



L.A. Care
CoveredTM Direct

L.A. Care Health Plan

*L.A. Care CoveredTM Direct Formulary
2024*

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 All previous versions of the formulary are no longer in effect.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

For more details on how much you are required to pay for a covered service for your plan, visit our website:
<http://www.lacare.org/members/welcome-la-care/member-documents/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 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
<i>lisdexamfetamine dimesylate cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG (VYVANSE Equiv)</i>	1	-
<i>lisdexamfetamine dimesylate chew tab 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (VYVANSE Equiv)</i>	1	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
ADIPEX-P CAP 37.5MG (<i>phentermine hcl</i>)	3	PA-QL

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

1

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

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

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2

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ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide (weight management)</i>)	2	PA-QL QL= 4 inj/28 days
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG (<i>guanfacine hcl (adhd)</i>)	3	-
KAPVAY TAB .1MG (<i>clonidine hcl (adhd)</i>)	3	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>)	2	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	1	QL QL= 1 tab/day

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3

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dexamethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)	1	-
dexamethylphenidate tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)	1	-
FOCALIN TAB 10MG, 2.5MG, 5MG (dexamethylphenidate hcl)	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (dexamethylphenidate hcl)	3	-
METHYLIN SOLN 10MG/5ML, 5MG/5ML (methylphenidate hcl)	2	-
methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (METADATE CD Equiv)	1	-
methylphenidate chew tab 10MG, 2.5MG, 5MG (METHYLIN Equiv)	1	-
methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG (RITALIN LA Equiv)	1	-
METHYLPHENIDATE ER TAB 18MG (methylphenidate hcl)	2	-
methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG	1	-
methylphenidate soln 10MG/5ML, 5MG/5ML (METHYLIN Equiv)	1	-

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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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
methylphenidate tab 10MG, 20MG, 5MG (RITALIN Equiv)	1	-
modafinil tab 100MG, 200MG (PROVIGIL Equiv)	1	QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG (armodafinil)	3	QL QL= 1 tab/day
PROVIGIL TAB 100MG, 200MG (modafinil)	3	QL QL= 2 tabs/day
RITALIN LA CAP 10MG, 20MG, 30MG, 40MG (methylphenidate hcl)	3	-
RITALIN TAB 10MG, 20MG, 5MG (methylphenidate hcl)	3	-
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
amikacin inj 1GM/4ML, 500MG/2ML (KANAMYCIN Equiv)	M	M
neomycin tab 500MG	1	-
paromomycin cap 250MG (HUMATIN Equiv)	1	-
TOBI PODHALER 28MG (tobramycin)	4	LD-PA Only available through Walgreens 888-347-3416
tobramycin neb soln 300MG/5ML (TOBI Equiv)	1	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist

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

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

Last Updated 3/1/2024

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (<i>adalimumab-fkjp</i>)	4	LMSP-PA-QL QL= 2 inj/28 days	
HADLIMA INJ 40MG/0.4ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days	
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days	
HADLIMA PUSH INJ 40MG/0.4ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days	
HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML (<i>adalimumab-bwwd</i>)	4	LMSP-PA-QL QL= 2 inj/28 days	
HUMIRA INJ 10MG 10MG/0.1ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 80MG 80MG/0.8ML (<i>adalimumab</i>)	4	PA-QL-SP QL= 2 syringes/28 days	
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 80MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
CELEBREX CAP 100MG, 200MG, 400MG, 50MG <i>(celecoxib)</i>	3	-	
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	-	
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	1	-	
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-	
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	1	-	
<i>diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG</i> (ARTHROTEC Equiv)	1	-	
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-	
<i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv)	1	-	
<i>etodolac tab 400MG, 500MG</i>	1	-	
FELDENE CAP 10MG, 20MG <i>(piroxicam)</i>	3	-	
FLURBIPROFEN TAB 50MG (ANSAID Equiv) <i>(flurbiprofen)</i>	1	-	
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	1	-	
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-	
<i>ibuprofen tab 800MG</i>	1	-	

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>indomethacin cap 25MG, 50MG (INDOCIN Equiv)</i>	1	-	
<i>indomethacin CR cap 75MG (INDOCIN SR Equiv)</i>	1	-	
<i>ketorolac inj 15mg/ml 15MG/ML (TORADOL Equiv)</i>	1	QL QL= 20ml/5 days	
<i>ketorolac inj 30mg/ml 30MG/ML (TORADOL Equiv)</i>	1	QL QL= 20ml/5 days	
<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML (TORADOL Equiv)</i>	1	QL QL= 20ml/5 days	
<i>ketorolac tab 10MG (TORADOL Equiv)</i>	1	QL QL= 20 tabs/5 days	
<i>mefenamic acid cap 250MG (PONSTEL Equiv)</i>	1	-	
<i>meloxicam tab 15MG, 7.5MG (MOBIC Equiv)</i>	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 (RELAFEN Equiv)</i>	1	-	
NAPROSYN EC TAB 375MG (<i>naproxen</i>)	3	-	
NAPROSYN TAB 500MG (<i>naproxen</i>)	3	-	
<i>naproxen EC tab 375MG (NAPROSYN EC Equiv)</i>	1	-	
<i>naproxen tab 250MG, 375MG, 500MG (NAPROSYN Equiv)</i>	1	-	
<i>piroxicam cap 10MG, 20MG (FELDENE Equiv)</i>	1	-	
<i>sulindac tab 150MG, 200MG (CLINORIL Equiv)</i>	1	-	
TOLMETIN TAB 600MG (<i>tolmetin sodium</i>)	3	-	

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10

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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</i> (ARAVA Equiv)	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 (<i>etanercept</i>)	4	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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</i> (DISALCID Equiv)	1	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
ABSTRAL SL TAB 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 units/30 days
CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>)	1	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>)	1	QL QL=180 tabs/30 days
<i>codeine sulfate tab 60mg</i>	1	QL QL=180 tabs/30 days

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

Last Updated 3/1/2024

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
		QL QL=180 tabs/30 days	QL QL=120 tabs/30 days
hydromorphone tab 4mg 4MG (DILAUDID Equiv)	1	QL QL=180 tabs/30 days	
hydromorphone tab 8mg 8MG (DILAUDID Equiv)	1	QL QL=120 tabs/30 days	
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT (<i>fentanyl citrate</i>)	3	PA-QL QL= 15 bottles/30 days	
methadone conc 10MG/ML	1	QL QL=600ml/30 days	
METHADONE SOLN 10MG/5ML 10MG/5ML (<i>methadone hcl</i>)	1	QL QL=600ml/30 days	
methadone soln 10mg/5ml 10MG/5ML	1	QL QL=600ml/30 days	
METHADONE SOLN 5MG/5ML 5MG/5ML (<i>methadone hcl</i>)	1	QL QL= 1200ml/30 days	
methadone soln 5mg/5ml 5MG/5ML	1	QL QL= 1200ml/30 days	
methadone tab 5MG (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days	
methadone tab 10mg 10MG (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days	
METHADOSE CONC 10MG/ML, 5MG/0.5ML (<i>methadone hcl</i>)	3	QL QL=600ml/30 days	
MORPHINE SULF SOLN 10MG/5ML 10MG/5ML (<i>morphine sulfate</i>)	1	QL QL= 120ml/30 days	

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

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		QL	QL= 90 tabs/ 30 days
morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)	1	QL	QL= 90 tabs/ 30 days
MORPHINE SULFATE SOLN 20MG/5ML (morphine sulfate)	1	QL	QL=120ml/30 days
morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML	1	QL	QL=120ml/30 days
MORPHINE SULFATE TAB 15MG, 30MG (morphine sulfate)	1	QL	QL=180 tabs/30 days
morphine sulfate tab 15MG, 30MG	1	QL	QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG (tapentadol hcl)	3	QL	QL= 180 tabs/30 days
oxycodone soln 5MG/5ML (ROXICODONE Equiv)	1	QL	QL=240ml/30 days
oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG (ROXICODONE Equiv)	1	QL	QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG (oxycodone hcl)	3	QL	QL=120 tabs/30 days
tramadol ER tab 100MG, 200MG, 300MG (ULTRAM ER Equiv)	1	QL	QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG (tramadol hcl)	1	QL	QL= 30 tabs/30 days
tramadol tab 50MG (ULTRAM Equiv)	1	QL	QL= 240 tabs/30 days

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15

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

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
ULTRAM TAB (<i>tramadol hcl tab</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		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	1	QL QL=240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML (<i>acetaminophen w/ codeine</i>)	1	QL QL= 240ml/30 days
<i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML</i> (HYCET Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	1	QL QL=120 tabs/30 days
<i>hydrocodone/acetaminophen tab 2.5-325mg</i> (NORCO Equiv)	1	QL QL=120 tabs/30 days

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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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PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
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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
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</i> (PERCOSET Equiv)	1	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG (<i>oxycodone-aspirin</i>)	1	QL QL= 120 tabs/30 days
PERCOSET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (<i>oxycodone w/ acetaminophen</i>)	3	QL QL=120 tabs/30 days
<i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB 30MG-300MG, 60MG-300MG (<i>acetaminophen w/ codeine</i>)	3	QL QL=180 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	1	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX 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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PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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>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
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR <i>(buprenorphine)</i>	3	QL QL= 4 patches/28 days
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	3	-
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANDROGENS - Drugs to treat low testosterone level		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR <i>(testosterone)</i>	2	PA-QL QL= 1 patch/day
ANDROGEL 1% 25MG 25MG/2.5GM <i>(testosterone)</i>	3	PA-QL QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM <i>(testosterone)</i>	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM <i>(testosterone)</i>	3	PA-QL QL= 1 packet/day

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
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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	
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	
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	1	-	
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML <i>(testosterone enanthate)</i>	2	QL QL= 5ml/fill	
TESTOSTERONE GEL 1% 25MG <i>(testosterone)</i>	2	PA-QL QL= 1 packet/day	
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day	
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day	
<i>testosterone gel 1% pump 1%</i> (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	

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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
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP (<i>testosterone</i>)	2	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
CORTENEMA 100MG/60ML (<i>hydrocortisone</i> (<i>intrarectal</i>))	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	1	-
<i>pramoxine/hydrocortisone cream 1%-2.5%</i> (ANALPRAM-HC Equiv)	1	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
ANUSOL-HC CREAM 1%, 2.5% (<i>hydrocortisone</i> (<i>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		

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>budesonide rectal foam 2MG</i> (UCERIS RECTAL FOAM Equiv)	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</i> (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG (<i>albendazole</i>)	3	-
BENZNIDAZOLE TAB 100MG, 12.5MG (<i>benznidazole</i>)	2	RS Restricted to Infectious Disease Specialist
BILTRICIDE TAB 600MG (<i>praziquantel</i>)	3	-
EMVERM TAB 100MG (<i>mebendazole</i>)	2	PA
<i>ivermectin tab 3MG</i> (STROMECTOL Equiv)	1	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	-

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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	
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	-	
<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	-	

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22

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
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 (BUSPAR Equiv)</i>	1	-
<i>hydroxyzine pamoate cap 25MG, 50MG (VISTARIL Equiv)</i>	1	-
HYDROXYZINE PAMOATE CAP 100MG 100MG <i>(hydroxyzine pamoate)</i>	1	-
<i>hydroxyzine syrup 10MG/5ML (ATARAX Equiv)</i>	1	-
<i>hydroxyzine tab 10MG, 25MG, 50MG (ATARAX Equiv)</i>	1	-
VISTARIL CAP 25MG, 50MG <i>(hydroxyzine pamoate)</i>	3	-
BENZODIAZEPINES - Drugs to treat anxiety		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG (XANAX Equiv)</i>	1	QL QL= 5 tabs/day
<i>chlordiazepoxide cap 10MG, 25MG, 5MG (LIBRIUM Equiv)</i>	1	-
<i>diazepam conc 5MG/ML (VALIUM Equiv)</i>	1	QL QL= 180ml/30 days
<i>diazepam oral soln 5mg/5ml 5MG/5ML (DIAZEPAM Equiv)</i>	1	QL QL= 180ml/30 days

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23

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

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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>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
VALIUM TAB 5MG 5MG (<i>diazepam</i>)	3	QL QL= 3 tabs/day
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG (<i>disopyramide phosphate</i>)	3	-
<i>quinidine gluconate CR tab 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	-

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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>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)</i>	3	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG <i>(dronedarone hcl)</i>	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG <i>(dofetilide)</i>	3	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML <i>(benralizumab)</i>	4	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 100MG/ML <i>(mepolizumab)</i>	4	LMSP-PA-QL QL= 1 inj/28 days

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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
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		
cromolyn neb soln 20MG/2ML (INTAL Equiv)	1	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT (<i>ipratropium bromide hfa</i>)	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH (<i>umeclidinium bromide</i>)	2	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
ACCOLATE TAB 10MG, 20MG (<i>zafirlukast</i>)	3	-
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	1	-

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

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
montelukast tab 10MG (SINGULAIR Equiv)	1	-
SINGULAIR CHEW TAB 4MG, 5MG (montelukast sodium)	3	-
SINGULAIR GRANULE PACK 4MG (montelukast sodium)	3	-
SINGULAIR TAB 10MG (montelukast sodium)	3	-
zafirlukast tab 10MG, 20MG (ACCOLATE Equiv)	1	-
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
DALIRESP TAB 250MCG, 500MCG (roflumilast)	3	-
roflumilast tab 250MCG, 500MCG (DALIRESP Equiv)	1	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (fluticasone furoate (inhalation))	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (mometasone furoate (inhalation))	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (mometasone furoate (inhalation))	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (mometasone furoate (inhalation))	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (mometasone furoate (inhalation))	2	-

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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	
budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)	1	-	
FLUTICASONE DISKUS INHALER 50MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-	
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT <i>(fluticasone propionate hfa)</i>	2	-	
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-	
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-	
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-	
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML <i>(budesonide (inhalation))</i>	3	-	
SYMPATHOMIMETICS - Drugs to treat asthma and COPD			
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT <i>(fluticasone-salmeterol)</i>	2	-	
<i>albuterol HFA inhaler 108MCG/ACT (PROAIR, PROVENTIL Equiv)</i>	1	QL QL= 2 inhalers/30 days	

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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>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	1	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML <i>(albuterol sulfate)</i>	1	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	1	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)</i>	1	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT <i>(umeclidinium-vilanterol)</i>	2	-
<i>arformoterol tartrate neb soln 15MCG/2ML (BROVANA Equiv)</i>	1	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH <i>(fluticasone furoate-vilanterol)</i>	2	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH <i>(fluticasone furoate-vilanterol)</i>	2	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT <i>(budesonide-glycopyrrolate-formoterol fumarate)</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	
BROVANA NEB SOLN 15MCG/2ML (<i>arformoterol tartrate</i>)	3	-	
<i>budesonide/formoterol inhaler 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)</i>	1	-	
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</i>)	2	-	
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	-	
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	-	
<i>fluticasone/salmeterol inhaler, wixela inhaler 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)</i>	1	-	
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-	
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-	

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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	
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-	
<i>formoterol fumarate neb soln 20MCG/2ML</i> (PERFOROMIST Equiv)	1	-	
LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT (<i>levalbuterol tartrate</i>)	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA	
<i>levalbuterol 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	
<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/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH <i>(fluticasone-umeclidinium-vilanterol)</i>	2	-
VENTOLIN HFA INHALER 108MCG/ACT (<i>albuterol sulfate</i>)	1	QL QL= 2 inhalers/30 days
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML (<i>levalbuterol hcl</i>)	3	-
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR (<i>theophylline</i>)	2	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG (<i>theophylline</i>)	3	-
<i>theophylline ER tab 400MG, 600MG (UNIPHYL Equiv)</i>	1	-
<i>theophylline soln 80MG/15ML</i>	1	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG (<i>theophylline</i>)	2	-
<i>theophylline tab er 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	-

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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
warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (COUMADIN Equiv)	1	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 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 (LOVENOX Equiv)</i>	1	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (ARIXTRA Equiv)</i>	1	PA
FRAGMIN INJ 10000UNIT/4ML, 95000UNIT/3.8ML (<i>dalteparin sodium</i>)	3	-
LOVENOX INJ 300MG/3ML (<i>enoxaparin sodium</i>)	3	-
THROMBIN INHIBITORS - Drugs to thin the blood		
<i>dabigatran etexilate mesylate cap 110MG, 150MG, 75MG (PRADAXA Equiv)</i>	1	-
PRADAXA CAP 110MG, 150MG, 75MG (<i>dabigatran etexilate mesylate</i>)	3	-
ANTICONVULSANTS - Drugs to treat seizures		

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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 - 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 ACDL GEL 10MG, 20MG (<i>diazepam (anticonvulsant)</i>)	3	QL QL= 2 packs/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	2	QL QL= 2 packs/fill
DIAZEPAM GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	2	QL QL= 2 packs/fill
<i>diazepam rectal gel 10MG, 20MG</i>	1	QL QL= 2 packs/fill
KLONOPI TAB .5MG, 1MG, 2MG (<i>clonazepam</i>)	3	-
NAYZILAM SPRAY 5MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ONFI SUSP 2.5MG/ML (<i>clobazam</i>)	3	PA Members age 9 or older require Prior Authorization

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

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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			
BANZEL SUSP 40MG/ML (<i>rufinamide</i>)	3	PA	
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-	
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-	
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	1	-	
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	1	-	
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	1	-	
CARBATROL CAP 100MG, 200MG, 300MG (<i>carbamazepine</i>)	3	-	
DIACOMIT CAP 250MG, 500MG (<i>stiripentol</i>)	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479	
DIACOMIT POWDER PACK 250MG, 500MG (<i>stiripentol</i>)	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479	

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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	
EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>)	4	LD-PA Only available through Lumicera 855-847-3553	
EPRONTIA SOLN 25MG/ML (<i>topiramate</i>)	3	PA Members age 9 or older require Prior Authorization	
FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl (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	-	

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

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<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	-	
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,</i> <i>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	-	

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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	-
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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
		QL QL= 30ml/day	-
<i>pregabalin soln 20MG/ML (LYRICA Equiv)</i>	1	QL QL= 30ml/day	
<i>primidone tab 250MG, 50MG (MYSOLINE Equiv)</i>	1	-	
<i>rufinamide susp 40MG/ML (BANZEL Equiv)</i>	1	PA	
<i>rufinamide tab 200MG, 400MG (BANZEL Equiv)</i>	1	PA	
<i>TEGRETOL SUSP 100MG/5ML (carbamazepine)</i>	3	-	
<i>TEGRETOL TAB 200MG (carbamazepine)</i>	3	-	
<i>TEGRETOL XR TAB 100MG, 200MG, 400MG (carbamazepine)</i>	3	-	
<i>TOPAMAX SPRINKLE CAP 15MG, 25MG (topiramate)</i>	3	-	
<i>TOPAMAX TAB 100MG, 200MG, 25MG, 50MG (topiramate)</i>	3	-	
<i>topiramate sprinkle cap 15MG, 25MG (TOPAMAX Equiv)</i>	1	-	
<i>topiramate tab 100MG, 200MG, 25MG, 50MG (TOPAMAX Equiv)</i>	1	-	
<i>TRILEPTAL SUSP 300MG/5ML (oxcarbazepine)</i>	3	-	
<i>TRILEPTAL TAB 150MG, 300MG, 600MG (oxcarbazepine)</i>	3	-	
<i>ZONEGRAN CAP 100MG, 25MG (zonisamide)</i>	3	-	
<i>ZONISADE SUSP 100MG/5ML (zonisamide)</i>	3	PA PA required for members age 9 years 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
<i>zonisamide cap 100MG, 25MG, 50MG (ZONEGRAN Equiv)</i>	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		
<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

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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
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	-
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	1	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
<i>vigadronate powder pack 500MG</i>	1	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		
DILANTIN CAP 100MG (<i>phenytoin sodium extended cap</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	-

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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>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		
CELONTIN CAP 300MG (<i>methsuximide</i>)	3	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	1	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
<i>methsuximide cap 300MG</i> (CELONTIN Equiv)	1	-
ZARONTIN CAP 250MG (<i>ethosuximide</i>)	3	-
ZARONTIN SOLN 250MG/5ML (<i>ethosuximide</i>)	3	-
VALPROIC ACID - Drugs to treat seizures		
DEPAKENE CAP (<i>valproic acid</i>)	3	-
DEPAKENE SYRUP (<i>valproate sodium</i>)	3	-
DEPAKOTE ER TAB 250MG, 500MG (<i>divalproex sodium</i>)	3	-
DEPAKOTE SPRINKLE CAP 125MG (<i>divalproex sodium</i>)	3	-
DEPAKOTE TAB 125MG, 250MG, 500MG (<i>divalproex sodium</i>)	3	-
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	1	-

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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>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		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG <i>(mirtazapine)</i>	3	-
REMERON TAB <i>(mirtazapine tab)</i>	3	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	1	-
MAPROТИLINE TAB 25MG, 50MG, 75MG <i>(maprotiline hcl)</i>	1	-
WELLBUTRIN SR TAB 100MG, 150MG, 200MG <i>(bupropion 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
WELLBUTRIN XL TAB 150MG, 300MG (<i>bupropion hcl</i>)	3	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR (<i>selegiline</i>)	3	-
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	2	-
NARDIL TAB 15MG 15MG (<i>phenelzine sulfate</i>)	3	-
PARNATE TAB 10MG (<i>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	-

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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	
		1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine ER cap 100MG, 150MG (LUVOX CR Equiv)</i>		1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG (LUVOX Equiv)</i>	1	-	
<i>LEXAPRO TAB 10MG, 20MG, 5MG (<i>escitalopram oxalate</i>)</i>	3	-	
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG (PAXIL CR Equiv)</i>	1	-	
<i>paroxetine oral susp 10MG/5ML (PAXIL Equiv)</i>	1	-	
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG (PAXIL Equiv)</i>	1	-	
<i>PAXIL CR TAB 12.5MG, 25MG, 37.5MG (<i>paroxetine hcl</i>)</i>	3	-	
<i>PAXIL ORAL SUSP 10MG/5ML (<i>paroxetine hcl</i>)</i>	3	-	
<i>PAXIL TAB 10MG, 20MG, 30MG, 40MG (<i>paroxetine hcl</i>)</i>	3	-	
<i>PROZAC CAP 10MG, 20MG, 40MG (<i>fluoxetine hcl</i>)</i>	3	-	
<i>sertraline conc 20MG/ML (ZOLOFT Equiv)</i>	1	-	
<i>sertraline tab 100MG, 25MG, 50MG (ZOLOFT Equiv)</i>	1	-	
<i>ZOLOFT CONC 20MG/ML (<i>sertraline hcl</i>)</i>	3	-	
<i>ZOLOFT TAB 100MG, 25MG, 50MG (<i>sertraline hcl</i>)</i>	3	-	
SEROTONIN MODULATORS - Drugs to treat depression			

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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	-
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	-

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

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<i>amoxapine tab 100MG, 150MG, 25MG, 50MG</i> (AMOXAPINE Equiv)	1	-	
ANAFRANIL CAP 25MG, 50MG, 75MG <i>(clomipramine hcl)</i>	3	-	
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	1	-	
<i>desipramine tab</i> (NORPRAMIN Equiv)	1	-	
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG,</i> <i>75MG</i> (SINEQUAN Equiv)	1	-	
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	1	-	
<i>imipramine pamoate cap 100MG, 125MG, 150MG,</i> <i>75MG</i> (TOFRANIL PM Equiv)	1	-	
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	1	-	
NORPRAMIN TAB 10MG, 25MG (<i>desipramine hcl</i>)	3	-	
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	1	-	
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	1	-	
PAMELOR CAP 10MG, 25MG, 50MG, 75MG (<i>nortriptyline hcl</i>)	3	-	
<i>protriptyline tab 10MG, 5MG</i> (VIVACTIL Equiv)	1	-	
SURMONTIL CAP (<i>trimipramine maleate</i>)	3	-	
TOFRANIL TAB (<i>imipramine hcl</i>)	3	-	

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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
trimipramine cap 100MG, 25MG, 50MG (SURMONTIL Equiv)	1	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)	1	-
GLYSET TAB 100MG, 25MG, 50MG (<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		
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG (<i>alogliptin-metformin hcl</i>)	2	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day
glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (METAGLIP Equiv)	1	-
glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG (GLUCOVANCE Equiv)	1	-
JANUMET TAB 50MG-1000MG, 50MG-500MG (<i>sitagliptin-metformin hcl</i>)	2	QL QL= 2 tabs/day

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48

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG <i>(dapagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
GLUCOPHAGE TAB <i>(metformin hcl)</i>	3	-
GLUCOPHAGE XR TAB <i>(metformin hcl)</i>	3	-

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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>metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)</i>	1	-	
<i>metformin soln 500MG/5ML (RIOMET Equiv)</i>	1	-	
<i>metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)</i>	1	-	
RIOMET ER SUSP 500MG/5ML (<i>metformin hcl</i>)	3	-	
RIOMET SOLN 500MG/5ML (<i>metformin hcl</i>)	3	-	
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 (PROGLYCEM Equiv)</i>	1	-	
GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl (rdna)</i>)	2	QL QL= 2 inj/fill	
GLUCAGON (RDNA) FOR INJ KIT 1MG (<i>glucagon (rdna)</i>)	1	QL QL= 2 inj/fill	
GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>)	2	QL QL= 2 inj/fill	
GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>)	2	QL QL= 2 inj/fill	
GVOKE INJ .5MG/0.1ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill	
GVOKE INJ KIT 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill	

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

Last Updated 3/1/2024

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GVOKE PFS INJ .5MG/0.1ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
<i>mifepristone tab 300MG</i> (KORLYM Equiv)	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		

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BYDUREON BCISE AUTO INJ 2MG/0.85ML <i>(exenatide)</i>	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ <i>(exenatide)</i>	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG <i>(exenatide)</i>	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 5MCG/0.02ML <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)
OZEMPIC INJ 2MG/1.5ML <i>(semaglutide)</i>	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG <i>(semaglutide)</i>	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
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)

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VICTOZA INJ 18MG/3ML (<i>tiraglutide</i>)	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		
HUMALOG JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro</i>)	2	-
HUMALOG MIX INJ 25UNIT/ML-75UNIT/ML, 50UNIT/ML (<i>insulin lispro protamine & lispro</i>)	2	-
HUMALOG MIX KWIKPEN INJ 50UNIT/ML (<i>insulin lispro protamine & lispro (human)</i>)	2	-
HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-
HUMULIN MIX INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC
HUMULIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
HUMULIN N PEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
HUMULIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	2	OTC

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>)	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>)	2	-
INSULIN GLARGINE SOLN PEN-INJ 300UNIT/ML (<i>insulin glargine</i>)	2	-
INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) (<i>insulin lispro</i>)	1	-
LYUMJEV INJ 100UNIT/ML (<i>insulin lispro-aabc</i>)	2	-
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro-aabc</i>)	2	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML (<i>insulin glargine-yfgn</i>)	2	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML (<i>insulin glargine-yfgn</i>)	2	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
ACTOS TAB 15MG, 30MG, 45MG (<i>pioglitazone hcl</i>)	3	-
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	1	-
PRANDIN TAB (<i>repaglinide</i>)	3	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
STARLIX TAB 120MG, 60MG (<i>nateglinide</i>)	3	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		

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

Last Updated 3/1/2024

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FARXIGA TAB 10MG, 5MG (<i>dapagliflozin propanediol</i>)	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>)	2	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
AMARYL TAB 1MG, 2MG, 4MG (<i>glimepiride</i>)	3	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG (<i>glipizide</i>)	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG (<i>glipizide</i>)	3	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	1	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	3	-
TOLAZAMIDE TAB (<i>tolazamide</i>)	1	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	2	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		

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

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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
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	1	-
<i>naltrexone tab 50MG</i> (REVIA Equiv)	1	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv)	1	LMSP

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

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deferasirox tab 180MG, 360MG, 90MG (JADENU Equiv)	1	LMSP
deferasirox tab for oral susp 125MG, 250MG, 500MG (EXJADE Equiv)	1	LMSP
deferiprone tab 1000MG, 500MG (FERRIPROX Equiv)	1	LD-PA Only available through Lumicera 855-847-3553
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>)	2	-
<i>naloxone hcl nasal spray 4MG/0.1ML (NARCAN Equiv)</i>	1	OTC
NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)	\$0	-
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	-
NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)	1	OTC
OPVEE NASAL SPRAY (<i>nalmefene hcl</i>)	2	-
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 (KYTRIL Equiv)</i>	1	QL QL= 9 tabs/fill

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

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GRANISOL SOLN (<i>granisetron hcl</i>)	4	QL QL= 60ml/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv)	1	-
ONDANSETRON TAB 24MG (ZOFRAN Equiv) (<i>ondansetron hcl</i>)	1	-
<i>ondansetron tab 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
SANCUSO PATCH 3.1MG/24HR (<i>granisetron</i>)	4	QL QL= 4 patchs/fill
ZOFRAN ODT (<i>ondansetron</i>)	3	-
ZOFRAN SOLN (<i>ondansetron hcl</i>)	3	-
ZOFRAN TAB 4MG, 8MG (<i>ondansetron hcl</i>)	3	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	1	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	1	OTC
<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	1	-
TIGAN CAP 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		

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Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AKYNZEO CAP .5MG-300MG <i>(netupitant-palonosetron)</i>	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP (<i>nabilone</i>)	3	-
dronabinol cap 10MG, 2.5MG, 5MG (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		
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	-

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

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>griseofulvin tab 125MG, 250MG (GRIS-PEG Equiv)</i>	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 (LAMISIL Equiv)</i>	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>ketoconazole tab 200MG</i> (NIZORAL Equiv)	1	-
NOXAFL PAK 300MG (<i>posaconazole</i>)	3	-
NOXAFL SUSP 40MG/ML (<i>posaconazole</i>)	3	-
NOXAFL TAB 100MG (<i>posaconazole</i>)	3	-
<i>posaconazole DR tab 100MG</i> (NOXAFL Equiv)	1	-
<i>posaconazole susp 40MG/ML</i> (NOXAFL Equiv)	1	-
SPORANOX CAP 100MG (<i>itraconazole</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
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
DESLORATADINE ODT 2.5MG, 5MG (<i>desloratadine</i>)	EXC	-
<i>desloratadine tab 5MG</i> (CLARINEX Equiv)	EXC	-
<i>loratadine cap 10MG</i> (CLARITIN Equiv)	EXC	OTC
ZYRTEC CHILD CHEW TAB 10MG (<i>cetirizine hcl</i>)	EXC	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		

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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>promethazine supp 12.5MG, 25MG (PHENERGAN Equiv)</i>	1	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG (PHENERGAN Equiv)</i>	1	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	1	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>ciproheptadine syrup 2MG/5ML</i>	1	-
<i>ciproheptadine tab 4MG</i>	1	-
ANTIHYPERTROPHIC MONOTHERAPY - 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
ANTIHYPERTROPHIC MONOTHERAPY - COMBINATIONS - Drugs to treat high cholesterol		
NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>)	2	PA-QL QL= 1 tab/day
ANTIHYPERTROPHIC MONOTHERAPY - MISCELLANEOUS - Drugs to treat high cholesterol		
LOVAZA CAP 1GM-375MG-465MG (<i>omega-3-acid ethyl esters</i>)	3	-
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG (LOVAZA Equiv)</i>	1	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<i>cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE 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>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	-
COLESTID GRANULE 5GM (<i>colestipol hcl</i>)	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM (<i>colestipol hcl</i>)	3	-
COLESTID TAB 1GM (<i>colestipol hcl</i>)	3	-
<i>colestipol granule 5GM (COLESTID Equiv)</i>	1	-
<i>colestipol powder packet 5GM (COLESTID Equiv)</i>	1	-
<i>colestipol tab 1GM (COLESTID Equiv)</i>	1	-
QUESTRAN LITE POWDER 4GM/DOSE (<i>cholestyramine light</i>)	3	-
QUESTRAN POWDER 4GM/DOSE (<i>cholestyramine</i>)	3	-
QUESTRAN POWDER PACK 4GM (<i>cholestyramine</i>)	3	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG (LOFIBRA Equiv)</i>	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG (TRICOR 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>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	-
EZALLOR SPRINKLE CAP 10MG, 20MG, 40MG, 5MG (<i>rosuvastatin calcium</i>)	3	PA Prior Authorization Required for members age 9 years and older
FLOLIPID SUSP 20MG/5ML, 40MG/5ML (<i>simvastatin</i>)	3	PA Members age 9 or older require Prior Authorization
<i>fluvastatin ER tab 80MG (LESCOL XL Equiv)</i>	\$0	-
LESCOL XL TAB 80MG (<i>fluvastatin sodium</i>)	3	-

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

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

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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
niacin ER tab 1000MG, 500MG, 750MG (NIASPAN Equiv)	1	-
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>captotril 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	-

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

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<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (PRINIVIL/ZESTRIL Equiv)</i>	1	-	
LOTENSIN TAB 10MG, 20MG, 40MG (<i>benazepril hcl</i>)	3	-	
PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (<i>lisinopril</i>)	3	-	
QBRELIS SOLN 1MG/ML (<i>lisinopril</i>)	3	PA Prior Authorization required for members age 9 or older	
<i>quinapril tab 10MG, 20MG, 40MG, 5MG (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	-	

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

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<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	1	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	1	-
MICARDIS TAB 20MG, 40MG, 80MG (<i>telmisartan</i>)	3	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	1	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	1	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	1	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
CARDURA TAB 1MG, 2MG, 4MG, 8MG (<i>doxazosin mesylate</i>)	3	-
CATAPRES 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</i> (CATAPRES-TTS Equiv)	1	-
<i>clonidine tab</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) (<i>methyldopa</i>)	1	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-

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

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

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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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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	
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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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
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG (<i>propranolol & hydrochlorothiazide</i>)	1	-
QUINAPRIL/HCTZ TAB 12.5MG-20MG <i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	1	-
TEKTURN A 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		
<i>aliskiren tab 150MG, 300MG</i> (TEKTURN A Equiv)	1	-
TEKTURN A TAB 150MG, 300MG (<i>aliskiren fumarate</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
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 50MG/ML (<i>metronidazole benzoate</i>)	3	-
FLAGYL TAB 500MG (<i>metronidazole</i>)	3	-
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	4	PA
LIKMEZ SUSP 500MG/5ML (<i>metronidazole</i>)	3	PA Prior Authorization required for members age 9 or older
<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	-

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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
TRIMETHOPRIM TAB 100MG (PROLOPRIM Equiv) <i>(trimethoprim)</i>	1	-
<i>trimethoprim tab 100MG</i> (PROLOPRIM Equiv)	1	-
XIFAXAN TAB 200MG 200MG (<i>rifaximin</i>)	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG (<i>rifaximin</i>)	2	QL QL= 60 tabs/30 days
ANTI-INFECTIVE MISCELLANEOUS - 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	RS Restricted to Infectious Disease Specialist
MEPRON SUSP 750MG/5ML (<i>atovaquone</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>nitazoxanide tab 500MG</i> (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
CARBAPENEMS - Drugs to treat bacterial infections		
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	M
INVANZ INJ (<i>ertapenem sodium</i>)	M	M
INVANZ INJ 1GM (<i>ertapenem sodium</i>)	M	M
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	M
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRVANQ SOLN 25MG/ML, 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 150MG, 300MG, 75MG (<i>clindamycin hcl</i>)	3	-
CLEOCIN SOLN 75MG/5ML (<i>clindamycin palmitate hydrochloride</i>)	3	-

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

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XENLETA TAB 600MG (<i>lefamulin acetate</i>)	2	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
HIPREX TAB 1GM (<i>methenamine hippurate</i>)	3	-
MACROBID CAP 100MG (<i>nitrofurantoin monohyd macro</i>)	3	-
MACRODANTIN CAP 100MG, 50MG (<i>nitrofurantoin macrocrystal</i>) <i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	3	-
<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)		
atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG (MALARONE Equiv)	1	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG (<i>atovaquone-proguanil hcl</i>)	3	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
<i>chloroquine tab</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 100MG, 200MG, 300MG,</i> <i>400MG</i> (PLAQUENIL 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
KRINTAFEL TAB 150MG (<i>tafenoquine succinate</i>)	2	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	1	-
PLAQUENIL TAB 200MG (<i>hydroxychloroquine sulfate</i>)	3	-
PRIMAQUINE TAB 26.3MG (<i>primaquine phosphate</i>)	3	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	1	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	1	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
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)		

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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
RIFAMATE CAP 150MG-300MG (<i>isoniazid & rifampin</i>)	2	-
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		

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ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
<i>tretinoin cap 10MG (VESANOID Equiv)</i>	1	LMSP-ONC
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
MELPHALAN TAB 2MG (<i>melphalan</i>)	1	LMSP-ONC
MYLERAN TAB 2MG (<i>busulfan</i>)	4	LMSP-ONC
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG (TEMODAR Equiv)</i>	1	LMSP-ONC
ZANOSAR INJ 1GM (<i>streptozocin</i>)	M	M
ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150MG, 500MG (XELODA Equiv)</i>	1	LMSP-ONC

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
JYLAMVO SOLN, XATMEP SOLN 2.5MG/ML, 2MG/ML (<i>methotrexate</i>)	3	PA Prior Authorization required for members age 9 or older
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
<i>methotrexate inj 1GM</i>	1	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	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
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 - 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		
VENCLEXTA STARTER PACK (<i>venetoclax</i>)	4	LD-ONC-PA 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.

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VENCLEXTA 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		
erlotinib tab 100MG, 150MG (TARCEVA Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
erlotinib tab 25mg 25MG (TARCEVA Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
gefitinib tab 250MG (IRESSA Equiv)	1	LD-ONC-PA-QL QL= 1 tab/day; Only available through Luminera 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
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
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		

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
		1	LMSP-ONC-QL QL= 4 tabs/day
<i>abiraterone tab 250mg 250MG (ZYTIGA Equiv)</i>	1	LMSP-ONC-QL QL= 4 tabs/day	
<i>anastrozole tab 1MG (ARIMIDEX Equiv)</i>	\$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 (CASODEX Equiv)</i>	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	
<i>exemestane tab 25MG (AROMASIN Equiv)</i>	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay	
FARESTON TAB 60MG (<i>toremifene citrate</i>)	3	ONC	
FEMARA TAB 2.5MG (<i>letrozole</i>)	3	ONC	
FLUTAMIDE CAP 125MG (<i>flutamide</i>)	2	ONC	

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>flutamide cap 125MG (EULEXIN Equiv)</i>	1	ONC	
<i>letrozole tab 2.5MG (FEMARA Equiv)</i>	1	ONC	
LUPRON DEPOT INJ 11.25MG, 22.5MG (<i>leuprolide acetate (3 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>	1	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	
ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>)	4	LD-PA-QL-SF QL= 3 tabs/day; Only available through Onco360 877-662-6633	
ORSERDU TAB 345MG 345MG (<i>elacestrant hydrochloride</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633	

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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	OL	Quantity Limit	RDX	Restricted to Diagnosis
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>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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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 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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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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 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
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 Biologics 800-850-4306	
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306	
CAPRELSA TAB 100MG, 300MG (<i>vandetanib</i>)	4	LD-ONC-PA Only available through Biologics 800-850-4306	
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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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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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 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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)	1	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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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 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IMBRUVICA SUSP 70MG/ML (<i>ibrutinib</i>)	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>)	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
JAYPIRCA TAB 100MG, 50MG (<i>pirtobrutinib</i>)	4	LMSP-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG (<i>ribociclib succinate</i>)	4	LMSP-PA-QL QL= 63 tabs/28 days
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG 10MG (<i>selumetinib sulfate</i>)	4	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB 200MG (<i>adagrasib</i>)	4	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	1	LMSP-ONC-PA
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day

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

Last Updated 3/1/2024

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

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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 3/1/2024

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

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	4	LMSP-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG (<i>midostaurin</i>)	4	LMSP-ONC-PA-QL QL= 56 caps/28 days
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	1	LMSP-ONC-PA
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)	1	LMSP-ONC-PA
TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>)	4	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>)	4	LMSP-ONC-PA-QL QL= 4 caps/day
TAFINLAR TAB 10MG (<i>dabrafenib mesylate</i>)	4	LMSP-PA
TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>)	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .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

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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	
TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>)	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633	
TEPMETKO TAB 225MG (<i>tepotinib hcl</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306	
TIBSOVO TAB 250MG (<i>ivosidenib</i>)	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306	
TURALIO CAP 125MG, 200MG (<i>pexidartinib hcl</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306	
VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>)	4	LMSP-ONC-PA-QL QL= 2 tabs/day	
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523	
VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523	
VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523	

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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	
VONJO CAP 100MG (<i>pacritinib citrate</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306	
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day	
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>)	4	MSP-PA-QL-SF QL= 4 caps/day	
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306	
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118	
ZEJULA TAB 100MG, 200MG, 300MG (<i>niraparib tosylate</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118	
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	4	LMSP-ONC-PA-QL	
ZOLINZA CAP 100MG (<i>vorinostat</i>)	4	LMSP-ONC-PA-SF	
ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118	
ZYKADIA CAP (<i>ceritinib</i>)	4	LMSP-ONC-PA-QL-SF QL= 3 caps/day	
ZYKADIA TAB 150MG (<i>ceritinib</i>)	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day	

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	1	LMSP-ONC-PA
HYDREA CAP 500MG (<i>hydroxyurea</i>)	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT (<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		

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (MIRAPEX Equiv)</i>	1	-
REQUIP TAB (<i>ropinirole hydrochloride</i>)	3	-
<i>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG (REQUIP XL Equiv)</i>	1	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG (REQUIP Equiv)</i>	1	-
SINEMET CR TAB (<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 (AZILECT Equiv)</i>	1	-
<i>selegiline cap 5MG (ELDEPRYL Equiv)</i>	1	-
<i>selegiline tab 5MG (ELDEPRYL Equiv)</i>	1	-
XADAGO TAB 100MG, 50MG (<i>safinamide mesylate</i>)	3	PA-QL QL= 1 tab/day
ZELAPAR ODT 1.25MG (<i>selegiline hcl</i>)	3	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>trihexyphenidyl elixir .4MG/ML (ARTANE Equiv)</i>	1	-
TRIHEXYPHENIDYL SOLN .4MG/ML (<i>trihexyphenidyl hcl</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
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	1	-
<i>carbidopa-levodopa-entacapone tab</i> <i>12.5MG-50MG-200MG, 18.75MG-75MG-200MG,</i> <i>25MG-100MG-200MG, 31.25MG-125MG-200MG,</i> <i>37.5MG-150MG-200MG, 50MG-200MG</i> (STALEVO Equiv)	1	-
INBRIJA INH POWDER 42MG (<i>levodopa</i>)	3	PA-QL QL= 10 caps/day
STALEVO TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (<i>carbidopa-levodopa-entacapone</i>)	3	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (<i>lithium carbonate</i>)	1	-
<i>lithium carbonate cap 150MG, 300MG, 600MG</i>	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
LITHOBID TAB 300MG (<i>lithium carbonate</i>)	3	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic 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
EQUETRO CAP 100MG, 200MG, 300MG <i>(carbamazepine (mood))</i>	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG <i>(ziprasidone hcl)</i>	3	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG</i> (LATUDA TAB Equiv)	1	QL
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	1	-
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 M ODT <i>(risperidone)</i>	3	-
RISPERDAL SOLN 1MG/ML <i>(risperidone)</i>	3	-
RISPERDAL TAB .5MG, 1MG, 2MG, 3MG, 4MG <i>(risperidone)</i>	3	-
risperidone microspheres inj 12.5MG, 25MG, 37.5MG, 50MG (RISPERDAL Equiv) <i>(risperidone microspheres)</i>	4	MSP

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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>risperidone microspheres inj 12.5MG, 25MG, 37.5MG, 50MG (RISPERDAL Equiv)</i>	4	MSP
RISPERIDONE ODT .25MG (<i>risperidone</i>)	2	-
<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL M Equiv)</i>	1	-
<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>loxapine cap 10MG, 25MG, 50MG, 5MG (LOXITANE Equiv)</i>	1	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG (ZYPREXA Equiv)</i>	1	-

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

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<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (ZYPREXA Equiv)</i>	1	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (SEROQUEL Equiv)</i>	1	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG (SEROQUEL XR Equiv)</i>	1	-
SAPHRIS SL TAB 10MG, 2.5MG, 5MG (<i>asenapine maleate</i>)	3	QL QL= 2 tabs/day
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	3	-
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	3	-
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (<i>olanzapine</i>)	3	-
ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG (<i>olanzapine</i>)	3	-
PHENOTHIAZINES - Drugs to treat mood disorders		
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG (THORAZINE Equiv)</i>	1	-
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG (PROLIXIN Equiv)</i>	1	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG (TRILAFON Equiv)</i>	1	-
<i>prochlorperazine supp 25MG (COMPAZINE Equiv)</i>	1	-

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

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<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	-
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	-

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
APTIVUS SOLN 100MG/ML (<i>tipranavir</i>)	4	-	
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	1	-	
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	4	QL QL= 1 tab/ day	
CIMDUO TAB 300MG (<i>lamivudine-tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day	
COMPLERA TAB 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	-	

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

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		QL QL= 1 tab/day	-
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG (ATRIPLA Equiv)</i>	1	QL QL= 1 tab/day	
<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	-	
<i>EVOTAZ TAB 150MG-300MG (<i>atazanavir sulfate-cobicistat</i>)</i>	4	-	
<i>fosamprenavir tab 700MG (LEXIVA Equiv)</i>	1	-	
<i>FUZEON INJ 90MG (<i>enfuvirtide</i>)</i>	4	-	
<i>GENVOYA TAB 10MG-150MG-200MG (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)</i>	4	-	
<i>INTELENCE TAB 25MG 25MG (<i>etravirine</i>)</i>	4	-	
<i>INVIRASE CAP (<i>saquinavir mesylate</i>)</i>	4	-	
<i>INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)</i>	4	-	
<i>ISENTRESS (HD) TAB 400MG, 600MG (<i>raltegravir potassium</i>)</i>	3	-	
<i>ISENTRESS CHEW TAB 100MG, 25MG (<i>raltegravir potassium</i>)</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	
ISENTRESS POWDER PACK 100MG (<i>raltegravir potassium</i>)	3	-	
JULUCA TAB 25MG-50MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	4	QL QL= 1 tab/ day	
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	1	-	
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	1	-	
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	1	-	
LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>)	4	-	
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	1	-	
<i>lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv)	1	-	
<i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv)	1	-	
NEVIRAPINE ER TAB 100MG (VIRAMUNE XR Equiv) <i>(nevirapine)</i>	1	-	
<i>nevirapine ER tab 400MG</i> (VIRAMUNE XR Equiv)	1	-	
NEVIRAPINE SUSP 50MG/5ML (<i>nevirapine</i>)	1	-	
<i>nevirapine tab 200MG</i> (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

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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- Drugs to treat viral infections		
PAXLOVID TAB 150-100MG 100MG-150MG <i>(nirmatrelvir-ritonavir)</i>	\$0	QL QL= 20 tabs/fill
PAXLOVID TAB 300-100MG 100MG-150MG <i>(nirmatrelvir-ritonavir)</i>	\$0	QL QL= 30 tabs/fill
CMV AGENTS - Drugs to treat viral infections		
<i>foscarnet sodium inj 6000MG/250ML (FOSCAVIR Equiv)</i>	M	M
FOSCAVIR INJ 6000MG/250ML (<i>foscarnet sodium</i>)	M	M
LIVTENCITY TAB 200MG (<i>maribavir</i>)	4	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG (<i>letermovir</i>)	4	LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days
VALCYTE TAB 450MG (<i>valganciclovir hcl</i>)	3	-
<i>valganciclovir soln 50MG/ML (VALCYTE Equiv)</i>	1	-
<i>valganciclovir tab 450MG (VALCYTE Equiv)</i>	1	-
HEPATITIS AGENTS - Drugs to treat viral infections		
<i>adefovir dipivoxil tab 10MG (HEPSERA Equiv)</i>	4	LMSP
BARACLUDE SOLN .05MG/ML (<i>entecavir</i>)	3	PA Members age 9 or older require Prior Authorization
<i>entecavir tab .5MG, 1MG (BARACLUDE Equiv)</i>	4	LMSP-QL QL= 1 tab/day

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

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

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

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<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 (<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 (<i>rimantadine hydrochloride</i>)	3	-
<i>oseltamivir cap 45MG, 75MG (TAMIFLU Equiv)</i>	1	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG (TAMIFLU Equiv)</i>	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML (TAMIFLU Equiv)</i>	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>)	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	1	-
TAMIFLU CAP 45MG, 75MG (<i>oseltamivir phosphate</i>)	3	QL QL= 10 caps/fill

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

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TAMIFLU CAP 30MG 30MG (<i>oseltamivir phosphate</i>)	3	QL QL= 20 caps/fill
MISC. ANTIVIRALS- Drugs to treat viral infections		
LAGEVRIO CAP (EUA) 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP 200MG 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB (<i>penicillamine</i>)	2	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	4	KMSP
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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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	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)</i>	1	-
<i>bisoprolol tab 10MG, 5MG (ZEBETA Equiv)</i>	1	-
<i>LOPRESSOR TAB 100MG, 50MG (<i>metoprolol tartrate</i>)</i>	3	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)</i>	1	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG (LOPRESSOR Equiv)</i>	1	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG (BYSTOLIC Equiv)</i>	1	-
TENORMIN TAB 100MG, 25MG, 50MG (<i>atenolol</i>)	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG (<i>metoprolol succinate</i>)	3	-
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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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 3/1/2024

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

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

Last Updated 3/1/2024

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

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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
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG (<i>diltiazem hcl extended release beads</i>)	3	-
VERAPAMIL ER CAP, VERELAN CAP 100MG, 360MG (<i>verapamil hcl</i>)	3	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>)	1	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv)	1	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	1	-
VERELAN CAP 120MG, 180MG, 240MG (<i>verapamil hcl</i>)	3	-
VERELAN PM CAP (<i>verapamil hcl</i>)	3	-
VERELAN PM ER CAP 200MG, 300MG 200MG, 300MG (<i>verapamil hcl</i>)	3	-
VERELAN SR CAP 360mg 360MG (<i>verapamil hcl</i>)	3	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML (<i>digoxin</i>)	1	-
<i>digoxin tab</i> (LANOXIN Equiv)	1	-
LANOXIN TAB 125MCG, 250MCG (<i>digoxin</i>)	3	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 (CADUET Equiv)</i>	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (<i>amlodipine besylate-atorvastatin calcium</i>)	3	-
IMPOTENCE AGENTS - Drugs to treat erectile dysfunction		
CAVERJECT INJ 20MCG, 40MCG (<i>alprostadil (vasodilator)</i>)	2	QL QL= 6 inj/30 days
EDEX INJ 10MCG, 20MCG, 40MCG (<i>alprostadil (vasodilator)</i>)	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG (<i>alprostadil (vasodilator)</i>)	2	QL QL= 6 inj/30 days

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

Last Updated 3/1/2024

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

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

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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 0.6 MG/ML .6MG/ML (<i>treprostinil</i>)	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523	
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML (<i>iloprost</i>)	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension			
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	1	LMSP-PA-QL QL= 1 tab/day	
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	1	LMSP-PA-QL QL= 2 tabs/day	

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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
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)	1	LMSP-PA
TADLIQ SUSP 20MG/5ML (<i>tadalafil (pulmonary hypertension)</i>)	4	MSP-PA Members age 9 or older require Prior Authorization
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		

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

Last Updated 3/1/2024

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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
CEFAZOLIN INJ 100GM, 1GM, 2GM, 300GM, 3GM <i>(cefazolin sodium)</i>	M	M

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>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 1GM, 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	-	
CEFOTAXIME INJ 1GM, 2GM (CLAFORAN Equiv) <i>(cefotaxime sodium)</i>	M	M	

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

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<i>cefotaxime inj</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,</i> .1MG-20MCG (ALESSE Equiv)	\$0	-
BALCOLTRA TAB .1MG-20MCG-36.5MG (levonorgestrel-ethynodiol-iron)	\$0	-
<i>cesia tab</i> (CYCLESSA Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-

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

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

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<i>norethindrone acetate/ethinyl estradiol FE chew tab 1MG-20MCG-75MG (MINASTRIN Equiv)</i>	\$0	-	
<i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)</i>	\$0	-	
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)</i>	\$0	-	
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)</i>	\$0	-	
<i>sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)</i>	\$0	-	
<i>tri-legest tab 1MG-75MG (ESTROSTEP FE Equiv)</i>	\$0	-	
<i>tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)</i>	\$0	-	
<i>TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & 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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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

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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	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/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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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 (<i>guaiifenesin-codeine</i>)	1	OTC-QL QL= 240ml/fill
guaiifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML	1	OTC-QL QL= 240ml/fill
HYD POL/CPM SUSP 8MG/5ML-10MG/5ML <i>(hydrocodone polistirex-chlorpheniramine polistirex)</i>	1	QL QL= 120ml/fill; 2 fills/30 days
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
<i>promethazine DM syrup 6.25MG/5ML-15MG/5ML</i>	1	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (<i>promethazine &</i> <i>phenylephrine</i>)	1	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i>	1	-

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PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv) <i>(promethazine-phenylephrine-codeine)</i>	1	-
<i>promethazine VC/codeine syrup</i> 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv)	1	-
<i>promethazine/codeine syrup</i> 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)	1	-
SEMPREX-D CAP 8MG-60MG (<i>acrivastine & pseudoephedrine</i>)	EXC	-
ZUTRIPRO LIQUID (<i>pseudoephed-cpm w/ hydrocod</i>)	3	QL QL= 120ml/fill, 2 fills/30 days
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
HYPER-SAL NEB SOLN 7% (<i>sodium chloride (inhalant)</i>)	3	-
NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride (inhalant)</i>)	2	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	1	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		

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ACNE PRODUCTS - Drugs to treat skin conditions		
<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	-
<i>ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% (tretinoin)</i>	3	PA
<i>BENZACLIN GEL 1%-5%, 1.2%-2.5% (clindamycin phosphate-benzoyl peroxide)</i>	3	-
<i>BENZAMYCIN GEL 3%-5% (benzoyl peroxide-erythromycin)</i>	3	-
<i>CLEOCIN-T LOTION 1% (clindamycin phosphate (topical))</i>	3	-
<i>CLEOCIN-T PAD (clindamycin phosphate (topical))</i>	3	-
<i>CLEOCIN-T SOLN (clindamycin phosphate (topical))</i>	3	-

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<i>clindamycin gel 1% (CLEOCIN GEL Equiv)</i>	1	-	
<i>clindamycin lotion 1% (CLEOCIN-T Equiv)</i>	1	-	
<i>clindamycin pad 1% (CLEOCIN-T Equiv)</i>	1	-	
<i>clindamycin topical soln 1% (CLEOCIN-T Equiv)</i>	1	-	
<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-2.5% (DUAC GEL Equiv)</i>	1	-	
DIFFERIN CREAM .1% (<i>adapalene</i>)	3	PA	
DIFFERIN GEL .1%, .3% (<i>adapalene</i>)	3	PA	
DUAC GEL (<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	3	-	
EPIDUO GEL 0.1-2.5% .1%-2.5% (<i>adapalene-benzoyl peroxide</i>)	3	-	
ERY PAD 2% (<i>erythromycin (acne aid)</i>)	2	-	
<i>erythromycin gel 2%</i>	1	-	
<i>erythromycin pad</i>	1	-	
<i>erythromycin soln 2%</i>	1	-	
<i>erythromycin/benzoyl peroxide gel 3%-5% (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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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	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 .01%, .025%, .05%	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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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

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<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 (sulconazole nitrate)	3	-	
<i>ketoconazole cream 2% (NIZORAL CREAM Equiv)</i>	1	-	
<i>ketoconazole 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% (NIZORAL Equiv) (<i>ketoconazole (topical)</i>)	EXC	OTC	
<i>nizoral a-d shampoo 1% (NIZORAL Equiv)</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	-
<i>tavaborole soln 5%</i> (KERYDIN Equiv)	1	QL-ST QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	OTC-QL QL= 5 tubes/fill
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)	1	LMSP-PA
<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EFUDEX CREAM 5% (<i>fluorouracil (topical)</i>)	3	-
<i>fluorouracil cream</i> 5% (EFUDEX CREAM Equiv)	1	-
FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>)	3	-
FLUOROURACIL SOLN 2%, 5% (<i>fluorouracil (topical)</i>)	2	-
PICATO GEL .05% (<i>ingenol mebutate</i>)	3	QL QL= 1 box/fill
VALCHLOR GEL .016% (<i>mechlorethamine hcl (topical)</i>)	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
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</i> 5%	3	PA
ANTIPSORIATICS - Drugs to treat psoriasis		
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	4	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	1	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	1	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	1	-	
CALCITRIOL OINT 3MCG/GM (<i>calcitriol (topical)</i>)	3	-	
DOVONEX CREAM .005% (<i>calcipotriene</i>)	3	-	
DRITHO-SCALP CREAM 1% (<i>anthralin</i>)	3	-	
METHOXSALEN CAP 10MG (<i>methoxsalen rapid</i>)	2	LMSP	
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	LMSP	
OXSORALEN ULTRA CAP 10MG (<i>methoxsalen rapid</i>)	3	LMSP	
SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>)	4	LMSP-PA-QL QL= 1 inj/84 days	
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>)	4	LMSP-PA-QL QL= 2 inj/84 days	
STELARA INJ 90MG/ML (<i>ustekinumab</i>)	4	LMSP-PA-QL QL= 1 inj/84 days	
TALTZ INJ 80MG/ML (<i>ixekizumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days	
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-	
TAZORAC CREAM .1% (<i>tazarotene</i>)	3	-	
TAZORAC CREAM 0.05% .05% (<i>tazarotene</i>)	3	-	
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	4	LMSP-PA-QL QL= 1 inj/56 days	
ZORYVE CREAM .3% (<i>roflumilast (topical)</i>)	2	PA-QL QL= 60 grams/30 days	
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions			

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

Last Updated 3/1/2024

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
DERMA-SMOOTH/FS OIL .01% (<i>fluocinolone acetonide</i>)	2	-	
<i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv)	1	-	
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	1	-	
DIPROLENE AF CREAM .05% (<i>betamethasone dipropionate augmented</i>)	3	-	
DIPROLENE OINT .05% (<i>betamethasone dipropionate augmented</i>)	3	-	
ELOCON CREAM (<i>mometasone furoate</i>)	3	-	
ELOCON OINT (<i>mometasone furoate</i>)	3	-	
EPIFOAM AEROSOL 1% (<i>pramoxine-hc</i>)	2	-	
FLUOCINOLONE ACET CREAM .01% (<i>fluocinolone acetonide</i>)	1	-	
<i>fluocinolone acetonide cream .01%, .025%</i>	1	-	
<i>fluocinolone acetonide oil .01%</i> (DERMA-SMOOTH/FS Equiv)	1	-	
<i>fluocinolone acetonide oint .025%</i>	1	-	
<i>fluocinolone acetonide soln .01%</i>	1	-	
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	1	-	
<i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv)	1	-	
<i>fluocinonide emollient cream .05%</i>	1	-	
<i>fluocinonide gel .05%</i>	1	-	
<i>fluocinonide oint .05%</i>	1	-	

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

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

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ULTRAVATE CREAM (<i>halobetasol propionate</i>)	3	-
ULTRAVATE OINT (<i>halobetasol propionate</i>)	3	-
ECZEMA AGENTS - Drugs to treat eczema		
ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>)	4	LMSP-PA-QL QL= 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		
ammonium lactate cream 12% (LAC-HYDRIN Equiv)	EXC	OTC
ammonium lactate lotion 12%, 5% (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM (<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		

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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	OL	Quantity Limit	RDX	Restricted to Diagnosis
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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
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	2	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - Drugs to grow hair		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
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% (CONDYLOX Equiv) <i>(podofilox)</i>	1	-
<i>podofilox soln .5%</i> (CONDYLOX Equiv)	1	-
SALEX SHAMPOO 2%, 3% (<i>salicylic acid</i>)	3	-

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SALEX SHAMPOO 6% (<i>salicylic acid</i>)	3	-
LOCALANESTHETICS - TOPICAL - Drugs for numbing		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch 4%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine patch 5% 5%</i> (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% (<i>lidocaine</i>)	3	QL QL= 3 patches/day
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	1	-
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	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%</i> (FINACEA Equiv)	1	-
<i>brimonidine tartrate gel .33%</i> (MIRVASO Equiv)	EXC	-
FINACEA GEL 15% (<i>azelaic 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
METROCREAM .75% (<i>metronidazole (topical)</i>)	3	-
METROGEL 1% 1% (<i>metronidazole (topical)</i>)	3	-
METROLOTION .75% (<i>metronidazole (topical)</i>)	3	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	1	-
<i>metronidazole gel 1%</i> (METROGEL Equiv)	1	-
<i>metronidazole gel 0.75% .75%</i> (METROGEL Equiv)	1	-
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	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		
CROTAN LOTION 10% (<i>crotamiton</i>)	3	-
ELIMITE CREAM 5% (<i>permethrin</i>)	3	-
LINDANE SHAMPOO 1% (<i>lindane</i>)	1	-
<i>malathion lotion .5%</i> (OVIDE Equiv)	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% (<i>spinosad</i>)	3	QL QL= 1 bottle/fill
OVIDE LOTION .5% (<i>malathion</i>)	3	QL QL= 2 bottles/fill
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	1	-
SPINOSAD SUSP .9% (<i>spinosad</i>)	2	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		

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

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REGRANEX GEL .01% (<i>becaplermin</i>)	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>)	2	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
ACCU-CHEK AVIVA PLUS TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK GUIDE TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
COVID-19 TEST (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 TEST CARTRIDGE (<i>covid-19 at home test</i>)	EXC	OTC
CUE HEALTH MONITOR (<i>covid-19 at home test</i>)	EXC	OTC

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

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KETO-DIASTIX TEST STRIP (<i>urine glucose-ketones test</i>)	1	OTC
KETOSTIX (<i>acetone (urine) test</i>)	1	OTC
ONETOUCH TEST STRIP (<i>glucose blood</i>)	2	OTC
ONETOUCH VERIO TEST STRIP (<i>glucose blood</i>)	2	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
ASTAMED MYO CAP (<i>astaxanthin-tocotrienol-zinc-cholecalciferol</i>)	EXC	-
DEPLIN CAP (<i>l-methylfolate-algae</i>)	EXC	-
ELIGEN B12 TAB (<i>cyanocobalamin-salcaprozate sodium</i>)	EXC	-
FALESSA TAB (<i>levomefolinate 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	-

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

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

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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>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	1	-
<i>acetazolamide tab 125MG, 250MG</i>	1	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB (<i>methazolamide</i>)	3	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTAZIDE TAB 25MG (<i>spironolactone & hydrochlorothiazide</i>)	3	-
ALDACTAZIDE TAB 50-50MG 50MG (<i>spironolactone & hydrochlorothiazide</i>)	3	-
AMILORIDE/HCTZ TAB 5MG-50MG (<i>amiloride & hydrochlorothiazide</i>)	1	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	1	-
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		

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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>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	-
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	-
CARISPIR SUSP 25MG/5ML (<i>spironolactone</i>)	3	PA
<i>spironolactone susp 25MG/5ML</i> (CAROSPIR Equiv)	1	PA
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB (<i>chlorothiazide</i>)	1	-
<i>chlorothiazide tab</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 (<i>risedronate sodium</i>)	3	ST Step Therapy requires trial of alendronate
<i>alendronate sodium oral soln 70MG/75ML</i> (FOSAMAX Equiv)	1	-
<i>alendronate tab 10MG, 35MG, 70MG</i> (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 5MG (<i>alendronate sodium</i>)	2	-

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ATELVIA TAB 35MG (<i>risedronate sodium</i>)	3	ST Step Therapy requires trial of alendronate
BONIVA TAB 150MG 150MG (<i>ibandronate sodium</i>)	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
FOSAMAX TAB 70MG (<i>alendronate sodium</i>)	3	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG (<i>parathyroid hormone (recombinant)</i>)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>risedronate DR tab 35MG</i> (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate
<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
TERIPARATIDE INJ 620MCG/2.48ML 620MCG/2.48ML (<i>teriparatide (recombinant)</i>)	4	LMSP
TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)	4	LMSP

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CORTICOTROPIN ***		
ACTHAR GEL INJ 80UNIT/ML (<i>corticotropin</i>)	4	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
ORILISSA TAB 150MG 150MG (<i>elagolix sodium</i>)	2	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG (<i>elagolix sodium</i>)	2	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG (<i>tesamorelin acetate</i>)	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ 12MG, 5MG (<i>somatropin</i>)	4	LMSP-PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML (<i>somatropin</i>)	4	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG (<i>lonapegsomatropin-tcgd</i>)	4	LMSP-PA

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

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

Last Updated 3/1/2024

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

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

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

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

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sapropterin dihydrochloride soluble tab 100MG (KUVAN Equiv)	1	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>)	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
XPHOZAH TAB 20MG, 30MG (<i>tenapanor hcl (ckd)</i>)	3	PA-QL QL= 2 tabs/day
ZEMPLAR CAP 1MCG, 2MCG (<i>paricalcitol</i>)	3	-
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG (<i>vosoritide</i>)	4	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
DDAVP NASAL SOLN .01% (<i>desmopressin acetate refrigerated</i>)	3	-
DDAVP NASAL SPRAY .01% (<i>desmopressin acetate spray</i>)	3	-
DDAVP TAB .1MG, .2MG (<i>desmopressin acetate</i>)	3	-
<i>desmopressin acetate nasal spray .01%, .1MG/ML</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>)	2	LMSP
PROGESTERONE RECEPTOR ANTAGONISTS ***		

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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>mifepristone tab 200MG (MIFIPREX Equiv)</i>	\$0	-
MIFIPREX TAB 200MG (<i>mifepristone</i>)	EXC	-
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>	1	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>)	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide 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		

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACTIVELLA TAB .5MG-1MG (<i>estradiol & norethindrone acetate</i>)	3	-
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	1	-
FEMHRT TAB .5MG-2.5MCG (<i>norethindrone acetate-ethynodiol diacetate</i>)	3	-
jinteli tab .5MG-2.5MCG, 1MG-5MCG (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

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

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ESTRACE TAB .5MG, 1MG, 2MG (<i>estradiol</i>)	3	-	
<i>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR</i> (VIVELLE-DOT Equiv)	1	-	
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	1	-	
<i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv)	1	QL QL= 5ml/fill	
MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG (<i>esterified estrogens</i>)	3	-	
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>)	2	-	
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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<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		
5-HT4 RECEPTOR AGONISTS - Drugs to treat constipation		
MOTEGRITY TAB 1MG, 2MG (<i>prucalopride succinate</i>)	3	PA-QL QL= 1 tab/day
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation		
TRULANCE TAB 3MG (<i>plecanatide</i>)	2	PA-QL QL= 1 tab/day
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>)	4	LD-PA Only available through Dohmen LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		

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

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OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
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		

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BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479	
BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479	
BYLVAY SPRINKLE CAP 200MCG 200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479	
BYLVAY SPRINKLE CAP 600MCG 600MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479	
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/ML (<i>certolizumab pegol</i>)	4	LMSP-PA-QL QL= 2 inj/28 days	
CIMZIA STARTER INJ KIT 200MG/ML (<i>certolizumab pegol</i>)	4	LMSP-PA-QL QL= 1 kit/plan year	

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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	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	1	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	1	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	1	-
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</i> (AZULFIDINE Equiv)	1	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	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</i> (LOTRONEX Equiv)	1	-
LINZESS CAP 145MCG, 290MCG, 72MCG (<i>linaclootide</i>)	3	PA-QL QL= 1 cap/day
LOTRONEX TAB .5MG, 1MG (<i>alosetron hcl</i>)	3	-
LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections		

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VOWST CAP (<i>fecal microbiota spores, live-brpk</i>)	4	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
MOVANTIK TAB 12.5MG, 25MG (<i>naloxegol oxalate</i>)	2	PA
SYMPROIC TAB (<i>naldemedine tosylate</i>)	2	PA
SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>)	2	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
AURYXIA TAB 210MG (<i>ferric citrate</i>)	3	-
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	1	-
FOSRENOL CHEW TAB 1000MG, 500MG, 750MG (<i>lanthanum carbonate</i>)	3	-
FOSRENOL POWDER PACK 1000MG, 750MG (<i>lanthanum carbonate</i>)	2	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	1	-
PHOSLO CAP 667MG (<i>calcium acetate (phosphate binder)</i>)	3	-
PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>)	2	-
RENELA TAB 800MG (<i>sevelamer carbonate</i>)	3	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENELA Equiv)	1	-
<i>sevelamer tab 800MG</i> (RENELA TAB Equiv)	1	-

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166

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VELPHORO CHEW TAB 500MG (<i>sucroferric oxyhydroxide</i>)	3	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG (<i>potassium citrate-citric acid</i>)	1	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (<i>pot & sod citrates w/citric ac</i>)	1	-
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	-

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

Last Updated 3/1/2024

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

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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>phenazopyridine tab 100MG, 200MG (PYRIDIUM Equiv)</i>	1	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
LITHOSTAT TAB 250MG (<i>acetohydroxamic acid</i>)	3	-
<i>tiopronin tab 100MG (THIOLA Equiv)</i>	1	LMSP-PA
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
<i>colchicine/probenecid tab .5MG-500MG (COL-BENEMID Equiv)</i>	1	-
GOUT AGENTS - Drugs to treat gout		
<i>allopurinol tab 100MG, 300MG (ZYLOPRIM Equiv)</i>	1	-
<i>colchicine tab .6MG (COLCRYS Equiv)</i>	2	-
<i>febuxostat tab 40MG, 80MG (ULORIC Equiv)</i>	1	ST Step Therapy requires trial of allopurinol
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>probenecid tab 500MG (BENEMID Equiv)</i>	1	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 300MG/2ML, 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</i> (FIRAZYR Equiv)	M	M
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
CINRYZE INJ 500UNIT <i>(c1 esterase inhibitor (human))</i>	M	M
EMPAVELI INJ 1080MG/20ML <i>(pegcetacoplan)</i>	4	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG <i>(avacopan)</i>	4	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
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		

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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
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	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	1	-
<i>dipyridamole tab</i> (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG (<i>prasugrel hcl</i>)	3	-
PLAVIX TAB 75MG 75MG (<i>clopidogrel bisulfate</i>)	3	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	1	-
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	3	RS Restricted to Cardiology Specialist
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase 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
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</i> (ZAVESCA Equiv)	1	LD-PA Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
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 Accredo 800-803-2523
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>cyanocobalamin nasal spray 500 mcg/0.1ml 500MCG/0.1ML (NASCOBAL Equiv)</i>	1	-
NASCOBAL 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
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-aafi</i>)	4	LMSP
NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>)	4	LMSP
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

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

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

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MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>)	1	-
MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG (<i>iron-vitamin c-vitamin b12-folic acid</i>)	3	-
<i>multivitamin tab 1MG-25MCG-100MG-250MG</i>	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75 MG-200MG-300MCG (<i>ferrous fumarate w/fa-dss-b complex-vit c</i>)	2	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	1	-
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
AMICAR SOLN .25GM/ML (<i>aminocaproic acid</i>)	3	-
AMICAR TAB 1000MG, 500MG (<i>aminocaproic acid</i>)	3	-
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	1	-
LYSTEDA TAB 650MG (<i>tranexamic acid</i>)	3	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		

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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>zolpidem tab 10MG, 5MG (AMBIEN Equiv)</i>	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 (BENADRYL Equiv)</i>	1	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>BUTISOL TAB (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		
<i>AMBIEN CR TAB 12.5MG, 6.25MG (zolpidem tartrate)</i>	3	QL QL= 1 tab/day
<i>AMBIEN TAB (zolpidem tartrate tab)</i>	3	QL QL= 1 tab/day
<i>estazolam tab 1MG, 2MG (PROSOM Equiv)</i>	1	-
<i>eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)</i>	1	QL QL= 1 tab/day
<i>HALCION TAB .25MG (triazolam)</i>	3	-
<i>LUNESTA TAB 1MG, 2MG, 3MG (eszopiclone)</i>	3	QL QL= 1 tab/day

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<i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML (MIDAZOLAM Equiv)</i>	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 (RESTORIL Equiv)</i>	1	-
<i>temazepam cap 22.5mg 22.5MG (RESTORIL Equiv)</i>	1	-
<i>temazepam cap 30mg 30MG (RESTORIL Equiv)</i>	1	-
<i>temazepam cap 7.5mg 7.5MG (RESTORIL Equiv)</i>	1	-
<i>triazolam tab .125MG, .25MG (HALCION Equiv)</i>	1	-
<i>zaleplon cap 10MG, 5MG (SONATA Equiv)</i>	1	QL QL= 1 cap/day
<i>zolpidem ER tab 12.5MG, 6.25MG (AMBIEN CR Equiv)</i>	1	QL QL= 1 tab/day
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		
<i>ramelteon tab 8MG (ROZEREM Equiv)</i>	1	QL QL= 1 tab/day
<i>ROZEREM TAB 8MG (<i>ramelteon</i>)</i>	3	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		

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177

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

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

Last Updated 3/1/2024

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sodium/magnesium/potassium soln 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv)	\$0	QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM (peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate)	2	QL QL= 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
lactulose soln	1	-
MIRALAX 17GM/SCOOP (polyethylene glycol 3350)	EXC	OTC
polyethylene glycol 3350 powder 17GM/SCOOP (MIRALAX Equiv)	EXC	OTC
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCYIN - Drugs to treat bacterial infections		
azithromycin susp 100MG/5ML, 200MG/5ML (ZITHROMAX Equiv)	1	-
azithromycin tab 250MG, 500MG, 600MG (ZITHROMAX Equiv)	1	-
ZITHROMAX POWDER PACK 1GM (azithromycin)	3	-
ZITHROMAX SUSP 100MG/5ML, 200MG/5ML (azithromycin)	3	-
ZITHROMAX TAB 250MG, 500MG, 600MG (azithromycin)	3	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
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

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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
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
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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
DEXCOM G6 RECEIVER (<i>continuous blood glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year	
DEXCOM G6 SENSOR (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 3 sensors/28 days	
DEXCOM G6 TRANSMITTER (<i>continuous blood glucose system transmitter</i>)	2	PA-QL QL= 1 transmitter/90 days	
DEXCOM G7 RECEIVER (<i>continuous blood glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year	
DEXCOM G7 SENSOR (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 3 sensors/28 days	
FREESTYLE LIBRE 2 RECEIVER (<i>continuous blood glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year	
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days	
FREESTYLE LIBRE 3 READER (<i>continuous blood glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year	
FREESTYLE LIBRE 3 SENSOR (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days	
FREESTYLE LIBRE RECEIVER (<i>continuous blood glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year	
FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days	
LANCET DEVICE (<i>lancet devices</i>)	1	OTC	
LANCET KIT (<i>lancets misc.</i>)	1	OTC	

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LANCETS (<i>lancets</i>)	1	OTC
OMNIPOD 5 G7 KIT INTRO (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD DASH PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD GO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD STARTER KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
ONETOUCH DELICA LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH DELICA PLUS LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH DELICA ULTRASOFT LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ONETOUCH VERIO 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 3/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	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		
UBRELVY TAB 100MG, 50MG (<i>ubrogepant</i>)	2	PA-QL QL= 10 tabs/30 days, 6 fills/year
ZAVZPRET NASAL SPRAY 10MG/ACT (<i>zavegepant hcl</i>)	2	PA-QL QL= 6 units/fill; 60 units/365 days
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
<i>ergotamine tartrate/caffeine tab 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
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ (<i>erenumab-aooe</i>)	2	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA-QL QL= 1 pack/28 days

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	2	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML (<i>galcanezumab-gnlm</i>)	2	PA-QL QL= 3 inj/fill, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
IMITREX INJ 4MG/0.5ML (<i>sumatriptan succinate</i>)	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>)	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB 100MG, 25MG, 50MG (<i>sumatriptan succinate</i>)	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG (<i>rizatriptan benzoate</i>)	3	QL QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB 10MG (<i>rizatriptan benzoate</i>)	3	QL QL= 12 tabs/fill, 3 fills/60 days
REYVOW TAB 100MG, 50MG (<i>lasmiditan succinate</i>)	2	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (<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 3/1/2024

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<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	1	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML <i>(sumatriptan succinate)</i>	2	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG (IMITREX Equiv)</i>	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG (ZOMIG Equiv)</i>	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 (LURIDE Equiv)</i>	\$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
PHOSPHATE - Drugs to treat electrolyte deficiency		
K-PHOS NEUTRAL TAB 130MG-155MG-852MG <i>(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)</i>	3	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
POTASSIUM CHLORIDE TAB ER 8MEQ (<i>potassium chloride</i>)	3	-
SODIUM - Drugs to treat electrolyte disorders		

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

Last Updated 3/1/2024

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SOD CHLORIDE INJ .9%, 4MEQ/ML (<i>sodium chloride</i>)	M	M
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	2	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
DEPEN TITRATAB 250MG (<i>penicillamine</i>)	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	1	LMSP-PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
JOENJA TAB 70MG (<i>leniolisib phosphate</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
<i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG</i> (REVLIMID Equiv)	1	LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (<i>lenalidomide</i>)	3	LD-PA-QL QL= 1 cap/day; Only available through Walgreens 888-347-3416
REZUROCK TAB 200MG (<i>belumosudil mesylate</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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

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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	-
<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	-
PERIDEX SOLN .12% <i>(chlorhexidine gluconate (mouth-throat))</i>	3	-
DENTAL PRODUCTS - Drugs to prevent cavities		

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

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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>) <i>renaphro cap</i> (NEPHROCAP Equiv)	3 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	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG (<i>pediatric multivitamins w/fl</i>)	1	-
MULTIVITAMIN/FLOURIDE CHEW 1MG (<i>pediatric multivitamins w/fl</i>)	1	-
MULTIVITAMIN/FLUORIDE CHEW TAB (<i>pediatric multivitamins w/fl</i>)	1	-
<i>pediatric multiple vitamins/fluoride chew tab</i>	1	-

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

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<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	-
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	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
BACLOFEN ORAL SOLN 10 MG/5ML 10MG/5ML <i>(baclofen)</i>	3	PA Prior Authorization Required for members age 9 and older
BACLOFEN ORAL SOLN 5 MG/5ML 5MG/5ML <i>(baclofen)</i>	3	PA Prior Authorization Required for members age 9 and older
BACLOFEN SUSP 25MG/5ML <i>(baclofen)</i>	1	PA Prior Authorization Required for members age 9 or older
<i>baclofen susp 25MG/5ML</i>	1	PA Prior Authorization Required for members age 9 or older
<i>baclofen tab 10MG, 20MG, 5MG (BACLOFEN Equiv)</i>	1	-
<i>carisoprodol tab 350MG (SOMA Equiv)</i>	1	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	1	-
<i>cyclobenzaprine tab 10mg 10MG (FLEXERIL Equiv)</i>	1	-
<i>cyclobenzaprine tab 5mg 5MG (FLEXERIL Equiv)</i>	1	-
FLEQSUVE 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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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 500MG, 750MG (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	-
dantrolene cap 100MG, 25MG, 50MG (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		
azelastine nasal spray 0.1% .1%, 137MCG/SPRAY (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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<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	-
FRIEDRICH'S ATAXIA AGENTS ***		
SKYCLARYS CAP 50MG (<i>omaveloxolone</i>)	4	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
RETT SYNDROME AGENTS ***		
DAYBUE SOLN 200MG/ML (<i>trofinetide</i>)	4	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>)	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
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		

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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	-
<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</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	-

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TIMOPTIC-XE OPHTH GEL .25%, .5% (<i>timolol maleate (ophth)</i>)	3	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<i>atropine ophth oint 1%</i>	1	-
<i>atropine ophth soln 1% (ISOPTO ATROPINE Equiv)</i>	1	-
ATROPINE SUL SOLN 1% OPHTH 1% (<i>atropine sulfate (ophthalmic)</i>)	1	-
ATROPINE SULFATE OPHTH OINT 1% (<i>atropine sulfate (ophthalmic)</i>)	1	-
CYCLOGYL OPHTH SOLN .5%, 2% (<i>cyclopentolate hcl</i>)	3	-
CYCLOGYL OPHTH SOLN 1% (<i>cyclopentolate hcl</i>)	3	-
CYCLOMYDRIL OPHTH SOLN .2%-1% (<i>cyclopentolate w/ phenylephrine</i>)	2	-
<i>cyclopentolate ophth soln .5%, 1%, 2% (CYCLOGYL Equiv)</i>	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% (MYDFRIN Equiv)</i>	1	-
<i>tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)</i>	1	-
MIOTICS - Drugs to treat eye conditions		

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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% .1%, .15% (<i>brimonidine tartrate</i>)	3	-
APRACLONIDINE OPHTH SOLN .5% (<i>apraclonidine hcl</i>)	2	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	1	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	1	-
<i>brimonidine ophth soln 0.2% .2%</i>	1	-
<i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv)	1	-
IOPIDINE OPHTH SOLN 1% (<i>apraclonidine hcl</i>)	2	-
IOPIDINE OPHTH SOLN (<i>apraclonidine hcl</i>)	3	-
SIMBRINZA OPHTH SUSP .2%-1% (<i>brinzolamide-brimonidine tartrate</i>)	2	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
AZASITE SOLN 1% (<i>azithromycin (ophth)</i>)	2	-

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201

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 (NEOSPORIN Equiv)</i>	1	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM (POLYSPORIN Equiv)</i>	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	-
<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	-

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202

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
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	-	
<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	-	

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	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%</i> (ALCAINE Equiv)	1	-
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>diluprednate ophth emulsion .05%</i> (DUREZOL Equiv)	1	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
DUREZOL OPHTH EMULSION .05% (<i>difluprednate</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 .2%, .5% (<i>loteprednol etabonate</i>)	3	-	
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	1	-	
<i>loteprednol ophth susp .2%, .5%</i> (LOTEMAX Equiv)	1	-	
MAXIDEX OPHTH SOLN .1%, 9% (<i>dexamethasone (ophth)</i>)	2	-	
MAXITROL OPHTH OINT .1%-3.5MG/GM-10000UNIT/GM (<i>neomycin-polymyx-dexameth</i>)	3	-	

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205

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MAXITROL OPHTH SUSP .1%-3.5MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-dexamethasone)</i>	3	-
<i>neomycin/polymyxin/dexamethasone ophth oint</i> .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln</i> .1%-3.5MG/ML-10000UNIT/ML (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	-
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	-

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206

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

Last Updated 3/1/2024

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

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207

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>azelastine ophth soln .05% (OPTIVAR Equiv)</i>	1	-	
AZOPT OPHTH SUSP 1% (<i>brinzolamide</i>)	3	-	
<i>bepotastine ophth soln 1.5% (BEPREVE Equiv)</i>	1	-	
BEPREVE OPHTH SOLN 1.5% (<i>bepotastine besilate</i>)	3	-	
<i>brinzolamide ophth susp 1% (AZOPT Equiv)</i>	1	-	
<i>bromfenac ophth soln .09% (BROMDAY Equiv)</i>	1	-	
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) <i>(bromfenac sodium (ophth))</i>	1	-	
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	1	-	
<i>cromolyn ophth soln 4% (CROLOM Equiv)</i>	1	-	
CROMOLYN SODIUM OPHTH SOLN 4% (<i>cromolyn</i> <i>sodium (ophth)</i>)	1	-	
CYSTADROPS SOLN .37% (<i>cysteamine hcl</i>)	4	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007	
CYSTARAN OPHTH SOLN .44% (<i>cysteamine hcl</i>)	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416	
<i>diclofenac sodium ophth soln .1% (VOLTAREN Equiv)</i>	1	-	

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
<i>dorzolamide ophth soln 2% (TRUSOPT Equiv)</i>	1	-	
ELESTAT OPHTH SOLN (<i>epinastine hcl (ophth)</i>)	3	-	
EMADINE OPHTH SOLN (<i>emedastine difumarate</i>)	3	-	
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-	
FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>)	2	-	
ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>)	2	-	
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-	
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	1	OTC OTC covered only	
LASTACAFT OPHTH SOLN .25% (<i>alcaftadine</i>)	3	QL QL= 3ml/30 days	
NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>)	2	-	
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	OTC	
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	OTC-QL QL= 2.5ml/30 days	
PATANOL OPHTH SOLN .1% (<i>olopatadine hcl</i>)	3	-	
PROLENSA OPHTH SOLN .07%, .075% (<i>bromfenac sodium (ophth)</i>)	3	-	
TRUSOPT OPHTH SOLN 2% (<i>dorzolamide hcl</i>)	3	-	
UPNEEQ SOLN .1% (<i>oxymetazoline hcl</i> (blepharoptosis))	EXC	-	
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma			

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

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<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	-
<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	-

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

Last Updated 3/1/2024

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

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211

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML <i>(immune globulin (human)-klhw)</i>	4	LD-PA Only available through Diplomat Pharmacy 877-977-9118
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG <i>(amoxicillin)</i>	1	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML (TRIMOX Equiv)</i>	1	-
<i>amoxicillin tab 500MG, 875MG (AMOXIL Equiv)</i>	1	-
<i>ampicillin cap 500MG (AMPICILLIN Equiv)</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 (VEETIDS Equiv)</i>	1	-
PFIZERPEN G INJ 2000000UNIT, 5000000UNIT (PFIZERPEN G Equiv) <i>(penicillin g potassium)</i>	M	M
<i>pfizerpen g inj 20000000UNIT, 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 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES 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>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)</i>	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i>	M	M
AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN TAB 125MG-500MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</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	-

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
AYGESTIN TAB 5MG (<i>norethindrone acetate</i>)	3	-
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	4	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG (<i>progesterone</i>)	3	-
PROVERA TAB 10MG, 2.5MG, 5MG (<i>medroxyprogesterone acetate</i>)	3	-
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-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
<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	-

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

Last Updated 3/1/2024

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

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

Last Updated 3/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
INGREZZA PACK 40-80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585
<i>tetrabenazine tab 12.5MG, 25MG (XENAZINE Equiv)</i>	1	LMSP
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 (AMPYRA Equiv)</i>	1	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG (TECFIDERA Equiv)</i>	1	LMSP

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

Last Updated 3/1/2024

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

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

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ZEPOSIA STARTER PACK (<i>ozanimod hcl</i>)	4	LMSP-PA-QL QL= 1 cap/day
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	2	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		
ERGOLOID MESYLATES TAB 1MG (<i>ergoloid mesylates</i>)	3	-
ORAP TAB (<i>pimozide</i>)	3	-
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	2	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>bupropion SR tab</i> (ZYBAN Equiv)	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
<i>NICOTINE KIT (nicotine)</i>	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
<i>NICOTROL INHALER 10MG (nicotine)</i>	\$0	SMKG
<i>NICOTROL NASAL SPRAY 10MG/ML (nicotine)</i>	\$0	SMKG
<i>VARENICLINE TAB .5MG, 1MG (varenicline tartrate)</i>	\$0	SMKG
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG

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

Last Updated 3/1/2024

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varenicline tartrate tab starter pack (VARENICLINE PAK Equiv)	\$0	SMKG
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML (<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, 5.8MG, 50MG, 75MG (<i>ivacaftor</i>)	4	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG (<i>ivacaftor</i>)	4	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG (<i>lumacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML (<i>dornase alfa</i>)	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 84 tabs/28 days

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TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	4	LMSP-PA-QL-SF QL= 9 caps/day
ESBRIET TAB 267MG 267MG (<i>pirfenidone</i>)	4	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG (<i>pirfenidone</i>)	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG (<i>nintedanib esylate</i>)	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>pirfenidone cap 267MG</i> (ESBRIET Equiv)	1	LMSP-PA-QL QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	1	LMSP-PA-QL QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	1	LMSP-PA-QL QL= 3 tabs/day
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
<i>sulfadiazine tab 500MG</i>	1	-
TETRACYCLINES - Drugs to treat bacterial infections		

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222

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TETRACYCLINES - Drugs to treat infections		
<i>demeclacycline tab 150MG, 300MG (DECLOMYCIN Equiv)</i>	1	-
<i>doxycycline hyclare cap 100MG, 50MG (VIBRAMYCIN Equiv)</i>	1	-
<i>doxycycline hyclare 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 hyclare</i>)</i>	3	-
<i>VIBRAMYCIN SUSP 25MG/5ML (<i>doxycycline (monohydrate)</i>)</i>	3	-
<i>VIBRAMYCIN SYRUP 50MG/5ML (<i>doxycycline calcium</i>)</i>	3	-

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THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab 10MG, 5MG (TAPAZOLE Equiv)</i>	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 (SYNTHROID Equiv)</i>	1	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG (CYTOMEL Equiv)</i>	1	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)</i>	1	-
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG (<i>levothyroxine sodium</i>)	3	-

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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
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

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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	-
<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	-

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<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
LEVIBID TAB .375MG (<i>hyoscyamine sulfate</i>)	3	-
LEVSIN SL TAB .125MG (<i>hyoscyamine sulfate</i>)	3	-
LEVSIN TAB .125MG (<i>hyoscyamine sulfate</i>)	3	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	1	-
ROBINUL TAB 1MG, 2MG (<i>glycopyrrolate</i>)	3	-
SYMAX DUOTAB .375MG (<i>hyoscyamine sulfate</i>)	3	-
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	-
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		

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 (ENABLEX Equiv)</i>	1	PA
DETROL LA CAP 2MG, 4MG (<i>tolterodine tartrate</i>)	3	-
DETROL TAB 1MG, 2MG (<i>tolterodine tartrate</i>)	3	-
DITROPAN XL TAB 10MG, 5MG (<i>oxybutynin chloride</i>)	3	-
ENABLEX TAB 15MG, 7.5MG (<i>darifenacin hydrobromide</i>)	3	PA
<i>fesoterodine fumarate ER tab 4MG, 8MG (TOVIAZ Equiv)</i>	1	-
<i>oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)</i>	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG (DITROPAN Equiv)</i>	1	-
OXYTROL PATCH (OTC) 3.9MG/24HR (<i>oxybutynin</i>)	1	OTC
<i>solifenacin tab 10MG, 5MG (VESICARE Equiv)</i>	1	-
<i>tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)</i>	1	-
<i>tolterodine tab 1MG, 2MG (DETROL Equiv)</i>	1	-
TOVIAZ TAB 4MG, 8MG (<i>fesoterodine fumarate</i>)	3	-

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<i>trospium chloride SR cap 60MG</i> (SANCTURA XR Equiv)	1	PA
<i>trospium tab 20MG</i> (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG (<i>solifenacina succinato</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 25MG, 50MG (<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 (recombinant omv adjuvanted)</i>)	\$0	VAC Covered for members age 19 years or older
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 conj vac</i>)	EXC	VAC

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PENBRAYA INJ (<i>mening (a,c,y&w) polysacch tetanus conj-mening b (rcmb) vacc</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	
COMIRNATY INJ 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days	

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

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

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

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

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SHINGRIX INJ 50MCG/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	\$0	VAC Covered for members age 19 years or older
SPIKEVAX INJ 100MCG/0.5ML, 50MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML 50MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days
VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>)	\$0	VAC Covered for members age 19 years or older
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
CLINDESSE VAGINAL CREAM 2% (<i>clindamycin phosphate (one dose)</i>)	2	QL QL= 1 applicator/fill
XACIATO GEL 2% (<i>clindamycin phosphate vaginal</i>)	2	QL QL= 1 applicator/fill
VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy		
PHEXXI GEL .4%-1%-1.8% (<i>lactic acid-citric acid-potassium bitartrate</i>)	\$0	QL QL= 1 box/fill
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders		
FEM PH GEL .025%-.9% (<i>acetic acid-oxyquinoline vaginal</i>)	3	-

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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</i> 2% (CLEOCIN Equiv)	1	QL QL=1 tube/fill
METROGEL VAGINAL GEL (<i>metronidazole vaginal</i>)	3	-
<i>metronidazole vaginal gel</i> .75% (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG (<i>miconazole nitrate vaginal</i>)	3	-
TERAZOL CREAM (<i>terconazole vaginal</i>)	3	-
<i>terconazole cream</i> .4%, .8% (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>)	1	-
<i>terconazole supp</i> 80MG (TERAZOL Equiv)	1	-
VAGINAL ESTROGENS - Drugs to treat low hormones		

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

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VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab</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 a vit w/ fe fum-iron polysacch complex -fa)</i>	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	1	-
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
DRISDOL CAP 50000UNIT <i>(ergocalciferol)</i>	3	-
MEPHYTON TAB 5MG <i>(phytonadione)</i>	3	-
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	1	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	1	Rx covered Only
<i>vitamin D cap 1000unit 1000UNIT, 25MCG</i>	\$0	OTC
<i>vitamin D cap 400unit 10MCG, 400UNIT</i>	\$0	OTC
VITAMIN D TAB 400UNIT 400UNIT <i>(ergocalciferol)</i>	\$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>niacin cap 250MG, 500MG</i>	1	OTC
<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	1	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	1	OTC

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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	ACUVAIL OPHTH SOLN	207
abacavir soln	102	ACCUPRIL TAB	66	acyclovir cap	109
abacavir tab	102	ACCURETIC TAB	69	acyclovir oint	140
abacavir/lamivudine tab	102	acebutolol cap	112	acyclovir susp	110
abacavir/lamivudine/zidovudine tab	102	acetaminophen/codeine soln	16	acyclovir tab	110
ABILIFY TAB	102	acetaminophen/codeine tab	16	ADACEL/BOOSTRIX INJ	225
abiraterone tab 250mg	83	acetazolamide ER cap	151	ADALAT CC TAB	114
ABSTRAL SL TAB	12	acetazolamide tab	151	ADALIMUMAB-ADAZ	6
acamprosate calcium DR tab	215	acetic acid otic soln	210	INJ	
acarbose tab	48	acetic acid/hydrocortisone	211	ADALIMUMAB-ADAZ	6
ACCOLATE TAB	26	otic soln		PFS INJ	
ACCU-CHEK AVIVA PLUS METER	181	acetylcysteine soln	132	ADALIMUMAB-FKJP	6
ACCU-CHEK AVIVA PLUS TEST STRIP	148	ACIPHEX TAB	228	AUTO-INJECTOR KIT	
ACCU-CHEK GUIDE CARE METER	181	acitretin cap	138	ADALIMUMAB-FKJP	6
ACCU-CHEK GUIDE ME KIT	181	ACTEMRA ACTPEN INJ	8	PFS KIT 20 MG/0.4ML	
ACCU-CHEK GUIDE TEST STRIP	148	ACTEMRA SC INJ	8	ADALIMUMAB-FKJP	7
ACCU-CHEK NANO METER	181	ACTHAR GEL INJ	155	PFS KIT 40 MG/0.8ML	
ACCU-CHEK SMARTVIEW TEST STRI	148	ACTHIB INJ, HIBERIX	230	adapalene cream	133
		INJ		adapalene gel	133
		ACTIGALL CAP	163	adapalene/benzoyl	133
		ACTIMMUNE INJ	95	peroxide gel 0.1-2.5%	
		ACTIQ LOZENGE	12	adapalene/benzoyl	133
		ACTIVELLA TAB	160	peroxide gel 0.3-2.5%	
		ACTONEL TAB	153	ADBRY INJ	144
		ACTOS TAB	54	adefovir dipivoxil tab	108
		ACULAR (LS) OPHTH	207	ADEMPAS TAB	121
		SOLN		ADIPEX-P CAP	1
				ADIPEX-P TAB	2

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ALPHABETICAL LISTING OF DRUGS

ADVAIR HFA INHALER	28	ALDACTONE TAB	152	ALPHAGAN P OPHTH	201
AEROCHAMBER	185	ALDARA CREAM	145	SOLN 0.15%	
AEROCHAMBER SUPPLIES	185	ALECENSA CAP	86	alprazolam tab	23
AFLURIA INJ	231	alendronate sodium oral soln	153	ALTACE CAP	66
AFLURIA INJ, FLUZONE INJ	231	alendronate tab	153	ALUNBRIG TAB 30MG	86
AGRYLIN CAP	171	ALENDRONATE TAB	153	ALUNBRIG TAB 90MG, 180MG	86
AIMOVIG INJ	185	40MG		amantadine cap	96
AJOVY INJ	185	alfuzosin SR tab	168	amantadine syrup	96
AKYNZEO CAP	59	ALINIA SUSP	74	amantadine tab	96
albendazole tab	21	ALINIA TAB	74	AMARYL TAB	55
ALBENZA TAB	21	aliskiren tab	72	AMBIEN CR TAB	176
albuterol HFA inhaler	28	ALKERAN TAB	80	AMBIEN TAB	176
albuterol neb soln	29	ALKINDI SPRINKLE CAI	127	ambrisentan tab	119
ALBUTEROL NEBULIZER SOLN	29	0.5MG		amethyst tab	123
albuterol sulfate syrup	29	ALKINDI SPRINKLE CAI	127	AMICAR SOLN	175
albuterol sulfate tab	29	1MG		AMICAR TAB	175
albuterol/ipratropium neb soln	29	ALLEGRA ODT	61	amikacin inj	5
ALCAINE OPHTH SOLN	204	allopurinol tab	169	amiloride tab	152
alclometasone cream	140	ALOCRIL OPHTH SOLN	207	AMILORIDE/HCTZ TAB	151
alclometasone oint	140	ALOGLIPTIN TAB	51	amiloride/hydrochlorothia zide tab	151
ALCOHOL SWABS	184	ALOGLIPTIN-METFORM	48	aminocaproic acid soln	175
ALDACTAZIDE TAB	151	IN TAB		aminocaproic acid tab	175
ALDACTAZIDE TAB	151	ALOGLIPTIN-PIOGLITAZONE TAB	48	amiodarone tab	25
50-50MG		ONE TAB		amitriptyline tab	46
		ALOMIDE OPHTH SOLN	207	amlodipine tab	114
		ALORA PATCH	160	amlodipine/atorvastatin tab	117
		alosetron tab	165		

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ALPHABETICAL LISTING OF DRUGS

amlodipine/benazepril cap	69	ANASPAZ ODT	226	arformoterol tartrate neb	29
amlodipine/olmesartan tab	69	anastrozole tab	83	soln	
amlodipine/valsartan tab	69	ANCOBON CAP	59	ARICEPT TAB	216
ammonium lactate cream	144	ANDRODERM PATCH	18	ARICEPT TAB 23MG	216
ammonium lactate lotion	144	ANDROGEL 1% 25MG	18	ARIMIDEX TAB	83
amnesteem cap, claravis cap, isotretinoin cap,	133	ANDROGEL 1% 50MG, TESTIM GEL 1%	18	aripiprazole soln	102
myorisan cap, zenatane cap		ANDROGEL 1.62%	18	aripiprazole tab	102
amoxapine tab	47	1.25GM		ARIXTRA INJ	33
amoxicillin cap	212	ANDROGEL 1.62%	19	ARMOUR THYROID	224
AMOXICILLIN CHEW TAB	212	2.5GM ANDROGEL PUMP 1%	19	TAB, NATURE THROID TAB	
amoxicillin susp	213	ANDROGEL PUMP	19	ARNUITY ELLIPTA	27
amoxicillin tab	213	1.62%		INHALER	
AMOXICILLIN/CLAVUL ANATE ER TAB	213	ANNOVERA RING ANORO ELLIPTA	126	AROMASIN TAB	83
amoxicillin/clavulanate susp	213	INHALER ANTABUSE TAB	215	ARTHROTEC TAB	8
amoxicillin/clavulanate tab 500-125mg, 875-125mg	214	ANUSOL-HC CREAM ANZEMET TAB	20	asenapine maleate SL tab	100
amphetamine/dextroamphetamine ER cap	1	APAP/CODEINE SOLN APRACLONIDINE	16	ASMANEX HFA	27
amphetamine/dextroamphetamine tab	1	OPHTH SOLN aprepitant pak	59	ASMANEX INHALER	27
ampicillin cap	213	APTIVUS CAP	102	aspirin chew tab 81mg	12
ampicillin/sulbactam inj	214	APTIVUS SOLN aranelle tab	103	aspirin ec tab 81mg	12
ANAFRANIL CAP	47		123	ASTAMED MYO CAP	149
anagrelide cap	171			atazanavir cap	103

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ALPHABETICAL LISTING OF DRUGS

ATORVALIQ SUSP	64	azathioprine tab	111	BALCOLTRA TAB	123
atorvastatin tab	64	azelaic acid gel	146	balsalazide cap	164
atovaquone susp	74	azelastine nasal spray 0.1%	196	BALVERSA TAB 3MG	86
atovaquone/proguanil tab	77	azelastine ophth soln	208	BALVERSA TAB 4MG	86
ATRALIN GEL, RETIN-A GEL	133	AZILECT TAB	97	BALVERSA TAB 5MG	86
atropine ophth oint	200	azithromycin susp	179	BANZEL SUSP	35
atropine ophth soln	200	azithromycin tab	179	BAQSIMI NASAL POWDER	50
ATROPINE SUL SOLN 1% OPHTH	200	AZOPT OPHTH SUSP	208	BARACLUDE SOLN	108
ATROPINE SULFATE OPHTH OINT	200	AZOR TAB	70	B-D AUTOSHIELD DUO	184
ATROVENT HFA INHALER	26	AZULFIDINE EN TAB	164	PEN NEEDLE	
AUGMENTIN ES-600 SUSP	214	AZULFIDINE TAB	164	B-D INSULIN SYRINGE	184
AUGMENTIN SUSP	214	B			
AUGMENTIN TAB	214	BACITRACIN OPHTH OINT	202	U-500	
AURYXIA TAB	166	bacitracin/neomycin/poly myxin b ophth oint	202	BECONASE AQ NASAL SPRAY	197
AVALIDE TAB	69	bacitracin/polymyxin b ophth oint	202	benazepril tab	66
AVAPRO TAB	67	bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	204	benazepril/hydrochlorothia zide tab	70
AVELOX TAB	161	BACLOFEN ORAL SOLN 10 MG/5ML	195	BENICAR HCT TAB	70
aviane tab	123	BACLOFEN ORAL SOLN 5 MG/5ML	195	BENLYSTA	191
AVODART CAP	168	BACLOFEN SUSP	195	AUTO-INJECTOR	
AVONEX INJ	218	baclofen tab	195	BENLYSTA INJ	191
AYGESTIN TAB	215	BACTRIM DS TAB	74	BENTYL CAP	226
AYVAKIT TAB	85			BENTYL SYRUP	226
AZASITE SOLN	201			BENZACLIN GEL	133

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

243

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

benzonatate cap 100mg, 200mg	130	bethanechol tab	230	brimonidine ophth soln	201
benztropine tab	95	bexarotene cap	95	0.15%	
bepotastine ophth soln	208	bexarotene gel	137	brimonidine ophth soln	201
BEPREVE OPHTH SOLN	208	BEXSERO INJ	230	0.2%	
BETAGAN OPHTH SOLN	199	BIAXIN TAB	180	brimonidine tartrate gel	146
betamethasone augmented cream	140	bicalutamide tab	83	brimonidine tartrate ophth soln 0.1%	201
BETAMETHASONE AUGMENTED GEL	140	BIKTARVY TAB	103	brimonidine/timolol ophth soln	199
betamethasone augmented lotion	140	BILTRICIDE TAB	21	brinzolamide ophth susp	208
betamethasone augmented ointment	141	bimatoprost ophth soln	145	bromfenac ophth soln	208
betamethasone dipropionate cream	141	bisoprolol tab	113	BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	208
betamethasone dipropionate lotion	141	bisoprolol/hydrochlorothia zide tab	70	bromfenac sodium ophth soln 0.07%	208
betamethasone dipropionate oint	141	BLEPH-10 OPHTH SOLN	202	bromocriptine cap	96
betamethasone valerate cream	141	BLEPHAMIDE S.O.P.	204	bromocriptine tab	96
betamethasone valerate lotion	141	OPHTH OINT		BROVANA NEB SOLN	30
betamethasone valerate ointment	141	BONIVA TAB 150MG	154	BROVEX PEB LIQUID	130
BETAPACE AF TAB	113	bosentan tab	119	BRUKINSA CAP	87
BETAPACE TAB	113	BOSULIF TAB	86	budesonide ER tab	127
		BRAFTOVI CAP 75MG	87	budesonide inh susp	28
		BREO ELLIPTA	29	budesonide rectal foam	21
		INHALER		budesonide SR cap	127
		BREO ELLIPTA	29	budesonide/formoterol inhaler	30
		INHALER 50-25		bumetanide tab	152
		MCG/ACT			
		BREZTRI AEROSPHERE	29		
		INHALER			
		BRILINTA TAB	171		

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244

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ALPHABETICAL LISTING OF DRUGS

buprenorphine patch	17	cabergoline tab	159	carbamazepine susp	35
buprenorphine SL tab	17	CABLIVI INJ KIT	171	carbamazepine tab	35
buprenorphine/naloxone sl film	18	CABOMETYX TAB	87	CARBATROL CAP	35
buprenorphine/naloxone SL tab	18	CADUET TAB	117	carbidopa tab	95
bupropion ER tab	43	CALAN SR TAB	114	carbidopa/levodopa ER tab	96
bupropion SR tab	220	CALAN TAB	114	CARBIDOPA/LEVODOPA	96
bupropion tab	43	calcipotriene cream	138	ODT	
bupropion XL tab	43	calcipotriene oint	138	carbidopa/levodopa tab	96
buspirone tab	23	calcipotriene soln	139	carbidopa-levodopa-entaca	98
busulfan inj	80	calcitonin nasal spray	154	pone tab	
BUSULFEX INJ	80	calcitriol cap	156	CARBINOXAMINE SOLN	61
BUTISOL TAB	176	CALCITRIOL OINT	139	carbinoxamine tab	61
butorphanol nasal spray	18	calcitriol soln	156	CARDIZEM CD CAP	115
BUTRANS PATCH	18	CALIBRATION LIQUID	181	CARDIZEM TAB	115
BYDUREON BCISE	52	CALQUENCE CAP	87	CARDURA TAB	68
AUTO INJ		CALQUENCE TAB	87	CARETOUCH MIS	184
BYDUREON INJ	52	CAMZYOS CAP	117	carglumic acid tab	156
BYDUREON PEN INJ	52	capecitabine tab	80	carisoprodol tab	195
BYETTA INJ	52	CAPRELSA TAB	87	CARISPIR SUSP	152
BYLVAY CAP 1200MCG	164	captopril tab	66	CARNITOR SOLN	157
BYLVAY CAP 400MCG	164	CAPTOPRIL/HYDROCHL	70	CARNITOR TAB	157
BYLVAY SPRINKLE CAP 200MCG	164	OROTHIAZIDE TAB		carvedilol tab	112
BYLVAY SPRINKLE CAP 600MCG	164	CARAFATE SUSP	228	CASODEX TAB	83
		CARAFATE TAB	227	CATAPRES TAB	68
		carbamazepine chew tab	35	CATAPRES-TTS PATCH	68
		carbamazepine ER cap	35	CAVERJECT INJ	117
		carbamazepine ER tab	35	CAYSTON INH SOLN	76
C				cefaclor cap	122

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245

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ALPHABETICAL LISTING OF DRUGS

CEFACLOR ER TAB	122	CHEMET CAP	56	CIMDUO TAB	103
CEFACLOR SUSP	122	chlordiazepoxide cap	23	cimetidine tab	227
cefazolin inj	121	CHLORDIAZEPOXIDE/A	217	CIMZIA INJ	164
CEFAZOLIN INJ	121	MITRIPTYLINE TAB		CIMZIA STARTER INJ	164
cefdinir cap	122	chlorhexidine gluconate	191	KIT	
cefdinir susp	122	soln		cinacalcet tab	157
CEFDITOREN TAB	122	chloroquine tab	77	CINRYZE INJ	170
cefixime cap	122	CHLOROTHIAZIDE TAB	153	CIPRO HC OTIC SUSP	210
cefixime susp	122	chlorpromazine tab	101	CIPRO SUSP	161
CEFOTAXIME INJ	122	chlorthalidone tab	153	CIPRO TAB	161
cefoxitin inj	122	chlorzoxazone tab 500mg	195	CIPRODEX OTIC SUSP	210
cefpodoxime proxetil susp	123	CHOLBAM CAP	162	CIPROFLOXACIN	161
cefpodoxime proxetil tab	123	cholestyramine lite	62	100MG TAB	
ceftriaxone inj	123	powder		ciprofloxacin ophth soln	202
cefuroxime tab	122	cholestyramine lite	63	CIPROFLOXACIN OTIC	210
CELEBREX CAP	9	powder pack		SOLN	
celecoxib cap	9	cholestyramine powder	63	ciprofloxacin susp	161
CELEXA TAB	44	cholestyramine powder	63	ciprofloxacin tab	162
CELONTIN CAP	42	pack		ciprofloxacin/dexamethaso	211
CENTANY OINT	135	CIBINQO TAB	144	ne otic susp	
cephalexin cap	122	ciclopirox cream	135	citalopram soln	44
cephalexin susp	122	ciclopirox gel	136	citalopram tab	44
CERDELGA CAP	172	ciclopirox nail soln	136	CITRULLINE PACKET	199
CEREZYME INJ	172	ciclopirox shampoo	136	CLARINEX SYRUP	61
CERVICAL CAP	181	ciclopirox topical susp	136	CLARINEX TAB	61
CESAMET CAP	59	cilostazol tab	171	CLARINEX-D TAB	130
cesia tab	123	CILOXAN OPHTH OINT	202	clarithromycin ER tab	180
cevimeline cap	192	CILOXAN OPHTH SOLN	202		

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246

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ALPHABETICAL LISTING OF DRUGS

CLARITHROMYCIN SUSP	180	clobetasol lotion clobetasol propionate	141 141	codeine sulfate tablet 15mg, 30mg	13
clarithromycin tab	180	cream		COLAZAL CAP	165
CLARITIN CHEW TAB	61	clobetasol propionate	141	colchicine tab	169
CLEOCIN CAP	75	emollient cream		colchicine/probenecid tab	169
CLEOCIN SOLN	75	clobetasol propionate gel	141	colesevelam pack	63
CLEOCIN VAGINAL CREAM	236	clobetasol propionate oint	141	colesevelam tab	63
CLEOCIN VAGINAL SUPP	236	clobetasol propionate soln	141	COlestid GRANULE	63
CLEOCIN-T LOTION	133	clobetasol shampoo	141	COlestid POWDER	63
CLEOCIN-T PAD	133	clobetasol spray	141	PACK	
CLEOCIN-T SOLN	133	CLOBEX LOTION	141	COlestid TAB	63
CLIMARA PATCH	160	CLOBEX SHAMPOO	141	colestipol granule	63
clindamycin cap	76	CLOBEX SPRAY	141	colestipol powder packet	63
clindamycin gel	134	clomipramine cap	47	colestipol tab	63
clindamycin lotion	134	clonazepam ODT	34	COLY-MYCIN S OTIC	211
clindamycin pad	134	clonazepam tab	34	SUSP	
clindamycin soln	76	clonidine ER tab	3	COMBIVENT RESPIMAT	30
clindamycin topical soln	134	clonidine patch	68	INHALER	
clindamycin vaginal cream	236	clonidine tab	68	COMETRIQ KIT	87
clindamycin/benzoyl peroxide gel	134	clopidogrel tab 75mg	171	COMIRNATY INJ	231
CLINDESSE VAGINAL CREAM	235	clotrimazole troches	191	COMIRNATY INJ	232
clobazam susp	34	clotrimazole/betamethason e cream	136	30MCG/0.3ML	
clobazam tab	34	clozapine tab	100	COMPLERA TAB	103
clobetasol foam	141	CLOZARIL TAB	100	COMTAN TAB	96
		CODEINE SULFATE TAB	12	CONCEPT DHA CAP	194
		15MG		CONCEPTROL GEL	236
		codeine sulfate tab 60mg	12	CONTRACEPTIVE FILM	236
				CONTRACEPTIVE FOAM	236

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247

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ALPHABETICAL LISTING OF DRUGS

CONTRACEPTIVE GEL	236	COVID-19 VACCINE	232	CUE COVID-19 TEST	148
CONTRACEPTIVE SUPP	236	BIVALENT BOOSTER INJ		CARTRIDGE	
CONTRAVE TAB	2	6M-5Y (MODERNA)		CUE HEALTH MONITOR	148
COPIKTRA CAP	87	COVID-19 VACCINE INJ	232	CUVPOSA SOLN	228
CORDARONE TAB	25	(JANSSEN)		cyanocobalamin inj	172
COREG TAB	112	COVID-19 VACCINE INJ	232	cyanocobalamin nasal	173
CORGARD TAB	113	(NOVAVAX)		spray 500 mcg/0.1ml	
CORLANOR TAB	121	COVID-19 VACCINE INJ	233	cyclobenzaprine tab 10mg	195
CORTEF TAB	127	5-11Y (PFIZER)		cyclobenzaprine tab 5mg	195
CORTENEMA	20	COVID-19 VACCINE INJ	233	CYCLOGYL OPHTH	200
CORTISPORIN CREAM	135	6M-11Y (MODERNA)		SOLN	
CORTISPORIN OINT	135	COVID-19 VACCINE INJ	233	CYCLOMYDRIL OPHTH	200
COSOPT OPHTH SOLN	199	6M-4Y (PFIZER)		SOLN	
COTELLIC TAB	87	COZAAR TAB	67	cyclopentolate ophth soln	200
COUMADIN TAB	32	CREATINE PACKET	199	CYCLOPHOSPHAMIDE	80
COVID-19 TEST	148	5000MG		CAP	
COVID-19 VACCINE	232	CREON CAP	150	CYCLOPHOSPHAMIDE	80
BIVALENT BOOSTER INJ		CRESTOR TAB	64	TAB	
(MODERNA)		CRINONE GEL	237	CYCLOSET TAB	51
COVID-19 VACCINE	232	CRIXIVAN CAP	103	cyclosporine cap	111
BIVALENT BOOSTER INJ		cromolyn conc	163	cyclosporine modified cap	111
(PFIZER)		cromolyn neb soln	26	cyclosporine modified	111
COVID-19 VACCINE	232	cromolyn ophth soln	208	soln	
BIVALENT BOOSTER INJ		CROMOLYN SODIUM	208	cyclosporine ophth	204
5-11Y (PFIZER)		OPHTH SOLN		emulsion	
COVID-19 VACCINE	232	CROTAN LOTION	147	cyproheptadine syrup	62
BIVALENT BOOSTER INJ		cryselle tab	123	cyproheptadine tab	62
6M-4Y (PFIZER)				CYSTADROPS SOLN	208

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248

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ALPHABETICAL LISTING OF DRUGS

CYSTAGON CAP	168	DELESTROGEN INJ	160	desmopressin acetate nasal spray	158
CYSTARAN OPHTH	208	DELSTRIGO TAB	103	desmopressin acetate tab	158
SOLN		DEMADEX TAB	152	desoximetasone cream	142
CYTOMEL TAB	224	demeclocycline tab	223	desoximetasone oint	142
CYTOTEC TAB	228	DENAVIR CREAM	140	desvenlafaxine ER tab	46
CYTRA K CRYSTALS	167	DENGVAXIA SUSP	233	DETROL LA CAP	229
CYTRA-3 SYRUP	167	DEPAKENE CAP	42	DETROL TAB	229
D		DEPAKENE SYRUP	42	DEXAMETHASONE CONC	128
dabigatran etexilate mesylate cap	33	DEPAKOTE ER TAB	42	dexamethasone elixir	128
dalfampridine ER tab	218	DEPAKOTE SPRINKLE CAP	42	DEXAMETHASONE OPHTH SOLN	204
DALIRESP TAB	27	DEPAKOTE TAB	42	DEXAMETHASONE	128
danazol cap	19	DEPEN TITRATAB	189	OPHTH SOLN	
DANTRIUM CAP	196	DEPLIN CAP	149	dexamethasone sodium phosphate inj	128
dantrolene cap	196	DEPO-MEDROL INJ	127	DEXAMETHASONE	128
dapsone tab	75	DEPO-MEDROL INJ, METHYL PREDNISOLON	127	SOLN	
darifenacin SR tab	229	E ACE INJ		dexamethasone tab	128
darunavir tab	103	DEPO-PROVERA INJ	126	DEXCOM G6 RECEIVER	182
DAYBUE SOLN	198	DEPO-PROVERA SC INJ	126	DEXCOM G6 SENSOR	182
DDAVP NASAL SOLN	158	104MG		DEXCOM G6	182
DDAVP NASAL SPRAY	158	DERMA-SMOOTH/FS	142	TRANSMITTER	
DDAVP TAB	158	OIL		DEXCOM G7 RECEIVER	182
deferasirox granules packet	56	DERMOTIC OIL	211	DEXCOM G7 SENSOR	182
deferasirox tab	57	DESCOVY TAB	103	DEXEDRINE CAP	1
deferasirox tab for oral susp	57	desipramine tab	47	dexamethylphenidate ER cap	4
deferiprone tab	57	DESLO RATADINE ODT	61	dexamethylphenidate tab	4
		desloratadine tab	61		

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ALPHABETICAL LISTING OF DRUGS

dextroamphetamine ER cap	1	diclofenac sodium ophth soln	208	DILATRATE SR CAP	21
dextroamphetamine soln	1	diclofenac sodium XR tab	9	DILAUDID TAB 2MG	13
dextroamphetamine tab	1	diclofenac/misoprostol	9	DILAUDID TAB 4MG	13
DIACOMIT CAP	35	DR tab		DILAUDID TAB 8MG	13
DIACOMIT POWDER PACK	35	dicloxacillin cap	214	diltiazem ER cap	115
DIALYVITE TAB	192	dicyclomine cap	226	diltiazem tab	115
DIALYVITE/ZINC TAB	193	dicyclomine soln	226	dimethyl fumarate DR cap	218
DIAPHRAGM	181	dicyclomine tab	226	dimethyl fumarate DR	219
DIASTAT ACDL GEL	34	didanosine DR cap	103	STARTER PACK	
DIASTAT RECTAL GEL,	34	DIFFERIN CREAM	134	DIOVAN HCT TAB	70
DIAZEPAM RECTAL GEL		DIFFERIN GEL	134	DIOVAN TAB	67
diazepam conc	23	DIFICID SUSP	180	DIPENTUM CAP	165
DIAZEPAM GEL	34	DIFICID TAB	181	diphenhydramine cap	61
diazepam oral soln 5mg/5ml	23	DIFLUCAN SUSP	60	diphenhydramine inj	61
diazepam rectal gel	34	DIFLUCAN TAB	60	DIPHENOXYLATE/ATRO	56
diazepam tab 2mg, 10mg	24	difluprednate ophth emulsion	204	PINE LIQUID	
diazepam tab 5mg	24	digoxin soln	116	diphenoxylate/atropine tab	56
diazoxide susp	50	DIGOXIN SOLN	116	DIPROLENE AF CREAM	142
DIBENZYLINE CAP	67	0.05MG/ML		DIPROLENE OINT	142
diclofenac gel	137	digoxin tab	116	DIPHTHERIA/TETANUS	225
diclofenac gel 1%	137	dihydroergotamine	185	TOXOID (PEDIATRIC)	
DICLOFENAC PATCH, FLECTOR PATCH	137	mesylate inj		INJ	
diclofenac potassium tab	9	DILANTIN CAP 100MG	41	dipyridamole tab	171
diclofenac sodium EC tab	9	DILANTIN CAP 30MG	41	disopyramide cap	24
		DILANTIN INFATABS	41	disulfiram tab	215
		DILANTIN SUSP	41	DITROPAN XL TAB	229
				DIURIL SUSP	153

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250

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ALPHABETICAL LISTING OF DRUGS

divalproex ER tab	42	doxycycline monohydrate	223	efavirenz tab	103
divalproex sodium DR tab	43	tab		efavirenz/emtricitabine/tenofovir df tab	104
divalproex sprinkle cap	43	doxycycline susp	223	efavirenz/lamivudine/tenofovir df (lo) tab	104
dofetilide cap	25	D-PENAMINE TAB	111	EFFEXOR XR CAP	46
DOLOPHINE TAB	13	DRISDOL CAP	238	EFFIENT TAB	171
donepezil ODT	216	DRITHO-SCALP CREAM	139	EFUDEX CREAM	138
donepezil tab	216	dronabinol cap	59	EGRIFTA INJ	155
donepezil tab 23mg	216	drospirenone/ethinyl estradiol/levomefolate tab	124	ELDEPYRL CAP	97
DOPTELET TAB	173	DROXIA CAP	172	ELESTAT OPHTH SOLN	209
dorzolamide ophth soln	209	DRYSOL SOLN	146	ELIDEL CREAM	145
dorzolamide/timolol ophth soln	199	DUAC GEL	134	ELIGEN B12 TAB	149
DOVATO TAB	103	DULEREA INHALER	30	ELIMITE CREAM	147
DOVONEX CREAM	139	duloxetine EC cap	46	ELIQUIS TAB, ELIQUIS STARTER PACK	33
doxazosin tab	68	DUPIXENT INJ	144	ELIXOPHYLLIN ELIXIR	32
doxepin cap	47	DUPIXENT INJ	144	ELLA TAB	126
doxepin conc	47	100MG/0.67ML		ELMIRON CAP	168
DOXE PIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	138	DUPIXENT PEN INJ	144	ELOCON CREAM	142
DOXE PIN HCL CREAM	138	DURAGESIC PATCH	13	ELOCON OINT	142
doxercalciferol cap	157	DUREZOL OPHTH	205	EMADINE OPHTH SOLN	209
doxycycline hyclate cap	223	EMULSION		EMCYT CAP	83
doxycycline hyclate tab	223	dutasteride cap	168	EMEND CAP	59
doxycycline monohydrate cap 100mg	223	E		EMGALITY INJ	186
doxycycline monohydrate cap 50mg	223	econazole cream	136	EMGALITY INJ	186
		EDECрин TAB	152	EDEX INJ	117
		EDEX INJ	117	EDURANT TAB	103
		EDURANT TAB	103	EFAVIRENZ CAP	103
		EFAVIRENZ CAP	103	EMPaveli INJ	170

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251

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ALPHABETICAL LISTING OF DRUGS

EMSAM PATCH	44	epinastine ophth soln	209	erythromycin/benzoyl	134
emtricitabine cap	104	epinephrine pen inj	237	peroxide gel	
emtricitabine/tenofovir	104	0.15mg, 0.3mg		ESBRIET CAP	222
disoproxil fumarate tab		EPIVIR HBV SOLN	109	ESBRIET TAB 267MG	222
EMTRIVA SOLN	104	eplerenone tab	73	ESBRIET TAB 801MG	222
EMVERM TAB	21	EPRONTIA SOLN	36	ESCAVITE CHEW TAB	193
ENABLEX TAB	229	EQUETRO CAP	99	escitalopram soln	44
enalapril maleate oral soln	66	ERGOLOID MESYLATES	220	escitalopram tab	44
enalapril tab	66	TAB		esomeprazole cap	228
enalapril/hydrochlorothiazi de tab	70	ergotamine	185	estazolam tab	176
		tartrate/caffeine tab		ESTRACE TAB	161
ENBREL INJ 25MG	11	ERIVEDGE CAP	82	ESTRACE VAGINAL	237
ENBREL INJ 50MG	11	ERLEADA TAB	83	CREAM	
ENBREL MINI INJ	11	ERLEADA TAB 240MG	83	estradiol cream	237
ENBREL SURECLICK INJ 50MG	12	erlotinib tab	82	estradiol patch	161
ENDARI POWDER PACK	172	erlotinib tab 25mg	82	estradiol tab	161
ENDOMETRIN INSERT	237	ertapenem inj	75	estradiol vaginal tab,	237
ENGERIX-B INJ,	233	ERY PAD	134	yuvaferm vaginal tab	
RECOMBIVAX-HB INJ		ERYTHROMYCIN EC CAP	180	estradiol valerate inj	161
enoxaparin inj	33	erythromycin	180	estradiol/norethindrone tab	160
enpresse tab	124	ethylsuccinate susp		ESTRING	237
ENSPRYNG INJ	190	erythromycin gel	134	eszopiclone tab	176
entacapone tab	96	erythromycin ophth oint	202	ethacrynic tab	152
entecavir tab	108	erythromycin pad	134	ethambutol tab	79
EPIDIOLEX SOLN	36	erythromycin soln	134	ethosuximide cap	42
EPIDUO GEL 0.1-2.5%	134	erythromycin tab	180	ethosuximide soln	42
EPIFOAM AEROSOL	142			etodolac cap	9
				etodolac ER tab	9

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252

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ALPHABETICAL LISTING OF DRUGS

etodolac tab	9	FARXIGA TAB	55	fesoterodine fumarate ER	229
ETOPOSIDE CAP	95	FASENRA PEN INJ	25	tab	
etravirine tab	104	febuxostat tab	169	FILSPARI TAB	168
EULEXIN CAP	83	felbamate susp	40	FINACEA GEL	146
everolimus tab	88	felbamate tab	40	finasteride tab	145
everolimus tab for oral susp	88	FELBATOL SUSP	40	fingolimod hcl cap 0.5mg	219
EVISTA TAB	156	FELBATOL TAB	40	FINTEPLA SOLN	36
EVOTAZ TAB	104	FELDENE CAP	9	FIRDAPSE TAB	78
EVOXAC CAP	192	felodipine ER tab	115	FIRST	73
EVRYSDI SOLN	198	FEM PH GEL	235	METRONIDAZOLE SUSP	
EXELDERM SOLN	136	FEMALE CONDOMS	181	FIRST MOUTHWASH	191
EXELON PATCH	216	FEMARA TAB	83	BLM	
exemestane tab	83	FEMHRT TAB	160	FIRVANQ SOLN	75
EXFORGE TAB	70	FEMRING	237	FIRVANQ SOLN	75
EXTAVIA INJ	219	fenofibrate cap 67mg, 134mg, 200mg	63	50MG/ML	
EZALLOR SPRINKLE CAP	64	fenofibrate tab 48mg, 54mg, 145mg, 160mg	63	FLAGYL TAB	73
ezetimibe tab	65	fenofibric acid DR cap	64	FLAREX OPHTH SUSP	205
F					
FALESSA TAB	149	FENOFIBRIC TAB,	64	FLOLIPID SUSP	195
famciclovir tab	110	FIBRICOR TAB	64	FLOMAX CAP	64
famotidine susp	227	fentanyl citrate lollipop	13	FLORIVA PLUS DROPS	168
famotidine tab	227	fentanyl patch	13	FLUAD INJ	193
FANAPT TAB	99	FENTORA TAB,	13	FLUAD QUAD INJ	233
FANAPT TITRATION PACK	99	FENTANYL BUCCAL TAI	13	FLUBLOK QUAD PF INJ	233
FARESTON TAB	83	ferrex 150 forte cap	174	FLUCELVAX QUAD INJ	233
		FERREX 28 TAB	174	fluconazole susp	60
		FERRIPROX SOLN	56	fluconazole tab	60

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ALPHABETICAL LISTING OF DRUGS

flucytosine cap	59	fluorometholone ophth	205	FLUTICASONE	28
fludrocortisone tab	130	soln		PROPIONATE DISKUS	
FLULALVAL QUAD INJ,	234	fluorouracil cream	138	INHALER 50MCG/ACT	
FLUZONE QUAD INJ		FLUOROURACIL	138	fluticasone propionate oint	143
FLUMADINE TAB	110	CREAM 0.5%		fluticasone/salmeterol	30
FLUMIST	234	FLUOROURACIL SOLN	138	inhaler, wixela inhaler	
QUADRIVALENT NASAL SUSP		fluoxetine cap	44	FLUTICASONE-SALMET	30
FLUOCINOLONE ACET CREAM	142	fluoxetine soln	44	EROL INHALER 113-14	
fluocinolone acetonide cream	142	FLUOXETINE TAB 60MG	44	MCG/ACT	
fluocinolone acetonide oil	142	fluphenazine tab	101	FLUTICASONE-SALMET	30
fluocinolone acetonide oint	142	FLURBIPROFEN OPHTH SOLN	209	EROL INHALER 232-14	
fluocinolone acetonide soln	142	FLURBIPROFEN TAB	9	MCG/ACT	
fluocinolone otic oil	211	flutamide cap	83	FLUTICASONE-SALMET	31
fluocinonide cream 0.05%	142	FLUTICASONE DISKUS	28	EROL INHALER 55-14	
fluocinonide cream 0.1%	142	INHALER		MCG/ACT	
fluocinonide emollient cream	142	FLUTICASONE HFA	28	fluvastatin ER tab	64
fluocinonide gel	142	INHALER		fluvoxamine ER cap	45
fluocinonide oint	142	fluticasone nasal spray	197	fluvoxamine tab	45
fluocinonide soln	143	fluticasone propionate	143	FLUZONE HD PF INJ	234
FLUORIDEX SENSITIVITY PASTE	192	cream		FLUZONE HIGH DOSE	234
		FLUTICASONE	28	PF INJ	
		PROPIONATE DISKUS		FLUZONE/FLUARIX	234
		INHALER 100MCG/ACT		QUAD INJ	
		FLUTICASONE	28	FML FORTE OPHTH	205
		PROPIONATE DISKUS		SUSP	
		INHALER 250MCG/ACT		FML LIQUIFLIM OPHTH	205
				SUSP	
				FML S.O.P. OPHTH OINT	205

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ALPHABETICAL LISTING OF DRUGS

FOCALIN TAB	4	FREESTYLE LIBRE 3	182	gefitinib tab	82
FOCALIN XR CAP	4	READER		gemfibrozil tab	64
FOLBEE PLUS CZ TAB	193	FREESTYLE LIBRE 3	182	GENOTROPIN INJ	155
folbee tab	174	SENSOR		GENTAK OPHTH OINT	202
folic acid tab 1mg	173	FREESTYLE LIBRE	182	gentamicin ophth soln	202
folic acid tab 400mcg	173	RECEIVER		gentamicin sulfate cream	135
folic acid tab 800mcg	173	FREESTYLE LIBRE	182	gentamicin sulfate oint	135
FOLTANX TAB	149	SENSOR (14-DAY)		GENVOYA TAB	104
fondaparinux inj	33	FULPHILA INJ	173	GEODON CAP	99
formoterol fumarate neb	31	FUROSCIX KIT	152	gianvi tab, ocella tab	124
soln		FUROSEMIDE SOLN	152	GILENYA CAP 0.25MG	219
FOSAMAX TAB	154	furosemide tab	152	GILOTRIF TAB	82
fosamprenavir tab	104	FUZEON INJ	104	glatiramer inj	219
foscarnet sodium inj	108			GLEOSTINE/LOMUSTIN E CAP	80
FOSCAVIR INJ	108	G		glimepiride tab	55
fosinopril tab	66	gabapentin cap	36	glipizide ER tab	55
fosinopril/hydrochlorothia zide tab	70	gabapentin soln	36	glipizide tab	55
FOSRENOL CHEW TAB	166	gabapentin tab 600mg	36	glipizide/metformin tab	48
FOSRENOL POWDER	166	gabapentin tab 800mg	36	GLOPERBA SOLN	169
PACK		GABITRIL TAB	41	GLUCAGEN HYPOKIT INJ	50
FOTIVDA CAP	88	galantamine ER cap	216	GLUCAGON (RDNA)	50
FRAGMIN INJ	33	galantamine tab	216	FOR INJ KIT	
FREESTYLE LIBRE 2	182	GALZIN CAP	189	GLUCAGON EMR INJ	50
RECEIVER		GAMASTAN INJ	211	GLUCAGON INJ KIT	50
FREESTYLE LIBRE 2	182	GAMMAGARD INJ	212	GLUCOPHAGE TAB	49
SENSOR		GASTROCROM CONC	163	GLUCOPHAGE XR TAB	49
		gatifloxacin ophth soln	202		
		GAVILYTE-C SOLN	178		
		GAVRETO CAP	88		

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ALPHABETICAL LISTING OF DRUGS

GLUCOTROL TAB	55	HADLIMA INJ	7	HUMIRA INJ 10MG	7
GLUCOTROL XL TAB	55	40MG/0.8ML		HUMIRA INJ 20MG	7
GLYBURID MCR TAB	55	HADLIMA PUSH INJ	7	HUMIRA INJ 40MG	7
glyburide tab	55	HADLIMA PUSH INJ	7	HUMIRA INJ 80MG	7
glyburide/metformin tab	48	40MG/0.8ML		HUMIRA INJ	7
glycopyrrolate oral soln	228	HALCION TAB	176	CROHNS/UC/HIDRADEN	
glycopyrrolate tab	226	halobetasol propionate	143	ITIS STARTER PACK	
GLYGEST PAK	149	cream		HUMIRA INJ PEDIATRIC	7
GLYNASE TAB	55	halobetasol propionate	143	CROHNS STARTER PACK	
GLYSET TAB	48	ointment		HUMIRA INJ PEDIATRIC	7
GOLYTELY SOLN	178	haloperidol lactate conc	100	UC STARTER PACK	
granisetron tab	57	haloperidol tab	100	HUMIRA INJ	8
GRANISOL SOLN	58	HECTOROL CAP	157	PSORIASIS/UVEITIS	
griseofulvin micro tab	59	HEMLIBRA INJ	170	STARTER PACK	
griseofulvin susp	59	HEPLISAV-B INJ	234	HUMIRA PEN INJ 40MG	8
griseofulvin tab	60	HEXALEN CAP	80	HUMULIN MIX INJ	53
GRIS-PEG TAB	60	HIPREX TAB	77	HUMULIN MIX PEN INJ	53
guaifenesin/codeine soln	131	HIZENTRA INJ	212	HUMULIN N INJ	53
GUAIFENESIN/CODEINE	131	HOMATROPINE OPHTH SOLN	200	HUMULIN N PEN INJ	53
SYRUP				HUMULIN R INJ	53
guanfacine ER tab	3	HUMALOG JR	53	HUMULIN R INJ U-500	54
guanfacine IR tab	68	KWIKPEN INJ		HUMULIN R U-500	54
GUANIDINE TAB	78	HUMALOG KWIKPEN	53	KWIKPEN INJ	
GVOKE INJ	50	INJ		HYCAMTIN CAP	80
GVOKE INJ KIT	50	HUMALOG MIX INJ	53	HYCODAN SYRUP	130
GVOKE PFS INJ	51	HUMALOG MIX KWIKPEN INJ	53	HYD POL/CPM SUSP	131
H		HUMALOG PEN INJ	53	hydralazine tab	73
HADLIMA INJ	7			HYDREA CAP	95

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ALPHABETICAL LISTING OF DRUGS

hydrochlorothiazide cap	153	hydroxyurea cap	95	IMBRUVICA TAB	89
hydrochlorothiazide tab	153	hydroxyzine pamoate cap	23	420MG, 560MG	
hydrocodone/acetaminophen soln	16	HYDROXYZINE PAMOATE CAP 100MG	23	IMCIVREE INJ	2
hydrocodone/acetaminophen soln 10-325 mg/15ml	16	hydroxyzine syrup	23	imipramine pamoate cap	47
hydrocodone/acetaminophen tab	16	hydroxyzine tab	23	imipramine tab	47
hydrocodone/acetaminophen tab 2.5-325mg	16	HYFTOR GEL	145	imiquimod cream	145
hydrocodone/chlorpheniramine CR susp	131	hyoscyamine sulfate CR	226	IMITREX INJ	186
hydrocodone/chlorpheniramine/pseudoephedrine liquid	131	tab		IMITREX TAB	186
hydrocodone/homatropine syrup	130	hyoscyamine sulfate elixir	226	IMOVAX INJ	234
hydrocortisone cream	143	hyoscyamine sulfate ODT	227	IMPAVIDO CAP	73
hydrocortisone enema	20	hyoscyamine sulfate SL tab	227	IMURAN TAB	111
hydrocortisone lotion	143	hyoscyamine tab	227	INBRIJA INH POWDER	98
hydrocortisone oint	143	HYPER-SAL NEB SOLN	132	INCRELEX INJ	156
hydrocortisone tab	128	HYQVIA INJ	212	INCRUSE ELLIPTA	26
hydromorphone tab 2mg	13	HYZAAR TAB	71	INHALER	
hydromorphone tab 4mg	14	I		indapamide tab	153
hydromorphone tab 8mg	14	ibandronate tab 150mg	154	INDERAL LA CAP	113
hydroquinone cream	146	ibuprofen susp (Rx ONLY)	9	indomethacin cap	10
hydroxychloroquine tab	77	ibuprofen tab	9	indomethacin CR cap	10
hydroxyprogesterone inj	215	icatibant inj	170	INFANT FORMULA	150
		ICLUSIG TAB	88	LIQUID	
		IDHIFA TAB	88	INFANT FORMULA	150
		ILEVRO OPHTH SUSP	209	POWDER	
		imatinib tab	88	INGREZZA CAP	218
		IMBRUVICA CAP 140MG	88	INGREZZA PACK	218
		IMBRUVICA CAP 70MG	88	40-80MG	
		IMBRUVICA SUSP	89	INLYTA TAB	81
				INQOVI TAB	85

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ALPHABETICAL LISTING OF DRUGS

INSPRA TAB	73	isoniazid tab	79	JYLAMVO SOLN,	81
INSULIN GLARGINE	54	ISOPTO CARBACHOL	201	XATMEP SOLN	
SOLN PEN-INJ		OPHTH SOLN		JYNARQUE PAK	159
INSULIN LISPRO INJ	54	ISOPTO CARPINE	201	JYNARQUE TAB	159
INTELENCE TAB 25MG	104	OPHTH SOLN		K	
INTRON-A INJ	95	ISORDIL TITRADOSE	22	KALYDECO PAK	221
INTUNIV TAB	3	TAB		KALYDECO TAB	221
INVANZ INJ	75	isosorbide dinitrate tab	22	KAPVAY TAB	3
INVEGA TAB	99	isosorbide dinitrate tab	22	KATERZIA SUSP	115
INVIRASE CAP	104	40mg		KEFLEX CAP	122
INVIRASE TAB	104	isosorbide mononitrate ER	22	kelnor tab	124
IOPIDINE OPHTH SOLN	201	tab		KENALOG INJ	128
IPOL INJ	234	isosorbide mononitrate tab	22	KEPPRA SOLN	36
ipratropium nasal spray	197	ISOXSUPRINE TAB	118	KEPPRA TAB	36
ipratropium neb soln	26	itraconazole cap	60	KEPPRA XR TAB	36
irbesartan tab	68	itraconazole soln	60	KESIMPTA INJ	219
irbesartan/hydrochlorothia	71	ivermectin tab	21	ketoconazole cream	136
zide tab				ketoconazole shampoo	136
IRON	174			ketoconazole tab	60
POLYSACCH/THREONIC		J		KETO-DIASTIX TEST	149
ACID/B12/FA CAP		JAKAFI TAB	89	STRIP	
ISENTRESS (HD) TAB	104	JANUMET TAB	48	ketorolac inj 15mg/ml	10
ISENTRESS CHEW TAB	104	JANUMET XR TAB	49	ketorolac inj 30mg/ml	10
ISENTRESS POWDER	105	JANUVIA TAB	51	ketorolac inj 60mg/2ml	10
PACK		JARDIANCE TAB	55	ketorolac ophth soln	209
isibloom tab, enskyce tab,	124	JAYPIRCA TAB	89	ketorolac tab	10
apri tab		jinteli tab	160	KETOSTIX	149
isoniazid syrup	79	JOENJA TAB	189	ketotifen ophth soln	209
		jolessa tab, amethia tab	124		
		JULUCA TAB	105		

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ALPHABETICAL LISTING OF DRUGS

KEVZARA INJ	8	lactulose soln	165	lanthanum carbonate chew tab	166
KINERET INJ	8	LAGEVRIO CAP (EUA)	111	lapatinib ditosylate tab	89
KINRIX INJ, QUADRACEL DTAP-IPV INJ	225	LAGEVRIO CAP 200MG	111	LASIX TAB	152
KINRIX PREF SYRINGE,	226	LAMICTAL CHEW TAB	37	LASTACAFT OPHTH	209
QUADRACEL PREF SYRINGE		LAMICTAL ODT	37	SOLN	
KISQALI PAK	86	LAMICTAL ODT KIT	37	latanoprost ophth soln	210
KISQALI TAB	89	LAMICTAL ODT KIT,	37	LAZANDA NASAL	14
KLARON LOTION	134	LAMICTAL XR KIT		SPRAY	
KLONOPIN TAB	34	LAMICTAL STARTER KIT	37	LEDIPASVIR/SOFOSBUV	109
KLOXXADO NASAL	57	LAMICTAL TAB	37	IR TAB	
SPRAY		LAMICTAL XR TAB	37	leflunomide tab	11
KOSELUGO CAP	89	LAMISIL TAB	60	lenalidomide cap	189
KOSELUGO CAP 10MG	89	lamivudine soln	105	LENVIMA CAP	81
K-PHOS NEUTRAL TAB	187	lamivudine tab	105	LESCOL XL TAB	64
K-PHOS TAB	188	lamivudine tab 100mg	109	letrozole tab	84
KRAZATI TAB	89	lamotrigine chew tab	37	leucovorin tab	95
KRINTAFEL TAB	78	lamotrigine ER tab	37	LEVALBUTEROL	31
K-TAB	188	lamotrigine ODT	37	INHALER, XOPENEX	
		lamotrigine ODT kit	37	HFA INHALER	
		lamotrigine tab	37	levalbuterol neb soln	31
L		LAMPIT TAB	74	LEVAQUIN TAB	162
labetalol tab	112	LANCET DEVICE	182	LEVIBID TAB	227
LAC-HYDRIN CREAM	144	LANCET KIT	182	levetiracetam ER tab	37
LAC-HYDRIN LOTION	144	LANCETS	183	levetiracetam soln	38
lacosamide oral solution	36	LANOXIN TAB	116	levetiracetam tab	38
lacosamide tab	37	lansoprazole cap	228	levobunolol ophth soln	199
LACTIC ACID LOTION	144			levocarnitine soln	157

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ALPHABETICAL LISTING OF DRUGS

levocarnitine tab	157	LINDANE SHAMPOO	147	LOKELMA PAK	190
levofloxacin ophth soln	202	linezolid susp	76	LOMOTIL TAB	56
LEVOFLOXACIN OPHTH	203	linezolid tab	76	LONSURF TAB	86
SOLN 0.5%		LINZESS CAP	165	LOPID TAB	64
levofloxacin soln	162	liothyronine tab	224	lopinavir/ritonavir soln	105
LEVOFLOXACIN SOLN	162	LIPITOR TAB	65	lopinavir/ritonavir tab	105
25MG/ML		LIQUIGEN	198	LOPRESSOR HCT TAB	71
levofloxacin tab	162	lisdexamfetamine	1	LOPRESSOR TAB	113
levonorgestrel tab	126	dimesylate cap		LOPROX CREAM	136
levonorgestrel-ethinyl	124	lisdexamfetamine	1	LOPROX SHAMPOO	136
estradiol-fe tab		dimesylate chew tab		loratadine cap	61
levothyroxine tab	224	lisinopril tab	67	lorazepam conc	24
LEVSIN SL TAB	227	lisinopril/hydrochlorothiaz	71	lorazepam tab	24
LEVSIN TAB	227	ide tab		LORBRENA TAB 100MG	89
LEXAPRO TAB	45	LITHIUM CARBONATE	98	LORBRENA TAB 25MG	90
LEXIVA SUSP	105	CAP		LORTAB	17
lidocaine cream 3%	146	lithium carbonate ER tab	98	LORTAB ELIXIR	17
lidocaine gel	146	lithium carbonate tab	98	losartan tab	68
lidocaine oint	146	LITHOBID TAB	98	losartan/hydrochlorothiazi	71
lidocaine patch	146	LITHOSTAT TAB	169	de tab	
lidocaine patch 5%	146	LIVALO TAB	65	LOTEMAX OPHTH OINT	205
lidocaine soln	146	LIVMARLI SOLN	164	LOTEMAX OPHTH SUSP	205
lidocaine viscous soln	191	LIVTENCITY TAB	108	LOTENSIN HCT TAB	71
lidocaine/hydrocortisone	20	L-METHYLFOLATE TAB	149	LOTENSIN TAB	67
cream		LO LOESTRIN TAB	124	loteprednol etabonate	205
lidocaine/prilocaine cream	146	LODOSYN TAB	95	ophth gel	
LIDODERM PATCH	146	loestrin tab	124	loteprednol ophth susp	205
LIKMEZ SUSP	73	lohist liquid	131	LOTREL CAP	71

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ALPHABETICAL LISTING OF DRUGS

LOTRISONE CREAM	136	MACROBID CAP	77	medroxyprogesterone inj	126
LOTRONEX TAB	165	MACRODANTIN CAP	77	medroxyprogesterone tab	215
lovastatin tab	65	MALARONE TAB	77	mefenamic acid cap	10
LOVAZA CAP	62	malathion lotion	147	mefloquine tab	78
LOVENOX INJ	33	MALE CONDOMS	181	megestrol susp	84
loxapine cap	100	MAPROTILINE TAB	43	megestrol tab	84
lubiprostone cap	163	maraviroc tab	105	MEKINIST SOLN	90
LUMAKRAS TAB	90	MARINOL CAP	59	MEKINIST TAB 0.5MG	90
LUMAKRAS TAB 320MG	90	MARPLAN TAB	44	MEKINIST TAB 2MG	90
LUMIGAN OPHTH SOLN	210	MATULANE CAP	95	MEKTOVI TAB	90
LUMRYZ PACK	215	MAVENCLAD PAK	219	meloxicam tab	10
LUNESTA TAB	176	MAVYRET PAK	109	MELPHALAN TAB	80
LUPKYNIS CAP	190	MAVYRET TAB	109	memantine ER cap	217
LUPRON DEPOT INJ	84	MAXALT MLT TAB	186	memantine sol	217
LUPRON DEPOT-PED	156	MAXALT TAB	186	memantine tab	217
INJ		MAXIDEX OPHTH SOLN	205	MENEST TAB	161
lurasidone hcl tab	99	MAXITROL OPHTH OINT	205	MENTAX CREAM	136
LUVIRA CAP	149	MAXITROL OPHTH	206	MENVEO INJ	230
LYNPARZA TAB	90	SUSP		MEPHYTON TAB	238
LYSODREN TAB	84	MAXZIDE TAB	151	MEPRON SUSP	74
LYSTEDA TAB	175	MAYZENT TAB	219	mercaptopurine tab	81
LYTGOBI THERAPY	90	MAYZENT TAB STARTEI	219	meropenem inj	75
PACK		PACK		mesalamine DR tab	165
LYUMJEV INJ	54	MCT OIL	198	mesalamine enema	165
LYUMJEV KWIKPEN INJ	54	meclizine chew tab	58	mesalamine ER cap	165
LYVISPAH GRANULE	196	meclizine tab	58	mesalamine supp	165
PACKET		MEDROL DOSE PACK	128	MESALAMINE TAB DR	165
M		MEDROL TAB	128	MESNEX TAB	95

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ALPHABETICAL LISTING OF DRUGS

MESTINON TAB	78	methsuximide cap	42	METROCREAM	147
MESTINON TIMESPAN TAB	78	METHYLDOPA TAB	68	METROGEL 1%	147
METANX CAP	149	METHYLDOPA/HYDROC	71	METROGEL VAGINAL GEL	236
METAPROTERENOL SYRUP	31	HLOROTHIAZIDE TAB		METROLOTION	147
metaxalone tab	196	methylergonovine tab	211	metronidazole cream	147
METAXALONE TAB 400MG	196	METHYLIN SOLN	4	metronidazole gel	147
metformin ER tab	50	methylphenidate CD cap	4	metronidazole gel 0.75%	147
metformin soln	50	methylphenidate chew tab	4	metronidazole lotion	147
metformin tab	50	methylphenidate ER cap	4	metronidazole tab	73
methadone conc	14	METHYLPHENIDATE ER TAB	4	metronidazole vaginal gel	236
methadone soln 10mg/5ml	14	methylphenidate soln	4	mexiletine hcl cap	24
METHADONE SOLN 5MG/5ML	14	methylphenidate tab	5	MICARDIS TAB	68
methadone tab	14	methylprednisolone acetate inj	128	MICONAZOLE 3 SUPP 200MG	236
methadone tab 10mg	14	methylprednisolone dose pack	128	MICROZIDE CAP	153
METHADOSE CONC	14	methylprednisolone tab	128	midazolam inj	177
methazolamide tab	151	methylprednisolone sod	128	midodrine tab	238
methenamine hippurate tab	77	succinate inj		mifepristone tab	51
methimazole tab	224	methyltestosterone cap	19	MIFIPREX TAB	159
METHITEST TAB	19	metoclopramide soln	163	MIGLITOL TAB	48
methocarbamol tab	196	metoclopramide tab	163	MINIPRESS CAP	69
methotrexate inj	81	metolazone tab	153	MINOCIN CAP	223
methotrexate tab	81	metoprolol ER tab	113	minocycline cap	223
METHOXSALEN CAP	139	metoprolol tab	113	minoxidil tab	73
methscopolamine tab	227	metoprolol/hydrochlorothiazide tab	71	MIRALAX	179
				MIRAPEX TAB	96

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ALPHABETICAL LISTING OF DRUGS

MIRENA IUD	127	MULTIGEN FOLIC TAB	174	N
mirtazapine ODT	43	MULTIGEN PLUS TAB	174	nabumetone tab
mirtazapine tab	43	MULTIGEN TAB	175	nadolol tab
MIRVASO GEL	147	multivitamin tab	175	nafcillin inj
misoprostol tab	228	MULTIVITAMIN/FLOURI	193	naftifine cream
MOBIC TAB	10	DE CHEW 0.25MG		naftifine gel
modafinil tab	5	MULTIVITAMIN/FLOURI	193	NAFTIN CREAM
mometasone cream	143	DE CHEW 1MG		NAFTIN GEL
mometasone oint	143	MULTIVITAMIN/FLUORI	193	naloxone hcl nasal spray
mometasone soln	143	DE CHEW TAB		naloxone inj
MONODOX CAP	223	multivitamin/minerals tab	193	NALOXONE PREFILLED
montelukast chew tab	26	mupirocin oint	135	INJ
montelukast granule pack	26	MUSE SUPP	117	naltrexone tab
montelukast tab	27	MYAMBUTOL TAB	79	NAMENDA TAB
MORPHINE SULF SOLN	14	MYCOBUTIN CAP	79	NAPROSYN EC TAB
10MG/5ML		mycophenolate DR tab	111	NAPROSYN TAB
morphine sulfate ER tab	15	mycophenolate mofetil	112	naproxen EC tab
MORPHINE SULFATE	15	cap		naproxen tab
SOLN		mycophenolate mofetil	112	NARCAN NASAL SPRAY
morphine sulfate tab	15	susp		NARDIL TAB 15MG
MOTEGRITY TAB	162	mycophenolate mofetil tab	112	NASACORT OTC NASAL
MOTOFEN TAB	56	MYDRIACYL OPHTH	200	SPRAY
MOTRIN SUSP	10	SOLN		NASCOBAL SPRAY
MOUNJARO INJ	52	MYFEMBREE TAB	160	NATACYN OPHTH SUSP
MOVANTIK TAB	166	MYLERAN TAB	80	NATAZIA TAB
moxifloxacin ophth soln	203	MYNATAL-Z TAB	194	nateglinide tab
moxifloxacin tab	162	MYRBETRIQ TAB	230	NATPARA INJ
MULTAQ TAB	25	MYSOLINE TAB	38	NATROBA SUSP

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ALPHABETICAL LISTING OF DRUGS

NAYZILAM SPRAY	34	NERLYNX TAB	91	NICOTROL NASAL	220
nebivolol hcl tab	113	NEUPRO PATCH	96	SPRAY	
NEBUSAL NEB SOLN	132	NEURONTIN CAP	38	nifedipine cap	115
NEFAZODONE TAB	46	NEURONTIN SOLN	38	nifedipine ER tab	115
nefazodone tab 50mg, 250mg	46	NEURONTIN TAB	38	nilutamide tab	84
neomycin tab	5	600MG		nimodipine cap	115
NEOMYCIN/POLYMICIN /GRAMICIDIN OPHTH SOLN	203	NEURONTIN TAB	38	NINLARO CAP	91
neomycin/polymixin/hydro	211	800MG		nitazoxanide tab	75
coritisone otic soln		NEVANAC OPHTH SUSP	209	NITRO-BID OINT	22
neomycin/polymixin/hydro	211	nevirapine ER tab	105	NITRO-DUR PATCH	22
coritisone otic susp		NEVIRAPINE SUSP	105	NITRO-DUR PATCH	22
neomycin/polymyxin/dexa	206	nevirapine tab	105	0.3MG/HR, 0.8MG/HR	
methasone ophth oint		NEXLETOL TAB	62	nitrofurantoin	77
neomycin/polymyxin/dexa	206	NEXLIZET TAB	62	macrocrystals cap	
methasone ophth soln		NEXPLANON IMPLANT	126	nitrofurantoin	77
NEOMYCIN/POLYMYXI	206	NEXTSTELLIS TAB	124	monohydrate cap	
N/HYDROCORTISONE OPHTH SOLN		niacin cap	238	nitroglycerin lingual spray	22
NEONATAL 19 TAB	194	niacin CR tab	238	nitroglycerin patch	22
NEONATAL FE TAB	194	niacin ER tab	66	nitroglycerin SL tab	22
NEOSPORIN OPHTH SOLN	203	niacin tab	238	NITROLINGUAL PUMP	22
NEPHROCAP	193	NIACIN TR TAB	239	SPRAY	
NEPHRON FA TAB	175	niacinamide tab	239	NITROSTAT SL TAB	23
NEPTAZANE TAB	151	nicotine gum	220	NIVESTYM INJ	173
		NICOTINE KIT	220	NIZATIDINE CAP	227
		nicotine lozenge	220	NIZATIDINE SOLN	227
		nicotine patch	220	NIZORAL A-D	136
		NICOTROL INHALER	220	SHAMPOO	
				NIZORAL SHAMPOO	137

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ALPHABETICAL LISTING OF DRUGS

norethindrone ace-ethinyl	124	NUCORT LOTION	143	OFEV CAP	222
estradiol-fe cap		NUCYNTA TAB	15	ofloxacin ophth soln	203
norethindrone	125	NUEDEXTA CAP	220	ofloxacin otic soln	210
acetate/ethinyl estradiol FE		NULYTELY SOLN	178	ofloxacin tab	162
chew tab		NUTRITIONAL	150	olanzapine ODT	100
norethindrone	125	SUPPLEMENT LIQUID		olanzapine tab	101
acetate/ethinyl estradiol		NUTRITIONAL	150	olanzapine/fluoxetine cap	217
tab		SUPPLEMENT POWDER		OLLIZAC POWDER	150
norethindrone tab	127	NUVARING	126	olmesartan tab	68
norethindrone/ethinyl	125	NUVIGIL TAB	5	olmesartan/hydrochlorothi	71
estradiol FE tab		nystatin cream	137	azide tab	
NORLIQVA ORAL SOLN	115	nystatin oint	137	olopatadine ophth soln	209
NORPACE CAP	24	nystatin powder	60	0.1%	
NORPRAMIN TAB	47	nystatin susp	191	olopatadine ophth soln	209
nortrel tab	125	nystatin tab	60	0.2%	
nortriptyline cap	47	nystatin topical powder	137	OLUMIANT TAB	6
nortriptyline oral soln	47	nystatin/triamcinolone	137	OLUX FOAM	143
NORVASC TAB	115	cream		omega-3-acid ethyl esters	62
NORVIR CAP	105	nystatin/triamcinolone oint	137	cap	
NORVIR POWDER PACK	105	NYVEPRIA INJ	173	omeprazole DR cap	228
NORVIR SOLN	105			omeprazole tab	228
NORVIR TAB	105	O		OMNICEF SUSP	123
NOXAFILE PAK	60	OCALIVA TAB	163	OMNIPOD 5 G7 KIT	183
NOXAFILE SUSP	60	octreotide inj	159	INTRO	
NOXAFILE TAB	60	OCTREOTIDE INJ	159	OMNIPOD 5 G7 MIS	183
np thyroid tab	224	100MCG		PODS	
NUBEQA TAB	84	OCUFLOX OPHTH SOLN	203	OMNIPOD 5 INTRO KIT	183
NUCALA INJ	25	ODEFSEY TAB	106	OMNIPOD 5 PACK PODS	183
		ODOMZO CAP	82		

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ALPHABETICAL LISTING OF DRUGS

OMNIPOD DASH INTRO KIT	183	ONFI TAB	35	OTEZLA TAB	11
OMNIPOD DASH PODS	183	OPSUMIT TAB	120	OVACE PLUS CREAM	140
OMNIPOD GO KIT	183	OPVEE NASAL SPRAY	57	OVIDE LOTION	147
OMNIPOD STARTER KIT	183	ORACIT SOLN	167	oxacillin inj	214
OMNITROPE INJ	155	ORAP TAB	220	OXBRYTA TAB FOR	172
ondansetron ODT	58	ORAPRED ODT TAB	129	ORAL SUSP	
ondansetron soln	58	ORAPRED SOLN	129	oxcarbazepine susp	38
ondansetron tab	58	ORENCIA CLICK INJ	11	oxcarbazepine tab	38
ONETOUCH DELICA LANCETS	183	ORENCIA SC INJ	11	oxiconazole nitrate cream	137
ONETOUCH DELICA PLUS LANCETS	183	125MG/ML		OXSORALEN ULTRA	139
ONETOUCH DELICA ULTRASOFT LANCETS	183	ORENCIA SC INJ	11	CAP	
ONETOUCH METER	183	50MG/0.4ML		oxybutynin ER tab	229
ONETOUCH TEST STRIP	149	ORENCIA SC INJ	11	oxybutynin syrup	229
ONETOUCH VERIO FLEX METER	184	87.5MG/0.7ML		oxybutynin tab	229
ONETOUCH VERIO IQ METER	184	ORENITRAM TAB	118	oxycodone soln	15
ONETOUCH VERIO REFLECT METER	184	ORGOVYX TAB	84	oxycodone tab	15
ONETOUCH VERIO TEST STRIP	149	ORIAHNN CAP	160	oxycodone/acetaminophen	17
ONFI SUSP	34	ORILISSA TAB 150MG	155	tab	
		ORILISSA TAB 200MG	155	OXYCODONE/ASPIRIN	17
		ORKAMBI GRANULES	221	TAB	
		PACKET		OXYTROL PATCH (OTC)	229
		ORKAMBI TAB	221	OZEMPIC INJ	51
		ORSERDU TAB	84	P	
		ORSERDU TAB 345MG	84	paliperidone ER tab	99
		oseltamivir cap	110	PALYNZIQ INJ	157
		oseltamivir cap 30mg	110	PAMELOR CAP	47
		oseltamivir susp	110	pantoprazole EC tab	228
		OTEZLA STARTER PACK	11	PARAGARD IUD	126

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ALPHABETICAL LISTING OF DRUGS

paricalcitol cap	157	peg 3350/electrolytes soln	178	PHEBURANE ORAL	157
PARLODEL CAP	96	PEGASYS INJ	109	PELLETS	
PARLODEL TAB	96	PEG-INTRON INJ	109	phenazopyridine tab	169
PARNATE TAB	44	PEMAZYRE TAB	91	PHENELZINE SULFATE	44
paromomycin cap	5	PENBRAYA INJ	231	TAB	
paroxetine ER tab	45	penciclovir cream	140	phenelzine tab	44
paroxetine oral susp	45	penicillamine tab	189	phenobarbital elixir	176
paroxetine tab	45	PENICILLIN G	213	phenobarbital tab	176
PATANOL OPHTH SOLN	209	PROCAINE INJ		phenoxybenzamine cap	67
PAXIL CR TAB	45	PENICILLIN G SODIUM	213	phentermine cap	2
PAXIL ORAL SUSP	45	INJ		phentermine tab	2
PAXIL TAB	45	PENICILLIN VK SOLN	213	phenylephrine ophth soln	200
PAXLOVID TAB	108	penicillin vk tab	213	phenytoin cap	42
150-100MG		PENTACEL INJ	226	phenytoin chew tab	42
PAXLOVID TAB	108	pentamidine neb soln	73	phenytoin susp	42
300-100MG		pentoxifylline ER tab	170	PHEXXI GEL	235
pazopanib tab	91	PEPCID SUSP	227	phlexy-10 tab	199
PCE TAB	180	PEPCID TAB	227	PHOSLO CAP	166
PEAK FLOW METER	185	PERCOCET TAB	17	PHOSLYRA SOLN	166
pediatric multiple	193	PERFOROMIST NEB	31	phospha 250 neutral tab	188
vitamins/fluoride chew tab		SOLN		phytonadione tab	238
pediatric multiple	194	PERIDEX SOLN	191	PICATO GEL	138
vitamins/fluoride soln		permethrin cream	147	PIFELTRO TAB	106
pediatric multiple	193	perphenazine tab	101	pilocarpine ophth soln	201
vitamins/fluoride/iron soln		PERPHENAZINE/	218	pilocarpine tab	192
PEDVAXHIB INJ	230	AMITRIPTYLINE TAB		pimecrolimus cream	145
peg 3350 soln (100 gram Moviprep equiv)	178	pfizerpen g inj	213	PIMOZIDE TAB	220
				pindolol tab	113

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ALPHABETICAL LISTING OF DRUGS

pioglitazone tab	54	posaconazole susp	60	PRAVACHOL TAB	65
piperacillin/tazobactam inj	214	POTABA CAP	239	pravastatin tab	65
PIQRAY TAB	91	POTABA POWDER	239	praziquantel tab	21
pirfenidone cap	222	PACKET		prazosin cap	69
pirfenidone tab 267mg	222	potassium bicarbonate	188	PRECOSE TAB	48
pirfenidone tab 801mg	222	effer tab		PRED FORTE OPHTH	206
piroxicam cap	10	potassium chloride ER cap	188	SUSP	
pitavastatin calcium tab	65	potassium chloride ER tab	188	PRED MILD OPHTH	206
PLAN B TAB	126	potassium chloride micro	188	SOLN	
PLAQUENIL TAB	78	tab		PRED-G OPHTH SOLN	206
PLAVIX TAB 75MG	171	potassium chloride powder	188	prednisolone ODT	129
PLEGRIDY INJ	219	packet		PREDNISOLONE ODT	129
PLEGRIDY PEN INJ	219	potassium chloride soln	188	TAB	
PNEUMOVAX INJ	231	POTASSIUM CHLORIDE	188	PREDNISOLONE OPHTH	206
PODIAPN CAP	150	TAB ER		SUSP	
PODOCON SOLN	145	potassium citrate CR tab	167	PREDNISOLONE	206
PODOFILOX SOLN	145	potassium citrate/citric	167	SODIUM PHOSPHATE	
polyethylene glycol 3350	179	acid powder pack		OPHTH SOLN	
powder		potassium citrate/citric	167	PREDNISOLONE SOLN	129
POLYETHYLENE	214	acid soln		PREDNISONE SOLN	129
GLYCOL 8000		potassium phosphate	188	prednisone tab	129
GRANULES		monobasic tab		PREFEST TAB	160
polymyxin b/trimethoprim	203	PRADAXA CAP	33	pregabalin cap	38
ophth soln		pramipexole tab	97	pregabalin cap 225mg	38
POLYTRIM OPHTH	203	pramoxine/hydrocortisone	20	pregabalin cap 300mg	38
SOLN		cream		pregabalin soln	39
POMALYST CAP	85	PRANDIN TAB	54	PREHEVBRIOPH SUSP	234
posaconazole DR tab	60	prasugrel tab	171	PREMARIN TAB	161

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ALPHABETICAL LISTING OF DRUGS

PREMARIN VAGINAL CREAM	237	PRINIVIL TAB, ZESTRIL TAB	67	proparacaine ophth soln	204
PREMPHASE TAB, PREMPRO TAB	160	PRISTIQ TAB probenecid tab	46	propranolol ER cap	114
PRENATABS RX TAB	194	PROCARDIA CAP	115	propranolol oral soln	114
PRENATAL 19 CHEW TAB	194	prochlorperazine supp	101	20mg/5ml	
PRENATAL 19 TAB	194	prochlorperazine tab	102	PROPRANOLOL SOLN	114
PRENATAL VITAMINS (NON-PREFERRED)	194	PROCTOCORT CREAM	143	propranolol tab	114
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	238	proctosol HC cream	20	PROPRANOLOL/HYDRO	72
PREGESTERONE SUPP		progesterone cap	215	CHLOROTHIAZIDE TAB	
PROGLYCEM SUSP		PROGESTERONE SUPP	237	propylthiouracil tab	224
PROLENSA OPHTH		PROLYCEM SUSP	51	PROSCAR TAB	168
SOLN		PROLENSA OPHTH	209	pro-stat liquid	199
PROMACTA TAB		SOLN		PROTOPIC OINT	145
PROMETHAZINE DM syrup		PROMACTA TAB	173	protriptyline tab	47
PROMETHAZINE supp		PROMETHAZINE	131	PROVERA TAB	215
PROMETHAZINE syrup		PROMETHAZINE	132	PROVIGIL TAB	5
PROMETHAZINE tab		VC/CODEINE SYRUP	62	PROZAC CAP	45
PROMETHAZINE VC syrup		PROMETHAZINE	62	PULMICORT INH SUSP	28
PROMETHAZINE CR tab		VC/CODEINE SYRUP	62	PULMOZYME INH SOLN	221
PYRIMETHAMINE		PROMETHAZINE	132	PURIXAN SUSP	81
PYRIMETHAMINE tab		PROMETHAZINE/icodeine	132	pyrazinamide tab	79
PYRUKYND TAB		syrup	132	pyridostigmine CR tab	78
PYRUKYND TAPER		PROMETHEGAN SUPP	62	pyridostigmine tab	78
PYRUKYND TAPER		PROMETRIUM CAP	215	pyridostigmine soln	78
PACK		propafenone ER cap	25	pyrimethamine tab	78
		propafenone tab	25	PYRUKYND TAB	172
				PYRUKYND TAPER	172
				PACK	

Q

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269

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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ALPHABETICAL LISTING OF DRUGS

QBRELIS SOLN	67	ranolazine tab	21	REVATIO TAB	120
QINLOCK TAB	91	rasagiline tab	97	REVLIMID CAP	189
QSYMIA CAP	2	RAZADYNE ER CAP	217	REYATAZ POWDER	106
QUESTRAN LITE	63	RAZADYNE TAB	217	PACK	
POWDER		REBETOL SOLN	109	REYVOW TAB	186
QUESTRAN POWDER	63	REGLAN TAB	163	REZLIDHIA CAP	91
QUESTRAN POWDER	63	REGRANEX GEL	148	REZUROCK TAB	189
PACK		RELENZA DISKHALER	110	RHEUMATREX TAB	6
quetiapine tab	101	RELYVRIO PAK	198	RHOFADE CREAM	147
quetiapine XR tab	101	REMERON SOLUTAB	43	ribavirin cap	109
QUFLORA PEDIATRIC	194	REMERON TAB	43	RIBAVIRIN TAB	109
CHEW TAB		renaphro cap	193	RIDAURA CAP	8
quinapril tab	67	RENOVA CREAM	135	rifabutin cap	79
QUINAPRIL/HCTZ TAB	72	RENVELA TAB	166	RIFADIN CAP	79
quinapril/hydrochlorothiazide tab	72	repaglinide tab	54	RIFAMATE CAP	79
quinidine gluconate CR tab	24	REPATHA INJ	66	rifampin cap	79
quinidine sulfate tab	24	REPATHA PUSHTRONEX	66	RIFATER TAB	79
		INJ		riluzole tab	198

R

RABAVERT INJ	234	REQUIP TAB	97	RIMANTADINE TAB	110
rabeprazole EC tab	228	SCRIPTOR TAB	106	RINVOQ ER TAB	6
RADICAVA ORS	197	RESTORIL CAP 15MG	177	RIOMET ER SUSP	50
STARTER KIT		RESTORIL CAP 22.5MG	177	RIOMET SOLN	50
RADICAVA ORS SUSP	198	RESTORIL CAP 30MG	177	risedronate DR tab	154
raloxifene tab	156	RESTORIL CAP 7.5MG	177	risedronate tab	154
ramelteon tab	177	RETACRIT INJ	173	RISPERDAL M ODT	99
ramipril cap	67	RETEVMO CAP	91	RISPERDAL SOLN	99
RANEXA TAB	21	RETIN-A CREAM	134	RISPERDAL TAB	99
		REVATIO SUSP	120		

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ALPHABETICAL LISTING OF DRUGS

risperidone microspheres inj	99	rufinamide tab	39	SELZENTRY SOLN	106
RISPERIDONE ODT	100	RUKOBIA ER TAB	106	SELZENTRY TAB	106
risperidone soln	100	RYBELSUS TAB	52	SEMGLEE INJ, INSULIN	54
risperidone tab	100	RYDAPT CAP	92	GLARGINE-YFGN INJ	
RITALIN LA CAP	5	RYTHMOL SR CAP	25	SEMGLEE PEN, INSULIN	54
RITALIN TAB	5	S		GLARGINE-YFGN PEN	
ritonavir tab	106	SALAGEN TAB	192	SEMPREX-D CAP	132
rivastigmine cap	217	SALEX SHAMPOO	145	SEREVENT DISKUS	31
rivastigmine patch	217	salsalate tab	12	INHALER	
rizatriptan ODT	186	SANCUSO PATCH	58	SEROQUEL TAB	101
rizatriptan tab	186	SANDIMMUNE SOLN	112	SEROQUEL XR TAB	101
ROBAXIN TAB	196	100MG/ML		sertraline conc	45
ROBINUL TAB	227	SANTYL OINT	145	sertraline tab	45
ROCALTROL CAP	157	SAPHRIS SL TAB	101	sevelamer powder pak	166
ROCALTROL SOLN	157	sapropterin	157	sevelamer tab	166
roflumilast tab	27	dihydrochloride powder		SFROWASA ENEMA	165
ropinirole ER tab	97	packet		SHINGRIX INJ	235
ropinirole tab	97	sapropterin	158	SIGNIFOR INJ	159
rosuvastatin tab	65	dihydrochloride soluble		sildenafil susp	120
ROTARIX SUSP	234	tab		sildenafil tab	118
ROTATEQ INJ	234	SAVELLA PAK	218	sildenafil tab 20mg	120
ROXICODONE TAB	15	SAVELLA TAB	218	SILVADENE CREAM	140
ROZEREM TAB	177	SAXENDA INJ	2	silver sulfadiazine cream	140
ROZLYTREK CAP	91	scopolamine patch	58	SIMBRINZA OPHTH	201
ROZLYTREK PAK	92	selegiline cap	97	SUSP	
RUBRACA TAB	92	selegiline tab	97	SIMPONI	8
rufinamide susp	39	selenium sulfide lotion	140	AUTO-INJECTOR 100MG	
		selenium sulfide shampoo	140	SIMPONI INJ 100MG	8

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ALPHABETICAL LISTING OF DRUGS

simvastatin tab	65	sodium fluoride cream	192	SOGROYA INJ	156
SINEMET CR TAB	97	sodium fluoride gel	192	solifenacain tab	229
SINEMET TAB	97	sodium fluoride paste	192	SOLU-CORTEF INJ	129
SINGULAIR CHEW TAB	27	sodium fluoride rinse	192	SOLU-CORTEF INJ	129
SINGULAIR GRANULE	27	sodium fluoride soln	187	100MG	
PACK		sodium fluoride tab	187	SOLU-MEDROL INJ	129
SINGULAIR TAB	27	sodium fluoride/potassium	192	SOLU-MEDROL INJ	129
sirolimus soln	190	nitrate paste		2GM	
sirolimus tab	112	SODIUM OXYBATE	216	SOLU-MEDROL PF INJ	130
SIVEXTRO TAB	76	SOLN		SOMA TAB	196
SKELAXIN TAB	196	sodium polystyrene	112	SOMAVERT INJ	155
SKYCLARYS CAP	198	powder		sorafenib tosylate tab	92
SKYRIZI INJ 150MG/ML	139	sodium polystyrene susp	112	sotalol AF tab	114
SKYRIZI INJ 180	165	sodium sulfacetamide	134	sotalol tab	114
MG/1.2ML		lotion		SOTYLIZE SOLN	114
SKYRIZI INJ 360MG/2.4ML	165	sodium	134	5MG/ML	
SKYRIZI INJ 75MG/0.83ML		sulfacetamide/sulfur		SPECTRACEF TAB	123
SKYTROFA INJ	155	cleanser 10-5%		SPIKEVAX INJ	235
SLO-NIACIN TAB	239	sodium	135	SPIKEVAX INJ	235
SLYND TAB	127	sulfacetamide/sulfur		50MCG/0.5ML	
smz/tmp (DS) tab	74	cleanser 9-4.5%		SPINOSAD SUSP	147
smz/tmp susp	74	sodium	135	SPIRIVA RESPIMAT	26
SOD CHLORIDE INJ	189	sulfacetamide/sulfur		INHALER 1.25MCG/ACT	
sodium chloride neb soln	132	emulsion 10-5%		spironolactone susp	152
sodium citrate/citric acid	167	sodium/magnesium/potassi	179	spironolactone tab	152
soln		um soln		spironolactone/hydrochlor	151
		SOFOSBUVIR/VELPATAS	109	othiazide tab	
		VIR TAB		SPORANOX CAP	
					60

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ALPHABETICAL LISTING OF DRUGS

SPORANOX SOLN	61	SULFACETAMIDE/PRED	207	SYNJARDY TAB	49
sprintec 28 tab	125	NISOLONE OPHTH		SYNJARDY XR TAB	49
SPRYCEL TAB	92	SOLN		10-1000MG, 25-1000MG	
SPS SUSP	190	sulfadiazine tab	222	SYNJARDY XR TAB	49
STALEVO TAB	98	SULFAMYLYON CREAM	140	5-1000MG,	
STARLIX TAB	54	sulfasalazine EC tab	165	12.5-1000MG	
stavudine cap	106	sulfasalazine tab	165	SYNTHROID TAB	224
STELARA INJ	139	sulindac tab	10		
STENDRA TAB	118	SUMADAN WASH	135	T	
STIMATE NASAL SOLN	158	9-4.5%		TABLOID TAB	81
STIOLTO INHALER	31	SUMATRIPTAN INJ	186	TABRECTA TAB	92
STIVARGA TAB	92	SUMATRIPTAN INJ	187	tacrolimus cap	112
STRENSIQ INJ	158	6MG/0.5ML		tacrolimus oint	145
STRIBILD TAB	107	sumatriptan tab	187	tadalafil tab	118
STRIVERDI RESPIMAT	31	sunitinib malate cap	92	tadalafil tab (PAH)	120
INHALER		SUNOSI TAB	3	tadalafil tab 2.5mg, 5mg	118
STROMECTOL TAB	21	SUPRAX CAP	123	TADLIQ SUSP	120
SUBOXONE SL FILM	18	SUPRAX CHEW TAB	123	TAFINLAR CAP	92
sucralfate susp	228	SUPRAX SUSP	123	TAFINLAR TAB	92
sucralfate tab	227	SUPRAX SUSP	123	TAGRISSO TAB	82
SUFLAVE SOLN	179	500MG/5ML		TAKHZYRO INJ	171
sulfacetamide sodium	203	SURMONTIL CAP	47	TAKHZYRO INJ	171
ophth soln		SYMAX DUOTAB	227	TALTZ INJ	139
sulfacetamide	207	SYMBYAX CAP	218	TALZENNA CAP 0.25MG	92
sodium/prednisolone		SYMDEKO TAB	221	TALZENNA CAP 0.5MG,	92
ophth soln		SYMPROIC TAB	166	0.75MG, 1MG	
		SYMTUZA TAB	107	TAMIFLU CAP	110
		SYNAREL NASAL SOLN	156	TAMIFLU CAP 30MG	111

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ALPHABETICAL LISTING OF DRUGS

tamoxifen tab	85	temozolamide cap	80	testosterone gel 1.62%	20
tamsulosin cap	168	tenofovir disoproxil fumarate tab	107	2.5gm TESTOSTERONE GEL	20
TAPAZOLE TAB	224	TENORETIC TAB	72	PUMP	20
TASIGNA CAP	92	TENORMIN TAB	113	testosterone gel pump	20
TASMAR TAB	96	TEPMETKO TAB	93	1.62%	
tavaborole soln	137	TERAZOL CREAM	236	testosterone soln	20
TAVALISSE TAB	170	terazosin cap	69	TETANUS/DIPHTHERIA	226
TAVNEOS CAP	170	terbinafine tab	60	TOXOID INJ	
tazarotene cream 0.1%	139	terbutaline sulfate tab	31	tetrabenazine tab	218
TAZORAC CREAM	139	terconazole cream	236	tetracycline cap	223
TAZORAC CREAM 0.05%	139	TERCONAZOLE CREAM	236	TEZSPIRE INJ	26
TAZVERIK TAB	93	0.8%		THALOMID CAP	111
TECHLITE INSULIN SYRINGE	184	terconazole supp	236	THEO-24 CAP	32
TECHLITE PEN NEEDLE	184	teriflunomide tab	219	theophylline ER tab	32
TEGRETOL SUSP	39	TERIPARATIDE INJ	154	theophylline soln	32
TEGRETOL TAB	39	620MCG/2.48ML		THEOPHYLLINE TAB ER	32
TEGRETOL XR TAB	39	TESSALON CAP	130	thioridazine tab	102
TEGSEDI INJ	221	testosterone cypionate inj	19	thiothixene cap	102
TEKTURNA HCT TAB	72	TESTOSTERONE	19	THYROLAR TAB	225
TEKTURNA TAB	72	ENANTHATE INJ		tiagabine tab	41
telmisartan tab	68	200MG/ML		TIAZAC CAP	116
temazepam cap 15mg	177	TESTOSTERONE GEL 1%	19	TIBSOVO TAB	93
temazepam cap 22.5mg	177	25MG		TIGAN CAP	58
temazepam cap 30mg	177	testosterone gel 1% 50mg	19	TIKOSYN CAP	25
temazepam cap 7.5mg	177	testosterone gel 1% pump	19	timolol maleate ophth gel	199
TEMOVATE CREAM	143	testosterone gel 1.62%	19	timolol maleate ophth soln	199
TEMOVATE OINT	143	1.25gm		timolol maleate tab	114

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ALPHABETICAL LISTING OF DRUGS

TIMOPTIC OPHTH SOLN	199	TOLMETIN TAB	10	TRELEGY ELLIPTA	32
TIMOPTIC-XE OPHTH GEL	200	tolterodine SR cap	229	INHALER	
TINDAMAX TAB	73	tolterodine tab	229	TREMFYA INJ	139
tinidazole tab	73	TOPAMAX SPRINKLE CAP	39	tretinoin cap	80
tiopronin tab	169	TOPAMAX TAB	39	tretinoin cream	135
TIROSINT-SOL	225	TOPICORT CREAM	143	tretinoin gel	135
TIVICAY PD TAB	107	TOPICORT OINT	143	triamcinolone acetate inj	130
TIVICAY TAB	107	topiramate sprinkle cap	39	triamcinolone cream	143
tizanidine tab	196	topiramate tab	39	triamcinolone in orabase	192
TOBI PODHALER	5	TOPROL XL TAB	113	paste	
TOBRADEX OPHTH OINT	207	toremifene tab	85	triamcinolone lotion	143
TOBRADEX OPHTH SOLN	207	torsemide tab	152	triamcinolone oint	143
TOBRADEX ST OPHTH SUSP	207	TOVIAZ TAB	229	triamcinolone OTC nasal	197
tobramycin neb soln	5	TRACLEER TAB 32MG	120	spray	
tobramycin ophth soln	203	tramadol ER tab	15	triamterene/hydrochloroth	151
tobramycin/dexamethason e ophth soln	207	TRAMADOL HCL ER TAI	15	iazide cap	
TOBREX OPHTH OINT	203	tramadol tab	15	triamterene/hydrochloroth	151
TOBREX OPHTH SOLN	203	tramadol/acetaminophen	17	iazide tab	
TODAY SPONGE	236	tab		triazolam tab	177
TOFRANIL TAB	47	tranexamic acid tab	175	tricitrates soln	167
TOLAZAMIDE TAB	55	TRANSDERM-SCOP	58	tricon cap	175
TOLBUTAMIDE TAB	55	PATCH		TRICOR TAB	64
tolcapone tab	96	tranylcypromine tab	44	trientine cap	189
		TRAVATAN Z DROPS	210	trifluoperazine tab	102
		travoprost ophth soln	210	TRIFLURIDINE OPHTH SOLN	203
		trazodone tab	46	trihexyphenidyl elixir	97
		TRECATOR TAB	79		

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ALPHABETICAL LISTING OF DRUGS

TRIHEXYPHENIDYL SOLN	97	TRUSOPT OPHTH SOLN	209	UPNEEQ SOLN	209
trihexyphenidyl tab	95	TUKYSA TAB	81	UPTRAVI TAB	121
TRIKAFTA TAB	221	TURALIO CAP	93	URECHOLINE TAB	230
TRIKAFTA THERAPY PACK	222	tussigon tab	130	UROCIT-K TAB	168
tri-legest tab	125	TWIRLA PATCH	125	UROXATRAL TAB	168
TRILEPTAL SUSP	39	TYBLUME TAB	125	URSO FORTE TAB	163
TRILEPTAL TAB	39	TYLENOL/CODEINE TAF	17	ursodiol cap	163
TRI-LUMA CREAM	146	TYMLOS INJ	154	ursodiol tab	163
trimethobenzamide cap	58	TYVASO DPI POWDER	118		
TRIMETHOPRIM TAB	74	TYVASO DPI POWDER	119		
trimipramine cap	48	MAINTENANCE KIT			
TRINTELLIX TAB	46	32-48MCG			
tri-sprintec tab	125	TYVASO DPI POWDER	119	VAGIFEM TAB	237
TRIUMEQ PD TAB	107	TITRATION KIT		valacyclovir tab	110
TRIUMEQ TAB	107	16-32-48MCG		VALCHLOR GEL	138
TRIZIVIR TAB	107	TYVASO DPI POWDER	119	VALCYTE TAB	108
tropicamide ophth soln	200	TITRATION KIT		valganciclovir soln	108
trospium chloride SR cap	230	16-32MCG		valganciclovir tab	108
trospium tab	230	TYVASO INH SOLN 0.6 MG/ML	119	VALIUM TAB 2MG, 10MG	24
TRUEPLUS INSULIN SYRINGE	184	UBRELVY TAB	185	VALIUM TAB 5MG	24
TRUEPLUS PEN NEEDLE	184	UCERIS RECTAL FOAM	21	valproic acid cap	43
TRULANCE TAB	162	UCERIS TAB	130	valproic acid syrup	43
TRULICITY INJ	52	ULORIC TAB	169	valsartan tab	68
TRUMENBA INJ	231	ULTRAM TAB	16	valsartan/hydrochlorothiazi de tab	72
		ULTRAVATE CREAM	144	VALTOCO NASAL SPRAY	35
		ULTRAVATE OINT	144	VALTREX TAB	110
				VANCOCIN CAP	75
				vancomycin cap	75
				VANIQA CREAM	145

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ALPHABETICAL LISTING OF DRUGS

vardenafil ODT	118	VERAPAMIL SR CAP	116	VIREAD TAB 150MG, 200MG, 250MG	107
vardenafil tab	118	360mg		VISTARIL CAP	23
VARENICLINE TAB	220	verapamil SR tab	116	VITAFOL STRIPS	194
varenicline tartrate tab	220	verapamil tab	116	vitamin D cap	238
varenicline tartrate tab	221	VERELAN CAP	116	vitamin D cap 1000unit	238
starter pack		VERELAN PM CAP	116	vitamin D cap 400unit	238
VARIVAX INJ	235	VERELAN PM ER CAP	116	VITAMIN D TAB	238
VARUBI TAB	59	200MG, 300MG		400UNIT	
VASERETIC TAB	72	VERELAN SR CAP	116	VITRAKVI CAP 100MG	93
VASOTEC TAB	67	360mg		VITRAKVI CAP 25MG	93
VAXNEUVANCE INJ	231	VERZENIO TAB	93	VITRAKVI SOLN	93
v-c forte cap	193	VESICARE TAB	230	VIVELLE-DOT PATCH	161
VELIVET PAK	125	VFEND SUSP	61	VIZIMPRO TAB	82
VELPHORO CHEW TAB	167	VFEND TAB	61	VOLTAREN GEL	137
VEMLIDY TAB	109	V-GO INJ KIT	184	VONJO CAP	94
VENCLEXTA STARTER	81	VIBRAMYCIN CAP	223	voriconazole susp	61
PACK		VIBRAMYCIN SUSP	223	voriconazole tab	61
VENCLEXTA TAB	82	VIBRAMYCIN SYRUP	223	VOSEVI TAB	109
VENELEX OINT	148	VICTOZA INJ	53	VOWST CAP	166
venlafaxine ER cap	46	VIDEX SOLN	107	VOXZOGO INJ	158
venlafaxine tab	46	vigabatrin powder pack	41	VP-PNV-DHA CAP	194
VENTAVIS INH SOLN	119	vigabatrin tab	41	VYNDAMAX CAP	121
VENTOLIN HFA	32	vigadronate powder pack	41	VYNDAQEL CAP	121
INHALER		VIGAMOX OPHTH SOLN	204	W	
VERAPAMIL ER CAP,	116	VIJOICE TAB	190	WAKIX TAB	3
VERELAN CAP		VIJOICE TAB 250MG	190	warfarin tab	33
verapamil SR cap	116	viorele tab, kariva tab	125	WEGOVY INJ	2
		VIRACEPT TAB	107		

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

ALPHABETICAL LISTING OF DRUGS

WEGOVY INJ 1.7MG/0.75ML	2	XCOPRI TAB 50MG, 100MG	40	XYZBAC TAB	150
WEGOVY INJ 2.4MG/0.75ML	2	XCOPRI TITRATION PAK 12.5-25MG	40	Z	
WELIREG TAB	85	XCOPRI TITRATION PAK	40	zafemy patch	126
WELLBUTRIN SR TAB	43	150-200MG		zafirlukast tab	27
WELLBUTRIN XL TAB	44	XCOPRI TITRATION PAK	41	zaleplon cap	177
wymzya FE tab	125	50-100MG		ZANAFLEX TAB	196
X		XELJANZ SOLN	6	ZANOSAR INJ	80
XACIATO GEL	235	XELJANZ TAB	6	ZARONTIN CAP	42
XADAGO TAB	97	XELJANZ XR TAB	6	ZARONTIN SOLN	42
XALATAN OPHTH SOLN	210	XEMBIFY INJ	212	ZARXIO INJ	174
XALKORI CAP	94	XENLETA TAB	77	ZAVZPRET NASAL	185
XALKORI SPRINKLE	94	XIFAXAN TAB 200MG	74	SPRAY	
CAP		XIFAXAN TAB 550MG	74	ZEGALOGUE INJ	51
XAQUIL XR TAB	150	XIGDUO XR TAB	49	ZEGERID CAP OTC	229
XARELTO STARTER	33	XIGDUO XR TAB	49	ZEJULA CAP	94
PACK		10-1000MG		ZEJULA TAB	94
XARELTO SUSP	33	XIGDUO XR TAB	49	ZELAPAR ODT	97
XARELTO TAB	33	2.5-1000MG, 5-1000MG		ZELBORAF TAB	94
XCOPRI PAK	40	XIGDUO XR TAB	49	ZEMPLAR CAP	158
100-150MG		5-500MG, 10-500MG,		ZEPBOUND INJ	3
XCOPRI PAK	40	10-1000MG		ZEPOSIA CAP	219
150-200MG		XOPENEX NEB SOLN	32	ZEPOSIA STARTER PACK	220
XCOPRI PAK 50-200MG	40	XOSPATA TAB	94	ZESTORETIC TAB	72
XCOPRI TAB 150MG,	40	XPHOZAH TAB	158	ZETONNA NASAL SPRAY	197
200MG		XPOVIO PAK	85	ZIAC TAB	72
		XTAMPZA ER CAP	16	zidovudine cap	107
				zidovudine syrup	107
				zidovudine tab	107

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

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

ZIMHI SOLN	57	ZYDELIG TAB	94
ziprasidone cap	99	ZYKADIA CAP	94
ZIRGAN OPHTH GEL	204	ZYKADIA TAB	94
ZITHROMAX POWDER	179	ZYLET OPHTH SUSP	207
PACK		ZYLOPRIM TAB	169
ZITHROMAX SUSP	179	ZYMAXID OPHTH SOLN	204
ZITHROMAX TAB	179	ZYPREXA TAB	101
ZOCOR TAB	65	ZYPREXA ZYDIS TAB	101
ZOFRAN ODT	58	ZYRTEC CHILD CHEW	61
ZOFRAN SOLN	58	TAB	
ZOFRAN TAB	58	ZYVOX SUSP	76
ZOKINVY CAP	190	ZYVOX TAB	76
ZOLINZA CAP	94		
zolmitriptan tab	187		
ZOLOFT CONC	45		
ZOLOFT TAB	45		
zolpidem ER tab	177		
zolpidem tab	176		
ZONEGRAN CAP	39		
ZONISADE SUSP	39		
zonisamide cap	40		
ZONTIVITY TAB	171		
ZORYVE CREAM	139		
ZOVIRAX CAP	110		
ZOVIRAX SUSP	110		
ZOVIRAX TAB	110		
ZTALMY SUSP	40		
ZUTRIPRO LIQUID	132		

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