



L.A. Care
*Covered*TM

L.A. Care Health Plan

L.A. Care CoveredTM Formulary

2022

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 All previous versions of the formulary are no longer in effect.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



For more details on how much you are required to pay for a covered service for your plan, visit our website:

<http://www.lacare.org/members/welcome-la-care/member-documents/lacare-covered>

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

INTRODUCTION

Table of Contents

Forward.....	1
How to Use the Formulary.....	1
Generic and Brand Name Medications.....	2
How Drugs Are Listed.....	2
Non-Formulary Medications.....	2
Benefit Coverage and Limitations.....	3
How to Find a Pharmacy.....	3
Description of Coverage.....	4
How Much Will I Pay for My Drugs.....	4
Restrictions on Medication Coverage.....	5
Medication Request Process.....	6
General Benefit Exclusions (Not Covered).....	6
Pharmacist and Physician Feedback.....	7
Definitions.....	7
Categorical List of Prescription Drugs.....	9
Index of Prescription Drugs.....	247

Foreword

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

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

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

How to Use the Formulary

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

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

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

Generic and Brand Name Medications

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

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

How Drugs Are Listed

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

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

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

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

Example: ANTICOAGULANTS
HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin inj</i> 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	1	QL= 17 days supply
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML (<i>dalteparin sodium</i>)	3	

From the above example:

Generic Drug:

- ***enoxaparin inj***

Brand Drug:

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

Non-Formulary Medications

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

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

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

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

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

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

Benefit Coverage and Limitations

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

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

How to Find a Pharmacy

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

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

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

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

Description of Coverage

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

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

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

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

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

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

How Much I Will Pay for My Drugs

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

Below is a description for each tier:

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

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

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

Restrictions on Medication Coverage

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

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

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

Medication Request Process

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

Formulary Agents

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

Non-Formulary Agents

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

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

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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

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

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss		
<i>amphetamine/dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 5MG</i> (ADDERALL XR Equiv)	1	-
<i>amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG</i> (ADDERALL Equiv)	1	-
DEXEDRINE CAP 10MG, 15MG, 5MG (<i>dextroamphetamine sulfate</i>)	3	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG</i> (DEXEDRINE Equiv)	1	-
<i>dextroamphetamine soln 5MG/5ML</i> (PROCENTRA Equiv)	1	-
<i>dextroamphetamine tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (DEXEDRINE Equiv)	1	-
VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG (<i>lisdexamfetamine dimesylate</i>)	2	-
VYVANSE CHEW TAB 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (<i>lisdexamfetamine dimesylate</i>)	2	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
ADIPEX-P CAP 37.5MG (<i>phentermine hcl</i>)	3	PA-QL
ADIPEX-P TAB 37.5MG (<i>phentermine hcl</i>)	3	PA-QL

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

1

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

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

Last Updated 7/1/2022

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

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2

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>clonidine ER tab .1MG</i> (KAPVAY Equiv)	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG (<i>guanfacine hcl (adhd)</i>)	3	-
KAPVAY TAB .1MG (<i>clonidine hcl (adhd)</i>)	3	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>)	2	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	1	PA-QL QL= 1 tab/day
DAYTRANA PATCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR (<i>methylphenidate</i>)	3	-
<i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv)	1	-

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

3

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	1	-
FOCALIN TAB 10MG, 2.5MG, 5MG <i>(dexmethylphenidate hcl)</i>	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG <i>(dexmethylphenidate hcl)</i>	3	-
METADATE CD CAP <i>(methylphenidate hcl)</i>	3	-
METHYLIN CHEW TAB <i>(methylphenidate hcl)</i>	3	-
METHYLIN SOLN 10MG/5ML, 5MG/5ML <i>(methylphenidate hcl)</i>	2	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	1	-
<i>methylphenidate chew tab 10MG, 2.5MG, 5MG</i> (METHYLIN Equiv)	1	-
<i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv)	1	-
METHYLPHENIDATE ER TAB 18MG <i>(methylphenidate hcl)</i>	2	-
<i>methylphenidate ER tab 27MG, 36MG, 54MG</i>	1	-
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	1	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	1	-

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

4

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

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	1	PA-QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG (<i>armodafinil</i>)	3	PA-QL QL= 1 tab/day
PROVIGIL TAB 100MG, 200MG (<i>modafinil</i>)	3	PA-QL QL= 2 tabs/day
RITALIN LA CAP 10MG, 20MG, 30MG, 40MG (<i>methylphenidate hcl</i>)	3	-
RITALIN TAB 10MG, 20MG, 5MG (<i>methylphenidate hcl</i>)	3	-
AMEBICIDES - drugs to treat infections		
AMEBICIDES - drugs to treat infections		
YODOXIN TAB (<i>iodoquinol</i>)	3	-
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
<i>amikacin inj 1GM/4ML, 500MG/2ML</i> (KANAMYCIN Equiv)	M	M
KANAMYCIN INJ (<i>amikacin sulfate</i>)	M	M
<i>neomycin tab 500MG</i>	1	-
<i>paromomycin cap 250MG</i> (HUMATIN Equiv)	1	-
TOBI PODHALER 28MG (<i>tobramycin</i>)	4	KMSP-PA
<i>tobramycin neb soln 300MG/4ML, 300MG/5ML</i> (TOBI Equiv)	4	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist

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5

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Last Updated 7/1/2022

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ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG (<i>baricitinib</i>)	4	LMSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG (<i>upadacitinib</i>)	4	LMSP-PA-QL QL= 1 tab/day
XELJANZ SOLN 1MG/ML (<i>tofacitinib citrate</i>)	4	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG (<i>tofacitinib citrate</i>)	4	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG (<i>tofacitinib citrate</i>)	4	LMSP-PA-QL QL= 1 tab/day
ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system		
RHEUMATREX TAB (<i>methotrexate sodium (antirheumatic)</i>)	3	-
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 80MG 80MG/0.8ML (<i>adalimumab</i>)	4	PA-QL-SP QL= 2 syringes/28 days

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6

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HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>)	4	LMSP-PA-QL QL= 2 pens/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML (<i>golimumab</i>)	4	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML (<i>golimumab</i>)	4	LMSP-PA-QL QL=1 inj/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG (<i>auranofin</i>)	2	-
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML (<i>anakinra</i>)	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML (<i>tocilizumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days

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7

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ACTEMRA SC INJ 162MG/0.9ML (<i>tocilizumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG (<i>diclofenac w/ misoprostol</i>)	3	-
CATAFLAM TAB (<i>diclofenac potassium</i>)	3	-
CELEBREX CAP 100MG, 200MG, 400MG, 50MG (<i>celecoxib</i>)	3	QL QL= 2 caps/day
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	QL QL= 2 caps/day
CLINORIL TAB (<i>sulindac</i>)	3	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	1	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	1	-
<i>diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG</i> (ARTHROTEC Equiv)	1	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-
<i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv)	1	-

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8

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

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<i>etodolac tab 400MG, 500MG</i>	1	-
FELDENE CAP 10MG, 20MG (<i>piroxicam</i>)	3	-
FLURBIPROFEN TAB 50MG (ANSAID Equiv) (<i>flurbiprofen</i>)	1	-
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 800MG</i>	1	Rx covered Only
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	1	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	1	-
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
MELOXICAM SUSP (<i>meloxicam</i>)	3	-
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG (<i>meloxicam</i>)	3	-
MOTRIN SUSP 100MG/5ML, 50MG/1.25ML (<i>ibuprofen</i>)	3	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG (<i>naproxen</i>)	3	-
NAPROSYN TAB 250MG, 500MG (<i>naproxen</i>)	3	-
<i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv)	1	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	1	-
<i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv)	1	-

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

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<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	1	-
TOLMETIN TAB 200MG, 600MG (<i>tolmetin sodium</i>)	3	-
VOLTAREN TAB (<i>diclofenac sodium</i>)	3	-
VOLTAREN XR TAB (<i>diclofenac sodium</i>)	3	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK (<i>apremilast</i>)	4	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG (<i>apremilast</i>)	4	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	1	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
ORENCIA CLICK INJ 125MG/ML (<i>abatacept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML (<i>abatacept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML (<i>abatacept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML (<i>abatacept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		
ENBREL INJ 25MG 25MG/0.5ML (<i>etanercept</i>)	4	LMSP-PA-QL QL= 8 inj/28 days

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ENBREL INJ 50MG 50MG/ML (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML (<i>etanercept</i>)	4	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
<i>aspirin ec tab 325mg 324MG, 325MG</i>	\$0	OTC Covered for males age 45-79 and females age 55-79
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
<i>aspirin tab 325mg 325MG</i>	\$0	OTC Covered for males age 45-79 and females age 55-79
ASPIRIN TAB 81MG (<i>aspirin</i>)	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)

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<i>aspirin tab 81mg</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
CHOLINE MAGNESIUM TRISALICYLATE TAB <i>(choline & mag salicylate)</i>	1	-
<i>choline magnesium trisalicylate tab</i>	1	-
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	1	-
ZORPRIN TAB (<i>aspirin</i>)	3	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
ABSTRAL SL TAB 100MCG, 200MCG, 300MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 units/30 days
AVINZA CAP (<i>morphine sulfate beads</i>)	3	QL QL= 2 caps/day
CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>)	1	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>)	1	QL QL= 180 tabs/30 days
<i>codeine sulfate tab 60mg 60MG</i>	1	QL QL= 180 tabs/30 days
<i>codeine sulfate tablet 15mg, 30mg 30MG</i>	1	QL QL= 240 tabs/30 days

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DAZIDOX TAB (<i>oxycodone hcl</i>)	3	QL QL=120 tabs/30 days
DILAUDID TAB 2MG 2MG (<i>hydromorphone hcl</i>)	3	QL QL= 240 tabs/30 days
DILAUDID TAB 4MG 4MG (<i>hydromorphone hcl</i>)	3	QL QL=180 tabs/30 days
DILAUDID TAB 8MG 8MG (<i>hydromorphone hcl</i>)	3	QL QL=120 tabs/30 days
DOLOPHINE TAB 10MG, 5MG (<i>methadone hcl</i>)	3	QL QL=120 tabs/30 days
DURAGESIC PATCH 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (<i>fentanyl</i>)	3	QL QL=10 patches/30 days
<i>fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG</i> (ACTIQ Equiv)	1	PA-QL QL= 120 lozenges/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	1	QL QL=10 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>)	3	PA-QL QL= 120 tabs/30 days
<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	1	QL QL= 240 tabs/30 days

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<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	1	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	1	QL QL=120 tabs/30 days
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT (<i>fentanyl citrate</i>)	3	PA-QL QL= 15 bottles/30 days
<i>methadone conc 10MG/ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 10MG/5ML 10MG/5ML (<i>methadone hcl</i>)	1	QL QL=600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 5MG/5ML 5MG/5ML (<i>methadone hcl</i>)	1	QL QL=1200ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	1	QL QL=1200ml/30 days
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days
<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days
METHADOSE CONC 10MG/ML, 5MG/0.5ML (<i>methadone hcl</i>)	3	QL QL=600ml/30 days

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MORPHINE SULFATE ER BEAD CAP 120MG, 30MG, 45MG, 60MG, 75MG, 90MG (<i>morphine sulfate beads</i>)	3	QL QL= 2 caps/day
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days
MORPHINE SULFATE SOLN 20MG/5ML (<i>morphine sulfate</i>)	1	QL QL=120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i>	1	QL QL=120ml/30 days
MORPHINE SULFATE TAB (<i>morphine sulfate</i>)	1	QL QL=180 tabs/30 days
MORPHINE SULFATE TAB 15MG, 30MG (<i>morphine sulfate</i>)	1	QL QL=180 tabs/30 days
<i>morphine sulfate tab 15MG, 30MG</i>	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG (<i>tapentadol hcl</i>)	3	QL QL= 180 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG (<i>oxycodone hcl</i>)	3	QL QL=120 tabs/30 days

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

Last Updated 7/1/2022

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<i>tramadol ER tab 100MG, 200MG, 300MG</i> (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG (<i>tramadol hcl</i>)	1	QL QL= 30 tabs/30 days
<i>tramadol tab 100MG, 50MG</i> (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB (<i>tramadol hcl tab</i>)	3	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (<i>oxycodone</i>)	2	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	1	QL QL=240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days
CAPITAL/CODEINE SUSP (<i>acetaminophen w/ codeine</i>)	3	QL QL=240ml/30 days
HYCET SOLN (<i>hydrocodone-acetaminophen</i>)	3	QL QL=1800ml/30 days

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

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

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Last Updated 7/1/2022

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SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	3	-
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANABOLIC STEROIDS - Drugs used to gain weight		
ANADROL TAB 50MG (<i>oxymetholone</i>)	3	-
OXANDRIN TAB 10MG (<i>oxandrolone</i>)	3	-
<i>oxandrolone tab 10MG, 2.5MG</i> (OXANDRIN Equiv)	1	-
ANDROGENS - Drugs to treat low testosterone level		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR (<i>testosterone</i>)	2	PA-QL QL= 1 patch/day
ANDROGEL 1% 25MG 25MG/2.5GM (<i>testosterone</i>)	3	PA-QL QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM (<i>testosterone</i>)	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM (<i>testosterone</i>)	3	PA-QL QL= 1 packet/day
ANDROGEL 1.62% 2.5GM 40.5MG/2.5GM (<i>testosterone</i>)	3	PA-QL QL= 2 packets/day
ANDROGEL PUMP 1% (<i>testosterone</i>)	3	PA-QL QL= 4 bottles/30 days
ANDROGEL PUMP 1.62% 1.62% (<i>testosterone</i>)	3	PA-QL QL= 2 bottles/30 days

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AXIRON SOLN (<i>testosterone</i>)	3	PA-QL QL= 2 bottles/30 days
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	1	-
DEPO-TESTOSTERONE INJ 100MG/ML, 200MG/ML (<i>testosterone cypionate</i>)	3	-
METHITEST TAB 10MG (<i>methyltestosterone</i>)	3	PA
<i>methyltestosterone cap 10MG</i>	1	PA
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	1	-
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM (<i>testosterone</i>)	2	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP 1% (<i>testosterone</i>)	2	PA-QL QL= 4 bottles/30 days

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<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
CORTENEMA 100MG/60ML (<i>hydrocortisone (intrarectal)</i>)	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
UCERIS RECTAL FOAM 2MG/ACT (<i>budesonide (intrarectal)</i>)	3	PA
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	1	-
<i>pramoxine/hydrocortisone cream 1%, 1%-2.5%</i> (ANALPRAM-HC Equiv)	1	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
ANUSOL-HC CREAM 1%, 2.5% (<i>hydrocortisone (rectal)</i>)	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	1	-

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ALBENZA TAB 200MG (<i>albendazole</i>)	3	-
BENZNIDAZOLE TAB 100MG, 12.5MG (<i>benznidazole</i>)	2	PA
BILTRICIDE TAB 600MG (<i>praziquantel</i>)	3	-
EMVERM TAB 100MG (<i>mebendazole</i>)	2	PA
<i>ivermectin tab 3MG</i> (STROMECTOL Equiv)	1	PA
<i>mebendazole chew tab</i> (VERMOX Equiv)	1	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMECTOL TAB 3MG (<i>ivermectin</i>)	3	PA
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
RANEXA TAB 1000MG, 500MG (<i>ranolazine</i>)	3	-
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	1	-
NITRATES - Drugs to treat chest pain		
DILATRATE SR CAP 40MG (<i>isosorbide dinitrate</i>)	3	-
IMDUR TAB (<i>isosorbide mononitrate</i>)	3	-
ISORDIL TITRADOSE TAB 40MG, 5MG (<i>isosorbide dinitrate</i>)	3	-
<i>isosorbide dinitrate ER tab</i> (ISOCHRON Equiv)	1	-
<i>isosorbide dinitrate SL tab</i>	1	-
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide dinitrate tab 40mg 40MG</i> (ISORDIL Equiv)	1	-

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<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	1	-
NITRO-BID OINT 2% (<i>nitroglycerin</i>)	2	-
NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (<i>nitroglycerin</i>)	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR (<i>nitroglycerin</i>)	3	-
<i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv)	1	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	1	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	1	-
NITROLINGUAL PUMP SPRAY .4MG/SPRAY (<i>nitroglycerin</i>)	3	-
NITROSTAT SL TAB .3MG, .4MG, .6MG (<i>nitroglycerin</i>)	3	-
ANTI-ANXIETY AGENTS - Drugs to treat anxiety		
ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
BUSPAR TAB (<i>bupirone hcl tab</i>)	3	-
<i>bupirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	1	-

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<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	1	-
HYDROXYZINE PAMOATE CAP 100MG 100MG (<i>hydroxyzine pamoate</i>)	1	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	1	-
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	1	-
VISTARIL CAP 25MG, 50MG (<i>hydroxyzine pamoate</i>)	3	-
BENZODIAZEPINES - Drugs to treat anxiety		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	1	QL QL= 5 tabs/day
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	1	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	1	QL QL= 180ml/30 days
<i>diazepam oral soln 5mg/5ml 5MG/5ML</i> (DIAZEPAM Equiv)	1	QL QL= 180ml/30 days
<i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv)	1	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG</i> (VALILUM Equiv)	1	QL QL= 3 tabs/day
LIBRIUM CAP (<i>chlordiazepoxide hcl</i>)	3	-
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	1	-

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<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-
VALIUM TAB 2MG, 10MG 10MG, 2MG (<i>diazepam</i>)	3	QL QL= 4 tabs/day
VALIUM TAB 5MG 5MG (<i>diazepam</i>)	3	QL QL= 3 tabs/day
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG (<i>disopyramide phosphate</i>)	3	-
<i>quinidine gluconate CR tab 324MG</i>	1	-
QUINIDINE SULFATE ER TAB (<i>quinidine sulfate</i>)	3	-
<i>quinidine sulfate tab 200MG, 300MG</i>	1	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	1	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	1	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-
RYTHMOL SR CAP 225MG, 325MG, 425MG (<i>propafenone hcl</i>)	3	-

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SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RYTHMOL TAB (<i>propafenone hcl</i>)	3	-
TAMBOCOR TAB (<i>flecainide acetate</i>)	3	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	1	-
CORDARONE TAB (<i>amiodarone hcl tab</i>)	3	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG (<i>dofetilide</i>)	3	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	4	MSP-PA-QL QL= 1 inj/56 days
NUCALA INJ 40MG/0.4ML (<i>mepolizumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	1	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT (<i>ipratropium bromide hfa</i>)	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH (<i>umeclidinium bromide</i>)	2	-

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

Last Updated 7/1/2022

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<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-
SPIRIVA HANDHALER 18MCG (<i>tiotropium bromide monohydrate</i>)	3	PA For use with Handihaler device
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREQ, DULERA, or FLUTICASONE/SALMETEROL
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT 2.5MCG/ACT (<i>tiotropium bromide monohydrate</i>)	3	PA
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
ACCOLATE TAB 10MG, 20MG (<i>zafirlukast</i>)	3	-
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	1	-
SINGULAIR CHEW TAB 4MG, 5MG (<i>montelukast sodium</i>)	3	-
SINGULAIR GRANULE PACK 4MG (<i>montelukast sodium</i>)	3	-
SINGULAIR TAB 10MG (<i>montelukast sodium</i>)	3	-
<i>zafirlukast tab 10MG, 20MG</i> (ACCOLATE Equiv)	1	-
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
DALIRESP TAB 250MCG, 500MCG (<i>roflumilast</i>)	3	-
STEROID INHALANTS - Drugs to treat asthma and COPD		

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

Last Updated 7/1/2022

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ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	2	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i>	1	-
FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	-
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT (<i>fluticasone propionate hfa</i>)	2	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML (<i>budesonide (inhalation)</i>)	3	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		

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

Last Updated 7/1/2022

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ACCUNEB NEB SOLN (<i>albuterol sulfate</i>)	3	-
ADVAIR DISKUS INHALER 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT (<i>fluticasone-salmeterol</i>)	2	-
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	1	-
<i>albuterol sulfate ER tab</i> (VOSPIRE ER Equiv)	1	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	1	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv)	1	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH (<i>umeclidinium-vilanterol</i>)	2	-
<i>arformoterol tartrate neb soln 15MCG/2ML</i> (BROVANA Equiv)	1	-
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-

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

Last Updated 7/1/2022

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BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	2	-
BROVANA NEB SOLN 15MCG/2ML (<i>arformoterol tartrate</i>)	3	-
COMBIVENT INHALER (<i>ipratropium-albuterol</i>)	2	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</i>)	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	-
DUONEB NEB SOLN (<i>ipratropium-albuterol</i>)	3	-
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT (<i>fluticasone-salmeterol</i>)	1	-
<i>formoterol fumarate neb soln 20MCG/2ML</i> (PERFOROMIST Equiv)	1	-

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

Last Updated 7/1/2022

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LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT (<i>levalbuterol tartrate</i>)	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	1	-
METAPROTERENOL SYRUP 10MG/5ML (<i>metaproterenol sulfite</i>)	1	-
PERFOROMIST NEB SOLN 20MCG/2ML (<i>formoterol fumarate</i>)	3	-
SEREVENT DISKUS INHALER 50MCG/DOSE (<i>salmeterol xinafoate</i>)	2	-
STIOLTO INHALER 2.5MCG/ACT (<i>tiotropium bromide-olodaterol hcl</i>)	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT (<i>olodaterol hcl</i>)	3	QL QL= 1 inhaler/30 days
SYMBICORT INHALER 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	2	-
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	1	-

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

Last Updated 7/1/2022

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TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH (<i>fluticasone-umeclidinium-vilanterol</i>)	2	-
VENTOLIN HFA INHALER 108MCG/ACT (<i>albuterol sulfate</i>)	1	QL QL= 2 inhalers/30 days
VOSPIRE ER TAB (<i>albuterol sulfate</i>)	3	-
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML (<i>levalbuterol hcl</i>)	3	-
XANTHINES - Drugs to treat asthma and COPD		
<i>aminophylline tab</i>	1	-
ELIXOPHYLLIN ELIXIR 80MG/15ML (<i>theophylline</i>)	2	-
LUFYLLIN TAB (<i>dyphylline</i>)	3	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG (<i>theophylline</i>)	3	-
THEOPHYLLINE ER TAB 300MG, 450MG (<i>theophylline</i>)	2	-
<i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv)	1	-
<i>theophylline soln 80MG/15ML</i>	1	-
UNIPHYL TAB (<i>theophylline tab sr 24hr</i>)	3	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		

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

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COUMADIN TAB 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (<i>warfarin sodium</i>)	3	-
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG (<i>apixaban</i>)	2	-
XARELTO STARTER PACK (<i>rivaroxaban</i>)	2	-
XARELTO SUSP 1MG/ML (<i>rivaroxaban</i>)	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG (<i>rivaroxaban</i>)	2	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (<i>fondaparinux sodium</i>)	3	PA
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	1	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	1	PA
FRAGMIN INJ (<i>dalteparin sodium</i>)	3	-
FRAGMIN INJ 95000UNIT/3.8ML (<i>dalteparin sodium</i>)	3	-
<i>heparin porcine inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML</i>	M	M

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Last Updated 7/1/2022

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LOVENOX INJ 300MG/3ML (<i>enoxaparin sodium</i>)	3	-
THROMBIN INHIBITORS - Drugs to thin the blood		
PRADAXA CAP 110MG, 150MG, 75MG (<i>dabigatran etexilate mesylate</i>)	3	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<i>clobazam susp 2.5MG/ML</i> (ONFI Equiv)	1	PA Members age 9 or older require Prior Authorization
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	1	PA
<i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG (<i>diazepam (anticonvulsant)</i>)	2	QL QL= 2 packs/fill
KLONOPIN TAB .5MG, 1MG, 2MG (<i>clonazepam</i>)	3	-
NAYZILAM SPRAY 5MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ONFI SUSP 2.5MG/ML (<i>clobazam</i>)	3	PA Members age 9 or older require Prior Authorization
ONFI TAB 10MG, 20MG (<i>clobazam</i>)	3	PA

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

Last Updated 7/1/2022

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VALTOCO NASAL SPRAY 10MG/0.1ML, 7.5MG/0.1ML (<i>diazepam (anticonvulsant)</i>)	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
BANZEL SUSP 40MG/ML (<i>rufinamide</i>)	3	PA
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	1	-
<i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	1	-
CARBATROL CAP 100MG, 200MG, 300MG (<i>carbamazepine</i>)	3	-
DIACOMIT CAP 250MG, 500MG (<i>stiripentol</i>)	4	LD-PA Only available through US Bioservices 888-518-7246
DIACOMIT POWDER PACK 250MG, 500MG (<i>stiripentol</i>)	4	LD-PA Only available through US Bioservices 888-518-7246
EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>)	4	LD-PA Only available through Lumicera 855-847-3553

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Last Updated 7/1/2022

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EPRONTIA SOLN 25MG/ML (<i>topiramate</i>)	3	PA Members age 9 or older require Prior Authorization
FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl (anticonvulsant)</i>)	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	QL QL= 9 caps/day
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	QL QL= 72 mls/day
<i>gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv)	1	QL QL= 6 tabs/day
<i>gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv)	1	QL QL= 4.5 tabs/day
KEPPRA SOLN 100MG/ML (<i>levetiracetam</i>)	3	-
KEPPRA TAB 1000MG, 250MG, 500MG, 750MG (<i>levetiracetam</i>)	3	-
KEPPRA XR TAB 500MG, 750MG (<i>levetiracetam</i>)	3	-
<i>lacosamide oral solution 10MG/ML</i> (VIMPAT Equiv)	1	-
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	1	-
LAMICTAL CHEW TAB 25MG, 5MG (<i>lamotrigine</i>)	3	-
LAMICTAL CHEW TAB 2MG (<i>lamotrigine</i>)	2	-

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

Last Updated 7/1/2022

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

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

Last Updated 7/1/2022

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<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG (<i>primidone</i>)	3	-
NEURONTIN CAP 100MG, 300MG, 400MG (<i>gabapentin</i>)	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML (<i>gabapentin</i>)	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG (<i>gabapentin</i>)	3	QL QL= 6 tabs/day
NEURONTIN TAB 800MG 800MG (<i>gabapentin</i>)	3	QL QL= 4.5 tabs/day
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	1	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG</i> (LYRICA Equiv)	1	QL QL= 3 caps/day
<i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv)	1	QL QL= 2 caps/day
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	1	QL QL= 30ml/day
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-

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

Last Updated 7/1/2022

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<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	1	PA
<i>rufinamide tab 200MG, 400MG</i> (BANZEL Equiv)	1	PA
TEGRETOL CHEW TAB (<i>carbamazepine</i>)	3	-
TEGRETOL SUSP 100MG/5ML (<i>carbamazepine</i>)	3	-
TEGRETOL TAB 200MG (<i>carbamazepine</i>)	3	-
TEGRETOL XR TAB 100MG, 200MG, 400MG (<i>carbamazepine</i>)	3	-
TOPAMAX SPRINKLE CAP 15MG, 25MG (<i>topiramate</i>)	3	-
TOPAMAX TAB 100MG, 200MG, 25MG, 50MG (<i>topiramate</i>)	3	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-
TRILEPTAL SUSP 300MG/5ML (<i>oxcarbazepine</i>)	3	-
TRILEPTAL TAB 150MG, 300MG, 600MG (<i>oxcarbazepine</i>)	3	-
ZONEGRAN CAP 100MG, 25MG (<i>zonisamide</i>)	3	-
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-
CARBAMATES - Drugs to treat seizures		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	1	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	1	-

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

Last Updated 7/1/2022

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FELBATOL SUSP 600MG/5ML (<i>felbamate</i>)	3	-
FELBATOL TAB 400MG, 600MG (<i>felbamate</i>)	3	-
XCOPRI PAK 100-150MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG (<i>cenobamate</i>)	2	QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG (<i>cenobamate</i>)	2	QL QL= 1 tab/day
GABA MODULATORS - Drugs to treat seizures		
GABITRIL TAB 12MG, 16MG, 2MG, 4MG (<i>tiagabine hcl</i>)	3	-
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	1	-

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

Last Updated 7/1/2022

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<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
<i>vigadrone powder pack 500MG</i>	4	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		
DILANTIN CAP 100MG 100MG, 200MG, 300MG (<i>phenytoin sodium extended</i>)	3	-
DILANTIN CAP 30MG 30MG (<i>phenytoin sodium extended</i>)	2	-
DILANTIN INFATABS 50MG (<i>phenytoin</i>)	3	-
DILANTIN SUSP 125MG/5ML (<i>phenytoin</i>)	3	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	1	-
SUCCINIMIDES - Drugs to treat seizures		
CELONTIN CAP 300MG (<i>methsuximide</i>)	2	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	1	-

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

Last Updated 7/1/2022

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<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
ZARONTIN CAP 250MG (<i>ethosuximide</i>)	3	-
ZARONTIN SOLN 250MG/5ML (<i>ethosuximide</i>)	3	-
VALPROIC ACID - Drugs to treat seizures		
DEPAKENE CAP 250MG (<i>valproic acid</i>)	3	-
DEPAKENE SYRUP 250MG/5ML (<i>valproate sodium</i>)	3	-
DEPAKOTE ER TAB 250MG, 500MG (<i>divalproex sodium</i>)	3	-
DEPAKOTE SPRINKLE CAP 125MG (<i>divalproex sodium</i>)	3	-
DEPAKOTE TAB 125MG, 250MG, 500MG (<i>divalproex sodium</i>)	3	-
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	1	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	1	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	1	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	1	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	1	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-

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

Last Updated 7/1/2022

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

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Last Updated 7/1/2022

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

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

Last Updated 7/1/2022

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LUVOX CR CAP (<i>fluvoxamine maleate</i>)	3	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	1	-
<i>paroxetine oral susp 10MG/5ML</i> (PAXIL Equiv)	1	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	1	-
PAXIL CR TAB 12.5MG, 25MG, 37.5MG (<i>paroxetine hcl</i>)	3	-
PAXIL ORAL SUSP 10MG/5ML (<i>paroxetine hcl</i>)	3	-
PAXIL TAB 10MG, 20MG, 30MG, 40MG (<i>paroxetine hcl</i>)	3	-
PEXEVA TAB 10MG, 20MG, 30MG, 40MG (<i>paroxetine mesylate</i>)	3	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
PROZAC CAP 10MG, 20MG, 40MG (<i>fluoxetine hcl</i>)	3	-
PROZAC SOLN (<i>fluoxetine hcl</i>)	3	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	1	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	1	-
ZOLOFT CONC 20MG/ML (<i>sertraline hcl</i>)	3	-
ZOLOFT TAB 100MG, 25MG, 50MG (<i>sertraline hcl</i>)	3	-

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

Last Updated 7/1/2022

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SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG (<i>nefazodone hcl</i>)	1	-
<i>nefazodone tab 50mg, 250mg 250MG, 50MG</i>	1	-
OLEPTRO TAB (<i>trazodone hcl</i>)	3	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	1	-
TRINTELLIX TAB 10MG, 20MG, 5MG (<i>vortioxetine hbr</i>)	3	PA-QL QL= 1 tab/day
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	1	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	1	-
EFFEXOR TAB (<i>venlafaxine hcl</i>)	3	-
EFFEXOR XR CAP 150MG, 37.5MG, 75MG (<i>venlafaxine hcl</i>)	3	-
FETZIMA CAP 120MG, 20MG, 40MG, 80MG (<i>levomilnacipran hcl</i>)	3	PA-QL QL= 1 cap/day
FETZIMA TITRATION PACK (<i>levomilnacipran hcl</i>)	3	PA-QL QL= 1 cap/day
PRISTIQ TAB 100MG, 25MG, 50MG (<i>desvenlafaxine succinate</i>)	3	-

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Last Updated 7/1/2022

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<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	1	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	1	-
TRICYCLIC AGENTS - Drugs to treat depression		
<i>amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (ELAVIL Equiv)	1	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG (<i>amoxapine</i>)	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG (<i>clomipramine hcl</i>)	3	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	1	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	1	-
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	1	-
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	1	-
<i>imipramine pamoate cap 100MG, 125MG, 150MG, 75MG</i> (TOFRANIL PM Equiv)	1	-
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	1	-
NORPRAMIN TAB 10MG, 25MG (<i>desipramine hcl</i>)	3	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	1	-

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

Last Updated 7/1/2022

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<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	1	-
NORTRIPTYLINE SOLN 10MG/5ML (<i>nortriptyline hcl</i>)	2	-
PAMELOR CAP 10MG, 25MG, 50MG, 75MG (<i>nortriptyline hcl</i>)	3	-
<i>protriptyline tab 10MG, 5MG</i> (VIVACTIL Equiv)	1	-
SURMONTIL CAP 100MG, 25MG, 50MG (<i>trimipramine maleate</i>)	3	-
TOFRANIL PM CAP (<i>imipramine pamoate</i>)	3	-
TOFRANIL TAB 10MG, 25MG, 50MG (<i>imipramine hcl</i>)	3	-
<i>trimipramine cap 100MG, 25MG, 50MG</i> (SURMONTIL Equiv)	1	-
VIVACTIL TAB (<i>protriptyline hcl</i>)	3	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	1	-
GLYSET TAB 100MG, 25MG, 50MG (<i>miglitol</i>)	3	-
<i>miglitol tab 100MG, 25MG, 50MG</i> (MIGLITOL Equiv)	1	-
PRECOSE TAB 100MG, 25MG, 50MG (<i>acarbose</i>)	3	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		

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Last Updated 7/1/2022

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ACTOPLUS MET XR TAB 15MG-1000MG, 30MG-1000MG (<i>pioglitazone hcl-metformin hcl</i>)	3	-
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG (<i>alogliptin-metformin hcl</i>)	2	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day
AVANDAMET TAB (<i>rosiglitazone maleate-metformin hcl</i>)	2	-
AVANDARYL TAB (<i>rosiglitazone maleate-glimepiride</i>)	2	-
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv)	1	-
GLUCOVANCE TAB 5MG-500MG (<i>glyburide-metformin</i>)	3	-
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	1	-
JANUMET TAB 50MG-1000MG, 50MG-500MG (<i>sitagliptin-metformin hcl</i>)	2	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG (<i>sitagliptin-metformin hcl</i>)	2	QL QL= 2 tabs/day
METAGLIP TAB (<i>glipizide-metformin hcl</i>)	3	-

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

Last Updated 7/1/2022

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SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG, 5MG-1000MG <i>(dapagliflozin-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-1000MG, 10MG-500MG, 5MG-500MG <i>(dapagliflozin-metformin hcl)</i>	2	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
GLUCOPHAGE TAB 1000MG, 500MG, 850MG <i>(metformin hcl)</i>	3	-
GLUCOPHAGE XR TAB 500MG, 750MG <i>(metformin hcl)</i>	3	-
<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	1	-
<i>metformin soln 500MG/5ML</i> (RIOMET Equiv)	1	-

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

Last Updated 7/1/2022

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<i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	1	-
RIOMET ER SUSP 500MG/5ML (<i>metformin hcl</i>)	3	-
RIOMET SOLN 500MG/5ML (<i>metformin hcl</i>)	3	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE (<i>glucagon</i>)	2	QL QL= 2 inhalations/fill
<i>diazoxide susp 50MG/ML</i> (PROGLYCEM Equiv)	1	-
GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl (rdna)</i>)	2	QL QL= 2 inj/fill
<i>glucagon (rdna) for inj kit 1MG</i> (GLUCAGON Equiv)	1	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>)	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>)	2	QL QL= 2 inj/fill
GVOKE INJ 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
GVOKE PFS INJ 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill

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

Last Updated 7/1/2022

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KORLYM TAB 300MG (<i>mifepristone</i> (<i>hyperglycemia</i>))	4	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
PROGLYCEM SUSP 50MG/ML (<i>diazoxide</i>)	3	-
ZEGALOGUE INJ .6MG/0.6ML (<i>dasiglucagon hcl</i>)	2	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG (<i>alogliptin benzoate</i>)	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG (<i>sitagliptin phosphate</i>)	2	QL QL= 1 tab/day
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - drugs to regulate blood sugar		
CYCLOSET TAB .8MG (<i>bromocriptine mesylate</i> (<i>diabetes</i>))	3	-
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>)	2	QL QL= 4 inj/28 days
BYDUREON INJ 2MG (<i>exenatide</i>)	2	QL QL= 4 inj/28 days
BYDUREON PEN INJ 2MG (<i>exenatide</i>)	2	QL QL= 4 inj/28 days
BYETTA INJ 10MCG/0.04ML (<i>exenatide</i>)	3	QL QL= 1 pen/30 days

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

Last Updated 7/1/2022

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OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 5.5MG/ML-8MG/3ML-14MG/ML (<i>semaglutide</i>)	2	QL QL= 1 pack/28 days
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	2	QL QL=1 tab/day
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>)	2	QL QL= 4 pens/28 days
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	2	QL QL= 9ml/30 days
INSULIN - Drugs to regulate blood sugar		
ADMELOG INJ, INSULIN LISPRO INJ 100UNIT/ML (<i>insulin lispro</i>)	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML (<i>insulin lispro</i>)	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA INJ 100UNIT/ML (<i>insulin glulisine</i>)	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ 100UNIT/ML (<i>insulin glulisine</i>)	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
FIASP FLEXTOUCH INJ 100UNIT/ML (<i>insulin aspart (with niacinamide)</i>)	2	-

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Last Updated 7/1/2022

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FIASP INJ 100UNIT/ML (<i>insulin aspart (with niacinamide)</i>)	2	-
FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML (<i>insulin aspart (with niacinamide)</i>)	2	-
HUMALOG MIX INJ (<i>insulin lispro protamine & lispro (human)</i>)	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ 25UNIT/ML-75UNIT/ML (<i>insulin lispro protamine & lispro</i>)	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN

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

Last Updated 7/1/2022

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HUMULIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>)	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>)	2	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	2	-
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	2	-
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>)	2	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>)	2	-
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>)	2	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC
NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	2	OTC

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Last Updated 7/1/2022

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NOVOLIN N FLEXPEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
NOVOLIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	2	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML (<i>insulin regular (human)</i>)	2	OTC
NOVOLIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	2	OTC
NOVOLOG FLEXPEN INJ 100UNIT/ML (<i>insulin aspart</i>)	2	-
NOVOLOG INJ 100UNIT/ML (<i>insulin aspart</i>)	2	-
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin aspart protamine & aspart (human)</i>)	2	-
NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML (<i>insulin aspart protamine & aspart (human)</i>)	2	-
NOVOLOG PENFILL INJ 100UNIT/ML (<i>insulin aspart</i>)	2	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML (<i>insulin glargine-yfgn</i>)	2	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML (<i>insulin glargine-yfgn</i>)	2	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
ACTOS TAB 15MG, 30MG, 45MG (<i>pioglitazone hcl</i>)	3	-

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Last Updated 7/1/2022

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AVANDIA TAB 2MG, 4MG (<i>rosiglitazone maleate</i>)	2	-
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	1	-
PRANDIN TAB 1MG, 2MG (<i>repaglinide</i>)	3	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
STARLIX TAB 120MG, 60MG (<i>nateglinide</i>)	3	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
FARXIGA TAB 10MG, 5MG (<i>dapagliflozin propanediol</i>)	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>)	2	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
AMARYL TAB 1MG, 2MG, 4MG (<i>glimepiride</i>)	3	-
DIABETA TAB (<i>glyburide</i>)	3	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG (<i>glipizide</i>)	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG (<i>glipizide</i>)	3	-
<i>glyburide micronized tab 1.5MG, 3MG, 6MG</i> (GLYNASE Equiv)	1	-

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<i>glyburide tab 1.25MG, 2.5MG, 5MG (MICRONASE Equiv)</i>	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	3	-
TOLAZAMIDE TAB 250MG (<i>tolazamide</i>)	1	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	2	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	1	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
<i>diphenoxylate/atropine tab .025MG-2.5MG (LOMOTIL Equiv)</i>	1	-
LOMOTIL LIQUID (<i>diphenoxylate w/ atropine</i>)	3	-
LOMOTIL TAB .025MG-2.5MG (<i>diphenoxylate w/ atropine</i>)	3	-
MOTOFEN TAB .025MG-1MG (<i>difenoxin w/ atropine</i>)	3	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG (<i>succimer</i>)	2	-

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FERRIPROX SOLN 100MG/ML (<i>deferiprone</i>)	4	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	1	-
<i>naltrexone tab 50MG</i> (REVIA Equiv)	1	-
REVIA TAB (<i>naltrexone hcl</i>)	3	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
<i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv)	4	LMSP
<i>deferasirox tab 125MG, 250MG, 500MG</i> (EXJADE Equiv)	4	LMSP
<i>deferasirox tab 180mg 180MG</i> (JADENU Equiv)	4	LMSP
<i>deferasirox tab 90mg, 360mg 360MG, 90MG</i> (JADENU Equiv)	4	LMSP
<i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv)	4	LD-PA Only available through Lumicera 855-847-3553
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>)	2	-
<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	1	-

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Last Updated 7/1/2022

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NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)	\$0	-
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	-
NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)	3	-
ZIMHI SOLN 5MG/0.5ML (<i>naloxone hcl</i>)	2	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
ANZEMET TAB 100MG, 50MG (<i>dolasetron mesylate</i>)	4	QL QL= 9 tabs/fill
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	1	QL QL= 9 tabs/fill
GRANISOL SOLN (<i>granisetron hcl</i>)	4	QL QL= 60ml/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv)	1	-
ONDANSETRON TAB 24MG (<i>ondansetron hcl</i>)	1	-
<i>ondansetron tab 24MG, 4MG, 8MG</i>	1	-
SANCUSO PATCH 3.1MG/24HR (<i>granisetron</i>)	4	QL QL= 4 patches/fill
ZOFRAN ODT 4MG, 8MG (<i>ondansetron</i>)	3	-
ZOFRAN SOLN 4MG/5ML (<i>ondansetron hcl</i>)	3	-
ZOFRAN TAB 4MG, 8MG (<i>ondansetron hcl</i>)	3	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>maldemar tab</i> (SCOPACE Equiv)	1	-

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

Last Updated 7/1/2022

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<i>meclizine chew tab 25MG</i> (BONINE Equiv)	1	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	1	OTC
<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	1	-
TIGAN CAP 300MG (<i>trimethobenzamide hcl</i>)	3	-
TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS (<i>scopolamine</i>)	3	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	1	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
AKYNZEO CAP .5MG-300MG (<i>netupitant-palonosetron</i>)	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP 1MG (<i>nabilone</i>)	3	-
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	1	PA
MARINOL CAP 10MG, 2.5MG, 5MG (<i>dronabinol</i>)	3	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>aprepitant pak</i> (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<i>EMEND CAP 125MG, 40MG, 80MG</i>	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist

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

Last Updated 7/1/2022

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VARUBI TAB 90MG (<i>rolapitant hcl</i>)	2	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGALS - Drugs to treat fungal infection		
ANCOBON CAP 250MG, 500MG (<i>flucytosine</i>)	3	-
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	1	-
GRIFULVIN V TAB (<i>griseofulvin microsize</i>)	3	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	1	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	1	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	1	-
GRIS-PEG TAB (<i>griseofulvin ultramicrosize</i>)	3	-
LAMISIL TAB 250MG (<i>terbinafine hcl</i>)	3	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
DIFLUCAN SUSP 10MG/ML, 40MG/ML (<i>fluconazole</i>)	3	-
DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG (<i>fluconazole</i>)	3	-
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	1	-

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

Last Updated 7/1/2022

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<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	1	-
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	1	-
<i>itraconazole soln 10MG/ML</i> (SPORANOX Equiv)	1	PA
<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	1	-
NOXAFIL SUSP 40MG/ML (<i>posaconazole</i>)	2	-
NOXAFIL TAB 100MG (<i>posaconazole</i>)	3	-
<i>posaconazole DR tab 100MG</i> (NOXAFIL Equiv)	1	-
SPORANOX CAP 100MG (<i>itraconazole</i>)	3	-
SPORANOX SOLN 10MG/ML (<i>itraconazole</i>)	3	PA
VFEND SUSP 40MG/ML (<i>voriconazole</i>)	3	RS Restricted to Infectious Disease Specialist
VFEND TAB 200MG, 50MG (<i>voriconazole</i>)	3	RS Restricted to Infectious Disease Specialist
<i>voriconazole susp 40MG/ML</i> (VFEND Equiv)	1	RS Restricted to Infectious Disease Specialist
<i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv)	1	RS Restricted to Infectious Disease Specialist
ANTI-HISTAMINES - Drugs to treat allergies		
ANTI-HISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms		

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

Last Updated 7/1/2022

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<i>chlorpheniramine ER cap</i>	1	-
CPM CAP (<i>chlorpheniramine maleate</i>)	3	-
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
CARBINOXAMINE SOLN 4MG/5ML (<i>carbinoxamine maleate</i>)	1	-
<i>carbinoxamine soln 4MG/5ML</i>	1	-
<i>carbinoxamine tab 4MG</i> (PALGIC Equiv)	1	-
<i>clemastine syrup</i> (TAVIST Equiv)	1	-
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	M	-
PALGIC SOLN (<i>carbinoxamine maleate</i>)	3	-
PALGIC TAB (<i>carbinoxamine maleate</i>)	3	-
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
ALLEGRA ODT 30MG (<i>fexofenadine hcl</i>)	EXC	OTC
CLARINEX REDITAB (<i>desloratadine</i>)	EXC	-
CLARINEX SYRUP .5MG/ML (<i>desloratadine</i>)	EXC	-
CLARINEX TAB 5MG (<i>desloratadine</i>)	EXC	-
CLARITIN CHEW TAB 10MG (<i>loratadine</i>)	EXC	OTC
DESLORATADINE ODT 2.5MG, 5MG (<i>desloratadine</i>)	EXC	-
<i>desloratadine tab 5MG</i> (CLARINEX Equiv)	EXC	-
<i>loratadine cap 10MG</i> (CLARITIN Equiv)	EXC	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		

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64

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<i>promethazine supp 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>)	1	-
ANTI-HISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-
ANTI-HYPERLIPIDEMICS - Drugs to treat high cholesterol		
ANTI-HYPERLIPIDEMICS - COMBINATIONS - drugs to treat high cholesterol		
LIPTRUZET TAB (<i>ezetimibe-atorvastatin</i>)	3	-
ANTI-HYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics		
LOVAZA CAP 1GM-375MG-465MG (<i>omega-3-acid ethyl esters</i>)	3	-
<i>omega-3-acid ethyl esters cap 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	1	-

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<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	1	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	1	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	1	-
COLESTID GRANULE 5GM (<i>colestipol hcl</i>)	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM (<i>colestipol hcl</i>)	3	-
COLESTID TAB 1GM (<i>colestipol hcl</i>)	3	-
<i>colestipol granule 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol powder packet 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	1	-
QUESTRAN LITE POWDER 4GM/DOSE (<i>cholestyramine light</i>)	3	-
QUESTRAN LITE POWDER PACK (<i>cholestyramine light</i>)	3	-
QUESTRAN POWDER 4GM/DOSE (<i>cholestyramine</i>)	3	-
QUESTRAN POWDER PACK 4GM (<i>cholestyramine</i>)	3	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	1	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	1	-

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FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG <i>(fenofibric acid)</i>	3	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	1	-
LOPID TAB 600MG (<i>gemfibrozil</i>)	3	-
TRICOR TAB 145MG, 48MG (<i>fenofibrate</i>)	3	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
ALTOPREV TAB 20MG, 40MG, 60MG (<i>lovastatin</i>)	3	-
<i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv)	\$0	-
<i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv)	\$0	-
<i>atorvastatin tab 40mg 40MG</i> (LIPITOR Equiv)	1	-
<i>atorvastatin tab 80mg 80MG</i> (LIPITOR Equiv)	1	-
CRESTOR TAB 10MG, 40MG, 5MG (<i>rosuvastatin calcium</i>)	3	QL QL= 1 tab/day
CRESTOR TAB 20MG 20MG (<i>rosuvastatin calcium</i>)	3	QL QL= 1.5 tabs/day
<i>fluvastatin ER tab 80MG</i> (LESCOL XL Equiv)	\$0	-
LESCOL XL TAB 80MG (<i>fluvastatin sodium</i>)	3	-
LIPITOR TAB 10MG, 20MG, 40MG, 80MG <i>(atorvastatin calcium)</i>	3	-
LIVALO TAB 1MG, 2MG, 4MG (<i>pitavastatin calcium</i>)	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
MEVACOR TAB (<i>lovastatin</i>)	3	-
PRAVACHOL TAB 20MG, 40MG, 80MG (<i>pravastatin sodium</i>)	3	-
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-
<i>rosuvastatin tab 10mg 10MG</i> (CRESTOR Equiv)	\$0	QL QL= 1 tab/day
<i>rosuvastatin tab 20mg 20MG</i> (CRESTOR Equiv)	1	QL QL= 1.5 tabs/day
<i>rosuvastatin tab 40mg 40MG</i> (CRESTOR Equiv)	1	QL QL= 1 tab/day
<i>rosuvastatin tab 5mg 5MG</i> (CRESTOR Equiv)	\$0	QL QL= 1 tab/day
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	\$0	80mg is Not Covered
ZOCOR TAB 10MG, 20MG, 40MG, 5MG (<i>simvastatin</i>)	3	-
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	1	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	1	-

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

Last Updated 7/1/2022

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PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
PRALUENT INJ 150MG/ML, 75MG/ML (<i>alirocumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA INJ 140MG/ML (<i>evolocumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML (<i>evolocumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG (<i>quinapril hcl</i>)	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG (<i>ramipril</i>)	3	-
ALTACE TAB (<i>ramipril</i>)	3	-
<i>benazepril tab</i> (LOTENSIN Equiv)	1	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	1	-
<i>enalapril maleate oral soln 1MG/ML</i> (EPANED Equiv)	1	PA Prior Authorization required for members age 9 or older
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	1	-

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MSP Mandatory Specialty Pharmacy Program	ONC Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC Over-the-Counter
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Last Updated 7/1/2022

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<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	1	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	1	-
LOTENSIN TAB 10MG, 20MG, 40MG (<i>benazepril hcl</i>)	3	-
MONOPRIL TAB (<i>fosinopril sodium</i>)	3	-
PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (<i>lisinopril</i>)	3	-
QBRELIS SOLN 1MG/ML (<i>lisinopril</i>)	3	PA Prior Authorization required for members age 9 or older
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	1	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	1	-
VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG (<i>enalapril maleate</i>)	3	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
DIBENZYLINE CAP 10MG (<i>phenoxybenzamine hcl</i>)	3	LMSP
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	1	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
AVAPRO TAB 150MG, 300MG, 75MG (<i>irbesartan</i>)	3	-

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COZAAR TAB 100MG, 25MG, 50MG (<i>losartan potassium</i>)	3	-
DIOVAN TAB 160MG, 320MG, 40MG, 80MG (<i>valsartan</i>)	3	-
EDARBI TAB 40MG, 80MG (<i>azilsartan medoxomil</i>)	3	-
EPROSARTAN TAB 600MG (<i>eprosartan mesylate</i>)	3	-
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	1	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	1	-
MICARDIS TAB 20MG, 40MG, 80MG (<i>telmisartan</i>)	3	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	1	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	1	-
TEVETEN TAB (<i>eprosartan mesylate</i>)	3	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	1	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
CARDURA TAB 1MG, 2MG, 4MG, 8MG (<i>doxazosin mesylate</i>)	3	-
CATAPRES TAB .1MG, .2MG, .3MG (<i>clonidine hcl</i>)	3	-
CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR (<i>clonidine</i>)	3	-
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	1	-

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

Last Updated 7/1/2022

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<i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
GUANABENZ TAB (<i>guanabenz acetate</i>)	3	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
HYTRIN CAP (<i>terazosin hcl</i>)	3	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) (<i>methyldopa</i>)	1	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-
MINIPRESS CAP 1MG, 2MG, 5MG (<i>prazosin hcl</i>)	3	-
NEXICLON XR SUSP (<i>clonidine hcl</i>)	3	-
<i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv)	1	-
RESERPINE TAB (<i>reserpine</i>)	3	-
TENEX TAB (<i>guanfacine hcl</i>)	3	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (<i>quinapril-hydrochlorothiazide</i>)	3	-
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	1	-

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Last Updated 7/1/2022

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<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	1	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	1	-
<i>amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG</i> (EXFORGE HCT Equiv)	1	-
AMTURNIDE TAB (<i>aliskiren-amlodipine-hydrochlorothiazide</i>)	3	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG (<i>irbesartan-hydrochlorothiazide</i>)	3	-
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (<i>amlodipine besylate-olmesartan medoxomil</i>)	3	-
BENAZEPRIL/HCT TAB 5MG-6.25MG (<i>benazepril & hydrochlorothiazide</i>)	1	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	1	-

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Last Updated 7/1/2022

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BENICAR HCT TAB 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	3	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv)	1	-
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG (<i>captopril & hydrochlorothiazide</i>)	1	-
CORZIDE TAB 5MG-40MG (<i>nadolol & bendroflumethiazide</i>)	3	-
CORZIDE TAB 80-5MG 5MG-40MG, 5MG-80MG (<i>nadolol & bendroflumethiazide</i>)	3	-
DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (<i>valsartan-hydrochlorothiazide</i>)	3	-
EDARBYCLOR TAB 12.5MG-40MG, 25MG-40MG (<i>azilsartan medoxomil-chlorthalidone</i>)	3	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	1	-
EXFORGE HCT TAB 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	3	-

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EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (<i>amlodipine besylate-valsartan</i>)	3	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv)	1	-
HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (<i>losartan potassium & hydrochlorothiazide</i>)	3	-
<i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv)	1	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv)	1	-
LOPRESSOR HCT TAB 25MG-50MG (<i>metoprolol & hydrochlorothiazide</i>)	3	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	1	-
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (<i>benazepril & hydrochlorothiazide</i>)	3	-
LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG (<i>amlodipine besylate-benazepril hcl</i>)	3	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG (<i>methyldopa & hydrochlorothiazide</i>)	1	-

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METOPROLOL/HYDROCHLOROTHIAZIDE TAB 50MG-100MG (<i>metoprolol & hydrochlorothiazide</i>)	1	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG</i>	1	-
MONOPRIL HCT TAB (<i>fosinopril sodium & hydrochlorothiazide</i>)	3	-
<i>nadolol/bendroflumethiazide tab</i> (CORZIDE Equiv)	1	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	1	-
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG (<i>propranolol & hydrochlorothiazide</i>)	1	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	1	-
TEKAMLO TAB (<i>aliskiren-amlodipine</i>)	3	-
TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG (<i>aliskiren-hydrochlorothiazide</i>)	3	-
TENORETIC TAB 25MG-100MG, 25MG-50MG (<i>atenolol & chlorthalidone</i>)	3	-
TEVETEN HCT TAB (<i>eprosartan mesylate-hydrochlorothiazide</i>)	3	-

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<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	1	-
VALTURNA TAB (<i>aliskiren-valsartan</i>)	3	-
VASERETIC TAB 10MG-25MG (<i>enalapril maleate & hydrochlorothiazide</i>)	3	-
ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (<i>lisinopril & hydrochlorothiazide</i>)	3	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (<i>bisoprolol & hydrochlorothiazide</i>)	3	-
DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure		
<i>aliskiren tab 150MG, 300MG</i> (TEKTURNA Equiv)	1	-
TEKTURNA TAB 150MG, 300MG (<i>aliskiren fumarate</i>)	3	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
<i>eplerenone tab 25MG, 50MG</i> (INSPIRA Equiv)	1	-
INSPIRA TAB 25MG, 50MG (<i>eplerenone</i>)	3	-
VASODILATORS - Drugs to treat high blood pressure		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	1	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	1	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
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FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML (<i>metronidazole benzoate</i>)	3	-
FLAGYL ER TAB (<i>metronidazole</i>)	3	-
FLAGYL TAB 250MG, 500MG (<i>metronidazole</i>)	3	-
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	4	PA
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	1	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	1	LMSP
PRIMSOL SOLN 50MG/5ML (<i>trimethoprim hcl</i>)	3	-
PRIMSOL SOLN 50MG/5ML (<i>trimethoprim hcl</i>)	3	-
TINDAMAX TAB 500MG (<i>tinidazole</i>)	3	-
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	1	-
TRIMETHOPRIM TAB 100MG (<i>trimethoprim</i>)	1	-
<i>trimethoprim tab</i>	1	-
XIFAXAN TAB 200MG 200MG (<i>rifaximin</i>)	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG (<i>rifaximin</i>)	2	-
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
BACTRIM DS TAB 160MG-800MG, 80MG-400MG (<i>sulfamethoxazole-trimethoprim</i>)	3	-
<i>erythromycin/sulfisoxazole susp</i> (PEDIAZOLE Equiv)	1	-
PEDIAZOLE SUSP (<i>erythromycin-sulfisoxazole</i>)	3	-
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	1	-

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<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML (<i>nitazoxanide</i>)	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG (<i>nitazoxanide</i>)	3	PA-QL QL= 6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	1	-
LAMPIT TAB 120MG, 30MG (<i>nifurtimox</i>)	2	PA
MEPRON SUSP 750MG/5ML (<i>atovaquone</i>)	3	-
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
CARBAPENEMS - Drugs to treat bacterial infections		
DORIBAX INJ (<i>doripenem</i>)	M	M
DORIPENEM INJ 250MG, 500MG (<i>doripenem</i>)	M	M
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	M
INVANZ INJ 1GM (<i>ertapenem sodium</i>)	M	M
INVANZ INJ 1GM (<i>ertapenem sodium</i>)	M	M
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	M
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRST-VANCOMYCIN SOLN 25MG/ML, 50MG/ML (<i>vancomycin hcl</i>)	1	-
FIRVANQ SOLN 25MG/ML, 50MG/ML (<i>vancomycin hcl</i>)	1	-

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VANCOCIN CAP 125MG, 250MG (<i>vancomycin hcl</i>)	3	QL QL= 56 caps/fill
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
<i>dapsone tab 100MG, 25MG</i>	1	-
LINCOSAMIDES - Drugs to treat bacterial infections		
CLEOCIN CAP 150MG, 300MG, 75MG (<i>clindamycin hcl</i>)	3	-
CLEOCIN SOLN 75MG/5ML (<i>clindamycin palmitate hydrochloride</i>)	3	-
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	1	-
<i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv)	1	-
MONOBACTAMS - Drugs to treat bacterial infections		
CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>)	4	KMSP-RS
OXAZOLIDINONES - Drugs to treat bacterial infections		
<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist

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

Last Updated 7/1/2022

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SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>)	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
ZYVOX SUSP 100MG/5ML (<i>linezolid</i>)	3	RS Restricted to Infectious Disease Specialist
ZYVOX TAB 600MG (<i>linezolid</i>)	3	RS Restricted to Infectious Disease Specialist
PLEUROMUTILINS - drugs to treat infections		
XENLETA TAB 600MG (<i>lefamulin acetate</i>)	2	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
HIPREX TAB 1GM (<i>methenamine hippurate</i>)	3	-
MACROBID CAP 100MG (<i>nitrofurantoin monohydrate macro</i>)	3	-
MACRODANTIN CAP 100MG, 50MG (<i>nitrofurantoin macrocrystal</i>)	3	-
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	1	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	1	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	1	-

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	1	-
COARTEM TAB 20MG-120MG (<i>artemether-lumefantrine</i>)	3	-
FANSIDAR TAB (<i>sulfadoxine & pyrimethamine</i>)	3	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG (<i>atovaquone-proguanil hcl</i>)	3	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ARALEN TAB (<i>chloroquine phosphate</i>)	3	-
CHLOROQUINE TAB 500MG (<i>chloroquine phosphate</i>)	2	-
<i>chloroquine tab</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 200MG</i> (PLAQUENIL Equiv)	1	-
HYDROXYCHLOROQUINE TAB 100MG 100MG (<i>hydroxychloroquine sulfate</i>)	2	QL QL= 1 tab/day
KRINTAFEL TAB 150MG (<i>tafenoquine succinate</i>)	2	-
LARIAM TAB (<i>mefloquine hcl</i>)	3	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	1	-
PLAQUENIL TAB 200MG (<i>hydroxychloroquine sulfate</i>)	3	-
PRIMAQUINE TAB 26.3MG (<i>primaquine phosphate</i>)	3	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	1	-

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

Last Updated 7/1/2022

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<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QUALAQUIN CAP 324MG (<i>quinine sulfate</i>)	3	-
<i>quinine sulfate cap 324MG</i> (QUALAQUIN Equiv)	1	-
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>)	4	LD-PA Only available through AnovoRx 844-288-5007
GUANIDINE TAB 125MG (<i>guanidine hcl</i>)	3	-
MESTINON TAB 60MG (<i>pyridostigmine bromide</i>)	3	-
MESTINON TIMESPAN TAB 180MG (<i>pyridostigmine bromide</i>)	3	-
MYTELASE TAB (<i>ambenonium chloride</i>)	3	-
PROSTIGMIN TAB (<i>neostigmine bromide</i>)	2	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	1	-
<i>pyridstigmine soln 60MG/5ML</i> (MESTINON Equiv)	1	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP 150MG-300MG (<i>isoniazid & rifampin</i>)	2	-

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

Last Updated 7/1/2022

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RIFATER TAB 50MG-120MG-300MG (isoniazid-rifampin w/ pyrazinamide)	3	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	1	-
ISONIAZID SYRUP 50MG/5ML (<i>isoniazid</i>)	1	-
ISONIAZID TAB 100MG (<i>isoniazid</i>)	1	-
<i>isoniazid tab 100MG, 300MG</i>	1	-
MYAMBUTOL TAB 400MG (<i>ethambutol hcl</i>)	3	-
MYCOBUTIN CAP 150MG (<i>rifabutin</i>)	3	-
PRETOMANID TAB 200MG (<i>pretomanid</i>)	2	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG (<i>rifapentine</i>)	2	-
<i>pyrazinamide tab 500MG</i>	1	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	1	-
RIFADIN CAP 150MG, 300MG (<i>rifampin</i>)	3	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-
TRECTOR TAB 250MG (<i>ethionamide</i>)	3	RS Restricted to Infectious Disease Specialist
ANTINEOPLASTICS - Drugs to treat cancer		
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	4	LMSP-ONC

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

Last Updated 7/1/2022

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TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCANTIN CAP .25MG, 1MG (<i>topotecan hcl</i>)	4	LMSP-ONC-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
ALKERAN TAB 2MG (<i>melphalan</i>)	3	LMSP-ONC
<i>busulfan inj 6MG/ML</i>	M	M
BUSULFEX INJ (<i>busulfan</i>)	M	M
BUSULFEX INJ 6MG/ML (<i>busulfan</i>)	M	M
CYCLOPHOSPHAMIDE CAP 25MG, 50MG (<i>cyclophosphamide</i>)	3	ONC
<i>cyclophosphamide cap 25MG, 50MG</i>	1	ONC
CYCLOPHOSPHAMIDE TAB 25MG, 50MG (<i>cyclophosphamide</i>)	2	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG (<i>lomustine</i>)	2	ONC
HEXALEN CAP 50MG (<i>altretamine</i>)	4	LMSP-ONC
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	4	LMSP-ONC
<i>melphalan inj 50MG</i> (ALKERAN Equiv)	M	M
<i>melphalan tab 2MG</i> (ALKERAN Equiv)	1	LMSP-ONC
MYLERAN TAB 2MG (<i>busulfan</i>)	4	LMSP-ONC
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	4	LMSP-ONC
ZANOSAR INJ 1GM (<i>streptozocin</i>)	M	M
ANTIMETABOLITES - Drugs to treat cancer		

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Last Updated 7/1/2022

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<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	4	LMSP-ONC
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
<i>methotrexate inj 1GM</i>	1	-
<i>methotrexate tab 2.5MG</i> (Trexall Equiv)	1	ONC
PURINETHOL TAB (<i>mercaptopurine</i>)	3	ONC
TABLOID TAB 40MG (<i>thioguanine</i>)	2	ONC
XATMEP SOLN 2.5MG/ML (<i>methotrexate</i>)	3	PA Prior Authorization required for members age 9 or older
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
INLYTA TAB 1MG, 5MG (<i>axitinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>)	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523
ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer		
RITUXAN INJ 100MG/10ML, 500MG/50ML (<i>rituximab</i>)	M	M
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		
TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>)	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		

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VENCLEXTA STARTER PACK (<i>venetoclax</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
<i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv)	4	LMSP-ONC-PA-SF
EXKIVITY CAP 40MG (<i>mobocertinib succinate</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
GILOTRIF TAB 20MG, 30MG, 40MG (<i>afatinib dimaleate</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
IRESSA TAB 250MG (<i>gefitinib</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
TAGRISSE TAB 40MG, 80MG (<i>osimertinib mesylate</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		

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87

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Last Updated 7/1/2022

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ERIVEDGE CAP 150MG (<i>vismodegib</i>)	4	LD-ONC-PA-SF Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	4	LMSP-ONC-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	1	LMSP-ONC-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
ARIMIDEX TAB 1MG (<i>anastrozole</i>)	3	ONC
AROMASIN TAB 25MG (<i>exemestane</i>)	3	ONC
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	1	ONC
CASODEX TAB 50MG (<i>bicalutamide</i>)	3	ONC
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	2	ONC
ERLEADA TAB 60MG (<i>apalutamide</i>)	4	LMSP-ONC-PA-QL QL= 4 tabs/day

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

Last Updated 7/1/2022

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<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG (<i>toremifene citrate</i>)	3	ONC
FEMARA TAB 2.5MG (<i>letrozole</i>)	3	ONC
FLUTAMIDE CAP 125MG (<i>flutamide</i>)	2	ONC
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	1	ONC
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	1	ONC
<i>leuprolide inj 1MG/0.2ML</i> (LUPRON Equiv)	M	M
LUPRON DEPOT INJ 11.25MG, 22.5MG (<i>leuprolide acetate (3 month)</i>)	M	M
LYSODREN TAB 500MG (<i>mitotane</i>)	4	LD-ONC Only available through Walgreens 888-347-3416
MEGACE SUSP (<i>megestrol acetate</i>)	3	ONC
<i>megestrol susp 400MG/10ML, 40MG/ML</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	4	LMSP-ONC
NUBEQA TAB 300MG (<i>darolutamide</i>)	4	MSP-PA-QL-SF QL= 4 tabs/day

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

Last Updated 7/1/2022

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ORGOVYX TAB 120MG (<i>relugolix</i>)	4	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	1	ONC
TRELSTAR INJ 11.25MG, 22.5MG, 3.75MG (<i>triptorelin pamoate</i>)	M	M
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		
WELIREG TAB 40MG (<i>belzutifan</i>)	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	4	KMSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG (<i>avapritinib</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		

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

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XPOVIO PAK 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>)	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>)	4	LD-PA-QL QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>)	4	LD-ONC-PA Only available through Walgreens 888-347-3416
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG (<i>brigatinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG 4MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246

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Last Updated 7/1/2022

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BALVERSA TAB 5MG 5MG (<i>erdafitinib</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>)	4	KMSP-ONC-PA-SF
BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>)	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>)	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG (<i>acalabrutinib</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CAPRELSA TAB 100MG, 300MG (<i>vandetanib</i>)	4	LD-ONC-PA Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG (<i>cabozantinib s-malate</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG (<i>duvelisib</i>)	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118

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

Last Updated 7/1/2022

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COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	4	MSP-ONC-PA-QL QL= 3 tabs/day
<i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
<i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
FOTIVDA CAP .89MG, 1.34MG (<i>tivozanib hcl</i>)	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306
GAVRETO CAP 100MG (<i>pralsetinib</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
IBRANCE CAP 100MG, 125MG, 75MG (<i>palbociclib</i>)	4	KMSP-ONC-PA-QL QL= 21 caps/28 days
IBRANCE TAB 100MG, 125MG, 75MG (<i>palbociclib</i>)	4	KMSP-ONC-PA-QL QL= 21 caps/28 days
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG (<i>ponatinib hcl</i>)	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>)	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	4	LMSP-ONC-PA-QL QL= 3 tabs/day

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG (<i>ibrutinib</i>)	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>)	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
KOSELUGO CAP 10MG, 25MG (<i>selumetinib sulfate</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	4	LMSP-ONC-PA
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LYNPARZA CAP 50MG (<i>olaparib</i>)	4	LD-ONC-PA-QL-SF Only available through Biologics 800-850-4306, QL= 16 caps/day

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LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	ONC Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC Over-the-Counter
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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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

Last Updated 7/1/2022

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LYNPARZA TAB 100MG, 150MG (<i>olaparib</i>)	4	LD-ONC-PA-QL-SF Only available through Biologics 800-850-4306, QL= 4 tabs/day
MEKINIST TAB 0.5MG .5MG (<i>trametinib dimethyl sulfoxide</i>)	4	LMSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG (<i>trametinib dimethyl sulfoxide</i>)	4	LMSP-ONC-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG (<i>binimetinib</i>)	4	LD-ONC-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NERLYNX TAB 40MG (<i>neratinib maleate</i>)	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NINLARO CAP 2.3MG, 3MG, 4MG (<i>ixazomib citrate</i>)	4	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG (<i>pemigatinib</i>)	4	LD-PA-QL QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG (<i>alpelisib</i>)	4	LMSP-PA-SF

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

Last Updated 7/1/2022

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QINLOCK TAB 50MG (<i>ripretinib</i>)	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG (<i>selpercatinib</i>)	4	LMSP-PA-QL-SF QL= 4 caps/day
ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>)	4	LMSP-PA-QL-SF QL= 3 caps/day
RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>)	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RYDAPT CAP 25MG (<i>midostaurin</i>)	4	LMSP-ONC-PA-QL QL= 56 caps/28 days
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	4	MSP-ONC-PA-SF
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG (<i>dasatinib</i>)	3	LMSP-ONC-PA-SF
STIVARGA TAB 40MG (<i>regorafenib</i>)	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	4	LMSP-ONC-PA-SF
TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>)	4	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>)	4	LMSP-ONC-PA-QL QL= 4 caps/day

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

Last Updated 7/1/2022

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TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>)	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG (<i>talazoparib tosylate</i>)	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>)	4	LMSP-ONC-PA-SF
TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>)	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG (<i>tepotinib hcl</i>)	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG (<i>ivosidenib</i>)	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TRUSELTIQ PACK 100MG 100MG (<i>infigratinib phosphate</i>)	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 50MG, 125MG 25MG (<i>infigratinib phosphate</i>)	4	LD-PA-QL QL= 42 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 75MG 25MG (<i>infigratinib phosphate</i>)	4	LD-PA-QL QL= 63 caps/28 days; Only available through Biologics 800-850-4306

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Last Updated 7/1/2022

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TURALIO CAP 200MG (<i>pexidartinib hcl</i>)	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>)	4	LMSP-ONC-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>)	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through US Bioservices 888-518-7246
VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	4	LMSP-ONC-PA-SF
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	4	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	4	MSP-ONC-PA-QL
ZOLINZA CAP 100MG (<i>vorinostat</i>)	4	LMSP-ONC-PA-SF

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Last Updated 7/1/2022

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ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG (<i>ceritinib</i>)	4	LMSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG (<i>ceritinib</i>)	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 2000000UNIT/0.5ML (<i>interferon gamma-1b</i>)	4	LD-PA Only available through Walgreens 888-347-3416
ALFERON-N INJ 5000000UNIT/ML (<i>interferon alfa-n3</i>)	4	LMSP
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	4	LMSP-ONC-PA-SF
HYDREA CAP 500MG (<i>hydroxyurea</i>)	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ (<i>interferon alfa-2b inj</i>)	4	KMSP
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	2	ONC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	1	ONC
MESNEX TAB 400MG (<i>mesna</i>)	4	LMSP-ONC
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG (<i>etoposide</i>)	4	LMSP-ONC
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		

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Last Updated 7/1/2022

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ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG (<i>carbidopa</i>)	3	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
COMTAN TAB 200MG (<i>entacapone</i>)	3	-
<i>entacapone tab 200MG</i> (COMTAN Equiv)	1	-
TASMAR TAB 100MG (<i>tolcapone</i>)	3	-
<i>tolcapone tab 100MG</i> (TASMAR Equiv)	1	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	1	-
<i>amantadine syrup 50MG/5ML</i> (SYMMETREL Equiv)	1	-
<i>amantadine tab 100MG</i>	1	-
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	1	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	1	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	1	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	1	-
<i>carbidopa/levodopa tab</i> (SINEMET Equiv)	1	-
MIRAPEX TAB .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (<i>pramipexole dihydrochloride</i>)	3	-

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR (<i>rotigotine</i>)	3	-
PARLODEL CAP 5MG (<i>bromocriptine mesylate</i>)	3	-
PARLODEL TAB 2.5MG (<i>bromocriptine mesylate</i>)	3	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	1	-
REQUIP TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG (<i>ropinirole hydrochloride</i>)	3	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	1	-
SINEMET CR TAB 25MG-100MG, 50MG-200MG (<i>carbidopa-levodopa</i>)	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	3	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
AZILECT TAB .5MG, 1MG (<i>rasagiline mesylate</i>)	3	-
ELDEPYRL CAP 5MG (<i>selegiline hcl</i>)	3	-
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	1	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	1	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	1	-
XADAGO TAB 100MG, 50MG (<i>safinamide mesylate</i>)	3	PA-QL QL= 1 tab/day
ZELAPAR ODT 1.25MG (<i>selegiline hcl</i>)	3	-

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	1	-
TRIHXYPHENIDYL SOLN .4MG/ML (<i>trihexyphenidyl hcl</i>)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
ONGENTYS CAP 25MG, 50MG (<i>opicapone</i>)	2	PA-QL QL= 1 tab/day, 30 tabs per fill
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	1	-
<i>carbidopa-levodopa-entacapone tab</i> 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG (STALEVO Equiv)	1	-
INBRIJA INH POWDER 42MG (<i>levodopa</i>)	3	PA-QL QL= 10 caps/day
STALEVO TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (<i>carbidopa-levodopa-entacapone</i>)	3	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		

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102

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

Last Updated 7/1/2022

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LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (ESKALITH ER Equiv) (<i>lithium carbonate</i>)	1	-
<i>lithium carbonate cap 150MG, 300MG, 600MG</i> (ESKALITH ER Equiv)	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
LITHIUM CITRATE SOLN 8MEQ/5ML (<i>lithium</i>)	1	-
<i>lithium citrate soln</i>	1	-
LITHOBID TAB 300MG (<i>lithium carbonate</i>)	3	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP (<i>carbamazepine (antipsychotic)</i>)	2	-
GEODON CAP 20MG, 40MG, 60MG, 80MG (<i>ziprasidone hcl</i>)	3	-
LATUDA TAB 120MG, 20MG, 40MG, 60MG, 80MG (<i>lurasidone hcl</i>)	2	QL- ϕ QL= 1 tab/day
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	1	-
BENZISOXAZOLES - Drugs to treat mood disorders		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG (<i>iloperidone</i>)	3	PA-QL QL= 2 tabs/day
FANAPT TITRATION PACK (<i>iloperidone</i>)	3	PA-QL QL= 1 pack/plan year

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

Last Updated 7/1/2022

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INVEGA TAB 1.5MG, 3MG, 6MG, 9MG <i>(paliperidone)</i>	3	-
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	1	-
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG <i>(risperidone microspheres)</i>	4	MSP
RISPERDAL M ODT <i>(risperidone)</i>	3	-
RISPERDAL SOLN 1MG/ML <i>(risperidone)</i>	3	-
RISPERDAL TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG <i>(risperidone)</i>	3	-
RISPERIDONE ODT .25MG <i>(risperidone)</i>	2	-
<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	1	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	1	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	1	-
BUTYROPHENONES - Drugs to treat mood disorders		
<i>haloperidol lactate conc 2MG/ML</i> (HALDOL Equiv)	1	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	1	-
DIBENZAPINES - Drugs to treat mood disorders		
<i>asenapine maleate SL tab 10MG, 2.5MG, 5MG</i> (SAPHRIS Equiv)	1	QL QL= 2 tabs/day

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104

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

Last Updated 7/1/2022

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<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	1	-
CLOZARIL TAB 100MG, 200MG, 25MG, 50MG (<i>clozapine</i>)	3	-
<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	1	-
LOXITANE CAP (<i>loxapine succinate</i>)	3	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	1	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	1	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	1	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	1	-
SAPHRIS SL TAB 10MG, 2.5MG, 5MG (<i>asenapine maleate</i>)	3	QL QL= 2 tabs/day
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	3	-
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>)	3	-
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (<i>olanzapine</i>)	3	-

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105

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

Last Updated 7/1/2022

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ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG (olanzapine)	3	-
PHENOTHIAZINES - Drugs to treat mood disorders		
chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG (THORAZINE Equiv)	1	-
fluphenazine tab 10MG, 1MG, 2.5MG, 5MG (PROLIXIN Equiv)	1	-
perphenazine tab 16MG, 2MG, 4MG, 8MG (TRILAFON Equiv)	1	-
prochlorperazine supp 25MG (COMPAZINE Equiv)	1	-
prochlorperazine tab 10MG, 5MG (COMPAZINE Equiv)	1	-
thioridazine tab 100MG, 10MG, 25MG, 50MG (MELLARIL Equiv)	1	-
trifluoperazine tab 10MG, 1MG, 2MG, 5MG (STELAZINE Equiv)	1	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (aripiprazole)	3	-
aripiprazole soln 1MG/ML (ABILIFY Equiv)	1	PA
aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (ABILIFY Equiv)	1	-
THIOXANTHENES - Drugs to treat mood disorders		
NAVANE CAP (thiothixene)	3	-

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

Last Updated 7/1/2022

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<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-
ANTISEPTICS & DISINFECTANTS - Drugs to treat bacterial infections		
CHLORINE ANTISEPTICS - Drugs to treat bacterial infections		
PHISOHEX LIQUID (<i>hexachlorophene</i>)	3	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	1	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	1	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	1	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	1	-
APTIVUS CAP 250MG (<i>tipranavir</i>)	4	-
APTIVUS SOLN 100MG/ML (<i>tipranavir</i>)	4	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	1	-
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	4	QL QL= 1 tab/ day
CIMDUO TAB 300MG (<i>lamivudine-tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day

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Last Updated 7/1/2022

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COMPLERA TAB 25MG-200MG-300MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG (<i>indinavir sulfate</i>)	4	-
DELSTRIGO TAB 100MG-300MG (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	4	QL QL= 1 tab/day
DESCOVY TAB 15MG-120MG, 25MG-200MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	\$0	-
<i>didanosine DR cap 250MG, 400MG</i> (VIDEX EC Equiv)	1	-
DOVATO TAB 50MG-300MG (<i>dolutegravir sodium-lamivudine</i>)	4	QL QL= 1 tab/day
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	4	-
<i>efavirenz cap 200MG, 50MG</i> (SUSTIVA Equiv)	1	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	1	-
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv)	1	QL QL= 1 tab/day
<i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	1	-
<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv)	\$0	-
EMTRIVA SOLN 10MG/ML (<i>emtricitabine</i>)	4	-

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

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Last Updated 7/1/2022

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LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>)	4	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	1	-
<i>lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv)	1	-
<i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv)	1	-
NEVIRAPINE ER TAB 100MG 100MG (<i>nevirapine</i>)	1	-
<i>nevirapine ER tab 400mg 100MG, 400MG</i> (VIRAMUNE XR Equiv)	1	-
NEVIRAPINE SUSP 50MG/5ML (<i>nevirapine</i>)	1	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP 100MG (<i>ritonavir</i>)	3	-
NORVIR POWDER PACK 100MG (<i>ritonavir</i>)	3	-
NORVIR SOLN 80MG/ML (<i>ritonavir</i>)	3	-
NORVIR TAB 100MG (<i>ritonavir</i>)	3	-
ODEFSEY TAB 25MG-200MG (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	4	QL QL= 1 tab/day
PIFELTRO TAB 100MG (<i>doravirine</i>)	4	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG (<i>darunavir-cobicistat</i>)	4	-
PREZISTA SUSP 100MG/ML (<i>darunavir</i>)	4	-

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Last Updated 7/1/2022

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PREZISTA TAB 150MG, 600MG, 75MG, 800MG (<i>darunavir</i>)	4	-
RESCRIPTOR TAB 100MG, 200MG (<i>delavirdine mesylate</i>)	4	-
REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>)	4	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	1	-
RUKOBIA ER TAB 600MG (<i>fostemsavir tromethamine</i>)	4	-
SELZENTRY SOLN 20MG/ML (<i>maraviroc</i>)	4	-
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG (<i>maraviroc</i>)	4	-
SELZENTRY TAB 150MG, 300MG (<i>maraviroc</i>)	4	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (<i>stavudine</i>)	1	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i>	1	-
<i>stavudine soln</i> (ZERIT Equiv)	1	-
STRIBILD TAB 150MG-200MG-300MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	4	-
SYMTUZA TAB 10MG-150MG-200MG-800MG (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	4	-
<i>tenofovir disoproxil fumarate tab 300MG</i> (VIREAD Equiv)	1	-

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	4	-
TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir sodium</i>)	4	-
TRIUMEQ PD TAB 5MG-30MG-60MG (<i>abacavir-dolutegravir-lamivudine</i>)	4	-
TRIUMEQ TAB 50MG-300MG-600MG (<i>abacavir-dolutegravir-lamivudine</i>)	4	-
TRIZIVIR TAB 150MG-300MG (<i>abacavir sulfate-lamivudine-zidovudine</i>)	2	-
VIDEX SOLN 2GM, 4GM (<i>didanosine</i>)	4	-
VIRACEPT POWDER (<i>nelfinavir mesylate</i>)	4	-
VIRACEPT TAB 250MG, 625MG (<i>nelfinavir mesylate</i>)	4	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG (<i>tenofovir disoproxil fumarate</i>)	4	-
VITEKTA TAB (<i>elvitegravir</i>)	3	-
ZERIT SOLN 1MG/ML (<i>stavudine</i>)	4	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	1	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	1	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	1	-
ANTIVIRAL COMBINATIONS ***		
PAXLOVID TAB 100MG-150MG (<i>nirmatrelvir-ritonavir</i>)	\$0	QL QL= 30 tabs/fill
CMV AGENTS - Drugs to treat viral infections		

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

Last Updated 7/1/2022

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<i>foscarnet sodium inj 6000MG/250ML</i> (FOSCAVIR Equiv)	M	M
FOSCAVIR INJ 6000MG/250ML (<i>foscarnet sodium</i>)	M	M
GANCICLOVIR CAP (<i>ganciclovir</i>)	4	-
PREVYMIS TAB 240MG, 480MG (<i>letermovir</i>)	4	LMSP-PA-QL QL= 1 tab/day; Limit 100 tabs/6 months
VALCYTE TAB 450MG (<i>valganciclovir hcl</i>)	3	-
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	1	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	1	-
HEPATITIS AGENTS - Drugs to treat viral infections		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	4	LMSP
BARACLUDE SOLN .05MG/ML (<i>entecavir</i>)	3	PA Members age 9 or older require Prior Authorization
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	4	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>)	4	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG (<i>ledipasvir-sofosbuvir</i>)	4	LMSP-PA-QL QL= 1 tab/ day
MAVYRET PAK 20MG-50MG (<i>glecaprevir-pibrentasvir</i>)	4	LMSP-PA-QL QL= 5 packs/day

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

Last Updated 7/1/2022

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

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

Last Updated 7/1/2022

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VALTREX TAB 1GM, 500MG (<i>valacyclovir hcl</i>)	3	-
ZOVIRAX CAP 200MG (<i>acyclovir</i>)	3	-
ZOVIRAX SUSP 200MG/5ML (<i>acyclovir</i>)	3	-
ZOVIRAX TAB 400MG, 800MG (<i>acyclovir</i>)	3	-
INFLUENZA AGENTS - Drugs to treat viral infections		
FLUMADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	3	-
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>)	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	1	-
TAMIFLU CAP 45MG, 75MG (<i>oseltamivir phosphate</i>)	3	QL QL= 10 caps/fill
TAMIFLU CAP 30MG 30MG (<i>oseltamivir phosphate</i>)	3	QL QL= 20 caps/fill
MISC. ANTIVIRALS ***		
MOLNUPIRAVIR CAP 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill

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

Last Updated 7/1/2022

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ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB 125MG (<i>penicillamine</i>)	2	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
REVLIMID CAP 2.5MG, 20MG (<i>lenalidomide</i>)	3	KMSP-PA-QL QL= 1 cap/day
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	4	KMSP-PA
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	1	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	1	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	1	-
IMURAN TAB 50MG (<i>azathioprine</i>)	3	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	1	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	1	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	1	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	1	-

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

Last Updated 7/1/2022

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SANDIMMUNE SOLN 100MG/ML 100MG/ML (cyclosporine)	4	-
sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)	1	-
tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)	1	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
KAYEXALATE POWDER (sodium polystyrene sulfonate)	3	-
sodium polystyrene powder (KAYEXALATE Equiv)	1	-
sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML (SPS Equiv)	1	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		
carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG (COREG Equiv)	1	-
COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG (carvedilol)	3	-
labetalol tab 100MG, 200MG, 300MG (NORMODYNE Equiv)	1	-
TRANDATE TAB (labetalol hcl)	3	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
acebutolol cap 200MG, 400MG (SECTRAL Equiv)	1	-
atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)	1	-
bisoprolol tab 10MG, 5MG (ZEBETA Equiv)	1	-

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

Last Updated 7/1/2022

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LOPRESSOR TAB 100MG, 50MG (<i>metoprolol tartrate</i>)	3	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	1	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (LOPRESSOR Equiv)	1	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG</i> (BYSTOLIC Equiv)	1	-
SECTRAL CAP (<i>acebutolol hcl</i>)	3	-
TENORMIN TAB 100MG, 25MG, 50MG (<i>atenolol</i>)	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG (<i>metoprolol succinate</i>)	3	-
ZEBETA TAB (<i>bisoprolol fumarate</i>)	3	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
BETAPACE AF TAB 120MG, 160MG, 80MG (<i>sotalol hcl (afib/af)</i>)	3	-
BETAPACE TAB 120MG, 160MG, 80MG (<i>sotalol hcl</i>)	3	-
CORGARD TAB 20MG, 40MG, 80MG (<i>nadolol</i>)	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG (<i>propranolol hcl</i>)	3	-
LEVATOL TAB (<i>penbutolol sulfate</i>)	3	-
<i>nadolol tab</i> (CORGARD Equiv)	1	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	1	-

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118

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Last Updated 7/1/2022

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<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	1	-
<i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv)	1	-
PROPRANOLOL SOLN 40MG/5ML (<i>propranolol hcl</i>)	1	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	1	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	1	-
SOTYLIZE SOLN 5MG/ML 5MG/ML (<i>sotalol hcl</i>)	3	PA Prior Authorization required for members age 9 or older
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	1	-
BIOLOGICALS MISC - Miscellaneous biological drugs		
BIOLOGICALS MISC - Miscellaneous biological drugs		
ADAGEN INJ 250UNIT/ML (<i>pegademase bovine</i>)	M	M
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
ADALAT CC TAB 30MG, 60MG, 90MG (<i>nifedipine</i>)	3	-
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-

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Last Updated 7/1/2022

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CALAN SR TAB 120MG, 180MG, 240MG (<i>verapamil hcl</i>)	3	-
CALAN TAB 120MG, 80MG (<i>verapamil hcl</i>)	3	-
CARDENE SR CAP (<i>nicardipine hcl</i>)	3	-
CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG (<i>diltiazem hcl coated beads</i>)	3	-
CARDIZEM TAB 120MG, 30MG, 60MG (<i>diltiazem hcl</i>)	3	-
COVERA-HS TAB (<i>verapamil hcl</i>)	3	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG</i> (CARDIZEM CD Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-
DYNACIRC CR TAB (<i>isradipine</i>)	3	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	1	-
KATERZIA SUSP 1MG/ML (<i>amlodipine benzoate</i>)	3	PA Prior Authorization required for members age 9 or older
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	1	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nimodipine cap 30MG</i> (NIMOTOP Equiv)	1	-
NIMOTOP CAP (<i>nimodipine</i>)	3	-

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120

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Last Updated 7/1/2022

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NORLIQVA ORAL SOLN 1MG/ML (<i>amlodipine besylate</i>)	3	PA Members age 9 or older require Prior Authorization
NORVASC TAB 10MG, 2.5MG, 5MG (<i>amlodipine besylate</i>)	3	-
PLENDIL TAB (<i>felodipine</i>)	3	-
PROCARDIA CAP 10MG (<i>nifedipine</i>)	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG (<i>diltiazem hcl extended release beads</i>)	3	-
<i>verapamil SR cap 100MG, 120MG, 180MG, 200MG, 240MG, 300MG</i> (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>)	1	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv)	1	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	1	-
VERELAN CAP 120MG, 180MG, 240MG (<i>verapamil hcl</i>)	3	-
VERELAN PM CAP (<i>verapamil hcl</i>)	3	-
VERELAN PM ER CAP 100MG, 300MG 100MG, 200MG, 300MG (<i>verapamil hcl</i>)	3	-
VERELAN SR CAP 360mg 360MG (<i>verapamil hcl</i>)	3	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		

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DIGOXIN SOLN (LANOXIN Equiv) (<i>digoxin</i>)	1	-
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-
<i>digoxin tab .125MG, .25MG, 125MCG, 250MCG</i> (LANOXIN Equiv)	1	-
LANOXIN TAB 125MCG, 250MCG (<i>digoxin</i>)	3	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		
<i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG</i> (CADUET Equiv)	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (<i>amlodipine besylate-atorvastatin calcium</i>)	3	-
IMPOTENCE AGENTS - drugs to treat erectile dysfunction		
CAVERJECT INJ 10MCG, 20MCG (<i>alprostadil (vasodilator)</i>)	2	QL QL= 6 inj/30 days
EDEX INJ 10MCG, 20MCG, 40MCG (<i>alprostadil (vasodilator)</i>)	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG (<i>alprostadil (vasodilator)</i>)	2	QL QL= 6 inj/30 days

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

Last Updated 7/1/2022

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<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	1	QL QL= 6 tabs/30 days
STENDRA TAB 100MG, 200MG, 50MG (<i>avanafil</i>)	2	QL QL= 6 tabs/30 days
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>ildenafil ODT 10MG</i> (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
<i>ildenafil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	1	QL QL= 6 tabs/30 days
PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions		
ISOXSUPRINE TAB 10MG, 20MG (<i>isoxsuprine hcl</i>)	2	-
<i>isoxsuprine tab 10MG, 20MG</i>	1	-
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG (<i>treprostinil diolamine</i>)	4	LD-PA Only available through CVS Specialty 800-237-2767
TYVASO INH SOLN .6MG/ML (<i>treprostinil</i>)	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523

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Last Updated 7/1/2022

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VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML (<i>iloprost</i>)	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	4	LMSP-PA-QL QL= 1 tab/day
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	4	LMSP-PA-QL QL= 2 tabs/day
OPSUMIT TAB 10MG (<i>macitentan</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
TRACLEER TAB 32MG 32MG (<i>bosentan</i>)	4	LD-PA-QL QL=4 tabs/day; Only available through Walgreens 888-347-3416
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
REVATIO TAB 20MG (<i>sildenafil citrate (pulmonary hypertension)</i>)	3	PA
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	4	LMSP-PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		

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124

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Last Updated 7/1/2022

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UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>selexipag</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG (<i>riociguat</i>)	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
SINUS NODE INHIBITORS - Drugs to control heart rhythm		
CORLANOR TAB 5MG, 7.5MG (<i>ivabradine hcl</i>)	3	PA
TRANSTHYRETIN STABILIZERS - drugs to treat heart problems due to transthyretin amyloidosis		
VYNDAMAX CAP 61MG (<i>tafamidis</i>)	4	MSP-PA-QL QL= 1 cap/day
VYNDAQEL CAP 20MG (<i>tafamidis meglumine cardiac</i>)	4	MSP-PA-QL QL= 4 caps/day
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	M
CEFAZOLIN INJ 100GM, 1GM, 20GM, 2GM, 300GM (<i>cefazolin sodium</i>)	M	M
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	1	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	1	-
KEFLEX CAP 250MG, 500MG (<i>cephalexin</i>)	3	-

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125

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

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CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
CEFACTOR CAP 250MG, 500MG (CECLOR Equiv) <i>(cefactor)</i>	1	-
<i>cefactor cap 250MG, 500MG</i> (CECLOR Equiv)	1	-
CEFACTOR ER TAB 500MG (<i>cefactor monohydrate</i>)	3	-
CEFACTOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML (<i>cefactor</i>)	3	-
<i>cefactor susp</i> (CEFACTOR Equiv)	1	-
<i>cefotaxime inj 10GM, 1GM, 2GM</i>	M	M
CEFTIN TAB (<i>cefuroxime axetil</i>)	3	-
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	1	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
CEDAX CAP (<i>ceftibuten</i>)	3	-
CEDAX SUSP (<i>ceftibuten</i>)	3	-
CEDAX SUSP (<i>ceftibuten</i>)	3	-
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	1	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-
CEFDITOREN TAB 200MG, 400MG (<i>cefditoren pivoxil</i>)	3	-
<i>cefixime cap 400MG</i> (SUPRAX Equiv)	1	-
<i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	1	-

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126

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Last Updated 7/1/2022

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CEFOTAXIME INJ 10GM, 1GM, 2GM, 500MG (CLAFORAN Equiv) (<i>cefotaxime sodium</i>)	M	M
<i>cefotaxime inj 1GM</i> (CLAFORAN Equiv)	M	M
<i>cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	1	-
<i>cefpodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv)	1	-
<i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i>	M	M
OMNICEF SUSP (<i>cefdinir</i>)	3	-
SPECTRACEF TAB 400MG (<i>cefditoren pivoxil</i>)	3	-
SUPRAX CAP 400MG (<i>cefixime</i>)	3	-
SUPRAX CAP 400MG (<i>cefixime</i>)	3	-
SUPRAX CHEW TAB 100MG, 200MG (<i>cefixime</i>)	3	-
SUPRAX SUSP 100MG/5ML, 200MG/5ML (<i>cefixime</i>)	3	-
SUPRAX SUSP 500MG/5ML 500MG/5ML (<i>cefixime</i>)	3	-
SUPRAX TAB (<i>cefixime</i>)	3	-
VANTIN TAB (<i>cefpodoxime proxetil</i>)	3	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>aranelle tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-

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BALCOLTRA TAB .1MG-20MCG-36.5MG (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>)	3	-
BEYAZ TAB .02MG-.451MG-3MG (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	3	-
<i>cesia tab</i> (CYCLESSA Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
CYCLESSA TAB (<i>desogestrel-ethinyl estradiol (triphasic)</i>)	3	-
DESOGEN TAB .15MG-30MCG (<i>desogestrel & ethinyl estradiol</i>)	3	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	1	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
ESTROSTEP FE TAB 1MG-75MG (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	3	-
FEMCON FE CHEW TAB .8MG-25MCG-75MG (<i>norethindrone & ethinyl estradiol-fe</i>)	3	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	\$0	-
<i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	3 copays per Rx

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128

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Last Updated 7/1/2022

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<i>junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>junel tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>)	\$0	-
<i>loestrin 21 tab 1.5MG-30MCG</i>	1	-
LOESTRIN 24 FE TAB (<i>norethin acet & estrad-fe</i>)	3	-
LOESTRIN FE TAB (<i>norethin acet & estrad-fe</i>)	3	-
LOESTRIN TAB (<i>norethindrone acet & eth estra</i>)	3	-
<i>mibelas chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv)	1	-
MINASTRIN CHEW TAB 1MG-20MCG-75MG (<i>norethin acet & estrad-fe</i>)	3	-
MIRCETTE TAB (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	3	-
NATAZIA TAB (<i>estradiol valerate-dienogest</i>)	3	-
NECON TAB (<i>norethindrone-eth estradiol (biphasic)</i>)	\$0	-
NEXTSTELLIS TAB 3MG-14.2MG (<i>drospirenone-estetrol</i>)	3	-

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<i>norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG</i> (TAYTULLA Equiv)	1	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG</i> (LOESTRIN FE Equiv)	1	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
OGESTREL TAB .5MG-50MCG (<i>norgestrel & ethinyl estradiol</i>)	3	-
ORTHO TRI-CYCLEN (LO) TAB (<i>norgestimate-ethinyl estradiol (triphasic)</i>)	3	-
ORTHO-CYCLEN TAB .25MG-35MCG (<i>norgestimate-ethinyl estradiol</i>)	3	-
OVCON 35 TAB 1MG-35MCG (<i>norethindrone & eth estradiol</i>)	3	-
SAFYRAL TAB .03MG-.451MG-3MG (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	3	-
SEASONIQUE TAB (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	3	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
TAYTULLA CAP 1MG-20MCG-75MG (<i>norethin acet & estrad-fe</i>)	3	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-

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TRI-NORINYL TAB (<i>norethindrone-eth estradiol (triphasic)</i>)	3	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
<i>wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	\$0	-
YAZ TAB, YASMIN 28 TAB .02MG-3MG, .03MG-3MG (<i>drospirenone-ethinyl estradiol</i>)	3	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
ORTHO-EVRA PATCH (<i>norelgestromin-ethinyl estradiol</i>)	3	-
TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>)	3	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
ANNOVERA RING .013MG/24HR-.15MG/24HR (<i>segesterone acetate-ethinyl estradiol</i>)	3	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	\$0	-
COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy		
PARAGARD IUD (<i>copper (iud)</i>)	EXC	-

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EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
LEVONORGESTREL TAB 0.75MG (<i>levonorgestrel (emergency oc)</i>)	\$0	-
PLAN B TAB 1.5MG (<i>levonorgestrel (emergency oc)</i>)	\$0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy		
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>)	EXC	-
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA INJ 150MG/ML (<i>medroxyprogesterone acetate (contraceptive)</i>)	EXC	-
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML (<i>medroxyprogesterone acetate (contraceptive)</i>)	EXC	-
<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	EXC	-
PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy		
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY (<i>levonorgestrel (iud)</i>)	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
NOR-QD TAB .35MG (<i>norethindrone (contraceptive)</i>)	3	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		

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132

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

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>budesonide ER tab 9MG</i> (UCERIS Equiv)	1	PA-QL QL=1 tab/day
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	1	-
CORTEF TAB 10MG, 20MG, 5MG (<i>hydrocortisone</i>)	3	-
DEXAMETHASONE CONC 1MG/ML (<i>dexamethasone</i>)	1	-
<i>dexamethasone elixir .5MG/5ML</i>	1	-
DEXAMETHASONE SOLN .5MG/5ML (<i>dexamethasone</i>)	1	-
DEXAMETHASONE TAB .5MG, .75MG, 1MG, 2MG (DECADRON Equiv) (<i>dexamethasone</i>)	1	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 4MG, 6MG</i> (DECADRON Equiv)	1	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	1	-
MEDROL DOSE PACK 4MG (<i>methylprednisolone</i>)	3	-
MEDROL TAB 2MG (<i>methylprednisolone</i>)	2	-
MEDROL TAB 16MG, 32MG, 4MG, 8MG (<i>methylprednisolone</i>)	3	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	1	-
ORAPRED ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>)	3	-

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133

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORAPRED SOLN 10MG/5ML, 20MG/5ML, 6.7MG/5ML (<i>prednisolone sodium phosphate</i>)	3	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	1	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>)	2	-
PREDNISOLONE SOLN 25MG/5ML (<i>prednisolone sodium phosphate</i>)	3	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PEDIAPRED Equiv)	1	-
PREDNISOLONE SYRUP 15MG/5ML (<i>prednisolone</i>)	1	-
<i>prednisolone syrup</i>	1	-
PREDNISONE SOLN 5MG/5ML (<i>prednisone</i>)	2	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	1	-
UCERIS TAB 9MG (<i>budesonide</i>)	3	PA-QL QL= 1 tab/day
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	1	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv)	1	-

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

Last Updated 7/1/2022

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HYCODAN SYRUP 1.5MG/5ML-5MG/5ML <i>(hydrocodone bitartrate-homatropine methylbromide)</i>	3	-
<i>hydrocodone/homatropine syrup</i> 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	1	-
TESSALON CAP 100MG <i>(benzonatate)</i>	3	-
<i>tussigon tab 1.5MG-5MG</i> (HYCODAN Equiv)	1	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
ALBATUSIN LIQUID <i>(phenyleph-dm-pyiril-pot guai-sod cit-citric acid)</i>	3	-
BRONCOPECTOL SYRUP <i>(phenylephrine-chlorpheniramine w/ dm-gg)</i>	3	-
BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML <i>(brompheniramine & phenyleph)</i>	EXC	OTC
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i>	EXC	-
DECON-A LIQUID <i>(brompheniramine & phenyleph)</i>	EXC	OTC
GILTUSS LIQUID <i>(phenylephrine w/ codeine-gg)</i>	3	-
GILTUSS TR TAB <i>(phenylephrine w/ dm-gg)</i>	3	-
<i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML</i> (BRONTEX Equiv)	1	OTC

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135

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

Last Updated 7/1/2022

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GUAIFENESIN/CODEINE SYRUP 6.3MG/5ML-100MG/5ML (<i>guaifenesin-codeine</i>)	1	OTC-QL QL= 240ml/fill
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML</i>	1	OTC-QL QL= 240ml/fill
<i>hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML</i> (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID 4MG/5ML-5MG/5ML-60MG/5ML (<i>pseudoephed-cpm w/ hydrocod</i>)	3	QL QL= 120ml/fill, 2 fills/month
<i>hydrocodone/chlorpheniramine/pseudoephedrine liquid</i> (ZUTRIPRO Equiv)	1	QL QL= 120ml/fill, 2 fills/30 days
<i>lohist liquid 2MG/10ML-5MG/10ML</i> (DECON-A Equiv)	EXC	OTC
NEOTUSS-D LIQUID (<i>pseudoephedrine-chlorpheniramine w/ dm-gg</i>)	3	-
PEDIATEX TDM SUSP (<i>pseudoeph-triprolidine-dm</i>)	3	-
<i>promethazine DM syrup 6.25MG/5ML-15MG/5ML</i>	1	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv)	1	-
<i>promethazine VC/codeine syrup 5MG/5ML-6.25MG/5ML-10MG/5ML</i> (PHENERGAN VC/CODEINE Equiv)	1	-

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136

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

Last Updated 7/1/2022

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<i>promethazine/codeine syrup</i> 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)	1	-
<i>pseudoephedrine/brompheniramine/codeine liquid</i> (CPB WC LIQUID Equiv)	1	OTC
RESCON TAB (<i>dexchlorpheniramine-phenylephrine</i>)	3	-
REZIRA SOLN (<i>pseudoephedrine w/ hydrocodone</i>)	3	-
SEMPREX-D CAP 8MG-60MG (<i>acrivastine & pseudoephedrine</i>)	EXC	-
SUTTAR SF SYRUP (<i>pseudoephedrine w/ codeine-gg</i>)	3	-
TRIAMINIC SYRUP (<i>chlorpheniramine & phenylephrine</i>)	EXC	OTC
TUSNEL SYRUP 10MG/5ML-30MG/5ML-100MG/5ML (<i>pseudoephedrine w/ codeine-gg</i>)	3	-
TUSSIONEX SUSP 8MG/5ML-10MG/5ML (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>)	3	QL QL= 120ml/fill; 2 fills/30 days
TUSSI-ORGANI SYRUP (<i>guaifenesin-codeine</i>)	3	QL QL= 240ml/fill
ZUTRIPRO LIQUID (<i>pseudoephed-cpm w/ hydrocod</i>)	3	QL QL= 120ml/fill, 2 fills/30 days
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
HYPER-SAL NEB SOLN 7% (<i>sodium chloride (inhalant)</i>)	3	-

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137

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

Last Updated 7/1/2022

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NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride (inhalant)</i>)	2	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	1	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
AKNE-MYCIN OINT (<i>erythromycin (acne aid)</i>)	3	-
<i>amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (AC CUTANE Equiv)	1	-
ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% (<i>tretinoin</i>)	3	PA

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138

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

Last Updated 7/1/2022

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BENZACLIN GEL 1%-5%, 1.2%-2.5% (<i>clindamycin phosphate-benzoyl peroxide</i>)	3	-
BENZAMYCIN GEL 3%-5% (<i>benzoyl peroxide-erythromycin</i>)	3	-
CLEOCIN-T LOTION 1% (<i>clindamycin phosphate (topical)</i>)	3	-
CLEOCIN-T PAD 1% (<i>clindamycin phosphate (topical)</i>)	3	-
CLEOCIN-T SOLN 1% (<i>clindamycin phosphate (topical)</i>)	3	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	1	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	1	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-5%</i> (DUAC GEL Equiv)	1	-
<i>clindamycin/tretinoin gel .025%-1.2%</i> (ZIANA Equiv)	1	-
DIFFERIN CREAM .1% (<i>adapalene</i>)	3	PA
DIFFERIN GEL .1%, .3% (<i>adapalene</i>)	3	PA
DUAC CS KIT (<i>clindamycin phosphate-benzoyl peroxide w/ cleanser</i>)	3	-
DUAC GEL 1.2%-5% (<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	3	-

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

Last Updated 7/1/2022

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EPIDUO FORTE GEL 0.3-2.5% .3%-2.5% <i>(adapalene-benzoyl peroxide)</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
EPIDUO GEL 0.1-2.5% .1%-2.5% <i>(adapalene-benzoyl peroxide)</i>	3	PA
ERY PAD 2% <i>(erythromycin (acne aid))</i>	2	-
<i>erythromycin gel 2%</i>	1	-
<i>erythromycin pad 2%</i>	1	-
<i>erythromycin soln 2%</i>	1	-
<i>erythromycin/benzoyl peroxide gel 3%-5%</i> (BENZAMYCIN Equiv)	1	-
KLARON LOTION 10% <i>(sulfacetamide sodium (acne))</i>	3	-
RETIN-A CREAM .025%, .05%, .1% <i>(tretinoin)</i>	3	PA
<i>sodium sulfacetamide lotion 10%</i> (KLARON Equiv)	1	-
<i>sodium sulfacetamide/sulfur emulsion 10-5%</i>	1	-
<i>sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%</i>	1	-
<i>tretinoin cream .025%, .05%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .04%, .1%</i> (RETIN-A GEL Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
TRETIN-X CREAM .075% <i>(tretinoin)</i>	3	PA

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140

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Last Updated 7/1/2022

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ZIANA GEL .025%-1.2% (<i>clindamycin phosphate-tretinoin</i>)	3	-
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
BACTROBAN OINT (<i>mupirocin</i>)	3	-
CENTANY OINT 2% (<i>mupirocin</i>)	3	-
CORTISPORIN CREAM .5%-3.5MG/GM-10000UNIT/GM (<i>neomycin-polymyxin-hc</i>)	3	-
CORTISPORIN OINT .5%-1%-400UNIT/GM-5000UNIT/GM (<i>bacitracin-polymyxin-neomycin hc</i>)	3	-
<i>gentamicin sulfate cream .1%</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	1	-
<i>ciclopirox gel .77%</i> (LOPROX GEL Equiv)	1	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	1	-
<i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv)	1	-
<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	1	-

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

Last Updated 7/1/2022

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<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-
<i>clotrimazole/betamethasone lotion .05%-1%</i> (LOTRISONE LOTION Equiv)	1	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	1	-
EXELDERM SOLN 1% (<i>sulconazole nitrate</i>)	3	-
<i>keetoconazole cream 2%</i> (NIZORAL CREAM Equiv)	1	-
<i>keetoconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% (<i>ciclopirox olamine</i>)	3	-
LOPROX GEL (<i>ciclopirox</i>)	3	-
LOPROX SHAMPOO 1% (<i>ciclopirox</i>)	3	-
LOTRISONE CREAM .05%-1% (<i>clotrimazole w/ betamethasone</i>)	3	-
LOTRISONE LOTION (<i>clotrimazole w/ betamethasone</i>)	3	-
MENTAX CREAM 1% (<i>butenafine hcl</i>)	3	-
NAFTIFINE CREAM 1% (<i>naftifine hcl</i>)	3	-
<i>naftifine cream 1%, 2%</i> (NAFTIN Equiv)	1	-
<i>naftifine gel 1%</i> (NAFTIN Equiv)	1	-
NAFTIN CREAM 2% (<i>naftifine hcl</i>)	3	-
NAFTIN GEL 1% (<i>naftifine hcl</i>)	3	-
NIZORAL A-D SHAMPOO 1% (NIZORAL Equiv) (<i>keetoconazole (topical)</i>)	EXC	OTC

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

Last Updated 7/1/2022

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<i>nizoral a-d shampoo 1%</i> (NIZORAL Equiv)	EXC	OTC
NIZORAL SHAMPOO 2% (<i>ketoconazole (topical)</i>)	3	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>oxiconazole nitrate cream 1%</i> (OXISTAT Equiv)	1	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	OTC-QL QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH 1.3% (<i>diclofenac epolamine</i>)	3	QL QL= 30 patches/fill
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	EXC	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<i>bexarotene gel 1%</i> (TARGRETIN Equiv)	4	LMSP-PA
<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% (<i>fluorouracil (topical)</i>)	3	-
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	1	-
FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>)	3	-

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

Last Updated 7/1/2022

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FLUOROURACIL SOLN 2%, 5% (<i>fluorouracil (topical)</i>)	2	-
PANRETIN GEL .1% (<i>alitretinoin</i>)	4	LMSP-PA
PICATO GEL .05% (<i>ingenol mebutate</i>)	3	QL QL= 1 box/fill
SOLARAZE GEL (<i>diclofenac sodium (actinic keratoses)</i>)	3	PA-QL QL= 300gm/30 days
VALCHLOR GEL .016% (<i>mechlorethamine hcl (topical)</i>)	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
ANTIPRURITICS - TOPICAL - Drugs to treat itching		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM 5% (<i>doxepin hcl (antipruritic)</i>)	3	PA
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM 5% (<i>doxepin hcl (antipruritic)</i>)	3	PA
ANTIPSORIATICS - Drugs to treat psoriasis		
8-MOP CAP (<i>methoxsalen</i>)	2	LMSP
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	4	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	1	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	1	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	1	-
CALCITRIOL OINT 3MCG/GM (<i>calcitriol (topical)</i>)	3	-

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144

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Last Updated 7/1/2022

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DOVONEX CREAM .005% (<i>calcipotriene</i>)	3	-
DOVONEX SOLN (<i>calcipotriene</i>)	3	-
DRITHO-SCALP CREAM 1% (<i>anthralin</i>)	3	-
METHOXSALEN CAP 10MG (<i>methoxsalen rapid</i>)	2	LMSP
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG (<i>methoxsalen rapid</i>)	3	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>)	4	LMSP-PA-QL QL= 2 inj/84 days
STELARA INJ 45MG/0.5ML (<i>ustekinumab</i>)	4	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML (<i>ixekizumab</i>)	4	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-
TAZORAC CREAM .1% (<i>tazarotene</i>)	3	-
TAZORAC CREAM 0.05% .05% (<i>tazarotene</i>)	3	-
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	4	LMSP-PA-QL QL= 1 inj/56 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
OVACE PLUS CREAM 10% (<i>sulfacetamide sodium</i>)	3	-
OVACE PLUS GEL 10% (<i>sulfacetamide sodium</i>)	3	-

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145

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

Last Updated 7/1/2022

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OVACE PLUS SHAMPOO 10% (<i>sulfacetamide sodium</i>)	3	-
ROSULA PAD (<i>sulfacetamide sodium-urea</i>)	3	-
<i>seb-prev cream</i> (OVACE CREAM Equiv)	1	-
<i>selenium sulfide lotion 1%</i>	EXC	OTC
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	1	-
<i>sodium sulfacetamide gel 10%</i> (OVACE PLUS Equiv)	1	-
<i>sodium sulfacetamide shampoo 10%, 9.8%</i> (OVACE Equiv)	1	-
<i>sodium sulfacetamide/urea pad</i> (ROSULA Equiv)	1	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% (<i>peniclovir</i>)	3	-
BURN PRODUCTS - Drugs to treat burns		
SILVADENE CREAM 1% (<i>silver sulfadiazine</i>)	3	-
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	1	-
SULFAMYLON CREAM 85MG/GM (<i>mafenide acetate</i>)	2	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
ACLOVATE CREAM (<i>alclometasone dipropionate</i>)	3	-
ACLOVATE OINT (<i>alclometasone dipropionate</i>)	3	-
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	1	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	1	-

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

Last Updated 7/1/2022

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<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	1	-
BETAMETHASONE AUGMENTED GEL .05% (<i>betamethasone dipropionate augmented</i>)	2	-
<i>betamethasone augmented gel</i>	1	-
<i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv)	1	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	1	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	1	-
<i>betamethasone dipropionate lotion .05%</i>	1	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	1	-
<i>betamethasone valerate cream .1%</i>	1	-
<i>betamethasone valerate lotion .1%</i>	1	-
<i>betamethasone valerate oint .1%</i>	1	-
CARMOL-HC CREAM (<i>hydrocortisone acetate-urea</i>)	3	-
<i>clobetasol foam .05%</i> (OLUX Equiv)	1	PA
<i>clobetasol lotion .05%</i> (CLOBEX Equiv)	1	PA
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	1	-

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

Last Updated 7/1/2022

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<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	1	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv)	1	PA
<i>clobetasol shampoo .05%</i> (CLOBEX Equiv)	1	PA
<i>clobetasol spray .05%</i> (CLOBEX Equiv)	1	PA
CLOBEX LOTION .05% (<i>clobetasol propionate</i>)	3	PA
CLOBEX SHAMPOO .05% (<i>clobetasol propionate</i>)	3	PA
CLOBEX SPRAY .05% (<i>clobetasol propionate</i>)	3	PA
CUTIVATE CREAM (<i>fluticasone propionate</i>)	3	-
CUTIVATE OINT (<i>fluticasone propionate</i>)	3	-
DERMA-SMOOTH/FS OIL .01% (<i>fluocinolone acetonide</i>)	2	-
DERMATOP CREAM (<i>prednicarbate</i>)	3	-
DERMATOP OINT (<i>prednicarbate</i>)	3	-
<i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv)	1	-
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	1	-
DIPROLENE AF CREAM .05% (<i>betamethasone dipropionate augmented</i>)	3	-
DIPROLENE LOTION (<i>betamethasone dipropionate augmented</i>)	3	-
DIPROLENE OINT .05% (<i>betamethasone dipropionate augmented</i>)	3	-

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148

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ELOCON CREAM .1% (<i>mometasone furoate</i>)	3	-
ELOCON OINT .1% (<i>mometasone furoate</i>)	3	-
ELOCON SOLN (<i>mometasone furoate</i>)	3	-
EPIFOAM AEROSOL 1% (<i>pramoxine-hc</i>)	2	-
<i>fluocinolone acetonide cream .01%, .025%</i>	1	-
<i>fluocinolone acetonide oil .01%</i> (DERMA-SMOOTH/FS Equiv)	1	-
<i>fluocinolone acetonide oint .025%</i>	1	-
<i>fluocinolone acetonide soln .01%</i>	1	-
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	1	-
<i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv)	1	-
<i>fluocinonide emollient cream .05%</i>	1	-
<i>fluocinonide gel .05%</i>	1	-
<i>fluocinonide oint .05%</i>	1	-
<i>fluocinonide soln .05%</i>	1	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	1	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	1	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	1	PA
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	1	-
<i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv)	1	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	1	-

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

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150

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DUPIXENT INJ 300MG/2ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT INJ 100MG/0.67ML 100MG/0.67ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML (<i>dupilumab</i>)	4	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
<i>ammonium lactate lotion 10%, 12%, 5%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM 12% (<i>lactic acid (ammonium lactate)</i>)	3	-
LAC-HYDRIN LOTION 12% (<i>lactic acid (ammonium lactate)</i>)	3	-
LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>)	1	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	2	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - drugs to grow hair		
<i>bimatoprost ophth soln .03%</i>	EXC	-
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - drugs to remove hair		
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-

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IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ALDARA CREAM 5% (<i>imiquimod</i>)	3	-
<i>imiquimod cream</i> 5% (ALDARA Equiv)	1	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ELIDEL CREAM 1% (<i>pimecrolimus</i>)	3	Covered for members 2 years or older
<i>pimecrolimus cream</i> 1% (ELIDEL Equiv)	1	Covered for members 2 years or older
PROTOPIC OINT .03%, .1% (<i>tacrolimus (topical)</i>)	3	-
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	1	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
CONDYLOX SOLN (<i>podofilox</i>)	3	-
PODOCON SOLN 25% (<i>podophyllum resin</i>)	2	-
<i>podofilox soln</i> (CONDYLOX Equiv)	1	-
SALEX SHAMPOO 2%, 3% (<i>salicylic acid</i>)	3	-
SALEX SHAMPOO 6% (<i>salicylic acid</i>)	3	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
EMLA CREAM (<i>lidocaine-prilocaine</i>)	3	-
<i>lidocaine cream</i> 3% 3%, 4% (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel .5%, 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch</i> 4% (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine patch</i> 5% 5% (LIDODERM Equiv)	1	QL QL= 3 patches/day

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<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% (<i>lidocaine</i>)	3	QL QL= 3 patches/day
SYNERA PATCH 70MG (<i>lidocaine-tetracaine</i>)	3	-
XYLOCAINE SOLN (<i>lidocaine hcl</i>)	3	-
MISC. TOPICAL - Miscellaneous topical products		
<i>aluminum chloride soln</i> (DRYSOL Equiv)	1	-
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	1	-
PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>)	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	1	-
FINACEA GEL 15% (<i>azelaic acid</i>)	3	-
FINACEA PLUS KIT (<i>azelaic acid w/ cleanser & moisturizing lotion</i>)	2	-
METROCREAM .75% (<i>metronidazole (topical)</i>)	3	-
METROGEL 1% 1% (<i>metronidazole (topical)</i>)	3	-
METROLOTION .75% (<i>metronidazole (topical)</i>)	3	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	1	-
<i>metronidazole gel 1%</i> (METROGEL Equiv)	1	-
<i>metronidazole gel 0.75% .75%</i> (METROGEL Equiv)	1	-

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	1	-
MIRVASO GEL .33% (<i>brimonidine tartrate (topical)</i>)	EXC	-
NORITATE CREAM 1% (<i>metronidazole (topical)</i>)	3	ST Step Therapy requires trial of FINACEA
RHOFADE CREAM 1% (<i>oxymetazoline hcl (topical)</i>)	EXC	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
CROTAN LOTION 10% (<i>crotamiton</i>)	3	-
ELIMITE CREAM 5% (<i>permethrin</i>)	3	-
EURAX LOTION 10% (<i>crotamiton</i>)	3	-
IVERMECTIN LOTION .5% (<i>ivermectin (pediculicide)</i>)	3	PA-QL QL= 1 tube/fill
LINDANE LOTION (<i>lindane</i>)	3	-
<i>lindane lotion</i>	1	-
LINDANE SHAMPOO 1% (<i>lindane</i>)	1	-
<i>lindane shampoo</i>	1	-
<i>malathion lotion .5%</i> (OVIDE Equiv)	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% (<i>spinosad</i>)	3	QL QL= 1 bottle/fill
OVIDE LOTION .5% (<i>malathion</i>)	3	QL QL= 2 bottles/fill
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	1	-
SKLICE LOTION .5% (<i>ivermectin (pediculicide)</i>)	3	PA-QL QL= 1 tube/fill

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154

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

Last Updated 7/1/2022

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SPINOSAD SUSP .9% (<i>spinosad</i>)	2	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% (<i>becaplermin</i>)	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>)	2	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
ACCU-CHEK AVIVA PLUS TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK GUIDE TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP (<i>glucose blood</i>)	2	OTC Limited to 50 strips per month for members not on diabetes medication
COVID-19 TEST (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 8 tests/30 days

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155

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

Last Updated 7/1/2022

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CUE COVID-19 INJ TEST CARTRIDGE (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 8 cartridges/30 days
CUE HEALTH MONITOR (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 1 kit/year
KETO-DIASTIX TEST STRIP (<i>urine glucose-ketones test</i>)	1	OTC
KETOSTIX (<i>acetone (urine) test</i>)	1	OTC
ONETOUCH TEST STRIP (<i>glucose blood</i>)	2	OTC
ONETOUCH VERIO TEST STRIP (<i>glucose blood</i>)	2	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
ASTAMED MYO CAP (<i>astaxanthin-tocotrienol-zinc-cholecalciferol</i>)	EXC	-
DEPLIN CAP (<i>l-methylfolate-algae</i>)	EXC	-
ELIGEN B12 TAB (<i>cyanocobalamin-salcaprozate sodium</i>)	EXC	-
FALESSA TAB (<i>levomefolate glucosamine</i>)	EXC	-
FOLTANX TAB (<i>l-methylfolate w/ vitamin b6-vitamin b12</i>)	EXC	-
GLYGEST PAK (<i>2-fucosyllactose & lacto-n-neotetraose</i>)	EXC	-
L-METHYLFOLATE TAB (<i>l-methylfolate</i>)	EXC	-
LUVIRA CAP (<i>omega-3-acid ethyl esters (dietary management)</i>)	EXC	-

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Last Updated 7/1/2022

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METANX CAP (<i>l-methylfolate w/ algae-vitamin b12-vitamin b6</i>)	EXC	-
OLLIZAC POWDER (<i>2-fucosyllactose & lacto-n-neotetraose</i>)	EXC	-
PODIAPN CAP (<i>l-methylfolate w/ vitamin b6-vitamin b12</i>)	EXC	-
XAQUIL XR TAB (<i>levomefolate glucosamine</i>)	EXC	-
XYZBAC TAB (<i>dietary management product</i>)	EXC	-
INFANT FOODS		
INFANT FORMULA LIQUID (<i>infant foods</i>)	2	OTC-PA
INFANT FORMULA POWDER (<i>infant foods</i>)	2	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID (<i>nutritional supplements</i>)	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER (<i>nutritional supplements</i>)	2	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	-

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	1	-
<i>acetazolamide tab</i>	1	-
DIAMOX SEQUEL CAP (<i>acetazolamide</i>)	3	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB 25MG (<i>methazolamide</i>)	3	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTAZIDE TAB 25MG (<i>spironolactone & hydrochlorothiazide</i>)	3	-
ALDACTAZIDE TAB 50-50MG 50MG (<i>spironolactone & hydrochlorothiazide</i>)	3	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	1	-
DYAZIDE CAP 25MG-37.5MG (<i>triamterene & hydrochlorothiazide</i>)	3	-
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG (<i>triamterene & hydrochlorothiazide</i>)	3	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	1	-

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158

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg (<i>triamterene & hydrochlorothiazide</i>)	2	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	1	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	1	-
DEMADEX TAB 10MG, 20MG (<i>torseamide</i>)	3	-
EDECIN TAB 25MG (<i>ethacrynic acid</i>)	3	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	1	-
FUROSEMIDE SOLN 8MG/ML (LASIX Equiv) (<i>furosemide</i>)	1	-
<i>furosemide soln 10MG/ML</i> (LASIX Equiv)	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG (<i>furosemide</i>)	3	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTONE TAB 100MG, 25MG, 50MG (<i>spironolactone</i>)	3	-
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-
CAROSPIR SUSP 25MG/5ML (<i>spironolactone</i>)	3	PA Prior Authorization required for members age 9 or older
MIDAMOR TAB (<i>amiloride hcl</i>)	3	-

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

Last Updated 7/1/2022

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<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB 250MG, 500MG (DIURIL Equiv) (<i>chlorothiazide</i>)	1	-
<i>chlorothiazide tab 500MG</i> (DIURIL Equiv)	1	-
<i>chlorthalidone tab 25MG, 50MG</i>	1	-
DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>)	2	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	1	-
MICROZIDE CAP 12.5MG (<i>hydrochlorothiazide</i>)	3	-
ZAROXOLYN TAB (<i>metolazone</i>)	3	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
ACTONEL TAB 150MG, 30MG, 35MG, 5MG (<i>risedronate sodium</i>)	3	ST Step Therapy requires trial of alendronate
<i>alendronate sodium oral soln 70MG/75ML</i> (FOSAMAX Equiv)	1	-

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160

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ALENDRONATE SOLN 70MG/75ML (<i>alendronate sodium</i>)	1	-
<i>alendronate tab 10MG, 35MG, 5MG, 70MG</i> (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 40MG, 5MG (<i>alendronate sodium</i>)	2	-
AELVIA TAB 35MG (<i>risedronate sodium</i>)	3	ST Step Therapy requires trial of alendronate
BONIVA TAB 150MG 150MG (<i>ibandronate sodium</i>)	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
FORTEO INJ 600MCG/2.4ML (<i>teriparatide (recombinant)</i>)	4	LMSP
FOSAMAX TAB 70MG (<i>alendronate sodium</i>)	3	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG (<i>parathyroid hormone (recombinant)</i>)	4	LD-PA Only available through Walgreens 888-347-3416
PROLIA INJ 60MG/ML (<i>denosumab</i>)	M	M

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

Last Updated 7/1/2022

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<i>risedronate DR tab 35MG</i> (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate
<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
SKELID TAB (<i>tiludronate disodium</i>)	3	-
TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)	4	LMSP
CORTICOTROPIN ***		
ACTHAR GEL INJ 80UNIT/ML (<i>corticotropin</i>)	4	MSP-PA-QL QL= 4 vials/fill
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
ORLISSA TAB 150MG 150MG (<i>elagolix sodium</i>)	2	PA-QL QL= 1 tab/day
ORLISSA TAB 200MG 200MG (<i>elagolix sodium</i>)	2	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>)	4	LD-PA Only available through Walgreens 888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG (<i>tesamorelin acetate</i>)	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ 12MG, 5MG (<i>somatropin</i>)	4	LMSP-PA

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162

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SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG <i>(lonapegsomatropin-tcgd)</i>	4	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
EVISTA TAB 60MG <i>(raloxifene hcl)</i>	3	-
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML <i>(mecasermin)</i>	4	MSP
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
LUPRON DEPOT PED INJ 11.25MG, 30MG <i>(leuprolide acetate (cpp) (3 month))</i>	M	M
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG <i>(leuprolide acetate (cpp))</i>	M	M
SYNAREL NASAL SOLN 2MG/ML <i>(nafarelin acetate)</i>	4	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
ALDURAZYME INJ 2.9MG/5ML <i>(laronidase)</i>	M	M
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	1	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	1	-
<i>carglumic acid tab 200MG</i> (CARBAGLU Equiv)	4	LD-PA Only available through Accredo 888-773-7376

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163

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CARNITOR SOLN 1GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	3	-
CARNITOR TAB 330MG (<i>levocarnitine (metabolic modifiers)</i>)	3	-
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	4	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	1	-
FABRAZYME INJ 35MG, 5MG (<i>agalsidase beta</i>)	M	M
HECTOROL CAP (<i>doxercalciferol</i>)	3	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	1	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	1	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML (<i>pegvaliase-pqpz</i>)	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	1	-
ROCALTROL CAP .25MCG, .5MCG (<i>calcitriol</i>)	3	-
ROCALTROL SOLN 1MCG/ML (<i>calcitriol</i>)	3	-
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	4	LMSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	4	LMSP-PA

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164

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

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STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>)	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
ZEMPLAR CAP 1MCG, 2MCG (<i>paricalcitol</i>)	3	-
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG (<i>vosoritide</i>)	4	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
DDAVP INJ 4MCG/ML (<i>desmopressin acetate</i>)	3	-
DDAVP NASAL SOLN .01% (<i>desmopressin acetate refrigerated</i>)	3	-
DDAVP NASAL SPRAY .01% (<i>desmopressin acetate spray</i>)	3	-
DDAVP TAB .1MG, .2MG (<i>desmopressin acetate</i>)	3	-
<i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate nasal spray .01%, .1MG/ML</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
<i>desmopressin nasal soln</i> (DDAVP Equiv)	1	-
STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>)	2	LMSP
PROLACTIN INHIBITORS - Drugs to regulate hormones		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-

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Last Updated 7/1/2022

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SOMATOSTATIC AGENTS - Drugs to regulate hormones		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)</i>	4	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>)	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide diaspertate</i>)	4	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG (<i>tolvaptan</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG (<i>tolvaptan</i>)	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
ACTIVELLA TAB .1MG-.5MG, .5MG-1MG (<i>estradiol & norethindrone acetate</i>)	3	-
ANGELIQ TAB .25MG-.5MG, .5MG-1MG (<i>drospirenone-estradiol</i>)	3	-

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166

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CLIMARA PRO PATCH .015MG/DAY-.045MG/DAY (<i>estradiol-levonorgestrel</i>)	3	-
COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY (<i>estradiol & norethindrone acetate</i>)	3	-
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	1	-
FEMHRT TAB .5MG-2.5MCG (<i>norethindrone acetate-ethinyl estradiol</i>)	3	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	1	-
MYFEMBREE TAB .5MG-1MG-40MG (<i>relugolix-estradiol-norethindrone acetate</i>)	2	PA-QL QL= 1 tab/day
ORIAHNN CAP .5MG-1MG-300MG (<i>elagolix sodium-estradiol-norethindrone acetate</i>)	2	PA-QL QL= 2 caps/day
PREFEST TAB (<i>estradiol-norgestimate</i>)	3	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	-
ESTROGENS - Drugs used for contraception		
ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (<i>estradiol</i>)	3	-
CENESTIN TAB (<i>estrogens, conjugated synthetic a</i>)	3	-

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167

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Last Updated 7/1/2022

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CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR (<i>estradiol</i>)	3	-
DIVIGEL GEL, ELESTRIN GEL .06%, .25MG/0.25GM, .5MG/0.5GM, .75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM (<i>estradiol</i>)	3	-
ENJUVIA TAB (<i>estrogens, conjugated synthetic b</i>)	3	-
ESTRACE TAB (<i>estradiol tab</i>)	3	-
<i>estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR</i> (CLIMARA Equiv)	1	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	1	-
<i>estradiol valerate inj 20MG/ML, 40MG/ML</i>	1	-
ESTRASORB EMULSION (<i>estradiol</i>)	3	-
EVAMIST SPRAY 1.53MG/SPRAY (<i>estradiol</i>)	3	-
MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG (<i>esterified estrogens</i>)	3	-
MENOSTAR PATCH 14MCG/24HR (<i>estradiol</i>)	3	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>)	2	-
VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (<i>estradiol</i>)	3	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		

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Last Updated 7/1/2022

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FLUOROQUINOLONES - Drugs to treat bacterial infections		
AVELOX TAB 400MG (<i>moxifloxacin hcl</i>)	3	-
CIPRO SUSP 5% 500MG/5ML, 5GM/100ML (<i>ciprofloxacin</i>)	3	-
CIPRO TAB 250MG, 500MG (<i>ciprofloxacin hcl</i>)	3	-
CIPRO XR TAB (<i>ciprofloxacin-ciprofloxacin hcl</i>)	3	-
CIPROFLOXACIN 100MG TAB 100MG (<i>ciprofloxacin hcl</i>)	3	-
CIPROFLOXACIN ER TAB 1000MG, 500MG (<i>ciprofloxacin-ciprofloxacin hcl</i>)	3	-
<i>ciprofloxacin susp 500MG/5ML</i> (CIPRO Equiv)	1	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	1	-
LEVAQUIN SOLN (<i>levofloxacin</i>)	3	-
LEVAQUIN TAB 250MG, 500MG, 750MG (<i>levofloxacin</i>)	3	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	1	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	1	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	1	-
NOROXIN TAB (<i>norfloxacin</i>)	3	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	1	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - drugs to treat constipation		

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TRULANCE TAB 3MG (<i>plecanatide</i>)	2	PA
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>)	4	LD-PA Only available through Dohmen LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>)	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
ACTIGALL CAP 300MG (<i>ursodiol</i>)	3	-
URSO FORTE TAB 250MG, 500MG (<i>ursodiol</i>)	3	-
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	1	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	1	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML (<i>cromolyn sodium (mastocytosis)</i>)	3	-
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG (<i>metoclopramide hcl</i>)	3	-

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170

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ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		
BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG (<i>odevixibat</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML (<i>maralixibat chloride</i>)	4	LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
AZULFIDINE EN TAB 500MG (<i>sulfasalazine</i>)	3	-
AZULFIDINE TAB 500MG (<i>sulfasalazine</i>)	3	-
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	1	-
CIMZIA INJ 200MG/ML (<i>certolizumab pegol</i>)	4	LMSP-PA-QL QL= 2 inj/28 days

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CIMZIA STARTER INJ KIT 200MG/ML (<i>certolizumab pegol</i>)	4	LMSP-PA-QL QL= 1 kit/plan year
COLAZAL CAP 750MG (<i>balsalazide disodium</i>)	3	-
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	3	-
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	1	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	1	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	1	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	1	-
SFROWASA ENEMA 4GM/60ML (<i>mesalamine</i>)	3	-
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	1	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	1	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose soln 10GM/15ML</i>	1	-
IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system		
<i>alosetron tab .5MG, 1MG</i> (LOTRONEX Equiv)	1	-
LOTRONEX TAB .5MG, 1MG (<i>alosetron hcl</i>)	3	-
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
MOVANTIK TAB 12.5MG, 25MG (<i>naloxegol oxalate</i>)	2	PA
SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>)	2	PA
SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>)	2	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
AURYXIA TAB 210MG (<i>ferric citrate</i>)	3	-
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	1	-

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FOSRENOL CHEW TAB 1000MG, 500MG, 750MG (<i>lanthanum carbonate</i>)	3	-
FOSRENOL POWDER PACK 1000MG, 750MG (<i>lanthanum carbonate</i>)	2	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	1	-
PHOSLO CAP 667MG (<i>calcium acetate (phosphate binder)</i>)	3	-
PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>)	2	-
RENAGEL TAB 800MG 800MG (<i>sevelamer hcl</i>)	3	-
RENVELA TAB 800MG (<i>sevelamer carbonate</i>)	3	-
<i>sevelamer hydrochloride tab 800MG</i> (RENAGEL Equiv)	1	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	1	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	1	-
VELPHORO CHEW TAB 500MG (<i>sucroferric oxyhydroxide</i>)	3	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG (<i>potassium citrate-citric acid</i>)	1	-

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CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (<i>pot & sod citrates w/citric ac</i>)	1	-
ORACIT SOLN 490MG/5ML-640MG/5ML (<i>sodium citrate & citric acid</i>)	1	-
POLYCITRA CRYSTAL PACK (<i>potassium citrate-citric acid</i>)	3	-
POLYCITRA-LC SOLN (<i>pot & sod citrates w/citric ac</i>)	3	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROCIT-K TAB Equiv)	1	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv)	1	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	1	-
<i>sodium citrate/citric acid soln 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	1	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv)	1	-
UROCIT-K TAB 1080MG, 15MEQ, 540MG (<i>potassium citrate (alkalinizer)</i>)	3	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		

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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	4	LD-PA Only available through CVS Specialty 800-238-7828
GENITOURINARY IRRIGANTS - Drugs to treat the urinary system		
<i>sodium chloride 0.9% irr soln .9%</i>	1	-
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	2	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
AVODART CAP .5MG (<i>dutasteride</i>)	3	-
CARDURA XL TAB 4MG, 8MG (<i>doxazosin mesylate (bph)</i>)	3	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG (<i>tamsulosin hcl</i>)	3	-
PROSCAR TAB 5MG (<i>finasteride</i>)	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG (<i>alfuzosin hcl</i>)	3	-
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIDIUM Equiv)	1	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
LITHOSTAT TAB 250MG (<i>acetohydroxamic acid</i>)	3	-

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

Last Updated 7/1/2022

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

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

Last Updated 7/1/2022

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BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	M	M
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
CINRYZE INJ 500UNIT (<i>c1 esterase inhibitor (human)</i>)	M	M
EMPAVELI INJ 1080MG/20ML (<i>pegcetacoplan</i>)	4	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG (<i>avacopan</i>)	4	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		
TAVALISSE TAB 100MG, 150MG (<i>fostamatinib disodium</i>)	4	LD-PA-QL-SF QL= 2 tab/day; Only available through Biologics 800-850-4306
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-
TRENTAL TAB (<i>pentoxifylline</i>)	3	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
TAKHZYRO INJ 300MG/2ML (<i>lanadelumab-flyo</i>)	4	LD-PA-QL QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
AGRYLIN CAP .5MG (<i>anagrelide hcl</i>)	3	-

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177

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

Last Updated 7/1/2022

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<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	1	-
BRILINTA TAB 60MG, 90MG (<i>ticagrelor</i>)	2	-
CABLIVI INJ KIT 11MG (<i>caplacizumab-yhdp</i>)	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	1	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	1	-
<i>dipyridamole tab</i> (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG (<i>prasugrel hcl</i>)	3	-
PERSANTINE TAB (<i>dipyridamole</i>)	3	-
PLAVIX TAB 75MG 75MG (<i>clopidogrel bisulfate</i>)	3	-
PLETAL TAB (<i>cilostazol</i>)	3	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	1	-
TICLOPIDINE TAB (TICLID Equiv) (<i>ticlopidine hcl</i>)	1	-
<i>ticlopidine tab</i> (TICLID Equiv)	1	-
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	3	RS Restricted to Cardiology Specialist
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	4	MSP-PA
CEREZYME INJ 400UNIT (<i>imiglucerase</i>)	M	M
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	4	LD-PA Only available through Accredo 800-803-2523

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

Last Updated 7/1/2022

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AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea (sickle cell anemia)</i>)	2	-
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
ENDARI POWDER PACK 5GM (<i>glutamine (sickle cell)</i>)	4	LMSP-PA-QL QL= 6 packets/day
OXBRYTA TAB 300MG (<i>voxelotor</i>)	4	LD-PA-QL QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
NASCOBAL NASAL SPRAY 500MCG/0.1ML (<i>cyanocobalamin</i>)	3	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	4	KMSP-PA-QL QL= 2 tabs/day

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179

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

Last Updated 7/1/2022

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EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa</i>)	4	LMSP
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	4	LMSP
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML (<i>filgrastim-aafi</i>)	4	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG (<i>eltrombopag olamine</i>)	4	LMSP-PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>)	4	LMSP
RETACRIT INJ 40000UNIT/ML (<i>epoetin alfa-epbx</i>)	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>)	4	LMSP
ZIEXTENZO INJ 6MG/0.6ML (<i>pegfilgrastim-bmez</i>)	4	LMSP
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
CHROMAGEN FA TAB (<i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>)	3	-
<i>ferrex 150 forte cap</i>	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG (<i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i>)	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-

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

Last Updated 7/1/2022

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IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG (<i>fe asp gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i>)	1	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>)	1	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i>)	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>)	1	-
MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG (<i>iron-vitamin c-vitamin b12-folic acid</i>)	3	-
<i>multivitamin tab 1MG-25MCG-100MG-250MG</i>	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG (<i>ferrous fumarate w/ fa-dss-b complex-vit c</i>)	2	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	1	-

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

Last Updated 7/1/2022

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IRON - Drugs to treat iron deficiency		
<i>ferrous sulfate elixir 220MG/5ML</i>	\$0	OTC Covered for members 1 year or younger
FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML (<i>ferrous sulfate</i>)	\$0	OTC Covered for members 1 year or younger
<i>ferrous sulfate soln 15MG/ML</i>	\$0	OTC Covered for members 1 year or younger
<i>ferrous sulfate syrup 300MG/5ML</i> (FERROUS SULFATE Equiv)	\$0	OTC
IRON SUSP (<i>iron</i>)	\$0	OTC Covered for members 1 year or younger
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
AMICAR SOLN .25GM/ML (<i>aminocaproic acid</i>)	3	-
AMICAR SYRUP (<i>aminocaproic acid</i>)	3	-
AMICAR TAB 1000MG, 500MG (<i>aminocaproic acid</i>)	3	-
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid syrup</i> (AMICAR Equiv)	1	-
<i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	1	-

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182

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Last Updated 7/1/2022

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CYKLOKAPRON INJ 1000MG/10ML (<i>tranexamic acid</i>)	M	M
LYSTEDA TAB 650MG (<i>tranexamic acid</i>)	3	-
<i>tranexamic acid inj 1000MG/10ML</i> (CYKLOKAPRON Equiv)	M	M
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
BUTISOL ELIXIR (<i>butabarbital sodium</i>)	3	-
BUTISOL TAB 30MG (<i>butabarbital sodium</i>)	3	-
<i>phenobarbital elixir 20MG/5ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
AMBIEN CR TAB 12.5MG, 6.25MG (<i>zolpidem tartrate</i>)	3	QL QL= 1 tab/day

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183

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

Last Updated 7/1/2022

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AMBIEN TAB (<i>zolpidem tartrate tab</i>)	3	QL QL= 1 tab/day
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	1	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	1	QL QL= 1 tab/day
FLURAZEPAM CAP 15MG, 30MG (<i>flurazepam hcl</i>)	1	-
HALCION TAB .25MG (<i>triazolam</i>)	3	-
LUNESTA TAB 1MG, 2MG, 3MG (<i>eszopiclone</i>)	3	QL QL= 1 tab/day
PROSOM TAB (<i>estazolam</i>)	3	-
RESTORIL CAP 15MG 15MG (<i>temazepam</i>)	3	-
RESTORIL CAP 22.5MG 22.5MG (<i>temazepam</i>)	3	-
RESTORIL CAP 30MG 30MG (<i>temazepam</i>)	3	-
RESTORIL CAP 7.5MG 7.5MG (<i>temazepam</i>)	3	-
SONATA CAP 10MG, 5MG (<i>zaleplon</i>)	3	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 22.5mg 22.5MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 7.5mg 7.5MG</i> (RESTORIL Equiv)	1	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	1	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	1	-
<i>zolpidem ER tab 12.5MG, 6.25MG</i> (AMBIEN CR Equiv)	1	QL QL= 1 tab/day
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		

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

Last Updated 7/1/2022

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<i>ramelteon tab 8MG</i> (ROZEREM Equiv)	1	QL QL= 1 tab/day
ROZEREM TAB 8MG (<i>ramelteon</i>)	3	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
CLENPIQ SOLN 3.5GM/160ML-10MG/160ML-12GM/160ML (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	2	-
COLYTE SOLN (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	2	-
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GOLYTELY PACKET 2.82GM-5.53GM-6.36GM-21.5GM-227.1GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	1	-
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	\$0	QL Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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185

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

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MOVIPREP SOLN 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	3	ST Step Therapy requires trial of CLENPIQ
NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<i>peg 3350 soln (100 gram Moviprep equiv)</i> 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM (MOVIPREP Equiv)	1	ST Step Therapy requires trial of CLENPIQ
<i>peg 3350/electrolytes soln</i> 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (COLYTE Equiv)	\$0	QL Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
SUPREP SOLN 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	3	ST Step Therapy requires trial of CLENPIQ

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186

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>trilyte soln 1.48GM-5.72GM-11.2GM-420GM</i> (NULYTELY Equiv)	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
<i>lactulose soln</i>	1	-
MIRALAX 17GM/SCOOP (<i>polyethylene glycol 3350</i>)	EXC	OTC
<i>polyethylene glycol 3350 powder 17GM/SCOOP</i> (MIRALAX Equiv)	EXC	OTC
SALINE LAXATIVES - Drugs to treat constipation		
OSMOPREP TAB .398GM-1.102GM (<i>sodium phosphate monobasic-sodium phosphate dibasic</i>)	3	ST Step Therapy requires trial of CLENPIQ
VISICOL TAB (<i>sodium phosphate monobasic-sodium phosphate dibasic-mcc</i>)	3	-
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	1	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	1	-
ZITHROMAX POWDER PACK 1GM (<i>azithromycin</i>)	3	-

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187

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

Last Updated 7/1/2022

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

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

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIFICID SUSP 40MG/ML (<i>fidaxomicin</i>)	2	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB 200MG (<i>fidaxomicin</i>)	2	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
CERVICAL CAP (<i>cervical caps</i>)	\$0	-
DIAPHRAGM 2% (<i>diaphragm wide seal</i>)	\$0	-
FEMALE CONDOMS (<i>condoms - female</i>)	\$0	OTC
DIABETIC SUPPLIES - Devices to assist with diabetes		
ACCU-CHEK AVIVA PLUS METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ACCU-CHEK GUIDE CARE METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ACCU-CHEK GUIDE ME KIT (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ACCU-CHEK NANO METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC

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189

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CALIBRATION LIQUID (<i>blood glucose calibration</i>)	1	OTC
DEXCOM G6 RECEIVER (<i>continuous blood glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER (<i>continuous blood glucose system transmitter</i>)	2	PA-QL QL= 1 transmitter/90 days
FREESTYLE LIBRE 2 RECEIVER (<i>continuous blood glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER (<i>continuous blood glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY) (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous blood glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days
LANCET DEVICE (<i>lancet devices</i>)	1	OTC
LANCET KIT (<i>lancets misc.</i>)	1	OTC
LANCETS (<i>lancets</i>)	1	OTC
OMNIPOD 5 INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OMNIPOD DASH INTRO KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
OMNIPOD DASH PODS (<i>insulin infusion disposable pump</i>)	2	QL QL= 10 pods/month
OMNIPOD STARTER KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/year
ONETOUCH METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO FLEX METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO IQ METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH VERIO REFLECT METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
V-GO INJ KIT (<i>insulin infusion disposable pump</i>)	2	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% (<i>alcohol swabs</i>)	1	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D AUTOSHIELD DUO PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC

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

Last Updated 7/1/2022

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-D INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	1	-
TECHLITE INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	1	OTC
TECHLITE PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	1	OTC
TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	1	OTC
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>spacer/aerosol-holding chambers</i>)	2	OTC
AEROCHAMBER SUPPLIES (<i>spacer/aerosol-holding chamber supplies - bags</i>)	2	-
PEAK FLOW METER (<i>peak flow meter</i>)	1	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		
AJOVY INJ 225MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA-QL QL= 1 pack/28 days
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
<i>ergotamine tartrate/caffeine tab 1MG-100MG</i> (CAFERGOT Equiv)	1	-
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	1	QL QL= 10 inj/14 days

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ERGOMAR SL TAB (<i>ergotamine tartrate sl tab</i>)	3	-
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ 140MG/ML, 70MG/ML (<i>erenumab-aooe</i>)	2	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	2	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML (<i>galcanezumab-gnlm</i>)	2	PA-QL QL= 3 inj/fill, 6 fills/year
UBRELVY TAB 100MG, 50MG (<i>ubrogepant</i>)	2	PA-QL QL= 10 tabs/30 days, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
IMITREX INJ 6MG/0.5ML (<i>sumatriptan succinate</i>)	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>)	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB 100MG, 25MG, 50MG (<i>sumatriptan succinate</i>)	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG, 5MG (<i>rizatriptan benzoate</i>)	3	QL QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB 10MG (<i>rizatriptan benzoate</i>)	3	QL QL= 12 tabs/fill, 3 fills/60 days

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193

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

Last Updated 7/1/2022

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REYVOW TAB 100MG, 50MG (<i>lasmiditan succinate</i>)	2	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>)	1	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	1	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML (<i>sumatriptan succinate</i>)	2	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
CHLORIDE - Drugs to treat electrolyte disorders		
AMMONIUM CHLORIDE INJ (<i>ammonium chloride</i>)	M	M
FLUORIDE - Drugs to treat mineral deficiency		
FLUOR-A-DAY CHEW TAB (<i>sodium fluoride-xylitol</i>)	1	-
LURIDE TAB (<i>sodium fluoride</i>)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay

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

Last Updated 7/1/2022

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SODIUM FLUORIDE LOZENGE (<i>sodium fluoride</i>)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG (LURIDE Equiv) (<i>sodium fluoride</i>)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride tab .25MG, .5MG, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
MAGNESIUM - Drugs to treat electrolyte disorders		
<i>magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%</i>	M	M
PHOSPHATE - Drugs to treat electrolyte deficiency		
K-PHOS NEUTRAL TAB 130MG-155MG-852MG (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	3	-
K-PHOS TAB 500MG (<i>potassium phosphate monobasic</i>)	2	-
<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	1	-

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195

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

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<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	1	-
POTASSIUM - Drugs to treat electrolyte disorders		
KLOR-CON POWDER PACKET (<i>potassium chloride</i>)	3	-
KLOR-CON POWDER PACKET 25MEQ (<i>potassium chloride</i>)	3	-
K-TAB 8MEQ (<i>potassium chloride</i>)	3	-
K-TAB 10MEQ, 20MEQ (<i>potassium chloride</i>)	3	-
MICRO-K CAP (<i>potassium chloride</i>)	3	-
<i>potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM</i> (K-LYTE Equiv)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride micro tab 10MEQ, 15MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-
<i>potassium chloride soln 10%, 20%</i>	1	-
SODIUM - Drugs to treat electrolyte disorders		
<i>sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%</i>	M	M
ZINC - Drugs to treat mineral deficiency		

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

Last Updated 7/1/2022

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GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	2	-
<i>zinc sulfate cap 220MG</i>	1	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
DEPEN TITRATAB 250MG (<i>penicillamine</i>)	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	4	LMSP-PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
<i>lenalidomide cap 10MG, 15MG, 25MG, 5MG</i> (REVLIMID Equiv)	1	KMSP-PA-QL QL= 1 cap/day
REVLIMID CAP 10MG, 15MG, 25MG, 5MG (<i>lenalidomide</i>)	3	KMSP-PA-QL QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
REZUROCK TAB 200MG (<i>belumosudil mesylate</i>)	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>)	4	LMSP-PA-QL
<i>everolimus tab .25MG, .5MG, .75MG, 1MG</i> (ZORTRESS Equiv)	4	LMSP-PA
LUPKYNIS CAP 7.9MG (<i>voclosporin</i>)	4	LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479

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<i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv)	1	-
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>)	4	LMSP-PA
SPS SUSP 15GM/60ML (<i>sodium polystyrene sulfonate</i>)	1	-
PROGERIA TREATMENT AGENTS ***		
ZOKINVY CAP 50MG, 75MG (<i>lonafarnib</i>)	4	LD-PA-QL QL= 4 caps/day; Only available through US Bioservices 888-518-7246
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML (<i>belimumab</i>)	4	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML (<i>belimumab</i>)	4	LMSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>)	3	-
<i>lidocaine viscous soln 2%</i>	1	-

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

Last Updated 7/1/2022

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LTA 360 KIT (<i>lidocaine hcl (mouth-throat)</i>)	3	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-
FIRST DUKES MOUTHWASH (<i>diphenhydramine-hydrocortisone-nystatin</i>)	3	-
FIRST MARYS MOUTHWASH (<i>diphenhydramine-hydrocortisone-nystatin-tetracycline</i>)	3	-
MYCELEX TROCHES (<i>clotrimazole</i>)	3	-
<i>nystatin susp 100000UNIT/ML</i>	1	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln .12%</i> (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% (<i>chlorhexidine gluconate (mouth-throat)</i>)	3	-
DENTAL PRODUCTS - Drugs to prevent cavities		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% (<i>sodium fluoride-potassium nitrate</i>)	1	-
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	1	-

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

Last Updated 7/1/2022

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<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride/potassium nitrate paste</i> (PREVIDENT Equiv)	1	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	1	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	1	-
EVOXAC CAP 30MG (<i>cevimeline hcl</i>)	3	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	1	-
SALAGEN TAB 5MG, 7.5MG (<i>pilocarpine hcl (oral)</i>)	3	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
DIALYVITE TAB (<i>b-complex w/ c-biotin-e-minerals & folic acid</i>)	1	-
DIALYVITE/ZINC TAB (<i>b-complex w/ c-zn & folic acid</i>)	1	-
DIATZ ZN TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>)	3	-
FOLBEE PLUS CZ TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>)	1	-
NEPHROCAP (<i>b-complex w/ c & folic acid</i>)	3	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	1	-

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200

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

Last Updated 7/1/2022

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MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	1	-
V-C FORTE CAP (<i>multiple vitamins w/ minerals</i>)	3	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
ESCAVITE CHEW TAB (<i>ped multivitamins w/fl & iron</i>)	3	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	1	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS (<i>pediatric multivitamins w/fl</i>)	2	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG (<i>pediatric multivitamins w/fl</i>)	1	-
MULTIVITAMIN/FLOURIDE CHEW 1MG (<i>pediatric multivitamins w/fl</i>)	1	-
MULTIVITAMIN/FLUORIDE CHEW TAB (<i>pediatric multivitamins w/fl</i>)	1	-
<i>pediatric multiple vitamins/fluoride chew tab</i>	1	-
<i>pediatric multiple vitamins/fluoride soln</i>	1	-
QUFLORA PEDIATRIC CHEW TAB (<i>pediatric multivitamins w/fl</i>)	3	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
CONCEPT DHA CAP (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>)	3	-

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

Last Updated 7/1/2022

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MYNATAL-Z TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	-
NEONATAL 19 TAB (<i>prenatal vitamin-folic acid</i>)	3	-
NEONATAL FE TAB (<i>prenatal multivitamins w/ iron-folic acid</i>)	3	-
PRENATABS RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	3	-
PRENATAL 19 CHEW TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	-
PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	3	-
PRENATAL VITAMINS (NON-PREFERRED) (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>)	3	-
VITAFOL STRIPS (<i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i>)	3	-
VP-PNV-DHA CAP (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	1	-
<i>carisprodol tab 350MG</i> (SOMA Equiv)	1	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	1	-

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Last Updated 7/1/2022

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<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	1	-
FLEQSUVY SUSP 1MG/ML, 25MG/5ML, 5MG/ML (<i>baclofen</i>)	3	PA Prior Authorization required for members age 9 or older
<i>metaxalone tab 400MG, 800MG</i> (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG 400MG (<i>metaxalone</i>)	3	-
<i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv)	1	-
PARAFON FORTE TAB (<i>chlorzoxazone</i>)	3	-
ROBAXIN TAB 500MG, 750MG (<i>methocarbamol</i>)	3	-
SKELAXIN TAB 800MG (<i>metaxalone</i>)	3	-
SOMA TAB 350MG (<i>carisoprodol</i>)	3	QL QL=120 tabs/30 days
<i>tizanidine tab</i> (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>)	3	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
DANTRIUM CAP 25MG, 50MG (<i>dantrolene sodium</i>)	3	-
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		
ALCOHOL SWABS 62% (<i>alcohol (nasal)</i>)	1	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		

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

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<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	1	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
ATROVENT NASAL SPRAY (<i>ipratropium bromide (nasal)</i>)	3	-
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	1	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
BECONASE AQ NASAL SPRAY 42MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT (<i>triamcinolone acetonide (nasal)</i>)	3	OTC-QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT (<i>ciclesonide (nasal)</i>)	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
SYMPATHOMIMETIC DECONGESTANTS - Drugs to treat sinus congestion		
TYZINE NASAL SOLN (<i>tetrahydrozoline hcl</i>)	3	-

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NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	1	-
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>)	4	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN (<i>medium chain triglycerides</i>)	2	OTC-PA
MCT OIL (<i>medium chain triglycerides</i>)	2	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG (<i>creatine</i>)	2	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET (<i>citrulline</i>)	2	OTC-PA
<i>phlexy-10 tab</i>	1	OTC-PA
<i>pro-stat liquid</i>	1	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
BETAGAN OPTH SOLN .5% (<i>levobunolol hcl</i>)	3	-
COMBIGAN OPTH SOLN .2%-.5% (<i>brimonidine tartrate-timolol maleate</i>)	1	-
COSOPT OPTH SOLN 6.8MG/ML-22.3MG/ML (<i>dorzolamide hcl-timolol maleate</i>)	3	-

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

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Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HOMATROPINE OPHTH SOLN 5% (<i>homatropine hbr</i>)	2	-
<i>homatropine ophth soln 5%</i> (ISOPTO HOMATROPINE Equiv)	1	-
ISOPTO ATROPINE OPHTH SOLN 1% (<i>atropine sulfate (ophthalmic)</i>)	3	-
ISOPTO HYOSCINE OPHTH SOLN (<i>scopolamine hbr (ophth)</i>)	2	-
MYDRIACYL OPHTH SOLN (<i>tropicamide ophth soln</i>)	3	-
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	1	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN (<i>carbachol (ophth)</i>)	2	-
ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% (<i>pilocarpine hcl</i>)	3	-
PHOSPHOLINE OPHTH SOLN .125% (<i>echothiophate iodide</i>)	2	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	1	-
PILOPINE HS OPHTH GEL (<i>pilocarpine hcl</i>)	3	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		

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

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

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ALPHAGAN P OPHTH SOLN 0.15% .15% (brimonidine tartrate)	3	-
apraclonidine ophth soln .5% (IOPIDINE Equiv)	1	-
brimonidine ophth soln 0.15% .15% (ALPHAGAN P 0.15% Equiv)	1	-
brimonidine ophth soln 0.2% .2%	1	-
IOPIDINE OPHTH SOLN .5% (apraclonidine hcl)	3	-
IOPIDINE OPHTH SOLN 1% 1% (apraclonidine hcl)	2	-
SIMBRINZA OPHTH SUSP .2%-1% (brinzolamide-brimonidine tartrate)	2	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
AZASITE SOLN 1% (azithromycin (ophth))	2	-
BACITRACIN OPHTH OINT 500UNIT/GM (bacitracin (ophthalmic))	2	-
bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM (NEOSPORIN Equiv)	1	-
bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% (sulfacetamide sodium (ophth))	3	-
CILOXAN OPHTH OINT .3% (ciprofloxacin hcl (ophth))	3	-

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208

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

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

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

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<i>fluorometholone ophth soln</i> (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% (<i>fluorometholone ophth</i>)	3	-
FML LIQUIFLIM OPHTH SUSP .1% (<i>fluorometholone ophth</i>)	3	-
FML S.O.P. OPHTH OINT .1% (<i>fluorometholone ophth</i>)	3	-
LOTEMAX OPHTH GEL .5% (<i>loteprednol etabonate</i>)	3	-
LOTEMAX OPHTH OINT .5% (<i>loteprednol etabonate</i>)	2	-
LOTEMAX OPHTH SUSP .5% (<i>loteprednol etabonate</i>)	3	-
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	1	-
<i>loteprednol ophth susp .5%</i> (LOTEMAX Equiv)	1	-
MAXIDEX OPHTH SOLN .1%, 9% (<i>dexamethasone ophth</i>)	2	-
MAXITROL OPHTH OINT .1%-3.5MG/GM-10000UNIT/GM (<i>neomycin-polymy-dexameth</i>)	3	-
MAXITROL OPHTH SUSP .1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymy-dexameth</i>)	3	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	1	-

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<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)</i>	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN 1%-3.5MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-hc (ophth)</i>)	1	-
PRED FORTE OPTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	3	-
PRED FORTE OPTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	3	-
PRED MILD OPTH SOLN .12% (<i>prednisolone acetate (ophth)</i>)	2	-
PRED-G OPTH SOLN .3%-1% (<i>gentamicin-prednisolone acetate</i>)	2	-
PREDNISOLONE OPTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	1	-
PREDNISOLONE OPTH SUSP 1% (<i>prednisolone acetate (ophth)</i>)	1	-
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN 1% (<i>prednisolone sodium phosphate (ophth)</i>)	2	-
<i>sulfacetamide sodium/prednisolone ophth soln .23%-10% (VASOCIDIN Equiv)</i>	1	-
SULFACETAMIDE/PREDNISOLONE OPTH SOLN .23%-10% (<i>sulfacetamide sod-prednisolone</i>)	1	-

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213

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TOBRADEX OPHTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i>	2	-
TOBRADEX OPHTH SOLN .1%-.3% <i>(tobramycin-dexamethasone)</i>	3	-
TOBRADEX ST OPHTH SUSP <i>(tobramycin-dexamethasone ophth susp)</i>	3	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	1	-
VEXOL OPHTH SUSP <i>(rimexolone)</i>	2	-
ZYLET OPHTH SUSP .3%-.5% <i>(loteprednol etabonate-tobramycin)</i>	2	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		
ACULAR (LS) OPHTH SOLN .4%, .5% <i>(ketorolac tromethamine (ophth))</i>	3	-
ACUVAIL OPHTH SOLN .45% <i>(ketorolac tromethamine (ophth))</i>	3	-
ALOCRILOPHTH SOLN 2% <i>(nedocromil sodium (ophth))</i>	2	-
ALOMIDE OPHTH SOLN .1% <i>(lodoxamide tromethamine)</i>	2	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-
AZOPT OPHTH SUSP 1% <i>(brinzolamide)</i>	3	-
<i>bepotastine ophth soln 1.5%</i> (BEPREVE Equiv)	1	-

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BEPREVE OPHTH SOLN 1.5% (<i>bepotastine besilate</i>)	3	-
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	1	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	1	-
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) (<i>bromfenac sodium (ophth)</i>)	1	-
CROLOM OPHTH SOLN (<i>cromolyn sodium (ophth)</i>)	3	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-
CYSTADROPS SOLN .37% (<i>cysteamine hcl</i>)	4	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN .44% (<i>cysteamine hcl</i>)	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-
ELESTAT OPHTH SOLN .05% (<i>epinastine hcl (ophth)</i>)	3	-
EMADINE OPHTH SOLN .05% (<i>emedastine difumarate</i>)	3	-
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-

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215

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FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>)	2	-
<i>flurbiprofen ophth soln .03%</i> (OCUFEN Equiv)	1	-
ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>)	2	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>ketotifen ophth soln .025%</i> (ZADITOR Equiv)	1	OTC OTC covered only
LASTACAFT OPHTH SOLN .25% (<i>alcaftadine</i>)	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>)	2	-
OCUFEN OPHTH SOLN (<i>flurbiprofen sodium</i>)	3	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	-
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	QL QL= 2.5ml/30 days
OPTIVAR OPHTH SOLN (<i>azelastine hcl (ophth)</i>)	3	-
PATANOL OPHTH SOLN .1% (<i>olopatadine hcl</i>)	3	-
PROLENSA OPHTH SOLN .07% (<i>bromfenac sodium (ophth)</i>)	2	-
TRUSOPT OPHTH SOLN 2% (<i>dorzolamide hcl</i>)	3	-
UPNEEQ SOLN .1% (<i>oxymetazoline hcl (blepharoptosis)</i>)	EXC	-
VOLTAREN OPHTH SOLN (<i>diclofenac sodium (ophth)</i>)	3	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		

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216

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<i>bimatoprost ophth soln .03%</i>	1	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPTH SOLN .01% (<i>bimatoprost</i>)	2	QL QL= 2.5ml/30 days
TRAVATAN Z DROPS .004% (<i>travoprost</i>)	3	QL QL= 2.5ml/30 days
<i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
XALATAN OPTH SOLN .005% (<i>latanoprost</i>)	3	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
CRESYLATE OTIC SOLN (<i>cresyl acetate</i>)	3	-
VOSOL OTIC SOLN (<i>acetic acid (otic)</i>)	3	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
CIPROFLOXACIN OTIC SOLN .2% (<i>ciprofloxacin hcl (otic)</i>)	2	-
<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	1	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
CIPRO HC OTIC SUSP .2%-1% (<i>ciprofloxacin-hydrocortisone</i>)	3	-

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CIPRODEX OTIC SUSP .1%-.3% <i>(ciprofloxacin-dexamethasone)</i>	3	-
<i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv)	1	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML <i>(neomycin-colistin-hc-thonzonium)</i>	2	-
CORTISPORIN OTIC SOLN <i>(neomycin-polymyxin-hc (otic))</i>	3	-
<i>neomycin/polymixin/hydrocortisone otic soln 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
OTOZIN OTIC DROPS <i>(antipyrine-benzocaine-glycerin-zinc acetate)</i>	3	-
<i>pramoxine-HC AQ otic soln</i> (CORTANE-B AQUEOUS Equiv)	1	-
OTIC STEROIDS - Drugs to treat ear swelling		
ACETASOL HC OTIC SOLN <i>(hydrocortisone w/acetic acid)</i>	3	-
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-

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DERMOTIC OIL .01% (<i>fluocinolone acetonide (otic)</i>)	3	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	1	-
VOSOL HC OTIC SOLN (<i>hydrocortisone w/acetic acid</i>)	3	-
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		
<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
GAMASTAN INJ (<i>immune globulin (human) im</i>)	M	M
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM (<i>immune globulin (human) iv</i>)	M	M
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	2	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		

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Last Updated 7/1/2022

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IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML <i>(immune globulin (human) subcutaneous)</i>	2	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML <i>(immune globulin (human)-klhw)</i>	4	LD-PA Only available through CVS Specialty 800-237-2767
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG <i>(amoxicillin)</i>	1	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
AMPICILLIN CAP 500MG <i>(ampicillin)</i>	1	-
<i>ampicillin cap</i>	1	-
<i>ampicillin susp</i> (PRINCIPEN Equiv)	1	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
PENICILLIN G PROCAINE INJ 600000UNIT/ML <i>(penicillin g procaine)</i>	M	M
PENICILLIN G SODIUM INJ 5000000UNIT <i>(penicillin g sodium)</i>	M	M
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML (VEETIDS Equiv) <i>(penicillin v potassium)</i>	1	-

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220

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<i>penicillin vk soln</i> (VEETIDS Equiv)	1	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	1	-
PFIZERPEN G INJ 20000000UNIT, 5000000UNIT (<i>penicillin g potassium</i>)	M	M
<i>pfizerpen g inj 20000000UNIT, 5000000UNIT</i>	M	M
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
<i>amoxicillin/clavulanate chew tab</i> (AUGMENTIN Equiv)	1	-
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<i>amoxicillin/clavulanate ER tab 62.5MG-1000MG</i> (AUGMENTIN XR Equiv)	1	-
<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)	1	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i>	M	M

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Last Updated 7/1/2022

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AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN TAB 125MG-500MG, 125MG-875MG (<i>amoxicillin & pot clavulanate</i>)	3	-
AUGMENTIN XR TAB 62.5MG-1000MG (<i>amoxicillin & pot clavulanate</i>)	3	-
<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i>	M	M
TIMENTIN INJ (<i>ticarcillin & pot clavulanate</i>)	M	M
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	M
<i>oxacillin inj 10GM, 1GM, 2GM</i>	M	M
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES (<i>polyethylene glycol 8000</i>)	2	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		

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222

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Last Updated 7/1/2022

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AYGESTIN TAB 5MG (<i>norethindrone acetate</i>)	3	-
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	4	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG (<i>progesterone</i>)	3	-
PROVERA TAB 10MG, 2.5MG, 5MG (<i>medroxyprogesterone acetate</i>)	3	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG (<i>disulfiram</i>)	3	-
CAMPRAL TAB (<i>acamprosate calcium</i>)	3	-
DISULFIRAM TAB (<i>disulfiram</i>)	1	-
<i>disulfiram tab 250MG, 500MG</i>	1	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		

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XYREM SOLN 500MG/ML (<i>sodium oxybate</i>)	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
ARICEPT ODT (<i>donepezil hydrochloride</i>)	3	QL QL= 1 tab/day
ARICEPT TAB 10MG, 5MG (<i>donepezil hydrochloride</i>)	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG (<i>donepezil hydrochloride</i>)	3	QL QL= 1 tab/day
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
EXELON CAP (<i>rivastigmine tartrate</i>)	3	-
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (<i>rivastigmine</i>)	3	ST Step Therapy requires trial of rivastigmine cap
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	1	-

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224

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<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
NAMENDA SOL (<i>memantine hcl</i>)	3	-
NAMENDA TAB 10MG, 5MG (<i>memantine hcl</i>)	3	-
RAZADYNE ER CAP 16MG, 24MG, 8MG (<i>galantamine hydrobromide</i>)	3	-
RAZADYNE TAB 12MG, 4MG, 8MG (<i>galantamine hydrobromide</i>)	3	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG (<i>chlordiazepoxide-amitriptyline</i>)	1	-
LIMBITROL TAB (<i>chlordiazepoxide-amitriptyline</i>)	3	-

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Last Updated 7/1/2022

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<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (<i>perphenazine-amitriptyline</i>)	1	-
SYMBYAX CAP 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (<i>olanzapine-fluoxetine hcl</i>)	3	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK (<i>milnacipran hcl</i>)	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>)	2	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
INGREZZA CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>)	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	4	LMSP-PA
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AUBAGIO TAB 14MG, 7MG (<i>teriflunomide</i>)	4	LMSP
AVONEX INJ 30MCG/VIAL (<i>interferon beta-1a</i>)	4	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day

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<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	4	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	4	LMSP
EXTAVIA INJ .3MG (<i>interferon beta-1b</i>)	4	MSP
GILENYA CAP .25MG, .5MG (<i>fingolimod hcl</i>)	4	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	4	LMSP
KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>)	4	LMSP
MAYZENT TAB .25MG, 1MG, 2MG (<i>siponimod fumarate</i>)	4	LMSP
MAYZENT TAB STARTER PACK .25MG (<i>siponimod fumarate</i>)	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	LMSP
ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)	4	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK (<i>ozanimod hcl</i>)	4	LMSP-PA-QL QL= 1 cap/day
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		

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NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	2	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		
ERGOLOID MESYLATES TAB 1MG (<i>ergoloid mesylates</i>)	3	-
<i>ergoloid mesylates tab</i> (HYDERGINE Equiv)	1	-
ORAP TAB 1MG, 2MG (<i>pimozide</i>)	3	-
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	2	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	\$0	SMKG
CHANTIX PAK (<i>varenicline tartrate</i>)	\$0	SMKG
CHANTIX TAB .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
NICOTINE KIT (<i>nicotine</i>)	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
NICOTROL INHALER 10MG (<i>nicotine</i>)	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>)	\$0	SMKG
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		

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228

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TEGSEDI INJ 284MG/1.5ML (<i>inotersen sodium</i>)	4	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 25MG, 50MG, 75MG (<i>ivacaftor</i>)	4	KMSP-PA-QL-SF QL= 2 packets/day
KALYDECO TAB 150MG (<i>ivacaftor</i>)	4	KMSP-PA-QL-SF QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG (<i>lumacaftor-ivacaftor</i>)	4	KMSP-PA-QL-SF QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>)	4	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML (<i>dornase alfa</i>)	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>)	4	KMSP-PA-QL-SF QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	KMSP-PA-QL QL= 84 tabs/28 days
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	4	LMSP-PA-QL-SF QL= 9 caps/day
ESBRIET TAB 267MG 267MG (<i>pirfenidone</i>)	4	LMSP-PA-QL-SF QL= 9 tabs/day

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ESBRIET TAB 801MG 801MG (<i>pirfenidone</i>)	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG (<i>nintedanib esylate</i>)	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Walgreens 888-347-3416
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 3 tabs/day
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
<i>sulfadiazine tab 500MG</i>	1	-
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
ADOXA TAB (<i>doxycycline (monohydrate)</i>)	3	-
<i>demeclocycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv)	1	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-
DOXYCYCLINE HYCLATE DR CAP (<i>doxycycline hyclate</i>)	3	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	1	-

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

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ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 130MG, 146.25MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 32.5MG, 325MG, 48.75MG, 65MG, 81.25MG, 97.5MG <i>(thyroid)</i>	1	-
ARMOUR THYROID TAB, NATURE THROID TAB 120MG, 15MG, 30MG, 60MG, 90MG <i>(thyroid)</i>	1	-
CYTOMEL TAB 25MCG, 50MCG, 5MCG <i>(liothyronine sodium)</i>	3	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	1	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG</i> (ARMOUR THYROID, NATURE THROID Equiv)	1	-
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG <i>(levothyroxine sodium)</i>	1	-
THYROLAR TAB 120MG, 15MG, 180MG, 30MG, 60MG <i>(liotrix (t3-t4))</i>	2	-

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232

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TIROSINT-SOL 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML <i>(levothyroxine sodium)</i>	3	PA-QL QL=1 ml/day; Prior Authorization required for members age 9 or older
TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML <i>(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))</i>	\$0	VAC Covered for members age 19 years or older
TETANUS/DIPHTHERIA TOXOID INJ 2LF/0.5ML <i>(tetanus-diphtheria toxoids (td))</i>	\$0	VAC Covered for members age 19 years or older
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
ANASPAZ ODT .125MG <i>(hyoscyamine sulfate)</i>	3	-
BENTYL CAP 10MG <i>(dicyclomine hcl)</i>	3	-
BENTYL SYRUP <i>(dicyclomine hcl)</i>	3	-
BENTYL TAB <i>(dicyclomine hcl)</i>	3	-
CANTIL TAB <i>(mepenzolate bromide)</i>	3	-
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	1	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	1	-

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<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-
DONNATAL EXTENTABS (<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>)	2	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv)	1	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate SR cap</i> (LEVSINEX Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
LEVBID TAB .375MG (<i>hyoscyamine sulfate</i>)	3	-
LEVSIN SL TAB .125MG (<i>hyoscyamine sulfate</i>)	3	-
LEVSIN TAB .125MG (<i>hyoscyamine sulfate</i>)	3	-
LEVSINEX CAP (<i>hyoscyamine sulfate</i>)	3	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	1	-
PAMINE TAB (<i>methscopolamine bromide</i>)	3	-
ROBINUL TAB 1MG, 2MG (<i>glycopyrrolate</i>)	3	-
SYMAX DUOTAB .375MG (<i>hyoscyamine sulfate</i>)	3	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>cimetidine tab 200MG, 300MG, 400MG, 800MG</i> (TAGAMET Equiv)	1	-
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	1	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	1	-

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<i>nizatidine cap 150MG, 300MG</i> (AXID Equiv)	1	-
NIZATIDINE SOLN 15MG/ML (<i>nizatidine</i>)	3	PA Members age 9 or older require Prior Authorization
PEPCID SUSP 40MG/5ML (<i>famotidine</i>)	3	-
PEPCID TAB 10MG, 20MG, 40MG (<i>famotidine</i>)	3	-
ZANTAC GRANULE PACKET (<i>ranitidine hcl</i>)	3	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE TAB 1GM (<i>sucralfate</i>)	3	-
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	1	Rx Only
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	1	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
CYTOTEC TAB 100MCG, 200MCG (<i>misoprostol</i>)	3	-
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lansoprazole/amoxicillin/clarithromycin kit 30MG-500MG</i> (PREVPAC Equiv)	1	-
PREVPAC KIT 30MG-500MG (<i>amoxicillin-clarithromycin w/ lansoprazole</i>)	3	-

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PYLERA CAP 125MG-140MG (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	3	-
ZEGERID CAP OTC 20MG-1100MG (<i>omeprazole-sodium bicarbonate</i>)	1	OTC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
ANTISPASMODICS - Drugs to treat diarrhea		
CUVPOSA SOLN 1MG/5ML (<i>glycopyrrolate</i>)	4	MSP
<i>glycopyrrolate oral soln 1MG/5ML</i> (CUVPOSA Equiv)	4	MSP
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
NIZATIDINE CAP 150MG, 300MG (<i>nizatidine</i>)	1	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE SUSP 1GM/10ML (<i>sucralfate</i>)	3	-
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	1	-
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
URINARY ANTI-INFECTIVE COMBINATIONS - Drugs to treat bladder/kidney infections		
UROQID #2 TAB (<i>methenamine mandelate-sodium phosphate monobasic</i>)	3	-
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
<i>darifenacin SR tab 15MG, 7.5MG</i> (ENABLEX Equiv)	1	PA
DETROL LA CAP 2MG, 4MG (<i>tolterodine tartrate</i>)	3	-
DETROL TAB 1MG, 2MG (<i>tolterodine tartrate</i>)	3	-

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236

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DITROPAN XL TAB 10MG, 15MG, 5MG (<i>oxybutynin chloride</i>)	3	-
ENABLEX TAB 15MG, 7.5MG (<i>darifenacin hydrobromide</i>)	3	PA
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	1	-
OXYTROL PATCH (OTC) 3.9MG/24HR (<i>oxybutynin</i>)	1	OTC
SANCTURA TAB (<i>trospium chloride</i>)	3	-
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	1	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	1	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	1	-
<i>trospium chloride SR cap 60MG</i> (SANCTURA XR Equiv)	1	PA
<i>trospium tab 20MG</i> (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG (<i>solifenacin succinate</i>)	3	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG (<i>mirabegron</i>)	2	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	1	-

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URECHOLINE TAB 10MG, 25MG, 50MG, 5MG (<i>bethanechol chloride</i>)	3	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
BEXSERO INJ (<i>meningococcal vac group b (recombant omv adjuvanted)</i>)	\$0	VAC Covered for members age 19 years or older
MENACTRA INJ (<i>meningococcal (a,c,y&w-135) polysacch diphth conj vaccine</i>)	EXC	VAC
MENQUADFI INJ (<i>meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine</i>)	EXC	VAC
PNEUMOVAX INJ 25MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	\$0	VAC
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	\$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>)	\$0	QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older
TRUMENBA INJ (<i>meningococcal group b vaccine (recombinant)</i>)	\$0	VAC Covered for members age 19 years or older

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238

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VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	\$0	QL-VAC QL= 1 vaccine/lifetime; Covered for members age 19 years or older
VIVOTIF CAP (<i>typhoid vaccine</i>)	EXC	VAC
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>)	\$0	QL-VAC QL= 1 inj/28 days
COVID-19 VACCINE BOOSTER INJ (MODERNA) 50MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN) .5ML (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>)	\$0	QL QL= 1 dose/45 days
COVID-19 VACCINE INJ (MODERNA) 100MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL QL= 1 dose/24 days
COVID-19 VACCINE INJ (PFIZER) 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.2ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL QL= 1 dose/17 days

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239

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

Last Updated 7/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COVID-19 VACCINE INJ 6-11Y (MODERNA) 50MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.2ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-5Y (MODERNA) 25MCG/0.25ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL QL= 1 dose/24 days
DENGVAXIA SUSP (<i>dengue virus vaccine live tetravalent</i>)	EXC	VAC
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	\$0	VAC Covered for members age 19 years or older
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 40MCG/ML, 5MCG/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	\$0	VAC Covered for members age 19 years or older
FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUAD QUAD INJ .5ML (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUBLOK INJ (<i>influenza virus vaccine recombinant hemagglutinin (ha)</i>)	\$0	QL-VAC QL= 1 inj/28 days

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FLUBLOK QUAD PF INJ (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</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
FLUCELVAX QUAD INJ (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP (<i>influenza virus vaccine live quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUVIRIN INJ (<i>influenza virus vaccine types a & b surface antigen</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUVIRIN PF INJ (<i>influenza virus vaccine types a & b preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ (<i>influenza virus vac split high-dose quad preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ (<i>influenza virus vaccine split high-dose preservative free</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE INTRADERMAL INJ (<i>influenza virus vaccine split</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE QUADRIVALENT INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>)	\$0	QL-VAC QL= 1 inj/28 days

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HEPLISAV-B INJ 20MCG/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	\$0	VAC Covered for members age 19 years or older
IMOVAX RABIES INJ 2.5UNIT/ML (<i>rabies virus vaccine, hdc</i>)	\$0	VAC Covered for members age 19 years or older
SHINGRIX INJ 50MCG/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	\$0	VAC Covered for members age 19 years or older
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML (<i>tick-borne encephalitis virus vaccine, inactivated</i>)	EXC	VAC
VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>)	\$0	VAC Covered for members age 19 years or older
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders		
ACIDIC VAGINAL JELLY (<i>acetic acid vaginal</i>)	2	-
FEM PH GEL .025%-.9% (<i>acetic acid-oxyquinoline vaginal</i>)	3	-
FEM PH GEL .025%-.9% (<i>acetic acid-oxyquinoline vaginal</i>)	3	-
SPERMICIDES - Drugs to prevent pregnancy		
CONCEPTROL GEL 4% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>)	\$0	OTC

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Last Updated 7/1/2022

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CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% (<i>nonoxynol-9</i>)	\$0	OTC
CONTRACEPTIVE SUPP 100MG (<i>nonoxynol-9</i>)	\$0	OTC
TODAY SPONGE 1000MG (<i>nonoxynol-9</i>)	\$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
CLEOCIN VAGINAL CREAM 2% (<i>clindamycin phosphate vaginal</i>)	3	-
CLEOCIN VAGINAL SUPP 100MG (<i>clindamycin phosphate vaginal</i>)	3	-
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	1	-
CLINDESSE VAGINAL CREAM 2% (<i>clindamycin phosphate (one dose)</i>)	3	-
METROGEL VAGINAL GEL .75% (<i>metronidazole vaginal</i>)	3	-
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG (<i>miconazole nitrate vaginal</i>)	3	-
NYSTATIN VAGINAL TAB (<i>nystatin vaginal</i>)	1	-
TERAZOL CREAM .4% (<i>terconazole vaginal</i>)	3	-
TERAZOL SUPP (<i>terconazole vaginal</i>)	3	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>)	1	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	1	-

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Last Updated 7/1/2022

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

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<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	1	QL QL= 2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	1	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab</i> (PROAMATINE Equiv)	1	-
PROAMATINE TAB (<i>midodrine hcl</i>)	3	-
VITAMINS - Drugs to treat vitamin deficiency		
MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency		
PRENATAL VITAMINS (NON-PREFERRED) (<i>prenatal without vit a w/ iron carbonyl-folic acid & vit b6</i>)	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	1	-
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>cholecalciferol cap 50000 unit 1.25MG, 50000UNIT</i>	1	OTC
DRISDOL CAP 50000UNIT (<i>ergocalciferol</i>)	3	-
MEPHYTON TAB 5MG (<i>phytonadione</i>)	3	-
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	1	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	1	Rx covered Only
<i>vitamin D cap 1000unit 1000UNIT, 25MCG</i>	\$0	OTC
<i>vitamin D cap 400unit 400UNIT</i>	\$0	OTC

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245

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VITAMIN D TAB 400UNIT 400UNIT (<i>ergocalciferol</i>)	\$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>niacin cap</i>	1	OTC
<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	1	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	1	OTC
NIACIN TR TAB 1000MG (<i>niacin</i>)	1	OTC
<i>niacinamide tab 100MG, 500MG</i>	1	OTC
POTABA CAP 500MG (<i>potassium aminobenzoate</i>)	3	-
POTABA POWDER PACKET 2GM (<i>potassium aminobenzoate</i>)	2	-
POTABA TAB (<i>potassium aminobenzoate</i>)	2	-
SLO-NIACIN TAB 250MG, 500MG, 750MG (<i>niacin</i>)	3	OTC

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246

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ALPHABETICAL LISTING OF DRUGS

Other		ACCU-CHEK	155	ACTIVELLA TAB	166
8-MOP CAP	144	SMARTVIEW TEST STRIP		ACTONEL TAB	160
A		ACCU-CHEK TEST STRIP	155	ACTOPLUS MET XR TAB	49
abacavir soln	107	ACCUNEB NEB SOLN	29	ACTOS TAB	56
abacavir tab	107	ACCUPRIL TAB	69	ACULAR (LS) OPHTH	214
abacavir/lamivudine tab	107	ACCURETIC TAB	72	SOLN	
abacavir/lamivudine/zidovu	107	acebutolol cap	117	ACUVAIL OPHTH SOLN	214
dine tab		acetaminophen/codeine	16	acyclovir cap	114
ABILIFY TAB	106	soln		acyclovir oint	146
abiraterone tab 250mg	88	acetaminophen/codeine tab	16	acyclovir susp	114
ABSTRAL SL TAB	12	ACETASOL HC OTIC	218	acyclovir tab	114
acamprosate calcium DR	223	SOLN		ADACEL/BOOSTRIX INJ	233
tab		acetazolamide ER cap	158	ADAGEN INJ	119
acarbose tab	48	acetazolamide tab	158	ADALAT CC TAB	119
ACCOLATE TAB	27	acetic acid otic soln	217	adapalene cream	138
ACCU-CHEK AVIVA	189	acetic acid/hydrocortisone	218	adapalene gel	138
PLUS METER		otic soln		adapalene/benzoyl	138
ACCU-CHEK AVIVA	155	acetylcysteine soln	138	peroxide gel 0.1-2.5%	
PLUS TEST STRIP		ACIDIC VAGINAL JELLY	242	adefovir dipivoxil tab	113
ACCU-CHEK GUIDE	189	acitretin cap	144	ADEMPAS TAB	125
CARE METER		ACLOVATE CREAM	146	ADIPEX-P CAP	1
ACCU-CHEK GUIDE ME	189	ACLOVATE OINT	146	ADIPEX-P TAB	1
KIT		ACTEMRA ACTPEN INJ	7	ADMELOG INJ, INSULIN	53
ACCU-CHEK GUIDE	155	ACTEMRA SC INJ	8	LISPRO INJ	
TEST STRIP		ACTHAR GEL INJ	162	ADMELOG SOLOSTAR	53
ACCU-CHEK NANO	189	ACTIGALL CAP	170	INJ, INSULIN LISPRO	
METER		ACTIMMUNE INJ	99	KWIKPEN INJ (JUNIOR)	
		ACTIQ LOZENGE	12	ADOXA TAB	230

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ALPHABETICAL LISTING OF DRUGS

ADVAIR DISKUS INHALER	29	ALDACTAZIDE TAB 50-50MG	158	alosetron tab	172
ADVAIR HFA INHALER	29	ALDACTONE TAB	159	ALPHAGAN P OPHTH SOLN 0.15%	208
AEROCHAMBER SUPPLIES	192	ALDARA CREAM	152	alprazolam tab	24
AEROCHAMBER SUPPLIES	192	ALDURAZYME INJ	163	ALTACE CAP	69
AFLURIA INJ	239	ALECENSA CAP	91	ALTACE TAB	69
AFLURIA INJ, FLUZONE INJ	239	alendronate sodium oral soln	160	ALTOPREV TAB	67
AGRYLIN CAP	177	ALENDRONATE SOLN	161	aluminum chloride soln	153
AIMOVIG INJ	193	alendronate tab	161	ALUNBRIG TAB 30MG	91
AJOVY INJ	192	ALENDRONATE TAB 40MG	161	ALUNBRIG TAB 90MG, 180MG	91
AKNE-MYCIN OINT	138	ALFERON-N INJ	99	amantadine cap	100
AKYNZEO CAP	61	alfuzosin SR tab	175	amantadine syrup	100
ALBATUSSIN LIQUID	135	ALINIA SUSP	79	amantadine tab	100
albendazole tab	21	ALINIA TAB	79	AMARYL TAB	57
ALBENZA TAB	22	aliskiren tab	77	AMBIEN CR TAB	183
albuterol neb soln	29	ALKERAN TAB	85	AMBIEN TAB	184
albuterol sulfate ER tab	29	ALLEGRA ODT	64	ambrisentan tab	124
albuterol sulfate syrup	29	allopurinol tab	176	amethyst tab	127
albuterol sulfate tab	29	ALOCRILOPHTH SOLN	214	AMICAR SOLN	182
albuterol/ipratropium neb soln	29	ALOGLIPTIN TAB	52	AMICAR SYRUP	182
ALCAINE OPHTH SOLN	211	ALOGLIPTIN-METFORM IN TAB	49	AMICAR TAB	182
alclometasone cream	146	ALOGLIPTIN-PIOGLITAZ ONE TAB	49	amikacin inj	5
alclometasone oint	146	ALOMIDE OPHTH SOLN	214	amiloride tab	159
ALCOHOL SWABS	191	ALORA PATCH	167	amiloride/hydrochlorothiazide tab	158
ALDACTAZIDE TAB	158			aminocaproic acid soln	182
				aminocaproic acid syrup	182

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ALPHABETICAL LISTING OF DRUGS

aminocaproic acid tab	182	amoxicillin/clavulanate	221	ANDROGEL PUMP	19
aminophylline tab	32	susp		1.62%	
amiodarone tab	26	amoxicillin/clavulanate tab	221	ANGELIQ TAB	166
amitriptyline tab	47	500-125mg, 875-125mg		ANNOVERA RING	131
amlodipine tab	119	amphetamine/dextroamphe	1	ANORO ELLIPTA	29
amlodipine/atorvastatin tab	122	tamine ER cap		INHALER	
amlodipine/benazepril cap	72	amphetamine/dextroamphe	1	ANTABUSE TAB	223
amlodipine/olmesartan tab	73	tamine tab		ANUSOL-HC CREAM	21
amlodipine/valsartan tab	73	ampicillin cap	220	ANZEMET TAB	60
amlodipine/valsartan/hydro	73	ampicillin susp	220	APIDRA INJ	53
chlorothiazide tab		ampicillin/sulbactam inj	221	APIDRA SOLOSTAR INJ	53
AMMONIUM CHLORIDE	194	AMTURNIDE TAB	73	apraclonidine ophth soln	208
INJ		ANADROL TAB	19	aprepitant pak	61
ammonium lactate cream	151	ANAFRANIL CAP	47	APTIVUS CAP	107
ammonium lactate lotion	151	anagrelide cap	178	APTIVUS SOLN	107
amnesteem cap, claravis	138	ANASPAZ ODT	233	ARALEN TAB	82
cap, isotretinoin cap,		anastrozole tab	88	aranelle tab	127
myorisan cap, zenatane cap		ANCOBON CAP	62	arformoterol tartrate neb	29
AMOXAPINE TAB	47	ANDRODERM PATCH	19	soln	
amoxicillin cap	220	ANDROGEL 1% 25MG	19	ARICEPT ODT	224
AMOXICILLIN CHEW	220	ANDROGEL 1% 50MG,	19	ARICEPT TAB	224
TAB		TESTIM GEL 1%		ARICEPT TAB 23MG	224
amoxicillin susp	220	ANDROGEL 1.62%	19	ARIMIDEX TAB	88
amoxicillin tab	220	1.25GM		aripiprazole soln	106
amoxicillin/clavulanate	221	ANDROGEL 1.62%	19	aripiprazole tab	106
chew tab		2.5GM		ARIXTRA INJ	33
amoxicillin/clavulanate ER	221	ANDROGEL PUMP 1%	19	armodafinil tab	3
tab					

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249

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ALPHABETICAL LISTING OF DRUGS

ARMOUR THYROID TAB, NATURE THROID TAB	232	ATRALIN GEL, RETIN-A GEL	138	AZASITE SOLN	208
ARNUITY ELLIPTA INHALER	28	atropine ophth oint	206	azathioprine tab	116
AROMASIN TAB	88	atropine ophth soln	206	azelaic acid gel	153
ARTHROTEC TAB	8	ATROVENT HFA	26	azelastine nasal spray 0.1%	204
asenapine maleate SL tab	104	INHALER		azelastine ophth soln	214
ASMANEX HFA	28	ATROVENT NASAL SPRAY	204	AZILECT TAB	101
INHALER		AUBAGIO TAB	226	azithromycin susp	187
ASMANEX INHALER	28	AUGMENTIN ES-600 SUSP	222	azithromycin tab	187
aspirin chew tab 81mg	11	AUGMENTIN SUSP	222	AZOPT OPHTH SUSP	214
aspirin ec tab 325mg	11	AUGMENTIN TAB	222	AZOR TAB	73
aspirin ec tab 81mg	11	AUGMENTIN XR TAB	222	AZULFIDINE EN TAB	171
aspirin tab 325mg	11	AURYXIA TAB	172	AZULFIDINE TAB	171
aspirin tab 81mg	11	AVALIDE TAB	73	<hr/> B	
ASTAMED MYO CAP	156	AVANDAMET TAB	49	BACITRACIN OPHTH OINT	208
atazanavir cap	107	AVANDARYL TAB	49	bacitracin/neomycin/poly myxin b ophth oint	208
ATELVIA TAB	161	AVANDIA TAB	57	bacitracin/polymyxin b ophth oint	208
atenolol tab	117	AVAPRO TAB	70	bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	211
atenolol/chlorthalidone tab	73	AVELOX TAB	169	baclofen tab	202
atomoxetine cap	3	aviane tab	127	BACTRIM DS TAB	78
atorvastatin tab 10mg	67	AVINZA CAP	12	BACTROBAN OINT	141
atorvastatin tab 20mg	67	AVODART CAP	175	BALCOLTRA TAB	128
atorvastatin tab 40mg	67	AVONEX INJ	226	balsalazide cap	171
atorvastatin tab 80mg	67	AXIRON SOLN	20	BALVERSA TAB 3MG	91
atovaquone susp	79	AYGESTIN TAB	223		
atovaquone/proguanil tab	82	AYVAKIT TAB	90		

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250

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ALPHABETICAL LISTING OF DRUGS

BALVERSA TAB 4MG	91	benztropine tab	100	bexarotene gel	143
BALVERSA TAB 5MG	92	bepotastine ophth soln	214	BEXSERO INJ	238
BANZEL SUSP	35	BEPREVE OPHTH SOLN	215	BEYAZ TAB	128
BAQSIMI NASAL	51	BETAGAN OPHTH SOLN	205	BIAXIN SUSP	188
POWDER		betamethasone augmented	147	BIAXIN TAB	188
BARACLUDE SOLN	113	cream		BIAXIN XL TAB	188
B-D AUTOSHIELD DUO	191	betamethasone augmented	147	bicalutamide tab	88
PEN NEEDLE		gel		BIKTARVY TAB	107
B-D INSULIN SYRINGE	192	betamethasone augmented	147	BILTRICIDE TAB	22
U-500		lotion		bimatoprost ophth soln	151
BECONASE AQ NASAL	204	betamethasone augmented	147	bisoprolol tab	117
SPRAY		ointment		bisoprolol/hydrochlorothia	74
benazepril tab	69	betamethasone	147	zide tab	
BENAZEPRIL/HCT TAB	73	dipropionate cream		BLEPH-10 OPHTH SOLN	208
benazepril/hydrochlorothia	73	betamethasone	147	BLEPHAMIDE S.O.P.	211
zide tab		dipropionate lotion		OPHTH OINT	
BENICAR HCT TAB	74	betamethasone	147	BONIVA TAB 150MG	161
BENLYSTA	198	dipropionate oint		bosentan tab	124
AUTO-INJECTOR		betamethasone valerate	147	BOSULIF TAB	92
BENLYSTA INJ	198	cream		BRAFTOVI CAP 75MG	92
BENTYL CAP	233	betamethasone valerate	147	BREO ELLIPTA	29
BENTYL SYRUP	233	lotion		INHALER	
BENTYL TAB	233	betamethasone valerate	147	BREZTRI AEROSPHERE	30
BENZAACLIN GEL	139	ointment		INHALER	
BENZAMYCIN GEL	139	BETAPACE AF TAB	118	BRILINTA TAB	178
BENZNIDAZOLE TAB	22	BETAPACE TAB	118	brimonidine ophth soln	208
benzonatate cap 100mg,	134	bethanechol tab	237	0.15%	
200mg		bexarotene cap	99		

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ALPHABETICAL LISTING OF DRUGS

brimonidine ophth soln 0.2%	208	BUSPAR TAB	23	calcipotriene soln	144	
brinzolamide ophth susp	215	buspirone tab	23	calcitonin nasal spray	161	
bromfenac ophth soln	215	busulfan inj	85	calcitriol cap	163	
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	215	BUSULFEX INJ	85	CALCITRIOL OINT	144	
bromocriptine cap	100	BUTISOL ELIXIR	183	calcitriol soln	163	
bromocriptine tab	100	BUTISOL TAB	183	calcium acetate cap	172	
BRONCOPECTOL SYRUP	135	butorphanol nasal spray	18	CALIBRATION LIQUID	190	
BROVANA NEB SOLN	30	BUTRANS PATCH	18	CALQUENCE CAP	92	
BROVEX PEB LIQUID	135	BYDUREON BCISE	52	CAMPRAL TAB	223	
BRUKINSA CAP	92	AUTO INJ		CANTIL TAB	233	
budesonide ER tab	133	BYDUREON INJ	52	capecitabine tab	86	
budesonide inh susp	28	BYDUREON PEN INJ	52	CAPITAL/CODEINE SUSP	16	
budesonide SR cap	133	BYETTA INJ	52	CAPRELSA TAB	92	
bumetanide tab	159	BYLVAY CAP 1200MCG	171	captopril tab	69	
buprenorphine patch	18	BYLVAY CAP 400MCG	171	CAPTOPRIL/HYDROCHL OROTHIAZIDE TAB	74	
buprenorphine SL tab	18	BYLVAY SPRINKLE CAP 200MCG	171	CARAFATE SUSP	236	
buprenorphine/naloxone sl film	18	BYLVAY SPRINKLE CAP 600MCG	171	CARAFATE TAB	235	
buprenorphine/naloxone SL tab	18	C			carbamazepine chew tab	35
bupropion ER tab	43	cabergoline tab	165	carbamazepine ER cap	35	
bupropion SR tab	228	CABLIVI INJ KIT	178	carbamazepine ER tab	35	
bupropion tab	43	CABOMETYX TAB	92	carbamazepine susp	35	
bupropion XL tab	43	CADUET TAB	122	carbamazepine tab	35	
		CALAN SR TAB	120	CARBATROL CAP	35	
		CALAN TAB	120	carbidopa tab	100	
		calcipotriene cream	144	carbidopa/levodopa ER tab	100	
		calcipotriene oint	144			

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ALPHABETICAL LISTING OF DRUGS

CARBIDOPA/LEVODOPA 100 ODT	100	CEFACTOR ER TAB	126	CESAMET CAP	61
carbidopa/levodopa tab	100	CEFACTOR SUSP	126	cesia tab	128
carbidopa-levodopa-entacapone tab	102	cefazolin inj	125	cevimeline cap	200
CARBINOXAMINE SOLN	64	CEFAZOLIN INJ	125	CHANTIX PAK	228
carbinoxamine tab	64	cefdinir cap	126	CHANTIX TAB	228
CARDENE SR CAP	120	cefdinir susp	126	CHEMET CAP	58
CARDIZEM CD CAP	120	CEFDITOREN TAB	126	chlordiazepoxide cap	24
CARDIZEM TAB	120	cefixime cap	126	CHLORDIAZEPOXIDE/A MITRIPTYLINE TAB	225
CARDURA TAB	71	cefixime susp	126	chlorhexidine gluconate soln	199
CARDURA XL TAB	175	CEFOTAXIME INJ	127	CHLOROQUINE TAB	82
carglumic acid tab	163	cefoxitin inj	126	CHLOROTHIAZIDE TAB	160
carisoprodol tab	202	cefpodoxime proxetil susp	127	chlorpheniramine ER cap	64
CARMOL-HC CREAM	147	cefpodoxime proxetil tab	127	chlorpromazine tab	106
CARNITOR SOLN	164	CEFTIN TAB	126	chlorthalidone tab	160
CARNITOR TAB	164	ceftriaxone inj	127	chlorzoxazone tab 500mg	202
CAROSPIR SUSP	159	cefuroxime tab	126	CHOLBAM CAP	170
carvedilol tab	117	CELEBREX CAP	8	cholecalciferol cap 50000 unit	245
CASODEX TAB	88	celecoxib cap	8	cholestyramine lite powder	65
CATAFLAM TAB	8	CELEXA SOLN	44	cholestyramine lite powder pack	65
CATAPRES TAB	71	CELEXA TAB	44	cholestyramine powder	65
CATAPRES-TTS PATCH	71	CELONTIN CAP	41	cholestyramine powder pack	66
CAVERJECT INJ	122	CENESTIN TAB	167		
CAYSTON INH SOLN	80	CENTANY OINT	141		
CEDAX CAP	126	cephalexin cap	125		
CEDAX SUSP	126	cephalexin susp	125		
cefaclor cap	126	CERDELGA CAP	178		
		CEREZYME INJ	178		
		CERVICAL CAP	189		

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253

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ALPHABETICAL LISTING OF DRUGS

CHOLINE MAGNESIUM TRISALICYLATE TAB	12	CIPROFLOXACIN OTIC SOLN	217	CLIMARA PATCH	168
CHROMAGEN FA TAB	180	ciprofloxacin susp	169	CLIMARA PRO PATCH	167
ciclopirox cream	141	ciprofloxacin tab	169	clindamycin cap	80
ciclopirox gel	141	ciprofloxacin/dexamethasone otic susp	218	clindamycin gel	139
ciclopirox nail soln	141	citalopram soln	44	clindamycin lotion	139
ciclopirox shampoo	141	citalopram tab	44	clindamycin pad	139
ciclopirox topical susp	141	CITRULLINE PACKET	205	clindamycin soln	80
cilostazol tab	178	CLARINEX REDITAB	64	clindamycin topical soln	139
CILOXAN OPHTH OINT	208	CLARINEX SYRUP	64	clindamycin vaginal cream	243
CILOXAN OPHTH SOLN	209	CLARINEX TAB	64	clindamycin/benzoyl peroxide gel	139
CIMDUO TAB	107	CLARINEX-D TAB	135	clindamycin/tretinoin gel	139
cimetidine tab	234	clarithromycin ER tab	188	CLINDESSE VAGINAL CREAM	243
CIMZIA INJ	171	clarithromycin susp	188	CLINORIL TAB	8
CIMZIA STARTER INJ KIT	172	clarithromycin tab	188	clobazam susp	34
cinacalcet tab	164	CLARITIN CHEW TAB	64	clobazam tab	34
CINRYZE INJ	177	clemastine syrup	64	clobetasol foam	147
CIPRO HC OTIC SUSP	217	CLENPIQ SOLN	185	clobetasol lotion	147
CIPRO SUSP 5%	169	CLEOCIN CAP	80	clobetasol propionate cream	147
CIPRO TAB	169	CLEOCIN SOLN	80	clobetasol propionate emollient cream	147
CIPRO XR TAB	169	CLEOCIN VAGINAL CREAM	243	clobetasol propionate gel	148
CIPRODEX OTIC SUSP	218	CLEOCIN VAGINAL SUPP	243	clobetasol propionate oint	148
CIPROFLOXACIN 100MG TAB	169	CLEOCIN-T LOTION	139	clobetasol propionate soln	148
CIPROFLOXACIN ER TAB	169	CLEOCIN-T PAD	139	clobetasol shampoo	148
ciprofloxacin ophth soln	209	CLEOCIN-T SOLN	139	clobetasol spray	148

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ALPHABETICAL LISTING OF DRUGS

CLOBEX LOTION	148	colesevelam tab	66	COPIKTRA CAP	92
CLOBEX SHAMPOO	148	COLESTID GRANULE	66	CORDARONE TAB	26
CLOBEX SPRAY	148	COLESTID POWDER	66	COREG TAB	117
clomipramine cap	47	PACK		CORGARD TAB	118
clonazepam ODT	34	COLESTID TAB	66	CORLANOR TAB	125
clonazepam tab	34	colestipol granule	66	CORTEF TAB	133
clonidine ER tab	3	colestipol powder packet	66	CORTENEMA	21
clonidine patch	71	colestipol tab	66	CORTISPORIN CREAM	141
clonidine tab	72	COLY-MYCIN S OTIC	218	CORTISPORIN OINT	141
clopidogrel tab 75mg	178	SUSP		CORTISPORIN OPHTH	211
clotrimazole troches	199	COLYTE SOLN	185	SOLN	
clotrimazole/betamethason	142	COMBIGAN OPHTH	205	CORTISPORIN OTIC	218
e cream		SOLN		SOLN	
clotrimazole/betamethason	142	COMBIPATCH	167	CORZIDE TAB	74
e lotion		COMBIVENT INHALER	30	CORZIDE TAB 80-5MG	74
clozapine tab	105	COMBIVENT RESPIMAT	30	COSOPT OPHTH SOLN	205
CLOZARIL TAB	105	INHALER		COTELLIC TAB	93
COARTEM TAB	82	COMETRIQ KIT	92	COUMADIN TAB	33
CODEINE SULFATE TAB	12	COMPLERA TAB	108	COVERA-HS TAB	120
15MG		COMTAN TAB	100	COVID-19 TEST	155
CODEINE SULFATE TAB	12	CONCEPT DHA CAP	201	COVID-19 VACCINE	239
60MG		CONCEPTROL GEL	242	BOOSTER INJ	
codeine sulfate tablet	12	CONDYLOX SOLN	152	(MODERNA)	
15mg, 30mg		CONTRACEPTIVE FILM	242	COVID-19 VACCINE INJ	239
COLAZAL CAP	172	CONTRACEPTIVE FOAM	243	(JANSSEN)	
colchicine tab	176	CONTRACEPTIVE GEL	243	COVID-19 VACCINE INJ	239
colchicine/probenecid tab	176	CONTRACEPTIVE SUPP	243	(MODERNA)	
colesevelam pack	66	CONTRAIVE TAB	2		

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255

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ALPHABETICAL LISTING OF DRUGS

COVID-19 VACCINE INJ 239 (PFIZER)	CUE HEALTH MONITOR 156	CYTOMEL TAB 232
COVID-19 VACCINE INJ 239 5-11Y (PFIZER)	CUTIVATE CREAM 148	CYTOTEC TAB 235
COVID-19 VACCINE INJ 240 6-11Y (MODERNA)	CUTIVATE OINT 148	CYTRA K CRYSTALS 173
COVID-19 VACCINE INJ 240 6M-4Y (PFIZER)	CUVPOSA SOLN 236	CYTRA-3 SYRUP 174
COVID-19 VACCINE INJ 240 6M-5Y (MODERNA)	cyanocobalamin inj 179	
COZAAR TAB 71	CYCLESSA TAB 128	D
CPM CAP 64	cyclobenzaprine tab 10mg 203	dalfampridine ER tab 226
CREATINE PACKET 205 5000MG	cyclobenzaprine tab 5mg 203	DALIRESP TAB 27
CREON CAP 157	CYCLOGYL OPHTH 206	danazol cap 20
CRESTOR TAB 67	SOLN	DANTRIUM CAP 203
CRESTOR TAB 20MG 67	CYCLOMYDRIL OPHTH 206	dantrolene cap 203
CRESYLATE OTIC SOLN 217	SOLN	dapsone tab 80
CRINONE GEL 244	cyclopentolate ophth soln 206	darifenacin SR tab 236
CRIXIVAN CAP 108	cyclophosphamide cap 85	DAYTRANA PATCH 3
CROLOM OPHTH SOLN 215	CYCLOPHOSPHAMIDE 85	DAZIDOX TAB 13
cromolyn conc 170	TAB	DDAVP INJ 165
cromolyn neb soln 26	CYCLOSET TAB 52	DDAVP NASAL SOLN 165
cromolyn ophth soln 215	cyclosporine cap 116	DDAVP NASAL SPRAY 165
CROTAN LOTION 154	cyclosporine modified cap 116	DDAVP TAB 165
cryselle tab 128	cyclosporine modified 116	DECON-A LIQUID 135
CUE COVID-19 INJ TEST 156	soln	deferasirox granules 59
CARTRIDGE	CYKLOKAPRON INJ 183	packet
	cyproheptadine syrup 65	deferasirox tab 59
	cyproheptadine tab 65	deferasirox tab 180mg 59
	CYSTADROPS SOLN 215	deferasirox tab 90mg, 59
	CYSTAGON CAP 175	360mg
	CYSTARAN OPHTH 215	deferiprone tab 59
	SOLN	DELSTRIGO TAB 108
		DEMADEX TAB 159

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ALPHABETICAL LISTING OF DRUGS

demeclocycline tab	230	desmopressin acetate tab	165	DIABETA TAB	57
DENAVIR CREAM	146	desmopressin nasal soln	165	DIACOMIT CAP	35
DENG VAXIA SUSP	240	DESOGEN TAB	128	DIACOMIT POWDER	35
DEPAKENE CAP	42	desoximetasone cream	148	PACK	
DEPAKENE SYRUP	42	desoximetasone oint	148	DIALYVITE TAB	200
DEPAKOTE ER TAB	42	desvenlafaxine ER tab	46	DIALYVITE/ZINC TAB	200
DEPAKOTE SPRINKLE	42	DETROL LA CAP	236	DIAMOX SEQUEL CAP	158
CAP		DETROL TAB	236	DIAPHRAGM	189
DEPAKOTE TAB	42	DEXAMETHASONE	133	DIASTAT RECTAL GEL,	34
DEPEN TITRATAB	197	CONC		DIAZEPAM RECTAL GEL	
DEPLIN CAP	156	dexamethasone elixir	133	DIATZ ZN TAB	200
DEPO-PROVERA INJ	132	DEXAMETHASONE	211	diazepam conc	24
DEPO-PROVERA SC INJ	132	OPHTH SOLN		diazepam oral soln	24
104MG		DEXAMETHASONE	133	5mg/5ml	
DEPO-TESTOSTERONE	20	SOLN		diazepam tab 2mg, 10mg	24
INJ		dexamethasone tab	133	diazepam tab 5mg	24
DERMA-SMOOTH/FS	148	DEXCOM G6 RECEIVER	190	diazoxide susp	51
OIL		DEXCOM G6 SENSOR	190	DIBENZYLINE CAP	70
DERMATOP CREAM	148	DEXCOM G6	190	diclofenac gel	143
DERMATOP OINT	148	TRANSMITTER		diclofenac gel 1%	143
DERMOTIC OIL	219	DEXEDRINE CAP	1	DICLOFENAC PATCH,	143
DESCOVY TAB	108	dexamethylphenidate ER	3	FLECTOR PATCH	
desipramine tab	47	cap		diclofenac potassium tab	8
DESLORATADINE ODT	64	dexamethylphenidate tab	4	diclofenac sodium EC tab	8
desloratadine tab	64	dextroamphetamine ER	1	diclofenac sodium ophth	215
desmopressin acetate inj	165	cap		soln	
desmopressin acetate nasal	165	dextroamphetamine soln	1	diclofenac sodium XR tab	8
spray		dextroamphetamine tab	1		

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257

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ALPHABETICAL LISTING OF DRUGS

diclofenac/misoprostol DR tab	8	diltiazem tab	120	donepezil ODT	224
dicloxacillin cap	222	dimethyl fumarate DR cap	227	donepezil tab	224
dicyclomine cap	233	dimethyl fumarate DR starter pack	227	donepezil tab 23mg	224
dicyclomine soln	233	DIOVAN HCT TAB	74	DONNATAL EXTENTABS	234
dicyclomine tab	234	DIOVAN TAB	71	DOPTELET TAB	179
didanosine DR cap	108	DIPENTUM CAP	172	DORIBAX INJ	79
DIFFERIN CREAM	139	diphenhydramine cap 50mg	64	DORIPENEM INJ	79
DIFFERIN GEL	139	diphenhydramine inj	64	dorzolamide ophth soln	215
DIFICID SUSP	189	DIPHENOXYLATE/ATRO PINE LIQUID	58	dorzolamide/timolol ophth soln	206
DIFICID TAB	189	diphenoxylate/atropine tab	58	DOVATO TAB	108
DIFLUCAN SUSP	62	DIPROLENE AF CREAM	148	DOVONEX CREAM	145
DIFLUCAN TAB	62	DIPROLENE LOTION	148	DOVONEX SOLN	145
difluprednate ophth emulsion	211	DIPROLENE OINT	148	doxazosin tab	72
DIGOXIN SOLN	122	dipyridamole tab	178	doxepin cap	47
digoxin tab	122	disopyramide cap	25	doxepin conc	47
dihydroergotamine mesylate inj	192	disulfiram tab	223	DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	144
DILANTIN CAP 100MG	41	DITROPAN XL TAB	237	doxercalciferol cap	164
DILANTIN CAP 30MG	41	DIURIL SUSP	160	doxycycline hyclate cap	230
DILANTIN INFATABS	41	divalproex ER tab	42	DOXYCYCLINE HYCLATE DR CAP	230
DILANTIN SUSP	41	divalproex sodium DR tab	42	doxycycline hyclate tab	230
DILATRATE SR CAP	22	divalproex sprinkle cap	42	doxycycline monohydrate cap 100mg	231
DILAUDID TAB 2MG	13	DIVIGEL GEL, ELESTRIN GEL	168	doxycycline monohydrate cap 50mg	231
DILAUDID TAB 4MG	13	dofetilide cap	26		
DILAUDID TAB 8MG	13	DOLOPHINE TAB	13		

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258

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ALPHABETICAL LISTING OF DRUGS

doxycycline monohydrate	231	EDARBI TAB	71	ELOCON SOLN	149
tab		EDARBYCLOR TAB	74	EMADINE OPHTH SOLN	215
doxycycline susp	231	EDECIN TAB	159	EMCYT CAP	88
D-PENAMINE TAB	116	EDEX INJ	122	EMEND CAP	61
DRISDOL CAP	245	EDURANT TAB	108	EMGALITY INJ	193
DRITHO-SCALP CREAM	145	efavirenz cap	108	EMGALITY INJ	193
dronabinol cap	61	efavirenz tab	108	100MG/ML	
drospirenone/ethinyl	128	efavirenz/emtricitabine/ten	108	EMLA CREAM	152
estradiol/levomefolate tab		ofovir df tab		EMPAVELI INJ	177
DROXIA CAP	179	efavirenz/lamivudine/tenof	108	EMSAM PATCH	43
DRYSOL SOLN	153	ovir df (lo) tab		emtricitabine cap	108
DUAC CS KIT	139	EFFEXOR TAB	46	emtricitabine/tenofovir	108
DUAC GEL	139	EFFEXOR XR CAP	46	disoproxil fumarate tab	
DULERA INHALER	30	EFFIENT TAB	178	EMTRIVA SOLN	108
duloxetine EC cap	46	EFUDEX CREAM	143	EMVERM TAB	22
DUONEB NEB SOLN	30	EGRIFTA INJ	162	ENABLEX TAB	237
DUPIXENT INJ	151	ELDEPYRL CAP	101	enalapril maleate oral soln	69
DUPIXENT INJ	151	ELESTAT OPHTH SOLN	215	enalapril tab	69
100MG/0.67ML		ELIDEL CREAM	152	enalapril/hydrochlorothiazi	74
DUPIXENT PEN INJ	151	ELIGEN B12 TAB	156	de tab	
DURAGESIC PATCH	13	ELIMITE CREAM	154	ENBREL INJ 25MG	10
DUREZOL OPHTH	211	ELIQUIS TAB, ELIQUIS	33	ENBREL INJ 50MG	11
EMULSION		STARTER PACK		ENBREL MINI INJ	11
dutasteride cap	175	ELIXOPHYLLIN ELIXIR	32	ENBREL SURECLICK	11
DYAZIDE CAP	158	ELLA TAB	132	INJ 50MG	
DYNACIRC CR TAB	120	ELMIRON CAP	175	ENDARI POWDER PACK	179
E		ELOCON CREAM	149	ENDOMETRIN INSERT	244
econazole cream	142	ELOCON OINT	149	ENGERIX-B INJ	240

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ALPHABETICAL LISTING OF DRUGS

ENGERIX-B INJ,	240	erlotinib tab	87	estradiol patch	168
RECOMBIVAX-HB INJ		ertapenem inj	79	estradiol tab	168
ENJUVIA TAB	168	ERY PAD	140	estradiol vaginal tab,	244
enoxaparin inj	33	ERYTHROMYCIN EC	188	yuvafem vaginal tab	
enpresse tab	128	CAP		estradiol valerate inj	168
ENSPRYNG INJ	197	erythromycin	188	estradiol/norethindrone tab	167
entacapone tab	100	ethylsuccinate susp		ESTRASORB EMULSION	168
entecavir tab	113	erythromycin gel	140	ESTRING	244
EPIDIOLEX SOLN	35	erythromycin ophth oint	209	ESTROSTEP FE TAB	128
EPIDUO FORTE GEL	140	erythromycin pad	140	eszopiclone tab	184
0.3-2.5%		erythromycin soln	140	ethacrynic tab	159
EPIDUO GEL 0.1-2.5%	140	erythromycin stearate tab	188	ethambutol tab	84
EPIFOAM AEROSOL	149	erythromycin tab	188	ethosuximide cap	41
epinastine ophth soln	215	erythromycin/benzoyl	140	ethosuximide soln	42
epinephrine pen inj	245	peroxide gel		etodolac cap	8
0.15mg, 0.3mg		erythromycin/sulfisoxazol	78	etodolac ER tab	8
EPIVIR HBV SOLN	113	e susp		etodolac tab	9
eplerenone tab	77	ESBRIET CAP	229	ETOPOSIDE CAP	99
EPOGEN INJ	180	ESBRIET TAB 267MG	229	etravirine tab	109
EPRONTIA SOLN	36	ESBRIET TAB 801MG	230	EURAX LOTION	154
EPROSARTAN TAB	71	ESCAVITE CHEW TAB	201	EVAMIST SPRAY	168
EQUETRO CAP	103	escitalopram soln	44	everolimus tab	93
ergoloid mesylates tab	228	escitalopram tab	44	everolimus tab for oral	93
ERGOMAR SL TAB	193	estazolam tab	184	susp	
ergotamine	192	ESTRACE TAB	168	EVISTA TAB	163
tartrate/caffeine tab		ESTRACE VAGINAL	244	EVOTAZ TAB	109
ERIVEDGE CAP	88	CREAM		EVOXAC CAP	200
ERLEADA TAB	88	estradiol cream	244	EVRYSDI SOLN	205

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260

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ALPHABETICAL LISTING OF DRUGS

EXELDERM SOLN	142	FELDENE CAP	9	FETZIMA TITRATION	46
EXELON CAP	224	felodipine ER tab	120	PACK	
EXELON PATCH	224	FEM PH GEL	242	FIASP FLEXTOUCH INJ	53
exemestane tab	89	FEMALE CONDOMS	189	FIASP INJ	54
EXFORGE HCT TAB	74	FEMARA TAB	89	FIASP PENFILL INJ	54
EXFORGE TAB	75	FEMCON FE CHEW TAB	128	FINACEA GEL	153
EXKIVITY CAP	87	FEMHRT TAB	167	FINACEA PLUS KIT	153
EXTAVIA INJ	227	FEMRING	244	finasteride tab	151
ezetimibe tab	68	fenofibrate cap 67mg, 134mg, 200mg	66	FINTEPLA SOLN	36
F		fenofibrate tab 48mg, 54mg, 145mg, 160mg	66	FIRDAPSE TAB	83
FABRAZYME INJ	164	fenofibric acid DR cap	66	FIRST DUKES	199
FALESSA TAB	156	FENOFIBRIC TAB,	67	MOUTHWASH	
famciclovir tab	114	FIBRICOR TAB		FIRST MARYS	199
famotidine susp	234	ferrous citrate lollipop	13	MOUTHWASH	
famotidine tab	234	ferrous patch	13	FIRST	78
FAMVIR TAB	114	FENTORA TAB,	13	METRONIDAZOLE SUSP	
FANAPT TAB	103	FENTANYL BUCCAL TAB		FIRST MOUTHWASH	198
FANAPT TITRATION	103	ferrex 150 forte cap	180	BLM	
PACK		FERREX 28 TAB	180	FIRST-VANCOMYCIN	79
FANSIDAR TAB	82	FERRIPROX SOLN	59	SOLN	
FARESTON TAB	89	ferrous sulfate elixir	182	FIRVANQ SOLN	79
FARXIGA TAB	57	FERROUS SULFATE	182	FLAGYL ER TAB	78
FASENRA PEN INJ	26	LIQUID		FLAGYL TAB	78
febuxostat tab	176	ferrous sulfate soln	182	FLAREX OPHTH SUSP	211
felbamate susp	39	ferrous sulfate syrup	182	flecainide tab	25
felbamate tab	39	FETZIMA CAP	46	FLEQSUVY SUSP	203
FELBATOL SUSP	40			FLOMAX CAP	175
FELBATOL TAB	40			FLORIVA PLUS DROPS	201

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ALPHABETICAL LISTING OF DRUGS

FLOVENT DISKUS	28	fluocinonide cream 0.1%	149	fluticasone propionate oint	149
INHALER		fluocinonide emollient	149	FLUTICASONE/SALMET	30
FLOVENT HFA INHALER	28	cream		EROL INHALER	
FLUAD INJ	240	fluocinonide gel	149	fluvastatin ER tab	67
FLUAD QUAD INJ	240	fluocinonide oint	149	FLUVIRIN INJ	241
FLUBLOK INJ	240	fluocinonide soln	149	FLUVIRIN PF INJ	241
FLUBLOK QUAD PF INJ	241	FLUOR-A-DAY CHEW	194	fluvoxamine ER cap	44
FLUCELVAX INJ	241	TAB		fluvoxamine tab	44
FLUCELVAX QUAD INJ	241	FLUORIDEX	199	FLUZONE HD PF INJ	241
fluconazole susp	62	SENSITIVITY PASTE		FLUZONE HIGH DOSE	241
fluconazole tab	63	fluorometholone ophth	212	PF INJ	
flucytosine cap	62	soln		FLUZONE	241
fludrocortisone tab	134	fluorouracil cream	143	INTRADERMAL INJ	
FLULAVAL QUAD INJ,	241	FLUOROURACIL	143	FLUZONE	241
FLUZONE QUAD INJ		CREAM 0.5%		QUADRIVALENT INJ	
FLUMADINE TAB	115	FLUOROURACIL SOLN	144	FLUZONE/FLUARIX	241
FLUMIST	241	fluoxetine cap	44	QUAD INJ	
QUADRIVALENT NASAL		fluoxetine soln	44	FML FORTE OPHTH	212
SUSP		fluoxetine tab 60mg	44	SUSP	
fluocinolone acetonide	149	fluphenazine tab	106	FML LIQUIFLIM OPHTH	212
cream		FLURAZEPAM CAP	184	SUSP	
fluocinolone acetonide oil	149	FLURBIPROFEN OPHTH	216	FML S.O.P. OPHTH OINT	212
fluocinolone acetonide	149	SOLN		FOCALIN TAB	4
ointment		FLURBIPROFEN TAB	9	FOCALIN XR CAP	4
fluocinolone acetonide	149	flutamide cap	89	FOLBEE PLUS CZ TAB	200
soln		fluticasone nasal spray	204	folbee tab	180
fluocinolone otic oil	219	fluticasone propionate	149	folic acid tab 1mg	179
fluocinonide cream 0.05%	149	cream		folic acid tab 400mcg	179

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262

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ALPHABETICAL LISTING OF DRUGS

folic acid tab 800mcg	179	FULPHILA INJ	180	GEODON CAP	103
FOLTANX TAB	156	furosemide soln	159	gianvi tab, ocella tab	128
fondaparinux inj	33	furosemide tab	159	GILENYA CAP	227
formoterol fumarate neb soln	30	FUZEON INJ	109	GILOTRIF TAB	87
FORTEO INJ	161	G			
FOSAMAX TAB	161	gabapentin cap	36	GILTUSS LIQUID	135
fosamprenavir tab	109	gabapentin soln	36	GILTUSS TR TAB	135
foscarnet sodium inj	113	gabapentin tab 600mg	36	glatiramer inj	227
FOSCAVIR INJ	113	gabapentin tab 800mg	36	GLEOSTINE/LOMUSTIN E CAP	85
fosinopril tab	70	GABITRIL TAB	40	glimepiride tab	57
fosinopril/hydrochlorothiazide tab	75	galantamine ER cap	224	glipizide ER tab	57
FOSRENOL CHEW TAB	173	galantamine tab	225	glipizide tab	57
FOSRENOL POWDER PACK	173	GALZIN CAP	197	glipizide/metformin tab	49
FOTIVDA CAP	93	GAMASTAN INJ	219	GLOPERBA SOLN	176
FRAGMIN INJ	33	GAMMAGARD INJ	219	GLUCAGEN HYPOKIT INJ	51
FREESTYLE LIBRE 2 RECEIVER	190	GANCICLOVIR CAP	113	glucagon (rdna) for inj kit	51
FREESTYLE LIBRE 2 SENSOR	190	GASTROCROM CONC	170	GLUCAGON EMR INJ	51
FREESTYLE LIBRE RECEIVER	190	gatifloxacin ophth soln	209	GLUCAGON INJ KIT	51
FREESTYLE LIBRE SENSOR (10-DAY)	190	GAVILYTE-C SOLN	185	GLUCOPHAGE TAB	50
FREESTYLE LIBRE SENSOR (14-DAY)	190	GAVRETO CAP	93	GLUCOPHAGE XR TAB	50
		gemfibrozil tab	67	GLUCOTROL TAB	57
		GENOTROPIN INJ	162	GLUCOTROL XL TAB	57
		GENTAK OPHTH OINT	209	GLUCOVANCE TAB	49
		gentamicin ophth oint	209	glyburide micronized tab	57
		gentamicin ophth soln	209	glyburide tab	58
		gentamicin sulfate cream	141	glyburide/metformin tab	49
		gentamicin sulfate oint	141	glycopyrrolate oral soln	236
		GENVOYA TAB	109		

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glycopyrrolate tab	234	haloperidol lactate conc	104	HUMIRA PEN INJ 40MG	7
GLYGEST PAK	156	haloperidol tab	104	HUMULIN MIX INJ	54
GLYNASE TAB	58	HECTOROL CAP	164	HUMULIN MIX PEN INJ	54
GLYSET TAB	48	HEMLIBRA INJ	176	HUMULIN N INJ	54
GOLYTELY PACKET	185	heparin porcine inj	33	HUMULIN N PEN INJ	54
GOLYTELY SOLN	185	HEPLISAV-B INJ	242	HUMULIN R INJ	55
granisetron tab	60	HEXALEN CAP	85	HUMULIN R INJ U-500	55
GRANISOL SOLN	60	HIPREX TAB	81	HUMULIN R U-500	55
GRIFULVIN V TAB	62	HIZENTRA INJ	219	KWIKPEN INJ	
griseofulvin micro tab	62	homatropine ophth soln	207	HYCAMTIN CAP	85
griseofulvin susp	62	HUMALOG MIX INJ	54	HYCET SOLN	16
griseofulvin tab	62	HUMALOG MIX	54	HYCODAN SYRUP	135
GRIS-PEG TAB	62	KWIKPEN INJ, INSULIN		hydralazine tab	77
guaifenesin/codeine soln	135	LISPRO PROTAMINE INJ		HYDREA CAP	99
guaifenesin/codeine syrup	136	HUMIRA INJ 10MG	6	hydrochlorothiazide cap	160
GUANABENZ TAB	72	HUMIRA INJ 20MG	6	hydrochlorothiazide tab	160
guanfacine ER tab	3	HUMIRA INJ 40MG	6	hydrocodone/acetaminoph	17
guanfacine IR tab	72	HUMIRA INJ 80MG	6	en soln	
GUANIDINE TAB	83	HUMIRA INJ	7	hydrocodone/acetaminoph	17
GVOKE INJ	51	CROHNS/UC/HIDRADEN		en soln 10-325 mg/15ml	
GVOKE INJ KIT	51	ITIS STARTER PACK		hydrocodone/acetaminoph	17
GVOKE PFS INJ	51	HUMIRA INJ PEDIATRIC	7	en tab	
H		CROHNS STARTER PACK		hydrocodone/acetaminoph	17
HALCION TAB	184	HUMIRA INJ PEDIATRIC	7	en tab 2.5-325mg	
halobetasol propionate	149	UC STARTER PACK		hydrocodone/chlorphenira	136
cream		HUMIRA INJ	7	mine CR susp	
halobetasol propionate	149	PSORIASIS/UVEITIS			
oint		STARTER PACK			

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hydrocodone/chlorpheniramine/pseudoephedrine liquid	136	hyoscyamine sulfate SL tab	234	IMITREX INJ	193	
hydrocodone/homatropine syrup	135	hyoscyamine sulfate SR cap	234	IMITREX TAB	193	
hydrocortisone cream	149	hyoscyamine tab	234	IMOVAX RABIES INJ	242	
hydrocortisone enema	21	HYPER-SAL NEB SOLN	137	IMPAVIDO CAP	78	
hydrocortisone lotion	149	HYQVIA INJ	219	IMURAN TAB	116	
hydrocortisone oint	149	HYTRIN CAP	72	INBRIJA INH POWDER	102	
hydrocortisone tab	133	HYZAAR TAB	75	INCRELEX INJ	163	
hydromorphone tab 2mg	13	<hr/>			INCRUSE ELLIPTA	26
hydromorphone tab 4mg	14	I		INHALER		
hydromorphone tab 8mg	14	ibandronate tab 150mg	161	indapamide tab	160	
hydroquinone cream	153	IBRANCE CAP	93	INDERAL LA CAP	118	
hydroxychloroquine tab	82	IBRANCE TAB	93	indomethacin cap	9	
HYDROXYCHLOROQUINE TAB 100MG	82	ibuprofen susp (Rx ONLY)	9	indomethacin CR cap	9	
hydroxyprogesterone inj	223	ibuprofen tab	9	INFANT FORMULA LIQUID	157	
hydroxyurea cap	99	icatibant inj	177	INFANT FORMULA POWDER	157	
hydroxyzine pamoate cap	24	ICLUSIG TAB	93	INGREZZA CAP	226	
HYDROXYZINE PAMOATE CAP 100MG	24	IDHIFA TAB	93	INLYTA TAB	86	
hydroxyzine syrup	24	ILEVRO OPHTH SUSP	216	INQOVI TAB	91	
hydroxyzine tab	24	imatinib tab	93	INSPIRA TAB	77	
hyoscyamine sulfate CR tab	234	IMBRUVICA CAP 140MG	94	INSULIN ASPART FLEXPEN INJ	55	
hyoscyamine sulfate elixir	234	IMBRUVICA CAP 70MG	94	INSULIN ASPART INJ	55	
hyoscyamine sulfate ODT	234	IMBRUVICA TAB 420MG, 560MG	94	INSULIN ASPART MIX FLEXPEN INJ	55	
		IMCIVREE INJ	2	INSULIN ASPART MIX INJ	55	
		IMDUR TAB	22			
		imipramine pamoate cap	47			
		imipramine tab	47			
		imiquimod cream	152			

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ALPHABETICAL LISTING OF DRUGS

INSULIN ASPART	55	ISONIAZID SYRUP	84	JANUMET XR TAB	49
PENFILL INJ		isoniazid tab	84	JANUVIA TAB	52
INTELENCE TAB 25MG	109	ISOPTO ATROPINE	207	JARDIANCE TAB	57
INTRON-A INJ	99	OPHTH SOLN		jinteli tab	167
INTUNIV TAB	3	ISOPTO CARBACHOL	207	jolessa tab, amethia tab	128
INVANZ INJ	79	OPHTH SOLN		JULUCA TAB	109
INVEGA TAB	104	ISOPTO CARPINE	207	junel FE tab	129
INVIRASE CAP	109	OPHTH SOLN		junel tab	129
INVIRASE TAB	109	ISOPTO HYOSCINE	207	JYNARQUE PAK	166
IOPIDINE OPTH SOLN	208	OPHTH SOLN		JYNARQUE TAB	166
IOPIDINE OPTH SOLN	208	ISORDIL TITRADOSE	22	K	
1%		TAB		KALYDECO PAK	229
ipratropium nasal spray	204	isosorbide dinitrate ER tab	22	KALYDECO TAB	229
ipratropium neb soln	27	isosorbide dinitrate SL tab	22	KANAMYCIN INJ	5
irbesartan tab	71	isosorbide dinitrate tab	22	KAPVAY TAB	3
irbesartan/hydrochlorothia	75	isosorbide dinitrate tab	22	KATERZIA SUSP	120
zide tab		40mg		KAYEXALATE POWDER	117
IRESSA TAB	87	isosorbide mononitrate ER	23	KEFLEX CAP	125
IRON	181	tab		kelnor tab	129
POLYSACCH/THREONIC		isosorbide mononitrate tab	23	KEPPRA SOLN	36
ACID/B12/FA CAP		isoxsuprine tab	123	KEPPRA TAB	36
IRON SUSP	182	itraconazole cap	63	KEPPRA XR TAB	36
ISENTRESS (HD) TAB	109	itraconazole soln	63	KESIMPTA INJ	227
ISENTRESS CHEW TAB	109	IVERMECTIN LOTION	154	ketoconazole cream	142
ISENTRESS POWDER	109	ivermectin tab	22	ketoconazole shampoo	142
PACK				ketoconazole tab	63
isibloom tab, enskyce tab,	128	J		KETO-DIASTIX TEST	156
apri tab		JAKAFI TAB	94	STRIP	
		JANUMET TAB	49		

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ALPHABETICAL LISTING OF DRUGS

ketorolac ophth soln	216	LAMICTAL CHEW TAB	36	lanthanum carbonate chew	173
ketorolac tab	9	LAMICTAL CHEW TAB	36	tab	
KETOSTIX	156	2MG		lapatinib ditosylate tab	94
ketotifen ophth soln	216	LAMICTAL ODT	37	LARIAM TAB	82
KEVZARA INJ	8	LAMICTAL ODT KIT	37	LASIX TAB	159
KINERET INJ	7	LAMICTAL ODT KIT,	37	LASTACAFT OPHTH	216
KLARON LOTION	140	LAMICTAL XR KIT		SOLN	
KLONOPIN TAB	34	LAMICTAL STARTER KIT	37	latanoprost ophth soln	217
KLOR-CON POWDER	196	LAMICTAL TAB	37	LATUDA TAB	103
PACKET		LAMICTAL XR TAB	37	LAZANDA NASAL	14
KLOR-CON POWDER	196	LAMISIL TAB	62	SPRAY	
PACKET 25MEQ		lamivudine soln	109	LEDIPASVIR/SOFOSBUV	113
KLOXXADO NASAL	59	lamivudine tab	109	IR TAB	
SPRAY		lamivudine tab 100mg	113	leflunomide tab	10
KORLYM TAB	52	lamivudine/zidovudine tab	109	lenalidomide cap	197
KOSELUGO CAP	94	lamotrigine chew tab	37	LENVIMA CAP	86
K-PHOS NEUTRAL TAB	195	lamotrigine ER tab	37	LESCOL XL TAB	67
K-PHOS TAB	195	lamotrigine ODT	37	letrozole tab	89
KRINTAFEL TAB	82	lamotrigine ODT kit	37	leucovorin tab	99
K-TAB	196	lamotrigine tab	37	LEUKERAN TAB	85
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L		LAMPIT TAB	79	leuprolide inj	89
labetalol tab	117	LANCET DEVICE	190	LEVALBUTEROL	31
LAC-HYDRIN CREAM	151	LANCET KIT	190	INHALER, XOPENEX	
LAC-HYDRIN LOTION	151	LANCETS	190	HFA INHALER	
lacosamide oral solution	36	LANOXIN TAB	122	levalbuterol neb soln	31
lacosamide tab	36	lansoprazole cap	235	LEVAQUIN SOLN	169
LACTIC ACID LOTION	151	lansoprazole/amoxicillin/c	235	LEVAQUIN TAB	169
lactulose soln	172	larithromycin kit		LEVATOL TAB	118

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ALPHABETICAL LISTING OF DRUGS

LEVBID TAB	234	lidocaine/hydrocortisone	21	loestrin 21 tab	129
levetiracetam ER tab	37	cream		LOESTRIN 24 FE TAB	129
levetiracetam soln	37	lidocaine/prilocaine cream	153	LOESTRIN FE TAB	129
levetiracetam tab	38	LIDODERM PATCH	153	LOESTRIN TAB	129
levobunolol ophth soln	206	LIMBITROL TAB	225	lohist liquid	136
levocarnitine soln	164	lindane lotion	154	LOKELMA PAK	198
levocarnitine tab	164	LINDANE SHAMPOO	154	LOMOTIL LIQUID	58
levofloxacin ophth soln	209	linezolid susp	80	LOMOTIL TAB	58
levofloxacin soln	169	linezolid tab	80	LONSURF TAB	91
levofloxacin tab	169	liothyronine tab	232	LOPID TAB	67
levonorgestrel tab	132	LIPITOR TAB	67	lopinavir/ritonavir soln	110
LEVONORGESTREL TAB	132	LIPTRUZET TAB	65	lopinavir/ritonavir tab	110
0.75MG		LIQUIGEN	205	LOPRESSOR HCT TAB	75
LEVSIN SL TAB	234	lisinopril tab	70	LOPRESSOR TAB	118
LEVSIN TAB	234	lisinopril/hydrochlorothiaz	75	LOPROX CREAM	142
LEVSINEX CAP	234	ide tab		LOPROX GEL	142
LEXAPRO SOLN	44	LITHIUM CARBONATE	103	LOPROX SHAMPOO	142
LEXAPRO TAB	44	CAP		loratadine cap	64
LEXIVA SUSP	110	lithium carbonate ER tab	103	lorazepam conc	24
LIBRIUM CAP	24	lithium carbonate tab	103	lorazepam tab	25
lidocaine cream 3%	152	lithium citrate soln	103	LORBRENA TAB 100MG	94
lidocaine gel	152	LITHOBID TAB	103	LORBRENA TAB 25MG	94
lidocaine oint	152	LITHOSTAT TAB	175	LORTAB	17
lidocaine patch	152	LIVALO TAB	67	LORTAB ELIXIR	17
lidocaine patch 5%	152	LIVMARLI SOLN	171	losartan tab	71
lidocaine soln	153	L-METHYLFOLATE TAB	156	losartan/hydrochlorothiaz	75
lidocaine viscous soln	198	LO LOESTRIN TAB	129	de tab	
		LODOSYN TAB	100	LOTEMAX OPHTH GEL	212

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268

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ALPHABETICAL LISTING OF DRUGS

LOTEMAX OPHTH OINT	212	LUVIRA CAP	156	MAYZENT TAB STARTER	227
LOTEMAX OPHTH SUSP	212	LUVOX CR CAP	45	PACK	
LOTENSIN HCT TAB	75	LYNPARZA CAP	94	MCT OIL	205
LOTENSIN TAB	70	LYNPARZA TAB	95	mebendazole chew tab	22
loteprednol etabonate	212	LYSODREN TAB	89	meclizine chew tab	61
ophth gel		LYSTEDA TAB	183	meclizine tab	61
loteprednol ophth susp	212	<hr/>			
LOTREL CAP	75	M		MEDROL DOSE PACK	133
LOTRISONE CREAM	142	MACROBID CAP	81	MEDROL TAB	133
LOTRISONE LOTION	142	MACRODANTIN CAP	81	medroxyprogesterone inj	132
LOTRONEX TAB	172	magnesium sulfate inj	195	medroxyprogesterone tab	223
lovastatin tab	68	MALARONE TAB	82	mefloquine tab	82
LOVAZA CAP	65	malathion lotion	154	MEGACE SUSP	89
LOVENOX INJ	34	maldemar tab	60	megestrol susp	89
loxapine cap	105	MAPROTILINE TAB	43	megestrol tab	89
LOXITANE CAP	105	maraviroc tab	110	MEKINIST TAB 0.5MG	95
LTA 360 KIT	199	MARINOL CAP	61	MEKINIST TAB 2MG	95
LUFYLLIN TAB	32	MARPLAN TAB	43	MEKTOVI TAB	95
LUMAKRAS TAB	94	MATULANE CAP	99	MELOXICAM SUSP	9
LUMIGAN OPHTH SOLN	217	MAVYRET PAK	113	meloxicam tab	9
LUNESTA TAB	184	MAVYRET TAB	114	melphalan inj	85
LUPKYNIS CAP	197	MAXALT MLT TAB	193	melphalan tab	85
LUPRON DEPOT INJ	89	MAXALT TAB	193	memantine ER cap	225
LUPRON DEPOT PED	163	MAXIDEX OPHTH SOLN	212	memantine sol	225
INJ		MAXITROL OPHTH OINT	212	memantine tab	225
LUPRON DEPOT-PED	163	MAXITROL OPHTH	212	MENACTRA INJ	238
INJ		SUSP		MENEST TAB	168
LURIDE TAB	194	MAXZIDE TAB	158	MENOSTAR PATCH	168
		MAYZENT TAB	227	MENQUADFI INJ	238

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ALPHABETICAL LISTING OF DRUGS

MENTAX CREAM	142	methadone tab 10mg	14	metoclopramide soln	170
MEPHYTON TAB	245	METHADOSE CONC	14	metoclopramide tab	170
MEPRON SUSP	79	methazolamide tab	158	metolazone tab	160
mercaptapurine tab	86	methenamine hippurate tab	81	metoprolol ER tab	118
meropenem inj	79	methimazole tab	231	metoprolol tab	118
mesalamine DR tab	172	METHITEST TAB	20	metoprolol/hydrochlorothi	76
mesalamine enema	172	methocarbamol tab	203	azide tab	
mesalamine ER cap	172	methotrexate inj	86	METROCREAM	153
mesalamine supp	172	methotrexate tab	86	METROGEL 1%	153
MESNEX TAB	99	METHOXSALEN CAP	145	METROGEL VAGINAL	243
MESTINON TAB	83	methscopolamine tab	234	GEL	
MESTINON TIMESPAN	83	METHYLDOPA TAB	72	METROLOTION	153
TAB		METHYLDOPA/HYDROC	75	metronidazole cream	153
METADATE CD CAP	4	HLOOROTHIAZIDE TAB		metronidazole gel	153
METAGLIP TAB	49	methylergonovine tab	219	metronidazole gel 0.75%	153
METANX CAP	157	METHYLIN CHEW TAB	4	metronidazole lotion	154
METAPROTERENOL	31	METHYLIN SOLN	4	metronidazole tab	78
SYRUP		methylphenidate CD cap	4	metronidazole vaginal gel	243
metaxalone tab	203	methylphenidate chew tab	4	MEVACOR TAB	68
METAXALONE TAB	203	methylphenidate ER cap	4	mexiletine hcl cap	25
400MG		METHYLPHENIDATE ER	4	mibelas chew tab	129
metformin ER tab	50	TAB		MICARDIS TAB	71
metformin soln	50	methylphenidate soln	4	MICONAZOLE 3 SUPP	243
metformin tab	51	methylphenidate tab	4	200MG	
methadone conc	14	methylprednisolone dose	133	MICRO-K CAP	196
methadone soln 10mg/5ml	14	pack		MICROZIDE CAP	160
methadone soln 5mg/5ml	14	methylprednisolone tab	133	MIDAMOR TAB	159
methadone tab	14	methyltestosterone cap	20	midodrine tab	245

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270

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ALPHABETICAL LISTING OF DRUGS

miglitol tab	48	MORPHINE SULFATE ER	15	MYCOBUTIN CAP	84
miglustat cap	178	BEAD CAP		mycophenolate DR tab	116
MINASTRIN CHEW TAB	129	morphine sulfate ER tab	15	mycophenolate mofetil	116
MINIPRESS CAP	72	morphine sulfate soln	15	cap	
MINOCIN CAP	231	MORPHINE SULFATE	15	mycophenolate mofetil	116
minocycline cap	231	TAB		susp	
minoxidil tab	77	MOTOFEN TAB	58	mycophenolate mofetil tab	116
MIRALAX	187	MOTRIN SUSP	9	MYDFRIN OPHTH SOLN	210
MIRAPEX TAB	100	MOVANTIK TAB	172	MYDRIACYL OPHTH	207
MIRCETTE TAB	129	MOVIPREP SOLN	186	SOLN	
MIRENA IUD	132	moxifloxacin ophth soln	209	MYFEMBREE TAB	167
mirtazapine ODT	42	moxifloxacin tab	169	MYLERAN TAB	85
mirtazapine tab	43	MULTAQ TAB	26	MYNATAL-Z TAB	202
MIRVASO GEL	154	MULTIGEN FOLIC TAB	181	MYRBETRIQ TAB	237
misoprostol tab	235	MULTIGEN PLUS TAB	181	MYSOLINE TAB	38
MOBIC TAB	9	MULTIGEN TAB	181	MYTELASE TAB	83
modafinil tab	5	MULTIVITAMIN TAB	181	<hr/>	
MOLNUPIRAVIR CAP	115	MULTIVITAMIN/FLOURI	201	N	
mometasone cream	150	DE CHEW 0.25MG		nabumetone tab	9
mometasone oint	150	MULTIVITAMIN/FLOURI	201	nadolol tab	118
mometasone soln	150	DE CHEW 1MG		nadolol/bendroflumethiazi	76
MONODOX CAP	231	MULTIVITAMIN/FLUORI	201	de tab	
MONOPRIL HCT TAB	76	DE CHEW TAB		nafcellin inj	222
MONOPRIL TAB	70	multivitamin/minerals tab	201	NAFTIFINE CREAM	142
montelukast chew tab	27	mupirocin oint	141	naftifine gel	142
montelukast granule pack	27	MUSE SUPP	122	NAFTIN CREAM	142
montelukast tab	27	MYAMBUTOL TAB	84	NAFTIN GEL	142
		MYCELEX TROCHES	199	naloxone hcl nasal spray	59
				naloxone inj	59

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ALPHABETICAL LISTING OF DRUGS

naloxone prefilled inj	60	neomycin tab	5	NEURONTIN TAB	38
naltrexone tab	59	NEOMYCIN/POLYMYXIN	209	600MG	
NAMENDA SOL	225	/GRAMICIDIN OPHTH		NEURONTIN TAB	38
NAMENDA TAB	225	SOLN		800MG	
naphazoline ophth soln	211	neomycin/polymixin/hydro	218	NEVANAC OPHTH SUSP	216
NAPROSYN EC TAB	9	coritisono otic soln		NEVIRAPINE ER TAB	110
NAPROSYN TAB	9	neomycin/polymixin/hydro	218	100MG	
naproxen EC tab	9	coritisono otic susp		nevirapine ER tab 400mg	110
naproxen tab	9	neomycin/polymyxin/dexa	212	NEVIRAPINE SUSP	110
NARCAN NASAL SPRAY	60	methasone ophth oint		nevirapine tab	110
NARDIL TAB	43	neomycin/polymyxin/dexa	213	NEXICLON XR SUSP	72
NASACORT OTC NASAL	204	methasone ophth soln		NEXPLANON IMPLANT	132
SPRAY		NEOMYCIN/POLYMYXI	213	NEXTSTELLIS TAB	129
NASCOBAL NASAL	179	N/HYDROCORTISONE		niacin cap	246
SPRAY		OPHTH SOLN		niacin CR tab	246
NATACYN OPHTH SUSP	209	NEONATAL 19 TAB	202	niacin ER tab	68
NATAZIA TAB	129	NEONATAL FE TAB	202	niacin tab	246
nateglinide tab	57	NEOSPORIN OPHTH	209	NIACIN TR TAB	246
NATPARA INJ	161	SOLN		niacinamide tab	246
NATROBA SUSP	154	NEOTUSS-D LIQUID	136	nicotine gum	228
NAVANE CAP	106	NEPHROCAP	200	NICOTINE KIT	228
NAYZILAM SPRAY	34	NEPHRON FA TAB	181	nicotine lozenge	228
nebivolol hcl tab	118	NEPTAZANE TAB	158	nicotine patch	228
NEBUSAL NEB SOLN	138	NERLYNX TAB	95	NICOTROL INHALER	228
NECON TAB	129	NEUPRO PATCH	101	NICOTROL NASAL	228
NEFAZODONE TAB	46	NEURONTIN CAP	38	SPRAY	
nefazodone tab 50mg,	46	NEURONTIN SOLN	38	nifedipine cap	120
250mg				nifedipine ER tab	120

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ALPHABETICAL LISTING OF DRUGS

nilutamide tab	89	norethindrone/ethinyl	130	NOVOLOG INJ	56
nimodipine cap	120	estradiol FE tab		NOVOLOG MIX	56
NIMOTOP CAP	120	NORITATE CREAM	154	FLEXPEN INJ	
NINLARO CAP	95	NORLIQVA ORAL SOLN	121	NOVOLOG MIX INJ	56
nitazoxanide tab	79	NOROXIN TAB	169	NOVOLOG PENFILL INJ	56
NITRO-BID OINT	23	NORPACE CAP	25	NOXAFIL SUSP	63
NITRO-DUR PATCH	23	NORPRAMIN TAB	47	NOXAFIL TAB	63
NITRO-DUR PATCH	23	NOR-QD TAB	132	np thyroid tab	232
0.3MG/HR, 0.8MG/HR		nortrel tab	130	NUBEQA TAB	89
nitrofurantoin	81	nortriptyline cap	47	NUCALA INJ	26
macrocrystals cap		nortriptyline oral soln	48	NUCORT LOTION	150
nitrofurantoin	81	NORTRIPTYLINE SOLN	48	NUCYNTA TAB	15
monohydrate cap		NORVASC TAB	121	NUDEXTA CAP	228
nitroglycerin lingual spray	23	NORVIR CAP	110	NULYTELY SOLN	186
nitroglycerin patch	23	NORVIR POWDER PACK	110	NUTRITIONAL	157
nitroglycerin SL tab	23	NORVIR SOLN	110	SUPPLEMENT LIQUID	
NITROLINGUAL PUMP	23	NORVIR TAB	110	NUTRITIONAL	157
SPRAY		NOVOLIN 70/30	55	SUPPLEMENT POWDER	
NITROSTAT SL TAB	23	FLEXPEN INJ		NUVARING	131
NIVESTYM INJ	180	NOVOLIN 70/30 INJ	55	NUVIGIL TAB	5
NIZATIDINE CAP	235	NOVOLIN N FLEXPEN	56	nystatin cream	143
NIZATIDINE SOLN	235	INJ		nystatin oint	143
NIZORAL A-D	142	NOVOLIN N INJ	56	nystatin powder	62
SHAMPOO		NOVOLIN R FLEXPEN	56	nystatin susp	199
NIZORAL SHAMPOO	143	INJ		nystatin tab	62
norethindrone ace-ethinyl	130	NOVOLIN R INJ	56	nystatin topical powder	143
estradiol-fe cap		NOVOLOG FLEXPEN	56	NYSTATIN VAGINAL TAB	243
norethindrone tab	132	INJ			

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273

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nystatin/triamcinolone cream	143	olopatadine ophth soln 0.2%	216	ONETOUCH VERIO TEST STRIP	156
nystatin/triamcinolone oint	143	OLUMIANT TAB	6	ONFI SUSP	34
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OCALIVA TAB	170	OLUX FOAM	150	ONFI TAB	34
octreotide inj	166	omega-3-acid ethyl esters cap	65	ONGENTYS CAP	102
OCTREOTIDE INJ 100MCG	166	omeprazole DR cap	235	OPSUMIT TAB	124
OCUFEN OPHTH SOLN	216	OMNICEF SUSP	127	OPTIVAR OPHTH SOLN	216
OCUFLOX OPHTH SOLN	209	OMNIPOD 5 INTRO KIT	190	ORACIT SOLN	174
ODEFSEY TAB	110	OMNIPOD 5 PACK PODS	190	ORAP TAB	228
ODOMZO CAP	88	OMNIPOD DASH INTRO KIT	191	ORAPRED ODT TAB	133
OFEV CAP	230	OMNIPOD DASH PODS	191	ORAPRED SOLN	134
ofloxacin ophth soln	210	OMNIPOD STARTER KIT	191	ORAXYL CAP	231
ofloxacin otic soln	217	ondansetron ODT	60	ORENCIA CLICK INJ	10
ofloxacin tab	169	ondansetron soln	60	ORENCIA SC INJ 125MG/ML	
OGESTREL TAB	130	ONDANSETRON TAB	60	ORENCIA SC INJ 50MG/0.4ML	10
olanzapine ODT	105	ONETOUCH METER	191	ORENCIA SC INJ 87.5MG/0.7ML	10
olanzapine tab	105	ONETOUCH TEST STRIP	156	ORENITRAM TAB	123
olanzapine/fluoxetine cap	226	ONETOUCH VERIO	191	ORGOVYX TAB	90
OLEPTRO TAB	46	ONETOUCH VERIO IQ METER	191	ORIAHNN CAP	167
OLLIZAC POWDER	157	ONETOUCH VERIO METER	191	ORILISSA TAB 150MG	162
olmesartan tab	71	ONETOUCH VERIO METER	191	ORILISSA TAB 200MG	162
olmesartan/hydrochlorothiazide tab	76	ONETOUCH VERIO REFLECT METER	191	ORKAMBI GRANULES PACKET	229
olopatadine ophth soln 0.1%	216			ORKAMBI TAB	229

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ALPHABETICAL LISTING OF DRUGS

ORTHO TRI-CYCLEN (LO) TAB	130	oxycodone soln	15	PAXIL ORAL SUSP	45	
ORTHO-CYCLEN TAB	130	oxycodone tab	15	PAXIL TAB	45	
ORTHO-EVRA PATCH	131	oxycodone/acetaminophen tab	17	PAXLOVID TAB	112	
oseltamivir cap	115	oxycodone/aspirin tab	17	PCE TAB	188	
oseltamivir cap 30mg	115	OXYTROL PATCH (OTC)	237	PEAK FLOW METER	192	
oseltamivir susp	115	OZEMPIC INJ	53	PEDIATEX TDM SUSP	136	
OSMOPREP TAB	187	<hr/>			pediatric multiple	201
OTEZLA STARTER PACK	10	P		vitamins/fluoride chew tab		
OTEZLA TAB	10	PALGIC SOLN	64	pediatric multiple	201	
OTOZIN OTIC DROPS	218	PALGIC TAB	64	vitamins/fluoride soln		
OVACE PLUS CREAM	145	paliperidone ER tab	104	pediatric multiple	201	
OVACE PLUS GEL	145	PALYNZIQ INJ	164	vitamins/fluoride/iron soln		
OVACE PLUS SHAMPOO	146	PAMELOR CAP	48	PEDIAZOLE SUSP	78	
OVCON 35 TAB	130	PAMINE TAB	234	peg 3350 soln (100 gram Moviprep equiv)	186	
OVIDE LOTION	154	PANRETIN GEL	144	peg 3350/electrolytes soln	186	
oxacillin inj	222	pantoprazole EC tab	235	PEGASYS INJ	114	
OXANDRIN TAB	19	PARAFON FORTE TAB	203	PEG-INTRON INJ	114	
oxandrolone tab	19	PARAGARD IUD	131	PEMAZYRE TAB	95	
OXBRYTA TAB	179	paricalcitol cap	164	penicillamine tab	197	
oxcarbazepine susp	38	PARLODEL CAP	101	PENICILLIN G	220	
oxcarbazepine tab	38	PARLODEL TAB	101	PROCAINE INJ		
oxiconazole nitrate cream	143	PARNATE TAB	43	PENICILLIN G SODIUM INJ	220	
OXSORALEN ULTRA CAP	145	paromomycin cap	5	penicillin vk soln	220	
oxybutynin ER tab	237	paroxetine ER tab	45	penicillin vk tab	221	
oxybutynin syrup	237	paroxetine oral susp	45	pentamidine neb soln	78	
oxybutynin tab	237	paroxetine tab	45	pentoxifylline ER tab	177	
		PATANOL OPHTH SOLN	216			
		PAXIL CR TAB	45			

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ALPHABETICAL LISTING OF DRUGS

PEPCID SUSP	235	PHOSLYRA SOLN	173	PODIAPN CAP	157
PEPCID TAB	235	phospha 250 neutral tab	195	PODOCON SOLN	152
PERCOCET TAB	18	PHOSPHOLINE OPHTH	207	podofilox soln	152
PERCODAN TAB	18	SOLN		POLYCITRA CRYSTAL	174
PERFOROMIST NEB	31	phytonadione tab	245	PACK	
SOLN		PICATO GEL	144	POLYCITRA-LC SOLN	174
PERIDEX SOLN	199	PIFELTRO TAB	110	polyethylene glycol 3350	187
permethrin cream	154	pilocarpine ophth soln	207	powder	
perphenazine tab	106	pilocarpine tab	200	POLYETHYLENE	222
PERPHENAZINE/ AMITRIPTYLINE TAB	226	PILOPINE HS OPHTH	207	GLYCOL 8000	
PERSANTINE TAB	178	GEL		GRANULES	
PEXEVA TAB	45	pimecrolimus cream	152	polymyxin b/trimethoprim	210
PFIZERPEN G INJ	221	PIMOZIDE TAB	228	ophth soln	
phenazopyridine tab	175	pindolol tab	118	POLYTRIM OPHTH	210
phenelzine tab	43	pioglitazone tab	57	SOLN	
phenobarbital elixir	183	piperacillin/tazobactam inj	222	POMALYST CAP	90
phenobarbital tab	183	PIQRAY TAB	95	posaconazole DR tab	63
phenoxybenzamine cap	70	pirfenidone tab 267mg	230	POTABA CAP	246
phentermine cap	2	pirfenidone tab 801mg	230	POTABA POWDER	246
phentermine tab	2	piroxicam cap	9	PACKET	
phenylephrine ophth soln	207	PLAN B TAB	132	POTABA TAB	246
phenytoin cap	41	PLAQUENIL TAB	82	potassium bicarbonate	196
phenytoin chew tab	41	PLAVIX TAB 75MG	178	effer tab	
phenytoin susp	41	PLEGRIDY INJ	227	potassium chloride ER cap	196
PHISOHEX LIQUID	107	PLEGRIDY PEN INJ	227	potassium chloride ER tab	196
phlexy-10 tab	205	PLENDIL TAB	121	potassium chloride micro	196
PHOSLO CAP	173	PLETAL TAB	178	tab	
		PNEUMOVAX INJ	238		

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276

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ALPHABETICAL LISTING OF DRUGS

potassium chloride powder packet	196	PRED-G OPHTH SOLN	213	PRENATAL 19 CHEW TAB	202
potassium chloride soln	196	PREDNICARBATE CREAM	150	PRENATAL 19 TAB	202
potassium citrate CR tab	174	PREDNICARBATE OIN	150	PRENATAL VITAMINS (NON-PREFERRED)	202
potassium citrate/citric acid powder pack	174	prednisolone ODT	134	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	245
potassium citrate/citric acid soln	174	PREDNISOLONE ODT TAB	134	PRETOMANID TAB	84
potassium phosphate monobasic tab	196	PREDNISOLONE OPHTH SUSP	213	PREVNAR 13 INJ	238
PRADAXA CAP	34	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	213	PREVNAR 20 INJ	238
PRALUENT INJ	69	prednisolone soln	134	PREVPAC KIT	235
pramipexole tab	101	prednisolone syrup	134	PREVYMIS TAB	113
pramoxine/hydrocortisone cream	21	PREDNISONE SOLN	134	PREZCOBIX TAB	110
pramoxine-HC AQ otic soln	218	prednisone tab	134	PREZISTA SUSP	110
PRANDIN TAB	57	PREFEST TAB	167	PREZISTA TAB	111
prasugrel tab	178	pregabalin cap	38	PRIFTIN TAB	84
PRAVACHOL TAB	68	pregabalin cap 225mg	38	PRIMAQUINE TAB	82
pravastatin tab	68	pregabalin cap 300mg	38	primidone tab	38
praziquantel tab	22	pregabalin soln	38	PRIMSOL SOLN	78
prazosin cap	72	PREMARIN TAB	168	PRINIVIL TAB, ZESTRIL TAB	70
PRECOSE TAB	48	PREMARIN VAGINAL CREAM	244	PRISTIQ TAB	46
PRED FORTE OPHTH SUSP	213	PREMPHASE TAB,	167	PROAMATINE TAB	245
PRED MILD OPHTH SOLN	213	PREMPRO TAB		probenecid tab	176
		PRENATABS RX TAB	202	PROCARDIA CAP	121
				prochlorperazine supp	106
				prochlorperazine tab	106

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277

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ALPHABETICAL LISTING OF DRUGS

PROCTOCORT CREAM	150	PROPRANOLOL/HYDRO	76	QUALAQUIN CAP	83
proctosol HC cream	21	CHLOROTHIAZIDE TAB		QUESTRAN LITE	66
progesterone cap	223	propylthiouracil tab	231	POWDER	
PROGESTERONE SUPP	244	PROSCAR TAB	175	QUESTRAN LITE	66
PROGLYCEM SUSP	52	PROSOM TAB	184	POWDER PACK	
PROLENSA OPHTH	216	pro-stat liquid	205	QUESTRAN POWDER	66
SOLN		PROSTIGMIN TAB	83	QUESTRAN POWDER	66
PROLIA INJ	161	PROTOPIC OINT	152	PACK	
PROMACTA TAB	180	protriptyline tab	48	quetiapine tab	105
promethazine DM syrup	136	PROVERA TAB	223	quetiapine XR tab	105
promethazine supp	65	PROVIGIL TAB	5	QUFLORA PEDIATRIC	201
promethazine syrup	65	PROZAC CAP	45	CHEW TAB	
promethazine tab	65	PROZAC SOLN	45	quinapril tab	70
promethazine VC syrup	136	pseudoephedrine/bromphe	137	quinapril/hydrochlorothiaz	76
promethazine VC/codeine	136	niramine/codeine liquid		ide tab	
syrup		PULMICORT INH SUSP	28	quinidine gluconate CR tab	25
promethazine/codeine	137	PULMOZYME INH SOLN	229	QUINIDINE SULFATE ER	25
syrup		PURINETHOL TAB	86	TAB	
PROMETHEGAN SUPP	65	PYLERA CAP	236	quinidine sulfate tab	25
PROMETRIUM CAP	223	pyrazinamide tab	84	quinine sulfate cap	83
propafenone ER cap	25	pyridostigmine CR tab	83		
propafenone tab	25	pyridostigmine tab	83	R	
proparacaine ophth soln	211	pyridstigmine soln	83	raloxifene tab	163
propranolol ER cap	119	pyrimethamine tab	83	ramelteon tab	185
propranolol oral soln	119			ramipril cap	70
20mg/5ml		Q		RANEXA TAB	22
PROPRANOLOL SOLN	119	QBRELIS SOLN	70	ranolazine tab	22
propranolol tab	119	QINLOCK TAB	96	rasagiline tab	101
		QSYMIA CAP	2	RAZADYNE ER CAP	225

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ALPHABETICAL LISTING OF DRUGS

RAZADYNE TAB	225	REVATIO TAB	124	RISPERDAL TAB	104
REBETOL SOLN	114	REVIA TAB	59	RISPERIDONE ODT	104
REGLAN TAB	170	REVLIMID CAP	116	risperidone soln	104
REGANEX GEL	155	REYATAZ POWDER	111	risperidone tab	104
RELENZA DISKHALER	115	PACK		RITALIN LA CAP	5
REMERON SOLUTAB	43	REYVOW TAB	194	RITALIN TAB	5
REMERON TAB	43	REZIRA SOLN	137	ritonavir tab	111
RENAGEL TAB 800MG	173	REZUROCK TAB	197	RITUXAN INJ	86
renaphro cap	200	RHEUMATREX TAB	6	rivastigmine cap	225
RENOVA CREAM	141	RHOFADE CREAM	154	rivastigmine patch	225
RENVELA TAB	173	ribavirin cap	114	rizatriptan ODT	194
repaglinide tab	57	ribavirin tab	114	rizatriptan tab	194
REPATHA INJ	69	RIDAURA CAP	7	ROBAXIN TAB	203
REPATHA PUSHRONEX	69	rifabutin cap	84	ROBINUL TAB	234
INJ		RIFADIN CAP	84	ROCALTROL CAP	164
REQUIP TAB	101	RIFAMATE CAP	83	ROCALTROL SOLN	164
RESCON TAB	137	rifampin cap	84	ropinirole tab	101
RESCRIPTOR TAB	111	RIFATER TAB	84	ROSULA PAD	146
RESERPINE TAB	72	riluzole tab	205	rosuvastatin tab 10mg	68
RESTASIS OPPTH	211	RIMANTADINE TAB	115	rosuvastatin tab 20mg	68
EMULSION		RINVOQ ER TAB	6	rosuvastatin tab 40mg	68
RESTORIL CAP 15MG	184	RIOMET ER SUSP	51	rosuvastatin tab 5mg	68
RESTORIL CAP 22.5MG	184	RIOMET SOLN	51	ROXICODONE TAB	15
RESTORIL CAP 30MG	184	risedronate DR tab	162	ROZEREM TAB	185
RESTORIL CAP 7.5MG	184	risedronate tab	162	ROZLYTREK CAP	96
RETACRIT INJ	180	RISPERDAL CONSTA INJ	104	RUBRACA TAB	96
RETEVMO CAP	96	RISPERDAL M ODT	104	rufinamide susp	39
RETIN-A CREAM	140	RISPERDAL SOLN	104	rufinamide tab	39

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ALPHABETICAL LISTING OF DRUGS

RUKOBIA ER TAB	111	SECTRAL CAP	118	silver sulfadiazine cream	146
RYBELSUS TAB	53	selegiline cap	101	SIMBRINZA OPHTH	208
RYDAPT CAP	96	selegiline tab	101	SUSP	
RYTHMOL SR CAP	25	selenium sulfide lotion	146	SIMPONI	7
RYTHMOL TAB	26	selenium sulfide shampoo	146	AUTO-INJECTOR 100MG	
S					
SAFYRAL TAB	130	SELZENTRY SOLN	111	SIMPONI INJ 100MG	7
SALAGEN TAB	200	SELZENTRY TAB	111	simvastatin tab	68
SALEX SHAMPOO	152	SEMGLEE INJ, INSULIN	56	SINEMET CR TAB	101
salsalate tab	12	GLARGINE-YFGN INJ		SINEMET TAB	101
SANCTURA TAB	237	SEMGLEE PEN, INSULIN	56	SINGULAIR CHEW TAB	27
SANCUSO PATCH	60	GLARGINE-YFGN PEN		SINGULAIR GRANULE	27
SANDIMMUNE SOLN	117	SEMPREX-D CAP	137	PACK	
100MG/ML		SEREVENT DISKUS	31	SINGULAIR TAB	27
SANTYL OINT	151	INHALER		sirolimus soln	198
SAPHRIS SL TAB	105	SEROQUEL TAB	105	sirolimus tab	117
sapropterin	164	SEROQUEL XR TAB	105	SIVEXTRO TAB	81
dihydrochloride powder		sertraline conc	45	SKELAXIN TAB	203
packet		sertraline tab	45	SKELID TAB	162
sapropterin	164	sevelamer hydrochloride	173	SKLICE LOTION	154
dihydrochloride soluble		tab		SKYRIZI INJ 150MG/ML	145
tab		sevelamer powder pak	173	SKYRIZI INJ	145
SAVELLA PAK	226	sevelamer tab	173	75MG/0.83ML	
SAVELLA TAB	226	SFROWASA ENEMA	172	SKYTROFA INJ	163
SAXENDA INJ	2	SHINGRIX INJ	242	SLO-NIACIN TAB	246
scopolamine patch	61	SIGNIFOR INJ	166	smz/tmp (DS) tab	78
SEASONIQUE TAB	130	sildenafil tab	123	smz/tmp susp	79
seb-prev cream	146	sildenafil tab 20mg	124	sodium chloride 0.9% irr	175
		SILVADENE CREAM	146	soln	

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ALPHABETICAL LISTING OF DRUGS

sodium chloride inj	196	sodium sulfacetamide/urea	146	SPS SUSP	198
sodium chloride neb soln	138	pad		STALEVO TAB	102
sodium citrate/citric acid	174	SOFOSBUVIR/VELPATAS	114	STARLIX TAB	57
soln		VIR TAB		STAVUDINE CAP	111
sodium fluoride cream	199	SOLARAZE GEL	144	stavudine soln	111
sodium fluoride gel	199	solifenacin tab	237	STELARA INJ	145
SODIUM FLUORIDE	195	SOMA TAB	203	STENDRA TAB	123
LOZENGE		SOMAVERT INJ	162	STIMATE NASAL SOLN	165
sodium fluoride paste	199	SONATA CAP	184	STIOLTO INHALER	31
sodium fluoride rinse	200	sorafenib tosylate tab	96	STIVARGA TAB	96
sodium fluoride soln	195	sotalol AF tab	119	STRENSIQ INJ	165
SODIUM FLUORIDE TAB	195	sotalol tab	119	STRIBILD TAB	111
sodium fluoride/potassium	200	SOTYLIZE SOLN	119	STRIVERDI RESPIMAT	31
nitrate paste		5MG/ML		INHALER	
sodium polystyrene	117	SPECTRACEF TAB	127	STROMECTOL TAB	22
powder		SPINOSAD SUSP	155	SUBOXONE SL FILM	19
sodium polystyrene susp	117	SPIRIVA HANDIHALER	27	sucralfate susp	236
sodium sulfacetamide gel	146	SPIRIVA RESPIMAT	27	sucralfate tab	235
sodium sulfacetamide	140	INHALER 1.25MCG/ACT		sulfacetamide sodium	210
lotion		SPIRIVA RESPIMAT	27	ophth soln	
sodium sulfacetamide	146	INHALER 2.5MCG/ACT		sulfacetamide	213
shampoo		spironolactone tab	160	sodium/prednisolone	
sodium	140	spironolactone/hydrochlor	158	ophth soln	
sulfacetamide/sulfur		othiazide tab		SULFACETAMIDE/PRED	213
emulsion 10-5%		SPORANOX CAP	63	NISOLONE OPHTH	
sodium	140	SPORANOX SOLN	63	SOLN	
sulfacetamide/sulfur wash		sprintec 28 tab	130	sulfadiazine tab	230
9-4.5%		SPRYCEL TAB	96	SULFAMYLON CREAM	146

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ALPHABETICAL LISTING OF DRUGS

sulfasalazine EC tab	172	SYNJARDY XR TAB	50	TASMAR TAB	100	
sulfasalazine tab	172	10-1000MG, 25-1000MG		TAVALISSE TAB	177	
sulindac tab	10	SYNJARDY XR TAB	50	TAVNEOS CAP	177	
SUMATRIPTAN INJ	194	5-1000MG,		TAYTULLA CAP	130	
SUMATRIPTAN INJ	194	12.5-1000MG		tazarotene cream 0.1%	145	
6MG/0.5ML		SYNTHROID TAB	232	TAZORAC CREAM	145	
sumatriptan tab	194	T			TAZORAC CREAM 0.05%	145
sunitinib malate cap	96	TABLOID TAB	86	TAZVERIK TAB	97	
SUNOSI TAB	3	TABRECTA TAB	96	TECHLITE INSULIN	192	
SUPRAX CAP	127	tacrolimus cap	117	SYRINGE		
SUPRAX CHEW TAB	127	tacrolimus oint	152	TECHLITE PEN NEEDLE	192	
SUPRAX SUSP	127	tadalafil tab	123	TEGRETOL CHEW TAB	39	
SUPRAX SUSP	127	tadalafil tab (PAH)	124	TEGRETOL SUSP	39	
500MG/5ML		tadalafil tab 2.5mg, 5mg	123	TEGRETOL TAB	39	
SUPRAX TAB	127	TAFINLAR CAP	96	TEGRETOL XR TAB	39	
SUPREP SOLN	186	TAGRISSE TAB	87	TEGSEDI INJ	229	
SURMONTIL CAP	48	TAKHZYRO INJ	177	TEKAMLO TAB	76	
SUTTAR SF SYRUP	137	TALTZ INJ	145	TEKTURNA HCT TAB	76	
SYMAX DUOTAB	234	TALZENNA CAP 0.25MG	97	TEKTURNA TAB	77	
SYMBICORT INHALER	31	TALZENNA CAP 0.5MG,	97	telmisartan tab	71	
SYMBYAX CAP	226	0.75MG, 1MG		temazepam cap 15mg	184	
SYMDEKO TAB	229	TAMBOCOR TAB	26	temazepam cap 22.5mg	184	
SYMJEPI INJ	245	TAMIFLU CAP	115	temazepam cap 30mg	184	
SYMPROIC TAB	172	TAMIFLU CAP 30MG	115	temazepam cap 7.5mg	184	
SYMTUZA TAB	111	tamoxifen tab	90	TEMOVATE CREAM	150	
SYNAREL NASAL SOLN	163	tamsulosin cap	175	TEMOVATE GEL	150	
SYNERA PATCH	153	TAPAZOLE TAB	231	TEMOVATE OINT	150	
SYNJARDY TAB	50	TASIGNA CAP	97	TEMOVATE SOLN	150	

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ALPHABETICAL LISTING OF DRUGS

TEMOVATE-E CREAM	150	TESTOSTERONE GEL	20	timolol maleate tab	119
temozolomide cap	85	PUMP		TIMOLOL OPHTH GEL	206
TENEX TAB	72	testosterone gel pump	21	SOLN	
tenofovir disoproxil fumarate tab	111	1.62%		TIMOPTIC OPHTH SOLN	206
TENORETIC TAB	76	testosterone soln	21	TIMOPTIC-XE OPHTH GEL	206
TENORMIN TAB	118	TETANUS/DIPHTHERIA	233	TINDAMAX TAB	78
TEPMETKO TAB	97	TOXOID INJ		tinidazole tab	78
TERAZOL CREAM	243	tetrabenazine tab	226	tiopronin tab	176
TERAZOL SUPP	243	tetracycline cap	231	TIROSINT-SOL	233
terazosin cap	72	TEVETEN HCT TAB	76	TIVICAY PD TAB	112
terbinafine tab	62	TEVETEN TAB	71	TIVICAY TAB	112
terbutaline sulfate tab	31	THALOMID CAP	116	tizanidine tab	203
terconazole cream	243	THEO-24 CAP	32	TOBI PODHALER	5
TERCONAZOLE CREAM 0.8%	243	THEOPHYLLINE ER TAB	32	TOBRADEX OPHTH OINT	214
terconazole supp	243	theophylline soln	32	TOBRADEX OPHTH SOLN	214
TESSALON CAP	135	thioridazine tab	106	TOBRADEX ST OPHTH SUSP	214
testosterone cypionate inj	20	thiothixene cap	107	tobramycin neb soln	5
TESTOSTERONE GEL 1% 25MG	20	THYROLAR TAB	232	tobramycin ophth soln	210
testosterone gel 1% 50mg	20	tiagabine tab	40	tobramycin/dexamethason e ophth soln	214
testosterone gel 1% pump	20	TIAZAC CAP	121	TOBrex OPHTH OINT	210
testosterone gel 1.62% 1.25gm	20	TIBSOVO TAB	97	TOBrex OPHTH SOLN	210
testosterone gel 1.62% 2.5gm	20	ticlopidine tab	178	TODAY SPONGE	243
		TICOVAC INJ	242	TOFRANIL PM CAP	48
		TIGAN CAP	61		
		TIKOSYN CAP	26		
		TIMENTIN INJ	222		
		timolol maleate ophth gel	206		
		timolol maleate ophth soln	206		

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ALPHABETICAL LISTING OF DRUGS

TOFRANIL TAB	48	tranlycypromine tab	44	triamterene/hydrochloroth	159
TOLAZAMIDE TAB	58	TRAVATAN Z DROPS	217	iazide tab	
TOLBUTAMIDE TAB	58	travoprost ophth soln	217	triazolam tab	184
tolcapone tab	100	trazodone tab	46	tricitrates soln	174
TOLMETIN TAB	10	TRECTOR TAB	84	tricon cap	181
tolterodine SR cap	237	TRELEGY ELLIPTA	32	TRICOR TAB	67
tolterodine tab	237	INHALER		trientine cap	197
TOPAMAX SPRINKLE	39	TRELSTAR INJ	90	trifluoperazine tab	106
CAP		TREMFYA INJ	145	trifluridine ophth soln	210
TOPAMAX TAB	39	TRENTAL TAB	177	trihexyphenidyl elixir	102
TOPICORT CREAM	150	tretinoin cap	84	TRIHEXYPHENIDYL	102
TOPICORT OINT	150	tretinoin cream	140	SOLN	
topiramate sprinkle cap	39	tretinoin gel	140	trihexyphenidyl tab	100
topiramate tab	39	TRETIN-X CREAM	140	TRIKAFTA TAB	229
TOPROL XL TAB	118	triamcinolone cream	150	tri-legest tab	130
toremifene tab	90	triamcinolone in orabase	200	TRILEPTAL SUSP	39
torsemide tab	159	paste		TRILEPTAL TAB	39
TRACLEER TAB 32MG	124	triamcinolone lotion	150	TRI-LUMA CREAM	153
tramadol ER tab	16	triamcinolone oint	150	trilyte soln	187
TRAMADOL HCL ER TAB	16	triamcinolone OTC nasal	204	trimethobenzamide cap	61
tramadol tab	16	spray		TRIMETHOPRIM TAB	78
tramadol/acetaminophen	18	TRIAMINIC SYRUP	137	trimipramine cap	48
tab		triamterene/hydrochloroth	158	TRI-NORINYL TAB	131
TRANDATE TAB	117	iazide cap		TRINTELLIX TAB	46
tranexamic acid inj	183	TRIAMTERENE/HYDRO	159	tri-sprintec tab	131
tranexamic acid tab	183	CHLOROTHIAZIDE CAP		TRIUMEQ PD TAB	112
TRANSDERM-SCOP	61	50-25mg		TRIUMEQ TAB	112
PATCH				TRIZIVIR TAB	112

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ALPHABETICAL LISTING OF DRUGS

tropicamide ophth soln	207	U	VALIUM TAB 5MG	25	
tropium chloride SR cap	237	UBRELVY TAB	193	valproic acid cap	42
tropium tab	237	UCERIS RECTAL FOAM	21	valproic acid syrup	42
TRUEPLUS INSULIN	192	UCERIS TAB	134	valsartan tab	71
SYRINGE		U-CORT CREAM	150	valsartan/hydrochlorothiazi	77
TRUEPLUS PEN	192	ULORIC TAB	176	de tab	
NEEDLE		ULTRAM TAB	16	VALTOCO NASAL SPRAY	35
TRULANCE TAB	170	ULTRAVATE CREAM	150	VALTREX TAB	115
TRULICITY INJ	53	ULTRAVATE OINT	150	VALTURNA TAB	77
TRUMENBA INJ	238	UNIPHYL TAB	32	VANCOGIN CAP	80
TRUSELTIQ PACK	97	UPNEEQ SOLN	216	vancomycin cap	80
100MG		UPTRAVI TAB	125	VANIQA CREAM	151
TRUSELTIQ PACK 50MG,	97	URECHOLINE TAB	238	VANTIN TAB	127
125MG		UROCID-K TAB	174	vardenafil ODT	123
TRUSELTIQ PACK 75MG	97	UROQID #2 TAB	236	vardenafil tab	123
TRUSOPT OPTH SOLN	216	UROXATRAL TAB	175	VARIVAX INJ	242
TUKYSA TAB	86	URSO FORTE TAB	170	VARUBI TAB	62
TURALIO CAP	98	ursodiol cap	170	VASERETIC TAB	77
TUSNEL SYRUP	137	ursodiol tab	170	VASOTEC TAB	70
tussigon tab	135			VAXNEUVANCE INJ	239
TUSSIONEX SUSP	137	V		V-C FORTE CAP	201
TUSSI-ORGANI SYRUP	137	VAGIFEM TAB	244	VELPHORO CHEW TAB	173
TWIRLA PATCH	131	valacyclovir tab	114	VEMLIDY TAB	114
TYBLUME TAB	131	VALCHLOR GEL	144	VENCLEXTA STARTER	87
TYLENOL/CODEINE TAB	18	VALCYTE TAB	113	PACK	
TYMLOS INJ	162	valganciclovir soln	113	VENCLEXTA TAB	87
TYVASO INH SOLN	123	valganciclovir tab	113	VENELEX OINT	155
TYZINE NASAL SOLN	204	VALIUM TAB 2MG,	25	venlafaxine ER cap	47
		10MG			

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ALPHABETICAL LISTING OF DRUGS

venlafaxine tab	47	vigabatrin tab	41	VOLTAREN XR TAB	10
VENTAVIS INH SOLN	124	vigadrone powder pack	41	voriconazole susp	63
VENTOLIN HFA	32	VIGAMOX OPHTH SOLN	210	voriconazole tab	63
INHALER		viorele tab, kariva tab	131	VOSEVI TAB	114
verapamil SR cap	121	VIRACEPT POWDER	112	VOSOL HC OTIC SOLN	219
VERAPAMIL SR CAP	121	VIRACEPT TAB	112	VOSOL OTIC SOLN	217
360mg		VIREAD TAB 150MG,	112	VOSPIRE ER TAB	32
verapamil SR tab	121	200MG, 250MG		VOTRIENT TAB	98
verapamil tab	121	VIROPTIC OPHTH SOLN	210	VOXZOGO INJ	165
VERELAN CAP	121	VISICOL TAB	187	VP-PNV-DHA CAP	202
VERELAN PM CAP	121	VISTARIL CAP	24	VYNDAMAX CAP	125
VERELAN PM ER CAP	121	VITAFOL STRIPS	202	VYENDAQEL CAP	125
100MG, 300MG		vitamin D cap	245	VYVANSE CAP	1
VERELAN SR CAP	121	vitamin D cap 1000unit	245	VYVANSE CHEW TAB	1
360mg		vitamin D cap 400unit	245		
VERZENIO TAB	98	VITAMIN D TAB	246	W	
VESICARE TAB	237	400UNIT		WAKIX TAB	3
VEXOL OPHTH SUSP	214	VITEKTA TAB	112	warfarin tab	33
VFEND SUSP	63	VITRAKVI CAP 100MG	98	WEGOVI INJ	2
VFEND TAB	63	VITRAKVI CAP 25MG	98	WEGOVI INJ	2
V-GO INJ KIT	191	VITRAKVI SOLN	98	1.7MG/0.75ML	
VIBRAMYCIN CAP	231	VIVACTIL TAB	48	WEGOVI INJ	2
VIBRAMYCIN SUSP	231	VIVELLE-DOT PATCH	168	2.4MG/0.75ML	
VIBRAMYCIN SYRUP	231	VIVOTIF CAP	239	WELIREG TAB	90
VICTOZA INJ	53	VIZIMPRO TAB	87	WELLBUTRIN SR TAB	43
VICTRELIS CAP	114	VOLTAREN GEL	143	WELLBUTRIN XL TAB	43
VIDEX SOLN	112	VOLTAREN OPTH SOLN	216	wymzya FE tab	131
vigabatrin powder pack	41	VOLTAREN TAB	10	X	

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ALPHABETICAL LISTING OF DRUGS

XADAGO TAB	101	XENLETA TAB	81	ZARONTIN CAP	42
XALATAN OPHTH SOLN	217	XIFAXAN TAB 200MG	78	ZARONTIN SOLN	42
XALKORI CAP	98	XIFAXAN TAB 550MG	78	ZAROXOLYN TAB	160
XAQUIL XR TAB	157	XIGDUO XR TAB	50	ZARXIO INJ	180
XARELTO STARTER PACK	33	2.5-1000MG, 5-1000MG		ZEBETA TAB	118
XARELTO SUSP	33	XIGDUO XR TAB	50	ZEGALOGUE INJ	52
XARELTO TAB	33	5-500MG, 10-500MG,		ZEGERID CAP OTC	236
XATMEP SOLN	86	10-1000MG		ZEJULA CAP	98
XCOPRI PAK	40	XOPENEX NEB SOLN	32	ZELAPAR ODT	101
100-150MG		XOSPATA TAB	98	ZELBORAF TAB	98
XCOPRI PAK	40	XPOVIO PAK	91	ZEMPLAR CAP	165
150-200MG		XTAMPZA ER CAP	16	ZEPOSIA CAP	227
XCOPRI PAK 50-200MG	40	XYLOCAINE SOLN	153	ZEPOSIA STARTER PACK	227
XCOPRI TAB 150MG,	40	XYREM SOLN	224	ZERIT SOLN	112
200MG		XYZBAC TAB	157	ZESTORETIC TAB	77
XCOPRI TAB 50MG,	40	Y		ZETONNA NASAL SPRAY	204
100MG		YAZ TAB, YASMIN 28	131	ZIAC TAB	77
XCOPRI TITRATION PAK	40	TAB		ZIANA GEL	141
12.5-25MG		YODOXIN TAB	5	zidovudine cap	112
XCOPRI TITRATION PAK	40	Z		zidovudine syrup	112
150-200MG		zafemy patch	131	zidovudine tab	112
XCOPRI TITRATION PAK	40	zafirlukast tab	27	ZIEXTENZO INJ	180
50-100MG		zaleplon cap	184	ZIMHI SOLN	60
XELJANZ SOLN	6	ZANAFLEX TAB	203	zinc sulfate cap	197
XELJANZ TAB	6	ZANOSAR INJ	85	ziprasidone cap	103
XELJANZ XR TAB	6	ZANTAC GRANULE	235	ZIRGAN OPHTH GEL	210
XEMBIFY INJ	220	PACKET		ZITHROMAX POWDER	187
				PACK	

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ALPHABETICAL LISTING OF DRUGS

ZITHROMAX SUSP	188	ZYPREXA TAB	105
ZITHROMAX TAB	188	ZYPREXA ZYDIS TAB	106
ZMAX SUSP	188	ZYVOX SUSP	81
ZOCOR TAB	68	ZYVOX TAB	81
ZOFRAN ODT	60		
ZOFRAN SOLN	60		
ZOFRAN TAB	60		
ZOKINVY CAP	198		
ZOLINZA CAP	98		
zolmitriptan tab	194		
ZOLOFT CONC	45		
ZOLOFT TAB	45		
zolpidem ER tab	184		
zolpidem tab	183		
ZONEGRAN CAP	39		
zonisamide cap	39		
ZONTIVITY TAB	178		
ZORPRIN TAB	12		
ZOVIRAX CAP	115		
ZOVIRAX SUSP	115		
ZOVIRAX TAB	115		
ZUTRIPRO LIQUID	137		
ZYDELIG TAB	99		
ZYKADIA CAP	99		
ZYKADIA TAB	99		
ZYLET OPHTH SUSP	214		
ZYLOPRIM TAB	176		
ZYMAXID OPHTH SOLN	210		

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L.A. CARE HOME INFUSION DRUG LIST
Alphabetical Index

7/1/2022

Search Tip:

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

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

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

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

L.A. Care Home Infusion List

Alphabetical Index

Last Updated 7/1/2022

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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
AMONDYS 45 INJ	-	NC	NEUROMUSCULAR AGENTS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
AMPICILLIN INJ	-	F	PENICILLINS
AMPICILLIN/SULBACTAM INJ	-	F	PENICILLINS
APRETUDE SUSP (QL=7 inj/year)	QL	F	ANTIVIRALS
ARALAST NP INJ	PA	F	RESPIRATORY AGENTS - MISC.
ARGATROBAN INJ	-	F	ANTICOAGULANTS
ARRANON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASPARLAS INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATGAM INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
AZEDRA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
BALEODAQ INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
BENEFIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BEOVU INJ (QL=1 vial/28 days for first 3 fills, then vial/56 days)	PA-QL	F	OPHTHALMIC AGENTS
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICILLIN C-R INJ	-	F	PENICILLINS
BLENREP INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bortezomib inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT (QL=4 kits/28 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-Q L	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butorphanol inj	-	F	ANALGESICS - OPIOID
CABENUVA SUSP (QL=1 kit/month)	QL	F	ANTIVIRALS
CALCIUM GLUCONATE INJ	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AGENTS

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L.A. Care Home Infusion List Cont.

Alphabetical Index

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carmustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
CEFAZOLIN INJ	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
cefepime inj	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
cefotetan inj	-	F	CEPHALOSPORINS
CEFOXITIN INJ	-	F	CEPHALOSPORINS
ceftazidime inj	-	F	CEPHALOSPORINS
ceftriaxone inj	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CINQAIR INJ	PA	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
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
CUPRIC CHLORIDE INJ	-	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 SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN FASPRO	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daunorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
dexamethasone phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane 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 7/1/2022

Drug Name	Special Code	Tier	Category
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
DEXTROSE INJ	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTIANSIETY 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
doxycycline hyclate inj	-	F	TETRACYCLINES
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELELYSO INJ (Only available through Accredo 888-773-7376)	LD-PA	F	HEMATOPOIETIC AGENTS
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELZONRIS SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENTYVIO INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	NC	MACROLIDES
erythromycin inj	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
ESPEROCT INJ	-	NC	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 (Only available through Orsini Pharmacy 800-410-8575)	LD-PA	F	ANTIHYPERTENSIVES
EXONDYS 51 SOLN	-	NC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ	PA	F	ANTI-ASTHMATIC 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 7/1/2022

Drug Name	Special Code	Tier	Category
FIRMAGON INJ	-	NC	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
furosemide inj	-	F	DIURETICS
GAMASTAN INJ	-	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMIFANT INJ	-	NC	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	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
gemcitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMOFIL M INJ, KOATE-DVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
heparin sodium inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
heparin sodium/nacl inj	-	F	ANTICOAGULANTS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HUMATE-P INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
hydroxyprogesterone capro inj	-	NC	PROGESTINS
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ibandronate sodium inj (BONIVA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
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; Only available through Walgreens 888-347-3416)	LD-QL	F	OPHTHALMIC AGENTS
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	NC	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
INFUGEM SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
INVEGA HAFYERA INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
IRINOTECAN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
JELMYTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEVTANA 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 7/1/2022

Drug Name	Special Code	Tier	Category
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	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NACL INJ	-	F	MINERALS & ELECTROLYTES
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KRYSTEXXA INJ	PA	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
LANREOTIDE ACETATE (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LARTRUVO INJ (Only available through Accredo 888-773-7376)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEUCOVORIN 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 7/1/2022

Drug Name	Special Code	Tier	Category
leuprolide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
LEVOLEUCOVORIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levothyroxine inj	-	F	THYROID AGENTS
LIBTAYO INJ	PA	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 (TRIOSTAT equiv)	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
lorazepam inj	-	F	ANTI-ANXIETY AGENTS
LUMOXITI INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ/ELIGARD INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUXTURNA SUSP (QL=1 kit per eye, per lifetime; Only available through Accredo 888-773-7376)	LD-PA-Q L	F	OPHTHALMIC AGENTS
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
mesna inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ (Only available through Biologics 800-850-4306)	LD	F	HEMATOPOIETIC AGENTS
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MORPHINE SULFATE 10MG/ML PF INJ	-	F	ANALGESICS - OPIOID
morphine sulfate inj	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYLOTARG INJ	-	NC	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 (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
nelarabine iv soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
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	-	NC	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	-	NC	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ (Only available through Biologics 800-850-4306)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
OGIVRI INJ (Restricted to Oncology or HematologyRS Specialist)		F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPASPAR INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFTRAN) inj	-	NC	ANTIEMETICS
ondansetron inj	-	F	ANTIEMETICS
ONIVYDE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORENCIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
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 (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	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
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PEPAXTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ	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 7/1/2022

Drug Name	Special Code	Tier	Category
PFIZERPEN-G INJ	-	F	PENICILLINS
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ	-	F	MINERALS & ELECTROLYTES
PLASMA-LYTE-A INJ	-	F	MINERALS & ELECTROLYTES
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
PORTRAZZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS
PROCHLORPERAZINE INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN SOL	-	NC	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ (Only available through Accredo 888-773-7376)	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
RETISERT IMPLANT	-	NC	OPHTHALMIC AGENTS
REVCOVI INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
SODIUM BICARBONATE INJ	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ	-	F	ANTIDOTES
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE DEPOT (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-PA	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
STELARA IV INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
sterile diluent soln (Only available through Accredo 888-773-7376)	LD	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	OPHTHALMIC AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNRIBO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ	-	NC	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TOBRAMYCIN INJ	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREANDA 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 7/1/2022

Drug Name	Special Code	Tier	Category
TRELSTAR INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETTEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRIESENCE INJ (QL=2 inj/fill; Only available through Lumicera 855-847-3553)	LD-QL	F	OPHTHALMIC AGENTS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ	-	NC	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
vancomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List Cont.

Alphabetical Index

Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO SOLN	-	NC	NEUROMUSCULAR AGENTS
VIMIZIM INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ	PA	F	OPHTHALMIC AGENTS
vitamin K1 inj	-	F	VITAMINS
VONVENDI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
voriconazole inj	-	F	ANTIFUNGALS
VPRIV INJ	PA	F	HEMATOPOIETIC AGENTS
VYONDYS 53 SOLN	-	NC	NEUROMUSCULAR AGENTS
VYXEOS INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XIPERE INJ (QL=2 inj/fill; Only available through Accredo 888-773-7376)	LD-QL	F	OPHTHALMIC AGENTS
XOLAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT (QL=2 inj/36 months; Only available through Diplomat Pharmacy 877-977-9118)	LD-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 7/1/2022

Drug Name	Special Code	Tier	Category
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZEPZELCA SOLN (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERBAXA INJ	-	F	CEPHALOSPORINS
ZINC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	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 (Only available through Accredo 888-773-7376)	LD-PA	F	NEUROMUSCULAR AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYNLONTA SOLN	PA	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
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin inj	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
STREPTOMYCIN INJ	-	F
TOBRAMYCIN INJ	-	F
ZEMDRI INJ	-	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
SIMPONI ARIA INJ	PA	F
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	PA	F
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ	PA	F
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ	PA	F
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
MORPHINE SULFATE 10MG/ML PF INJ	-	F
morphine sulfate inj	-	F
OPIOID PARTIAL AGONISTS		
butorphanol inj	-	F
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ	-	F
TESTOPEL MIS	-	NC
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN IV SOLN	-	F
ANTIANSXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide inj	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone inj	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
NEXTERONE INJ/AMIODARONE INJ	-	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ	PA	F
FASENRA INJ	PA	F
NUCALA INJ	PA	F
XOLAIR INJ	PA	F
SYMPATHOMIMETICS		
terbutaline inj (BRETHINE INJ equiv)	-	F
XANTHINES		
aminophylline inj	-	F
ANTICOAGULANTS		
HEPARINS AND HEPARINOID-LIKE AGENTS		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
heparin sodium inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
heparin sodium/nacl inj	-	F
THROMBIN INHIBITORS		
ARGATROBAN INJ	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - MISC.		
lacosamide iv inj	-	F
levetiracetam inj	-	F
HYDANTOINS		
fosphenytoin inj	-	F
phenytoin inj	-	F
VALPROIC ACID		
valproate inj	-	F
ANTIDEPRESSANTS		
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOLN	PA	F
ANTIDOTES		
ANTIDOTES		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F
SODIUM THIOSULFATE INJ	-	F
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ALOXI IV SOLN	-	F
granisetron HCl inj (KYTRIL INJ equiv)	-	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
ANTIEMETICS Cont.		
ONDANSETRON INJ	-	F
palonosetron inj	-	F
ondansetron (ZOFTRAN) inj	-	NC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO INJ	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS INJ	-	F
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
ANTIFUNGALS		
ABELCET INJ	-	F
AMPHOTERICIN INJ	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj	-	F
ANTIHYPERLIPIDEMICS		
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ (Only available through Orsini Pharmacy 800-410-8575)	LD-PA	F
ANTIHYPERTENSIVES		
VASODILATORS		
hydralazine inj	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole/trimethoprim inj	-	F
CARBAPENEMS		
cilastatin/imipenem inj	-	F
ertapenem inj	-	F
meropenem 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
ANTI-INFECTIVE AGENTS - MISC. Cont.		
PRIMAXIN INJ	-	F
CHLORAMPHENICOLS		
CHLORAMPHENICOL INJ	-	F
CYCLIC LIPOPEPTIDES		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
GLYCOPEPTIDES		
DALVANCE INJ	-	F
VANCOMYCIN INJ	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NACL INJ	-	F
LINCOSAMIDES		
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
MONOBACTAMS		
aztreonam inj	-	F
OXAZOLIDINONES		
linezolid IV soln	-	F
ZYVOX IV SOLN	-	F
POLYMYXINS		
colistimethate inj	-	F
polymyxin b inj	-	F
STREPTOGRAMINS		
SYNERCID INJ	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT INJ	-	F
rifampin inj	-	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	-	F
cisplatin inj	-	F
cyclophosphamide inj	-	F
IFEX INJ	-	F
ifosfamide inj	-	F
melphalan inj	-	F
oxaliplatin 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

Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
thiotepa inj	-	F
TREANDA INJ	-	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN (Only available through CVS Specialty 800-237-2767)	LD-PA	F
PEPAXTO INJ	-	NC
TEMODAR IV INJ	-	NC
YONDELIS INJ	-	NC
ANTIMETABOLITES		
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	-	F
pemetrexed disodium for iv soln	PA	F
ALIMTA INJ	-	NC
ARRANON INJ	-	NC
azacitidine inj	-	NC
INFUGEM SOLN	-	NC
VIDAZA INJ	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
BESPONSA INJ	PA	F
BLINCYTO INJ	PA	F
DARZALEX SOLN	PA	F
ENHERTU INJ	PA	F
IMFINZI INJ	PA	F
JEMPERLI SOLN (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
KADCYLA IV SOLN	PA	F

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
LIBTAYO INJ	PA	F
LUMOXITI INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F
MONJUVI INJ (Only available through Biologics 800-850-4306)	LD-PA	F
OPDIVO INJ	PA	F
PADCEV INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
POLIVY INJ	PA	F
RUXIENCE INJ	PA	F
RYBREVA NT SOLN (Only available through CVS Specialty 800-237-2767)	LD-PA	F
SARCLISA SOLN (Only available through Biologics 800-850-4306)	LD-PA	F
TECENTRIQ INJ	PA	F
TIVDAK INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F
TRUXIMA INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
BLENREP INJ	-	NC
CAMPATH INJ	-	NC
DANYELZA INJ	-	NC
GAZYVA INJ	-	NC
MYLOTARG INJ	-	NC
POTELIGEO INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
UNITUXIN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
MARGENZA INJ	PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
PERJETA INJ	PA	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BREYANZI INJ	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ	PA	F
PORTRAZZA INJ	PA	F
VECTIBIX IV SOLN	PA	F
ANTINEOPLASTIC - HORMONAL AGENTS		
leuprolide inj	-	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
LUPRON DEPOT INJ/ELIGARD INJ	PA	F
FIRMAGON INJ	-	NC
TRELSTAR INJ	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
LARTRUVO INJ (Only available through Accredo 888-773-7376)	LD-PA	F
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
daunorubicin inj	-	F
doxorubicin hcl inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
lipodox inj	-	F
mitomycin inj	-	F
mitoxantron inj	-	F
JELMYTO INJ	-	NC
ANTINEOPLASTIC COMBINATIONS		
DARZALEX SOLN FASPRO	PA	F
VYXEOS INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
BALEODAQ INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
bortezomib inj	PA	F
KYPROLIS SOLN	PA	F
romidepsin for iv inj	PA	F
ROMIDEPSIN INJ	PA	F
temsirolimus soln	-	F
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
ISTODAX (OVERFILL) INJ	-	NC
VELCADE INJ	-	NC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
VELCADE INJ, BORTEZOMIB INJ	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	EXC
ASPARLAS INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
ONCASPAR INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
RYLAZE INJ	-	NC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA INJ	-	F
ANTINEOPLASTICS MISC.		
arsenic trioxide inj	PA	F
dacarbazine inj	-	F
PHOTOFRIN INJ	-	F
PROLEUKIN INJ	-	F
SYLATRON KIT	-	F
SYNRIBO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
ELZONRIS SOLN	-	NC
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane inj	-	F
leucovorin inj	-	F
LEVOLEUCOVORIN INJ	-	F
mesna inj	-	F
KHAPZORY SOLN	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
LEUCOVORIN INJ	-	F
COSELA INJ	-	NC
MITOTIC INHIBITORS		
ABRAXANE INJ	PA	F
docetaxel inj	-	F
docetaxel IV soln	-	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F
HALAVEN INJ	PA	F
JEVTANA INJ	PA	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
vincristine inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
vinorelbine inj	-	F
IXEMPRA KIT INJ	-	NC
MARQIBO INJ	-	NC
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	-	NC
TOPOISOMERASE I INHIBITORS		
IRINOTECAN INJ	-	F
topotecan inj	-	F
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	F
ONIVYDE INJ	-	NC
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA HAFYERA INJ	-	F
PHENOTHIAZINES		
prochlorperazine inj	-	F
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL=7 inj/year)	QL	F
CABENUVA SUSP (QL=1 kit/month)	QL	F
TROGARZO INJ	-	NC
CMV AGENTS		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
HERPES AGENTS		
acyclovir sodium IV soln	-	F
ASSORTED CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV SOLN	PA	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
BETA BLOCKERS CARDIO-SELECTIVE		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
BETA BLOCKERS NON-SELECTIVE		
propranolol inj	-	F
SOTALOL INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
CARDENE INJ	-	F
diltiazem inj	-	F
nicardipine inj	-	F
verapamil inj	-	F
CARDIOTONICS		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj (Only available through Accredo 888-773-7376)	LD-PA	F
treprostinil inj (Only available through Accredo 888-773-7376)	LD-PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ (Only available through Accredo 888-773-7376)	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOLIN INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
cefotetan inj	-	F
CEFOXITIN INJ	-	F
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
CEFTAZIDIME INJ	-	F
ceftriaxone inj	-	F
CEFTRIAZONE/DEXTROSE INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
dexamethasone phosphate inj	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
DERMATOLOGICALS		
ANTIPSORIATICS		
ILUMYA SOLN	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ	-	NC
DIURETICS		
LOOP DIURETICS		
furosemide inj	-	F
OSMOTIC DIURETICS		
mannitol inj	-	F
OSMITROL INJ	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
EVENITY INJ	PA	F
pamidronate inj	-	F
PROLIA SOLN	PA	F

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
XGEVA INJ	PA	F
zoledronic acid inj (ZOMETA INJ equiv)	-	F
zoledronic acid IV soln (RECLAST INJ equiv)	-	F
BONIVA INJ	-	NC
ibandronate sodium inj (BONIVA equiv)	-	NC
PAMIDRONATE INJ	-	NC
RECLAST INJ	-	NC
ZOMETA INJ	-	NC
CORTICOTROPIN		
ACTHAR HP GEL INJ	-	NC
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ	PA	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPO-PED INJ	PA	F
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	PA	F
SUPPRELIN LA KIT	-	NC
TRIPTODUR SUSP	-	NC
METABOLIC MODIFIERS		
ALDURAZYME INJ	PA	F
BRINEURA KIT (QL=4 kits/28 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	F
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	PA	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
MYOZYME/LUMIZYME INJ	PA	F
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
NEXVIAZYME INJ	PA	F
NULIBRY INJ (Only available through Biologics 800-850-4306)	LD-PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
VIMIZIM INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
KANUMA INJ	-	NC
REVCIVI INJ	-	NC
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE (QL=1 syringe/28 days)	PA-QL	F
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE DEPOT (QL=1 syringe/28 days)	PA-QL	F

FLUOROQUINOLONES

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ	PA	F
ENTYVIO INJ	PA	F
RENFLEXIS INJ	PA	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
STELARA IV INJ	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
HYPEROXALURIA AGENTS		
OXLUMO INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
KRYSTEXXA INJ	PA	F
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ	-	NC
ANTIHEMOPHILIC PRODUCTS		
ADYNOVATE INJ	PA	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
FEIBA INJ	PA	F
HUMATE-P INJ	PA	F
ADVATE INJ, KOVALTRY INJ	-	NC
AFSTYLA KIT	-	NC
ALPHANATE INJ, HUMATE-P INJ	-	NC
ALPHANINE SD INJ, MONONINE INJ	-	NC
ALPROLIX INJ	-	NC
BENEFIX INJ	-	NC
COAGADEX INJ	-	NC
CORIFACT KIT	-	NC
ELOCTATE INJ	-	NC
ESPEROCT INJ	-	NC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
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
NOVOSEVEN RT INJ	-	NC
NUWIQ INJ	-	NC
OBIZUR INJ	-	NC
PROFILNINE INJ	-	NC
REBINYN SOL	-	NC
RECOMBINATE INJ	-	NC
TRETEN INJ	-	NC
VONVENDI INJ	-	NC
WILATE INJ	-	NC
XYNTHA INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ	PA	F
PLASMA PROTEINS		
albuminar inj	-	F
RYPLAZIM SOLN	PA	F
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE INJ	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ	PA	F
ELELYSO INJ (Only available through Accredo 888-773-7376)	LD-PA	F
VPRIV INJ	PA	F
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO INJ	PA	F
FOLIC ACID/FOLATES		
folic acid inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
HEMATOPOIETIC GROWTH FACTORS		
MIRCERA INJ	-	NC
NPLATE INJ	-	NC
REBLOZYL INJ	-	NC
IRON		
ferric gluconate IV soln	-	F
ferumoxytol inj	-	F
INJECTAFER INJ	-	F
MONOFERRIC INJ (Only available through Biologics 800-850-4306)	LD	F
VENOFER INJ	-	F
FERAHEME INJ	-	NC
FERRLECIT INJ	-	NC
INFED INJ	-	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	F
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE INJ	-	F
CALCIUM		
CALCIUM GLUCONATE INJ	-	F
ELECTROLYTE MIXTURES		
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
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NACL INJ	-	F
LACTATED RINGERS INJ	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
PLASMA-LYTE INJ	-	F
PLASMA-LYTE-A INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
MAGNESIUM		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
potassium phosphate inj	-	F
SODIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
POTASSIUM		
potassium chloride inj	-	F
POTASSIUM CHLORIDE INJ	-	NC
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
CHROMIUM CHLORIDE INJ	-	F
CUPRIC CHLORIDE INJ	-	F
SELENIUM INJ	-	F
ZINC		
ZINC CHLORIDE INJ	-	F
MISCELLANEOUS THERAPEUTIC CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
mycophenolate inj	-	F
PROGRAF INJ	-	F

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
GAMIFANT INJ	-	NC
UPLIZNA SOLN	-	NC
LYMPHATIC AGENTS		
SYLVANT INJ	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
VISCOSUPPLEMENTS		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA INJ	-	NC
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	NC
EXONDYS 51 SOLN	-	NC
VILTEPSO SOLN	-	NC
VYONDYS 53 SOLN	-	NC
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
DYSPORE	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
XEOMIN INJ	PA	F
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-PA	F
ZOLGENSMA INJ (Only available through Accredo 888-773-7376)	LD-PA	F
NUTRIENTS		
CARBOHYDRATES		
dextrose inj	-	F
LIPIDS		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
OPHTHALMIC AGENTS		
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ (QL=1 vial/28 days for first 3 fills, then 1 vial/56 days)	PA-QL	F
SUSVIMO INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
OPHTHALMIC GENE THERAPY		
LUXTURNA SUSP (QL=1 kit per eye, per lifetime; Only available through Accredo 888-773-7376)	LD-PA-QL	F
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
OPHTHALMIC STEROIDS		
ILUVIEN IMPLANT (QL=2 inj/36 months; Only available through Walgreens 888-347-3416)	LD-QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
TRIESENCE INJ (QL=2 inj/fill; Only available through Lumicera 855-847-3553)	LD-QL	F
XIPERE INJ (QL=2 inj/fill; Only available through Accredo 888-773-7376)	LD-QL	F
YUTIQ IMPLANT (QL=2 inj/36 months; Only available through Diplomat Pharmacy 877-977-9118)	LD-QL	F
RETISERT IMPLANT	-	NC
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F

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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List
 Category/Class
 Last Updated* 7/1/2022

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AGENTS Cont.		
PRIVIGEN INJ	PA	F
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMASTAN INJ	-	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
HYPERHEP B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	PA	F
PENICILLINS		
AMINOPENICILLINS		
AMPICILLIN INJ	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
PENICILLIN COMBINATIONS		
ampicillin/sulbactam inj	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
BACTOCILL/DEXTROSE INJ	-	F
nafcillin inj	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
STERILE DILUENT SOLN (Only available through Accredo 888-773-7376)	LD	F
sterile water for inj	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PROGESTINS Cont.		
hydroxyprogesterone capro inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
MULTIPLE SCLEROSIS AGENTS		
LEMTRADA INJ	PA	F
OCREVUS INJ	PA	F
TYSABRI INJ	PA	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO SOLN	-	NC
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAIVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
levothyroxine inj	-	F
liothyronine inj (TRIOSTAT equiv)	-	F
ULCER DRUGS		
H-2 ANTAGONISTS		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
PROTON PUMP INHIBITORS		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
VASOPRESSORS		
VASOPRESSORS		

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Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List
Prior Authorization Drug List
Last Updated* 7/1/2022**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABRAXANE INJ	F
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADYNOVATE INJ	F
ALDURAZYME INJ	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	F
ARALAST NP INJ	F
arsenic trioxide inj	F
ARZERRA INJ	F
ASPARLAS INJ	F
AVSOLA INJ	F
BALEODAQ INJ	F
BAVENCIO INJ	F
BENDEKA INJ	F
BENLYSTA IV SOLN	F
BEOVU INJ	F
BERINERT INJ	F
BESPONSIA INJ	F
BLINCYTO INJ	F
bortezomib inj	F
BOTOX INJ	F
BRINEURA KIT	F
CARIMUNE NANOFILTERED INJ	F
CEREZYME INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
CRYSVITA INJ	F
DARZALEX SOLN	F
DARZALEX SOLN FASPRO	F
decitabine inj	F
DUROLANE	F
DYSPORT	F
ELAPRASE INJ	F
ELELYSO INJ	F
ENHERTU INJ	F
ENTYVIO INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 7/1/2022**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
epoprostenol inj	F
ERBITUX INJ	F
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FEIBA INJ	F
FLEBOGAMMA INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HALAVEN INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMFINZI INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LANREOTIDE ACETATE	F
LARTRUVO INJ	F
LEMTRADA INJ	F
LIBTAYO INJ	F
LUMOXITI INJ	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ/ELIGARD INJ	F
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	F
LUXTURNA SUSP	F
MARGENZA INJ	F

Symbols and abbreviations are defined on page 1.

**L.A. Care Home Infusion List cont.
Prior Authorization Drug List
Last Updated* 7/1/2022**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
MONJUVI INJ	F
MYOZYME/LUMIZYME INJ	F
NAGLAZYME INJ	F
NEXVIAZYME INJ	F
NUCALA INJ	F
NULIBRY INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONCASPAR INJ	F
OPDIVO INJ	F
ORENCIA INJ	F
OXLUMO INJ	F
PADCEV INJ	F
PANZYGA INJ	F
pemetrexed disodium for iv soln	F
PERJETA INJ	F
POLIVY INJ	F
PORTRAZZA INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
RENFLEXIS INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
SANDOSTATIN LAR DEPOT KIT	F
SAPHNELO SOLN	F
SARCLISA SOLN	F
SIGNIFOR LAR INJ	F
SIMPONI ARIA INJ	F
SOLIRIS IV SOLN	F
SOMATULINE DEPOT	F
SPINRAZA INJ	F
SPRAVATO SOLN	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* 7/1/2022**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
SYNAGIS INJ	F
SYNRIBO INJ	F
TECENTRIQ INJ	F
TEPEZZA INJ	F
TIVDAK INJ	F
treprostinil inj	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
ULTOMIRIS INJ	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VPRIV INJ	F
VYXEOS INJ	F
XEOMIN INJ	F
XGEVA INJ	F
XOLAIR INJ	F
YERVOY INJ	F
ZALTRAP INJ	F
ZEPZELCA SOLN	F
ZOLGENSMA INJ	F
ZYNLONTA SOLN	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List
Last Updated* 7/1/2022
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

ASPARLAS INJ	BALEODAQ INJ	BRINEURA KIT	CRYSVITA INJ
ELELYSO INJ	epoprostenol inj	EVKEEZA INJ	ILUVIEN IMPLANT
JEMPERLI SOLN	LARTRUVO INJ	LUMOXITI INJ	LUXTURNA SUSP
MONJUVI INJ	MONOFERRIC INJ	NAGLAZYME INJ	NULIBRY INJ
ONCASPAR INJ	OXLUMO INJ	PADCEV INJ	RYBREVANT SOLN
SARCLISA SOLN	SPINRAZA INJ	STERILE DILUENT SOLN	SUSVIMO INJ
SYNRIBO INJ	TIVDAK INJ	treprostinil inj	TRIESENCE INJ
TRODELVY SOLN	VIMIZIM INJ	VYXEOS INJ	XIPERE INJ
YUTIQ IMPLANT	ZEPZELCA SOLN	ZOLGENSMA INJ	

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Last Updated* 7/1/2022

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>
APRETUDE SUSP	QL=7 inj/year
BEOVU INJ	QL=1 vial/28 days for first 3 fills, then 1 vial/56 days
BRINEURA KIT	QL=4 kits/28 days; Only available through Orsini Pharmacy 800-410-8575
CABENUVA SUSP	QL=1 kit/month
ILUVIEN IMPLANT	QL=2 inj/36 months; Only available through Walgreens 888-347-3416
LANREOTIDE ACETATE	QL=1 syringe/28 days
LUXTURNA SUSP	QL=1 kit per eye, per lifetime; Only available through Accredo 888-773-7376
OZURDEX IMPLANT	QL=2 inj/180 days
SANDOSTATIN LAR DEPOT KIT	QL=1 kit every 4 weeks
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 days
SOMATULINE DEPOT	QL=1 syringe/28 days
TRIESENCE INJ	QL=2 inj/fill; Only available through Lumicera 855-847-3553
XIPERE INJ	QL=2 inj/fill; Only available through Accredo 888-773-7376
YUTIQ IMPLANT	QL=2 inj/36 months; Only available through Diplomat Pharmacy 877-977-9118

Symbols and abbreviations are defined on page 1.



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