



L.A. Care
CoveredTM Direct

L.A. Care Health Plan

*L.A. Care CoveredTM Direct Formulary
2023*

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 All previous versions of the formulary are no longer in effect.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

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



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

INTRODUCTION

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Foreword

The L.A. Care Covered & L.A. Care Covered Direct formulary is a preferred list of covered drugs, approved by the L.A. Care Health Plan Pharmacy Quality Oversight Committee. This formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated on a monthly basis and is effective the first of every month. These updates may include, and are not limited to, the following: (i) Removal of drugs and/or dosage forms. (ii) changes in tier placement of a drug that results in an increase in cost sharing (iii) any changes of utilization management restrictions, including any additions of these restrictions. Updated documents are available online at: <http://www.lacare.org>.

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

How to Use the Formulary

The formulary drug listing begins on Page 9. A prescription drug may be located by looking up the therapeutic category and class of the drug or the brand or generic name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. Drugs available in generic formulations are listed by their generic names and it's most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

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

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

Generic and Brand Name Medications

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

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 6.

How Drugs Are Listed

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

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

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

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

Example: ANTICOAGULANTS
HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
<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, 18000UNT/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), LMS (Mandatory Lumicera Specialty Pharmacy), or KMS (Mandatory Kroger Specialty Pharmacy). You may refer to the formulary by visiting L.A. Care's website lacare.org for information on whether a medication must be filled at a specialty pharmacy.

Description of Coverage

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

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

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

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

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

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

How Much I Will Pay for My Drugs

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

Below is a description for each tier:

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

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

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

Restrictions on Medication Coverage

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

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

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

Medication Request Process

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

Formulary Agents

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

Non-Formulary Agents

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

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

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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

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

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss		
<i>amphetamine/dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 5MG (ADDERALL XR Equiv)</i>	1	-
<i>amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG (ADDERALL Equiv)</i>	1	-
DEXEDRINE CAP 10MG, 15MG, 5MG (<i>dextroamphetamine sulfate</i>)	3	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG (DEXEDRINE Equiv)</i>	1	-
<i>dextroamphetamine soln 5MG/5ML (PROCENTRA Equiv)</i>	1	-
<i>dextroamphetamine tab 10MG, 15MG, 20MG, 30MG, 5MG (DEXEDRINE Equiv)</i>	1	-
VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG (<i>lisdexamfetamine dimesylate</i>)	2	-
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (<i>lisdexamfetamine dimesylate</i>)	2	-
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

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

1

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>phentermine cap 15MG, 30MG, 37.5MG (ADIPEX Equiv)</i>	1	PA-QL QL= 1 cap/day	
<i>phentermine tab 37.5MG (ADIPEX Equiv)</i>	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>)	2	PA-QL QL= 4 tabs/day	
IMCIVREE INJ 10MG/ML (<i>setmelanotide acetate</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479	
SAXENDA INJ 18MG/3ML (<i>liraglutide (weight management)</i>)	2	PA-QL QL= 5 pens/30 days	
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML (<i>semaglutide (weight management)</i>)	2	PA-QL QL= 4 pens/28 days	
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML (<i>semaglutide (weight management)</i>)	2	PA-QL QL= 4 pens/28 days	
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML (<i>semaglutide (weight management)</i>)	2	PA-QL QL= 4 pens/28 days	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders			

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

2

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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG (STRATTERA Equiv)</i>	1	-
<i>clonidine ER tab .1MG (KAPVAY Equiv)</i>	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG (INTUNIV Equiv)</i>	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG (<i>guanfacine hcl (adhd)</i>)	3	-
KAPVAY TAB .1MG (<i>clonidine hcl (adhd)</i>)	3	-
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		
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 (NUVIGIL Equiv)</i>	1	QL QL= 1 tab/day
<i>dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)</i>	1	-
<i>dextroamphetamine tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)</i>	1	-

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3

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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FOCALIN TAB 10MG, 2.5MG, 5MG <i>(dexmethylphenidate hcl)</i>	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG <i>(dexmethylphenidate hcl)</i>	3	-
METHYLIN SOLN 10MG/5ML, 5MG/5ML <i>(methylphenidate hcl)</i>	2	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	1	-
<i>methylphenidate chew tab 10MG, 2.5MG, 5MG</i> (METHYLIN Equiv)	1	-
<i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv)	1	-
METHYLPHENIDATE ER TAB 18MG <i>(methylphenidate hcl)</i>	2	-
<i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i>	1	-
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	1	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	1	-
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	1	QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG <i>(armodafinil)</i>	3	QL QL= 1 tab/day

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

4

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROVIGIL TAB 100MG, 200MG (<i>modafinil</i>)	3	QL QL= 2 tabs/day
RITALIN LA CAP 10MG, 20MG, 30MG, 40MG (<i>methylphenidate hcl</i>)	3	-
RITALIN TAB 10MG, 20MG, 5MG (<i>methylphenidate hcl</i>)	3	-
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	-
<i>paromomycin cap 250MG</i> (HUMATIN Equiv)	1	-
TOBI PODHALER 28MG (<i>tobramycin</i>)	4	LD-PA Only available through Walgreens 888-347-3416
<i>tobramycin neb soln 300MG/4ML, 300MG/5ML</i> (TOBI Equiv)	4	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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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 (antirheumatic)</i>)	3	-
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
AMJEVITA AUTO-INJECTOR (1 PEN PACK) 40MG/0.8ML (<i>adalimumab-atto</i>)	4	LMSP-PA-QL QL= 2 pens/28 days
AMJEVITA AUTO-INJECTOR (2 PEN PACK) 40MG/0.8ML (<i>adalimumab-atto</i>)	4	LMSP-PA-QL QL= 2 pens/28 days
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 80MG 80MG/0.8ML (<i>adalimumab</i>)	4	PA-QL-SP QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year

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HUMIRA INJ PEDIATRIC CROHNS STARTER PACK <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	4	LMSP-PA-QL QL= 2 pens/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML <i>(golimumab)</i>	4	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML <i>(golimumab)</i>	4	LMSP-PA-QL QL=1 inj/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG <i>(auranofin)</i>	2	-
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		
ACTEMRA ACTPEN INJ 162MG/0.9ML <i>(tocilizumab)</i>	4	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML <i>(tocilizumab)</i>	4	LMSP-PA-QL QL= 2 inj/28 days

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KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML <i>(sarilumab)</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> (CATALFAM Equiv)	1	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	1	-
<i>diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG</i> (ARTHROTEC Equiv)	1	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-
<i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv)	1	-
<i>etodolac tab 400MG, 500MG</i>	1	-
FELDENE CAP 10MG, 20MG <i>(piroxicam)</i>	3	-
FLURBIPROFEN TAB 50MG (ANSAID Equiv) <i>(flurbiprofен)</i>	1	-

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<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 400MG, 600MG</i>	1	Rx covered Only
<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
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
<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	-

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<i>piroxicam cap 10MG, 20MG (FELDENE Equiv)</i>	1	-
<i>sulindac tab 150MG, 200MG (CLINORIL Equiv)</i>	1	-
TOLMETIN TAB 200MG, 600MG (<i>tolmetin sodium</i>)	3	-
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 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 (ARAVA Equiv)</i>	1	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
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

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ENBREL INJ 50MG 50MG/ML (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML (<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 females (no age restriction)
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for females (no age restriction)
<i>salsalate tab 500MG, 750MG (DISALCID Equiv)</i>	1	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
ABSTRAL SL TAB 100MCG, 200MCG, 300MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 units/30 days
CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>)	1	QL QL= 240 tabs/30 days

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		QL	QL= 180 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
DOLOPHINE TAB 10MG, 5MG (<i>methadone hcl</i>)	3	QL	QL= 120 tabs/30 days
DURAGESIC PATCH 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (<i>fentanyl</i>)	3	QL	QL= 10 patches/30 days
<i>fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (ACTIQ Equiv)</i>	1	PA-QL	QL= 120 lozenges/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (DURAGESIC Equiv)</i>	1	QL	QL= 10 patches/30 days

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FENTORA TAB, FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 tabs/30 days
<i>hydromorphone tab 2mg 2MG (DILAUDID Equiv)</i>	1	QL QL= 240 tabs/30 days
<i>hydromorphone tab 4mg 4MG (DILAUDID Equiv)</i>	1	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG (DILAUDID Equiv)</i>	1	QL QL=120 tabs/30 days
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT (<i>fentanyl citrate</i>)	3	PA-QL QL= 15 bottles/30 days
<i>methadone conc 10MG/ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 10MG/5ML 10MG/5ML (<i>methadone hcl</i>)	1	QL QL=600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 5MG/5ML 5MG/5ML (<i>methadone hcl</i>)	1	QL QL= 1200ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	1	QL QL= 1200ml/30 days
<i>methadone tab 5MG (DOLOPHINE Equiv)</i>	1	QL QL=120 tabs/30 days

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<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days	
METHADOSE CONC 10MG/ML, 5MG/0.5ML (methadone hcl)	3	QL QL=600ml/30 days	
MORPHINE SULFATE ER BEAD CAP 120MG, 30MG, 45MG, 60MG, 75MG, 90MG (morphine sulfate beads)	3	QL QL= 2 caps/day	
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days	
MORPHINE SULFATE SOLN 20MG/5ML (morphine sulfate)	1	QL QL=120ml/30 days	
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i>	1	QL QL=120ml/30 days	
MORPHINE SULFATE TAB (morphine sulfate)	1	QL QL=180 tabs/30 days	
MORPHINE SULFATE TAB 15MG, 30MG (morphine sulfate)	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 (tapentadol hcl)	3	QL QL= 180 tabs/30 days	
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days	

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		QL	QL=120 tabs/30 days
oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG (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
tramadol ER tab 100MG, 200MG, 300MG (ULTRAM ER Equiv)	1	QL	QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG (<i>tramadol hcl</i>)	1	QL	QL= 30 tabs/30 days
tramadol tab 50MG (ULTRAM Equiv)	1	QL	QL= 240 tabs/30 days
ULTRAM TAB 50MG (<i>tramadol hcl</i>)	3	QL	QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (<i>oxycodone</i>)	2	PA-QL	QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain			
acetaminophen/codeine soln 12MG/5ML-120MG/5ML	1	QL	QL=240ml/30 days
acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG (TYLENOL/CODEINE Equiv)	1	QL	QL=180 tabs/30 days

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

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

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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>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)</i>	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML (HYCET Equiv)</i>	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG (LORTAB Equiv)</i>	1	QL QL=120 tabs/30 days
<i>hydrocodone/acetaminophen tab 2.5-325mg (NORCO Equiv)</i>	1	QL QL=120 tabs/30 days
LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG (<i>hydrocodone-acetaminophen</i>)	3	QL QL=120 tabs/30 days
LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML (<i>hydrocodone-acetaminophen</i>)	3	QL QL=1800ml/30 days
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCO CET Equiv)</i>	1	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG (<i>oxycodone-aspirin</i>)	1	QL QL= 120 tabs/30 days
PERCO CET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (<i>oxycodone w/ acetaminophen</i>)	3	QL QL=120 tabs/30 days

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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<i>tramadol/acetaminophen tab 37.5MG-325MG (ULTRACET Equiv)</i>	1	QL QL= 240 tabs/30 days
<i>TYLENOL/CODEINE TAB 30MG-300MG, 60MG-300MG (<i>acetaminophen w/ codeine</i>)</i>	3	QL QL=180 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR (BUTRANS Equiv)</i>	1	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG (SUBUTEX Equiv)</i>	1	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (SUBOXONE Equiv)</i>	1	-
<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
<i>BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR (buprenorphine)</i>	3	QL QL= 4 patches/28 days
<i>SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)</i>	3	-
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANABOLIC STEROIDS - Drugs used to gain weight		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANADROL TAB 50MG (<i>oxymetholone</i>)	3	-
OXANDRIN TAB (<i>oxandrolone</i>)	3	-
OXANDROLONE TAB 10MG, 2.5MG (<i>oxandrolone</i>)	1	-
<i>oxandrolone tab 10MG, 2.5MG</i>	1	-
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
ANDROGEL PUMP 1% (<i>testosterone</i>)	3	PA-QL QL= 4 bottles/30 days
ANDROGEL PUMP 1.62% 1.62% (<i>testosterone</i>)	3	PA-QL QL= 2 bottles/30 days
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	1	-
METHITEST TAB 10MG (<i>methyltestosterone</i>)	3	PA
<i>methyltestosterone cap 10MG</i>	1	PA

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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>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	1	-	
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML (<i>testosterone enanthate</i>)	2	QL QL= 5ml/fill	
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM (<i>testosterone</i>)	2	PA-QL QL= 1 packet/day	
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day	
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day	
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days	
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day	
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day	
TESTOSTERONE GEL PUMP 1% (<i>testosterone</i>)	2	PA-QL QL= 4 bottles/30 days	
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days	
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days	
ANORECTAL AGENTS - Drugs to treat problems related to the rectum			
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions			

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

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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% (ANAMANTLE Equiv)</i>	1	-
<i>pramoxine/hydrocortisone cream 1%, 1%-2.5% (ANALPRAM-HC Equiv)</i>	1	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
ANUSOL-HC CREAM 1%, 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 (UCERIS RECTAL FOAM Equiv)</i>	1	PA
UCERIS RECTAL FOAM 2MG/ACT (<i>budesonide (intrarectal)</i>)	3	PA
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
<i>albendazole tab 200MG (ALBENZA Equiv)</i>	1	-
ALBENZA TAB 200MG (<i>albendazole</i>)	3	-

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

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BENZNIDAZOLE TAB 100MG, 12.5MG <i>(benznidazole)</i>	2	RS Restricted to Infectious Disease Specialist
BILTRICIDE TAB 600MG (<i>praziquantel</i>)	3	-
EMVERM TAB 100MG (<i>mebendazole</i>)	2	PA
<i>ivermectin tab 3MG</i> (STROMECTOL Equiv)	1	PA
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMECTOL TAB 3MG (<i>ivermectin</i>)	3	PA
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		
DILATRATE SR CAP 40MG (<i>isosorbide dinitrate</i>)	3	-
ISORDIL TITRADOSE TAB 40MG, 5MG (<i>isosorbide dinitrate</i>)	3	-
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide dinitrate tab 40mg 40MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG (MONOKET Equiv) (<i>isosorbide mononitrate</i>)	1	-

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

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<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	-
ANTIANXIETY AGENTS - Drugs to treat anxiety		
ANTIANXIETY 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	-

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

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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	
<i>diazepam tab 5mg 5MG</i> (VALILUM Equiv)	1	QL QL= 3 tabs/day	
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	1	-	
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-	
VALIUM TAB 2MG, 10MG 10MG, 2MG <i>(diazepam)</i>	3	QL QL= 4 tabs/day	

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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</i> <i>phosphate</i>)	3	-
<i>quinidine gluconate CR tab 324MG</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	-
<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	-

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<i>dofetilide cap 125MCG, 250MCG, 500MCG (TIKOSYN Equiv)</i>	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 40MG/0.4ML (<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		
<i>cromolyn neb soln 20MG/2ML (INTAL Equiv)</i>	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% (ATROVENT Equiv)</i>	1	-

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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	-	
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	-	
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	-	

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26

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	2	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i>	1	-
FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	-
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT (<i>fluticasone propionate hfa</i>)	2	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML (<i>budesonide (inhalation)</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
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
ADVAIR DISKUS INHALER 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT (<i>fluticasone-salmeterol</i>)	2	-
<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	1	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML,</i> 1.25MG/3ML	1	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML, 2.5MG/0.5ML (<i>albuterol sulfate</i>)	1	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	1	-
<i>albuterol/ipratropium neb soln</i> .5MG/3ML-2.5MG/3ML (DUONEB Equiv)	1	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH (<i>umeclidinium-vilanterol</i>)	2	-
<i>arformoterol tartrate neb soln 15MCG/2ML</i> (BROVANA Equiv)	1	-

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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
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	2	-
BROVANA NEB SOLN 15MCG/2ML (<i>arformoterol tartrate</i>)	3	-
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	-
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT (<i>fluticasone-salmeterol formoterol fumarate neb soln 20MCG/2ML</i>) (PERFOROMIST Equiv)	1	-
	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	
LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT (<i>levabuterol tartrate</i>)	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA	
<i>levabuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	1	-	
METAPROTERENOL SYRUP 10MG/5ML (<i>metaproterenol sulfate</i>)	1	-	
PERFOROMIST NEB SOLN 20MCG/2ML (<i>formoterol fumarate</i>)	3	-	
SEREVENT DISKUS INHALER 50MCG/DOSE (<i>salmeterol xinafoate</i>)	2	-	
STIOLTO INHALER 2.5MCG/ACT (<i>tiotropium bromide-olodaterol hcl</i>)	3	-	
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT (<i>olodaterol hcl</i>)	3	QL QL= 1 inhaler/30 days	
SYMBICORT INHALER 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	-	
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE 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
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 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 80MG/15ML (<i>theophylline</i>)	2	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG (<i>theophylline</i>)	3	-
<i>theophylline ER tab 400MG, 600MG (UNIPHYL Equiv)</i>	1	-
<i>theophylline soln 80MG/15ML</i>	1	-
<i>theophylline tab er 100MG, 200MG, 300MG, 450MG (THEOPHYLLINE ER Equiv)</i>	1	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
COUMADIN TAB 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (<i>warfarin sodium</i>)	3	-
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (COUMADIN Equiv)</i>	1	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger 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
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG <i>(apixaban)</i>	2	-
XARELTO STARTER PACK <i>(rivaroxaban)</i>	2	-
XARELTO SUSP 1MG/ML <i>(rivaroxaban)</i>	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG <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 300MG/3ML</i> (LOVENOX Equiv)	1	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	1	PA
FRAGMIN INJ 10000UNIT/4ML, 95000UNIT/3.8ML <i>(dalteparin sodium)</i>	3	-
<i>heparin porcine inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML</i>	M	M
LOVENOX INJ 300MG/3ML <i>(enoxaparin sodium)</i>	3	-
THROMBIN INHIBITORS - Drugs to thin the blood		
<i>dabigatran etexilate mesylate cap 150MG, 75MG</i> (PRADAXA Equiv)	1	-
PRADAXA CAP 110MG 110MG <i>(dabigatran etexilate mesylate)</i>	3	-
PRADAXA CAP 75MG, 150MG 150MG, 75MG <i>(dabigatran etexilate mesylate)</i>	3	-

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

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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	
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	
EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>)	4	LD-PA Only available through Luminera 855-847-3553	
EPRONTIA SOLN 25MG/ML (<i>topiramate</i>)	3	PA Members age 9 or older require Prior Authorization	

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

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

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

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LAMICTAL ODT KIT, LAMICTAL XR KIT <i>(lamotrigine)</i>	3	-	
LAMICTAL STARTER KIT 25MG <i>(lamotrigine)</i>	3	-	
LAMICTAL TAB 100MG, 150MG, 200MG, 25MG <i>(lamotrigine)</i>	3	-	
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG <i>(lamotrigine)</i>	3	-	
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-	
<i>lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG</i> (LAMICTAL XR Equiv)	1	-	
<i>lamotrigine ODT 100MG, 200MG, 25MG, 50MG</i> (LAMICTAL Equiv)	1	-	
<i>lamotrigine ODT kit 25MG</i> (LAMICTAL ODT KIT Equiv)	1	-	
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-	
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-	
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	1	-	
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-	
MYSOLINE TAB 250MG, 50MG <i>(primidone)</i>	3	-	

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

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NEURONTIN CAP 100MG, 300MG, 400MG <i>(gabapentin)</i>	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML <i>(gabapentin)</i>	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG <i>(gabapentin)</i>	3	QL QL= 6 tabs/day
NEURONTIN TAB 800MG 800MG <i>(gabapentin)</i>	3	QL QL= 4.5 tabs/day
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	1	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG,</i> <i>50MG, 75MG</i> (LYRICA Equiv)	1	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	1	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-
<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	1	PA
<i>rufinamide tab 200MG, 400MG</i> (BANZEL Equiv)	1	PA
TEGRETOL SUSP 100MG/5ML <i>(carbamazepine)</i>	3	-

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37

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

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

CARBAMATES - Drugs to treat seizures

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38

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

Last Updated 9/1/2023

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

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39

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

Last Updated 9/1/2023

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

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

Last Updated 9/1/2023

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

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

Last Updated 9/1/2023

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

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
PARNATE TAB 10MG (<i>tranylcypromine sulfate</i>)	3	-	
PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>)	1	-	
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-	
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	1	-	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression			
CELEXA TAB 10MG, 20MG, 40MG (<i>citalopram hydrobromide</i>)	3	-	
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	1	-	
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	1	-	
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	1	-	
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	1	-	
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	1	-	
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	1	-	
FLUOXETINE TAB 60MG 60MG (<i>fluoxetine hcl</i>)	3	-	
<i>fluoxetine tab 60mg 60MG</i>	1	-	
<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine	
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	1	-	

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

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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
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	-
<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 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (ELAVIL Equiv)	1	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG (<i>amoxapine</i>)	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG (<i>clomipramine hcl</i>)	3	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	1	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>desipramine tab</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	-	
<i>nortriptyline oral soln</i> (NORTRIPTYLINE Equiv)	1	-	
NORTRIPTYLINE SOLN 10MG/5ML (<i>nortriptyline hcl</i>)	2	-	
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 10MG, 25MG, 50MG (<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			

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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
acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)	1	-
GLYSET TAB 100MG, 25MG, 50MG (<i>miglitol</i>)	3	-
MIGLITOL TAB 100MG, 25MG, 50MG (<i>miglitol</i>)	3	-
miglitol tab 100MG, 25MG, 50MG (MIGLITOL Equiv)	1	-
PRECOSE TAB 100MG, 25MG, 50MG (<i>acarbose</i>)	3	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		
ACTOPLUS MET XR TAB (<i>pioglitazone hcl-metformin hcl</i>)	3	-
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG (<i>alogliptin-metformin hcl</i>)	2	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-45MG (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (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-metformin hcl</i>)	2	QL QL= 2 tabs/day

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

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JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG <i>(sitagliptin-metformin hcl)</i>	2	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG, 5MG-1000MG <i>(dapagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-1000MG, 10MG-500MG, 5MG-500MG <i>(dapagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
GLUCOPHAGE TAB 500MG <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	-

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48

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

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

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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>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	1	-
RIOMET ER SUSP 500MG/5ML (<i>metformin hcl</i>)	3	-
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</i> (rdna))	2	QL QL= 2 inj/fill
<i>glucagon (rdna) for inj kit 1MG</i> (GLUCAGON Equiv)	1	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>)	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>)	2	QL QL= 2 inj/fill
GVOKE INJ 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 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill

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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
KORLYM TAB 300MG (<i>mifepristone</i> <i>(hyperglycemia)</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
PROGLYCEM SUSP 50MG/ML (<i>diazoxide</i>)	3	-
ZEGALOGUE INJ .6MG/0.6ML (<i>dasiglucagon hcl</i>)	2	QL QL= 2 inj/fill
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</i> (<i>diabetes</i>))	3	-
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar		
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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

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BYDUREON INJ (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 10MCG/0.04ML (<i>exenatide</i>)	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
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)
OZEMPIK INJ 2MG/1.5ML, 4MG/3ML, 5.5MG/ML-8MG/3ML-14MG/ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>)	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		

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

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ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML, 200UNIT/ML (<i>insulin lispro</i>)	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART	
FIASP FLEXTOUCH INJ 100UNIT/ML (<i>insulin aspart (with niacinamide)</i>)	2	-	
FIASP INJ 100UNIT/ML (<i>insulin aspart (with niacinamide)</i>)	2	-	
FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML (<i>insulin aspart (with niacinamide)</i>)	2	-	
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ 50UNIT/ML (<i>insulin lispro protamine & lispro (human)</i>)	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART	
HUMULIN MIX INJ (<i>insulin isophane & reg (human)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN	
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN	
HUMULIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN	
HUMULIN N PEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN	

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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	
HUMULIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN	
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 ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	2	-	
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	2	-	
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>)	2	-	
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>)	2	-	
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	2	-	
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC	
NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC	

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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	
NOVOLIN N FLEXPEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC	
NOVOLIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC	
NOVOLIN R FLEXPEN INJ 100UNIT/ML (<i>insulin regular (human)</i>)	2	OTC	
NOVOLIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	2	OTC	
NOVOLOG FLEXPEN INJ 100UNIT/ML (<i>insulin aspart</i>)	2	-	
NOVOLOG INJ 100UNIT/ML (<i>insulin aspart</i>)	2	-	
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin aspart protamine & aspart (human)</i>)	2	-	
NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML (<i>insulin aspart protamine & aspart (human)</i>)	2	-	
NOVOLOG PENFILL INJ 100UNIT/ML (<i>insulin aspart</i>)	2	-	
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML (<i>insulin glargine-yfgn</i>)	2	-	
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML (<i>insulin glargine-yfgn</i>)	2	-	
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar			
ACTOS TAB 15MG, 30MG, 45MG (<i>pioglitazone hcl</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
AVANDIA TAB 2MG, 4MG (<i>rosiglitazone maleate</i>) <i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	2 1	- -
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	1	-
PRANDIN TAB 1MG, 2MG (<i>repaglinide</i>) <i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	3 1	- -
STARLIX TAB 120MG, 60MG (<i>nateglinide</i>)	3	-
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>) <i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	3 1	- -
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv) <i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG (<i>glipizide</i>) GLUCOTROL XL TAB 10MG, 2.5MG, 5MG (<i>glipizide</i>)	3 3	- -
<i>glyburide micronized tab 1.5MG, 3MG, 6MG</i> (GLYNASE Equiv)	1	-

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

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glyburide tab 1.25MG, 2.5MG, 5MG (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	3	-
TOLAZAMIDE TAB (<i>tolazamide</i>)	1	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	2	-
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	-
FERRIPROX SOLN 100MG/ML (<i>deferiprone</i>)	4	LD-PA Only available through Ferriprox Total Care 866-758-7071

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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
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	1	-
<i>naltrexone tab 50MG (REVIA Equiv)</i>	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 (JADENU Equiv)</i>	4	LMSP
<i>deferasirox tab 125MG, 250MG, 500MG (EXJADE Equiv)</i>	4	LMSP
<i>deferasirox tab 180mg 180MG (JADENU Equiv)</i>	4	LMSP
<i>deferasirox tab 90mg, 360mg 360MG, 90MG (JADENU Equiv)</i>	4	LMSP
<i>deferiprone tab 1000MG, 500MG (FERRIPROX Equiv)</i>	4	LD-PA Only available through Lumicera 855-847-3553
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>)</i>	2	-
<i>naloxone hcl nasal spray 4MG/0.1ML (NARCAN Equiv)</i>	1	-
<i>NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)</i>	\$0	-
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	-
<i>NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)</i>	3	-

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

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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 100MG, 50MG (<i>dolasetron mesylate</i>)	4	QL QL= 9 tabs/fill
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	1	QL QL= 9 tabs/fill
GRANISOL SOLN (<i>granisetron hcl</i>)	4	QL QL= 60ml/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv)	1	-
ONDANSETRON TAB 24MG (ZOFRAN Equiv) (<i>ondansetron hcl</i>)	1	-
<i>ondansetron tab 24MG, 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
SANCUSO PATCH 3.1MG/24HR (<i>granisetron</i>)	4	QL QL= 4 patchs/fill
ZOFRAN ODT (<i>ondansetron</i>)	3	-
ZOFRAN SOLN (<i>ondansetron hcl</i>)	3	-
ZOFRAN TAB 4MG, 8MG (<i>ondansetron hcl</i>)	3	-
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	-

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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
TIGAN CAP 300MG (<i>trimethobenzamide hcl</i>)	3	-
TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS (<i>scopolamine</i>)	3	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	1	-
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 1MG (<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
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		

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 250MG (<i>terbinafine hcl</i>)	3	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
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	-
<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>ketonazole tab 200MG</i> (NIZORAL Equiv)	1	-
NOXAFL PAK 300MG (<i>posaconazole</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
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	-
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
CARBINOXAMINE SOLN 4MG/5ML (<i>carbinoxamine maleate</i>)	1	-
<i>carbinoxamine tab 4MG</i> (PALGIC Equiv)	1	-
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	M	-
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
<i>promethazine supp</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	1	-
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		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	2	PA-QL QL= 1 tab/day
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		
NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>)	2	PA-QL QL= 1 tab/day
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-375MG-465MG</i> (LOVAZA 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
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<i>cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)</i>	1	-
<i>cholestyramine lite powder pack 4GM (QUESTRAN LITE Equiv)</i>	1	-
<i>cholestyramine powder 4GM/DOSE (QUESTRAN Equiv)</i>	1	-
<i>cholestyramine powder pack 4GM (QUESTRAN Equiv)</i>	1	-
<i>colesevelam pack 3.75GM (WELCHOL Equiv)</i>	1	-
<i>colesevelam tab 625MG (WELCHOL Equiv)</i>	1	-
<i>COLESTID GRANULE 5GM (<i>colestipol hcl</i>)</i>	3	-
<i>COLESTID POWDER PACK 5GM, 5GM/7.5GM (<i>colestipol hcl</i>)</i>	3	-
<i>COLESTID TAB 1GM (<i>colestipol hcl</i>)</i>	3	-
<i>colestipol granule 5GM (COLESTID Equiv)</i>	1	-
<i>colestipol powder packet 5GM (COLESTID Equiv)</i>	1	-
<i>colestipol tab 1GM (COLESTID Equiv)</i>	1	-
<i>QUESTRAN LITE POWDER 4GM/DOSE (<i>cholestyramine light</i>)</i>	3	-
<i>QUESTRAN POWDER 4GM/DOSE (<i>cholestyramine</i>)</i>	3	-
<i>QUESTRAN POWDER PACK 4GM (<i>cholestyramine</i>)</i>	3	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		

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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>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG (LOFIBRA Equiv)</i>	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG (TRICOR Equiv)</i>	1	-
<i>fenofibric acid DR cap 135MG, 45MG (TRILIPIX Equiv)</i>	1	-
FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG (<i>fenofibric acid</i>)	3	-
<i>gemfibrozil tab 600MG (LOPID Equiv)</i>	1	-
LOPID TAB 600MG (<i>gemfibrozil</i>)	3	-
TRICOR TAB 145MG, 48MG (<i>fenofibrate</i>)	3	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
ATORVALIQ SUSP 20MG/5ML (<i>atorvastatin calcium</i>)	3	PA Members age 9 or older require Prior Authorization
<i>atorvastatin tab 10MG, 20MG, 40MG, 80MG (LIPITOR Equiv)</i>	\$0	-
CRESTOR TAB 10MG, 20MG, 40MG, 5MG (<i>rosuvastatin calcium</i>)	3	-
FLOLIPID SUSP 20MG/5ML, 40MG/5ML (<i>simvastatin</i>)	3	PA Members age 9 or older require Prior Authorization
<i>fluvastatin ER tab 80MG (LESCOL XL Equiv)</i>	\$0	-
LESCOL XL TAB 80MG (<i>fluvastatin sodium</i>)	3	-

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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
LIPITOR TAB 10MG, 20MG, 40MG, 80MG <i>(atorvastatin calcium)</i>	3	-
LIVALO TAB 1MG, 2MG, 4MG <i>(pitavastatin calcium)</i>	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
PRAVACHOL TAB 20MG, 40MG, 80MG <i>(pravastatin sodium)</i>	3	-
<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, 5MG <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	-

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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
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
REPATHA INJ 140MG/ML (<i>evolocumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML (<i>evolocumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG (<i>quinapril hcl</i>)	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG (<i>ramipril</i>)	3	-
<i>benazepril tab</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 or older
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	1	-
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	1	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LOTENSIN TAB 10MG, 20MG, 40MG (<i>benazepril hcl</i>)	3	-
PRINVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (<i>lisinopril</i>)	3	-
QBRELIS SOLN 1MG/ML (<i>lisinopril</i>)	3	PA Prior Authorization required for members age 9 or older
<i>quinapril tab 10MG, 20MG, 40MG, 5MG (ACCUPRIL Equiv)</i>	1	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG (ALTACE Equiv)</i>	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
<i>phenoxybenzamine cap 10MG (DIBENZYLINE Equiv)</i>	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 (AVAPRO Equiv)</i>	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>losartan tab 100MG, 25MG, 50MG (COZAAR Equiv)</i>	1	-
MICARDIS TAB 20MG, 40MG, 80MG (<i>telmisartan</i>)	3	-
<i>olmesartan tab 20MG, 40MG, 5MG (BENICAR Equiv)</i>	1	-
<i>telmisartan tab 20MG, 40MG, 80MG (MICARDIS Equiv)</i>	1	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG (DIOVAN Equiv)</i>	1	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
CARDURA TAB 1MG, 2MG, 4MG, 8MG (<i>doxazosin mesylate</i>)	3	-
CATAPRES TAB .1MG, .2MG, .3MG (<i>clonidine hcl</i>)	3	-
CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR (<i>clonidine</i>)	3	-
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR (CATAPRES-TTS Equiv)</i>	1	-
<i>clonidine tab (CATAPRES Equiv)</i>	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG (CARDURA Equiv)</i>	1	-
<i>guanfacine IR tab 1MG, 2MG (TENEX Equiv)</i>	1	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) (<i>methyldopa</i>)	1	-
<i>methyldopa tab 250MG, 500MG (ALDOMET Equiv)</i>	1	-
MINIPRESS CAP 1MG, 2MG, 5MG (<i>prazosin hcl</i>)	3	-
<i>prazosin cap (MINIPRESS Equiv)</i>	1	-

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<i>terazosin cap 10MG, 1MG, 2MG, 5MG (HYTRIN Equiv)</i>	1	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
ACCURETIC TAB 12.5MG-20MG, 20MG-25MG <i>(quinapril-hydrochlorothiazide)</i>	3	-
ACCURETIC TAB 10MG-12.5MG <i>(quinapril-hydrochlorothiazide)</i>	3	-
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG <i>(quinapril-hydrochlorothiazide)</i>	3	-
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)</i>	1	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)</i>	1	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)</i>	1	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)</i>	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG <i>(irbesartan-hydrochlorothiazide)</i>	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (<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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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (<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	-	
LOPRESSOR HCT TAB 25MG-50MG (<i>metoprolol & hydrochlorothiazide</i>)	3	-	
<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	-	
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG (<i>methyldopa & hydrochlorothiazide</i>)	1	-	
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i> (LOPRESSOR HCT Equiv)	1	-	
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	1	-	

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PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG (<i>propranolol & hydrochlorothiazide</i>)	1	-
QUINAPRIL/HCTZ TAB 12.5MG-20MG (<i>quinapril-hydrochlorothiazide</i>)	1	-
QUINAPRIL/HCTZ TAB 20MG-25MG (<i>quinapril-hydrochlorothiazide</i>)	1	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	1	-
TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG (<i>aliskiren-hydrochlorothiazide</i>)	3	-
TENORETIC TAB 25MG-100MG, 25MG-50MG (<i>atenolol & chlorthalidone</i>)	3	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	1	-
VASERETIC TAB 10MG-25MG (<i>enalapril maleate & 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		

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<i>aliskiren tab 150MG, 300MG (TEKTURNA Equiv)</i>	1	-
TEKTURNA TAB 150MG, 300MG (<i>aliskiren fumarate</i>)	3	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
<i>eplerenone tab 25MG, 50MG (INSPRA Equiv)</i>	1	-
INSPRA TAB 25MG, 50MG (<i>eplerenone</i>)	3	-
VASODILATORS - Drugs to treat high blood pressure		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG (APRESOLINE Equiv)</i>	1	-
<i>minoxidil tab 10MG, 2.5MG (LONITEN Equiv)</i>	1	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML (<i>metronidazole benzoate</i>)	3	-
FLAGYL TAB 500MG (<i>metronidazole</i>)	3	-
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	4	PA
<i>metronidazole tab 250MG, 500MG (FLAGYL Equiv)</i>	1	-
<i>pentamidine neb soln 300MG (NEBUPENT Equiv)</i>	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 (TINDAMAX Equiv)</i>	1	-
TRIMETHOPRIM TAB 100MG (<i>trimethoprim</i>)	1	-

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<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	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML (<i>nitazoxanide</i>)	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG (<i>nitazoxanide</i>)	3	PA-QL QL= 6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	1	-
LAMPIT TAB 120MG, 30MG (<i>nifurtimox</i>)	2	PA
MEPRON SUSP 750MG/5ML (<i>atovaquone</i>)	3	-
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
CARBAPENEMS - Drugs to treat bacterial infections		
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	M

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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, 50MG/ML (<i>vancomycin hcl</i>)	1	-
FIRVANQ SOLN 50MG/ML 50MG/ML (<i>vancomycin hcl</i>)	1	-
VANCOCIN CAP 125MG, 250MG (<i>vancomycin hcl</i>)	3	QL QL= 56 caps/fill
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
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	KMSP-RS
OXAZOLIDINONES - Drugs to treat bacterial infections		

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<i>linezolid susp 100MG/5ML (ZYVOX Equiv)</i>	1	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG (ZYVOX Equiv)</i>	1	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>)	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
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	-

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

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MACROBID CAP 100MG (<i>nitrofurantoin monohyd macro</i>)	3	-
MACRODANTIN CAP 100MG, 50MG (<i>nitrofurantoin macrocrystal</i>)	3	-
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	1	-
<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	-
COARTEM TAB 20MG-120MG (<i>artemether-lumefantrine</i>)	3	-
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	-

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

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PLAQUENIL TAB 200MG (<i>hydroxychloroquine sulfate</i>)	3	-
PRIMAQUINE TAB 26.3MG (<i>primaquine phosphate</i>)	3	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	1	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>)	4	LD-PA Only available through AnovoRx 844-288-5007
GUANIDINE TAB 125MG (<i>guanidine hcl</i>)	3	-
MESTINON TAB 60MG (<i>pyridostigmine bromide</i>)	3	-
MESTINON TIMESPAN TAB 180MG (<i>pyridostigmine bromide</i>)	3	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine soln 60MG/5ML</i> (MESTINON Equiv)	1	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP 150MG-300MG (<i>isoniazid & rifampin</i>)	2	-

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RIFATER TAB 50MG-120MG-300MG <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	-
ISONIAZID TAB 100MG (<i>isoniazid</i>)	1	-
<i>isoniazid tab 100MG, 300MG</i>	1	-
MYAMBUTOL TAB 400MG (<i>ethambutol hcl</i>)	3	-
MYCOBUTIN CAP 150MG (<i>rifabutin</i>)	3	-
PRETOMANID TAB 200MG (<i>pretomanid</i>)	2	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG (<i>rifapentine</i>)	2	-
<i>pyrazinamide tab 500MG</i>	1	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	1	-
RIFADIN CAP 150MG, 300MG (<i>rifampin</i>)	3	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-
TRECATOR TAB 250MG (<i>ethionamide</i>)	3	RS Restricted to Infectious Disease Specialist
ANTINEOPLASTICS - Drugs to treat cancer		
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	4	LMSP-ONC

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TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCAMTIN 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
CYCLOPHOSPHAMIDE TAB 25MG, 50MG (<i>cyclophosphamide</i>)	2	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG (<i>lomustine</i>)	2	ONC
HEXALEN CAP (<i>altretamine</i>)	4	LMSP-ONC
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	4	LMSP-ONC
<i>melphalan inj 50MG</i> (ALKERAN Equiv)	M	M
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)	4	LMSP-ONC
ZANOSAR INJ 1GM (<i>streptozocin</i>)	M	M
ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	4	LMSP-ONC

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

Last Updated 9/1/2023

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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

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

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

82

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	4	LMSP-ONC-PA-SF
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	4	LMSP-ONC-PA-SF
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
ERLEADA TAB 240MG 240MG (<i>apalutamide</i>)	4	LMSP-ONC-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG (<i>flutamide</i>)	2	ONC

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83

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>tamoxifen tab 10MG, 20MG (NOLVADEX Equiv)</i>	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG (FARESTON Equiv)</i>	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
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	4	KMSP-PA-QL QL= 21 caps/28 days
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 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>)	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>)	4	MSP-PA-QL QL= 5 tabs/28 days

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85

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KISQALI PAK 2.5MG-200MG (<i>ribociclib succinate-letrazole</i>)	4	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>)	4	MSP-ONC-PA
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECensa CAP 150MG (<i>alectinib hcl</i>)	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>)	4	KMSP-ONC-PA-SF

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86

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>)	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118	
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553	
CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>)	4	MSP-ONC-PA-QL-SF QL= 1 tab/day	
CALQUENCE CAP 100MG (<i>acalabrutinib</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118	
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118	
CAPRELSA TAB 100MG, 300MG (<i>vandetanib</i>)	4	LD-ONC-PA 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	
COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	4	LMSP-ONC-PA-QL QL= 3 tabs/day	

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87

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
everolimus tab 10MG, 2.5MG, 5MG, 7.5MG (AFINITOR Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day	
everolimus tab for oral susp 2MG, 3MG, 5MG (AFINITOR DISPERZ Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day	
FOTIVDA CAP .89MG, 1.34MG (<i>tivozanib hcl</i>)	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306	
GAVRETO CAP 100MG (<i>pralsetinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through 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)	4	LMSP-ONC-PA-QL QL= 3 tabs/day	
IMBRUICA CAP 140MG 140MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118	
IMBRUICA CAP 70MG 70MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118	

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88

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
IMBRUVICA SUSP 70MG/ML (<i>ibrutinib</i>)	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118	
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118	
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>)	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day	
KISQALI TAB 200MG (<i>ribociclib succinate</i>)	4	LMSP-PA-QL QL= 63 tabs/28 days	
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633	
KOSELUGO CAP 10MG 10MG (<i>selumetinib sulfate</i>)	4	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633	
KRAZATI TAB 200MG (<i>adagrasib</i>)	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306	
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	4	LMSP-ONC-PA	
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day	
LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day	

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306	
LUMAKRAS TAB 320MG 320MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306	
LYNPARZA TAB 100MG, 150MG (<i>olaparib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306	
LYTGOBI THERAPY PACK 4MG (<i>futibatinib</i>)	4	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633	
MEKINIST 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	

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
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	
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG (<i>pemigatinib</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306	
PIQRAY TAB 150MG, 200MG (<i>alpelisib</i>)	4	LMSP-PA-SF	
QINLOCK TAB 50MG (<i>ripretinib</i>)	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306	
RETEVMO CAP 40MG, 80MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 4 caps/day	
REZLIDHIA CAP 150MG (<i>olutasidenib</i>)	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306	
ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>)	4	LMSP-PA-QL QL= 3 caps/day	
RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874	
RYDAPT CAP 25MG (<i>midostaurin</i>)	4	LMSP-ONC-PA-QL QL= 56 caps/28 days	
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	4	LMSP-ONC-PA-SF	

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

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG (<i>dasatinib</i>)	3	LMSP-ONC-PA-SF	
STIVARGA TAB 40MG (<i>regorafenib</i>)	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day	
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	4	LMSP-ONC-PA-SF	
TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>)	4	LMSP-PA-QL-SF QL= 4 tabs/day	
TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>)	4	LMSP-ONC-PA-QL QL= 4 caps/day	
TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>)	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day	
TALZENNA CAP 0.5MG, 0.75MG, 1MG .1MG, .35MG, .5MG, .75MG, 1MG (<i>talazoparib tosylate</i>)	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day	
TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>)	4	LMSP-ONC-PA-SF	
TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>)	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633	
TEPMETKO TAB 225MG (<i>tepotinib hcl</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306	
TIBSOVO TAB 250MG (<i>ivosidenib</i>)	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306	

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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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	
TURALIO CAP 125MG, 200MG (<i>pexidartinib hcl</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306	
VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>)	4	LMSP-ONC-PA-QL QL= 2 tabs/day	
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523	
VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523	
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	
VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	4	LMSP-ONC-PA-QL-SF QL= 4 tabs/day	
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day	
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306	

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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
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 150MG (<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 2000000UNIT/0.5ML (<i>interferon gamma-1b</i>)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ALFERON-N INJ 5000000UNIT/ML (<i>interferon alfa-n3</i>)	4	LMSP
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	4	LMSP-ONC-PA-SF
HYDREA CAP 500MG (<i>hydroxyurea</i>)	3	ONC

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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>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ 1000000UNIT/ML, 600000UNIT/ML (<i>interferon alfa-2b</i>)	4	KMSP
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
MESNEX TAB 400MG (<i>mesna</i>)	4	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		
<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	-

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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>amantadine syrup</i> (SYMMETREL Equiv)	1	-	
<i>amantadine tab 100MG</i>	1	-	
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	1	-	
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	1	-	
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	1	-	
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	1	-	
<i>carbidopa/levodopa tab</i> (SINEMET Equiv)	1	-	
MIRAPEX TAB .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (<i>pramipexole dihydrochloride</i>)	3	-	
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR (<i>rotigotine</i>)	3	-	
PARLODEL CAP 5MG (<i>bromocriptine mesylate</i>)	3	-	
PARLODEL TAB 2.5MG (<i>bromocriptine mesylate</i>)	3	-	
<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	-	

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SINEMET CR TAB 25MG-100MG, 50MG-200MG <i>(carbidopa-levodopa)</i>	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG <i>(carbidopa-levodopa)</i>	3	-
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	-
TRIHEXYPHENIDYL SOLN .4MG/ML <i>(trihexyphenidyl hcl)</i>	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
ONGENTYS CAP 25MG, 50MG <i>(opicapone)</i>	2	PA-QL QL= 1 tab/day, 30 tabs per fill
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG <i>(carbidopa-levodopa)</i>	1	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv)</i>	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</i> (ESKALITH ER Equiv)	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
LITHIUM CITRATE SOLN 8MEQ/5ML (<i>lithium</i>)	1	-
LITHOBID TAB 300MG (<i>lithium carbonate</i>)	3	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP (<i>carbamazepine (antipsychotic)</i>)	2	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GEODON CAP 20MG, 40MG, 60MG, 80MG <i>(ziprasidone hcl)</i>	3	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG</i> (LATUDA Equiv)	1	-
<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
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 CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG (<i>risperidone microspheres</i>)	4	MSP
RISPERDAL M ODT (<i>risperidone</i>)	3	-
RISPERDAL SOLN 1MG/ML (<i>risperidone</i>)	3	-
RISPERDAL TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (<i>risperidone</i>)	3	-
RISPERIDONE ODT .25MG (<i>risperidone</i>)	2	-
<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	1	-

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

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<i>risperidone soln 1MG/ML (RISPERDAL Equiv)</i>	1	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL Equiv)</i>	1	-
BUTYROPHENONES - Drugs to treat mood disorders		
<i>haloperidol lactate conc 2MG/ML (HALDOL Equiv)</i>	1	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG (HALDOL Equiv)</i>	1	-
DIBENZAPINES - Drugs to treat mood disorders		
<i>asenapine maleate SL tab 10MG, 2.5MG, 5MG (SAPHRIS Equiv)</i>	1	QL QL= 2 tabs/day
<i>clozapine tab 100MG, 200MG, 25MG, 50MG (CLOZARIL Equiv)</i>	1	-
CLOZARIL TAB 100MG, 200MG, 25MG, 50MG <i>(clozapine)</i>	3	-
<i>loxpipamine cap 10MG, 25MG, 50MG, 5MG (LOXITANE Equiv)</i>	1	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG (ZYPREXA Equiv)</i>	1	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (ZYPREXA Equiv)</i>	1	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (SEROQUEL Equiv)</i>	1	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG (SEROQUEL XR Equiv)</i>	1	-

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

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SAPHRIS SL TAB 10MG, 2.5MG, 5MG (<i>asenapine maleate</i>)	3	QL QL= 2 tabs/day
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	3	-
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	3	-
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (<i>olanzapine</i>)	3	-
ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG (<i>olanzapine</i>)	3	-
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 tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	1	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	1	-

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

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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	-
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	-

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG <i>(bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	4	QL QL= 1 tab/ day	
CIMDUO TAB 300MG <i>(lamivudine-tenofovir disoproxil fumarate)</i>	4	QL QL= 1 tab/day	
COMPLERA TAB 25MG-200MG-300MG <i>(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)</i>	4	QL QL= 1 tab/day	
CRIXIVAN CAP 200MG, 400MG <i>(indinavir sulfate)</i>	4	-	
<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 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	

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

Last Updated 9/1/2023

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

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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	
JULUCA TAB 25MG-50MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	4	QL QL= 1 tab/ day	
lamivudine soln 10MG/ML (EPIVIR Equiv)	1	-	
lamivudine tab 150MG, 300MG (EPIVIR Equiv)	1	-	
lamivudine/zidovudine tab 150MG-300MG (COMBIVIR Equiv)	1	-	
LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>)	4	-	
lopinavir/ritonavir soln 100MG/5ML-400MG/5ML (KALETRA Equiv)	1	-	
lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG (KALETRA Equiv)	1	-	
maraviroc tab 150MG, 300MG (SELZENTRY Equiv)	1	-	
NEVIRAPINE ER TAB 100MG (VIRAMUNE XR Equiv) (<i>nevirapine</i>)	1	-	
nevirapine ER tab 100MG, 400MG (VIRAMUNE XR Equiv)	1	-	
NEVIRAPINE SUSP 50MG/5ML (<i>nevirapine</i>)	1	-	
nevirapine tab 200MG (VIRAMUNE Equiv)	1	-	
NORVIR CAP (<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	-	

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 200MG (<i>delavirdine mesylate</i>)	4	-
REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>)	4	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	1	-
RUKOBIA ER TAB 600MG (<i>fostemsavir tromethamine</i>)	4	-
SELZENTRY SOLN 20MG/ML (<i>maraviroc</i>)	4	-
SELZENTRY TAB 25MG, 75MG (<i>maraviroc</i>)	4	-
SELZENTRY TAB 150MG, 300MG (<i>maraviroc</i>)	4	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (ZERIT Equiv) (<i>stavudine</i>)	1	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i> (ZERIT 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	
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	-	
tenofovir disoproxil fumarate tab 300MG (VIREAD Equiv)	1	-	
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	4	-	
TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir sodium</i>)	4	-	
TRIUMEQ PD TAB 5MG-30MG-60MG <i>(abacavir-dolutegravir-lamivudine)</i>	4	-	
TRIUMEQ TAB 50MG-300MG-600MG <i>(abacavir-dolutegravir-lamivudine)</i>	4	-	
TRIZIVIR TAB 150MG-300MG (<i>abacavir sulfate-lamivudine-zidovudine</i>)	2	-	
VIDEX SOLN 2GM (<i>didanosine</i>)	4	-	
VIRACEPT TAB 250MG, 625MG (<i>nelfinavir mesylate</i>)	4	-	
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG (<i>tenofovir disoproxil fumarate</i>)	4	-	
<i>zidovudine cap 100MG (RETROVIR Equiv)</i>	1	-	
<i>zidovudine syrup 50MG/5ML (RETROVIR Equiv)</i>	1	-	
<i>zidovudine tab 300MG (RETROVIR Equiv)</i>	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
ANTIVIRAL COMBINATIONS ***		
PAXLOVID TAB 100MG-150MG <i>(nirmatrelvir-ritonavir)</i>	\$0	QL QL= 20 tabs/fill
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
PREVYMIS TAB 240MG, 480MG (<i>letermovir</i>)	4	LMSP-PA-QL QL= 1 tab/day; Limit 100 tabs/6 months
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 Members age 9 or older require Prior Authorization
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	4	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>)	4	-

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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>lamivudine tab 100mg 100MG (EPIVIR HBV Equiv)</i>	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG <i>(ledipasvir-sofosbuvir)</i>	4	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG <i>(glecaprevir-pibrentasvir)</i>	4	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG <i>(glecaprevir-pibrentasvir)</i>	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML <i>(peginterferon alfa-2a)</i>	4	LMSP
PEG-INTRON INJ 50MCG/0.5ML <i>(peginterferon alfa-2b)</i>	4	LMSP
REBETOL SOLN <i>(ribavirin (hepatitis c))</i>	4	LMSP
RIBAVIRIN CAP 200MG <i>(ribavirin (hepatitis c))</i>	1	LMSP
<i>ribavirin cap 200MG</i>	1	LMSP
RIBAVIRIN TAB 200MG, 400MG, 600MG <i>(ribavirin (hepatitis c))</i>	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG <i>(sofosbuvir-velpatasvir)</i>	4	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG <i>(tenofovir alafenamide fumarate)</i>	4	LMSP
VOSEVI TAB 100MG-400MG <i>(sofosbuvir-velpatasvir-voxilaprevir)</i>	4	LMSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
<i>acyclovir cap 200MG (ZOVIRAX Equiv)</i>	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>acyclovir susp 200MG/5ML (ZOVIRAX Equiv)</i>	1	-	
<i>acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)</i>	1	-	
<i>famciclovir tab 125MG, 250MG, 500MG (FAMVIR Equiv)</i>	1	-	
<i>valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)</i>	1	-	
VALTREX TAB 1GM, 500MG (<i>valacyclovir hcl</i>)	3	-	
ZOVIRAX CAP 200MG (<i>acyclovir</i>)	3	-	
ZOVIRAX SUSP 200MG/5ML (<i>acyclovir</i>)	3	-	
ZOVIRAX TAB 400MG, 800MG (<i>acyclovir</i>)	3	-	
INFLUENZA AGENTS - Drugs to treat viral infections			
FLUMADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	3	-	
<i>oseltamivir cap 45MG, 75MG (TAMIFLU Equiv)</i>	1	QL QL= 10 caps/fill	
<i>oseltamivir cap 30mg 30MG (TAMIFLU Equiv)</i>	1	QL QL= 20 caps/fill	
<i>oseltamivir susp 6MG/ML (TAMIFLU Equiv)</i>	1	QL QL= 250ml/fill	
RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>)	2	QL QL= 1 inhaler/fill	
RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	1	-	

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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
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 ***		
LAGEVRIO CAP 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 125MG (<i>penicillamine</i>)	2	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	4	KMSP-PA
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	-

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<i>mycophenolate mofetil cap 250MG (CELLCEPT Equiv)</i>	1	-
<i>mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)</i>	1	-
<i>mycophenolate mofetil tab 500MG (CELLCEPT Equiv)</i>	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML <i>(cyclosporine)</i>	4	-
<i>sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)</i>	1	-
<i>tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)</i>	1	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
<i>sodium polystyrene powder 100% (KAYEXALATE Equiv)</i>	1	-
<i>sodium polystyrene susp 15GM/60ML (SPS Equiv)</i>	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 (COREG Equiv)</i>	1	-
COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG <i>(carvedilol)</i>	3	-
<i>labetalol tab 100MG, 200MG, 300MG (NORMODYNE Equiv)</i>	1	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
<i>acebutolol cap 200MG, 400MG (SECTRAL Equiv)</i>	1	-

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

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<i>atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)</i>	1	-
<i>bisoprolol tab 10MG, 5MG (ZEBETA Equiv)</i>	1	-
<i>LOPRESSOR TAB 100MG, 50MG (<i>metoprolol tartrate</i>)</i>	3	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)</i>	1	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG (LOPRESSOR Equiv)</i>	1	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG (BYSTOLIC Equiv)</i>	1	-
TENORMIN TAB 100MG, 25MG, 50MG (<i>atenolol</i>)	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG (<i>metoprolol succinate</i>)	3	-
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 (CORGARD Equiv)</i>	1	-
<i>pindolol tab 10MG, 5MG (VISKEN Equiv)</i>	1	-

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113

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

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

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

Last Updated 9/1/2023

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NORVASC TAB 10MG, 2.5MG, 5MG (<i>amlodipine besylate</i>)	3	-
PROCARDIA CAP 10MG (<i>nifedipine</i>)	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG (<i>diltiazem hcl extended release beads</i>)	3	-
VERAPAMIL ER CAP, VERELAN CAP 100MG, 360MG (<i>verapamil hcl</i>)	3	-
<i>verapamil SR cap 120MG, 180MG, 200MG, 240MG</i> (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>)	1	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv)	1	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	1	-
VERELAN CAP 120MG, 180MG, 240MG (<i>verapamil hcl</i>)	3	-
VERELAN PM CAP (<i>verapamil hcl</i>)	3	-
VERELAN PM ER CAP 200MG, 300MG 200MG, 300MG (<i>verapamil hcl</i>)	3	-
VERELAN SR CAP 360mg 360MG (<i>verapamil hcl</i>)	3	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
DIGOXIN SOLN (<i>digoxin</i>)	1	-
<i>digoxin soln .05MG/ML</i>	1	-

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116

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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>digoxin tab .125MG, .25MG, 125MCG, 250MCG</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	-
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		
CAVERJECT INJ 20MCG, 40MCG (<i>alprostadil vasodilator</i>)	2	QL QL= 6 inj/30 days

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117

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EDEX INJ 10MCG, 20MCG, 40MCG (<i>alprostadiol (vasodilator)</i>)	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG (<i>alprostadiol (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>)	2	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
<i>vardenafil 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 10MG, 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

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118

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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
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
TYVASO INH SOLN .6MG/ML (<i>treprostinil</i>)	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML (<i>iloprost</i>)	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	4	LMSP-PA-QL QL= 1 tab/day

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119

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

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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>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	4	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		
REVATIO SUSP 10MG/ML (<i>sildenafil citrate (pulmonary hypertension)</i>)	3	PA Members age 9 or older require Prior Authorization
REVATIO TAB 20MG (<i>sildenafil citrate (pulmonary hypertension)</i>)	3	PA
<i>sildenafil susp 10MG/ML</i> (REVATIO Equiv)	1	PA Members age 9 or older require Prior Authorization
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	4	LMSP-PA
TADLIQ SUSP 20MG/5ML (<i>tadalafil (pulmonary hypertension)</i>)	4	MSP-PA Members age 9 or older require Prior Authorization

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120

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
CORLANOR TAB 5MG, 7.5MG <i>(ivabradine hcl)</i>	3	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
VYNDAQEL CAP 20MG <i>(tafamidis meglumine (cardiac))</i>	4	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
<i>cefazolin inj 10GM, 1GM, 500MG</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
CEFAZOLIN INJ 100GM, 1GM, 20GM, 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 250MG, 500MG (<i>cephalexin</i>)	3	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
CEFACLOR CAP 250MG, 500MG (CECLR Equiv) (<i>cefaclor</i>)	1	-
<i>cefaclor cap 250MG, 500MG</i> (CECLR Equiv)	1	-
CEFACLOR ER TAB 500MG (<i>cefaclor monohydrate</i>)	3	-
CEFACLOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML (<i>cefaclor</i>)	3	-
<i>cefoxitin inj 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 200MG, 400MG (<i>cefditoren pivoxil</i>)	3	-
<i>cefixime cap 400MG</i> (SUPRAX Equiv)	1	-
<i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	1	-

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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
CEFOTAXIME INJ 1GM, 2GM (CLAFORAN Equiv) <i>(cefotaxime sodium)</i>	M	M
<i>cefotaxime inj 1GM</i> (CLAFORAN Equiv)	M	M
<i>cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	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	-
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-ethynodiol-ferrous bisglycinate</i>)	\$0	-

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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>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	-
<i>enpresse tab</i> (TRI-LEVELEN Equiv)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab</i> (DESOGEN Equiv)	\$0	-
<i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	3 copays per Rx
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
<i>levonorgestrel-ethinyl estradiol-fe tab .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	-

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>norethindrone acetate/ethinyl estradiol FE chew tab 1MG-20MCG-75MG (MINASTRIN Equiv)</i>	\$0	-
<i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)</i>	\$0	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)</i>	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)</i>	\$0	-
<i>sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)</i>	\$0	-
<i>tri-legest tab 1MG-75MG (ESTROSTEP FE Equiv)</i>	\$0	-
<i>tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)</i>	\$0	-
<i>TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>)</i>	\$0	-
<i>VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>)</i>	\$0	-
<i>viorele tab, kariva tab (MIRCETTE Equiv)</i>	\$0	-
<i>wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG (FEMCON FE Equiv)</i>	\$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
<i>TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>)</i>	\$0	-

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<i>zafemy patch 35MCG/24HR-150MCG/24HR (XULANE Equiv)</i>	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
ANNOVERA RING .013MG/24HR-.15MG/24HR <i>(segesterone acetate-ethinyl estradiol)</i>	\$0	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR <i>(etonogestrel-ethinyl estradiol)</i>	\$0	-
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	-

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PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy		
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY (<i>levonorgestrel (iud)</i>)	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab .35MG</i> (NORA-QD Equiv)	\$0	-
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; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG 1MG (<i>hydrocortisone</i>)	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
<i>budesonide ER tab 9MG</i> (UCERIS Equiv)	1	PA-QL QL=1 tab/day
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	1	-
CORTEF TAB 10MG, 20MG, 5MG (<i>hydrocortisone</i>)	3	-
DEPO-MEDROL INJ 40MG/ML, 80MG/ML (<i>methylprednisolone acetate</i>)	3	-
DEPO-MEDROL INJ, METHYLSPREDNISOLONE ACE INJ 20MG/ML, 40MG/ML, 50MG/ML, 80MG/ML (<i>methylprednisolone acetate</i>)	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
DEXAMETHASONE CONC 1MG/ML <i>(dexamethasone)</i>	1	-	
<i>dexamethasone elixir .5MG/5ML</i>	1	-	
<i>dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML</i>	1	-	
DEXAMETHASONE SOLN .5MG/5ML <i>(dexamethasone)</i>	1	-	
DEXAMETHASONE TAB .5MG, .75MG, 1MG, 2MG <i>(dexamethasone)</i>	1	-	
<i>dexamethasone tab</i>	1	-	
<i>hydrocortisone tab 10MG, 20MG, 5MG (CORTEF Equiv)</i>	1	-	
KENALOG INJ 40MG/ML (<i>triamcinolone acetonide</i>)	3	-	
MEDROL DOSE PACK 4MG (<i>methylprednisolone</i>)	3	-	
MEDROL TAB 2MG (<i>methylprednisolone</i>)	2	-	
MEDROL TAB 16MG, 32MG, 4MG, 8MG (<i>methylprednisolone</i>)	3	-	
<i>methylprednisolone acetate inj 40MG/ML, 80MG/ML (DEPO-MEDROL Equiv)</i>	1	-	
<i>methylprednisolone dose pack 4MG (MEDROL Equiv)</i>	1	-	
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG (MEDROL Equiv)</i>	1	-	
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG (SOLU-MEDROL Equiv)</i>	1	-	

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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	
ORAPRED ODT TAB 10MG, 15MG, 30MG <i>(prednisolone sodium phosphate)</i>	3	-	
ORAPRED SOLN 6.7MG/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	-	
PREDNISOLONE SOLN 15MG/5ML <i>(prednisolone)</i>	1	-	
<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	-	
SOLU-MEDROL INJ 2GM 2GM <i>(methylprednisolone sod succ)</i>	2	-	

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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
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
CLARINEX-D TAB 2.5MG-120MG (<i>desloratadine-pseudoephedrine</i>)	EXC	-

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

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CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
guaiifenesin/codeine soln 7.5MG/5ML-225MG/5ML (BRONTEX Equiv)	1	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) (<i>guaiifenesin-codeine</i>)	1	OTC-QL QL= 240ml/fill
guaiifenesin/codeine syrup 10MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv)	1	OTC-QL QL= 240ml/fill
hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO Equiv)	1	QL QL= 120ml/fill, 2 fills/30 days
lohist liquid 2MG/10ML-5MG/10ML (DECON-A Equiv)	EXC	OTC
promethazine DM syrup 6.25MG/5ML-15MG/5ML	1	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (<i>promethazine & phenylephrine</i>)	1	-
promethazine VC syrup 5MG/5ML-6.25MG/5ML	1	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (<i>promethazine-phenylephrine-codeine</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>promethazine VC/codeine syrup 5MG/5ML-6.25MG/5ML-10MG/5ML</i>	1	-
<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)</i>	1	-
<i>SEMPREX-D CAP 8MG-60MG (acrivastine & pseudoephedrine)</i>	EXC	-
<i>TUSSIONEX SUSP (hydrocodone polistirex-chlorpheniramine polistirex)</i>	3	QL QL= 120ml/fill; 2 fills/30 days
<i>ZUTRIPRO LIQUID (pseudoephed-cpm w/ hydrocod)</i>	3	QL QL= 120ml/fill, 2 fills/30 days
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
<i>HYPER-SAL NEB SOLN 7% (sodium chloride (inhalant))</i>	3	-
<i>NEBUSAL NEB SOLN 3.5%, 6% (sodium chloride (inhalant))</i>	2	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	1	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20% (MUCOMYST Equiv)</i>	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		

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<i>adapalene cream .1% (DIFFERIN Equiv)</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%, .3% (DIFFERIN Equiv)</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)</i>	1	-
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5% (EPIDUO FORTE Equiv)</i>	1	-
<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG (ACCUTANE Equiv)</i>	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	-
CLEOCIN-T SOLN (<i>clindamycin phosphate (topical)</i>)	3	-
<i>clindamycin gel 1% (CLEOCIN GEL Equiv)</i>	1	-

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<i>clindamycin lotion 1% (CLEOCIN-T Equiv)</i>	1	-	
<i>clindamycin pad 1% (CLEOCIN-T Equiv)</i>	1	-	
<i>clindamycin topical soln 1% (CLEOCIN-T Equiv)</i>	1	-	
<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-5% (BENZACLIN Equiv)</i>	1	-	
DIFFERIN CREAM .1% (<i>adapalene</i>)	3	PA	
DIFFERIN GEL .1%, .3% (<i>adapalene</i>)	3	PA	
DUAC GEL 1.2%-5% (<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 2%</i>	1	-	
<i>erythromycin soln 2%</i>	1	-	
<i>erythromycin/benzoyl peroxide gel 3%-5% (BENZAMYCIN Equiv)</i>	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% (KLARON Equiv)</i>	1	-	
<i>sodium sulfacetamide/sulfur cleanser 10-5% 5%-10% (SUMAXIN Equiv)</i>	1	-	

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sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9% (SUMADAN WASH Equiv)	1	-
sodium sulfacetamide/sulfur emulsion 10-5%	1	-
SUMADAN WASH 9-4.5% 4.5%-9% (sulfacetamide sodium w/ sulfur)	3	-
tretinoin cream .025%, .05%, .1%	1	PA Acne Only – members age 35 or older require Prior Authorization
tretinoin gel .04%, .1% (RETIN-A GEL Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (tretinoin (facial wrinkles))	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
CENTANY OINT 2% (mupirocin)	3	-
CORTISPORIN CREAM (neomycin-polymyxin-hc)	3	-
CORTISPORIN OINT (bacitracin-polymyxin-neomycin hc)	3	-
gentamicin sulfate cream .1%	1	-
gentamicin sulfate oint .1%	1	-
mupirocin oint 2% (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
ciclopirox cream .77% (LOPROX CREAM Equiv)	1	-

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

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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>ciclopirox gel .77% (LOPROX GEL Equiv)</i>	1	-	
<i>ciclopirox nail soln 8% (PENLAC Equiv)</i>	1	-	
<i>ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)</i>	1	-	
<i>ciclopirox topical susp .77% (LOPROX SUSP Equiv)</i>	1	-	
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-	
<i>econazole cream 1% (SPECTAZOLE Equiv)</i>	1	-	
EXELDERM SOLN 1% (<i>sulconazole nitrate</i>)	3	-	
<i>ketonconazole cream 2% (NIZORAL CREAM Equiv)</i>	1	-	
<i>ketonconazole shampoo 2% (NIZORAL SHAMPOO</i> Equiv)	1	-	
LOPROX CREAM .77% (<i>ciclopirox olamine</i>)	3	-	
LOPROX SHAMPOO 1% (<i>ciclopirox</i>)	3	-	
LOTRISONE CREAM .05%-1% (<i>clotrimazole w/</i> <i>betamethasone</i>)	3	-	
MENTAX CREAM 1% (<i>butenafine hcl</i>)	3	-	
NAFTIFINE CREAM 1% (<i>naftifine hcl</i>)	3	-	
<i>naftifine cream 1%, 2% (NAFTIN Equiv)</i>	1	-	
<i>naftifine gel 1% (NAFTIN Equiv)</i>	1	-	
NAFTIN CREAM 2% (<i>naftifine hcl</i>)	3	-	
NAFTIN GEL 1% (<i>naftifine hcl</i>)	3	-	
NIZORAL A-D SHAMPOO 1% (<i>ketonconazole</i> (<i>topical</i>))	EXC	OTC	
<i>nizoral a-d shampoo 1%</i>	EXC	OTC	

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

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NIZORAL SHAMPOO 2% (<i>ketoconazole (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	-
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
DICLOFENAC PATCH, FLECTOR PATCH 1.3% (<i>diclofenac epolamine</i>)	3	QL QL= 30 patches/fill
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	3	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	4	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	-

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

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

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

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DRITHO-SCALP CREAM 1% (<i>anthralin</i>)	3	-	
METHOXSALEN CAP 10MG (<i>methoxsalen rapid</i>)	2	LMSP	
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	LMSP	
OXSORALEN ULTRA CAP 10MG (<i>methoxsalen rapid</i>)	3	LMSP	
SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>)	4	LMSP-PA-QL QL= 1 inj/84 days	
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>)	4	LMSP-PA-QL QL= 2 inj/84 days	
STELARA INJ 45MG/0.5ML (<i>ustekinumab</i>)	4	LMSP-PA-QL QL= 1 inj/84 days	
TALTZ INJ 80MG/ML (<i>ixekizumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days	
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-	
TAZORAC CREAM .1% (<i>tazarotene</i>)	3	-	
TAZORAC CREAM 0.05% .05% (<i>tazarotene</i>)	3	-	
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	4	LMSP-PA-QL QL= 1 inj/56 days	
ZORYVE CREAM .3% (<i>roflumilast (topical)</i>)	2	PA-QL QL= 60 grams/30 days	
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions			
OVACE PLUS CREAM 10% (<i>sulfacetamide sodium</i>)	3	-	
<i>selenium sulfide lotion 1%</i>	EXC	OTC	
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	1	-	

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

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

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

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<i>betamethasone dipropionate lotion .05%</i>	1	-	
<i>betamethasone dipropionate oint .05% (DIPROSONE OINT Equiv)</i>	1	-	
<i>betamethasone valerate cream .1%</i>	1	-	
<i>betamethasone valerate lotion .1%</i>	1	-	
<i>betamethasone valerate oint .1%</i>	1	-	
<i>clobetasol foam .05% (OLUX Equiv)</i>	1	PA	
<i>clobetasol lotion .05% (CLOBEX Equiv)</i>	1	PA	
<i>clobetasol propionate cream .05% (TEMOVATE Equiv)</i>	1	-	
<i>clobetasol propionate emollient cream .05% (TEMOVATE E Equiv)</i>	1	-	
<i>clobetasol propionate gel .05% (TEMOVATE GEL Equiv)</i>	1	-	
<i>clobetasol propionate oint .05% (TEMOVATE Equiv)</i>	1	-	
<i>clobetasol propionate soln .05% (TEMOVATE Equiv)</i>	1	PA	
<i>clobetasol shampoo .05% (CLOBEX Equiv)</i>	1	PA	
<i>clobetasol spray .05% (CLOBEX Equiv)</i>	1	PA	
<i>CLOBEX LOTION .05% (clobetasol propionate)</i>	3	PA	
<i>CLOBEX SHAMPOO .05% (clobetasol propionate)</i>	3	PA	
<i>CLOBEX SPRAY .05% (clobetasol propionate)</i>	3	PA	
<i>DERMA-SMOOTH/FS OIL .01% (fluocinolone acetonide)</i>	2	-	
<i>desoximetasone cream .25% (TOPICORT CREAM Equiv)</i>	1	-	

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

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

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

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ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>)	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 200MG/1.14ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT INJ 100MG/0.67ML 100MG/0.67ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
<i>ammonium lactate lotion 12%, 5%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM 12% (<i>lactic acid (ammonium lactate)</i>)	3	-
LAC-HYDRIN LOTION 12% (<i>lactic acid (ammonium lactate)</i>)	3	-
LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>)	1	-
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		

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<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - Drugs to remove hair		
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-
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 2 years or older
HYFTOR GEL .2% (<i>sirolimus (topical)</i>)	4	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
<i>pimecrolimus cream 1%</i> (ELIDEL Equiv)	1	Covered for members 2 years or older
PROTOPIC OINT .03%, .1% (<i>tacrolimus (topical)</i>)	3	-
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	1	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% (<i>podophyllum resin</i>)	2	-
PODOFILOX SOLN .5% (<i>podofilox</i>)	1	-
<i>podofilox soln</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%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel 2%</i> (GLYDO 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>lidocaine oint</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch 4% (LIDODERM Equiv)</i>	1	QL QL= 3 patches/day
<i>lidocaine patch 5% 5% (LIDODERM Equiv)</i>	1	QL QL= 3 patches/day
<i>lidocaine soln 4% (XYLOCAINE Equiv)</i>	1	-
<i>lidocaine/prilocaine cream 2.5% (EMLA Equiv)</i>	1	-
LIDODERM PATCH 4%, 5% (<i>lidocaine</i>)	3	QL QL= 3 patches/day
SYNERA PATCH 70MG (<i>lidocaine-tetracaine</i>)	3	-
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	1	-
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4% (LUSTRA Equiv)</i>	EXC	-
TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>)	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15% (FINACEA Equiv)</i>	1	-
<i>brimonidine tartrate gel .33% (MIRVASO Equiv)</i>	EXC	-
FINACEA GEL 15% (<i>azelaic acid</i>)	3	-
METROCREAM .75% (<i>metronidazole (topical)</i>)	3	-
METROGEL 1% 1% (<i>metronidazole (topical)</i>)	3	-
METROLOTION .75% (<i>metronidazole (topical)</i>)	3	-

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<i>metronidazole cream .75% (METROCREAM Equiv)</i>	1	-
<i>metronidazole gel 1% (METROGEL Equiv)</i>	1	-
<i>metronidazole gel 0.75% .75% (METROGEL Equiv)</i>	1	-
<i>metronidazole lotion .75% (METROLOTION Equiv)</i>	1	-
MIRVASO GEL .33% (<i>brimonidine tartrate (topical)</i>)	EXC	-
RHOFADE CREAM 1% (<i>oxymetazoline hcl (topical)</i>)	EXC	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
ELIMITE CREAM 5% (<i>permethrin</i>)	3	-
LINDANE SHAMPOO 1% (<i>lindane</i>)	1	-
<i>malathion lotion .5% (OVIDE Equiv)</i>	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% (<i>spinosad</i>)	3	QL QL= 1 bottle/fill
OVIDE LOTION .5% (<i>malathion</i>)	3	QL QL= 2 bottles/fill
<i>permethrin cream 5% (ELIMITE CREAM Equiv)</i>	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>beprotermin</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		

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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
COVID-19 TEST (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 TEST CARTRID (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 8 cartridges/30 days
CUE HEALTH MONITOR (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 1 kit/year
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

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

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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	-
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		

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

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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		
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		
acetazolamide ER cap 500MG (DIAMOX SEQUEL Equiv)	1	-
acetazolamide tab 125MG, 250MG	1	-
methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB (<i>methazolamide</i>)	3	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		

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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
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	-
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	-
DEMADEX TAB (<i>torsemide</i>)	3	-
EDECIRIN TAB 25MG (<i>ethacrynic acid</i>)	3	-
<i>ethacrynic tab 25MG</i> (EDECIRIN 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
FUROSCIX KIT 80MG/10ML (<i>furosemide</i>)	4	LD-QL QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML (LASIX Equiv) (<i>furosemide</i>)	1	-
<i>furosemide soln 10MG/ML</i> (LASIX Equiv)	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG (<i>furosemide</i>)	3	-
<i>torsemide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTONE TAB 100MG, 25MG, 50MG (<i>spironolactone</i>)	3	-
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-
CAROSPIR SUSP 25MG/5ML (<i>spironolactone</i>)	3	PA Prior Authorization required for members age 9 or older
<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 250MG, 500MG (<i>chlorothiazide</i>)	1	-

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<i>chlorothiazide tab 500MG</i>	1	-	
<i>chlorthalidone tab 25MG, 50MG</i>	1	-	
DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>)	2	-	
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-	
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-	
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-	
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	1	-	
MICROZIDE CAP (<i>hydrochlorothiazide</i>)	3	-	
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, 5MG (<i>risedronate sodium</i>)	3	ST Step Therapy requires trial of alendronate	
<i>alendronate sodium oral soln 70MG/75ML</i> (FOSAMAX Equiv)	1	-	
<i>alendronate tab 10MG, 35MG, 70MG</i> (FOSAMAX Equiv)	1	-	
ALENDRONATE TAB 40MG 40MG, 5MG (<i>alendronate sodium</i>)	2	-	
ATELVIA TAB 35MG (<i>risedronate sodium</i>)	3	ST Step Therapy requires trial of alendronate	

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BONIVA TAB 150MG 150MG (<i>ibandronate sodium</i>)	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
FOSAMAX TAB 70MG (<i>alendronate sodium</i>)	3	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG (<i>parathyroid hormone (recombinant)</i>)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
PROLIA INJ 60MG/ML (<i>denosumab</i>)	M	M
<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 (<i>teriparatide (recombinant)</i>)	4	LMSP
TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)	4	LMSP
CORTICOTROPIN ***		

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ACTHAR GEL INJ 80UNIT/ML (<i>corticotropin</i>)	4	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
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 1MG, 2MG (<i>tesamorelin acetate</i>)	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ 12MG, 5MG (<i>somatropin</i>)	4	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG (<i>lonapegsomatropin-tcgd</i>)	4	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
EVISTA TAB 60MG (<i>raloxifene hcl</i>)	3	-

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<i>raloxifene tab 60MG (EVISTA Equiv)</i>	\$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 Accredo 800-803-2523 or Walgreens 888-347-3416
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
LUPRON DEPOT PED INJ 11.25MG, 30MG <i>(leuprolide acetate (cpp) (3 month)</i>)	M	M
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		
ALDURAZYME INJ 2.9MG/5ML (<i>laronidase</i>)	M	M
<i>calcitriol cap .25MCG, .5MCG (ROCALTROL Equiv)</i>	1	-
<i>calcitriol soln 1MCG/ML (ROCALTROL Equiv)</i>	1	-
<i>carglumic acid tab 200MG (CARBAGLU Equiv)</i>	4	LD-PA Only available through Accredo 888-773-7376
CARNITOR SOLN 1GM/10ML (<i>levocarnitine (metabolic modifiers)</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	
CARNITOR TAB 330MG (<i>levocarnitine (metabolic modifiers)</i>)	3	-	
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	4	LMSP	
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	1	-	
FABRAZYME INJ 35MG, 5MG (<i>agalsidase beta</i>)	M	M	
HECTOROL CAP (<i>doxercalciferol</i>)	3	-	
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	1	-	
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	1	-	
PALYNZIQ INJ 20MG/ML (<i>pegvaliase-pqpz</i>)	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523	
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	1	-	
PHEBURANE ORAL PELLETS 483MG/GM (<i>sodium phenylbutyrate</i>)	4	LD Only available through Accredo 800-803-2523	
ROCALTROL CAP .25MCG, .5MCG (<i>calcitriol</i>)	3	-	
ROCALTROL SOLN 1MCG/ML (<i>calcitriol</i>)	3	-	
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	4	LMSP-PA	
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	4	LMSP-PA	

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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
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>)	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
ZEMPLAR CAP 1MCG, 2MCG (<i>paricalcitol</i>)	3	-
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 INJ 4MCG/ML (<i>desmopressin acetate</i>)	3	-
DDAVP NASAL SOLN .01% (<i>desmopressin acetate refrigerated</i>)	3	-
DDAVP NASAL SPRAY .01% (<i>desmopressin acetate spray</i>)	3	-
DDAVP TAB .1MG, .2MG (<i>desmopressin acetate</i>)	3	-
<i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate nasal spray .01%, .1MG/ML</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>)	2	LMSP
PROGESTERONE RECEPTOR ANTAGONISTS ***		
<i>mifepristone tab 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG (<i>mifepristone</i>)	EXC	-

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

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

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

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<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	1	-	
FEMHRT TAB .5MG-2.5MCG (<i>norethindrone acetate-ethinyl estradiol</i>)	3	-	
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	1	-	
MYFEMBREE TAB .5MG-1MG-40MG (<i>relugolix-estradiol-norethindrone acetate</i>)	2	PA-QL QL= 1 tab/day	
ORIAHNN CAP .5MG-1MG-300MG (<i>elagolix sodium-estradiol-norethindrone acetate</i>)	2	PA-QL QL= 2 caps/day	
PREFEST TAB (<i>estradiol-norgestimate</i>)	3	-	
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	-	
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	-	

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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>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR (CLIMARA Equiv)</i>	1	-
<i>estradiol tab .5MG, 1MG, 2MG (ESTRACE Equiv)</i>	1	-
<i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML (DELESTROGEN Equiv)</i>	1	QL QL= 5ml/fill
MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG <i>(esterified estrogens)</i>	3	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG <i>(estrogens, conjugated)</i>	2	-
VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR <i>(estradiol)</i>	3	-
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	-

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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>ciprofloxacin tab 250MG, 500MG, 750MG (CIPRO Equiv)</i>	1	-
LEVAQUIN TAB 250MG, 500MG, 750MG (<i>levofloxacin</i>)	3	-
<i>levofloxacin soln 25MG/ML (LEVAQUIN Equiv)</i>	1	-
LEVOFLOXACIN SOLN 25MG/ML 25MG/ML (<i>levofloxacin</i>)	1	-
<i>levofloxacin tab 250MG, 500MG, 750MG (LEVAQUIN Equiv)</i>	1	-
<i>moxifloxacin tab 400MG (AVELOX Equiv)</i>	1	-
<i>ofloxacin tab 400MG (FLOXIN Equiv)</i>	1	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation		
TRULANCE TAB 3MG (<i>plecanatide</i>)	2	PA
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
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		

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

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ACTIGALL CAP 300MG (<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
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG (<i>metoclopramide hcl</i>)	3	-
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

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

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

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

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<i>mesalamine enema 4GM (ROWASA Equiv)</i>	1	-
<i>mesalamine ER cap .375GM (APRISO Equiv)</i>	1	-
<i>mesalamine supp 1000MG (CANASA Equiv)</i>	1	-
MESALAMINE TAB DR 800MG (<i>mesalamine</i>)	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
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 (AZULFIDINE Equiv)</i>	1	-
<i>sulfasalazine tab 500MG (AZULFIDINE Equiv)</i>	1	-
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 (LOTRONEX Equiv)</i>	1	-
LINZESS CAP 145MCG, 290MCG, 72MCG (<i>linaclotide</i>)	3	PA-QL QL= 1 cap/day
LOTRONEX TAB .5MG, 1MG (<i>alosetron hcl</i>)	3	-
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		
AURYXIA TAB 210MG (<i>ferric citrate</i>)	3	-

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<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 667MG (<i>calcium acetate (phosphate binder)</i>)	3	-	
PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>)	2	-	
RENAGEL TAB 800MG 800MG (<i>sevelamer hcl</i>)	3	-	
RENVELA TAB 800MG (<i>sevelamer carbonate</i>)	3	-	
<i>sevelamer hydrochloride tab 800MG</i> (RENAGEL Equiv)	1	-	
<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	-	

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

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

Last Updated 9/1/2023

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

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167

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	2	-
PROSTATIC HYPERPLASIA 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	-
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)	4	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 100MG, 300MG</i> (ZYLOPRIM Equiv)	1	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	2	-

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

Last Updated 9/1/2023

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

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TAVNEOS CAP 10MG (<i>avacopan</i>)	4	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
HEMATOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		
TAVALISSE TAB 100MG, 150MG (<i>fostamatinib disodium</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
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	-
BRILINTA TAB 60MG, 90MG (<i>ticagrelor</i>)	2	-
CABLIVI INJ KIT 11MG (<i>caplacizumab-yhdp</i>)	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	1	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>clopidogrel tab 75mg 75MG (PLAVIX Equiv)</i>	1	-
<i>dipyridamole tab (PERSANTINE Equiv)</i>	1	-
EFFIENT TAB 10MG, 5MG (<i>prasugrel hcl</i>)	3	-
PLAVIX TAB 75MG 75MG (<i>clopidogrel bisulfate</i>)	3	-
<i>prasugrel tab 10MG, 5MG (EFFIENT Equiv)</i>	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	MSP-PA
CEREZYME INJ 400UNIT (<i>imiglucerase</i>)	M	M
<i>miglustat cap 100MG (ZAVESCA Equiv)</i>	4	LD-PA Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea</i>) <i>(sickle cell disease)</i>	2	-
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
ENDARI POWDER PACK 5GM (<i>glutamine (sickle cell)</i>)	4	LMSP-PA-QL QL= 6 packets/day
OXBRYTA TAB FOR ORAL SUSP 300MG (<i>voxelotor</i>)	4	LD-PA-QL QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
NASCOBAL NASAL SPRAY 500MCG/0.1ML (<i>cyanocobalamin</i>)	3	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	4	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	4	LMSP

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML <i>(filgrastim-aafi)</i>	4	LMSP	
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG <i>(eltrombopag olamine)</i>	4	LMSP-PA	
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML <i>(epoetin alfa-epbx)</i>	4	LMSP	
RETACRIT INJ 40000UNIT/ML <i>(epoetin alfa-epbx)</i>	4	LMSP	
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML <i>(filgrastim-sndz)</i>	4	LMSP	
ZIEXTENZO INJ 6MG/0.6ML <i>(pegfilgrastim-bmez)</i>	4	LMSP	
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders			
ferrex 150 forte cap 1MG-25MCG-150MG	1	-	
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-15 0MG <i>(fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid)</i>	3	-	
folbee tab 1MG-2.5MG-25MG	1	-	
IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG <i>(fe asp gly-fe polysaccharide-succ acd-c-threonic acid-b12-fa)</i>	1	-	

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vitamin b12-folate</i>)	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succinic acid-cysteine acid-b12-folate</i>)	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-cysteine ac-b12-des stomach substitution</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-75 MG-200MG-300MCG (<i>ferrous fumarate w/fa-ds-b complex-vitamin c</i>)	2	-
<i>tricon cap .5MG-1.5MCG-7.5MG-110MG-240MG</i> (TRINSICON Equiv)	1	-
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	-

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

Last Updated 9/1/2023

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<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	1	-
<i>CYKLOKAPRON INJ 1000MG/10ML (tranexamic acid)</i>	M	M
<i>LYSTEDA TAB 650MG (tranexamic acid)</i>	3	-
<i>tranexamic acid inj 1000MG/10ML (CYKLOKAPRON Equiv)</i>	M	M
<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		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>BUTISOL TAB 30MG (butabarbital sodium)</i>	3	-
<i>phenobarbital elixir 20MG/5ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		

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

Last Updated 9/1/2023

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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
FLURAZEPAM CAP 15MG, 30MG (<i>flurazepam hcl</i>)	1	-
HALCION TAB .25MG (<i>triazolam</i>)	3	-
LUNESTA TAB 1MG, 2MG, 3MG (<i>eszopiclone</i>)	3	QL QL= 1 tab/day
<i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML</i> (MIDAZOLAM Equiv)	1	RS Restricted to Neurology Specialist
RESTORIL CAP 15MG 15MG (<i>temazepam</i>)	3	-
RESTORIL CAP 22.5MG 22.5MG (<i>temazepam</i>)	3	-
RESTORIL CAP 30MG 30MG (<i>temazepam</i>)	3	-
RESTORIL CAP 7.5MG 7.5MG (<i>temazepam</i>)	3	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	1	-
<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	-

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<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
<i>ROZEREM TAB 8MG (ramelteon)</i>	3	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	QL Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM <i>(peg 3350-potassium chloride-sod bicarbonate-sod chloride)</i>	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<i>peg 3350 soln (100 gram Moviprep equiv) 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM</i> (MOVIPREP Equiv)	\$0	QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
<i>peg 3350/electrolytes soln 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM</i> (NULYTELY Equiv)	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<i>sodium/magnesium/potassium soln 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML</i> (SUPREP Equiv)	\$0	QL QL= 2 fills/calender year; \$0 for members 45-75 years, all other members covered at generic copay
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		

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

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

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

Last Updated 9/1/2023

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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, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB 200MG (<i>fidaxomicin</i>)	2	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
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

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

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

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days
LANCET DEVICE (<i>lancet devices</i>)	1	OTC
LANCET KIT (<i>lancets misc.</i>)	1	OTC
LANCETS (<i>lancets</i>)	1	OTC
OMNIPOD 5 INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD DASH PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD GO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD STARTER KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
ONETOUCH 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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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	
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	
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	-	
CARETOUCH MIS (<i>needle (disp) 27 g</i>)	1	OTC	
TECHLITE INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	1	OTC	
TECHLITE PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC	
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	1	OTC	
TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC	

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
AJOVY INJ 225MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA-QL QL= 1 pack/28 days
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
<i>ergotamine tartrate/caffeine tab 1MG-100MG</i> (CAFERGOT Equiv)	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
ERGOMAR SL TAB (<i>ergotamine tartrate sl tab</i>)	3	-
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ 140MG/ML, 70MG/ML (<i>erenumab-aooo</i>)	2	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	2	PA-QL QL= 1 inj/28 days

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
EMGALITY INJ 100MG/ML 100MG/ML <i>(galcanezumab-gnlm)</i>	2	PA-QL QL= 3 inj/fill, 6 fills/year	
UBRELVY TAB 100MG, 50MG <i>(ubrogepant)</i>	2	PA-QL QL= 10 tabs/30 days, 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, 5MG <i>(rizatriptan benzoate)</i>	3	QL QL= 12 tabs/fill, 3 fills/60 days	
MAXALT TAB 10MG <i>(rizatriptan benzoate)</i>	3	QL QL= 12 tabs/fill, 3 fills/60 days	
REYVOW TAB 100MG, 50MG <i>(lasmiditan succinate)</i>	2	PA-QL QL= 8 tabs/30 days, 6 fills/year	
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days	
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days	
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (IMITREX Equiv) <i>(sumatriptan succinate)</i>	1	QL QL= 4 inj/fill, 2 fills/30 days	

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

Last Updated 9/1/2023

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<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> (IMITREX Equiv)	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	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG (<i>sodium fluoride</i>)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
MAGNESIUM - Drugs to treat electrolyte disorders		
<i>magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%</i>	M	M
PHOSPHATE - Drugs to treat electrolyte 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
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

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POTASSIUM CHLORIDE TAB ER 8MEQ (<i>potassium chloride</i>)	3	-
SODIUM - Drugs to treat electrolyte disorders		
SOD CHLORIDE INJ .9%, 4MEQ/ML (<i>sodium chloride</i>)	M	M
<i>sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%</i>	M	M
ZINC - Drugs to treat mineral deficiency		
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)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
<i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG</i> (REVLIMID Equiv)	4	LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416

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

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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 Luminera 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
<i>everolimus tab .25MG, .5MG, .75MG, 1MG</i> (ZORTRESS Equiv)	4	LMSP-PA
LUPKYNIS CAP 7.9MG (<i>voclosporin</i>)	4	LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
<i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv)	1	-
MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS)		
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
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>)	4	LMSP-PA

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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
SPS SUSP 15GM/60ML (<i>sodium polystyrene sulfonate</i>)	1	-
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 .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM /119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15G M/237ML (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>)	3	-
<i>lidocaine viscous soln 2% (LIDOCAINE HCL (MOUTH-THROAT) Equiv)</i>	1	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
<i>clotrimazole troches 10MG (MYCELEX TROCHES Equiv)</i>	1	-

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

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<i>nystatin susp 100000UNIT/ML</i>	1	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln .12% (PERIDEX Equiv)</i>	1	-
<i>PERIDEX SOLN .12% (chlorhexidine gluconate (mouth-throat))</i>	3	-
DENTAL PRODUCTS - Drugs to prevent cavities		
<i>FLUORIDEX SENSITIVITY PASTE 1.1%-5% (sodium fluoride-potassium nitrate)</i>	1	-
<i>PREVIDENT SOLN .2% (sodium fluoride (dental))</i>	2	-
<i>sodium fluoride cream 1.1% (PREVIDENT Equiv)</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1% (PREVIDENT Equiv)</i>	1	-
<i>sodium fluoride paste 1.1% (PREVIDENT Equiv)</i>	1	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	1	-
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 (EVOXAC Equiv)</i>	1	-
<i>EVOXAC CAP 30MG (cevimeline hcl)</i>	3	-

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pilocarpine tab 5MG, 7.5MG (SALAGEN Equiv)	1	-
SALAGEN TAB 5MG, 7.5MG (<i>pilocarpine hcl (oral)</i>)	3	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
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	-
NEPHROCAP (<i>b-complex w/ c & folic acid</i>)	3	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	1	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	1	-
V-C FORTE CAP (<i>multiple vitamins w/ minerals</i>)	3	-
<i>v-c forte cap</i> (V-C FORTE Equiv)	1	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
ESCAVITE CHEW TAB (<i>ped multivitamins w/fl & iron</i>)	3	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	1	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS (<i>pediatric multivitamins w/fl</i>)	2	-

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

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MULTIVITAMIN/FLOURIDE CHEW 0.25MG <i>(pediatric multivitamins w/fl)</i>	1	-
MULTIVITAMIN/FLOURIDE CHEW 1MG <i>(pediatric multivitamins w/fl)</i>	1	-
MULTIVITAMIN/FLUORIDE CHEW TAB <i>(pediatric multivitamins w/fl)</i>	1	-
<i>pediatric multiple vitamins/fluoride chew tab</i>	1	-
<i>pediatric multiple vitamins/fluoride soln</i>	1	-
QUFLORA PEDIATRIC CHEW TAB <i>(pediatric multivitamins w/fl)</i>	3	-
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	-

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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
PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal vit w/fe carbonyl-fe bisglyc-methylfol-dss & dha)</i>	3	-
VITAFOL STRIPS <i>(prenatal w/ vit b6-b12-cholecalciferol-folic acid)</i>	3	-
VP-PNV-DHA CAP <i>(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</i>	3	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
BACLOFEN SUSP 25MG/5ML (BACLOFEN Equiv) <i>(baclofen)</i>	1	PA Prior Authorization Required for members age 9 or older
<i>baclofen susp 25MG/5ML</i> (BACLOFEN Equiv)	1	PA Prior Authorization Required for members age 9 or older
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	1	-
<i>carisoprodol tab 350MG</i> (SOMA Equiv)	1	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	1	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	1	-
FLEQUUVY SUSP 1MG/ML, 5MG/ML <i>(baclofen)</i>	3	PA Prior Authorization required for members age 9 or older

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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
LYVISPAN GRANULE PACKET 10MG, 20MG, 5MG <i>(baclofen)</i>	3	PA Members age 9 or older require Prior Authorization
metaxalone tab 400MG, 800MG (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG (<i>metaxalone</i>)	3	-
methocarbamol tab (ROBAXIN Equiv)	1	-
ROBAXIN TAB 750MG (<i>methocarbamol</i>)	3	-
SKELAXIN TAB 800MG (<i>metaxalone</i>)	3	-
SOMA TAB 350MG (<i>carisoprodol</i>)	3	QL QL=120 tabs/30 days
tizanidine tab 2MG, 4MG (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	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		
ALCOHOL SWABS 62% (<i>alcohol (nasal)</i>)	1	OTC
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		

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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>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
<i>fluticasone nasal spray 50MCG/ACT (FLONASE Equiv)</i>	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT <i>(triamcinolone acetonide (nasal))</i>	3	OTC-QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT (NASACORT Equiv)</i>	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT <i>(ciclesonide (nasal))</i>	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
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

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RADICAVA ORS SUSP 105MG/5ML (<i>edaravone</i>)	4	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
RELYVRCIO PAK 1GM-3GM (<i>sodium phenylbutyrate-taurursodiol</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	1	-
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
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
<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 OPHTH SOLN (<i>levobunolol hcl</i>)	3	-

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<i>brimonidine/timolol ophth soln .2%-.5%</i> (COMBIGAN Equiv)	1	-
COSOPT OPHTH SOLN 6.8MG/ML-22.3MG/ML (<i>dorzolamide hcl-timolol maleate</i>)	3	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	1	-
LEVOBUNOLOL OPHTH SOLN .5% (<i>levobunolol hcl</i>)	1	-
<i>levobunolol ophth soln .5%</i>	1	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	1	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	1	-
TIMOPTIC OPHTH SOLN .25%, .5% (<i>timolol maleate (ophth)</i>)	3	-
TIMOPTIC-XE OPHTH GEL .25%, .5% (<i>timolol maleate (ophth)</i>)	3	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<i>atropine ophth oint 1%</i>	1	-
<i>atropine ophth soln 1%</i> (ISOPTO ATROPINE Equiv)	1	-
ATROPINE SUL SOLN 1% OPHTH 1% (<i>atropine sulfate (ophthalmic)</i>)	1	-
CYCLOGYL OPHTH SOLN .5%, 2% (<i>cyclopentolate hcl</i>)	3	-

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CYCLOGYL OPHTH SOLN 1% (<i>cyclopentolate hcl</i>)	3	-	
CYCLOMYDRIL OPHTH SOLN .2%-1% (<i>cyclopentolate w/ phenylephrine</i>)	2	-	
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	1	-	
HOMATROPINE OPHTH SOLN 5% (<i>homatropine hbr</i>)	2	-	
MYDRIACYL OPHTH SOLN (<i>tropicamide ophth soln</i>)	3	-	
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	1	-	
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-	
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			
ALPHAGAN P OPHTH SOLN 0.15% .15% (<i>brimonidine tartrate</i>)	3	-	
APRACLONIDINE OPHTH SOLN .5% (<i>apraclonidine hcl</i>)	2	-	

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<i>apraclonidine ophth soln .5% (IOPIDINE Equiv)</i>	1	-
<i>brimonidine ophth soln 0.15% .15% (ALPHAGAN P 0.15% Equiv)</i>	1	-
<i>brimonidine ophth soln 0.2% .2%</i>	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	-
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	-

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200

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>ciprofloxacin ophth soln .3% (CILOXAN Equiv)</i>	1	-	
<i>erythromycin ophth oint 5MG/GM</i>	1	-	
<i>gatifloxacin ophth soln .5% (ZYMAXID Equiv)</i>	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% (GARAMYCIN Equiv)</i>	1	-	
<i>levofloxacin ophth soln .5% (QUIXIN Equiv)</i>	1	-	
LEVOFLOXACIN OPHTH SOLN 0.5% .5% (<i>levofloxacin (ophth)</i>)	1	-	
<i>moxifloxacin ophth soln .5% (VIGAMOX OPHTH SOLN Equiv)</i>	1	-	
NATACYN OPHTH SUSP 5% (<i>natamycin</i>)	2	QL QL= 15ml/fill	
NEOMYCIN/POLYMICIN/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% (OCUFLOX Equiv)</i>	1	-	

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201

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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>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML (POLYTRIM Equiv)</i>	1	-
POLYTRIM OPHTH SOLN .1%-10000UNIT/ML (<i>polymyxin b-trimethoprim</i>)	3	-
<i>sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)</i>	1	-
<i>tobramycin ophth soln .3% (TOBREX Equiv)</i>	1	-
TOBREX OPHTH OINT .3% (<i>tobramycin (ophth)</i>)	3	-
TOBREX OPHTH SOLN .3% (<i>tobramycin (ophth)</i>)	3	-
TRIFLURIDINE OPHTH SOLN 1% (<i>trifluridine</i>)	1	-
VIGAMOX OPHTH SOLN .5% (<i>moxifloxacin hcl (ophth)</i>)	3	-
ZIRGAN OPHTH GEL .15% (<i>ganciclovir ophthalmic</i>)	2	-
ZYMAXID OPHTH SOLN .5% (<i>gatifloxacin (ophth)</i>)	3	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
RESTASIS OPHTH EMULSION .05% (<i>cyclosporine (ophth)</i>)	1	RS Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
ALCAINE OPHTH SOLN .5% (<i>proparacaine hcl</i>)	3	-
<i>proparacaine ophth soln .5% (ALCAINE Equiv)</i>	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
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)</i>	1	-
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% (<i>sulfacetamide sod-prednisolone</i>)	3	-
DEXAMETHASONE OPHTH SOLN .1% (<i>dexamethasone sodium phosphate (ophth)</i>)	2	-
<i>diloprednate ophth emulsion .05%</i> (DUREZOL Equiv)	1	-
DUREZOL OPHTH EMULSION .05% (<i>diloprednate</i>)	3	-
FLAREX OPHTH SUSP .1% (<i>fluorometholone acetate</i>)	3	-
<i>fluorometholone ophth soln .1%</i> (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% (<i>fluorometholone (ophth)</i>)	3	-
FML LIQUIFLIM OPHTH SUSP .1% (<i>fluorometholone (ophth)</i>)	3	-
FML S.O.P. OPHTH OINT .1% (<i>fluorometholone (ophth)</i>)	3	-
LOTEMAX OPHTH OINT .5% (<i>loteprednol etabonate</i>)	2	-
LOTEMAX OPHTH SUSP .5% (<i>loteprednol etabonate</i>)	3	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>loteprednol etabonate ophth gel .5% (LOTEMAX Equiv)</i>	1	-
<i>loteprednol ophth susp .5% (LOTEMAX Equiv)</i>	1	-
MAXIDEX OPHTH SOLN .1%, 9% (<i>dexamethasone (ophth)</i>)	2	-
MAXITROL OPHTH OINT .1%-3.5MG/GM-10000UNIT/GM (<i>neomycin-polymy-dexameth</i>)	3	-
MAXITROL OPHTH SUSP .1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymy-dexameth</i>)	3	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc (ophth)</i>)	1	-
PRED FORTE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	3	-
PRED FORTE OPHTH SUSP (<i>prednisolone acetate (ophth)</i>)	3	-
PRED MILD OPHTH SOLN .12% (<i>prednisolone acetate (ophth)</i>)	2	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRED-G OPHTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i>	2	-
PREDNISOLONE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	1	-
PREDNISOLONE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	1	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% <i>(prednisolone sodium phosphate (ophth))</i>	2	-
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% <i>(sulfacetamide sod-prednisolone)</i>	1	-
TOBRADEX OPHTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i>	2	-
TOBRADEX OPHTH SOLN .1%-.3% <i>(tobramycin-dexamethasone)</i>	3	-
TOBRADEX ST OPHTH SUSP .05%-.3% <i>(tobramycin-dexamethasone)</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

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205

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
ACULAR (LS) OPHTH SOLN .4%, .5% (<i>ketorolac tromethamine (ophth)</i>)	3	-	
ACUVAIL OPHTH SOLN .45% (<i>ketorolac tromethamine (ophth)</i>)	3	-	
ALOCRIL OPHTH SOLN 2% (<i>nedocromil sodium (ophth)</i>)	2	-	
ALOMIDE OPHTH SOLN .1% (<i>lodoxamide tromethamine</i>)	2	-	
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-	
AZOPT OPHTH SUSP 1% (<i>brinzolamide bepotastine ophth soln 1.5%</i> (BEPREVE Equiv)	3	-	
BEPREVE OPHTH SOLN 1.5% (<i>bepotastine besilate</i>)	3	-	
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	1	-	
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	1	-	
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) (<i>bromfenac sodium (ophth)</i>)	1	-	
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-	
CROMOLYN SODIUM OPHTH SOLN 4% (<i>cromolyn sodium (ophth)</i>)	1	-	
CYSTADROPS SOLN .37% (<i>cysteamine hcl</i>)	4	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007	

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206

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
CYSTARAN OPHTH SOLN .44% (<i>cysteamine hcl</i>)	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416	
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-	
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-	
ELESTAT OPHTH SOLN (<i>epinastine hcl (ophth)</i>)	3	-	
EMADINE OPHTH SOLN (<i>emedastine difumarate</i>)	3	-	
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-	
FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>)	2	-	
ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>)	2	-	
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-	
<i>ketotifen ophth soln .025%</i> (ZADITOR Equiv)	1	OTC OTC covered only	
LASTACAFT OPHTH SOLN .25% (<i>alcaftadine</i>)	3	QL QL= 3ml/30 days	
NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>)	2	-	
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	OTC	
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	OTC-QL QL= 2.5ml/30 days	
PATANOL OPHTH SOLN .1% (<i>olopatadine hcl</i>)	3	-	

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROLENSA OPHTH SOLN .07% (<i>bromfenac sodium (ophth)</i>)	2	-
TRUSOPT OPHTH 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% (XALATAN Equiv)</i>	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>)	2	QL QL= 2.5ml/30 days
TRAVATAN Z DROPS .004% (<i>travoprost</i>)	3	QL QL= 2.5ml/30 days
<i>travoprost ophth soln .004% (TRAVATAN Z Equiv)</i>	1	QL QL= 2.5ml/30 days
XALATAN OPHTH 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% (VOSOL Equiv)</i>	1	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
CIPROFLOXACIN OTIC SOLN .2% (<i>ciprofloxacin hcl (otic)</i>)	2	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>ofloxacin otic soln .3% (FLOXIN Equiv)</i>	1	-
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/hydrocoritisone otic soln</i> 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocoritisone otic susp</i> 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
OTIC STEROIDS - Drugs to treat ear swelling		
ACETASOL HC OTIC SOLN 1%-2% <i>(hydrocortisone</i> <i>w/acetic acid)</i>	1	-
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% <i>(fluocinolone acetonide (otic))</i>	3	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	1	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		
<i>methylergonovine tab .2MG (METHERGINE Equiv)</i>	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, 12GM, 5GM, 6GM (<i>immune globulin (human) iv</i>)	M	M
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	2	KMSP-PA
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	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	2	KMSP-PA

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
MONOCLONAL ANTIBODIES - Drugs to treat various types of cancer and eye conditions		
BEYFORTUS INJ 100MG/ML, 50MG/0.5ML (<i>nirsevimab-alip</i>)	EXC	VAC
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	-
AMPICILLIN CAP 500MG (<i>ampicillin</i>)	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	-

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211

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PFIZERPEN G INJ 2000000UNIT, 5000000UNIT (PFIZERPEN G Equiv) (<i>penicillin g potassium</i>)	M	M
<i>pfizerpen g inj 2000000UNIT, 5000000UNIT</i> (PFIZERPEN G Equiv)	M	M
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<i>amoxicillin/clavulanate susp</i> <i>28.5MG/5ML-200MG/5ML,</i> <i>42.9MG/5ML-600MG/5ML,</i> <i>57MG/5ML-400MG/5ML,</i> <i>62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	1	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg</i> <i>125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM,</i> <i>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	-

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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
AUGMENTIN TAB 125MG-500MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<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 (DYNAPEN Equiv)</i>	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 (MAKENA Equiv)</i>	4	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG (PROVERA Equiv)</i>	1	-
<i>norethindrone tab 5MG (AYGESTIN Equiv)</i>	1	-
<i>progesterone cap 100MG, 200MG (PROMETRIUM Equiv)</i>	1	-
PROMETRIUM CAP 100MG, 200MG (<i>progesterone</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
PROVERA TAB 10MG, 2.5MG, 5MG <i>(medroxyprogesterone acetate)</i>	3	-
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 250MG, 500MG (<i>disulfiram</i>)	3	-
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	1	-
ANTI-CATAPECTIC AGENTS - Drugs to treat sleep disorders		
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
<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

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

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<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 ER CAP 16MG, 24MG, 8MG (<i>galantamine hydrobromide</i>)	3	-
RAZADYNE TAB 12MG, 4MG, 8MG (<i>galantamine hydrobromide</i>)	3	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG <i>(chlordiazepoxide-amitriptyline)</i>	1	-
olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG <i>(perphenazine-amitriptyline)</i>	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG <i>(olanzapine-fluoxetine hcl)</i>	3	-
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		
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
tetrabenazine tab 12.5MG, 25MG (XENAZINE Equiv)	4	LMSP-PA

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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
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>)	4	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	4	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	4	LMSP
EXTAVIA INJ .3MG (<i>interferon beta-1b</i>)	4	MSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	4	LMSP QL= 1 cap/day
GILENYA CAP 0.25MG .25MG (<i>fingolimod hcl</i>)	4	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	4	LMSP
KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</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

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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>teriflunomide tab 14MG, 7MG (AUBAGIO TAB Equiv)</i>	4	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
PSEUDOLOBULBAR 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		
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 150MG (ZYBAN Equiv)</i>	\$0	SMKG
<i>nicotine gum 2MG, 4MG (NICORETTE Equiv)</i>	\$0	OTC-SMKG
<i>NICOTINE KIT (nicotine)</i>	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG (COMMIT Equiv)</i>	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR (NICODERM Equiv)</i>	\$0	OTC-SMKG
<i>NICOTROL INHALER 10MG (nicotine)</i>	\$0	SMKG
<i>NICOTROL NASAL SPRAY 10MG/ML (nicotine)</i>	\$0	SMKG
<i>VARENICLINE PAK (varenicline tartrate)</i>	\$0	SMKG

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VARENICLINE TAB .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	SMKG
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML (<i>inotersen sodium</i>)	4	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 13.4MG, 25MG, 50MG, 75MG (<i>ivacaftor</i>)	4	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG (<i>ivacaftor</i>)	4	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG (<i>lumacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML (<i>dornase alfa</i>)	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 2 tabs/day

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TRIKAFTA TAB 25MG-50MG, 50MG-100MG <i>(elexacaftor-tezacaftor-ivacaftor)</i>	4	KMSP-PA-QL QL= 84 tabs/28 days
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG <i>(elexacaftor-tezacaftor-ivacaftor)</i>	4	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
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)	4	LMSP-PA-QL-SF QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 3 tabs/day
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		

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<i>sulfadiazine tab 500MG</i>	1	-
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
<i>demeclercycline tab 150MG, 300MG (DECLOMYCIN Equiv)</i>	1	-
<i>doxycycline hyclate cap 100MG, 50MG (VIBRAMYCIN Equiv)</i>	1	-
<i>doxycycline hyclate tab 100MG, 20MG (VIBRATAB Equiv)</i>	1	-
<i>doxycycline monohydrate cap 100mg 100MG (MONODOX Equiv)</i>	1	-
<i>doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)</i>	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)</i>	1	-
<i>doxycycline susp 25MG/5ML (VIBRAMYCIN Equiv)</i>	1	-
<i>MINOCIN CAP 100MG, 50MG (<i>minocycline hcl</i>)</i>	3	-
<i>minocycline cap 100MG, 50MG, 75MG (MINOCIN Equiv)</i>	1	-
<i>MONODOX CAP (<i>doxycycline (monohydrate)</i>)</i>	3	-
<i>tetracycline cap 250MG, 500MG</i>	1	-
<i>VIBRAMYCIN CAP 100MG (<i>doxycycline hyclate</i>)</i>	3	-
<i>VIBRAMYCIN SUSP 25MG/5ML (<i>doxycycline (monohydrate)</i>)</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
VIBRAMYCIN SYRUP 50MG/5ML (<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	-
<i>propylthiouracil tab 50MG</i>	1	-
TAPAZOLE TAB 10MG, 5MG (<i>methimazole</i>)	3	-
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 120MG, 130MG, 146.25MG, 15MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 30MG, 32.5MG, 325MG, 48.75MG, 60MG, 65MG, 81.25MG, 90MG, 97.5MG (<i>thyroid</i>)	1	-
ARMOUR THYROID TAB, NATURE THROID TAB 60MG (<i>thyroid</i>)	1	-
CYTOMEL TAB 25MCG, 50MCG, 5MCG (<i>liothyronine sodium</i>)	3	-
<i>levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG</i> (SYNTHROID Equiv)	1	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	1	-

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (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	-	
TIROSINT-SOL 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML (<i>levothyroxine sodium</i>)	3	PA-QL QL=1 ml/day; Prior Authorization required for members age 9 or older	
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	
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ 5LFU/0.5ML-25LFU/0.5ML (<i>diphtheria-tetanus toxoids (dt)</i>)	EXC	VAC	

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KINRIX INJ, QUADRACEL DTAP-IPV INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML <i>(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)</i>	EXC	VAC
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML <i>(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)</i>	EXC	VAC
PENTACEL INJ 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML <i>(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)</i>	EXC	VAC
TETANUS/DIPHThERIA TOXOID INJ 2LF/0.5ML <i>(tetanus-diphtheria toxoids (td))</i>	\$0	VAC Covered for members age 19 years or older
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</i> (BENTYL Equiv)	1	-

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<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv)	1	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
LEVIBID TAB .375MG (<i>hyoscyamine sulfate</i>)	3	-
LEVSIN SL TAB .125MG (<i>hyoscyamine sulfate</i>)	3	-
LEVSIN TAB .125MG (<i>hyoscyamine sulfate</i>)	3	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	1	-
ROBINUL TAB 1MG, 2MG (<i>glycopyrrolate</i>)	3	-
SYMAX DUOTAB .375MG (<i>hyoscyamine sulfate</i>)	3	-
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, 300MG</i> (AXID Equiv)	1	-
NIZATIDINE SOLN 15MG/ML (<i>nizatidine</i>)	3	PA Members age 9 or older require Prior Authorization
PEPCID SUSP (<i>famotidine</i>)	3	-

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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	-
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	-

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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		
<i>omeprazole tab 20MG</i>	1	OTC
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
ZEGERID CAP OTC 20MG-1100MG (<i>omeprazole-sodium bicarbonate</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 15MG, 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	-

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

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OXYTROL PATCH (OTC) 3.9MG/24HR (<i>oxybutynin</i>)	1	OTC	
<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	-	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms			
MYRBETRIQ TAB 25MG, 50MG (<i>mirabegron</i>)	2	-	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention			
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	1	-	
URECHOLINE TAB 10MG, 25MG, 50MG, 5MG (<i>bethanechol chloride</i>)	3	-	
VACCINES - Drugs to prevent infection			
BACTERIAL VACCINES - Drugs to prevent infection			
ACTHIB INJ, HIBERIX INJ 10MCG (<i>haemophilus b polysac conj vac</i>)	EXC	VAC	
BEXSERO INJ (<i>meningococcal vac group b (recombast omv adjuvanted)</i>)	\$0	VAC Covered for members age 19 years or older	

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MENVEO INJ (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	EXC	VAC
PEDVAXHIB INJ 7.5MCG/0.5ML (<i>haemophilus b polysac polysac conj vac</i>)	EXC	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 vaccine/lifetime; Covered for members age 19 years or older
TRUMENBA INJ (<i>meningococcal group b vaccine (recombinant)</i>)	\$0	VAC Covered for members age 19 years or older
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	\$0	QL-VAC QL= 1 vaccine/lifetime
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>)	\$0	QL-VAC QL= 1 inj/28 days

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

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ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 40MCG/ML, 5MCG/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	\$0	VAC Covered for members age 19 years or older
FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUAD QUAD INJ .5ML (<i>influenza virus vac types a & b surf antigen adjuvant quad</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK QUAD PF INJ (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX QUAD INJ (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLULALVAL QUAD INJ, FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP (<i>influenza virus vaccine live quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ (<i>influenza virus vac split high-dose quad preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ (<i>influenza virus vaccine split high-dose preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days

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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
IPOL INJ (<i>poliovirus vaccine, ipv</i>)	EXC	VAC
PREHEVBRIOSUSP 10MCG/ML (<i>hepatitis b vaccine 3-antigen recombinant</i>)	\$0	VAC
RABAVERT INJ (<i>rabies vaccine, pcc</i>)	\$0	VAC
ROTARIX SUSP (<i>rotavirus vaccine, live oral</i>)	EXC	VAC
ROTATEQ INJ (<i>rotavirus vaccine, live oral pentavalent</i>)	EXC	VAC
SHINGRIX INJ 50MCG/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	\$0	VAC Covered for members age 19 years or older
SPIKEVAX INJ 100MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days
VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>)	\$0	VAC Covered for members age 19 years or older
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		

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

232

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CLINDESSE VAGINAL CREAM 2% (<i>clindamycin phosphate (one dose)</i>)	3	QL QL= 1 applicator (5 grams)/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 4% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% (<i>nonoxynol-9</i>)	\$0	OTC
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	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
METROGEL VAGINAL GEL .75% (<i>metronidazole vaginal</i>)	3	-
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG (<i>miconazole nitrate vaginal</i>)	3	-
TERAZOL CREAM (<i>terconazole vaginal</i>)	3	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>)	1	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	1	-
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	-
<i>estradiol vaginal tab, yuvaferm 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	-

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

Last Updated 9/1/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	1	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
<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/ fe fum-fa-omega fatty acids)</i>	3	-

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PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	1	-
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>cholecalciferol cap 50000 unit 1.25MG, 50000UNIT</i>	1	OTC
DRISDOL CAP 50000UNIT (<i>ergocalciferol</i>)	3	-
MEPHYTON TAB 5MG (<i>phytonadione</i>)	3	-
<i>phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)</i>	1	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	1	Rx covered Only
<i>vitamin D cap 1000unit 1000UNIT, 25MCG</i>	\$0	OTC
<i>vitamin D cap 400unit 400UNIT</i>	\$0	OTC
VITAMIN D TAB 400UNIT 400UNIT (<i>ergocalciferol</i>)	\$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>niacin cap</i>	1	OTC
<i>niacin CR tab 250MG, 500MG, 750MG (SLO-NIACIN Equiv)</i>	1	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	1	OTC
NIACIN TR TAB 1000MG (<i>niacin</i>)	1	OTC
<i>niacinamide tab 100MG, 500MG</i>	1	OTC
POTABA CAP 500MG (<i>potassium aminobenzoate</i>)	3	-
POTABA POWDER PACKET (<i>potassium aminobenzoate</i>)	2	-
SLO-NIACIN TAB 250MG, 500MG, 750MG (<i>niacin</i>)	3	OTC

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ALPHABETICAL LISTING OF DRUGS

A		ACCU-CHEK TEST STRIP	148	ACTOS TAB	54
abacavir soln	102	ACCUPRIL TAB	66	ACULAR (LS) OPHTH	206
abacavir tab	102	ACCURETIC TAB	69	SOLN	
abacavir/lamivudine tab	102	acebutolol cap	112	ACUVAIL OPHTH SOLN	206
abacavir/lamivudine/zidovudine tab	102	acetaminophen/codeine soln	15	acyclovir cap	109
ABILIFY TAB	102	acetaminophen/codeine tab	15	acyclovir oint	140
abiraterone tab 250mg	83	ACETASOL HC OTIC	209	acyclovir susp	110
ABSTRAL SL TAB	11	SOLN		acyclovir tab	110
acamprosate calcium DR tab	214	acetazolamide ER cap	150	ADACEL/BOOSTRIX INJ	223
acarbose tab	47	acetazolamide tab	150	ADAGEN INJ	114
ACCOLATE TAB	26	acetic acid otic soln	208	ADALAT CC TAB	114
ACCU-CHEK AVIVA PLUS METER	180	acetic acid/hydrocortisone otic soln	209	adapalene cream	133
ACCU-CHEK AVIVA PLUS TEST STRIP	148	acetylcysteine soln	132	adapalene gel	133
ACCU-CHEK GUIDE CARE METER	180	ACIPHEX TAB	226	adapalene/benzoyl peroxide gel 0.1-2.5%	133
ACCU-CHEK GUIDE ME KIT	181	acitretin cap	138	adapalene/benzoyl peroxide gel 0.3-2.5%	
ACCU-CHEK GUIDE TEST STRIP	148	ACTEMRA ACTPEN INJ	7	ADBRY INJ	144
ACCU-CHEK NANO METER	181	ACTEMRA SC INJ	7	adefovir dipivoxil tab	108
ACCU-CHEK SMARTVIEW TEST STRIP	148	ACTHAR GEL INJ	155	ADEMPAS TAB	121
		ACTHIB INJ, HIBERIX INJ	228	ADIPEX-P CAP	1
		ACTIGALL CAP	163	ADIPEX-P TAB	1
		ACTIMMUNE INJ	94	ADMELOG SOLOSTAR	52
		ACTIQ LOZENGE	11	INJ, INSULIN LISPRO	
		ACTIVELLA TAB	159	KWIKPEN INJ (JUNIOR)	
		ACTONEL TAB	153	ADVAIR DISKUS	28
		ACTOPLUS MET XR TAB	47	INHALER	
				ADVAIR HFA INHALER	28

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ALPHABETICAL LISTING OF DRUGS

AEROCHAMBER	184	ALDARA CREAM	145	alosetron tab	165
AEROCHAMBER SUPPLIES	184	ALDURAZYME INJ	156	ALPHAGAN P OPHTH	199
AFLURIA INJ	229	ALECENSA CAP	86	SOLN 0.15%	
AFLURIA INJ, FLUZONE INJ	229	alendronate sodium oral soln	153	alprazolam tab	23
AGRYLIN CAP	170	alendronate tab	153	ALTACE CAP	66
AIMOVIG INJ	184	ALENDRONATE TAB 40MG	153	ALUNBRIG TAB 30MG	86
AJOVY INJ	184	ALFERON-N INJ	94	ALUNBRIG TAB 90MG, 180MG	86
AKYNZEO CAP	59	alfuzosin SR tab	168	amantadine cap	95
albendazole tab	20	ALINIA SUSP	74	amantadine syrup	96
ALBENZA TAB	20	ALINIA TAB	74	amantadine tab	96
albuterol HFA inhaler	28	aliskiren tab	73	AMARYL TAB	55
albuterol neb soln	28	ALKERAN TAB	80	AMBIEN CR TAB	176
ALBUTEROL NEBULIZER SOLN	28	ALKINDI SPRINKLE CAP 0.5MG	127	AMBIEN TAB	176
albuterol sulfate syrup	28	ALKINDI SPRINKLE CAP 127		ambrisentan tab	119
albuterol sulfate tab	28	1MG		amethyst tab	123
albuterol/ipratropium neb soln	28	ALLEGRA ODT	61	AMICAR SOLN	174
ALCAINE OPHTH SOLN	202	allopurinol tab	168	AMICAR TAB	174
alclometasone cream	140	ALOCRIL OPHTH SOLN	206	amikacin inj	5
alclometasone oint	140	ALOGLIPTIN TAB	50	amiloride tab	152
ALCOHOL SWABS	183	ALOGLIPTIN-METFORM IN TAB	47	AMILORIDE/HCTZ TAB	151
ALDACTAZIDE TAB	151	ALOGLIPTIN-PIOGLITAZONE TAB	47	amiloride/hydrochlorothiazide tab	151
ALDACTAZIDE TAB 50-50MG	151	ONE TAB		aminocaproic acid soln	175
ALDACTONE TAB	152	ALOMIDE OPHTH SOLN	206	aminocaproic acid tab	175
		ALORA PATCH	160	amiodarone tab	24
				amitriptyline tab	45

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ALPHABETICAL LISTING OF DRUGS

AMJEVITA	6	amphetamine/dextroamphe tamine ER cap	1	ANZEMET TAB	58
AUTO-INJECTOR (1 PEN PACK)		amphetamine/dextroamphe tamine tab	1	apraclonidine ophth soln	199
AMJEVITA	6	AMPICILLIN CAP	211	aprepitant pak	59
AUTO-INJECTOR (2 PEN PACK)		ampicillin/sulbactam inj	212	APTIVUS CAP	102
amlodipine tab	114	ANADROL TAB	18	APTIVUS SOLN	102
amlodipine/atorvastatin tab	117	ANAFRANIL CAP	45	aranelle tab	123
amlodipine/benazepril cap	69	anagrelide cap	170	arformoterol tartrate neb	28
amlodipine/olmesartan tab	69	ANASPAZ ODT	224	soln	
amlodipine/valsartan tab	69	anastrozole tab	83	ARICEPT TAB	214
ammonium lactate cream	144	ANCOBON CAP	60	ARICEPT TAB 23MG	214
ammonium lactate lotion	144	ANDRODERM PATCH	18	ARIMIDEX TAB	83
amnesteem cap, claravis cap, isotretinoin cap,	133	ANDROGEL 1% 25MG	18	ariPIPRAZOLE soln	102
myorisan cap, zenatane cap		ANDROGEL 1% 50MG,	18	ariPIPRAZOLE tab	102
AMOXAPINE TAB	45	TESTIM GEL 1%		ARIIXTRA INJ	32
amoxicillin cap	211	ANDROGEL 1.62%	18	armodafinil tab	3
AMOXICILLIN CHEW TAB	211	1.25GM		ARMOUR THYROID	222
amoxicillin susp	211	ANDROGEL 1.62%	18	TAB, NATURE THROID	
amoxicillin tab	211	2.5GM		TAB	
AMOXICILLIN/CLAVUL	212	ANDROGEL PUMP 1%	18	ARNUITY ELLIPTA	27
ANATE ER TAB		ANDROGEL PUMP	18	INHALER	
amoxicillin/clavulanate susp	212	1.62%		AROMASIN TAB	83
amoxicillin/clavulanate tab	212	ANNOVERA RING	126	ARTHROTEC TAB	8
500-125mg, 875-125mg		ANORO ELLIPTA	28	asenapine maleate SL tab	100
		INHALER		ASMANEX HFA	27
		ANTABUSE TAB	214	INHALER	
		ANUSOL-HC CREAM	20	ASMANEX INHALER	27
				aspirin chew tab 81mg	11
				aspirin ec tab 81mg	11

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ALPHABETICAL LISTING OF DRUGS

ASTAMED MYO CAP	149	AVODART CAP	168	BACTRIM DS TAB	74
atazanavir cap	102	AVONEX INJ	217	BALCOLTRA TAB	123
ATELVIA TAB	153	AYGESTIN TAB	213	balsalazide cap	164
atenolol tab	113	AYVAKIT TAB	85	BALVERSA TAB 3MG	86
atenolol/chlorthalidone tab	69	AZASITE SOLN	200	BALVERSA TAB 4MG	86
atomoxetine cap	3	azathioprine tab	111	BALVERSA TAB 5MG	86
ATORVALIQ SUSP	64	azelaic acid gel	146	BANZEL SUSP	34
atorvastatin tab	64	azelastine nasal spray 0.1%	195	BAQSIMI NASAL	49
atovaquone susp	74	azelastine ophth soln	206	POWDER	
atovaquone/proguanil tab	77	AZILECT TAB	97	BARACLUDE SOLN	108
ATRALIN GEL, RETIN-A GEL	133	azithromycin susp	179	B-D AUTOSHIELD DUO	183
atropine ophth oint	198	azithromycin tab	179	PEN NEEDLE	
atropine ophth soln	198	AZOPT OPHTH SUSP	206	B-D INSULIN SYRINGE	183
ATROPINE SUL SOLN 1% OPHTH	198	AZOR TAB	70	U-500	
ATROVENT HFA INHALER	25	AZULFIDINE EN TAB	164	BECONASE AQ NASAL	196
AUGMENTIN ES-600 SUSP	212	AZULFIDINE TAB	164	SPRAY	
AUGMENTIN SUSP	212	B		benazepril tab	66
AUGMENTIN TAB	213	BACITRACIN OPHTH OINT	200	benazepril/hydrochlorothia	70
AURYXIA TAB	165	bacitracin/neomycin/poly	200	zide tab	
AVALIDE TAB	69	myxin b ophth oint		BENICAR HCT TAB	70
AVANDIA TAB	55	bacitracin/polymyxin b	200	BENLYSTA	190
AVAPRO TAB	67	ophth oint		AUTO-INJECTOR	
AVELOX TAB	161	bacitracin/polymyxin/neo	203	BENLYSTA INJ	190
aviane tab	123	mycin/hydrocortisone		BENTYL CAP	224
		ophth oint		BENTYL SYRUP	224
		BACLOFEN SUSP	194	BENZACLIN GEL	133
		baclofen tab	194	BENZAMYCIN GEL	133
				BENZNIDAZOLE TAB	21

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ALPHABETICAL LISTING OF DRUGS

benzonatate cap 100mg, 200mg	130	bethanechol tab	228	brimonidine ophth soln	200
benztropine tab	95	bexarotene cap	94	0.2%	
bepotastine ophth soln	206	bexarotene gel	137	brimonidine tartrate gel	146
BEPREVE OPHTH SOLN	206	BEXSERO INJ	228	brimonidine/timolol ophth	198
BETAGAN OPHTH SOLN	197	BEYFORTUS INJ	211	soln	
betamethasone augmented cream	140	BIAXIN TAB	179	brinzolamide ophth susp	206
BETAMETHASONE AUGMENTED GEL	140	bicalutamide tab	83	bromfenac ophth soln	206
betamethasone augmented lotion	140	BIKTARVY TAB	103	BROMFENAC OPHTH	206
betamethasone augmented ointment	140	BILTRICIDE TAB	21	SOLN 0.09% (TWICE DAILY)	
betamethasone dipropionate cream	140	bimatoprost ophth soln	145	bromocriptine cap	96
betamethasone dipropionate lotion	141	bisoprolol tab	113	bromocriptine tab	96
betamethasone dipropionate oint	141	bisoprolol/hydrochlorothia	70	BROVANA NEB SOLN	29
betamethasone valerate cream	141	zide tab		BROVEX PEB LIQUID	130
betamethasone valerate lotion	141	BLEPH-10 OPHTH SOLN	200	BRUKINSA CAP	87
betamethasone valerate ointment	141	BLEPHAMIDE S.O.P.	203	budesonide ER tab	127
BETAPACE AF TAB	113	OPHTH OINT		budesonide inh susp	27
BETAPACE TAB	113	BONIVA TAB 150MG	154	budesonide rectal foam	20
		bosentan tab	120	budesonide SR cap	127
		BOSULIF TAB	86	bumetanide tab	151
		BRAFTOVI CAP 75MG	87	buprenorphine patch	17
		BREO ELLIPTA	29	buprenorphine SL tab	17
		INHALER		buprenorphine/naloxone sl film	17
		BREZTRI AEROSPHERE	29	buprenorphine/naloxone	17
		INHALER		SL tab	
		BRILINTA TAB	170	bupropion ER tab	42
		brimonidine ophth soln	200	bupropion SR tab	218
		0.15%			

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ALPHABETICAL LISTING OF DRUGS

bupropion tab	42	calcipotriene soln	138	carbidopa-levodopa-entaca	98
bupropion XL tab	42	calcitonin nasal spray	154	pone tab	
buspirone tab	22	calcitriol cap	156	CARBINOXAMINE SOLN	61
busulfan inj	80	CALCITRIOL OINT	138	carbinoxamine tab	61
BUSULFEX INJ	80	calcitriol soln	156	CARDIZEM CD CAP	115
BUTISOL TAB	175	calcium acetate cap	166	CARDIZEM TAB	115
butorphanol nasal spray	17	CALIBRATION LIQUID	181	CARDURA TAB	68
BUTRANS PATCH	17	CALQUENCE CAP	87	CARETOUCH MIS	183
BYDUREON BCISE	50	CALQUENCE TAB	87	carglumic acid tab	156
AUTO INJ		CAMZYOS CAP	117	carisoprodol tab	194
BYDUREON INJ	51	capecitabine tab	80	CARNITOR SOLN	156
BYDUREON PEN INJ	51	CAPRELSA TAB	87	CARNITOR TAB	157
BYETTA INJ	51	captopril tab	66	CAROSPIR SUSP	152
BYLVAY CAP 1200MCG	163	CAPTOPRIL/HYDROCHL	70	carvedilol tab	112
BYLVAY CAP 400MCG	164	OROTHIAZIDE TAB		CASODEX TAB	83
BYLVAY SPRINKLE CAP 200MCG	164	CARAFATE SUSP	227	CATAPRES TAB	68
BYLVAY SPRINKLE CAP 600MCG	164	CARAFATE TAB	226	CATAPRES-TTS PATCH	68
		carbamazepine chew tab	34	CAVERJECT INJ	117
		carbamazepine ER cap	34	CAYSTON INH SOLN	75
		carbamazepine ER tab	34	cefaclor cap	122
		carbamazepine susp	34	CEFACLOR ER TAB	122
C		carbamazepine tab	34	CEFACLOR SUSP	122
cabergoline tab	159	CARBATROL CAP	34	cefazolin inj	121
CABLIVI INJ KIT	170	carbidopa tab	95	CEFAZOLIN INJ	122
CABOMETYX TAB	87	carbidopa/levodopa ER tab	96	cefdinir cap	122
CADUET TAB	117	CARBIDOPA/LEVODOPA ODT	96	cefdinir susp	122
CALAN SR TAB	115	carbidopa/levodopa tab	96	CEFDITOREN TAB	122
CALAN TAB	115			cefixime cap	122
calcipotriene cream	138				
calcipotriene oint	138				

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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ALPHABETICAL LISTING OF DRUGS

cefixime susp	122	chlorpromazine tab	101	CINRYZE INJ	169
cefotaxime inj	123	chlorthalidone tab	153	CIPRO HC OTIC SUSP	209
cefoxitin inj	122	chlorzoxazone tab 500mg	194	CIPRO SUSP	161
cefopodoxime proxetil susp	123	CHOLBAM CAP	162	CIPRO TAB	161
cefopodoxime proxetil tab	123	cholecalciferol cap 50000	236	CIPRODEX OTIC SUSP	209
ceftriaxone inj	123	unit		CIPROFLOXACIN	161
cefuroxime tab	122	cholestyramine lite	63	100MG TAB	
CELEBREX CAP	8	powder		ciprofloxacin ophth soln	201
celecoxib cap	8	cholestyramine lite	63	CIPROFLOXACIN OTIC	208
CELEXA TAB	43	powder pack		SOLN	
CELONTIN CAP	41	cholestyramine powder	63	ciprofloxacin susp	161
CENTANY OINT	135	cholestyramine powder	63	ciprofloxacin tab	162
cephalexin cap	122	pack		ciprofloxacin/dexamethaso	209
cephalexin susp	122	CIBINQO TAB	144	ne otic susp	
CERDELGA CAP	171	ciclopirox cream	135	citalopram soln	43
CEREZYME INJ	171	ciclopirox gel	136	citalopram tab	43
CERVICAL CAP	180	ciclopirox nail soln	136	CITRULLINE PACKET	197
CESAMET CAP	59	ciclopirox shampoo	136	CLARINEX SYRUP	61
cesia tab	124	ciclopirox topical susp	136	CLARINEX TAB	61
cevimeline cap	191	cilostazol tab	170	CLARINEX-D TAB	130
CHEMET CAP	56	CILOXAN OPHTH OINT	200	clarithromycin ER tab	179
chlordiazepoxide cap	23	CILOXAN OPHTH SOLN	200	CLARITHROMYCIN	179
CHLORDIAZEPOXIDE/A	216	CIMDUO TAB	103	SUSP	
MITRIPTYLINE TAB		cimetidine tab	225	clarithromycin tab	179
chlorhexidine gluconate	191	CIMZIA INJ	164	CLARITIN CHEW TAB	61
soln		CIMZIA STARTER INJ	164	CLEOCIN CAP	75
chloroquine tab	77	KIT		CLEOCIN SOLN	75
CHLOROTHIAZIDE TAB	152	cinacalcet tab	157		

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ALPHABETICAL LISTING OF DRUGS

CLEOCIN VAGINAL CREAM	233	clobetasol propionate oint clobetasol propionate soln	141 141	colchicine/probenecid tab colesevelam pack	168 63
CLEOCIN VAGINAL SUPP	233	clobetasol shampoo clobetasol spray	141 141	colesevelam tab COlestid Granule	63 63
CLEOCIN-T LOTION	133	CLOBEX LOTION	141	COlestid Powder	63
CLEOCIN-T PAD	133	CLOBEX SHAMPOO	141	PACK	
CLEOCIN-T SOLN	133	CLOBEX SPRAY	141	COlestid Tab	63
CLIMARA PATCH	160	clomipramine cap	45	colestipol granule	63
clindamycin cap	75	clonazepam ODT	33	colestipol powder packet	63
clindamycin gel	133	clonazepam tab	33	colestipol tab	63
clindamycin lotion	134	clonidine ER tab	3	COLY-MYCIN S OTIC	209
clindamycin pad	134	clonidine patch	68	SUSP	
clindamycin soln	75	clonidine tab	68	COMBIVENT RESPIMAT	29
clindamycin topical soln	134	clopidogrel tab 75mg	171	INHALER	
clindamycin vaginal cream	233	clotrimazole troches	190	COMETRIQ KIT	87
clindamycin/benzoyl peroxide gel	134	clotrimazole/betamethason e cream	136	COMIRNATY INJ	230
CLINDESSE VAGINAL CREAM	233	clozapine tab	100	COMPLERA TAB	103
clobazam susp	33	CLOZARIL TAB	100	COMTAN TAB	95
clobazam tab	33	COARTEM TAB	77	CONCEPT DHA CAP	193
clobetasol foam	141	CODEINE SULFATE TAB	11	CONCEPTROL GEL	233
clobetasol lotion	141	15MG		CONTRACEPTIVE FILM	233
clobetasol propionate cream	141	CODEINE SULFATE TAB	12	CONTRACEPTIVE FOAM	233
clobetasol propionate	141	60MG		CONTRACEPTIVE GEL	233
emollient cream		codeine sulfate tablet	12	CONTRACEPTIVE SUPP	233
clobetasol propionate gel	141	15mg, 30mg		CONTRAVE TAB	2
		COLAZAL CAP	164	COPIKTRA CAP	87
		colchicine tab	168	CORDARONE TAB	24
				COREG TAB	112

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ALPHABETICAL LISTING OF DRUGS

CORGARD TAB	113	COVID-19 VACCINE INJ	230	CYCLOPHOSPHAMIDE	80
CORLANOR TAB	121	(NOVAVAX)		CAP	
CORTEF TAB	127	COZAAR TAB	67	CYCLOPHOSPHAMIDE	80
CORTENEMA	20	CREATINE PACKET	197	TAB	
CORTISPORIN CREAM	135	5000MG		CYCLOSET TAB	50
CORTISPORIN OINT	135	CREON CAP	150	cyclosporine cap	111
COSOPT OPHTH SOLN	198	CRESTOR TAB	64	cyclosporine modified cap	111
COTELLIC TAB	87	CRINONE GEL	235	cyclosporine modified	111
COUMADIN TAB	31	CRIXIVAN CAP	103	soln	
COVID-19 TEST	148	cromolyn conc	163	CYKLOKAPRON INJ	175
COVID-19 VACCINE	230	cromolyn neb soln	25	cyproheptadine syrup	62
BIVALENT BOOSTER INJ (MODERNA)		cromolyn ophth soln	206	cyproheptadine tab	62
COVID-19 VACCINE	230	CROMOLYN SODIUM	206	CYSTADROPS SOLN	206
BIVALENT BOOSTER INJ (PFIZER)		OPHTH SOLN		CYSTAGON CAP	167
COVID-19 VACCINE	230	cryselle tab	124	CYSTARAN OPHTH	207
BIVALENT BOOSTER INJ 5-11Y (PFIZER)		CUE COVID-19 TEST	148	SOLN	
COVID-19 VACCINE	230	CARTRID		CYTOMEL TAB	222
BIVALENT BOOSTER INJ		CUE HEALTH MONITOR	148	CYTOTEC TAB	226
6M-4Y (PFIZER)		CUVPOSA SOLN	226	CYTRA K CRYSTALS	166
COVID-19 VACCINE	230	cyanocobalamin inj	172	CYTRA-3 SYRUP	167
BIVALENT BOOSTER INJ		cyclobenzaprine tab 10mg	194	D	
6M-5Y (MODERNA)		cyclobenzaprine tab 5mg	194	dabigatran etexilate	32
COVID-19 VACCINE INJ	230	CYCLOGYL OPHTH	198	mesylate cap	
(JANSSEN)		SOLN		dalfampridine ER tab	217
		CYCLOMYDRIL OPHTH	199	DALIRESP TAB	26
		SOLN		danazol cap	18
		cyclopentolate ophth soln	199	DANTRIUM CAP	195
				dantrolene cap	195

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ALPHABETICAL LISTING OF DRUGS

dapsone tab	75	DEPO-MEDROL INJ	127	dexamethasone sodium	128
darifenacin SR tab	227	DEPO-MEDROL INJ,	127	phosphate inj	
darunavir tab	103	METHYLPREDNISOLON		DEXAMETHASONE	128
DDAVP INJ	158	E ACE INJ		SOLN	
DDAVP NASAL SOLN	158	DEPO-PROVERA INJ	126	dexamethasone tab	128
DDAVP NASAL SPRAY	158	DEPO-PROVERA SC INJ	126	DEXCOM G6 RECEIVER	181
DDAVP TAB	158	104MG		DEXCOM G6 SENSOR	181
deferasirox granules	57	DERMA-SMOOTH/FS	141	DEXCOM G6	181
packet		OIL		TRANSMITTER	
deferasirox tab	57	DERMOTIC OIL	209	DEXCOM G7 RECEIVER	181
deferasirox tab 180mg	57	DESCOZY TAB	103	DEXCOM G7 SENSOR	181
deferasirox tab 90mg, 360mg	57	desipramine tab	46	DEXEDRINE CAP	1
		DESLOTRATADINE ODT	62	dexamethylphenidate ER	3
deferiprone tab	57	desloratadine tab	62	cap	
DELESTROGEN INJ	160	desmopressin acetate inj	158	dexamethylphenidate tab	3
DELSTRIGO TAB	103	desmopressin acetate nasal	158	dextroamphetamine ER	1
DEMADEX TAB	151	spray		cap	
demeclocycline tab	221	desmopressin acetate tab	158	dextroamphetamine soln	1
DENAVIR CREAM	140	desoximetasone cream	141	dextroamphetamine tab	1
DENGVAXIA SUSP	230	desoximetasone oint	142	DIACOMIT CAP	34
DEPAKENE CAP	41	desvenlafaxine ER tab	45	DIACOMIT POWDER	34
DEPAKENE SYRUP	41	DETROL LA CAP	227	PACK	
DEPAKOTE ER TAB	41	DETROL TAB	227	DIALYVITE TAB	192
DEPAKOTE SPRINKLE	41	DEXAMETHASONE	128	DIALYVITE/ZINC TAB	192
CAP		CONC		DIAPHRAGM	180
DEPAKOTE TAB	41	dexamethasone elixir	128	DAISTAT RECTAL GEL,	33
DEPEN TITRATAB	188	DEXAMETHASONE	203	DIAZEPAM RECTAL GEL	
DEPLIN CAP	149	OPHTH SOLN		diazepam conc	23

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ALPHABETICAL LISTING OF DRUGS

diazepam oral soln 5mg/5ml	23	difluprednate ophth emulsion	203	DIPROLENE AF CREAM	142
diazepam tab 2mg, 10mg	23	digoxin soln	116	DIPROLENE OINT	142
diazepam tab 5mg	23	digoxin tab	117	DIPTHERIA/TETANUS	223
diazoxide susp	49	dihydroergotamine	184	TOXOID (PEDIATRIC)	
DIBENZYLINE CAP	67	mesylate inj		INJ	
diclofenac gel	137	DILANTIN CAP 100MG	40	dipyridamole tab	171
diclofenac gel 1%	137	DILANTIN CAP 30MG	40	disopyramide cap	24
DICLOFENAC PATCH, FLECTOR PATCH	137	DILANTIN INFATABS	40	disulfiram tab	214
diclofenac potassium tab	8	DILANTIN SUSP	40	DITROPAN XL TAB	227
diclofenac sodium EC tab	8	DILATRATE SR CAP	21	DIURIL SUSP	153
diclofenac sodium ophth soln	207	DILAUDID TAB 2MG	12	divalproex ER tab	41
diclofenac sodium ophth soln	207	DILAUDID TAB 4MG	12	divalproex sodium DR tab	41
diclofenac sodium ophth soln	207	DILAUDID TAB 8MG	12	divalproex sprinkle cap	41
diclofenac sodium XR tab	8	diltiazem ER cap	115	dofetilide cap	25
diclofenac/misoprostol DR tab	8	diltiazem tab	115	DOLOPHINE TAB	12
dicloxacillin cap	213	dimethyl fumarate DR cap	217	donepezil ODT	214
dicyclomine cap	224	dimethyl fumarate DR	217	donepezil tab	214
dicyclomine soln	224	starter pack		DOPTELET TAB	172
dicyclomine tab	225	DIOVAN HCT TAB	70	dorzolamide ophth soln	207
didanosine DR cap	103	DIOVAN TAB	67	dorzolamide/timolol ophth	198
DIFFERIN CREAM	134	DIPENTUM CAP	164	soln	
DIFFERIN GEL	134	diphenhydramine cap	61	DOVATO TAB	103
DIFICID SUSP	180	50mg		DOVONEX CREAM	138
DIFICID TAB	180	diphenhydramine inj	61	doxazosin tab	68
DIFLUCAN SUSP	60	DIPHENOXYLATE/ATRO	56	doxepin cap	46
DIFLUCAN TAB	60	PINE LIQUID		doxepin conc	46
		diphenoxylate/atropine tab	56		

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ALPHABETICAL LISTING OF DRUGS

DOXEPIN CREAM,	138	DUPIXENT PEN INJ	144	ELLA TAB	126
PRUDOXIN CREAM,		DURAGESIC PATCH	12	ELMIRON CAP	168
ZONALON CREAM		DUREZOL OPHTH	203	ELOCON CREAM	142
DOXEPIHCL CREAM	138	EMULSION		ELOCON OINT	142
doxercalciferol cap	157	dutasteride cap	168	EMADINE OPHTH SOLN	207
doxycycline hyclate cap	221	E		EMCYT CAP	83
doxycycline hyclate tab	221	econazole cream	136	EMEND CAP	59
doxycycline monohydrate	221	EDECIRIN TAB	151	EMGALITY INJ	184
cap 100mg		EDEX INJ	118	EMGALITY INJ	185
doxycycline monohydrate	221	EDURANT TAB	103	100MG/ML	
cap 50mg		EFAVIRENZ CAP	103	EMPAVELI INJ	169
doxycycline monohydrate	221	efavirenz tab	103	EMSAM PATCH	42
tab		efavirenz/emtricitabine/teno	103	emtricitabine cap	104
doxycycline susp	221	ofovir df tab		emtricitabine/tenofovir	104
D-PENAMINE TAB	111	efavirenz/lamivudine/teno	104	disoproxil fumarate tab	
DRISDOL CAP	236	ovir df (lo) tab		EMTRIVA SOLN	104
DRITHO-SCALP CREAM	139	EFFEXOR XR CAP	45	EMVERM TAB	21
dronabinol cap	59	EFFIENT TAB	171	ENABLEX TAB	227
drospirenone/ethinyl	124	EFUDEX CREAM	137	enalapril maleate oral soln	66
estradiol/levomefolate tab		EGRIFTA INJ	155	enalapril tab	66
DROXIA CAP	172	ELDEPYRL CAP	97	enalapril/hydrochlorothiazi	70
DRYSOL SOLN	146	ELESTAT OPHTH SOLN	207	de tab	
DUAC GEL	134	ELIDEL CREAM	145	ENBREL INJ 25MG	10
DULERA INHALER	29	ELIGEN B12 TAB	149	ENBREL INJ 50MG	11
duloxetine EC cap	45	ELIMITE CREAM	147	ENBREL MINI INJ	11
DUPIXENT INJ	144	ELIQUIS TAB, ELIQUIS	32	ENBREL SURECLICK	11
DUPIXENT INJ	144	STARTER PACK		INJ 50MG	
100MG/0.67ML		ELIXOPHYLLIN ELIXIR	31	ENDARI POWDER PACK	172

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ALPHABETICAL LISTING OF DRUGS

ENDOMETRIN INSERT	235	ERY PAD	134	estradiol valerate inj	161
ENGERIX-B INJ,	231	ERYTHROMYCIN EC	179	estradiol/norethindrone tab	160
RECOMBIVAX-HB INJ		CAP		ESTRING	234
enoxaparin inj	32	erythromycin	179	eszopiclone tab	176
enpresse tab	124	ethylsuccinate susp		ethacrynic tab	151
ENSPRYNG INJ	189	erythromycin gel	134	ethambutol tab	79
entacapone tab	95	erythromycin ophth oint	201	ethosuximide cap	41
entecavir tab	108	erythromycin pad	134	ethosuximide soln	41
EPIDIOLEX SOLN	34	erythromycin soln	134	etodolac cap	8
EPIDUO GEL 0.1-2.5%	134	erythromycin tab	179	etodolac ER tab	8
EPIFOAM AEROSOL	142	erythromycin/benzoyl	134	etodolac tab	8
epinastine ophth soln	207	peroxide gel		ETOPOSIDE CAP	95
epinephrine pen inj	235	ESBRIET CAP	220	etravirine tab	104
0.15mg, 0.3mg		ESBRIET TAB 267MG	220	EULEXIN CAP	83
EPIVIR HBV SOLN	108	ESBRIET TAB 801MG	220	everolimus tab	88
eplerenone tab	73	ESCAVITE CHEW TAB	192	everolimus tab for oral	88
EPRONTIA SOLN	34	escitalopram soln	43	susp	
EQUETRO CAP	98	escitalopram tab	43	EVISTA TAB	155
ERGOLOID MESYLATES	218	esomeprazole cap	226	EVOTAZ TAB	104
TAB		estazolam tab	176	EVOXAC CAP	191
ERGOMAR SL TAB	184	ESTRACE TAB	160	EVYSDI SOLN	197
ergotamine	184	ESTRACE VAGINAL	234	EXELDERM SOLN	136
tartrate/caffeine tab		CREAM		EXELON PATCH	215
ERIVEDGE CAP	83	estradiol cream	234	exemestane tab	84
ERLEADA TAB	83	estradiol patch	161	EXFORGE TAB	70
ERLEADA TAB 240MG	83	estradiol tab	161	EXKIVITY CAP	82
erlotinib tab	82	estradiol vaginal tab,	234	EXTAVIA INJ	217
ertapenem inj	74	yuvafem vaginal tab		ezetimibe tab	65

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ALPHABETICAL LISTING OF DRUGS

F					
FABRAZYME INJ	157	fenofibric acid DR cap	64	FLAREX OPHTH SUSP	203
FALESSA TAB	149	FENOFIBRIC TAB,	64	flecainide tab	24
famciclovir tab	110	FIBRICOR TAB		FLEQSUVY SUSP	194
famotidine susp	225	fentanyl citrate lollipop	12	FLOLIPID SUSP	64
famotidine tab	225	fentanyl patch	12	FLOMAX CAP	168
FANAPT TAB	99	FENTORA TAB,	13	FLORIVA PLUS DROPS	192
FANAPT TITRATION	99	FENTANYL BUCCAL TAB		FLOVENT DISKUS	27
PACK		ferrex 150 forte cap	173	INHALER	
FARESTON TAB	84	FERREX 28 TAB	173	FLOVENT HFA INHALER	27
FARXIGA TAB	55	FERRIPROX SOLN	56	FLUAD INJ	231
FASENRA PEN INJ	25	fesoterodine fumarate ER	227	FLUAD QUAD INJ	231
febuxostat tab	169	FIASP FLEXTOUCH INJ	52	FLUBLOK QUAD PF INJ	231
felbamate susp	39	FIASP INJ	52	FLUCELVAX QUAD INJ	231
felbamate tab	39	FIASP PENFILL INJ	52	fluconazole susp	60
FELBATOL SUSP	39	FINACEA GEL	146	fluconazole tab	60
FELBATOL TAB	39	finasteride tab	145	flucytosine cap	60
FELDENE CAP	8	fingolimod hcl cap 0.5mg	217	fludrocortisone tab	130
felodipine ER tab	115	FINTEPLA SOLN	35	FLULAVAL QUAD INJ,	231
FEM PH GEL	233	FIRDAPSE TAB	78	FLUZONE QUAD INJ	
FEMALE CONDOMS	180	FIRST	73	FLUMADINE TAB	110
FEMARA TAB	84	METRONIDAZOLE SUSP		FLUMIST	231
FEMHRT TAB	160	FIRST MOUTHWASH	190	QUADRIVALENT NASAL	
FEMRING	234	BLM		SUSP	
fenofibrate cap 67mg, 134mg, 200mg	64	FIRVANQ SOLN	75	fluocinolone acetonide	142
fenofibrate tab 48mg, 54mg, 145mg, 160mg	64	FIRVANQ SOLN	75	cream	
		50MG/ML		fluocinolone acetonide oil	142
		FLAGYL TAB	73	fluocinolone acetonide	142
				ointment	

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250

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ALPHABETICAL LISTING OF DRUGS

fluocinolone acetonide soln	142	fluticasone propionate cream	142	formoterol fumarate neb soln	29
fluocinolone otic oil	209	fluticasone propionate oint	142	FOSAMAX TAB	154
fluocinonide cream 0.05%	142	FLUTICASONE/SALMET	29	fosamprenavir tab	104
fluocinonide cream 0.1%	142	EROL INHALER		foscarnet sodium inj	108
fluocinonide emollient cream	142	fluvastatin ER tab	64	FOSCAVIR INJ	108
fluocinonide gel	142	fluvoxamine ER cap	43	fosinopril tab	66
fluocinonide oint	142	fluvoxamine tab	43	fosinopril/hydrochlorothiazide tab	70
fluocinonide soln	142	FLUZONE HD PF INJ	231	FOSRENOL CHEW TAB	166
FLUORIDEX SENSITIVITY PASTE	191	FLUZONE HIGH DOSE	231	FOSRENOL POWDER	166
fluorometholone ophth soln	203	PF INJ		PACK	
fluorouracil cream	137	FLUZONE/FLUARIX	231	FOTIVDA CAP	88
FLUOROURACIL CREAM 0.5%	137	QUAD INJ		FRAGMIN INJ	32
FLUOROURACIL SOLN	138	FML FORTE OPHTH	203	FREESTYLE LIBRE 2	181
fluoxetine cap	43	SUSP		RECEIVER	
fluoxetine soln	43	FML LIQUIFLIM OPHTH	203	FREESTYLE LIBRE 2	181
FLUOXETINE TAB 60MG	43	SUSP		SENSOR	
fluphenazine tab	101	FML S.O.P. OPHTH OINT	203	FREESTYLE LIBRE 3	181
FLURAZEPAM CAP	176	FOCALIN TAB	4	SENSOR	
FLURBIPROFEN OPHTH SOLN	207	FOCALIN XR CAP	4	FOLBEE PLUS CZ TAB	192
flurbiprofen tab	8	FOLBEE tab	173	FREESTYLE LIBRE	181
flutamide cap	84	folic acid tab 1mg	172	RECEIVER	
fluticasone nasal spray	196	folic acid tab 400mcg	172	FREESTYLE LIBRE	182
		folic acid tab 800mcg	172	SENSOR (14-DAY)	
		FOLTANX TAB	149	FULPHILA INJ	172
		fondaparinux inj	32	FUROSCIX KIT	152
				furosemide soln	152
				furosemide tab	152

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251

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ALPHABETICAL LISTING OF DRUGS

FUZEON INJ	104	glatiramer inj	217	griseofulvin micro tab	60																																																																																								
G		GLEOSTINE/LOMUSTIN E CAP	80	griseofulvin susp	60																																																																																								
gabapentin cap	35	glimepiride tab	55	griseofulvin tab	60																																																																																								
gabapentin soln	35	glipizide ER tab	55	GRIS-PEG TAB	60																																																																																								
gabapentin tab 600mg	35	glipizide tab	55	guaifenesin/codeine soln	131																																																																																								
gabapentin tab 800mg	35	glipizide/metformin tab	47	guaifenesin/codeine syrup	131																																																																																								
GABITRIL TAB	39	GLOPERBA SOLN	169	guanfacine ER tab	3																																																																																								
galantamine ER cap	215	GLUCAGEN HYPOKIT INJ	49	guanfacine IR tab	68																																																																																								
galantamine tab	215	glucagon (rdna) for inj kit	49	GUANIDINE TAB	78																																																																																								
GALZIN CAP	188	GLUCAGON EMR INJ	49	GVOKE INJ	49																																																																																								
GAMASTAN INJ	210	GLUCAGON INJ KIT	49	GVOKE INJ KIT	49																																																																																								
GAMMAGARD INJ	210	GLUCOPHAGE TAB	48	GVOKE PFS INJ	49																																																																																								
GASTROCROM CONC	163	GLUCOPHAGE XR TAB	48	gatifloxacin ophth soln	201	GLUCOTROL TAB	55	H		GAVILYTE-C SOLN	177	GLUCOTROL XL TAB	55	HALCION TAB	176	GAVRETO CAP	88	glyburide micronized tab	55	halobetasol propionate	142	gefitinib tab	82	glyburide tab	56	cream		gemfibrozil tab	64	glyburide/metformin tab	47	halobetasol propionate	142	GENOTROPIN INJ	155	glycopyrrolate oral soln	226	oint		GENTAK OPHTH OINT	201	glycopyrrolate tab	225	haloperidol lactate conc	100	gentamicin ophth soln	201	GLYGEST PAK	149	haloperidol tab	100	gentamicin sulfate cream	135	GLYNASE TAB	56	HECTOROL CAP	157	gentamicin sulfate oint	135	GLYSET TAB	47	HEMLIBRA INJ	169	GENVOYA TAB	104	GOLYTELY SOLN	177	heparin porcine inj	32	GEODON CAP	99	granisetron tab	58	HEPLISAV-B INJ	232	gianvi tab, ocella tab	124	GRANISOL SOLN	58	HEXALEN CAP	80	GILENYA CAP 0.25MG	217			HIPREX TAB	76	GILOTrif TAB	82			HIZENTRA INJ	210
gatifloxacin ophth soln	201	GLUCOTROL TAB	55	H																																																																																									
GAVILYTE-C SOLN	177	GLUCOTROL XL TAB	55	HALCION TAB	176																																																																																								
GAVRETO CAP	88	glyburide micronized tab	55	halobetasol propionate	142																																																																																								
gefitinib tab	82	glyburide tab	56	cream																																																																																									
gemfibrozil tab	64	glyburide/metformin tab	47	halobetasol propionate	142																																																																																								
GENOTROPIN INJ	155	glycopyrrolate oral soln	226	oint																																																																																									
GENTAK OPHTH OINT	201	glycopyrrolate tab	225	haloperidol lactate conc	100																																																																																								
gentamicin ophth soln	201	GLYGEST PAK	149	haloperidol tab	100																																																																																								
gentamicin sulfate cream	135	GLYNASE TAB	56	HECTOROL CAP	157																																																																																								
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252

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ALPHABETICAL LISTING OF DRUGS

HOMATROPINE OPHTH	199	HYCAMTIN CAP	80	hydromorphone tab 8mg	13
SOLN		HYCODAN SYRUP	130	hydroquinone cream	146
HUMALOG MIX	52	hydralazine tab	73	hydroxychloroquine tab	77
KWIKPEN INJ, INSULIN		HYDREA CAP	94	hydroxyprogesterone inj	213
LISPRO PROTAMINE INJ		hydrochlorothiazide cap	153	hydroxyurea cap	95
HUMIRA INJ 10MG	6	hydrochlorothiazide tab	153	hydroxyzine pamoate cap	22
HUMIRA INJ 20MG	6	hydrocodone/acetaminoph	16	HYDROXYZINE	23
HUMIRA INJ 40MG	6	en soln		PAMOATE CAP 100MG	
HUMIRA INJ 80MG	6	hydrocodone/acetaminoph	16	hydroxyzine syrup	23
HUMIRA INJ	6	en soln 10-325 mg/15ml		hydroxyzine tab	23
CROHNS/UC/HIDRADEN		hydrocodone/acetaminoph	16	HYFTOR GEL	145
ITIS STARTER PACK		en tab		hyoscyamine sulfate CR	225
HUMIRA INJ PEDIATRIC	7	hydrocodone/acetaminoph	16	tab	
CROHNS STARTER PACK		en tab 2.5-325mg		hyoscyamine sulfate elixir	225
HUMIRA INJ PEDIATRIC	7	hydrocodone/chlorphenira	131	hyoscyamine sulfate ODT	225
UC STARTER PACK		mine CR susp		hyoscyamine sulfate SL tab	225
HUMIRA INJ	7	hydrocodone/chlorphenira	131	hyoscyamine tab	225
PSORIASIS/UVEITIS		mine/pseudoephedrine		HYPER-SAL NEB SOLN	132
STARTER PACK		liquid		HYQVIA INJ	210
HUMIRA PEN INJ 40MG	7	hydrocodone/homatropine	130	HYZAAR TAB	71
HUMULIN MIX INJ	52	syrup		I	
HUMULIN MIX PEN INJ	52	hydrocortisone cream	143	ibandronate tab 150mg	154
HUMULIN N INJ	52	hydrocortisone enema	20	ibuprofen susp (Rx ONLY)	9
HUMULIN N PEN INJ	52	hydrocortisone lotion	143	ibuprofen tab	9
HUMULIN R INJ	53	hydrocortisone oint	143	icatibant inj	169
HUMULIN R INJ U-500	53	hydrocortisone tab	128	ICLUSIG TAB	88
HUMULIN R U-500	53	hydromorphone tab 2mg	13	IDHIFA TAB	88
KWIKPEN INJ		hydromorphone tab 4mg	13	ILEVRO OPHTH SUSP	207

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ALPHABETICAL LISTING OF DRUGS

imatinib tab	88	INLYTA TAB	81	IRON	173
IMBRUVICA CAP 140MG	88	INQOVI TAB	85	POLYSACCH/THREONIC	
IMBRUVICA CAP 70MG	88	INSPRA TAB	73	ACID/B12/FA CAP	
IMBRUVICA SUSP	89	INSULIN ASPART	53	ISENTRESS (HD) TAB	104
IMBRUVICA TAB	89	FLEXPEN INJ		ISENTRESS CHEW TAB	104
420MG, 560MG		INSULIN ASPART INJ	53	ISENTRESS POWDER	104
IMCIVREE INJ	2	INSULIN ASPART MIX	53	PACK	
imipramine pamoate cap	46	FLEXPEN INJ		isibloom tab, enskyce tab,	124
imipramine tab	46	INSULIN ASPART MIX	53	apri tab	
imiquimod cream	145	INJ		isoniazid syrup	79
IMITREX INJ	185	INSULIN ASPART	53	ISONIAZID TAB	79
IMITREX TAB	185	PENFILL INJ		ISOPTO CARBACHOL	199
IMOVAX INJ	232	INTELENCE TAB 25MG	104	OPHTH SOLN	
IMPAVIDO CAP	73	INTRON-A INJ	95	ISOPTO CARPINE	199
IMURAN TAB	111	INTUNIV TAB	3	OPHTH SOLN	
INBRIJA INH POWDER	98	INVANZ INJ	75	ISORDIL TITRADOSE	21
INCRELEX INJ	156	INVEGA TAB	99	TAB	
INCRUSE ELLIPTA	25	INVIRASE CAP	104	isosorbide dinitrate tab	21
INHALER		INVIRASE TAB	104	isosorbide dinitrate tab	21
indapamide tab	153	IOPIDINE OPHTH SOLN	200	40mg	
INDERAL LA CAP	113	IPOL INJ	232	isosorbide mononitrate ER	21
indomethacin cap	9	ipratropium nasal spray	196	tab	
indomethacin CR cap	9	ipratropium neb soln	25	isosorbide mononitrate tab	21
INFANT FORMULA	150	irbesartan tab	67	isoxsuprine tab	118
LIQUID		irbesartan/hydrochlorothia	71	itraconazole cap	60
INFANT FORMULA	150	zide tab		itraconazole soln	60
POWDER		IRESSA TAB	82	ivermectin tab	21
INGREZZA CAP	216			J	

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ALPHABETICAL LISTING OF DRUGS

JAKAFI TAB	89	ketorolac inj 30mg/ml	9	L
JANUMET TAB	47	ketorolac inj 60mg/2ml	9	labetalol tab
JANUMET XR TAB	48	ketorolac ophth soln	207	LAC-HYDRIN CREAM
JANUVIA TAB	50	ketorolac tab	9	LAC-HYDRIN LOTION
JARDIANCE TAB	55	KETOSTIX	148	lacosamide oral solution
jinteli tab	160	ketotifen ophth soln	207	lacosamide tab
jolessa tab, amethia tab	124	KEVZARA INJ	8	LACTIC ACID LOTION
JULUCA TAB	105	KINERET INJ	7	lactulose soln
JYNARQUE PAK	159	KINRIX INJ,	224	LAGEVRIO CAP
JYNARQUE TAB	159	QUADRACEL DTAP-IPV INJ		LAMICTAL CHEW TAB
K				LAMICTAL ODT
KALYDECO PAK	219	KINRIX PREF SYRINGE,	224	LAMICTAL ODT KIT
KALYDECO TAB	219	QUADRACEL PREF SYRINGE		LAMICTAL ODT KIT, LAMICTAL XR KIT
KAPVAY TAB	3	KISQALI PAK	86	LAMICTAL STARTER KIT
KATERZIA SUSP	115	KISQALI TAB	89	LAMICTAL TAB
KEFLEX CAP	122	KLARON LOTION	134	LAMICTAL XR TAB
kelnor tab	124	KLONOPIN TAB	33	LAMISIL TAB
KENALOG INJ	128	KLOXXADO NASAL	57	lamivudine soln
KEPPRA SOLN	35	SPRAY		lamivudine tab
KEPPRA TAB	35	KORLYM TAB	50	lamivudine tab 100mg
KEPPRA XR TAB	35	KOSELUGO CAP	89	lamivudine/zidovudine tab
KESIMPTA INJ	217	KOSELUGO CAP 10MG	89	lamotrigine chew tab
ketoconazole cream	136	K-PHOS NEUTRAL TAB	187	lamotrigine ER tab
ketoconazole shampoo	136	K-PHOS TAB	187	lamotrigine ODT
ketoconazole tab	60	KRAZATI TAB	89	lamotrigine ODT kit
KETO-DIASTIX TEST	148	KRINTAFEL TAB	77	lamotrigine tab
STRIP		K-TAB	187	LAMPIT TAB
ketorolac inj 15mg/ml	9			74

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ALPHABETICAL LISTING OF DRUGS

LANCET DEVICE	182	LEVAQUIN TAB	162	lidocaine patch 5%	146
LANCET KIT	182	LEVIBID TAB	225	lidocaine soln	146
LANCETS	182	levetiracetam ER tab	36	lidocaine viscous soln	190
LANOXIN TAB	117	levetiracetam soln	36	lidocaine/hydrocortisone	20
lansoprazole cap	226	levetiracetam tab	36	cream	
lanthanum carbonate chew tab	166	LEVOBUNOLOL OPHTH SOLN	198	lidocaine/prilocaine cream	146
lapatinib ditosylate tab	89	levocarnitine soln	157	LIDODERM PATCH	146
LASIX TAB	152	levocarnitine tab	157	LINDANE SHAMPOO	147
LASTACAFT OPHTH SOLN	207	levofloxacin ophth soln	201	linezolid susp	76
latanoprost ophth soln	208	LEVOFLOXACIN OPHTH SOLN 0.5%	201	linezolid tab	76
LAZANDA NASAL SPRAY	13	levofloxacin soln	162	LINZESS CAP	165
LEDIPASVIR/SOFOSBUV IR TAB	109	LEVOFLOXACIN SOLN 25MG/ML	162	liothyronine tab	222
leflunomide tab	10	levofloxacin tab	162	LIPITOR TAB	65
lenalidomide cap	188	levonorgestrel tab	126	LIQUIGEN	197
LENVIMA CAP	81	levonorgestrel-ethinyl estradiol-fe tab	124	lisinopril tab	66
LESCOL XL TAB	64	levothyroxine tab	222	lisinopril/hydrochlorothiazide tab	71
letrozole tab	84	LEVSIN SL TAB	225	lithium carbonate cap	98
leucovorin tab	95	LEVSIN TAB	225	lithium carbonate ER tab	98
LEUKERAN TAB	80	LEXAPRO TAB	44	lithium carbonate tab	98
leuprolide inj	84	LEXIVA SUSP	105	LITHIUM CITRATE SOLN	98
LEVALBUTEROL INHALER, XOPENEX	30	lidocaine cream 3%	145	LITHOBID TAB	98
HFA INHALER		lidocaine gel	145	LHOSTAT TAB	168
levalbuterol neb soln	30	lidocaine oint	146	LIVALO TAB	65
		lidocaine patch	146	LIVMARLI SOLN	164
				LIVTENCITY TAB	108
				L-METHYLFOLATE TAB	149
				LO LOESTRIN TAB	124

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ALPHABETICAL LISTING OF DRUGS

LODOSYN TAB	95	loteprednol etabonate	204	LYVISPAH GRANULE	195
loestrin tab	124	ophth gel		PACKET	
lohist liquid	131	loteprednol ophth susp	204	M	
LOKELMA PAK	189	LOTREL CAP	71	MACROBID CAP	77
LOMOTIL TAB	56	LOTRISONE CREAM	136	MACRODANTIN CAP	77
LONSURF TAB	86	LOTRONEX TAB	165	magnesium sulfate inj	186
LOPID TAB	64	lovastatin tab	65	MALARONE TAB	77
lopinavir/ritonavir soln	105	LOVAZA CAP	62	malathion lotion	147
lopinavir/ritonavir tab	105	LOVENOX INJ	32	MALE CONDOMS	180
LOPRESSOR HCT TAB	71	loxapine cap	100	MAPROTILINE TAB	42
LOPRESSOR TAB	113	lubiprostone cap	163	maraviroc tab	105
LOPROX CREAM	136	LUMAKRAS TAB	90	MARINOL CAP	59
LOPROX SHAMPOO	136	LUMAKRAS TAB 320MG	90	MARPLAN TAB	42
loratadine cap	62	LUMIGAN OPHTH SOLN	208	MATULANE CAP	95
lorazepam conc	23	LUNESTA TAB	176	MAVYRET PAK	109
lorazepam tab	23	LUPKYNIS CAP	189	MAVYRET TAB	109
LORBRENA TAB 100MG	89	LUPRON DEPOT INJ	84	MAXALT MLT TAB	185
LORBRENA TAB 25MG	89	LUPRON DEPOT PED	156	MAXALT TAB	185
LORTAB	16	INJ		MAXIDEX OPHTH SOLN	204
LORTAB ELIXIR	16	LUPRON DEPOT-PED	156	MAXITROL OPHTH OINT	204
losartan tab	68	INJ		MAXITROL OPHTH	204
losartan/hydrochlorothiazi de tab	71	lurasidone hcl tab	99	SUSP	
LOTEMAX OPHTH OINT	203	LUVIRA CAP	149	MAXZIDE TAB	151
LOTEMAX OPHTH SUSP	203	LYNPARZA TAB	90	MAYZENT TAB	217
LOTENSIN HCT TAB	71	LYSODREN TAB	84	MAYZENT TAB STARTER	217
LOTENSIN TAB	67	LYSTEDA TAB	175	PACK	
		LYTGOBI THERAPY	90	MCT OIL	197
		PACK		meclizine chew tab	58

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ALPHABETICAL LISTING OF DRUGS

meclizine tab	58	MESALAMINE TAB DR	165	methscopolamine tab	225
MEDROL DOSE PACK	128	MESNEX TAB	95	methsuximide cap	41
MEDROL TAB	128	MESTINON TAB	78	METHYLDOPA TAB	68
medroxyprogesterone inj	126	MESTINON TIMESPAN	78	METHYLDOPA/HYDROC	71
medroxyprogesterone tab	213	TAB		HLOROTHIAZIDE TAB	
mefloquine tab	77	METANX CAP	149	methylergonovine tab	210
megestrol susp	84	METAPROTERENOL	30	METHYLIN SOLN	4
megestrol tab	84	SYRUP		methylphenidate CD cap	4
MEKINIST TAB 0.5MG	90	metaxalone tab	195	methylphenidate chew tab	4
MEKINIST TAB 2MG	90	METAXALONE TAB	195	methylphenidate ER cap	4
MEKTOVI TAB	90	400MG		methylphenidate ER tab	4
meloxicam tab	9	metformin ER tab	48	methylphenidate soln	4
melphalan inj	80	metformin soln	48	methylphenidate tab	4
MELPHALAN TAB	80	metformin tab	49	methylprednisolone	128
memantine ER cap	215	methadone conc	13	acetate inj	
memantine sol	215	methadone soln 10mg/5ml	13	methylprednisolone dose	128
memantine tab	215	methadone soln 5mg/5ml	13	pack	
MENEST TAB	161	methadone tab	13	methylprednisolone tab	128
MENTAX CREAM	136	methadone tab 10mg	14	methylprednisolone sod	128
MENVEO INJ	229	METHADOSE CONC	14	succinate inj	
MEPHYTON TAB	236	methazolamide tab	150	methyltestosterone cap	18
MEPRON SUSP	74	methenamine hippurate tab	77	metoclopramide soln	163
mercaptopurine tab	81	methimazole tab	222	metoclopramide tab	163
meropenem inj	75	METHITEST TAB	18	metolazone tab	153
mesalamine DR tab	164	methocarbamol tab	195	metoprolol ER tab	113
mesalamine enema	165	methotrexate inj	81	metoprolol tab	113
mesalamine ER cap	165	methotrexate tab	81	metoprolol/hydrochlorothi	71
mesalamine supp	165	METHOXSALEN CAP	139	azide tab	

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258

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

METROCREAM	146	MIRENA IUD	127	MULTIGEN FOLIC TAB	174
METROGEL 1%	146	mirtazapine ODT	42	MULTIGEN PLUS TAB	174
METROGEL VAGINAL GEL	234	mirtazapine tab	42	MULTIGEN TAB	174
METROLOTION	146	MIRVASO GEL	147	MULTIVITAMIN TAB	174
metronidazole cream	147	misoprostol tab	226	MULTIVITAMIN/FLOURI	193
metronidazole gel	147	MOBIC TAB	9	DE CHEW 0.25MG	
metronidazole gel 0.75%	147	modafinil tab	4	MULTIVITAMIN/FLOURI	193
metronidazole lotion	147	mometasone cream	143	DE CHEW 1MG	
metronidazole tab	73	mometasone oint	143	MULTIVITAMIN/FLUORI	193
metronidazole vaginal gel	234	mometasone soln	143	DE CHEW TAB	
mexiletine hcl cap	24	MONODOX CAP	221	multivitamin/minerals tab	192
MICARDIS TAB	68	montelukast chew tab	26	mupirocin oint	135
MICONAZOLE 3 SUPP 200MG	234	montelukast granule pack	26	MUSE SUPP	118
MICROZIDE CAP	153	montelukast tab	26	MYAMBUTOL TAB	79
midazolam inj	176	MORPHINE SULFATE ER	14	MYCOBUTIN CAP	79
midodrine tab	235	BEAD CAP		mycophenolate DR tab	111
mifepristone tab	158	morphine sulfate ER tab	14	mycophenolate mofetil	112
MIPIPREG TAB	158	MORPHINE SULFATE	14	cap	
MIGLITOL TAB	47	SOLN		mycophenolate mofetil	112
miglustat cap	171	MORPHINE SULFATE	14	susp	
MINIPRESS CAP	68	TAB		mycophenolate mofetil tab	112
MINOCIN CAP	221	MOTOFEN TAB	56	MYDRIACYL OPHTH	199
minocycline cap	221	MOTRIN SUSP	9	SOLN	
minoxidil tab	73	MOUNJARO INJ	51	MYFEMBREE TAB	160
MIRALAX	178	MOVANTIK TAB	165	MYLERAN TAB	80
MIRAPEX TAB	96	moxifloxacin ophth soln	201	MYNATAL-Z TAB	193
		moxifloxacin tab	162	MYRBETRIQ TAB	228
		MULTAQ TAB	25	mysoline TAB	36

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ALPHABETICAL LISTING OF DRUGS

N				
nabumetone tab	9	NATROBA SUSP	147	NEPTAZANE TAB 150
nadolol tab	113	NAYZILAM SPRAY	33	NERLYNX TAB 90
nafcillin inj	213	nebivolol hcl tab	113	NEUPRO PATCH 96
naftifine cream	136	NEBUSAL NEB SOLN	132	NEURONTIN CAP 37
naftifine gel	136	NEFAZODONE TAB	44	NEURONTIN SOLN 37
NAFTIN CREAM	136	nefazodone tab 50mg,	44	NEURONTIN TAB 37
NAFTIN GEL	136	250mg		600MG
naloxone hcl nasal spray	57	neomycin tab	5	NEURONTIN TAB 37
naloxone inj	57	NEOMYCIN/POLYMICIN 201		800MG
NALOXONE PREFILLED INJ	57	/GRAMICIDIN OPHTH SOLN		NEVANAC OPHTH SUSP 207
naltrexone tab	57	neomycin/polymixin/hydro	209	NEVIRAPINE ER TAB 105
NAMENDA TAB	215	coritisone otic soln		NEVIRAPINE SUSP 105
NAPROSYN EC TAB	9	neomycin/polymixin/hydro	209	nevirapine tab 105
NAPROSYN TAB	9	coritisone otic susp		NEXLETOL TAB 62
naproxen EC tab	9	neomycin/polymyxin/dexa	204	NEXLIZET TAB 62
naproxen tab	9	methasone ophth oint		NEXPLANON IMPLANT 126
NARCAN NASAL SPRAY	57	neomycin/polymyxin/dexa	204	NEXTSTELLIS TAB 124
NARDIL TAB 15MG	42	methasone ophth soln		niacin cap 236
NASACORT OTC NASAL SPRAY	196	NEOMYCIN/POLYMYXI 204		niacin CR tab 236
NASCOBAL NASAL SPRAY	172	N/HYDROCORTISONE		niacin ER tab 65
NATACYN OPHTH SUSP	201	OPHTH SOLN		niacin tab 236
NATAZIA TAB	124	NEONATAL 19 TAB	193	NIACIN TR TAB 236
nateglinide tab	55	NEONATAL FE TAB	193	niacinamide tab 236
NATPARA INJ	154	NEOSPORIN OPHTH	201	nicotine gum 218
		SOLN		NICOTINE KIT 218
		NEPHROCAP	192	nicotine lozenge 218
		NEPHRON FA TAB	174	nicotine patch 218
				NICOTROL INHALER 218

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ALPHABETICAL LISTING OF DRUGS

NICOTROL NASAL SPRAY	218	norethindrone ace-ethinyl estradiol-fe cap	124	NOVOLIN N INJ	54
nifedipine cap	115	norethindrone	125	NOVOLIN R FLEXPEN INJ	54
nifedipine ER tab	115	acetate/ethinyl estradiol FE		NOVOLIN R INJ	54
nilutamide tab	84	chew tab		NOVOLOG FLEXPEN	54
nimodipine cap	115	norethindrone	125	INJ	
NINLARO CAP	91	acetate/ethinyl estradiol		NOVOLOG INJ	54
nitazoxanide tab	74	tab		NOVOLOG MIX	54
NITRO-BID OINT	22	norethindrone tab	127	FLEXPEN INJ	
NITRO-DUR PATCH	22	norethindrone/ethinyl	125	NOVOLOG MIX INJ	54
NITRO-DUR PATCH	22	estradiol FE tab		NOVOLOG PENFILL INJ	54
0.3MG/HR, 0.8MG/HR		NORLIQVA ORAL SOLN	115	NOXAFL PAK	60
nitrofurantoin	77	NORPACE CAP	24	NOXAFL SUSP	61
macrocrystals cap		NORPRAMIN TAB	46	NOXAFL TAB	61
nitrofurantoin	77	nortrel tab	125	np thyroid tab	223
monohydrate cap		nortriptyline cap	46	NUBEQA TAB	84
nitroglycerin lingual spray	22	nortriptyline oral soln	46	NUCALA INJ	25
nitroglycerin patch	22	NORTRIPTYLINE SOLN	46	NUCORT LOTION	143
nitroglycerin SL tab	22	NORVASC TAB	116	NUCYNTA TAB	14
NITROLINGUAL PUMP SPRAY	22	NORVIR CAP	105	NUEDEXTA CAP	218
NITROSTAT SL TAB	22	NORVIR POWDER PACK	105	NULYTELY SOLN	178
NIVESTYM INJ	173	NORVIR SOLN	105	NUTRITIONAL	150
NIZATIDINE CAP	225	NORVIR TAB	105	SUPPLEMENT LIQUID	
NIZATIDINE SOLN	225	NOVOLIN 70/30	53	NUTRITIONAL	150
nizoral a-d shampoo	136	FLEXPEN INJ		SUPPLEMENT POWDER	
NIZORAL SHAMPOO	137	NOVOLIN 70/30 INJ	53	NUVARING	126
		NOVOLIN N FLEXPEN INJ	54	NUVIGIL TAB	4
				nystatin cream	137

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ALPHABETICAL LISTING OF DRUGS

nystatin oint	137	olopatadine ophth soln	207	ONETOUCH TEST STRIP	148
nystatin powder	60	0.1%		ONETOUCH VERIO	183
nystatin susp	191	olopatadine ophth soln	207	FLEX METER	
nystatin tab	60	0.2%		ONETOUCH VERIO IQ	183
nystatin topical powder	137	OLUMIANT TAB	5	METER	
nystatin/triamcinolone cream	137	OLUX FOAM	143	ONETOUCH VERIO	183
nystatin/triamcinolone oint	137	omega-3-acid ethyl esters cap	62	METER	
O		omeprazole DR cap	226	ONETOUCH VERIO	183
OCALIVA TAB	162	omeprazole tab	227	REFLECT METER	
octreotide inj	159	OMNICEF SUSP	123	ONETOUCH VERIO TEST	148
OCTREOTIDE INJ	159	OMNIPOD 5 INTRO KIT	182	STRIP	
100MCG		OMNIPOD 5 PACK PODS	182	ONFI SUSP	33
OCUFLOX OPHTH SOLN	201	OMNIPOD DASH INTRO KIT	182	ONFI TAB	33
ODEFSEY TAB	106	OMNIPOD DASH PODS	182	ONGENTYS CAP	97
ODOMZO CAP	83	OMNIPOD GO KIT	182	OPSUMIT TAB	120
OFEV CAP	220	OMNIPOD STARTER KIT	182	ORACIT SOLN	167
ofloxacin ophth soln	201	ondansetron ODT	58	ORAP TAB	218
ofloxacin otic soln	209	ondansetron soln	58	ORAPRED ODT TAB	129
ofloxacin tab	162	ONDANSETRON TAB	58	ORAPRED SOLN	129
olanzapine ODT	100	ONETOUCH DELICA LANCETS	182	ORENCIA CLICK INJ	10
olanzapine tab	100	ONETOUCH DELICA PLUS LANCETS	182	ORENCIA SC INJ	10
olanzapine/fluoxetine cap	216	ONETOUCH DELICA ULTRASOFT LANCETS	182	125MG/ML	
OLLIZAC POWDER	149	ONETOUCH METER	182	ORENCIA SC INJ	10
olmesartan tab	68			50MG/0.4ML	
olmesartan/hydrochlorothiazide tab	71			ORENCIA SC INJ	10
				87.5MG/0.7ML	
				ORENITRAM TAB	118
				ORGOVYX TAB	84

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ALPHABETICAL LISTING OF DRUGS

ORIAHNN CAP	160	oxycodone/acetaminophen	16	pediatric multiple	193
ORILISSA TAB 150MG	155	tab		vitamins/fluoride chew tab	
ORILISSA TAB 200MG	155	OXYCODONE/ASPIRIN	16	pediatric multiple	193
ORKAMBI GRANULES	219	TAB		vitamins/fluoride soln	
PACKET		OXYTROL PATCH (OTC)	228	pediatric multiple	192
ORKAMBI TAB	219	OZEMPIC INJ	50	vitamins/fluoride/iron soln	
oseltamivir cap	110	P			
oseltamivir cap 30mg	110	paliperidone ER tab	99	PEDVAXHIB INJ	229
oseltamivir susp	110	PALYNZIQ INJ	157	peg 3350 soln (100 gram	178
OTEZLA STARTER PACK	10	PAMELOR CAP	46	Moviprep equiv)	
OTEZLA TAB	10	PANRETIN GEL	138	peg 3350/electrolytes soln	178
OVACE PLUS CREAM	139	pantoprazole EC tab	226	PEGASYS INJ	109
OVIDE LOTION	147	PARAGARD IUD	126	PEG-INTRON INJ	109
oxacillin inj	213	paricalcitol cap	157	PEMAZYRE TAB	91
OXANDRIN TAB	18	PARLODEL CAP	96	penciclovir cream	140
oxandrolone tab	18	PARLODEL TAB	96	penicillamine tab	188
OXBRYTA TAB FOR	172	PARNATE TAB	43	PENICILLIN G	211
ORAL SUSP		paromomycin cap	5	PROCAINE INJ	
oxcarbazepine susp	37	paroxetine ER tab	44	PENICILLIN G SODIUM	211
oxcarbazepine tab	37	paroxetine oral susp	44	INJ	
oxiconazole nitrate cream	137	paroxetine tab	44	PENICILLIN VK SOLN	211
OXSORALEN ULTRA	139	PATANOL OPHTH SOLN	207	penicillin vk tab	211
CAP		PAXIL CR TAB	44	PENTACEL INJ	224
oxybutynin ER tab	227	PAXIL ORAL SUSP	44	pentamidine neb soln	73
oxybutynin syrup	227	PAXIL TAB	44	pentoxifylline ER tab	170
oxybutynin tab	227	PAXLOVID TAB	108	PEPCID SUSP	225
oxycodone soln	14	PCE TAB	179	PEPCID TAB	226
oxycodone tab	15	PEAK FLOW METER	184	PERCOSET TAB	16

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ALPHABETICAL LISTING OF DRUGS

PERFOROMIST NEB SOLN	30	phytonadione tab PICATO GEL	236 138	POLYETHYLENE GLYCOL 8000	213
PERIDEX SOLN	191	PIFELTRO TAB	106	GRANULES	
permethrin cream	147	pilocarpine ophth soln	199	polymyxin b/trimethoprim	202
perphenazine tab	101	pilocarpine tab	192	ophth soln	
PERPHENAZINE/ AMITRIPTYLINE TAB	216	pimecrolimus cream PIMOZIDE TAB	145 218	POLYTRIM OPHTH SOLN	202
pfizerpen g inj	212	pindolol tab	113	POMALYST CAP	85
PHEBURANE ORAL	157	pioglitazone tab	55	posaconazole DR tab	61
PELLETS		piperacillin/tazobactam inj	213	posaconazole susp	61
phenazopyridine tab	168	PIQRAY TAB	91	POTABA CAP	236
PHENELZINE SULFATE TAB	43	pirfenidone cap	220	POTABA POWDER	236
phenelzine tab	43	pirfenidone tab 267mg	220	PACKET	
phenobarbital elixir	175	pirfenidone tab 801mg	220	potassium bicarbonate	187
phenobarbital tab	175	piroxicam cap	10	effer tab	
phenoxybenzamine cap	67	PLAN B TAB	126	potassium chloride ER cap	187
phentermine cap	2	PLAQUENIL TAB	78	potassium chloride ER tab	187
phentermine tab	2	PLAVIX TAB 75MG	171	potassium chloride micro	187
phenylephrine ophth soln	199	PLEGRIDY INJ	217	tab	
phenytoin cap	40	PLEGRIDY PEN INJ	217	potassium chloride powder	187
phenytoin chew tab	40	PNEUMOVAX INJ	229	packet	
phenytoin susp	40	PODIAPN CAP	149	potassium chloride soln	187
PHEXXI GEL	233	PODOCON SOLN	145	POTASSIUM CHLORIDE	188
phlexy-10 tab	197	PODOFILOX SOLN	145	TAB ER	
PHOSLO CAP	166	Polyethylene glycol 3350	178	potassium citrate CR tab	167
PHOSLYRA SOLN	166	powder		potassium citrate/citric	167
phospha 250 neutral tab	187			acid powder pack	

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ALPHABETICAL LISTING OF DRUGS

potassium citrate/citric acid soln	167	PREDNISOLONE OPHTH SUSP	205	PRETOMANID TAB PREVACID CAP	79 226
potassium phosphate monobasic tab	187	PREDNISOLONE SODIUM PHOSPHATE	205	PREVACID OTC CAP PREVIDENT SOLN	226 191
PRADAXA CAP 110MG	32	OPHTH SOLN		PREVNAR 13 INJ	229
PRADAXA CAP 75MG, 150MG	32	PREDNISOLONE SOLN	129	PREVNAR 20 INJ	229
pramipexole tab	96	PREDNISONE SOLN prednisone tab	129	PREVYMIS TAB	108
pramoxine/hydrocortisone cream	20	PREFEST TAB	160	PREZCOBIX TAB	106
PRANDIN TAB	55	pregabalin cap	37	PREZISTA SUSP	106
prasugrel tab	171	pregabalin cap 225mg	37	PREZISTA TAB	106
PRAVACHOL TAB	65	pregabalin cap 300mg	37	PRIFTIN TAB	79
pravastatin tab	65	pregabalin soln	37	primaquine tab	78
praziquantel tab	21	PREHEVBRIOSUSP	232	primidone tab	37
prazosin cap	68	PREMARIN TAB	161	PRIMSOL SOLN	73
PRECOSE TAB	47	PREMARIN VAGINAL	234	PRINVIL TAB, ZESTRIL	67
PRED FORTE OPHTH SUSP	204	CREAM		TAB	
PRED MILD OPHTH SOLN	204	PREMPHASE TAB, PREMPRO TAB	160	PRISTIQ TAB	45
PRED-G OPHTH SOLN	205	PRENATABS RX TAB	193	probenecid tab	169
PREDNICARBATE CREAM	143	PRENATAL 19 CHEW	193	PROCARDIA CAP	116
PREDNICARBATE OIN	143	TAB		prochlorperazine supp	101
prednisolone ODT	129	PRENATAL 19 TAB	193	prochlorperazine tab	101
PREDNISOLONE ODT TAB	129	PRENATAL VITAMINS (NON-PREFERRED)	194	PROCTOCORT CREAM	143
		PRENATAL VITAMINS	236	proctosol HC cream	20
		(PRENATAL PLUS,		progesterone cap	213
		PREPLUS, PRENAPLUS)		PROGESTERONE SUPP	235
				PROGLYCEM SUSP	50
				PROLENSA OPHTH	208
				SOLN	

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ALPHABETICAL LISTING OF DRUGS

PROLIA INJ	154	PROVERA TAB	214	QUINAPRIL/HCTZ TAB	72
PROMACTA TAB	173	PROVIGIL TAB	5	quinapril/hydrochlorothiazide tab	72
promethazine DM syrup	131	PROZAC CAP	44	quinidine gluconate CR tab	24
promethazine supp	62	PULMICORT INH SUSP	27	quinidine sulfate tab	24
promethazine syrup	62	PULMOZYME INH SOLN	219		
promethazine tab	62	PURIXAN SUSP	81		
promethazine VC syrup	131	pyrazinamide tab	79		
promethazine VC/codeine syrup	131	pyridostigmine CR tab	78		
promethazine/codeine syrup	132	pyridostigmine tab	78		
PROMETHEGAN SUPP	62	pyridostigmine soln	78		
PROMETRIUM CAP	213	pyrimethamine tab	78		
propafenone ER cap	24	PYRUKYND TAB	171		
propafenone tab	24	PYRUKYND TAPER	171		
proparacaine ophth soln	202	PACK			
propranolol ER cap	114				
propranolol oral soln 20mg/5ml	114	Q			
PROPRANOLOL SOLN	114	QBRELIS SOLN	67		
propranolol tab	114	QINLOCK TAB	91		
PROPRANOLOL/HYDRO CHLOROTHIAZIDE TAB	72	QSYMIA CAP	2		
propylthiouracil tab	222	QUESTRAN LITE	63		
PROSCAR TAB	168	POWDER			
pro-stat liquid	197	QUESTRAN POWDER	63		
PROTOPIC OINT	145	QUESTRAN POWDER	63		
protriptyline tab	46	PACK			
		quetiapine tab	100		
		quetiapine XR tab	100		
		QUFLORA PEDIATRIC	193		
		CHEW TAB			
		quinapril tab	67		

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ALPHABETICAL LISTING OF DRUGS

RENOVA CREAM	135	RIBAVIRIN TAB	109	rizatriptan tab	185																																								
RENELA TAB	166	RIDAURA CAP	7	ROBAXIN TAB	195																																								
repaglinide tab	55	rifabutin cap	79	ROBINUL TAB	225																																								
REPATHA INJ	66	RIFADIN CAP	79	ROCALTROL CAP	157																																								
REPATHA PUSHTRONEX INJ	66	RIFAMATE CAP	78	ROCALTROL SOLN	157																																								
REQUIP TAB	96	rifampin cap	79	roflumilast tab	26																																								
RESCRIPTOR TAB	106	RIFATER TAB	79	ropinirole ER tab	96																																								
RESTASIS OPHTH EMULSION	202	riluzole tab	197	ropinirole tab	96																																								
RESTORIL CAP 15MG	176	RIMANTADINE TAB	110	rosuvastatin tab	65																																								
RESTORIL CAP 22.5MG	176	RIONERGEN ER SUSP	49	ROTARIX SUSP	232																																								
RESTORIL CAP 30MG	176	RIOMET SOLN	49	ROTATEQ INJ	232																																								
RESTORIL CAP 7.5MG	176	risedronate DR tab	154	ROXICODONE TAB	15																																								
RETACRIT INJ	173	risedronate tab	154	ROZEREM TAB	177																																								
RETEVMO CAP	91	RISPERDAL CONSTA INJ	99	ROZLYTREK CAP	91																																								
RETIN-A CREAM	134	RISPERDAL M ODT	99	RUBRACA TAB	91																																								
REVATIO SUSP	120	RISPERDAL SOLN	99	rufinamide susp	37																																								
REVATIO TAB	120	RISPERDAL TAB	99	rufinamide tab	37																																								
REVLIMID CAP	189	risperidone ODT	99	RUKOBIA ER TAB	106																																								
REYATAZ POWDER PACK	106	risperidone soln	100	RYBELSUS TAB	51																																								
REYVOW TAB	185	risperidone tab	100	RYDAPT CAP	91																																								
REZLIDHIA CAP	91	RITALIN LA CAP	5	RYTHMOL SR CAP	24																																								
REZUROCK TAB	189	RITALIN TAB	5	RHEUMATREX TAB	6	ritonavir tab	106	S		RHOFADE CREAM	147	RITUXAN INJ	81	SALAGEN TAB	192	ribavirin cap	109	rivastigmine cap	215	SALEX SHAMPOO	145			rivastigmine patch	216	salsalate tab	11			rizatriptan ODT	185	SANCUSO PATCH	58					SANDIMMUNE SOLN	112					100MG/ML	
RHEUMATREX TAB	6	ritonavir tab	106	S																																									
RHOFADE CREAM	147	RITUXAN INJ	81	SALAGEN TAB	192																																								
ribavirin cap	109	rivastigmine cap	215	SALEX SHAMPOO	145																																								
		rivastigmine patch	216	salsalate tab	11																																								
		rizatriptan ODT	185	SANCUSO PATCH	58																																								
				SANDIMMUNE SOLN	112																																								
				100MG/ML																																									

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267

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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ALPHABETICAL LISTING OF DRUGS

SANTYL OINT	144	sertraline tab	44	SKELAXIN TAB	195
SAPHRIS SL TAB	101	sevelamer hydrochloride	166	SKYRIZI INJ 150MG/ML	139
sapropterin	157	tab		SKYRIZI INJ 180	165
dihydrochloride powder		sevelamer powder pak	166	MG/1.2ML	
packet		sevelamer tab	166	SKYRIZI INJ	165
sapropterin	157	SFROWASA ENEMA	165	360MG/2.4ML	
dihydrochloride soluble		SHINGRIX INJ	232	SKYRIZI INJ	139
tab		SIGNIFOR INJ	159	75MG/0.83ML	
SAVELLA PAK	216	sildenafil susp	120	SKYTROFA INJ	155
SAVELLA TAB	216	sildenafil tab	118	SLO-NIACIN TAB	236
SAXENDA INJ	2	sildenafil tab 20mg	120	SLYND TAB	127
scopolamine patch	58	SILVADENE CREAM	140	smz/tmp (DS) tab	74
selegiline cap	97	silver sulfadiazine cream	140	smz/tmp susp	74
selegiline tab	97	SIMBRINZA OPHTH	200	SOD CHLORIDE INJ	188
selenium sulfide lotion	139	SUSP		sodium chloride inj	188
selenium sulfide shampoo	139	SIMPONI	7	sodium chloride neb soln	132
SELZENTRY SOLN	106	AUTO-INJECTOR 100MG		sodium citrate/citric acid	167
SELZENTRY TAB	106	SIMPONI INJ 100MG	7	soln	
SEMGLEE INJ, INSULIN	54	simvastatin tab	65	sodium fluoride cream	191
GLARGINE-YFGN INJ		SINEMET CR TAB	97	sodium fluoride gel	191
SEMGLEE PEN, INSULIN	54	SINEMET TAB	97	sodium fluoride paste	191
GLARGINE-YFGN PEN		SINGULAIR CHEW TAB	26	sodium fluoride rinse	191
SEMPREX-D CAP	132	SINGULAIR GRANULE	26	sodium fluoride soln	186
SEREVENT DISKUS	30	PACK		sodium fluoride tab	186
INHALER		SINGULAIR TAB	26	sodium fluoride/potassium	191
SEROQUEL TAB	101	sirolimus soln	189	nitrate paste	
SEROQUEL XR TAB	101	sirolimus tab	112	SODIUM OXYBATE	214
sertraline conc	44	SIVEXTRO TAB	76	SOLN	

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ALPHABETICAL LISTING OF DRUGS

sodium polystyrene powder	112	sorafenib tosylate tab	91	STRIVERDI RESPIMAT	30
sodium polystyrene susp	112	sotalol AF tab	114	INHALER	
sodium sulfacetamide lotion	134	sotalol tab	114	STROMECTOL TAB	21
sodium sulfacetamide/sulfur cleanser 10-5%		SOTYLIZE SOLN	114	SUBOXONE SL FILM	17
sodium sulfacetamide/sulfur cleanser 9-4.5%	135	5MG/ML		sucralfate susp	227
sodium sulfacetamide/sulfur emulsion 10-5%	135	SPECTRACEF TAB	123	sucralfate tab	226
sodium/magnesium/potassium soln	178	SPIKEVAX INJ	232	sulfacetamide sodium	202
SOFOSBUVIR/VELPATAS VIR TAB	109	SPINOSAD SUSP	147	ophth soln	
solifenacin tab	228	SPIRIVA RESPIMAT	26	sulfacetamide	205
SOLU-CORTEF INJ	129	INHALER 1.25MCG/ACT		sodium/prednisolone	
SOLU-CORTEF INJ	129	spironolactone tab	152	spironolactone	
100MG		spironolactone/hydrochlorothiazide tab	151	SULFACETAMIDE/PRED NISOLONE OPHTH	205
SOLU-MEDROL INJ	129	SPORANOX CAP	61	SOLN	
SOLU-MEDROL INJ	129	SPORANOX SOLN	61	sulfadiazine tab	221
2GM		sprintec 28 tab	125	SULFAMYLYON CREAM	140
SOLU-MEDROL PF INJ	130	SPRYCEL TAB	92	sulfasalazine EC tab	165
SOMA TAB	195	SPS SUSP	190	sulfasalazine tab	165
SOMAVERT INJ	155	STALEVO TAB	98	sulindac tab	10
		STARLIX TAB	55	SUMADAN WASH	135
		stavudine cap	106	9-4.5%	
		STELARA INJ	139	sumatriptan inj	185
		STENDRA TAB	118	SUMATRIPTAN INJ	186
		STIMATE NASAL SOLN	158	6MG/0.5ML	
		STIOLTO INHALER	30	sumatriptan tab	186
		STIVARGA TAB	92	sunitinib malate cap	92
		STRENSIQ INJ	158	SUNOSI TAB	3
		STRIBILD TAB	107	SUPRAX CAP	123

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ALPHABETICAL LISTING OF DRUGS

SUPRAX CHEW TAB	123	tadalafil tab 2.5mg, 5mg	118	TEGRETOL TAB	38
SUPRAX SUSP	123	TADLIQ SUSP	120	TEGRETOL XR TAB	38
SUPRAX SUSP	123	TAFINLAR CAP	92	TEGSEDI INJ	219
500MG/5ML		TAGRISSO TAB	82	TEKTURNA HCT TAB	72
SURMONTIL CAP	46	TAKHYRO INJ	170	TEKTURNA TAB	73
SYMAX DUOTAB	225	TAKHYRO INJ	170	telmisartan tab	68
SYMBICORT INHALER	30	150MG/ML		temazepam cap 15mg	176
SYMBYAX CAP	216	TALTZ INJ	139	temazepam cap 22.5mg	176
SYMDEKO TAB	219	TALZENNA CAP 0.25MG	92	temazepam cap 30mg	176
SYMJEPI INJ	235	TALZENNA CAP 0.5MG,	92	temazepam cap 7.5mg	176
SYMPROIC TAB	165	0.75MG, 1MG		TEMOVATE CREAM	143
SYMTUZA TAB	107	TAMIFLU CAP	111	TEMOVATE OINT	143
SYNAREL NASAL SOLN	156	TAMIFLU CAP 30MG	111	temozolamide cap	80
SYNERA PATCH	146	tamoxifen tab	85	tenofovir disoproxil	107
SYNJARDY TAB	48	tamsulosin cap	168	fumarate tab	
SYNJARDY XR TAB	48	TAPAZOLE TAB	222	TENORETIC TAB	72
10-1000MG, 25-1000MG		TASIGNA CAP	92	TENORMIN TAB	113
SYNJARDY XR TAB	48	TASMAR TAB	95	TEPMETKO TAB	92
5-1000MG,		TAVALISSE TAB	170	TERAZOL CREAM	234
12.5-1000MG		TAVNEOS CAP	170	terazosin cap	69
SYNTHROID TAB	223	tazarotene cream 0.1%	139	terbinafine tab	60
		TAZORAC CREAM	139	terbutaline sulfate tab	30
T		TAZORAC CREAM 0.05%	139	terconazole cream	234
TABLOID TAB	81	TAZVERIK TAB	92	TERCONAZOLE CREAM	234
TABRECTA TAB	92	TECHLITE INSULIN	183	0.8%	
tacrolimus cap	112	SYRINGE		terconazole supp	234
tacrolimus oint	145	TECHLITE PEN NEEDLE	183	teriflunomide tab	218
tadalafil tab	118	TEGRETOL SUSP	37	TERIPARATIDE INJ	154
tadalafil tab (PAH)	120				

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ALPHABETICAL LISTING OF DRUGS

TESSALON CAP	130	thiothixene cap	102	tobramycin ophth soln	202
testosterone cypionate inj	19	THYROLAR TAB	223	tobramycin/dexamethason	205
TESTOSTERONE	19	tiagabine tab	40	e ophth soln	
ENANTHATE INJ		TIAZAC CAP	116	TOBREX OPHTH OINT	202
200MG/ML		TIBSOVO TAB	92	TOBREX OPHTH SOLN	202
testosterone gel 1% 25mg	19	TIGAN CAP	59	TODAY SPONGE	233
testosterone gel 1% 50mg	19	TIKOSYN CAP	25	TOFRANIL TAB	46
testosterone gel 1% pump	19	timolol maleate ophth gel	198	TOLAZAMIDE TAB	56
testosterone gel 1.62%	19	timolol maleate ophth soln	198	TOLBUTAMIDE TAB	56
1.25gm		timolol maleate tab	114	tolcapone tab	95
testosterone gel 1.62%	19	TIMOPTIC OPHTH SOLN	198	TOLMETIN TAB	10
2.5gm		TIMOPTIC-XE OPHTH	198	tolterodine SR cap	228
TESTOSTERONE GEL	19	GEL		tolterodine tab	228
PUMP		TINDAMAX TAB	73	TOPAMAX SPRINKLE	38
testosterone gel pump	19	tinidazole tab	73	CAP	
1.62%		tiopronin tab	168	TOPAMAX TAB	38
testosterone soln	19	TIROSINT-SOL	223	TOPICORT CREAM	143
TETANUS/DIPHTHERIA	224	TIVICAY PD TAB	107	TOPICORT OINT	143
TOXOID INJ		TIVICAY TAB	107	topiramate sprinkle cap	38
tetrabenazine tab	216	tizanidine tab	195	topiramate tab	38
tetracycline cap	221	TOBI PODHALER	5	TOPROL XL TAB	113
TEZSPIRE INJ	25	TOBRADEX OPHTH	205	toremifene tab	85
THALOMID CAP	111	OINT		torsemide tab	152
THEO-24 CAP	31	TOBRADEX OPHTH	205	TOVIAZ TAB	228
theophylline ER tab	31	SOLN		TRACLEER TAB 32MG	120
theophylline soln	31	TOBRADEX ST OPHTH	205	tramadol ER tab	15
theophylline tab er	31	SUSP		TRAMADOL HCL ER TAB	15
thioridazine tab	101	tobramycin neb soln	5	tramadol tab	15

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ALPHABETICAL LISTING OF DRUGS

tramadol/acetaminophen tab	17	triamterene/hydrochloroth iazide tab	151	TRIZIVIR TAB tropicamide ophth soln	107
tranexamic acid inj	175	triazolam tab	176	trospium chloride SR cap	199
tranexamic acid tab	175	tricitrates soln	167	trospium tab	228
TRANSDERM-SCOP PATCH	59	tricon cap	174	TRUEPLUS INSULIN SYRINGE	228
tranylcypromine tab	43	TRICOR TAB trientine cap	64	TRUEPLUS PEN NEEDLE	183
TRAVATAN Z DROPS	208	trifluoperazine tab	188	TRULANCE TAB	183
travoprost ophth soln	208	TRIFLURIDINE OPHTH SOLN	101	TRULICITY INJ	162
trazodone tab	44	SOLN	202	TRUMENBA INJ	51
TRECATOR TAB	79	trihexyphenidyl elixir	97	TRUSOPT OPHTH SOLN	229
TRELEGY ELLIPTA INHALER	31	TRIHEXYPHENIDYL SOLN	97	TUKYSA TAB	208
TREMFYA INJ	139	trihexyphenidyl tab	95	TURALIO CAP	81
tretinooin cap	79	TRIKAFTA TAB	220	tussigon tab	93
tretinooin cream	135	TRIKAFTA THERAPY	220	TUSSIONEX SUSP	130
tretinooin gel	135	PACK	220	TWIRLA PATCH	132
triamcinolone acetate inj	130	tri-legest tab	125	TYBLUME TAB	125
triamcinolone cream	143	TRILEPTAL SUSP	38	TYLENOL/CODEINE TAB	17
triamcinolone in orabase paste	191	TRILEPTAL TAB	38	TYMLOS INJ	154
triamcinolone lotion	143	TRI-LUMA CREAM	146	TYVASO DPI POWDER	119
triamcinolone oint	143	trimethobenzamide cap	59	TYVASO DPI POWDER	119
triamcinolone OTC nasal spray	196	TRIMETHOPRIM TAB	73	MAINTENANCE KIT	32-48MCG
triamterene/hydrochloroth iazide cap	151	trimipramine cap	46	32-48MCG	TYVASO DPI POWDER
		TRINTELLIX TAB	45	TITRATION KIT	119
		tri-sprintec tab	125	16-32-48MCG	TRIUMEQ PD TAB
		TRIUMEQ TAB	107		TRIUMEQ TAB

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ALPHABETICAL LISTING OF DRUGS

TYVASO DPI POWDER	119	VALIUM TAB 2MG, 10MG	23	VENCLEXTA STARTER PACK	82
TITRATION KIT		VALIUM TAB 5MG	24	VENCLEXTA TAB	82
16-32MCG		valproic acid cap	41	VENELEX OINT	147
TYVASO INH SOLN	119	valproic acid syrup	41	venlafaxine ER cap	45
U		valsartan tab	68	venlafaxine tab	45
UBRELVY TAB	185	valsartan/hydrochlorothiazi de tab	72	VENTAVIS INH SOLN	119
UCERIS RECTAL FOAM	20	VALTOCO NASAL SPRAY	33	VENTOLIN HFA	31
UCERIS TAB	130	VALTREX TAB	110	INHALER	
ULORIC TAB	169	VANCOCIN CAP	75	VERAPAMIL ER CAP,	116
ULTRAM TAB	15	vancomycin cap	75	VERELAN CAP	
ULTRAVATE CREAM	143	VANIQA CREAM	145	verapamil SR cap	116
ULTRAVATE OINT	143	vardenafil ODT	118	VERAPAMIL SR CAP	116
UPNEEQ SOLN	208	vardenafil tab	118	360mg	
UPTRAVI TAB	121	VARENICLINE PAK	218	verapamil SR tab	116
URECHOLINE TAB	228	VARENICLINE TAB	219	verapamil tab	116
UROCIT-K TAB	167	varenicline tartrate tab	219	VERELAN CAP	116
UROXATRAL TAB	168	VARIVAX INJ	232	VERELAN PM CAP	116
URSO FORTE TAB	163	VARUBI TAB	59	VERELAN PM ER CAP	116
ursodiol cap	163	VASERETIC TAB	72	VERELAN SR CAP	116
ursodiol tab	163	VASOTEC TAB	67	360mg	
V		VAXNEUVANCE INJ	229	VERZENIO TAB	93
VAGIFEM TAB	235	V-C FORTE CAP	192	VESICARE TAB	228
valacyclovir tab	110	VELIVET PAK	125	VFEND SUSP	61
VALCHLOR GEL	138	VELPHORO CHEW TAB	166	VFEND TAB	61
VALCYTE TAB	108	VEMLIDY TAB	109	V-GO INJ KIT	183
valganciclovir soln	108			VIBRAMYCIN CAP	221
valganciclovir tab	108				

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ALPHABETICAL LISTING OF DRUGS

VIBRAMYCIN SUSP	221	voriconazole susp	61	XARELTO STARTER	32
VIBRAMYCIN SYRUP	222	voriconazole tab	61	PACK	
VICTOZA INJ	51	VOSEVI TAB	109	XARELTO SUSP	32
VIDEX SOLN	107	VOTRIENT TAB	93	XARELTO TAB	32
vigabatrin powder pack	40	VOXZOGO INJ	158	XATMEP SOLN	81
vigabatrin tab	40	VP-PNV-DHA CAP	194	XCOPRI PAK	39
vigadronе powder pack	40	VYNDAMAX CAP	121	100-150MG	
VIGAMOX OPHTH SOLN	202	VYNDAQEL CAP	121	XCOPRI PAK	39
VIJOICE TAB	189	VYVANSE CAP	1	150-200MG	
VIJOICE TAB 250MG	189	VYVANSE CHEW TAB	1	XCOPRI PAK 50-200MG	39
viorele tab, kariva tab	125			XCOPRI TAB 150MG,	39
VIRACEPT TAB	107	W		200MG	
VIREAD TAB 150MG, 200MG, 250MG	107	WAKIX TAB	3	XCOPRI TAB 50MG,	39
VISTARIL CAP	23	warfarin tab	31	100MG	
VITAFOL STRIPS	194	WEGOVY INJ	2	XCOPRI TITRATION PAK	39
vitamin D cap	236	WEGOVY INJ	2	12.5-25MG	
vitamin D cap 1000unit	236	1.7MG/0.75ML		XCOPRI TITRATION PAK	39
vitamin D cap 400unit	236	WEGOVY INJ	2	150-200MG	
VITAMIN D TAB 400UNIT	236	2.4MG/0.75ML		XCOPRI TITRATION PAK	39
VITRAKVI CAP 100MG	93	WELIREG TAB	85	50-100MG	
VITRAKVI CAP 25MG	93	WELLBUTRIN SR TAB	42	XELJANZ SOLN	6
VITRAKVI SOLN	93	WELLBUTRIN XL TAB	42	XELJANZ TAB	6
VIVELLE-DOT PATCH	161	wymzya FE tab	125	XELJANZ XR TAB	6
VIZIMPRO TAB	83			XEMBIFY INJ	211
VOLTAREN GEL	137	X		XENLETA TAB	76
VONJO CAP	93	XADAGO TAB	97	XIFAXAN TAB 200MG	74
		XALATAN OPHTH SOLN	208	XIFAXAN TAB 550MG	74
		XALKORI CAP	93		
		XAQUIL XR TAB	149		

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ALPHABETICAL LISTING OF DRUGS

XIGDUO XR TAB 2.5-1000MG, 5-1000MG	48	ZESTORETIC TAB ZETONNA NASAL SPRAY	72 196	ZONTIVITY TAB ZORYVE CREAM	171 139
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	48	ZIAC TAB zidovudine cap zidovudine syrup	72 107 107	ZOVIRAX CAP ZOVIRAX SUSP ZOVIRAX TAB	110 110 110
XOPENEX NEB SOLN	31	zidovudine tab	107	ZTALMY SUSP	38
XOSPATA TAB	93	ZIEXTENZO INJ	173	ZUTRIPRO LIQUID	132
XPOVIO PAK	85	ZIMHI SOLN	58	ZYDELIG TAB	94
XTAMPZA ER CAP	15	ziprasidone cap	99	ZYKADIA CAP	94
XYZBAC TAB	149	ZIRGAN OPHTH GEL	202	ZYKADIA TAB	94
Z		ZITHROMAX POWDER	179	ZYLET OPHTH SUSP	205
zafemy patch	126	PACK		ZYLOPRIM TAB	169
zaflunakast tab	26	ZITHROMAX SUSP	179	ZYMAXID OPHTH SOLN	202
zaleplon cap	177	ZITHROMAX TAB	179	ZYPREXA TAB	101
ZANAFLEX TAB	195	ZOCOR TAB	65	ZYPREXA ZYDIS TAB	101
ZANOSAR INJ	80	ZOFRAN ODT	58	ZYVOX SUSP	76
ZARONTIN CAP	41	ZOFRAN SOLN	58	ZYVOX TAB	76
ZARONTIN SOLN	41	ZOFRAN TAB	58		
ZARXIO INJ	173	ZOKINVY CAP	190		
ZEGALOGUE INJ	50	ZOLINZA CAP	94		
ZEGERID CAP OTC	227	zolmitriptan tab	186		
ZEJULA CAP	94	ZOLOFT CONC	44		
ZEJULA TAB	94	ZOLOFT TAB	44		
ZELAPAR ODT	97	zolpidem ER tab	177		
ZELBORAF TAB	94	zolpidem tab	175		
ZEMPLAR CAP	158	ZONEGRAN CAP	38		
ZEPOSIA CAP	218	ZONISADE SUSP	38		
ZEPOSIA STARTER PACK	218	zonisamide cap	38		

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

L.A. CARE HOME INFUSION DRUG LIST

Alphabetical Index

9/1/2023

Search Tip:

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

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.

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

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
AMONDYS 45 INJ	-	EXC	NEUROMUSCULAR AGENTS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
ampicillin inj	-	F	PENICILLINS
ampicillin/sulbactam inj	-	F	PENICILLINS
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
APRETUDE SUSP (QL=7 inj/year)	QL	F	ANTIVIRALS
ARALAST NP INJ	PA	F	RESPIRATORY AGENTS - MISC.
ARGATROBAN INJ	-	F	ANTICOAGULANTS
ARRANON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASPARLAS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATGAM INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ATROPINE SULFATE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
atropine sulfate iv soln	-	F	ULCER DRUGS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
AZEDRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
BALEODAQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
bendamustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDAMUSTINE SOL	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F	OPHTHALMIC AGENTS
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICILLIN C-R INJ	-	F	PENICILLINS
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bortezomib inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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Drug Name	Special Code	Tier	Category
butorphanol inj	-	F	ANALGESICS - OPIOID
BYOOVIZ INJ (QL= 1 vial/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CABENUVA SUSP (QL=1 kit/month)	QL	F	ANTIVIRALS
calcium gluconate inj	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
CEFAZOLIN INJ	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
CEFEPIME INJ	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
cefotetan inj	-	F	CEPHALOSPORINS
CEFOXITIN INJ	-	F	CEPHALOSPORINS
CEFTAZIDIME INJ	-	F	CEPHALOSPORINS
CEFTRIAXONE INJ	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ (QI= 1 vial/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

Symbols and abbreviations are defined on page 1.

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Drug Name	Special Code	Tier	Category
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
CISPLATIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
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

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

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Drug Name	Special Code	Tier	Category
doxorubicin hcl inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline hyclate inj	-	F	TETRACYCLINES
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
ELAHERE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
electrolyte-148 solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
electrolyte-a solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
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
EUFLAXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ	PA	F	ANTIHYPERLIPIDEMICS
EXONDYS 51 SOLN	-	EXC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FEIBA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
FERAHHEME 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.
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

Symbols and abbreviations are defined on page 1.

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

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Drug Name	Special Code	Tier	Category
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M INJ, KOATE-DVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
heparin sodium inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
heparin sodium/nacl inj	-	F	ANTICOAGULANTS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HUMATE-P INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ibandronate sodium inj (BONIVA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA SOLN	-	NC	DERMATOLOGICALS
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMJUDO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
INFliximab INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
INFUGEM SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
INVEGA HAFYERA INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
irinotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
JELMYTO INJ	PA	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

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JIVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NACL INJ	-	F	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	NC	MINERALS & ELECTROLYTES
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KIMMTRAK SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KORSUVA INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F	GOUT AGENTS
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
LARTRUVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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LEQEMBI SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEUCOVORIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
levoleucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levothyroxine inj	-	F	THYROID AGENTS
LIBTAYO INJ (QL= 1 vial/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid IV soln	-	F	ANTI-INFECTIVE AGENTS - MISC.
LIOTHYRONINE INJ	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
lorazepam inj	-	F	ANTIANXIETY AGENTS
LUMOXITI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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LUTATHERA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F	OPHTHALMIC AGENTS
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS
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

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MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYLOTARG INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYOZYME/LUMIZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nafcillin inj	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NIPENT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS

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OGIVRI INJ (Restricted to Oncology or Hematology Specialist)		F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPAR INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFTRAN) inj	-	NC	ANTIEMETICS
ondansetron inj	-	F	ANTIEMETICS
ONIVYDE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN (QL= 2 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORENCIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OXLUMO INJ	PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	F	ANTIEMETICS
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F	ANTIEMETICS
PAMIDRONATE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
pemetrexed disodium for iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PEPAXTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	F	HEMATOPOIETIC AGENTS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
PORTRAZZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
potassium chloride inj	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES

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POTELIGEO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
PROCAINAMIDE INJ	-	F	ANTIARRHYTHMICS
prochlorperazine inj	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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.
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

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RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCENESSE IMP (QL=1 implant/56 days)	-	EXC	DERMATOLOGICALS
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SEVENFACT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
sodium bicarbonate inj	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTIDOTES

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SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F	DERMATOLOGICALS
SPINRAZA INJ	PA	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
STELARA IV INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
sterile diluent soln	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTIVIRALS
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO INJ (QL= 1 vial/affected eye/168 days)	PA-QL	F	OPHTHALMIC AGENTS
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL	F	OPHTHALMIC AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNRIBO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 20 mL/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 28 mL/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ	PA	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tobramycin inj	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
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
TRODELVY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ (QL= 15mL/28 days)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TZIELD INJ (QL= 14 vials/month)	PA-QL	F	ANTIDIABETICS
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN (QL= 30 mL/6 months)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
valrubicin inj	PA	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

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VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO SOLN	-	EXC	NEUROMUSCULAR AGENTS
VIMIZIM INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ	PA	F	OPHTHALMIC AGENTS
vitamin K1 inj	-	F	VITAMINS
VONVENDI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
voriconazole inj	-	F	ANTIFUNGALS
VPRIV INJ	PA	F	HEMATOPOIETIC AGENTS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XIAFLEX INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
XIPERE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
XOFIGO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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XOLAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZEPZELCA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERBAXA INJ	-	F	CEPHALOSPORINS
zinc chloride inj	-	F	MINERALS & ELECTROLYTES
ZINC CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
ZINPLAVA SOLN	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ZIRABEV INJ (Restricted to Oncology, 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
ZOMETTA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYNLONTA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTEGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

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

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

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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
AMPHOTERICIN INJ	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj	-	F
ANTIHYPERLIPIDEMICS		
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ	PA	F
ANTIHYPERTENSIVES		
VASODILATORS		
hydralazine inj	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole/trimethoprim inj	-	F

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

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
cisplatin inj	-	F
CISPLATIN INJ 50MG/50ML	-	F
cyclophosphamide inj	-	F
IFEX INJ	-	F
IFOSFAMIDE INJ	-	F
melphalan inj	-	F
oxaliplatin inj	-	F
TEMODAR IV INJ	PA	F
thiotepa inj	-	F
YONDELIS INJ	PA	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN	PA	F
CARMUSTINE INJ	-	NC
PEPAXTO INJ	-	NC
ANTIMETABOLITES		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
cytarabine inj	-	F
decitabine inj	PA	F
fludarabine inj	-	F
fluorouracil inj	-	F
GEMCITABINE INJ	-	F
nelarabine iv soln	PA	F
pemetrexed disodium for iv soln	PA	F
ALIMTA INJ	-	NC
ARRANON INJ	-	NC
INFUGEM SOLN	-	NC
VIDAZA INJ	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, 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

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BESPONSA INJ	PA	F
BLINCYTO INJ	PA	F
DARZALEX SOLN	PA	F
ELAHERE INJ	PA	F
ENHERTU INJ	PA	F
GAZYVA INJ	PA	F
IMFINZI INJ	PA	F
IMJUDO INJ	PA	F
JEMPERLI SOLN	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
KIMMTRAK SOLN	PA	F
LIBTAYO INJ (QL= 1 vial/21 days)	PA-QL	F
LUMOXITI 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
RUXIENCE INJ	PA	F
RYBREVANT SOLN	PA	F
SARCLISA SOLN	PA	F
TECENTRIQ INJ 1200MG/20ML (QL= 20 mL/21 days)	PA-QL	F
TECENTRIQ INJ 840MG/14ML (QL= 28 mL/28 days)	PA-QL	F
TIVDAK INJ	PA	F
TRUXIMA INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F
CAMPATH INJ	-	NC
DANYELZA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
UNITUXIN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
MARGENZA INJ	PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F

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

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

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

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<u>Drug Name</u>	<u>Special Code</u>	<u>Tier</u>
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
IMLYGIC INJ	-	EXC
TOPOISOMERASE I INHIBITORS		
IRINOTECAN INJ	-	F
ONIVYDE INJ	PA	F
topotecan inj	-	F
TRODELVY SOLN	PA	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA HAFYERA INJ	-	F
PHENOTHIAZINES		
prochlorperazine inj	-	F
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL=7 inj/year)	QL	F
CABENUVA SUSP (QL=1 kit/month)	QL	F
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10QL-RS vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)		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

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

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

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

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
desmopressin (DDAVP) inj	PA	F
SOMATOSTATIC AGENTS		
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ	PA	F
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F
INFILIXIMAB INJ	PA	F
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F
STELARA IV INJ	PA	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
RENFLEXIS INJ	-	NC
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		
ADYNNOVATE INJ	PA	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
ESPEROCT INJ	PA	F
FEIBA INJ	PA	F

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HEMATOLOGICAL AGENTS - MISC. Cont.		
HEMGENIX INJ (QL= 1 kit/lifetime)	PA-QL	F
HUMATE-P INJ	PA	F
NOVOSEVEN RT INJ	PA	F
SEVENFACT INJ	PA	F
VONVENDI INJ	PA	F
WILATE INJ	PA	F
ADVATE INJ, KOVALTRY INJ	-	NC
AFSTYLA KIT	-	NC
ALPHANATE INJ, HUMATE-P INJ	-	NC
ALPHANINE SD INJ, MONONINE INJ	-	NC
ALPROLIX INJ	-	NC
BENEFIX INJ	-	NC
COAGADEX INJ	-	NC
CORIFACT KIT	-	NC
ELOCTATE INJ	-	NC
FIBRYGA INJ	-	NC
HEMOFIL M INJ, KOATE-DVI INJ	-	NC
IDELVION SOLN	-	NC
IXINITY INJ, RIXUBIS INJ	-	NC
JIVI INJ	-	NC
KCENTRA KIT	-	NC
KOGENATE FS INJ	-	NC
NOVOEIGHT INJ	-	NC
NUWIQ INJ	-	NC
OBIZUR INJ	-	NC
PROFILNINE INJ	-	NC
REBINYN SOL	-	NC
RECOMBINATE INJ	-	NC
TRETEN INJ	-	NC
XYNTHA INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ	PA	F
PLASMA PROTEINS		

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

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MACROLIDES Cont.		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE INJ	-	F
CALCIUM		
calcium gluconate inj	-	F
ELECTROLYTE MIXTURES		
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
electrolyte-148 solution (PLASMA-LYTE equiv)	-	F
electrolyte-a solution (PLASMA-LYTE equiv)	-	F
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NACL INJ	-	F
LACTATED RINGERS INJ	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
KCL/NACL INJ	-	NC
MAGNESIUM		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
potassium phosphate inj	-	F

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MINERALS & ELECTROLYTES Cont.		
SODIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
POTASSIUM		
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE INJ	-	NC
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
SELENIUM INJ	-	F
ZINC		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
ENZYMES		
XIAFLEX INJ	PA	F
IMMUNOMODULATORS		
VYVGART INJ	PA	F
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
GAMIFANT INJ	PA	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN (QL= 30 mL/6 months)	PA-QL	F
LYMPHATIC AGENTS		
SYLVANT INJ	PA	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
UREMIC PRURITUS AGENTS		
KORSUVA INJ	PA	F
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
VISCOSUPPLEMENTS		
DUROLANE	PA	F

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
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
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA INJ	-	NC
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	EXC
EXONDYS 51 SOLN	-	EXC
VILTEPSO SOLN	-	EXC
VYONDYS 53 SOLN	-	EXC
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ	PA	F
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F
NUTRIENTS		
CARBOHYDRATES		
dextrose inj	-	F
LIPIDS		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F

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NUTRIENTS Cont.			
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
BYOOVIZ INJ (QL= 1 vial/eye/28 days)	PA-QL		F
CIMERLI INJ (QI= 1 vial/eye/28 days)	PA-QL		F
SUSVIMO INJ (QL= 1 vial/affected eye/168 days)	PA-QL		F
OPHTHALMIC COMPLEMENT INHIBITORS			
SYFOVRE INJ (QL= 2 vials/25 days)	PA-QL		F
OPHTHALMIC GENE THERAPY			
LUXURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL		F
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS			
VISUDYNE INJ	PA		F
OPHTHALMIC STEROIDS			
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL		F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL		F
TRIESENCE INJ (QL=2 inj/fill)	QL		F
XIPERE INJ (QL=2 inj/fill)	QL		F
YUTIQ IMPLANT (QL=2 inj/36 months)	QL		F
RETISERT IMPLANT	-		NC
PASSIVE IMMUNIZING AGENTS			
IMMUNE SERUMS			
CARIMUNE NANOFILTERED INJ	PA		F
GAMMAGARD INJ	PA		F
GAMMAGARD SD INJ	PA		F
GAMMAPLEX INJ	PA		F
PRIVIGEN INJ	PA		F
PASSIVE IMMUNIZING AND TREATMENT AGENTS			
IMMUNE SERUMS			
CARIMUNE NANOFILTERED INJ	PA		F
FLEBOGAMMA INJ	PA		F
GAMASTAN INJ	-		F
GAMMAGARD INJ	PA		F
GAMMAGARD SD INJ	PA		F
HEPAGAM B INJ	PA		F
HYPERHEP B INJ	PA		F
OCTAGAM INJ	PA		F
PANZYGA INJ	PA		F

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PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.		
PRIVIGEN INJ	PA	F
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	PA	F
ZINPLAVA SOLN	PA	F
PENICILLINS		
AMINOPENICILLINS		
ampicillin inj	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
PENICILLIN COMBINATIONS		
AMPICILLIN/SULBACTAM INJ	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
BACTOCILL/DEXTROSE INJ	-	F
nafcillin inj	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
STERILE DILUENT SOLN	-	F
sterile water for inj	-	F
PROGESTINS		
progesterone IM inj	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
LEQEMBI SOLN	-	EXC
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F
OCREVUS INJ	PA	F
TYSABRI INJ (QL= 15mL/28 days)	PA-QL	F

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAVA INJ	-	F
GLYCYL CYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycycline hydiate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
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		
VASOPRESSORS		
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.

<u>DrugName</u>	<u>Special Code</u>	<u>Tier</u>
VITAMINS Cont.		
OIL SOLUBLE VITAMINS vitamin K1 inj	-	F

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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List
Prior Authorization Drug List
Last Updated* 9/1/2023**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABRAXANE INJ	F
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADYNOVATE INJ	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
AMVUTTRA SOLN	F
ARALAST NP INJ	F
arsenic trioxide inj	F
ARZERRA INJ	F
ASPARLAS INJ	F
AVSOLA INJ	F
azacitidine inj	F
BALEODAQ INJ	F
BAVENCIO INJ	F
BENDAMUSTINE SOL	F
BENDEKA INJ	F
BENLYSTA IV SOLN	F
BEOVU INJ	F
BERINERT INJ	F
BESPONSA INJ	F
BLINCYTO INJ	F
bortezomib inj	F
BOTOX INJ	F
BRINEURA KIT	F
BYOOVIZ INJ	F
CARIMUNE NANOFILTERED INJ	F
carmustine inj	F
CEREZYME INJ	F
CIMERLI INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
CRYSVITA INJ	F
DARZALEX SOLN	F
DARZALEX SOLN FASPRO	F
decitabine inj	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 9/1/2023

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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 9/1/2023

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HYPERHEP B INJ	F
ILARIS INJ	F
IMFINZI INJ	F
IMJUDO INJ	F
INFLIXIMAB INJ	F
IXEMPRA KIT INJ	F
JELMYTO INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KANUMA INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KHAPZORY SOLN	F
KIMMTRAK SOLN	F
KORSUVA INJ	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LARTRUVO INJ	F
LEMTRADA INJ	F
LIBTAYO INJ	F
LUMOXITI INJ	F
LUNSUMIO INJ	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ 11.25 MG	F
LUPRON DEPOT INJ 3.75 MG	F
LUXURNA SUSP	F
MARGENZA INJ	F
mitomycin inj	F
MONJUVI INJ	F
MYLOTARG INJ	F
MYOZYME/LUMIZYME INJ	F
NAGLAZYME INJ	F
nelarabine iv soln	F
NEXVIAZYME INJ	F
NIPENT INJ	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 9/1/2023

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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 9/1/2023

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)
SKYRIZI SOLN	F
SOLIRIS IV SOLN	F
SOMATULINE INJ	F
SPEVIGO INJ	F
SPINRAZA INJ	F
SPRAVATO SOLN	F
STELARA IV INJ	F
SUSVIMO INJ	F
SYFOVRE INJ	F
SYLVANT INJ	F
SYNAGIS INJ	F
SYNRIBO INJ	F
TECENTRIQ INJ 1200MG/20ML	F
TECENTRIQ INJ 840MG/14ML	F
TEMODAR IV INJ	F
TEPEZZA INJ	F
TEZSPIRE SOLN	F
THYROGEN INJ	F
TIVDAK INJ	F
TRELSTAR INJ 11.25MG	F
TRELSTAR INJ 22.5MG	F
TRELSTAR INJ 3.75MG	F
treprostinil inj	F
TRIPTODUR SUSP	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
TZIELD INJ	F
ULTOMIRIS INJ	F
UPLIZNA SOLN	F
valrubicin inj	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VONVENDI INJ	F
VPRIV INJ	F
VYVGART INJ	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 9/1/2023

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)
VYXEOS INJ	F
WILATE INJ	F
XENPOZYME SOLN	F
XEOMIN INJ	F
XGEVA INJ	F
XIAFLEX INJ	F
XOLAIR INJ	F
YERVOY INJ	F
YONDELIS INJ	F
ZALTRAP INJ	F
ZEPZELCA SOLN	F
ZINPLAVA SOLN	F
ZOLADEX INJ 10.8 MG	F
ZOLADEX INJ 3.6 MG	F
ZOLGENSMA INJ	F
ZYNLONTA SOLN	F
ZYNYZ INJ	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Last Updated* 9/1/2023

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMVUTTRA SOLN	QL=1 syringe/90 days
APRETUDE SUSP	QL=7 inj/year
BEOVU INJ	QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days
BRINEURA KIT	QL=4 kits/28 days
BRIUMVI INJ	QL= 7 vials/48 weeks
BYOOVIZ INJ	QL= 1 vial/eye/28 days
CABENUVA SUSP	QL=1 kit/month
CIMERLI INJ	QL= 1 vial/eye/28 days
ELIGARD INJ 22.5 MG	QL= 1 kit/84 days
ELIGARD INJ 30 MG	QL= 1 kit/112 days
ELIGARD INJ 45 MG	QL= 1 kit/168 days
ELIGARD INJ 7.5 MG	QL= 1 kit/28 days
ENTYVIO INJ	QL= 1 vial/56 days
FIRMAGON INJ 120MG	QL=2 vials/fill
FIRMAGON INJ 80MG	QL=1 vial/28 days
HEMGENIX INJ	QL= 1 kit/lifetime
ILUVIEN IMPLANT	QL=2 inj/36 months
KRYSTEXXA INJ	QL= 2 mL/28 days
LETRADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/21 days
LUPRON DEPO-PED INJ	QL= 1 kit/28 days
LUPRON DEPOT INJ 11.25 MG	QL= 1 kit/84 days
LUPRON DEPOT INJ 3.75 MG	QL= 1 kit/28 days
LUXURNA SUSP	QL=1 kit per eye, per lifetime
OPDUALAG SOLN	QL= 2 vials/28 days
OZURDEX IMPLANT	QL=2 inj/180 days
PERJETA INJ	QL= 42 mL/63 days
PROLIA SOLN	QL= 1 inj/6 months
REBYOTA SUSP FECAL	QL= 150 mL/lifetime
SANDOSTATIN LAR DEPOT KIT	QL=1 kit every 4 weeks
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 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
SUNLENCA INJ	QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist
SUSVIMO INJ	QL= 1 vial/affected eye/168 days
SYFOVRE INJ	QL= 2 vials/25 days

Symbols and abbreviations are defined on page 1.

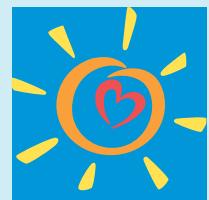
L.A. Care Home Infusion List Cont.**Last Updated* 9/1/2023****Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TECENTRIQ INJ 1200MG/20ML	QL= 20 mL/21 days
TECENTRIQ INJ 840MG/14ML	QL= 28 mL/28 days
TEZSPIRE SOLN	QL=1 inj/28 days
TRELSTAR INJ 11.25MG	QL=1 kit/84 days
TRELSTAR INJ 22.5MG	QL=1 kit/168 days
TRELSTAR INJ 3.75MG	QL=1 kit/28 days
TRIESENCE INJ	QL=2 inj/fill
TRIPTODUR SUSP	QL=1 inj every 24 weeks
TROGARZO INJ	Restricted to Infectious Disease Specialist; QL = Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days
TYSABRI INJ	QL= 15mL/28 days
TZIELD INJ	QL= 14 vials/month
UPLIZNA SOLN	QL= 30 mL/6 months
XIPERE INJ	QL=2 inj/fill
YUTIQ IMPLANT	QL=2 inj/36 months
ZOLADEX INJ 10.8 MG	QL= 1 implant/84 days
ZOLADEX INJ 3.6 MG	QL= 1 implant/28 days
ZOLGENSMA INJ	QL= 1 kit/lifetime
ZYNYZ INJ	QL= 1 vial/28 days

Symbols and abbreviations are defined on page 1.



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