L.A. Care Covered™

L.A. Care Health Plan

L.A. Care Covered™ Formulary

2023

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 All previous versions of the formulary are no longer in effect.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

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

lacare.org

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

INTRODUCTION

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Foreword

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

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

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

How to Use the Formulary

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

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

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

Generic and Brand Name Medications

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

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

How Drugs Are Listed

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

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

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

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

Example: ANTICOAGULANTS
HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
enoxaparin inj 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 (***dalteparin sodium***)	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 3/3/2023

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

NC =Not Covered | **generic** =small letters | **BRANDS** =CAPITAL LETTERS

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

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
phentermine cap 15MG, 30MG, 37.5MG (ADIPEX Equiv)	1	PA-QL QL= 1 cap/day
phentermine tab 37.5MG (ADIPEX Equiv)	1	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ***(phentermine hcl-topiramate)***	3	PA-QL QL= 1 cap/day
ANTI-OBESITY AGENTS - Drugs to help weight loss		
CONTRAVE TAB 8MG-90MG ***(naltrexone hcl-bupropion hcl)***	2	PA-QL QL= 4 tabs/day
IMCIVREE INJ 10MG/ML ***(setmelanotide acetate)***	4	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
SAXENDA INJ 18MG/3ML ***(liraglutide (weight management))***	2	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML ***(semaglutide (weight management))***	2	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML ***(semaglutide (weight management))***	2	PA-QL QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML ***(semaglutide (weight management))***	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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG (STRATTERA Equiv)	1	-
clonidine ER tab .1MG (KAPVAY Equiv)	1	-
guanfacine ER tab 1MG, 2MG, 3MG, 4MG (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG ***(guanfacine hcl (adhd))***	3	-
KAPVAY TAB .1MG ***(clonidine hcl (adhd))***	3	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG ***(solriamfetol hcl)***	2	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG ***(pitolisant hcl)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
STIMULANTS - MISC. - Miscellaneous stimulant drugs		
armodafinil tab 150MG, 200MG, 250MG, 50MG (NUVIGIL Equiv)	1	QL QL= 1 tab/day
dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)	1	-
dexmethylphenidate tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)	1	-

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FOCALIN TAB 10MG, 2.5MG, 5MG ***(dexmethylphenidate hcl)***	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG ***(dexmethylphenidate hcl)***	3	-
METHYLIN SOLN 10MG/5ML, 5MG/5ML ***(methylphenidate hcl)***	2	-
methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (METADATE CD Equiv)	1	-
methylphenidate chew tab 10MG, 2.5MG, 5MG (METHYLIN Equiv)	1	-
methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG (RITALIN LA Equiv)	1	-
METHYLPHENIDATE ER TAB 18MG ***(methylphenidate hcl)***	2	-
methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG	1	-
methylphenidate soln 10MG/5ML, 5MG/5ML (METHYLIN Equiv)	1	-
methylphenidate tab 10MG, 20MG, 5MG (RITALIN Equiv)	1	-
modafinil tab 100MG, 200MG (PROVIGIL Equiv)	1	QL QL= 2 tabs/day
NUVIGIL TAB 150MG, 200MG, 250MG, 50MG ***(armodafinil)***	3	QL QL= 1 tab/day

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PROVIGIL TAB 100MG, 200MG ***(modafinil)***	3	QL QL= 2 tabs/day
RITALIN LA CAP 10MG, 20MG, 30MG, 40MG ***(methylphenidate hcl)***	3	-
RITALIN TAB 10MG, 20MG, 5MG ***(methylphenidate hcl)***	3	-
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
amikacin inj 1GM/4ML, 500MG/2ML (KANAMYCIN Equiv)	M	M
neomycin tab 500MG	1	-
paromomycin cap 250MG (HUMATIN Equiv)	1	-
TOBI PODHALER 28MG ***(tobramycin)***	4	LD-PA Only available through Walgreens 888-347-3416
tobramycin neb soln 300MG/4ML, 300MG/5ML (TOBI Equiv)	4	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG ***(baricitinib)***	4	LMSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG ***(upadacitinib)***	4	LMSP-PA-QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XELJANZ SOLN 1MG/ML ***(tofacitinib citrate)***	4	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG ***(tofacitinib citrate)***	4	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ***(tofacitinib citrate)***	4	LMSP-PA-QL QL= 1 tab/day
ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system		
RHEUMATREX TAB ***(methotrexate sodium (antirheumatic))***	3	-
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 80MG 80MG/0.8ML ***(adalimumab)***	4	PA-QL-SP QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 80MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML, 80MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	4	LMSP-PA-QL QL= 2 pens/28 days
SIMPONI AUTO-INJECTOR 100MG 100MG/ML ***(golimumab)***	4	LMSP-PA-QL QL=1 inj/28 days
SIMPONI INJ 100MG 100MG/ML ***(golimumab)***	4	LMSP-PA-QL QL=1 inj/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG ***(auranofin)***	2	-
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML ***(anakinra)***	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 ***(tocilizumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ***(tocilizumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ***(sarilumab)***	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 ***(diclofenac w/ misoprostol)***	3	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
indomethacin CR cap 75MG (INDOCIN SR Equiv)	1	-
ketorolac inj 15mg/ml 15MG/ML (TORADOL Equiv)	1	QL QL= 20ml/5 days
ketorolac inj 30mg/ml 30MG/ML (TORADOL Equiv)	1	QL QL= 20ml/5 days
ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML (TORADOL Equiv)	1	QL QL= 20ml/5 days
ketorolac tab 10MG (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
meloxicam tab 15MG, 7.5MG (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG ***(meloxicam)***	3	-
MOTRIN SUSP 100MG/5ML, 50MG/1.25ML ***(ibuprofen)***	3	-
nabumetone tab 500MG, 750MG (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG ***(naproxen)***	3	-
NAPROSYN TAB 500MG ***(naproxen)***	3	-
naproxen EC tab 375MG (NAPROSYN EC Equiv)	1	-
naproxen tab 250MG, 375MG, 500MG (NAPROSYN Equiv)	1	-
piroxicam cap 10MG, 20MG (FELDENE Equiv)	1	-
sulindac tab 150MG, 200MG (CLINORIL Equiv)	1	-
TOLMETIN TAB 200MG, 600MG ***(tolmetin sodium)***	3	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OTEZLA STARTER PACK ***(apremilast)***	4	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG ***(apremilast)***	4	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
leflunomide tab 10MG, 20MG (ARAVA Equiv)	1	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
ORENCIA CLICK INJ 125MG/ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML ***(abatacept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ***(abatacept)***	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 ***(etanercept)***	4	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML ***(etanercept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ***(etanercept)***	4	LMSP-PA-QL QL= 4 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ENBREL SURECLICK INJ 50MG 50MG/ML ***(etanercept)***	4	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
aspirin chew tab 81mg 81MG	$0	OTC Covered for females (no age restriction)
aspirin ec tab 81mg 81MG	$0	OTC Covered for females (no age restriction)
salsalate tab 500MG, 750MG (DISALCID Equiv)	1	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
ABSTRAL SL TAB 100MCG, 200MCG, 300MCG, 400MCG, 600MCG, 800MCG ***(fentanyl citrate)***	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(fentanyl citrate)***	3	PA-QL QL= 120 units/30 days
CODEINE SULFATE TAB 15MG 15MG ***(codeine sulfate)***	1	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG ***(codeine sulfate)***	1	QL QL=180 tabs/30 days
codeine sulfate tab 60mg	1	QL QL=180 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
codeine sulfate tablet 15mg, 30mg 30MG	1	QL QL= 240 tabs/30 days
DILAUDID TAB 2MG 2MG ***(hydromorphone hcl)***	3	QL QL= 240 tabs/30 days
DILAUDID TAB 4MG 4MG ***(hydromorphone hcl)***	3	QL QL=180 tabs/30 days
DILAUDID TAB 8MG 8MG ***(hydromorphone hcl)***	3	QL QL=120 tabs/30 days
DOLOPHINE TAB 10MG, 5MG ***(methadone hcl)***	3	QL QL=120 tabs/30 days
DURAGESIC PATCH 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR ***(fentanyl)***	3	QL QL=10 patches/30 days
fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (ACTIQ Equiv)	1	PA-QL QL= 120 lozenges/30 days
fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (DURAGESIC Equiv)	1	QL QL=10 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(fentanyl citrate)***	3	PA-QL QL= 120 tabs/30 days
hydromorphone tab 2mg 2MG (DILAUDID Equiv)	1	QL QL= 240 tabs/30 days

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MORPHINE SULFATE ER BEAD CAP 120MG, 30MG, 45MG, 60MG, 75MG, 90MG ***(morphine sulfate beads)***	3	QL QL= 2 caps/day
morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days
MORPHINE SULFATE SOLN 20MG/5ML ***(morphine sulfate)***	1	QL QL=120ml/30 days
morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML	1	QL QL=120ml/30 days
MORPHINE SULFATE TAB ***(morphine sulfate)***	1	QL QL=180 tabs/30 days
MORPHINE SULFATE TAB 15MG, 30MG ***(morphine sulfate)***	1	QL QL=180 tabs/30 days
morphine sulfate tab 15MG, 30MG	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG ***(tapentadol hcl)***	3	QL QL= 180 tabs/30 days
oxycodone soln 5MG/5ML (ROXICODONE Equiv)	1	QL QL=240ml/30 days
oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG ***(oxycodone hcl)***	3	QL QL=120 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tramadol ER tab 100MG, 200MG, 300MG (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
TRAMADOL HCL ER TAB 100MG, 200MG, 300MG ***(tramadol hcl)***	1	QL QL= 30 tabs/30 days
tramadol tab 100MG, 50MG (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB ***(tramadol hcl tab)***	3	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ***(oxycodone)***	2	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
acetaminophen/codeine soln 12MG/5ML-120MG/5ML	1	QL QL=240ml/30 days
acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days
hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)	1	QL QL=1800ml/30 days
hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML (HYCET Equiv)	1	QL QL=1800ml/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrocodone/acetaminophen tab (LORTAB Equiv)	1	QL QL=120 tabs/30 days
hydrocodone/acetaminophen tab 2.5-325mg (NORCO Equiv)	1	QL QL=120 tabs/30 days
LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG ***(hydrocodone-acetaminophen)***	3	QL QL=120 tabs/30 days
LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML ***(hydrocodone-acetaminophen)***	3	QL QL=1800ml/30 days
oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)	1	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG ***(oxycodone-aspirin)***	1	QL QL= 120 tabs/30 days
PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG ***(oxycodone w/ acetaminophen)***	3	QL QL=120 tabs/30 days
tramadol/acetaminophen tab 37.5MG-325MG (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB 30MG-300MG, 60MG-300MG ***(acetaminophen w/ codeine)***	3	QL QL=180 tabs/30 days
OPIOID PARTIAL AGONISTS - Drugs to treat pain		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR (BUTRANS Equiv)	1	QL QL= 4 patches/28 days
buprenorphine SL tab 2MG, 8MG (SUBUTEX Equiv)	1	-
buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (SUBOXONE Equiv)	1	-
buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG (SUBOXONE Equiv)	1	-
butorphanol nasal spray 10MG/ML (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 ***(buprenorphine)***	3	QL QL= 4 patches/28 days
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG ***(buprenorphine hcl-naloxone hcl dihydrate)***	3	-
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANABOLIC STEROIDS - Drugs used to gain weight		
ANADROL TAB 50MG ***(oxymetholone)***	3	-
OXANDRIN TAB 10MG ***(oxandrolone)***	3	-
oxandrolone tab (OXANDRIN Equiv)	1	-
ANDROGENS - Drugs to treat low testosterone level		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ***(testosterone)***	2	PA-QL QL= 1 patch/day
ANDROGEL 1% 25MG 25MG/2.5GM ***(testosterone)***	3	PA-QL QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM ***(testosterone)***	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM ***(testosterone)***	3	PA-QL QL= 1 packet/day
ANDROGEL 1.62% 2.5GM 40.5MG/2.5GM ***(testosterone)***	3	PA-QL QL= 2 packets/day
ANDROGEL PUMP 1% ***(testosterone)***	3	PA-QL QL= 4 bottles/30 days
ANDROGEL PUMP 1.62% 1.62% ***(testosterone)***	3	PA-QL QL= 2 bottles/30 days
danazol cap 100MG, 200MG, 50MG (DANOCRINE Equiv)	1	-
DEPO-TESTOSTERONE INJ 100MG/ML, 200MG/ML ***(testosterone cypionate)***	3	-
METHITEST TAB 10MG ***(methyltestosterone)***	3	PA
methyltestosterone cap 10MG	1	PA
testosterone cypionate inj 100MG/ML, 200MG/ML (DEPO-TESTOSTERONE Equiv)	1	-
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML ***(testosterone enanthate)***	2	QL QL= 5ml/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM ***(testosterone)***	2	PA-QL QL= 1 packet/day
testosterone gel 1% 25mg 25MG/2.5GM (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
testosterone gel 1% 50mg 1%, 50MG/5GM (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
testosterone gel 1% pump 1% (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm 20.25MG/1.25GM (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
testosterone gel 1.62% 2.5gm 40.5MG/2.5GM (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP 1% ***(testosterone)***	2	PA-QL QL= 4 bottles/30 days
testosterone gel pump 1.62% 1.62% (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
testosterone soln 30MG/ACT (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 ***(hydrocortisone (intrarectal))***	3	-
hydrocortisone enema 100MG/60ML (CORTENEMA Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
UCERIS RECTAL FOAM 2MG/ACT ***(budesonide (intrarectal))***	3	PA
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
lidocaine/hydrocortisone cream .5%-3% (ANAMANTLE Equiv)	1	-
pramoxine/hydrocortisone cream 1%, 1%-2.5% (ANALPRAM-HC Equiv)	1	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
ANUSOL-HC CREAM 1%, 2.5% ***(hydrocortisone (rectal))***	3	-
proctosol HC cream 1%, 2.5% (ANUSOL HC Equiv)	1	-
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
albendazole tab 200MG (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG ***(albendazole)***	3	-
BENZNIDAZOLE TAB 100MG, 12.5MG ***(benznidazole)***	2	PA
BILTRICIDE TAB 600MG ***(praziquantel)***	3	-
EMVERM TAB 100MG ***(mebendazole)***	2	PA
ivermectin tab 3MG (STROMECTOL Equiv)	1	PA
praziquantel tab 600MG (BILTRICIDE Equiv)	1	-
STROMECTOL TAB 3MG ***(ivermectin)***	3	PA
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RANEXA TAB 1000MG, 500MG ***(ranolazine)***	3	-
ranolazine tab 1000MG, 500MG (RANEXA Equiv)	1	-
NITRATES - Drugs to treat chest pain		
DILATRATE SR CAP 40MG ***(isosorbide dinitrate)***	3	-
ISORDIL TITRADOSE TAB 40MG, 5MG ***(isosorbide dinitrate)***	3	-
isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG (ISORDIL Equiv)	1	-
isosorbide dinitrate tab 40mg 40MG (ISORDIL Equiv)	1	-
isosorbide mononitrate ER tab 120MG, 30MG, 60MG (IMDUR Equiv)	1	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG (MONOKET Equiv) ***(isosorbide mononitrate)***	1	-
isosorbide mononitrate tab 10MG, 20MG (MONOKET Equiv)	1	-
NITRO-BID OINT 2% ***(nitroglycerin)***	2	-
NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR ***(nitroglycerin)***	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR ***(nitroglycerin)***	3	-
nitroglycerin lingual spray .4MG/SPRAY (NITROLINGUAL Equiv)	1	-
nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (NITRO-DUR Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
nitroglycerin SL tab .3MG, .4MG, .6MG (NITROSTAT Equiv)	1	-
NITROLINGUAL PUMP SPRAY .4MG/SPRAY ***(nitroglycerin)***	3	-
NITROSTAT SL TAB .3MG, .4MG, .6MG ***(nitroglycerin)***	3	-
ANTIANXIETY AGENTS - Drugs to treat anxiety		
ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
buspirone tab 10MG, 15MG, 5MG, 7.5MG (BUSPAR Equiv)	1	-
hydroxyzine pamoate cap 25MG, 50MG (VISTARIL Equiv)	1	-
HYDROXYZINE PAMOATE CAP 100MG 100MG ***(hydroxyzine pamoate)***	1	-
hydroxyzine syrup 10MG/5ML (ATARAX Equiv)	1	-
hydroxyzine tab 10MG, 25MG, 50MG (ATARAX Equiv)	1	-
VISTARIL CAP 25MG, 50MG ***(hydroxyzine pamoate)***	3	-
BENZODIAZEPINES - Drugs to treat anxiety		
alprazolam tab .25MG, .5MG, 1MG, 2MG (XANAX Equiv)	1	QL QL= 5 tabs/day
chlordiazepoxide cap 10MG, 25MG, 5MG (LIBRIUM Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
diazepam conc 5MG/ML (VALIUM Equiv)	1	QL QL= 180ml/30 days
diazepam oral soln 5mg/5ml 5MG/5ML (DIAZEPAM Equiv)	1	QL QL= 180ml/30 days
diazepam tab 2mg, 10mg 10MG, 2MG (VALIUM Equiv)	1	QL QL= 4 tabs/day
diazepam tab 5mg 5MG (VALILUM Equiv)	1	QL QL= 3 tabs/day
lorazepam conc 1MG/0.5ML, 2MG/ML (ATIVAN Equiv)	1	-
lorazepam tab .5MG, 1MG, 2MG (ATIVAN Equiv)	1	-
VALIUM TAB 2MG, 10MG 10MG, 2MG ***(diazepam)***	3	QL QL= 4 tabs/day
VALIUM TAB 5MG 5MG ***(diazepam)***	3	QL QL= 3 tabs/day
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
disopyramide cap 100MG, 150MG (NORPACE Equiv)	1	-
NORPACE CAP 100MG, 150MG ***(disopyramide phosphate)***	3	-
quinidine gluconate CR tab 324MG	1	-
quinidine sulfate tab 200MG, 300MG	1	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
mexiletine hcl cap 150MG, 200MG, 250MG	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
flecainide tab 100MG, 150MG, 50MG (TAMBOCOR Equiv)	1	-
propafenone ER cap 225MG, 325MG, 425MG (RYTHMOL SR Equiv)	1	-
propafenone tab 150MG, 225MG, 300MG (RYTHMOL Equiv)	1	-
RYTHMOL SR CAP 225MG, 325MG, 425MG ***(propafenone hcl)***	3	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
amiodarone tab 100MG, 200MG, 400MG (CORDARONE Equiv)	1	-
CORDARONE TAB ***(amiodarone hcl)***	3	-
dofetilide cap 125MCG, 250MCG, 500MCG (TIKOSYN Equiv)	1	-
MULTAQ TAB 400MG ***(dronedarone hcl)***	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG ***(dofetilide)***	3	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML ***(benralizumab)***	4	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NUCALA INJ 40MG/0.4ML ***(mepolizumab)***	4	LMSP-PA-QL QL= 1 inj/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
cromolyn neb soln 20MG/2ML (INTAL Equiv)	1	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT ***(ipratropium bromide hfa)***	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ***(umeclidinium bromide)***	2	-
ipratropium neb soln .02% (ATROVENT Equiv)	1	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ***(tiotropium bromide monohydrate)***	2	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
ACCOLATE TAB 10MG, 20MG ***(zafirlukast)***	3	-
montelukast chew tab 4MG, 5MG (SINGULAIR Equiv)	1	-
montelukast granule pack 4MG (SINGULAIR Equiv)	1	-
montelukast tab 10MG (SINGULAIR Equiv)	1	-
SINGULAIR CHEW TAB 4MG, 5MG ***(montelukast sodium)***	3	-
SINGULAIR GRANULE PACK 4MG ***(montelukast sodium)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SINGULAIR TAB 10MG ***(montelukast sodium)***	3	-
zafirlukast tab 10MG, 20MG (ACCOLATE Equiv)	1	-
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
DALIRESP TAB 250MCG, 500MCG ***(roflumilast)***	3	-
roflumilast tab 250MCG, 500MCG (DALIRESP Equiv)	1	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(fluticasone furoate (inhalation))***	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone furoate (inhalation))***	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone furoate (inhalation))***	2	-
budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)	1	-
FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST ***(fluticasone propionate (inhalation))***	2	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
arformoterol tartrate neb soln 15MCG/2ML (BROVANA Equiv)	1	-
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ***(fluticasone furoate-vilanterol)***	2	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ***(budesonide-glycopyrrolate-formoterol fumarate)***	2	-
BROVANA NEB SOLN 15MCG/2ML ***(arformoterol tartrate)***	3	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ***(ipratropium-albuterol)***	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ***(mometasone furoate-formoterol fumarate dihydrate)***	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ***(mometasone furoate-formoterol fumarate dihydrate)***	2	-
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT ***(fluticasone-salmeterol)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
formoterol fumarate neb soln 20MCG/2ML (PERFOROMIST Equiv)	1	-
LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT ***(levalbuterol tartrate)***	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML (XOPENEX Equiv)	1	-
METAPROTERENOL SYRUP 10MG/5ML ***(metaproterenol sulfate)***	1	-
PERFOROMIST NEB SOLN 20MCG/2ML ***(formoterol fumarate)***	3	-
SEREVENT DISKUS INHALER 50MCG/DOSE ***(salmeterol xinafoate)***	2	-
STIOLTO INHALER 2.5MCG/ACT ***(tiotropium bromide-olodaterol hcl)***	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ***(olodaterol hcl)***	3	QL QL= 1 inhaler/30 days
SYMBICORT INHALER 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT ***(budesonide-formoterol fumarate dihydrate)***	2	-
terbutaline sulfate tab 2.5MG, 5MG (BRETHINE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH ***(fluticasone-umeclidinium-vilanterol)***	2	-
VENTOLIN HFA INHALER 108MCG/ACT ***(albuterol sulfate)***	1	QL QL= 2 inhalers/30 days
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML ***(levalbuterol hcl)***	3	-
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR 80MG/15ML ***(theophylline)***	2	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG ***(theophylline)***	3	-
theophylline ER tab 400MG, 600MG (UNIPHYL Equiv)	1	-
theophylline soln 80MG/15ML	1	-
theophylline tab er 100MG, 200MG, 300MG, 450MG (THEOPHYLLINE ER Equiv)	1	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
COUMADIN TAB 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG ***(warfarin sodium)***	3	-
warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (COUMADIN Equiv)	1	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG ***(apixaban)***	2	-
XARELTO STARTER PACK ***(rivaroxaban)***	2	-
XARELTO SUSP 1MG/ML ***(rivaroxaban)***	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ***(rivaroxaban)***	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 ***(fondaparinux sodium)***	3	PA
enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML (LOVENOX Equiv)	1	-
fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (ARIXTRA Equiv)	1	PA
FRAGMIN INJ 2500UNIT/ML ***(dalteparin sodium)***	3	-
heparin porcine inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML	M	M
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML ***(enoxaparin sodium)***	3	-
THROMBIN INHIBITORS - Drugs to thin the blood		
dabigatran etexilate mesylate cap 150MG, 75MG (PRADAXA Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRADAXA CAP 110MG 110MG, 150MG ***(dabigatran etexilate mesylate)***	3	-
PRADAXA CAP 75MG, 150MG 150MG, 75MG ***(dabigatran etexilate mesylate)***	3	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
clobazam susp 2.5MG/ML (ONFI Equiv)	1	PA Members age 9 or older require Prior Authorization
clobazam tab 10MG, 20MG (ONFI Equiv)	1	PA
clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG (KLONOPIN Equiv)	1	-
clonazepam tab .5MG, 1MG, 2MG (KLONOPIN Equiv)	1	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG ***(diazepam (anticonvulsant))***	2	QL QL= 2 packs/fill
KLONOPIN TAB .5MG, 1MG, 2MG ***(clonazepam)***	3	-
NAYZILAM SPRAY 5MG/0.1ML ***(midazolam (anticonvulsant))***	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ONFI SUSP 2.5MG/ML ***(clobazam)***	3	PA Members age 9 or older require Prior Authorization
ONFI TAB 10MG, 20MG ***(clobazam)***	3	PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VALTOCO NASAL SPRAY 10MG/0.1ML, 7.5MG/0.1ML ***(diazepam (anticonvulsant))***	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
BANZEL SUSP 40MG/ML ***(rufinamide)***	3	PA
carbamazepine chew tab 100MG (TEGRETOL Equiv)	1	-
carbamazepine ER cap 100MG, 200MG, 300MG (CARBATROL Equiv)	1	-
carbamazepine ER tab 100MG, 200MG, 400MG (TEGRETOL XR Equiv)	1	-
carbamazepine susp 100MG/5ML, 200MG/10ML (TEGRETOL Equiv)	1	-
carbamazepine tab 200MG (TEGRETOL Equiv)	1	-
CARBATROL CAP 100MG, 200MG, 300MG ***(carbamazepine)***	3	-
DIACOMIT CAP 250MG, 500MG ***(stiripentol)***	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG ***(stiripentol)***	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML ***(cannabidiol)***	4	LD-PA Only available through Lumicera 855-847-3553

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LAMICTAL ODT 100MG, 200MG, 25MG, 50MG ***(lamotrigine)***	3	-
LAMICTAL ODT KIT ***(lamotrigine)***	3	-
LAMICTAL ODT KIT, LAMICTAL XR KIT ***(lamotrigine)***	3	-
LAMICTAL STARTER KIT 25MG ***(lamotrigine)***	3	-
LAMICTAL TAB 100MG, 150MG, 200MG, 25MG ***(lamotrigine)***	3	-
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG ***(lamotrigine)***	3	-
lamotrigine chew tab 25MG, 5MG (LAMICTAL Equiv)	1	-
lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG (LAMICTAL XR Equiv)	1	-
lamotrigine ODT 100MG, 200MG, 25MG, 50MG (LAMICTAL Equiv)	1	-
lamotrigine ODT kit 25MG (LAMICTAL ODT KIT Equiv)	1	-
lamotrigine tab 100MG, 150MG, 200MG, 25MG (LAMICTAL Equiv)	1	-
levetiracetam ER tab 500MG, 750MG (KEPPRA XR Equiv)	1	-
levetiracetam soln 100MG/ML, 500MG/5ML (KEPPRA Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
levetiracetam tab 1000MG, 250MG, 500MG, 750MG (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG ***(primidone)***	3	-
NEURONTIN CAP 100MG, 300MG, 400MG ***(gabapentin)***	3	QL QL= 9 caps/day
NEURONTIN SOLN 250MG/5ML ***(gabapentin)***	3	QL QL= 72 mls/day
NEURONTIN TAB 600MG 600MG ***(gabapentin)***	3	QL QL= 6 tabs/day
NEURONTIN TAB 800MG 800MG ***(gabapentin)***	3	QL QL= 4.5 tabs/day
oxcarbazepine susp 300MG/5ML, 60MG/ML (TRILEPTAL Equiv)	1	-
oxcarbazepine tab 150MG, 300MG, 600MG (TRILEPTAL Equiv)	1	-
pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG (LYRICA Equiv)	1	QL QL= 3 caps/day
pregabalin cap 225mg 225MG (LYRICA Equiv)	1	QL QL= 2 caps/day
pregabalin cap 300mg 300MG (LYRICA Equiv)	1	QL QL= 2 caps/day
pregabalin soln 20MG/ML (LYRICA Equiv)	1	QL QL= 30ml/day
primidone tab 250MG, 50MG (MYSOLINE Equiv)	1	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZTALMY SUSP 50MG/ML ***(ganaxolone)***	4	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
CARBAMATES - Drugs to treat seizures		
felbamate susp 600MG/5ML (FELBATOL Equiv)	1	-
felbamate tab 400MG, 600MG (FELBATOL Equiv)	1	-
FELBATOL SUSP 600MG/5ML ***(felbamate)***	3	-
FELBATOL TAB 400MG, 600MG ***(felbamate)***	3	-
XCOPRI PAK 100-150MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ***(cenobamate)***	2	QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ***(cenobamate)***	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ***(cenobamate)***	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG ***(cenobamate)***	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ***(cenobamate)***	2	QL QL= 1 tab/day

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

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phenytoin susp 100MG/4ML, 125MG/5ML (DILANTIN Equiv)	1	-
SUCCINIMIDES - Drugs to treat seizures		
CELONTIN CAP 300MG ***(methsuximide)***	2	-
ethosuximide cap 250MG (ZARONTIN Equiv)	1	-
ethosuximide soln 250MG/5ML (ZARONTIN Equiv)	1	-
ZARONTIN CAP 250MG ***(ethosuximide)***	3	-
ZARONTIN SOLN 250MG/5ML ***(ethosuximide)***	3	-
VALPROIC ACID - Drugs to treat seizures		
DEPAKENE CAP 250MG ***(valproic acid)***	3	-
DEPAKENE SYRUP 250MG/5ML ***(valproate sodium)***	3	-
DEPAKOTE ER TAB 250MG, 500MG ***(divalproex sodium)***	3	-
DEPAKOTE SPRINKLE CAP 125MG ***(divalproex sodium)***	3	-
DEPAKOTE TAB 125MG, 250MG, 500MG ***(divalproex sodium)***	3	-
divalproex ER tab 250MG, 500MG (DEPAKOTE ER Equiv)	1	-
divalproex sodium DR tab 125MG, 250MG, 500MG (DEPAKOTE Equiv)	1	-
divalproex sprinkle cap 125MG (DEPAKOTE Equiv)	1	-
valproic acid cap 250MG (DEPAKENE Equiv)	1	-
valproic acid syrup 250MG/5ML (DEPAKENE Equiv)	1	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MARPLAN TAB 10MG ***(isocarboxazid)***	2	-
NARDIL TAB 15MG 15MG ***(phenelzine sulfate)***	3	-
PARNATE TAB 10MG ***(tranylcypromine sulfate)***	3	-
PHENELZINE SULFATE TAB 15MG ***(phenelzine sulfate)***	1	-
phenelzine tab 15MG (NARDIL Equiv)	1	-
tranylcypromine tab 10MG (PARNATE Equiv)	1	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
CELEXA TAB 10MG, 20MG, 40MG ***(citalopram hydrobromide)***	3	-
citalopram soln 10MG/5ML (CELEXA Equiv)	1	-
citalopram tab 10MG, 20MG, 40MG (CELEXA Equiv)	1	-
escitalopram soln 5MG/5ML (LEXAPRO Equiv)	1	-
escitalopram tab 10MG, 20MG, 5MG (LEXAPRO Equiv)	1	-
fluoxetine cap 10MG, 20MG, 40MG (PROZAC Equiv)	1	-
fluoxetine soln 20MG/5ML (PROZAC Equiv)	1	-
FLUOXETINE TAB 60MG 60MG ***(fluoxetine hcl)***	3	-
fluoxetine tab 60mg 60MG	1	-
fluvoxamine ER cap 100MG, 150MG (LUVOX CR Equiv)	1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
fluvoxamine tab 100MG, 25MG, 50MG (LUVOX Equiv)	1	-
LEXAPRO TAB 10MG, 20MG, 5MG ***(escitalopram oxalate)***	3	-
paroxetine ER tab 12.5MG, 25MG, 37.5MG (PAXIL CR Equiv)	1	-
paroxetine oral susp 10MG/5ML (PAXIL Equiv)	1	-
paroxetine tab 10MG, 20MG, 30MG, 40MG (PAXIL Equiv)	1	-
PAXIL CR TAB 12.5MG, 25MG, 37.5MG ***(paroxetine hcl)***	3	-
PAXIL ORAL SUSP 10MG/5ML ***(paroxetine hcl)***	3	-
PAXIL TAB 10MG, 20MG, 30MG, 40MG ***(paroxetine hcl)***	3	-
PROZAC CAP 10MG, 20MG, 40MG ***(fluoxetine hcl)***	3	-
sertraline conc 20MG/ML (ZOLOFT Equiv)	1	-
sertraline tab 100MG, 25MG, 50MG (ZOLOFT Equiv)	1	-
ZOLOFT CONC 20MG/ML ***(sertraline hcl)***	3	-
ZOLOFT TAB 100MG, 25MG, 50MG ***(sertraline hcl)***	3	-
SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ***(nefazodone hcl)***	1	-
nefazodone tab 50mg, 250mg	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
trazodone tab 100MG, 150MG, 50MG (DESYREL Equiv)	1	-
TRINTELLIX TAB 10MG, 20MG, 5MG ***(vortioxetine hbr)***	3	PA-QL QL= 1 tab/day
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
desvenlafaxine ER tab 100MG, 25MG, 50MG (PRISTIQ Equiv)	1	-
duloxetine EC cap 20MG, 30MG, 60MG (CYMBALTA Equiv)	1	-
EFFEXOR XR CAP 150MG, 37.5MG, 75MG ***(venlafaxine hcl)***	3	-
PRISTIQ TAB 100MG, 25MG, 50MG ***(desvenlafaxine succinate)***	3	-
venlafaxine ER cap 150MG, 37.5MG, 75MG (EFFEXOR XR Equiv)	1	-
venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG (EFFEXOR Equiv)	1	-
TRICYCLIC AGENTS - Drugs to treat depression		
amitriptyline tab (ELAVIL Equiv)	1	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG ***(amoxapine)***	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG ***(clomipramine hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
clomipramine cap 25MG, 50MG, 75MG (ANAFRANIL Equiv)	1	-
desipramine tab (NORPRAMIN Equiv)	1	-
doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (SINEQUAN Equiv)	1	-
doxepin conc 10MG/ML (SINEQUAN Equiv)	1	-
imipramine pamoate cap 100MG, 125MG, 150MG, 75MG (TOFRANIL PM Equiv)	1	-
imipramine tab 10MG, 25MG, 50MG (TOFRANIL Equiv)	1	-
NORPRAMIN TAB 10MG, 25MG ***(desipramine hcl)***	3	-
nortriptyline cap 10MG, 25MG, 50MG, 75MG (PAMELOR Equiv)	1	-
nortriptyline oral soln (NORTRIPTYLINE Equiv)	1	-
NORTRIPTYLINE SOLN 10MG/5ML ***(nortriptyline hcl)***	2	-
PAMELOR CAP 10MG, 25MG, 50MG, 75MG ***(nortriptyline hcl)***	3	-
protriptyline tab 10MG, 5MG (VIVACTIL Equiv)	1	-
SURMONTIL CAP 100MG, 25MG, 50MG ***(trimipramine maleate)***	3	-
TOFRANIL TAB 10MG, 25MG, 50MG ***(imipramine hcl)***	3	-

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trimipramine cap 100MG, 25MG, 50MG (SURMONTIL Equiv)	1	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)	1	-
GLYSET TAB 100MG, 25MG, 50MG ***(miglitol)***	3	-
miglitol tab 100MG, 25MG, 50MG (MIGLITOL Equiv)	1	-
PRECOSE TAB 100MG, 25MG, 50MG ***(acarbose)***	3	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		
ACTOPLUS MET XR TAB 15MG-1000MG, 30MG-1000MG ***(pioglitazone hcl-metformin hcl)***	3	-
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ***(alogliptin-metformin hcl)***	2	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ***(alogliptin-pioglitazone)***	2	QL QL= 1 tab/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-45MG ***(alogliptin-pioglitazone)***	2	QL QL= 1 tab/day
glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (METAGLIP Equiv)	1	-
GLUCOVANCE TAB ***(glyburide-metformin)***	3	-
glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG (GLUCOVANCE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
JANUMET TAB 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	2	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	2	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ***(empagliflozin-metformin hcl)***	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ***(empagliflozin-metformin hcl)***	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ***(empagliflozin-metformin hcl)***	2	QL QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG, 5MG-1000MG ***(dapagliflozin-metformin hcl)***	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-1000MG, 10MG-500MG, 5MG-500MG ***(dapagliflozin-metformin hcl)***	2	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
GLUCOPHAGE TAB 500MG, 850MG ***(metformin hcl)***	3	-
GLUCOPHAGE XR TAB ***(metformin hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)	1	-
metformin soln 500MG/5ML (RIOMET Equiv)	1	-
metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)	1	-
RIOMET ER SUSP 500MG/5ML ***(metformin hcl)***	3	-
RIOMET SOLN 500MG/5ML ***(metformin hcl)***	3	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE ***(glucagon)***	2	QL QL= 2 inhalations/fill
diazoxide susp 50MG/ML (PROGLYCEM Equiv)	1	-
GLUCAGEN HYPOKIT INJ 1MG ***(glucagon hcl (rdna))***	2	QL QL= 2 inj/fill
glucagon (rdna) for inj kit 1MG (GLUCAGON Equiv)	1	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML ***(glucagon hcl)***	2	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG ***(glucagon (rdna))***	2	QL QL= 2 inj/fill
GVOKE INJ 1MG/0.2ML ***(glucagon)***	2	QL QL= 2 inj/fill
GVOKE INJ KIT 1MG/0.2ML ***(glucagon)***	2	QL QL= 2 inj/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GVOKE PFS INJ 1MG/0.2ML ***(glucagon)***	2	QL QL= 2 inj/fill
KORLYM TAB 300MG ***(mifepristone (hyperglycemia))***	4	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
PROGLYCEM SUSP 50MG/ML ***(diazoxide)***	3	-
ZEGALOGUE INJ .6MG/0.6ML ***(dasiglucagon hcl)***	2	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ***(alogliptin benzoate)***	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ***(sitagliptin phosphate)***	2	QL QL= 1 tab/day
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - drugs to regulate blood sugar		
CYCLOSET TAB .8MG ***(bromocriptine mesylate (diabetes))***	3	-
INCRETIN MIMETIC AGENTS ***		
OZEMPIC INJ 2MG/3ML ***(semaglutide)***	2	QL QL= 1 pack/28 days
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ***(exenatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BYDUREON INJ ***(exenatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG ***(exenatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ 10MCG/0.04ML ***(exenatide)***	3	QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML ***(tirzepatide)***	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 5.5MG/ML-8MG/3ML-14MG/ML ***(semaglutide)***	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG ***(semaglutide)***	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML ***(dulaglutide)***	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ 18MG/3ML ***(liraglutide)***	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML, 200UNIT/ML ***(insulin lispro)***	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
FIASP FLEXTOUCH INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-
FIASP INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-
FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML ***(insulin aspart (with niacinamide))***	2	-
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ 50UNIT/ML ***(insulin lispro protamine & lispro (human))***	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ ***(insulin isophane & reg (human))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	3	OTC-ST Step Therapy requires trial of NOVOLIN

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HUMULIN R INJ 100UNIT/ML ***(insulin regular (human))***	3	OTC-ST Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500 500UNIT/ML ***(insulin regular (human))***	2	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ***(insulin regular (human))***	2	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	2	-
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	2	-
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	2	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	2	-
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	2	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	2	OTC
NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	2	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NOVOLIN N FLEXPEN INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	2	OTC
NOVOLIN N INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	2	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML ***(insulin regular (human))***	2	OTC
NOVOLIN R INJ 100UNIT/ML ***(insulin regular (human))***	2	OTC
NOVOLOG FLEXPEN INJ 100UNIT/ML ***(insulin aspart)***	2	-
NOVOLOG INJ 100UNIT/ML ***(insulin aspart)***	2	-
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	2	-
NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	2	-
NOVOLOG PENFILL INJ 100UNIT/ML ***(insulin aspart)***	2	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML ***(insulin glargine-yfgn)***	2	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML ***(insulin glargine-yfgn)***	2	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
ACTOS TAB 15MG, 30MG, 45MG ***(pioglitazone hcl)***	3	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
glyburide tab 1.25MG, 2.5MG, 5MG (MICRONASE Equiv)	1	-
GLYNASE TAB 1.5MG, 3MG, 6MG ***(glyburide micronized)***	3	-
TOLAZAMIDE TAB 250MG ***(tolazamide)***	1	-
TOLBUTAMIDE TAB 500MG ***(tolbutamide)***	2	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ***(diphenoxylate w/ atropine)***	1	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
diphenoxylate/atropine tab .025MG-2.5MG (LOMOTIL Equiv)	1	-
LOMOTIL TAB ***(diphenoxylate w/ atropine tab)***	3	-
MOTOFEN TAB .025MG-1MG ***(difenoxin w/ atropine)***	3	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG ***(succimer)***	2	-
FERRIPROX SOLN 100MG/ML ***(deferiprone)***	4	LD-PA Only available through Ferriprox Total Care 866-758-7071

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
naloxone inj .4MG/ML, 4MG/10ML	1	-
naltrexone tab 50MG (REVIA Equiv)	1	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
deferasirox granules packet 180MG, 360MG, 90MG (JADENU Equiv)	4	LMSP
deferasirox tab 125MG, 250MG, 500MG (EXJADE Equiv)	4	LMSP
deferasirox tab 180mg 180MG (JADENU Equiv)	4	LMSP
deferasirox tab 90mg, 360mg 360MG, 90MG (JADENU Equiv)	4	LMSP
deferiprone tab 1000MG, 500MG (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 ***(naloxone hcl)***	2	-
naloxone hcl nasal spray 4MG/0.1ML (NARCAN Equiv)	1	-
NALOXONE PREFILLED INJ .4MG/ML ***(naloxone hcl)***	$0	-
naloxone prefilled inj 2MG/2ML	$0	-
NARCAN NASAL SPRAY 4MG/0.1ML ***(naloxone hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZIMHI SOLN 5MG/0.5ML ***(naloxone hcl)***	2	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
ANZEMET TAB 100MG, 50MG ***(dolasetron mesylate)***	4	QL QL= 9 tabs/fill
granisetron tab 1MG (KYTRIL Equiv)	1	QL QL= 9 tabs/fill
GRANISOL SOLN ***(granisetron hcl)***	4	QL QL= 60ml/fill
ondansetron ODT 4MG, 8MG (ZOFRAN Equiv)	1	-
ondansetron soln 4MG/5ML (ZOFRAN Equiv)	1	-
ONDANSETRON TAB 24MG ***(ondansetron hcl)***	1	-
ondansetron tab 24MG, 4MG, 8MG	1	-
SANCUSO PATCH 3.1MG/24HR ***(granisetron)***	4	QL QL= 4 patchs/fill
ZOFRAN ODT ***(ondansetron)***	3	-
ZOFRAN SOLN ***(ondansetron hcl)***	3	-
ZOFRAN TAB 4MG, 8MG ***(ondansetron hcl)***	3	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
meclizine chew tab 25MG (BONINE Equiv)	1	OTC
meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)	1	OTC
scopolamine patch 1.5MG, 1MG/3DAYS (TRANSDERM-SCOP Equiv)	1	-
TIGAN CAP 300MG ***(trimethobenzamide hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS ***(scopolamine)***	3	-
trimethobenzamide cap 300MG (TIGAN Equiv)	1	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
AKYNZEO CAP .5MG-300MG ***(netupitant-palonosetron)***	2	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
CESAMET CAP 1MG ***(nabilone)***	3	-
dronabinol cap 10MG, 2.5MG, 5MG (MARINOL Equiv)	1	PA
MARINOL CAP 10MG, 2.5MG, 5MG ***(dronabinol)***	3	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
aprepitant pak (EMEND Equiv)	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
EMEND CAP 125MG, 40MG, 80MG	1	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG ***(rolapitant hcl)***	2	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANCOBON CAP 250MG, 500MG ***(flucytosine)***	3	-
flucytosine cap 250MG, 500MG (ANCOBON Equiv)	1	-
griseofulvin micro tab 500MG (GRIFULVIN V Equiv)	1	-
griseofulvin susp 125MG/5ML (GRIFULVIN Equiv)	1	-
griseofulvin tab 125MG, 250MG (GRIS-PEG Equiv)	1	-
GRIS-PEG TAB ***(griseofulvin ultramicrosize)***	3	-
LAMISIL TAB 250MG ***(terbinafine hcl)***	3	-
nystatin powder	1	-
nystatin tab 500000UNIT	1	-
terbinafine tab 250MG (LAMISIL Equiv)	1	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
DIFLUCAN SUSP 10MG/ML, 40MG/ML ***(fluconazole)***	3	-
DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG ***(fluconazole)***	3	-
fluconazole susp 10MG/ML, 40MG/ML (DIFLUCAN Equiv)	1	-
fluconazole tab 100MG, 150MG, 200MG, 50MG (DIFLUCAN Equiv)	1	-
itraconazole cap 100MG (SPORANOX Equiv)	1	-
itraconazole soln 10MG/ML (SPORANOX Equiv)	1	PA
ketoconazole tab 200MG (NIZORAL Equiv)	1	-
NOXAFIL PAK 300MG ***(posaconazole)***	3	-
NOXAFIL SUSP 40MG/ML ***(posaconazole)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NOXAFIL TAB 100MG ***(posaconazole)***	3	-
posaconazole DR tab 100MG (NOXAFIL Equiv)	1	-
SPORANOX CAP 100MG ***(itraconazole)***	3	-
SPORANOX SOLN 10MG/ML ***(itraconazole)***	3	PA
VFEND SUSP 40MG/ML ***(voriconazole)***	3	-
VFEND TAB 200MG, 50MG ***(voriconazole)***	3	-
voriconazole susp 40MG/ML (VFEND Equiv)	1	-
voriconazole tab 200MG, 50MG (VFEND Equiv)	1	-
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
CARBINOXAMINE SOLN 4MG/5ML ***(carbinoxamine maleate)***	1	-
carbinoxamine tab 4MG (PALGIC Equiv)	1	-
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	1	Only 50mg covered
diphenhydramine inj 50MG/ML (BENADRYL Equiv)	M	-
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
ALLEGRA ODT 30MG ***(fexofenadine hcl)***	EXC	OTC
CLARINEX REDITAB ***(desloratadine)***	EXC	-
CLARINEX SYRUP .5MG/ML ***(desloratadine)***	EXC	-
CLARINEX TAB 5MG ***(desloratadine)***	EXC	-
CLARITIN CHEW TAB 10MG ***(loratadine)***	EXC	OTC
DESLORATADINE ODT 2.5MG, 5MG ***(desloratadine)***	EXC	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
desloratadine tab 5MG (CLARINEX Equiv)	EXC	-
loratadine cap 10MG (CLARITIN Equiv)	EXC	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
promethazine supp (PHENERGAN Equiv)	1	-
promethazine syrup 6.25MG/5ML	1	-
promethazine tab 12.5MG, 25MG, 50MG (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG ***(promethazine hcl)***	1	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
cyproheptadine syrup 2MG/5ML	1	-
cyproheptadine tab 4MG	1	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		
ANTIHYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics		
LOVAZA CAP 1GM-375MG-465MG ***(omega-3-acid ethyl esters)***	3	-
omega-3-acid ethyl esters cap 1GM-375MG-465MG (LOVAZA Equiv)	1	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		
cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)	1	-
cholestyramine lite powder pack 4GM (QUESTRAN LITE Equiv)	1	-
cholestyramine powder 4GM/DOSE (QUESTRAN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
cholestyramine powder pack 4GM (QUESTRAN Equiv)	1	-
colesevelam pack 3.75GM (WELCHOL Equiv)	1	-
colesevelam tab 625MG (WELCHOL Equiv)	1	-
COLESTID GRANULE 5GM ***(colestipol hcl)***	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM ***(colestipol hcl)***	3	-
COLESTID TAB 1GM ***(colestipol hcl)***	3	-
colestipol granule 5GM (COLESTID Equiv)	1	-
colestipol powder packet 5GM (COLESTID Equiv)	1	-
colestipol tab 1GM (COLESTID Equiv)	1	-
QUESTRAN LITE POWDER 4GM/DOSE ***(cholestyramine light)***	3	-
QUESTRAN POWDER 4GM/DOSE ***(cholestyramine)***	3	-
QUESTRAN POWDER PACK 4GM ***(cholestyramine)***	3	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG (LOFIBRA Equiv)	1	-
fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG (TRICOR Equiv)	1	-
fenofibric acid DR cap 135MG, 45MG (TRILIPIX Equiv)	1	-
FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG ***(fenofibric acid)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
gemfibrozil tab 600MG (LOPID Equiv)	1	-
LOPID TAB 600MG ***(gemfibrozil)***	3	-
TRICOR TAB 145MG, 48MG ***(fenofibrate)***	3	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
atorvastatin tab 10MG, 20MG, 40MG, 80MG (LIPITOR Equiv)	$0	-
CRESTOR TAB 10MG, 20MG, 40MG, 5MG ***(rosuvastatin calcium)***	3	-
fluvastatin ER tab 80MG (LESCOL XL Equiv)	$0	-
LESCOL XL TAB 80MG ***(fluvastatin sodium)***	3	-
LIPITOR TAB 10MG, 20MG, 40MG, 80MG ***(atorvastatin calcium)***	3	-
LIVALO TAB 1MG, 2MG, 4MG ***(pitavastatin calcium)***	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
lovastatin tab 10MG, 20MG, 40MG (MEVACOR Equiv)	$0	-
PRAVACHOL TAB 20MG, 40MG, 80MG ***(pravastatin sodium)***	3	-
pravastatin tab 10MG, 20MG, 40MG, 80MG (PRAVACHOL Equiv)	$0	-
rosuvastatin tab 10MG, 20MG, 40MG, 5MG (CRESTOR Equiv)	$0	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
simvastatin tab 10MG, 20MG, 40MG, 5MG (ZOCOR Equiv)	$0	80mg is Not Covered
ZOCOR TAB 10MG, 20MG, 40MG, 5MG ***(simvastatin)***	3	-
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
ezetimibe tab 10MG (ZETIA Equiv)	1	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
niacin ER tab 1000MG, 500MG, 750MG (NIASPAN Equiv)	1	-
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
REPATHA INJ 140MG/ML ***(evolocumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ***(evolocumab)***	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 ***(quinapril hcl)***	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG ***(ramipril)***	3	-
benazepril tab (LOTENSIN Equiv)	1	-
captopril tab 100MG, 12.5MG, 25MG, 50MG (CAPOTEN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
enalapril maleate oral soln 1MG/ML (EPANED Equiv)	1	PA Prior Authorization required for members age 9 or older
enalapril tab 10MG, 2.5MG, 20MG, 5MG (VASOTEC Equiv)	1	-
fosinopril tab 10MG, 20MG, 40MG (MONOPRIL Equiv)	1	-
lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (PRINIVIL/ZESTRIL Equiv)	1	-
LOTENSIN TAB 10MG, 20MG, 40MG ***(benazepril hcl)***	3	-
PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG ***(lisinopril)***	3	-
QBRELIS SOLN 1MG/ML ***(lisinopril)***	3	PA Prior Authorization required for members age 9 or older
quinapril tab 10MG, 20MG, 40MG, 5MG (ACCUPRIL Equiv)	1	-
ramipril cap 1.25MG, 10MG, 2.5MG, 5MG (ALTACE Equiv)	1	-
VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG ***(enalapril maleate)***	3	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
DIBENZYLINE CAP 10MG ***(phenoxybenzamine hcl)***	3	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
phenoxybenzamine cap 10MG (DIBENZYLINE Equiv)	1	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
AVAPRO TAB 150MG, 300MG, 75MG ***(irbesartan)***	3	-
COZAAR TAB 100MG, 25MG, 50MG ***(losartan potassium)***	3	-
DIOVAN TAB 160MG, 320MG, 40MG, 80MG ***(valsartan)***	3	-
irbesartan tab 150MG, 300MG, 75MG (AVAPRO Equiv)	1	-
losartan tab 100MG, 25MG, 50MG (COZAAR Equiv)	1	-
MICARDIS TAB 20MG, 40MG, 80MG ***(telmisartan)***	3	-
olmesartan tab 20MG, 40MG, 5MG (BENICAR Equiv)	1	-
telmisartan tab 20MG, 40MG, 80MG (MICARDIS Equiv)	1	-
valsartan tab 160MG, 320MG, 40MG, 80MG (DIOVAN Equiv)	1	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
CARDURA TAB 1MG, 2MG, 4MG, 8MG ***(doxazosin mesylate)***	3	-
CATAPRES TAB .1MG, .2MG, .3MG ***(clonidine hcl)***	3	-
CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR ***(clonidine)***	3	-
clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR (CATAPRES-TTS Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
clonidine tab (CATAPRES Equiv)	1	-
doxazosin tab 1MG, 2MG, 4MG, 8MG (CARDURA Equiv)	1	-
guanfacine IR tab 1MG, 2MG (TENEX Equiv)	1	-
METHYLDOPA TAB 250MG, 500MG ***(methyldopa)***	1	-
methyldopa tab 250MG, 500MG	1	-
MINIPRESS CAP 1MG, 2MG, 5MG ***(prazosin hcl)***	3	-
prazosin cap 1MG, 2MG, 5MG (MINIPRESS Equiv)	1	-
terazosin cap 10MG, 1MG, 2MG, 5MG (HYTRIN Equiv)	1	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
ACCURETIC TAB 12.5MG-20MG, 20MG-25MG ***(quinapril-hydrochlorothiazide)***	3	-
ACCURETIC TAB 10MG-12.5MG ***(quinapril-hydrochlorothiazide)***	3	-
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG ***(quinapril-hydrochlorothiazide)***	3	-
amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)	1	-
amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)	1	-
amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG (EXFORGE HCT Equiv)	1	-
atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG ***(irbesartan-hydrochlorothiazide)***	3	-
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG ***(amlodipine besylate-olmesartan medoxomil)***	3	-
benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)	1	-
BENICAR HCT TAB 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG ***(olmesartan medoxomil-hydrochlorothiazide)***	3	-
bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG ***(captopril & hydrochlorothiazide)***	1	-
DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG ***(valsartan-hydrochlorothiazide)***	3	-
enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)	1	-
EXFORGE HCT TAB 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG ***(amlodipine-valsartan-hydrochlorothiazide)***	3	-
EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG ***(amlodipine besylate-valsartan)***	3	-
fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG (MONOPRIL HCT Equiv)	1	-
HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG ***(losartan potassium & hydrochlorothiazide)***	3	-
irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)	1	-
lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LOPRESSOR HCT TAB 25MG-50MG ***(metoprolol & hydrochlorothiazide)***	3	-
losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)	1	-
LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ***(benazepril & hydrochlorothiazide)***	3	-
LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG ***(amlodipine besylate-benazepril hcl)***	3	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ***(methyldopa & hydrochlorothiazide)***	1	-
metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG (LOPRESSOR HCT Equiv)	1	-
olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)	1	-
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ***(propranolol & hydrochlorothiazide)***	1	-
QUINAPRIL/HCTZ TAB 12.5MG-20MG, 20MG-25MG ***(quinapril-hydrochlorothiazide)***	1	-
quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ACCURETIC Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG ***(aliskiren-hydrochlorothiazide)***	3	-
TENORETIC TAB 25MG-100MG, 25MG-50MG ***(atenolol & chlorthalidone)***	3	-
valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (DIOVAN HCT Equiv)	1	-
VASERETIC TAB 10MG-25MG ***(enalapril maleate & hydrochlorothiazide)***	3	-
ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ***(lisinopril & hydrochlorothiazide)***	3	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG ***(bisoprolol & hydrochlorothiazide)***	3	-
DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure		
aliskiren tab 150MG, 300MG (TEKTURNA Equiv)	1	-
TEKTURNA TAB 150MG, 300MG ***(aliskiren fumarate)***	3	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
eplerenone tab 25MG, 50MG (INSPRA Equiv)	1	-
INSPRA TAB 25MG, 50MG ***(eplerenone)***	3	-
VASODILATORS - Drugs to treat high blood pressure		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydralazine tab 100MG, 10MG, 25MG, 50MG (APRESOLINE Equiv)	1	-
minoxidil tab 10MG, 2.5MG (LONITEN Equiv)	1	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML ***(metronidazole benzoate)***	3	-
FLAGYL TAB 500MG ***(metronidazole)***	3	-
IMPAVIDO CAP 50MG ***(miltefosine)***	4	PA
metronidazole tab 250MG, 500MG (FLAGYL Equiv)	1	-
pentamidine neb soln 300MG (NEBUPENT Equiv)	1	LMSP
PRIMSOL SOLN ***(trimethoprim hcl)***	3	-
PRIMSOL SOLN 50MG/5ML ***(trimethoprim hcl)***	3	-
TINDAMAX TAB ***(tinidazole)***	3	-
tinidazole tab 250MG, 500MG (TINDAMAX Equiv)	1	-
TRIMETHOPRIM TAB 100MG (PROLOPRIM Equiv) ***(trimethoprim)***	1	-
trimethoprim tab (PROLOPRIM Equiv)	1	-
XIFAXAN TAB 200MG 200MG ***(rifaximin)***	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG ***(rifaximin)***	2	QL QL= 60 tabs/30 days
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BACTRIM DS TAB 160MG-800MG, 80MG-400MG ***(sulfamethoxazole-trimethoprim)***	3	-
smz/tmp (DS) tab 160MG-800MG, 80MG-400MG (BACTRIM DS Equiv)	1	-
smz/tmp susp 40MG/5ML-200MG/5ML (BACTRIM, SEPTRA Equiv)	1	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML ***(nitazoxanide)***	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG ***(nitazoxanide)***	3	PA-QL QL= 6 tabs/3 days
atovaquone susp 750MG/5ML (MEPRON Equiv)	1	-
LAMPIT TAB 120MG, 30MG ***(nifurtimox)***	2	PA
MEPRON SUSP 750MG/5ML ***(atovaquone)***	3	-
nitazoxanide tab 500MG (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
CARBAPENEMS - Drugs to treat bacterial infections		
ertapenem inj 1GM (INVANZ Equiv)	M	M
INVANZ INJ ***(ertapenem sodium)***	M	M
INVANZ INJ 1GM ***(ertapenem sodium)***	M	M
meropenem inj 1GM, 500MG (MERREM Equiv)	M	M
GLYCOPEPTIDES - Drugs to treat bacterial infections		
FIRVANQ SOLN 25MG/ML, 50MG/ML ***(vancomycin hcl)***	1	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SIVEXTRO TAB 200MG ***(tedizolid phosphate)***	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG ***(tedizolid phosphate)***	2	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
ZYVOX SUSP 100MG/5ML ***(linezolid)***	3	RS Restricted to Infectious Disease Specialist
ZYVOX TAB 600MG ***(linezolid)***	3	RS Restricted to Infectious Disease Specialist
PLEUROMUTILINS - drugs to treat infections		
XENLETA TAB 600MG ***(lefamulin acetate)***	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 ***(methenamine hippurate)***	3	-
MACROBID CAP 100MG ***(nitrofurantoin monohyd macro)***	3	-
MACRODANTIN CAP 100MG, 50MG ***(nitrofurantoin macrocrystal)***	3	-
methenamine hippurate tab 1GM (HIPREX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
nitrofurantoin macrocrystals cap 100MG, 50MG (MACRODANTIN Equiv)	1	-
nitrofurantoin monohydrate cap 100MG (MACROBID Equiv)	1	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG (MALARONE Equiv)	1	-
COARTEM TAB 20MG-120MG ***(artemether-lumefantrine)***	3	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG ***(atovaquone-proguanil hcl)***	3	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
chloroquine tab (ARALEN Equiv)	1	-
hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG (PLAQUENIL Equiv)	1	-
KRINTAFEL TAB 150MG ***(tafenoquine succinate)***	2	-
mefloquine tab 250MG (LARIAM Equiv)	1	-
PLAQUENIL TAB 200MG ***(hydroxychloroquine sulfate)***	3	-
PRIMAQUINE TAB 26.3MG ***(primaquine phosphate)***	3	-
primaquine tab 26.3MG (PRIMAQUINE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
pyrimethamine tab 25MG (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
FIRDAPSE TAB 10MG ***(amifampridine phosphate)***	4	LD-PA Only available through AnovoRx 844-288-5007
GUANIDINE TAB 125MG ***(guanidine hcl)***	3	-
MESTINON TAB 60MG ***(pyridostigmine bromide)***	3	-
MESTINON TIMESPAN TAB 180MG ***(pyridostigmine bromide)***	3	-
pyridostigmine CR tab 180MG (MESTINON Equiv)	1	-
pyridostigmine tab 60MG (MESTINON Equiv)	1	-
pyridstigmine soln 60MG/5ML (MESTINON Equiv)	1	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP 150MG-300MG ***(isoniazid & rifampin)***	2	-
RIFATER TAB 50MG-120MG-300MG ***(isoniazid-rifampin w/ pyrazinamide)***	3	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ethambutol tab 100MG, 400MG (MYAMBUTOL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ISONIAZID SYRUP 50MG/5ML ***(isoniazid)***	1	-
ISONIAZID TAB 100MG ***(isoniazid)***	1	-
isoniazid tab 100MG, 300MG	1	-
MYAMBUTOL TAB 400MG ***(ethambutol hcl)***	3	-
MYCOBUTIN CAP 150MG ***(rifabutin)***	3	-
PRETOMANID TAB 200MG ***(pretomanid)***	2	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ***(rifapentine)***	2	-
pyrazinamide tab 500MG	1	-
rifabutin cap 150MG (MYCOBUTIN Equiv)	1	-
RIFADIN CAP 150MG, 300MG ***(rifampin)***	3	-
rifampin cap 150MG, 300MG (RIFADIN Equiv)	1	-
TRECATOR TAB 250MG ***(ethionamide)***	3	RS Restricted to Infectious Disease Specialist
ANTINEOPLASTICS - Drugs to treat cancer		
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
tretinoin cap 10MG (VESANOID Equiv)	4	LMSP-ONC
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCAMTIN CAP .25MG, 1MG ***(topotecan hcl)***	4	LMSP-ONC-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
ALKERAN TAB 2MG ***(melphalan)***	3	LMSP-ONC

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

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
busulfan inj 6MG/ML	M	M
BUSULFEX INJ 6MG/ML ***(busulfan)***	M	M
CYCLOPHOSPHAMIDE CAP 25MG, 50MG ***(cyclophosphamide)***	3	ONC
cyclophosphamide cap 25MG, 50MG	1	ONC
CYCLOPHOSPHAMIDE TAB 25MG, 50MG ***(cyclophosphamide)***	2	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG ***(lomustine)***	2	ONC
HEXALEN CAP ***(altretamine)***	4	LMSP-ONC
LEUKERAN TAB 2MG ***(chlorambucil)***	4	LMSP-ONC
melphalan inj 50MG (ALKERAN Equiv)	M	M
melphalan tab 2MG (ALKERAN Equiv)	1	LMSP-ONC
MYLERAN TAB 2MG ***(busulfan)***	4	LMSP-ONC
temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG (TEMODAR Equiv)	4	LMSP-ONC
ZANOSAR INJ 1GM ***(streptozocin)***	M	M
ANTIMETABOLITES - Drugs to treat cancer		
capecitabine tab 150MG, 500MG (XELODA Equiv)	4	LMSP-ONC
mercaptopurine tab 50MG (PURINETHOL Equiv)	1	ONC
methotrexate inj 1000MG/40ML, 1GM/40ML, 250MG/10ML, 50MG/2ML	1	-
methotrexate tab 2.5MG (TREXALL Equiv)	1	ONC
TABLOID TAB 40MG ***(thioguanine)***	2	ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XATMEP SOLN 2.5MG/ML ***(methotrexate)***	3	PA Prior Authorization required for members age 9 or older
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
INLYTA TAB 1MG, 5MG ***(axitinib)***	4	KMSP-ONC-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG ***(lenvatinib mesylate)***	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Optum 877-445-6874
ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer		
RITUXAN INJ 100MG/10ML, 500MG/50ML ***(rituximab)***	M	M
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		
TUKYSA TAB 150MG, 50MG ***(tucatinib)***	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		
VENCLEXTA STARTER PACK ***(venetoclax)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ***(venetoclax)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
erlotinib tab 100MG, 150MG, 25MG (TARCEVA Equiv)	4	LMSP-ONC-PA-SF
EXKIVITY CAP 40MG ***(mobocertinib succinate)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
GILOTRIF TAB 20MG, 30MG, 40MG ***(afatinib dimaleate)***	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
IRESSA TAB 250MG ***(gefitinib)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
TAGRISSO TAB 40MG, 80MG ***(osimertinib mesylate)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
VIZIMPRO TAB 15MG, 30MG, 45MG ***(dacomitinib)***	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG ***(vismodegib)***	4	LMSP-ONC-PA-SF
ODOMZO CAP 200MG ***(sonidegib phosphate)***	4	LMSP-ONC-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
abiraterone tab 250mg 250MG (ZYTIGA Equiv)	1	LMSP-ONC-QL QL= 4 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
anastrozole tab 1MG (ARIMIDEX Equiv)	$0	ONC Covered at $0 for women 35 years or older; All other members covered at generic copay
ARIMIDEX TAB 1MG ***(anastrozole)***	3	ONC
AROMASIN TAB 25MG ***(exemestane)***	3	ONC
bicalutamide tab 50MG (CASODEX Equiv)	1	ONC
CASODEX TAB 50MG ***(bicalutamide)***	3	ONC
EMCYT CAP 140MG ***(estramustine phosphate sodium)***	2	ONC
ERLEADA TAB 60MG ***(apalutamide)***	4	LMSP-ONC-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG ***(apalutamide)***	4	LMSP-ONC-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG ***(flutamide)***	2	ONC
exemestane tab 25MG (AROMASIN Equiv)	$0	ONC Covered at $0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG ***(toremifene citrate)***	3	ONC
FEMARA TAB 2.5MG ***(letrozole)***	3	ONC
FLUTAMIDE CAP 125MG ***(flutamide)***	2	ONC
flutamide cap 125MG (EULEXIN Equiv)	1	ONC
letrozole tab 2.5MG (FEMARA Equiv)	1	ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
leuprolide inj 1MG/0.2ML (LUPRON Equiv)	M	M
LUPRON DEPOT INJ 11.25MG, 22.5MG ***(leuprolide acetate (3 month))***	M	M
LYSODREN TAB 500MG ***(mitotane)***	4	LD-ONC Only available through Walgreens 888-347-3416
megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML (MEGACE Equiv)	1	ONC
megestrol tab 20MG, 40MG (MEGACE Equiv)	1	ONC
nilutamide tab 150MG (NILANDRON Equiv)	4	LMSP-ONC
NUBEQA TAB 300MG ***(darolutamide)***	4	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG ***(relugolix)***	4	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306
tamoxifen tab 10MG, 20MG (NOLVADEX Equiv)	$0	ONC Covered at $0 for women 35 years or older; All other members covered at generic copay
toremifene tab 60MG (FARESTON Equiv)	1	ONC
TRELSTAR INJ 11.25MG, 22.5MG, 3.75MG ***(triptorelin pamoate)***	M	M
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
WELIREG TAB 40MG ***(belzutifan)***	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 ***(pomalidomide)***	4	KMSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG ***(avapritinib)***	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG ***(selinexor)***	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 ***(decitabine-cedazuridine)***	4	MSP-PA-QL QL= 5 tabs/28 days
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECENSA CAP 150MG ***(alectinib hcl)***	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG ***(brigatinib)***	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG ***(brigatinib)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG ***(erdafitinib)***	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG ***(erdafitinib)***	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG ***(erdafitinib)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF TAB 100MG, 400MG, 500MG ***(bosutinib)***	4	KMSP-ONC-PA-SF
BRAFTOVI CAP 75MG 75MG ***(encorafenib)***	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ***(zanubrutinib)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
CABOMETYX TAB 20MG, 40MG, 60MG ***(cabozantinib s-malate)***	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG ***(acalabrutinib)***	4	LD-ONC-PA-QL-SF 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 3/3/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CALQUENCE TAB 100MG ***(acalabrutinib maleate)***	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
CAPRELSA TAB 100MG, 300MG ***(vandetanib)***	4	LD-ONC-PA Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ***(cabozantinib s-malate)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ***(duvelisib)***	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ***(cobimetinib fumarate)***	4	LMSP-ONC-PA-QL QL= 3 tabs/day
everolimus tab 10MG, 2.5MG, 5MG, 7.5MG (AFINITOR Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
everolimus tab for oral susp 2MG, 3MG, 5MG (AFINITOR DISPERZ Equiv)	1	LMSP-ONC-PA-QL QL= 1 tab/day
FOTIVDA CAP .89MG, 1.34MG ***(tivozanib hcl)***	4	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306
GAVRETO CAP 100MG ***(pralsetinib)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IBRANCE CAP 100MG, 125MG, 75MG ***(palbociclib)***	4	KMSP-ONC-PA-QL QL= 21 caps/28 days
IBRANCE TAB 100MG, 125MG, 75MG ***(palbociclib)***	4	KMSP-ONC-PA-QL QL= 21 caps/28 days
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ***(ponatinib hcl)***	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ***(enasidenib mesylate)***	4	MSP-ONC-PA-QL QL= 1 tab/day
imatinib tab 100MG, 400MG (GLEEVEC Equiv)	4	LMSP-ONC-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG ***(ibrutinib)***	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ***(ibrutinib)***	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP 70MG/ML ***(ibrutinib)***	4	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG ***(ibrutinib)***	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ***(ruxolitinib phosphate)***	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KOSELUGO CAP 25MG ***(selumetinib sulfate)***	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG 10MG ***(selumetinib sulfate)***	4	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633
lapatinib ditosylate tab 250MG (TYKERB Equiv)	4	LMSP-ONC-PA
LORBRENA TAB 100MG 100MG ***(lorlatinib)***	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG ***(lorlatinib)***	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day
LUMAKRAS TAB 120MG ***(sotorasib)***	4	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
LYNPARZA CAP ***(olaparib)***	4	LD-ONC-PA-QL-SF Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB 100MG, 150MG ***(olaparib)***	4	LD-ONC-PA-QL-SF Only available through Biologics 800-850-4306, QL= 4 tabs/day
MEKINIST TAB 0.5MG .5MG ***(trametinib dimethyl sulfoxide)***	4	LMSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ***(trametinib dimethyl sulfoxide)***	4	LMSP-ONC-PA-QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MEKTOVI TAB 15MG ***(binimetinib)***	4	MSP-ONC-PA-QL QL= 6 tabs/day
NERLYNX TAB 40MG ***(neratinib maleate)***	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NINLARO CAP 2.3MG, 3MG, 4MG ***(ixazomib citrate)***	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 ***(pemigatinib)***	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG ***(alpelisib)***	4	LMSP-PA-SF
QINLOCK TAB 50MG ***(ripretinib)***	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG ***(selpercatinib)***	4	LMSP-PA-QL-SF QL= 4 caps/day
ROZLYTREK CAP 100MG, 200MG ***(entrectinib)***	4	LMSP-PA-QL QL= 3 caps/day
RUBRACA TAB 200MG, 250MG, 300MG ***(rucaparib camsylate)***	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RYDAPT CAP 25MG ***(midostaurin)***	4	LMSP-ONC-PA-QL QL= 56 caps/28 days
sorafenib tosylate tab 200MG (NEXAVAR Equiv)	4	LMSP-ONC-PA-SF
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ***(dasatinib)***	3	LMSP-ONC-PA-SF
STIVARGA TAB 40MG ***(regorafenib)***	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG (SUTENT Equiv)	4	LMSP-ONC-PA-SF
TABRECTA TAB 150MG, 200MG ***(capmatinib hcl)***	4	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ***(dabrafenib mesylate)***	4	LMSP-ONC-PA-QL QL= 4 caps/day
TALZENNA CAP 0.25MG .25MG ***(talazoparib tosylate)***	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG ***(talazoparib tosylate)***	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ***(nilotinib hcl)***	4	LMSP-ONC-PA-SF
TAZVERIK TAB 200MG ***(tazemetostat hbr)***	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG ***(tepotinib hcl)***	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TIBSOVO TAB 250MG ***(ivosidenib)***	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP 125MG, 200MG ***(pexidartinib hcl)***	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ***(abemaciclib)***	4	LMSP-ONC-PA-QL QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ***(larotrectinib sulfate)***	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523
VITRAKVI CAP 25MG 25MG ***(larotrectinib sulfate)***	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN 20MG/ML ***(larotrectinib sulfate)***	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP 100MG ***(pacritinib citrate)***	4	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306
VOTRIENT TAB 200MG ***(pazopanib hcl)***	4	LMSP-ONC-PA-SF
XALKORI CAP 200MG, 250MG ***(crizotinib)***	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XOSPATA TAB 40MG ***(gilteritinib fumarate)***	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG ***(niraparib tosylate)***	4	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ***(vemurafenib)***	4	LMSP-ONC-PA-QL
ZOLINZA CAP 100MG ***(vorinostat)***	4	LMSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG ***(idelalisib)***	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG ***(ceritinib)***	4	LMSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ***(ceritinib)***	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 2000000UNIT/0.5ML ***(interferon gamma-1b)***	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ALFERON-N INJ 5000000UNIT/ML ***(interferon alfa-n3)***	4	LMSP
bexarotene cap 75MG (TARGRETIN Equiv)	4	LMSP-ONC-PA-SF
HYDREA CAP 500MG ***(hydroxyurea)***	3	ONC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydroxyurea cap 500MG (HYDREA Equiv)	1	ONC
INTRON-A INJ ***(interferon alfa-2b inj)***	4	KMSP
MATULANE CAP 50MG ***(procarbazine hcl)***	2	ONC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
leucovorin tab 10MG, 15MG, 25MG, 5MG	1	ONC
MESNEX TAB 400MG ***(mesna)***	4	LMSP-ONC
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG ***(etoposide)***	4	LMSP-ONC
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
carbidopa tab 25MG (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG ***(carbidopa)***	3	-
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
benztropine tab .5MG, 1MG, 2MG	1	-
trihexyphenidyl tab 2MG, 5MG (ARTANE Equiv)	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
COMTAN TAB 200MG ***(entacapone)***	3	-
entacapone tab 200MG (COMTAN Equiv)	1	-
TASMAR TAB 100MG ***(tolcapone)***	3	-
tolcapone tab 100MG (TASMAR Equiv)	1	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
amantadine cap 100MG (SYMMETREL Equiv)	1	-
amantadine syrup (SYMMETREL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amantadine tab 100MG	1	-
bromocriptine cap 5MG (PARLODEL Equiv)	1	-
bromocriptine tab 2.5MG (PARLODEL Equiv)	1	-
carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG (SINEMET CR Equiv)	1	-
carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (PARCOPA Equiv)	1	-
carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG (SINEMET Equiv)	1	-
MIRAPEX TAB .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG ***(pramipexole dihydrochloride)***	3	-
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR ***(rotigotine)***	3	-
PARLODEL CAP 5MG ***(bromocriptine mesylate)***	3	-
PARLODEL TAB 2.5MG ***(bromocriptine mesylate)***	3	-
pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (MIRAPEX Equiv)	1	-
REQUIP TAB 4MG, 5MG ***(ropinirole hydrochloride)***	3	-
ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG (REQUIP XL Equiv)	1	-
ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG (REQUIP Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SINEMET CR TAB 25MG-100MG, 50MG-200MG ***(carbidopa-levodopa)***	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG ***(carbidopa-levodopa)***	3	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
AZILECT TAB .5MG, 1MG ***(rasagiline mesylate)***	3	-
ELDEPYRL CAP ***(selegiline hcl)***	3	-
rasagiline tab .5MG, 1MG (AZILECT Equiv)	1	-
selegiline cap 5MG (ELDEPRYL Equiv)	1	-
selegiline tab 5MG (ELDEPRYL Equiv)	1	-
XADAGO TAB 100MG, 50MG ***(safinamide mesylate)***	3	PA-QL QL= 1 tab/day
ZELAPAR ODT 1.25MG ***(selegiline hcl)***	3	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
trihexyphenidyl elixir .4MG/ML (ARTANE Equiv)	1	-
TRIHEXYPHENIDYL SOLN .4MG/ML ***(trihexyphenidyl hcl)***	1	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
ONGENTYS CAP 25MG, 50MG ***(opicapone)***	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 ***(carbidopa-levodopa)***	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv)	1	-
INBRIJA INH POWDER 42MG ***(levodopa)***	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 ***(carbidopa-levodopa-entacapone)***	3	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (ESKALITH ER Equiv) ***(lithium carbonate)***	1	-
lithium carbonate cap (ESKALITH ER Equiv)	1	-
lithium carbonate ER tab 300MG, 450MG (LITHOBID Equiv)	1	-
lithium carbonate tab 300MG	1	-
LITHIUM CITRATE SOLN 8MEQ/5ML ***(lithium)***	1	-
LITHOBID TAB 300MG ***(lithium carbonate)***	3	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP ***(carbamazepine (antipsychotic))***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GEODON CAP 20MG, 40MG, 60MG, 80MG ***(ziprasidone hcl)***	3	-
lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG (LATUDA TAB Equiv)	1	QL
ziprasidone cap 20MG, 40MG, 60MG, 80MG (GEODON Equiv)	1	-
BENZISOXAZOLES - Drugs to treat mood disorders		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG ***(iloperidone)***	3	PA-QL QL= 2 tabs/day
FANAPT TITRATION PACK ***(iloperidone)***	3	PA-QL QL= 1 pack/plan year
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG ***(paliperidone)***	3	-
paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG (INVEGA Equiv)	1	-
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG ***(risperidone microspheres)***	4	MSP
RISPERDAL M ODT ***(risperidone)***	3	-
RISPERDAL SOLN 1MG/ML ***(risperidone)***	3	-
RISPERDAL TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG ***(risperidone)***	3	-
RISPERIDONE ODT .25MG ***(risperidone)***	2	-
risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL M Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
risperidone soln 1MG/ML (RISPERDAL Equiv)	1	-
risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL Equiv)	1	-
BUTYROPHENONES - Drugs to treat mood disorders		
haloperidol lactate conc 2MG/ML (HALDOL Equiv)	1	-
haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG (HALDOL Equiv)	1	-
DIBENZAPINES - Drugs to treat mood disorders		
asenapine maleate SL tab 10MG, 2.5MG, 5MG (SAPHRIS Equiv)	1	QL QL= 2 tabs/day
clozapine tab 100MG, 200MG, 25MG, 50MG (CLOZARIL Equiv)	1	-
CLOZARIL TAB 100MG, 200MG, 25MG, 50MG ***(clozapine)***	3	-
loxapine cap 10MG, 25MG, 50MG, 5MG (LOXITANE Equiv)	1	-
olanzapine ODT 10MG, 15MG, 20MG, 5MG (ZYPREXA Equiv)	1	-
olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (ZYPREXA Equiv)	1	-
quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (SEROQUEL Equiv)	1	-
quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG (SEROQUEL XR Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SAPHRIS SL TAB 10MG, 2.5MG, 5MG ***(asenapine maleate)***	3	QL QL= 2 tabs/day
SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG ***(quetiapine fumarate)***	3	-
SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG ***(quetiapine fumarate)***	3	-
ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG ***(olanzapine)***	3	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
thiothixene cap 10MG, 1MG, 2MG, 5MG (NAVANE Equiv)	1	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
abacavir soln 20MG/ML (ZIAGEN Equiv)	1	-
abacavir tab 300MG (ZIAGEN Equiv)	1	-
abacavir/lamivudine tab 300MG-600MG (EPZICOM Equiv)	1	-
abacavir/lamivudine/zidovudine tab 150MG-300MG (TRIZIVIR Equiv)	1	-
APTIVUS CAP 250MG ***(tipranavir)***	4	-
APTIVUS SOLN 100MG/ML ***(tipranavir)***	4	-
atazanavir cap 150MG, 200MG, 300MG (REYATAZ Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	4	QL QL= 1 tab/ day
CIMDUO TAB 300MG ***(lamivudine-tenofovir disoproxil fumarate)***	4	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG ***(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)***	4	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ***(indinavir sulfate)***	4	-
DELSTRIGO TAB 100MG-300MG ***(doravirine-lamivudine-tenofovir disoproxil fumarate)***	4	QL QL= 1 tab/day
DESCOVY TAB 15MG-120MG, 25MG-200MG ***(emtricitabine-tenofovir alafenamide fumarate)***	$0	-
didanosine DR cap 250MG, 400MG (VIDEX EC Equiv)	1	-
DOVATO TAB 50MG-300MG ***(dolutegravir sodium-lamivudine)***	4	QL QL= 1 tab/day
EDURANT TAB 25MG ***(rilpivirine hcl)***	4	-
efavirenz cap 200MG, 50MG (SUSTIVA Equiv)	1	-
efavirenz tab 600MG (SUSTIVA Equiv)	1	-
efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG (ATRIPLA Equiv)	1	QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day
emtricitabine cap 200MG (EMTRIVA Equiv)	1	-
emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG (TRUVADA Equiv)	$0	-
EMTRIVA SOLN 10MG/ML ***(emtricitabine)***	4	-
etravirine tab 100MG, 200MG	1	-
EVOTAZ TAB 150MG-300MG ***(atazanavir sulfate-cobicistat)***	4	-
fosamprenavir tab 700MG (LEXIVA Equiv)	1	-
FUZEON INJ 90MG ***(enfuvirtide)***	4	-
GENVOYA TAB 10MG-150MG-200MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)***	4	-
INTELENCE TAB 25MG 100MG, 200MG, 25MG ***(etravirine)***	4	-
INVIRASE CAP ***(saquinavir mesylate)***	4	-
INVIRASE TAB 500MG ***(saquinavir mesylate)***	4	-
ISENTRESS (HD) TAB 400MG, 600MG ***(raltegravir potassium)***	3	-
ISENTRESS CHEW TAB 100MG, 25MG ***(raltegravir potassium)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ISENTRESS POWDER PACK 100MG ***(raltegravir potassium)***	3	-
JULUCA TAB 25MG-50MG ***(dolutegravir sodium-rilpivirine hcl)***	4	QL QL= 1 tab/ day
lamivudine soln 10MG/ML (EPIVIR Equiv)	1	-
lamivudine tab 150MG, 300MG (EPIVIR Equiv)	1	-
lamivudine/zidovudine tab 150MG-300MG (COMBIVIR Equiv)	1	-
LEXIVA SUSP 50MG/ML ***(fosamprenavir calcium)***	4	-
lopinavir/ritonavir soln 100MG/5ML-400MG/5ML (KALETRA Equiv)	1	-
lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG (KALETRA Equiv)	1	-
maraviroc tab 150MG, 300MG (SELZENTRY Equiv)	1	-
NEVIRAPINE ER TAB 100MG ***(nevirapine)***	1	-
nevirapine ER tab 100MG, 400MG	1	-
NEVIRAPINE SUSP 50MG/5ML ***(nevirapine)***	1	-
nevirapine tab 200MG (VIRAMUNE Equiv)	1	-
NORVIR CAP ***(ritonavir)***	3	-
NORVIR POWDER PACK 100MG ***(ritonavir)***	3	-
NORVIR SOLN 80MG/ML ***(ritonavir)***	3	-
NORVIR TAB 100MG ***(ritonavir)***	3	-

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ODEFSEY TAB 25MG-200MG ***(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)***	4	QL QL= 1 tab/day
PIFELTRO TAB 100MG ***(doravirine)***	4	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG ***(darunavir-cobicistat)***	4	-
PREZISTA SUSP 100MG/ML ***(darunavir)***	4	-
PREZISTA TAB 150MG, 600MG, 75MG, 800MG ***(darunavir)***	4	-
RESCRIPTOR TAB 200MG ***(delavirdine mesylate)***	4	-
REYATAZ POWDER PACK 50MG ***(atazanavir sulfate)***	4	-
ritonavir tab 100MG (NORVIR Equiv)	1	-
RUKOBIA ER TAB 600MG ***(fostemsavir tromethamine)***	4	-
SELZENTRY SOLN 20MG/ML ***(maraviroc)***	4	-
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG ***(maraviroc)***	4	-
SELZENTRY TAB 150MG, 300MG ***(maraviroc)***	4	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG ***(stavudine)***	1	-
stavudine cap 15MG, 20MG, 30MG, 40MG	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
STRIBILD TAB 150MG-200MG-300MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir df)***	4	-
SYMTUZA TAB 10MG-150MG-200MG-800MG ***(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)***	4	-
tenofovir disoproxil fumarate tab 300MG (VIREAD Equiv)	1	-
TIVICAY PD TAB 5MG ***(dolutegravir sodium)***	4	-
TIVICAY TAB 10MG, 25MG, 50MG ***(dolutegravir sodium)***	4	-
TRIUMEQ PD TAB 5MG-30MG-60MG ***(abacavir-dolutegravir-lamivudine)***	4	-
TRIUMEQ TAB 50MG-300MG-600MG ***(abacavir-dolutegravir-lamivudine)***	4	-
TRIZIVIR TAB 150MG-300MG ***(abacavir sulfate-lamivudine-zidovudine)***	2	-
VIDEX SOLN 2GM, 4GM ***(didanosine)***	4	-
VIRACEPT TAB 250MG, 625MG ***(nelfinavir mesylate)***	4	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ***(tenofovir disoproxil fumarate)***	4	-
zidovudine cap 100MG (RETROVIR Equiv)	1	-
zidovudine syrup 50MG/5ML (RETROVIR Equiv)	1	-
zidovudine tab 300MG (RETROVIR Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIVIRAL COMBINATIONS ***		
PAXLOVID TAB 100MG-150MG ***(nirmatrelvir-ritonavir)***	$0	QL QL= 20 tabs/fill
CMV AGENTS - Drugs to treat viral infections		
foscarnet sodium inj 6000MG/250ML (FOSCAVIR Equiv)	M	M
FOSCAVIR INJ 6000MG/250ML ***(foscarnet sodium)***	M	M
LIVTENCITY TAB 200MG ***(maribavir)***	4	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG ***(letermovir)***	4	LMSP-PA-QL QL= 1 tab/day; Limit 100 tabs/6 months
VALCYTE TAB 450MG ***(valganciclovir hcl)***	3	-
valganciclovir soln 50MG/ML (VALCYTE Equiv)	1	-
valganciclovir tab 450MG (VALCYTE Equiv)	1	-
HEPATITIS AGENTS - Drugs to treat viral infections		
adefovir dipivoxil tab 10MG (HEPSERA Equiv)	4	LMSP
BARACLUDE SOLN .05MG/ML ***(entecavir)***	3	PA Members age 9 or older require Prior Authorization
entecavir tab .5MG, 1MG (BARACLUDE Equiv)	4	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ***(lamivudine (hbv))***	4	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
lamivudine tab 100mg 100MG (EPIVIR HBV Equiv)	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ***(ledipasvir-sofosbuvir)***	4	LMSP-PA-QL QL= 1 tab/ day
MAVYRET PAK 20MG-50MG ***(glecaprevir-pibrentasvir)***	4	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG ***(glecaprevir-pibrentasvir)***	4	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML ***(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
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
famciclovir tab 125MG, 250MG, 500MG (FAMVIR Equiv)	1	-
valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)	1	-
VALTREX TAB 1GM, 500MG ***(valacyclovir hcl)***	3	-
ZOVIRAX CAP 200MG ***(acyclovir)***	3	-
ZOVIRAX SUSP 200MG/5ML ***(acyclovir)***	3	-
ZOVIRAX TAB 400MG, 800MG ***(acyclovir)***	3	-
INFLUENZA AGENTS - Drugs to treat viral infections		
FLUMADINE TAB 100MG ***(rimantadine hydrochloride)***	3	-
oseltamivir cap 45MG, 75MG (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
oseltamivir cap 30mg 30MG (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
oseltamivir susp 6MG/ML (TAMIFLU Equiv)	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ***(zanamivir)***	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ***(rimantadine hydrochloride)***	1	-
TAMIFLU CAP 45MG, 75MG ***(oseltamivir phosphate)***	3	QL QL= 10 caps/fill

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TAMIFLU CAP 30MG 30MG ***(oseltamivir phosphate)***	3	QL QL= 20 caps/fill
MISC. ANTIVIRALS ***		
MOLNUPIRAVIR CAP 200MG ***(molnupiravir)***	$0	QL QL= 40 caps/fill
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB 125MG ***(penicillamine)***	2	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG ***(thalidomide)***	4	KMSP-PA
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
azathioprine tab 50MG (IMURAN Equiv)	1	-
cyclosporine cap 100MG, 25MG (SANDIMMUNE Equiv)	1	-
cyclosporine modified cap 100MG, 25MG, 50MG (NEORAL Equiv)	1	-
cyclosporine modified soln 100MG/ML (NEORAL Equiv)	1	-
IMURAN TAB 50MG ***(azathioprine)***	3	-
mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)	1	-
mycophenolate mofetil cap 250MG (CELLCEPT Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)	1	-
mycophenolate mofetil tab 500MG (CELLCEPT Equiv)	1	-
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		
sodium polystyrene powder 100% (KAYEXALATE Equiv)	1	-
sodium polystyrene susp 15GM/60ML (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	-
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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LOPRESSOR TAB 100MG, 50MG ***(metoprolol tartrate)***	3	-
metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)	1	-
metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG (LOPRESSOR Equiv)	1	-
nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG (BYSTOLIC Equiv)	1	-
TENORMIN TAB 100MG, 25MG, 50MG ***(atenolol)***	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG ***(metoprolol succinate)***	3	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
BETAPACE AF TAB 120MG, 160MG, 80MG ***(sotalol hcl (afib/afl))***	3	-
BETAPACE TAB 120MG, 160MG, 80MG ***(sotalol hcl)***	3	-
CORGARD TAB 20MG, 40MG, 80MG ***(nadolol)***	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG ***(propranolol hcl)***	3	-
nadolol tab (CORGARD Equiv)	1	-
pindolol tab 10MG, 5MG (VISKEN Equiv)	1	-
propranolol ER cap 120MG, 160MG, 60MG, 80MG (INDERAL LA Equiv)	1	-
propranolol oral soln 20mg/5ml 20MG/5ML (PROPRANOLOL Equiv)	1	-

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PROPRANOLOL SOLN 40MG/5ML ***(propranolol hcl)***	1	-
propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG (INDERAL Equiv)	1	-
sotalol AF tab 120MG, 160MG, 80MG (BETAPACE AF Equiv)	1	-
sotalol tab 120MG, 160MG, 240MG, 80MG (BETAPACE Equiv)	1	-
SOTYLIZE SOLN 5MG/ML 5MG/ML ***(sotalol hcl)***	3	PA Prior Authorization required for members age 9 or older
timolol maleate tab 10MG, 20MG, 5MG (BLOCADREN Equiv)	1	-
BIOLOGICALS MISC - Miscellaneous biological drugs		
BIOLOGICALS MISC - Miscellaneous biological drugs		
ADAGEN INJ 250UNIT/ML ***(pegademase bovine)***	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 ***(nifedipine)***	3	-
amlodipine tab 10MG, 2.5MG, 5MG (NORVASC Equiv)	1	-
CALAN SR TAB 120MG, 180MG, 240MG ***(verapamil hcl)***	3	-
CALAN TAB 120MG ***(verapamil hcl)***	3	-

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CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG ***(diltiazem hcl coated beads)***	3	-
CARDIZEM TAB 120MG, 30MG, 60MG ***(diltiazem hcl)***	3	-
diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG (CARDIZEM SR Equiv)	1	-
diltiazem tab 120MG, 30MG, 60MG, 90MG (CARDIZEM Equiv)	1	-
felodipine ER tab 10MG, 2.5MG, 5MG (PLENDIL Equiv)	1	-
KATERZIA SUSP 1MG/ML ***(amlodipine benzoate)***	3	PA Prior Authorization required for members age 9 or older
nifedipine cap 10MG, 20MG (PROCARDIA Equiv)	1	-
nifedipine ER tab 30MG, 60MG, 90MG (ADALAT CC Equiv)	1	-
nimodipine cap 30MG (NIMOTOP Equiv)	1	-
NORLIQVA ORAL SOLN 1MG/ML ***(amlodipine besylate)***	3	PA Members age 9 or older require Prior Authorization
NORVASC TAB 10MG, 2.5MG, 5MG ***(amlodipine besylate)***	3	-
PROCARDIA CAP 10MG ***(nifedipine)***	3	-

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TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG ***(diltiazem hcl extended release beads)***	3	-
verapamil SR cap 100MG, 120MG, 180MG, 200MG, 240MG, 300MG (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG ***(verapamil hcl)***	1	-
verapamil SR tab 120MG, 180MG, 240MG (CALAN SR, ISOPTIN SR Equiv)	1	-
verapamil tab 120MG, 40MG, 80MG (CALAN Equiv)	1	-
VERELAN CAP 120MG, 180MG, 240MG ***(verapamil hcl)***	3	-
VERELAN PM CAP ***(verapamil hcl)***	3	-
VERELAN PM ER CAP 100MG, 300MG 100MG, 200MG, 300MG ***(verapamil hcl)***	3	-
VERELAN SR CAP 360mg 360MG ***(verapamil hcl)***	3	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
DIGOXIN SOLN ***(digoxin)***	1	-
digoxin soln .05MG/ML	1	-
digoxin tab .125MG, .25MG, 125MCG, 250MCG (LANOXIN Equiv)	1	-
LANOXIN TAB 125MCG, 250MCG ***(digoxin)***	3	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG ***(mavacamten)***	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		
amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (CADUET Equiv)	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG ***(amlodipine besylate-atorvastatin calcium)***	3	-
IMPOTENCE AGENTS - drugs to treat erectile dysfunction		
CAVERJECT INJ 10MCG, 20MCG ***(alprostadil (vasodilator))***	2	QL QL= 6 inj/30 days
EDEX INJ 10MCG, 20MCG, 40MCG ***(alprostadil (vasodilator))***	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG ***(alprostadil (vasodilator))***	2	QL QL= 6 inj/30 days
sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)	1	QL QL= 6 tabs/30 days

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STENDRA TAB 100MG, 200MG, 50MG ***(avanafil)***	2	QL QL= 6 tabs/30 days
tadalafil tab 10MG, 20MG (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
tadalafil tab 2.5mg, 5mg 2.5MG, 5MG (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
vardenafil ODT 10MG (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
vardenafil tab 10MG, 2.5MG, 20MG, 5MG (LEVITRA Equiv)	1	QL QL= 6 tabs/30 days
PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions		
ISOXSUPRINE TAB 10MG, 20MG ***(isoxsuprine hcl)***	2	-
isoxsuprine tab 10MG, 20MG	1	-
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
ORENITRAM TAB .125MG, .25MG, 1MG, 2.5MG, 5MG ***(treprostinil diolamine)***	4	LD-PA Only available through CVS Specialty 800-237-2767
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG ***(treprostinil)***	4	LD-PA-QL Only available through Accredo 800-803-2523; QL= 4 cartridges/day
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG ***(treprostinil)***	4	LD-PA-QL Only available through Accredo 800-803-2523; QL= 224 cartridges/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG ***(treprostinil)***	4	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG ***(treprostinil)***	4	LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN .6MG/ML ***(treprostinil)***	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ***(iloprost)***	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		
ambrisentan tab 10MG, 5MG (LETAIRIS Equiv)	4	LMSP-PA-QL QL= 1 tab/day
bosentan tab 125MG, 62.5MG (TRACLEER Equiv)	4	LMSP-PA-QL QL= 2 tabs/day
OPSUMIT TAB 10MG ***(macitentan)***	4	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRACLEER TAB 32MG 32MG ***(bosentan)***	4	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		
REVATIO SUSP 10MG/ML ***(sildenafil citrate (pulmonary hypertension))***	3	PA Members age 9 or older require Prior Authorization
REVATIO TAB 20MG ***(sildenafil citrate (pulmonary hypertension))***	3	PA
sildenafil susp 10MG/ML (REVATIO Equiv)	1	PA Members age 9 or older require Prior Authorization
sildenafil tab 20mg 20MG (REVATIO Equiv)	1	PA
tadalafil tab (PAH) 20MG (ADCIRCA Equiv)	4	LMSP-PA
TADLIQ SUSP 20MG/5ML ***(tadalafil (pulmonary hypertension))***	4	MSP-PA Members age 9 or older require Prior Authorization
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(selexipag)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ***(riociguat)***	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 ***(ivabradine hcl)***	3	PA
TRANSTHYRETIN STABILIZERS - drugs to treat heart problems due to transthyretin amyloidosis		
VYNDAMAX CAP 61MG ***(tafamidis)***	4	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP 20MG ***(tafamidis meglumine (cardiac))***	4	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
cefazolin inj 10GM, 1GM, 500MG	M	M
CEFAZOLIN INJ 100GM, 1GM, 20GM, 2GM, 300GM ***(cefazolin sodium)***	M	M
cephalexin cap 250MG, 500MG (KEFLEX Equiv)	1	-
cephalexin susp 125MG/5ML, 250MG/5ML (KEFLEX Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KEFLEX CAP 250MG, 500MG ***(cephalexin)***	3	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
CEFACLOR CAP 250MG, 500MG (CECLOR Equiv) ***(cefaclor)***	1	-
cefaclor cap 250MG, 500MG (CECLOR Equiv)	1	-
CEFACLOR ER TAB 500MG ***(cefaclor monohydrate)***	3	-
CEFACLOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML ***(cefaclor)***	3	-
cefoxitin inj 10GM, 1GM, 2GM	M	M
cefuroxime tab 250MG, 500MG (CEFTIN Equiv)	1	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
cefdinir cap 300MG (OMNICEF Equiv)	1	-
cefdinir susp 125MG/5ML, 250MG/5ML (OMNICEF Equiv)	1	-
CEFDITOREN TAB 200MG, 400MG ***(cefditoren pivoxil)***	3	-
cefixime cap 400MG (SUPRAX Equiv)	1	-
cefixime susp 100MG/5ML, 200MG/5ML (SUPRAX Equiv)	1	-
CEFOTAXIME INJ 1GM, 2GM, 500MG ***(cefotaxime sodium)***	M	M
cefotaxime inj 1GM	M	M
cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML (VANTIN Equiv)	1	-

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cefpodoxime proxetil tab 100MG, 200MG (VANTIN Equiv)	1	-
ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG	M	M
OMNICEF SUSP ***(cefdinir)***	3	-
SPECTRACEF TAB ***(cefditoren pivoxil)***	3	-
SUPRAX CAP 400MG ***(cefixime)***	3	-
SUPRAX CAP 400MG ***(cefixime)***	3	-
SUPRAX CHEW TAB 100MG, 200MG ***(cefixime)***	3	-
SUPRAX SUSP 100MG/5ML, 200MG/5ML ***(cefixime)***	3	-
SUPRAX SUSP 500MG/5ML 500MG/5ML ***(cefixime)***	3	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
amethyst tab 20MCG-90MCG (LYBREL Equiv)	$0	-
aranelle tab (TRI-NORINYL Equiv)	$0	-
aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG (ALESSE Equiv)	$0	-
BALCOLTRA TAB .1MG-20MCG-36.5MG ***(levonorgestrel-ethinyl estradiol-ferrous bisglycinate)***	$0	-
BEYAZ TAB .02MG-.451MG-3MG ***(drospirenone-ethinyl estradiol-levomefolate calcium)***	3	-
cesia tab (CYCLESSA Equiv)	$0	-
cryselle tab .3MG-30MCG	$0	-
DESOGEN TAB ***(desogestrel & ethinyl estradiol)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG (BEYAZ Equiv)	$0	-
enpresse tab (TRI-LEVELEN Equiv)	$0	-
ESTROSTEP FE TAB 1MG-75MG ***(norethindrone acetate-ethinyl estradiol-fe)***	3	-
FEMCON FE CHEW TAB .8MG-25MCG-75MG ***(norethindrone & ethinyl estradiol-fe)***	3	-
gianvi tab, ocella tab .02MG-3MG, .03MG-3MG (YASMIN, YAZ Equiv)	$0	-
isibloom tab, enskyce tab, apri tab (DESOGEN Equiv)	$0	-
jolessa tab, amethia tab .03MG-.15MG (SEASONALE, SEASONIQUE Equiv)	$0	3 copays per Rx
kelnor tab 1MG-35MCG, 1MG-50MCG (DEMULEN Equiv)	$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG ***(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))***	$0	-
loestrin tab 1MG-20MCG	$0	-
MINASTRIN CHEW TAB 1MG-20MCG-75MG ***(norethin acet & estrad-fe)***	3	-
MIRCETTE TAB ***(desogestrel-ethinyl estradiol (biphasic))***	3	-
NATAZIA TAB ***(estradiol valerate-dienogest)***	$0	-

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 3/3/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NEXTSTELLIS TAB 3MG-14.2MG ***(drospirenone-estetrol)***	$0	-
norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG (TAYTULLA Equiv)	$0	-
norethindrone acetate/ethinyl estradial FE chew tab 1MG-20MCG-75MG (MINASTRIN Equiv)	$0	-
norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)	$0	-
norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)	$0	-
nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)	$0	-
ORTHO TRI-CYCLEN (LO) TAB ***(norgestimate-ethinyl estradiol (triphasic))***	3	-
ORTHO-CYCLEN TAB .25MG-35MCG ***(norgestimate-ethinyl estradiol)***	3	-
OVCON 35 TAB 1MG-35MCG ***(norethindrone & eth estradiol)***	3	-
SAFYRAL TAB .03MG-.451MG-3MG ***(drospirenone-ethinyl estradiol-levomefolate calcium)***	3	-
SEASONIQUE TAB ***(levonorgestrel-ethinyl estradiol (91-day))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)	$0	-
TAYTULLA CAP 1MG-20MCG-75MG ***(norethin acet & estrad-fe)***	3	-
tri-legest tab 1MG-75MG (ESTROSTEP FE Equiv)	$0	-
TRI-NORINYL TAB ***(norethindrone-eth estradiol (triphasic))***	3	-
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)	$0	-
TYBLUME TAB .1MG-20MCG ***(levonorgestrel & eth estradiol)***	$0	-
VELIVET PAK ***(desogestrel-ethinyl estradiol (triphasic))***	$0	-
viorele tab, kariva tab (MIRCETTE Equiv)	$0	-
wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG (FEMCON FE Equiv)	$0	-
YAZ TAB, YASMIN 28 TAB .02MG-3MG, .03MG-3MG ***(drospirenone-ethinyl estradiol)***	3	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
TWIRLA PATCH 30MCG/24HR-120MCG/24HR ***(levonorgestrel-ethinyl estradiol)***	$0	-
zafemy patch 35MCG/24HR-150MCG/24HR (XULANE Equiv)	$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANNOVERA RING .013MG/24HR-.15MG/24HR ***(segesterone acetate-ethinyl estradiol)***	$0	QL QL= 1 ring/year
NUVARING .015MG/24HR-.12MG/24HR ***(etonogestrel-ethinyl estradiol)***	$0	-
COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy		
PARAGARD IUD ***(copper (iud))***	EXC	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG ***(ulipristal acetate)***	$0	-
ELLA TAB 30MG ***(ulipristal acetate)***	$0	-
levonorgestrel tab 1.5MG (PLAN B Equiv)	$0	OTC
PLAN B TAB 1.5MG ***(levonorgestrel (emergency oc))***	$0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy		
NEXPLANON IMPLANT 68MG ***(etonogestrel)***	EXC	-
NEXPLANON IMPLANT 68MG ***(etonogestrel)***	EXC	-
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA INJ 150MG/ML ***(medroxyprogesterone acetate (contraceptive))***	EXC	QL--
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML ***(medroxyprogesterone acetate (contraceptive))***	EXC	-
medroxyprogesterone inj 150MG/ML (DEPO-PROVERA Equiv)	EXC	-
PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy		
MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY ***(levonorgestrel (iud))***	EXC	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
norethindrone tab (NORA-QD Equiv)	$0	-
NOR-QD TAB .35MG ***(norethindrone (contraceptive))***	3	-
SLYND TAB 4MG ***(drospirenone)***	$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
ALKINDI SPRINKLE CAP 0.5MG .5MG ***(hydrocortisone)***	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG 1MG ***(hydrocortisone)***	3	PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization
budesonide ER tab 9MG (UCERIS Equiv)	1	PA-QL QL=1 tab/day
budesonide SR cap 3MG (ENTOCORT EC Equiv)	1	-
CORTEF TAB 10MG, 20MG, 5MG ***(hydrocortisone)***	3	-
DEXAMETHASONE CONC 1MG/ML ***(dexamethasone)***	1	-
dexamethasone elixir .5MG/5ML	1	-
dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML	1	-
DEXAMETHASONE SOLN .5MG/5ML ***(dexamethasone)***	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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DEXAMETHASONE TAB .5MG, .75MG, 1MG, 2MG (DECADRON Equiv) ***(dexamethasone)***	1	-
dexamethasone tab .5MG, .75MG, 1.5MG, 2MG, 4MG, 6MG (DECADRON Equiv)	1	-
hydrocortisone tab 10MG, 20MG, 5MG (CORTEF Equiv)	1	-
MEDROL DOSE PACK 4MG ***(methylprednisolone)***	3	-
MEDROL TAB 2MG ***(methylprednisolone)***	2	-
MEDROL TAB 16MG, 32MG, 4MG, 8MG ***(methylprednisolone)***	3	-
methylprednisolone dose pack 4MG (MEDROL Equiv)	1	-
methylprednisolone tab 16MG, 32MG, 4MG, 8MG (MEDROL Equiv)	1	-
methylprenisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG (SOLU-MEDROL Equiv)	1	-
ORAPRED ODT TAB 10MG, 15MG, 30MG ***(prednisolone sodium phosphate)***	3	-
ORAPRED SOLN 10MG/5ML, 20MG/5ML, 6.7MG/5ML ***(prednisolone sodium phosphate)***	3	-
prednisolone ODT 10MG, 15MG, 30MG (ORAPRED Equiv)	1	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG ***(prednisolone sodium phosphate)***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PREDNISOLONE SOLN 25MG/5ML ***(prednisolone sodium phosphate)***	3	-
PREDNISOLONE SOLN 25MG/5ML ***(prednisolone sodium phosphate)***	3	-
prednisolone soln 15MG/5ML	1	-
PREDNISONE SOLN 5MG/5ML ***(prednisone)***	2	-
prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG (DELTASONE Equiv)	1	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG ***(hydrocortisone sod succinate)***	2	QL QL= 1 vial/fill
SOLU-CORTEF INJ 100MG 100MG ***(hydrocortisone sod succinate)***	2	QL QL= 2 vials/fill
SOLU-MEDROL INJ 1000MG, 125MG, 40MG, 500MG ***(methylprednisolone sod succ)***	3	-
SOLU-MEDROL INJ 2GM 2GM ***(methylprednisolone sod succ)***	2	-
UCERIS TAB 9MG ***(budesonide)***	3	PA-QL QL= 1 tab/day
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
fludrocortisone tab .1MG (FLORINEF Equiv)	1	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
benzonatate cap 100mg, 200mg 100MG, 200MG (TESSALON Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HYCODAN SYRUP 1.5MG/5ML-5MG/5ML ***(hydrocodone bitartrate-homatropine methylbromide)***	3	-
hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	1	-
TESSALON CAP 100MG ***(benzonatate)***	3	-
tussigon tab 1.5MG-5MG (HYCODAN Equiv)	1	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML ***(brompheniramine & phenyleph)***	EXC	OTC
CLARINEX-D TAB 2.5MG-120MG ***(desloratadine-pseudoephedrine)***	EXC	-
CLARINEX-D TAB ***(desloratadine-pseudoephedrine)***	EXC	-
DECON-A LIQUID ***(brompheniramine & phenyleph)***	EXC	OTC
guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML (BRONTEX Equiv)	1	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) ***(guaifenesin-codeine)***	1	OTC-QL QL= 240ml/fill
guaifenesin/codeine syrup 10MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv)	1	OTC-QL QL= 240ml/fill
hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML (TUSSIONEX Equiv)	1	QL QL= 120ml/fill; 2 fills/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO Equiv)	1	QL QL= 120ml/fill, 2 fills/30 days
lohist liquid 2MG/10ML-5MG/10ML (DECON-A Equiv)	EXC	OTC
promethazine DM syrup 6.25MG/5ML-15MG/5ML	1	-
promethazine VC syrup 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv)	1	-
promethazine VC/codeine syrup 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv)	1	-
promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)	1	-
SEMPREX-D CAP 8MG-60MG ***(acrivastine & pseudoephedrine)***	EXC	-
TRIAMINIC SYRUP ***(chlorpheniramine & phenylephrine)***	EXC	OTC
TUSNEL SYRUP 10MG/5ML-30MG/5ML-100MG/5ML ***(pseudoephedrine w/ codeine-gg)***	3	-
TUSSIONEX SUSP 8MG/5ML-10MG/5ML ***(hydrocodone polistirex-chlorpheniramine polistirex)***	3	QL QL= 120ml/fill; 2 fills/30 days
ZUTRIPRO LIQUID ***(pseudoephed-cpm w/ hydrocod)***	3	QL QL= 120ml/fill, 2 fills/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
HYPER-SAL NEB SOLN 7% ***(sodium chloride (inhalant))***	3	-
NEBUSAL NEB SOLN 3.5%, 6% ***(sodium chloride (inhalant))***	2	-
sodium chloride neb soln .9%, 10%, 3%, 7% (HYPER-SAL Equiv)	1	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
acetylcysteine soln 10%, 20% (MUCOMYST Equiv)	1	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
adapalene cream .1% (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
adapalene gel .1%, .3% (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5% (EPIDUO FORTE Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG (ACCUTANE Equiv)	1	-
ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% ***(tretinoin)***	3	PA
BENZACLIN GEL 1%-5%, 1.2%-2.5% ***(clindamycin phosphate-benzoyl peroxide)***	3	-
BENZAMYCIN GEL 3%-5% ***(benzoyl peroxide-erythromycin)***	3	-
CLEOCIN-T LOTION 1% ***(clindamycin phosphate (topical))***	3	-
CLEOCIN-T PAD 1% ***(clindamycin phosphate (topical))***	3	-
CLEOCIN-T SOLN 1% ***(clindamycin phosphate (topical))***	3	-
clindamycin gel 1% (CLEOCIN GEL Equiv)	1	-
clindamycin lotion 1% (CLEOCIN- T Equiv)	1	-
clindamycin pad 1% (CLEOCIN-T Equiv)	1	-
clindamycin topical soln 1% (CLEOCIN-T Equiv)	1	-
clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-2.5% (BENZACLIN Equiv)	1	-
DIFFERIN CREAM .1% ***(adapalene)***	3	PA
DIFFERIN GEL .1%, .3% ***(adapalene)***	3	PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DUAC GEL 1.2%-5% ***(clindamycin phosphate-benzoyl peroxide (refrigerate))***	3	-
EPIDUO GEL 0.1-2.5% .1%-2.5% ***(adapalene-benzoyl peroxide)***	3	PA
ERY PAD 2% ***(erythromycin (acne aid))***	2	-
erythromycin gel 2%	1	-
erythromycin pad 2%	1	-
erythromycin soln 2%	1	-
erythromycin/benzoyl peroxide gel 3%-5% (BENZAMYCIN Equiv)	1	-
KLARON LOTION 10% ***(sulfacetamide sodium (acne))***	3	-
RETIN-A CREAM .025%, .05%, .1% ***(tretinoin)***	3	PA
sodium sulfacetamide lotion 10% (KLARON Equiv)	1	-
sodium sulfacetamide/sulfur emulsion 10-5%	1	-
sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%	1	-
tretinoin cream .025%, .05%, .1%	1	PA Acne Only – members age 35 or older require Prior Authorization
tretinoin gel .01%, .025%, .05%	1	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RENOVA CREAM .02%, .05% ***(tretinoin (facial wrinkles))***	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
CENTANY OINT 2% ***(mupirocin)***	3	-
CORTISPORIN CREAM .5%-3.5MG/GM-10000UNIT/GM ***(neomycin-polymyxin-hc)***	3	-
CORTISPORIN OINT .5%-1%-400UNIT/GM-5000UNIT/GM ***(bacitracin-polymyxin-neomycin hc)***	3	-
gentamicin sulfate cream .1%	1	-
gentamicin sulfate oint .1%	1	-
mupirocin oint 2% (BACTROBAN OINT Equiv)	1	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
ciclopirox cream .77% (LOPROX CREAM Equiv)	1	-
ciclopirox gel .77% (LOPROX GEL Equiv)	1	-
ciclopirox nail soln 8% (PENLAC Equiv)	1	-
ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)	1	-
ciclopirox topical susp .77% (LOPROX SUSP Equiv)	1	-
clotrimazole/betamethasone cream .05%-1% (LORTRISONE CREAM Equiv)	1	-
clotrimazole/betamethasone lotion .05%-1% (LOTRISONE LOTION Equiv)	1	-
econazole cream 1% (SPECTAZOLE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EXELDERM SOLN 1% ***(sulconazole nitrate)***	3	-
ketoconazole cream 2% (NIZORAL CREAM Equiv)	1	-
ketoconazole shampoo 2% (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% ***(ciclopirox olamine)***	3	-
LOPROX SHAMPOO 1% ***(ciclopirox)***	3	-
LOTRISONE CREAM .05%-1% ***(clotrimazole w/ betamethasone)***	3	-
MENTAX CREAM 1% ***(butenafine hcl)***	3	-
NAFTIFINE CREAM 1% ***(naftifine hcl)***	3	-
naftifine cream 1%, 2% (NAFTIN Equiv)	1	-
naftifine gel 1% (NAFTIN Equiv)	1	-
NAFTIN CREAM 2% ***(naftifine hcl)***	3	-
NAFTIN GEL 1% ***(naftifine hcl)***	3	-
NIZORAL A-D SHAMPOO 1% ***(ketoconazole (topical))***	EXC	OTC
nizoral a-d shampoo 1%	EXC	OTC
NIZORAL SHAMPOO 2% ***(ketoconazole (topical))***	3	-
nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)	1	-
nystatin oint 100000UNIT/GM	1	-
nystatin topical powder 100000UNIT/GM	1	-
nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
nystatin/triamcinolone oint .1%-100000UNIT/GM	1	-
oxiconazole nitrate cream 1% (OXISTAT Equiv)	1	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
diclofenac gel 1% 1% (VOLTAREN Equiv)	1	OTC-QL QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH 1.3% ***(diclofenac epolamine)***	3	QL QL= 30 patches/fill
VOLTAREN GEL 1% ***(diclofenac sodium (topical))***	3	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
bexarotene gel 1% (TARGRETIN Equiv)	4	LMSP-PA
diclofenac gel 3% (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% ***(fluorouracil (topical))***	3	-
fluorouracil cream 5% (EFUDEX CREAM Equiv)	1	-
FLUOROURACIL CREAM 0.5% .5% ***(fluorouracil (topical))***	3	-
FLUOROURACIL SOLN 2%, 5% ***(fluorouracil (topical))***	2	-
PANRETIN GEL .1% ***(alitretinoin)***	4	LMSP-PA
PICATO GEL .05% ***(ingenol mebutate)***	3	QL QL= 1 box/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VALCHLOR GEL .016% ***(mechlorethamine hcl (topical))***	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
ANTIPRURITICS - TOPICAL - Drugs to treat itching		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM ***(doxepin hcl (antipruritic))***	3	PA
DOXEPIN HCL CREAM 5% ***(doxepin hcl (antipruritic))***	3	PA
doxepin hcl cream 5%	3	PA
ANTIPSORIATICS - Drugs to treat psoriasis		
acitretin cap 10MG, 17.5MG, 25MG (SORIATANE Equiv)	4	LMSP
calcipotriene cream .005% (DOVONEX CREAM Equiv)	1	QL QL= 120gm/30 days
calcipotriene oint .005%	1	-
calcipotriene soln .005% (DOVONEX SOLN Equiv)	1	-
CALCITRIOL OINT 3MCG/GM ***(calcitriol (topical))***	3	-
DOVONEX CREAM .005% ***(calcipotriene)***	3	-
DRITHO-SCALP CREAM 1% ***(anthralin)***	3	-
METHOXSALEN CAP 10MG ***(methoxsalen rapid)***	2	LMSP
methoxsalen cap 10MG (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG ***(methoxsalen rapid)***	3	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SKYRIZI INJ 150MG/ML 150MG/ML ***(risankizumab-rzaa)***	4	LMSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML ***(risankizumab-rzaa)***	4	LMSP-PA-QL QL= 2 inj/84 days
STELARA INJ 45MG/0.5ML ***(ustekinumab)***	4	LMSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML ***(ixekizumab)***	4	LMSP-PA-QL QL= 1 inj/28 days
tazarotene cream 0.1% .1% (TAZORAC Equiv)	1	-
TAZORAC CREAM .1% ***(tazarotene)***	3	-
TAZORAC CREAM 0.05% .05% ***(tazarotene)***	3	-
TREMFYA INJ 100MG/ML ***(guselkumab)***	4	LMSP-PA-QL QL= 1 inj/56 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
OVACE PLUS CREAM 10% ***(sulfacetamide sodium)***	3	-
OVACE PLUS GEL 10% ***(sulfacetamide sodium)***	3	-
OVACE PLUS SHAMPOO 10% ***(sulfacetamide sodium)***	3	-
selenium sulfide lotion 1%	EXC	OTC
selenium sulfide shampoo 2.25% (SELSEB Equiv)	1	-
sodium sulfacetamide gel 10% (OVACE PLUS Equiv)	1	-
sodium sulfacetamide shampoo 10%, 9.8% (OVACE Equiv)	1	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
acyclovir oint 5% (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% ***(penciclovir)***	3	-
penciclovir cream 1% (DENAVIR Equiv)	1	-
BURN PRODUCTS - Drugs to treat burns		
SILVADENE CREAM 1% ***(silver sulfadiazine)***	3	-
silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)	1	-
SULFAMYLON CREAM 85MG/GM ***(mafenide acetate)***	2	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
alclometasone cream .05% (ACLOVATE Equiv)	1	-
alclometasone oint .05% (ACLOVATE OINT Equiv)	1	-
betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)	1	-
BETAMETHASONE AUGMENTED GEL .05% ***(betamethasone dipropionate augmented)***	2	-
betamethasone augmented gel	1	-
betamethasone augmented lotion .05% (DIPROLENE LOTION Equiv)	1	-
betamethasone augmented oint .05% (DIPROLENE OINT Equiv)	1	-
betamethasone diproprionate cream .05% (DIPROSONE CREAM Equiv)	1	-
betamethasone diproprionate lotion .05%	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
betamethasone diproprionate oint .05% (DIPROSONE OINT Equiv)	1	-
betamethasone valerate cream .1%	1	-
betamethasone valerate lotion .1%	1	-
betamethasone valerate oint .1%	1	-
clobetasol foam .05% (OLUX Equiv)	1	PA
clobetasol lotion .05% (CLOBEX Equiv)	1	PA
clobetasol propionate cream .05% (TEMOVATE Equiv)	1	-
clobetasol propionate emollient cream .05% (TEMOVATE E Equiv)	1	-
clobetasol propionate gel .05% (TEMOVATE GEL Equiv)	1	-
clobetasol propionate oint .05% (TEMOVATE Equiv)	1	-
clobetasol propionate soln .05% (TEMOVATE Equiv)	1	PA
clobetasol shampoo .05% (CLOBEX Equiv)	1	PA
clobetasol spray .05% (CLOBEX Equiv)	1	PA
CLOBEX LOTION .05% ***(clobetasol propionate)***	3	PA
CLOBEX SHAMPOO .05% ***(clobetasol propionate)***	3	PA
CLOBEX SPRAY .05% ***(clobetasol propionate)***	3	PA
DERMA-SMOOTH/FS OIL .01% ***(fluocinolone acetonide)***	2	-
desoximetasone cream .25% (TOPICORT CREAM Equiv)	1	-
desoximetasone oint .25% (TOPICORT Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIPROLENE AF CREAM .05% ***(betamethasone dipropionate augmented)***	3	-
DIPROLENE OINT .05% ***(betamethasone dipropionate augmented)***	3	-
ELOCON CREAM .1% ***(mometasone furoate)***	3	-
ELOCON OINT ***(mometasone furoate)***	3	-
EPIFOAM AEROSOL 1% ***(pramoxine-hc)***	2	-
fluocinolone acetonide cream .01%, .025%	1	-
fluocinolone acetonide oil .01% (DERMA-SMOOTH/FS Equiv)	1	-
fluocinolone acetonide oint .025%	1	-
fluocinolone acetonide soln .01%	1	-
fluocinonide cream 0.05% .05% (LIDEX Equiv)	1	-
fluocinonide cream 0.1% .1% (VANOS CREAM Equiv)	1	-
fluocinonide emollient cream .05%	1	-
fluocinonide gel .05%	1	-
fluocinonide oint .05%	1	-
fluocinonide soln .05%	1	-
fluticasone propionate cream .05% (CUTIVATE Equiv)	1	-
fluticasone propionate oint .005% (CUTIVATE Equiv)	1	-
halobetasol propionate cream .05% (ULTRAVATE Equiv)	1	-
halobetasol propionate oint .05% (ULTRAVATE Equiv)	1	PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrocortisone cream .5%, 1%, 2.5% (PROCTOCORT Equiv)	1	-
hydrocortisone lotion 1%, 2.5% (HYTONE Equiv)	1	-
hydrocortisone oint .5%, 1%, 2.5%	1	-
mometasone cream .1% (ELOCON Equiv)	1	-
mometasone oint .1% (ELOCON Equiv)	1	-
mometasone soln .1% (ELOCON Equiv)	1	-
NUCORT LOTION 2% ***(hydrocortisone acetate (topical))***	3	-
OLUX FOAM .05% ***(clobetasol propionate)***	3	PA
PREDNICARBATE CREAM .1% ***(prednicarbate)***	2	-
PREDNICARBATE OIN .1% ***(prednicarbate)***	2	-
PROCTOCORT CREAM 1% ***(hydrocortisone (topical))***	3	-
TEMOVATE CREAM .05% ***(clobetasol propionate)***	3	-
TEMOVATE OINT .05% ***(clobetasol propionate)***	3	-
TOPICORT CREAM .25% ***(desoximetasone)***	3	-
TOPICORT OINT .25% ***(desoximetasone)***	3	-
triamcinolone cream .025%, .1%, .5%	1	-
triamcinolone lotion .025%, .1%	1	-
triamcinolone oint .025%, .1%, .5%	1	-
ULTRAVATE CREAM .05% ***(halobetasol propionate)***	3	-
ULTRAVATE OINT .05% ***(halobetasol propionate)***	3	-
ECZEMA AGENTS - Drugs to treat eczema		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADBRY INJ 150MG/ML ***(tralokinumab-ldrm)***	4	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG ***(abrocitinib)***	4	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 200MG/1.14ML ***(dupilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT INJ 100MG/0.67ML 100MG/0.67ML ***(dupilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 300MG/2ML ***(dupilumab)***	4	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
ammonium lactate cream 12% (LAC-HYDRIN Equiv)	EXC	OTC
ammonium lactate lotion 10%, 12%, 5% (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM 12% ***(lactic acid (ammonium lactate))***	3	-
LAC-HYDRIN LOTION 12% ***(lactic acid (ammonium lactate))***	3	-
LACTIC ACID LOTION 10%, 5% ***(lactic acid (ammonium lactate))***	1	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM ***(collagenase)***	2	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - drugs to grow hair		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bimatoprost ophth soln .03%	EXC	-
finasteride tab 1MG (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - drugs to remove hair		
VANIQA CREAM 13.9% ***(eflornithine hcl)***	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ALDARA CREAM 5% ***(imiquimod)***	3	-
imiquimod cream 5% (ALDARA Equiv)	1	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
ELIDEL CREAM 1% ***(pimecrolimus)***	3	Covered for members 2 years or older
pimecrolimus cream 1% (ELIDEL Equiv)	1	Covered for members 2 years or older
PROTOPIC OINT .03%, .1% ***(tacrolimus (topical))***	3	-
tacrolimus oint .03%, .1% (PROTOPIC OINT Equiv)	1	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% ***(podophyllum resin)***	2	-
podofilox soln (CONDYLOX Equiv)	1	-
SALEX SHAMPOO 2%, 3% ***(salicylic acid)***	3	-
SALEX SHAMPOO 6% ***(salicylic acid)***	3	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
lidocaine cream 3% 3%, 4% (LIDAMANTLE Equiv)	1	-
lidocaine gel 2% (XYLOCAINE Equiv)	1	-
lidocaine oint 5%	1	QL QL= 107gm/30 days
lidocaine patch 4% (LIDODERM Equiv)	1	QL QL= 3 patches/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
lidocaine patch 5% 5% (LIDODERM Equiv)	1	QL QL= 3 patches/day
lidocaine soln 4% (XYLOCAINE Equiv)	1	-
lidocaine/prilocaine cream 2.5% (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% ***(lidocaine)***	3	QL QL= 3 patches/day
SYNERA PATCH 70MG ***(lidocaine-tetracaine)***	3	-
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% ***(aluminum chloride)***	1	-
PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration		
hydroquinone cream 4% (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ***(fluocinolone-hydroquinone-tretinoin)***	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
azelaic acid gel 15% (FINACEA Equiv)	1	-
brimonidine tartrate gel .33% (MIRVASO Equiv)	EXC	-
FINACEA GEL 15% ***(azelaic acid)***	3	-
METROCREAM .75% ***(metronidazole (topical))***	3	-
METROGEL 1% 1% ***(metronidazole (topical))***	3	-
METROLOTION .75% ***(metronidazole (topical))***	3	-
metronidazole cream .75% (METROCREAM Equiv)	1	-
metronidazole gel 1% (METROGEL Equiv)	1	-
metronidazole gel 0.75% .75% (METROGEL Equiv)	1	-
metronidazole lotion .75% (METROLOTION Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MIRVASO GEL .33% ***(brimonidine tartrate (topical))***	EXC	-
RHOFADE CREAM 1% ***(oxymetazoline hcl (topical))***	EXC	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
CROTAN LOTION 10% ***(crotamiton)***	3	-
ELIMITE CREAM 5% ***(permethrin)***	3	-
LINDANE SHAMPOO 1% ***(lindane)***	1	-
malathion lotion .5% (OVIDE Equiv)	1	QL QL= 2 bottles/fill
NATROBA SUSP .9% ***(spinosad)***	3	QL QL= 1 bottle/fill
OVIDE LOTION .5% ***(malathion)***	3	QL QL= 2 bottles/fill
permethrin cream 5% (ELIMITE CREAM Equiv)	1	-
SPINOSAD SUSP .9% ***(spinosad)***	2	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% ***(becaplermin)***	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM ***(balsam peru-castor oil)***	2	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACCU-CHEK AVIVA PLUS TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK GUIDE TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP ***(glucose blood)***	2	OTC Limited to 50 strips per month for members not on diabetes medication
COVID-19 TEST ***(covid-19 at home test)***	$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 INJ TEST CARTRIDGE ***(covid-19 at home test)***	$0	OTC-QL QL= 8 cartridges/30 days
CUE HEALTH MONITOR ***(covid-19 at home test)***	$0	OTC-QL QL= 1 kit/year
KETO-DIASTIX TEST STRIP ***(urine glucose-ketones test)***	1	OTC
KETOSTIX ***(acetone (urine) test)***	1	OTC
ONETOUCH TEST STRIP ***(glucose blood)***	2	OTC
ONETOUCH VERIO TEST STRIP ***(glucose blood)***	2	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
ASTAMED MYO CAP ***(astaxanthin-tocotrienol-zinc-cholecalciferol)***	EXC	-
DEPLIN CAP ***(l-methylfolate-algae)***	EXC	-
ELIGEN B12 TAB ***(cyanocobalamin-salcaprozate sodium)***	EXC	-
FALESSA TAB ***(levomefolate glucosamine)***	EXC	-
FOLTANX TAB ***(l-methylfolate w/ vitamin b6-vitamin b12)***	EXC	-
GLYGEST PAK ***(2-fucosyllactose & lacto-n-neotetraose)***	EXC	-
L-METHYLFOLATE TAB ***(l-methylfolate)***	EXC	-
LUVIRA CAP ***(omega-3-acid ethyl esters (dietary management))***	EXC	-
METANX CAP ***(l-methylfolate w/ algae-vitamin b12-vitamin b6)***	EXC	-
OLLIZAC POWDER ***(2-fucosyllactose & lacto-n-neotetraose)***	EXC	-
PODIAPN CAP ***(l-methylfolate w/ vitamin b6-vitamin b12)***	EXC	-
XAQUIL XR TAB ***(levomefolate glucosamine)***	EXC	-
XYZBAC TAB ***(dietary management product)***	EXC	-
INFANT FOODS		
INFANT FORMULA LIQUID ***(infant foods)***	2	OTC-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INFANT FORMULA POWDER ***(infant foods)***	2	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID ***(nutritional supplements)***	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ***(nutritional supplements)***	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 ***(pancrelipase (lipase-protease-amylase))***	2	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
acetazolamide ER cap 500MG (DIAMOX SEQUEL Equiv)	1	-
acetazolamide tab	1	-
methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB ***(methazolamide)***	3	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 3/3/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALDACTAZIDE TAB 25MG ***(spironolactone & hydrochlorothiazide)***	3	-
ALDACTAZIDE TAB 50-50MG 50MG ***(spironolactone & hydrochlorothiazide)***	3	-
amiloride/hydrochlorothiazide tab 5MG-50MG (MODURETIC Equiv)	1	-
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG ***(triamterene & hydrochlorothiazide)***	3	-
spironolactone/hydrochlorothiazide tab 25MG (ALDACTAZIDE Equiv)	1	-
triamterene/hydrochlorothiazide cap 25MG-37.5MG (DYAZIDE Equiv)	1	-
triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG (MAXZIDE Equiv)	1	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
bumetanide tab .5MG, 1MG, 2MG (BUMEX Equiv)	1	-
DEMADEX TAB 10MG ***(torsemide)***	3	-
EDECRIN TAB 25MG ***(ethacrynic acid)***	3	-
ethacrynic tab 25MG (EDECRIN Equiv)	1	-
FUROSCIX KIT 80MG/10ML ***(furosemide)***	4	LD-QL QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FUROSEMIDE SOLN 40MG/5ML, 8MG/ML ***(furosemide)***	1	-
furosemide soln 10MG/ML	1	-
furosemide tab 20MG, 40MG, 80MG (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG ***(furosemide)***	3	-
torsemide tab 100MG, 10MG, 20MG, 5MG (DEMADEX Equiv)	1	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
ALDACTONE TAB 100MG, 25MG, 50MG ***(spironolactone)***	3	-
amiloride tab 5MG (MIDAMOR Equiv)	1	-
CAROSPIR SUSP 25MG/5ML ***(spironolactone)***	3	PA Prior Authorization required for members age 9 or older
spironolactone tab 100MG, 25MG, 50MG (ALDACTONE Equiv)	1	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB 250MG, 500MG ***(chlorothiazide)***	1	-
chlorothiazide tab 500MG	1	-
chlorthalidone tab 25MG, 50MG	1	-
DIURIL SUSP 250MG/5ML ***(chlorothiazide)***	2	-
hydrochlorothiazide cap 12.5MG (MICROZIDE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrochlorothiazide tab 12.5MG, 25MG, 50MG (HYDRODIURIL Equiv)	1	-
indapamide tab 1.25MG, 2.5MG (LOZOL Equiv)	1	-
metolazone tab 10MG, 2.5MG, 5MG (ZAROXOLYN Equiv)	1	-
MICROZIDE CAP ***(hydrochlorothiazide)***	3	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
ACTONEL TAB 150MG, 35MG, 5MG ***(risedronate sodium)***	3	ST Step Therapy requires trial of alendronate
alendronate sodium oral soln 70MG/75ML (FOSAMAX Equiv)	1	-
ALENDRONATE SOLN 70MG/75ML ***(alendronate sodium)***	1	-
alendronate tab 10MG, 35MG, 5MG, 70MG (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 40MG, 5MG ***(alendronate sodium)***	2	-
ATELVIA TAB 35MG ***(risedronate sodium)***	3	ST Step Therapy requires trial of alendronate

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BONIVA TAB 150MG 150MG ***(ibandronate sodium)***	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
calcitonin nasal spray 200UNIT/ACT (MIACALCIN Equiv)	1	-
FORTEO INJ 600MCG/2.4ML ***(teriparatide (recombinant))***	4	LMSP
FOSAMAX TAB 70MG ***(alendronate sodium)***	3	-
ibandronate tab 150mg 150MG (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ***(parathyroid hormone (recombinant))***	4	LD-PA Only available through Accredo-800-803-2523 or Walgreens-888-347-3416
PROLIA INJ 60MG/ML ***(denosumab)***	M	M
risedronate DR tab 35MG (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate
risedronate tab 150MG, 30MG, 35MG, 5MG (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
TYMLOS INJ 3120MCG/1.56ML ***(abaloparatide)***	4	LMSP
CORTICOTROPIN ***		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACTHAR GEL INJ 80UNIT/ML ***(corticotropin)***	4	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
ORILISSA TAB 150MG 150MG ***(elagolix sodium)***	2	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG ***(elagolix sodium)***	2	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ***(pegvisomant)***	4	LD-PA Only available through Accredo-800-803-2523 or Walgreens-888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG ***(tesamorelin acetate)***	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG ***(somatropin)***	4	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG ***(lonapegsomatropin-tcgd)***	4	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
EVISTA TAB 60MG ***(raloxifene hcl)***	3	-

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raloxifene tab 60MG (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 ***(mecasermin)***	4	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
LUPRON DEPOT PED INJ 11.25MG, 30MG ***(leuprolide acetate (cpp) (3 month))***	M	M
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG ***(leuprolide acetate (cpp))***	M	M
SYNAREL NASAL SOLN 2MG/ML ***(nafarelin acetate)***	4	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
ALDURAZYME INJ 2.9MG/5ML ***(laronidase)***	M	M
calcitriol cap .25MCG, .5MCG (ROCALTROL Equiv)	1	-
calcitriol soln 1MCG/ML (ROCALTROL Equiv)	1	-
carglumic acid tab 200MG (CARBAGLU Equiv)	4	LD-PA Only available through Accredo 888-773-7376
CARNITOR SOLN 1GM/10ML ***(levocarnitine (metabolic modifiers))***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CARNITOR TAB 330MG ***(levocarnitine (metabolic modifiers))***	3	-
cinacalcet tab 30MG, 60MG, 90MG (SENSIPAR Equiv)	4	LMSP
doxercalciferol cap .5MCG, 1MCG, 2.5MCG (HECTOROL Equiv)	1	-
FABRAZYME INJ 35MG, 5MG ***(agalsidase beta)***	M	M
HECTOROL CAP ***(doxercalciferol)***	3	-
levocarnitine soln 1GM/10ML (CARNITOR Equiv)	1	-
levocarnitine tab 330MG (CARNITOR Equiv)	1	-
PALYNZIQ INJ 20MG/ML ***(pegvaliase-pqpz)***	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
paricalcitol cap 1MCG, 2MCG, 4MCG (ZEMPLAR Equiv)	1	-
PHEBURANE ORAL PELLETS 483MG/GM ***(sodium phenylbutyrate)***	4	LD Only available through Accredo 800-803-2523
ROCALTROL CAP .25MCG, .5MCG ***(calcitriol)***	3	-
ROCALTROL SOLN 1MCG/ML ***(calcitriol)***	3	-
sapropterin dihydrochloride powder packet 100MG, 500MG (KUVAN Equiv)	4	LMSP-PA
sapropterin dihydrochloride soluble tab 100MG (KUVAN Equiv)	4	LMSP-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ***(asfotase alfa)***	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
ZEMPLAR CAP 1MCG, 2MCG ***(paricalcitol)***	3	-
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG ***(vosoritide)***	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 ***(desmopressin acetate)***	3	-
DDAVP NASAL SOLN .01% ***(desmopressin acetate refrigerated)***	3	-
DDAVP NASAL SPRAY .01% ***(desmopressin acetate spray)***	3	-
DDAVP TAB .1MG, .2MG ***(desmopressin acetate)***	3	-
desmopressin acetate inj 4MCG/ML (DDAVP Equiv)	1	-
desmopressin acetate nasal spray .01%, .1MG/ML (DDAVP Equiv)	1	-
desmopressin acetate tab .1MG, .2MG (DDAVP Equiv)	1	-
STIMATE NASAL SOLN 1.5MG/ML ***(desmopressin acetate)***	2	LMSP
PROGESTERONE RECEPTOR ANTAGONISTS ***		
mifepristone tab 200MG (MIFIPREX Equiv)	EXC	-
MIFIPREX TAB 200MG ***(mifepristone)***	EXC	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROLACTIN INHIBITORS - Drugs to regulate hormones		
cabergoline tab .5MG (DOSTINEX Equiv)	1	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)	4	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML ***(octreotide acetate)***	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ***(pasireotide diaspartate)***	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 ***(tolvaptan)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ***(tolvaptan)***	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 ***(estradiol & norethindrone acetate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG (ACTIVELLA Equiv)	1	-
FEMHRT TAB .5MG-2.5MCG ***(norethindrone acetate-ethinyl estradiol)***	3	-
jinteli tab .5MG-2.5MCG, 1MG-5MCG (FEMHRT Equiv)	1	-
MYFEMBREE TAB .5MG-1MG-40MG ***(relugolix-estradiol-norethindrone acetate)***	2	PA-QL QL= 1 tab/day
ORIAHNN CAP .5MG-1MG-300MG ***(elagolix sodium-estradiol-norethindrone acetate)***	2	PA-QL QL= 2 caps/day
PREFEST TAB ***(estradiol-norgestimate)***	3	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ***(conjugated estrogens-medroxyprogesterone acetate)***	2	-
ESTROGENS - Drugs used for contraception		
ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ***(estradiol)***	3	-
CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR ***(estradiol)***	3	-
DELESTROGEN INJ 10MG/ML, 20MG/ML, 40MG/ML ***(estradiol valerate)***	3	QL QL= 5ml/fill
ESTRACE TAB .5MG, 1MG, 2MG ***(estradiol)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR (CLIMARA Equiv)	1	-
estradiol tab .5MG, 1MG, 2MG (ESTRACE Equiv)	1	-
estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML (DELESTROGEN Equiv)	1	QL QL= 5ml/fill
MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG ***(esterified estrogens)***	3	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ***(estrogens, conjugated)***	2	-
VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ***(estradiol)***	3	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		
FLUOROQUINOLONES - Drugs to treat bacterial infections		
AVELOX TAB 400MG ***(moxifloxacin hcl)***	3	-
CIPRO SUSP 5% 500MG/5ML, 5GM/100ML ***(ciprofloxacin)***	3	-
CIPRO TAB 250MG, 500MG ***(ciprofloxacin hcl)***	3	-
CIPROFLOXACIN 100MG TAB 100MG ***(ciprofloxacin hcl)***	3	-
ciprofloxacin susp 500MG/5ML (CIPRO Equiv)	1	-
ciprofloxacin tab 250MG, 500MG, 750MG (CIPRO Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LEVAQUIN TAB 250MG, 500MG, 750MG ***(levofloxacin)***	3	-
levofloxacin soln 25MG/ML (LEVAQUIN Equiv)	1	-
levofloxacin tab 250MG, 500MG, 750MG (LEVAQUIN Equiv)	1	-
moxifloxacin tab 400MG (AVELOX Equiv)	1	-
ofloxacin tab 400MG (FLOXIN Equiv)	1	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - drugs to treat constipation		
TRULANCE TAB 3MG ***(plecanatide)***	2	PA
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG ***(cholic acid)***	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 ***(obeticholic acid)***	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 ***(ursodiol)***	3	-
URSO FORTE TAB 250MG, 500MG ***(ursodiol)***	3	-
ursodiol cap 300MG (ACTIGALL Equiv)	1	-
ursodiol tab 250MG, 500MG (URSO (FORTE) Equiv)	1	-

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GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
cromolyn conc 100MG/5ML (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML ***(cromolyn sodium (mastocytosis))***	3	-
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
metoclopramide soln 10MG/10ML, 5MG/5ML (REGLAN Equiv)	1	-
metoclopramide tab 10MG, 5MG (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG ***(metoclopramide hcl)***	3	-
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		
BYLVAY CAP 1200MCG 1200MCG ***(odevixibat)***	4	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG ***(odevixibat)***	4	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG ***(odevixibat)***	4	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479

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BYLVAY SPRINKLE CAP 600MCG 600MCG ***(odevixibat)***	4	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML ***(maralixibat chloride)***	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 ***(sulfasalazine)***	3	-
AZULFIDINE TAB 500MG ***(sulfasalazine)***	3	-
balsalazide cap 750MG (COLAZAL Equiv)	1	-
CIMZIA INJ 200MG ***(certolizumab pegol)***	4	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ***(certolizumab pegol)***	4	LMSP-PA-QL QL= 1 kit/plan year
COLAZAL CAP 750MG ***(balsalazide disodium)***	3	-
DIPENTUM CAP 250MG ***(olsalazine sodium)***	3	-
mesalamine DR tab 1.2GM (LIALDA Equiv)	1	-
mesalamine enema 4GM (ROWASA Equiv)	1	-
mesalamine ER cap .375GM (APRISO Equiv)	1	-
mesalamine supp 1000MG (CANASA Equiv)	1	-
SFROWASA ENEMA 4GM/60ML ***(mesalamine)***	3	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML ***(risankizumab-rzaa (crohn's))***	4	LMSP-PA-QL QL= 1 inj/56 days

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

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML ***(risankizumab-rzaa (crohn's))***	4	LMSP-PA-QL QL= 1 inj/56 days
sulfasalazine EC tab 500MG (AZULFIDINE Equiv)	1	-
sulfasalazine tab 500MG (AZULFIDINE Equiv)	1	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
lactulose soln 10GM/15ML	1	-
IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system		
alosetron tab .5MG, 1MG (LOTRONEX Equiv)	1	-
LINZESS CAP 145MCG, 290MCG, 72MCG ***(linaclotide)***	3	PA-QL QL= 1 cap/day
LOTRONEX TAB .5MG, 1MG ***(alosetron hcl)***	3	-
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
MOVANTIK TAB 12.5MG, 25MG ***(naloxegol oxalate)***	2	PA
SYMPROIC TAB .2MG ***(naldemedine tosylate)***	2	PA
SYMPROIC TAB .2MG ***(naldemedine tosylate)***	2	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
AURYXIA TAB 210MG ***(ferric citrate)***	3	-
calcium acetate cap 667MG (PHOSLO Equiv)	1	-
FOSRENOL CHEW TAB 1000MG, 500MG, 750MG ***(lanthanum carbonate)***	3	-
FOSRENOL POWDER PACK 1000MG, 750MG ***(lanthanum carbonate)***	2	-
lanthanum carbonate chew tab 1000MG, 500MG, 750MG (FOSRENOL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PHOSLO CAP 667MG ***(calcium acetate (phosphate binder))***	3	-
PHOSLYRA SOLN 667MG/5ML ***(calcium acetate (phosphate binder))***	2	-
RENAGEL TAB 800MG 800MG ***(sevelamer hcl)***	3	-
RENVELA TAB 800MG ***(sevelamer carbonate)***	3	-
sevelamer hydrochloride tab 800MG (RENAGEL Equiv)	1	-
sevelamer powder pak .8GM, 2.4GM (RENVELA Equiv)	1	-
sevelamer tab 800MG (RENVELA TAB Equiv)	1	-
VELPHORO CHEW TAB 500MG ***(sucroferric oxyhydroxide)***	3	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG ***(potassium citrate-citric acid)***	1	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ***(pot & sod citrates w/citric ac)***	1	-
ORACIT SOLN 490MG/5ML-640MG/5ML ***(sodium citrate & citric acid)***	1	-
potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG (UROCIT-K TAB Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
potassium citrate/citric acid powder pack 1002MG-3300MG (POLYCITRA Equiv)	1	-
potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML (POLYCITRA-K Equiv)	1	-
sodium citrate/citric acid soln 334MG/5ML-500MG/5ML (BICITRA Equiv)	1	-
tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML (POLYCITRA-LC Equiv)	1	-
UROCIT-K TAB 1080MG, 15MEQ, 540MG ***(potassium citrate (alkalinizer))***	3	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG ***(cysteamine bitartrate)***	4	LD-PA Only available through CVS Specialty 800-238-7828
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG ***(pentosan polysulfate sodium)***	2	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
alfuzosin SR tab 10MG (UROXATRAL Equiv)	1	-
AVODART CAP .5MG ***(dutasteride)***	3	-
dutasteride cap .5MG (AVODART Equiv)	1	-
finasteride tab 5MG (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG ***(tamsulosin hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROSCAR TAB ***(finasteride tab)***	3	-
tamsulosin cap .4MG (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG ***(alfuzosin hcl)***	3	-
URINARY ANALGESICS - Drugs to treat urinary pain		
phenazopyridine tab 100MG, 200MG (PYRIDIUM Equiv)	1	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
LITHOSTAT TAB 250MG ***(acetohydroxamic acid)***	3	-
tiopronin tab 100MG (THIOLA Equiv)	4	LMSP-PA
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
colchicine/probenecid tab .5MG-500MG (COL-BENEMID Equiv)	1	-
GOUT AGENTS - Drugs to treat gout		
allopurinol tab (ZYLOPRIM Equiv)	1	-
colchicine tab .6MG (COLCRYS Equiv)	2	-
febuxostat tab 40MG, 80MG (ULORIC Equiv)	1	ST Step Therapy requires trial of allopurinol
GLOPERBA SOLN .6MG/5ML ***(colchicine)***	3	PA Prior Authorization required for members age 9 or older

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ULORIC TAB 40MG, 80MG ***(febuxostat)***	3	ST Step Therapy requires trial of allopurinol
ZYLOPRIM TAB 100MG, 300MG ***(allopurinol)***	3	-
URICOSURICS - Drugs to treat gout		
probenecid tab 500MG (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 ***(emicizumab-kxwh)***	4	LMSP-PA
BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions		
icatibant inj 30MG/3ML (FIRAZYR Equiv)	M	M
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
CINRYZE INJ 500UNIT ***(c1 esterase inhibitor (human))***	M	M
EMPAVELI INJ 1080MG/20ML ***(pegcetacoplan)***	4	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG ***(avacopan)***	4	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TAVALISSE TAB 100MG, 150MG ***(fostamatinib disodium)***	4	LD-PA-QL-SF QL= 2 tab/day; Only available through Biologics 800-850-4306
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
pentoxifylline ER tab 400MG (TRENTAL Equiv)	1	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
TAKHZYRO INJ 300MG/2ML ***(lanadelumab-flyo)***	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML 150MG/ML ***(lanadelumab-flyo)***	4	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
AGRYLIN CAP .5MG ***(anagrelide hcl)***	3	-
anagrelide cap .5MG, 1MG (AGRYLIN Equiv)	1	-
BRILINTA TAB 60MG, 90MG ***(ticagrelor)***	2	-
CABLIVI INJ KIT 11MG ***(caplacizumab-yhdp)***	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
cilostazol tab 100MG, 50MG (PLETAL Equiv)	1	-
clopidogrel tab 75mg 75MG (PLAVIX Equiv)	1	-
dipyridamole tab (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG ***(prasugrel hcl)***	3	-
PLAVIX TAB 75MG 75MG ***(clopidogrel bisulfate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
prasugrel tab 10MG, 5MG (EFFIENT Equiv)	1	-
ZONTIVITY TAB 2.08MG ***(vorapaxar sulfate)***	3	RS Restricted to Cardiology Specialist
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
PYRUKYND TAB 20MG, 50MG, 5MG ***(mitapivat sulfate)***	4	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK 5MG ***(mitapivat sulfate)***	4	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG ***(eliglustat tartrate)***	4	MSP-PA
CEREZYME INJ 400UNIT ***(imiglucerase)***	M	M
miglustat cap 100MG (ZAVESCA Equiv)	4	LD-PA Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG ***(hydroxyurea (sickle cell disease))***	2	-
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
ENDARI POWDER PACK 5GM ***(glutamine (sickle cell))***	4	LMSP-PA-QL QL= 6 packets/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OXBRYTA TAB FOR ORAL SUSP 300MG ***(voxelotor)***	4	LD-PA-QL QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767
COBALAMINS - Drugs to treat vitamin deficiency		
cyanocobalamin inj 1000MCG/ML	1	-
NASCOBAL NASAL SPRAY 500MCG/0.1ML ***(cyanocobalamin)***	3	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
folic acid tab 1mg 1MG	$0	Covered at $0 for females only; All other members covered at generic copay
folic acid tab 400mcg 400MCG	$0	OTC Covered for females only
folic acid tab 800mcg 800MCG	$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		
DOPTELET TAB 20MG ***(avatrombopag maleate)***	4	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ***(pegfilgrastim-jmdb)***	4	LMSP
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML ***(filgrastim-aafi)***	4	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ***(eltrombopag olamine)***	4	LMSP-PA

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ***(fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa)***	1	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ***(fe asparto gly-succin ac-c-threonic ac-b12-des stom subst)***	1	-
MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG ***(iron-vitamin c-vitamin b12-folic acid)***	3	-
multivitamin tab 1MG-25MCG-100MG-250MG	1	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75 MG-200MG-300MCG ***(ferrous fumarate w/ fa-dss-b complex-vit c)***	2	-
tricon cap .5MG-15MCG-75MG-110MG-240MG (TRINSICON Equiv)	1	-
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
AMICAR SOLN .25GM/ML ***(aminocaproic acid)***	3	-
AMICAR TAB 1000MG, 500MG ***(aminocaproic acid)***	3	-
aminocaproic acid soln .25GM/ML (AMICAR Equiv)	1	-
aminocaproic acid tab 1000MG, 500MG (AMICAR Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYKLOKAPRON INJ 1000MG/10ML ***(tranexamic acid)***	M	M
LYSTEDA TAB 650MG ***(tranexamic acid)***	3	-
tranexamic acid inj 1000MG/10ML (CYKLOKAPRON Equiv)	M	M
tranexamic acid tab 650MG (LYSTEDA Equiv)	1	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
zolpidem tab 10MG, 5MG (AMBIEN Equiv)	1	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	1	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
BUTISOL TAB 30MG ***(butabarbital sodium)***	3	-
phenobarbital elixir 20MG/5ML	1	-
phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG	1	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
AMBIEN CR TAB 12.5MG, 6.25MG ***(zolpidem tartrate)***	3	QL QL= 1 tab/day
AMBIEN TAB ***(zolpidem tartrate tab)***	3	QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
estazolam tab 1MG, 2MG (PROSOM Equiv)	1	-
eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)	1	QL QL= 1 tab/day
FLURAZEPAM CAP 15MG, 30MG ***(flurazepam hcl)***	1	-
HALCION TAB .25MG ***(triazolam)***	3	-
LUNESTA TAB 1MG, 2MG, 3MG ***(eszopiclone)***	3	QL QL= 1 tab/day
midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML (MIDAZOLAM Equiv)	1	RS Restricted to Neurology Specialist
RESTORIL CAP 15MG 15MG ***(temazepam)***	3	-
RESTORIL CAP 22.5MG 22.5MG ***(temazepam)***	3	-
RESTORIL CAP 30MG 30MG ***(temazepam)***	3	-
RESTORIL CAP 7.5MG 7.5MG ***(temazepam)***	3	-
temazepam cap 15mg 15MG (RESTORIL Equiv)	1	-
temazepam cap 22.5mg 22.5MG (RESTORIL Equiv)	1	-
temazepam cap 30mg 30MG (RESTORIL Equiv)	1	-
temazepam cap 7.5mg 7.5MG (RESTORIL Equiv)	1	-
triazolam tab .125MG, .25MG (HALCION Equiv)	1	-
zaleplon cap 10MG, 5MG (SONATA Equiv)	1	QL QL= 1 cap/day
zolpidem ER tab 12.5MG, 6.25MG (AMBIEN CR Equiv)	1	QL QL= 1 tab/day
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		

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

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ramelteon tab 8MG (ROZEREM Equiv)	1	QL QL= 1 tab/day
ROZEREM TAB 8MG ***(ramelteon)***	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 ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	2	-
COLYTE SOLN ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	2	-
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	$0	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GOLYTELY PACKET 2.82GM-5.53GM-6.36GM-21.5GM-227.1GM ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	1	-
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	$0	QL Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM ***(peg 3350-potassium chloride-sod bicarbonate-sod chloride)***	$0	QL Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
peg 3350/electrolytes soln 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
trilyte soln 1.48GM-5.72GM-11.2GM-420GM (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		
lactulose soln	1	-
MIRALAX 17GM/SCOOP ***(polyethylene glycol 3350)***	EXC	OTC
polyethylene glycol 3350 powder 17GM/SCOOP (MIRALAX Equiv)	EXC	OTC
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
azithromycin susp 100MG/5ML, 200MG/5ML (ZITHROMAX Equiv)	1	-

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

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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 ***(fidaxomicin)***	2	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB 200MG ***(fidaxomicin)***	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 ***(cervical caps)***	$0	-
DIAPHRAGM 2% ***(diaphragm wide seal)***	$0	-
FEMALE CONDOMS ***(condoms - female)***	$0	OTC-QL QL= 12 condoms/fill
MALE CONDOMS ***(condoms latex non-lubricated - male)***	$0	OTC-QL QL= 12 condoms/fill
DIABETIC SUPPLIES - Devices to assist with diabetes		
ACCU-CHEK AVIVA PLUS METER ***(blood glucose monitoring supplies)***	$0	OTC
ACCU-CHEK GUIDE CARE METER ***(blood glucose monitoring supplies)***	$0	OTC

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 3/3/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ACCU-CHEK GUIDE ME KIT ***(blood glucose monitoring supplies)***	$0	OTC
ACCU-CHEK NANO METER ***(blood glucose monitoring supplies)***	$0	OTC
CALIBRATION LIQUID ***(blood glucose calibration)***	1	OTC
DEXCOM G6 RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER ***(continuous blood glucose system transmitter)***	2	PA-QL QL= 1 transmitter/90 days
FREESTYLE LIBRE 2 RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3 SENSOR ***(continuous blood glucose system sensor)***	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER ***(continuous blood glucose system receiver)***	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY) ***(continuous blood glucose system sensor)***	2	PA-QL QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY) ***(continuous blood glucose system sensor)***	2	PA-QL QL= 2 sensors/28 days
LANCET DEVICE ***(lancet devices)***	1	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LANCET KIT ***(lancets misc.)***	1	OTC
LANCETS ***(lancets)***	1	OTC
OMNIPOD 5 INTRO KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS ***(insulin infusion disposable pump)***	2	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/year
OMNIPOD DASH PODS ***(insulin infusion disposable pump)***	2	QL QL= 10 pods/month
OMNIPOD STARTER KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/year
ONETOUCH METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO FLEX METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO IQ METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO METER ***(blood glucose monitoring supplies)***	$0	OTC
ONETOUCH VERIO REFLECT METER ***(blood glucose monitoring supplies)***	$0	OTC
V-GO INJ KIT ***(insulin infusion disposable pump)***	2	QL QL= 1 kit/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% ***(alcohol swabs)***	1	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D AUTOSHIELD DUO PEN NEEDLE ***(insulin pen needle)***	1	OTC
B-D INSULIN SYRINGE U-500 ***(insulin syringe/needle u-500)***	1	-
CARETOUCH MIS ***(needle (disp) 27 g)***	1	OTC
TECHLITE INSULIN SYRINGE ***(insulin syringe/needle u-100)***	1	OTC
TECHLITE PEN NEEDLE ***(insulin pen needle)***	1	OTC
TRUEPLUS INSULIN SYRINGE ***(insulin syringe/needle u-100)***	1	OTC
TRUEPLUS PEN NEEDLE ***(insulin pen needle)***	1	OTC
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER ***(spacer/aerosol-holding chambers)***	2	OTC
AEROCHAMBER SUPPLIES ***(spacer/aerosol-holding chamber supplies - bags)***	2	-
PEAK FLOW METER ***(peak flow meter)***	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 ***(fremanezumab-vfrm)***	2	PA-QL QL= 1 pack/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MIGRAINE COMBINATIONS - Drugs to treat migraine headaches		
ergotamine tartrate/caffeine tab 1MG-100MG (CAFERGOT Equiv)	1	-
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
dihydroergotamine mesylate inj 1MG/ML (D.H.E. Equiv)	1	QL QL= 10 inj/14 days
ERGOMAR SL TAB ***(ergotamine tartrate sl tab)***	3	-
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ 70MG/ML ***(erenumab-aooe)***	2	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML ***(fremanezumab-vfrm)***	2	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ***(galcanezumab-gnlm)***	2	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML ***(galcanezumab-gnlm)***	2	PA-QL QL= 3 inj/fill, 6 fills/year
UBRELVY TAB 100MG, 50MG ***(ubrogepant)***	2	PA-QL QL= 10 tabs/30 days, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
IMITREX INJ 4MG/0.5ML ***(sumatriptan succinate)***	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX INJ 4MG/0.5ML, 6MG/0.5ML ***(sumatriptan succinate)***	3	QL QL= 4 inj/fill, 2 fills/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IMITREX TAB 100MG, 25MG, 50MG ***(sumatriptan succinate)***	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG, 5MG ***(rizatriptan benzoate)***	3	QL QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB 10MG ***(rizatriptan benzoate)***	3	QL QL= 12 tabs/fill, 3 fills/60 days
REYVOW TAB 100MG, 50MG ***(lasmiditan succinate)***	2	PA-QL QL= 8 tabs/30 days, 6 fills/year
rizatriptan ODT 10MG, 5MG (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab 10MG, 5MG (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (IMITREX Equiv) ***(sumatriptan succinate)***	1	QL QL= 4 inj/fill, 2 fills/30 days
sumatriptan inj 4MG/0.5ML, 6MG/0.5ML (IMITREX Equiv)	1	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ***(sumatriptan succinate)***	2	QL QL= 4 inj/fill, 2 fills/30 days
sumatriptan tab 100MG, 25MG, 50MG (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab 2.5MG, 5MG (ZOMIG Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sodium fluoride soln .125MG/DROP, .5MG/ML (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) ***(sodium fluoride)***	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
sodium fluoride tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG (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		
magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%	M	M
PHOSPHATE - Drugs to treat electrolyte deficiency		
K-PHOS NEUTRAL TAB 130MG-155MG-852MG ***(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)***	3	-
K-PHOS TAB 500MG ***(potassium phosphate monobasic)***	2	-
phospha 250 neutral tab 130MG-155MG-852MG (K-PHOS NEUTRAL Equiv)	1	-
potassium phosphate monobasic tab 500MG (K-PHOS Equiv)	1	-
POTASSIUM - Drugs to treat electrolyte disorders		
K-TAB 8MEQ ***(potassium chloride)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
K-TAB 10MEQ, 20MEQ ***(potassium chloride)***	3	-
potassium bicarbonate effer tab 25MEQ (K-LYTE Equiv)	1	-
potassium chloride ER cap 10MEQ, 8MEQ (MICRO-K Equiv)	1	-
potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ (K-TAB Equiv)	1	-
potassium chloride micro tab 10MEQ, 15MEQ, 20MEQ (K-DUR Equiv)	1	-
potassium chloride powder packet 20MEQ (KLOR-CON Equiv)	1	-
potassium chloride soln 10%, 20%	1	-
POTASSIUM CHLORIDE TAB ER 8MEQ ***(potassium chloride)***	3	-
SODIUM - Drugs to treat electrolyte disorders		
sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%	M	M
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG ***(zinc acetate (oral))***	2	-
zinc sulfate cap 220MG	1	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
DEPEN TITRATAB 250MG ***(penicillamine)***	3	-
penicillamine tab 250MG (DEPEN TITRATAB Equiv)	1	-

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trientine cap 250MG (SYPRINE Equiv)	4	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (REVLIMID Equiv)	1	KMSP-PA-QL QL= 1 cap/day
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ***(lenalidomide)***	3	LD-PA-QL QL= 1 cap/day; Only available through Walgreens 888-347-3416
REZUROCK TAB 200MG ***(belumosudil mesylate)***	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 ***(satralizumab-mwge)***	4	LMSP-PA-QL
everolimus tab .25MG, .5MG, .75MG, 1MG (ZORTRESS Equiv)	4	LMSP-PA
LUPKYNIS CAP 7.9MG ***(voclosporin)***	4	LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
sirolimus soln 1MG/ML (RAPAMUNE Equiv)	1	-
MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS)		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VIJOICE TAB 125MG, 50MG ***(alpelisib (pros agents))***	4	MSP-PA-QL QL= 1 tab/day
VIJOICE TAB 250MG ***(alpelisib (pros agents))***	4	MSP-PA-QL QL= 2 tabs/day
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM ***(sodium zirconium cyclosilicate)***	4	LMSP-PA
SPS SUSP 15GM/60ML ***(sodium polystyrene sulfonate)***	1	-
PROGERIA TREATMENT AGENTS ***		
ZOKINVY CAP 50MG, 75MG ***(lonafarnib)***	4	LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML ***(belimumab)***	4	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ***(belimumab)***	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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM /119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15G M/237ML ***(diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth)***	3	-
lidocaine viscous soln 2% (LIDOCAINE HCL (MOUTH-THROAT) Equiv)	1	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
clotrimazole troches 10MG (MYCELEX TROCHES Equiv)	1	-
nystatin susp 100000UNIT/ML	1	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
chlorhexidine gluconate soln (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% ***(chlorhexidine gluconate (mouth-throat))***	3	-
DENTAL PRODUCTS - Drugs to prevent cavities		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% ***(sodium fluoride-potassium nitrate)***	1	-
sodium fluoride cream 1.1% (PREVIDENT Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
sodium fluoride gel 1.1% (PREVIDENT Equiv)	1	-
sodium fluoride paste 1.1% (PREVIDENT Equiv)	1	-

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sodium fluoride rinse .02%, .022%, .05%, .2% (PREVIDENT Equiv)	1	-
sodium fluoride/potassium nitrate paste 1.1%-5% (PREVIDENT Equiv)	1	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
triamcinolone in orabase paste .1% (KENALOG/ORABASE Equiv)	1	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
cevimeline cap 30MG (EVOXAC Equiv)	1	-
EVOXAC CAP 30MG ***(cevimeline hcl)***	3	-
pilocarpine tab 5MG, 7.5MG (SALAGEN Equiv)	1	-
SALAGEN TAB 5MG, 7.5MG ***(pilocarpine hcl (oral))***	3	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
DIALYVITE TAB ***(b-complex w/ c-biotin-e-minerals & folic acid)***	1	-
DIALYVITE/ZINC TAB ***(b-complex w/ c-zn & folic acid)***	1	-
FOLBEE PLUS CZ TAB ***(b-complex w/ c-biotin-minerals & folic acid)***	1	-
NEPHROCAP ***(b-complex w/ c & folic acid)***	3	-
renaphro cap (NEPHROCAP Equiv)	1	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
multivitamin/minerals tab (STROVITE Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
V-C FORTE CAP ***(multiple vitamins w/ minerals)***	3	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
ESCAVITE CHEW TAB ***(ped multivitamins w/fl & iron)***	3	-
pediatric multiple vitamins/fluoride/iron soln	1	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS ***(pediatric multivitamins w/fl)***	2	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG ***(pediatric multivitamins w/fl)***	1	-
MULTIVITAMIN/FLOURIDE CHEW 1MG ***(pediatric multivitamins w/fl)***	1	-
MULTIVITAMIN/FLUORIDE CHEW TAB ***(pediatric multivitamins w/fl)***	1	-
pediatric multiple vitamins/fluoride chew tab	1	-
pediatric multiple vitamins/fluoride soln	1	-
QUFLORA PEDIATRIC CHEW TAB ***(pediatric multivitamins w/fl)***	3	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
CONCEPT DHA CAP ***(prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)***	3	-
MYNATAL-Z TAB ***(prenatal vit w/ ferrous fumarate-folic acid)***	3	-
NEONATAL 19 TAB ***(prenatal vitamin-folic acid)***	3	-

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NEONATAL FE TAB ***(prenatal multivitamins w/ iron-folic acid)***	3	-
PRENATABS RX TAB ***(prenatal vit w/ iron carbonyl-folic acid)***	3	-
PRENATAL 19 CHEW TAB ***(prenatal vit w/ ferrous fumarate-folic acid)***	3	-
PRENATAL 19 TAB ***(prenatal vit w/ docusate-fe fumarate-folic acid)***	3	-
PRENATAL VITAMINS (NON-PREFERRED) ***(prenatal without a w/fe fum-fe polysacch complex-fa-dha)***	3	-
VITAFOL STRIPS ***(prenatal w/ vit b6-b12-cholecalciferol-folic acid)***	3	-
VP-PNV-DHA CAP ***(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)***	3	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
baclofen tab 10MG, 20MG, 5MG (BACLOFEN Equiv)	1	-
carisoprodol tab 350MG (SOMA Equiv)	1	QL QL=120 tabs/30 days
chlorzoxazone tab 500mg 500MG	1	-
cyclobenzaprine tab 10mg 10MG (FLEXERIL Equiv)	1	-
cyclobenzaprine tab 5mg 5MG (FLEXERIL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLEQSUVY SUSP 1MG/ML, 25MG/5ML, 5MG/ML ***(baclofen)***	3	PA Prior Authorization required for members age 9 or older
LYVISPAH GRANULE PACKET 10MG, 20MG, 5MG ***(baclofen)***	3	PA Members age 9 or older require Prior Authorization
metaxalone tab 400MG, 800MG (SKELAXIN Equiv)	1	-
METAXALONE TAB 400MG 400MG ***(metaxalone)***	3	-
methocarbamol tab (ROBAXIN Equiv)	1	-
ROBAXIN TAB 500MG, 750MG ***(methocarbamol)***	3	-
SKELAXIN TAB 800MG ***(metaxalone)***	3	-
SOMA TAB 350MG ***(carisoprodol)***	3	QL QL=120 tabs/30 days
tizanidine tab (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG ***(tizanidine hcl)***	3	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
DANTRIUM CAP 25MG, 50MG ***(dantrolene sodium)***	3	-
dantrolene cap 100MG, 25MG, 50MG (DANTRIUM Equiv)	1	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		
ALCOHOL SWABS 62% ***(alcohol (nasal))***	1	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		

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azelastine nasal spray 0.1% .1%, 137MCG/SPRAY (ASTELIN Equiv)	1	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
ipratropium nasal spray .03%, .06% (ATROVENT Equiv)	1	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
BECONASE AQ NASAL SPRAY 42MCG/SPRAY ***(beclomethasone diprop monohyd)***	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
fluticasone nasal spray 50MCG/ACT (FLONASE Equiv)	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT ***(triamcinolone acetonide (nasal))***	3	OTC-QL QL= 2 bottles/fill
triamcinolone OTC nasal spray 55MCG/ACT (NASACORT Equiv)	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT ***(ciclesonide (nasal))***	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		

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RADICAVA ORS STARTER KIT 105MG/5ML ***(edaravone)***	4	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML ***(edaravone)***	4	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
riluzole tab 50MG (RILUTEK Equiv)	1	-
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML ***(risdiplam)***	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 ***(medium chain triglycerides)***	2	OTC-PA
MCT OIL ***(medium chain triglycerides)***	2	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG ***(creatine)***	2	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET ***(citrulline)***	2	OTC-PA
phlexy-10 tab	1	OTC-PA
pro-stat liquid	1	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
BETAGAN OPHTH SOLN ***(levobunolol hcl)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
brimonidine/timolol ophth soln .2%-.5% (COMBIGAN Equiv)	1	-
COSOPT OPHTH SOLN 6.8MG/ML-22.3MG/ML ***(dorzolamide hcl-timolol maleate)***	3	-
dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML (COSOPT Equiv)	1	-
LEVOBUNOLOL OPHTH SOLN .5% ***(levobunolol hcl)***	1	-
levobunolol ophth soln .5%	1	-
timolol maleate ophth gel .25%, .5% (TIMOPTIC-XE Equiv)	1	-
timolol maleate ophth soln .25%, .5% (TIMOPTIC Equiv)	1	-
TIMOPTIC OPHTH SOLN .25%, .5% ***(timolol maleate (ophth))***	3	-
TIMOPTIC-XE OPHTH GEL .25%, .5% ***(timolol maleate (ophth))***	3	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
atropine ophth oint 1%	1	-
atropine ophth soln 1% (ISOPTO ATROPINE Equiv)	1	-
ATROPINE SUL SOLN 1% OPHTH 1% ***(atropine sulfate (ophthalmic))***	1	-
CYCLOGYL OPHTH SOLN .5%, 1%, 2% ***(cyclopentolate hcl)***	3	-

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CYCLOMYDRIL OPHTH SOLN .2%-1% ***(cyclopentolate w/ phenylephrine)***	2	-
cyclopentolate ophth soln .5%, 1%, 2% (CYCLOGYL Equiv)	1	-
HOMATROPINE OPHTH SOLN 5% ***(homatropine hbr)***	2	-
MYDRIACYL OPHTH SOLN ***(tropicamide ophth soln)***	3	-
phenylephrine ophth soln 10%, 2.5% (MYDFRIN Equiv)	1	-
tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)	1	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN ***(carbachol (ophth))***	2	-
ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% ***(pilocarpine hcl)***	3	-
pilocarpine ophth soln 1%, 2%, 4% (ISOPTO CARPINE Equiv)	1	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
CILOXAN OPHTH SOLN .3% ***(ciprofloxacin hcl (ophth))***	3	-
ciprofloxacin ophth soln .3% (CILOXAN Equiv)	1	-
erythromycin ophth oint 5MG/GM	1	-

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

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sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)	1	-
tobramycin ophth soln (TOBREX Equiv)	1	-
TOBREX OPHTH OINT .3% ***(tobramycin (ophth))***	3	-
TOBREX OPHTH SOLN ***(tobramycin sulfate (ophth))***	3	-
TRIFLURIDINE OPHTH SOLN 1% ***(trifluridine)***	1	-
VIGAMOX OPHTH SOLN .5% ***(moxifloxacin hcl (ophth))***	3	-
ZIRGAN OPHTH GEL .15% ***(ganciclovir ophthalmic)***	2	-
ZYMAXID OPHTH SOLN .5% ***(gatifloxacin (ophth))***	3	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
RESTASIS OPHTH EMULSION .05% ***(cyclosporine (ophth))***	1	RS Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
ALCAINE OPHTH SOLN .5% ***(proparacaine hcl)***	3	-
proparacaine ophth soln .5% (ALCAINE Equiv)	1	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 3/3/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)	1	-
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% ***(sulfacetamide sod-prednisolone)***	3	-
DEXAMETHASONE OPHTH SOLN .1% ***(dexamethasone sodium phosphate (ophth))***	2	-
difluprednate ophth emulsion .05% (DUREZOL Equiv)	1	-
DUREZOL OPHTH EMULSION .05% ***(difluprednate)***	3	-
FLAREX OPHTH SUSP .1% ***(fluorometholone acetate)***	3	-
fluorometholone ophth soln (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% ***(fluorometholone (ophth))***	3	-
FML LIQUIFLIM OPHTH SUSP .1% ***(fluorometholone (ophth))***	3	-
FML S.O.P. OPHTH OINT .1% ***(fluorometholone (ophth))***	3	-
LOTEMAX OPHTH GEL .5% ***(loteprednol etabonate)***	3	-
LOTEMAX OPHTH OINT .5% ***(loteprednol etabonate)***	2	-
LOTEMAX OPHTH SUSP .5% ***(loteprednol etabonate)***	3	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRED-G OPHTH SOLN .3%-1% ***(gentamicin-prednisolone acetate)***	2	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	1	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	1	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ***(prednisolone sodium phosphate (ophth))***	2	-
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% ***(sulfacetamide sod-prednisolone)***	1	-
TOBRADEX OPHTH OINT .1%-.3% ***(tobramycin-dexamethasone)***	2	-
TOBRADEX OPHTH SOLN .1%-.3% ***(tobramycin-dexamethasone)***	3	-
TOBRADEX ST OPHTH SUSP ***(tobramycin-dexamethasone ophth susp)***	3	-
tobramycin/dexamethasone ophth soln .1%-.3% (TOBRADEX Equiv)	1	-
ZYLET OPHTH SUSP .3%-.5% ***(loteprednol etabonate-tobramycin)***	2	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PATANOL OPHTH SOLN .1% ***(olopatadine hcl)***	3	-
PROLENSA OPHTH SOLN .07% ***(bromfenac sodium (ophth))***	2	-
TRUSOPT OPHTH SOLN 2% ***(dorzolamide hcl)***	3	-
UPNEEQ SOLN .1% ***(oxymetazoline hcl (blepharoptosis))***	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
bimatoprost ophth soln .03%	1	QL QL= 2.5ml/30 days
latanoprost ophth soln .005% (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ***(bimatoprost)***	2	QL QL= 2.5ml/30 days
TRAVATAN Z DROPS .004% ***(travoprost)***	3	QL QL= 2.5ml/30 days
travoprost ophth soln .004% (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
XALATAN OPHTH SOLN .005% ***(latanoprost)***	3	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
acetic acid otic soln 2% (VOSOL Equiv)	1	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CIPROFLOXACIN OTIC SOLN .2% ***(ciprofloxacin hcl (otic))***	2	-
ofloxacin otic soln .3% (FLOXIN Equiv)	1	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
CIPRO HC OTIC SUSP .2%-1% ***(ciprofloxacin-hydrocortisone)***	3	-
CIPRODEX OTIC SUSP .1%-.3% ***(ciprofloxacin-dexamethasone)***	3	-
ciprofloxacin/dexamethasone otic susp .1%-.3% (CIPRODEX Equiv)	1	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ***(neomycin-colistin-hc-thonzonium)***	2	-
neomycin/polymixin/hydrocoritisone otic soln 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
neomycin/polymixin/hydrocoritisone otic susp 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	1	-
OTIC STEROIDS - Drugs to treat ear swelling		
acetic acid/hydrocortisone otic soln 1%-2% (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% ***(fluocinolone acetonide (otic))***	3	-
fluocinolone otic oil .01% (DERMOTIC Equiv)	1	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human)-klhw)***	4	LD-PA Only available through Diplomat Pharmacy 877-977-9118
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
amoxicillin cap 250MG, 500MG (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG ***(amoxicillin)***	1	-
amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML (TRIMOX Equiv)	1	-
amoxicillin tab 500MG, 875MG (AMOXIL Equiv)	1	-
AMPICILLIN CAP 500MG ***(ampicillin)***	1	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
PENICILLIN G PROCAINE INJ 600000UNIT/ML ***(penicillin g procaine)***	M	M
PENICILLIN G SODIUM INJ 5000000UNIT ***(penicillin g sodium)***	M	M
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML ***(penicillin v potassium)***	1	-
penicillin vk tab 250MG, 500MG (VEETIDS Equiv)	1	-
PFIZERPEN G INJ 20000000UNIT, 5000000UNIT (PFIZERPEN G Equiv) ***(penicillin g potassium)***	M	M
pfizerpen g inj 20000000UNIT, 5000000UNIT (PFIZERPEN G Equiv)	M	M

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG ***(amoxicillin & pot clavulanate)***	3	-
amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)	1	-
amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)	1	-
ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM	M	M
AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML ***(amoxicillin & pot clavulanate)***	3	-
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML ***(amoxicillin & pot clavulanate)***	3	-
AUGMENTIN TAB 125MG-500MG, 125MG-875MG ***(amoxicillin & pot clavulanate)***	3	-
piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM	M	M

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
dicloxacillin cap 250MG, 500MG (DYNAPEN Equiv)	1	-
nafcillin inj 10GM, 1GM, 2GM	M	M
oxacillin inj 10GM, 1GM, 2GM	M	M
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES ***(polyethylene glycol 8000)***	2	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
AYGESTIN TAB 5MG ***(norethindrone acetate)***	3	-
hydroxyprogesterone inj 250MG/ML (MAKENA Equiv)	4	LMSP-PA
medroxyprogesterone tab 10MG, 2.5MG, 5MG (PROVERA Equiv)	1	-
norethindrone tab 5MG (AYGESTIN Equiv)	1	-
progesterone cap 100MG, 200MG (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG ***(progesterone)***	3	-
PROVERA TAB 10MG, 2.5MG, 5MG ***(medroxyprogesterone acetate)***	3	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
acamprosate calcium DR tab 333MG (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG ***(disulfiram)***	3	-
disulfiram tab 250MG, 500MG (ANTABUSE Equiv)	1	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
SODIUM OXYBATE SOLN 500MG/ML ***(sodium oxybate)***	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
ARICEPT TAB 10MG, 5MG ***(donepezil hydrochloride)***	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG ***(donepezil hydrochloride)***	3	QL QL= 1 tab/day
donepezil ODT 10MG, 5MG (ARICEPT Equiv)	1	QL QL= 1 tab/day
donepezil tab 10MG, 5MG (ARICEPT Equiv)	1	QL QL= 2 tabs/day
donepezil tab 23mg 23MG (ARICEPT Equiv)	1	QL QL= 1 tab/day
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR ***(rivastigmine)***	3	ST Step Therapy requires trial of rivastigmine cap

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (SYMBYAX Equiv)	1	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ***(perphenazine-amitriptyline)***	1	-
SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG ***(olanzapine-fluoxetine hcl)***	3	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK ***(milnacipran hcl)***	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ***(milnacipran hcl)***	2	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
INGREZZA CAP 40MG, 60MG, 80MG ***(valbenazine tosylate)***	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
tetrabenazine tab 12.5MG, 25MG (XENAZINE Equiv)	4	LMSP-PA
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AUBAGIO TAB 14MG, 7MG ***(teriflunomide)***	4	LMSP
AVONEX INJ ***(interferon beta-1a)***	4	LMSP
dalfampridine ER tab 10MG (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
dimethyl fumarate DR cap 120MG, 240MG (TECFIDERA Equiv)	4	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK Equiv)	4	LMSP
EXTAVIA INJ .3MG ***(interferon beta-1b)***	4	MSP
fingolimod hcl cap 0.5mg .5MG (GILENYA Equiv)	4	LMSP QL= 1 cap/day
GILENYA CAP 0.25MG .25MG ***(fingolimod hcl)***	4	LMSP-QL QL= 1 cap/day
glatiramer inj 20MG/ML, 40MG/ML (COPAXONE Equiv)	4	LMSP
KESIMPTA INJ 20MG/0.4ML ***(ofatumumab (ms))***	4	LMSP
MAYZENT TAB .25MG, 1MG, 2MG ***(siponimod fumarate)***	4	LMSP
MAYZENT TAB STARTER PACK .25MG ***(siponimod fumarate)***	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	4	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	4	LMSP
ZEPOSIA CAP .92MG ***(ozanimod hcl)***	4	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK ***(ozanimod hcl)***	4	LMSP-PA-QL QL= 1 cap/day
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NUEDEXTA CAP 10MG-20MG ***(dextromethorphan hbr-quinidine sulfate)***	2	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psyotherapeutic and neurological drugs		
ERGOLOID MESYLATES TAB 1MG ***(ergoloid mesylates)***	3	-
ORAP TAB ***(pimozide)***	3	-
PIMOZIDE TAB 1MG, 2MG ***(pimozide)***	2	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
bupropion SR tab (ZYBAN Equiv)	$0	SMKG
nicotine gum 2MG, 4MG (NICORETTE Equiv)	$0	OTC-SMKG
NICOTINE KIT ***(nicotine)***	$0	OTC-SMKG
nicotine lozenge 2MG, 4MG (COMMIT Equiv)	$0	OTC-SMKG
nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR (NICODERM Equiv)	$0	OTC-SMKG
NICOTROL INHALER 10MG ***(nicotine)***	$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML ***(nicotine)***	$0	SMKG
VARENICLINE PAK ***(varenicline tartrate)***	$0	SMKG
VARENICLINE TAB 1MG ***(varenicline tartrate)***	$0	SMKG
varenicline tartrate tab .5MG, 1MG (VARENICLINE Equiv)	$0	SMKG
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		

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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 ***(inotersen sodium)***	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 ***(ivacaftor)***	4	KMSP-PA-QL-SF QL= 2 packets/day
KALYDECO TAB 150MG ***(ivacaftor)***	4	KMSP-PA-QL-SF QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG ***(lumacaftor-ivacaftor)***	4	KMSP-PA-QL-SF QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ***(lumacaftor-ivacaftor)***	4	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML ***(dornase alfa)***	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ***(tezacaftor-ivacaftor)***	4	KMSP-PA-QL-SF QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG ***(elexacaftor-tezacaftor-ivacaftor)***	4	KMSP-PA-QL QL= 84 tabs/28 days
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
ESBRIET CAP 267MG ***(pirfenidone)***	4	LMSP-PA-QL-SF QL= 9 caps/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ESBRIET TAB 267MG 267MG ***(pirfenidone)***	4	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ***(pirfenidone)***	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ***(nintedanib esylate)***	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
pirfenidone cap 267MG (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 caps/day
pirfenidone tab 267mg 267MG (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 9 tabs/day
pirfenidone tab 801mg 801MG (ESBRIET Equiv)	4	LMSP-PA-QL-SF QL= 3 tabs/day
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
sulfadiazine tab 500MG	1	-
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
demeclocycline tab 150MG, 300MG (DECLOMYCIN Equiv)	1	-
doxycycline hyclate cap 100MG, 50MG (VIBRAMYCIN Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
doxycycline hyclate tab 100MG, 20MG (VIBRATAB Equiv)	1	-
doxycycline monohydrate cap 100mg 100MG (MONODOX Equiv)	1	-
doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)	1	-
doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)	1	-
doxycycline susp 25MG/5ML (VIBRAMYCIN Equiv)	1	-
MINOCIN CAP 100MG, 50MG ***(minocycline hcl)***	3	-
minocycline cap 100MG, 50MG, 75MG (MINOCIN Equiv)	1	-
MONODOX CAP ***(doxycycline (monohydrate))***	3	-
tetracycline cap 250MG, 500MG	1	-
VIBRAMYCIN CAP 100MG ***(doxycycline hyclate)***	3	-
VIBRAMYCIN SUSP 25MG/5ML ***(doxycycline (monohydrate))***	3	-
VIBRAMYCIN SYRUP 50MG/5ML ***(doxycycline calcium)***	3	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
methimazole tab 10MG, 5MG (TAPAZOLE Equiv)	1	-
propylthiouracil tab 50MG	1	-
TAPAZOLE TAB 10MG, 5MG ***(methimazole)***	3	-

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated 3/3/2023

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 120MG, 130MG, 146.25MG, 15MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 30MG, 32.5MG, 325MG, 48.75MG, 60MG, 65MG, 81.25MG, 90MG, 97.5MG ***(thyroid)***	1	-
ARMOUR THYROID TAB, NATURE THROID TAB 120MG, 30MG, 60MG, 90MG ***(thyroid)***	1	-
CYTOMEL TAB 25MCG, 50MCG, 5MCG ***(liothyronine sodium)***	3	-
levothyroxine tab (SYNTHROID Equiv)	1	-
liothyronine tab 25MCG, 50MCG, 5MCG (CYTOMEL Equiv)	1	-
np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)	1	-
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG ***(levothyroxine sodium)***	3	-
THYROLAR TAB ***(liotrix (t3-t4))***	2	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TIROSINT-SOL 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML ***(levothyroxine sodium)***	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 ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	$0	VAC Covered for members age 19 years or older
KINRIX INJ, QUADRACEL DTAP-IPV INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	EXC	VAC
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	EXC	VAC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PEDIARIX INJ ***(diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac)***	EXC	VAC
PENTACEL INJ 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ***(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)***	EXC	VAC
TETANUS/DIPHTHERIA TOXOID INJ 2LF/0.5ML ***(tetanus-diphtheria toxoids (td))***	$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 ***(hyoscyamine sulfate)***	3	-
BENTYL CAP ***(dicyclomine hcl)***	3	-
BENTYL SYRUP ***(dicyclomine hcl)***	3	-
dicyclomine cap 10MG (BENTYL Equiv)	1	-
dicyclomine soln 10MG/5ML (BENTYL Equiv)	1	-
dicyclomine tab 20MG (BENTYL Equiv)	1	-
glycopyrrolate tab 1MG, 2MG (ROBINUL Equiv)	1	-
hyoscyamine sulfate CR tab .375MG (LEVBID Equiv)	1	-
hyoscyamine sulfate elixir .125MG/5ML (LEVSIN Equiv)	1	-
hyoscyamine sulfate ODT .125MG (ANASPAZ Equiv)	1	-
hyoscyamine sulfate SL tab .125MG (LEVSIN Equiv)	1	-
hyoscyamine tab .125MG (LEVSIN Equiv)	1	-
LEVBID TAB .375MG ***(hyoscyamine sulfate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LEVSIN SL TAB .125MG ***(hyoscyamine sulfate)***	3	-
LEVSIN TAB .125MG ***(hyoscyamine sulfate)***	3	-
methscopolamine tab 2.5MG, 5MG (PAMINE Equiv)	1	-
ROBINUL TAB 1MG, 2MG ***(glycopyrrolate)***	3	-
SYMAX DUOTAB .375MG ***(hyoscyamine sulfate)***	3	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
cimetidine tab 200MG, 300MG, 400MG, 800MG (TAGAMET Equiv)	1	-
famotidine susp 40MG/5ML (PEPCID Equiv)	1	-
famotidine tab 10MG, 20MG, 40MG (PEPCID Equiv)	1	-
nizatidine cap 150MG, 300MG (AXID Equiv)	1	-
NIZATIDINE SOLN 15MG/ML ***(nizatidine)***	3	PA Members age 9 or older require Prior Authorization
PEPCID SUSP ***(famotidine)***	3	-
PEPCID TAB 10MG, 20MG, 40MG ***(famotidine)***	3	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
CARAFATE TAB 1GM ***(sucralfate)***	3	-
sucralfate tab 1GM (CARAFATE Equiv)	1	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
ACIPHEX TAB 20MG ***(rabeprazole sodium)***	3	-
esomeprazole cap 20MG, 40MG (NEXIUM Equiv)	1	OTC
lansoprazole cap 15MG, 30MG (PREVACID Equiv)	1	OTC

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
ZEGERID CAP OTC 20MG-1100MG ***(omeprazole-sodium bicarbonate)***	1	OTC
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
darifenacin SR tab 15MG, 7.5MG (ENABLEX Equiv)	1	PA
DETROL LA CAP 2MG, 4MG ***(tolterodine tartrate)***	3	-
DETROL TAB 1MG, 2MG ***(tolterodine tartrate)***	3	-
DITROPAN XL TAB 10MG, 5MG ***(oxybutynin chloride)***	3	-
ENABLEX TAB 15MG, 7.5MG ***(darifenacin hydrobromide)***	3	PA
fesoterodine fumarate ER tab 4MG, 8MG (TOVIAZ Equiv)	1	-
oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)	1	-
oxybutynin syrup 5MG/5ML	1	-
oxybutynin tab 5MG (DITROPAN Equiv)	1	-
OXYTROL PATCH (OTC) 3.9MG/24HR ***(oxybutynin)***	1	OTC
solifenacin tab 10MG, 5MG (VESICARE Equiv)	1	-
tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)	1	-
tolterodine tab 1MG, 2MG (DETROL Equiv)	1	-
TOVIAZ TAB 4MG, 8MG ***(fesoterodine fumarate)***	3	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
trospium chloride SR cap 60MG (SANCTURA XR Equiv)	1	PA
trospium tab 20MG (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG ***(solifenacin succinate)***	3	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG ***(mirabegron)***	2	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
bethanechol tab 10MG, 25MG, 50MG, 5MG (URECHOLINE Equiv)	1	-
URECHOLINE TAB 10MG, 25MG, 50MG, 5MG ***(bethanechol chloride)***	3	-
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
ACTHIB INJ, HIBERIX INJ 10MCG ***(haemophilus b polysac conj vac)***	EXC	VAC
BEXSERO INJ ***(meningococcal vac group b (recombant omv adjuvanted))***	$0	VAC Covered for members age 19 years or older
MENVEO INJ ***(meningococcal (a,c,y&w-135) oligosaccharide conjugate vac)***	EXC	VAC
PEDVAXHIB INJ 7.5MCG/0.5ML ***(haemophilus b polysac conj vac)***	EXC	VAC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PNEUMOVAX INJ 25MCG/0.5ML ***(pneumococcal vac polyvalent)***	$0	VAC
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine)***	$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 ***(pneumococcal 20-valent conjugate vaccine)***	$0	QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older
TRUMENBA INJ ***(meningococcal group b vaccine (recombinant))***	$0	VAC Covered for members age 19 years or older
VAXNEUVANCE INJ ***(pneumococcal 15-valent conjugate vaccine)***	$0	QL-VAC QL= 1 vaccine/lifetime
VIVOTIF CAP ***(typhoid vaccine)***	EXC	VAC
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ ***(influenza virus vaccine split preservative free)***	$0	QL-VAC QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ ***(influenza virus vaccine split)***	$0	QL-VAC QL= 1 inj/28 days
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML ***(covid-19 mrna bivalent virus vaccine (moderna))***	$0	QL QL= 1 inj/fill

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML ***(covid-19 mrna bivalent virus vaccine (pfizer))***	$0	QL QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 10MCG/0.2ML ***(covid-19 mrna bivalent virus vaccine (pfizer))***	$0	QL QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 3MCG/0.2ML ***(covid-19 mrna bivalent virus vaccine (pfizer))***	$0	QL QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 10MCG/0.2ML ***(covid-19 mrna bivalent virus vaccine (moderna))***	$0	QL QL= 1 inj/fill
COVID-19 VACCINE BOOSTER INJ (MODERNA) 50MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN) .5ML ***(covid-19 (sars-cov-2) adenovirus vaccine)***	$0	QL QL= 1 dose/45 days
COVID-19 VACCINE INJ (MODERNA) 100MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/24 days
COVID-19 VACCINE INJ (NOVAVAX) 5MCG/0.5ML ***(covid-19 (sars-cov-2) subunit (spike) protein virus vaccine)***	$0	QL QL= 1 dose/17 days

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COVID-19 VACCINE INJ (PFIZER) 30MCG/0.3ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.2ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/17 days
COVID-19 VACCINE INJ 6-11Y (MODERNA) 50MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.2ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-5Y (MODERNA) 25MCG/0.25ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/24 days
DENGVAXIA SUSP ***(dengue virus vaccine live tetravalent)***	EXC	VAC
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 40MCG/ML, 5MCG/0.5ML ***(hepatitis b vaccine (recomb))***	$0	VAC Covered for members age 19 years or older
FLUAD INJ ***(influenza virus vaccine types a & b surface antigen adjuvant)***	$0	QL-VAC QL= 1 inj/28 days
FLUAD QUAD INJ .5ML ***(influenza virus vacc types a & b surf antigen adjuvant quad)***	$0	QL-VAC QL= 1 inj/28 days

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FLUBLOK INJ ***(influenza virus vaccine recombinant hemagglutinin (ha))***	$0	QL-VAC QL= 1 inj/28 days
FLUBLOK QUAD PF INJ ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX QUAD INJ ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP ***(influenza virus vaccine live quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUVIRIN INJ ***(influenza virus vaccine types a & b surface antigen)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ ***(influenza virus vac split high-dose quad preservative free)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ ***(influenza virus vaccine split high-dose preservative free)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE QUADRIVALENT INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
HEPLISAV-B INJ 20MCG/0.5ML ***(hepatitis b vaccine recombinant adjuvanted)***	$0	VAC Covered for members age 19 years or older

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IMOVAX INJ 2.5UNIT/ML ***(rabies virus vaccine, hdc)***	$0	VAC Covered for members age 19 years or older
IPOL INJ ***(poliovirus vaccine, ipv)***	EXC	VAC
PREHEVBRIO SUSP 10MCG/ML ***(hepatitis b vaccine 3-antigen recombinant)***	$0	VAC
ROTARIX SUSP ***(rotavirus vaccine, live oral)***	EXC	VAC
ROTATEQ INJ ***(rotavirus vaccine, live oral pentavalent)***	EXC	VAC
SHINGRIX INJ 50MCG/0.5ML ***(zoster vaccine recombinant adjuvanted)***	$0	VAC Covered for members age 19 years or older
TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML ***(tick-borne encephalitis virus vaccine, inactivated)***	EXC	VAC
VARIVAX INJ 1350PFU/0.5ML ***(varicella virus vaccine live)***	$0	VAC Covered for members age 19 years or older
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy		
PHEXXI GEL .4%-1%-1.8% ***(lactic acid-citric acid-potassium bitartrate)***	$0	QL QL= 1 box/fill
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders		

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FEM PH GEL .025%-.9% ***(acetic acid-oxyquinoline vaginal)***	3	-
SPERMICIDES - Drugs to prevent pregnancy		
CONCEPTROL GEL 4% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE FILM 28% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE FOAM 12.5% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE SUPP 100MG ***(nonoxynol-9)***	$0	OTC
TODAY SPONGE 1000MG ***(nonoxynol-9)***	$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
CLEOCIN VAGINAL CREAM 2% ***(clindamycin phosphate vaginal)***	3	-
CLEOCIN VAGINAL SUPP 100MG ***(clindamycin phosphate vaginal)***	3	-
clindamycin vaginal cream 2% (CLEOCIN Equiv)	1	-
CLINDESSE VAGINAL CREAM 2% ***(clindamycin phosphate (one dose))***	3	-
METROGEL VAGINAL GEL .75% ***(metronidazole vaginal)***	3	-
metronidazole vaginal gel .75% (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG ***(miconazole nitrate vaginal)***	3	-
TERAZOL CREAM ***(terconazole vaginal)***	3	-
terconazole cream .4%, .8% (TERAZOL Equiv)	1	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TERCONAZOLE CREAM 0.8% .8% ***(terconazole vaginal)***	1	-
terconazole supp 80MG (TERAZOL Equiv)	1	-
VAGINAL ESTROGENS - Drugs to treat low hormones		
ESTRACE VAGINAL CREAM .1MG/GM ***(estradiol vaginal)***	3	-
estradiol cream .1MG/GM (ESTRACE Equiv)	1	-
estradiol vaginal tab, yuvafem vaginal tab 10MCG (VAGIFEM Equiv)	1	QL QL= 8 tabs/28 days (18 tabs on first fill)
ESTRING 2MG ***(estradiol vaginal)***	2	-
FEMRING .05MG/24HR, .1MG/24HR ***(estradiol acetate vaginal)***	3	3 copays per Rx
PREMARIN VAGINAL CREAM .625MG/GM ***(estrogens, conjugated vaginal)***	2	-
VAGIFEM TAB 10MCG ***(estradiol vaginal)***	3	QL QL= 8 tabs/28 days (18 tabs on first fill)
VAGINAL PROGESTINS - Drugs to treat low hormones		
CRINONE GEL 4%, 8% ***(progesterone (vaginal))***	2	PA
ENDOMETRIN INSERT 100MG ***(progesterone (vaginal))***	2	PA
PROGESTERONE SUPP 100MG, 200MG ***(progesterone (vaginal))***	3	PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML (EPIPEN (JR) Equiv)	1	QL QL= 2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML ***(epinephrine (anaphylaxis))***	1	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
midodrine tab 10MG, 2.5MG, 5MG (PROAMATINE Equiv)	1	-
VITAMINS - Drugs to treat vitamin deficiency		
MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency		
PRENATAL VITAMINS (NON-PREFERRED) ***(prenatal without a vit w/ fe fum-iron polysacch complex -fa)***	3	-
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) ***(prenatal vit w/ ferrous fumarate-folic acid)***	1	-
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
cholecalciferol cap 50000 unit 1.25MG, 50000UNIT	1	OTC
DRISDOL CAP 50000UNIT ***(ergocalciferol)***	3	-
MEPHYTON TAB 5MG ***(phytonadione)***	3	-
phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)	1	-
vitamin D cap 1.25MG, 50000UNIT	1	Rx covered Only
vitamin D cap 1000unit 1000UNIT, 25MCG	$0	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
vitamin D cap 400unit 400UNIT	$0	OTC
VITAMIN D TAB 400UNIT 400UNIT ***(ergocalciferol)***	$0	OTC Covered for members 65 years or older
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
niacin cap 250MG, 500MG	1	OTC
niacin CR tab 250MG, 500MG, 750MG (SLO-NIACIN Equiv)	1	OTC
niacin tab 100MG, 250MG, 500MG, 50MG	1	OTC
NIACIN TR TAB 1000MG ***(niacin)***	1	OTC
niacinamide tab 100MG, 500MG	1	OTC
POTABA CAP 500MG ***(potassium aminobenzoate)***	3	-
POTABA POWDER PACKET 2GM ***(potassium aminobenzoate)***	2	-
SLO-NIACIN TAB 250MG, 500MG, 750MG ***(niacin)***	3	OTC

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A
abacavir soln 100
abacavir tab 100
abacavir/lamivudine tab 100
abacavir/lamivudine/zidovudine tab 100
ABILIFY TAB 100
abiraterone tab 250mg 81
ABSTRAL SL TAB 11
acamprosate calcium DR tab 212
acarbose tab 46
ACCOLATE TAB 25
ACCU-CHEK AVIVA PLUS METER 179
ACCU-CHEK AVIVA PLUS TEST STRIP 147
ACCU-CHEK GUIDE CARE METER 179
ACCU-CHEK GUIDE ME KIT 180
ACCU-CHEK GUIDE TEST STRIP 147
ACCU-CHEK NANO METER 180
ACCU-CHEK SMARTVIEW TEST STRIP 147
ACCUPRIL TAB 64
ACCURETIC TAB 67
acebutolol cap 110
acetaminophen/codeine soln 15
acetaminophen/codeine tab 15
acetazolamide ER cap 149
acetazolamide tab 149
acetic acid otic soln 206
acetic acid/hydrocortisone otic soln 207
acetylcysteine soln 131
ACIPHEX TAB 223
acitretin cap 137
ACTEMRA ACTPEN INJ 7
ACTEMRA SC INJ 7
ACTHAR GEL INJ 154
ACTHIB INJ, HIBERIX INJ 226
ACTIGALL CAP 161
ACTIMMUNE INJ 92
ACTIQ LOZENGE 11
ACTIVELLA TAB 158
ACTONEL TAB 152
ACTOPLUS MET XR TAB 46
ACTOS TAB 53
ACULAR (LS) OPHTH SOLN 204
ACUVAIL OPHTH SOLN 204
acyclovir cap 107
acyclovir oint 139
acyclovir susp 107
acyclovir tab 107
ADACEL/BOOSTRIX INJ 221
ADAGEN INJ 112
ADALAT CC TAB 112
adapalene cream 131
adapalene gel 131
adapalene/benzoyl peroxide gel 0.1-2.5% 131
adapalene/benzoyl peroxide gel 0.3-2.5% 131
ADBRY INJ 143
adefovir dipivoxil tab 106
ADEMPAS TAB 119
ADIPEX-P CAP 1
ADIPEX-P TAB 1
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 51
ADVAIR DISKUS INHALER 27
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AEROCHAMBER 182

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AEROCHAMBER SUPPLIES 182
AFLURIA INJ 227
AFLURIA INJ, FLUZONE INJ 227
AGRYLIN CAP 169
AIMOVIG INJ 183
AJOVY INJ 182
AKYNZEO CAP 58
albendazole tab 20
ALBENZA TAB 20
albuterol HFA inhaler 27
albuterol neb soln 27
albuterol sulfate syrup 27
albuterol sulfate tab 27
albuterol/ipratropium neb soln 27
ALCAINE OPHTH SOLN 200
alclometasone cream 139
alclometasone oint 139
ALCOHOL SWABS 182
ALDACTAZIDE TAB 150
ALDACTAZIDE TAB 50-50MG 150
ALDACTONE TAB 151
ALDARA CREAM 144
ALDURAZYME INJ 155
ALECENSA CAP 84
alendronate sodium oral soln 152
ALENDRONATE SOLN 152
alendronate tab 152
ALENDRONATE TAB 40MG 152
ALFERON-N INJ 92
alfuzosin SR tab 166
ALINIA SUSP 73
ALINIA TAB 73
aliskiren tab 71
ALKERAN TAB 78
ALKINDI SPRINKLE CAP 0.5MG 126
ALKINDI SPRINKLE CAP 1MG 126
ALLEGRA ODT 60
allopurinol tab 167
ALOCRIL OPHTH SOLN 204
ALOGLIPTIN TAB 49
ALOGLIPTIN-METFORMIN TAB 46
ALOGLIPTIN-PIOGLITAZONE TAB 46
ALOMIDE OPHTH SOLN 204
ALORA PATCH 159
alosetron tab 164
ALPHAGAN P OPHTH SOLN 0.15% 197
alprazolam tab 22
ALTACE CAP 64
ALUNBRIG TAB 30MG 84
ALUNBRIG TAB 90MG, 180MG 85
amantadine cap 93
amantadine syrup 93
amantadine tab 94
AMARYL TAB 54
AMBIEN CR TAB 174
AMBIEN TAB 174
ambrisentan tab 117
amethyst tab 121
AMICAR SOLN 173
AMICAR TAB 173
amikacin inj 5
amiloride tab 151
amiloride/hydrochlorothiazide tab 150
aminocaproic acid soln 173
aminocaproic acid tab 173
amiodarone tab 24
amitriptyline tab 44
amlodipine tab 112
amlodipine/atorvastatin tab 115
amlodipine/benazepril cap 67

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amlodipine/olmesartan tab 67
amlodipine/valsartan tab 68
amlodipine/valsartan/hydrochlorothiazide tab 68
ammonium lactate cream 143
ammonium lactate lotion 143
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 132
AMOXAPINE TAB 44
amoxicillin cap 209
AMOXICILLIN CHEW TAB 209
amoxicillin susp 209
amoxicillin tab 209
AMOXICILLIN/CLAVULANATE ER TAB 210
amoxicillin/clavulanate susp 210
amoxicillin/clavulanate tab 500-125mg, 875-125mg 210
amphetamine/dextroamphetamine ER cap 1
amphetamine/dextroamphetamine tab 1
AMPICILLIN CAP 209
ampicillin/sulbactam inj 210
ANADROL TAB 17
ANAFRANIL CAP 44
anagrelide cap 169
ANASPAZ ODT 222
anastrozole tab 82
ANCOBON CAP 59
ANDRODERM PATCH 18
ANDROGEL 1% 25MG 18
ANDROGEL 1% 50MG, TESTIM GEL 1% 18
ANDROGEL 1.62% 1.25GM 18
ANDROGEL 1.62% 2.5GM 18
ANDROGEL PUMP 1% 18
ANDROGEL PUMP 1.62% 18
ANNOVERA RING 125
ANORO ELLIPTA INHALER 27
ANTABUSE TAB 212
ANUSOL-HC CREAM 20
ANZEMET TAB 57
apraclonidine ophth soln 197
aprepitant pak 58
APTIVUS CAP 100
APTIVUS SOLN 100
aranelle tab 121
arformoterol tartrate neb soln 28
ARICEPT TAB 212
ARICEPT TAB 23MG 212
ARIMIDEX TAB 82
aripiprazole soln 100
aripiprazole tab 100
ARIXTRA INJ 31
armodafinil tab 3
ARMOUR THYROID TAB, NATURE THROID TAB 220
ARNUITY ELLIPTA INHALER 26
AROMASIN TAB 82
ARTHROTEC TAB 7
asenapine maleate SL tab 98
ASMANEX HFA INHALER 26
ASMANEX INHALER 26
aspirin chew tab 81mg 11
aspirin ec tab 81mg 11
ASTAMED MYO CAP 148
atazanavir cap 100
ATELVIA TAB 152
atenolol tab 110
atenolol/chlorthalidone tab 68
atomoxetine cap 3

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atorvastatin tab 63
atovaquone susp 73
atovaquone/proguanil tab 76
ATRALIN GEL, RETIN-A GEL 132
atropine ophth oint 196
atropine ophth soln 196
ATROPINE SUL SOLN 1% OPHTH 196
ATROVENT HFA INHALER 25
AUBAGIO TAB 214
AUGMENTIN ES-600 SUSP 210
AUGMENTIN SUSP 210
AUGMENTIN TAB 210
AURYXIA TAB 164
AVALIDE TAB 68
AVANDIA TAB 54
AVAPRO TAB 66
AVELOX TAB 160
aviane tab 121
AVODART CAP 166
AVONEX INJ 214
AYGESTIN TAB 211
AYVAKIT TAB 84
AZASITE SOLN 198
azathioprine tab 109
azelaic acid gel 145
azelastine nasal spray 0.1% 194
azelastine ophth soln 204
AZILECT TAB 95
azithromycin susp 177
azithromycin tab 178
AZOPT OPHTH SUSP 204
AZOR TAB 68
AZULFIDINE EN TAB 163
AZULFIDINE TAB 163

B

BACITRACIN OPHTH OINT 198
bacitracin/neomycin/polymyxin b ophth oint 198
bacitracin/polymyxin b ophth oint 198
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint 201
baclofen tab 192
BACTRIM DS TAB 73
BALCOLTRA TAB 121
balsalazide cap 163
BALVERSA TAB 3MG 85
BALVERSA TAB 4MG 85
BALVERSA TAB 5MG 85
BANZEL SUSP 33
BAQSIMI NASAL POWDER 48
BARACLUDE SOLN 106
B-D AUTOSHIELD DUO PEN NEEDLE 182
B-D INSULIN SYRINGE U-500 182
BECONASE AQ NASAL SPRAY 194
benazepril tab 64
benazepril/hydrochlorothiazide tab 68
BENICAR HCT TAB 68
BENLYSTA AUTO-INJECTOR 188
BENLYSTA INJ 188
BENTYL CAP 222
BENTYL SYRUP 222
BENZACLIN GEL 132
BENZAMYCIN GEL 132
BENZNIDAZOLE TAB 20
benzonatate cap 100mg, 200mg 128
benztropine tab 93
bepotastine ophth soln 204
BEPREVE OPHTH SOLN 204
BETAGAN OPHTH SOLN 195

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betamethasone augmented cream	139	bicalutamide tab	82	BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	204
betamethasone augmented gel	139	BIKTARVY TAB	101	bromocriptine cap	94
betamethasone augmented lotion	139	BILTRICIDE TAB	20	bromocriptine tab	94
betamethasone augmented oint	139	bimatoprost ophth soln	144	BROVANA NEB SOLN	28
betamethasone diproprionate cream	139	bisoprolol tab	110	BROVEX PEB LIQUID	129
betamethasone diproprionate lotion	139	bisoprolol/hydrochlorothiazide tab	68	BRUKINSA CAP	85
betamethasone diproprionate oint	140	BLEPH-10 OPHTH SOLN	198	budesonide ER tab	126
betamethasone valerate cream	140	BLEPHAMIDE S.O.P. OPHTH OINT	201	budesonide inh susp	26
betamethasone valerate lotion	140	BONIVA TAB 150MG	153	budesonide SR cap	126
betamethasone valerate oint	140	bosentan tab	117	bumetanide tab	150
BETAPACE AF TAB	111	BOSULIF TAB	85	buprenorphine patch	17
BETAPACE TAB	111	BRAFTOVI CAP 75MG	85	buprenorphine SL tab	17
bethanechol tab	226	BREO ELLIPTA INHALER	28	buprenorphine/naloxone sl film	17
bexarotene cap	92	BREZTRI AEROSPHERE INHALER	28	buprenorphine/naloxone SL tab	17
bexarotene gel	136	BRILINTA TAB	169	bupropion ER tab	41
BEXSERO INJ	226	brimonidine ophth soln 0.15%	197	bupropion SR tab	216
BEYAZ TAB	121	brimonidine ophth soln 0.2%	198	bupropion tab	41
BIAXIN TAB	178	brimonidine tartrate gel	145	bupropion XL tab	41
		brimonidine/timolol ophth soln	196	buspirone tab	22
		brinzolamide ophth susp	204	busulfan inj	79
		bromfenac ophth soln	204	BUSULFEX INJ	79
				BUTISOL TAB	174
				butorphanol nasal spray	17
				BUTRANS PATCH	17

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BYDUREON BCISE AUTO INJ 49
BYDUREON INJ 50
BYDUREON PEN INJ 50
BYETTA INJ 50
BYLVAY CAP 1200MCG 162
BYLVAY CAP 400MCG 162
BYLVAY SPRINKLE CAP 200MCG 162
BYLVAY SPRINKLE CAP 600MCG 163

C

cabergoline tab 158
CABLIVI INJ KIT 169
CABOMETYX TAB 85
CADUET TAB 115
CALAN SR TAB 112
CALAN TAB 112
calcipotriene cream 137
calcipotriene oint 137
calcipotriene soln 137
calcitonin nasal spray 153
calcitriol cap 155
CALCITRIOL OINT 137
calcitriol soln 155
calcium acetate cap 164
CALIBRATION LIQUID 180
CALQUENCE CAP 85
CALQUENCE TAB 86
CAMZYOS CAP 115
capecitabine tab 79
CAPRELSA TAB 86
captopril tab 64
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 69
CARAFATE SUSP 224
CARAFATE TAB 223
carbamazepine chew tab 33
carbamazepine ER cap 33
carbamazepine ER tab 33
carbamazepine susp 33
carbamazepine tab 33
CARBATROL CAP 33
carbidopa tab 93
carbidopa/levodopa ER tab 94
CARBIDOPA/LEVODOPA ODT 94
carbidopa/levodopa tab 94
carbidopa-levodopa-entacapone tab 96
CARBINOXAMINE SOLN 60
carbinoxamine tab 60
CARDIZEM CD CAP 113
CARDIZEM TAB 113
CARDURA TAB 66
CARETOUCH MIS 182
carglumic acid tab 155
carisoprodol tab 192
CARNITOR SOLN 155
CARNITOR TAB 156
CAROSPIR SUSP 151
carvedilol tab 110
CASODEX TAB 82
CATAPRES TAB 66
CATAPRES-TTS PATCH 66
CAVERJECT INJ 115
CAYSTON INH SOLN 74
CEFACLOR CAP 120
CEFACLOR ER TAB 120
CEFACLOR SUSP 120
cefazolin inj 119
CEFAZOLIN INJ 119
cefdinir cap 120
cefdinir susp 120
CEFDITOREN TAB 120
cefixime cap 120
cefixime susp 120
cefotaxime inj 120
cefoxitin inj 120
cefpodoxime proxetil susp 120
cefpodoxime proxetil tab 121
ceftriaxone inj 121
cefuroxime tab 120
CELEBREX CAP 8

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celecoxib cap	8	cholestyramine lite powder pack	61	CIPROFLOXACIN OTIC SOLN	207
CELEXA TAB	42	cholestyramine powder	61	ciprofloxacin susp	160
CELONTIN CAP	40	cholestyramine powder pack	62	ciprofloxacin tab	160
CENTANY OINT	134	CIBINQO TAB	143	ciprofloxacin/dexamethasone otic susp	207
cephalexin cap	119	ciclopirox cream	134	citalopram soln	42
cephalexin susp	119	ciclopirox gel	134	citalopram tab	42
CERDELGA CAP	170	ciclopirox nail soln	134	CITRULLINE PACKET	195
CEREZYME INJ	170	ciclopirox shampoo	134	CLARINEX REDITAB	60
CERVICAL CAP	179	ciclopirox topical susp	134	CLARINEX SYRUP	60
CESAMET CAP	58	cilostazol tab	169	CLARINEX TAB	60
cesia tab	121	CILOXAN OPHTH OINT	198	CLARINEX-D TAB	129
cevimeline cap	190	CILOXAN OPHTH SOLN	198	clarithromycin ER tab	178
CHEMET CAP	55	CIMDUO TAB	101	CLARITHROMYCIN SUSP	178
chlordiazepoxide cap	22	cimetidine tab	223	clarithromycin tab	178
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	213	CIMZIA INJ	163	CLARITIN CHEW TAB	60
chlorhexidine gluconate soln	189	CIMZIA STARTER INJ KIT	163	CLENPIQ SOLN	176
chloroquine tab	76	cinacalcet tab	156	CLEOCIN CAP	74
CHLOROTHIAZIDE TAB	151	CINRYZE INJ	168	CLEOCIN SOLN	74
chlorpromazine tab	99	CIPRO HC OTIC SUSP	207	CLEOCIN VAGINAL CREAM	232
chlorthalidone tab	151	CIPRO SUSP 5%	160	CLEOCIN VAGINAL SUPP	232
chlorzoxazone tab 500mg	192	CIPRO TAB	160	CLEOCIN-T LOTION	132
CHOLBAM CAP	161	CIPRODEX OTIC SUSP	207	CLEOCIN-T PAD	132
cholecalciferol cap 50000 unit	234	CIPROFLOXACIN 100MG TAB	160	CLEOCIN-T SOLN	132
cholestyramine lite powder	61	ciprofloxacin ophth soln	198		

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CLIMARA PATCH	159	clomipramine cap	45	COLESTID TAB	62
clindamycin cap	74	clonazepam ODT	32	colestipol granule	62
clindamycin gel	132	clonazepam tab	32	colestipol powder packet	62
clindamycin lotion	132	clonidine ER tab	3	colestipol tab	62
clindamycin pad	132	clonidine patch	66	COLY-MYCIN S OTIC SUSP	207
clindamycin soln	74	clonidine tab	67	COLYTE SOLN	176
clindamycin topical soln	132	clopidogrel tab 75mg	169	COMBIVENT RESPIMAT INHALER	28
clindamycin vaginal cream	232	clotrimazole troches	189	COMETRIQ KIT	86
clindamycin/benzoyl peroxide gel	132	clotrimazole/betamethasone cream	134	COMPLERA TAB	101
CLINDESSE VAGINAL CREAM	232	clotrimazole/betamethasone lotion	134	COMTAN TAB	93
clobazam susp	32	clozapine tab	98	CONCEPT DHA CAP	191
clobazam tab	32	CLOZARIL TAB	98	CONCEPTROL GEL	232
clobetasol foam	140	COARTEM TAB	76	CONTRACEPTIVE FILM	232
clobetasol lotion	140	CODEINE SULFATE TAB 15MG	11	CONTRACEPTIVE FOAM	232
clobetasol propionate cream	140	codeine sulfate tab 60mg	11	CONTRACEPTIVE GEL	232
clobetasol propionate emollient cream	140	codeine sulfate tablet 15mg, 30mg	12	CONTRACEPTIVE SUPP	232
clobetasol propionate gel	140	COLAZAL CAP	163	CONTRAVE TAB	2
clobetasol propionate oint	140	colchicine tab	167	COPIKTRA CAP	86
clobetasol propionate soln	140	colchicine/probenecid tab	167	CORDARONE TAB	24
clobetasol shampoo	140	colesevelam pack	62	COREG TAB	110
clobetasol spray	140	colesevelam tab	62	CORGARD TAB	111
CLOBEX LOTION	140	COLESTID GRANULE	62	CORLANOR TAB	119
CLOBEX SHAMPOO	140	COLESTID POWDER PACK	62	CORTEF TAB	126
CLOBEX SPRAY	140			CORTENEMA	19
				CORTISPORIN CREAM	134
				CORTISPORIN OINT	134

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COSOPT OPHTH SOLN 196
COTELLIC TAB 86
COUMADIN TAB 30
COVID-19 TEST 147
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 227
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 228
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 228
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 228
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 228
COVID-19 VACCINE BOOSTER INJ (MODERNA) 228
COVID-19 VACCINE INJ (JANSSEN) 228
COVID-19 VACCINE INJ (MODERNA) 228
COVID-19 VACCINE INJ (NOVAVAX) 228
COVID-19 VACCINE INJ (PFIZER) 229
COVID-19 VACCINE INJ 5-11Y (PFIZER) 229
COVID-19 VACCINE INJ 6-11Y (MODERNA) 229
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 229
COVID-19 VACCINE INJ 6M-5Y (MODERNA) 229
COZAAR TAB 66
CREATINE PACKET 5000MG 195
CREON CAP 149
CRESTOR TAB 63
CRINONE GEL 233
CRIXIVAN CAP 101
cromolyn conc 162
cromolyn neb soln 25
cromolyn ophth soln 204
CROTAN LOTION 146
cryselle tab 121
CUE COVID-19 INJ TEST CARTRIDGE 147
CUE HEALTH MONITOR 147
CUVPOSA SOLN 224
cyanocobalamin inj 171
cyclobenzaprine tab 10mg 192
cyclobenzaprine tab 5mg 192
CYCLOGYL OPHTH SOLN 196
CYCLOMYDRIL OPHTH SOLN 197
cyclopentolate ophth soln 197
cyclophosphamide cap 79
CYCLOPHOSPHAMIDE TAB 79
CYCLOSET TAB 49
cyclosporine cap 109
cyclosporine modified cap 109
cyclosporine modified soln 109
CYKLOKAPRON INJ 174
cyproheptadine syrup 61
cyproheptadine tab 61
CYSTADROPS SOLN 204
CYSTAGON CAP 166
CYSTARAN OPHTH SOLN 205
CYTOMEL TAB 220
CYTOTEC TAB 224
CYTRA K CRYSTALS 165
CYTRA-3 SYRUP 165

D

dabigatran etexilate mesylate cap 31

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dalfampridine ER tab	214	DEPAKOTE SPRINKLE CAP	40	DEXAMETHASONE CONC	126
DALIRESP TAB	26	DEPAKOTE TAB	40	dexamethasone elixir	126
danazol cap	18	DEPEN TITRATAB	186	DEXAMETHASONE OPHTH SOLN	201
DANTRIUM CAP	193	DEPLIN CAP	148	dexamethasone sodium phosphate inj	126
dantrolene cap	193	DEPO-PROVERA INJ	125	DEXAMETHASONE SOLN	126
dapsone tab	74	DEPO-PROVERA SC INJ 104MG	125	DEXAMETHASONE TAB	127
darifenacin SR tab	225	DEPO-TESTOSTERONE INJ	18	DEXCOM G6 RECEIVER	180
DDAVP INJ	157	DERMA-SMOOTH/FS OIL	140	DEXCOM G6 SENSOR	180
DDAVP NASAL SOLN	157	DERMOTIC OIL	207	DEXCOM G6 TRANSMITTER	180
DDAVP NASAL SPRAY	157	DESCOVY TAB	101	DEXEDRINE CAP	1
DDAVP TAB	157	desipramine tab	45	dexmethylphenidate ER cap	3
DECON-A LIQUID	129	DESLORATADINE ODT	60	dexmethylphenidate tab	3
deferasirox granules packet	56	desloratadine tab	61	dextroamphetamine ER cap	1
deferasirox tab	56	desmopressin acetate inj	157	dextroamphetamine soln	1
deferasirox tab 180mg	56	desmopressin acetate nasal spray	157	dextroamphetamine tab	1
deferasirox tab 90mg, 360mg	56	desmopressin acetate tab	157	DIACOMIT CAP	33
deferiprone tab	56	DESOGEN TAB	121	DIACOMIT POWDER PACK	33
DELESTROGEN INJ	159	desoximetasone cream	140	DIALYVITE TAB	190
DELSTRIGO TAB	101	desoximetasone oint	140	DIALYVITE/ZINC TAB	190
DEMADEX TAB	150	desvenlafaxine ER tab	44	DIAPHRAGM	179
demeclocycline tab	218	DETROL LA CAP	225		
DENAVIR CREAM	139	DETROL TAB	225		
DENGVAXIA SUSP	229				
DEPAKENE CAP	40				
DEPAKENE SYRUP	40				
DEPAKOTE ER TAB	40				

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DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 32
diazepam conc 23
diazepam oral soln 5mg/5ml 23
diazepam tab 2mg, 10mg 23
diazepam tab 5mg 23
diazoxide susp 48
DIBENZYLINE CAP 65
diclofenac gel 136
diclofenac gel 1% 136
DICLOFENAC PATCH, FLECTOR PATCH 136
diclofenac potassium tab 8
diclofenac sodium EC tab 8
diclofenac sodium ophth soln 205
diclofenac sodium XR tab 8
diclofenac/misoprostol DR tab 8
dicloxacillin cap 211
dicyclomine cap 222
dicyclomine soln 222
dicyclomine tab 222
didanosine DR cap 101
DIFFERIN CREAM 132
DIFFERIN GEL 132
DIFICID SUSP 179
DIFICID TAB 179
DIFLUCAN SUSP 59
DIFLUCAN TAB 59
difluprednate ophth emulsion 201
DIGOXIN SOLN 114
digoxin tab 114
dihydroergotamine mesylate inj 183
DILANTIN CAP 100MG 39
DILANTIN CAP 30MG 39
DILANTIN INFATABS 39
DILANTIN SUSP 39
DILATRATE SR CAP 21
DILAUDID TAB 2MG 12
DILAUDID TAB 4MG 12
DILAUDID TAB 8MG 12
diltiazem ER cap 113
diltiazem tab 113
dimethyl fumarate DR cap 214
dimethyl fumarate DR starter pack 215
DIOVAN HCT TAB 69
DIOVAN TAB 66
DIPENTUM CAP 163
diphenhydramine cap 50mg 60
diphenhydramine inj 60
DIPHENOXYLATE/ATROPINE LIQUID 55
diphenoxylate/atropine tab 55
DIPROLENE AF CREAM 141
DIPROLENE OINT 141
dipyridamole tab 169
disopyramide cap 23
disulfiram tab 212
DITROPAN XL TAB 225
DIURIL SUSP 151
divalproex ER tab 40
divalproex sodium DR tab 40
divalproex sprinkle cap 40
dofetilide cap 24
DOLOPHINE TAB 12
donepezil ODT 212
donepezil tab 212
donepezil tab 23mg 212
DOPTELET TAB 171
dorzolamide ophth soln 205
dorzolamide/timolol ophth soln 196
DOVATO TAB 101
DOVONEX CREAM 137
doxazosin tab 67
doxepin cap 45
doxepin conc 45

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DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM 137
DOXEPIN HCL CREAM 137
doxercalciferol cap 156
doxycycline hyclate cap 218
doxycycline hyclate tab 219
doxycycline monohydrate cap 100mg 219
doxycycline monohydrate cap 50mg 219
doxycycline monohydrate tab 219
doxycycline susp 219
D-PENAMINE TAB 109
DRISDOL CAP 234
DRITHO-SCALP CREAM 137
dronabinol cap 58
drospirenone/ethinyl estradiol/levomefolate tab 122
DROXIA CAP 170
DRYSOL SOLN 145
DUAC GEL 133
DULERA INHALER 28
duloxetine EC cap 44
DUPIXENT INJ 143
DUPIXENT INJ 100MG/0.67ML 143
DUPIXENT PEN INJ 143
DURAGESIC PATCH 12
DUREZOL OPHTH EMULSION 201
dutasteride cap 166

E

econazole cream 134
EDECRIN TAB 150
EDEX INJ 115
EDURANT TAB 101
efavirenz cap 101
efavirenz tab 101
efavirenz/emtricitabine/tenofovir df tab 101
efavirenz/lamivudine/tenofovir df (lo) tab 102
EFFEXOR XR CAP 44
EFFIENT TAB 169
EFUDEX CREAM 136
EGRIFTA INJ 154
ELDEPYRL CAP 95
ELESTAT OPHTH SOLN 205
ELIDEL CREAM 144
ELIGEN B12 TAB 148
ELIMITE CREAM 146
ELIQUIS TAB, ELIQUIS STARTER PACK 31
ELIXOPHYLLIN ELIXIR 30
ELLA TAB 125
ELMIRON CAP 166
ELOCON CREAM 141
ELOCON OINT 141
EMADINE OPHTH SOLN 205
EMCYT CAP 82
EMEND CAP 58
EMGALITY INJ 183
EMGALITY INJ 100MG/ML 183
EMPAVELI INJ 168
EMSAM PATCH 41
emtricitabine cap 102
emtricitabine/tenofovir disoproxil fumarate tab 102
EMTRIVA SOLN 102
EMVERM TAB 20
ENABLEX TAB 225
enalapril maleate oral soln 65
enalapril tab 65
enalapril/hydrochlorothiazide tab 69
ENBREL INJ 25MG 10
ENBREL INJ 50MG 10
ENBREL MINI INJ 10
ENBREL SURECLICK INJ 50MG 11
ENDARI POWDER PACK 170

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ENDOMETRIN INSERT	233	ERY PAD	133	estradiol valerate inj	160
ENGERIX-B INJ, RECOMBIVAX-HB INJ	229	ERYTHROMYCIN EC CAP	178	estradiol/norethindrone tab	159
enoxaparin inj	31	erythromycin ethylsuccinate susp	178	ESTRING	233
enpresse tab	122	erythromycin gel	133	ESTROSTEP FE TAB	122
ENSPRYNG INJ	187	erythromycin ophth oint	198	eszopiclone tab	175
entacapone tab	93	erythromycin pad	133	ethacrynic tab	150
entecavir tab	106	erythromycin soln	133	ethambutol tab	77
EPIDIOLEX SOLN	33	erythromycin tab	178	ethosuximide cap	40
EPIDUO GEL 0.1-2.5%	133	erythromycin/benzoyl peroxide gel	133	ethosuximide soln	40
EPIFOAM AEROSOL	141	ESBRIET CAP	217	etodolac cap	8
epinastine opthth soln	205	ESBRIET TAB 267MG	218	etodolac ER tab	8
epinephrine pen inj 0.15mg, 0.3mg	234	ESBRIET TAB 801MG	218	etodolac tab	8
EPIVIR HBV SOLN	106	ESCAVITE CHEW TAB	191	ETOPOSIDE CAP	93
eplerenone tab	71	escitalopram soln	42	etravirine tab	102
EPRONTIA SOLN	34	escitalopram tab	42	EULEXIN CAP	82
EQUETRO CAP	96	esomeprazole cap	223	everolimus tab	86
ERGOLOID MESYLATES TAB	216	estazolam tab	175	everolimus tab for oral susp	86
ERGOMAR SL TAB	183	ESTRACE TAB	159	EVISTA TAB	154
ergotamine tartrate/caffeine tab	183	ESTRACE VAGINAL CREAM	233	EVOTAZ TAB	102
ERIVEDGE CAP	81	estradiol cream	233	EVOXAC CAP	190
ERLEADA TAB	82	estradiol patch	160	EVRYSDI SOLN	195
ERLEADA TAB 240MG	82	estradiol tab	160	EXELDERM SOLN	135
erlotinib tab	81	estradiol vaginal tab, yuvafem vaginal tab	233	EXELON PATCH	212
ertapenem inj	73			exemestane tab	82
				EXFORGE HCT TAB	69
				EXFORGE TAB	69
				EXKIVITY CAP	81

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EXTAVIA INJ 215
ezetimibe tab 64

F

FABRAZYME INJ 156
FALESSA TAB 148
famciclovir tab 108
famotidine susp 223
famotidine tab 223
FANAPT TAB 97
FANAPT TITRATION PACK 97
FARESTON TAB 82
FARXIGA TAB 54
FASENRA PEN INJ 24
febuxostat tab 167
felbamate susp 38
felbamate tab 38
FELBATOL SUSP 38
FELBATOL TAB 38
FELDENE CAP 8
felodipine ER tab 113
FEM PH GEL 232
FEMALE CONDOMS 179
FEMARA TAB 82
FEMCON FE CHEW TAB 122
FEMHRT TAB 159
FEMRING 233
fenofibrate cap 67mg, 134mg, 200mg 62
fenofibrate tab 48mg, 54mg, 145mg, 160mg 62
fenofibric acid DR cap 62
FENOFIBRIC TAB, FIBRICOR TAB 62
fentanyl citrate lollipop 12
fentanyl patch 12
FENTORA TAB, FENTANYL BUCCAL TAB 12
ferrex 150 forte cap 172
FERREX 28 TAB 172
FERRIPROX SOLN 55
fesoterodine fumarate ER tab 225
FIASP FLEXTOUCH INJ 51
FIASP INJ 51
FIASP PENFILL INJ 51
FINACEA GEL 145
finasteride tab 144
fingolimod hcl cap 0.5mg 215
FINTEPLA SOLN 34
FIRDAPSE TAB 77
FIRST METRONIDAZOLE SUSP 72
FIRST MOUTHWASH BLM 189
FIRVANQ SOLN 73
FLAGYL TAB 72
FLAREX OPHTH SUSP 201
flecainide tab 24
FLEQSUVY SUSP 193
FLOMAX CAP 166
FLORIVA PLUS DROPS 191
FLOVENT DISKUS INHALER 26
FLOVENT HFA INHALER 27
FLUAD INJ 229
FLUAD QUAD INJ 229
FLUBLOK INJ 230
FLUBLOK QUAD PF INJ 230
FLUCELVAX QUAD INJ 230
fluconazole susp 59
fluconazole tab 59
flucytosine cap 59
fludrocortisone tab 128
FLULAVAL QUAD INJ, FLUZONE QUAD INJ 230
FLUMADINE TAB 108
FLUMIST QUADRIVALENT NASAL SUSP 230
fluocinolone acetonide cream 141
fluocinolone acetonide oil 141

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fluocinolone acetonide oint	141	FLUTAMIDE CAP	82	folic acid tab 400mcg	171
fluocinolone acetonide soln	141	fluticasone nasal spray	194	folic acid tab 800mcg	171
fluocinolone otic oil	207	fluticasone propionate cream	141	FOLTANX TAB	148
fluocinonide cream 0.05%	141	fluticasone propionate oint	141	fondaparinux inj	31
fluocinonide cream 0.1%	141	FLUTICASONE/SALMET EROL INHALER	28	formoterol fumarate neb soln	29
fluocinonide emollient cream	141	fluvastatin ER tab	63	FORTEO INJ	153
fluocinonide gel	141	FLUVIRIN INJ	230	FOSAMAX TAB	153
fluocinonide oint	141	fluvoxamine ER cap	42	fosamprenavir tab	102
fluocinonide soln	141	fluvoxamine tab	43	foscarnet sodium inj	106
FLUORIDEX SENSITIVITY PASTE	189	FLUZONE HD PF INJ	230	FOSCAVIR INJ	106
fluorometholone ophth soln	201	FLUZONE HIGH DOSE PF INJ	230	fosinopril tab	65
fluorouracil cream	136	FLUZONE QUADRIVALENT INJ	230	fosinopril/hydrochlorothiazide tab	69
FLUOROURACIL CREAM 0.5%	136	FLUZONE/FLUARIX QUAD INJ	230	FOSRENOL CHEW TAB	164
FLUOROURACIL SOLN	136	FML FORTE OPHTH SUSP	201	FOSRENOL POWDER PACK	164
fluoxetine cap	42	FML LIQUIFLIM OPHTH SUSP	201	FOTIVDA CAP	86
fluoxetine soln	42	FML S.O.P. OPHTH OINT	201	FRAGMIN INJ	31
fluoxetine tab 60mg	42	FOCALIN TAB	4	FREESTYLE LIBRE 2 RECEIVER	180
fluphenazine tab	99	FOCALIN XR CAP	4	FREESTYLE LIBRE 2 SENSOR	180
FLURAZEPAM CAP	175	FOLBEE PLUS CZ TAB	190	FREESTYLE LIBRE 3 SENSOR	180
FLURBIPROFEN OPHTH SOLN	205	folbee tab	172	FREESTYLE LIBRE RECEIVER	180
flurbiprofen tab	8	folic acid tab 1mg	171		

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FREESTYLE LIBRE SENSOR (10-DAY) 180
FREESTYLE LIBRE SENSOR (14-DAY) 180
FULPHILA INJ 171
FUROSCIX KIT 150
furosemide soln 151
furosemide tab 151
FUZEON INJ 102

G

gabapentin cap 34
gabapentin soln 34
gabapentin tab 600mg 34
gabapentin tab 800mg 34
GABITRIL TAB 39
galantamine ER cap 213
galantamine tab 213
GALZIN CAP 186
GAMASTAN INJ 208
GAMMAGARD INJ 208
GASTROCROM CONC 162
gatifloxacin ophth soln 199
GAVILYTE-C SOLN 176
GAVRETO CAP 86
gemfibrozil tab 63
GENOTROPIN INJ 154
GENTAK OPHTH OINT 199
gentamicin ophth soln 199
gentamicin sulfate cream 134
gentamicin sulfate oint 134
GENVOYA TAB 102
GEODON CAP 97
gianvi tab, ocella tab 122
GILENYA CAP 0.25MG 215
GILOTRIF TAB 81
glatiramer inj 215
GLEOSTINE/LOMUSTINE CAP 79
glimepiride tab 54
glipizide ER tab 54
glipizide tab 54
glipizide/metformin tab 46
GLOPERBA SOLN 167
GLUCAGEN HYPOKIT INJ 48
glucagon (rdna) for inj kit 48
GLUCAGON EMR INJ 48
GLUCAGON INJ KIT 48
GLUCOPHAGE TAB 47
GLUCOPHAGE XR TAB 47
GLUCOTROL TAB 54
GLUCOTROL XL TAB 54
GLUCOVANCE TAB 46
glyburide micronized tab 54
glyburide tab 55
glyburide/metformin tab 46
glycopyrrolate oral soln 224
glycopyrrolate tab 222
GLYGEST PAK 148
GLYNASE TAB 55
GLYSET TAB 46
GOLYTELY PACKET 176
GOLYTELY SOLN 176
granisetron tab 57
GRANISOL SOLN 57
griseofulvin micro tab 59
griseofulvin susp 59
griseofulvin tab 59
GRIS-PEG TAB 59
guaifenesin/codeine soln 129
guaifenesin/codeine syrup 129
guanfacine ER tab 3
guanfacine IR tab 67
GUANIDINE TAB 77
GVOKE INJ 48
GVOKE INJ KIT 48
GVOKE PFS INJ 49

H

HALCION TAB 175
halobetasol propionate cream 141
halobetasol propionate oint 141
haloperidol lactate conc 98

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haloperidol tab 98
HECTOROL CAP 156
HEMLIBRA INJ 168
heparin porcine inj 31
HEPLISAV-B INJ 230
HEXALEN CAP 79
HIPREX TAB 75
HIZENTRA INJ 208
HOMATROPINE OPHTH SOLN 197
HUMALOG MIX 51
KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ
HUMIRA INJ 10MG 6
HUMIRA INJ 20MG 6
HUMIRA INJ 40MG 6
HUMIRA INJ 80MG 6
HUMIRA INJ 6
CROHNS/UC/HIDRADENITIS STARTER PACK
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 6
HUMIRA INJ PEDIATRIC UC STARTER PACK 6
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 7
HUMIRA PEN INJ 40MG 7
HUMULIN MIX INJ 51
HUMULIN MIX PEN INJ 51
HUMULIN N INJ 51
HUMULIN N PEN INJ 51
HUMULIN R INJ 52
HUMULIN R INJ U-500 52
HUMULIN R U-500 52
KWIKPEN INJ
HYCAMTIN CAP 78
HYCODAN SYRUP 129
hydralazine tab 72
HYDREA CAP 92
hydrochlorothiazide cap 151
hydrochlorothiazide tab 152
hydrocodone/acetaminophen soln 15
hydrocodone/acetaminophen soln 10-325 mg/15ml 15
hydrocodone/acetaminophen tab 16
hydrocodone/acetaminophen tab 2.5-325mg 16
hydrocodone/chlorpheniramine CR susp 129
hydrocodone/chlorpheniramine/pseudoephedrine liquid 130
hydrocodone/homatropine syrup 129
hydrocortisone cream 142
hydrocortisone enema 19
hydrocortisone lotion 142
hydrocortisone oint 142
hydrocortisone tab 127
hydromorphone tab 2mg 12
hydromorphone tab 4mg 13
hydromorphone tab 8mg 13
hydroquinone cream 145
hydroxychloroquine tab 76
hydroxyprogesterone inj 211
hydroxyurea cap 93
hydroxyzine pamoate cap 22
HYDROXYZINE PAMOATE CAP 100MG 22
hydroxyzine syrup 22
hydroxyzine tab 22
hyoscyamine sulfate CR tab 222
hyoscyamine sulfate elixir 222
hyoscyamine sulfate ODT 222
hyoscyamine sulfate SL tab 222
hyoscyamine tab 222
HYPER-SAL NEB SOLN 131
HYQVIA INJ 208
HYZAAR TAB 69

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I
ibandronate tab 150mg 153
IBRANCE CAP 87
IBRANCE TAB 87
ibuprofen susp (Rx ONLY) 8
ibuprofen tab 8
icatibant inj 168
ICLUSIG TAB 87
IDHIFA TAB 87
ILEVRO OPHTH SUSP 205
imatinib tab 87
IMBRUVICA CAP 140MG 87
IMBRUVICA CAP 70MG 87
IMBRUVICA SUSP 87
IMBRUVICA TAB 420MG, 560MG 87
IMCIVREE INJ 2
imipramine pamoate cap 45
imipramine tab 45
imiquimod cream 144
IMITREX INJ 183
IMITREX TAB 184
IMOVAX INJ 231
IMPAVIDO CAP 72
IMURAN TAB 109
INBRIJA INH POWDER 96
INCRELEX INJ 155
INCRUSE ELLIPTA INHALER 25
indapamide tab 152
INDERAL LA CAP 111
indomethacin cap 8
indomethacin CR cap 9
INFANT FORMULA LIQUID 148
INFANT FORMULA POWDER 149
INGREZZA CAP 214
INLYTA TAB 80
INQOVI TAB 84
INSPRA TAB 71
INSULIN ASPART FLEXPEN INJ 52
INSULIN ASPART INJ 52
INSULIN ASPART MIX FLEXPEN INJ 52
INSULIN ASPART MIX INJ 52
INSULIN ASPART PENFILL INJ 52
INTELENCE TAB 25MG 102
INTRON-A INJ 93
INTUNIV TAB 3
INVANZ INJ 73
INVEGA TAB 97
INVIRASE CAP 102
INVIRASE TAB 102
IOPIDINE OPHTH SOLN 1% 198
IOPIDINE OPHTH SOLN 198
IPOL INJ 231
ipratropium nasal spray 194
ipratropium neb soln 25
irbesartan tab 66
irbesartan/hydrochlorothiazide tab 69
IRESSA TAB 81
IRON POLYSACCH/THREONIC ACID/B12/FA CAP 172
ISENTRESS (HD) TAB 102
ISENTRESS CHEW TAB 102
ISENTRESS POWDER PACK 103
isibloom tab, enskyce tab, apri tab 122
ISONIAZID SYRUP 78
ISONIAZID TAB 78
ISOPTO CARBACHOL OPHTH SOLN 197
ISOPTO CARPINE OPHTH SOLN 197

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ISORDIL TITRADOSE TAB	21
isosorbide dinitrate tab	21
isosorbide dinitrate tab 40mg	21
isosorbide mononitrate ER tab	21
isosorbide mononitrate tab	21
isoxsuprine tab	116
itraconazole cap	59
itraconazole soln	59
ivermectin tab	20

J

JAKAFI TAB	87
JANUMET TAB	47
JANUMET XR TAB	47
JANUVIA TAB	49
JARDIANCE TAB	54
jinteli tab	159
jolessa tab, amethia tab	122
JULUCA TAB	103
JYNARQUE PAK	158
JYNARQUE TAB	158

K

KALYDECO PAK	217
KALYDECO TAB	217
KAPVAY TAB	3
KATERZIA SUSP	113
KEFLEX CAP	120
kelnor tab	122
KEPPRA SOLN	34
KEPPRA TAB	34
KEPPRA XR TAB	34
KESIMPTA INJ	215
ketoconazole cream	135
ketoconazole shampoo	135
ketoconazole tab	59
KETO-DIASTIX TEST STRIP	147
ketorolac inj 15mg/ml	9
ketorolac inj 30mg/ml	9
ketorolac inj 60mg/2ml	9
ketorolac ophth soln	205
ketorolac tab	9
KETOSTIX	147
ketotifen ophth soln	205
KEVZARA INJ	7
KINERET INJ	7
KINRIX INJ, QUADRACEL DTAP-IPV INJ	221
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	221
KLARON LOTION	133
KLONOPIN TAB	32
KLOXXADO NASAL SPRAY	56
KORLYM TAB	49
KOSELUGO CAP	88
KOSELUGO CAP 10MG	88
K-PHOS NEUTRAL TAB	185
K-PHOS TAB	185
KRINTAFEL TAB	76
K-TAB	185

L

labetalol tab	110
LAC-HYDRIN CREAM	143
LAC-HYDRIN LOTION	143
lacosamide oral solution	34
lacosamide tab	34
LACTIC ACID LOTION	143
lactulose soln	164
LAMICTAL CHEW TAB	34
LAMICTAL ODT	35
LAMICTAL ODT KIT	35
LAMICTAL ODT KIT, LAMICTAL XR KIT	35
LAMICTAL STARTER KIT	35
LAMICTAL TAB	35
LAMICTAL XR TAB	35
LAMISIL TAB	59
lamivudine soln	103

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lamivudine tab	103	LESCOL XL TAB	63	lidocaine gel	144
lamivudine tab 100mg	107	letrozole tab	82	lidocaine oint	144
lamivudine/zidovudine tab	103	leucovorin tab	93	lidocaine patch	144
lamotrigine chew tab	35	LEUKERAN TAB	79	lidocaine patch 5%	145
lamotrigine ER tab	35	leuprolide inj	83	lidocaine soln	145
lamotrigine ODT	35	LEVALBUTEROL INHALER, XOPENEX HFA INHALER	29	lidocaine viscous soln	189
lamotrigine ODT kit	35			lidocaine/hydrocortisone cream	20
lamotrigine tab	35				
LAMPIT TAB	73	levalbuterol neb soln	29	lidocaine/prilocaine cream	145
LANCET DEVICE	180	LEVAQUIN TAB	161	LIDODERM PATCH	145
LANCET KIT	181	LEVBID TAB	222	LINDANE SHAMPOO	146
LANCETS	181	levetiracetam ER tab	35	linezolid susp	74
LANOXIN TAB	114	levetiracetam soln	35	linezolid tab	74
lansoprazole cap	223	levetiracetam tab	36	LINZESS CAP	164
lanthanum carbonate chew tab	164	LEVOBUNOLOL OPHTH SOLN	196	liothyronine tab	220
				LIPITOR TAB	63
lapatinib ditosylate tab	88	levocarnitine soln	156	LIQUIGEN	195
LASIX TAB	151	levocarnitine tab	156	lisinopril tab	65
LASTACAFT OPHTH SOLN	205	levofloxacin ophth soln	199	lisinopril/hydrochlorothiazide tab	69
		levofloxacin soln	161		
latanoprost ophth soln	206	levofloxacin tab	161	lithium carbonate cap	96
LAZANDA NASAL SPRAY	13	levonorgestrel tab	125	lithium carbonate ER tab	96
		levothyroxine tab	220	lithium carbonate tab	96
LEDIPASVIR/SOFOSBUVIR TAB	107	LEVSIN SL TAB	223	LITHIUM CITRATE SOLN	96
		LEVSIN TAB	223	LITHOBID TAB	96
leflunomide tab	10	LEXAPRO TAB	43	LITHOSTAT TAB	167
lenalidomide cap	187	LEXIVA SUSP	103	LIVALO TAB	63
LENVIMA CAP	80	lidocaine cream 3%	144	LIVMARLI SOLN	163

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LIVTENCITY TAB 106
L-METHYLFOLATE TAB 148
LO LOESTRIN TAB 122
LODOSYN TAB 93
loestrin tab 122
lohist liquid 130
LOKELMA PAK 188
LOMOTIL TAB 55
LOPID TAB 63
lopinavir/ritonavir soln 103
lopinavir/ritonavir tab 103
LOPRESSOR HCT TAB 70
LOPRESSOR TAB 111
LOPROX CREAM 135
LOPROX SHAMPOO 135
loratadine cap 61
lorazepam conc 23
lorazepam tab 23
LORBRENA TAB 100MG 88
LORBRENA TAB 25MG 88
LORTAB 16
LORTAB ELIXIR 16
losartan tab 66
losartan/hydrochlorothiazide tab 70
LOTEMAX OPHTH GEL 201
LOTEMAX OPHTH OINT 201
LOTEMAX OPHTH SUSP 201
LOTENSIN HCT TAB 70
LOTENSIN TAB 65
loteprednol etabonate ophth gel 202
loteprednol ophth susp 202
LOTREL CAP 70
LOTRISONE CREAM 135
LOTRONEX TAB 164
lovastatin tab 63
LOVAZA CAP 61
LOVENOX INJ 31
loxapine cap 98
LUMAKRAS TAB 88
LUMIGAN OPHTH SOLN 206
LUNESTA TAB 175
LUPKYNIS CAP 187
LUPRON DEPOT INJ 83
LUPRON DEPOT PED INJ 155
LUPRON DEPOT-PED INJ 155
lurasidone hcl tab 97
LUVIRA CAP 148
LYNPARZA CAP 88
LYNPARZA TAB 88
LYSODREN TAB 83
LYSTEDA TAB 174
LYVISPAH GRANULE PACKET 193

M

MACROBID CAP 75
MACRODANTIN CAP 75
magnesium sulfate inj 185
MALARONE TAB 76
malathion lotion 146
MALE CONDOMS 179
MAPROTILINE TAB 41
maraviroc tab 103
MARINOL CAP 58
MARPLAN TAB 42
MATULANE CAP 93
MAVYRET PAK 107
MAVYRET TAB 107
MAXALT MLT TAB 184
MAXALT TAB 184
MAXIDEX OPHTH SOLN 202
MAXITROL OPHTH OINT 202
MAXITROL OPHTH SUSP 202
MAXZIDE TAB 150
MAYZENT TAB 215
MAYZENT TAB STARTER PACK 215
MCT OIL 195
meclizine chew tab 57

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meclizine tab 57
MEDROL DOSE PACK 127
MEDROL TAB 127
medroxyprogesterone inj 125
medroxyprogesterone tab 211
mefloquine tab 76
megestrol susp 83
megestrol tab 83
MEKINIST TAB 0.5MG 88
MEKINIST TAB 2MG 88
MEKTOVI TAB 89
meloxicam tab 9
melphalan inj 79
melphalan tab 79
memantine ER cap 213
memantine sol 213
memantine tab 213
MENEST TAB 160
MENTAX CREAM 135
MENVEO INJ 226
MEPHYTON TAB 234
MEPRON SUSP 73
mercaptopurine tab 79
meropenem inj 73
mesalamine DR tab 163
mesalamine enema 163
mesalamine ER cap 163
mesalamine supp 163
MESNEX TAB 93
MESTINON TAB 77
MESTINON TIMESPAN TAB 77
METANX CAP 148
METAPROTERENOL SYRUP 29
metaxalone tab 193
METAXALONE TAB 400MG 193
metformin ER tab 48
metformin soln 48
metformin tab 48
methadone conc 13
methadone soln 10mg/5ml 13
methadone soln 5mg/5ml 13
methadone tab 13
methadone tab 10mg 13
METHADOSE CONC 13
methazolamide tab 149
methenamine hippurate tab 75
methimazole tab 219
METHITEST TAB 18
methocarbamol tab 193
methotrexate inj 79
methotrexate tab 79
methoxsalen cap 137
methscopolamine tab 223
METHYLDOPA TAB 67
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 70
methylergonovine tab 208
METHYLIN SOLN 4
methylphenidate CD cap 4
methylphenidate chew tab 4
methylphenidate ER cap 4
methylphenidate ER tab 4
methylphenidate soln 4
methylphenidate tab 4
methylprednisolone dose pack 127
methylprednisolone tab 127
methylprenisolone sod succinate inj 127
methyltestosterone cap 18
metoclopramide soln 162
metoclopramide tab 162
metolazone tab 152
metoprolol ER tab 111
metoprolol tab 111
metoprolol/hydrochlorothiazide tab 70
METROCREAM 145
METROGEL 1% 145
METROGEL VAGINAL GEL 232

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METROLOTION	145
metronidazole cream	145
metronidazole gel	145
metronidazole gel 0.75%	145
metronidazole lotion	145
metronidazole tab	72
metronidazole vaginal gel	232
mexiletine hcl cap	23
MICARDIS TAB	66
MICONAZOLE 3 SUPP 200MG	232
MICROZIDE CAP	152
midazolam inj	175
midodrine tab	234
mifepristone tab	157
MIFIPREX TAB	157
miglitol tab	46
miglustat cap	170
MINASTRIN CHEW TAB	122
MINIPRESS CAP	67
MINOCIN CAP	219
minocycline cap	219
minoxidil tab	72
MIRALAX	177
MIRAPEX TAB	94
MIRCETTE TAB	122
MIRENA IUD	125
mirtazapine ODT	41
mirtazapine tab	41
MIRVASO GEL	146
misoprostol tab	224
MOBIC TAB	9
modafinil tab	4
MOLNUPIRAVIR CAP	109
mometasone cream	142
mometasone oint	142
mometasone soln	142
MONODOX CAP	219
montelukast chew tab	25
montelukast granule pack	25
montelukast tab	25
MORPHINE SULFATE ER BEAD CAP	14
morphine sulfate ER tab	14
MORPHINE SULFATE SOLN	14
morphine sulfate tab	14
MOTOFEN TAB	55
MOTRIN SUSP	9
MOUNJARO INJ	50
MOVANTIK TAB	164
moxifloxacin ophth soln	199
moxifloxacin tab	161
MULTAQ TAB	24
MULTIGEN FOLIC TAB	172
MULTIGEN PLUS TAB	173
MULTIGEN TAB	173
MULTIVITAMIN TAB	173
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	191
MULTIVITAMIN/FLOURIDE CHEW 1MG	191
MULTIVITAMIN/FLUORIDE CHEW TAB	191
multivitamin/minerals tab	190
mupirocin oint	134
MUSE SUPP	115
MYAMBUTOL TAB	78
MYCOBUTIN CAP	78
mycophenolate DR tab	109
mycophenolate mofetil cap	109
mycophenolate mofetil susp	110
mycophenolate mofetil tab	110
MYDRIACYL OPHTH SOLN	197
MYFEMBREE TAB	159
MYLERAN TAB	79
MYNATAL-Z TAB	191
MYRBETRIQ TAB	226
MYSOLINE TAB	36

N

nabumetone tab	9

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nadolol tab	111	NEBUSAL NEB SOLN	131	NEURONTIN CAP	36
nafcillin inj	211	NEFAZODONE TAB	43	NEURONTIN SOLN	36
NAFTIFINE CREAM	135	nefazodone tab 50mg, 250mg	43	NEURONTIN TAB 600MG	36
naftifine gel	135	neomycin tab	5	NEURONTIN TAB 800MG	36
NAFTIN CREAM	135	NEOMYCIN/POLYMIXIN /GRAMICIDIN OPHTH SOLN	199	NEVANAC OPHTH SUSP	205
NAFTIN GEL	135	neomycin/polymixin/hydrocoritisone otic soln	207	NEVIRAPINE ER TAB	103
naloxone hcl nasal spray	56	neomycin/polymixin/hydrocoritisone otic susp	207	NEVIRAPINE SUSP	103
naloxone inj	56	neomycin/polymyxin/dexamethasone ophth oint	202	nevirapine tab	103
naloxone prefilled inj	56	neomycin/polymyxin/dexamethasone ophth soln	202	NEXPLANON IMPLANT	125
naltrexone tab	56	NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	202	NEXTSTELLIS TAB	123
NAMENDA TAB	213	NEONATAL 19 TAB	191	niacin cap	235
NAPROSYN EC TAB	9	NEONATAL FE TAB	192	niacin CR tab	235
NAPROSYN TAB	9	NEOSPORIN OPHTH SOLN	199	niacin ER tab	64
naproxen EC tab	9	NEPHROCAP	190	niacin tab	235
naproxen tab	9	NEPHRON FA TAB	173	NIACIN TR TAB	235
NARCAN NASAL SPRAY	56	NEPTAZANE TAB	149	niacinamide tab	235
NARDIL TAB 15MG	42	NERLYNX TAB	89	nicotine gum	216
NASACORT OTC NASAL SPRAY	194	NEUPRO PATCH	94	NICOTINE KIT	216
NASCOBAL NASAL SPRAY	171	NEURONTIN CAP	36	nicotine lozenge	216
NATACYN OPHTH SUSP	199	NEURONTIN SOLN	36	nicotine patch	216
NATAZIA TAB	122	NEURONTIN TAB 600MG	36	NICOTROL INHALER	216
nateglinide tab	54	NEURONTIN TAB 800MG	36	NICOTROL NASAL SPRAY	216
NATPARA INJ	153	NEVANAC OPHTH SUSP	205	nifedipine cap	113
NATROBA SUSP	146	NEVIRAPINE ER TAB	103	nifedipine ER tab	113
NAYZILAM SPRAY	32	NEVIRAPINE SUSP	103	nilutamide tab	83
nebivolol hcl tab	111	nevirapine tab	103		

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nimodipine cap 113
NINLARO CAP 89
nitazoxanide tab 73
NITRO-BID OINT 21
NITRO-DUR PATCH 21
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR 21
nitrofurantoin macrocrystals cap 76
nitrofurantoin monohydrate cap 76
nitroglycerin lingual spray 21
nitroglycerin patch 21
nitroglycerin SL tab 22
NITROLINGUAL PUMP SPRAY 22
NITROSTAT SL TAB 22
NIVESTYM INJ 171
NIZATIDINE CAP 223
NIZATIDINE SOLN 223
nizoral a-d shampoo 135
NIZORAL SHAMPOO 135
norethindrone ace-ethinyl estradiol-fe cap 123
norethindrone acetate/ethinyl estradial FE chew tab 123
norethindrone acetate/ethinyl estradiol tab 123
norethindrone tab 126
norethindrone/ethinyl estradiol FE tab 123
NORLIQVA ORAL SOLN 113
NORPACE CAP 23
NORPRAMIN TAB 45
NOR-QD TAB 126
nortrel tab 123
nortriptyline cap 45
nortriptyline oral soln 45
NORTRIPTYLINE SOLN 45
NORVASC TAB 113
NORVIR CAP 103
NORVIR POWDER PACK 103
NORVIR SOLN 103
NORVIR TAB 103
NOVOLIN 70/30 FLEXPEN INJ 52
NOVOLIN 70/30 INJ 52
NOVOLIN N FLEXPEN INJ 53
NOVOLIN N INJ 53
NOVOLIN R FLEXPEN INJ 53
NOVOLIN R INJ 53
NOVOLOG FLEXPEN INJ 53
NOVOLOG INJ 53
NOVOLOG MIX FLEXPEN INJ 53
NOVOLOG MIX INJ 53
NOVOLOG PENFILL INJ 53
NOXAFIL PAK 59
NOXAFIL SUSP 59
NOXAFIL TAB 60
np thyroid tab 220
NUBEQA TAB 83
NUCALA INJ 25
NUCORT LOTION 142
NUCYNTA TAB 14
NUEDEXTA CAP 216
NULYTELY SOLN 177
NUTRITIONAL SUPPLEMENT LIQUID 149
NUTRITIONAL SUPPLEMENT POWDER 149
NUVARING 125
NUVIGIL TAB 4
nystatin cream 135
nystatin oint 135
nystatin powder 59
nystatin susp 189
nystatin tab 59

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nystatin topical powder	135
nystatin/triamcinolone cream	135
nystatin/triamcinolone oint	136

O

OCALIVA TAB	161
octreotide inj	158
OCTREOTIDE INJ 100MCG	158
OCUFLOX OPHTH SOLN	199
ODEFSEY TAB	104
ODOMZO CAP	81
OFEV CAP	218
ofloxacin ophth soln	199
ofloxacin otic soln	207
ofloxacin tab	161
olanzapine ODT	98
olanzapine tab	98
olanzapine/fluoxetine cap	214
OLLIZAC POWDER	148
olmesartan tab	66
olmesartan/hydrochlorothiazide tab	70
olopatadine ophth soln 0.1%	205
olopatadine ophth soln 0.2%	205
OLUMIANT TAB	5
OLUX FOAM	142
omega-3-acid ethyl esters cap	61
omeprazole DR cap	224
omeprazole tab	224
OMNICEF SUSP	121
OMNIPOD 5 INTRO KIT	181
OMNIPOD 5 PACK PODS	181
OMNIPOD DASH INTRO KIT	181
OMNIPOD DASH PODS	181
OMNIPOD STARTER KIT	181
ondansetron ODT	57
ondansetron soln	57
ONDANSETRON TAB	57
ONETOUCH METER	181
ONETOUCH TEST STRIP	147
ONETOUCH VERIO FLEX METER	181
ONETOUCH VERIO IQ METER	181
ONETOUCH VERIO METER	181
ONETOUCH VERIO REFLECT METER	181
ONETOUCH VERIO TEST STRIP	147
ONFI SUSP	32
ONFI TAB	32
ONGENTYS CAP	95
OPSUMIT TAB	117
ORACIT SOLN	165
ORAP TAB	216
ORAPRED ODT TAB	127
ORAPRED SOLN	127
ORENCIA CLICK INJ	10
ORENCIA SC INJ 125MG/ML	10
ORENCIA SC INJ 50MG/0.4ML	10
ORENCIA SC INJ 87.5MG/0.7ML	10
ORENITRAM TAB	116
ORGOVYX TAB	83
ORIAHNN CAP	159
ORILISSA TAB 150MG	154
ORILISSA TAB 200MG	154
ORKAMBI GRANULES PACKET	217
ORKAMBI TAB	217
ORTHO TRI-CYCLEN (LO) TAB	123
ORTHO-CYCLEN TAB	123
oseltamivir cap	108
oseltamivir cap 30mg	108
oseltamivir susp	108

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OTEZLA STARTER PACK 10
OTEZLA TAB 10
OVACE PLUS CREAM 138
OVACE PLUS GEL 138
OVACE PLUS SHAMPOO 138
OVCON 35 TAB 123
OVIDE LOTION 146
oxacillin inj 211
OXANDRIN TAB 17
oxandrolone tab 17
OXBRYTA TAB FOR ORAL SUSP 171
oxcarbazepine susp 36
oxcarbazepine tab 36
oxiconazole nitrate cream 136
OXSORALEN ULTRA CAP 137
oxybutynin ER tab 225
oxybutynin syrup 225
oxybutynin tab 225
oxycodone soln 14
oxycodone tab 14
oxycodone/acetaminophen tab 16
OXYCODONE/ASPIRIN TAB 16
OXYTROL PATCH (OTC) 225
OZEMPIC INJ 49

P

paliperidone ER tab 97
PALYNZIQ INJ 156
PAMELOR CAP 45
PANRETIN GEL 136
pantoprazole EC tab 224
PARAGARD IUD 125
paricalcitol cap 156
PARLODEL CAP 94
PARLODEL TAB 94
PARNATE TAB 42
paromomycin cap 5
paroxetine ER tab 43
paroxetine oral susp 43
paroxetine tab 43
PATANOL OPHTH SOLN 206
PAXIL CR TAB 43
PAXIL ORAL SUSP 43
PAXIL TAB 43
PAXLOVID TAB 106
PCE TAB 178
PEAK FLOW METER 182
PEDIARIX INJ 222
pediatric multiple vitamins/fluoride chew tab 191
pediatric multiple vitamins/fluoride soln 191
pediatric multiple vitamins/fluoride/iron soln 191
PEDVAXHIB INJ 226
peg 3350/electrolytes soln 177
PEGASYS INJ 107
PEG-INTRON INJ 107
PEMAZYRE TAB 89
penciclovir cream 139
penicillamine tab 186
PENICILLIN G PROCAINE INJ 209
PENICILLIN G SODIUM INJ 209
PENICILLIN VK SOLN 209
penicillin vk tab 209
PENTACEL INJ 222
pentamidine neb soln 72
pentoxifylline ER tab 169
PEPCID SUSP 223
PEPCID TAB 223
PERCOCET TAB 16
PERFOROMIST NEB SOLN 29
PERIDEX SOLN 189
permethrin cream 146
perphenazine tab 99
PERPHENAZINE/ AMITRIPTYLINE TAB 214

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pfizerpen g inj	209	pindolol tab	111	POTABA CAP	235
PHEBURANE ORAL PELLETS	156	pioglitazone tab	54	POTABA POWDER PACKET	235
phenazopyridine tab	167	piperacillin/tazobactam inj	210	potassium bicarbonate effer tab	186
PHENELZINE SULFATE TAB	42	PIQRAY TAB	89	potassium chloride ER cap	186
phenelzine tab	42	pirfenidone cap	218	potassium chloride ER tab	186
phenobarbital elixir	174	pirfenidone tab 267mg	218	potassium chloride micro tab	186
phenobarbital tab	174	pirfenidone tab 801mg	218	potassium chloride powder packet	186
phenoxybenzamine cap	66	piroxicam cap	9	potassium chloride soln	186
phentermine cap	2	PLAN B TAB	125	POTASSIUM CHLORIDE TAB ER	186
phentermine tab	2	PLAQUENIL TAB	76	potassium citrate CR tab	165
phenylephrine ophth soln	197	PLAVIX TAB 75MG	169	potassium citrate/citric acid powder pack	166
phenytoin cap	39	PLEGRIDY INJ	215	potassium citrate/citric acid soln	166
phenytoin chew tab	39	PLEGRIDY PEN INJ	215	potassium phosphate monobasic tab	185
phenytoin susp	40	PNEUMOVAX INJ	227	PRADAXA CAP 110MG	32
PHEXXI GEL	231	PODIAPN CAP	148	PRADAXA CAP 75MG, 150MG	32
phlexy-10 tab	195	PODOCON SOLN	144	pramipexole tab	94
PHOSLO CAP	165	podofilox soln	144	pramoxine/hydrocortisone cream	20
PHOSLYRA SOLN	165	polyethylene glycol 3350 powder	177	PRANDIN TAB	54
phospha 250 neutral tab	185	POLYETHYLENE GLYCOL 8000 GRANULES	211		
phytonadione tab	234	polymyxin b/trimethoprim ophth soln	199		
PICATO GEL	136	POLYTRIM OPHTH SOLN	199		
PIFELTRO TAB	104	POMALYST CAP	84		
pilocarpine ophth soln	197	posaconazole DR tab	60		
pilocarpine tab	190				
pimecrolimus cream	144				
PIMOZIDE TAB	216				

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prasugrel tab	170	pregabalin cap 300mg	36	primidone tab	36
PRAVACHOL TAB	63	pregabalin soln	36	PRIMSOL SOLN	72
pravastatin tab	63	PREHEVBRIO SUSP	231	PRINIVIL TAB, ZESTRIL TAB	65
praziquantel tab	20	PREMARIN TAB	160		
prazosin cap	67	PREMARIN VAGINAL CREAM	233	PRISTIQ TAB	44
PRECOSE TAB	46			probenecid tab	168
PRED FORTE OPHTH SUSP	202	PREMPHASE TAB, PREMPRO TAB	159	PROCARDIA CAP	113
				prochlorperazine supp	99
PRED MILD OPHTH SOLN	202	PRENATABS RX TAB	192	prochlorperazine tab	99
		PRENATAL 19 CHEW TAB	192	PROCTOCORT CREAM	142
PRED-G OPHTH SOLN	203			proctosol HC cream	20
PREDNICARBATE CREAM	142	PRENATAL 19 TAB	192	progesterone cap	211
		PRENATAL VITAMINS (NON-PREFERRED)	192	PROGESTERONE SUPP	233
PREDNICARBATE OIN	142			PROGLYCEM SUSP	49
prednisolone ODT	127	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	234	PROLENSA OPHTH SOLN	206
PREDNISOLONE ODT TAB	127				
				PROLIA INJ	153
PREDNISOLONE OPHTH SUSP	203	PRETOMANID TAB	78	PROMACTA TAB	171
		PREVACID CAP	224	promethazine DM syrup	130
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	203	PREVACID OTC CAP	224	promethazine supp	61
		PREVNAR 13 INJ	227	promethazine syrup	61
		PREVNAR 20 INJ	227	promethazine tab	61
prednisolone soln	128	PREVYMIS TAB	106	promethazine VC syrup	130
PREDNISONE SOLN	128	PREZCOBIX TAB	104	promethazine VC/codeine syrup	130
prednisone tab	128	PREZISTA SUSP	104		
PREFEST TAB	159	PREZISTA TAB	104	promethazine/codeine syrup	130
pregabalin cap	36	PRIFTIN TAB	78		
pregabalin cap 225mg	36	PRIMAQUINE TAB	76	PROMETHEGAN SUPP	61

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PROMETRIUM CAP 211
propafenone ER cap 24
propafenone tab 24
proparacaine ophth soln 200
propranolol ER cap 111
propranolol oral soln 20mg/5ml 111
PROPRANOLOL SOLN 112
propranolol tab 112
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 70
propylthiouracil tab 219
PROSCAR TAB 167
pro-stat liquid 195
PROTOPIC OINT 144
protriptyline tab 45
PROVERA TAB 211
PROVIGIL TAB 5
PROZAC CAP 43
PULMICORT INH SUSP 27
PULMOZYME INH SOLN 217
pyrazinamide tab 78
pyridostigmine CR tab 77
pyridostigmine tab 77
pyridstigmine soln 77
pyrimethamine tab 77
PYRUKYND TAB 170
PYRUKYND TAPER PACK 170

Q

QBRELIS SOLN 65
QINLOCK TAB 89
QSYMIA CAP 2
QUESTRAN LITE POWDER 62
QUESTRAN POWDER 62
QUESTRAN POWDER PACK 62
quetiapine tab 98
quetiapine XR tab 98
QUFLORA PEDIATRIC CHEW TAB 191
quinapril tab 65
QUINAPRIL/HCTZ TAB 70
quinapril/hydrochlorothiazide tab 70
quinidine gluconate CR tab 23
quinidine sulfate tab 23

R

rabeprazole EC tab 224
RADICAVA ORS STARTER KIT 195
RADICAVA ORS SUSP 195
raloxifene tab 155
ramelteon tab 176
ramipril cap 65
RANEXA TAB 21
ranolazine tab 21
rasagiline tab 95
RAZADYNE ER CAP 213
RAZADYNE TAB 213
REBETOL SOLN 107
REGLAN TAB 162
REGRANEX GEL 146
RELENZA DISKHALER 108
REMERON SOLUTAB 41
REMERON TAB 41
RENAGEL TAB 800MG 165
renaphro cap 190
RENOVA CREAM 134
RENVELA TAB 165
repaglinide tab 54
REPATHA INJ 64
REPATHA PUSHTRONEX INJ 64
REQUIP TAB 94
RESCRIPTOR TAB 104
RESTASIS OPHTH EMULSION 200
RESTORIL CAP 15MG 175
RESTORIL CAP 22.5MG 175
RESTORIL CAP 30MG 175

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RESTORIL CAP 7.5MG 175
RETACRIT INJ 172
RETEVMO CAP 89
RETIN-A CREAM 133
REVATIO SUSP 118
REVATIO TAB 118
REVLIMID CAP 187
REYATAZ POWDER PACK 104
REYVOW TAB 184
REZUROCK TAB 187
RHEUMATREX TAB 6
RHOFADE CREAM 146
ribavirin cap 107
ribavirin tab 107
RIDAURA CAP 7
rifabutin cap 78
RIFADIN CAP 78
RIFAMATE CAP 77
rifampin cap 78
RIFATER TAB 77
riluzole tab 195
RIMANTADINE TAB 108
RINVOQ ER TAB 5
RIOMET ER SUSP 48
RIOMET SOLN 48
risedronate DR tab 153
risedronate tab 153
RISPERDAL CONSTA INJ 97
RISPERDAL M ODT 97
RISPERDAL SOLN 97
RISPERDAL TAB 97
risperidone ODT 97
risperidone soln 98
risperidone tab 98
RITALIN LA CAP 5
RITALIN TAB 5
ritonavir tab 104
RITUXAN INJ 80
rivastigmine cap 213
rivastigmine patch 213
rizatriptan ODT 184
rizatriptan tab 184
ROBAXIN TAB 193
ROBINUL TAB 223
ROCALTROL CAP 156
ROCALTROL SOLN 156
roflumilast tab 26
ropinirole ER tab 94
ropinirole tab 94
rosuvastatin tab 63
ROTARIX SUSP 231
ROTATEQ INJ 231
ROXICODONE TAB 14
ROZEREM TAB 176
ROZLYTREK CAP 89
RUBRACA TAB 89
rufinamide susp 37
rufinamide tab 37
RUKOBIA ER TAB 104
RYBELSUS TAB 50
RYDAPT CAP 90
RYTHMOL SR CAP 24

S

SAFYRAL TAB 123
SALAGEN TAB 190
SALEX SHAMPOO 144
salsalate tab 11
SANCUSO PATCH 57
SANDIMMUNE SOLN 100MG/ML 110
SANTYL OINT 143
SAPHRIS SL TAB 99
sapropterin dihydrochloride powder packet 156
sapropterin dihydrochloride soluble tab 156
SAVELLA PAK 214
SAVELLA TAB 214
SAXENDA INJ 2
scopolamine patch 57
SEASONIQUE TAB 123

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selegiline cap 95
selegiline tab 95
selenium sulfide lotion 138
selenium sulfide shampoo 138
SELZENTRY SOLN 104
SELZENTRY TAB 104
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 53
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 53
SEMPREX-D CAP 130
SEREVENT DISKUS INHALER 29
SEROQUEL TAB 99
SEROQUEL XR TAB 99
sertraline conc 43
sertraline tab 43
sevelamer hydrochloride tab 165
sevelamer powder pak 165
sevelamer tab 165
SFROWASA ENEMA 163
SHINGRIX INJ 231
SIGNIFOR INJ 158
sildenafil susp 118
sildenafil tab 115
sildenafil tab 20mg 118
SILVADENE CREAM 139
silver sulfadiazine cream 139
SIMBRINZA OPHTH SUSP 198
SIMPONI AUTO-INJECTOR 100MG 7
SIMPONI INJ 100MG 7
simvastatin tab 64
SINEMET CR TAB 95
SINEMET TAB 95
SINGULAIR CHEW TAB 25
SINGULAIR GRANULE PACK 25
SINGULAIR TAB 26
sirolimus soln 187
sirolimus tab 110
SIVEXTRO TAB 75
SKELAXIN TAB 193
SKYRIZI INJ 150MG/ML 138
SKYRIZI INJ 180 MG/1.2ML 163
SKYRIZI INJ 360MG/2.4ML 164
SKYRIZI INJ 75MG/0.83ML 138
SKYTROFA INJ 154
SLO-NIACIN TAB 235
SLYND TAB 126
smz/tmp (DS) tab 73
smz/tmp susp 73
sodium chloride inj 186
sodium chloride neb soln 131
sodium citrate/citric acid soln 166
sodium fluoride cream 189
sodium fluoride gel 189
sodium fluoride paste 189
sodium fluoride rinse 190
sodium fluoride soln 185
SODIUM FLUORIDE TAB 185
sodium fluoride/potassium nitrate paste 190
SODIUM OXYBATE SOLN 212
sodium polystyrene powder 110
sodium polystyrene susp 110
sodium sulfacetamide gel 138
sodium sulfacetamide lotion 133
sodium sulfacetamide shampoo 138
sodium sulfacetamide/sulfur emulsion 10-5% 133

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sodium 133
sulfacetamide/sulfur wash 9-4.5%
SOFOSBUVIR/VELPATASVIR TAB 107
solifenacin tab 225
SOLU-CORTEF INJ 128
SOLU-CORTEF INJ 100MG 128
SOLU-MEDROL INJ 128
SOLU-MEDROL INJ 2GM 128
SOMA TAB 193
SOMAVERT INJ 154
sorafenib tosylate tab 90
sotalol AF tab 112
sotalol tab 112
SOTYLIZE SOLN 5MG/ML 112
SPECTRACEF TAB 121
SPINOSAD SUSP 146
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 25
spironolactone tab 151
spironolactone/hydrochlorothiazide tab 150
SPORANOX CAP 60
SPORANOX SOLN 60
sprintec 28 tab 124
SPRYCEL TAB 90
SPS SUSP 188
STALEVO TAB 96
STARLIX TAB 54
stavudine cap 104
STELARA INJ 138
STENDRA TAB 116
STIMATE NASAL SOLN 157
STIOLTO INHALER 29
STIVARGA TAB 90
STRENSIQ INJ 157
STRIBILD TAB 105
STRIVERDI RESPIMAT INHALER 29
STROMECTOL TAB 20
SUBOXONE SL FILM 17
sucralfate susp 224
sucralfate tab 223
sulfacetamide sodium ophth soln 200
sulfacetamide sodium/prednisolone ophth soln 203
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN 203
sulfadiazine tab 218
SULFAMYLON CREAM 139
sulfasalazine EC tab 164
sulfasalazine tab 164
sulindac tab 9
sumatriptan inj 184
SUMATRIPTAN INJ 6MG/0.5ML 184
sumatriptan tab 184
sunitinib malate cap 90
SUNOSI TAB 3
SUPRAX CAP 121
SUPRAX CHEW TAB 121
SUPRAX SUSP 121
SUPRAX SUSP 500MG/5ML 121
SURMONTIL CAP 45
SYMAX DUOTAB 223
SYMBICORT INHALER 29
SYMBYAX CAP 214
SYMDEKO TAB 217
SYMJEPI INJ 234
SYMPROIC TAB 164
SYMTUZA TAB 105
SYNAREL NASAL SOLN 155
SYNERA PATCH 145
SYNJARDY TAB 47
SYNJARDY XR TAB 10-1000MG, 25-1000MG 47

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SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 47
SYNTHROID TAB 220

T

TABLOID TAB 79
TABRECTA TAB 90
tacrolimus cap 110
tacrolimus oint 144
tadalafil tab 116
tadalafil tab (PAH) 118
tadalafil tab 2.5mg, 5mg 116
TADLIQ SUSP 118
TAFINLAR CAP 90
TAGRISSO TAB 81
TAKHZYRO INJ 169
TAKHZYRO INJ 150MG/ML 169
TALTZ INJ 138
TALZENNA CAP 0.25MG 90
TALZENNA CAP 0.5MG, 0.75MG, 1MG 90
TAMIFLU CAP 108
TAMIFLU CAP 30MG 109
tamoxifen tab 83
tamsulosin cap 167
TAPAZOLE TAB 219
TASIGNA CAP 90
TASMAR TAB 93
TAVALISSE TAB 169
TAVNEOS CAP 168
TAYTULLA CAP 124
tazarotene cream 0.1% 138
TAZORAC CREAM 138
TAZORAC CREAM 0.05% 138
TAZVERIK TAB 90
TECHLITE INSULIN SYRINGE 182
TECHLITE PEN NEEDLE 182
TEGRETOL SUSP 37
TEGRETOL TAB 37
TEGRETOL XR TAB 37
TEGSEDI INJ 217
TEKTURNA HCT TAB 71
TEKTURNA TAB 71
telmisartan tab 66
temazepam cap 15mg 175
temazepam cap 22.5mg 175
temazepam cap 30mg 175
temazepam cap 7.5mg 175
TEMOVATE CREAM 142
TEMOVATE OINT 142
temozolomide cap 79
tenofovir disoproxil fumarate tab 105
TENORETIC TAB 71
TENORMIN TAB 111
TEPMETKO TAB 90
TERAZOL CREAM 232
terazosin cap 67
terbinafine tab 59
terbutaline sulfate tab 29
terconazole cream 232
TERCONAZOLE CREAM 0.8% 233
terconazole supp 233
TESSALON CAP 129
testosterone cypionate inj 18
TESTOSTERONE ENANTHATE INJ 200MG/ML 18
TESTOSTERONE GEL 1% 25MG 19
testosterone gel 1% 50mg 19
testosterone gel 1% pump 19
testosterone gel 1.62% 1.25gm 19
testosterone gel 1.62% 2.5gm 19
TESTOSTERONE GEL PUMP 19
testosterone gel pump 1.62% 19
testosterone soln 19

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TETANUS/DIPHTHERIA TOXOID INJ	222	TIVICAY PD TAB	105	TOPICORT OINT	142
		TIVICAY TAB	105	topiramate sprinkle cap	37
tetrabenazine tab	214	tizanidine tab	193	topiramate tab	37
tetracycline cap	219	TOBI PODHALER	5	TOPROL XL TAB	111
THALOMID CAP	109	TOBRADEX OPHTH OINT	203	toremifene tab	83
THEO-24 CAP	30			torsemide tab	151
theophylline ER tab	30	TOBRADEX OPHTH SOLN	203	TOVIAZ TAB	225
theophylline soln	30			TRACLEER TAB 32MG	118
theophylline tab er	30	TOBRADEX ST OPHTH SUSP	203	tramadol ER tab	15
thioridazine tab	99			TRAMADOL HCL ER TAB	15
thiothixene cap	100	tobramycin neb soln	5	tramadol tab	15
THYROLAR TAB	220	tobramycin ophth soln	200	tramadol/acetaminophen tab	16
tiagabine tab	39	tobramycin/dexamethasone ophth soln	203		
TIAZAC CAP	114			tranexamic acid inj	174
TIBSOVO TAB	91	TOBREX OPHTH OINT	200	tranexamic acid tab	174
TICOVAC INJ	231	TOBREX OPHTH SOLN	200	TRANSDERM-SCOP PATCH	58
TIGAN CAP	57	TODAY SPONGE	232		
TIKOSYN CAP	24	TOFRANIL TAB	45	tranylcypromine tab	42
timolol maleate ophth gel	196	TOLAZAMIDE TAB	55	TRAVATAN Z DROPS	206
timolol maleate ophth soln	196	TOLBUTAMIDE TAB	55	travoprost ophth soln	206
timolol maleate tab	112	tolcapone tab	93	trazodone tab	44
TIMOPTIC OPHTH SOLN	196	TOLMETIN TAB	9	TRECATOR TAB	78
TIMOPTIC-XE OPHTH GEL	196	tolterodine SR cap	225	TRELEGY ELLIPTA INHALER	30
		tolterodine tab	225		
TINDAMAX TAB	72	TOPAMAX SPRINKLE CAP	37	TRELSTAR INJ	83
tinidazole tab	72			TREMFYA INJ	138
tiopronin tab	167	TOPAMAX TAB	37	tretinoin cap	78
TIROSINT-SOL	221	TOPICORT CREAM	142	tretinoin cream	133

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tretinoin gel 133
triamcinolone cream 142
triamcinolone in orabase paste 190
triamcinolone lotion 142
triamcinolone oint 142
triamcinolone OTC nasal spray 194
TRIAMINIC SYRUP 130
triamterene/hydrochlorothiazide cap 150
triamterene/hydrochlorothiazide tab 150
triazolam tab 175
tricitrates soln 166
tricon cap 173
TRICOR TAB 63
trientine cap 187
trifluoperazine tab 99
TRIFLURIDINE OPHTH SOLN 200
trihexyphenidyl elixir 95
TRIHEXYPHENIDYL SOLN 95
trihexyphenidyl tab 93
TRIKAFTA TAB 217
tri-legest tab 124
TRILEPTAL SUSP 37
TRILEPTAL TAB 37
TRI-LUMA CREAM 145
trilyte soln 177
trimethobenzamide cap 58
TRIMETHOPRIM TAB 72
trimipramine cap 46
TRI-NORINYL TAB 124
TRINTELLIX TAB 44
tri-sprintec tab 124
TRIUMEQ PD TAB 105
TRIUMEQ TAB 105
TRIZIVIR TAB 105
tropicamide ophth soln 197
trospium chloride SR cap 226
trospium tab 226
TRUEPLUS INSULIN SYRINGE 182
TRUEPLUS PEN NEEDLE 182
TRULANCE TAB 161
TRULICITY INJ 50
TRUMENBA INJ 227
TRUSOPT OPHTH SOLN 206
TUKYSA TAB 80
TURALIO CAP 91
TUSNEL SYRUP 130
tussigon tab 129
TUSSIONEX SUSP 130
TWIRLA PATCH 124
TYBLUME TAB 124
TYLENOL/CODEINE TAB 16
TYMLOS INJ 153
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG 116
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG 116
TYVASO DPI POWDER TITRATION KIT 16-32MCG 117
TYVASO INH SOLN 117

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UBRELVY TAB 183
UCERIS RECTAL FOAM 20
UCERIS TAB 128
ULORIC TAB 168
ULTRAM TAB 15
ULTRAVATE CREAM 142
ULTRAVATE OINT 142
UPNEEQ SOLN 206
UPTRAVI TAB 118
URECHOLINE TAB 226
UROCIT-K TAB 166
UROXATRAL TAB 167

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URSO FORTE TAB 161
ursodiol cap 161
ursodiol tab 161

V

VAGIFEM TAB 233
valacyclovir tab 108
VALCHLOR GEL 137
VALCYTE TAB 106
valganciclovir soln 106
valganciclovir tab 106
VALIUM TAB 2MG, 10MG 23
VALIUM TAB 5MG 23
valproic acid cap 40
valproic acid syrup 40
valsartan tab 66
valsartan/hydrochlorothiazide tab 71
VALTOCO NASAL SPRAY 33
VALTREX TAB 108
VANCOCIN CAP 74
vancomycin cap 74
VANIQA CREAM 144
vardenafil ODT 116
vardenafil tab 116
VARENICLINE PAK 216
VARENICLINE TAB 216
varenicline tartrate tab 216
VARIVAX INJ 231
VARUBI TAB 58
VASERETIC TAB 71
VASOTEC TAB 65
VAXNEUVANCE INJ 227
V-C FORTE CAP 191
VELIVET PAK 124
VELPHORO CHEW TAB 165
VEMLIDY TAB 107
VENCLEXTA STARTER PACK 80
VENCLEXTA TAB 80
VENELEX OINT 146
venlafaxine ER cap 44
venlafaxine tab 44
VENTAVIS INH SOLN 117
VENTOLIN HFA INHALER 30
verapamil SR cap 114
VERAPAMIL SR CAP 360mg 114
verapamil SR tab 114
verapamil tab 114
VERELAN CAP 114
VERELAN PM CAP 114
VERELAN PM ER CAP 100MG, 300MG 114
VERELAN SR CAP 360mg 114
VERZENIO TAB 91
VESICARE TAB 226
VFEND SUSP 60
VFEND TAB 60
V-GO INJ KIT 181
VIBRAMYCIN CAP 219
VIBRAMYCIN SUSP 219
VIBRAMYCIN SYRUP 219
VICTOZA INJ 50
VIDEX SOLN 105
vigabatrin powder pack 39
vigabatrin tab 39
vigadrone powder pack 39
VIGAMOX OPHTH SOLN 200
VIJOICE TAB 188
VIJOICE TAB 250MG 188
viorele tab, kariva tab 124
VIRACEPT TAB 105
VIREAD TAB 150MG, 200MG, 250MG 105
VISTARIL CAP 22
VITAFOL STRIPS 192
vitamin D cap 234
vitamin D cap 1000unit 234
vitamin D cap 400unit 235

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VITAMIN D TAB 400UNIT 235
VITRAKVI CAP 100MG 91
VITRAKVI CAP 25MG 91
VITRAKVI SOLN 91
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NC =Not Covered | **generic** =small letters | **BRANDS** =CAPITAL LETTERS

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

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L.A. CARE HOME INFUSION DRUG LIST
Alphabetical Index

3/1/2023

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

NC =Not Covered **generic =**small letters **BRANDS** =CAPITAL LETTERS

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.
** Products listed may not be all inclusive and are subject to change.
***Products are limited to the L.A. Care Home Infusion Network Pharmacies.

L.A. Care Home Infusion List

Alphabetical Index

Last Updated 3/1/2023

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.

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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
BALEODAQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
bendamustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BEOVU INJ (QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F	OPHTHALMIC AGENTS
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICILLIN C-R INJ	-	F	PENICILLINS
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 COSMETIC INJ	-	EXC	DERMATOLOGICALS
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUTORPHANOL INJ	-	F	ANALGESICS - OPIOID
BYOOVIZ INJ	PA	F	OPHTHALMIC AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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 AND TREATMENT AGENTS
carmustine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARMUSTINE INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
CEFAZOLIN INJ	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
CEFEPIME INJ	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
CEFOTETAN INJ	-	F	CEPHALOSPORINS
CEFOXITIN INJ	-	F	CEPHALOSPORINS
CEFTAZIDIME INJ	-	F	CEPHALOSPORINS
ceftriaxone inj	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CIMERLI INJ	PA	F	OPHTHALMIC AGENTS
CINQAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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.
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	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.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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 sodium phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
dextrose inj	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTIANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
diltiazem inj	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
DOBUTAMINE/D5W INJ	-	F	CARDIOTONICS
DOCETAXEL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	CARDIOTONICS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin hcl inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycyclline hyclate inj	-	F	TETRACYCLINES
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ELELYSO INJ	PA	F	HEMATOPOIETIC AGENTS
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELZONRIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENTYVIO INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
epinephrine inj	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	NC	MACROLIDES
erythromycin inj	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
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	PA	F	ANTIHYPERLIPIDEMICS
EXONDYS 51 SOLN	-	EXC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FEIBA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
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.
FIRMAGON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
FLOLAN INJ, VELETRI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
fluconazole/nacl inj	-	F	ANTIFUNGALS
fludarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS
foscarnet sodium inj	-	F	ANTIVIRALS
FOSCAVIR INJ	-	NC	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
furosemide inj	-	F	DIURETICS
FYARRO SUSP	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAMASTAN INJ	-	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMIFANT INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR INJ	-	F	ANTIVIRALS
GAZYVA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
gemcitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA SOLN	-	NC	DERMATOLOGICALS
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMJUDO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
INFLIXIMAB INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
INFUGEM SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
INVEGA HAFYERA INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
IRINOTECAN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
JELMYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
JEVTANA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JIVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NACL INJ	-	F	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	NC	MINERALS & ELECTROLYTES
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
KHAPZORY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KIMMTRAK SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KORSUVA INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
KRYSTEXXA INJ	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
LARTRUVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEUCOVORIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levetiracetam inj	-	F	ANTICONVULSANTS
levofloxacin inj	-	F	FLUOROQUINOLONES
levofloxacin/d5w inj	-	F	FLUOROQUINOLONES
LEVOLEUCOVORIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	ANTIANXIETY AGENTS
LUMOXITI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
LUPRON DEPO-PED INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ 22.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 30MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 45MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ 7.5MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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.
LUTATHERA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F	OPHTHALMIC AGENTS
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ	-	F	HEMATOPOIETIC AGENTS
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MORPHINE SULFATE 10MG/ML PF INJ	-	F	ANALGESICS - OPIOID
morphine sulfate inj	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYLOTARG INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYOZYME/LUMIZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nafcillin inj	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine iv soln	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NIPENT INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	PA	F	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONCASPAR INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFRAN) inj	-	NC	ANTIEMETICS
ondansetron inj	-	F	ANTIEMETICS
ONIVYDE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORENCIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
OXLUMO INJ	PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	F	ANTIEMETICS
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F	ANTIEMETICS
pamidronate inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
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
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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
PLASMA-LYTE-A INJ	-	F	MINERALS & ELECTROLYTES
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
PORTRAZZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
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
QUADRAMET INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN SOL	-	NC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RETISERT IMPLANT	-	NC	OPHTHALMIC AGENTS
REVCOVI INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCENESSE IMP (QL=1 implant/56 days)	-	EXC	DERMATOLOGICALS
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SEVENFACT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUIM 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 INJ (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPEVIGO INJ (QL=2 vials/fill, 4 vials/month)	PA-QL	F	DERMATOLOGICALS
SPINRAZA INJ	PA	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
STELARA IV INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
STERILE DILUENT SOLN	-	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
STRONTIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUSVIMO INJ	PA	F	OPHTHALMIC AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
SYNRIBO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ	PA	F	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tobramycin inj	-	F	AMINOGLYCOSIDES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj	PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETTEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRIESENCE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
valrubicin inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO SOLN	-	EXC	NEUROMUSCULAR AGENTS
VIMIZIM INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ	PA	F	OPHTHALMIC AGENTS
vitamin K1 inj	-	F	VITAMINS
VONVENDI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
voriconazole inj	-	F	ANTIFUNGALS
VPRIV INJ	PA	F	HEMATOPOIETIC AGENTS
VYONDYS 53 SOLN	-	EXC	NEUROMUSCULAR AGENTS
VYVGART INJ	PA	F	MISCELLANEOUS THERAPEUTIC CLASSES
VYXEOS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
XENPOZYME SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA INJ	-	F	TETRACYCLINES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XIPERE INJ (QL=2 inj/fill)	QL	F	OPHTHALMIC AGENTS
XOFIGO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XOLAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F	OPHTHALMIC AGENTS
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZEPZELCA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERBAXA INJ	-	F	CEPHALOSPORINS
ZINC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
ZIRABEV INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLADEX INJ	PA	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	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
ZYNTEGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
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
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
PROCAINAMIDE INJ	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone inj	-	F

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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
TEZSPIRE SOLN (QL=1 inj/28 days)	PA-QL	F
XOLAIR INJ	PA	F
SYMPATHOMIMETICS		
terbutaline inj (BRETHINE INJ equiv)	-	F
XANTHINES		
aminophylline inj	-	F
ANTICOAGULANTS		
HEPARINS AND HEPARINOID-LIKE AGENTS		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
heparin sodium inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
heparin sodium/nacl inj	-	F
THROMBIN INHIBITORS		
argatroban inj	-	F
ANTICONVULSANTS		
ANTICONVULSANTS - MISC.		
lacosamide iv inj	-	F
levetiracetam inj	-	F
HYDANTOINS		
fosphenytoin inj	-	F
PHENYTOIN INJ	-	F
VALPROIC ACID		
valproate inj	-	F
ANTIDEPRESSANTS		
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOLN	PA	F
ANTIDOTES		
ANTIDOTES		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F
SODIUM THIOSULFATE INJ	-	F
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ALOXI IV SOLN	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
granisetron HCl inj (KYTRIL INJ equiv)	-	F
ondansetron inj	-	F
palonosetron inj	-	F
palonosetron inj (Restricted to Oncology or Hematology specialist)	--RS	F
ondansetron (ZOFRAN) inj	-	NC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO INJ	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS INJ	-	F
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
ANTIFUNGALS		
ABELCET INJ	-	F
AMPHOTERICIN INJ	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj	-	F
ANTIHYPERLIPIDEMICS		
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ	PA	F
ANTIHYPERTENSIVES		
VASODILATORS		
hydralazine inj	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole/trimethoprim inj	-	F
CARBAPENEMS		
cilastatin/imipenem inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
CHLORAMPHENICOLS		
CHLORAMPHENICOL INJ	-	F
CYCLIC LIPOPEPTIDES		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
GLYCOPEPTIDES		
DALVANCE INJ	-	F
VANCOMYCIN INJ	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NACL INJ	-	F
LINCOSAMIDES		
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
MONOBACTAMS		
aztreonam inj	-	F
OXAZOLIDINONES		
LINEZOLID IV SOLN	-	F
ZYVOX IV SOLN	-	F
POLYMYXINS		
colistimethate inj	-	F
polymyxin b inj	-	F
STREPTOGRAMINS		
SYNERCID INJ	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT INJ	-	F
rifampin inj	-	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
bendamustine inj	-	F
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	PA	F
CISPLATIN INJ	-	F
cyclophosphamide inj	-	F
IFEX INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ifosfamide inj	-	F
melphalan inj	-	F
oxaliplatin inj	-	F
TEMODAR IV INJ	PA	F
thiotepa inj	-	F
YONDELIS INJ	PA	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN	PA	F
CARMUSTINE INJ	-	NC
PEPAXTO INJ	-	NC
ANTIMETABOLITES		
azacitidine inj	PA	F
cladribine inj	-	F
clofarabine inj	-	F
cytarabine inj	-	F
decitabine inj	PA	F
fludarabine inj	-	F
fluorouracil inj	-	F
gemcitabine inj	-	F
nelarabine iv soln	PA	F
pemetrexed disodium for iv soln	PA	F
ALIMTA INJ	-	NC
ARRANON INJ	-	NC
INFUGEM SOLN	-	NC
VIDAZA INJ	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F
ANTINEOPLASTIC - ANTIBODIES		
TECVAYLI INJ	-	EXC
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
BESPONSA INJ	PA	F
BLINCYTO INJ	PA	F
DARZALEX SOLN	PA	F
ENHERTU INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
GAZYVA INJ	PA	F
IMFINZI INJ	PA	F
IMJUDO INJ	PA	F
JEMPERLI SOLN	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
KIMMTRAK SOLN	PA	F
LIBTAYO INJ	PA	F
LUMOXITI INJ	PA	F
MONJUVI INJ	PA	F
MYLOTARG INJ	PA	F
OPDIVO INJ	PA	F
PADCEV INJ	PA	F
POLIVY INJ	PA	F
RUXIENCE INJ	PA	F
RYBREVANT SOLN	PA	F
SARCLISA SOLN	PA	F
TECENTRIQ INJ	PA	F
TIVDAK INJ	PA	F
TRUXIMA INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
BLENREP INJ	-	NC
CAMPATH INJ	-	NC
DANYELZA 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		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ABECMA INJ	-	EXC
CARVYKTI INJ	-	EXC
KYMRIAH SUSP	-	EXC
PROVENGE INJ	-	EXC
TECARTUS SUSP	-	EXC
BREYANZI INJ	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ	PA	F
PORTRAZZA INJ	PA	F
VECTIBIX IV SOLN	PA	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
FIRMAGON INJ 120MG (QL=2 vials/fill)	PA-QL	F
FIRMAGON INJ 80MG (QL=1 vial/28 days)	PA-QL	F
fulvestrant inj (Restricted to Oncology or Hematology Specialist)	RS	F
LUPRON DEPOT INJ/ELIGARD INJ	PA	F
TRELSTAR INJ 11.25MG (QL=1 kit/84 days)	PA-QL	F
TRELSTAR INJ 22.5MG (QL=1 kit/168 days)	PA-QL	F
TRELSTAR INJ 3.75MG (QL=1 kit/28 days)	PA-QL	F
ZOLADEX INJ	PA	F
FIRMAGON INJ	-	NC
LUPRON DEPOT INJ 22.5MG	-	NC
LUPRON DEPOT INJ 30MG	-	NC
LUPRON DEPOT INJ 45MG	-	NC
LUPRON DEPOT INJ 7.5MG	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
LARTRUVO INJ	PA	F
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
daunorubicin inj	-	F
doxorubicin hcl inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
JELMYTO INJ	PA	F
lipodox inj	-	F
mitomycin inj	PA	F
mitoxantron inj	-	F
valrubicin inj	PA	F
ANTINEOPLASTIC COMBINATIONS		

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
DARZALEX SOLN FASPRO	PA	F
OPDUALAG SOLN	PA	F
VYXEOS INJ	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
BALEODAQ INJ	PA	F
bortezomib inj	PA	F
FYARRO SUSP	PA	F
KYPROLIS SOLN	PA	F
romidepsin for iv inj	PA	F
ROMIDEPSIN INJ	PA	F
temsirolimus soln	-	F
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
ISTODAX (OVERFILL) INJ	-	NC
VELCADE INJ	-	NC
VELCADE INJ, BORTEZOMIB INJ	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	EXC
ASPARLAS INJ	PA	F
ONCASPAR INJ	PA	F
RYLAZE INJ	-	NC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA INJ	-	EXC
LUTATHERA SOLN	-	EXC
PLUVICTO INJ	-	EXC
QUADRAMET INJ	-	EXC
STRONTIUM INJ	-	EXC
XOFIGO INJ	-	EXC
ANTINEOPLASTICS MISC.		
arsenic trioxide inj	PA	F
dacarbazine inj	-	F
ELZONRIS SOLN	PA	F
NIPENT INJ	PA	F
PHOTOFRIN INJ	-	F
PROLEUKIN INJ	-	F
SYLATRON KIT	-	F
SYNRIBO INJ	PA	F
CHEMOTHERAPY ADJUNCTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane inj	-	F
KHAPZORY SOLN	PA	F
leucovorin inj	-	F
LEVOLEUCOVORIN INJ	-	F
mesna inj	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
LEUCOVORIN INJ	-	F
COSELA INJ	-	NC
MITOTIC INHIBITORS		
ABRAXANE INJ	PA	F
docetaxel inj	-	F
docetaxel IV soln	-	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F
HALAVEN INJ	PA	F
IXEMPRA KIT INJ	PA	F
JEVTANA INJ	PA	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
vincristine inj	-	F
vinorelbine inj	-	F
MARQIBO INJ	-	NC
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	-	EXC
TOPOISOMERASE I INHIBITORS		
IRINOTECAN INJ	-	F
ONIVYDE INJ	PA	F
topotecan inj	-	F
TRODELVY SOLN	PA	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA HAFYERA INJ	-	F
PHENOTHIAZINES		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
prochlorperazine inj	-	F
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL=7 inj/year)	QL	F
CABENUVA SUSP (QL=1 kit/month)	QL	F
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days)	QL-RS	F
CMV AGENTS		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
HERPES AGENTS		
acyclovir sodium IV soln	-	F
ASSORTED CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV SOLN	PA	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol inj	-	F
BETA BLOCKERS CARDIO-SELECTIVE		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
BETA BLOCKERS NON-SELECTIVE		
propranolol inj	-	F
SOTALOL INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
CARDENE INJ	-	F
diltiazem inj	-	F
nicardipine inj	-	F
verapamil inj	-	F
CARDIOTONICS		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CARDIOTONICS Cont.		
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj	PA	F
treprostinil inj	PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
cefazolin inj	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
cefotetan inj	-	F
cefoxitin inj	-	F
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
ceftazidime inj	-	F
CEFTRIAXONE INJ	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
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

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
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
TRIPTODUR SUSP (QL=1 inj every 24 weeks)	PA-QL	F
SUPPRELIN LA KIT	-	NC
METABOLIC MODIFIERS		
ALDURAZYME INJ	PA	F
BRINEURA KIT (QL=4 kits/28 days)	PA-QL	F
CRYSVITA INJ	PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	PA	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
KANUMA INJ	PA	F
MYOZYME/LUMIZYME INJ	PA	F
NAGLAZYME INJ	PA	F
NEXVIAZYME INJ	PA	F
NULIBRY INJ	PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
REVCOVI INJ	PA	F
VIMIZIM INJ	PA	F
XENPOZYME SOLN	PA	F
SOMATOSTATIC AGENTS		
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE INJ (QL=1 syringe/28 days)	PA-QL	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
ENTYVIO INJ	PA	F
INFLIXIMAB INJ	PA	F
SKYRIZI SOLN (QL=1 vial per 28 days with up to 3 fills per 6 months)	PA-QL	F
STELARA IV INJ	PA	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
RENFLEXIS INJ	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
HYPEROXALURIA AGENTS		
OXLUMO INJ	PA	F
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
KRYSTEXXA INJ	PA	F
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ	PA	F
ANTIHEMOPHILIC PRODUCTS		
ADYNOVATE INJ	PA	F
ALPHANATE/VWF COMPLEX/HUMAN INJ	PA	F
FEIBA INJ	PA	F
HUMATE-P INJ	PA	F
NOVOSEVEN RT INJ	PA	F
SEVENFACT 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
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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
NOVOEIGHT INJ	-	NC
NUWIQ INJ	-	NC
OBIZUR INJ	-	NC
PROFILNINE INJ	-	NC
REBINYN SOL	-	NC
RECOMBINATE INJ	-	NC
TRETTEN 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	PA	F
VPRIV INJ	PA	F
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO INJ	PA	F
FOLIC ACID/FOLATES		
folic acid inj	-	F
HEMATOPOIETIC GENE THERAPY		
ZYNTEGLO INJ	-	EXC
HEMATOPOIETIC GROWTH FACTORS		
NPLATE INJ	PA	F
MIRCERA INJ	-	NC
REBLOZYL INJ	-	NC
IRON		
ferric gluconate IV soln	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
ferumoxytol inj	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
MONOFERRIC INJ	-	F
VENOFER INJ	-	F
FERAHEME INJ	-	NC
FERRLECIT INJ	-	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	F
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/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NACL INJ	-	F
LACTATED RINGERS INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
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
KCL/NACL INJ	-	NC
MAGNESIUM		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
potassium phosphate inj	-	F
SODIUIM 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		
IMMUNOMODULATORS		
VYVGART INJ	PA	F
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
UPLIZNA SOLN	PA	F
GAMIFANT INJ	-	NC
LYMPHATIC AGENTS		

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ	PA	F
ZOLGENSMA INJ	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= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days)	PA-QL	F
BYOOVIZ INJ	PA	F
CIMERLI INJ	PA	F
SUSVIMO INJ	PA	F
OPHTHALMIC GENE THERAPY		
LUXTURNA SUSP (QL=1 kit per eye, per lifetime)	PA-QL	F
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
OPHTHALMIC STEROIDS		
ILUVIEN IMPLANT (QL=2 inj/36 months)	QL	F
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
TRIESENCE INJ (QL=2 inj/fill)	QL	F
XIPERE INJ (QL=2 inj/fill)	QL	F
YUTIQ IMPLANT (QL=2 inj/36 months)	QL	F
RETISERT IMPLANT	-	NC
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
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	-	F
sterile water for inj	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
hydroxyprogesterone capro inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
MULTIPLE SCLEROSIS AGENTS		
LEMTRADA INJ	PA	F
OCREVUS INJ	PA	F
TYSABRI INJ	PA	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN (QL=1 syringe/90 days)	PA-QL	F
ONPATTRO SOLN	PA	F
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycyclline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
levothyroxine inj	-	F
liothyronine inj (TRIOSTAT equiv)	-	F
ULCER DRUGS		
ANTISPASMODICS		
atropine sulfate iv soln	-	F
H-2 ANTAGONISTS		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
ATROPINE SULFATE INJ	-	NC
PROTON PUMP INHIBITORS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
VASOPRESSORS		
VASOPRESSORS		
EPINEPHRINE INJ	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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Symbols and abbreviations are defined on page 1.

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

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

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
DYSPORT	F
ELAPRASE INJ	F
ELELYSO INJ	F
ELZONRIS SOLN	F
ENHERTU INJ	F
ENTYVIO INJ	F
epoprostenol inj	F
ERBITUX INJ	F
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FEIBA INJ	F
FIRMAGON INJ 120MG	F
FIRMAGON INJ 80MG	F
FLEBOGAMMA INJ	F
FYARRO SUSP	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GIVLAARI INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HALAVEN INJ	F
HEPAGAM B INJ	F
HUMATE-P INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMFINZI INJ	F
IMJUDO INJ	F
INFLIXIMAB INJ	F
IXEMPRA KIT INJ	F
JELMYTO INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
KALBITOR INJ	F
KANUMA INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KHAPZORY SOLN	F
KIMMTRAK SOLN	F
KORSUVA INJ	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LARTRUVO INJ	F
LEMTRADA INJ	F
LIBTAYO INJ	F
LUMOXITI INJ	F
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
mitomycin inj	F
MONJUVI INJ	F
MYLOTARG INJ	F
MYOZYME/LUMIZYME INJ	F
NAGLAZYME INJ	F
nelarabine iv soln	F
NEXVIAZYME INJ	F
NIPENT INJ	F
NOVOSEVEN RT INJ	F
NPLATE INJ	F
NUCALA INJ	F
NULIBRY INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONCASPAR INJ	F
ONIVYDE INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
OPDUALAG SOLN	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
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
REVCOVI INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
RYPLAZIM SOLN	F
SANDOSTATIN LAR DEPOT KIT	F
SAPHNELO SOLN	F
SARCLISA SOLN	F
SEVENFACT INJ	F
SIGNIFOR LAR INJ	F
SIMPONI ARIA INJ	F
SKYRIZI SOLN	F
SOLIRIS IV SOLN	F
SOMATULINE INJ	F
SPEVIGO INJ	F
SPINRAZA INJ	F
SPRAVATO SOLN	F
STELARA IV INJ	F
SUSVIMO INJ	F
SYLVANT INJ	F
SYNAGIS INJ	F
SYNRIBO INJ	F
TECENTRIQ INJ	F
TEMODAR IV INJ	F
TEPEZZA INJ	F

Symbols and abbreviations are defined on page 1.

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)
TEZSPIRE SOLN	F
THYROGEN INJ	F
TIVDAK INJ	F
TRELSTAR INJ 11.25MG	F
TRELSTAR INJ 22.5MG	F
TRELSTAR INJ 3.75MG	F
treprostinil inj	F
TRIPTODUR SUSP	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
ULTOMIRIS INJ	F
UPLIZNA SOLN	F
valrubicin inj	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
VPRIV INJ	F
VYVGART INJ	F
VYXEOS INJ	F
XENPOZYME SOLN	F
XEOMIN INJ	F
XGEVA INJ	F
XOLAIR INJ	F
YERVOY INJ	F
YONDELIS INJ	F
ZALTRAP INJ	F
ZEPZELCA SOLN	F
ZOLADEX INJ	F
ZOLGENSMA INJ	F
ZYNLONTA SOLN	F

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L.A. Care Home Infusion List
Last Updated* 3/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMVUTTRA SOLN	QL=1 syringe/90 days
APRETUDE SUSP	QL=7 inj/year
BEOVU INJ	QL= Starting Dose: 1 vial/28 days for first 3 fills; Maintenance Dose: 1 vial/56 days
BRINEURA KIT	QL=4 kits/28 days
CABENUVA SUSP	QL=1 kit/month
FIRMAGON INJ 120MG	QL=2 vials/fill
FIRMAGON INJ 80MG	QL=1 vial/28 days
ILUVIEN IMPLANT	QL=2 inj/36 months
LUXTURNA SUSP	QL=1 kit per eye, per lifetime
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
SKYRIZI SOLN	QL=1 vial per 28 days with up to 3 fills per 6 months
SOMATULINE INJ	QL=1 syringe/28 days
SPEVIGO INJ	QL=2 vials/fill, 4 vials/month
TEZSPIRE SOLN	QL=1 inj/28 days
TRELSTAR INJ 11.25MG	QL=1 kit/84 days
TRELSTAR INJ 22.5MG	QL=1 kit/168 days
TRELSTAR INJ 3.75MG	QL=1 kit/28 days
TRIESENCE INJ	QL=2 inj/fill
TRIPTODUR SUSP	QL=1 inj every 24 weeks
TROGARZO INJ	Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3ml); Maintenance: 4 vials (5.32 ml) every 14 days
XIPERE INJ	QL=2 inj/fill
YUTIQ IMPLANT	QL=2 inj/36 months

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