<i>peg 3350 soln (100 gram Moviprep equiv)</i> 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM (MOVIPREP Equiv)	\$0	QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
<i>peg 3350/electrolytes soln</i> 1.48GM-5.72GM-11.2GM-420GM (COLYTE Equiv)	\$0	QL \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
<i>sodium/magnesium/potassium soln</i> 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv)	\$0	QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM (<i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i>)	2	QL QL= 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
<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
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
<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 POWDER PACK 1GM (<i>azithromycin</i>)	3	-
ZITHROMAX SUSP 100MG/5ML, 200MG/5ML (<i>azithromycin</i>)	3	-
ZITHROMAX TAB 250MG, 500MG (<i>azithromycin</i>)	3	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
BIAXIN TAB (<i>clarithromycin</i>)	3	-
<i>clarithromycin ER tab 500MG</i> (BIAXIN XL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML (<i>clarithromycin</i>)	2	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	1	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN CAP DR 250MG (<i>erythromycin base</i>)	2	-
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	-
FIDAXOMICIN - Drugs to treat infections		
DIFICID SUSP 40MG/ML (<i>fidaxomicin</i>)	2	QL-ST QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB 200MG (<i>fidaxomicin</i>)	2	QL-ST QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		

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CERVICAL CAP (<i>cervical caps</i>)	\$0	-
DIAPHRAGM 2% (<i>diaphragm wide seal</i>)	\$0	-
FEMALE CONDOMS (<i>condoms - female</i>)	\$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS (<i>condoms latex non-lubricated - male</i>)	\$0	OTC-QL QL= 12 condoms/fill
DIABETIC SUPPLIES - Devices to assist with diabetes		
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
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 glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER (<i>continuous glucose system transmitter</i>)	2	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER (<i>continuous glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
DEXCOM G7 SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER (<i>continuous glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 2-PLUS SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 2 sensors/30 days
FREESTYLE LIBRE 3 READER (<i>continuous glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3-PLUS SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 2 sensors/30 days
FREESTYLE LIBRE RECEIVER (<i>continuous glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous 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 G6 INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
OMNIPOD 5 G6 PODS MISC (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/30 days
OMNIPOD 5 G7 KIT INTRO (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/30 days
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 DELICA LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH DELICA PLUS LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH DELICA ULTRASOFT LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC

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ONETOUCH VERIO FLEX METER <i>(blood glucose monitoring supplies)</i>	\$0	OTC
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
TEMPO SMART BUTTON <i>(blood glucose monitoring supplies)</i>	2	QL QL= 1 button/8 months
V-GO INJ KIT <i>(insulin infusion disposable pump)</i>	2	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% <i>(alcohol swabs)</i>	1	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
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	-
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

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TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>respiratory therapy supplies</i>)	2	OTC
AEROCHAMBER SUPPLIES (<i>spacer/aerosol-holding chamber supplies - bags</i>)	2	-
PEAK FLOW METER (<i>peak flow meter</i>)	1	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
UBRELVY TAB 100MG, 50MG (<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
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
<i>ergotamine tartrate/caffeine tab</i> (CAFERGOT Equiv)	1	-
ERGOTAMINE W/ CAFFEINE 1MG-100MG (<i>ergotamine w/ caffeine</i>)	1	-
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	1	QL QL= 10 inj/14 days
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ 140MG/ML, 70MG/ML (<i>erenumab-aooe</i>)	2	PA-QL QL= 1 pack/28 days

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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
EMGALITY INJ 100MG/ML 100MG/ML (<i>galcanezumab-gnlm</i>)	2	PA-QL QL= 3 inj/fill, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
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

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SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>)	1	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	1	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML (<i>sumatriptan succinate</i>)	2	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG (LURIDE Equiv) (<i>sodium fluoride</i>)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
<i>sodium fluoride tab .25MG, .5MG, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
PHOSPHATE - Drugs to treat electrolyte deficiency		

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202

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
K-PHOS NEUTRAL TAB 130MG-155MG-852MG (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	3	-
K-PHOS TAB 500MG (<i>potassium phosphate monobasic</i>)	2	-
<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	-
POTASSIUM - Drugs to treat electrolyte disorders		
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	-

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
POTASSIUM CHLORIDE TAB ER 15MEQ, 8MEQ (<i>potassium chloride</i>)	3	-
SODIUM - Drugs to treat electrolyte disorders		
SOD CHLORIDE INJ .9%, 4MEQ/ML (<i>sodium chloride</i>)	M	M
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	2	-
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	2	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
DEPEN TITRATAB 250MG (<i>penicillamine</i>)	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	1	LMSP-PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
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)	1	LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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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
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
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
<i>everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG</i>	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	-
MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS)		
VIJOICE GRANULES PACKET 50MG (<i>alpelisib (pros agents)</i>)	4	MSP-PA-QL QL= 1 packet/day
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

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205

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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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
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>)	2	PA-QL QL= 1 packet/day
PROGERIA TREATMENT AGENTS ***		
ZOKINVY CAP 50MG, 75MG (<i>lonafarnib</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML (<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
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
FIRST MOUTHWASH BLM (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>)	3	-
<i>lidocaine viscous soln 2%</i> (LIDOCAINE HCL (MOUTH-THROAT) Equiv)	1	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-
<i>nystatin susp 100000UNIT/ML</i>	1	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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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>chlorhexidine gluconate soln .12%</i> (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% (<i>chlorhexidine gluconate (mouth-throat)</i>)	3	-
DENTAL PRODUCTS - Drugs to prevent cavities		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% (<i>sodium fluoride-potassium nitrate</i>)	1	-
PREVIDENT SOLN .02%, .022%, .2% (<i>sodium fluoride (dental)</i>)	2	-
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	\$0 copay for members age 5 years and 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	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	1	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
<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	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		

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207

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

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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
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
DIALYVITE TAB (<i>b-complex w/ c-biotin-e-minerals & folic acid</i>)	1	-
DIALYVITE/ZINC TAB (<i>b-complex w/ c-zn & folic acid</i>)	1	-
FOLBEE PLUS CZ TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>)	1	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
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 w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i>)	3	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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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
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	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
BACLOFEN ORAL SOLN 10 MG/5ML 10MG/5ML (<i>baclofen</i>)	3	PA Prior Authorization required for members age 9 years and older
BACLOFEN ORAL SOLN 5 MG/5ML 5MG/5ML (<i>baclofen</i>)	3	PA Prior Authorization required for members age 9 years and older
BACLOFEN SUSP 25MG/5ML (<i>baclofen</i>)	3	PA Prior Authorization required for members age 9 years and older
<i>baclofen susp 25MG/5ML</i> (BACLOFEN Equiv)	1	PA Prior Authorization required for members age 9 years and 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	-

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209

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

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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
FLEQSUVY SUSP 1MG/ML, 5MG/ML (<i>baclofen</i>)	3	PA Prior Authorization required for members age 9 years and older
LYVISPAH GRANULE PACKET 10MG, 20MG, 5MG (<i>baclofen</i>)	3	PA Prior Authorization required for members age 9 years and older
<i>metaxalone tab 400MG, 800MG</i> (SKELAXIN Equiv)	1	-
<i>methocarbamol tab 1000MG, 500MG, 750MG</i> (ROBAXIN Equiv)	1	-
ROBAXIN TAB (<i>methocarbamol</i>)	3	-
SKELAXIN TAB 800MG (<i>metaxalone</i>)	3	-
SOMA TAB 350MG (<i>carisoprodol</i>)	3	QL QL=120 tabs/30 days
<i>tizanidine tab</i> (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>)	3	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
DANTRIUM CAP 25MG, 50MG (<i>dantrolene sodium</i>)	3	-
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***		
SOHONOS CAP 1.5MG 1.5MG (<i>palovarotene</i>)	4	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828

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210

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

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SOHONOS CAP 10MG 10MG (<i>palovarotene</i>)	4	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 1MG 1MG (<i>palovarotene</i>)	4	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 2.5MG 2.5MG (<i>palovarotene</i>)	4	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 5MG 5MG (<i>palovarotene</i>)	4	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	1	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
<i>ipratropium nasal spray .03%, .06% (ATROVENT Equiv)</i>	1	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
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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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</i> (FLONASE Equiv)	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</i> (NASACORT Equiv)	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
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
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
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	1	-
FRIEDRICH'S ATAXIA AGENTS ***		
SKYCLARYS CAP 50MG (<i>omaveloxolone</i>)	4	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
RETT SYNDROME AGENTS ***		

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DAYBUE SOLN 200MG/ML (<i>trofinetide</i>)	4	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>)	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
EVRYSDI TAB 5MG (<i>risdiplam</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN (<i>medium chain triglycerides</i>)	2	OTC-PA
MCT OIL (<i>medium chain triglycerides</i>)	2	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG (<i>creatine</i>)	2	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET (<i>citrulline</i>)	2	OTC-PA
NUTRITIONAL SUPPLEMENT LIQUID (<i>protein</i>)	2	OTC-PA
<i>phlexy-10 tab</i>	1	OTC-PA
<i>pro-stat liquid</i>	1	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
BETAGAN OPTH SOLN (<i>levobunolol hcl</i>)	3	-

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

213

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

Last Updated 6/1/2025

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% (COMBIGAN Equiv)</i>	1	-
COMBIGAN OPHTH SOLN .2%-.5% (<i>brimonidine tartrate-timolol maleate</i>)	3	-
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 (COSOPT Equiv)</i>	1	-
LEVOBUNOLOL OPHTH SOLN .5% (<i>levobunolol hcl</i>)	1	-
<i>levobunolol ophth soln</i>	1	-
<i>timolol maleate ophth gel .25%, .5% (TIMOPTIC-XE Equiv)</i>	1	-
<i>timolol maleate ophth soln .25%, .5% (TIMOPTIC Equiv)</i>	1	-
TIMOPTIC OPHTH SOLN .25%, .5% (<i>timolol maleate (ophth)</i>)	3	-
TIMOPTIC-XE OPHTH GEL .25%, .5% (<i>timolol maleate (ophth)</i>)	3	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<i>atropine ophth oint 1%</i>	1	-
<i>atropine ophth soln 1% (ISOPTO ATROPINE Equiv)</i>	1	-
ATROPINE SUL SOLN 1% OPHTH 1% (<i>atropine sulfate (ophthalmic)</i>)	1	-

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214

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
L MSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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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
ATROPINE SULFATE OPHTH OINT 1% (<i>atropine sulfate (ophthalmic)</i>)	1	-
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> (MYDRIN Equiv)	1	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-
MIOTICS - Drugs to treat eye conditions		
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	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		

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215

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
ALPHAGAN P OPHTH SOLN 0.15% .1%, .15% <i>(brimonidine tartrate)</i>	3	-
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	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
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	-

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

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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
BLEPH-10 OPHTH SOLN 10% (<i>sulfacetamide sodium (ophth)</i>)	3	-
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

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217

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSF	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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VAC	Vaccine Program				

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

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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
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-gramicidin</i>)	1	-
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</i> (TOBREX Equiv)	1	-
TOBREX OPHTH OINT .3% (<i>tobramycin (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	-
XDEMVY OPHTH SOLN .25% (<i>lotilaner</i>)	4	LD-PA-QL QL= 1 bottle/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416
ZIRGAN OPHTH GEL .15% (<i>ganciclovir ophthalmic</i>)	2	-

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

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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
ZYMAXID OPTH SOLN .5% (<i>gatifloxacin (ophth)</i>)	3	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	1	QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
ALCAINE OPTH SOLN .5% (<i>proparacaine hcl</i>)	3	-
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	1	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
ALREX OPTH SUSP 0.2% .2% (<i>loteprednol etabonate</i>)	3	-
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	1	-
BLEPHAMIDE S.O.P. OPTH OINT .2%-10% (<i>sulfacetamide sod-prednisolone</i>)	3	-
DEXAMETHASONE OPTH SOLN .1% (<i>dexamethasone sodium phosphate (ophth)</i>)	2	-
<i>difluprednate ophth emulsion .05%</i> (DUREZOL Equiv)	1	-

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219

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

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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
DUREZOL OPTH EMULSION .05% (<i>difluprednate</i>)	3	-
FLAREX OPTH SUSP .1% (<i>fluorometholone acetate</i>)	3	-
<i>fluorometholone ophth soln</i> (FML LIQUIFILM Equiv)	1	-
FML FORTE OPTH SUSP .25% (<i>fluorometholone ophth</i>)	3	-
FML LIQUIFLIM OPTH SUSP .1% (<i>fluorometholone ophth</i>)	3	-
FML S.O.P. OPTH OINT .1% (<i>fluorometholone ophth</i>)	3	-
LOTEMAX OPTH OINT .5% (<i>loteprednol etabonate</i>)	2	-
LOTEMAX OPTH SUSP .5% (<i>loteprednol etabonate</i>)	3	-
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	1	-
<i>loteprednol ophth susp .2%, .5%</i> (LOTEMAX, ALREX Equiv)	1	-
MAXIDEX OPTH SOLN .1%, 9% (<i>dexamethasone ophth</i>)	2	-
MAXITROL OPTH OINT .1%-3.5MG/GM-10000UNIT/GM (<i>neomycin-polymy-dexameth</i>)	3	-

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220

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

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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
MAXITROL OPTH SUSP .1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymy-dexameth</i>)	3	-
<i>neomycin/polymyxin/dexamethasone ophth oint</i> .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln</i> .1%-3.5MG/ML-10000UNIT/ML, 1MG/ML-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc (ophth)</i>)	2	-
PRED FORTE OPTH SUSP (<i>prednisolone acetate (ophth)</i>)	3	-
PRED FORTE OPTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	3	-
PRED MILD OPTH SOLN .12% (<i>prednisolone acetate (ophth)</i>)	2	-
PRED-G OPTH SOLN .3%-1% (<i>gentamicin-prednisolone acetate</i>)	2	-
<i>prednisolone acetate ophth susp 1%</i> (PRED FORTE Equiv)	1	-
PREDNISOLONE OPTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	1	-

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

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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
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	-
<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)
OPHTHALMICS - MISC. - Miscellaneous eye agents		
ACULAR (LS) OPHTH SOLN .4%, .5% (<i>ketorolac tromethamine (ophth)</i>)	3	-
ACUVAIL OPHTH SOLN .45% (<i>ketorolac tromethamine (ophth)</i>)	3	-
ALOCRILOPHTH SOLN 2% (<i>nedocromil sodium (ophth)</i>)	2	-

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
ALOMIDE OPTH SOLN .1% (<i>lodoxamide tromethamine</i>)	2	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-
AZOPT OPTH SUSP 1% (<i>brinzolamide</i>)	3	-
<i>bepotastine ophth soln 1.5%</i> (BEPREVE Equiv)	1	-
BEPREVE OPTH 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 OPTH SOLN 0.09% (TWICE DAILY) (<i>bromfenac sodium (ophth)</i>)	1	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	1	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-
CROMOLYN SODIUM OPTH 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

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
CYSTARAN OPTH 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 OPTH SOLN (<i>epinastine hcl (ophth)</i>)	3	-
EMADINE OPTH SOLN (<i>emedastine difumarate</i>)	3	-
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-
FLURBIPROFEN OPTH SOLN .03% (<i>flurbiprofen sodium</i>)	2	-
ILEVRO OPTH 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
LASTACAFT OPTH SOLN .25% (<i>alcaftadine</i>)	3	QL QL= 3ml/30 days
NEVANAC OPTH 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 OPTH SOLN .1% (<i>olopatadine hcl</i>)	3	-

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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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROLENSA OPTH SOLN .07% (<i>bromfenac sodium (ophth)</i>)	3	-
TRUSOPT OPTH SOLN 2% (<i>dorzolamide hcl</i>)	3	-
UPNEEQ SOLN .1% (<i>oxymetazoline hcl (blepharoptosis)</i>)	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
<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 OPTH 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
XALATAN OPTH SOLN .005% (<i>latanoprost</i>)	3	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
<i>ciprofloxacin hcl otic soln .2%</i> (CETRAXAL Equiv)	1	-
<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	1	-

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225

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

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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
OTIC COMBINATIONS - Drugs to treat ear conditions		
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/hydrocortisone otic soln 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
OTIC STEROIDS - Drugs to treat ear swelling		
<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	-
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		

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226

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

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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>methylergonovine tab .2MG</i> (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
GAMASTAN INJ (<i>immune globulin (human) im</i>)	M	M
GAMMAGARD INJ 10GM, 5GM (<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	LD-PA Only available through Optum 877-445-6874
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	LD-PA Only available through CVS Specialty 800-238-7828
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	2	LD-PA Only available through Optum 877-445-6874

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

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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
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
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
<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	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
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</i> (VEETIDS Equiv)	1	-
<i>pfizerpen g inj 20000000UNIT, 5000000UNIT</i> (PFIZERPEN G Equiv)	M	M
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AMOXICILLIN/CLAVULANATE CHEW TAB 28.5MG-200MG, 57MG-400MG (<i>amoxicillin & pot clavulanate</i>)	2	-
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<i>amoxicillin/clavulanate susp</i> 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)	1	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg</i> 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i>	M	M
AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN TAB 125MG-500MG (<i>amoxicillin & pot clavulanate</i>)	3	-

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

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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>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i>	M	M
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
<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
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES (<i>polyethylene glycol 8000</i>)	2	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
AYGESTIN TAB 5MG (<i>norethindrone acetate</i>)	3	-
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	4	LMSP-PA
<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	-

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

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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
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB (<i>disulfiram</i>)	3	-
<i>disulfiram tab 250MG</i> (ANTABUSE Equiv)	1	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
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
LUMRYZ STARTER PACK (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 1 packet/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
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
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

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

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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>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	-
RAZADYNE TAB (<i>galantamine hydrobromide</i>)	3	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-

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

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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>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG (<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 3MG-25MG, 6MG-25MG (<i>olanzapine-fluoxetine hcl</i>)	3	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK (<i>milnacipran hcl</i>)	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>)	2	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
AUSTEDO XR TAB 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG (<i>deutetrabenazine</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

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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
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
INGREZZA SPRINKLE CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through PantheRx 855-726-8479
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	1	LMSP
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>)	4	LMSP
BETASERON INJ .3MG (<i>interferon beta-1b</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
<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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<i>glatiramer inj 20MG/ML, 40MG/ML (COPAXONE Equiv)</i>	1	LMSP
KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>)	4	LMSP
MAVENCLAD THERAPY PAK 10MG (<i>cladribine (multiple sclerosis)</i>)	4	LMSP
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
<i>teriflunomide tab 14MG, 7MG (AUBAGIO TAB Equiv)</i>	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
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	2	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		

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ERGOLOID MESYLATES TAB 1MG (<i>ergoloid mesylates</i>)	3	-
ORAP TAB (<i>pimozide</i>)	3	-
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	2	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>bupropion SR tab</i> (ZYBAN Equiv)	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
NICOTINE KIT (<i>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
NICOTROL INHALER 10MG (<i>nicotine</i>)	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>)	\$0	SMKG
VARENICLINE TAB .5MG, 1MG (<i>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
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
WAINUA INJ 45MG/0.8ML (<i>eplontersen sodium</i>)	4	LD-PA-QL QL= 1 inj/28 days; Only available through Orsini 800-410-8575

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

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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
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG (<i>ivacaftor</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046
KALYDECO TAB 150MG (<i>ivacaftor</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG (<i>lumacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046
ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046
PULMOZYME INH SOLN 2.5MG/2.5ML (<i>dornase alfa</i>)	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046
TRIKAFTA TAB 25MG-50MG, 50MG-100MG (<i>ellexacaftor-tezacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046

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

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TETRACYCLINES - Drugs to treat infections		
<i>demeclocycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv)	1	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	1	-
<i>doxycycline monohydrate cap 100MG, 50MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	1	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	1	-
MINOCIN CAP 100MG (<i>minocycline hcl</i>)	3	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	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 (<i>doxycycline calcium</i>)	3	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab</i> (TAPAZOLE Equiv)	1	-

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

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<i>propylthiouracil tab 50MG</i>	1	-
TAPAZOLE TAB (<i>methimazole</i>)	3	-
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 120MG, 130MG, 15MG, 16.25MG, 180MG, 240MG, 300MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 97.5MG (<i>thyroid</i>)	1	-
ARMOUR THYROID TAB, NATURE THROID TAB (<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</i> (SYNTHROID Equiv)	1	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	1	-
<i>np thyroid tab</i> (ARMOUR THYROID, NATURE THROID Equiv)	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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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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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
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= 1ml/day; Prior Authorization required for members age 9 years and older
TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	\$0	VAC Covered for members age 19 years or older
TETANUS/DIPHTHERIA TOXOID INJ 2LF/0.5ML (<i>tetanus-diphtheria toxoids (td)</i>)	\$0	VAC Covered for members age 19 years or older
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
ANASPAZ ODT .125MG (<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, 20MG/10ML</i> (BENTYL Equiv)	1	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<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	-
<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	-
LEVBID 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	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
<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</i> (AXID Equiv)	1	-
PEPCID SUSP (<i>famotidine</i>)	3	-
PEPCID TAB 10MG, 20MG, 40MG (<i>famotidine</i>)	3	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE TAB 1GM (<i>sucralfate</i>)	3	-
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
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	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
CYTOTEC TAB 100MCG, 200MCG (<i>misoprostol</i>)	3	-
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
ANTISPASMODICS - Drugs to treat diarrhea		
CUVPOSA SOLN 1MG/5ML (<i>glycopyrrolate</i>)	4	MSP
<i>glycopyrrolate oral soln 1MG/5ML</i> (CUVPOSA Equiv)	4	MSP
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
NIZATIDINE CAP 150MG, 300MG (<i>nizatidine</i>)	1	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE SUSP 1GM/10ML (<i>sucralfate</i>)	3	-
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		

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<i>omeprazole tab 20MG</i>	1	OTC
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
<i>darifenacin SR tab 15MG, 7.5MG</i> (ENABLEX Equiv)	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 7.5MG (<i>darifenacin hydrobromide</i>)	3	PA
<i>fesoterodine fumarate ER tab 4MG, 8MG</i> (TOVIAZ Equiv)	1	-
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	1	-
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	1	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	1	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	1	-
TOVIAZ TAB 4MG, 8MG (<i>fesoterodine fumarate</i>)	3	-
<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	-

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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
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG (<i>mirabegron</i>)	1	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	1	-
URECHOLINE TAB (<i>bethanechol chloride</i>)	3	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
BEXSERO INJ .5ML (<i>meningococcal vac group b (recombant omv adjuvanted)</i>)	\$0	VAC Covered for members age 19 years or older
CAPVAXIVE INJ .5ML (<i>pneumococcal 21-valent conjugate vaccine</i>)	\$0	VAC
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 dose/lifetime; Covered for members age 19 years and older

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TRUMENBA INJ .5ML (<i>meningococcal group b vaccine (recombinant)</i>)	\$0	VAC Covered for members age 19 years or older
TYPHIM VI INJ 25MCG/0.5ML (<i>typhoid vi polysaccharide vaccine</i>)	EXC	VAC
VAXCHORA SUSP (<i>cholera vaccine live attenuated</i>)	EXC	VAC
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	\$0	QL-VAC QL= 1 vaccine/lifetime
VIVOTIF CAP (<i>typhoid vaccine</i>)	EXC	VAC
VIRAL VACCINES - Drugs to prevent infection		
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
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
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

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246

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OL	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	ST	Step Therapy
VAC	Vaccine Program				

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

Last Updated 6/1/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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>)	\$0	VAC
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/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 & b surface antigen adjuvant</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK INJ (<i>influenza virus vaccine recombinant hemagglutinin (ha)</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX INJ (<i>influenza virus vaccine tissue-cultured subunit</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ (<i>influenza virus vaccine split preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUMIST NASAL (<i>influenza virus vaccine live</i>)	\$0	QL-VAC QL= 1 dose/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
HAVRIX INJ, VAQTA INJ 1440ELU/ML, 25UNIT/0.5ML, 50UNIT/ML, 720ELU/0.5ML (<i>hepatitis a vaccine</i>)	\$0	VAC

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

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HEPLISAV-B INJ 20MCG/0.5ML (<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
IXCHIQ INJ (<i>chikungunya virus vaccine live</i>)	EXC	VAC
IXIARO INJ (<i>japanese encephalitis vaccine inactivated adsorbed</i>)	EXC	VAC
NOVAVAX INJ 5MCG/0.5ML (<i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days
PREHEVBRIO SUSP 10MCG/ML (<i>hepatitis b vaccine 3-antigen recombinant</i>)	\$0	VAC
RABAVERT INJ (<i>rabies vaccine, pcec</i>)	\$0	VAC
SHINGRIX INJ 50MCG/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	\$0	VAC Covered for members age 19 years and 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
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
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML (<i>tick-borne encephalitis virus vaccine, inactivated</i>)	EXC	VAC

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VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>)	\$0	VAC Covered for members age 19 years or older
VIMKUNYA INJ 40MCG/0.8ML (<i>chikungunya virus vaccine recombinant vlp</i>)	EXC	VAC
YF-VAX INJ (<i>yellow fever vaccine</i>)	EXC	VAC
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
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
VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy		
PHEXXI GEL .4%-1%-1.8% (<i>lactic acid-citric acid-potassium bitartrate</i>)	\$0	QL QL= 1 box/fill
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders		
FEM PH GEL .025%-.9% (<i>acetic acid-oxyquinoline vaginal</i>)	3	-
SPERMICIDES - Drugs to prevent pregnancy		
CONCEPTROL GEL (<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

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

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CONTRACEPTIVE GEL 2%, 3%, 4% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE SUPP 100MG (<i>nonoxynol-9</i>)	\$0	OTC
TODAY SPONGE 1000MG (<i>nonoxynol-9</i>)	\$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
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 100MG, 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% (<i>terconazole vaginal</i>)	1	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	1	-
VAGINAL ESTROGENS - Drugs to treat low hormones		
ESTRACE VAGINAL CREAM .1MG/GM (<i>estradiol vaginal</i>)	3	-
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	1	-

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

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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)
VAGINAL PROGESTINS - Drugs to treat low hormones		
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
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	1	QL QL= 2 inj/fill
NEFFY SPRAY 1MG/0.1ML, 2MG/0.1ML (<i>epinephrine (anaphylaxis)</i>)	2	QL QL= 2 doses/fill
VIRAL VACCINES - Drugs to prevent infection		

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

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<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	1	-
VITAMINS - Drugs to treat vitamin deficiency		
MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency		
PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal without vit a w/ iron polysaccharide complex-fa)</i>	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	1	-
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
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 10MCG, 400UNIT</i>	\$0	OTC
VITAMIN D TAB 400UNIT 400UNIT <i>(ergocalciferol)</i>	\$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
POTABA CAP 500MG <i>(potassium aminobenzoate)</i>	3	-
POTABA POWDER PACKET <i>(potassium aminobenzoate)</i>	2	-

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ALPHABETICAL LISTING OF DRUGS

A			ACCUPRIL TAB	68	ADALIMUMAB-AATY 20	7
abacavir soln	109		acebutolol cap	119	MG/0.2 ML PFS (2	
abacavir tab	109		acetaminophen/codeine tab	17	SYRINGE) KIT	
abacavir/lamivudine tab	109		acetazolamide ER cap	159	ADALIMUMAB-AATY 40	7
abacavir/lamivudine/zidovu	109		acetazolamide tab	159	MG/0.4 ML PEN (1 PEN)	
dine tab			acetic acid otic soln	225	KIT	
ABILIFY TAB	108		acetic acid/hydrocortisone	226	ADALIMUMAB-AATY 40	7
abiraterone tab 250mg	85		otic soln		MG/0.4 ML PEN (2 PEN)	
acamprosate calcium DR	231		acetylcysteine soln	139	KIT	
tab			ACIPHEX TAB	243	ADALIMUMAB-AATY 40	7
acarbose tab	49		acitretin cap	145	MG/0.4 ML PFS (2	
ACCOLATE TAB	27		ACTHAR GEL INJ	163	SYRINGE) KIT	
ACCU-CHEK AVIVA	196		ACTIGALL CAP	172	ADALIMUMAB-AATY 80	7
PLUS METER			ACTIMMUNE INJ	100	MG/0.8 ML PEN (1 PEN)	
ACCU-CHEK AVIVA	156		ACTIVELLA TAB	169	KIT	
PLUS TEST STRIP			ACTONEL TAB	161	ADALIMUMAB-AATY	7
ACCU-CHEK GUIDE	196		ACTOS TAB	56	80MG/0.8ML PEN (3	
CARE METER			ACULAR (LS) OPHTH	222	PEN) KIT	
ACCU-CHEK GUIDE ME	196		SOLN		ADALIMUMAB-ADAZ	7
KIT			ACUVAIL OPHTH SOLN	222	INJ	
ACCU-CHEK GUIDE	156		acyclovir cap	116	ADALIMUMAB-ADAZ	7
TEST STRIP			acyclovir oint	147	INJ 10/0.1ML	
ACCU-CHEK NANO	196		acyclovir susp	116	ADALIMUMAB-ADAZ	8
METER			acyclovir tab	116	PFS INJ	
ACCU-CHEK	156		ADACEL/BOOSTRIX INJ	241	ADALIMUMAB-FKJP	8
SMARTVIEW TEST STRI			ADALAT CC TAB	121	AUTO-INJECTOR KIT	
ACCU-CHEK TEST STRI	156		ADALIMUMAB FKJP KIT	7		
			INJ 20MG/0.4ML			

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ALPHABETICAL LISTING OF DRUGS

ADALIMUMAB-FKJP	8	AIMOVIG INJ	200	alfuzosin SR tab	178
AUTO-INJECTOR KIT		AJOVY INJ	201	ALINIA TAB	76
40MG/0.8ML		AKYNZEO CAP	60	aliskiren tab	74
ADALIMUMAB-FKJP	8	albendazole tab	22	ALKERAN TAB	81
PFS KIT 20 MG/0.4ML		ALBENZA TAB	22	ALKINDI SPRINKLE CAI	134
ADALIMUMAB-FKJP	8	albuterol HFA inhaler	30	0.5MG	
PFS KIT 40 MG/0.8ML		albuterol neb soln	30	ALKINDI SPRINKLE CAI	134
adapalene cream	140	ALBUTEROL	30	1MG	
adapalene gel	140	NEBULIZER SOLN		ALLEGRA ODT	63
adapalene/benzoyl	140	albuterol sulfate syrup	30	allopurinol tab	179
peroxide gel 0.1-2.5%		albuterol sulfate tab	30	ALOCRILOPHTH SOLN	222
adapalene/benzoyl	140	albuterol/ipratropium neb	30	ALOGLIPTIN TAB	52
peroxide gel 0.3-2.5%		soln		ALOGLIPTIN-METFORM	49
ADBRY INJ	151	ALCAINE OPHTH SOLN	219	IN TAB	
adefovir dipivoxil tab	115	alclometasone cream	148	ALOGLIPTIN-PIOGLITA	49
ADEMPAS TAB	127	ALCLOMETASONE OINT	148	ONE TAB	
ADIPEX-P CAP	2	ALCOHOL SWABS	199	ALOMIDE OPHTH SOLN	223
ADIPEX-P TAB	2	ALDACTAZIDE TAB	159	ALORA PATCH	170
ADVAIR HFA INHALER	29	ALDACTAZIDE TAB	159	alosetron tab	175
ADVATE, KOVALTRY INJ	180	50-50MG		ALPHAGAN P OPHTH	216
ADYNOVATE INJ	180	ALDACTONE TAB	160	SOLN 0.15%	
AEROCHAMBER	200	ALDARA CREAM	153	ALPHANATE, HUMATE-I	180
AEROCHAMBER	200	ALECENSA CAP	88	INJ	
SUPPLIES		alendronate sodium oral	161	ALPHANINE SD INJ	181
AFLURIA INJ, FLUZONE	246	soln		alprazolam tab	24
INJ		alendronate tab	162	ALPROLIX INJ	181
AFSTYLA KIT	180	ALENDRONATE TAB	162	ALREX OPHTH SUSP	219
AGRYLIN CAP	185	40MG		0.2%	

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ALPHABETICAL LISTING OF DRUGS

ALTACE CAP	68	amlodipine/benazepril cap	71	ANAFRANIL CAP	48
ALTUVIIIIO INJ	181	amlodipine/olmesartan tab	71	anagrelide cap	185
ALUNBRIG TAB 30MG	89	amlodipine/valsartan tab	71	ANASPAZ ODT	241
ALUNBRIG TAB 90MG, 180MG	89	ammonium lactate cream	152	anastrozole tab	85
ALVESCO INHALER	28	ammonium lactate lotion	152	ANCOBON CAP	61
amantadine cap	102	amnestem cap, claravis	140	ANDRODERM PATCH	19
amantadine soln	104	cap, isotretinoin cap,		ANDROGEL 1% 25MG	19
amantadine syrup	102	myorisan cap, zenatane cap		ANDROGEL 1% 50MG,	19
amantadine tab	102	amoxapine tab	48	TESTIM GEL 1%	
AMARYL TAB	56	amoxicillin cap	228	ANDROGEL 1.62%	19
AMBIEN CR TAB	191	AMOXICILLIN CHEW	228	1.25GM	
AMBIEN TAB	191	TAB		ANDROGEL 1.62%	19
ambrisentan tab	126	amoxicillin susp	228	2.5GM	
amethyst tab	130	amoxicillin tab	228	ANDROGEL PUMP	20
AMICAR SOLN	190	AMOXICILLIN/CLAVUL	229	1.62%	
AMICAR TAB	190	ANATE CHEW TAB		ANNOVERA RING	133
amikacin inj	5	AMOXICILLIN/CLAVUL	229	ANORO ELLIPTA	30
amiloride tab	160	ANATE ER TAB		INHALER	
AMILORIDE/HCTZ TAB	159	amoxicillin/clavulanate	229	ANTABUSE TAB	231
amiloride/hydrochlorothia	159	susp		ANUSOL-HC CREAM	21
zide tab		amoxicillin/clavulanate tab	229	ANZEMET TAB	59
aminocaproic acid soln	190	500-125mg, 875-125mg		APAP/CODEINE SOLN	17
aminocaproic acid tab	190	amphetamine/dextroamphe	1	apraclonidine ophth soln	216
amiodarone tab	26	tamine ER cap		aprepitant pak	60
amitriptyline tab	48	amphetamine/dextroamphe	1	APTIVUS CAP	109
amlodipine tab	121	tamine tab		APTIVUS SOLN	109
amlodipine/atorvastatin tab	123	ampicillin cap	228	aranelle tab	130
		ampicillin/sulbactam inj	229		

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ALPHABETICAL LISTING OF DRUGS

arformoterol tartrate neb soln	30	ATORVALIQ SUSP	66	AVONEX INJ	234
ARICEPT TAB	231	atorvastatin tab	66	AYGESTIN TAB	230
ARICEPT TAB 23MG	231	atovaquone susp	76	AYVAKIT TAB	88
ARIMIDEX TAB	85	atovaquone/proguanil tab	79	AZASITE SOLN	216
aripiprazole soln	108	ATRALIN GEL, RETIN-A GEL	140	azathioprine tab	118
aripiprazole tab	108	atropine ophth oint	214	azelaic acid gel	155
ARIXTRA INJ	34	atropine ophth soln	214	azelastine nasal spray 0.1%	211
armodafinil tab	4	ATROPINE SUL SOLN	214	azelastine ophth soln	223
ARMOUR THYROID TAB, NATURE THROID TAB	240	1% OPHTH		AZILECT TAB	103
ARNUITY ELLIPTA INHALER	28	ATROPINE SULFATE OPHTH OINT	215	azithromycin susp	194
AROMASIN TAB	85	ATROVENT HFA INHALER	27	azithromycin tab	194
ARTHROTEC TAB	9	AUGMENTIN ES-600 SUSP	229	AZOPT OPHTH SUSP	223
asenapine maleate SL tab	107	AUGMENTIN SUSP	229	AZOR TAB	72
ASMANEX HFA INHALER	28	AUGMENTIN TAB	229	AZULFIDINE EN TAB	174
ASMANEX INHALER	29	AUGTYRO CAP	89	AZULFIDINE TAB	174
aspirin chew tab 81mg	12	AUGTYRO CAP 160MG	89	B	
aspirin ec tab 81mg	12	AURYXIA TAB	176	BACITRACIN OPHTH OINT	216
ASTAMED MYO CAP	157	AUSTEDO XR TAB	233	bacitracin/neomycin/poly myxin b ophth oint	216
atazanavir cap	109	AVALIDE TAB	71	bacitracin/polymyxin b ophth oint	216
ATELVIA TAB	162	avanafil tab	124	bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	219
atenolol tab	119	AVAPRO TAB	70	BACLOFEN ORAL SOLN 10 MG/5ML	209
atenolol/chlorthalidone tab	71	AVELOX TAB	171		
atomoxetine cap	3	aviane tab	130		
		AVODART CAP	178		

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ALPHABETICAL LISTING OF DRUGS

BACLOFEN ORAL SOLN 209	BENLYSTA INJ 206	betamethasone 148
5 MG/5ML	BENTYL CAP 241	dipropionate oint 149
BACLOFEN SUSP 209	BENTYL SYRUP 241	betamethasone valerate 149
baclofen tab 209	BENZACLIN GEL 140	cream 149
BACTRIM DS TAB 75	BENZAMYCIN GEL 140	betamethasone valerate 149
BALCOLTRA TAB 130	BENZNIDAZOLE TAB 22	lotion 149
balsalazide cap 174	benzonatate cap 100mg, 137	betamethasone valerate 149
BALVERSA TAB 3MG 89	200mg	ointment 120
BALVERSA TAB 4MG 89	benztropine tab 102	BETAPACE AF TAB 120
BALVERSA TAB 5MG 89	bepotastine ophth soln 223	BETAPACE TAB 234
BANZEL SUSP 36	BEPREVE OPTH SOLN 223	BETASERON INJ 245
BAQSIMI NASAL 51	BESREMI INJ 101	bethanechol tab 101
POWDER	BETAGAN OPTH SOLN 213	bexarotene cap 145
BARACLUDE SOLN 115	BETAMETH VALERATE 148	bexarotene gel 245
BARACLUDE TAB 115	LOTION	BEXSERO INJ 194
B-D AUTOSHIELD DUO 199	betamethasone augmented 148	bicalutamide tab 85
PEN NEEDLE	cream	BIJUVA CAP 169
B-D INSULIN SYRINGE 199	BETAMETHASONE 148	BIKTARVY TAB 109
U-500	AUGMENTED GEL	BILTRICIDE TAB 22
BECONASE AQ NASAL 211	betamethasone augmented 148	bimatoprost ophth soln 152
SPRAY	lotion	bisoprolol tab 119
benazepril tab 68	betamethasone augmented 148	bisoprolol/hydrochlorothia 72
benazepril/hydrochlorothia 72	ointment	zide tab 217
zide tab	betamethasone 148	BLEPH-10 OPTH SOLN 219
BENEFIX INJ 181	dipropionate cream	BLEPHAMIDE S.O.P. 219
BENICAR HCT TAB 72	betamethasone 148	OPHTH OINT
BENLYSTA 206	dipropionate lotion	BONIVA TAB 150MG 162
AUTO-INJECTOR		

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ALPHABETICAL LISTING OF DRUGS

bosentan tab	126	bromocriptine tab	102	BYDUREON INJ	53
BOSULIF CAP	89	BROVANA NEB SOLN	31	BYDUREON PEN INJ	53
BOSULIF TAB	89	BROVEX PEB LIQUID	137	BYETTA INJ	53
BRAFTOVI CAP 75MG	90	BRUKINSA CAP	90	BYLVAY CAP 1200MCG	173
BREO ELLIPTA	30	budesonide ER tab	134	BYLVAY CAP 400MCG	173
INHALER		budesonide inh susp	29	BYLVAY SPRINKLE CAP	173
BREO ELLIPTA	30	budesonide rectal foam	21	200MCG	
INHALER 50-25		budesonide SR cap	134	BYLVAY SPRINKLE CAP	173
MCG/ACT		budesonide/formoterol	31	600MCG	
BREZTRI AEROSPHERE	31	inhaler			
INHALER		bumetanide tab	160	C	
brimonidine ophth soln	216	buprenorphine patch	18	cabergoline tab	168
0.15%		buprenorphine SL tab	18	CABLIVI INJ KIT	185
brimonidine ophth soln	216	buprenorphine/naloxone sl	18	CABOMETYX TAB	90
0.2%		film		CADUET TAB	124
brimonidine tartrate gel	155	buprenorphine/naloxone	19	CALAN SR TAB	121
brimonidine tartrate ophth	216	SL tab		calcipotriene cream	145
soln 0.1%		bupropion ER tab	44	calcipotriene oint	145
brimonidine/timolol ophth	214	bupropion SR tab	236	calcipotriene soln	145
soln		bupropion tab	44	calcitonin nasal spray	162
brinzolamide ophth susp	223	bupropion XL tab	44	calcitriol cap	164
bromfenac ophth soln	223	buspirone tab	24	CALCITRIOL OINT	145
BROMFENAC OPHTH	223	busulfan inj	81	calcitriol soln	164
SOLN 0.09% (TWICE		BUSULFEX INJ	81	calcium acetate cap	176
DAILY)		butorphanol nasal spray	19	CALIBRATION LIQUID	196
bromfenac sodium ophth	223	BUTRANS PATCH	19	CALQUENCE TAB	90
soln 0.07%		BYDUREON BCISE	53	CAMZYOS CAP	123
bromocriptine cap	102	AUTO INJ		capecitabine tab	82
				CAPRELSA TAB	90

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ALPHABETICAL LISTING OF DRUGS

CAPRELSA TAB 300MG	90	CARNITOR SOLN	165	CELONTIN CAP	43
captopril tab	68	CARNITOR TAB	165	CENTANY OINT	142
CAPTOPRIL/HYDROCHL	72	carvedilol tab	119	cephalexin cap	128
OROTHIAZIDE TAB		CASODEX TAB	85	cephalexin susp	128
CAPVAXIVE INJ	245	CATAPRES-TTS PATCH	70	CERDELGA CAP	186
CARAFATE SUSP	243	CAVERJECT INJ	124	CEREZYME INJ	186
CARAFATE TAB	242	CAYSTON INH SOLN	77	CERVICAL CAP	196
carbamazepine chew tab	36	cefaclor cap	128	CESAMET CAP	60
carbamazepine ER cap	36	CEFACLOR ER TAB	129	cesia tab	130
carbamazepine ER tab	36	CEFACLOR SUSP	129	cevimeline cap	207
carbamazepine susp	36	CEFADROXIL TAB	128	CHEMET CAP	57
carbamazepine tab	36	cefazolin inj	128	chlordiazepoxide cap	24
CARBATROL CAP	36	CEFAZOLIN INJ	128	CHLORDIAZEPOXIDE/A	233
carbidopa tab	101	cefdinir cap	129	MITRIPTYLINE TAB	
carbidopa/levodopa ER tab	102	cefdinir susp	129	chlorhexidine gluconate	207
CARBIDOPA/LEVODOPA	102	CEFDITOREN TAB	129	soln	
ODT		cefixime cap	129	chloroquine tab	79
carbidopa/levodopa tab	102	cefixime susp	129	CHLOROTHIAZIDE TAB	161
carbidopa-levodopa-entaca	104	CEFOTAXIME INJ	129	chlorpromazine tab	108
pone tab		cefoxitin inj	129	chlorthalidone tab	161
CARBINOXAMINE SOLN	62	CEFPODOXIME	129	chlorzoxazone tab 500mg	209
carbinoxamine tab	63	PROXETIL SUSP		CHOLBAM CAP	172
CARDIZEM CD CAP	121	cefpodoxime proxetil tab	129	cholestyramine lite	64
CARDIZEM TAB	121	ceftriaxone inj	129	powder	
CARDURA TAB	70	cefuroxime tab	129	cholestyramine lite	64
carglumic acid tab	165	CELEBREX CAP	9	powder pack	
carisoprodol tab	209	celecoxib cap	9	cholestyramine powder	64
CARISPIR SUSP	161	CELEXA TAB	45		

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cholestyramine powder pack	65	citalopram soln	45	clindamycin/benzoyl peroxide gel	141
CIBINQO TAB	151	citalopram tab	45	CLINDESSE VAGINAL CREAM	249
ciclopirox cream	143	CITRULLINE PACKET	213	clobazam susp	35
ciclopirox gel	143	CLARINEX SYRUP	63	clobazam tab	35
ciclopirox nail soln	143	CLARINEX TAB	63	clobetasol foam	149
ciclopirox shampoo	143	CLARINEX-D TAB	138	clobetasol lotion	149
ciclopirox topical susp	143	clarithromycin ER tab	194	clobetasol propionate cream	149
cilostazol tab	186	CLARITHROMYCIN SUSP	195	clobetasol propionate emollient cream	149
CILOXAN OPHTH OINT	217	clarithromycin tab	195	clobetasol propionate gel	149
CILOXAN OPHTH SOLN	217	CLARITIN CHEW TAB	63	clobetasol propionate oint	149
CIMDUO TAB	109	CLEOCIN CAP	77	clobetasol propionate soln	149
cimetidine tab	242	CLEOCIN SOLN	77	clobetasol shampoo	149
CIMZIA INJ	174	CLEOCIN VAGINAL CREAM	250	clobetasol spray	149
cinacalcet tab	165	CLEOCIN VAGINAL SUPP	250	CLOBEX LOTION	149
CINRYZE INJ	184	CLEOCIN-T LOTION	140	CLOBEX SHAMPOO	149
CIPRO HC OTIC SUSP	226	CLEOCIN-T PAD	140	CLOBEX SPRAY	149
CIPRO SUSP	171	CLEOCIN-T SOLN	141	clomipramine cap	48
CIPRO TAB	171	CLIMARA PATCH	170	clonazepam ODT	35
CIPRODEX OTIC SUSP	226	clindamycin cap	77	clonazepam tab	35
CIPROFLOXACIN 100MG TAB	171	clindamycin gel	141	clonidine ER tab	3
ciprofloxacin hcl otic soln	225	clindamycin lotion	141	clonidine patch	70
ciprofloxacin ophth soln	217	clindamycin pad	141	clonidine tab	70
ciprofloxacin susp	171	clindamycin soln	77	clopidogrel tab 75mg	186
ciprofloxacin tab	171	clindamycin topical soln	141	clotrimazole troches	206
ciprofloxacin/dexamethasone otic susp	226	clindamycin vaginal cream	250		

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ALPHABETICAL LISTING OF DRUGS

clotrimazole/betamethason e cream	143	COMBIVENT RESPIMAT INHALER	31	COVID-19 TEST	157
clozapine tab	107	COMETRIQ KIT	90	COVID-19 VACCINE INJ 5-11Y (PFIZER)	246
CLOZARIL TAB	107	COMIRNATY INJ	246	COVID-19 VACCINE INJ 6M-11Y (MODERNA)	246
COAGADEX INJ	181	COMIRNATY INJ	246	COVID-19 VACCINE INJ 6M-4Y (PFIZER)	247
CODEINE SULFATE TAB 15MG	13	30MCG/0.3ML		COZAAR TAB	70
CODEINE SULFATE TAB 60MG	13	COMPLERA TAB	109	CREATINE PACKET	213
codeine sulfate tablet 15mg, 30mg	13	COMTAN TAB	102	5000MG	
COLAZAL CAP	174	CONCEPT DHA CAP	208	CREON CAP	159
colchicine tab	179	CONCEPTROL GEL	249	CRESTOR TAB	66
colchicine/probenecid tab	179	CONTRACEPTIVE FILM	249	CRINONE GEL	251
colesevelam pack	65	CONTRACEPTIVE FOAM	249	CRIXIVAN CAP	109
colesevelam tab	65	CONTRACEPTIVE GEL	250	cromolyn conc	172
COLESTID GRANULE	65	CONTRACEPTIVE SUPP	250	cromolyn neb soln	27
COLESTID POWDER	65	CONTRAIVE TAB	2	cromolyn ophth soln	223
PACK		COPIKTRA CAP	90	CROMOLYN SODIUM	223
COLESTID TAB	65	CORDARONE TAB	26	OPHTH SOLN	
colestipol granule	65	COREG TAB	119	cryselle tab	130
colestipol powder packet	65	CORGARD TAB	120	CUE COVID-19 TEST	157
colestipol tab	65	CORIFACT KIT	181	CARTRIDGE	
COLY-MYCIN S OTIC	226	CORLANOR TAB	128	CUE HEALTH MONITOR	157
SUSP		CORTEF TAB	134	CUVPOSA SOLN	243
COMBIGAN OPTH	214	CORTENEMA	21	cyanocobalamin inj	187
SOLN		CORTISPORIN CREAM	143	cyanocobalamin nasal	187
COMBIPATCH	169	CORTISPORIN OINT	143	spray 500 mcg/0.1ml	
		COSOPT OPTH SOLN	214	cyclobenzaprine tab 10mg	209
		COTELIC TAB	91		
		COUMADIN TAB	33		

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ALPHABETICAL LISTING OF DRUGS

cyclobenzaprine tab 5mg	209	D		DEPAKENE SYRUP	43
CYCLOGYL OPHTH SOLN	215	dabigatran etexilate mesylate cap	34	DEPAKOTE ER TAB	43
CYCLOMYDRIL OPHTH SOLN	215	dalfampridine ER tab	234	DEPAKOTE SPRINKLE	43
cyclopentolate ophth soln	215	DALIRESP TAB	28	CAP	
CYCLOPHOSPHAMIDE CAP	81	danazol cap	20	DEPAKOTE TAB	43
CYCLOPHOSPHAMIDE TAB	82	DANTRIUM CAP	210	DEPEN TITRATAB	204
CYCLOSET TAB	52	dantrolene cap	210	DEPLIN CAP	157
cyclosporine cap	118	dapsone tab	77	DEPO-MEDROL INJ	134
cyclosporine modified cap	118	darifenacin SR tab	244	DEPO-MEDROL INJ, METHYLPREDNISOLON E ACE INJ	
cyclosporine modified soln	118	darunavir tab	110	DEPO-PROVERA INJ	133
cyclosporine ophth emulsion	219	dasatinib tab	91	DEPO-PROVERA SC INJ	133
cyproheptadine syrup	63	DAYBUE SOLN	213	104MG	
cyproheptadine tab	63	DDAVP NASAL SOLN	167	DERMA-SMOOTH/FS OIL	149
CYSTADANE POWDER	165	DDAVP NASAL SPRAY	167	DERMOTIC OIL	226
CYSTADROPS SOLN	223	DDAVP TAB	167	DESCOVY TAB	110
CYSTAGON CAP	177	deferasirox granules packet	58	desipramine tab	48
CYSTARAN OPHTH SOLN	224	deferasirox tab	58	DESLORATADINE ODT	63
CYTOMEL TAB	240	deferasirox tab for oral susp	58	desloratadine tab	63
CYTOTEC TAB	243	deferiprone tab	58	desmopressin acetate nasal spray	167
CYTRA K CRYSTALS	176	DELESTROGEN INJ	170	desmopressin acetate tab	167
CYTRA-3 SYRUP	176	DELSTRIGO TAB	110	DESMOPRESSIN NASAL SPRAY	167
		demeclocycline tab	239	desoximetasone cream	149
		DENAVIR CREAM	147	desoximetasone oint	149
		DENG VAXIA SUSP	247		
		DEPAKENE CAP	43		

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ALPHABETICAL LISTING OF DRUGS

desvenlafaxine ER tab	47	DIACOMIT POWDER	36	dicyclomine soln	241
DETROL LA CAP	244	PACK		dicyclomine tab	241
DETROL TAB	244	DIALYVITE TAB	208	didanosine DR cap	110
DEXAMETHASONE	135	DIALYVITE/ZINC TAB	208	DIFFERIN CREAM	141
CONC		DIAPHRAGM	196	DIFFERIN GEL	141
dexamethasone elixir	135	DIASTAT ACDL GEL	35	DIFICID SUSP	195
DEXAMETHASONE	219	DIASTAT RECTAL GEL,	35	DIFICID TAB	195
OPHTH SOLN		DIAZEPAM RECTAL GEL		DIFLUCAN SUSP	61
dexamethasone sodium	135	diazepam conc	24	DIFLUCAN TAB	61
phosphate inj		DIAZEPAM GEL	35	difluprednate ophth	219
DEXAMETHASONE	135	diazepam oral soln	24	emulsion	
SOLN		5mg/5ml		digoxin soln	123
dexamethasone tab	135	diazepam rectal gel	35	DIGOXIN SOLN	123
DEXCOM G6 RECEIVER	196	diazepam tab 2mg, 10mg	24	0.05MG/ML	
DEXCOM G6 SENSOR	196	diazepam tab 5mg	25	digoxin tab	123
DEXCOM G6	196	diazoxide susp	51	dihydroergotamine	200
TRANSMITTER		DIBENZYLINE CAP	69	mesylate inj	
DEXCOM G7 RECEIVER	196	diclofenac gel	145	DILANTIN CAP 100MG	42
DEXCOM G7 SENSOR	197	diclofenac gel 1%	144	DILANTIN CAP 30MG	42
DEXEDRINE CAP	1	diclofenac potassium tab	9	DILANTIN INFATABS	42
dexmethylphenidate ER	4	diclofenac sodium EC tab	9	DILANTIN SUSP	42
cap		diclofenac sodium ophth	224	DILAUDID TAB 2MG	13
dexmethylphenidate tab	4	soln		DILAUDID TAB 4MG	13
dextroamphetamine ER	1	diclofenac sodium XR tab	10	DILAUDID TAB 8MG	13
cap		diclofenac/misoprostol	10	diltiazem ER cap	121
dextroamphetamine soln	1	DR tab		diltiazem tab	122
dextroamphetamine tab	1	dicloxacillin cap	230	dimethyl fumarate DR cap	234
DIACOMIT CAP	36	dicyclomine cap	241		

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dimethyl fumarate DR	234	DOVONEX CREAM	146	DUPIXENT PEN INJ	152
starter pack		doxazosin tab	71	DUREZOL OPHTH	220
DIOVAN HCT TAB	72	doxepin cap	48	EMULSION	
DIOVAN TAB	70	doxepin conc	48	dutasteride cap	178
DIPENTUM CAP	174	doxercalciferol cap	165	E	
diphenhydramine inj	63	doxycycline hyclate cap	239	EBGLYSS INJ	152
DIPHENOXYLATE/ATRO	57	doxycycline hyclate tab	239	EBGLYSS PEN INJ	152
PINE LIQUID		doxycycline monohydrate	239	econazole cream	143
diphenoxylate/atropine tab	57	cap		EDECRIN TAB	160
DIPROLENE AF CREAM	149	doxycycline monohydrate	239	EDEX INJ	124
DIPROLENE OINT	150	tab		EDURANT PED TAB	110
dipyridamole tab	186	doxycycline susp	239	EDURANT TAB	110
disopyramide cap	25	D-PENAMINE TAB	118	EFAVIRENZ CAP	110
disulfiram tab	231	DRISDOL CAP	252	efavirenz tab	110
DITROPAN XL TAB	244	DRITHO-SCALP CREAM	146	efavirenz/emtricitabine/ten	110
DIURIL SUSP	161	dronabinol cap	60	ofovir df tab	
divalproex ER tab	43	drospirenone/ethinyl	130	efavirenz/lamivudine/tenof	110
divalproex sodium DR tab	43	estradiol/levomefolate tab		ovir df (lo) tab	
divalproex sprinkle cap	43	DROSPIRENONE/ETHIN	130	EFFEXOR XR CAP	47
dofetilide cap	26	YL		EFFIENT TAB	186
donepezil ODT	232	ESTRADIOL/LEVOMEFC		EFUDEX CREAM	145
donepezil tab	232	LATE TAB, SAFYRAL TA		EGRIFTA INJ	163
donepezil tab 23mg	232	DROXIA CAP	187	ELDEPYRL CAP	103
DOPTelet TAB	188	DRYSOL SOLN	154	ELESTAT OPHTH SOLN	224
dorzolamide ophth soln	224	DUAC GEL	141	ELIDEL CREAM	153
dorzolamide/timolol ophth	214	DULERA INHALER	31	ELIGEN B12 TAB	157
soln		duloxetine EC cap	47	ELIMITE CREAM	155
DOVATO TAB	110	DUPIXENT INJ	152		

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ELIQUIS TAB, ELIQUIS STARTER PACK	34	EMVERM TAB	22	eplerenone tab	74
ELIXOPHYLLIN ELIXIR	33	ENABLEX TAB	244	EPRONTIA SOLN	37
ELLA TAB	133	enalapril maleate oral soln	68	EQUETRO CAP	105
ELMIRON CAP	178	enalapril tab	69	ERGOLOID MESYLATES TAB	236
ELOCON CREAM	150	enalapril/hydrochlorothiazide de tab	72	ergotamine	200
ELOCON OINT	150	ENBREL INJ 25MG	12	tartrate/caffeine tab	
ELOCTATE INJ	181	ENBREL INJ 50MG	12	ERGOTAMINE W/ CAFFEINE	200
eltrombopag olamine powder pack for susp	188	ENBREL MINI INJ	12	ERIVEDGE CAP	85
eltrombopag olamine tab	188	ENBREL SURECLICK INJ 50MG	12	ERLEADA TAB	85
eltrombopag olamine tab 50mg	188	ENDOMETRIN INSERT	251	ERLEADA TAB 240MG	86
eltrombopag olamine tab 75mg	188	ENGERIX-B INJ, RECOMBIVAX-HB INJ	247	erlotinib tab	84
eluryng vaginal ring	133	enoxaparin inj	34	erlotinib tab 25mg	84
EMADINE OPHTH SOLN	224	enpresse tab	130	ertapenem inj	76
EMCYT CAP	85	ENSPRYNG INJ	205	ERY PAD	141
EMEND CAP	61	entacapone tab	102	ERYTHROMYCIN CAP DR	195
EMGALITY INJ	201	entecavir tab	115	ERYTHROMYCIN EC CAP	195
EMGALITY INJ 100MG/ML	201	ENTYVIO SC INJ	174	erythromycin	195
EMPAVELI INJ	184	EPANED SOLN	69	ethylsuccinate susp	
EMSAM PATCH	45	EPIDIOLEX SOLN	37	erythromycin gel	141
emtricitabine cap	110	EPIDUO GEL 0.1-2.5%	141	erythromycin ophth oint	217
emtricitabine/tenofovir	110	EPIFOAM AEROSOL	150	erythromycin pad	141
disoproxil fumarate tab		epinastine opthth soln	224	erythromycin soln	141
EMTRIVA SOLN	110	epinephrine pen inj 0.15mg, 0.3mg	251	erythromycin tab	195
		EPIVIR HBV SOLN	115		

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ALPHABETICAL LISTING OF DRUGS

erythromycin/benzoyl peroxide gel	141	etodolac tab	10	FANAPT TITRATION PACK	105
ESBRIET CAP	238	ETOPOSIDE CAP	101	FARESTON TAB	86
ESBRIET TAB 267MG	238	etravirine tab	110	FARXIGA TAB	56
ESBRIET TAB 801MG	238	EULEXIN CAP	86	FASENRA PEN INJ	26
escitalopram soln	46	everolimus tab	91	febuxostat tab	179
escitalopram tab	46	everolimus tab	205	FEIBA INJ	181
esomeprazole cap	243	(ZORTRESS equiv)		felbamate susp	41
ESPEROCT INJ	181	everolimus tab for oral susp	91	felbamate tab	41
estazolam tab	191	EVISTA TAB	164	FELBATOL SUSP	41
ESTRACE TAB	170	EVOTAZ TAB	110	FELBATOL TAB	41
ESTRACE VAGINAL CREAM	250	EVOXAC CAP	207	FELDENE CAP	10
estradiol cream	250	EVRYSDI SOLN	213	felodipine ER tab	122
estradiol patch	170	EVRYSDI TAB	213	FEM PH GEL	249
estradiol tab	170	EXELDERM SOLN	143	FEMALE CONDOMS	196
estradiol vaginal tab,	251	EXELON PATCH	232	FEMARA TAB	86
yuvaferm vaginal tab		exemestane tab	86	FEMHRT TAB	169
estradiol valerate inj	170	EXFORGE TAB	72	FEMLYV TAB	131
estradiol/norethindrone tab	169	EZALLOR SPRINKLE CAP	66	FEMRING	251
ESTRING	251	ezetimibe tab	67	fenofibrate cap 67mg, 134mg, 200mg	65
eszopiclone tab	191	F		fenofibrate tab 48mg, 54mg, 145mg, 160mg	65
ethacrynic tab	160	FALESSA TAB	157	fenofibric acid DR cap	65
ethambutol tab	80	famciclovir tab	116	FENOFIBRIC TAB	65
ethosuximide cap	43	famotidine susp	242	FENOFIBRIC TAB,	66
ethosuximide soln	43	famotidine tab	242	FIBRICOR TAB	
etodolac cap	10	FANAPT TAB	105	fentanyl patch	13
etodolac ER tab	10				

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ALPHABETICAL LISTING OF DRUGS

ferrex 150 forte cap	189	FLUCELVAX INJ	247	fluorouracil cream	145
FERREX 28 TAB	189	fluconazole susp	62	FLUOROURACIL	145
FERRIPROX SOLN	58	fluconazole tab	62	CREAM 0.5%	
fesoterodine fumarate ER	244	flucytosine cap	61	FLUOROURACIL SOLN	145
tab		fludrocortisone tab	137	fluoxetine cap	46
FIBRYGA, RIASTAP INJ	182	FLULAVAL INJ, FLUARI	247	fluoxetine soln	46
FILSPARI TAB	178	INJ		FLUOXETINE TAB 60MG	46
FINACEA GEL	155	FLUMADINE TAB	117	fluphenazine tab	108
finasteride tab	152	FLUMIST NASAL	247	FLURBIPROFEN OPHTH	224
fingolimod hcl cap 0.5mg	234	fluocinolone acetonide	150	SOLN	
FINTEPLA SOLN	37	cream		FLURBIPROFEN TAB	10
FIRDAPSE TAB	80	fluocinolone acetonide oil	150	flutamide cap	86
FIRST	75	fluocinolone acetonide	150	FLUTICASONE DISKUS	29
METRONIDAZOLE SUSP		oint		INHALER	
FIRST MOUTHWASH	206	fluocinolone acetonide	150	FLUTICASONE HFA	29
BLM		soln		INHALER	
FIRVANQ SOLN	76	fluocinolone otic oil	226	fluticasone nasal spray	212
25MG/ML		fluocinonide cream 0.05%	150	fluticasone propionate	150
FIRVANQ SOLN	76	fluocinonide cream 0.1%	150	cream	
50MG/ML		fluocinonide emollient	150	fluticasone propionate oint	150
FLAGYL TAB	75	cream		fluticasone/salmeterol	31
FLAREX OPHTH SUSP	220	fluocinonide gel	150	inhaler, wixela inhaler	
flecainide tab	25	fluocinonide oint	150	FLUTICASONE-SALMET	31
FLEQSUVY SUSP	210	fluocinonide soln	150	EROL INHALER 113-14	
FLOLIPID SUSP	66	FLUORIDEX	207	MCG/ACT	
FLOMAX CAP	178	SENSITIVITY PASTE		FLUTICASONE-SALMET	32
FLUAD INJ	247	fluorometholone ophth	220	EROL INHALER 232-14	
FLUBLOK INJ	247	soln		MCG/ACT	

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ALPHABETICAL LISTING OF DRUGS

FLUTICASONE-SALMET 32	fosinopril/hydrochlorothia 72	furosemide tab 160
EROL INHALER 55-14	zide tab	
MCG/ACT	FOSRENOL CHEW TAB 176	G
fluvastatin ER tab 66	FOSRENOL POWDER 176	gabapentin cap 37
fluvoxamine ER cap 46	PACK	gabapentin soln 37
fluvoxamine tab 46	FOTIVDA CAP 91	gabapentin tab 600mg 37
FLUZONE HIGH DOSE 247	FRAGMIN INJ 34	gabapentin tab 800mg 37
PF INJ	FREESTYLE LIBRE 2 197	GABITRIL TAB 42
FML FORTE OPHTH 220	RECEIVER	galantamine ER cap 232
SUSP	FREESTYLE LIBRE 2 197	galantamine tab 232
FML LIQUIFLIM OPHTH 220	SENSOR	GALZIN CAP 204
SUSP	FREESTYLE LIBRE 197	GAMASTAN INJ 227
FML S.O.P. OPHTH OINT 220	2-PLUS SENSOR	GAMMAGARD INJ 227
FOCALIN TAB 4	FREESTYLE LIBRE 3 197	GASTROCROM CONC 172
FOCALIN XR CAP 4	READER	gatifloxacin ophth soln 217
FOLBEE PLUS CZ TAB 208	FREESTYLE LIBRE 3 197	GAVILYTE-C SOLN 193
folic acid tab 1mg 188	SENSOR	GAVRETO CAP 91
folic acid tab 400mcg 188	FREESTYLE LIBRE 197	gefitinib tab 84
folic acid tab 800mcg 188	3-PLUS SENSOR	gemfibrozil tab 66
FOLTANX TAB 157	FREESTYLE LIBRE 197	GENOTROPIN INJ 163
fondaparinux inj 34	RECEIVER	GENTAK OPHTH OINT 217
formoterol fumarate neb 32	FREESTYLE LIBRE 197	gentamicin ophth soln 217
soln	SENSOR (14-DAY)	gentamicin sulfate cream 143
FOSAMAX TAB 162	FRUZAQLA CAP 1MG 83	gentamicin sulfate oint 143
fosamprenavir tab 111	FRUZAQLA CAP 5MG 83	GENVOYA TAB 111
foscarnet sodium inj 114	FULPHILA INJ 188	GEODON CAP 105
FOSCAVIR INJ 114	FUROSCIX KIT 160	gianvi tab, ocella tab 131
fosinopril tab 69	FUROSEMIDE SOLN 160	GILENYA CAP 0.25MG 234
		GILOTRIF TAB 84

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glatiramer inj	235	griseofulvin susp	61	haloperidol tab	106
GLEOSTINE/LOMUSTIN	82	griseofulvin tab	61	HAVRIX INJ, VAQTA INJ	247
E CAP		GRIS-PEG TAB	61	HECTOROL CAP	165
glimepiride tab	56	guaifenesin/codeine soln	138	HEMLIBRA INJ	182
glipizide ER tab	56	guaifenesin/codeine syrup	138	HEMOFIL M, KOATE INJ	182
glipizide tab	56	guanfacine ER tab	3	HEPLISAV-B INJ	248
glipizide/metformin tab	50	guanfacine IR tab	71	HEXALEN CAP	82
GLOPERBA SOLN	179	GUANIDINE TAB	80	HIPREX TAB	78
GLUCAGEN HYPOKIT	51	GVOKE INJ	52	HIZENTRA INJ	227
INJ		GVOKE INJ KIT	52	HOMATROPINE OPHTH	215
glucagon (rdna) for inj kit	51	GVOKE PFS INJ	52	SOLN	
GLUCAGON EMR INJ	51	H		HUMALOG JR	54
GLUCAGON INJ KIT	52	HADLIMA INJ	8	KWIKPEN INJ	
GLUCOPHAGE TAB	51	(adalimumab-bwwd)		HUMALOG KWIKPEN	54
GLUCOPHAGE XR TAB	51	HADLIMA INJ	8	INJ	
GLUCOTROL TAB	56	40MG/0.8ML		HUMALOG MIX INJ	54
GLUCOTROL XL TAB	56	(adalimumab-bwwd)		HUMALOG MIX	54
GLYBURID MCR TAB	57	HADLIMA PUSH INJ	8	KWIKPEN, INSULIN	
glyburide tab	57	(adalimumab-bwwd)		LISPRO MIX KWIKPEN	
glyburide/metformin tab	50	HADLIMA PUSH INJ	8	HUMALOG PEN INJ	54
glycopyrrolate oral soln	243	40MG/0.8ML		HUMALOG TEMPO PEN	54
glycopyrrolate tab	242	(adalimumab-bwwd)		HUMULIN MIX INJ	54
GLYGEST PAK	157	HALCION TAB	191	HUMULIN MIX PEN INJ	54
GLYNASE TAB	57	halobetasol propionate	150	HUMULIN N INJ	55
GOLYTELY SOLN	193	cream		HUMULIN N PEN INJ	55
granisetron tab	59	halobetasol propionate	150	HUMULIN R INJ	55
GRANISOL SOLN	59	oint		HUMULIN R INJ U-500	55
griseofulvin micro tab	61	haloperidol lactate conc	106		

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HUMULIN R U-500	55	HYDROCORTISONE	151	I	
KWIKPEN INJ		LOTION 2.5%		ibandronate tab 150mg	162
HYCANTIN CAP	81	hydrocortisone oint	151	ibuprofen susp (Rx ONLY)	10
HYCODAN SYRUP	137	hydrocortisone succinate	135	ibuprofen tab	10
HYD POL/CPM SUSP	138	inj 1000mg		icatibant inj	184
hydralazine tab	74	hydrocortisone tab	135	ICLUSIG TAB	91
HYDREA CAP	101	hydromorphone tab 2mg	13	IDELVION INJ	182
hydrochlorothiazide cap	161	hydromorphone tab 4mg	14	IDHIFA TAB	91
hydrochlorothiazide tab	161	hydromorphone tab 8mg	14	ILEVRO OPHTH SUSP	224
hydrocodone/acetaminoph en soln	17	hydroquinone cream	154	imatinib tab	91
hydrocodone/acetaminoph en soln 10-325 mg/15ml	17	hydroxychloroquine tab	79	IMBRUVICA CAP 140MG	92
hydrocodone/acetaminoph en tab	17	hydroxyprogesterone inj	230	IMBRUVICA CAP 70MG	92
hydrocodone/acetaminoph en tab 2.5-325mg	17	hydroxyurea cap	101	IMBRUVICA SUSP	92
hydrocodone/chlorpheniramine CR susp	138	hydroxyzine pamoate cap	24	IMBRUVICA TAB 420MG	92
hydrocodone/chlorpheniramine/pseudoephedrine liquid	138	HYDROXYZINE	24	IMCIVREE INJ	2
hydrocodone/homatropine syrup	137	PAMOATE CAP 100MG		imipramine pamoate cap	48
hydrocortisone cream	22	hydroxyzine syrup	24	imipramine tab	48
hydrocortisone enema	21	hydroxyzine tab	24	imiquimod cream	153
hydrocortisone lotion	150	HYFTOR GEL	153	IMITREX INJ	201
		hyoscyamine sulfate CR tab	242	IMITREX TAB	201
		hyoscyamine sulfate elixir	242	IMOVAX INJ	248
		hyoscyamine sulfate ODT	242	IMPAVIDO CAP	75
		hyoscyamine sulfate SL tab	242	IMURAN TAB	118
		hyoscyamine tab	242	INBRIJA INH POWDER	104
		HYPER-SAL NEB SOLN	139	INCRELEX INJ	164
		HYQVIA INJ	227	INCRUSE ELLIPTA	27
		HYZAAR TAB	73	INHALER	
				indapamide tab	161

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INDERAL LA CAP	120	INVIRASE TAB	111	isosorbide mononitrate ER	23
indomethacin cap	10	IOPIDINE OPHTH SOLN	216	tab	
indomethacin CR cap	10	ipratropium nasal spray	211	ISOSORBIDE	23
INFANT FORMULA	158	ipratropium neb soln	27	MONONITRATE TAB	
LIQUID		irbesartan tab	70	ISOXSUPRINE TAB	125
INFANT FORMULA	158	irbesartan/hydrochlorothia	73	itraconazole cap	62
POWDER		zide tab		itraconazole soln	62
INGREZZA CAP	234	IRON	189	ivabradine hcl tab	128
INGREZZA PACK	234	POLYSACCH/THREONIC		ivermectin cream	155
40-80MG		ACID/B12/FA CAP		ivermectin tab	22
INGREZZA SPRINKLE	234	ISENTRESS (HD) TAB	111	IWILFIN TAB	101
CAP		ISENTRESS CHEW TAB	111	IXCHIQ INJ	248
INLYTA TAB	83	ISENTRESS POWDER	111	IXIARO INJ	248
INLYTA TAB 1MG	83	PACK		IXINITY INJ	182
INQOVI TAB	88	isibloom tab, enskyce tab,	131	J	
INSPIRA TAB	74	apri tab		JAKAFI TAB	92
INSULIN GLARGINE	55	isoniazid syrup	80	JANUMET TAB	50
SOLN PEN-INJ		isoniazid tab	80	JANUMET XR TAB	50
INSULIN LISPRO INJ	55	ISOPTO CARBACHOL	215	JANUVIA TAB	52
INSULIN LISPRO JR	55	OPHTH SOLN		JARDIANCE TAB	56
KWIKPEN INJ		ISOPTO CARPINE	215	JAYPIRCA TAB	92
INSULIN LISPRO	55	OPHTH SOLN		jinteli tab	169
KWIKPEN INJ		ISORDIL TITRADOSE	22	JIVI INJ	182
INTELENCE TAB 25MG	111	TAB		JOENJA TAB	204
INTUNIV TAB	3	isosorbide dinitrate tab	23	jolessa tab, amethia tab	131
INVANZ INJ	76	isosorbide dinitrate tab	23	JULUCA TAB	111
INVEGA TAB	106	40mg		JYLAMVO SOLN,	82
INVIRASE CAP	111			XATMEP SOLN	

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JYNARQUE PAK	168	KISQALI PAK	88	LAMICTAL TAB	38
JYNARQUE TAB	168	KISQALI TAB	92	LAMICTAL XR TAB	38
K		KLARON LOTION	141	LAMISIL TAB	61
KALYDECO PAK	237	KLONOPIN TAB	35	lamivudine soln	111
KALYDECO TAB	237	KLOXXADO NASAL	58	lamivudine tab	111
KAPVAY TAB	3	SPRAY		lamivudine tab 100mg	115
KATERZIA SUSP	122	KOGENATE FS INJ	182	lamivudine/zidovudine tab	111
KEFLEX CAP	128	KOSELUGO CAP	92	lamotrigine chew tab	38
kelnor tab	131	KOSELUGO CAP 10MG	92	lamotrigine ER tab	38
KENALOG INJ	135	K-PHOS NEUTRAL TAB	203	lamotrigine starter kit	38
KEPPRA SOLN	37	K-PHOS TAB	203	lamotrigine tab	38
KEPPRA TAB	37	KRAZATI TAB	93	LAMPIT TAB	76
KEPPRA XR TAB	37	KRINTAFEL TAB	79	LANCET DEVICE	197
KESIMPTA INJ	235	K-TAB	203	LANCET KIT	197
ketoconazole cream	143	L		LANCETS	197
ketoconazole shampoo	143	labetalol tab	119	LANOXIN TAB	123
ketoconazole tab	62	LAC-HYDRIN CREAM	152	lansoprazole cap	243
KETO-DIASTIX TEST	157	LAC-HYDRIN LOTION	152	lanthanum carbonate chew	176
STRIP		lacosamide oral solution	37	tab	
ketorolac inj 15mg/ml	10	lacosamide tab	38	lapatinib ditosylate tab	93
ketorolac inj 30mg/ml	10	LACTIC ACID LOTION	152	LASIX TAB	160
ketorolac inj 60mg/2ml	10	lactulose soln	175	LASTACFT OPHTH	224
ketorolac ophth soln	224	LAGEVRIO CAP (EUA)	117	SOLN	
ketorolac tab	11	LAGEVRIO CAP 200MG	118	latanoprost ophth soln	225
KETOSTIX	157	LAMICTAL CHEW TAB	38	LATUDA TAB	105
ketotifen ophth soln	224	LAMICTAL ODT KIT,	38	LEDIPASVIR/SOFOSBUV	115
KEVZARA INJ	9	LAMICTAL XR KIT		IR TAB	
KINERET INJ	9	LAMICTAL STARTER KI	38	leflunomide tab	11

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lenalidomide cap	204	LEVSIN TAB	242	lisdexamfetamine	1
LENVIMA CAP	83	LEXAPRO TAB	46	dimesylate chew tab	
LESCOL XL TAB	66	LEXIVA SUSP	111	lisinopril tab	69
letrozole tab	86	l-glutamine powder packet	187	lisinopril/hydrochlorothiaz	73
leucovorin tab	101	lidocaine cream 3%	154	ide tab	
LEVALBUTEROL	32	lidocaine gel	154	LITFULO CAP	153
INHALER, XOPENEX		lidocaine oint	154	LITHIUM CARBONATE	104
HFA INHALER		lidocaine patch	154	CAP	
levalbuterol neb soln	32	lidocaine patch 5%	154	lithium carbonate ER tab	105
LEVAQUIN TAB	171	lidocaine soln	154	lithium carbonate tab	105
LEVVID TAB	242	lidocaine viscous soln	206	lithium oral solution	105
levetiracetam ER tab	38	lidocaine/hydrocortisone	21	LITHOBID TAB	105
levetiracetam soln	38	cream		LITHOSTAT TAB	179
levetiracetam tab	38	lidocaine/prilocaine cream	154	LIVALO TAB	67
LEVOBUNOLOL OPHTH	214	LIDODERM PATCH	154	LIVMARLI SOLN	174
SOLN		LIKMEZ SUSP	75	LIVMARLI SOLN	174
levocarnitine soln	165	LINDANE SHAMPOO	155	19MG/ML	
levocarnitine tab	165	linezolid susp	77	LIVTENCITY TAB	114
levofloxacin ophth soln	217	linezolid tab	77	L-METHYLFOLATE TAB	157
LEVOFLOXACIN OPHTH	217	LINZESS CAP	175	LO LOESTRIN TAB	131
SOLN 0.5%		liothyronine tab	240	LODOSYN TAB	101
levofloxacin soln	171	LIPITOR TAB	66	loestrin tab	131
levofloxacin tab	171	LIQUIGEN	213	lohist liquid	138
levonorgestrel tab	133	liraglutide soln	53	LOKELMA PAK	206
levonorgestrel-ethinyl	131	pen-injector		LOMOTIL TAB	57
estradiol-fe tab		lisdexamfetamine	1	LONSURF TAB	88
levothyroxine tab	240	dimesylate cap		LOPID TAB	66
LEVSIN SL TAB	242			lopinavir/ritonavir soln	111

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ALPHABETICAL LISTING OF DRUGS

lopinavir/ritonavir tab	112	lubiprostone cap	172	MALARONE TAB	79
LOPRESSOR TAB	119	LUMAKRAS TAB	93	malathion lotion	155
LOPROX CREAM	143	LUMAKRAS TAB 240MG	93	MALE CONDOMS	196
LOPROX SHAMPOO	143	LUMAKRAS TAB 320MG	93	MAPROTILINE TAB	44
loratadine cap	63	LUMIGAN OPHTH SOLN	225	maraviroc tab	112
lorazepam conc	25	LUMRYZ PACK	231	MARINOL CAP	60
lorazepam tab	25	LUMRYZ STARTER	231	MARPLAN TAB	45
LORBRENA TAB 100MG	93	PACK		MATULANE CAP	101
LORBRENA TAB 25MG	93	LUNESTA TAB	191	MAVENCLAD THERAPY	235
LORTAB	17	LUPKYNIS CAP	205	PAK	
LORTAB ELIXIR	18	LUPRON DEPOT INJ	86	MAVYRET PAK	115
losartan tab	70	LUPRON DEPOT-PED	164	MAVYRET TAB	116
losartan/hydrochlorothiazide tab	73	INJ		MAXALT MLT TAB	201
LOTEMAX OPHTH OINT	220	lurasidone hcl tab	105	MAXALT TAB	201
LOTEMAX OPHTH SUSP	220	LUVIRA CAP	158	MAXIDEX OPHTH SOLN	220
LOTENSIN HCT TAB	73	LYNPARZA TAB	93	MAXITROL OPHTH OINT	220
LOTENSIN TAB	69	LYSODREN TAB	86	MAXITROL OPHTH	221
loteprednol etabonate	220	LYSTEDA TAB	191	SUSP	
ophth gel		LYTGOBI THERAPY	93	MAXZIDE TAB	160
loteprednol ophth susp	220	PACK		MAYZENT TAB	235
LOTREL CAP	73	LYUMJEV INJ	55	MAYZENT TAB STARTER	235
LOTRISONE CREAM	143	LYUMJEV KWIKPEN INJ	55	PACK	
LOTRONEX TAB	175	LYUMJEV TEMPO PEN	55	MCT OIL	213
lovastatin tab	67	LYVISPAH GRANULE	210	meclizine chew tab	60
LOVAZA CAP	64	PACKET		meclizine tab	60
LOVENOX INJ	34	M		MEDROL DOSE PACK	135
loxapine cap	107	MACROBID CAP	78	MEDROL TAB	135
		MACRODANTIN CAP	78	medroxyprogesterone inj	133

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ALPHABETICAL LISTING OF DRUGS

medroxyprogesterone tab	230	MESTINON TIMESPAN	80	methylergonovine tab	227
mefenamic acid cap	11	TAB		METHYLIN SOLN	4
mefloquine tab	79	METANX CAP	158	methylphenidate CD cap	4
megestrol susp	86	metaxalone tab	210	methylphenidate chew tab	4
megestrol tab	86	metformin ER tab	51	methylphenidate ER cap	4
MEKINIST SOLN	94	metformin soln	51	methylphenidate ER tab	5
MEKINIST TAB 0.5MG	94	metformin tab	51	methylphenidate soln	5
MEKINIST TAB 2MG	94	methadone conc	14	methylphenidate tab	5
MEKTOVI TAB	94	METHADONE SOLN	14	methylprednisolone	135
meloxicam tab	11	10MG/5ML		acetate inj	
MELPHALAN TAB	82	METHADONE SOLN	14	methylprednisolone dose	135
memantine ER cap	232	5MG/5ML		pack	
memantine sol	232	methadone tab	15	methylprednisolone tab	136
memantine tab	232	methadone tab 10mg	15	methylprenisolone sod	136
MENEST TAB	170	METHADOSE CONC	15	succinate inj	
MENTAX CREAM	143	methazolamide tab	159	methyltestosterone cap	20
MEPHYTON TAB	252	methenamine hippurate tab	78	metoclopramide soln	173
MEPRON SUSP	76	methimazole tab	239	metoclopramide tab	173
mercaptopurine susp	82	METHITEST TAB	20	metolazone tab	161
mercaptopurine tab	82	methocarbamol tab	210	metoprolol ER tab	120
meropenem inj	76	methotrexate inj	82	metoprolol tab	120
mesalamine DR tab	174	METHOTREXATE IV	83	metoprolol/hydrochlorothi	73
mesalamine enema	174	SOLN		azide tab	
mesalamine ER cap	174	methotrexate tab	83	METROCREAM	155
mesalamine supp	174	methoxsalen cap	146	METROGEL 1%	155
mesna tab	101	methscopolamine tab	242	METROGEL VAGINAL	250
MESTINON TAB	80	methsuximide cap	43	GEL	
		METHYLDOPA TAB	71	METROLOTION	155

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ALPHABETICAL LISTING OF DRUGS

metronidazole cream	155	MOBIC TAB	11	MULTAQ TAB	26
metronidazole gel	155	modafinil tab	5	MULTIGEN FOLIC TAB	189
metronidazole gel 0.75%	155	mometasone cream	151	MULTIGEN PLUS TAB	189
metronidazole lotion	155	mometasone oint	151	MULTIGEN TAB	190
metronidazole tab	75	mometasone soln	151	multivitamin tab	190
metronidazole vaginal gel	250	MONODOX CAP	239	mupirocin oint	143
mexiletine hcl cap	25	montelukast chew tab	27	MUSE SUPP	124
MICARDIS TAB	70	montelukast granule pack	27	MYAMBUTOL TAB	80
MICONAZOLE 3 SUPP	250	montelukast tab	27	MYCOBUTIN CAP	80
200MG		morphine sulfate ER tab	15	mycophenolate DR tab	118
midazolam inj	192	MORPHINE SULFATE	15	mycophenolate mofetil	118
midodrine tab	252	ORAL SOLN 10 MG/5ML		cap	
mifepristone tab	52	MORPHINE SULFATE	15	mycophenolate mofetil	118
mifepristone tab 200mg	167	ORAL SOLN		susp	
MIFIPREX TAB	167	100MG/5ML		mycophenolate mofetil tab	119
MIGLITOL TAB	49	morphine sulfate oral soln	15	MYDRIACYL OPHTH	215
miglustat cap	187	10mg/5ml		SOLN	
MINIPRESS CAP	71	morphine sulfate soln	15	MYFEMBREE TAB	169
MINOCIN CAP	239	MORPHINE SULFATE	15	MYLERAN TAB	82
minocycline cap	239	SOLN 20MG/5ML		MYNATAL-Z TAB	208
minoxidil tab	74	morphine sulfate tab	16	MYRBETRIQ TAB	245
MIRALAX	194	MOTEGRITY TAB	172	MYSOLINE TAB	38
MIRAPEX TAB	102	MOTOFEN TAB	57	N	
MIRENA IUD	133	MOTRIN SUSP	11	nabumetone tab	11
mirtazapine ODT	44	MOUNJARO INJ	53	nadolol tab	120
mirtazapine tab	44	MOVANTIK TAB	175	nafcillin inj	230
MIRVASO GEL	155	moxifloxacin ophth soln	217	NAFTIFINE CREAM	144
misoprostol tab	243	moxifloxacin tab	171	naftifine gel	144

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ALPHABETICAL LISTING OF DRUGS

NAFTIN CREAM	144	NEFFY SPRAY	251	NEURONTIN TAB	39
NAFTIN GEL	144	NEMLUVIO INJ	153	600MG	
naloxone hcl nasal spray	58	neomycin tab	5	NEURONTIN TAB	39
NALOXONE HCL SOLN	58	NEOMYCIN/POLYMIXIN	218	800MG	
0.4MG/ML		/GRAMICIDIN OPTH		NEVANAC OPTH SUSP	224
naloxone inj	58	SOLN		NEVIRAPINE ER TAB	112
naloxone prefilled inj	59	neomycin/polymixin/hydro	226	NEVIRAPINE SUSP	112
naltrexone tab	58	coritisonc otic soln		nevirapine tab	112
NAMENDA TAB	232	neomycin/polymixin/hydro	226	NEXLETOL TAB	64
NAPROSYN EC TAB	11	coritisonc otic susp		NEXLIZET TAB	64
NAPROSYN TAB	11	neomycin/polymyxin/dexa	221	NEXPLANON IMPLANT	133
naproxen EC tab	11	methasone ophth oint		NEXTSTELLIS TAB	131
naproxen tab	11	neomycin/polymyxin/dexa	221	niacin ER tab	67
NARCAN NASAL SPRAY	59	methasone ophth soln		nicotine gum	236
NARDIL TAB 15MG	45	NEOMYCIN/POLYMYXI	221	NICOTINE KIT	236
NASACORT OTC NASAL	212	N/HYDROCORTISONE		nicotine lozenge	236
SPRAY		OPHTH SOLN		nicotine patch	236
NASCOBAL SPRAY	187	NEONATAL 19 TAB	208	NICOTROL INHALER	236
NATACYN OPTH SUSP	217	NEONATAL FE TAB	208	NICOTROL NASAL	236
NATAZIA TAB	131	NEOSPORIN OPTH	218	SPRAY	
nateglinide tab	56	SOLN		nifedipine cap	122
NATROBA SUSP	155	NEPHRON FA TAB	190	nifedipine ER tab	122
NAYZILAM SPRAY	35	NEPTAZANE TAB	159	nilutamide tab	86
nebivolol hcl tab	120	NERLYNX TAB	94	nimodipine cap	122
NEBUSAL NEB SOLN	139	NEUPRO PATCH	102	NINLARO CAP	94
NEFAZODONE TAB	47	NEURONTIN CAP	39	nitazoxanide tab	76
nefazodone tab 50mg,	47	NEURONTIN SOLN	39	NITRO-BID OINT	23
250mg				NITRO-DUR PATCH	23

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ALPHABETICAL LISTING OF DRUGS

NITRO-DUR PATCH	23	NORPRAMIN TAB	48	nystatin cream	144
0.3MG/HR, 0.8MG/HR		nortrel tab	132	nystatin oint	144
nitrofurantoin	79	nortriptyline cap	48	nystatin powder	61
macrocrystals cap		nortriptyline oral soln	49	nystatin susp	206
nitrofurantoin	79	NORVASC TAB	122	nystatin tab	61
monohydrate cap		NORVIR CAP	112	nystatin topical powder	144
nitroglycerin lingual spray	23	NORVIR POWDER PACK	112	nystatin/triamcinolone	144
nitroglycerin patch	23	NORVIR SOLN	112	cream	
nitroglycerin SL tab	23	NORVIR TAB	112	nystatin/triamcinolone oint	144
NITROLINGUAL PUMP	23	NOVAVAX INJ	248	NYVEPRIA INJ	188
SPRAY		NOVOEIGHT INJ	182	O	
NITROSTAT SL TAB	23	NOVOSEVEN RT INJ	182	OBIZUR INJ	183
NIVESTYM INJ	188	NOXAFIL PAK	62	octreotide inj	168
NIZATIDINE CAP	242	NOXAFIL SUSP	62	OCTREOTIDE INJ	168
NIZORAL SHAMPOO	144	NOXAFIL TAB	62	100MCG	
norethindrone ace-ethinyl	131	np thyroid tab	240	OCUFLOX OPHTH SOLN	218
estradiol-fe cap		NUBEQA TAB	86	ODEFSEY TAB	112
norethindrone	131	NUCALA INJ	26	ODOMZO CAP	85
acetate/ethinyl estradiol FE		NUCORT LOTION	151	OFEV CAP	238
chew tab		NUCYNTA TAB	16	ofloxacin ophth soln	218
norethindrone	132	NUEDEXTA CAP	235	ofloxacin otic soln	225
acetate/ethinyl estradiol		NUTRITIONAL	158	ofloxacin tab	171
tab		SUPPLEMENT LIQUID		OGSIVEO TAB	94
norethindrone tab	134	NUTRITIONAL	158	OGSIVEO TAB 50MG	94
norethindrone/ethinyl	132	SUPPLEMENT POWDER		OHTUVAYRE SUSP	28
estradiol FE tab		NUVIGIL TAB	5	OJEMDA SUSP	95
NORLIQVA ORAL SOLN	122	NUWIQ INJ	183	OJEMDA TAB	95
NORPACE CAP	25	NUWIQ KIT	183	OJJAARA TAB	95

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ALPHABETICAL LISTING OF DRUGS

olanzapine ODT	107	OMNIPOD DASH INTRO	198	ONFI TAB	36
olanzapine tab	107	KIT		OPILL TAB	134
olanzapine/fluoxetine cap	233	OMNIPOD DASH PODS	198	OPSUMIT TAB	126
OLLIZAC POWDER	158	OMNIPOD GO KIT	198	OPVEE NASAL SPRAY	59
olmesartan tab	70	OMNIPOD STARTER KIT	198	ORACIT SOLN	177
olmesartan/hydrochlorothi	73	OMNITROPE INJ	163	ORAP TAB	236
azide tab		ondansetron ODT	59	ORAPRED ODT TAB	136
olopatadine ophth soln	224	ondansetron soln	59	ORAPRED SOLN	136
0.1%		ondansetron tab	59	ORENCIA CLICK INJ	12
olopatadine ophth soln	224	ONETOUCH DELICA	198	ORENCIA SC INJ	12
0.2%		LANCETS		125MG/ML	
OLUMIANT TAB	6	ONETOUCH DELICA	198	ORENCIA SC INJ	12
OLUX FOAM	151	PLUS LANCETS		50MG/0.4ML	
omega-3-acid ethyl esters	64	ONETOUCH DELICA	198	ORENCIA SC INJ	12
cap		ULTRASOFT LANCETS		87.5MG/0.7ML	
omeprazole DR cap	243	ONETOUCH METER	198	ORENITRAM TAB	125
omeprazole tab	244	ONETOUCH TEST STRIP	157	ORGOVYX TAB	87
OMNICEF SUSP	129	ONETOUCH VERIO	199	ORIAHNN CAP	169
OMNIPOD 5 G6 INTRO	197	FLEX METER		ORILISSA TAB 150MG	163
KIT		ONETOUCH VERIO IQ	199	ORILISSA TAB 200MG	163
OMNIPOD 5 G6 PODS	198	METER		ORKAMBI GRANULES	237
MISC		ONETOUCH VERIO	199	PACKET	
OMNIPOD 5 G7 KIT	198	METER		ORKAMBI TAB	237
INTRO		ONETOUCH VERIO	199	ORSERDU TAB	87
OMNIPOD 5 G7 MIS	198	REFLECT METER		ORSERDU TAB 345MG	87
PODS		ONETOUCH VERIO TEST	157	oseltamivir cap	117
OMNIPOD 5 INTRO KIT	198	STRIP		oseltamivir cap 30mg	117
OMNIPOD 5 PACK PODS	198	ONFI SUSP	36	oseltamivir susp	117

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OTEZLA STARTER PACK	11	PARLODEL CAP	102	PENICILLIN G SODIUM	228
OTEZLA TAB	11	PARLODEL TAB	103	INJ	
OVACE PLUS CREAM	147	PARNATE TAB	45	PENICILLIN VK SOLN	228
OVIDE LOTION	156	paroxetine ER tab	46	penicillin vk tab	228
oxacillin inj	230	paroxetine oral susp	46	pentamidine neb soln	75
OXBRYTA TAB	187	paroxetine tab	46	pentoxifylline ER tab	185
oxcarbazepine susp	39	PATANOL OPHTH SOLN	224	PEPCID SUSP	242
oxcarbazepine tab	39	PAXIL CR TAB	46	PEPCID TAB	242
oxiconazole nitrate cream	144	PAXIL ORAL SUSP	46	PERCOCET TAB	18
OXSORALEN ULTRA	146	PAXIL TAB	47	PERFOROMIST NEB	32
CAP		PAXLOVID PAK	114	SOLN	
oxybutynin ER tab	244	PAXLOVID TAB	114	PERIDEX SOLN	207
oxybutynin syrup	244	150-100MG		permethrin cream	156
oxybutynin tab	244	PAXLOVID TAB	114	perphenazine tab	108
oxycodone soln	16	300-100MG		PERPHENAZINE/	233
oxycodone tab	16	pazopanib tab	95	AMITRIPTYLINE TAB	
oxycodone/acetaminophen	18	PCE TAB	195	pfizerpen g inj	228
TAB		PEAK FLOW METER	200	PHEBURANE ORAL	166
OXYCODONE/ASPIRIN	18	peg 3350 soln (100 gram	193	PELLETS	
TAB		Moviprep equiv)		phenazopyridine tab	179
OZEMPIC INJ	53	peg 3350/electrolytes soln	193	PHENELZINE SULFATE	45
P		PEGASYS INJ	116	TAB	
paliperidone ER tab	106	PEG-INTRON INJ	116	phenelzine tab	45
PALYNZIQ INJ	165	PEMAZYRE TAB	95	phenobarbital elixir	191
PAMELOR CAP	49	penciclovir cream	147	phenobarbital tab	191
pantoprazole EC tab	243	penicillamine tab	204	phenoxybenzamine cap	70
PARAGARD IUD	133	PENICILLIN G	228	phentermine cap	2
paricalcitol cap	165	PROCAINE INJ			

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phentermine	2	PLAN B TAB	133	potassium chloride micro	203
hcl-topiramate cap er 24hr		PLAQUENIL TAB	79	tab	
phentermine tab	2	PLAVIX TAB 75MG	186	potassium chloride powder	203
phenylephrine ophth soln	215	PLEGRIDY INJ	235	packet	
phenytoin cap	42	PLEGRIDY PEN INJ	235	potassium chloride soln	203
phenytoin chew tab	42	PNEUMOVAX INJ	245	POTASSIUM CHLORIDE	204
phenytoin susp	43	PODIAPN CAP	158	TAB ER	
PHEXXI GEL	249	PODOCON SOLN	153	potassium citrate CR tab	177
phlexy-10 tab	213	PODOFILOX SOLN	154	potassium citrate/citric	177
PHOSLO CAP	176	polyethylene glycol 3350	194	acid powder pack	
PHOSLYRA SOLN	176	powder		potassium citrate/citric	177
phospha 250 neutral tab	203	POLYETHYLENE	230	acid soln	
phytonadione tab	252	GLYCOL 8000		potassium phosphate	203
PICATO GEL	145	GRANULES		monobasic tab	
PIFELTRO TAB	112	polymyxin b/trimethoprim	218	PRADAXA CAP	35
pilocarpine ophth soln	215	ophth soln		pramipexole tab	103
pilocarpine tab	207	POLYTRIM OPHTH	218	pramoxine/hydrocortisone	21
pimecrolimus cream	153	SOLN		cream	
PIMOZIDE TAB	236	POMALYST CAP	88	prasugrel tab	186
pindolol tab	120	posaconazole DR tab	62	pravastatin tab	67
pioglitazone tab	56	posaconazole susp	62	praziquantel tab	22
piperacillin/tazobactam inj	230	POTABA CAP	252	prazosin cap	71
PIQRAY TAB	95	POTABA POWDER	252	PRECOSE TAB	49
pirfenidone cap	238	PACKET		PRED FORTE OPHTH	221
pirfenidone tab 267mg	238	potassium bicarbonate	203	SUSP	
pirfenidone tab 801mg	238	effer tab		PRED MILD OPHTH	221
piroxicam cap	11	potassium chloride ER cap	203	SOLN	
pitavastatin calcium tab	67	potassium chloride ER tab	203	PRED-G OPHTH SOLN	221

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ALPHABETICAL LISTING OF DRUGS

prednisolone acetate ophth susp	221	PRENATAL VITAMINS (NON-PREFERRED)	208	PROFILNINE INJ	183
prednisolone ODT	136	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	252	progesterone cap	230
PREDNISOLONE ODT TAB	136	PRETOMANID TAB	81	PROGESTERONE SUPP	251
PREDNISOLONE OPHTH SUSP	221	PREVACID CAP	243	PROGLYCEM SUSP	52
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	222	PREVACID OTC CAP	243	PROLENSA OPHTH SOLN	225
prednisolone soln	136	PREVIDENT SOLN	207	promethazine DM syrup	138
PREDNISONE SOLN	136	PREVNAR 13 INJ	245	promethazine supp	63
prednisone tab	136	PREVNAR 20 INJ	245	promethazine syrup	63
PREFEST TAB	169	PREVYMIS PAK	115	promethazine tab	63
pregabalin cap	39	PREVYMIS TAB	115	PROMETHAZINE VC	138
pregabalin cap 225mg	39	PREZCOBIX TAB	112	SYRUP	
pregabalin cap 300mg	39	PREZISTA SUSP	112	promethazine VC/codeine syrup	139
pregabalin soln	39	PREZISTA TAB	112	promethazine/codeine syrup	139
PREHEVBRIO SUSP	248	PRIFTIN TAB	81	PROMETHEGAN SUPP	63
PREMARIN TAB	170	primaquine tab	79	PROMETRIUM CAP	230
PREMARIN VAGINAL CREAM	251	primidone tab	39	propafenone ER cap	25
PREMPHASE TAB,	170	PRIMSOL SOLN	75	propafenone tab	26
PREMPRO TAB		PRINIVIL TAB, ZESTRIL TAB	69	PROPANOLOL ORAL SOLN 20MG/5ML	120
PRENATABS RX TAB	208	PRISTIQ TAB	47	proparacaine ophth soln	219
PRENATAL 19 CHEW TAB	208	probenecid tab	180	propranolol ER cap	120
PRENATAL 19 TAB	208	prochlorperazine supp	108	PROPRANOLOL SOLN	120
		prochlorperazine tab	108	propranolol tab	121
		PROCTOCORT CREAM	151	propylthiouracil tab	240
		proctosol HC cream	21	PROSCAR TAB	179

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ALPHABETICAL LISTING OF DRUGS

pro-stat liquid	213	quinapril tab	69	REPATHA PUSHTRONEX	68
PROTOPIC OINT	153	quinidine gluconate CR tab	25	INJ	
protriptyline tab	49	quinidine sulfate tab	25	REQUIP TAB	103
PROVERA TAB	230	QVAR REDIHALER	29	RESCRIPTOR TAB	112
PROVIGIL TAB	5	R		RESTORIL CAP 15MG	192
PROZAC CAP	47	RABAVERT INJ	248	RESTORIL CAP 22.5MG	192
prucalopride succinate tab	172	rabeprazole EC tab	243	RESTORIL CAP 30MG	192
PULMICORT INH SUSP	29	RADICAVA ORS	212	RESTORIL CAP 7.5MG	192
PULMOZYME INH SOLN	237	STARTER KIT		RETACRIT INJ	189
pyrazinamide tab	81	RADICAVA ORS SUSP	212	RETEVMO CAP	95
pyridostigmine CR tab	80	raloxifene tab	164	RETEVMO CAP 40MG	95
pyridostigmine tab	80	ramelteon tab	192	RETEVMO TAB	95
pyridstigmine soln	80	ramipril cap	69	RETEVMO TAB 40MG	96
pyrimethamine tab	79	RANEXA TAB	22	RETIN-A CREAM	141
PYRUKYND TAB	186	ranolazine tab	22	REVATIO SUSP	127
PYRUKYND TAPER	186	rasagiline tab	103	REVATIO TAB	127
PACK		RAZADYNE TAB	232	REVLIMID CAP	205
Q		REBINYN INJ	183	REYATAZ POWDER	112
QBRELIS SOLN	69	RECOMBINATE INJ	183	PACK	
QINLOCK TAB	95	REGLAN TAB	173	REYVOW TAB	201
QSYMIA CAP	2	REGRANEX GEL	156	REZDIFFRA TAB	173
QUESTRAN LITE	65	RELENZA DISKHALER	117	REZLIDHIA CAP	96
POWDER		REMERON SOLUTAB	44	REZUROCK TAB	205
QUESTRAN POWDER	65	REMERON TAB	44	RHEUMATREX TAB	6
QUESTRAN POWDER	65	RENOVA CREAM	142	RHOFADE CREAM	155
PACK		REVELA TAB	176	ribavirin cap	116
quetiapine tab	107	repaglinide tab	56	RIBAVIRIN TAB	116
quetiapine XR tab	107	REPATHA INJ	68	rifabutin cap	81

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ALPHABETICAL LISTING OF DRUGS

RIFADIN CAP	81	RIVFLOZA VIAL	178	salsalate tab	13
RIFAMATE CAP	80	RIVIVE, REXTOVY	59	SANCUSO PATCH	59
rifampin cap	81	SPRAY		SANDIMMUNE SOLN	119
RIFATER TAB	80	RIXUBIS INJ	183	100MG/ML	
riluzole tab	212	rizatriptan ODT	201	SANTYL OINT	152
RIMANTADINE TAB	117	rizatriptan tab	201	SAPHRIS SL TAB	107
RINVOQ ER TAB	6	ROBAXIN TAB	210	sapropterin	166
RINVOQ ORAL SOLN	6	ROBINUL TAB	242	dihydrochloride powder	
RIOMET SOLN	51	ROCALTROL CAP	166	packet	
risedronate DR tab	162	ROCALTROL SOLN	166	sapropterin	166
risedronate tab	162	roflumilast tab	28	dihydrochloride soluble	
RISPERDAL M ODT	106	ropinirole ER tab	103	tab	
RISPERDAL SOLN	106	ropinirole tab	103	SAVELLA PAK	233
RISPERDAL TAB	106	rosuvastatin tab	67	SAVELLA TAB	233
risperidone microspheres	106	ROXICODONE TAB	16	SAXENDA INJ	2
inj		ROZEREM TAB	192	SCSEMBLIX TAB	96
RISPERIDONE ODT	106	ROZLYTREK CAP	96	SCSEMBLIX TAB 100 MG	96
risperidone soln	106	ROZLYTREK PAK	96	scopolamine patch	60
risperidone tab	106	RUBRACA TAB	96	selegiline cap	103
RITALIN LA CAP,	5	rufinamide susp	39	selegiline tab	103
APTENSIO XR CAP		rufinamide tab	39	selenium sulfide shampoo	147
RITALIN TAB	5	RUKOBIA ER TAB	113	SELZENTRY SOLN	113
ritonavir tab	113	RYBELSUS TAB	54	SELZENTRY TAB	113
rivaroxaban tab 2.5mg	34	RYDAPT CAP	96	SEMGLEE INJ, INSULIN	56
rivastigmine cap	232	RYTHMOL SR CAP	26	GLARGINE-YFGN INJ	
rivastigmine patch	233			SEMGLEE PEN, INSULIN	56
RIVFLOZA INJ	178	S		GLARGINE-YFGN PEN	
RIVFLOZA INJ 160MG	178	SALAGEN TAB	207	SEMPREX-D CAP	139
		SALEX SHAMPOO	154		

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ALPHABETICAL LISTING OF DRUGS

SEROQUEL TAB	107	SINGULAIR GRANULE	28	SODIUM OXYBATE	231
SEROQUEL XR TAB	107	PACK		SOLN	
sertraline conc	47	SINGULAIR TAB	28	sodium polystyrene	119
sertraline tab	47	sirolimus soln	205	powder	
sevelamer powder pak	176	sirolimus tab	119	sodium polystyrene susp	119
sevelamer tab	176	SIVEXTRO TAB	78	sodium sulfacetamide	141
SEVENFACT INJ	183	SKELAXIN TAB	210	lotion	
SFROWASA ENEMA	174	SKYCLARYS CAP	212	sodium	142
SHINGRIX INJ	248	SKYRIZI INJ 150MG/ML	146	sulfacetamide/sulfur	
SIGNIFOR INJ	168	SKYRIZI INJ 180	174	cleanser 10-5%	
sildenafil susp	127	MG/1.2ML		sodium	142
sildenafil tab	124	SKYRIZI INJ	175	sulfacetamide/sulfur	
sildenafil tab 20mg	127	360MG/2.4ML		cleanser 9-4.5%	
SILVADENE CREAM	147	SKYTROFA INJ	164	sodium	142
silver sulfadiazine cream	148	SLYND TAB	134	sulfacetamide/sulfur	
SIMBRINZA OPTH	216	smz/tmp (DS) tab	75	emulsion 10-5%	
SUSP		smz/tmp susp	76	sodium/magnesium/potassi	193
SIMLANDI INJ	8	SOD CHLORIDE INJ	204	um soln	
(adalimumab-ryvk)		sodium chloride neb soln	139	SOFOSBUVIR/VELPATAS	116
SIMLANDI KIT	8	sodium citrate/citric acid	177	VIR TAB	
(adalimumab-ryvk)		soln		SOGROYA INJ	164
SIMPONI	9	sodium fluoride cream	207	SOHONOS CAP 1.5MG	210
AUTO-INJECTOR 100MG		sodium fluoride gel	207	SOHONOS CAP 10MG	211
SIMPONI INJ 100MG	9	sodium fluoride paste	207	SOHONOS CAP 1MG	211
simvastatin tab	67	sodium fluoride rinse	207	SOHONOS CAP 2.5MG	211
SINEMET CR TAB	103	sodium fluoride soln	202	SOHONOS CAP 5MG	211
SINEMET TAB	103	sodium fluoride tab	202	solifenacin tab	244
SINGULAIR CHEW TAB	27			SOLU-CORTEF INJ	136

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SOLU-CORTEF INJ 100MG	136	STALEVO TAB	104	sulfasalazine EC tab	175
SOLU-MEDROL INJ	136	STAVUDINE CAP	113	sulfasalazine tab	175
SOLU-MEDROL INJ 2GM	137	STELARA INJ	146	sulindac tab	11
SOLU-MEDROL PF INJ	137	STENDRA TAB	124	SUMADAN WASH	142
SOMA TAB	210	STEQEYMA INJ	146	9-4.5%	
SOMAVERT INJ	163	STEQEYMA INJ 90MG	146	SUMATRIPTAN INJ	202
sorafenib tosylate tab	96	STIMATE NASAL SOLN	167	SUMATRIPTAN INJ 6MG/0.5ML	202
sotalol AF tab	121	STIOLTO INHALER	32	sumatriptan tab	202
sotalol tab	121	STIVARGA TAB	96	sunitinib malate cap	97
SOTYLIZE SOLN 5MG/ML	121	STRENSIQ INJ	166	SUNOSI TAB	3
SPECTRACEF TAB	129	STRIBILD TAB	113	SUPRAX CAP	130
SPEVIGO INJ	146	STRIVERDI RESPIMAT INHALER	32	SUPRAX CHEW TAB	130
SPIKEVAX INJ	248	STROMECTOL TAB	22	SUPRAX SUSP	130
SPIKEVAX INJ 50MCG/0.5ML	248	SUBOXONE SL FILM	19	SUPRAX SUSP 500MG/5ML	130
SPINOSAD SUSP	156	sucralfate susp	243	SURMONTIL CAP	49
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	27	sucralfate tab	242	SYMAX DUOTAB	242
spironolactone susp	161	SUFLAVE SOLN	194	SYMBYAX CAP	233
spironolactone tab	161	sulfacetamide sodium ophth soln	218	SYMDEKO TAB	237
spironolactone/hydrochlorothiazide tab	160	sulfacetamide	222	SYMPROIC TAB	175
SPORANOX CAP	62	sodium/prednisolone ophth soln		SYMTUZA TAB	113
SPORANOX SOLN	62	SULFACETAMIDE/PRED NISOLONE OPTH SOLN	222	SYNAREL NASAL SOLN	164
sprintec 28 tab	132	SOLFADIAZINE TAB	238	SYNJARDY TAB	50
		SULFAMYLON CREAM	148	SYNJARDY XR TAB 10-1000MG, 25-1000MG	50

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SYNJARDY XR TAB	50	tamsulosin cap	179	TENORETIC TAB	73
5-1000MG,		TAPAZOLE TAB	240	TENORMIN TAB	120
12.5-1000MG		TASMAR TAB	102	TEPMETKO TAB	97
SYNTHROID TAB	240	tavaborole soln	144	TERAZOL CREAM	250
T					
TABLOID TAB	83	TAVNEOS CAP	184	terazosin cap	71
TABRECTA TAB	97	tazarotene cream 0.05%	146	terbinafine tab	61
tacrolimus cap	119	tazarotene cream 0.1%	146	terbutaline sulfate tab	32
tacrolimus oint	153	TAZORAC CREAM	147	terconazole cream	250
tadalafil tab	124	TAZVERIK TAB	97	TERCONAZOLE CREAM	250
tadalafil tab (PAH)	127	TECHLITE INSULIN	199	0.8%	
tadalafil tab 2.5mg, 5mg	124	SYRINGE		terconazole supp	250
TADLIQ SUSP	127	TECHLITE PEN NEEDLE	199	teriflunomide tab	235
TAFINLAR CAP	97	TEGRETOL SUSP	39	TERIPARATIDE INJ	162
TAFINLAR TAB	97	TEGRETOL TAB	40	620MCG/2.48ML	
TAGRISSO TAB	84	TEGRETOL XR TAB	40	TESSALON CAP	137
TAKHZYRO INJ	185	TEKTURN HCT TAB	73	testosterone cypionate inj	20
TAKHZYRO INJ	185	TEKTURN TAB	74	TESTOSTERONE	20
150MG/ML		telmisartan tab	70	ENANTHATE INJ	
TALTZ INJ	146	temazepam cap 15mg	192	200MG/ML	
TALTZ INJ 20MG/0.25ML	146	temazepam cap 22.5mg	192	TESTOSTERONE GEL 1%	20
TALTZ INJ 40 MG/0.5ML	146	temazepam cap 30mg	192	25MG	
TALZENNA CAP 0.25MG	97	temazepam cap 7.5mg	192	testosterone gel 1% 50mg	20
TALZENNA CAP 0.5MG,	97	TEMOVATE CREAM	151	testosterone gel 1% pump	20
0.75MG, 1MG		TEMOVATE OINT	151	testosterone gel 1.62%	20
TAMIFLU CAP	117	temozolomide cap	82	1.25gm	
TAMIFLU CAP 30MG	117	TEMPO SMART BUTTON	199	testosterone gel 1.62%	20
tamoxifen tab	87	tenofovir disoproxil	113	2.5gm	
		fumarate tab			

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ALPHABETICAL LISTING OF DRUGS

TESTOSTERONE GEL	20	TIMOPTIC OPHTH SOLN	214	TOLBUTAMIDE TAB	57
PUMP 1%		TIMOPTIC-XE OPHTH	214	tolcapone tab	102
testosterone gel pump	21	GEL		tolterodine SR cap	244
1.62%		TINDAMAX TAB	75	tolterodine tab	244
testosterone soln	21	tinidazole tab	75	tolvaptan tab	168
TETANUS/DIPHThERIA	241	tiopronin tab	179	tolvaptan tab therapy pack	169
TOXOID INJ		tiopronin tab delayed	179	TOPAMAX SPRINKLE	40
tetrabenazine tab	234	release		CAP	
tetracycline cap	239	TIROSINT-SOL	241	TOPAMAX TAB	40
TEZSPIRE INJ	26	TIVICAY PD TAB	113	TOPICORT CREAM	151
THALOMID CAP	118	TIVICAY TAB	113	TOPICORT OINT	151
THEO-24 CAP	33	tizanidine tab	210	topiramate sprinkle cap	40
theophylline ER tab	33	TOBI PODHALER	6	topiramate tab	40
theophylline soln	33	TOBRADEX OPHTH	222	TOPROL XL TAB	120
theophylline tab er	33	OINT		toremifene tab	87
thioridazine hcl tab	108	TOBRADEX OPHTH	222	torsemide tab	160
thiothixene cap	109	SOLN		TOVIAZ TAB	244
THYROLAR TAB	240	TOBRADEX ST OPHTH	222	TRACLEER TAB 32MG	126
tiagabine tab	42	SUSP		tramadol ER tab	16
TIAZAC CAP	122	tobramycin neb soln	6	TRAMADOL HCL ER TAI	16
TIBSOVO TAB	97	tobramycin ophth soln	218	tramadol tab	16
ticagrelor tab	186	tobramycin/dexamethason	222	tramadol/acetaminophen	18
TICOVAC INJ	248	e ophth soln		tab	
TIGAN CAP	60	TOBREX OPHTH OINT	218	tranexamic acid tab	191
TIKOSYN CAP	26	TOBREX OPHTH SOLN	218	TRANSDERM-SCOP	60
timolol maleate ophth gel	214	TODAY SPONGE	250	PATCH	
timolol maleate ophth soln	214	TOFRANIL TAB	49	tranylcypromine tab	45
timolol maleate tab	121	TOLAZAMIDE TAB	57	TRAVATAN Z DROPS	225

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ALPHABETICAL LISTING OF DRUGS

travoprost ophth soln	225	tricitrates soln	177	trospium tab	244
trazodone tab	47	tricon cap	190	TRUEPLUS INSULIN	199
TRECATOR TAB	81	TRICOR TAB	66	SYRINGE	
TRELEGY ELLIPTA	33	trientine cap	204	TRUEPLUS PEN	200
INHALER		trifluoperazine tab	108	NEEDLE	
TREMFYA INJ	147	TRIFLURIDINE OPHTH	218	TRULANCE TAB	172
TREMFYA INJ	175	SOLN		TRULICITY INJ	53
200MG/2ML		trihexyphenidyl elixir	103	TRUMENBA INJ	246
TREMFYA INJ CROHNS	175	TRIHEXYPHENIDYL	104	TRUQAP TAB	98
INDUCTION PACK		SOLN		TRUQAP THERAPY	98
tretinoin cap	81	trihexyphenidyl tab	102	PACK	
tretinoin cream	142	TRIKAFTA TAB	237	TRUSOPT OPHTH SOLN	225
tretinoin gel	142	TRIKAFTA THERAPY	238	TUKYSA TAB	84
tretinoin gel 0.08%	142	PACK		TURALIO CAP	98
TRETEN INJ	183	tri-legest tab	132	tussigon tab	137
triamcinolone acetate inj	137	TRILEPTAL SUSP	40	TWIRLA PATCH	132
triamcinolone cream	151	TRILEPTAL TAB	40	TYBLUME TAB	132
triamcinolone in orabase	207	TRI-LUMA CREAM	155	TYENNE INJ	9
paste		trimethobenzamide cap	60	TYLENOL/CODEINE TAI	18
triamcinolone lotion	151	TRIMETHOPRIM TAB	75	TYMLOS INJ	163
triamcinolone oint	151	trimipramine cap	49	TYPHIM VI INJ	246
triamcinolone OTC nasal	212	TRINTELLIX TAB	47	TYVASO DPI POWDER	125
spray		tri-sprintec tab	132	TYVASO DPI POWDER	125
triamterene/hydrochloroth	160	TRIUMEQ PD TAB	113	MAINTENANCE KIT	
iazide cap		TRIUMEQ TAB	113	32-48MCG	
triamterene/hydrochloroth	160	TRIZIVIR TAB	114	TYVASO DPI POWDER	125
iazide tab		tropicamide ophth soln	215	TITRATION KIT	
triazolam tab	192	trospium chloride SR cap	244	16-32-48MCG	

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TYVASO DPI POWDER	125	valacyclovir tab	116	VASERETIC TAB	74
TITRATION KIT		VALCHLOR GEL	145	VASOTEC TAB	69
16-32MCG		VALCYTE TAB	115	VAXCHORA SUSP	246
TYVASO INH SOLN 0.6	126	valganciclovir soln	115	VAXNEUVANCE INJ	246
MG/ML		valganciclovir tab	115	VELIVET PAK	132
U					
UBRELVY TAB	200	VALIUM TAB 2MG,	25	VELPHORO CHEW TAB	176
UCERIS RECTAL FOAM	22	10MG		VEMLIDY TAB	116
UCERIS TAB	137	VALIUM TAB 5MG	25	VENCLEXTA STARTER	84
ULORIC TAB	180	valproic acid cap	43	PACK	
ULTRAM TAB	16	valproic acid syrup	44	VENCLEXTA TAB	84
ULTRAVATE CREAM	151	valsartan tab	70	VENELEX OINT	156
ULTRAVATE OINT	151	valsartan/hydrochlorothiazide tab	74	venlafaxine ER cap	48
UPNEEQ SOLN	225	VALTOCO NASAL SPRAY	36	venlafaxine tab	48
UPTRAVI TAB	127	VALTREX TAB	117	VENTAVIS INH SOLN	126
URECHOLINE TAB	245	VANCOCIN CAP	76	VENTOLIN HFA	33
UROCIT-K TAB	177	vancomycin cap	77	INHALER	
UROXATRAL TAB	179	VANFLYTA TAB	98	verapamil SR cap	122
URSO FORTE TAB	172	VANFLYTA TAB 26.5MG	98	verapamil SR tab	122
ursodiol cap	172	VANIQA CREAM	153	verapamil tab	122
ursodiol tab	172	varidenafil ODT	124	VERELAN CAP	123
USTEKINUMAB-AEKN	147	varidenafil tab	125	VERZENIO TAB	98
45MG/0.5ML		VARENICLINE TAB	236	VESICARE TAB	244
USTEKINUMAB-AEKN	147	varenicline tartrate tab	236	VFEND SUSP	62
90MG/ML		varenicline tartrate tab	236	VFEND TAB	62
V					
VAGIFEM TAB	251	starter pack		V-GO INJ KIT	199
		VARIVAX INJ	249	VIBRAMYCIN CAP	239
		VARUBI TAB	61	VIBRAMYCIN SUSP	239
				VIBRAMYCIN SYRUP	239

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VIDEX SOLN	114	VOGELXO GEL PUMP	21	WEGOVY INJ	3
vigabatrin powder pack	42	1%		2.4MG/0.75ML	
vigabatrin tab	42	VOLTAREN GEL	144	WELIREG TAB	87
vigadrone powder pack	42	VONJO CAP	99	WELLBUTRIN SR TAB	44
VIGAMOX OPTH SOLN	218	VONVENDI INJ	184	WELLBUTRIN XL TAB	44
VIJOICE GRANULES	205	VORANIGO TAB	99	WILATE INJ	184
PACKET		VORANIGO TAB 10MG	99	WINREVAIR INJ	126
VIJOICE TAB	205	voriconazole susp	62	wymzya FE tab	132
VIJOICE TAB 250MG	205	voriconazole tab	62	X	
VIMKUNYA INJ	249	VOSEVI TAB	116	XACIATO GEL	249
violele tab, kariva tab	132	VOWST CAP	175	XADAGO TAB	103
VIRACEPT TAB	114	VOXZOGO INJ	167	XALATAN OPTH SOLN	225
VIREAD TAB 150MG,	114	VOYDEYA TAB	184	XALKORI CAP	99
200MG, 250MG		VOYDEYA TAB	184	XALKORI SPRINKLE	99
VISTARIL CAP	24	THERAPY PACK		CAP	
VITAFOL STRIPS	209	VP-PNV-DHA CAP	209	XAQUIL XR TAB	158
vitamin D cap	252	VYNDAMAX CAP	128	XARELTO STARTER	34
vitamin D cap 1000unit	252	VYNDAQEL CAP	128	PACK	
vitamin D cap 400unit	252	VYVANSE CAP	1	XARELTO SUSP	34
VITAMIN D TAB	252	VYVANSE CHEW TAB	2	XARELTO TAB	34
400UNIT		W		XCOPRI PAK	41
VITRAKVI CAP 100MG	98	WAINUA INJ	236	100-150MG	
VITRAKVI CAP 25MG	99	WAKIX TAB	4	XCOPRI PAK	41
VITRAKVI SOLN	99	warfarin tab	33	150-200MG	
VIVELLE-DOT PATCH	171	WEGOVY INJ	3	XCOPRI PAK 50-200MG	41
VIVOTIF CAP	246	WEGOVY INJ	3	XCOPRI TAB 150MG,	41
VIZIMPRO TAB	85	1.7MG/0.75ML		200MG	
				XCOPRI TAB 25MG	41

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

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	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
OL	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	ST	Step Therapy
VAC	Vaccine Program				

ALPHABETICAL LISTING OF DRUGS

XCOPRI TAB 50MG, 100MG	41	XPOVIO PAK	88	ZEJULA TAB	100
XCOPRI TITRATION PAK 12.5-25MG	41	XROMI SOLN	187	ZELAPAR ODT	103
XCOPRI TITRATION PAK 150-200MG	41	XTAMPZA ER CAP	17	ZELBORAF TAB	100
XCOPRI TITRATION PAK 50-100MG	41	XYNTHA INJ	184	ZEMPLAR CAP	167
XDEMVIY OPHTH SOLN	218	XYZBAC TAB	158	ZEPBOUND INJ	3
XELJANZ SOLN	6	Y		ZEPOSIA CAP	235
XELJANZ TAB	6	YESINTEK INJ	147	ZEPOSIA STARTER PACK	235
XELJANZ XR TAB	6	YESINTEK SYRINGE	147	ZESTORETIC TAB	74
XEMBIFY INJ	228	YESINTEK SYRINGE 90MG	147	ZETONNA NASAL SPRA	212
XENLETA TAB	78	YF-VAX INJ	249	ZIAC TAB	74
XIFAXAN TAB 200MG	75	YORVIPATH INJ	166	zidovudine cap	114
XIFAXAN TAB 550MG	75	YORVIPATH INJ 294MCG	166	zidovudine syrup	114
XIGDUO XR TAB	50	YORVIPATH INJ 420MCG	167	zidovudine tab	114
XIGDUO XR TAB 10-1000MG	50	Z		ZILBRYSQ INJ	185
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	51	zafemy patch	132	ZILBRYSQ INJ 23MG	185
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	51	zafirlukast tab	28	ZILBRYSQ INJ 32.4MG	185
XOLREMDI CAP	190	zaleplon cap	192	ZIMHI SOLN	59
XOPENEX NEB SOLN	33	ZANAFLEX TAB	210	ziprasidone cap	105
XOSPATA TAB	100	ZANOSAR INJ	82	ZIRGAN OPHTH GEL	218
XPHOZAH TAB	166	ZARONTIN CAP	43	ZITHROMAX POWDER PACK	194
		ZARONTIN SOLN	43	ZITHROMAX SUSP	194
		ZARXIO INJ	189	ZITHROMAX TAB	194
		ZAVZPRET NASAL SPRAY	200	ZOCOR TAB	67
		ZEGALOGUE INJ	52	ZOFRAN ODT	59
		ZEJULA CAP	100	ZOFRAN SOLN	59
				ZOFRAN TAB	59
				ZOKINVY CAP	206

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ALPHABETICAL LISTING OF DRUGS

ZOLINZA CAP	100	ZYRTEC CHILD CHEW	63
zolmitriptan tab	202	TAB	
ZOLOFT CONC	47	ZYVOX SUSP	78
ZOLOFT TAB	47	ZYVOX TAB	78
zolpidem ER tab	192		
zolpidem tab	191		
ZONEGRAN CAP	40		
ZONISADE SUSP	40		
zonisamide cap	40		
ZONTIVITY TAB	186		
ZORYVE CREAM	154		
ZOVIRAX CAP	117		
ZOVIRAX SUSP	117		
ZOVIRAX TAB	117		
ZTALMY SUSP	40		
ZURZUVAE CAP 20MG, 25MG	45		
ZURZUVAE CAP 30MG	45		
ZUTRIPRO LIQUID	139		
ZYDELIG TAB	100		
ZYKADIA CAP	100		
ZYKADIA TAB	100		
ZYLET OPHTH SUSP	222		
ZYLOPRIM TAB	180		
ZYMAXID OPHTH SOLN	219		
ZYPREXA TAB	108		
ZYPREXA ZYDIS TAB	108		

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VAC	Vaccine Program				

L.A. CARE HOME INFUSION DRUG LIST

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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.

NC =Not Covered

generic =small letters

BRANDS =CAPITAL LETTERS

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.

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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	-	NC	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	-	NC	HEMATOLOGICAL AGENTS - MISC.
ADZYNMA KIT	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.
ALTUVIIIO INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
AMBISOME INJ	-	F	ANTIFUNGALS
amikacin inj	-	F	AMINOGLYCOSIDES
aminophylline inj	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
AMINOSYN II INJ	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS
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.
ANKTIVA SOL (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
APHEXDA INJ	-	EXC	HEMATOPOIETIC AGENTS
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
ASCENIV INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ASPARLAS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 (QL= 20 vials/28 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES

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Drug Name	Special Code	Tier	Category
AZEDRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
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
BEQVEZ INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
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

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
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
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 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CABENUVA IM SUSP (QL=1 kit/month)	QL	F	ANTIVIRALS
CABENUVA SUSP 600MG-900MG/3ML (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 AND TREATMENT AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
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

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Drug Name	Special Code	Tier	Category
cefotaxime inj	-	F	CEPHALOSPORINS
CEFOTETAN INJ	-	F	CEPHALOSPORINS
CEFOXITIN INJ	-	F	CEPHALOSPORINS
CEFTAZIDIME INJ	-	F	CEPHALOSPORINS
ceftriaxone inj	-	F	CEPHALOSPORINS
CEFTRIAZONE/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
chromic chloride inj (CHROMIUM CHLORIDE equiv)	-	F	MINERALS & ELECTROLYTES
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
cisplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
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

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
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
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cytarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DANYELZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX FASPRO SOLN (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN	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

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
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	-	EXC	NUTRIENTS
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	ANTIANKXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
DILTIAZEM INJ	-	F	CALCIUM CHANNEL BLOCKERS
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
DOXORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline hyclate inj	-	F	TETRACYCLINES
DURAMORPH INJ 0.5MG/ML	-	EXC	ANALGESICS - OPIOID
DURAMORPH INJ 1MG/ML	-	EXC	ANALGESICS - OPIOID
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DURYSTA IMP (QL= 1 intraocular implant/eye/lifetime)	PA-QL	F	OPHTHALMIC AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
edaravone inj (RADICAVA equiv) (QL= 20 vials/28 days)	PA-QL	F	NEUROMUSCULAR AGENTS
ELAHERE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
electrolyte-a solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR 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.
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENJAYMO SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	EXC	VASOPRESSORS
epinephrine inj	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 4MG/0.8ML (QL= 3 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.

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ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eribulin mesylate inj (HALAVEN INJ equiv)	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
EUFLEXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ	PA	F	ANTIHYPERLIPIDEMICS
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA INJ 10MG/0.5ML (QL= 1 inj/56 days)	PA-QL	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
FIBRYGA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

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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
FOLOTYN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS
foscarnet sodium inj	-	F	ANTIVIRALS
FOSCAVIR INJ	-	NC	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
furosemide inj	-	F	DIURETICS
FYARRO SUSP	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAMASTAN INJ	-	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMIFANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ganciclovir inj	-	F	ANTIVIRALS
GAZYVA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GEMCITABINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	-	EXC	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
HEPZATO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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.

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HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ibandronate sodium inj (BONIVA equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFOSFAMIDE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA SOLN	-	NC	DERMATOLOGICALS
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
IMDELLTRA 1 MG INJ (QL= 1 vial/30 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMDELLTRA 10 MG INJ (QL= 2 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMJUDO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC
INFLIXIMAB INJ (QL= 20 vials/28 days)	PA-QL	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 INJ, ERZOFRI INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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Drug Name	Special Code	Tier	Category
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
IXEMPRA KIT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F	OPHTHALMIC AGENTS
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	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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
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
LACTATED RINGERS INJ	-	NC	MINERALS & ELECTROLYTES
LAMZEDE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANTIDRA INJ	-	EXC	ANTIDIABETICS
LARTRUVO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LENMELDY INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQEMBI SOLN	PA	F	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
levoleucovorin inj (FUSILEV equiv)	--PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOLEUCOVORIN SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
levothyroxine inj	-	F	THYROID AGENTS
LIBTAYO INJ (QL= 1 vial/3 weeks)	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
LOQTORZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lorazepam inj	-	F	ANTI-ANXIETY 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.
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
LUXTURN A SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F	OPHTHALMIC AGENTS
LYFGENIA SUSP	-	EXC	HEMATOPOIETIC AGENTS
MACI MIS	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
MAGNESIUM SU INJ	-	EXC	MINERALS & ELECTROLYTES
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES

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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 (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj (MESNEX equiv)	-	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
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	-	NC	HEMATOPOIETIC AGENTS
MULT ELECTRO INJ PH	-	F	MINERALS & ELECTROLYTES

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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	-	EXC	CALCIUM CHANNEL BLOCKERS
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NICARDIPINE SOLN	-	EXC	CALCIUM CHANNEL BLOCKERS
NICARDIPINE SOLN	-	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.
NOVOSEVEN RT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS
NUCALA INJ (QL= 1 vial/28 days)	PA-QL	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.
NUWIQ KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
octreotide acetate for im inj kit (SANDOSTATIN equiv) (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
OGIVRI INJ (Restricted to Oncology or Hematolog Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OMISIRGE SUS	-	EXC	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/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPFOLDA CAP	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORENCIA INJ	-	NC	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
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
paclitaxel protein-bound inj (ABRAXANE equiv)	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
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
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC	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.
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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) (Restricted to Oncology or Hematology Specialist)	RS	F	HEMATOPOIETIC AGENTS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
POMBILITI SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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 AND TREATMENT AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS
prochlorperazine inj	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QALSODY SOL (QL= 1 vial/28 days)	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.
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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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
RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ROCTAVIAN INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
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	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
RYTELO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SANDOSTATIN KIT LAR	-	EXC	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

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selenious acid inj (SELENIUM equiv)	-	F	MINERALS & ELECTROLYTES
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.
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 : fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
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.
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ	PA-QL	NC	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
STERILE WATER INJ	-	F	PHARMACEUTICAL ADJUVANTS
STRATAGRAFT MIS	-	EXC	DERMATOLOGICALS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
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 inj/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
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
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
TECELRA SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	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

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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
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	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
TREMFYA IV INJ (QL= 1 vial/28 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETEN 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

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Drug Name	Special Code	Tier	Category
TRODELVY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ (QL= 1 vial/4 weeks)	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.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN (QL= 3 vials/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
VEOPOZ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
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

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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
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F	DERMATOLOGICALS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART HYTRULO INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAHA 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 (QL= 2 vials/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (ZOMETA INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln (RECLAST INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYNLONTA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTÉGLO 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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DrugName	Special Code	Tier
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin inj	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
STREPTOMYCIN INJ	-	F
tobramycin inj	-	F
ZEMDRI INJ	-	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
SIMPONI ARIA INJ	PA	F
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	PA	F
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ	-	NC
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ	-	NC
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DURAMORPH INJ 0.5MG/ML	-	EXC
DURAMORPH INJ 1MG/ML	-	EXC
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
MORPHINE SULFATE 10MG/ML PF INJ	-	F
MORPHINE SULFATE INJ	-	F
OPIOID PARTIAL AGONISTS		
BUTORPHANOL INJ	-	F
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ	-	F
TESTOPEL MIS	-	NC
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN IV SOLN	-	F
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide inj	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
ANTIARRHYTHMICS TYPE III		
amiodarone inj	-	F
NEXTERONE INJ/AMIODARONE INJ	-	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	F
FASENRA INJ (QL= 1 inj/56 days)	PA-QL	F
FASENRA INJ 10MG/0.5ML (QL= 1 inj/56 days)	PA-QL	F
NUCALA INJ (QL= 1 vial/28 days)	PA-QL	F
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F
XOLAIR INJ (QL= 2 vials/28 days)	PA-QL	F
SYMPATHOMIMETICS		
terbutaline inj (BRETHINE INJ equiv)	-	F
XANTHINES		
aminophylline inj	-	F
ANTICOAGULANTS		
HEPARINS AND HEPARINOID-LIKE AGENTS		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
heparin sodium inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
heparin sodium/nacl inj	-	F
THROMBIN INHIBITORS		
argatroban inj	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - MISC.		
lacosamide iv inj	-	F
levetiracetam inj	-	F
HYDANTOINS		
fosphenytoin inj	-	F
PHENYTOIN INJ	-	F
VALPROIC ACID		
valproate inj	-	F
ANTIDEPRESSANTS		
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOLN	PA	F
ANTIDIABETICS		
ANTIDIABETIC - CELLULAR THERAPY		
LANTIDRA INJ	-	EXC
ANTIDIABETIC-ANTIBODIES		
TZIELD INJ (QL= 14 vials/month)	PA-QL	F

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

Symbols and abbreviations are defined on page 1.

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

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole/trimethoprim inj	-	F
CARBAPENEMS		
cilastatin/imipenem inj	-	F
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
CHLORAMPHENICOLS		
CHLORAMPHENICOL INJ	-	F
CYCLIC LIPOPEPTIDES		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
GLYCOPEPTIDES		
DALVANCE INJ	-	F
vancomycin inj	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NACL INJ	-	F
LINCOSAMIDES		
CLEOCIN INJ	-	EXC
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
MONOBACTAMS		
aztreonam inj	-	F
OXAZOLIDINONES		
LINEZOLID IV SOLN	-	F
ZYVOX IV SOLN	-	F
POLYMYXINS		
colistimethate inj	-	F
polymyxin b inj	-	F
STREPTOGRAMINS		
SYNERCID INJ	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT INJ	-	F
rifampin inj	-	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALKYLATING AGENTS		
HEPZATO INJ	-	EXC
bendamustine inj	-	F
BENDAMUSTINE SOL	PA	F
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	PA	F
cisplatin inj	-	F
CISPLATIN INJ 50MG/50ML	-	F
cyclophosphamide inj	-	F
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
IFEX INJ	-	F
IFOSFAMIDE INJ	-	F
melphalan inj (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist)	RS	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
ANTIMETABOLITES		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
CYTARABINE INJ	-	F
decitabine inj	PA	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN 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
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC
VIDAZA INJ	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
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
ANTINEOPLASTIC - ANTIBODIES		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
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
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F
ENHERTU INJ	PA	F
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F
EPKINLY INJ 4MG/0.8ML (QL= 3 vials/365 days)	PA-QL	F
GAZYVA INJ	PA	F
IMDELLTRA 1 MG INJ (QL= 1 vial/30 days)	PA-QL	F
IMDELLTRA 10 MG INJ (QL= 2 vials/28 days)	PA-QL	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/3 weeks)	PA-QL	F
LOQTORZI INJ	PA	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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
RUXIENCE INJ	PA	F
RYBREVENT SOLN	PA	F
SARCLISA SOLN	PA	F
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	F
TRUXIMA INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F
CAMPATH INJ	-	NC
DANYELZA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
UNITUXIN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
MARGENZA INJ	PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
OMISIRGE SUS	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
TECELRA SUS	-	EXC
BREYANZI INJ	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ	PA	F
VECTIBIX IV SOLN	PA	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F
FIRMAGON INJ	-	NC
LUPRON DEPOT INJ 22.5MG	-	NC
LUPRON DEPOT INJ 30MG	-	NC
LUPRON DEPOT INJ 45MG	-	NC
LUPRON DEPOT INJ 7.5MG	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
LARTRUVO INJ	-	NC
ANTINEOPLASTIC ANTIBIOTICS		
DOXORUBICIN INJ	-	EXC
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
daunorubicin inj	-	F
doxorubicin hcl inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F
lipodox inj	-	F
mitomycin inj	PA	F
mitoxantron inj	-	F
valrubicin inj (QL= 24 vials/3 months)	PA-QL	F
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO SOLN (QL= 4 vials/28 days)	PA-QL	F
OPDUALAG SOLN (QL= 2 vials/4 weeks)	PA-QL	F
VYXEOS INJ	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
BALEODAQ INJ	PA	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
bortezomib inj	PA	F
FYARRO SUSP	PA	F
KYPROLIS SOLN	PA	F
romidepsin for iv inj	PA	F
ROMIDEPSIN INJ	PA	F
RYTELO INJ	PA	F
temsirolimus soln	-	F
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
ISTODAX (OVERFILL) INJ	-	NC
VELCADE INJ	-	NC
VELCADE INJ, BORTEZOMIB INJ	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	EXC
ASPARLAS INJ	PA	F
ONCASPAS INJ	PA	F
RYLAZE INJ	-	NC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA INJ	-	EXC
LUTATHERA SOLN	-	EXC
PLUVICTO INJ	-	EXC
QUADRAMET INJ	-	EXC
STRONTIUM INJ	-	EXC
XOFIGO INJ	-	EXC
ANTINEOPLASTICS MISC.		
ANKTIVA SOL (QL= 4 vials/28 days)	PA-QL	F
arsenic trioxide inj	PA	F
dacarbazine inj	-	F
ELZONRIS SOLN	PA	F
NIPENT INJ	PA	F
PHOTOFIN INJ	-	F
PROLEUKIN INJ	-	F
SYLATRON KIT	-	F
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ	-	F
KEPIVANCE INJ	PA	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane inj	-	F
KHAPZORY SOLN	PA	F
leucovorin inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
levoleucovorin inj	-	F
levoleucovorin inj (FUSILEV equiv)	--PA	F
mesna inj (MESNEX equiv)	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
LEUCOVORIN INJ	-	F
LEVOLEUCOVORIN INJ	-	F
LEVOLEUCOVORIN SOLN	PA	F
COSELA INJ	-	NC
MITOTIC INHIBITORS		
HALAVEN INJ	-	EXC
ABRAXANE INJ	PA	F
DOCETAXEL INJ	-	F
docetaxel IV soln	-	F
eribulin mesylate inj (HALAVEN INJ equiv)	PA	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F
IXEMPRA KIT INJ	PA	F
JEVTANA INJ	PA	F
paclitaxel inj	-	F
paclitaxel protein-bound inj (ABRAXANE equiv)	PA	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
VINCRISTINE INJ	-	F
vinorelbine inj	-	F
MARQIBO INJ	-	NC
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	-	EXC
TOPOISOMERASE I INHIBITORS		
IRINOTECAN INJ	-	F
ONIVYDE INJ	PA	F
topotecan inj	-	F
TRODELVY SOLN	PA	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA INJ, ERZOFRI INJ	-	F
PHENOTHIAZINES		
PROCHLORPERAZINE INJ	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL=7 inj/year)	QL	F
CABENUVA IM SUSP (QL=1 kit/month)	QL	F
CABENUVA SUSP 600MG-900MG/3ML (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)	QL-RS	F
CMV AGENTS		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
HERPES AGENTS		
acyclovir sodium IV soln	-	F
ASSORTED CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV SOLN	PA	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol inj	-	F
BETA BLOCKERS CARDIO-SELECTIVE		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
BETA BLOCKERS NON-SELECTIVE		
propranolol inj	-	F
SOTALOL INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
NICARDIPINE INJ	-	EXC
NICARDIPINE SOLN	-	EXC
CARDENE INJ	-	F
DILTIAZEM INJ	-	F
nicardipine inj	-	F
NICARDIPINE SOLN	-	F
verapamil inj	-	F
CARDIOTONICS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CARDIOTONICS Cont.		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj	PA	F
treprostinil inj	PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
cefazolin inj	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
CEFOTETAN INJ	-	F
CEFOXITIN INJ	-	F
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
ceftazidime inj	-	F
ceftriaxone inj	-	F
CEFTRIAZONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
CEPHALOSPORINS - 4TH GENERATION		
cefepime inj	-	F
CEFEPIME IV SOLN	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
dexamethasone sodium phosphate inj	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
DERMATOLOGICALS		
ANTIPSORIATICS		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F
ILUMYA SOLN	-	NC
GLABELLAR LINES (FROWN LINES) AGENTS		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
PROTECTIVES AGAINST UV RADIATION		
SCENESSE IMP (QL=1 implant/56 days)	-	EXC
WOUND CARE PRODUCTS		
STRATAGRAFT MIS	-	EXC
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F
DIURETICS		
LOOP DIURETICS		
furosemide inj	-	F
OSMOTIC DIURETICS		
mannitol inj	-	F
OSMITROL INJ	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
EVENITY INJ	PA	F
ibandronate sodium inj (BONIVA equiv)	-	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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BONIVA INJ	-	NC
PAMIDRONATE INJ	-	NC
RECLAST INJ	-	NC
ZOMETA INJ	-	NC
CORTICOTROPIN		
ACTHAR HP GEL INJ	-	NC
CORTROPHIN INJ GEL	-	NC
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ	PA	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F
SUPPRELIN LA KIT	-	NC
METABOLIC MODIFIERS		
ALDURAZYME INJ	PA	F
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F
CRYSVITA INJ	PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	PA	F
ELFABRIO SOL	PA	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
KANUMA INJ	PA	F
LAMZEDE INJ	PA	F
MYOZYME/LUMIZYME INJ	PA	F
NAGLAZYME INJ	PA	F
NEXVIAZYME INJ	PA	F
NULIBRY INJ	PA	F
OPFOLDA CAP	PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
POMBILITI SOLN	PA	F
REVCovi INJ	PA	F
VIMIZIM INJ	PA	F
XENPOZYME SOLN	PA	F
POSTERIOR PITUITARY HORMONES		
desmopressin (DDAVP) inj	PA	F
SOMATOSTATIC AGENTS		
SANDOSTATIN KIT LAR	-	EXC
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 day)	PA-QL	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
octreotide acetate for im inj kit (SANDOSTATIN equiv) (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
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
SOMATULINE INJ	-	NC
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
CIPROFLOXACIN INJ	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ (QL= 20 vials/28 days)	PA-QL	F
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F
INFLIXIMAB INJ (QL= 20 vials/28 days)	PA-QL	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
TREMFYA IV INJ (QL= 1 vial/28 days)	PA-QL	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
RENFLEXIS INJ	-	NC
LIVE FECAL MICROBIOTA		
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F
GENITOURINARY AGENTS - MISCELLANEOUS		
HYPEROXALURIA AGENTS		
OXLUMO INJ	PA	F
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ	PA	F
ANTIHEMOPHILIC PRODUCTS		
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
ALTUVIII INJ	PA	F
BEQVEZ INJ (QL= 1 kit/lifetime)	PA-QL	F

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
VEOPOZ INJ	-	NC
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA KIT	PA	F
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ	PA	F
PLASMA PROTEINS		
ALBUMINAR INJ	-	F
RYPLAZIM SOLN	PA	F
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE INJ	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ	PA	F
ELELYSO INJ	PA	F
VPRIV INJ	PA	F
AGENTS FOR SICKLE CELL DISEASE		
CASGEVY INJ	-	EXC
LYFGENIA SUSP	-	EXC
ADAKVEO INJ	PA	F
FOLIC ACID/FOLATES		
folic acid inj	-	F
HEMATOPOIETIC GENE THERAPY		
ZYNTEGLO INJ	-	EXC
HEMATOPOIETIC GROWTH FACTORS		
NPLATE INJ	PA	F
REBLOZYL INJ	PA	F
MIRCERA INJ	-	NC
IRON		
ferric gluconate IV soln	-	F
ferumoxytol inj	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
MONOFERRIC INJ	-	F
VENOFER INJ	-	F
FERAHEME INJ	-	NC
FERRLECIT INJ	-	NC
STEM CELL MOBILIZERS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
APHEXDA INJ	-	EXC
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
MOZOBIL INJ	-	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
MINERALS & ELECTROLYTES		
BICARBONATES		
sodium bicarbonate inj	-	F
CALCIUM		
calcium gluconate inj	-	F
ELECTROLYTE MIXTURES		
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
electrolyte-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
MULT ELECTRO INJ PH	-	F
NORMOSOL- R/D5W INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
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
LACTATED RINGERS INJ	-	NC
MAGNESIUM		
MAGNESIUM SU INJ	-	EXC
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
POTASSIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
POTASSIUM		
potassium chloride inj	-	F
POTASSIUM CHLORIDE INJ	-	NC
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
chromic chloride inj (CHROMIUM CHLORIDE equiv)	-	F
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
selenious acid inj (SELENIUM equiv)	-	F
SELENIUM INJ	-	F
ZINC		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
ENZYMES		
XIAFLEX INJ	PA	F
IMMUNOMODULATORS		
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F
VYVGART HYTRULO INJ	PA	F
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F
IMMUNOSUPPRESSIVE AGENTS		
AZATHIOPRINE INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
GAMIFANT INJ	PA	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F
LYMPHATIC AGENTS		
SYLVANT INJ	PA	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
UREMIC PRURITUS AGENTS		
KORSUVA INJ	PA	F
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
ARTICULAR CARTILAGE REPAIR THERAPY		
MACI MIS	-	EXC
VISCOSUPPLEMENTS		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL STEROIDS		
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F
NEUROMUSCULAR AGENTS		
ALS AGENTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
edaravone inj (RADICAVA equiv) (QL= 20 vials/28 days)	PA-QL	F
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F
RADICAVA INJ	-	NC
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE INJ	-	EXC
dextrose inj	-	F
LIPIDS		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
OPHTHALMIC AGENTS		
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F
OPHTHALMIC GENE THERAPY		
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
OPHTHALMIC STEROIDS		
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
TRIESENCE INJ (QL=2 inj/fill)	QL	F
XIPERE INJ (QL=2 inj/fill)	QL	F
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F
RETISERT IMPLANT	-	NC
PROSTAGLANDINS - OPHTHALMIC		
DURYSTA IMP (QL= 1 intraocular implant/eye/lifetime)	PA-QL	F
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ASCENIV INJ	PA	F
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMASTAN INJ	-	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
HYPERHEP B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
MONOCLONAL ANTIBODIES		
ZINPLAVA SOLN	PA	F
SYNAGIS INJ	-	NC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PENICILLINS		
AMINOPENICILLINS		
ampicillin inj	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PENICILLIN COMBINATIONS		
ampicillin/sulbactam inj	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
BACTOCILL/DEXTROSE INJ	-	F
NAFCILLIN INJ	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
sterile diluent soln	-	F
sterile water for inj	-	F
STERILE WATER INJ	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
LEQEMBI SOLN	PA	F
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS		
LENMELDY INJ	-	EXC
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F
OCREVUS INJ	PA	F
TYSABRI INJ (QL= 1 vial/4 weeks)	PA-QL	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
LEVOTHYROXINE INJ	-	EXC
levothyroxine inj	-	F
LIOthyRONINE INJ	-	F
ULCER DRUGS		
ANTISPASMODICS		
atropine sulfate iv soln	-	F
H-2 ANTAGONISTS		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
ATROPINE SULFATE INJ	-	NC
PROTON PUMP INHIBITORS		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine inj	-	F
VASOPRESSORS		
EPINEPHRINE INJ	-	EXC
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
VITAMINS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
VITAMINS Cont.		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List
Prior Authorization Drug List
Last Updated* 6/1/2025**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABRAXANE INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADZYNMA KIT	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
ALTUVIIIO INJ	F
AMVUTTRA SOLN	F
ANKTIVA SOL	F
ARALAST NP INJ	F
arsenic trioxide inj	F
ARZERRA INJ	F
ASCENIV 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
BEQVEZ 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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 6/1/2025**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
COLUMVI 2.5MG INJ	F
CRYSVITA INJ	F
DARZALEX FASPRO SOLN	F
DARZALEX SOLN	F
decitabine inj	F
desmopressin (DDAVP) inj	F
DUROLANE	F
DURYSTA IMP	F
DYSPORT	F
edaravone inj	F
ELAHERE INJ	F
ELAPRASE INJ	F
ELELYSO INJ	F
ELEVIDYS KIT	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
ELREXFIO INJ 44MG/1.1ML	F
ELREXFIO INJ 76MG/1.9ML	F
ELZONRIS SOLN	F
ENHERTU INJ	F
ENJAYMO SOLN	F
ENTYVIO INJ	F
EPKINLY INJ 48 MG/0.8ML	F
EPKINLY INJ 4MG/0.8ML	F
epoprostenol inj	F
ERBITUX INJ	F
eribulin mesylate inj	F
ESPEROCT INJ	F
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FASENRA INJ 10MG/0.5ML	F
FEIBA INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 6/1/2025**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
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
HEMGENIX INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMDELLTRA 1 MG INJ	F
IMDELLTRA 10 MG INJ	F
IMFINZI INJ	F
IMJUDO INJ	F
INFLIXIMAB INJ	F
IXEMPRA KIT INJ	F
IZERVAY SOLN	F
JELMYTO INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KANUMA INJ	F
KEPIVANCE INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KHAPZORY SOLN	F
KIMMTRAK SOLN	F
KORSUVA INJ	F
KRYSTEXXA INJ	F

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**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 6/1/2025**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
KYPROLIS SOLN	F
LAMZEDE INJ	F
lanreotide acetate extended release inj	F
LEMTRADA INJ	F
LEQEMBI SOLN	F
levoleucovorin inj	F
LEVOLEUCOVORIN SOLN	F
LIBTAYO INJ	F
LOQTORZI INJ	F
LUNSUMIO INJ	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ 11.25 MG	F
LUPRON DEPOT INJ 3.75 MG	F
LUXTURN A SUSP	F
MARGENZA INJ	F
mitomycin inj	F
MONJUVI INJ	F
MYLOTARG INJ	F
MYOZYME/LUMIZYME INJ	F
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
octreotide acetate for im inj kit	F
ONCASPAR INJ	F
ONIVYDE INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
OPDUALAG SOLN	F
OPFOLDA CAP	F
OXLUMO INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 6/1/2025**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
paclitaxel protein-bound inj	F
PADCEV INJ	F
PANZYGA INJ	F
pemetrexed disodium for iv soln	F
PERJETA INJ	F
POLIVY INJ	F
POMBILITI SOLN	F
POTELIGEO INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
QALSODY SOL	F
REBLOZYL INJ	F
REBYOTA SUSP FECAL	F
REVCovi INJ	F
ROCTAVIAN INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
RYSTIGGO INJ	F
RYTELO INJ	F
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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 6/1/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
SYFOVRE INJ	F
SYLVANT 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
TREMFYA IV INJ	F
treprostinil inj	F
TRIPTODUR SUSP	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
TZIELD INJ	F
ULTOMIRIS INJ	F
UPLIZNA SOLN	F
valrubicin inj	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VONVENDI INJ	F
VPRIV INJ	F
VYJUVEK GEL	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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 6/1/2025**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
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* 6/1/2025****Quantity Limit (QL)**

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

<u>Quantity Limit (QL) Medications</u>	
Drug Name	Quantity Limit
AMVUTTRA SOLN	QL=1 syringe/90 days
ANKTIVA SOL	QL= 4 vials/28 days
APRETUDE SUSP	QL=7 inj/year
AVSOLA INJ	QL= 20 vials/28 days
BEOVU INJ	QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days
BEQVEZ INJ	QL= 1 kit/lifetime
BRINEURA KIT	QL=4 kits/28 days
BRIUMVI INJ	QL= 7 vials/48 weeks
BYOOVIZ INJ	QL= 1 inj/eye/28 days
CABENUVA IM SUSP	QL=1 kit/month
CABENUVA SUSP 600MG-900MG/3ML	QL=1 kit/month
CIMERLI INJ	QL= 1 inj/eye/28 days
CINQAIR INJ	QL= 6 vials/28 days
COLUMVI 10/10ML INJ	QL= 3 vials/21 days
COLUMVI 2.5MG INJ	QL= 1 vial/21 days
DARZALEX FASPRO SOLN	QL= 4 vials/28 days
DURYSTA IMP	QL= 1 intraocular implant/eye/lifetime
edaravone inj	QL= 20 vials/28 days
ELEVIDYS KIT	QL= 1 kit/lifetime
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
ELREXFIO INJ 44MG/1.1ML	QL= 2 vials/365 days
ELREXFIO INJ 76MG/1.9ML	QL= 4 vials/28 days
ENTYVIO INJ	QL= 1 vial/56 days
EPKINLY INJ 48 MG/0.8ML	QL= 4 vials/28 days
EPKINLY INJ 4MG/0.8ML	QL= 3 vials/365 days
FASENRA INJ	QL= 1 inj/56 days
FASENRA INJ 10MG/0.5ML	QL= 1 inj/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
IMDELLTRA 1 MG INJ	QL= 1 vial/30 days
IMDELLTRA 10 MG INJ	QL= 2 vials/28 days
INFLIXIMAB INJ	QL= 20 vials/28 days

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Last Updated* 6/1/2025

Quantity Limit (QL)

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

Quantity Limit (QL) Medications	
Drug Name	Quantity Limit
IZERVAY SOLN	QL= 2 vials/28 days
JELMYTO INJ	QL= 17 kits/425 days
KRYSTEXXA INJ	QL= 2 mL/28 days
Ilanreotide acetate extended release inj	QL= 1 syringe/28 days
LEMTADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/3 weeks
LUPRON DEPO-PED INJ	QL= 1 kit/28 days
LUPRON DEPOT INJ 11.25 MG	QL= 1 kit/84 days
LUPRON DEPOT INJ 3.75 MG	QL= 1 kit/28 days
LUXTURNA SUSP	QL=1 kit per eye, per lifetime
NUCALA INJ	QL= 1 vial/28 days
octreotide acetate for im inj kit	QL=1 kit every 4 weeks
OPDUALAG SOLN	QL= 2 vials/4 weeks
OZURDEX IMPLANT	QL=2 inj/180 days
PERJETA INJ	QL= 42 mL/63 days
PROLIA SOLN	QL= 1 inj/6 months
QALSODY SOL	QL= 1 vial/28 days
REBYOTA SUSP FECAL	QL= 150 mL/lifetime
ROCTAVIAN INJ	QL= 1 kit/lifetime
RYSTIGGO INJ	QL= 36 ml/63 days
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 days
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 inj/eye/168 days
SYFOVRE INJ	QL= 2 vials/25 days
TECENTRIQ INJ 1200MG/20ML	QL= 1 vial/3 weeks
TECENTRIQ INJ 840MG/14ML	QL= 2 vials/4 weeks
TEZSPIRE SOLN	QL=1 inj/28 days
THYROGEN INJ	QL= 2 vials/lifetime
TIVDAK INJ	QL= 5 vials/21 days
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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.**Last Updated* 6/1/2025****Quantity Limit (QL)**

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

<u>Quantity Limit (QL) Medications</u>	
Drug Name	Quantity Limit
TREMFYA IV INJ	QL= 1 vial/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= 1 vial/4 weeks
TZIELD INJ	QL= 14 vials/month
UPLIZNA SOLN	QL= 3 vials/6 months
valrubicin inj	QL= 24 vials/3 months
VYJUVEK GEL	QL= 4 vials/28 days
VYVGART INJ	QL= 12 vials/28 days; 8 fills/year
XIPERE INJ	QL=2 inj/fill
XOLAIR INJ	QL= 2 vials/28 days
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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