



**L.A. Care**<sup>®</sup>  
*PASC-SEIU*

# L.A. Care Health Plan

## *PASC-SEIU Formulary*



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 All previous versions of the formulary are no longer in effect.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 available health care services, visit our website:  
<http://www.lacare.org/members/welcome-la-care/member-documents/pasc-seiu-plan>

# INTRODUCTION

## Table of Contents

Forward .....	i
How to Use the Formulary.....	ii
Generic and Brand Name Medications .....	ii
How Drugs Are Listed .....	iii
Non-Formulary Medications.....	iii
Benefit Coverage and Limitations.....	iv
How to Find a Pharmacy .....	iv
Description of Coverage.....	v
How Much Will I Pay for My Drugs .....	v
Restrictions on Medication Coverage .....	vi
Medication Request Process.....	vii
General Benefit Exclusions (Not Covered) .....	viii
Pharmacist and Physician Feedback .....	viii
Definitions.....	ix
Categorical List of Prescription Drugs .....	1
Index of Prescription Drugs .....	186

## Foreword

The L.A. Care Health Plan (L.A. Care) PASC-SEIU formulary is a preferred list of covered drugs, approved by the L.A. Care’s 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, and (iii) any changes of utilization management restrictions, including any additions of these restrictions. Updated documents are available online at: [lacare.org/members/getting-care/pharmacy-services](http://lacare.org/members/getting-care/pharmacy-services).

If you have questions about your pharmacy coverage, call the **Member Services** at **1-844-854-7272 (TTY 711)**, available 24 hours a day, 7 days a week.

## How to Use the Formulary

The formulary drug listing begins on Page 11. A prescription drug may be located by looking up the therapeutic category and class of the drug or the brand or generic name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. Drugs available in generic formulations are listed by their generic names and its most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

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

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

## Generic and Brand Name Medications

L.A. Care’s PASC-SEIU Plan covers generic and brand name drugs. However, when available, Food and Drug Administration (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 7.

## How Drugs Are Listed

Drugs are listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

The generic name of the brand name drug is included after the brand name in parenthesis and all ***bold and italicized lowercase*** letters.

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. The description must include an example of a drug available both as a brand name drug and a generic equivalent to illustrate how such a drug is listed.

## Non-Formulary Medications

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

Sometimes, the doctor may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from L.A. Care. 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 7.

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 and/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 the **Member Services** at **1-844-854-7272** (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.

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

## Description of Coverage

L.A. Care will provide medically necessary drugs when prescribed by a licensed participating provider acting within the scope of his or her licensure and included on the L.A. Care drug formulary.

L.A. Care will provide non-formulary medications based on medical necessity. In cases where the formulary drug has a medical contraindication, a non-formulary drug will be provided. Non-formulary drugs need to be requested through a medication request process. If denied after the review, the request can be appealed through the L.A. Care Grievance and Appeals process and will be responded to within 30 days or within three days if necessary because of your medical condition.

Brand name drugs will not be provided as a plan benefit if FDA approved generic equivalents are available (unless such generic equivalents are medically contraindicated). All of the following will be provided, as medically necessary:

- Injectable medication (including insulin)
- Needles and syringes
- Diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, blood glucose monitors including monitors for the visually impaired, and ketone urine testing strips
- FDA-approved birth control pills/drugs and birth control devices on the L.A. Care formulary
- Emergency contraception
- Glucagon
- EpiPens
- Lancets and lancet puncture devices

## How Much I Will Pay for My Drugs

The table below is a summary of your PASC-SEIU Plan covered pharmacy benefits:

COVERED SERVICES	MEMBER PAYS
30-day supply for covered generic drugs	\$5 per prescription
90-day supply of maintenance drugs — generic only	\$5 per prescription
Prescription drugs provided in an inpatient setting	No co-payment
Drugs administered in the doctor's office or in an outpatient facility	No co-payment
FDA-approved contraceptive drugs and devices	No co-payment
Respiratory Devices for the management and treatment of asthma	No co-payment

Note: The annual co-payment maximum amount for the PASC-SEIU program is \$1,000.

The annual copayment maximum is the highest total co-payment amount you are required to pay during one benefit year. All copayments count toward the annual maximum, including prescription drug copayments.

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

Please refer to the formulary listing beginning on Page 11 for details regarding specific agents.

## Medication Request Process

### 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 Pharmacy & Therapeutics (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.

Please see [lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations](https://lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations) for more information on the medication request process. A decision for approval or denial of the exception request or prior authorization can be made within 24 hours for urgent requests or 72 hours for standard requests. 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
- D. Experimental drug products, or any drug product used in an experimental manner
- E. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
- F. Foreign drugs or drugs not approved by the United States FDA

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 FDA.

## 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 Providers 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.

“**Non-formulary 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 PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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

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

1

<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	OL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	



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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ( <i>phentermine hcl-topiramate</i> )	F	PA-QL QL= 1 cap/day
<b>ANTI-OBESITY AGENTS - Drugs to help weight loss</b>		
IMCIVREE INJ 10MG/ML ( <i>setmelanotide acetate</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
SAXENDA INJ 18MG/3ML ( <i>liraglutide (weight management)</i> )	F	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML ( <i>semaglutide (weight management)</i> )	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML ( <i>semaglutide (weight management)</i> )	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML ( <i>semaglutide (weight management)</i> )	F	PA-QL QL= 4 pens/28 days
ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML ( <i>tirzepatide (weight management)</i> )	F	PA-QL QL= 4 inj/28 days (2mL/28days)
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	F	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	F	-

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

2

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

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Last Updated 5/8/2025

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

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METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG ( <i>methylphenidate hcl</i> )	F	-
<i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i>	F	-
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	F	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	F	-
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	F	QL QL= 2 tabs/day
<b>AMINOGLYCOSIDES - Drugs to treat bacterial infections</b>		
<b>AMINOGLYCOSIDES - Drugs to treat infections</b>		
<i>neomycin tab 500MG</i>	F	-
TOBI PODHALER 28MG ( <i>tobramycin</i> )	F	LD-PA Only available through Walgreens 888-347-3416
<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	F	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system</b>		
OLUMIANT TAB 1MG, 2MG, 4MG ( <i>baricitinib</i> )	F	LMSP-PA-QL QL= 1 tab/day

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ST	Step Therapy	VAC	Vaccine Program		

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RINVOQ ER TAB 15MG, 30MG, 45MG <i>(upadacitinib)</i>	F	LMSP-PA-QL QL= 1 tab/day
RINVOQ ORAL SOLN 1MG/ML <i>(upadacitinib)</i>	F	LMSP-PA-QL QL= 12ml/day
XELJANZ SOLN 1MG/ML <i>(tofacitinib citrate)</i>	F	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG <i>(tofacitinib citrate)</i>	F	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG <i>(tofacitinib citrate)</i>	F	LMSP-PA-QL QL= 1 tab/day
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>		
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML 20MG/0.4ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT 20MG/0.2ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT 40MG/0.4ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 2 inj/28 days

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5

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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**L.A. Care PASC-SEIU Homecare Workers Formulary**

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ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT 40MG/0.4ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT 80MG/0.8ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT 80MG/0.8ML (YUFLYMA Equiv) <i>(adalimumab-aaty)</i>	F	LMSP-PA-QL QL= 1 kit/fill; 1 fill/plan year
ADALIMUMAB-ADAZ INJ 40MG/0.4ML, 80MG/0.8ML (HYRIMOZ Equiv) <i>(adalimumab-adaz)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 10/0.1ML 10MG/0.1ML <i>(adalimumab-adaz)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML <i>(adalimumab-adaz)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML 40MG/0.8ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML 20MG/0.4ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (HULIO Equiv) <i>(adalimumab-fkjp)</i>	F	LMSP-PA-QL QL= 2 inj/28 days

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6

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HADLIMA INJ 40MG/0.4ML ( <i>adalimumab-bwwd</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML ( <i>adalimumab-bwwd</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML ( <i>adalimumab-bwwd</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML ( <i>adalimumab-bwwd</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
SIMLANDI INJ (adalimumab-ryvk) 40MG/0.4ML ( <i>adalimumab-ryvk</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
SIMLANDI KIT (adalimumab-ryvk) 20MG/0.2ML, 80MG/0.8ML ( <i>adalimumab-ryvk</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML ( <i>golimumab</i> )	F	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML ( <i>golimumab</i> )	F	LMSP-PA-QL QL=1 inj/28 days
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis</b>		
KINERET INJ 100MG/0.67ML ( <i>anakinra</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis</b>		
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ( <i>sarilumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days

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7

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Last Updated 5/8/2025

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TYENNE INJ 162MG/0.9ML ( <i>tocilizumab-aazg</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation</b>		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	F	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	F	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	F	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	F	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	F	-
<i>etodolac tab 400MG, 500MG</i>	F	-
FLURBIPROFEN TAB 50MG ( <i>flurbiprofen</i> )	F	-
<i>flurbiprofen tab 100MG</i>	F	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	F	-
<i>ibuprofen tab 400MG, 600MG</i>	F	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	F	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	F	-
<i>ketorolac inj 15mg/ml 15MG/ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days
<i>ketorolac inj 30mg/ml 30MG/ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days

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8

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	F	QL QL= 20 tabs/5 days
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	F	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	F	-
<i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv)	F	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	F	-
<i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv)	F	-
<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	F	-
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system</b>		
OTEZLA STARTER PACK ( <i>apremilast</i> )	F	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 20MG, 30MG ( <i>apremilast</i> )	F	LMSP-PA-QL QL= 2 tabs/day
<b>PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system</b>		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	F	-
<b>SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system</b>		
ORENCIA CLICK INJ 125MG/ML ( <i>abatacept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML ( <i>abatacept</i> )	F	LMSP-PA-QL QL= 4 inj/28 days

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML <i>(abatacept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML <i>(abatacept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		
ENBREL INJ 25MG 25MG <i>(etanercept)</i>	F	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML <i>(etanercept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML <i>(etanercept)</i>	F	MSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML <i>(etanercept)</i>	F	LMSP-PA-QL QL= 4 inj/28 days
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>SALICYLATES - Drugs to treat pain</b>		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for female members only
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for female members only
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	F	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		

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CODEINE SULFATE TAB 15MG 15MG ( <i>codeine sulfate</i> )	F	QL QL= 240 tabs/30 days
<i>codeine sulfate tab 15mg, 30mg 30MG</i>	F	QL QL=240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG ( <i>codeine sulfate</i> )	F	QL QL= 180 tabs/30 days
<i>codeine sulfate tab 60mg</i>	F	QL QL= 180 tabs/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	F	QL-ST QL= 10 patches/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	F	QL QL=240 tabs/30 days
<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	F	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	F	QL QL=120 tabs/30 days
<i>methadone conc 10MG/ML</i>	F	QL-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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<i>methadone soln 10mg/5ml 10MG/5ML</i>	F	QL-ST QL= 600ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone soln 5mg/5ml 5MG/5ML</i>	F	QL-ST QL= 1200ml/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	F	QL-ST QL= 120 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>methadone tablet 10mg 10MG</i> (DOLOPHINE Equiv)	F	QL QL=240/30 days
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	F	QL-ST QL= 90 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
<i>morphine sulfate oral soln 10mg/5ml 10MG/5ML</i> (MORPHINE SULFATE Equiv)	F	QL QL= 120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 20MG/5ML, 20MG/ML</i>	F	QL QL=120ml/30 days
MORPHINE SULFATE SOLN 20MG/5ML 20MG/5ML ( <i>morphine sulfate</i> )	F	QL QL= 120ml/30 days

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<i>morphine sulfate tab 15MG, 30MG</i>	F	QL QL=180 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	F	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	F	QL QL= 120 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	F	QL QL=240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	F	PA-QL QL= 120 caps/30 days
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	F	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML, 30MG/12.5ML-300MG/12.5ML ( <i>acetaminophen w/ codeine</i> )	F	-
<i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv)	F	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	F	QL QL=120 tabs/30 days

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<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv)	F	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG ( <i>oxycodone-aspirin</i> )	F	QL QL= 120 tabs/30 days
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	F	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE SL FILM Equiv)	F	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	F	-
<i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv)	F	QL QL= 1 bottle/fill, 2 fills/30 days
<b>ANDROGENS-ANABOLIC - Drugs to regulate male hormones</b>		
<b>ANDROGENS - Drugs to treat low testosterone level</b>		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ( <i>testosterone</i> )	F	PA-QL QL= 1 patch/day
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	F	-
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	F	-
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML ( <i>testosterone enanthate</i> )	F	QL QL= 5ml/fill

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TESTOSTERONE GEL 1% 25MG (ANDROGEL Equiv) ( <i>testosterone</i> )	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (VOGELXO GEL, ANDROGEL Equiv)	F	PA-QL QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP 1% 1% ( <i>testosterone</i> )	F	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	F	PA-QL QL= 2 bottles/30 days
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	F	-
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	F	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	F	-
<b>ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1% ( <i>hydrocortisone acetate w/ pramoxine</i> )	F	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
HYDROCORTISONE CREAM 1% ( <i>hydrocortisone (rectal)</i> )	F	-
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
BENZNIDAZOLE TAB 100MG, 12.5MG ( <i>benznidazole</i> )	F	RS Restricted to Infectious Disease Specialist
EMVERM TAB 100MG ( <i>mebendazole</i> )	F	PA
<i>ivermectin tab 3MG</i> (STROMECTOL Equiv)	F	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	F	-
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		
<b>ANTIANGINALS-OTHER - Drugs to treat chest pain</b>		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	F	-
<b>NITRATES - Drugs to treat chest pain</b>		
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	F	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	F	-
<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	F	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	F	-
<b>ANTI-ANXIETY AGENTS - Drugs to treat anxiety</b>		
<b>ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs</b>		
<i>buspirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	F	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	F	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	F	-
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	F	-
<b>BENZODIAZEPINES - Drugs to treat anxiety</b>		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	F	QL QL= 5 tabs/day
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	F	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	F	QL QL= 180ml/30 days
<i>diazepam oral soln 5mg/5ml 5MG/5ML</i> (DIAZEPAM Equiv)	F	QL QL= 180ml/30 days
<i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv)	F	QL QL= 4 tabs/day

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>diazepam tab 5mg 5MG</i> (VALIUM Equiv)	F	QL QL= 3 tabs/day
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	F	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	F	-
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		
<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	F	-
<i>quinidine gluconate CR tab</i>	F	-
<i>quinidine sulfate tab 200MG, 300MG</i>	F	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	F	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	F	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	F	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	F	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	F	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	F	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	F	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 100MG/ML, 40MG/0.4ML ( <i>mepolizumab</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML ( <i>tezepelumab-ekko</i> )	F	LMSP-PA-QL QL= 1 pen/28 days
<b>ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD</b>		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	F	-
<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT ( <i>ipratropium bromide hfa</i> )	F	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ( <i>umeclidinium bromide</i> )	F	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	F	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
<b>LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD</b>		
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	F	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	F	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	F	-
<b>PHOSPHODIESTERASE 3 &amp; 4 (PDE3 &amp; PDE4) INHIBITORS ***</b>		
OHTUVAYRE SUSP 3MG/2.5ML ( <i>ensifentrine</i> )	F	LD-PA-QL QL= 60 ampules/30 days; Only available through CVS Specialty 800-238-7828 or AcariaHealth 800-511-5144
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD</b>		
<i>roflumilast tab 250MCG, 500MCG</i>	F	-
<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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ALVESCO INHALER 160MCG/ACT, 80MCG/ACT ( <i>ciclesonide</i> )	F	-
ARNUIITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	F	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	F	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT ( <i>beclomethasone dipropionate hfa</i> )	F	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ( <i>fluticasone-salmeterol</i> )	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	F	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	F	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML ( <i>albuterol sulfate</i> )	F	-
<i>albuterol sulfate syrup 2MG/5ML, 8MG/20ML</i>	F	-
<i>albuterol sulfate tab 2MG, 4MG</i>	F	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv)	F	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT ( <i>umeclidinium-vilanterol</i> )	F	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	F	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	F	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ( <i>budesonide-glycopyrrolate-formoterol fumarate</i> )	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>budesonide/formoterol inhaler</i> 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)	F	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ( <i>ipratropium-albuterol</i> )	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	F	-
<i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)	F	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT ( <i>fluticasone-salmeterol</i> )	F	-
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT ( <i>fluticasone-salmeterol</i> )	F	-
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT ( <i>fluticasone-salmeterol</i> )	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	F	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ( <i>olodaterol hcl</i> )	F	QL QL= 1 inhaler/30 days
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	F	-
TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH ( <i>fluticasone-umeclidinium-vilanterol</i> )	F	-
VENTOLIN HFA INHALER 108MCG/ACT ( <i>albuterol sulfate</i> )	F	QL QL= 2 inhalers/30 days
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
ELIXOPHYLLIN ELIXIR ( <i>theophylline</i> )	F	-
<i>theophylline er tab</i> (UNIPHYL Equiv)	F	-
<i>theophylline soln 80MG/15ML</i>	F	-
THEOPHYLLINE TAB ER 100MG, 200MG ( <i>theophylline</i> )	F	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	F	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG ( <i>apixaban</i> )	F	-
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	F	-
XARELTO SUSP 1MG/ML ( <i>rivaroxaban</i> )	F	-
XARELTO TAB 10MG, 15MG, 20MG ( <i>rivaroxaban</i> )	F	-
XARELTO TAB 2.5MG ( <i>rivaroxaban</i> )	F	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	F	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	F	PA
<b>ANTICONSULSANTS - Drugs to treat seizures</b>		
<b>ANTICONSULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam susp 10MG/4ML, 2.5MG/ML</i> (ONFI Equiv)	F	PA Prior Authorization required for members age 9 years and older
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	F	PA
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	F	-
DIASAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	F	QL QL= 4 doses/fill
DIAZEPAM GEL 2.5MG ( <i>diazepam (anticonvulsant)</i> )	F	QL QL= 4 doses/fill

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>diazepam rectal gel 10MG, 20MG</i>	F	QL QL= 4 doses/fill
<b>ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs</b>		
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	F	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	F	-
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	F	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	F	-
DIACOMIT CAP 250MG, 500MG ( <i>stiripentol</i> )	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG ( <i>stiripentol</i> )	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML ( <i>cannabidiol</i> )	F	LD-PA Only available through Lumicera 855-847-3553
FINTEPLA SOLN 2.2MG/ML ( <i>fenfluramine hcl</i> ( <i>anticonvulsant</i> ))	F	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	F	QL QL= 9 caps/day
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	F	QL QL= 72 mls/day
<i>gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv)	F	QL QL= 6 tabs/day
<i>gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv)	F	QL QL= 4.5 tabs/day
<i>lacosamide oral solution 100MG/10ML, 10MG/ML, 50MG/5ML</i> (VIMPAT Equiv)	F	-
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	F	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	F	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	F	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	F	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	F	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	F	-
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	F	-

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<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	F	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i> (LYRICA Equiv)	F	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	F	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	F	QL QL= 2 caps/day
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	F	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	F	-
<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	F	PA
<i>rufinamide tab 200MG, 400MG</i> (BANZEL TAB Equiv)	F	PA
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	F	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	F	-
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	F	-
ZTALMY SUSP 50MG/ML ( <i>ganaxolone</i> )	F	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
<b>CARBAMATES - Drugs to treat seizures</b>		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	F	-

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Last Updated 5/8/2025

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<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	F	-
XCOPRI PAK 100-150MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ( <i>cenobamate</i> )	F	QL QL= 2 tabs/day
XCOPRI TAB 25MG 25MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ( <i>cenobamate</i> )	F	QL QL= 1 tab/day
<b>GABA MODULATORS - Drugs to treat seizures</b>		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	F	-

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<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<i>vigadrone powder pack 500MG</i>	F	LD-PA Only available through PantheRx 855-726-8479
<b>HYDANTOINS - Drugs to treat seizures</b>		
DILANTIN CAP 30MG 30MG ( <i>phenytoin sodium extended</i> )	F	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	F	-
<b>SUCCINIMIDES - Drugs to treat seizures</b>		
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	F	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	F	-
<i>methsuximide cap 300MG</i> (CELONTIN Equiv)	F	-
<b>VALPROIC ACID - Drugs to treat seizures</b>		
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	F	-

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<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	F	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	F	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	F	-
<i>valproic acid syrup 250MG/5ML, 500MG/10ML</i> (DEPAKENE Equiv)	F	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	F	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	F	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	F	-
MAPROTILINE TAB 25MG, 50MG, 75MG ( <i>maprotiline hcl</i> )	F	-
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID- Drugs to treat depression</b>		

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Last Updated 5/8/2025

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ZURZUVAE CAP 20MG, 25MG 20MG, 25MG ( <i>zuranolone</i> )	F	LD-PA-QL QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
ZURZUVAE CAP 30MG 30MG ( <i>zuranolone</i> )	F	LD-PA-QL QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		
MARPLAN TAB 10MG ( <i>isocarboxazid</i> )	F	-
PHENELZINE SULFATE TAB 15MG ( <i>phenelzine sulfate</i> )	F	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	F	-
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	F	-
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression</b>		
<i>citalopram soln 10MG/5ML, 20MG/10ML</i> (CELEXA Equiv)	F	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	F	-
<i>escitalopram soln 10MG/10ML, 5MG/5ML</i> (LEXAPRO Equiv)	F	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	F	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	F	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	F	-

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<i>fluoxetine tab 60mg 60MG</i>	F	-
<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	F	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	F	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	F	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	F	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	F	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	F	-
<b>SEROTONIN MODULATORS - Drugs to treat depression</b>		
<i>nefazodone tab 50mg, 250mg</i>	F	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	F	-
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression</b>		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	F	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	F	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	F	-

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<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	F	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<i>amitriptyline tab</i> (ELAVIL Equiv)	F	-
<i>amoxapine tab 100MG, 150MG, 25MG, 50MG</i> (AMOXAPINE Equiv)	F	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	F	-
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	F	-
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	F	-
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	F	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	F	-
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	F	-
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	F	-
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB <i>12.5MG-45MG (alogliptin-pioglitazone)</i>	F	QL QL= 1 tab/day

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ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ( <i>alogliptin-metformin hcl</i> )	F	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG ( <i>alogliptin-pioglitazone</i> )	F	QL QL= 1 tab/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-30MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ( <i>alogliptin-pioglitazone</i> )	F	QL QL= 1 tab/day
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv)	F	-
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	F	-
JANUMET TAB 50MG-1000MG, 50MG-500MG ( <i>sitagliptin phosphate-metformin hcl</i> )	F	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ( <i>sitagliptin phosphate-metformin hcl</i> )	F	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ( <i>empagliflozin-metformin hcl</i> )	F	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ( <i>empagliflozin-metformin hcl</i> )	F	QL QL= 1 tab/day

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SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ( <i>empagliflozin-metformin hcl</i> )	F	QL QL= 2 tabs/day
XIGDUO XR TAB 5MG-1000MG ( <i>dapagliflozin propanediol-metformin hcl</i> )	F	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG ( <i>dapagliflozin propanediol-metformin hcl</i> )	F	QL QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG ( <i>dapagliflozin propanediol-metformin hcl</i> )	F	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG ( <i>dapagliflozin-metformin hcl</i> )	F	QL QL= 1 tab/day
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	F	-
<i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	F	-
<b>DIABETIC OTHER - Drugs to regulate blood sugar</b>		
BAQSIMI NASAL POWDER 3MG/DOSE ( <i>glucagon</i> )	F	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG ( <i>glucagon hcl (rdna)</i> )	F	QL QL= 2 inj/fill
<i>glucagon (rdna) for inj kit 1MG</i>	F	QL QL= 2 inj/fill

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GLUCAGON EMR INJ 1MG/ML ( <i>glucagon hcl</i> )	F	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG ( <i>glucagon rdna</i> )	F	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML, 1MG/0.2ML ( <i>glucagon</i> )	F	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML ( <i>glucagon</i> )	F	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML ( <i>glucagon</i> )	F	QL QL= 2 inj/fill
<i>mifepristone tab 300MG</i> (KORLYM Equiv)	F	LMSP-PA-QL QL= 4 tabs/day
ZEGALOGUE INJ .6MG/0.6ML ( <i>dasiglucagon hcl</i> )	F	QL QL= 2 inj/fill
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ( <i>alogliptin benzoate</i> )	F	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ( <i>sitagliptin phosphate</i> )	F	QL QL= 1 tab/day
<b>INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar</b>		
<i>liraglutide soln pen-injector 18MG/3ML, 6MG/ML</i> (VICTOZA Equiv)	F	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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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> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML ( <i>semaglutide</i> )	F	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML ( <i>dulaglutide</i> )	F	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ( <i>exenatide</i> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ ( <i>exenatide</i> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ ( <i>exenatide</i> )	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML ( <i>semaglutide</i> )	F	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	F	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>INSULIN - Drugs to regulate blood sugar</b>		
HUMALOG JR KWIKPEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	F	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro</i> )	F	-
HUMALOG MIX INJ ( <i>insulin lispro protamine &amp; lispro (human)</i> )	F	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 25UNIT/ML-75UNIT/ML ( <i>insulin lispro protamine &amp; lispro</i> )	F	-
HUMALOG PEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	F	-
HUMALOG TEMPO PEN 100UNIT/ML ( <i>insulin lispro</i> )	F	-
HUMULIN MIX INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	F	OTC
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	F	OTC
HUMULIN N INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	F	OTC
HUMULIN N PEN INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	F	OTC
HUMULIN R INJ 100UNIT/ML ( <i>insulin regular (human)</i> )	F	OTC

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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HUMULIN R INJ U-500 500UNIT/ML ( <i>insulin regular (human)</i> )	F	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ( <i>insulin regular (human)</i> )	F	-
INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) ( <i>insulin lispro</i> )	F	-
INSULIN LISPRO JR KWIKPEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	F	-
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML ( <i>insulin lispro</i> )	F	-
LYUMJEV INJ 100UNIT/ML ( <i>insulin lispro-aabc</i> )	F	-
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro-aabc</i> )	F	-
LYUMJEV TEMPO PEN 100UNIT/ML ( <i>insulin lispro-aabc</i> )	F	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML ( <i>insulin glargine-yfgn</i> )	F	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML ( <i>insulin glargine-yfgn</i> )	F	-
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS TAB Equiv)	F	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	F	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		
FARXIGA TAB 10MG, 5MG ( <i>dapagliflozin propanediol</i> )	F	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG ( <i>empagliflozin</i> )	F	QL QL= 1 tab/day
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	F	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	F	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	F	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG ( <i>glyburide micronized</i> )	F	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	F	-
TOLAZAMIDE TAB ( <i>tolazamide</i> )	F	-
TOLBUTAMIDE TAB 500MG ( <i>tolbutamide</i> )	F	-
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ( <i>diphenoxylate w/ atropine</i> )	F	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	F	-
<b>ANTIDOTES - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
CHEMET CAP 100MG ( <i>succimer</i> )	F	-
FERRIPROX SOLN 100MG/ML ( <i>deferiprone</i> )	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
<i>naltrexone tab 50MG</i> (REVIA Equiv)	F	-
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv)	F	LMSP
<i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
KLOXXADO NASAL SPRAY 8MG/0.1ML ( <i>naloxone hcl</i> )	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	F	OTC
NALOXONE HCL SOLN 0.4MG/ML .4MG/ML ( <i>naloxone hcl</i> )	\$0	-
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	F	-
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> )	F	OTC
OPVEE NASAL SPRAY ( <i>nalmefene hcl</i> )	F	-
RIVIVE, REXTOVY SPRAY 3MG/0.1ML, 4MG/0.25MI ( <i>naloxone hcl</i> )	F	OTC
ZIMHI SOLN 5MG/0.5ML ( <i>naloxone hcl</i> )	F	-
<b>ANTIEMETICS - Drugs to treat nausea and vomiting</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	F	QL QL= 9 tabs/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	F	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	F	-
<i>ondansetron tab 4MG, 8MG</i> (ZOFTRAN Equiv)	F	-
<b>ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting</b>		
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	F	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	F	OTC

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	F	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	F	-
<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
AKYNZEO CAP .5MG-300MG ( <i>netupitant-palonosetron</i> )	F	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	F	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<i>aprepitant cap 125MG, 40MG, 80MG</i> (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<i>aprepitant pak</i> (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG ( <i>rolapitant hcl</i> )	F	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	F	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	F	-

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Last Updated 5/8/2025

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<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	F	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	F	-
<i>nystatin powder</i>	F	-
<i>nystatin tab 500000UNIT</i>	F	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	F	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	F	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	F	-
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	F	-
<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	F	-
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	F	-
<b>ANTIHISTAMINES - Drugs to treat allergies</b>		
<b>ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cetirizine syrup 1MG/ML, 5MG/5ML</i> (ZYRTEC Equiv)	F	OTC
<i>cetirizine tab 10MG, 5MG</i> (ZYRTEC Equiv)	F	OTC
<i>loratadine chew tab 5MG</i> (CLARITIN Equiv)	F	OTC
<i>loratadine ODT 10MG, 5MG</i> (CLARITIN Equiv)	F	OTC
<i>loratadine syrup 5MG/5ML</i> (CLARITIN Equiv)	F	OTC
<i>loratadine tab 10MG</i> (CLARITIN Equiv)	F	OTC
<b>ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp 12.5MG, 25MG</i> (PHENERGAN Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>promethazine syrup 12.5MG/10ML, 6.25MG/5ML</i>	F	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	F	-
PROMETHEGAN SUPP 50MG ( <i>promethazine hcl</i> )	F	-
<b>ANTI-HISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cyproheptadine syrup 2MG/5ML</i>	F	-
<i>cyproheptadine tab 4MG</i>	F	-
<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol</b>		
NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol</b>		
NEXLIZET TAB 10MG-180MG ( <i>bempedoic acid-ezetimibe</i> )	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol</b>		
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	F	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	F	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	F	-
<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	F	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	F	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	F	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	F	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	F	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	F	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	F	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	F	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		
<i>atorvastatin tab 10MG, 20MG, 40MG, 80MG</i> (LIPITOR Equiv)	\$0	-
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<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
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	F	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	F	-
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		
REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	F	QL-ST QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	F	QL-ST QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		

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Last Updated 5/8/2025

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<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>benazepril tab 10MG, 20MG, 40MG, 5MG</i> (LOTENSIN Equiv)	F	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	F	-
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	F	-
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	F	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	F	-
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	F	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	F	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	F	LMSP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	F	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	F	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	F	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	F	-

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	F	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	F	-
<i>clonidine tab</i> (CATAPRES Equiv)	F	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	F	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	F	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	F	-
<i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv)	F	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	F	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	F	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	F	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	F	-

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**Last Updated 5/8/2025**

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<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)</i>	F	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)</i>	F	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)</i>	F	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)</i>	F	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG (MONOPRIL HCT Equiv)</i>	F	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)</i>	F	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)</i>	F	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)</i>	F	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG (LOPRESSOR HCT Equiv)</i>	F	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)</i>	F	-

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ST Step Therapy	VAC Vaccine Program	

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	F	-
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure</b>		
<i>eplerenone tab 25MG, 50MG</i> (INSPRA Equiv)	F	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	F	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	F	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
IMPAVIDO CAP 50MG ( <i>miltefosine</i> )	F	PA
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	F	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	F	LMSP
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	F	-
TRIMETHOPRIM TAB 100MG (PROLOPRIM Equiv) ( <i>trimethoprim</i> )	F	-
<i>trimethoprim tab</i> (PROLOPRIM Equiv)	F	-
XIFAXAN TAB 550MG 550MG ( <i>rifaximin</i> )	F	QL QL= 60 tabs/30 days
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>smz/tmp susp 160MG/20ML-800MG/20ML, 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	F	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	F	-
LAMPIT TAB 120MG, 30MG ( <i>nifurtimox</i> )	F	RS Restricted to Infectious Disease Specialist
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	F	PA-QL QL= 6 tabs/3 days
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	F	QL QL= 56 caps/fill
<b>LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)</b>		
<i>dapsone tab 100MG, 25MG</i>	F	-
<b>LINCOSAMIDES - Drugs to treat bacterial infections</b>		
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	F	-
<b>MONOBACTAMS - Drugs to treat bacterial infections</b>		
CAYSTON INH SOLN 75MG ( <i>aztreonam lysine</i> )	F	LD-RS Restricted to Infectious Disease or Pulmonology Specialist; Only available through CVS Specialty 800-238-7828
<b>OXAZOLIDINONES - Drugs to treat bacterial infections</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

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<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ( <i>tedizolid phosphate</i> )	F	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ( <i>tedizolid phosphate</i> )	F	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
<b>PLEUROMUTILINS - Drugs to treat infections</b>		
XENLETA TAB 600MG ( <i>lefamulin acetate</i> )	F	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	F	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	F	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	F	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	F	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<i>chloroquine tab</i> (ARALEN Equiv)	F	-
<i>hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG</i> (PLAQUENIL Equiv)	F	-
KRINTAFEL TAB 150MG ( <i>tafenoquine succinate</i> )	F	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	F	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	F	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	F	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
FIRDAPSE TAB 10MG ( <i>amifampridine phosphate</i> )	F	LD-PA Only available through AnovoRx 844-288-5007
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	F	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	F	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		
RIFAMATE CAP ( <i>isoniazid &amp; rifampin</i> )	F	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

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<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	F	-
<i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv)	F	-
<i>isoniazid tab 100MG, 300MG</i>	F	-
PRETOMANID TAB 200MG ( <i>pretomanid</i> )	F	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	F	-
<i>pyrazinamide tab 500MG</i>	F	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	F	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	F	-
<b>ANTINEOPLASTICS - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
HEXALEN CAP ( <i>altretamine</i> )	F	LMSP
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	F	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	F	-
TABLOID TAB 40MG ( <i>thioguanine</i> )	F	-
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	F	LMSP-PA-SF
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

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ACTIMMUNE INJ 100MCG/0.5ML ( <i>interferon gamma-1b</i> )	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	F	-
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	F	-
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	F	LMSP
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	F	-
<b>TOPOISOMERASE I INHIBITORS - Drugs to treat cancer</b>		
HYCANTIN CAP .25MG, 1MG ( <i>topotecan hcl</i> )	F	LMSP-PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
<i>cyclophosphamide cap 25MG, 50MG</i>	F	-
CYCLOPHOSPHAMIDE TAB 25MG, 50MG ( <i>cyclophosphamide</i> )	F	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG ( <i>lomustine</i> )	F	-
MELPHALAN TAB 2MG ( <i>melphalan</i> )	F	LMSP
MYLERAN TAB 2MG ( <i>busulfan</i> )	F	LMSP
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	F	LMSP
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	F	LMSP

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<i>methotrexate inj 1GM</i>	F	-
METHOTREXATE IV SOLN 1000MG/40ML 1000MG/40ML ( <i>methotrexate</i> )	F	-
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer</b>		
FRUZAQLA CAP 1MG 1MG ( <i>fruquintinib</i> )	F	LD-PA-QL QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG 5MG ( <i>fruquintinib</i> )	F	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
INLYTA TAB 5MG ( <i>axitinib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through CVS Specialty 800-238-7828
INLYTA TAB 1MG 1MG ( <i>axitinib</i> )	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through CVS Specialty 800-238-7828
LENVIMA CAP 10MG, 4MG ( <i>lenvatinib mesylate</i> )	F	LD-PA-QL-SF QL= 3 caps/day; Only available through Optum 877-445-6874
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer</b>		
TUKYSA TAB 150MG, 50MG ( <i>tucatinib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer</b>		
VENCLEXTA STARTER PACK ( <i>venetoclax</i> )	F	LD-PA Only available through Optum 877-445-6874
VENCLEXTA TAB 100MG, 10MG, 50MG ( <i>venetoclax</i> )	F	LD-PA Only available through Optum 877-445-6874
<b>ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer</b>		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	F	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
GILOTRIF TAB 20MG, 30MG, 40MG ( <i>afatinib dimaleate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TAGRISSE TAB 40MG, 80MG ( <i>osimertinib mesylate</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
VIZIMPRO TAB 15MG, 30MG, 45MG ( <i>dacomitinib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-238-7828
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer</b>		

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	F	LMSP-PA-QL-SF QL= 1 cap/day
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	F	LMSP-PA-QL-SF QL= 1 cap/day
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	\$0 copay for female members only age 35 years and older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	F	-
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	F	-
ERLEADA TAB 60MG ( <i>apalutamide</i> )	F	LMSP-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG ( <i>apalutamide</i> )	F	LMSP-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG ( <i>flutamide</i> )	F	-
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	\$0 copay for female members only age 35 years and older; All other members covered at generic copay
FLUTAMIDE CAP 125MG ( <i>flutamide</i> )	F	-
<i>flutamide cap</i>	F	-
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	F	-

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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LYSODREN TAB 500MG ( <i>mitotane</i> )	F	LD Only available through Walgreens 888-347-3416
<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv)	F	-
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	F	-
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	F	LMSP
NUBEQA TAB 300MG ( <i>darolutamide</i> )	F	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG ( <i>relugolix</i> )	F	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 86MG ( <i>elacestrant hydrochloride</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 345MG 345MG ( <i>elacestrant hydrochloride</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	\$0 copay for female members only age 35 years and older; All other members covered at generic copay

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>toremifene tab 60MG</i> (FARESTON Equiv)	F	-
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors</b>		
WELIREG TAB 40MG ( <i>belzutifan</i> )	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<b>ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer</b>		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	F	LD-PA-QL QL= 21 caps/28 days; Only available through CVS Specialty 800-238-7828
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer</b>		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG ( <i>avapritinib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		
XPOVIO PAK 10MG, 20MG, 40MG, 50MG, 60MG ( <i>selinexor</i> )	F	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Onco360 877-662-6633
<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		
INQOVI TAB 35MG-100MG ( <i>decitabine-cedazuridine</i> )	F	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG ( <i>ribociclib succinate-letrozole</i> )	F	LMSP-PA-QL QL= 91 tabs/28 days

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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LONSURF TAB 6.14MG-15MG, 8.19MG-20MG <i>(trifluridine-tipiracil)</i>	F	MSP-PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
ALECENSA CAP 150MG <i>(alectinib hcl)</i>	F	LMSP-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG <i>(brigatinib)</i>	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG <i>(brigatinib)</i>	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
AUGTYRO CAP 40MG <i>(repotrectinib)</i>	F	LMSP-PA-QL-SF QL= 8 caps/day
AUGTYRO CAP 160MG 160MG <i>(repotrectinib)</i>	F	LMSP-PA-QL-SF QL= 2 caps/day
BALVERSA TAB 3MG 3MG <i>(erdafitinib)</i>	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG <i>(erdafitinib)</i>	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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BALVERSA TAB 5MG 5MG ( <i>erdafitinib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF CAP 100MG, 50MG ( <i>bosutinib</i> )	F	MSP-PA
BOSULIF TAB 100MG, 400MG, 500MG ( <i>bosutinib</i> )	F	LD-PA-SF Only available through CVS Specialty 800-238-7828
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	F	LD-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	F	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> )	F	MSP-PA-QL-SF QL= 1 tab/day
CALQUENCE TAB 100MG ( <i>acalabrutinib maleate</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CAPRELSA TAB 100MG ( <i>vandetanib</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG 300MG ( <i>vandetanib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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COMETRIQ KIT 20MG ( <i>cabozantinib s-malate</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	F	LD-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	F	LMSP-PA-QL QL= 3 tabs/day
<i>dasatinib tab 100MG, 140MG, 20MG, 50MG, 70MG, 80MG</i> (SPRYCEL Equiv)	F	LMSP-PA
<i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv)	F	LMSP-PA-QL QL= 1 tab/day
FOTIVDA CAP .89MG, 1.34MG ( <i>tivozanib hcl</i> )	F	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
GAVRETO CAP 100MG ( <i>pralsetinib</i> )	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
GAVRETO CAP 100MG ( <i>pralsetinib</i> )	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ( <i>ponatinib hcl</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ( <i>enasidenib mesylate</i> )	F	MSP-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP 70MG/ML ( <i>ibrutinib</i> )	F	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG 420MG, 560MG ( <i>ibrutinib</i> )	F	LD-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> )	F	MSP-PA-QL-SF QL= 2 tabs/day
JAYPIRCA TAB 100MG, 50MG ( <i>pirtobrutinib</i> )	F	LMSP-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG ( <i>ribociclib succinate</i> )	F	LMSP-PA-QL QL= 63 tabs/28 days

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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KOSELUGO CAP 25MG ( <i>selumetinib sulfate</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG 10MG ( <i>selumetinib sulfate</i> )	F	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB 200MG ( <i>adagrasib</i> )	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	F	LMSP-PA
LORBRENA TAB 100MG 100MG ( <i>lorlatinib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-238-7828
LORBRENA TAB 25MG 25MG ( <i>lorlatinib</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-238-7828
LUMAKRAS TAB 120MG ( <i>sotorasib</i> )	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 240MG 240MG ( <i>sotorasib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG 320MG ( <i>sotorasib</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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LYNPARZA TAB 100MG, 150MG ( <i>olaparib</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI THERAPY PACK 4MG ( <i>futibatinib</i> )	F	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633
MEKINIST SOLN .05MG/ML ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA
MEKINIST TAB 0.5MG .5MG ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ( <i>trametinib dimethyl sulfoxide</i> )	F	LMSP-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ( <i>binimetinib</i> )	F	MSP-PA-QL QL= 6 tabs/day
NERLYNX TAB 40MG ( <i>neratinib maleate</i> )	F	LD-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> )	F	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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OGSIVEO TAB 100MG, 50MG ( <i>nirogacestat hydrobromide</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OGSIVEO TAB 50MG 150MG ( <i>nirogacestat hydrobromide</i> )	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OJEMDA SUSP 25MG/ML ( <i>tovorafenib</i> )	F	LD-PA-QL-SF QL= 96ml/28 days; Only available through Onco360 877-662-6633
OJEMDA TAB 100MG ( <i>tovorafenib</i> )	F	LD-PA-QL QL= 24 tabs/28 days; Only available through Onco360 877-662-6633
OJJAARA TAB 100MG, 150MG, 200MG ( <i>momelotinib dihydrochloride</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>pazopanib tab 200MG</i> (VOTRIENT Equiv)	F	LMSP-PA-QL QL= 4 tabs/day
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ( <i>pemigatinib</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG ( <i>alpelisib</i> )	F	LMSP-PA-SF

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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QINLOCK TAB 50MG ( <i>ripretinib</i> )	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 80MG ( <i>selpercatinib</i> )	F	LMSP-PA-QL-SF QL= 2 caps/day
RETEVMO CAP 40MG 40MG ( <i>selpercatinib</i> )	F	LMSP-PA-QL-SF QL= 3 caps/day
RETEVMO TAB 120MG, 160MG, 80MG ( <i>selpercatinib</i> )	F	LMSP-PA-QL-SF QL= 2 tabs/day
RETEVMO TAB 40MG 40MG ( <i>selpercatinib</i> )	F	LMSP-PA-QL-SF QL= 3 tabs/day
REZLIDHIA CAP 150MG ( <i>olutasidenib</i> )	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG ( <i>entrectinib</i> )	F	LMSP-PA-QL QL= 3 caps/day
ROZLYTREK PAK 50MG ( <i>entrectinib</i> )	F	LMSP-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG ( <i>rucaparib camsylate</i> )	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG ( <i>midostaurin</i> )	F	LMSP-PA-QL QL= 56 caps/28 days

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SCEMBLIX TAB 20MG, 40MG ( <i>asciminib hcl</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCEMBLIX TAB 100 MG 100MG ( <i>asciminib hcl</i> )	F	LD-PA-QL QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	F	LMSP-PA
STIVARGA TAB 40MG ( <i>regorafenib</i> )	F	MSP-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	F	LMSP-PA-QL QL= 1 cap/day
TABRECTA TAB 150MG, 200MG ( <i>capmatinib hcl</i> )	F	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ( <i>dabrafenib mesylate</i> )	F	LMSP-PA-QL QL= 4 caps/day
TAFINLAR TAB 10MG ( <i>dabrafenib mesylate</i> )	F	LMSP-PA
TALZENNA CAP 0.25MG .25MG ( <i>talazoparib tosylate</i> )	F	LD-PA-QL-SF QL= 3 caps/day; Only available through CVS Specialty 800-238-7828
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG ( <i>talazoparib tosylate</i> )	F	LD-PA-QL-SF QL= 1 cap/day; Only available through CVS Specialty 800-238-7828
TASIGNA CAP 150MG, 200MG, 50MG ( <i>nilotinib hcl</i> )	F	LMSP-PA-SF

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TAZVERIK TAB 200MG ( <i>tazemetostat hbr</i> )	F	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG ( <i>tepotinib hcl</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG ( <i>ivosidenib</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
TRUQAP TAB 160MG, 200MG ( <i>capivasertib</i> )	F	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TRUQAP THERAPY PACK 160MG, 200MG ( <i>capivasertib</i> )	F	LD-PA-QL QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TURALIO CAP 125MG, 200MG ( <i>pexidartinib hcl</i> )	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VANFLYTA TAB 17.7MG ( <i>quizartinib dihydrochloride</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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VANFLYTA TAB 26.5MG 26.5MG ( <i>quizartinib dihydrochloride</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ( <i>abemaciclib</i> )	F	LMSP-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG 25MG ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN 20MG/ML ( <i>larotrectinib sulfate</i> )	F	LD-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG ( <i>pacritinib citrate</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VORANIGO TAB 40MG ( <i>vorasidenib</i> )	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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VORANIGO TAB 10MG 10MG ( <i>vorasidenib</i> )	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	F	LD-PA-QL-SF QL= 2 caps/day; Only available through CVS Specialty 800-238-7828
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG ( <i>crizotinib</i> )	F	MSP-PA-QL-SF QL= 4 caps/day
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG ( <i>niraparib tosylate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ( <i>vemurafenib</i> )	F	LMSP-PA-QL QL= 8 tabs/day
ZYDELIG TAB 100MG, 150MG ( <i>idelalisib</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP ( <i>ceritinib</i> )	F	LMSP-PA-QL-SF QL= 3 caps/day

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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ZYKADIA TAB 150MG ( <i>ceritinib</i> )	F	LMSP-PA-QL-SF QL= 3 tabs/day
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
BESREMI INJ 500MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	F	LD-PA-QL QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	F	LMSP-PA
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS - Drugs to protect against chemotherapy drugs</b>		
IWILFIN TAB 192MG ( <i>eflornithine hydrochloride</i> )	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679
<i>mesna tab 400MG</i> (MESNEX Equiv)	F	LMSP
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
ETOPOSIDE CAP 50MG ( <i>etoposide</i> )	F	LMSP
<b>ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease</b>		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	F	-
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>benztropine tab .5MG, 1MG, 2MG</i>	F	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	F	-
<b>ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease</b>		

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<i>entacapone tab 200MG</i> (COMTAN Equiv)	F	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	F	-
<i>amantadine syrup</i> (SYMMETREL Equiv)	F	-
<i>amantadine tab 100MG</i>	F	-
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	F	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	F	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	F	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	F	-
<i>carbidopa/levodopa tab</i> (SINEMET Equiv)	F	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	F	-
<i>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG</i> (REQUIP XL Equiv)	F	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	F	-
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease</b>		
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	F	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	F	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	F	-
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		

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<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	F	-
TRIHEXYPHENIDYL SOLN .4MG/ML ( <i>trihexyphenidyl hcl</i> )	F	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<i>amantadine soln 50MG/5ML</i> (AMANTADINE Equiv)	F	-
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG ( <i>carbidopa-levodopa</i> )	F	-
<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)	F	-
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
<i>lithium carbonate cap 150MG, 300MG, 600MG</i> (ESKALITH ER Equiv)	F	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	F	-
<i>lithium carbonate tab 300MG</i>	F	-
<i>lithium oral solution 8MEQ/5ML</i> (LITHIUM Equiv)	F	PA Prior Authorization required for members age 9 years and older
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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EQUETRO CAP 100MG, 200MG, 300MG ( <i>carbamazepine (mood)</i> )	F	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG</i> (LATUDA Equiv)	F	-
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	F	-
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	F	-
RISPERIDONE ODT .25MG ( <i>risperidone</i> )	F	-
<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i>	F	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	F	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	F	-
<b>BUTYROPHENONES - Drugs to treat mood disorders</b>		
<i>haloperidol lactate conc 10MG/5ML, 2MG/ML</i> (HALDOL Equiv)	F	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	F	-
<b>DIBENZAPINES - Drugs to treat mood disorders</b>		
<i>asenapine maleate SL tab 10MG, 2.5MG, 5MG</i> (SAPHRIS Equiv)	F	QL QL= 2 tabs/day
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	F	-

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	F	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	F	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	F	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	F	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	F	-
<b>PHENOTHIAZINES - Drugs to treat mood disorders</b>		
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	F	-
<i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv)	F	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	F	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	F	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	F	-
<i>thioridazine hcl tab 100MG, 10MG, 25MG, 50MG</i> (THIORIDAZINE Equiv)	F	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	F	-

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**Last Updated 5/8/2025**

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<b>QUINOLINONE DERIVATIVES - Drugs to treat mood disorders</b>		
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	F	-
<b>THIOXANTHENES - Drugs to treat mood disorders</b>		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	F	-
<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	F	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	F	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	F	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	F	-
<i>APTIVUS CAP 250MG (tipranavir)</i>	F	-
<i>APTIVUS SOLN 100MG/ML (tipranavir)</i>	F	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	F	-
<i>BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG</i> <i>(bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	F	QL QL= 1 tab/ day
<i>CIMDUO TAB 300MG (lamivudine-tenofovir disoproxil fumarate)</i>	F	QL QL= 1 tab/day

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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COMPLERA TAB 25MG-200MG-300MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	F	QL QL= 1 tab/day
CRIXIVAN CAP 400MG ( <i>indinavir sulfate</i> )	F	MSP
<i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv)	F	-
DELSTRIGO TAB 100MG-300MG ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	F	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)	F	-
DOVATO TAB 50MG-300MG ( <i>dolutegravir sodium-lamivudine</i> )	F	QL QL= 1 tab/day
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	F	-
EFAVIRENZ CAP 200MG, 50MG ( <i>efavirenz</i> )	F	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	F	-
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv)	F	QL QL= 1 tab/day
<i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv)	F	QL QL= 1 tab/day
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	F	-
<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv)	\$0	-
EMTRIVA SOLN 10MG/ML ( <i>emtricitabine</i> )	F	-

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Last Updated 5/8/2025

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<i>etravirine tab 100MG, 200MG</i> (INTELENCE Equiv)	F	-
EVOTAZ TAB 150MG-300MG ( <i>atazanavir sulfate-cobicistat</i> )	F	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	F	-
GENVOYA TAB 10MG-150MG-200MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	F	QL QL= 1 tab/day
INTELENCE TAB 25MG ( <i>etravirine</i> )	F	-
INVIRASE CAP ( <i>saquinavir mesylate</i> )	F	-
INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	F	-
ISENTRESS (HD) TAB 400MG, 600MG ( <i>raltegravir potassium</i> )	F	-
ISENTRESS CHEW TAB 100MG, 25MG ( <i>raltegravir potassium</i> )	F	-
ISENTRESS POWDER PACK 100MG ( <i>raltegravir potassium</i> )	F	-
JULUCA TAB 25MG-50MG ( <i>dolutegravir sodium-rilpivirine hcl</i> )	F	QL QL= 1 tab/ day
<i>lamivudine soln 10MG/ML, 300MG/30ML</i> (EPIVIR Equiv)	F	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	F	-
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	F	-
LEXIVA SUSP 50MG/ML ( <i>fosamprenavir calcium</i> )	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	F	-
<i>lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv)	F	-
<i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv)	F	-
NEVIRAPINE ER TAB 100MG (VIRAMUNE XR Equiv) ( <i>nevirapine</i> )	F	-
<i>nevirapine ER tab 400MG</i> (VIRAMUNE XR Equiv)	F	-
NEVIRAPINE SUSP 50MG/5ML ( <i>nevirapine</i> )	F	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	F	-
NORVIR CAP 100MG ( <i>ritonavir</i> )	F	-
NORVIR POWDER PACK 100MG ( <i>ritonavir</i> )	F	-
NORVIR SOLN 80MG/ML ( <i>ritonavir</i> )	F	-
ODEFSEY TAB 25MG-200MG ( <i>emtricitabine- rilpivirine-tenofovir alafenamide fumarate</i> )	F	QL QL= 1 tab/day
PIFELTRO TAB 100MG ( <i>doravirine</i> )	F	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG ( <i>darunavir-cobicistat</i> )	F	-
PREZISTA SUSP 100MG/ML ( <i>darunavir</i> )	F	-
PREZISTA TAB 150MG, 75MG ( <i>darunavir</i> )	F	-
RESCRIPTOR TAB ( <i>delavirdine mesylate</i> )	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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REYATAZ POWDER PACK 50MG ( <i>atazanavir sulfate</i> )	F	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	F	-
RUKOBIA ER TAB 600MG ( <i>fostemsavir tromethamine</i> )	F	-
SELZENTRY SOLN 20MG/ML ( <i>maraviroc</i> )	F	-
SELZENTRY TAB 25MG, 75MG ( <i>maraviroc</i> )	F	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (ZERIT Equiv) ( <i>stavudine</i> )	F	-
<i>stavudine cap</i> (ZERIT Equiv)	F	-
STRIBILD TAB 150MG-200MG-300MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	F	QL QL= 1 tab/day
SYMTUZA TAB 10MG-150MG-200MG-800MG ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	F	-
<i>tenofovir disoproxil fumarate tab 300mg 300MG</i> (VIREAD Equiv)	F	-
TIVICAY PD TAB 5MG ( <i>dolutegravir sodium</i> )	F	-
TIVICAY TAB 10MG, 25MG, 50MG ( <i>dolutegravir sodium</i> )	F	-
TRIUMEQ PD TAB 5MG-30MG-60MG ( <i>abacavir-dolutegravir-lamivudine</i> )	F	QL QL= 1 tab/day
TRIUMEQ TAB 50MG-300MG-600MG ( <i>abacavir-dolutegravir-lamivudine</i> )	F	QL QL= 1 tab/day

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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TRIZIVIR TAB 150MG-300MG ( <i>abacavir sulfate-lamivudine-zidovudine</i> )	F	-
VIDEX SOLN ( <i>didanosine</i> )	F	-
VIRACEPT TAB 250MG, 625MG ( <i>nelfinavir mesylate</i> )	F	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ( <i>tenofovir disoproxil fumarate</i> )	F	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	F	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	F	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	F	-
<b>ANTIVIRAL COMBINATIONS- Drugs to treat viral infections</b>		
PAXLOVID PAK 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	\$0	QL QL= 11 tabs/90 days
PAXLOVID TAB 150-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	\$0	QL QL= 20 tabs/90 days
PAXLOVID TAB 300-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	\$0	QL QL= 30 tabs/90 days
<b>CMV AGENTS - Drugs to treat viral infections</b>		
LIVTENCITY TAB 200MG ( <i>maribavir</i> )	F	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS PAK 120MG, 20MG ( <i>letermovir</i> )	F	LMSP-PA-QL QL= 4 packets/day; Limit 800 packets/365 days

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L.A. Care PASC-SEIU Homecare Workers Formulary

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PREVYMIS TAB 240MG, 480MG ( <i>letermovir</i> )	F	LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	F	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	F	-
<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	F	LMSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	F	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	F	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	F	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ( <i>ledipasvir-sofosbuvir</i> )	F	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG ( <i>glecaprevir-pibrentasvir</i> )	F	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	F	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	F	LMSP
PEG-INTRON INJ 50MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	F	LMSP
RIBAVIRIN CAP 200MG ( <i>ribavirin (hepatitis c)</i> )	F	LMSP
<i>ribavirin cap 200MG</i>	F	LMSP
RIBAVIRIN TAB 200MG ( <i>ribavirin (hepatitis c)</i> )	F	LMSP

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L.A. Care PASC-SEIU Homecare Workers Formulary

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SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG <i>(sofosbuvir-velpatasvir)</i>	F	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG <i>(tenofovir alafenamide fumarate)</i>	F	LMSP
VOSEVI TAB 100MG-400MG <i>(sofosbuvir-velpatasvir-voxilaprevir)</i>	F	LMSP-PA-QL QL= 1 tab/day
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir susp 200MG/5ML, 800MG/20ML</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	F	-
<i>famciclovir tab 125MG, 250MG, 500MG</i> (FAMVIR Equiv)	F	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	F	-
<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	F	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	F	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	F	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER <i>(zanamivir)</i>	F	QL QL= 1 inhaler/fill

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RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	F	-
<b>MISC. ANTIVIRALS- Drugs to treat viral infections</b>		
LAGEVRIO CAP (EUA) 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP 200MG 200MG ( <i>molnupiravir</i> )	\$0	QL QL= 40 caps/fill
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB ( <i>penicillamine</i> )	F	-
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
THALOMID CAP 100MG, 150MG, 200MG, 50MG ( <i>thalidomide</i> )	F	LD Only available through CVS Specialty 800-238-7828
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	F	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	F	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	F	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	F	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	F	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	F	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	F	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML ( <i>cyclosporine</i> )	F	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	F	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	F	-
<b>POTASSIUM REMOVING RESINS - Drugs to manage potassium levels</b>		
<i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv)	F	-
<i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv)	F	-
<b>BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<b>ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	F	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	F	-
<b>BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	F	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	F	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	F	-

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Last Updated 5/8/2025

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<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	F	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (LOPRESSOR Equiv)	F	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG</i> (BYSTOLIC Equiv)	F	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>nadolol tab</i> (CORCARD Equiv)	F	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	F	-
PROPANOLOL ORAL SOLN 20MG/5ML 20MG/5ML ( <i>propranolol hcl</i> )	F	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	F	-
PROPRANOLOL SOLN 40MG/5ML ( <i>propranolol hcl</i> )	F	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	F	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	F	-
<i>sotalol tab</i> (BETAPACE Equiv)	F	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	F	-
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		

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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	F	-
<i>diltiazem ER cap 120MG, 180MG, 240MG</i> (DILACOR XR Equiv)	F	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	F	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	F	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	F	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	F	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	F	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	F	-
<b>CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm</b>		
<b>CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm</b>		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	F	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML ( <i>digoxin</i> )	F	-
<i>digoxin tab</i> (LANOXIN Equiv)	F	-
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions</b>		
<b>CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy</b>		

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

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CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG ( <i>mavacamten</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>IMPOTENCE AGENTS - Drugs to treat erectile dysfunction</b>		
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	F	QL QL=6 tabs/30 days
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG ( <i>treprostinil</i> )	F	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG ( <i>treprostinil</i> )	F	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> )	F	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523

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TYVASO DPI POWDER TITRATION KIT 16-32MCG <i>(treprostinil)</i>	F	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>	F	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML <i>(iloprost)</i>	F	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR ***</b>		
WINREVAIR INJ 45MG, 60MG <i>(sotatercept-csrk)</i>	F	LD-PA Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
OPSUMIT TAB 10MG <i>(macitentan)</i>	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523

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TRACLEER TAB 32MG 32MG ( <i>bosentan</i> )	F	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
<i>sildenafil susp 10MG/ML</i> (REVATIO Equiv)	F	PA Prior Authorization required for members age 9 years and older
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	F	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	F	PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>selexipag</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension</b>		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ( <i>riociguat</i> )	F	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
<b>SINUS NODE INHIBITORS - Drugs to control heart rhythm</b>		
<i>ivabradine hcl tab 5MG, 7.5MG</i> (CORLANOR Equiv)	F	PA
<b>TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis</b>		

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VYNDAMAX CAP 61MG ( <i>tafamidis</i> )	F	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> )	F	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
CEFADROXIL TAB 1GM ( <i>cefadroxil</i> )	F	-
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	F	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	F	-
<b>CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections</b>		
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	F	-
<b>CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections</b>		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	F	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	F	-
<b>CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy</b>		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-

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<i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TAB .03MG-.451MG-3MG ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	\$0	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
FEMLYV TAB .02MG-1MG ( <i>norethindrone acet &amp; eth estra</i> )	\$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>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
<i>layolis FE tab, wymzya FE tab .4MG-35MCG, .4MG-35MCG-75MG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	\$0	-
<i>levonorgestrel-ethinyl estradiol-fe tab .02MG-.1MG-36.5MG, .1MG-20MCG-75MG</i> (BALCOLTRA Equiv)	\$0	-

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LO LOESTRIN TAB 1MG-10MCG-75MG <i>(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</i>	\$0	-
NATAZIA TAB <i>(estradiol valerate-dienogest)</i>	\$0	-
NEXTSTELLIS TAB 3MG-14.2MG <i>(drospirenone-estetrol)</i>	\$0	-
<i>norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG</i> (TAYTULLA Equiv)	\$0	-
<i>norethindrone acetate/ethinyl estradiol FE chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv)	\$0	-
<i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>nortrel 7/7/7 tab, pirmella 7/7/7 tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-

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TYBLUME TAB .1MG-20MCG ( <i>levonorgestrel &amp; eth estradiol</i> )	\$0	-
VELIVET PAK ( <i>desogestrel-ethinyl estradiol (triphasic)</i> )	\$0	-
<i>velivet tab</i> (CYCLESSA Equiv)	\$0	-
<i>vienva tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR ( <i>levonorgestrel-ethinyl estradiol</i> )	\$0	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
ANNOVERA RING .013MG/24HR-.15MG/24HR ( <i>segesterone acetate-ethinyl estradiol</i> )	\$0	QL QL= 1 ring/year
<i>eluryng vaginal ring .015MG/24HR-.12MG/24HR</i> (NUVARING Equiv)	\$0	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
PLAN B TAB 1.5MG ( <i>levonorgestrel (emergency oc)</i> )	\$0	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy</b>		

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NEXPLANON IMPLANT 68MG ( <i>etonogestrel</i> )	EXC	-
NEXPLANON IMPLANT 68MG ( <i>etonogestrel</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones</b>		
DEPO-PROVERA INJ 150MG/ML ( <i>medroxyprogesterone acetate (contraceptive)</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
OPILL TAB .075MG ( <i>norgestrel</i> )	\$0	OTC
SLYND TAB 4MG ( <i>drospirenone</i> )	\$0	-
<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	F	-
DEXAMETHASONE CONC 1MG/ML ( <i>dexamethasone</i> )	F	-
<i>dexamethasone elixir .5MG/5ML</i>	F	-
DEXAMETHASONE SODIUM PHOSPHATE INJ 10MG/ML, 4MG/ML ( <i>dexamethasone sodium phosphate</i> )	F	-
<i>dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML</i>	F	-
DEXAMETHASONE SOLN .5MG/5ML ( <i>dexamethasone</i> )	F	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 2MG, 4MG, 6MG</i> (DECADRON Equiv)	F	-

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<i>hydrocortisone succinate inj 100mg 100MG</i> (SOLU-CORTEF Equiv)	F	QL QL= 2 vials/fill
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	F	-
<i>methylprednisolone acetate inj 40MG/ML, 80MG/ML</i> (DEPO-MEDROL Equiv)	F	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	F	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	F	-
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG</i> (SOLU-MEDROL Equiv)	F	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	F	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG ( <i>prednisolone sodium phosphate</i> )	F	-
<i>prednisolone soln 15MG/5ML</i>	F	-
PREDNISONONE SOLN 5MG/5ML ( <i>prednisone</i> )	F	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	F	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG ( <i>hydrocortisone sod succinate</i> )	F	QL QL= 1 vial/fill
SOLU-MEDROL INJ 2GM 2GM ( <i>methylprednisolone sod succ</i> )	F	-

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<i>triamcinolone acetonide inj 200MG/5ML, 400MG/10ML, 40MG/ML</i> (KENALOG Equiv)	F	-
<b>MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions</b>		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	F	-
<b>COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<b>ANTITUSSIVES - Drugs to treat cough</b>		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv)	F	-
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i> (HYCODAN Equiv)	F	-
<b>COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cetirizine/pseudoephedrine 12-hour tab 5MG-120MG</i> (ZYRTEC Equiv)	F	OTC
<i>guaifenesin/codeine soln</i> (BRONTEX Equiv)	F	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML ( <i>guaifenesin-codeine</i> )	F	OTC-QL QL= 240ml/fill
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML</i>	F	OTC-QL QL= 240ml/fill
<i>loratadine/pseudoephedrine 12-hour tab 5MG-120MG</i> (CLARITIN-D Equiv)	F	OTC
<i>loratadine/pseudoephedrine 24-hour tab 10MG-240MG</i> (CLARITIN-D Equiv)	F	OTC

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv) <i>(promethazine &amp; phenylephrine)</i>	F	-
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv) <i>(promethazine &amp; phenylephrine)</i>	F	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv)	F	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML <i>(promethazine-phenylephrine-codeine)</i>	F	-
<i>promethazine VC/codeine syrup</i> <i>5MG/5ML-6.25MG/5ML-10MG/5ML</i>	F	-
<i>promethazine/codeine syrup</i> <i>6.25MG/5ML-10MG/5ML</i> (PHENERGAN/CODEINE Equiv)	F	-
<b>MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants</b>		
NEBUSAL NEB SOLN 3.5%, 6% ( <i>sodium chloride (inhalant)</i> )	F	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	F	-
<b>MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	F	-
<b>DERMATOLOGICALS - Drugs to treat skin conditions</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>ACNE PRODUCTS - Drugs to treat skin conditions</b>		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	F	PA Acne Only - Prior Authorization required for members age 35 years and older
<i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv)	F	PA Acne Only - Prior Authorization required for members age 35 years and older
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv)	F	-
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5%</i> (EPIDUO FORTE Equiv)	F	-
<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv)	F	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	F	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	F	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	F	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	F	-
ERY PAD 2% ( <i>erythromycin (acne aid)</i> )	F	-
<i>erythromycin gel 2%</i>	F	-
<i>erythromycin pad</i>	F	-
<i>erythromycin soln 2%</i>	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	F	-
<i>ciclopirox gel .77%</i> (LOPROX GEL Equiv)	F	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	F	-
<i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv)	F	-
<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	F	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	F	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	F	-
<i>keconazole cream 2%</i> (NIZORAL CREAM Equiv)	F	-
<i>keconazole shampoo 1%, 2%</i> (NIZORAL Equiv)	F	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	F	-
<i>nystatin oint 100000UNIT/GM</i>	F	-
<i>nystatin topical powder 100000UNIT/GM</i>	F	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	F	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	F	-
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	F	OTC-QL QL= 5 tubes/fill
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	F	LMSP-PA

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	F	PA-QL QL= 300gm/30 days
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	F	-
FLUOROURACIL SOLN 2% ( <i>fluorouracil (topical)</i> )	F	-
<i>fluorouracil soln 5%</i>	F	-
VALCHLOR GEL .016% ( <i>mechlorethamine hcl (topical)</i> )	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	F	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	F	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	F	-
CALCIPOTRIENE SOLN .005% ( <i>calcipotriene</i> )	F	-
<i>calcipotriene soln .005%</i>	F	-
METHOXSALEN CAP 10MG (OXSORALEN ULTRA Equiv) ( <i>methoxsalen rapid</i> )	F	LMSP
<i>methoxsalen cap</i> (OXSORALEN ULTRA Equiv)	F	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML ( <i>risankizumab-rzaa</i> )	F	LMSP-PA-QL QL= 1 inj/84 days
SPEVIGO INJ 150MG/ML ( <i>spesolimab-sbzo</i> )	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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STELARA INJ 45MG/0.5ML ( <i>ustekinumab</i> )	F	LMSP-PA-QL QL= 1 inj/84 days
STEQEYMA INJ 45MG/0.5ML ( <i>ustekinumab-stba</i> )	F	LMSP-PA-QL QL= 1 inj/84 days
STEQEYMA INJ 90MG 90MG/ML ( <i>ustekinumab-stba</i> )	F	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML ( <i>ixekizumab</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML 20MG/0.25ML ( <i>ixekizumab</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML 40MG/0.5ML ( <i>ixekizumab</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	F	-
TREMFYA INJ 100MG/ML ( <i>guselkumab</i> )	F	LMSP-PA-QL QL= 1 inj/56 days
USTENKINUMAB-AEKN 45MG/0.5ML 45MG/0.5ML ( <i>ustekinumab-aekn</i> )	F	LD-PA-QL QL= 1 inj/84 days; Only available through Lumicera 855-847-3553
USTENKINUMAB-AEKN 90MG/ML 90MG/ML ( <i>ustekinumab-aekn</i> )	F	LD-PA-QL QL= 1 inj/84 days; Only available through Lumicera 855-847-3553
YESINTEK INJ 45MG/0.5ML ( <i>ustekinumab-kfce</i> )	F	LMSP-PA-QL QL= 1 inj/84 days
YESINTEK SYRINGE 45MG/0.5ML ( <i>ustekinumab-kfce</i> )	F	LMSP-PA-QL QL= 1 inj/84 days

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107

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L.A. Care PASC-SEIU Homecare Workers Formulary

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YESINTEK SYRINGE 90MG 90MG/ML (ustekinumab-kfce)	F	LMSP-PA-QL QL= 1 inj/84 days
<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
selenium sulfide shampoo 2.25% (SELSEB Equiv)	F	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
acyclovir oint 5% (ZOVIRAX Equiv)	F	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)	F	-
SULFAMYLLON CREAM 85MG/GM (mafenide acetate)	F	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
alclometasone cream .05% (ACLOVATE Equiv)	F	-
ALCLOMETASONE OINT .05% (alclometasone dipropionate)	F	-
alclometasone oint .05%	F	-
BETAMETH VALERATE LOTION .1% (betamethasone valerate)	F	-
betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)	F	-
BETAMETHASONE AUGMENTED GEL .05% (betamethasone dipropionate augmented)	F	-
betamethasone augmented lotion .05% (DIPROLENE LOTION Equiv)	F	-

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108

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	F	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	F	-
<i>betamethasone dipropionate lotion .05%</i>	F	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	F	-
<i>betamethasone valerate cream .1%</i>	F	-
<i>betamethasone valerate lotion .1%</i>	F	-
<i>betamethasone valerate oint .1%</i>	F	-
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	F	-
<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	F	-
<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	F	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	F	-
<i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv)	F	-
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	F	-
EPIFOAM AEROSOL 1% ( <i>pramoxine-hc</i> )	F	-
<i>fluocinolone acetonide cream .01%, .025%</i>	F	-
<i>fluocinolone acetonide oint .025%</i>	F	-
<i>fluocinolone acetonide soln .01%</i>	F	-
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

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<i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv)	F	-
<i>fluocinonide emollient cream .05%</i>	F	-
<i>fluocinonide gel .05%</i>	F	-
<i>fluocinonide oint .05%</i>	F	-
<i>fluocinonide soln .05%</i>	F	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	F	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	F	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	F	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	F	PA
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	F	-
<i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv)	F	-
HYDROCORTISONE LOTION 2.5% 2.5% ( <i>hydrocortisone (topical)</i> )	F	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	F	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	F	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	F	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	F	-
<i>triamcinolone cream .025%, .1%, .5%</i>	F	-
<i>triamcinolone lotion .025%, .1%</i>	F	-
<i>triamcinolone oint .025%, .1%, .5%</i>	F	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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ADBRY INJ 300MG/2ML ( <i>tralokinumab-ldrm</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG ( <i>abrocitinib</i> )	F	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML ( <i>dupilumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 200MG/1.14ML, 300MG/2ML ( <i>dupilumab</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
EBGLYSS INJ 250MG/2ML ( <i>lebrikizumab-lbkz</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
EBGLYSS PEN INJ 250MG/2ML ( <i>lebrikizumab-lbkz</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
<i>ammonium lactate lotion 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LACTIC ACID LOTION 10%, 5% ( <i>lactic acid (ammonium lactate)</i> )	F	-
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		
SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	F	QL QL= 90gm/30 days
<b>HAIR GROWTH AGENTS - Drugs to grow hair</b>		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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LITFULO CAP 50MG ( <i>ritlecitinib tosylate</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
<b>HAIR REDUCTION AGENTS - Drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - SYSTEMIC ***</b>		
NEMLUVIO INJ 30MG ( <i>nemolizumab-ilto</i> )	F	LMSP-PA-QL QL= 1 inj/56 days
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	F	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
HYFTOR GEL .2% ( <i>sirolimus (topical)</i> )	F	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	F	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
PODOCON SOLN 25% ( <i>podophyllum resin</i> )	F	-
PODOFILOX SOLN .5% ( <i>podofilox</i> )	F	-
<i>podofilox soln .5%</i>	F	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	F	-
<i>lidocaine gel 2%</i> (GLYDO Equiv)	F	-

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112

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>lidocaine oint</i>	F	QL QL= 107gm/30 days
<i>lidocaine patch 5% 5%</i> (LIDODERM Equiv)	F	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	F	-
<b>MISC. TOPICAL - Miscellaneous topical products</b>		
DRYSOL SOLN 20% ( <i>aluminum chloride</i> )	F	-
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL - Drugs to treat eczema</b>		
ZORYVE CREAM .3% ( <i>roflumilast (topical)</i> )	F	PA-QL QL= 60 grams/30 days
<b>PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration</b>		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ( <i>fluocinolone-hydroquinone-tretinoin</i> )	EXC	-
<b>ROSACEA AGENTS - Drugs to treat skin conditions</b>		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	F	-
<i>brimonidine tartrate gel .33%</i> (MIRVASO Equiv)	EXC	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	F	-
<i>metronidazole gel 1%</i> (METROGEL Equiv)	F	-
<i>metronidazole gel 0.75% .75%</i> (METROGEL Equiv)	F	-
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	F	-
MIRVASO GEL .33% ( <i>brimonidine tartrate (topical)</i> )	EXC	-
RHOFADE CREAM 1% ( <i>oxymetazoline hcl (topical)</i> )	EXC	-

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<b>SCABICIDES &amp; PEDICULICIDES - Drugs to treat skin conditions</b>		
<i>malathion lotion .5%</i> (OVIDE Equiv)	F	QL
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	F	-
SPINOSAD SUSP .9% ( <i>spinosad</i> )	F	QL QL= 1 bottle/fill
<b>WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers</b>		
REGRANEX GEL .01% ( <i>becaplermin</i> )	F	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM ( <i>balsam peru-castor oil</i> )	F	-
<b>DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products</b>		
<b>DIAGNOSTIC TESTS - Miscellaneous diagnostic test products</b>		
COVID-19 TEST ( <i>covid-19 at home test</i> )	\$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 INJ TEST CARTRIDGE ( <i>covid-19 at home test</i> )	EXC	OTC
CUE HEALTH MONITOR ( <i>covid-19 at home test</i> )	EXC	OTC
KETO-DIASTIX TEST STRIP ( <i>urine glucose-ketones test</i> )	F	OTC
KETOSTIX ( <i>acetone (urine) test</i> )	F	OTC
ONETOUCH TEST STRIP ( <i>glucose blood</i> )	F	OTC
ONETOUCH VERIO TEST STRIP ( <i>glucose blood</i> )	F	OTC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition</b>		
<b>DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency</b>		

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114

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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ASTAMED MYO CAP <i>(astaxanthin-tocotrienol-zinc-cholecalciferol)</i>	EXC	-
DEPLIN CAP <i>(l-methylfolate-algae)</i>	EXC	-
ELIGEN B12 TAB <i>(cyanocobalamin-salcaprozate sodium)</i>	EXC	-
FALESSA TAB <i>(levomefolate glucosamine)</i>	EXC	-
GLYGEST PAK <i>(2-fucosyllactose &amp; lacto-n-neotetraose)</i>	EXC	-
L-METHYLFOLATE TAB <i>(l-methylfolate)</i>	EXC	-
LUVIRA CAP <i>(omega-3-acid ethyl esters (dietary management))</i>	EXC	-
METANX CAP <i>(l-methylfolate w/ algae-vitamin b12-vitamin b6)</i>	EXC	-
OLLIZAC POWDER <i>(2-fucosyllactose &amp; lacto-n-neotetraose)</i>	EXC	-
PODIAPN CAP <i>(l-methylfolate w/ vitamin b6-vitamin b12)</i>	EXC	-
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>	F	OTC-PA
INFANT FORMULA POWDER <i>(infant foods)</i>	F	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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NUTRITIONAL SUPPLEMENT LIQUID ( <i>nutritional supplements</i> )	F	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ( <i>nutritional supplements</i> )	F	OTC-PA
<b>DIGESTIVE AIDS - Drugs to treat low digestive enzymes</b>		
<b>DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes</b>		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	F	-
<b>DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	F	-
<i>acetazolamide tab</i>	F	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	F	-
<b>DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
AMILORIDE/HCTZ TAB 5MG-50MG ( <i>amiloride &amp; hydrochlorothiazide</i> )	F	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	F	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	F	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	F	-
<b>LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	F	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	F	-
FUROSCIX KIT 80MG/10ML ( <i>furosemide</i> )	F	LD-QL QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633
FUROSEMIDE SOLN 40MG/5ML (LASIX Equiv) ( <i>furosemide</i> )	F	-
<i>furosemide soln 10MG/ML</i> (LASIX Equiv)	F	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	F	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	F	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	F	-
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	F	-
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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CHLOROTHIAZIDE TAB (DIURIL Equiv) <i>(chlorothiazide)</i>	F	-
<i>chlorothiazide tab</i> (DIURIL Equiv)	F	-
<i>chlorthalidone tab 25MG, 50MG</i>	F	-
DIURIL SUSP 250MG/5ML <i>(chlorothiazide)</i>	F	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	F	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	F	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	F	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	F	-
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones</b>		
<b>BONE DENSITY REGULATORS - Drugs to treat bone disease</b>		
<i>alendronate tab 10MG, 35MG, 70MG</i> (FOSAMAX Equiv)	F	-
ALENDRONATE TAB 40MG 5MG <i>(alendronate sodium)</i>	F	-
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	F	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	F	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate

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118

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	F	ST Step Therapy requires trial of alendronate
TERIPARATIDE INJ 620MCG/2.48ML 620MCG/2.48ML ( <i>teriparatide</i> )	F	LMSP
TYMLOS INJ 3120MCG/1.56ML ( <i>abaloparatide</i> )	F	LMSP
<b>CORTICOTROPIN ***</b>		
ACTHAR GEL INJ 80UNIT/ML ( <i>corticotropin</i> )	F	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>FERTILITY REGULATORS - Drugs to regulate fertility</b>		
<i>clomiphene citrate tab 50MG</i> (CLOMID Equiv)	EXC	INF
CLOMIPHENE TAB 50MG ( <i>clomiphene citrate</i> )	EXC	INF
OVIDREL INJ 250MCG/0.5ML ( <i>choriogonadotropin alfa</i> )	EXC	INF
<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
<i>cetorelix acetate for inj kit .25MG</i> (CETROTIDE Equiv)	EXC	INF
ORLISSA TAB 150MG 150MG ( <i>elagolix sodium</i> )	F	PA-QL QL= 1 tab/day
ORLISSA TAB 200MG 200MG ( <i>elagolix sodium</i> )	F	PA-QL QL= 2 tabs/day
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ( <i>pegvisomant</i> )	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution</b>		
EGRIFTA INJ 2MG ( <i>tesamorelin acetate</i> )	EXC	-
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG ( <i>somatropin</i> )	F	LMSP-PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML ( <i>somatropin</i> )	F	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG ( <i>lonapegsomatropin-tcgd</i> )	F	LMSP-PA
SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML ( <i>somapacitan-beco</i> )	F	LMSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	\$0 copay for female members only age 35 years and older; All other members covered at generic copay
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	F	LD Only available through AnovoRx 844-288-5007

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120

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
SYNAREL NASAL SOLN 2MG/ML ( <i>nafarelin acetate</i> )	F	LMSP
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	F	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	F	-
<i>carglumic acid tab 200MG</i> (CARBAGLU Equiv)	F	LD-PA Only available through AnovoRx 844-288-5007
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	F	LMSP
DOXERCALCIFEROL CAP .5MCG, 1MCG, 2.5MCG (HECTOROL Equiv) ( <i>doxercalciferol</i> )	F	-
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	F	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	F	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	F	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML ( <i>pegvaliase-pqpz</i> )	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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PHEBURANE ORAL PELLETS 483MG/GM ( <i>sodium phenylbutyrate</i> )	F	LD Only available through Accredo 800-803-2523
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	F	LMSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	F	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ( <i>asfotase alfa</i> )	F	LD-PA Only available through PantherRx Pharmacy 855-726-8479
YORVIPATH INJ 168MCG/0.56ML ( <i>palopegteriparatide</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 294MCG 294MCG/0.98ML ( <i>palopegteriparatide</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
YORVIPATH INJ 420MCG 420MCG/1.4ML ( <i>palopegteriparatide</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
<b>NATRIURETIC PEPTIDES ***</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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VOXZOGO INJ .4MG, .56MG, 1.2MG ( <i>vosoritide</i> )	F	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	F	-
DESMOPRESSIN NASAL SPRAY .01% ( <i>desmopressin acetate spray</i> )	F	-
STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	F	LMSP
<b>PROGESTERONE RECEPTOR ANTAGONISTS ***</b>		
<i>mifepristone tab 200mg 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG ( <i>mifepristone</i> )	EXC	-
<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	F	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	F	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML ( <i>octreotide acetate</i> )	F	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ( <i>pasireotide diaspertate</i> )	F	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
JYNARQUE PAK 15MG ( <i>tolvaptan</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ( <i>tolvaptan</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY ( <i>estradiol &amp; norethindrone acetate</i> )	F	-
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	F	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	F	-
MYFEMBREE TAB .5MG-1MG-40MG ( <i>relugolix-estradiol-norethindrone acetate</i> )	F	PA-QL QL= 1 tab/day
ORIAHNN CAP .5MG-1MG-300MG ( <i>elagolix sodium-estradiol-norethindrone acetate</i> )	F	PA-QL QL= 2 caps/day
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	F	-
<b>ESTROGENS - Drugs used for contraception</b>		

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124

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR</i> (CLIMARA Equiv)	F	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	F	-
<i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv)	F	QL QL= 5ml/fill
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ( <i>estrogens, conjugated</i> )	F	-
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<i>ciprofloxacin susp 500MG/5ML, 5GM/100ML</i> (CIPRO Equiv)	F	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	F	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	F	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	F	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	F	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	F	-
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs</b>		
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation</b>		
TRULANCE TAB 3MG ( <i>plecanatide</i> )	F	PA-QL QL= 1 tab/day
<b>BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders</b>		

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125

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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CHOLBAM CAP 250MG, 50MG ( <i>cholic acid</i> )	F	LD-PA Only available through Dohmen LSS 844-246-5226
<b>GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	F	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	F	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	F	-
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation</b>		
<i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv)	F	PA-QL QL= 2 caps/day
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	F	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	F	-
<b>HEPATOTROPICS ***</b>		
REZDIFFRA TAB 100MG, 60MG, 80MG ( <i>resmetirom</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Optum 877-445-6874
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions</b>		

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126

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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BYLVAY CAP 1200MCG 1200MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG ( <i>odevixibat</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML ( <i>maralixibat chloride</i> )	F	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481
LIVMARLI SOLN 19MG/ML 19MG/ML ( <i>maralixibat chloride</i> )	F	LD-PA-QL QL= 60mL/30 days; Only available through Eversana 866-849-4481
<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>		
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	F	-
CIMZIA INJ 200MG/ML ( <i>certolizumab pegol</i> )	F	LMSP-PA-QL QL= 2 inj/28 days
ENTYVIO SC INJ 108MG/0.68ML ( <i>vedolizumab</i> )	F	MSP-PA-QL QL= 2 inj/28 days

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>mesalamine enema 4GM</i> (ROWASA Equiv)	F	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	F	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	F	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML <i>(risankizumab-rzaa (crohn's))</i>	F	LMSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML <i>(risankizumab-rzaa (crohn's))</i>	F	LMSP-PA-QL QL= 1 inj/56 days
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	F	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	F	-
TREMFYA INJ 200MG/2ML 200MG/2ML <i>(guselkumab (gastrointestinal))</i>	F	LMSP-PA-QL QL= 1 inj/28 days
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lactulose soln 10GM/15ML</i>	F	-
<b>LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections</b>		
VOWST CAP <i>(fecal microbiota spores, live-brpk)</i>	F	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
SYMPROIC TAB <i>(naldemedine tosylate)</i>	F	PA
SYMPROIC TAB .2MG <i>(naldemedine tosylate)</i>	F	PA
<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	F	-
FOSRENOL POWDER PACK 1000MG, 750MG <i>(lanthanum carbonate)</i>	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	F	-
PHOSLYRA SOLN 667MG/5ML ( <i>calcium acetate (phosphate binder)</i> )	F	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	F	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	F	-
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		
CYTRA K CRYSTALS 1002MG-3300MG ( <i>potassium citrate-citric acid</i> )	F	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ( <i>pot &amp; sod citrates w/citric ac</i> )	F	-
ORACIT SOLN 490MG/5ML-640MG/5ML ( <i>sodium citrate &amp; citric acid</i> )	F	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROKIT-K Equiv)	F	-
<i>potassium citrate/citric acid powder pack</i> (POLYCITRA Equiv)	F	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	F	-

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129

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>sodium citrate/citric acid soln</i> 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML (BICITRA Equiv)	F	-
<i>tricitrates soln</i> 334MG/5ML-500MG/5ML-550MG/5ML (POLYCITRA-LC Equiv)	F	-
<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	F	LD-PA Only available through CVS Specialty 800-238-7828
<b>GENITOURINARY IRRIGANTS - Drugs to treat the urinary system</b>		
SODIUM CHLORIDE 0.9% IRR SOLN .9% ( <i>sodium chloride (gu irrigant)</i> )	F	-
<i>sodium chloride 0.9% irr soln .9%</i>	F	-
<b>HYPEROXALURIA AGENTS ***</b>		
RIVFLOZA INJ 128MG/0.8ML ( <i>nedosiran sodium</i> )	F	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA INJ 160MG 160MG/ML ( <i>nedosiran sodium</i> )	F	LD-PA-QL QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA VIAL 80MG/0.5ML ( <i>nedosiran sodium</i> )	F	LD-PA-QL QL= 2 vials/30 days; Only available through Orsini 800-410-8575

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease</b>		
FILSPARI TAB 200MG, 400MG ( <i>sparsentan</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	F	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	F	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	F	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	F	-
<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	F	-
<b>URINARY STONE AGENTS - Drugs to prevent kidney stones</b>		
<i>tiopronin tab 100MG</i> (THIOLA Equiv)	F	LMSP-PA
<i>tiopronin tab delayed release 100MG, 300MG</i> (THIOLA EC Equiv)	F	LMSP-PA
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	F	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<i>allopurinol tab</i> (ZYLOPRIM Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>colchicine tab .6MG</i> (COLCRYS Equiv)	F	-
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	F	ST Step Therapy requires trial of allopurinol
<b>URICOSURICS - Drugs to treat gout</b>		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	F	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
ADVATE, KOVALTRY INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm))</i>	EXC	-
ADYNOVATE INJ 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT, 750UNIT <i>(antihemophilic factor (recombinant) pegylated)</i>	EXC	-
AFSTYLA KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(antihemophilic factor (recombinant) single chain)</i>	EXC	-
ALPHANATE, HUMATE-P INJ 1000UNIT, 1000UNIT-2400UNIT, 1500UNIT, 2000UNIT, 250UNIT, 250UNIT-600UNIT, 500UNIT, 500UNIT-1200UNIT <i>(antihemophilic factor/von willebrand factor complex (human))</i>	EXC	-

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132

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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NUWIQ INJ 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))</i>	EXC	-
NUWIQ KIT 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT <i>(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))</i>	EXC	-
OBIZUR INJ 500UNIT <i>(antihemophilic factor (recombinant porcine) (rpfviii))</i>	EXC	-
PROFILNINE INJ 1000UNIT, 1500UNIT, 500UNIT <i>(factor ix complex)</i>	EXC	-
REBINYN INJ 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT <i>(coagulation factor ix (recombinant) glycopegylated)</i>	EXC	-
RECOMBIMATE INJ 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT <i>(antihemophilic factor (recombinant) (rfviii))</i>	EXC	-
RIXUBIS INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT <i>(coagulation factor ix (recombinant))</i>	EXC	-
SEVENFACT INJ 1MG, 2MG, 5MG <i>(coagulation factor viia (recombinant)-jncw)</i>	EXC	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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TRETEN INJ 2500UNIT ( <i>coagulation factor xiii a-subunit (recombinant)</i> )	EXC	-
VONVENDI INJ 1300UNIT, 650UNIT ( <i>von willebrand factor (recombinant)</i> )	EXC	-
WILATE INJ 1000UNIT, 500UNIT ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	EXC	-
XYNTHA INJ 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT ( <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i> )	EXC	-
<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
EMPAVELI INJ 1080MG/20ML ( <i>pegcetacoplan</i> )	F	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG ( <i>avacopan</i> )	F	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
VOYDEYA TAB 100MG ( <i>danicopan</i> )	F	LD-PA-QL QL= 6 tabs/day; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK ( <i>danicopan</i> )	F	LD-PA-QL QL= 6 tabs/day; Only available through Onco360 877-662-6633

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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ZILBRYSQ INJ 16.6MG/0.416ML ( <i>ziluoplan sodium</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 23MG 23MG/0.574ML ( <i>ziluoplan sodium</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 32.4MG 32.4MG/0.81ML ( <i>ziluoplan sodium</i> )	F	LD-PA-QL QL= 1 inj/day; Only available through PantheRx 855-726-8479
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	F	-
<b>PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions</b>		
TAKHZYRO INJ 300MG/2ML ( <i>lanadelumab-flyo</i> )	F	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> )	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	F	-
CABLIVI INJ KIT 11MG ( <i>caplacizumab-yhdp</i> )	F	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	F	-

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137

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	F	-
<i>dipyridamole tab</i> (PERSANTINE Equiv)	F	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	F	-
<i>ticagrelor tab 60MG, 90MG</i> (BRILINTA Equiv)	F	-
<b>HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency</b>		
PYRUKYND TAB 20MG, 50MG, 5MG ( <i>mitapivat sulfate</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK 5MG ( <i>mitapivat sulfate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
<b>HEMATOPOIETIC AGENTS - Drugs to treat blood disorders</b>		
<b>AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders</b>		
CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	F	LMSP-PA-QL QL= 2 caps/day
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	F	LD-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523
<b>AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders</b>		
DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea (sickle cell disease)</i> )	F	-
<b>AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders</b>		

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138

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>l-glutamine powder packet 5GM</i> (ENDARI Equiv)	F	LMSP-PA-QL QL= 6 packets/day
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	F	-
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		
<i>folic acid tab 1mg 1MG</i>	\$0	\$0 copay for female members only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for female members only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for female members only
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
DOPTELET TAB 20MG ( <i>avatrombopag maleate</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through CVS Specialty 800-238-7828
FULPHILA INJ 6MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	F	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-aafi</i> )	F	LMSP
NYVEPRIA INJ 6MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	F	LMSP
PROMACTA POWDER 12.5MG, 25MG ( <i>eltrombopag olamine</i> )	F	LMSP-PA-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG ( <i>eltrombopag olamine</i> )	F	LMSP-PA-QL QL= 1 tab/day

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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PROMACTA TAB 50MG 50MG ( <i>eltrombopag olamine</i> )	F	LMSP-PA-QL QL= 2 tabs/day
PROMACTA TAB 75MG 75MG ( <i>eltrombopag olamine</i> )	F	LMSP-PA-QL QL= 2 tabs/day
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML ( <i>epoetin alfa-epbx</i> )	F	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-sndz</i> )	F	LMSP
<b>HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders</b>		
<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	F	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ( <i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i> )	F	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ( <i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i> )	F	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ( <i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i> )	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG ( <i>ferrous fumarate w/ fa-dss-b complex-vit c</i> )	F	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	F	-
<b>STEM CELL MOBILIZERS - Drugs to treat blood disorders</b>		
XOLREMDI CAP 100MG ( <i>mavorixafor</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		
<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	F	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	F	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	F	-
<b>HYPNOTICS - Drugs to treat insomnia</b>		
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	F	QL QL= 1 tab/day
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>phenobarbital elixir 20MG/5ML, 30MG/7.5ML, 60MG/15ML</i>	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	F	-
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>estazolam tab 1MG, 2MG (PROSOM Equiv)</i>	F	-
<i>eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)</i>	F	QL QL= 1 tab/day
<i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML (MIDAZOLAM Equiv)</i>	F	RS Restricted to Neurology Specialist
<i>temazepam cap 15mg 15MG (RESTORIL Equiv)</i>	F	-
<i>temazepam cap 30mg 30MG (RESTORIL Equiv)</i>	F	-
<i>triazolam tab .125MG, .25MG (HALCION Equiv)</i>	F	-
<i>zaleplon cap 10MG, 5MG (SONATA Equiv)</i>	F	QL QL= 1 cap/day
<i>zolpidem ER tab 12.5MG, 6.25MG (AMBIEN CR Equiv)</i>	F	QL QL= 1 tab/day
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia</b>		
<i>ramelteon tab 8MG (ROZEREM Equiv)</i>	F	QL QL= 1 tab/day
<b>LAXATIVES - Drugs to treat constipation</b>		
<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		

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142

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	\$0	QL \$0 copay for members age 45-75 years; all other members covered at preferred brand copay
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	\$0	QL \$0 copay for members age 45-75 years; all other members covered at preferred brand copay
<i>peg 3350 soln (100 gram Moviprep equiv)</i> 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM (MOVIPREP Equiv)	\$0	QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
<i>peg 3350/electrolytes soln</i> 1.48GM-5.72GM-11.2GM-420GM (COLYTE Equiv)	\$0	QL \$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
<i>sodium/magnesium/potassium soln</i> 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv)	\$0	QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM ( <i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i> )	F	QL QL= 2 fills/calendar year
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>lactulose soln</i>	F	-
<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	F	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	F	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		
CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML ( <i>clarithromycin</i> )	F	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	F	-
<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		
ERYTHROMYCIN CAP DR 250MG ( <i>erythromycin base</i> )	F	-
ERYTHROMYCIN EC CAP 250MG ( <i>erythromycin base</i> )	F	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	F	-
<b>FIDAXOMICIN - Drugs to treat infections</b>		
DIFICID SUSP 40MG/ML ( <i>fidaxomicin</i> )	F	QL-ST QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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DIFICID TAB 200MG ( <i>fidaxomicin</i> )	F	QL-ST QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	-
DIAPHRAGM 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 lubricated - male</i> )	\$0	OTC-QL QL= 12 condoms/fill
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	F	OTC
DEXCOM G6 RECEIVER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER ( <i>continuous glucose system transmitter</i> )	F	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
DEXCOM G7 SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 3 sensors/28 days

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145

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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FREESTYLE LIBRE 2 RECEIVER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 2-PLUS SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/30 days
FREESTYLE LIBRE 3 READER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3-PLUS SENSOR ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/30 days
FREESTYLE LIBRE RECEIVER ( <i>continuous glucose system receiver</i> )	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY) ( <i>continuous glucose system sensor</i> )	F	PA-QL QL= 2 sensors/28 days
LANCET KIT ( <i>lancets misc.</i> )	F	OTC
LANCETS ( <i>lancets</i> )	F	OTC
OMNIPOD 5 G6 INTRO KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year
OMNIPOD 5 G6 PODS MISC ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/30 days
OMNIPOD 5 G7 KIT INTRO ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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OMNIPOD 5 G7 MIS PODS ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year
OMNIPOD DASH PODS ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/month
OMNIPOD GO KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 10 pods/month
OMNIPOD STARTER KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/year
ONETOUCH METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
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

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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TEMPO SMART BUTTON ( <i>blood glucose monitoring supplies</i> )	F	QL QL= 1 button/8 months
V-GO INJ KIT ( <i>insulin infusion disposable pump</i> )	F	QL QL= 1 kit/day
<b>MISC. DEVICES - Drugs for miscellaneous use</b>		
ALCOHOL SWABS 70% ( <i>alcohol swabs</i> )	F	OTC
<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
B-D INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	F	-
B-D PEN AUTOSHIELD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	F	OTC
TECHLITE INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	F	OTC
TECHLITE PEN NEEDLE ( <i>insulin pen needle</i> )	F	OTC
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	F	OTC
TRUEPLUS PEN NEEDLE ( <i>insulin pen needle</i> )	F	-
<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
AEROCHAMBER ( <i>spacer/aerosol-holding chamber supplies - masks</i> )	\$0	OTC
PEAK FLOW METER ( <i>peak flow meter</i> )	\$0	OTC
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache</b>		

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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UBRELVY TAB 100MG, 50MG ( <i>ubrogepant</i> )	F	PA-QL QL= 10 tabs/30 days, 6 fills/year
ZAVZPRET NASAL SPRAY 10MG/ACT ( <i>zavegepant hcl</i> )	F	PA-QL QL= 6 units/fill; 60 units/365 days
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches</b>		
AIMOVIG INJ 140MG/ML, 70MG/ML ( <i>erenumab-aooe</i> )	F	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML ( <i>fremanezumab-vfrm</i> )	F	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	F	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML ( <i>galcanezumab-gnlm</i> )	F	PA-QL QL= 3 inj/fill, 6 fills/year
<b>SEROTONIN AGONISTS - Drugs to treat migraine headaches</b>		
REYVOW TAB 100MG, 50MG ( <i>lasmiditan succinate</i> )	F	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML ( <i>sumatriptan succinate</i> )	F	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	F	QL QL= 4 inj/fill, 2 fills/30 days

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML <i>(sumatriptan succinate)</i>	F	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
<b>MINERALS &amp; ELECTROLYTES - Drugs to treat electrolyte disorders</b>		
<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
<i>sodium fluoride chew tab .25MG, .5MG, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG ( <i>sodium fluoride</i> )	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
<b>PHOSPHATE - Drugs to treat electrolyte deficiency</b>		
<i>phospha 250 neutral tab</i> (K-PHOS NEUTRAL Equiv)	F	-
<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	F	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	F	-

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150

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	F	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	F	-
<i>potassium chloride micro tab 10MEQ, 15MEQ, 20MEQ</i> (K-DUR Equiv)	F	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	F	-
<i>potassium chloride soln 10%, 20%</i>	F	-
<b>ZINC - Drugs to treat mineral deficiency</b>		
GALZIN CAP 25MG, 50MG ( <i>zinc acetate (oral)</i> )	F	-
GALZIN CAP 25MG, 50MG ( <i>zinc acetate (oral)</i> )	F	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	F	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	F	LMSP-PA
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
JOENJA TAB 70MG ( <i>leniolisib phosphate</i> )	F	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (REVLIMID Equiv)</i>	F	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> )	F	LD-QL-RS QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist
REZUROCK TAB 200MG ( <i>belumosudil mesylate</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
ENSPRYNG INJ 120MG/ML ( <i>satralizumab-mwge</i> )	F	LMSP-PA-QL QL= 1 inj/28 days
<i>everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG</i>	F	LMSP-PA
LUPKYNIS CAP 7.9MG ( <i>voclosporin</i> )	F	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 (RAPAMUNE Equiv)</i>	F	-
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		

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152

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L.A. Care PASC-SEIU Homecare Workers Formulary

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LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	F	PA-QL QL= 1 packet/day
<b>PROGERIA TREATMENT AGENTS ***</b>		
ZOKINVY CAP 50MG, 75MG ( <i>lonafarnib</i> )	F	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		
BENLYSTA AUTO-INJECTOR 200MG/ML ( <i>belimumab</i> )	F	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	F	LMSP-PA-QL QL= 4 inj/28 day
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		
<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		
<i>lidocaine viscous soln 2%</i> (XYLOCAINE HCL (MOUTH-THROAT) Equiv)	F	-
<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	F	-
<i>nystatin susp 100000UNIT/ML</i>	F	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	F	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% ( <i>sodium fluoride-potassium nitrate</i> )	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	\$0 copay for members age 5 years and younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	F	-
<b>STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling</b>		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	F	-
<b>THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat</b>		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	F	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	F	-
<b>MULTIVITAMINS - Drugs to treat vitamin deficiency</b>		
<b>B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency</b>		
DIALYVITE TAB ( <i>b-complex w/ c-biotin-e-minerals &amp; folic acid</i> )	F	-
DIALYVITE/ZINC TAB ( <i>b-complex w/ c-zn &amp; folic acid</i> )	F	-
FOLBEE PLUS CZ TAB ( <i>b-complex w/ c-biotin-minerals &amp; folic acid</i> )	F	-
<b>MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency</b>		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	F	-
<b>PED MULTI VITAMINS W/FL &amp; FE - Drugs to treat vitamin deficiency</b>		

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154

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>pediatric multiple vitamins/fluoride/iron soln</i>	F	-
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
FLORIVA PLUS DROPS ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN/FLUORIDE CHEW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN/FLUORIDE CHEW 1MG ( <i>pediatric multivitamins w/fl</i> )	F	-
MULTIVITAMIN/FLUORIDE CHEW TAB ( <i>pediatric multivitamins w/fl</i> )	F	-
<i>pediatric multiple vitamins/fluoride soln</i>	F	-
TRI-VITAMIN FLUORIDE DROPS ( <i>pediatric vitamins acid w/ fluoride</i> )	F	-
<b>PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	F	-
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	F	-

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155

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<i>carisoprodol tab 350MG</i> (SOMA Equiv)	F	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	F	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	F	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	F	-
<i>methocarbamol tab</i> (ROBAXIN Equiv)	F	-
<i>tizanidine tab</i> (ZANAFLEX Equiv)	F	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	F	-
<b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***</b>		
SOHONOS CAP 1.5MG 1.5MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 10MG 10MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 1MG 1MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 2.5MG 2.5MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828

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156

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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SOHONOS CAP 5MG 5MG ( <i>palovarotene</i> )	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	F	-
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	F	-
<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	F	QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	F	OTC-QL QL= 2 bottles/fill
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		
<b>ALS AGENTS - Drugs to treat ALS</b>		
RADICAVA ORS STARTER KIT 105MG/5ML ( <i>edaravone</i> )	F	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML ( <i>edaravone</i> )	F	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	F	-

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157

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>FRIEDRICH'S ATAXIA AGENTS ***</b>		
SKYCLARYS CAP 50MG ( <i>omaveloxolone</i> )	F	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
<b>RETT SYNDROME AGENTS ***</b>		
DAYBUE SOLN 200MG/ML ( <i>trofinetide</i> )	F	LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy</b>		
EVRYSDI SOLN .75MG/ML ( <i>risdiplam</i> )	F	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
EVRYSDI TAB 5MG ( <i>risdiplam</i> )	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
<b>NUTRIENTS - Drugs to treat nutrient disorders</b>		
<b>LIPIDS - Drugs to treat nutrient disorders</b>		
LIQUIGEN ( <i>medium chain triglycerides</i> )	F	OTC-PA
MCT OIL ( <i>medium chain triglycerides</i> )	F	OTC-PA
<b>MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances</b>		
CREATINE PACKET 5000MG ( <i>creatine</i> )	F	OTC-PA
<b>PROTEINS - Drugs to treat nutrient disorders</b>		
CITRULLINE PACKET ( <i>citrulline</i> )	F	OTC-PA
NUTRITIONAL SUPPLEMENT LIQUID ( <i>protein</i> )	F	OTC-PA

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>phlexy-10 tab</i>	F	OTC-PA
<i>pro-stat liquid</i>	F	OTC-PA
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		
<b>BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>brimonidine/timolol ophth soln .2%-.5%</i> (COMBIGAN Equiv)	F	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	F	-
LEVOBUNOLOL OPHTH SOLN .5% (BETAGAN Equiv) ( <i>levobunolol hcl</i> )	F	-
<i>levobunolol ophth soln</i> (BETAGAN Equiv)	F	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	F	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	F	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		
<i>atropine ophth oint 1%</i>	F	-
<i>atropine ophth soln 1%</i> (ISOPTO ATROPINE Equiv)	F	-
ATROPINE SULFATE OPHTH OINT 1% ( <i>atropine sulfate (ophthalmic)</i> )	F	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ( <i>cyclopentolate w/ phenylephrine</i> )	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	F	-
HOMATROPINE OPHTH SOLN 5% ( <i>homatropine hbr</i> )	F	-
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	F	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	F	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
ISOPTO CARBACHOL OPHTH SOLN ( <i>carbachol ophth</i> )	F	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	F	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
APRACLONIDINE OPHTH SOLN .5% (IOPIDINE Equiv) ( <i>apraclonidine hcl</i> )	F	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	F	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	F	-
<i>brimonidine ophth soln 0.2% .2%</i>	F	-
<i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv)	F	-
IOPIDINE OPHTH SOLN 1% ( <i>apraclonidine hcl</i> )	F	-
SIMBRINZA OPHTH SUSP .2%-1% ( <i>brinzolamide-brimonidine tartrate</i> )	F	-

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160

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% ( <i>azithromycin (ophth)</i> )	F	-
BACITRACIN OPHTH OINT 500UNIT/GM ( <i>bacitracin (ophthalmic)</i> )	F	-
<i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	F	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	F	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	F	-
<i>erythromycin ophth oint 5MG/GM</i>	F	-
GENTAK OPHTH OINT .3% ( <i>gentamicin sulfate (ophth)</i> )	F	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	F	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	F	-
LEVOFLOXACIN OPHTH SOLN 0.5% .5% ( <i>levofloxacin (ophth)</i> )	F	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	F	-
NATACYN OPHTH SUSP 5% ( <i>natamycin</i> )	F	QL QL= 15ml/fill

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-gramicidin)</i>	F	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	F	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv)	F	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	F	-
<i>tobramycin ophth soln .3%</i> (TOBREX Equiv)	F	-
TRIFLURIDINE OPHTH SOLN 1% <i>(trifluridine)</i>	F	-
XDEMVY OPHTH SOLN .25% <i>(lotilaner)</i>	F	LD-PA-QL QL= 1 bottle/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416
ZIRGAN OPHTH GEL .15% <i>(ganciclovir ophthalmic)</i>	F	-
<b>OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes</b>		
<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	F	QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	F	-
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		

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162

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>bacitracin/polymyxin/neomycin/hydrocortisone ophthalmic ointment .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	F	-
DEXAMETHASONE OPHTH SOLN .1% ( <i>dexamethasone sodium phosphate (ophth)</i> )	F	-
<i>difluprednate ophthalmic emulsion .05%</i> (DUREZOL Equiv)	F	-
<i>fluorometholone ophthalmic solution .1%</i> (FML LIQUIFILM Equiv)	F	-
LOTEMAX OPHTH OINT .5% ( <i>loteprednol etabonate</i> )	F	-
<i>loteprednol etabonate ophthalmic gel .5%</i> (LOTEMAX Equiv)	F	-
<i>loteprednol ophthalmic suspension .2%, .5%</i> (LOTEMAX, ALREX Equiv)	F	-
MAXIDEX OPHTH SOLN .1%, 9% ( <i>dexamethasone (ophth)</i> )	F	-
<i>neomycin/polymyxin/dexamethasone ophthalmic ointment .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	F	-
<i>neomycin/polymyxin/dexamethasone ophthalmic solution .1%-3.5MG/ML-10000UNIT/ML, 1MG/ML-3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	F	-

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163

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN 1%-3.5MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-hc (ophth))</i>	F	-
PRED MILD OPTH SOLN .12% <i>(prednisolone acetate (ophth))</i>	F	-
PRED-G OPTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i>	F	-
<i>prednisolone acetate ophth susp 1%</i> (PRED FORTE Equiv)	F	-
PREDNISOLONE OPTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	F	-
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN 1% <i>(prednisolone sodium phosphate (ophth))</i>	F	-
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	F	-
TOBRADEX OPTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i>	F	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	F	-
ZYLET OPTH SUSP .3%-.5% <i>(loteprednol etabonate-tobramycin)</i>	F	QL QL= 5ml/fill (10ml bottle is Not Covered)
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>		

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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ALOCRIL OPHTH SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	F	-
ALOMIDE OPHTH SOLN .1% ( <i>lodoxamide tromethamine</i> )	F	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	F	-
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	F	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	F	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	F	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	F	-
CROMOLYN SODIUM OPHTH SOLN 4% ( <i>cromolyn sodium (ophth)</i> )	F	-
CYSTADROPS SOLN .37% ( <i>cysteamine hcl</i> )	F	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> )	F	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	F	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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FLURBIPROFEN OPHTH SOLN .03% ( <i>flurbiprofen sodium</i> )	F	-
ILEVRO OPHTH SUSP .3% ( <i>nepafenac</i> )	F	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	F	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	F	OTC OTC covered only
NEVANAC OPHTH SUSP .1% ( <i>nepafenac</i> )	F	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	F	OTC
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	F	OTC-QL QL= 2.5ml/30 days
UPNEEQ SOLN .1% ( <i>oxymetazoline hcl (blepharoptosis)</i> )	EXC	-
<b>PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>bimatoprost ophth soln .03%</i>	F	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	F	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ( <i>bimatoprost</i> )	F	QL QL= 2.5ml/30 days
<b>OTIC AGENTS - Drugs to treat ear infection</b>		
<b>OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents</b>		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	F	-
<b>OTIC ANTI-INFECTIVES - Drugs to treat ear infections</b>		
<i>ciprofloxacin hcl otic soln .2%</i> (CETRAXAL Equiv)	F	-

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166

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ST	Step Therapy	VAC	Vaccine Program		

**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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

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167

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	F	LD-PA Only available through Optum 877-445-6874
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		
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> )	F	LD-PA Only available through CVS Specialty 800-238-7828
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG ( <i>elxacaftor-tezacaftor-ivacaftor</i> )	F	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	F	LD-PA Only available through Optum 877-445-6874
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human)-klhw</i> )	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		

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168

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	F	-
AMOXICILLIN CHEW TAB 125MG, 250MG ( <i>amoxicillin</i> )	F	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	F	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	F	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	F	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	F	-
<b>PENICILLIN COMBINATIONS - Drugs to treat bacterial infections</b>		
AMOXICILLIN/CLAVULANATE CHEW TAB 28.5MG-200MG, 57MG-400MG ( <i>amoxicillin &amp; pot clavulanate</i> )	F	-
<i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	F	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	F	-
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	F	-
<b>PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects</b>		

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<b>SEMI SOLID VEHICLES - Miscellaneous compounding ingredients</b>		
POLYETHYLENE GLYCOL 8000 GRANULES ( <i>polyethylene glycol 8000</i> )	F	-
<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	F	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	F	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	F	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	F	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	F	-
<i>disulfiram tab 250MG</i> (ANTABUSE Equiv)	F	-
<b>ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders</b>		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM ( <i>sodium oxybate</i> )	F	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523

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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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LUMRYZ STARTER PACK ( <i>sodium oxybate</i> )	F	LD-PA-QL QL= 1 packet/day; Only available through Accredo 800-803-2523
SODIUM OXYBATE SOLN 500MG/ML ( <i>sodium oxybate</i> )	F	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	F	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	F	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	F	ST Step Therapy requires trial of memantine tab
<i>memantine soln 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	F	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	F	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	F	ST Step Therapy requires trial of rivastigmine cap
<b>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	F	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ( <i>perphenazine-amitriptyline</i> )	F	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK ( <i>milnacipran hcl</i> )	F	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ( <i>milnacipran hcl</i> )	F	QL QL= 2 tabs/day
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
AUSTEDO XR TAB 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG ( <i>deutetrabenazine</i> )	F	LMSP-PA-QL QL= 1 tab/day
INGREZZA CAP 40MG, 60MG, 80MG ( <i>valbenazine tosylate</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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INGREZZA PACK 40-80MG ( <i>valbenazine tosylate</i> )	F	LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585
INGREZZA SPRINKLE CAP 40MG, 60MG, 80MG ( <i>valbenazine tosylate</i> )	F	LD-PA-QL QL= 1 cap/day; Only available through PantheRx 855-726-8479
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	F	LMSP
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		
AVONEX INJ 30MCG/0.5ML ( <i>interferon beta-1a</i> )	F	LMSP
BETASERON INJ .3MG ( <i>interferon beta-1b</i> )	F	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	F	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	F	LMSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	F	LMSP
GILENYA CAP 0.25MG .25MG ( <i>fingolimod hcl</i> )	F	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	F	LMSP
KESIMPTA INJ 20MG/0.4ML ( <i>ofatumumab (ms)</i> )	F	LMSP

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173

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Last Updated 5/8/2025

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MAVENCLAD THERAPY PAK 10MG ( <i>cladribine (multiple sclerosis)</i> )	F	LMSP
MAYZENT TAB .25MG, 1MG, 2MG ( <i>siponimod fumarate</i> )	F	LMSP
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	F	LMSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	F	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	F	LMSP
<i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO Equiv)	F	LMSP
ZEPOSIA CAP .92MG ( <i>ozanimod hcl</i> )	F	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK ( <i>ozanimod hcl</i> )	F	LMSP-PA-QL QL= 1 cap/day
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders</b>		
NUEDEXTA CAP 10MG-20MG ( <i>dextromethorphan hbr-quinidine sulfate</i> )	F	PA-QL QL= 2 caps/day
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs</b>		
PIMOZIDE TAB 1MG, 2MG ( <i>pimozide</i> )	F	-
<b>SMOKING DETERRENTS - Drugs to treat smoking urges</b>		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	\$0	QL-SMKG Limited to 180 days/plan year

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**Last Updated 5/8/2025**

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<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
NICOTINE KIT ( <i>nicotine</i> )	\$0	OTC-QL-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-QL-SMKG Limited to 182 days/plan year
NICOTROL INHALER 10MG ( <i>nicotine</i> )	\$0	QL-SMKG Limited to 180 days/plan year
NICOTROL NASAL SPRAY 10MG/ML ( <i>nicotine</i> )	\$0	QL-SMKG Limited to 180 days/plan year
VARENICLINE TAB .5MG, 1MG ( <i>varenicline tartrate</i> )	\$0	QL-SMKG Limited to 168 days/plan year
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	QL-SMKG Limited to 168 days/plan year
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	QL-SMKG Limited to 168 days/plan year
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis</b>		
WAINUA INJ 45MG/0.8ML ( <i>eplontersen sodium</i> )	F	LD-PA-QL QL= 1 inj/28 days; Only available through Orsini 800-410-8575
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		

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175

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**Last Updated 5/8/2025**

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

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176

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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OFEV CAP 100MG, 150MG ( <i>nintedanib esylate</i> )	F	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)	F	LMSP-PA-QL QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
<b>TETRACYCLINES - Drugs to treat bacterial infections</b>		
<b>TETRACYCLINES - Drugs to treat infections</b>		
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	F	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	F	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	F	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	F	-

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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**L.A. Care PASC-SEIU Homecare Workers Formulary**

**Last Updated 5/8/2025**

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<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	F	-
<b>THYROID AGENTS - Drugs to regulate thyroid hormones</b>		
<b>ANTITHYROID AGENTS - Drugs to treat high thyroid level</b>		
<i>methimazole tab</i> (TAPAZOLE Equiv)	F	-
<i>propylthiouracil tab 50MG</i>	F	-
<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		
ARMOUR THYROID TAB, NATURE THROID TAB 120MG, 130MG, 15MG, 16.25MG, 180MG, 240MG, 300MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 97.5MG ( <i>thyroid</i> )	F	-
<i>levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG</i> (SYNTHROID Equiv)	F	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	F	-
<i>np thyroid tab</i> (ARMOUR THYROID, NATURE THROID Equiv)	F	-
THYROLAR TAB ( <i>liotrix (t3-t4)</i> )	F	-
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	F	-

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178

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<i>dicyclomine soln 10MG/5ML, 20MG/10ML</i> (BENTYL Equiv)	F	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	F	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	F	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv)	F	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	F	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	F	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	F	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	F	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	F	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>esomeprazole cap 20MG, 40MG</i> (NEXIUM Equiv)	F	OTC
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	F	Rx Only
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	F	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	F	-
<i>rabeprazole EC tab 20MG</i> (ACIPHES Equiv)	F	-
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		

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<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	F	-
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	F	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>omeprazole tab 20MG</i>	F	OTC
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		
<i>fesoterodine fumarate ER tab 4MG, 8MG</i> (TOVIAZ Equiv)	F	-
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	F	-
<i>oxybutynin syrup 5MG/5ML</i>	F	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	F	-
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	F	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	F	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	F	-
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms</b>		
MYRBETRIQ TAB 25MG, 50MG ( <i>mirabegron</i> )	F	-
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention</b>		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/8/2025

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<b>VACCINES - Drugs to prevent infection</b>		
<b>BACTERIAL VACCINES - Drugs to prevent infection</b>		
BCG INJ 50MG ( <i>bcg vaccine</i> )	EXC	VAC
CAPVAXIVE INJ .5ML ( <i>pneumococcal 21-valent conjugate vaccine</i> )	\$0	VAC
PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	\$0	VAC
PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	\$0	VAC
PREVNAR 20 INJ ( <i>pneumococcal 20-valent conjugate vaccine</i> )	\$0	VAC Covered for members age 19 years and older
TYPHIM VI INJ 25MCG/0.5ML ( <i>typhoid vi polysaccharide vaccine</i> )	EXC	VAC
VAXCHORA SUSP ( <i>cholera vaccine live attenuated</i> )	EXC	VAC
VAXNEUVANCE INJ ( <i>pneumococcal 15-valent conjugate vaccine</i> )	\$0	VAC
VIVOTIF CAP ( <i>typhoid vaccine</i> )	EXC	VAC
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
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 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
FLUAD INJ <i>(influenza virus vaccine types a &amp; b surface antigen adjuvant)</i>	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK INJ <i>(influenza virus vaccine recombinant hemagglutinin (ha))</i>	\$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX INJ <i>(influenza virus vaccine tissue-cultured subunit)</i>	\$0	QL-VAC QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ <i>(influenza virus vaccine split preservative free)</i>	\$0	QL-VAC QL= 1 inj/28 days
FLUMIST NASAL <i>(influenza virus vaccine live)</i>	\$0	QL-VAC QL= 1 dose/28 days
FLUZONE HIGH DOSE PF INJ <i>(influenza virus vaccine split high-dose preservative free)</i>	\$0	QL-VAC QL= 1 inj/28 days
IMOVAX INJ 2.5UNIT/ML <i>(rabies virus vaccine, hdc)</i>	EXC	VAC

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182

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IXCHIQ INJ ( <i>chikungunya virus vaccine live</i> )	EXC	VAC
IXIARO INJ ( <i>japanese encephalitis vaccine inactivated adsorbed</i> )	EXC	VAC
NOVAVAX INJ 5MCG/0.5ML ( <i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days
RABAVERT INJ ( <i>rabies vaccine, pcec</i> )	EXC	VAC
SPIKEVAX INJ 100MCG/0.5ML, 50MCG/0.5ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML 50MCG/0.5ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL-VAC QL= 1 dose/24 days
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML ( <i>tick-borne encephalitis virus vaccine, inactivated</i> )	EXC	VAC
VIMKUNYA INJ 40MCG/0.8ML ( <i>chikungunya virus vaccine recombinant vlp</i> )	EXC	VAC
YF-VAX INJ ( <i>yellow fever vaccine</i> )	EXC	VAC
<b>VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections</b>		
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
CLINDESSE VAGINAL CREAM 2% ( <i>clindamycin phosphate (one dose)</i> )	F	QL QL= 1 applicator/fill
XACIATO GEL 2% ( <i>clindamycin phosphate vaginal</i> )	F	QL QL= 1 applicator/fill
<b>VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy</b>		

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PHEXXI GEL .4%-1%-1.8% ( <i>lactic acid-citric acid-potassium bitartrate</i> )	\$0	QL QL= 1 box/fill
<b>VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones</b>		
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
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
TODAY SPONGE 1000MG ( <i>nonoxynol-9</i> )	\$0	OTC
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	F	QL QL=1 tube/fill
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	F	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	F	-
TERCONAZOLE CREAM 0.8% ( <i>terconazole vaginal</i> )	F	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	F	-
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	F	-
<i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	F	QL QL= 8 tabs/28 days, 18 tabs on first fill
ESTRING 2MG, 7.5MCG/24HR ( <i>estradiol vaginal</i> )	F	-
PREMARIN VAGINAL CREAM .625MG/GM ( <i>estrogens, conjugated vaginal</i> )	F	-
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		
CRINONE GEL 4%, 8% ( <i>progesterone (vaginal)</i> )	F	PA

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ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	F	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	F	QL QL= 2 inj/fill
NEFFY SPRAY ( <i>epinephrine</i> )	F	QL QL= 2 doses/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	F	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	F	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	F	RX strength only
VITAMIN D TAB 400UNIT 400UNIT ( <i>ergocalciferol</i> )	\$0	OTC Covered for members 65 years or older

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185

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ALPHABETICAL LISTING OF DRUGS

<b>A</b>					
abacavir soln	80	ADALIMUMAB-AATY 20	5	ADALIMUMAB-FKJP	6
abacavir tab	80	MG/0.2 ML PFS (2		AUTO-INJECTOR KIT	
abacavir/lamivudine tab	80	SYRINGE) KIT		40MG/0.8ML	
abacavir/lamivudine/zidovu	80	ADALIMUMAB-AATY 40	5	ADALIMUMAB-FKJP	6
dine tab		MG/0.4 ML PEN (1 PEN)		PFS KIT 20 MG/0.4ML	
abiraterone tab 250mg	60	KIT		ADALIMUMAB-FKJP	6
acamprosate calcium DR	170	ADALIMUMAB-AATY 40	5	PFS KIT 40 MG/0.8ML	
tab		MG/0.4 ML PEN (2 PEN)		adapalene cream	103
acarbose tab	34	KIT		adapalene gel	103
acebutolol cap	89	ADALIMUMAB-AATY 40	6	adapalene/benzoyl	103
acetaminophen/codeine tab	13	MG/0.4 ML PFS (2		peroxide gel 0.1-2.5%	
acetazolamide ER cap	116	SYRINGE) KIT		adapalene/benzoyl	103
acetazolamide tab	116	ADALIMUMAB-AATY 80	6	peroxide gel 0.3-2.5%	
acetic acid otic soln	166	MG/0.8 ML PEN (1 PEN)		ADBRY INJ	111
acetic acid/hydrocortisone	167	KIT		adefovir dipivoxil tab	86
otic soln		ADALIMUMAB-AATY	6	ADEMPAS TAB	94
acetylcysteine soln	102	80MG/0.8ML PEN (3		ADVAIR HFA INHALER	21
acitretin cap	106	PEN) KIT		ADVATE, KOVALTRY INJ	132
ACTHAR GEL INJ	119	ADALIMUMAB-ADAZ	6	ADYNOVATE INJ	132
ACTIMMUNE INJ	57	INJ		AEROCHAMBER	148
acyclovir cap	87	ADALIMUMAB-ADAZ	6	AFLURIA INJ, FLUZONE	181
acyclovir oint	108	INJ 10/0.1ML		INJ	
acyclovir susp	87	ADALIMUMAB-ADAZ	6	AFSTYLA KIT	132
acyclovir tab	87	PFS INJ		AIMOVIG INJ	149
ADALIMUMAB FKJP KIT	5	ADALIMUMAB-FKJP	6	AJOVY INJ	149
INJ 20MG/0.4ML		AUTO-INJECTOR KIT		AKYNZEO CAP	44
				albuterol HFA inhaler	22
				albuterol neb soln	22

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ALPHABETICAL LISTING OF DRUGS

ALBUTEROL	22	ALPROLIX INJ	133	amoxapine tab	34
NEBULIZER SOLN		ALTUVIIIIO INJ	133	amoxicillin cap	169
albuterol sulfate syrup	22	ALUNBRIG TAB 30MG	63	AMOXICILLIN CHEW	169
albuterol sulfate tab	22	ALUNBRIG TAB 90MG,	63	TAB	
albuterol/ipratropium neb	22	180MG		amoxicillin susp	169
soln		ALVESCO INHALER	21	amoxicillin tab	169
alclometasone cream	108	amantadine cap	76	AMOXICILLIN/CLAVUL	169
alclometasone oint	108	amantadine soln	77	ANATE CHEW TAB	
ALCOHOL SWABS	148	amantadine syrup	76	amoxicillin/clavulanate	169
ALECENSA CAP	63	amantadine tab	76	susp	
alendronate tab	118	ambrisentan tab	93	amoxicillin/clavulanate tab	169
ALENDRONATE TAB	118	amethyst tab	95	500-125mg, 875-125mg	
40MG		amiloride tab	117	amphetamine/dextroamphe	1
alfuzosin SR tab	131	AMILORIDE/HCTZ TAB	116	tamine ER cap	
allopurinol tab	131	amiloride/hydrochlorothia	116	amphetamine/dextroamphe	1
ALOCRILOPHTH SOLN	165	zide tab		tamine tab	
ALOGLIPTIN TAB	37	aminocaproic acid soln	141	ampicillin cap	169
ALOGLIPTIN/PIOGLITAZ	34	aminocaproic acid tab	141	anagrelide cap	137
ONE TAB, OSENI TAB		amiodarone tab	18	anastrozole tab	60
ALOGLIPTIN-METFORM	35	amitriptyline tab	34	ANDRODERM PATCH	14
IN TAB		amlodipine tab	91	ANNOVERA RING	98
ALOGLIPTIN-PIOGLITAZ	35	amlodipine/benazepril cap	50	ANORO ELLIPTA	22
ONE TAB		amlodipine/olmesartan tab	50	INHALER	
ALOMIDE OPHTH SOLN	165	amlodipine/valsartan tab	50	APAP/CODEINE SOLN	13
ALPHANATE, HUMATE-I	132	ammonium lactate lotion	111	apraclonidine ophth soln	160
INJ		amnestem cap, claravis	103	aprepitant cap	44
ALPHANINE SD INJ	133	cap, isotretinoin cap,		aprepitant pak	44
alprazolam tab	17	myorisan cap, zenatane cap		APTIVUS CAP	80

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ALPHABETICAL LISTING OF DRUGS

APTIVUS SOLN	80	ATROVENT HFA	19	BALVERSA TAB 5MG	64
aripiprazole tab	80	INHALER		BAQSIMI NASAL	36
armodafinil tab	3	AUGTYRO CAP	63	POWDER	
ARMOUR THYROID	178	AUGTYRO CAP 160MG	63	BCG INJ	181
TAB, NATURE THROID		AUSTEDO XR TAB	172	B-D INSULIN SYRINGE	148
TAB		AVONEX INJ	173	U-500	
ARNUITY ELLIPTA	21	AYVAKIT TAB	62	B-D PEN AUTOSHIELD	148
INHALER		AZASITE SOLN	161	DUO PEN NEEDLE	
asenapine maleate SL tab	78	azathioprine tab	88	benazepril tab	49
ashlyna tab, daysee tab	96	azelaic acid gel	113	benazepril/hydrochlorothia	51
ASMANEX HFA	21	azelastine nasal spray 0.1%	157	zide tab	
INHALER		azelastine ophth soln	165	BENEFIX INJ	133
ASMANEX INHALER	21	azithromycin susp	144	BENLYSTA	153
aspirin chew tab 81mg	10	azithromycin tab	144	AUTO-INJECTOR	
aspirin ec tab 81mg	10			BENLYSTA INJ	153
ASTAMED MYO CAP	115	<b>B</b>		BENZNIDAZOLE TAB	16
atazanavir cap	80	BACITRACIN OPHTH	161	benzonatate cap 100mg,	101
atenolol tab	89	OINT		200mg	
atenolol/chlorthalidone tab	51	bacitracin/neomycin/poly	161	benztropine tab	75
atomoxetine cap	2	myxin b ophth oint		BESREMI INJ	75
atorvastatin tab	47	bacitracin/polymyxin b	161	BETAMETH VALERATE	108
atovaquone susp	53	ophth oint		LOTION	
atovaquone/proguanil tab	55	bacitracin/polymyxin/neo	163	betamethasone augmented	108
atropine ophth oint	159	mycin/hydrocortisone		cream	
atropine ophth soln	159	ophth oint		BETAMETHASONE	108
ATROPINE SULFATE	159	baclofen tab	155	AUGMENTED GEL	
OPHTH OINT		balsalazide cap	127	betamethasone augmented	108
		BALVERSA TAB 3MG	63	lotion	
		BALVERSA TAB 4MG	63		

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ALPHABETICAL LISTING OF DRUGS

betamethasone augmented oint	109	BREO ELLIPTA INHALER	22	buprenorphine SL tab	14
betamethasone dipropionate cream	109	BREO ELLIPTA INHALER 50-25	22	buprenorphine/naloxone sl film	14
betamethasone dipropionate lotion	109	MCG/ACT		buprenorphine/naloxone SL tab	14
betamethasone dipropionate oint	109	BREZTRI AEROSPHERE	22	bupropion ER tab	31
betamethasone valerate cream	109	INHALER		bupropion SR tab	174
betamethasone valerate lotion	109	brimonidine ophth soln 0.15%	160	bupropion tab	31
betamethasone valerate oint	109	brimonidine ophth soln 0.2%	160	bupropion XL tab	31
BETASERON INJ	173	brimonidine tartrate gel	113	buspirone tab	17
bethanechol tab	180	brimonidine tartrate ophth soln 0.1%	160	butorphanol nasal spray	14
bexarotene cap	75	brimonidine/timolol ophth soln	159	BYDUREON BCISE AUTO INJ	38
bexarotene gel	105	brinzolamide ophth susp	165	BYDUREON INJ	38
bicalutamide tab	60	bromfenac ophth soln	165	BYDUREON PEN INJ	38
BIKTARVY TAB	80	bromfenac sodium ophth soln 0.07%	165	BYLVAY CAP 1200MCG	127
bimatoprost ophth soln	111	bromocriptine cap	76	BYLVAY CAP 400MCG	127
bisoprolol tab	89	bromocriptine tab	76	BYLVAY SPRINKLE CAP 200MCG	127
bisoprolol/hydrochlorothiazide tab	51	BRUKINSA CAP	64	BYLVAY SPRINKLE CAP 600MCG	127
bosentan tab	93	budesonide inh susp	21		
BOSULIF CAP	64	budesonide SR cap	99	<b>C</b>	
BOSULIF TAB	64	budesonide/formoterol inhaler	23	cabergoline tab	123
BRAFTOVI CAP 75MG	64	bumetanide tab	117	CABLIVI INJ KIT	137
				CABOMETYX TAB	64
				calcipotriene cream	106
				calcipotriene oint	106
				calcipotriene soln	106

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ALPHABETICAL LISTING OF DRUGS

calcitonin nasal spray	118	CEFADROXIL TAB	95	cholestyramine lite	47
calcitriol cap	121	cefdinir cap	95	powder pack	
calcitriol soln	121	cefdinir susp	95	cholestyramine powder	47
calcium acetate cap	128	cefuroxime tab	95	cholestyramine powder	47
CALIBRATION LIQUID	145	celecoxib cap	8	pack	
CALQUENCE TAB	64	cephalexin cap	95	CIBINQO TAB	111
CAMZYOS CAP	92	cephalexin susp	95	ciclopirox cream	105
capecitabine tab	57	CERDELGA CAP	138	ciclopirox gel	105
CAPRELSA TAB	64	CERVICAL CAP	145	ciclopirox nail soln	105
CAPRELSA TAB 300MG	64	cetirizine syrup	45	ciclopirox shampoo	105
captopril tab	49	cetirizine tab	45	ciclopirox topical susp	105
CAPVAXIVE INJ	181	cetirizine/pseudoephedrine	101	cilostazol tab	137
carbamazepine chew tab	26	12-hour tab		CIMDUO TAB	80
carbamazepine ER cap	26	cetorelix acetate for inj	119	CIMZIA INJ	127
carbamazepine ER tab	26	kit		cinacalcet tab	121
carbamazepine susp	26	cevimeline cap	154	ciprofloxacin hcl otic soln	166
carbamazepine tab	26	CHEMET CAP	42	ciprofloxacin ophth soln	161
carbidopa tab	75	chlordiazepoxide cap	17	ciprofloxacin susp	125
carbidopa/levodopa ER tab	76	chlorhexidine gluconate	153	ciprofloxacin tab	125
CARBIDOPA/LEVODOPA	76	soln		ciprofloxacin/dexamethaso	167
ODT		chloroquine tab	55	ne otic susp	
carbidopa/levodopa tab	76	CHLOROTHIAZIDE TAB	118	citalopram soln	32
carbidopa-levodopa-entaca	77	chlorpromazine tab	79	citalopram tab	32
pone tab		chlorthalidone tab	118	CITRULLINE PACKET	158
carglumic acid tab	121	chlorzoxazone tab 500mg	156	CLARITHROMYC SUSP	144
carisoprodol tab	156	CHOLBAM CAP	126	clarithromycin tab	144
carvedilol tab	89	cholestyramine lite	47	clindamycin cap	53
CAYSTON INH SOLN	53	powder		clindamycin gel	103

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## ALPHABETICAL LISTING OF DRUGS

clindamycin lotion	103	codeine sulfate tab 15mg,	11	COVID-19 VACCINE INJ	182
clindamycin pad	103	30mg		6M-11Y (MODERNA)	
clindamycin topical soln	103	codeine sulfate tab 60mg	11	COVID-19 VACCINE INJ	182
clindamycin vaginal cream	184	colchicine tab	132	6M-4Y (PFIZER)	
CLINDESSE VAGINAL	183	colchicine/probenecid tab	131	CREATINE PACKET	158
CREAM		colesevelam pack	47	5000MG	
clobazam susp	25	colesevelam tab	47	CREON CAP	116
clobazam tab	25	colestipol tab	47	CRINONE GEL	184
clobetasol propionate	109	COLY-MYCIN S OTIC	167	CRIXIVAN CAP	81
cream		SUSP		cromolyn conc	126
clobetasol propionate	109	COMBIPATCH	124	cromolyn neb soln	19
emollient cream		COMBIVENT RESPIMAT	23	cromolyn ophth soln	165
clobetasol propionate gel	109	INHALER		CROMOLYN SODIUM	165
clobetasol propionate oint	109	COMETRIQ KIT	65	OPHTH SOLN	
clomiphene citrate tab	119	COMIRNATY INJ	181	cryselle tab	96
CLOMIPHENE TAB	119	COMIRNATY INJ	182	CUE COVID-19 INJ TEST	114
clonazepam tab	25	30MCG/0.3ML		CARTRIDGE	
clonidine ER tab	2	COMPLERA TAB	81	CUE HEALTH MONITOR	114
clonidine patch	50	CONTRACEPTIVE FILM	184	cyanocobalamin inj	139
clonidine tab	50	CONTRACEPTIVE FOAM	184	cyclobenzaprine tab 10mg	156
clopidogrel tab 75mg	138	CONTRACEPTIVE GEL	184	cyclobenzaprine tab 5mg	156
clotrimazole troches	153	COPIKTRA CAP	65	CYCLOMYDRIL OPHTH	159
clotrimazole/betamethason	105	CORIFACT KIT	133	SOLN	
e cream		COTELLIC TAB	65	cyclopentolate ophth soln	160
clozapine tab	78	COVID-19 TEST	114	cyclophosphamide cap	57
COAGADEX INJ	133	COVID-19 VACCINE INJ	182	CYCLOPHOSPHAMIDE	57
CODEINE SULFATE TAB	11	5-11Y (PFIZER)		TAB	
15MG				cyclosporine cap	88

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191

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## ALPHABETICAL LISTING OF DRUGS

cyclosporine modified cap	88	DEPLIN CAP	115	dexmethylphenidate tab	3
cyclosporine modified soln	88	DEPO-PROVERA INJ	99	dextroamphetamine ER	1
cyclosporine ophth emulsion	162	DESCOVY TAB	81	cap	
cyproheptadine syrup	46	desipramine tab	34	dextroamphetamine tab	1
cyproheptadine tab	46	desmopressin acetate tab	123	DIACOMIT CAP	26
CYSTADROPS SOLN	165	DESMOPRESSIN NASAL SPRAY	123	DIACOMIT POWDER	26
CYSTAGON CAP	130	desoximetasone cream	109	PACK	
CYSTARAN OPHTH SOLN	165	desoximetasone oint	109	DIALYVITE TAB	154
CYTRA K CRYSTALS	129	desvenlafaxine ER tab	33	DIALYVITE/ZINC TAB	154
CYTRA-3 SYRUP	129	DEXAMETHASONE CONC	99	DIAPHRAGM	145
<hr/>					
<b>D</b>		dexamethasone elixir	99	DIASTAT RECTAL GEL,	25
dalfampridine ER tab	173	DEXAMETHASONE OPHTH SOLN	163	DIAZEPAM RECTAL GEL	
danazol cap	14	dexamethasone sodium phosphate inj	99	diazepam conc	17
dantrolene cap	156	DEXAMETHASONE SOLN	99	DIAZEPAM GEL	25
dapsone tab	53	dexamethasone tab	99	diazepam oral soln	17
darunavir tab	81	DEXCOM G6 RECEIVER	145	5mg/5ml	
dasatinib tab	65	DEXCOM G6 SENSOR	145	diazepam rectal gel	26
DAYBUE SOLN	158	DEXCOM G6 TRANSMITTER	145	diazepam tab 2mg, 10mg	17
deferasirox granules packet	42	DEXCOM G7 RECEIVER	145	diazepam tab 5mg	18
deferasirox tab	42	DEXCOM G7 SENSOR	145	diclofenac gel	106
deferasirox tab for oral susp	42	dexmethylphenidate ER cap	3	diclofenac gel 1%	105
deferiprone tab	42			diclofenac potassium tab	8
DELSTRIGO TAB	81			diclofenac sodium EC tab	8
				diclofenac sodium ophth soln	165
				diclofenac sodium XR tab	8
				dicloxacillin cap	169
				dicyclomine cap	178

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ALPHABETICAL LISTING OF DRUGS

dicyclomine soln	179	donepezil ODT	171	DROSPIRENONE/ETHIN	96
dicyclomine tab	179	donepezil tab	171	YL	
didanosine DR cap	81	donepezil tab 23mg	171	ESTRADIOL/LEVOMEFC	
DIFICID SUSP	144	DOPTELET TAB	139	LATE TAB, SAFYRAL TA	
DIFICID TAB	145	dorzolamide ophth soln	165	DROXIA CAP	138
difluprednate ophth	163	dorzolamide/timolol ophth	159	DRYSOL SOLN	113
emulsion		soln		DULERA INHALER	23
digoxin soln	91	DOVATO TAB	81	duloxetine EC cap	33
DIGOXIN SOLN	91	doxazosin tab	50	DUPIXENT INJ	111
0.05MG/ML		doxepin cap	34	DUPIXENT PEN INJ	111
digoxin tab	91	doxepin conc	34	dutasteride cap	131
DILANTIN CAP 30MG	30	doxercalciferol cap	121	<hr/>	
diltiazem ER cap	91	doxycycline hyclate cap	177	<b>E</b>	
diltiazem tab	91	doxycycline hyclate tab	177	EBGLYSS INJ	111
dimethyl fumarate DR cap	173	doxycycline monohydrate	177	EBGLYSS PEN INJ	111
dimethyl fumarate DR	173	cap 100mg		econazole cream	105
starter pack		doxycycline monohydrate	177	EDURANT TAB	81
DIPHENOXYLATE/ATRO	41	cap 50mg		EFAVIRENZ CAP	81
PINE LIQUID		doxycycline monohydrate	177	efavirenz tab	81
diphenoxylate/atropine tab	42	tab		efavirenz/emtricitabine/ten	81
dipyridamole tab	138	doxycycline susp	177	ofovir df tab	
disopyramide cap	18	D-PENAMINE TAB	88	efavirenz/lamivudine/tenof	81
disulfiram tab	170	dronabinol cap	44	ovir df (lo) tab	
DIURIL SUSP	118	drospirenone/ethinyl	96	EGRIFTA INJ	120
divalproex ER tab	30	estradiol/levomefolate tab		ELIGEN B12 TAB	115
divalproex sodium DR tab	31			ELIQUIS TAB, ELIQUIS	25
divalproex sprinkle cap	31			STARTER PACK	
dofetilide cap	18			ELIXOPHYLLIN ELIXIR	24
				ELLA TAB	98

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ALPHABETICAL LISTING OF DRUGS

ELOCTATE INJ	133	EPIFOAM AEROSOL	109	estradiol patch	125
eluryng vaginal ring	98	epinephrine pen inj	185	estradiol tab	125
EMCYT CAP	60	0.15mg, 0.3mg		estradiol vaginal tab,	184
EMGALITY INJ	149	EPIVIR HBV SOLN	86	yuvafem vaginal tab	
EMGALITY INJ	149	eplerenone tab	52	estradiol valerate inj	125
100MG/ML		EQUETRO CAP	78	estradiol/norethindrone tab	124
EMPAVELI INJ	136	ERIVEDGE CAP	60	ESTRING	184
emtricitabine cap	81	ERLEADA TAB	60	eszopiclone tab	142
emtricitabine/tenofovir	81	ERLEADA TAB 240MG	60	ethacrynic tab	117
disoproxil fumarate tab		erlotinib tab	59	ethambutol tab	56
EMTRIVA SOLN	81	erlotinib tab 25mg	59	ethosuximide cap	30
EMVERM TAB	16	ERY PAD	103	ethosuximide soln	30
enalapril tab	49	ERYTHROMYCIN CAP	144	etodolac cap	8
enalapril/hydrochlorothiazi	51	DR		etodolac tab	8
de tab		ERYTHROMYCIN EC	144	ETOPOSIDE CAP	75
ENBREL INJ 25MG	10	CAP		etravirine tab	82
ENBREL INJ 50MG	10	erythromycin	144	EULEXIN CAP	60
ENBREL MINI INJ	10	ethylsuccinate susp		everolimus tab	65
ENBREL SURECLICK	10	erythromycin gel	103	everolimus tab	152
INJ 50MG		erythromycin ophth oint	161	(ZORTRESS equiv)	
ENDOMETRIN INSERT	185	erythromycin pad	103	everolimus tab for oral	65
enoxaparin inj	25	erythromycin soln	103	susp	
enpresse tab	96	escitalopram soln	32	EVOTAZ TAB	82
ENSPRYNG INJ	152	escitalopram tab	32	EVRYSDI SOLN	158
entacapone tab	76	esomeprazole cap	179	EVRYSDI TAB	158
entecavir tab	86	ESPEROCT INJ	133	exemestane tab	60
ENTYVIO SC INJ	127	estazolam tab	142	ezetimibe tab	48
EPIDIOLEX SOLN	26	estradiol cream	184		

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ALPHABETICAL LISTING OF DRUGS

FALESSA TAB	115	FIRDAPSE TAB	55	FLUORIDEX	153
famciclovir tab	87	flecainide tab	18	SENSITIVITY PASTE	
famotidine susp	179	FLORIVA PLUS DROPS	155	fluorometholone ophth	163
famotidine tab	179	FLUAD INJ	182	soln	
FARXIGA TAB	41	FLUBLOK INJ	182	fluorouracil cream	106
FASENRA PEN INJ	19	FLUCELVAX INJ	182	fluorouracil soln	106
febuxostat tab	132	fluconazole susp	45	fluoxetine cap	32
FEIBA INJ	133	fluconazole tab	45	fluoxetine soln	32
felbamate susp	28	flucytosine cap	44	fluoxetine tab 60mg	33
felbamate tab	29	fludrocortisone tab	101	fluphenazine tab	79
felodipine ER tab	91	FLULAVAL INJ, FLUARI	182	FLURBIPROFEN OPHTH	166
FEMALE CONDOMS	145	INJ		SOLN	
FEMLYV TAB	96	FLUMIST NASAL	182	flurbiprofen tab	8
fenofibrate cap 67mg, 134mg, 200mg	47	fluocinolone acetonide cream	109	flutamide cap	60
fenofibrate tab 48mg, 54mg, 145mg, 160mg	47	fluocinolone acetonide oint	109	fluticasone nasal spray	157
fenofibric acid DR cap	47	fluocinolone acetonide soln	109	fluticasone propionate cream	110
fentanyl patch	11	fluocinolone acetonide	109	fluticasone propionate oint	110
ferrex 150 forte cap	140	fluocinolone otic oil	167	fluticasone/salmeterol	23
FERRIPROX SOLN	42	fluocinonide cream 0.05%	109	inhaler, wixela inhaler	
fesoterodine fumarate ER tab	180	fluocinonide cream 0.1%	110	FLUTICASONE-SALMET	23
FIBRYGA, RIASTAP INJ	134	fluocinonide emollient cream	110	EROL INHALER 113-14	
FILSPARI TAB	131	fluocinonide gel	110	MCG/ACT	
finasteride tab	111	fluocinonide oint	110	FLUTICASONE-SALMET	23
fingolimod hcl cap 0.5mg	173	fluocinonide soln	110	EROL INHALER 232-14	
FINTEPLA SOLN	26			MCG/ACT	

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FLUTICASONE-SALMET 23	FREESTYLE LIBRE 3 146	gentamicin ophth soln 161
EROL INHALER 55-14	SENSOR	gentamicin sulfate cream 104
MCG/ACT	FREESTYLE LIBRE 146	gentamicin sulfate oint 104
fluvoxamine ER cap 33	3-PLUS SENSOR	GENVOYA TAB 82
fluvoxamine tab 33	FREESTYLE LIBRE 146	gianvi tab, ocella tab 96
FLUZONE HIGH DOSE 182	RECEIVER	GILENYA CAP 0.25MG 173
PF INJ	FREESTYLE LIBRE 146	GILOTRIF TAB 59
FOLBEE PLUS CZ TAB 154	SENSOR (14-DAY)	glatiramer inj 173
folic acid tab 1mg 139	FRUZAQLA CAP 1MG 58	GLEOSTINE/LOMUSTIN 57
folic acid tab 400mcg 139	FRUZAQLA CAP 5MG 58	E CAP
folic acid tab 800mcg 139	FULPHILA INJ 139	glimepiride tab 41
fondaparinux inj 25	FUROSCIX KIT 117	glipizide ER tab 41
fosamprenavir tab 82	furosemide soln 117	glipizide tab 41
fosinopril tab 49	furosemide tab 117	glipizide/metformin tab 35
fosinopril/hydrochlorothia 51		GLUCAGEN HYPOKIT 36
zide tab	<b>G</b>	INJ
FOSRENOL POWDER 128	gabapentin cap 27	glucagon (rdna) for inj kit 36
PACK	gabapentin soln 27	GLUCAGON EMR INJ 37
FOTIVDA CAP 65	gabapentin tab 600mg 27	GLUCAGON INJ KIT 37
FREESTYLE LIBRE 2 146	gabapentin tab 800mg 27	GLYBURID MCR TAB 41
RECEIVER	galantamine ER cap 171	glyburide tab 41
FREESTYLE LIBRE 2 146	galantamine tab 171	glyburide/metformin tab 35
SENSOR	GALZIN CAP 151	glycopyrrolate tab 179
FREESTYLE LIBRE 146	GAVILYTE-C SOLN 143	GLYGEST PAK 115
2-PLUS SENSOR	GAVRETO CAP 65	GOLYTELY SOLN 143
FREESTYLE LIBRE 3 146	gefitinib tab 59	granisetron tab 43
READER	gemfibrozil tab 47	griseofulvin micro tab 44
	GENOTROPIN INJ 120	griseofulvin susp 45
	GENTAK OPHTH OINT 161	

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ALPHABETICAL LISTING OF DRUGS

griseofulvin tab	45	HUMALOG JR	39	HYDROCORTISONE	16
guaifenesin/codeine soln	101	KWIKPEN INJ		ACETATE/PRAMOXINE	
GUAIFENESIN/CODEINE	101	HUMALOG KWIKPEN	39	CREAM	
SYRUP		INJ		hydrocortisone cream	16
guanfacine ER tab	3	HUMALOG MIX INJ	39	hydrocortisone enema	15
guanfacine IR tab	50	HUMALOG MIX	39	hydrocortisone lotion	110
GVOKE INJ	37	KWIKPEN, INSULIN		HYDROCORTISONE	110
GVOKE INJ KIT	37	LISPRO MIX KWIKPEN		LOTION 2.5%	
GVOKE PFS INJ	37	HUMALOG PEN INJ	39	hydrocortisone oint	110
<b>H</b>		HUMALOG TEMPO PEN	39	hydrocortisone succinate	100
HADLIMA INJ	7	HUMULIN MIX INJ	39	inj 100mg	
HADLIMA INJ	7	HUMULIN MIX PEN INJ	39	hydrocortisone tab	100
40MG/0.8ML		HUMULIN N INJ	39	hydromorphone tab 2mg	11
HADLIMA PUSH INJ	7	HUMULIN N PEN INJ	39	hydromorphone tab 4mg	11
HADLIMA PUSH INJ	7	HUMULIN R INJ	39	hydromorphone tab 8mg	11
40MG/0.8ML		HUMULIN R INJ U-500	40	hydroquinone cream	113
halobetasol propionate	110	HUMULIN R U-500	40	hydroxychloroquine tab	55
cream		KWIKPEN INJ		hydroxyprogesterone inj	170
halobetasol propionate	110	HYCAMTIN CAP	57	hydroxyurea cap	57
ointment		hydralazine tab	52	hydroxyzine pamoate cap	17
haloperidol lactate conc	78	hydrochlorothiazide cap	118	hydroxyzine syrup	17
haloperidol tab	78	hydrochlorothiazide tab	118	hydroxyzine tab	17
HEMLIBRA INJ	134	hydrocodone/acetaminoph	13	HYFTOR GEL	112
HEMOPIL M, KOATE INJ	134	en soln		hyoscyamine sulfate CR	179
HEXALEN CAP	56	hydrocodone/acetaminoph	13	tab	
HIZENTRA INJ	168	en tab		hyoscyamine sulfate elixir	179
HOMATROPINE OPHTH	160	hydrocodone/homatropine	101	hyoscyamine sulfate ODT	179
SOLN		syrup		hyoscyamine sulfate SL tab	179

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ALPHABETICAL LISTING OF DRUGS

hyoscyamine tab	179	INFANT FORMULA	115	isibloom tab, enskyce tab,	96
HYQVIA INJ	168	POWDER		apri tab	
<hr/>					
<b>I</b>		INGREZZA CAP	172	isoniazid syrup	56
ibandronate tab 150mg	118	INGREZZA PACK	173	isoniazid tab	56
ibuprofen susp (Rx ONLY)	8	40-80MG		ISOPTO CARBACHOL	160
ibuprofen tab	8	INGREZZA SPRINKLE	173	OPHTH SOLN	
ICLUSIG TAB	66	CAP		isosorbide dinitrate tab	16
IDELVION INJ	134	INLYTA TAB	58	isosorbide mononitrate ER	16
IDHIFA TAB	66	INLYTA TAB 1MG	58	tab	
ILEVRO OPTH SUSP	166	INQOVI TAB	62	isosorbide mononitrate tab	16
imatinib tab	66	INSULIN LISPRO INJ	40	itraconazole cap	45
IMBRUVICA CAP 140MG	66	INSULIN LISPRO JR	40	ivabradine hcl tab	94
IMBRUVICA CAP 70MG	66	KWIKPEN INJ		ivermectin tab	16
IMBRUVICA SUSP	66	INSULIN LISPRO	40	IWILFIN TAB	75
IMBRUVICA TAB 420MG	66	KWIKPEN INJ		IXCHIQ INJ	183
IMCIVREE INJ	2	INTELENCE TAB	82	IXIARO INJ	183
imipramine tab	34	INVIRASE CAP	82	IXINITY INJ	134
imiquimod cream	112	INVIRASE TAB	82	<hr/>	
IMOVAX INJ	182	IOPIDINE OPTH SOLN	160	<b>J</b>	
IMPAVIDO CAP	52	ipratropium nasal spray	157	JAKAFI TAB	66
INCRELEX INJ	120	ipratropium neb soln	19	JANUMET TAB	35
INCRUSE ELLIPTA	19	irbesartan tab	49	JANUMET XR TAB	35
INHALER		irbesartan/hydrochlorothia	51	JANUVIA TAB	37
indapamide tab	118	zide tab		JARDIANCE TAB	41
indomethacin cap	8	ISENTRESS (HD) TAB	82	JAYPIRCA TAB	66
indomethacin CR cap	8	ISENTRESS CHEW TAB	82	jinteli tab	124
INFANT FORMULA	115	ISENTRESS POWDER	82	JIVI INJ	134
LIQUID		PACK		JOENJA TAB	151
				JULUCA TAB	82

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ALPHABETICAL LISTING OF DRUGS

JYNARQUE PAK	124	KRAZATI TAB	67	leflunomide tab	9
JYNARQUE TAB	124	KRINTAFEL TAB	55	lenalidomide cap	152
<b>K</b>		<b>L</b>		LENVIMA CAP	58
KALYDECO PAK	176	labetalol tab	89	letrozole tab	60
KALYDECO TAB	176	lacosamide oral solution	27	leucovorin tab	57
kelnor tab	96	lacosamide tab	27	levalbuterol neb soln	24
KESIMPTA INJ	173	LACTIC ACID LOTION	111	levetiracetam ER tab	27
ketoconazole cream	105	lactulose soln	128	levetiracetam soln	27
ketoconazole shampoo	105	LAGEVRIO CAP (EUA)	88	levetiracetam tab	27
ketoconazole tab	45	LAGEVRIO CAP 200MG	88	levobunolol ophth soln	159
KETO-DIASTIX TEST STRIP	114	lamivudine soln	82	levocarnitine soln	121
ketorolac inj 15mg/ml	8	lamivudine tab	82	levocarnitine tab	121
ketorolac inj 30mg/ml	8	lamivudine tab 100mg	86	levofloxacin ophth soln	161
ketorolac inj 60mg/2ml	9	lamivudine/zidovudine tab	82	LEVOFLOXACIN OPHTH SOLN 0.5%	161
ketorolac ophth soln	166	lamotrigine chew tab	27	levofloxacin soln	125
ketorolac tab	9	lamotrigine tab	27	levofloxacin tab	125
KETOSTIX	114	LAMPIT TAB	53	levonorgestrel tab	98
ketotifen ophth soln	166	LANCET KIT	146	levonorgestrel-ethinyl estradiol-fe tab	96
KEVZARA INJ	7	LANCETS	146	levothyroxine tab	178
KINERET INJ	7	lansoprazole cap	179	LEXIVA SUSP	82
KISQALI PAK	62	lanthanum carbonate chew tab	129	l-glutamine powder packet	139
KISQALI TAB	66	lapatinib ditosylate tab	67	lidocaine cream 3%	112
KLOXXADO NASAL SPRAY	42	latanoprost ophth soln	166	lidocaine gel	112
KOGENATE FS INJ	134	layolis FE tab, wymzya FE tab	96	lidocaine oint	113
KOSELUGO CAP	67	LEDIPASVIR/SOFOSBUV IR TAB	86	lidocaine patch 5%	113
KOSELUGO CAP 10MG	67			lidocaine soln	113

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## ALPHABETICAL LISTING OF DRUGS

lidocaine viscous soln	153	LOKELMA PAK	153	LUMAKRAS TAB 320MG	67
lidocaine/hydrocortisone cream	15	LONSURF TAB	63	LUMIGAN OPHTH SOLN	166
lidocaine/prilocaine cream	113	lopinavir/ritonavir soln	83	LUMRYZ PACK	170
linezolid susp	54	lopinavir/ritonavir tab	83	LUMRYZ STARTER PACK	171
linezolid tab	54	loratadine chew tab	45	LUPKYNIS CAP	152
liothyronine tab	178	loratadine ODT	45	lurasidone hcl tab	78
LIQUIGEN	158	loratadine syrup	45	LUVIRA CAP	115
liraglutide soln	37	loratadine tab	45	LYNPARZA TAB	68
pen-injector		loratadine/pseudoephedrin e 12-hour tab	101	LYSODREN TAB	61
lisdexamfetamine dimesylate cap	1	loratadine/pseudoephedrin e 24-hour tab	101	LYTGOBI THERAPY PACK	68
lisdexamfetamine dimesylate chew tab	1	lorazepam conc	18	LYUMJEV INJ	40
lisinopril tab	49	lorazepam tab	18	LYUMJEV KWIKPEN INJ	40
lisinopril/hydrochlorothiazide tab	51	LORBRENA TAB 100MG	67	LYUMJEV TEMPO PEN	40
LITFULO CAP	112	LORBRENA TAB 25MG	67	<b>M</b>	
lithium carbonate cap	77	losartan tab	49	malathion lotion	114
lithium carbonate ER tab	77	losartan/hydrochlorothiazide tab	51	MALE CONDOMS	145
lithium carbonate tab	77	LOTEMAX OPHTH OINT	163	MAPROTILINE TAB	31
lithium oral solution	77	loteprednol etabonate	163	maraviroc tab	83
LIVMARLI SOLN	127	ophth gel		MARPLAN TAB	32
LIVMARLI SOLN 19MG/ML	127	loteprednol ophth susp	163	MATULANE CAP	57
LIVTENCITY TAB	85	lovastatin tab	47	MAVENCLAD THERAPY PAK	174
L-METHYLFOLATE TAB	115	loxapine cap	79	MAVYRET PAK	86
LO LOESTRIN TAB	97	lubiprostone cap	126	MAVYRET TAB	86
		LUMAKRAS TAB	67	MAXIDEX OPHTH SOLN	163
		LUMAKRAS TAB 240MG	67	MAYZENT TAB	174

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200

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## ALPHABETICAL LISTING OF DRUGS

MAYZENT TAB STARTEF PACK	174	methadone soln 5mg/5ml	12	metoclopramide soln	126
MCT OIL	158	methadone tab	12	metoclopramide tab	126
meclizine chew tab	43	methadone tablet 10mg	12	metolazone tab	118
meclizine tab	43	methazolamide tab	116	metoprolol ER tab	90
medroxyprogesterone tab	170	methenamine hippurate tab	54	metoprolol tab	90
mefloquine tab	55	methimazole tab	178	metoprolol/hydrochlorothi azide tab	51
megestrol susp	61	methocarbamol tab	156	metronidazole cream	113
megestrol tab	61	methotrexate inj	58	metronidazole gel	113
MEKINIST SOLN	68	METHOTREXATE IV SOLN 1000MG/40ML	58	metronidazole gel 0.75%	113
MEKINIST TAB 0.5MG	68	methotrexate tab	56	metronidazole lotion	113
MEKINIST TAB 2MG	68	methoxsalen cap	106	metronidazole tab	52
MEKTOVI TAB	68	methsuximide cap	30	metronidazole vaginal gel	184
meloxicam tab	9	methyl dopa tab	50	mexiletine hcl cap	18
MELPHALAN TAB	57	methylergonovine tab	167	midazolam inj	142
memantine ER cap	171	methylphenidate CD cap	3	midodrine tab	185
memantine soln	171	methylphenidate chew tab	3	mifepristone tab	37
memantine tab	171	methylphenidate ER cap	3	mifepristone tab 200mg	123
mercaptapurine tab	56	methylphenidate ER tab	4	MIFIPREX TAB	123
mesalamine enema	128	methylphenidate soln	4	miglustat cap	138
mesalamine ER cap	128	methylphenidate tab	4	minocycline cap	178
mesalamine supp	128	methylprednisolone acetate inj	100	minoxidil tab	52
mesna tab	75	methylprednisolone dose pack	100	mirtazapine ODT	31
METANX CAP	115	methylprednisolone tab	100	mirtazapine tab	31
metformin ER tab	36	methylprenisolone sod	100	MIRVASO GEL	113
metformin tab	36	succinate inj		misoprostol tab	180
methadone conc	11			modafinil tab	4
methadone soln 10mg/5ml	12			mometasone cream	110

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201

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## ALPHABETICAL LISTING OF DRUGS

mometasone oint	110	MULTIVITAMIN/FLOURI	155	NATAZIA TAB	97
mometasone soln	110	DE CHEW 1MG		nateglinide tab	40
montelukast chew tab	20	MULTIVITAMIN/FLUORI	155	nebivolol hcl tab	90
montelukast granule pack	20	DE CHEW TAB		NEBUSAL NEB SOLN	102
montelukast tab	20	multivitamin/minerals tab	154	nefazodone tab 50mg,	33
morphine sulfate ER tab	12	mupirocin oint	104	250mg	
morphine sulfate oral soln	12	mycophenolate DR tab	88	NEFFY SPRAY	185
10mg/5ml		mycophenolate mofetil	89	NEMLUVIO INJ	112
morphine sulfate soln	12	cap		neomycin tab	4
MORPHINE SULFATE	12	mycophenolate mofetil	89	NEOMYCIN/POLYMIXIN	162
SOLN 20MG/5ML		susp		/GRAMICIDIN OPHTH	
morphine sulfate tab	13	mycophenolate mofetil tab	89	SOLN	
MOUNJARO INJ	38	MYFEMBREE TAB	124	neomycin/polymixin/hydro	167
moxifloxacin ophth soln	161	MYLERAN TAB	57	coritisono otic soln	
moxifloxacin tab	125	MYRBETRIQ TAB	180	neomycin/polymixin/hydro	167
MULTAQ TAB	19			coritisono otic susp	
MULTIGEN FOLIC TAB	140	<b>N</b>		neomycin/polymyxin/dexa	163
MULTIGEN PLUS TAB	140	nabumetone tab	9	methasone ophth oint	
MULTIGEN TAB	140	nadolol tab	90	neomycin/polymyxin/dexa	163
MULTIVITAMIN	155	naloxone hcl nasal spray	43	methasone ophth soln	
FLUORIDE DROPS		NALOXONE HCL SOLN	43	NEOMYCIN/POLYMYXI	164
0.25MG/ML		0.4MG/ML		N/HYDROCORTISONE	
MULTIVITAMIN	155	naloxone inj	43	OPHTH SOLN	
FLUORIDE DROPS		naloxone prefilled inj	43	NEPHRON FA TAB	141
0.5MG/ML		naltrexone tab	42	NERLYNX TAB	68
MULTIVITAMIN/FLOURI	155	naproxen EC tab	9	NEVANAC OPHTH SUSP	166
DE CHEW 0.25MG		naproxen tab	9	nevirapine ER tab	83
		NARCAN NASAL SPRAY	43	NEVIRAPINE SUSP	83
		NATACYN OPHTH SUSP	161		

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ALPHABETICAL LISTING OF DRUGS

nevirapine tab	83	norethindrone	97	NUWIQ INJ	135
NEXLETOL TAB	46	acetate/ethinyl estradial FE		NUWIQ KIT	135
NEXLIZET TAB	46	chew tab		nystatin cream	105
NEXPLANON IMPLANT	99	norethindrone	97	nystatin oint	105
NEXTSTELLIS TAB	97	acetate/ethinyl estradiol		nystatin powder	45
niacin ER tab	48	tab		nystatin susp	153
nicotine gum	175	norethindrone tab	99	nystatin tab	45
NICOTINE KIT	175	norethindrone/ethinyl	97	nystatin topical powder	105
nicotine lozenge	175	estradiol FE tab		nystatin/triamcinolone	105
nicotine patch	175	nortrel 7/7/7 tab, pirmella	97	cream	
NICOTROL INHALER	175	7/7/7 tab		nystatin/triamcinolone oint	105
NICOTROL NASAL	175	nortrel tab	97	NYVEPRIA INJ	139
SPRAY		nortriptyline cap	34	<hr/>	
nifedipine cap	91	nortriptyline oral soln	34	<b>O</b>	
nifedipine ER tab	91	NORVIR CAP	83	OBIZUR INJ	135
nilutamide tab	61	NORVIR POWDER PACK	83	octreotide inj	123
NINLARO CAP	68	NORVIR SOLN	83	OCTREOTIDE INJ	123
nitazoxanide tab	53	NOVAVAX INJ	183	100MCG	
nitrofurantoin	54	NOVOEIGHT INJ	134	ODEFSEY TAB	83
macrocrystals cap		NOVOSEVEN RT INJ	134	ODOMZO CAP	60
nitrofurantoin	54	np thyroid tab	178	OFEV CAP	177
monohydrate cap		NUBEQA TAB	61	ofloxacin ophth soln	162
nitroglycerin patch	17	NUCALA INJ	19	ofloxacin tab	125
nitroglycerin SL tab	17	NUDEXTA CAP	174	OGSIVEO TAB	69
NIVESTYM INJ	139	NUTRITIONAL	116	OGSIVEO TAB 50MG	69
norethindrone ace-ethinyl	97	SUPPLEMENT LIQUID		OHTUVAYRE SUSP	20
estradiol-fe cap		NUTRITIONAL	116	OJEMDA SUSP	69
		SUPPLEMENT POWDER		OJEMDA TAB	69
				OJJAARA TAB	69

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ALPHABETICAL LISTING OF DRUGS

olanzapine ODT	79	OMNIPOD DASH PODS	147	ORENCIA SC INJ	10
olanzapine tab	79	OMNIPOD GO KIT	147	87.5MG/0.7ML	
olanzapine/fluoxetine cap	172	OMNIPOD STARTER KIT	147	ORGOVYX TAB	61
OLLIZAC POWDER	115	OMNITROPE INJ	120	ORIAHNN CAP	124
olmesartan tab	49	ondansetron ODT	43	ORILISSA TAB 150MG	119
olmesartan/hydrochlorothi azide tab	51	ondansetron soln	43	ORILISSA TAB 200MG	119
olopatadine ophth soln	166	ondansetron tab	43	ORKAMBI GRANULES	176
0.1%		ONETOUCH METER	147	PACKET	
olopatadine ophth soln	166	ONETOUCH TEST STRIP	114	ORKAMBI TAB	176
0.2%		ONETOUCH VERIO	147	ORSERDU TAB	61
OLUMIANT TAB	4	FLEX METER		ORSERDU TAB 345MG	61
omega-3-acid ethyl esters cap	46	ONETOUCH VERIO IQ	147	oseltamivir cap	87
omeprazole DR cap	179	METER		oseltamivir cap 30mg	87
omeprazole tab	180	ONETOUCH VERIO	147	oseltamivir susp	87
OMNIPOD 5 G6 INTRO KIT	146	METER		OTEZLA STARTER PACK	9
OMNIPOD 5 G6 PODS	146	ONETOUCH VERIO	147	OTEZLA TAB	9
MISC		REFLECT METER		OVIDREL INJ	119
OMNIPOD 5 G7 KIT	146	ONETOUCH VERIO TEST STRIP	114	oxcarbazepine susp	27
INTRO		OPILL TAB	99	oxcarbazepine tab	28
OMNIPOD 5 G7 MIS PODS	147	OPSUMIT TAB	93	oxybutynin ER tab	180
OMNIPOD 5 INTRO KIT	147	OPVEE NASAL SPRAY	43	oxybutynin syrup	180
OMNIPOD 5 PACK PODS	147	ORACIT SOLN	129	oxybutynin tab	180
OMNIPOD DASH INTRO KIT	147	ORENCIA CLICK INJ	9	oxycodone soln	13
		ORENCIA SC INJ	9	oxycodone tab	13
		125MG/ML		oxycodone/acetaminophen tab	14
		ORENCIA SC INJ	10	OXYCODONE/ASPIRIN TAB	14
		50MG/0.4ML			

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ALPHABETICAL LISTING OF DRUGS

OZEMPIC INJ	38	pentoxifylline ER tab	137	PIMOZIDE TAB	174
<b>P</b>		permethrin cream	114	pindolol tab	90
paliperidone ER tab	78	perphenazine tab	79	pioglitazone tab	40
PALYNZIQ INJ	121	PERPHENAZINE/ AMITRIPTYLINE TAB	172	PIQRAY TAB	69
pantoprazole EC tab	179	PHEBURANE ORAL	122	pirfenidone cap	177
paricalcitol cap	121	PELLETS		pirfenidone tab 267mg	177
paroxetine ER tab	33	phenazopyridine tab	131	pirfenidone tab 801mg	177
paroxetine tab	33	PHENELZINE SULFATE	32	piroxicam cap	9
PAXLOVID PAK	85	TAB		PLAN B TAB	98
PAXLOVID TAB	85	phenelzine tab	32	PLEGRIDY INJ	174
150-100MG		phenobarbital elixir	141	PLEGRIDY PEN INJ	174
PAXLOVID TAB	85	phenobarbital tab	142	PNEUMOVAX INJ	181
300-100MG		phenoxybenzamine cap	49	PODIAPN CAP	115
pazopanib tab	69	phentermine cap	1	PODOCON SOLN	112
PEAK FLOW METER	148	phentermine tab	1	PODOFILOX SOLN	112
pediatric multiple	155	phenylephrine ophth soln	160	POLYETHYLENE	170
vitamins/fluoride soln		phenytoin cap	30	GLYCOL 8000	
pediatric multiple	155	phenytoin chew tab	30	GRANULES	
vitamins/fluoride/iron soln		phenytoin susp	30	polymyxin b/trimethoprim	162
peg 3350 soln (100 gram	143	PHEXXI GEL	184	ophth soln	
Moviprep equiv)		phlexy-10 tab	159	POMALYST CAP	62
peg 3350/electrolytes soln	143	PHOSLYRA SOLN	129	potassium bicarbonate	150
PEGASYS INJ	86	phospha 250 neutral tab	150	effer tab	
PEG-INTRON INJ	86	phytonadione tab	185	potassium chloride ER cap	151
PEMAZYRE TAB	69	PIFELTRO TAB	83	potassium chloride ER tab	151
penicillamine tab	151	pilocarpine ophth soln	160	potassium chloride micro	151
penicillin vk tab	169	pilocarpine tab	154	tab	
pentamidine neb soln	52				

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## ALPHABETICAL LISTING OF DRUGS

potassium chloride powder packet	151	prednisolone soln	100	prochlorperazine tab	79
potassium chloride soln	151	PREDNISONE SOLN	100	proctosol HC cream	15
potassium citrate CR tab	129	prednisone tab	100	PROFILNINE INJ	135
potassium citrate/citric acid powder pack	129	pregabalin cap	28	progesterone cap	170
potassium citrate/citric acid soln	129	pregabalin cap 225mg	28	PROMACTA POWDER	139
potassium phosphate monobasic tab	150	pregabalin cap 300mg	28	PROMACTA TAB	139
pramipexole tab	76	pregabalin soln	28	12.5MG, 25MG	
prasugrel tab	138	PREMARIN TAB	125	PROMACTA TAB 50MG	140
pravastatin tab	48	PREMARIN VAGINAL CREAM	184	PROMACTA TAB 75MG	140
praziquantel tab	16	PREMPHASE TAB,	124	promethazine supp	45
prazosin cap	50	PREMPRO TAB		promethazine syrup	46
PRED MILD OPHTH SOLN	164	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	155	promethazine tab	46
PRED-G OPHTH SOLN	164	PRETOMANID TAB	56	promethazine VC syrup	102
prednisolone acetate ophth susp	164	PREVNAR 13 INJ	181	PROMETHAZINE VC/CODEINE SYRUP	102
prednisolone ODT	100	PREVNAR 20 INJ	181	promethazine/codeine syrup	102
PREDNISOLONE ODT TAB	100	PREVYMIS PAK	85	PROMETHEGAN SUPP	46
PREDNISOLONE OPHTH SUSP	164	PREVYMIS TAB	86	propafenone ER cap	18
PREDNISOLONE	164	PREZCOBIX TAB	83	propafenone tab	18
SODIUM PHOSPHATE OPHTH SOLN		PREZISTA SUSP	83	PROPANOLOL ORAL SOLN 20MG/5ML	90
		PREZISTA TAB	83	proparacaine ophth soln	162
		PRIFTIN TAB	56	propranolol ER cap	90
		primaquine tab	55	PROPRANOLOL SOLN	90
		primidone tab	28	propranolol tab	90
		probenecid tab	132	propylthiouracil tab	178
		prochlorperazine supp	79	pro-stat liquid	159

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206

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## ALPHABETICAL LISTING OF DRUGS

PULMOZYME INH SOLN	176	rasagiline tab	76	rifampin cap	56
pyrazinamide tab	56	REBINYN INJ	135	riluzole tab	157
pyridostigmine CR tab	55	RECOMBINATE INJ	135	RIMANTADINE TAB	88
pyridostigmine tab	55	REGANEX GEL	114	RINVOQ ER TAB	5
pyrimethamine tab	55	RELENZA DISKHALER	87	RINVOQ ORAL SOLN	5
PYRUKYND TAB	138	RENOVA CREAM	104	risedronate tab	119
PYRUKYND TAPER	138	repaglinide tab	41	risperidone ODT	78
PACK		REPATHA INJ	48	risperidone soln	78
<hr/>					
<b>Q</b>		REPATHA PUSHTRONEX	48	risperidone tab	78
QINLOCK TAB	70	INJ		ritonavir tab	84
QSYMIA CAP	2	RESCRIPTOR TAB	83	rivastigmine cap	172
quetiapine tab	79	RETACRIT INJ	140	rivastigmine patch	172
quetiapine XR tab	79	RETEVMO CAP	70	RIVFLOZA INJ	130
quinapril tab	49	RETEVMO CAP 40MG	70	RIVFLOZA INJ 160MG	130
quinidine gluconate CR tab	18	RETEVMO TAB	70	RIVFLOZA VIAL	130
quinidine sulfate tab	18	RETEVMO TAB 40MG	70	RIVIVE, REXTOVY	43
QVAR REDIHALER	21	REVLIMID CAP	152	SPRAY	
<hr/>					
<b>R</b>		REYATAZ POWDER	84	RIXUBIS INJ	135
RABAVERT INJ	183	PACK		rizatriptan ODT	149
rabeprazole EC tab	179	REYVOW TAB	149	rizatriptan tab	149
RADICAVA ORS	157	REZDIFFRA TAB	126	roflumilast tab	20
STARTER KIT		REZLIDHIA CAP	70	ropinirole ER tab	76
RADICAVA ORS SUSP	157	REZUROCK TAB	152	ropinirole tab	76
raloxifene tab	120	RHOFADE CREAM	113	rosuvastatin tab	48
ramelteon tab	142	RIBAVIRIN CAP	86	ROZLYTREK CAP	70
ramipril cap	49	RIBAVIRIN TAB	86	ROZLYTREK PAK	70
ranolazine tab	16	rifabutin cap	56	RUBRACA TAB	70
		RIFAMATE CAP	55	rufinamide susp	28

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ALPHABETICAL LISTING OF DRUGS

rufinamide tab	28	SEMGLEE PEN, INSULIN	40	SKYRIZI INJ 180	128
RUKOBIA ER TAB	84	GLARGINE-YFGN PEN		MG/1.2ML	
RYBELSUS TAB	38	sertraline conc	33	SKYRIZI INJ	128
RYDAPT CAP	70	sertraline tab	33	360MG/2.4ML	
<hr/>					
<b>S</b>		sevelamer powder pak	129	SKYTROFA INJ	120
salsalate tab	10	sevelamer tab	129	SLYND TAB	99
SANDIMMUNE SOLN	89	SEVENFACT INJ	135	smz/tmp (DS) tab	52
100MG/ML		SIGNIFOR INJ	123	smz/tmp susp	53
SANTYL OINT	111	sildenafil susp	94	SODIUM CHLORIDE	130
sapropterin	122	sildenafil tab	92	0.9% IRR SOLN	
dihydrochloride powder		sildenafil tab 20mg	94	sodium chloride neb soln	102
packet		silver sulfadiazine cream	108	sodium citrate/citric acid	130
sapropterin	122	SIMBRINZA OPHTH	160	soln	
dihydrochloride soluble		SUSP		sodium fluoride chew tab	150
tab		SIMLANDI INJ	7	sodium fluoride cream	154
SAVELLA PAK	172	(adalimumab-ryvk)		sodium fluoride gel	154
SAVELLA TAB	172	SIMLANDI KIT	7	sodium fluoride paste	154
SAXENDA INJ	2	(adalimumab-ryvk)		sodium fluoride rinse	154
SCSEMBLIX TAB	71	SIMPONI	7	sodium fluoride soln	150
SCSEMBLIX TAB 100 MG	71	AUTO-INJECTOR 100MG		SODIUM FLUORIDE TAB	150
scopolamine patch	44	SIMPONI INJ 100MG	7	SODIUM OXYBATE	171
selegiline cap	76	simvastatin tab	48	SOLN	
selegiline tab	76	sirolimus soln	152	sodium polystyrene	89
selenium sulfide shampoo	108	sirolimus tab	89	powder	
SELZENTRY SOLN	84	SIVEXTRO TAB	54	sodium polystyrene susp	89
SELZENTRY TAB	84	SKYCLARYS CAP	158	sodium	104
SEMGLEE INJ, INSULIN	40	SKYRIZI INJ 150MG/ML	106	sulfacetamide/sulfur	
GLARGINE-YFGN INJ				cleanser 10-5%	

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ALPHABETICAL LISTING OF DRUGS

sodium	104	SPINOSAD SUSP	114	sulindac tab	9
sulfacetamide/sulfur		SPIRIVA RESPIMAT	20	sumatriptan inj	149
cleanser 9-4.5%		INHALER 1.25MCG/ACT		SUMATRIPTAN INJ	150
sodium	104	spironolactone tab	117	6MG/0.5ML	
sulfacetamide/sulfur		spironolactone/hydrochlor	117	sumatriptan tab	150
emulsion 10-5%		othiazide tab		sunitinib malate cap	71
sodium/magnesium/potassi	143	sprintec 28 tab	97	SUNOSI TAB	3
um soln		stavudine cap	84	SYMDEKO TAB	176
SOFOSBUVIR/VELPATAS	87	STELARA INJ	107	SYMPROIC TAB	128
VIR TAB		STEQEYMA INJ	107	SYMTUZA TAB	84
SOGROYA INJ	120	STEQEYMA INJ 90MG	107	SYNAREL NASAL SOLN	121
SOHONOS CAP 1.5MG	156	STIMATE NASAL SOLN	123	SYNJARDY TAB	35
SOHONOS CAP 10MG	156	STIVARGA TAB	71	SYNJARDY XR TAB	35
SOHONOS CAP 1MG	156	STRENSIQ INJ	122	10-1000MG, 25-1000MG	
SOHONOS CAP 2.5MG	156	STRIBILD TAB	84	SYNJARDY XR TAB	36
SOHONOS CAP 5MG	157	STRIVERDI RESPIMAT	24	5-1000MG,	
solifenacin tab	180	INHALER		12.5-1000MG	
SOLU-CORTEF INJ	100	sucralfate susp	180	<b>T</b>	
SOLU-MEDROL INJ	100	sucralfate tab	179	TABLOID TAB	56
2GM		SUFLAVE SOLN	143	TABRECTA TAB	71
SOMAVERT INJ	120	sulfacetamide sodium	162	tacrolimus cap	89
sorafenib tosylate tab	71	ophth soln		tacrolimus oint	112
sotalol AF tab	90	sulfacetamide	164	tadalafil tab	92
sotalol tab	90	sodium/prednisolone		tadalafil tab (PAH)	94
SPEVIGO INJ	106	ophth soln		tadalafil tab 2.5mg, 5mg	92
SPIKEVAX INJ	183	SULFAMYLON CREAM	108	TAFINLAR CAP	71
SPIKEVAX INJ	183	sulfasalazine EC tab	128	TAFINLAR TAB	71
50MCG/0.5ML		sulfasalazine tab	128	TAGRISSE TAB	59

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ALPHABETICAL LISTING OF DRUGS

TAKHZYRO INJ	137	terbutaline sulfate tab	24	thiothixene cap	80
TAKHZYRO INJ	137	terconazole cream	184	THYROLAR TAB	178
150MG/ML		TERCONAZOLE CREAM	184	tiagabine tab	29
TALTZ INJ	107	0.8%		TIBSOVO TAB	72
TALTZ INJ 20MG/0.25ML	107	terconazole supp	184	ticagrelor tab	138
TALTZ INJ 40 MG/0.5ML	107	teriflunomide tab	174	TICOVAC INJ	183
TALZENNA CAP 0.25MG	71	TERIPARATIDE INJ	119	timolol maleate ophth gel	159
TALZENNA CAP 0.5MG,	71	620MCG/2.48ML		timolol maleate ophth soln	159
0.75MG, 1MG		testosterone cypionate inj	14	timolol maleate tab	90
tamoxifen tab	61	TESTOSTERONE	14	tinidazole tab	52
tamsulosin cap	131	ENANTHATE INJ		tiopronin tab	131
TASIGNA CAP	71	200MG/ML		tiopronin tab delayed	131
TAVNEOS CAP	136	TESTOSTERONE GEL 1%	15	release	
tazarotene cream 0.1%	107	25MG		TIVICAY PD TAB	84
TAZVERIK TAB	72	testosterone gel 1% 50mg	15	TIVICAY TAB	84
TECHLITE INSULIN	148	testosterone gel 1% pump	15	tizanidine tab	156
SYRINGE		TESTOSTERONE GEL	15	TOBI PODHALER	4
TECHLITE PEN NEEDLE	148	PUMP 1%		TOBRADEX OPHTH	164
telmisartan tab	49	testosterone gel pump	15	OINT	
temazepam cap 15mg	142	1.62%		tobramycin neb soln	4
temazepam cap 30mg	142	testosterone soln	15	tobramycin ophth soln	162
temozolomide cap	57	tetrabenazine tab	173	tobramycin/dexamethason	164
TEMPO SMART BUTTON	148	TEZSPIRE INJ	19	e ophth soln	
tenofovir disoproxil	84	THALOMID CAP	88	TODAY SPONGE	184
fumarate tab 300mg		theophylline er tab	24	TOLAZAMIDE TAB	41
TEPMETKO TAB	72	theophylline soln	24	TOLBUTAMIDE TAB	41
terazosin cap	50	THEOPHYLLINE TAB ER	24	tolterodine SR cap	180
terbinafine tab	45	thioridazine hcl tab	79	tolterodine tab	180

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210

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## ALPHABETICAL LISTING OF DRUGS

topiramate sprinkle cap	28	triamterene/hydrochloroth	117	tropicamide ophth soln	160
topiramate tab	28	iazide cap		TRUEPLUS INSULIN	148
toremifene tab	62	triamterene/hydrochloroth	117	SYRINGE	
torsemide tab	117	iazide tab		TRUEPLUS PEN	148
TRACLEER TAB 32MG	94	triazolam tab	142	NEEDLE	
tramadol tab	13	tricitrates soln	130	TRULANCE TAB	125
tranexamic acid tab	141	tricon cap	141	TRULICITY INJ	38
tranylcypromine tab	32	trientine cap	151	TRUQAP TAB	72
trazodone tab	33	trifluoperazine tab	79	TRUQAP THERAPY	72
TRELEGY ELLIPTA	24	TRIFLURIDINE OPHTH	162	PACK	
INHALER		SOLN		TUKYSA TAB	58
TREMFYA INJ	107	trihexyphenidyl elixir	77	TURALIO CAP	72
TREMFYA INJ	128	TRIHEXYPHENIDYL	77	TWIRLA PATCH	98
200MG/2ML		SOLN		TYBLUME TAB	98
tretinoin cap	57	trihexyphenidyl tab	75	TYENNE INJ	8
tretinoin cream	104	TRIKAFTA TAB	176	TYMLOS INJ	119
tretinoin gel	104	TRIKAFTA THERAPY	168	TYPHIM VI INJ	181
tretinoin gel 0.08%	104	PACK		TYVASO DPI POWDER	92
TRETTEN INJ	136	tri-legest tab	97	TYVASO DPI POWDER	92
triamcinolone acetonide	101	TRI-LUMA CREAM	113	MAINTENANCE KIT	
inj		trimethobenzamide cap	44	32-48MCG	
triamcinolone cream	110	TRIMETHOPRIM TAB	52	TYVASO DPI POWDER	92
triamcinolone in orabase	154	tri-sprintec tab	97	TITRATION KIT	
paste		TRIUMEQ PD TAB	84	16-32-48MCG	
triamcinolone lotion	110	TRIUMEQ TAB	84	TYVASO DPI POWDER	93
triamcinolone oint	110	TRI-VITAMIN FLUORIDE	155	TITRATION KIT	
triamcinolone OTC nasal	157	DROPS		16-32MCG	
spray		TRIZIVIR TAB	85		

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211

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ALPHABETICAL LISTING OF DRUGS

TYVASO INH SOLN 0.6 MG/ML	93	varenicline tartrate tab	175	VIMKUNYA INJ	183
<hr/>		varenicline tartrate tab	175	viorele tab, kariva tab	98
<b>U</b>		starter pack		VIRACEPT TAB	85
UBRELVY TAB	149	VARUBI TAB	44	VIREAD TAB 150MG, 200MG, 250MG	85
UPNEEQ SOLN	166	VAXCHORA SUSP	181	vitamin D cap	185
UPTRAVI TAB	94	VAXNEUVANCE INJ	181	VITAMIN D TAB	185
ursodiol cap	126	VELIVET PAK	98	400UNIT	
ursodiol tab	126	velivet tab	98	VITRAKVI CAP 100MG	73
USTENKINUMAB-AEKN 45MG/0.5ML	107	VEMLIDY TAB	87	VITRAKVI CAP 25MG	73
USTENKINUMAB-AEKN 90MG/ML	107	VENCLEXTA STARTER PACK	59	VITRAKVI SOLN	73
<hr/>		VENCLEXTA TAB	59	VIVOTIF CAP	181
<b>V</b>		VENELEX OINT	114	VIZIMPRO TAB	59
valacyclovir tab	87	venlafaxine ER cap	33	VONJO CAP	73
VALCHLOR GEL	106	venlafaxine tab	34	VONVENDI INJ	136
valganciclovir soln	86	VENTAVIS INH SOLN	93	VORANIGO TAB	73
valganciclovir tab	86	VENTOLIN HFA	24	VORANIGO TAB 10MG	74
valproic acid cap	31	INHALER		voriconazole tab	45
valproic acid syrup	31	verapamil SR cap	91	VOSEVI TAB	87
valsartan tab	50	verapamil tab	91	VOWST CAP	128
valsartan/hydrochlorothiazide tab	52	VERZENIO TAB	73	VOXZOGO INJ	123
vancomycin cap	53	V-GO INJ KIT	148	VOYDEYA TAB	136
VANFLYTA TAB	72	VIDEX SOLN	85	VOYDEYA TAB	136
VANFLYTA TAB 26.5MG	73	vienva tab, lessina tab, kurvelo tab	98	THERAPY PACK	
VANIQA CREAM	112	vigabatrin powder pack	30	VYNDAMAX CAP	95
VARENICLINE TAB	175	vigabatrin tab	30	VYNDAQEL CAP	95
		vigadrone powder pack	30	<hr/>	
				<b>W</b>	
				WAINUA INJ	175

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ALPHABETICAL LISTING OF DRUGS

WAKIX TAB	3	XCOPRI TAB 50MG,	29	XYZBAC TAB	115
warfarin tab	24	100MG		<b>Y</b>	
WEGOVY INJ	2	XCOPRI TITRATION PAK	29	YESINTEK INJ	107
WEGOVY INJ	2	12.5-25MG		YESINTEK SYRINGE	107
1.7MG/0.75ML		XCOPRI TITRATION PAK	29	YESINTEK SYRINGE	108
WEGOVY INJ	2	150-200MG		90MG	
2.4MG/0.75ML		XCOPRI TITRATION PAK	29	YF-VAX INJ	183
WELIREG TAB	62	50-100MG		YORVIPATH INJ	122
WILATE INJ	136	XDEMVY OPHTH SOLN	162	YORVIPATH INJ 294MCG	122
WINREVAIR INJ	93	XELJANZ SOLN	5	YORVIPATH INJ 420MCG	122
<b>X</b>		XELJANZ TAB	5		
XACIATO GEL	183	XELJANZ XR TAB	5	<b>Z</b>	
XALKORI CAP	74	XEMBIFY INJ	168	zafemy patch	98
XALKORI SPRINKLE	74	XENLETA TAB	54	zaleplon cap	142
CAP		XIFAXAN TAB 550MG	52	ZARXIO INJ	140
XAQUIL XR TAB	115	XIGDUO XR TAB	36	ZAVZPRET NASAL	149
XARELTO STARTER	25	XIGDUO XR TAB	36	SPRAY	
PACK		10-1000MG		ZEGALOGUE INJ	37
XARELTO SUSP	25	XIGDUO XR TAB	36	ZEJULA CAP	74
XARELTO TAB	25	2.5-1000MG, 5-1000MG		ZEJULA TAB	74
XCOPRI PAK	29	XIGDUO XR TAB	36	ZELBORAF TAB	74
100-150MG		5-500MG, 10-500MG,		ZEPBOUND INJ	2
XCOPRI PAK	29	10-1000MG		ZEPOSIA CAP	174
150-200MG		XOLREMDI CAP	141	ZEPOSIA STARTER PACK	174
XCOPRI PAK 50-200MG	29	XOSPATA TAB	74	zidovudine cap	85
XCOPRI TAB 150MG,	29	XPOVIO PAK	62	zidovudine syrup	85
200MG		XTAMPZA ER CAP	13	zidovudine tab	85
XCOPRI TAB 25MG	29	XYNTHA INJ	136	ZILBRYSQ INJ	137

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

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	OL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

ALPHABETICAL LISTING OF DRUGS

ZILBRYSQ INJ 23MG	137
ZILBRYSQ INJ 32.4MG	137
ZIMHI SOLN	43
ziprasidone cap	78
ZIRGAN OPHTH GEL	162
ZOKINVY CAP	153
ZOLINZA CAP	56
zolmitriptan tab	150
zolpidem ER tab	142
zolpidem tab	141
zonisamide cap	28
ZORYVE CREAM	113
ZTALMY SUSP	28
ZURZUVAE CAP 20MG, 25MG	32
ZURZUVAE CAP 30MG	32
ZYDELIG TAB	74
ZYKADIA CAP	74
ZYKADIA TAB	75
ZYLET OPHTH SUSP	164

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

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**L.A. CARE HOME INFUSION DRUG LIST**  
**Alphabetical Index**

**5/1/2025**

**Search Tip:**

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

**NC** =Not Covered

**generic** =small letters

**BRANDS** =CAPITAL LETTERS

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.

\*\* Products listed may not be all inclusive and are subject to change.

\*\*\*Products are limited to the L.A. Care Home Infusion Network Pharmacies.

**L.A. Care Home Infusion List**

**Alphabetical Index**

**Last Updated 5/1/2025**

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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
AMINOSYN II INJ	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS
amiodarone inj	-	F	ANTIARRHYTHMICS
AMONDYS 45 INJ	-	EXC	NEUROMUSCULAR AGENTS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
AMPICILLIN INJ	-	F	PENICILLINS
ampicillin/sulbactam inj	-	F	PENICILLINS
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANKTIVA SOL (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
APHEXDA INJ	-	EXC	HEMATOPOIETIC AGENTS
APRETUDE SUSP (QL=7 inj/year)	QL	F	ANTIVIRALS
ARALAST NP INJ	PA	F	RESPIRATORY AGENTS - MISC.
argatroban inj	-	F	ANTICOAGULANTS
ARRANON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASCENIV INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ASPARLAS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ATROPINE SULFATE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
atropine sulfate iv soln	-	F	ULCER DRUGS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ (QL= 20 vials/28 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES

Symbols and abbreviations are defined on page 1.



**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
AZEDRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
BALEODAQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
bendamustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDAMUSTINE SOL	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F	OPHTHALMIC AGENTS
BEQVEZ INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSА INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEVACIZUMAB 2 MG/0.08ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BEVACIZUMAB 2.5 MG/0.1ML INJ (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BEVACIZUMAB 3.25 MG/0.13ML INJ (Restricted t Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
BICILLIN C-R INJ	-	F	PENICILLINS
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bortezomib inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
BRIUMVI INJ (QL= 7 vials/48 weeks)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butorphanol inj	-	F	ANALGESICS - OPIOID
BYOOVIZ INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CABENUVA IM SUSP (QL=1 kit/month)	QL	F	ANTIVIRALS
CABENUVA SUSP 600MG-900MG/3ML (QL=1 kit/month)	QL	F	ANTIVIRALS
calcium gluconate inj	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
cefazolin inj	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
cefepime inj	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
cefotaxime inj	-	F	CEPHALOSPORINS
cefotetan inj	-	F	CEPHALOSPORINS
cefoxitin inj	-	F	CEPHALOSPORINS
ceftazidime inj	-	F	CEPHALOSPORINS
CEFTRIAXONE INJ	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
chromic chloride inj (CHROMIUM CHLORIDE equiv)	-	F	MINERALS & ELECTROLYTES
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ (QL= 1 inj/eye/28 days)	PA-QL	F	OPHTHALMIC AGENTS
CINQAIR INJ (QL= 6 vials/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
CISPLATIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COPPER INJ	-	F	MINERALS & ELECTROLYTES
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
cupric chloride inj (COPPER equiv)	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cytarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DANYELZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX FASPRO SOLN (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daunorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
desmopressin (DDAVP) inj	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
DEXTROSE INJ	-	EXC	NUTRIENTS
dextrose inj	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTIANKIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
diltiazem inj	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
DOBUTAMINE/D5W INJ	-	F	CARDIOTONICS
docetaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	CARDIOTONICS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin hcl inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline hyclate inj	-	F	TETRACYCLINES
DURAMORPH INJ 0.5MG/ML	-	EXC	ANALGESICS - OPIOID
DURAMORPH INJ 1MG/ML	-	EXC	ANALGESICS - OPIOID
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DURYSTA IMP (QL= 1 intraocular implant/eye/lifetime)	PA-QL	F	OPHTHALMIC AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
edaravone inj (RADICAVA equiv) (QL= 20 vials/28 days)	PA-QL	F	NEUROMUSCULAR AGENTS
ELAHERE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
electrolyte-a solution (PLASMA-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELEVIDYS KIT (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ELFABRIO SOL	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD INJ 22.5 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 30 MG (QL= 1 kit/112 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 45 MG (QL= 1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ 7.5 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENJAYMO SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	EXC	VASOPRESSORS
epinephrine inj	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EPKINLY INJ 4MG/0.8ML (QL= 3 vials/365 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eribulin mesylate inj (HALAVEN INJ equiv)	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	NC	MACROLIDES
erythromycin inj	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
ESPEROCT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLEXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ	PA	F	ANTIHYPERLIPIDEMICS
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXONDYS 51 SOLN	-	EXC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA INJ 10MG/0.5ML (QL= 1 inj/56 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FEIBA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
FERAHEME INJ	-	NC	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
ferumoxytol inj	-	F	HEMATOPOIETIC AGENTS
FIBRYGA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

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

Symbols and abbreviations are defined on page 1.



**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
irinotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IZERVAY SOLN (QL= 2 vials/28 days)	PA-QL	F	OPHTHALMIC AGENTS
JELMYTO INJ (QL= 17 kits/425 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
JEVTANA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JIVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NAACL INJ	-	F	MINERALS & ELECTROLYTES
KCL/NAACL INJ	-	NC	MINERALS & ELECTROLYTES
KEPIVANCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 5/1/2025

Drug Name	Special Code	Tier	Category
KHAPZORY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KIMMTRAK SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KORSUVA INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F	GOUT AGENTS
KYMRIAH SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lacosamide iv inj	-	F	ANTICONVULSANTS
LACTATED RINGERS INJ	-	F	MINERALS & ELECTROLYTES
LACTATED RINGERS INJ	-	NC	MINERALS & ELECTROLYTES
LAMZEDE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
lanreotide acetate extended release inj (SOMATULINE equiv) (QL= 1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANTIDRA INJ	-	EXC	ANTIDIABETICS
LARTRUVO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ (QL= 3.6 mL/year)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LENMELDY INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQEMBI SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
leucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
levoleucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levoleucovorin inj (FUSILEV equiv)	--PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOLEUCOVORIN SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
levothyroxine inj	-	F	THYROID AGENTS
LIBTAYO INJ (QL= 1 vial/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid IV soln	-	F	ANTI-INFECTIVE AGENTS - MISC.
LIOTHYRONINE INJ	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
LOQTORZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lorazepam inj	-	F	ANTI-ANXIETY AGENTS
LUNSUMIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ (QL= 1 kit/28 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPO-PED INJ (QL= 1 kit/84 days)	F-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ 11.25 MG (QL= 1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 22.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 3.75 MG (QL= 1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 30MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 45MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 7.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUTATHERA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F	OPHTHALMIC AGENTS
LYFGENIA SUSP	-	EXC	HEMATOPOIETIC AGENTS
MACI MIS	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
MAGNESIUM SU INJ	-	EXC	MINERALS & ELECTROLYTES
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj (MESNEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ	-	F	HEMATOPOIETIC AGENTS
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MORPHINE SULFATE 10MG/ML PF INJ	-	F	ANALGESICS - OPIOID
morphine sulfate inj	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MULT ELECTRO INJ PH	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYLOTARG INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYOZYME/LUMIZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nafcillin inj	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NICARDIPINE INJ	-	EXC	CALCIUM CHANNEL BLOCKERS
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NICARDIPINE SOLN	-	EXC	CALCIUM CHANNEL BLOCKERS
NICARDIPINE SOLN	-	F	CALCIUM CHANNEL BLOCKERS
NIPENT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS
NUCALA INJ (QL= 1 vial/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
octreotide acetate for im inj kit (SANDOSTATIN equiv) (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
OGIVRI INJ (Restricted to Oncology or Hematolog Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OMISIRGE SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPAR INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFTRAN) inj	-	NC	ANTIEMETICS
ondansetron inj	-	F	ANTIEMETICS
ONIVYDE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN (QL= 2 vials/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPFOLDA CAP	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORENCIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OXLUMO INJ	PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
paclitaxel protein-bound inj (ABRAXANE equiv)	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.



**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
PADCEV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PALONOSETRON INJ	-	F	ANTIEMETICS
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F	ANTIEMETICS
PAMIDRONATE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
pemetrexed disodium for iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PERJETA INJ (QL= 42 mL/63 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F	HEMATOPOIETIC AGENTS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
POMBILITI SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NAACL INJ	-	F	MINERALS & ELECTROLYTES
potassium phosphate inj	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS
PROCHLORPERAZINE INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QALSODY SOL (QL= 1 vial/28 days)	PA-QL	F	NEUROMUSCULAR AGENTS
QUADRAMET INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN SOL	-	NC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	PA	F	HEMATOPOIETIC AGENTS
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC
REMODULIN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	-	NC	GASTROINTESTINAL AGENTS - MISC
RETISERT IMPLANT	-	NC	OPHTHALMIC AGENTS
REVCOVI INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ROCTAVIAN INJ (QL= 1 kit/lifetime)	PA-QL	F	HEMATOLOGICAL AGENTS - MISC.
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
RYTELO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SANDOSTATIN KIT LAR	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCENESSE IMP (QL=1 implant/56 days)	-	EXC	DERMATOLOGICALS
selenious acid inj (SELENIUM equiv)	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SEVENFACT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SINUVA 1350 MCG IMP (QL= 2 kits/90 days)	PA-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
SKYRIZI SOLN (QL=1 vial per 28 days with up to : fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
sodium bicarbonate inj	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTIDOTES
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE INJ (QL= 1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMATULINE INJ	PA-QL	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F	DERMATOLOGICALS
SPINRAZA INJ (QL= 1 vial/4 months)	PA-QL	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
STELARA IV INJ	PA	F	GASTROINTESTINAL AGENTS - MISC
STERILE DILUENT SOLN	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STERILE WATER INJ	-	F	PHARMACEUTICAL ADJUVANTS
STRATAGRAFT MIS	-	EXC	DERMATOLOGICALS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTIVIRALS
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO INJ (QL= 1 inj/eye/168 days)	PA-QL	F	OPHTHALMIC AGENTS
SYFOVRE INJ (QL= 2 vials/25 days )	PA-QL	F	OPHTHALMIC AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECELRA SUS	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 1200MG/20ML (QL= 1 vial/3 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ 840MG/14ML (QL= 2 vials/4 weeks)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ (QL= 5 vials/21 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tobramycin inj	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREMFYA IV INJ (QL= 1 vial/28 days)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRIESENCE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
TRODELVY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ (QL= 1 vial/4 weeks)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TZIELD INJ (QL= 14 vials/month)	PA-QL	F	ANTIDIABETICS
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN (QL= 3 vials/6 months)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
valrubicin inj (QL= 24 vials/3 months)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANCOMYCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
VEOPOZ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO SOLN	-	EXC	NEUROMUSCULAR AGENTS
VIMIZIM INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ	PA	F	OPHTHALMIC AGENTS
vitamin K1 inj	-	F	VITAMINS
VONVENDI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
VORICONAZOLE INJ	-	F	ANTIFUNGALS
VPRIV INJ	PA	F	HEMATOPOIETIC AGENTS
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F	DERMATOLOGICALS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART HYTRULO INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAHA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XIAFLEX INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
XIPERE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
XOFIGO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XOLAIR INJ (QL= 2 vials/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.



**L.A. Care Home Infusion List Cont.**

**Alphabetical Index**

**Last Updated 5/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZEPZELCA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERBAXA INJ	-	F	CEPHALOSPORINS
zinc chloride inj	-	F	MINERALS & ELECTROLYTES
ZINC CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
ZINPLAVA SOLN	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 10.8 MG (QL= 1 implant/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ 3.6 MG (QL= 1 implant/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (ZOMETA INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln (RECLAST INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLGENSMA INJ (QL= 1 kit/lifetime)	PA-QL	F	NEUROMUSCULAR AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYNLONTA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ (QL= 1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
amikacin inj	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
STREPTOMYCIN INJ	-	F
tobramycin inj	-	F
ZEMDRI INJ	-	F
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
SIMPONI ARIA INJ	PA	F
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS INJ	PA	F
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ	-	NC
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA INJ	-	NC
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
DURAMORPH INJ 0.5MG/ML	-	EXC
DURAMORPH INJ 1MG/ML	-	EXC
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
MORPHINE SULFATE 10MG/ML PF INJ	-	F
MORPHINE SULFATE INJ	-	F
<b>OPIOID PARTIAL AGONISTS</b>		
butorphanol inj	-	F
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
TESTOSTERONE ENANTHATE INJ	-	F
TESTOPEL MIS	-	NC
<b>ANTIANGINAL AGENTS</b>		
<b>NITRATES</b>		
NITROGLYCERIN IV SOLN	-	F
<b>ANTIANXIETY AGENTS</b>		
<b>BENZODIAZEPINES</b>		
diazepam inj	-	F
lorazepam inj	-	F
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
procainamide inj	-	F

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

Symbols and abbreviations are defined on page 1.

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

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

Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
<b>ALKYLATING AGENTS</b>		
HEPZATO INJ	-	EXC
bendamustine inj	-	F
BENDAMUSTINE SOL	PA	F
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	PA	F
CISPLATIN INJ	-	F
CISPLATIN INJ 50MG/50ML	-	F
cyclophosphamide inj	-	F
EVOMELA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
IFEX INJ	-	F
ifosfamide inj	-	F
melphalan inj (ALKERAN equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
oxaliplatin inj	-	F
TEMODAR IV INJ	PA	F
thiotepa inj	-	F
YONDELIS INJ	PA	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN	PA	F
CARMUSTINE INJ	-	NC
<b>ANTIMETABOLITES</b>		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
CYTARABINE INJ	-	F
decitabine inj	PA	F
FLUDARABINE INJ	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
GEMCITABINE INJ	-	F
nelarabine iv soln	PA	F
pemetrexed disodium for iv soln	PA	F
ALIMTA INJ	-	NC
ARRANON INJ	-	NC
INFUGEM SOLN	-	NC
pemetrexed disodium for iv soln 750mg (ALIMTA equiv)	-	NC
VIDAZA INJ	-	NC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		

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Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Category/Class

Last Updated\* 5/1/2025

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
BESPONSA INJ	PA	F
BLINCYTO INJ	PA	F
COLUMVI 10/10ML INJ (QL= 3 vials/21 days)	PA-QL	F
COLUMVI 2.5MG INJ (QL= 1 vial/21 days)	PA-QL	F
DARZALEX SOLN	PA	F
ELAHERE INJ	PA	F
ELREXFIO INJ 44MG/1.1ML (QL= 2 vials/365 days)	PA-QL	F
ELREXFIO INJ 76MG/1.9ML (QL= 4 vials/28 days)	PA-QL	F
ENHERTU INJ	PA	F
EPKINLY INJ 48 MG/0.8ML (QL= 4 vials/28 days)	PA-QL	F
EPKINLY INJ 4MG/0.8ML (QL= 3 vials/365 days)	PA-QL	F
GAZYVA INJ	PA	F
IMDELLTRA 1 MG INJ (QL= 1 vial/30 days)	PA-QL	F
IMDELLTRA 10 MG INJ (QL= 2 vials/28 days)	PA-QL	F
IMFINZI INJ	PA	F
IMJUDO INJ	PA	F
JEMPERLI SOLN	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
KIMMTRAK SOLN	PA	F
LIBTAYO INJ (QL= 1 vial/3 weeks)	PA-QL	F
LOQTORZI INJ	PA	F
LUNSUMIO INJ	PA	F
MONJUVI INJ	PA	F
MYLOTARG INJ	PA	F
OPDIVO INJ	PA	F
PADCEV INJ	PA	F
POLIVY INJ	PA	F
POTELIGEO INJ	PA	F

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.



## L.A. Care Home Infusion List

Category/Class

Last Updated\* 5/1/2025

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

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Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Category/Class

Last Updated\* 5/1/2025

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

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
APRETUDE SUSP (QL=7 inj/year)	QL	F
CABENUVA IM SUSP (QL=1 kit/month)	QL	F
CABENUVA SUSP 600MG-900MG/3ML (QL=1 kit/month)	QL	F
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS	F
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10QL-RS vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F
<b>CMV AGENTS</b>		
cidofovir inj	-	F
foscarnet sodium inj	-	F
GANCICLOVIR INJ	-	F
FOSCAVIR INJ	-	NC
<b>HERPES AGENTS</b>		
acyclovir sodium IV soln	-	F
<b>ASSORTED CLASSES</b>		
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA IV SOLN	PA	F
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
labetalol inj	-	F
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
<b>BETA BLOCKERS NON-SELECTIVE</b>		
propranolol inj	-	F
SOTALOL INJ	-	F
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
NICARDIPINE INJ	-	EXC
NICARDIPINE SOLN	-	EXC
CARDENE INJ	-	F
DILTIAZEM INJ	-	F
nicardipine inj	-	F
NICARDIPINE SOLN	-	F
verapamil inj	-	F
<b>CARDIOTONICS</b>		

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>CORTICOSTEROIDS Cont.</b>		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
dexamethasone sodium phosphate inj	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
<b>DERMATOLOGICALS</b>		
<b>ANTIPSORIATICS</b>		
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F
ILUMYA SOLN	-	NC
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
BOTOX COSMETIC INJ	-	EXC
JEUVEAU INJ	-	EXC
<b>PROTECTIVES AGAINST UV RADIATION</b>		
SCENESSE IMP (QL=1 implant/56 days)	-	EXC
<b>WOUND CARE PRODUCTS</b>		
STRATAGRAFT MIS	-	EXC
VYJUVEK GEL (QL= 4 vials/28 days)	PA-QL	F
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
THYROGEN INJ (QL= 2 vials/lifetime)	PA-QL	F
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
furosemide inj	-	F
<b>OSMOTIC DIURETICS</b>		
mannitol inj	-	F
OSMITROL INJ	-	F
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
EVENITY INJ	PA	F
ibandronate sodium inj (BONIVA equiv)	-	F
pamidronate inj	-	F
PROLIA SOLN (QL= 1 inj/6 months)	PA-QL	F
XGEVA INJ	PA	F
zoledronic acid inj (ZOMETA INJ equiv)	-	F
zoledronic acid IV soln (RECLAST INJ equiv)	-	F

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Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Category/Class

Last Updated\* 5/1/2025

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

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Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Category/Class

Last Updated\* 5/1/2025

DrugName	Special Code	Tier
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
octreotide acetate for im inj kit (SANDOSTATIN equiv) (QL=1 kit every 4 weeks)	PA-QL	F
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE INJ (QL= 1 syringe/28 days)	PA-QL	F
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
SOMATULINE INJ	-	NC
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide inj	-	F
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA INJ (QL= 20 vials/28 days)	PA-QL	F
ENTYVIO INJ (QL= 1 vial/56 days)	PA-QL	F
INFLIXIMAB INJ (QL= 20 vials/28 days)	PA-QL	F
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F
STELARA IV INJ	PA	F
TREMFYA IV INJ (QL= 1 vial/28 days)	PA-QL	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
RENFLEXIS INJ	-	NC
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA SUSP FECAL (QL= 150 mL/lifetime)	PA-QL	F
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>HYPEROXALURIA AGENTS</b>		
OXLUMO INJ	PA	F
<b>GOUT AGENTS</b>		
<b>GOUT AGENTS</b>		
allopurinol inj	-	F
KRYSTEXXA INJ (QL= 2 mL/28 days)	PA-QL	F
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>		
GIVLAARI INJ	PA	F
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
ALTUVIIIO INJ	PA	F
BEQVEZ INJ (QL= 1 kit/lifetime)	PA-QL	F

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Symbols and abbreviations are defined on page 1.



## L.A. Care Home Infusion List

Category/Class

Last Updated\* 5/1/2025

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

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Symbols and abbreviations are defined on page 1.

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

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>HEMATOPOIETIC AGENTS Cont.</b>		
APHEXDA INJ	-	EXC
plerixafor subcutaneous inj (MOZOBIL equiv) (Restricted to Oncology or Hematology Specialist)	RS	F
MOZOBIL INJ	-	NC
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
tranexamic acid inj	-	F
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETICS - AMIDES</b>		
lidocaine inj	-	F
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin inj	-	F
<b>ERYTHROMYCINS</b>		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>BICARBONATES</b>		
SODIUM BICARBONATE INJ	-	F
<b>CALCIUM</b>		
calcium gluconate inj	-	F
<b>ELECTROLYTE MIXTURES</b>		
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NAACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
electrolyte-a solution (PLASMA-LYTE equiv)	-	F
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NAACL INJ	-	F
LACTATED RINGERS INJ	-	F
MULT ELECTRO INJ PH	-	F
NORMOSOL- R/D5W INJ	-	F

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Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Category/Class

Last Updated\* 5/1/2025

DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NAACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
KCL/NAACL INJ	-	NC
LACTATED RINGERS INJ	-	NC
<b>MAGNESIUM</b>		
MAGNESIUM SU INJ	-	EXC
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
<b>MANGANESE</b>		
MANGANESE SULFATE INJ	-	F
<b>PHOSPHATE</b>		
POTASSIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
<b>POTASSIUM</b>		
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE INJ	-	NC
<b>SODIUM</b>		
sodium chloride inj	-	F
<b>TRACE MINERALS</b>		
chromic chloride inj (CHROMIUM CHLORIDE equiv)	-	F
CHROMIUM CHLORIDE INJ	-	F
COPPER INJ	-	F
cupric chloride inj (COPPER equiv)	-	F
selenious acid inj (SELENIUM equiv)	-	F
SELENIUM INJ	-	F
<b>ZINC</b>		
zinc chloride inj	-	F
ZINC CHLORIDE INJ	-	NC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>ENZYMES</b>		
XIAFLEX INJ	PA	F
<b>IMMUNOMODULATORS</b>		
RYSTIGGO INJ (QL= 36 ml/63 days)	PA-QL	F
VYVGART HYTRULO INJ	PA	F
VYVGART INJ (QL= 12 vials/28 days; 8 fills/year)	PA-QL	F
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
AZATHIOPRINE INJ	-	F

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Category/Class

Last Updated\* 5/1/2025

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

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Category/Class

Last Updated\* 5/1/2025

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

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.



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

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

Symbols and abbreviations are defined on page 1.

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

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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List  
Prior Authorization Drug List  
Last Updated\* 5/1/2025**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABRAXANE INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADZYNMA KIT	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
ALTUVIIIO INJ	F
AMVUTTRA SOLN	F
ANKTIVA SOL	F
ARALAST NP INJ	F
arsenic trioxide inj	F
ARZERRA INJ	F
ASCENIV INJ	F
ASPARLAS INJ	F
AVSOLA INJ	F
azacitidine inj	F
BALEODAQ INJ	F
BAVENCIO INJ	F
BENDAMUSTINE SOL	F
BENDEKA INJ	F
BENLYSTA IV SOLN	F
BEOVU INJ	F
BEQVEZ INJ	F
BERINERT INJ	F
BESPONSA INJ	F
BLINCYTO INJ	F
bortezomib inj	F
BOTOX INJ	F
BRINEURA KIT	F
BYOOVIZ INJ	F
CARIMUNE NANOFILTERED INJ	F
carmustine inj	F
CEREZYME INJ	F
CIMERLI INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
COLUMVI 10/10ML INJ	F

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**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 5/1/2025**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
COLUMVI 2.5MG INJ	F
CRYSVITA INJ	F
DARZALEX FASPRO SOLN	F
DARZALEX SOLN	F
decitabine inj	F
desmopressin (DDAVP) inj	F
DUROLANE	F
DURYSTA IMP	F
DYSPORT	F
edaravone inj	F
ELAHERE INJ	F
ELAPRASE INJ	F
ELELYSO INJ	F
ELEVIDYS KIT	F
ELFABRIO SOL	F
ELIGARD INJ 22.5 MG	F
ELIGARD INJ 30 MG	F
ELIGARD INJ 45 MG	F
ELIGARD INJ 7.5 MG	F
ELREXFIO INJ 44MG/1.1ML	F
ELREXFIO INJ 76MG/1.9ML	F
ELZONRIS SOLN	F
ENHERTU INJ	F
ENJAYMO SOLN	F
ENTYVIO INJ	F
EPKINLY INJ 48 MG/0.8ML	F
EPKINLY INJ 4MG/0.8ML	F
epoprostenol inj	F
ERBITUX INJ	F
eribulin mesylate inj	F
ESPEROCT INJ	F
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FASENRA INJ 10MG/0.5ML	F
FEIBA INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 5/1/2025**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
FIRMAGON INJ 120MG	F
FIRMAGON INJ 80MG	F
FLEBOGAMMA INJ	F
FYARRO SUSP	F
GAMIFANT INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GIVLAARI INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HEMGENIX INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMDELLTRA 1 MG INJ	F
IMDELLTRA 10 MG INJ	F
IMFINZI INJ	F
IMJUDO INJ	F
INFLIXIMAB INJ	F
IXEMPRA KIT INJ	F
IZERVAY SOLN	F
JELMYTO INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KANUMA INJ	F
KEPIVANCE INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KHAPZORY SOLN	F
KIMMTRAK SOLN	F
KORSUVA INJ	F
KRYSTEXXA INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 5/1/2025**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
KYPROLIS SOLN	F
LAMZEDE INJ	F
lanreotide acetate extended release inj	F
LEMTRADA INJ	F
LEQEMBI SOLN	F
levoleucovorin inj	F
LEVOLEUCOVORIN SOLN	F
LIBTAYO INJ	F
LOQTORZI INJ	F
LUNSUMIO INJ	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ 11.25 MG	F
LUPRON DEPOT INJ 3.75 MG	F
LUXTURNA SUSP	F
MARGENZA INJ	F
mitomycin inj	F
MONJUVI INJ	F
MYLOTARG INJ	F
MYOZYME/LUMIZYME INJ	F
NAGLAZYME INJ	F
nelarabine iv soln	F
NEXVIAZYME INJ	F
NIPENT INJ	F
NOVOSEVEN RT INJ	F
NPLATE INJ	F
NUCALA INJ	F
NULIBRY INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
octreotide acetate for im inj kit	F
ONCASPAR INJ	F
ONIVYDE INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
OPDUALAG SOLN	F
OPFOLDA CAP	F
OXLUMO INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 5/1/2025**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
paclitaxel protein-bound inj	F
PADCEV INJ	F
PANZYGA INJ	F
pemetrexed disodium for iv soln	F
PERJETA INJ	F
POLIVY INJ	F
POMBILITI SOLN	F
POTELIGEO INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
QALSODY SOL	F
REBLOZYL INJ	F
REBYOTA SUSP FECAL	F
REVCOVI INJ	F
ROCTAVIAN INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
RYSTIGGO INJ	F
RYTELO INJ	F
SAPHNELO SOLN	F
SARCLISA SOLN	F
SEVENFACT INJ	F
SIGNIFOR LAR INJ	F
SIMPONI ARIA INJ	F
SINUVA 1350 MCG IMP	F
SKYRIZI SOLN	F
SOLIRIS IV SOLN	F
SOMATULINE INJ	F
SPEVIGO INJ	F
SPINRAZA INJ	F
SPRAVATO SOLN	F
STELARA IV INJ	F
SUSVIMO INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 5/1/2025**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
SYFOVRE INJ	F
SYLVANT INJ	F
TECENTRIQ INJ 1200MG/20ML	F
TECENTRIQ INJ 840MG/14ML	F
TEMODAR IV INJ	F
TEPEZZA INJ	F
TEZSPIRE SOLN	F
THYROGEN INJ	F
TIVDAK INJ	F
TRELSTAR INJ 11.25MG	F
TRELSTAR INJ 22.5MG	F
TRELSTAR INJ 3.75MG	F
TREMFYA IV INJ	F
treprostinil inj	F
TRIPTODUR SUSP	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
TZIELD INJ	F
ULTOMIRIS INJ	F
UPLIZNA SOLN	F
valrubicin inj	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VONVENDI INJ	F
VPRIV INJ	F
VYJUVEK GEL	F
VYVGART HYTRULO INJ	F
VYVGART INJ	F
VYXEOS INJ	F
WILATE INJ	F
XENPOZYME SOLN	F
XEOMIN INJ	F
XGEVA INJ	F
XIAFLEX INJ	F
XOLAIR INJ	F

Symbols and abbreviations are defined on page 1.



**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
Last Updated\* 5/1/2025**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
YERVOY INJ	F
YONDELIS INJ	F
ZALTRAP INJ	F
ZEPZELCA SOLN	F
ZINPLAVA SOLN	F
ZOLADEX INJ 10.8 MG	F
ZOLADEX INJ 3.6 MG	F
ZOLGENSMA INJ	F
ZYNLONTA SOLN	F
ZYNYZ INJ	F

Symbols and abbreviations are defined on page 1.

## L.A. Care Home Infusion List

Last Updated\* 5/1/2025

### Quantity Limit (QL)

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

#### Quantity Limit (QL) Medications

<u>Drug Name</u>	<u>Quantity Limit</u>
AMVUTTRA SOLN	QL=1 syringe/90 days
ANKTIVA SOL	QL= 4 vials/28 days
APRETUDE SUSP	QL=7 inj/year
AVSOLA INJ	QL= 20 vials/28 days
BEOVU INJ	QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days
BEQVEZ INJ	QL= 1 kit/lifetime
BRINEURA KIT	QL=4 kits/28 days
BRIUMVI INJ	QL= 7 vials/48 weeks
BYOOVIZ INJ	QL= 1 inj/eye/28 days
CABENUVA IM SUSP	QL=1 kit/month
CABENUVA SUSP 600MG-900MG/3ML	QL=1 kit/month
CIMERLI INJ	QL= 1 inj/eye/28 days
CINQAIR INJ	QL= 6 vials/28 days
COLUMVI 10/10ML INJ	QL= 3 vials/21 days
COLUMVI 2.5MG INJ	QL= 1 vial/21 days
DARZALEX FASPRO SOLN	QL= 4 vials/28 days
DURYSTA IMP	QL= 1 intraocular implant/eye/lifetime
edaravone inj	QL= 20 vials/28 days
ELEVIDYS KIT	QL= 1 kit/lifetime
ELIGARD INJ 22.5 MG	QL= 1 kit/84 days
ELIGARD INJ 30 MG	QL= 1 kit/112 days
ELIGARD INJ 45 MG	QL= 1 kit/168 days
ELIGARD INJ 7.5 MG	QL= 1 kit/28 days
ELREXFIO INJ 44MG/1.1ML	QL= 2 vials/365 days
ELREXFIO INJ 76MG/1.9ML	QL= 4 vials/28 days
ENTYVIO INJ	QL= 1 vial/56 days
EPKINLY INJ 48 MG/0.8ML	QL= 4 vials/28 days
EPKINLY INJ 4MG/0.8ML	QL= 3 vials/365 days
FASENRA INJ	QL= 1 inj/56 days
FASENRA INJ 10MG/0.5ML	QL= 1 inj/56 days
FIRMAGON INJ 120MG	QL=2 vials/fill
FIRMAGON INJ 80MG	QL=1 vial/28 days
HEMGENIX INJ	QL= 1 kit/lifetime
ILUVIEN IMPLANT	QL=2 inj/36 months
IMDELLTRA 1 MG INJ	QL= 1 vial/30 days
IMDELLTRA 10 MG INJ	QL= 2 vials/28 days
INFLIXIMAB INJ	QL= 20 vials/28 days

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Last Updated\* 5/1/2025**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
IZERVAY SOLN	QL= 2 vials/28 days
JELMYTO INJ	QL= 17 kits/425 days
KRYSTEXXA INJ	QL= 2 mL/28 days
Ianreotide acetate extended release inj	QL= 1 syringe/28 days
LEMTRADA INJ	QL= 3.6 mL/year
LIBTAYO INJ	QL= 1 vial/3 weeks
LUPRON DEPO-PED INJ	QL= 1 kit/28 days
LUPRON DEPOT INJ 11.25 MG	QL= 1 kit/84 days
LUPRON DEPOT INJ 3.75 MG	QL= 1 kit/28 days
LUXTURNA SUSP	QL=1 kit per eye, per lifetime
NUCALA INJ	QL= 1 vial/28 days
octreotide acetate for im inj kit	QL=1 kit every 4 weeks
OPDUALAG SOLN	QL= 2 vials/4 weeks
OZURDEX IMPLANT	QL=2 inj/180 days
PERJETA INJ	QL= 42 mL/63 days
PROLIA SOLN	QL= 1 inj/6 months
QALSODY SOL	QL= 1 vial/28 days
REBYOTA SUSP FECAL	QL= 150 mL/lifetime
ROCTAVIAN INJ	QL= 1 kit/lifetime
RYSTIGGO INJ	QL= 36 ml/63 days
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 days
SINUVA 1350 MCG IMP	QL= 2 kits/90 days
SKYRIZI SOLN	QL=1 vial per 28 days with up to 3 fills per 6 months
SOMATULINE INJ	QL=1 syringe/28 days
SPEVIGO INJ	QL=2 vials/fill, 4 vials/month
SPINRAZA INJ	QL= 1 vial/4 months
SUNLENCA INJ	QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist
SUSVIMO INJ	QL= 1 inj/eye/168 days
SYFOVRE INJ	QL= 2 vials/25 days
TECENTRIQ INJ 1200MG/20ML	QL= 1 vial/3 weeks
TECENTRIQ INJ 840MG/14ML	QL= 2 vials/4 weeks
TEZSPIRE SOLN	QL=1 inj/28 days
THYROGEN INJ	QL= 2 vials/lifetime
TIVDAK INJ	QL= 5 vials/21 days
TRELSTAR INJ 11.25MG	QL=1 kit/84 days
TRELSTAR INJ 22.5MG	QL=1 kit/168 days
TRELSTAR INJ 3.75MG	QL=1 kit/28 days

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List Cont.**

**Last Updated\* 5/1/2025**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
TREMFYA IV INJ	QL= 1 vial/28 days
TRIESENCE INJ	QL=2 inj/fill
TRIPTODUR SUSP	QL=1 inj every 24 weeks
TROGARZO INJ	Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days
TYSABRI INJ	QL= 1 vial/4 weeks
TZIELD INJ	QL= 14 vials/month
UPLIZNA SOLN	QL= 3 vials/6 months
valrubicin inj	QL= 24 vials/3 months
VYJUVEK GEL	QL= 4 vials/28 days
VYVGART INJ	QL= 12 vials/28 days; 8 fills/year
XIPERE INJ	QL=2 inj/fill
XOLAIR INJ	QL= 2 vials/28 days
YUTIQ IMPLANT	QL=2 inj/36 months
ZOLADEX INJ 10.8 MG	QL= 1 implant/84 days
ZOLADEX INJ 3.6 MG	QL= 1 implant/28 days
ZOLGENSMA INJ	QL= 1 kit/lifetime
ZYNYZ INJ	QL= 1 vial/28 days

Symbols and abbreviations are defined on page 1.



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