



**L.A. Care**  
*Covered™ Direct*

# L.A. Care Health Plan

*L.A. Care Covered™ Direct Formulary*

**2021**

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 All previous versions of the formulary are no longer in effect.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

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

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



## INTRODUCTION

### Foreword

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

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

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

## Generic and Brand Name Medications

L.A. Care *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 7.

## How Drugs Are Listed

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

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

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

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized. The description must include an example of a drug available both as a brand name drug and a generic equivalent to illustrate how such a drug is listed.

## Non-Formulary Medications

Any drug not found in this formulary listing published by L.A. Care 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 7.

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

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

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

The doctor 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](http://lacare.org) to find a L.A. Care network pharmacy in your neighborhood. Click on each of the following:

1. For Members
2. Pharmacy Services
3. “Search Now” in the *Find a Pharmacy* tab

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

Some medications are subject to limited distribution by the U.S. Food and Drug Administration or require special handling, provider coordination, or special education that cannot be provided at your local pharmacy. Antineoplastic and biologic agents are examples of such specialty medications and are identified in the formulary with special code SP (Specialty Pharmacy Availability), MSP (Mandatory Specialty Pharmacy), LMSP (Mandatory Lumicera Specialty Pharmacy), or KMSP (Mandatory Kroger Specialty Pharmacy). You may refer to the formulary by visiting L.A. Care’s website [lacare.org](http://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.

## 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:

**[lacare.org/members/welcome-la-care/member-documents/la-care-covered](https://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
CO	Carve-Out	Drugs carved out by the Department of Health Care Services
EXC	Exclusion	Plan exclusion
INF	Infertility	Infertility drugs
KMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
LD	Limited Distribution	Coverage is available through a limited distributor or limited number of distributors
LMSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
ONC	Oral Anticancer Medication	Oral anticancer medication ≤ \$250 up to 30 day supply per prescription
OTC	Over the Counter	Coverage of OTC medication
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
SF	Split Fill	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug
VAC	Vaccine Program	Coverage is available through a vaccine program

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

## Medication Request Process

Some drugs have coverage rules or have limits on the amount you can get. In some cases your doctor or other prescriber must do something before you can fill the prescription.

### 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.

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
- D. Experimental drug products, or any drug product used in an experimental manner
- E. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
- F. Foreign drugs or drugs not approved by the United States Food & Drug Administration

If L.A. Care's coverage is amended to exclude a drug that we have been covering and providing to you under this Evidence of Coverage, 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.

## 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 e-mail to [\*\*PharmacyandFormulary@lacare.org\*\*](mailto:PharmacyandFormulary@lacare.org).

## 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 4/1/2021

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

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

1

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

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

Last Updated 4/1/2021

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
ADIPEX-P CAP 37.5MG ( <i>phentermine hcl</i> )	3	PA-QL
ADIPEX-P TAB 37.5MG ( <i>phentermine hcl</i> )	3	PA-QL
<i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG</i> (ADIPEX Equiv)	1	PA-QL QL= 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ( <i>phentermine hcl-topiramate</i> )	3	PA-QL QL= 1 cap/day
<b>ANTI-OBESITY AGENTS - Drugs to help weight loss</b>		
CONTRAVE TAB 8MG-90MG ( <i>naltrexone hcl-bupropion hcl</i> )	2	PA-QL QL= 4 tabs/day
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
INTUNIV TAB 1MG, 2MG, 3MG, 4MG ( <i>guanfacine hcl (adhd)</i> )	3	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders</b>		
SUNOSI TAB 150MG, 75MG ( <i>solriamfetol hcl</i> )	2	PA-QL QL= 1 tab/day

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2

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

Last Updated 4/1/2021

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders</b>		
WAKIX TAB 17.8MG, 4.45MG ( <i>pitolisant hcl</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	1	PA-QL QL= 1 tab/day
CONCERTA TAB, RITALIN SR TAB 18MG, 27MG, 36MG, 54MG ( <i>methylphenidate hcl</i> )	3	-
DAYTRANA PATCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR ( <i>methylphenidate</i> )	3	-
<i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv)	1	-
<i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv)	1	-
FOCALIN TAB 10MG, 2.5MG, 5MG ( <i>dexmethylphenidate hcl</i> )	3	-
FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG ( <i>dexmethylphenidate hcl</i> )	3	-
METADATE CD CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG ( <i>methylphenidate hcl</i> )	3	-
METHYLIN CHEW TAB ( <i>methylphenidate hcl</i> )	3	-

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3

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

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4

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RITALIN TAB 10MG, 20MG, 5MG ( <i>methylphenidate hcl</i> )	3	-
<b>AMEBICIDES - drugs to treat infections</b>		
<b>AMEBICIDES - drugs to treat infections</b>		
YODOXIN TAB ( <i>iodoquinol</i> )	3	-
<b>AMINOGLYCOSIDES - Drugs to treat bacterial infections</b>		
<b>AMINOGLYCOSIDES - Drugs to treat infections</b>		
<i>amikacin inj 1GM/4ML, 500MG/2ML</i> (KANAMYCIN Equiv)	M	M
KANAMYCIN INJ ( <i>amikacin sulfate</i> )	M	M
<i>neomycin tab 500MG</i>	1	-
PAROMOMYCIN CAP 250MG ( <i>paromomycin sulfate</i> )	1	-
<i>paromomycin cap 250MG</i>	1	-
TOBI PODHALER 28MG ( <i>tobramycin</i> )	4	KMSP-PA
<i>tobramycin neb soln 300MG/4ML, 300MG/5ML</i> (TOBI Equiv)	4	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system</b>		
RINVOQ ER TAB 15MG ( <i>upadacitinib</i> )	4	LMSP-PA-QL QL= 1 tab/day
XELJANZ TAB 10MG, 5MG ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 2 tabs/day

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5

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



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

Last Updated 4/1/2021

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 XR TAB 11MG, 22MG ( <i>tofacitinib citrate</i> )	4	LMSP-PA-QL QL= 1 tab/day
<b>ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system</b>		
RHEUMATREX TAB ( <i>methotrexate sodium (antirheumatic)</i> )	3	-
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>		
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 80MG 80MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML ( <i>adalimumab</i> )	4	LMSP-PA-QL QL= 2 pens/28 days

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

Last Updated 4/1/2021

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>GOLD COMPOUNDS - Drugs to treat disorders of the immune system</b>		
RIDAURA CAP 3MG ( <i>auranofin</i> )	2	-
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis</b>		
KINERET INJ 100MG/0.67ML ( <i>anakinra</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis</b>		
ACTEMRA ACTPEN INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ( <i>sarilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation</b>		
ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG ( <i>diclofenac w/ misoprostol</i> )	3	-
CATAFLAM TAB ( <i>diclofenac potassium</i> )	3	-
CELEBREX CAP 100MG, 200MG, 400MG, 50MG ( <i>celecoxib</i> )	3	QL QL= 2 caps/day
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	QL QL= 2 caps/day
CLINORIL TAB ( <i>sulindac</i> )	3	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	1	-

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

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<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	1	-
<i>diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG</i> (ARTHROTEC Equiv)	1	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-
<i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv)	1	-
<i>etodolac tab 400MG, 500MG</i>	1	-
FELDENE CAP 10MG, 20MG ( <i>piroxicam</i> )	3	-
FLURBIPROFEN TAB 50MG ( <i>flurbiprofen</i> )	1	-
<i>flurbiprofen tab 100MG, 50MG</i>	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	1	-
<i>ibuprofen tab 400MG, 600MG</i>	1	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	1	-
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	1	-
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
MELOXICAM SUSP ( <i>meloxicam</i> )	3	-
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	1	-
MOBIC TAB 15MG, 7.5MG ( <i>meloxicam</i> )	3	-

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

Last Updated 4/1/2021

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MOTRIN SUSP 100MG/5ML, 50MG/1.25ML ( <i>ibuprofen</i> )	3	-
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	1	-
NAPROSYN EC TAB 375MG, 500MG ( <i>naproxen</i> )	3	-
NAPROSYN TAB 250MG, 500MG ( <i>naproxen</i> )	3	-
<i>naproxen EC tab 375MG, 500MG</i> (NAPROSYN EC Equiv)	1	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	1	-
<i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv)	1	-
<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	1	-
TOLMETIN TAB 200MG, 600MG ( <i>tolmetin sodium</i> )	3	-
VOLTAREN TAB ( <i>diclofenac sodium</i> )	3	-
VOLTAREN XR TAB ( <i>diclofenac sodium</i> )	3	-
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system</b>		
OTEZLA STARTER PACK ( <i>apremilast</i> )	4	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG ( <i>apremilast</i> )	4	LMSP-PA-QL QL= 2 tabs/day
<b>PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system</b>		
ARAVA TAB 10MG, 20MG ( <i>leflunomide</i> )	3	-
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	1	-
<b>SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system</b>		

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

Last Updated 4/1/2021

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ORENCIA CLICK INJ 125MG/ML ( <i>abatacept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML ( <i>abatacept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML ( <i>abatacept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ( <i>abatacept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		
ENBREL INJ 25MG 25MG/0.5ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML ( <i>etanercept</i> )	4	LMSP-PA-QL QL= 4 inj/28 days
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>SALICYLATES - Drugs to treat pain</b>		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>aspirin ec tab 325mg 324MG, 325MG</i>	\$0	OTC Covered for males age 45-79 and females age 55-79
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
<i>aspirin tab 325mg 325MG</i>	\$0	OTC Covered for males age 45-79 and females age 55-79
ASPIRIN TAB 81MG ( <i>aspirin</i> )	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
<i>aspirin tab 81mg</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
CHOLINE MAGNESIUM TRISALICYLATE TAB (TRILISATE Equiv) ( <i>choline &amp; mag salicylate</i> )	1	-
<i>choline magnesium trisalicylate tab</i> (TRILISATE Equiv)	1	-
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	1	-
ZORPRIN TAB ( <i>aspirin</i> )	3	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		

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

**Last Updated 4/1/2021**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
ABSTRAL SL TAB 100MCG, 200MCG, 300MCG, 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 tabs/30 days
ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 units/30 days
AVINZA CAP ( <i>morphine sulfate beads</i> )	3	QL QL= 2 caps/day
CODEINE SULFATE TAB 15MG 15MG ( <i>codeine sulfate</i> )	1	QL QL= 240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG ( <i>codeine sulfate</i> )	1	QL QL= 180 tabs/30 days
<i>codeine sulfate tab 60mg 60MG</i>	1	QL QL= 180 tabs/30 days
<i>codeine sulfate tablet 15mg, 30mg 30MG</i>	1	QL QL= 240 tabs/30 days
DAZIDOX TAB ( <i>oxycodone hcl</i> )	3	QL QL=120 tabs/30 days
DILAUDID TAB 2MG 2MG ( <i>hydromorphone hcl</i> )	3	QL QL= 240 tabs/30 days
DILAUDID TAB 4MG 4MG ( <i>hydromorphone hcl</i> )	3	QL QL=180 tabs/30 days
DILAUDID TAB 8MG 8MG ( <i>hydromorphone hcl</i> )	3	QL QL=120 tabs/30 days
DOLOPHINE TAB 10MG, 5MG ( <i>methadone hcl</i> )	3	QL QL=120 tabs/30 days

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DURAGESIC PATCH 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR ( <i>fentanyl</i> )	3	QL QL=10 patches/30 days
<i>fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG</i> (ACTIQ Equiv)	1	PA-QL QL= 120 lozenges/30 days
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv)	1	QL QL=10 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>fentanyl citrate</i> )	3	PA-QL QL= 120 tabs/30 days
<i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv)	1	QL QL= 240 tabs/30 days
<i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv)	1	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv)	1	QL QL=120 tabs/30 days
LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT ( <i>fentanyl citrate</i> )	3	PA-QL QL= 15 bottles/30 days
<i>methadone conc 10MG/ML</i>	1	QL QL=600ml/30 days
METHADONE SOLN 10MG/5ML 10MG/5ML ( <i>methadone hcl</i> )	1	QL QL= 600ml/30 days

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<i>methadone soln 10mg/5ml 10MG/5ML</i>	1	QL QL= 600ml/30 days
METHADONE SOLN 5MG/5ML 5MG/5ML ( <i>methadone hcl</i> )	1	QL QL= 1200ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	1	QL QL= 1200ml/30 days
<i>methadone tab 5MG</i> (DOLOPHINE Equiv)	1	QL QL=120 tabs/30 days
<i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv)	1	QL QL= 240 tabs/30 days
METHADOSE CONC 10MG/ML, 5MG/0.5ML ( <i>methadone hcl</i> )	3	QL QL=600ml/30 days
MORPHINE SULFATE ER BEAD CAP 120MG, 30MG, 45MG, 60MG, 75MG, 90MG ( <i>morphine sulfate beads</i> )	3	QL QL= 2 caps/day
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	QL QL= 90 tabs/ 30 days
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i>	1	QL QL=120ml/30 days
MORPHINE SULFATE TAB ( <i>morphine sulfate</i> )	1	QL QL=180 tabs/30 days
MORPHINE SULFATE TAB 15MG, 30MG ( <i>morphine sulfate</i> )	1	QL QL=180 tabs/30 days

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<i>morphine sulfate tab 15MG, 30MG</i>	1	QL QL=180 tabs/30 days
NUCYNTA TAB 100MG, 50MG, 75MG ( <i>tapentadol hcl</i> )	3	QL QL= 180 tabs/30 days
<i>oxycodone cap 5MG</i> (OXYIR Equiv)	1	QL QL=120 caps/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	1	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	QL QL=120 tabs/30 days
ROXICODONE TAB 15MG, 30MG, 5MG ( <i>oxycodone hcl</i> )	3	QL QL=120 tabs/30 days
<i>tramadol ER tab 100MG, 200MG, 300MG</i> (ULTRAM ER Equiv)	1	QL QL= 30 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	1	QL QL= 240 tabs/30 days
ULTRAM TAB ( <i>tramadol hcl tab</i> )	3	QL QL= 240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	2	PA-QL QL= 120 caps/30 days
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	1	QL QL=240ml/30 days

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VAC	Vaccine Program	¢	RxCENTS		

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<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	1	QL QL=180 tabs/30 days
CAPITAL/CODEINE SUSP ( <i>acetaminophen w/ codeine</i> )	3	QL QL=240ml/30 days
HYCET SOLN ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML</i> (HYCET Equiv)	1	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	1	QL QL=120 tabs/30 days
<i>hydrocodone/acetaminophen tab 2.5-325mg 2.5MG-325MG</i> (NORCO Equiv)	1	QL QL=120 tabs/30 days
LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=120 tabs/30 days
LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML ( <i>hydrocodone-acetaminophen</i> )	3	QL QL=1800ml/30 days

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<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv)	1	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG ( <i>oxycodone-aspirin</i> )	1	QL QL= 120 tabs/30 days
<i>oxycodone/aspirin tab 4.835MG-325MG</i>	1	QL QL= 120 tabs/30 days
PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG ( <i>oxycodone w/ acetaminophen</i> )	3	QL QL=120 tabs/30 days
PERCODAN TAB ( <i>oxycodone-aspirin</i> )	3	QL QL=120 tabs/30 days
<i>tramadol/acetaminophen tab 37.5MG-325MG</i> (ULTRACET Equiv)	1	QL QL= 240 tabs/30 days
TYLENOL/CODEINE TAB 30MG-300MG, 60MG-300MG ( <i>acetaminophen w/ codeine</i> )	3	QL QL=180 tabs/30 days
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	1	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	1	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE Equiv)	1	-

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<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	1	-
<i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv)	1	QL QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR ( <i>buprenorphine</i> )	3	QL QL= 4 patches/28 days
SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	3	-
<b>ANDROGENS-ANABOLIC - Drugs to regulate male hormones</b>		
<b>ANABOLIC STEROIDS - Drugs used to gain weight</b>		
ANADROL TAB 50MG ( <i>oxymetholone</i> )	3	-
OXANDRIN TAB 10MG, 2.5MG ( <i>oxandrolone</i> )	3	-
<i>oxandrolone tab</i> (OXANDRIN Equiv)	1	-
<b>ANDROGENS - Drugs to treat low testosterone level</b>		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ( <i>testosterone</i> )	2	PA-QL QL= 1 patch/day
ANDROGEL 1% 25MG 25MG/2.5GM ( <i>testosterone</i> )	3	PA-QL QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1% 1%, 50MG/5GM ( <i>testosterone</i> )	3	PA-QL QL= 2 packets/day
ANDROGEL 1.62% 1.25GM 20.25MG/1.25GM ( <i>testosterone</i> )	3	PA-QL QL= 1 packet/day

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

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<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP 1% ( <i>testosterone</i> )	2	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	1	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	1	PA-QL QL= 2 bottles/30 days
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
CORTENEMA 100MG/60ML ( <i>hydrocortisone (intrarectal)</i> )	3	-
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
UCERIS RECTAL FOAM 2MG/ACT ( <i>budesonide (intrarectal)</i> )	3	PA
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		

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<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	1	-
<i>pramoxine/hydrocortisone cream 1%, 1%-2.5%</i> (ANALPRAM-HC Equiv)	1	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
ANUSOL-HC CREAM 1%, 2.5% ( <i>hydrocortisone (rectal)</i> )	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	1	-
ALBENZA TAB 200MG ( <i>albendazole</i> )	3	-
BENZNIDAZOLE TAB 100MG, 12.5MG ( <i>benznidazole</i> )	2	PA
BILTRICIDE TAB 600MG ( <i>praziquantel</i> )	3	-
EMVERM TAB 100MG ( <i>mebendazole</i> )	2	PA
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	1	-
<i>mebendazole chew tab</i> (VERMOX Equiv)	1	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
STROMEKTOL TAB 3MG ( <i>ivermectin</i> )	3	-
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		
<b>ANTIANGINALS-OTHER - Drugs to treat chest pain</b>		
RANEXA TAB 1000MG, 500MG ( <i>ranolazine</i> )	3	-
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	1	-

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<b>NITRATES - Drugs to treat chest pain</b>		
DILATRATE SR CAP 40MG ( <i>isosorbide dinitrate</i> )	3	-
IMDUR TAB ( <i>isosorbide mononitrate</i> )	3	-
ISORDIL TITRADOSE TAB 40MG, 5MG ( <i>isosorbide dinitrate</i> )	3	-
<i>isosorbide dinitrate ER tab</i> (ISOCHRON Equiv)	1	-
<i>isosorbide dinitrate SL tab</i>	1	-
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide dinitrate tab 40mg 40MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	1	-
NITRO-BID OINT 2% ( <i>nitroglycerin</i> )	2	-
NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR ( <i>nitroglycerin</i> )	3	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR ( <i>nitroglycerin</i> )	3	-
<i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv)	1	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	1	-

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<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	1	-
NITROLINGUAL PUMP SPRAY .4MG/SPRAY ( <i>nitroglycerin</i> )	3	-
NITROSTAT SL TAB .3MG, .4MG, .6MG ( <i>nitroglycerin</i> )	3	-
<b>ANTI-ANXIETY AGENTS - Drugs to treat anxiety</b>		
<b>ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs</b>		
BUSPAR TAB ( <i>bupirone hcl tab</i> )	3	-
<i>bupirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	1	-
<i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv)	1	-
HYDROXYZINE PAMOATE CAP 100MG 100MG ( <i>hydroxyzine pamoate</i> )	1	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	1	-
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	1	-
VISTARIL CAP 25MG, 50MG ( <i>hydroxyzine pamoate</i> )	3	-
<b>BENZODIAZEPINES - Drugs to treat anxiety</b>		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	1	QL QL= 5 tabs/day
ATIVAN TAB .5MG, 1MG, 2MG ( <i>lorazepam</i> )	3	-

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<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	1	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	1	QL QL= 180ml/30 days
DIAZEPAM SOLN 5MG/5ML ( <i>diazepam</i> )	1	QL QL= 180ml/30 days
<i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv)	1	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG</i> (VALILUM Equiv)	1	QL QL= 3 tabs/day
LIBRIUM CAP ( <i>chlordiazepoxide hcl</i> )	3	-
<i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv)	1	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-
VALIUM TAB 2MG, 10MG 10MG, 2MG ( <i>diazepam</i> )	3	QL QL= 4 tabs/day
VALIUM TAB 5MG 5MG ( <i>diazepam</i> )	3	QL QL= 3 tabs/day
XANAX TAB .25MG, .5MG, 1MG, 2MG ( <i>alprazolam</i> )	3	QL QL= 5 tabs/day
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		
<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-

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NORPACE CAP 100MG, 150MG ( <i>disopyramide phosphate</i> )	3	-
<i>quinidine gluconate CR tab</i>	1	-
QUINIDINE SULFATE ER TAB ( <i>quinidine sulfate</i> )	3	-
<i>quinidine sulfate tab</i>	1	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	1	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	1	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-
RYTHMOL SR CAP 225MG, 325MG, 425MG ( <i>propafenone hcl</i> )	3	-
RYTHMOL TAB ( <i>propafenone hcl</i> )	3	-
TAMBOCOR TAB ( <i>flecainide acetate</i> )	3	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	1	-
CORDARONE TAB ( <i>amiodarone hcl</i> )	3	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	1	-

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

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
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	2	-
TIKOSYN CAP 125MCG, 250MCG, 500MCG ( <i>dofetilide</i> )	3	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	4	MSP-PA-QL QL= 1 inj/56 days
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
<b>ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD</b>		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	1	-
<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT ( <i>ipratropium bromide hfa</i> )	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ( <i>umeclidinium bromide</i> )	2	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-
SPIRIVA HANDIHALER 18MCG ( <i>tiotropium bromide monohydrate</i> )	3	PA For use with Handihaler device
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL

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SPIRIVA RESPIMAT INHALER 2.5MCG/ACT 2.5MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	3	PA
<b>LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD</b>		
ACCOLATE TAB 10MG, 20MG ( <i>zafirlukast</i> )	3	-
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	1	-
SINGULAIR CHEW TAB 4MG, 5MG ( <i>montelukast sodium</i> )	3	-
SINGULAIR GRANULE PACK 4MG ( <i>montelukast sodium</i> )	3	-
SINGULAIR TAB 10MG ( <i>montelukast sodium</i> )	3	-
<i>zafirlukast tab 10MG, 20MG</i> (ACCOLATE Equiv)	1	-
<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	2	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	1	-

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FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	2	-
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT ( <i>fluticasone propionate hfa</i> )	2	-
PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML ( <i>budesonide (inhalation)</i> )	3	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		
ACCUNEB NEB SOLN ( <i>albuterol sulfate</i> )	3	-
ADVAIR DISKUS INHALER 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE ( <i>fluticasone-salmeterol</i> )	1	-
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ( <i>fluticasone-salmeterol</i> )	2	-
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	1	-
<i>albuterol sulfate ER tab 4MG, 8MG (VOSPIRE ER Equiv)</i>	1	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	1	-

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<i>albuterol/ipratropium neb soln</i> .5MG/3ML-2.5MG/3ML (DUONEB Equiv)	1	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH ( <i>umeclidinium-vilanterol</i> )	2	-
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	2	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ( <i>budesonide-glycopyrrolate-formoterol fumarate</i> )	2	-
BROVANA NEB SOLN 15MCG/2ML ( <i>arformoterol tartrate</i> )	3	-
COMBIVENT INHALER ( <i>ipratropium-albuterol</i> )	2	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ( <i>ipratropium-albuterol</i> )	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	2	-
DUONEB NEB SOLN ( <i>ipratropium-albuterol</i> )	3	-

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FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT ( <i>fluticasone-salmeterol</i> )	1	-
LEVALBUTEROL INHALER, XOPENEX HFA INHALER 45MCG/ACT ( <i>levalbuterol tartrate</i> )	3	QL-ST QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	1	-
METAPROTERENOL SYRUP 10MG/5ML ( <i>metaproterenol sulfate</i> )	1	-
PERFOROMIST NEB SOLN 20MCG/2ML ( <i>formoterol fumarate</i> )	3	-
SEREVENT DISKUS INHALER 50MCG/DOSE ( <i>salmeterol xinafoate</i> )	2	-
STIOLTO INHALER 2.5MCG/ACT ( <i>tiotropium bromide-olodaterol hcl</i> )	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ( <i>olodaterol hcl</i> )	3	QL QL= 1 inhaler/30 days
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	1	-

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TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	-
VENTOLIN HFA INHALER 108MCG/ACT ( <i>albuterol sulfate</i> )	1	QL QL= 2 inhalers/30 days
VOSPIRE ER TAB 4MG, 8MG ( <i>albuterol sulfate</i> )	3	-
XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML ( <i>levalbuterol hcl</i> )	3	-
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
<i>aminophylline tab</i>	1	-
ELIXOPHYLLIN ELIXIR 80MG/15ML ( <i>theophylline</i> )	2	-
LUFYLLIN TAB ( <i>dyphylline</i> )	3	-
THEO-24 CAP 100MG, 200MG, 300MG, 400MG ( <i>theophylline</i> )	3	-
THEOCHRON TAB 100MG, 200MG, 300MG, 450MG ( <i>theophylline</i> )	1	-
<i>theophylline CR tab</i> (QUIBRON-T Equiv)	1	-
<i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv)	1	-
<i>theophylline soln 80MG/15ML</i>	1	-
UNIPHYL TAB ( <i>theophylline tab sr 24hr</i> )	3	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		

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COUMADIN TAB 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG ( <i>warfarin sodium</i> )	3	-
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG ( <i>apixaban</i> )	2	-
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	2	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ( <i>rivaroxaban</i> )	2	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		
ARIXTRA INJ 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML ( <i>fondaparinux sodium</i> )	3	PA
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	1	QL QL= 17 days supply
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv)	1	PA
FRAGMIN INJ ( <i>dalteparin sodium</i> )	3	-

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FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML ( <i>dalteparin sodium</i> )	3	-
<i>heparin porcine inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML</i>	M	M
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML ( <i>enoxaparin sodium</i> )	3	QL QL= 17 days supply
<b>THROMBIN INHIBITORS - Drugs to thin the blood</b>		
PRADAXA CAP 110MG, 150MG, 75MG ( <i>dabigatran etexilate mesylate</i> )	2	-
<b>ANTICONVULSANTS - Drugs to treat seizures</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	1	PA
<i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG ( <i>diazepam (anticonvulsant)</i> )	2	QL QL= 2 packs/fill
KLONOPIN TAB .5MG, 1MG, 2MG ( <i>clonazepam</i> )	3	-

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NAYZILAM SPRAY 5MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
ONFI TAB 10MG, 20MG ( <i>clobazam</i> )	3	PA
VALTOCO NASAL SPRAY 10MG/0.1ML, 5MG/0.1ML ( <i>diazepam (anticonvulsant)</i> )	3	QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist
<b>ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs</b>		
BANZEL SUSP 40MG/ML ( <i>rufinamide</i> )	3	PA
BANZEL TAB 200MG, 400MG ( <i>rufinamide</i> )	2	PA
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	1	-
<i>carbamazepine susp 100MG/5ML</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	1	-
CARBATROL CAP 100MG, 200MG, 300MG ( <i>carbamazepine</i> )	3	-
DIACOMIT CAP 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through US Bioservices 888-518-7246

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DIACOMIT POWDER PACK 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through US Bioservices 888-518-7246
FINTEPLA SOLN 2.2MG/ML ( <i>fenfluramine hcl</i> ( <i>anticonvulsant</i> ))	4	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	-
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	-
<i>gabapentin tab 600MG, 800MG</i> (NEURONTIN Equiv)	1	-
KEPPRA SOLN 100MG/ML ( <i>levetiracetam</i> )	3	-
KEPPRA TAB 1000MG, 250MG, 500MG, 750MG ( <i>levetiracetam</i> )	3	-
KEPPRA XR TAB 500MG, 750MG ( <i>levetiracetam</i> )	3	-
LAMICTAL CHEW TAB 25MG, 5MG ( <i>lamotrigine</i> )	3	-
LAMICTAL CHEW TAB 2MG ( <i>lamotrigine</i> )	2	-
LAMICTAL ODT 100MG, 200MG, 25MG, 50MG ( <i>lamotrigine</i> )	3	-
LAMICTAL ODT KIT ( <i>lamotrigine</i> )	3	-
LAMICTAL ODT KIT, LAMICTAL XR KIT ( <i>lamotrigine</i> )	3	-
LAMICTAL STARTER KIT 25MG ( <i>lamotrigine</i> )	3	-

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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 TAB 100MG, 150MG, 200MG, 25MG <i>(lamotrigine)</i>	3	-
LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG <i>(lamotrigine)</i>	3	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG</i> (LAMICTAL XR Equiv)	1	-
<i>lamotrigine ODT 100MG, 200MG, 25MG, 50MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine ODT kit 25MG</i> (LAMICTAL ODT KIT Equiv)	1	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	1	-
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-
MYSOLINE TAB 250MG, 50MG <i>(primidone)</i>	3	-
NEURONTIN CAP 100MG, 300MG, 400MG <i>(gabapentin)</i>	3	-
NEURONTIN SOLN 250MG/5ML <i>(gabapentin)</i>	3	-
NEURONTIN TAB 600MG, 800MG <i>(gabapentin)</i>	3	-

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

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<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	1	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG</i> (LYRICA Equiv)	1	-
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	1	-
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-
<i>rufinamide susp 40MG/ML</i> (BANZEL Equiv)	1	PA
TEGRETOL CHEW TAB ( <i>carbamazepine</i> )	3	-
TEGRETOL SUSP 100MG/5ML ( <i>carbamazepine</i> )	3	-
TEGRETOL TAB 200MG ( <i>carbamazepine</i> )	3	-
TEGRETOL XR TAB 100MG, 200MG, 400MG ( <i>carbamazepine</i> )	3	-
TOPAMAX SPRINKLE CAP 15MG, 25MG ( <i>topiramate</i> )	3	-
TOPAMAX TAB 100MG, 200MG, 25MG, 50MG ( <i>topiramate</i> )	3	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-
TRILEPTAL SUSP 300MG/5ML ( <i>oxcarbazepine</i> )	3	-

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TRILEPTAL TAB 150MG, 300MG, 600MG ( <i>oxcarbazepine</i> )	3	-
VIMPAT SOLN 10MG/ML ( <i>lacosamide</i> )	2	-
VIMPAT TAB 100MG, 150MG, 200MG, 50MG ( <i>lacosamide</i> )	2	QL QL= 2 tabs/day
ZONEGRAN CAP 100MG, 25MG ( <i>zonisamide</i> )	3	-
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-
<b>CARBAMATES - Drugs to treat seizures</b>		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	1	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	1	-
FELBATOL SUSP 600MG/5ML ( <i>felbamate</i> )	3	-
FELBATOL TAB 400MG, 600MG ( <i>felbamate</i> )	3	-
XCOPRI PAK 150-200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG ( <i>cenobamate</i> )	2	QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day

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XCOPRI TITRATION PAK 150-200MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ( <i>cenobamate</i> )	2	QL QL= 1 tab/day
<b>GABA MODULATORS - Drugs to treat seizures</b>		
GABITRIL TAB 12MG, 16MG, 2MG, 4MG ( <i>tiagabine hcl</i> )	3	-
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	1	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	4	LD-PA Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	4	LD-PA Only available through Walgreens 888-347-3416
<b>HYDANTOINS - Drugs to treat seizures</b>		
DILANTIN CAP 100MG 100MG, 200MG, 300MG ( <i>phenytoin sodium extended</i> )	3	-
DILANTIN CAP 30MG 30MG ( <i>phenytoin sodium extended</i> )	2	-
DILANTIN INFATABS 50MG ( <i>phenytoin</i> )	3	-
DILANTIN SUSP 125MG/5ML ( <i>phenytoin</i> )	3	-

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<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	1	-
<b>SUCCINIMIDES - Drugs to treat seizures</b>		
CELONTIN CAP 300MG ( <i>methsuximide</i> )	2	-
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	1	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
ZARONTIN CAP 250MG ( <i>ethosuximide</i> )	3	-
ZARONTIN SOLN 250MG/5ML ( <i>ethosuximide</i> )	3	-
<b>VALPROIC ACID - Drugs to treat seizures</b>		
DEPAKENE CAP 250MG ( <i>valproic acid</i> )	3	-
DEPAKENE SYRUP 250MG/5ML ( <i>valproate sodium</i> )	3	-
DEPAKOTE ER TAB 250MG, 500MG ( <i>divalproex sodium</i> )	3	-
DEPAKOTE SPRINKLE CAP 125MG ( <i>divalproex sodium</i> )	3	-
DEPAKOTE TAB 125MG, 250MG, 500MG ( <i>divalproex sodium</i> )	3	-
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	1	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	1	-

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<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	1	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	1	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	1	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
REMERON SOLUTAB 15MG, 30MG, 45MG ( <i>mirtazapine</i> )	3	-
REMERON TAB 15MG, 30MG, 45MG ( <i>mirtazapine</i> )	3	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	1	-
MAPROTILINE TAB 25MG, 50MG, 75MG ( <i>maprotiline hcl</i> )	1	-
WELLBUTRIN SR TAB 100MG, 150MG, 200MG ( <i>bupropion hcl</i> )	3	-
WELLBUTRIN TAB ( <i>bupropion hcl</i> )	3	-

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WELLBUTRIN XL TAB 150MG, 300MG ( <i>bupropion hcl</i> )	3	-
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		
EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR ( <i>selegiline</i> )	3	-
MARPLAN TAB 10MG ( <i>isocarboxazid</i> )	2	-
NARDIL TAB 15MG ( <i>phenelzine sulfate</i> )	3	-
PARNATE TAB 10MG ( <i>tranylecypromine sulfate</i> )	3	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranylecypromine tab 10MG</i> (PARNATE Equiv)	1	-
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression</b>		
CELEXA SOLN ( <i>citalopram hydrobromide</i> )	3	-
CELEXA TAB 10MG, 20MG, 40MG ( <i>citalopram hydrobromide</i> )	3	-
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	1	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	1	-
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	1	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	1	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	1	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	1	-

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<i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv)	1	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	1	-
LEXAPRO SOLN 5MG/5ML ( <i>escitalopram oxalate</i> )	3	-
LEXAPRO TAB 10MG, 20MG, 5MG ( <i>escitalopram oxalate</i> )	3	-
LUVOX CR CAP ( <i>fluvoxamine maleate</i> )	3	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	1	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	1	-
PAXIL CR TAB 12.5MG, 25MG, 37.5MG ( <i>paroxetine hcl</i> )	3	-
PAXIL SUSP 10MG/5ML ( <i>paroxetine hcl</i> )	3	-
PAXIL TAB 10MG, 20MG, 30MG, 40MG ( <i>paroxetine hcl</i> )	3	-

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PEXEVA TAB 10MG, 20MG, 30MG, 40MG ( <i>paroxetine mesylate</i> )	3	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
PROZAC CAP 10MG, 20MG, 40MG ( <i>fluoxetine hcl</i> )	3	-
PROZAC SOLN ( <i>fluoxetine hcl</i> )	3	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	1	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	1	-
ZOLOFT CONC 20MG/ML ( <i>sertraline hcl</i> )	3	-
ZOLOFT TAB 100MG, 25MG, 50MG ( <i>sertraline hcl</i> )	3	-
<b>SEROTONIN MODULATORS - Drugs to treat depression</b>		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ( <i>nefazodone hcl</i> )	1	-
<i>nefazodone tab 50mg, 250mg 250MG, 50MG</i>	1	-
OLEPTRO TAB ( <i>trazodone hcl</i> )	3	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	1	-
TRINTELLIX TAB 10MG, 20MG, 5MG ( <i>vortioxetine hbr</i> )	3	PA-QL QL= 1 tab/day
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression</b>		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv)	1	-
<i>duloxetine EC cap 20MG, 30MG, 60MG</i> (CYMBALTA Equiv)	1	-

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EFFEXOR TAB ( <i>venlafaxine hcl</i> )	3	-
EFFEXOR XR CAP 150MG, 37.5MG, 75MG ( <i>venlafaxine hcl</i> )	3	-
FETZIMA CAP 120MG, 20MG, 40MG, 80MG ( <i>levomilnacipran hcl</i> )	3	PA-QL QL= 1 cap/day
FETZIMA TITRATION PACK ( <i>levomilnacipran hcl</i> )	3	PA-QL QL= 1 cap/day
PRISTIQ TAB 100MG, 25MG, 50MG ( <i>desvenlafaxine succinate</i> )	3	-
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	1	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	1	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<i>amitriptyline tab</i> (ELAVIL Equiv)	1	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG ( <i>amoxapine</i> )	1	-
ANAFRANIL CAP 25MG, 50MG, 75MG ( <i>clomipramine hcl</i> )	3	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	1	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	1	-
DOXEPIN CAP 150MG (SINEQUAN Equiv) ( <i>doxepin hcl</i> )	1	-

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

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

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VIVACTIL TAB ( <i>protriptyline hcl</i> )	3	-
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	1	-
GLYSET TAB 100MG, 25MG, 50MG ( <i>miglitol</i> )	3	-
<i>miglitol tab 100MG, 25MG, 50MG</i> (MIGLITOL Equiv)	1	-
PRECOSE TAB 100MG, 25MG, 50MG ( <i>acarbose</i> )	3	-
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>		
ACTOPLUS MET XR TAB 15MG-1000MG, 30MG-1000MG ( <i>pioglitazone hcl-metformin hcl</i> )	3	-
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ( <i>alogliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ( <i>alogliptin-pioglitazone</i> )	2	QL QL= 1 tab/day
AVANDAMET TAB ( <i>rosiglitazone maleate-metformin hcl</i> )	2	-
AVANDARYL TAB ( <i>rosiglitazone maleate-glimepiride</i> )	2	-
<i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv)	1	-
GLUCOVANCE TAB 2.5MG-500MG, 5MG-500MG ( <i>glyburide-metformin</i> )	3	-

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<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	1	-
JANUMET TAB 50MG-1000MG, 50MG-500MG ( <i>sitagliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ( <i>sitagliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day
METAGLIP TAB ( <i>glipizide-metformin hcl</i> )	3	-
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 2 tabs/day
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
GLUCOPHAGE TAB 1000MG, 500MG, 850MG ( <i>metformin hcl</i> )	3	-
GLUCOPHAGE XR TAB 500MG, 750MG ( <i>metformin hcl</i> )	3	-
<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	1	-

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

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KORLYM TAB 300MG ( <i>mifepristone</i> ( <i>hyperglycemia</i> ))	4	LD-PA Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
PROGLYCEM SUSP 50MG/ML ( <i>diazoxide</i> )	3	-
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ( <i>alogliptin benzoate</i> )	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ( <i>sitagliptin phosphate</i> )	2	QL QL= 1 tab/day
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - drugs to regulate blood sugar</b>		
CYCLOSET TAB .8MG ( <i>bromocriptine mesylate</i> ( <i>diabetes</i> ))	3	-
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ( <i>exenatide</i> )	2	QL QL= 4 inj/28 days
BYDUREON INJ 2MG ( <i>exenatide</i> )	2	QL QL= 4 inj/28 days
BYDUREON PEN INJ 2MG ( <i>exenatide</i> )	2	QL QL= 4 inj/28 days
BYETTA INJ 10MCG/0.04ML ( <i>exenatide</i> )	3	QL QL= 1 pen/30 days
OZEMPIC INJ 2MG/1.5ML ( <i>semaglutide</i> )	2	QL QL= 1 pack/28 days

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RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	2	QL QL=1 tab/day
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML ( <i>dulaglutide</i> )	2	QL QL= 4 pens/28 days
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	2	QL QL= 9ml/30 days
<b>INSULIN - Drugs to regulate blood sugar</b>		
ADMELOG INJ, INSULIN LISPRO INJ 100UNIT/ML ( <i>insulin lispro</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML, 200UNIT/ML ( <i>insulin lispro</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA INJ 100UNIT/ML ( <i>insulin glulisine</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ 100UNIT/ML ( <i>insulin glulisine</i> )	3	ST Step Therapy requires trial of NOVOLOG or INSULIN ASPART
BASAGLAR INJ 100UNIT/ML, 300UNIT/ML ( <i>insulin glargine</i> )	2	-
FIASP FLEXTOUCH INJ 100UNIT/ML ( <i>insulin aspart (with niacinamide)</i> )	2	-

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

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

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NOVOLIN N FLEXPEN INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	2	OTC
NOVOLIN N INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	2	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML ( <i>insulin regular (human)</i> )	2	OTC
NOVOLIN R INJ 100UNIT/ML ( <i>insulin regular (human)</i> )	2	OTC
NOVOLOG FLEXPEN INJ 100UNIT/ML ( <i>insulin aspart</i> )	2	-
NOVOLOG INJ 100UNIT/ML ( <i>insulin aspart</i> )	2	-
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	-
NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	-
NOVOLOG PENFILL INJ 100UNIT/ML ( <i>insulin aspart</i> )	2	-
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
ACTOS TAB 15MG, 30MG, 45MG ( <i>pioglitazone hcl</i> )	3	-
AVANDIA TAB 2MG, 4MG ( <i>rosiglitazone maleate</i> )	2	-
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	1	-

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PRANDIN TAB 1MG, 2MG ( <i>repaglinide</i> )	3	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
STARLIX TAB 120MG, 60MG ( <i>nateglinide</i> )	3	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		
JARDIANCE TAB 10MG, 25MG ( <i>empagliflozin</i> )	2	QL QL= 1 tab/day
STEGLATRO TAB 15MG, 5MG ( <i>ertugliflozin l-pyroglutamic acid</i> )	2	QL QL= 1 tab/day
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
AMARYL TAB 1MG, 2MG, 4MG ( <i>glimepiride</i> )	3	-
CHLORPROPAMIDE TAB 100MG, 250MG ( <i>chlorpropamide</i> )	1	-
<i>chlorpropamide tab</i>	1	-
DIABETA TAB ( <i>glyburide tab 2.5 mg</i> )	3	-
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
GLUCOTROL TAB 10MG, 5MG ( <i>glipizide</i> )	3	-
GLUCOTROL XL TAB 10MG, 2.5MG, 5MG ( <i>glipizide</i> )	3	-
<i>glyburide micronized tab 1.5MG, 3MG, 6MG</i> (GLYNASE Equiv)	1	-

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

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

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

Last Updated 4/1/2021

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

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

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

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

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

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

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<i>promethazine supp 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG ( <i>promethazine hcl</i> )	1	-
<b>ANTI-HISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-
<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - drugs to treat high cholesterol</b>		
<i>ezetimibe/simvastatin tab 10MG, 10MG-20MG, 10MG-40MG</i> (VYTORIN Equiv)	1	QL QL= 1 tab/day (10-80mg is Not Covered)
LIPTRUZET TAB ( <i>ezetimibe-atorvastatin</i> )	3	-
VYTORIN TAB 10MG, 10MG-20MG, 10MG-40MG ( <i>ezetimibe-simvastatin</i> )	3	QL QL= 1 tab/day (10/80mg is Not Covered)
<b>ANTIHYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics</b>		
LOVAZA CAP 1GM-375MG-465MG ( <i>omega-3-acid ethyl esters</i> )	3	-
<i>omega-3-acid ethyl esters cap 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		

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<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	1	-
<i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	1	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	1	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	1	-
COLESTID GRANULE 5GM ( <i>colestipol hcl</i> )	3	-
COLESTID POWDER PACK 5GM, 5GM/7.5GM ( <i>colestipol hcl</i> )	3	-
COLESTID TAB 1GM ( <i>colestipol hcl</i> )	3	-
<i>colestipol granule 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol powder packet 5GM</i> (COLESTID Equiv)	1	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	1	-
QUESTRAN LITE POWDER 4GM/DOSE ( <i>cholestyramine light</i> )	3	-
QUESTRAN LITE POWDER PACK ( <i>cholestyramine light</i> )	3	-
QUESTRAN POWDER 4GM/DOSE ( <i>cholestyramine</i> )	3	-
QUESTRAN POWDER PACK 4GM ( <i>cholestyramine</i> )	3	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		

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<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	1	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	1	-
FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG ( <i>fenofibric acid</i> )	3	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	1	-
LOPID TAB 600MG ( <i>gemfibrozil</i> )	3	-
TRICOR TAB 145MG, 48MG ( <i>fenofibrate</i> )	3	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		
ALTOPREV TAB 20MG, 40MG, 60MG ( <i>lovastatin</i> )	3	-
<i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv)	\$0	-
<i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv)	\$0	-
<i>atorvastatin tab 40mg 40MG</i> (LIPITOR Equiv)	1	-
<i>atorvastatin tab 80mg 80MG</i> (LIPITOR Equiv)	1	-
CRESTOR TAB 10MG, 40MG, 5MG ( <i>rosuvastatin calcium</i> )	3	QL QL= 1 tab/day
CRESTOR TAB 20MG 20MG ( <i>rosuvastatin calcium</i> )	3	QL QL= 1.5 tabs/day
<i>fluvastatin ER tab 80MG</i> (LESCOL XL Equiv)	\$0	-
LESCOL XL TAB 80MG ( <i>fluvastatin sodium</i> )	3	-

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LIPITOR TAB 10MG, 20MG, 40MG, 80MG ( <i>atorvastatin calcium</i> )	3	-
LIVALO TAB 1MG, 2MG, 4MG ( <i>pitavastatin calcium</i> )	3	ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
MEVACOR TAB 40MG ( <i>lovastatin</i> )	3	-
PRAVACHOL TAB 20MG, 40MG, 80MG ( <i>pravastatin sodium</i> )	3	-
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-
<i>rosuvastatin tab 10mg 10MG</i> (CRESTOR Equiv)	\$0	QL QL= 1 tab/day
<i>rosuvastatin tab 20mg 20MG</i> (CRESTOR Equiv)	1	QL QL= 1.5 tabs/day
<i>rosuvastatin tab 40mg 40MG</i> (CRESTOR Equiv)	1	QL QL= 1 tab/day
<i>rosuvastatin tab 5mg 5MG</i> (CRESTOR Equiv)	\$0	QL QL= 1 tab/day
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	\$0	80mg is Not Covered

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

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ZOCOR TAB 10MG, 20MG, 40MG, 5MG ( <i>simvastatin</i> )	3	-
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	1	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	1	-
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		
PRALUENT INJ 150MG/ML, 75MG/ML ( <i>alirocumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG ( <i>quinapril hcl</i> )	3	-
ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG ( <i>ramipril</i> )	3	-
ALTACE TAB ( <i>ramipril</i> )	3	-
<i>benazepril tab 10MG, 20MG, 40MG, 5MG</i> (LOTENSIN Equiv)	1	-

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<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	1	-
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	1	-
EPANED PREMIXED SOLN 1MG/ML ( <i>enalapril maleate</i> )	3	PA
EPANED SOLN 1MG/ML ( <i>enalapril maleate</i> )	3	PA
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	1	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	1	-
LOTENSIN TAB 10MG, 20MG, 40MG ( <i>benazepril hcl</i> )	3	-
MONOPRIL TAB ( <i>fosinopril sodium</i> )	3	-
PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG ( <i>lisinopril</i> )	3	-
QBRELIS SOLN 1MG/ML ( <i>lisinopril</i> )	3	PA
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	1	-
<i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	1	-
VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG ( <i>enalapril maleate</i> )	3	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		

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DIBENZYLINE CAP 10MG ( <i>phenoxybenzamine hcl</i> )	3	LMSP
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	1	LMSP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
AVAPRO TAB 150MG, 300MG, 75MG ( <i>irbesartan</i> )	3	-
COZAAR TAB 100MG, 25MG, 50MG ( <i>losartan potassium</i> )	3	-
DIOVAN TAB 160MG, 320MG, 40MG, 80MG ( <i>valsartan</i> )	3	-
EDARBI TAB 40MG, 80MG ( <i>azilsartan medoxomil</i> )	3	-
EPROSARTAN TAB 600MG ( <i>eprosartan mesylate</i> )	3	-
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	1	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	1	-
MICARDIS TAB 20MG, 40MG, 80MG ( <i>telmisartan</i> )	3	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	1	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	1	-
TEVETEN TAB ( <i>eprosartan mesylate</i> )	3	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	1	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
CARDURA TAB 1MG, 2MG, 4MG, 8MG ( <i>doxazosin mesylate</i> )	3	-
CATAPRES TAB .1MG, .2MG, .3MG ( <i>clonidine hcl</i> )	3	-

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CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR ( <i>clonidine</i> )	3	-
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	1	-
<i>clonidine tab</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
GUANABENZ TAB ( <i>guanabenz acetate</i> )	3	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
HYTRIN CAP ( <i>terazosin hcl</i> )	3	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-
MINIPRESS CAP 1MG, 2MG, 5MG ( <i>prazosin hcl</i> )	3	-
NEXICLON XR SUSP ( <i>clonidine hcl</i> )	3	-
NEXICLON XR TAB ( <i>clonidine hcl</i> )	3	-
<i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv)	1	-
RESERPINE TAB ( <i>reserpine</i> )	3	-
TENEX TAB ( <i>guanfacine hcl</i> )	3	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG ( <i>quinapril-hydrochlorothiazide</i> )	3	-

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<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	1	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	1	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	1	-
<i>amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG</i> (EXFORGE HCT Equiv)	1	-
AMTURNIDE TAB ( <i>aliskiren-amlodipine-hydrochlorothiazide</i> )	3	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	1	-
AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG ( <i>irbesartan-hydrochlorothiazide</i> )	3	-
AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG ( <i>amlodipine besylate-olmesartan medoxomil</i> )	3	-

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

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

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LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG ( <i>amlodipine besylate-benazepril hcl</i> )	3	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ( <i>methyldopa &amp; hydrochlorothiazide</i> )	1	-
METOPROLOL/HYDROCHLOROTHIAZIDE TAB 50MG-100MG ( <i>metoprolol &amp; hydrochlorothiazide</i> )	1	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i>	1	-
MONOPRIL HCT TAB ( <i>fosinopril sodium &amp; hydrochlorothiazide</i> )	3	-
<i>nadolol/bendroflumethiazide tab 5MG-80MG</i> (CORZIDE Equiv)	1	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG</i> (BENICAR HCT Equiv)	1	-
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ( <i>propranolol &amp; hydrochlorothiazide</i> )	1	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv)	1	-
TEKAMLO TAB ( <i>aliskiren-amlodipine</i> )	3	-

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TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG <i>(aliskiren-hydrochlorothiazide)</i>	3	-
TENORETIC TAB 25MG-100MG, 25MG-50MG <i>(atenolol &amp; chlorthalidone)</i>	3	-
TEVETEN HCT TAB <i>(eprosartan mesylate-hydrochlorothiazide)</i>	3	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	1	-
VALTURNA TAB <i>(aliskiren-valsartan)</i>	3	-
VASERETIC TAB 10MG-25MG <i>(enalapril maleate &amp; hydrochlorothiazide)</i>	3	-
ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG <i>(lisinopril &amp; hydrochlorothiazide)</i>	3	-
ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG <i>(bisoprolol &amp; hydrochlorothiazide)</i>	3	-
<b>DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure</b>		
<i>aliskiren tab 150MG, 300MG</i> (TEKTURNA Equiv)	1	¢
TEKTURNA TAB 150MG, 300MG <i>(aliskiren fumarate)</i>	3	-
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure</b>		
<i>eplerenone tab 25MG, 50MG</i> (INSPRA Equiv)	1	-

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INSPIRA TAB 25MG, 50MG ( <i>eplerenone</i> )	3	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	1	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	1	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML ( <i>metronidazole benzoate</i> )	3	-
FLAGYL ER TAB ( <i>metronidazole</i> )	3	-
FLAGYL TAB 250MG, 500MG ( <i>metronidazole</i> )	3	-
IMPAVIDO CAP 50MG ( <i>miltefosine</i> )	4	PA
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	1	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	1	LMSP
PRIMSOL SOLN 50MG/5ML ( <i>trimethoprim hcl</i> )	3	-
PRIMSOL SOLN 50MG/5ML ( <i>trimethoprim hcl</i> )	3	-
TINDAMAX TAB 500MG ( <i>tinidazole</i> )	3	-
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	1	-
<i>trimethoprim tab 100MG</i> (PROLOPRIM Equiv)	1	-
XIFAXAN TAB 200MG 200MG ( <i>rifaximin</i> )	3	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG ( <i>rifaximin</i> )	3	PA-QL QL= 2 tabs/day
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		

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BACTRIM DS TAB 160MG-800MG, 80MG-400MG <i>(sulfamethoxazole-trimethoprim)</i>	3	-
<i>erythromycin/sulfisoxazole susp</i> (PEDIAZOLE Equiv)	1	-
PEDIAZOLE SUSP <i>(erythromycin-sulfisoxazole)</i>	3	-
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	1	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	1	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
ALINIA SUSP 100MG/5ML <i>(nitazoxanide)</i>	2	PA-QL QL= 60ml/3 days
ALINIA TAB 500MG <i>(nitazoxanide)</i>	3	PA-QL QL= 6 tabs/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	1	-
MEPRON SUSP 750MG/5ML <i>(atovaquone)</i>	3	-
<i>nitazoxanide tab 500MG</i> (ALINIA Equiv)	1	PA-QL QL= 6 tabs/3 days
<b>CARBAPENEMS - Drugs to treat bacterial infections</b>		
DORIBAX INJ 250MG, 500MG <i>(doripenem)</i>	M	M
DORIPENEM INJ 250MG, 500MG <i>(doripenem)</i>	M	M
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	M
INVANZ INJ 1GM <i>(ertapenem sodium)</i>	M	M
INVANZ INJ 1GM <i>(ertapenem sodium)</i>	M	M
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	M

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<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		
FIRST-VANCOMYCIN SOLN 25MG/ML, 50MG/ML ( <i>vancomycin hcl</i> )	1	-
FIRVANQ SOLN 25MG/ML, 50MG/ML ( <i>vancomycin hcl</i> )	1	-
VANCOCIN CAP 125MG, 250MG ( <i>vancomycin hcl</i> )	3	QL QL= 56 caps/fill
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	1	QL QL= 56 caps/fill
<b>LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)</b>		
<i>dapsone tab 100MG, 25MG</i>	1	-
<b>LINCOSAMIDES - Drugs to treat bacterial infections</b>		
CLEOCIN CAP ( <i>clindamycin hcl cap</i> )	3	-
CLEOCIN SOLN 75MG/5ML ( <i>clindamycin palmitate hydrochloride</i> )	3	-
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	1	-
<i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv)	1	-
<b>MONOBACTAMS - Drugs to treat bacterial infections</b>		
CAYSTON INH SOLN 75MG ( <i>aztreonam lysine</i> )	4	KMSP-RS
<b>OXAZOLIDINONES - Drugs to treat bacterial infections</b>		
<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	1	RS Restricted to Infectious Disease Specialist

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

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<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	1	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	1	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	1	-
COARTEM TAB 20MG-120MG ( <i>artemether-lumefantrine</i> )	3	-
FANSIDAR TAB ( <i>sulfadoxine &amp; pyrimethamine</i> )	3	-
MALARONE TAB 100MG-250MG, 25MG-62.5MG ( <i>atovaquone-proguanil hcl</i> )	3	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
ARALEN TAB ( <i>chloroquine phosphate</i> )	3	-
CHLOROQUINE TAB 500MG (ARALEN Equiv) ( <i>chloroquine phosphate</i> )	1	-
<i>chloroquine tab</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 200MG</i> (PLAQUENIL Equiv)	1	-
KRINTAFEL TAB 150MG ( <i>tafenoquine succinate</i> )	2	-
LARIAM TAB ( <i>mefloquine hcl</i> )	3	-
MEFLOQUINE TAB 250MG ( <i>mefloquine hcl</i> )	2	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	1	-

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PLAQUENIL TAB 200MG ( <i>hydroxychloroquine sulfate</i> )	3	-
PRIMAQUINE TAB 26.3MG ( <i>primaquine phosphate</i> )	3	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	1	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QUALAQUIN CAP 324MG ( <i>quinine sulfate</i> )	3	-
<i>quinine sulfate cap 324MG</i> (QUALAQUIN Equiv)	1	-
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
GUANIDINE TAB 125MG ( <i>guanidine hcl</i> )	3	-
MESTINON TAB 60MG ( <i>pyridostigmine bromide</i> )	3	-
MESTINON TIMESPAN TAB 180MG ( <i>pyridostigmine bromide</i> )	3	-
MYTELASE TAB ( <i>ambenonium chloride</i> )	3	-
PROSTIGMIN TAB ( <i>neostigmine bromide</i> )	2	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	1	-
<i>pyridostigmine soln 60MG/5ML</i> (MESTINON Equiv)	1	-
RUZURGI TAB 10MG ( <i>amifampridine</i> )	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		

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<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		
RIFAMATE CAP 150MG-300MG ( <i>isoniazid &amp; rifampin</i> )	2	-
RIFATER TAB 50MG-120MG-300MG ( <i>isoniazid-rifampin w/ pyrazinamide</i> )	3	PA
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	1	-
ISONIAZID SYRUP 50MG/5ML ( <i>isoniazid</i> )	1	-
ISONIAZID TAB 100MG ( <i>isoniazid</i> )	1	-
<i>isoniazid tab 100MG, 300MG</i>	1	-
MYAMBUTOL TAB 100MG, 400MG ( <i>ethambutol hcl</i> )	3	-
MYCOBUTIN CAP 150MG ( <i>rifabutin</i> )	3	-
PRETOMANID TAB 200MG ( <i>pretomanid</i> )	2	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	2	-
PYRAZINAMIDE TAB 500MG ( <i>pyrazinamide</i> )	1	-
<i>pyrazinamide tab 500MG</i>	1	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	1	-
RIFADIN CAP 150MG, 300MG ( <i>rifampin</i> )	3	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-
TRECTOR TAB 250MG ( <i>ethionamide</i> )	3	PA

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<b>ANTINEOPLASTICS - Drugs to treat cancer</b>		
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	4	LMSP-ONC
<b>TOPOISOMERASE I INHIBITORS - Drugs to treat cancer</b>		
HYCANTIN CAP .25MG, 1MG ( <i>topotecan hcl</i> )	4	LMSP-ONC-PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
AFINITOR TAB 10MG 10MG ( <i>everolimus</i> )	4	LMSP-ONC-PA-QL-SF QL= 1 tab/day
ALKERAN TAB 2MG ( <i>melphalan</i> )	3	LMSP-ONC
<i>busulfan inj 6MG/ML</i>	M	M
BUSULFEX INJ ( <i>busulfan</i> )	M	M
BUSULFEX INJ 6MG/ML ( <i>busulfan</i> )	M	M
CYCLOPHOSPHAMIDE CAP 25MG, 50MG ( <i>cyclophosphamide</i> )	3	ONC
<i>cyclophosphamide cap 25MG, 50MG</i>	1	ONC
<i>cyclophosphamide tab</i> (CYTOXAN Equiv)	1	ONC
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG ( <i>lomustine</i> )	2	ONC
HEXALEN CAP 50MG ( <i>altretamine</i> )	4	LMSP-ONC
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	4	LMSP-ONC
<i>melphalan inj 50MG</i> (ALKERAN Equiv)	M	M
<i>melphalan tab 2MG</i> (ALKERAN Equiv)	1	LMSP-ONC
MYLERAN TAB 2MG ( <i>busulfan</i> )	4	LMSP-ONC

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<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	4	LMSP-ONC
ZANOSAR INJ 1GM ( <i>streptozocin</i> )	M	M
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	4	LMSP-ONC
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
<i>methotrexate inj 1GM/40ML, 250MG/10ML, 50MG/2ML</i>	1	-
<i>methotrexate tab 2.5MG</i> (Trexall Equiv)	1	ONC
PURINETHOL TAB ( <i>mercaptopurine</i> )	3	ONC
TABLOID TAB 40MG ( <i>thioguanine</i> )	2	ONC
<b>ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer</b>		
RITUXAN INJ 100MG/10ML, 500MG/50ML ( <i>rituximab</i> )	M	M
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer</b>		
VENCLEXTA STARTER PACK ( <i>venetoclax</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ( <i>venetoclax</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	4	KMSP-ONC-PA-SF
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	4	LMSP-ONC-PA-SF

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<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	1	LMSP-ONC-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
ARIMIDEX TAB 1MG ( <i>anastrozole</i> )	3	ONC
AROMASIN TAB 25MG ( <i>exemestane</i> )	3	ONC
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	1	ONC
CASODEX TAB 50MG ( <i>bicalutamide</i> )	3	ONC
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	2	ONC
ERLEADA TAB 60MG ( <i>apalutamide</i> )	4	LMSP-ONC-PA-QL QL= 4 tabs/day
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
FARESTON TAB 60MG ( <i>toremifene citrate</i> )	3	ONC
FEMARA TAB 2.5MG ( <i>letrozole</i> )	3	ONC
FLUTAMIDE CAP 125MG ( <i>flutamide</i> )	2	ONC
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	1	ONC
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	1	ONC

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<i>leuprolide inj 1MG/0.2ML</i> (LUPRON Equiv)	M	M
LUPRON DEPOT INJ 30MG ( <i>leuprolide acetate (4 month)</i> )	M	M
LYSODREN TAB 500MG ( <i>mitotane</i> )	4	LD-ONC Only available through Walgreens 888-347-3416
MEGACE SUSP ( <i>megestrol acetate</i> )	3	ONC
<i>megestrol susp 400MG/10ML, 40MG/ML</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	4	LMSP-ONC
NUBEQA TAB 300MG ( <i>darolutamide</i> )	4	MSP-PA-QL-SF QL= 4 tabs/day
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	1	ONC
TRELSTAR INJ 11.25MG, 22.5MG, 3.75MG ( <i>triptorelin pamoate</i> )	M	M
<b>ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer</b>		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	4	KMSP-PA-QL QL= 21 caps/28 days
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		

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

**Last Updated 4/1/2021**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
XPOVIO PAK 20MG ( <i>selinexor</i> )	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		
INQOVI TAB 35MG-100MG ( <i>decitabine-cedazuridine</i> )	4	LD-PA-QL QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG ( <i>trifluridine-tipiracil</i> )	4	LD-ONC-PA Only available through Walgreens 888-347-3416
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
AFINITOR DISPERZ 2MG, 3MG, 5MG ( <i>everolimus</i> )	4	LMSP-ONC-PA-QL-SF QL= 1 tab/day
ALECENSA CAP 150MG ( <i>alectinib hcl</i> )	4	LMSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG ( <i>brigatinib</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG ( <i>brigatinib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
AYVAKIT TAB 100MG, 200MG, 300MG ( <i>avapritinib</i> )	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306

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

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BALVERSA TAB 3MG 3MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG 4MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG 5MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BOSULIF TAB 100MG, 400MG, 500MG ( <i>bosutinib</i> )	4	KMSP-ONC-PA-SF
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
CABOMETYX TAB 20MG, 40MG, 60MG ( <i>cabozantinib s-malate</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
CALQUENCE CAP 100MG ( <i>acalabrutinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CAPRELSA TAB 100MG, 300MG ( <i>vandetanib</i> )	4	LD-ONC-PA Only available through Biologics 800-850-4306

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COMETRIQ KIT 20MG ( <i>cabozantinib s-malate</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	4	LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	4	MSP-ONC-PA-QL QL= 3 tabs/day
<i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv)	4	LMSP-ONC-PA-SF
<i>everolimus tab 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	4	LMSP-ONC-PA-QL-SF QL= 1 tab/day
FARYDAK CAP 10MG, 15MG, 20MG ( <i>panobinostat lactate</i> )	4	MSP-ONC-PA-QL QL= 6 caps/21 days
GILOTRIF TAB 20MG, 30MG, 40MG ( <i>afatinib dimaleate</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
IBRANCE CAP 100MG, 125MG, 75MG ( <i>palbociclib</i> )	4	KMSP-ONC-PA-QL QL= 21 caps/28 days
IBRANCE TAB 100MG, 125MG, 75MG ( <i>palbociclib</i> )	4	KMSP-ONC-PA-QL QL= 21 caps/28 days
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ( <i>ponatinib hcl</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144

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IDHIFA TAB 100MG, 50MG ( <i>enasidenib mesylate</i> )	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	4	LMSP-ONC-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB 1MG, 5MG ( <i>axitinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 8 tabs/day
IRESSA TAB 250MG ( <i>gefitinib</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ( <i>ruxolitinib phosphate</i> )	4	MSP-ONC-PA-QL QL= 2 tabs/day
KOSELUGO CAP 10MG, 25MG ( <i>selumetinib sulfate</i> )	4	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	4	LMSP-ONC-PA

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LENVIMA CAP 10MG, 4MG ( <i>lenvatinib mesylate</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523
LORBRENA TAB 100MG 100MG ( <i>lorlatinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG ( <i>lorlatinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 tabs/day
LYNPARZA CAP 50MG ( <i>olaparib</i> )	4	LD-ONC-PA-QL-SF Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB 100MG, 150MG ( <i>olaparib</i> )	4	LD-ONC-PA-QL-SF Only available through Biologics 800-850-4306, QL= 4 tabs/day
MEKINIST TAB 0.5MG .5MG ( <i>trametinib dimethyl sulfoxide</i> )	4	LMSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ( <i>trametinib dimethyl sulfoxide</i> )	4	LMSP-ONC-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ( <i>binimetinib</i> )	4	LD-ONC-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NERLYNX TAB 40MG ( <i>neratinib maleate</i> )	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEXAVAR TAB 200MG ( <i>sorafenib tosylate</i> )	4	MSP-ONC-PA-SF

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NINLARO CAP 2.3MG, 3MG, 4MG ( <i>ixazomib citrate</i> )	4	KMSP-ONC-PA
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ( <i>pemigatinib</i> )	4	LD-PA-QL QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG ( <i>alpelisib</i> )	4	LMSP-PA-SF
QINLOCK TAB 50MG ( <i>ripretinib</i> )	4	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG ( <i>selpercatinib</i> )	4	LMSP-PA-QL-SF QL= 4 caps/day
ROZLYTREK CAP 100MG, 200MG ( <i>entrectinib</i> )	4	MSP-PA-QL-SF QL= 3 caps/day
RUBRACA TAB 200MG, 250MG, 300MG ( <i>rucaparib camsylate</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RYDAPT CAP 25MG ( <i>midostaurin</i> )	4	LMSP-ONC-PA
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ( <i>dasatinib</i> )	3	LMSP-ONC-PA-SF
STIVARGA TAB 40MG ( <i>regorafenib</i> )	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG ( <i>sunitinib malate</i> )	4	KMSP-ONC-PA-SF
TABRECTA TAB 150MG, 200MG ( <i>capmatinib hcl</i> )	4	LMSP-PA-QL-SF QL= 4 tabs/day

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TAFINLAR CAP 50MG, 75MG ( <i>dabrafenib mesylate</i> )	4	LMSP-ONC-PA-QL QL= 4 caps/day
TAGRISSE TAB 40MG, 80MG ( <i>osimertinib mesylate</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TALZENNA CAP 0.25MG .25MG ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 1MG 1MG ( <i>talazoparib tosylate</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ( <i>nilotinib hcl</i> )	4	LMSP-ONC-PA-SF
TAZVERIK TAB 200MG ( <i>tazemetostat hbr</i> )	4	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TIBSOVO TAB 250MG ( <i>ivosidenib</i> )	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TUKYSA TAB 150MG, 50MG ( <i>tucatinib</i> )	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP 200MG ( <i>pexidartinib hcl</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ( <i>abemaciclib</i> )	4	LMSP-ONC-PA-QL-SF QL= 2 tabs/day

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VITRAKVI CAP 100MG 100MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG 25MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN 20MG/ML ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through US Bioservices 888-518-7246
VIZIMPRO TAB 15MG, 30MG, 45MG ( <i>dacomitinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 1 tab/day
VOTRIENT TAB 200MG ( <i>pazopanib hcl</i> )	4	LMSP-ONC-PA-SF
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	4	KMSP-ONC-PA-QL-SF QL= 2 caps/day
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	4	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ( <i>vemurafenib</i> )	4	MSP-ONC-PA-QL
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	4	LMSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG ( <i>idelalisib</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118

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ZYKADIA CAP 150MG ( <i>ceritinib</i> )	4	LMSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ( <i>ceritinib</i> )	4	LMSP-ONC-PA-QL-SF QL= 3 tabs/day
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
ACTIMMUNE INJ 2000000UNIT/0.5ML ( <i>interferon gamma-1b</i> )	4	LD-PA Only available through Walgreens 888-347-3416
ALFERON-N INJ 5MU/ML ( <i>interferon alfa-n3</i> )	4	LMSP
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	4	LMSP-ONC-PA-SF
HYDREA CAP 500MG ( <i>hydroxyurea</i> )	3	ONC
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ 10MU/ML, 6000000UNIT/ML ( <i>interferon alfa-2b</i> )	4	KMSP
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	2	ONC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	1	ONC
MESNEX TAB 400MG ( <i>mesna</i> )	4	LMSP-ONC
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
ETOPOSIDE CAP 50MG ( <i>etoposide</i> )	4	LMSP-ONC
<b>ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease</b>		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	1	-
LODOSYN TAB 25MG ( <i>carbidopa</i> )	3	-

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<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
<b>ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease</b>		
COMTAN TAB 200MG ( <i>entacapone</i> )	3	-
<i>entacapone tab 200MG</i> (COMTAN Equiv)	1	-
TASMAR TAB 100MG ( <i>tolcapone</i> )	3	-
<i>tolcapone tab 100MG</i> (TASMAR Equiv)	1	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	1	-
<i>amantadine syrup 50MG/5ML</i> (SYMMETREL Equiv)	1	-
<i>amantadine tab 100MG</i>	1	-
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	1	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	1	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	1	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	1	-
<i>carbidopa/levodopa tab</i> (SINEMET Equiv)	1	-
CARBIDOPA/LEVODOPA/ENTACAPONE TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv) ( <i>carbidopa-levodopa-entacapone</i> )	2	-

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

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
MIRAPEX TAB .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG ( <i>pramipexole dihydrochloride</i> )	3	-
NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR ( <i>rotigotine</i> )	3	-
PARCOPA ODT ( <i>carbidopa-levodopa</i> )	3	-
PARLODEL CAP 5MG ( <i>bromocriptine mesylate</i> )	3	-
PARLODEL TAB 2.5MG ( <i>bromocriptine mesylate</i> )	3	-
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	1	-
REQUIP TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG ( <i>ropinirole hydrochloride</i> )	3	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	1	-
SINEMET CR TAB 25MG-100MG, 50MG-200MG ( <i>carbidopa-levodopa</i> )	3	-
SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG ( <i>carbidopa-levodopa</i> )	3	-
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease</b>		
AZILECT TAB .5MG, 1MG ( <i>rasagiline mesylate</i> )	3	-
ELDEPYRL CAP 5MG ( <i>selegiline hcl</i> )	3	-
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	1	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	1	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	1	-

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XADAGO TAB 100MG, 50MG ( <i>safinamide mesylate</i> )	3	PA-QL QL= 1 tab/day
ZELAPAR ODT 1.25MG ( <i>selegiline hcl</i> )	3	-
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	1	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
INBRIJA INH POWDER 42MG ( <i>levodopa</i> )	3	PA-QL QL= 10 caps/day
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
LITHIUM CARBONATE CAP 150MG, 600MG ( <i>lithium carbonate</i> )	1	-
<i>lithium carbonate cap 150MG, 300MG, 600MG</i>	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
LITHIUM CITRATE SOLN 8MEQ/5ML ( <i>lithium</i> )	1	-
<i>lithium citrate soln</i>	1	-
LITHOBID TAB 300MG ( <i>lithium carbonate</i> )	3	-
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		
EQUETRO CAP 100MG, 200MG, 300MG ( <i>carbamazepine (antipsychotic)</i> )	2	-

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GEODON CAP 20MG, 40MG, 60MG, 80MG <i>(ziprasidone hcl)</i>	3	-
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	1	-
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		
FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG <i>(iloperidone)</i>	3	PA-QL QL= 2 tabs/day
FANAPT TITRATION PACK <i>(iloperidone)</i>	3	PA-QL QL= 1 pack/plan year
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG <i>(paliperidone)</i>	3	PA
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	1	PA
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG <i>(risperidone microspheres)</i>	4	MSP
RISPERDAL M ODT .5MG, 1MG, 2MG, 3MG, 4MG <i>(risperidone)</i>	3	-
RISPERDAL SOLN 1MG/ML <i>(risperidone)</i>	3	-
RISPERDAL TAB .25MG, .5MG, 1MG, 2MG, 3MG, 4MG <i>(risperidone)</i>	3	-
RISPERIDONE ODT .25MG <i>(risperidone)</i>	2	-
<i>risperidone ODT .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	1	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	1	-

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<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	1	-
<b>BUTYROPHENONES - Drugs to treat mood disorders</b>		
<i>haloperidol lactate conc 2MG/ML</i> (HALDOL Equiv)	1	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	1	-
<b>DIBENZAPINES - Drugs to treat mood disorders</b>		
<i>asenapine maleate SL tab 10MG, 2.5MG, 5MG</i> (SAPHRIS Equiv)	1	PA-QL QL= 2 tabs/day
CLOZAPINE ODT 150MG, 200MG ( <i>clozapine</i> )	2	-
CLOZAPINE ODT 12.5MG 12.5MG ( <i>clozapine</i> )	1	-
<i>clozapine ODT 25mg, 100mg 100MG, 25MG</i> (CLOZAPINE, FAZACLO Equiv)	1	-
CLOZAPINE ODT, FAZACLO ODT 12.5MG, 150MG, 200MG ( <i>clozapine</i> )	2	-
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	1	-
CLOZARIL TAB 100MG, 200MG, 25MG, 50MG ( <i>clozapine</i> )	3	-
FAZACLO ODT 12.5MG, 25MG, 100MG 100MG, 12.5MG, 25MG ( <i>clozapine</i> )	3	-
<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	1	-
LOXITANE CAP ( <i>loxapine succinate</i> )	3	-

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

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<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	1	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	1	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	1	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	1	-
<b>QUINOLINONE DERIVATIVES - Drugs to treat mood disorders</b>		
ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG ( <i>aripiprazole</i> )	3	-
<i>aripiprazole soln 1MG/ML</i> (ABILIFY Equiv)	1	PA
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	1	-
<b>THIOXANTHENES - Drugs to treat mood disorders</b>		
NAVANE CAP ( <i>thiothixene</i> )	3	-
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-
<b>ANTISEPTICS &amp; DISINFECTANTS - Drugs to treat bacterial infections</b>		
<b>CHLORINE ANTISEPTICS - Drugs to treat bacterial infections</b>		
PHISOHEX LIQUID ( <i>hexachlorophene</i> )	3	-
<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		

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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	1	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	1	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	1	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	1	-
APTIVUS CAP 250MG ( <i>tipranavir</i> )	4	-
APTIVUS SOLN 100MG/ML ( <i>tipranavir</i> )	4	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	1	-
BIKTARVY TAB 25MG-50MG-200MG ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	4	QL QL= 1 tab/ day
CIMDUO TAB 300MG ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ( <i>indinavir sulfate</i> )	4	-
DELSTRIGO TAB 100MG-300MG ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
DESCOVY TAB 25MG-200MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	4	PA

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<i>didanosine DR cap 200MG, 250MG, 400MG</i> (VIDEX EC Equiv)	1	-
DOVATO TAB 50MG-300MG ( <i>dolutegravir sodium-lamivudine</i> )	4	QL QL= 1 tab/day
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	4	-
<i>efavirenz cap 200MG, 50MG</i> (SUSTIVA Equiv)	1	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	1	-
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv)	1	QL QL= 1 tab/day
<i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv)	1	QL QL= 1 tab/day
<i>emtricitabine cap 200MG</i> (EMTRIVA Equiv)	1	-
<i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv)	\$0	-
EMTRIVA SOLN 10MG/ML ( <i>emtricitabine</i> )	4	-
EVOTAZ TAB 150MG-300MG ( <i>atazanavir sulfate-cobicistat</i> )	4	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	1	-
FUZEON INJ 90MG ( <i>enfuvirtide</i> )	4	-
GENVOYA TAB 10MG-150MG-200MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	4	-

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INTELENCE TAB 100MG, 200MG, 25MG ( <i>etravirine</i> )	4	-
INVIRASE CAP 200MG ( <i>saquinavir mesylate</i> )	4	-
INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	4	-
ISENTRESS (HD) TAB 400MG, 600MG ( <i>raltegravir potassium</i> )	3	-
ISENTRESS CHEW TAB 100MG, 25MG ( <i>raltegravir potassium</i> )	3	-
ISENTRESS POWDER PACK 100MG ( <i>raltegravir potassium</i> )	3	-
JULUCA TAB 25MG-50MG ( <i>dolutegravir sodium-rilpivirine hcl</i> )	4	QL QL= 1 tab/ day
KALETRA TAB 25MG-100MG, 50MG-200MG ( <i>lopinavir-ritonavir</i> )	4	-
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	1	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	1	-
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	1	-
LEXIVA SUSP 50MG/ML ( <i>fosamprenavir calcium</i> )	4	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	1	-
<i>nevirapine ER tab 100MG, 400MG</i> (VIRAMUNE XR Equiv)	1	-
<i>nevirapine susp 50MG/5ML</i> (VIRAMUNE Equiv)	1	-

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<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP 100MG ( <i>ritonavir</i> )	3	-
NORVIR POWDER PACK 100MG ( <i>ritonavir</i> )	3	-
NORVIR SOLN 80MG/ML ( <i>ritonavir</i> )	3	-
NORVIR TAB 100MG ( <i>ritonavir</i> )	3	-
ODEFSEY TAB 25MG-200MG ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	4	QL QL= 1 tab/day
PIFELTRO TAB 100MG ( <i>doravirine</i> )	4	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG ( <i>darunavir-cobicistat</i> )	4	-
PREZISTA SUSP 100MG/ML ( <i>darunavir ethanolate</i> )	4	-
PREZISTA TAB 150MG, 600MG, 75MG, 800MG ( <i>darunavir ethanolate</i> )	4	-
RESCRIPTOR TAB 100MG, 200MG ( <i>delavirdine mesylate</i> )	4	-
REYATAZ POWDER PACK 50MG ( <i>atazanavir sulfate</i> )	4	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	1	-
RUKOBIA ER TAB 600MG ( <i>fostemsavir tromethamine</i> )	4	-
SELZENTRY SOLN 20MG/ML ( <i>maraviroc</i> )	4	-

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

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
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG ( <i>maraviroc</i> )	4	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG ( <i>stavudine</i> )	1	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i>	1	-
<i>stavudine soln</i> (ZERIT Equiv)	1	-
STRIBILD TAB 150MG-200MG-300MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	4	-
SYMTUZA TAB 10MG-150MG-200MG-800MG ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	4	-
<i>tenofovir disoproxil fumarate tab 300MG</i> (VIREAD Equiv)	1	-
TIVICAY PD TAB 5MG ( <i>dolutegravir sodium</i> )	4	-
TIVICAY TAB 10MG, 25MG, 50MG ( <i>dolutegravir sodium</i> )	4	-
TRIUMEQ TAB 50MG-300MG-600MG ( <i>abacavir-dolutegravir-lamivudine</i> )	4	-
VIDEX SOLN 2GM, 4GM ( <i>didanosine</i> )	4	-
VIRACEPT POWDER ( <i>nelfinavir mesylate</i> )	4	-
VIRACEPT TAB 250MG, 625MG ( <i>nelfinavir mesylate</i> )	4	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ( <i>tenofovir disoproxil fumarate</i> )	4	-

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VITEKTA TAB ( <i>elvitegravir</i> )	3	-
ZERIT SOLN 1MG/ML ( <i>stavudine</i> )	4	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	1	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	1	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	1	-
<b>CMV AGENTS - Drugs to treat viral infections</b>		
<i>foscarnet sodium inj 6000MG/250ML</i> (FOSCAVIR Equiv)	M	M
FOSCAVIR INJ 6000MG/250ML ( <i>foscarnet sodium</i> )	M	M
GANCICLOVIR CAP ( <i>ganciclovir</i> )	4	-
VALCYTE TAB 450MG ( <i>valganciclovir hcl</i> )	3	-
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	1	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	1	-
<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	4	LMSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDGE Equiv)	4	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	4	-
INCIVEK TAB ( <i>telaprevir</i> )	4	MSP-PA-SF
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	1	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ( <i>ledipasvir-sofosbuvir</i> )	4	LMSP-PA-QL QL= 1 tab/ day
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	4	LMSP-PA-QL QL= 3 tabs/day

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PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML ( <i>peginterferon alfa-2a</i> )	4	LMSP
PEG-INTRON INJ 120MCG/0.5ML, 50MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	4	LMSP
REBETOL SOLN 40MG/ML ( <i>ribavirin (hepatitis c)</i> )	4	LMSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	1	LMSP
<i>ribavirin tab 200MG</i> (COPEGUS Equiv)	1	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir</i> )	4	LMSP-PA-QL QL= 1 tab/ day
TYZEKA TAB ( <i>telbivudine</i> )	4	KMSP-PA
VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	4	LMSP
VICTRELIS CAP ( <i>boceprevir</i> )	4	MSP-PA-SF
VOSEVI TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	4	LMSP-PA-QL QL= 1 tab/day
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	1	-
<i>famciclovir tab 125MG, 250MG, 500MG</i> (FAMVIR Equiv)	1	-
FAMVIR TAB ( <i>famciclovir</i> )	3	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX 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
VALTREX TAB 1GM, 500MG ( <i>valacyclovir hcl</i> )	3	-
ZOVIRAX CAP 200MG ( <i>acyclovir</i> )	3	-
ZOVIRAX SUSP 200MG/5ML ( <i>acyclovir</i> )	3	-
ZOVIRAX TAB 400MG, 800MG ( <i>acyclovir</i> )	3	-
<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		
FLUMADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	3	-
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	1	-
TAMIFLU CAP 45MG, 75MG ( <i>oseltamivir phosphate</i> )	3	QL QL= 10 caps/fill
TAMIFLU CAP 30MG 30MG ( <i>oseltamivir phosphate</i> )	3	QL QL= 20 caps/fill
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB 125MG ( <i>penicillamine</i> )	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
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ( <i>lenalidomide</i> )	3	KMSP-PA-QL QL= 1 cap/day
THALOMID CAP 100MG, 150MG, 200MG, 50MG ( <i>thalidomide</i> )	4	KMSP-PA
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	1	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	1	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	1	-
IMURAN TAB 50MG ( <i>azathioprine</i> )	3	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	1	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	1	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	1	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML ( <i>cyclosporine</i> )	4	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	1	-

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

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BYSTOLIC TAB 10MG, 2.5MG, 20MG, 5MG ( <i>nebivolol hcl</i> )	2	-
LOPRESSOR TAB 100MG, 50MG ( <i>metoprolol tartrate</i> )	3	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	1	-
<i>metoprolol tab 100MG, 25MG, 50MG</i> (LOPRESSOR Equiv)	1	-
SECTRAL CAP ( <i>acebutolol hcl</i> )	3	-
TENORMIN TAB 100MG, 25MG, 50MG ( <i>atenolol</i> )	3	-
TOPROL XL TAB 100MG, 200MG, 25MG, 50MG ( <i>metoprolol succinate</i> )	3	-
ZEBETA TAB 10MG ( <i>bisoprolol fumarate</i> )	3	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		
BETAPACE AF TAB 120MG, 160MG, 80MG ( <i>sotalol hcl (afib/afl)</i> )	3	-
BETAPACE TAB 120MG, 160MG, 80MG ( <i>sotalol hcl</i> )	3	-
CORGARD TAB 20MG, 40MG, 80MG ( <i>nadolol</i> )	3	-
INDERAL LA CAP 120MG, 160MG, 60MG, 80MG ( <i>propranolol hcl</i> )	3	-
LEVATOL TAB ( <i>penbutolol sulfate</i> )	3	-
<i>nadolol tab</i> (CORGARD Equiv)	1	-
<i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv)	1	-

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<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv)	1	-
PROPRANOLOL SOLN 20MG/5ML, 40MG/5ML ( <i>propranolol hcl</i> )	1	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	1	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	1	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	1	-
<b>BIOLOGICALS MISC - Miscellaneous biological drugs</b>		
<b>BIOLOGICALS MISC - Miscellaneous biological drugs</b>		
ADAGEN INJ 250UNIT/ML ( <i>pegademase bovine</i> )	M	M
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		
ADALAT CC TAB 30MG, 60MG, 90MG ( <i>nifedipine</i> )	3	-
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
CALAN SR TAB 120MG, 180MG, 240MG ( <i>verapamil hcl</i> )	3	-
CALAN TAB 120MG, 80MG ( <i>verapamil hcl</i> )	3	-
CARDENE SR CAP ( <i>nicardipine hcl</i> )	3	-

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CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG ( <i>diltiazem hcl coated beads</i> )	3	-
CARDIZEM TAB ( <i>diltiazem hcl tab</i> )	3	-
COVERA-HS TAB ( <i>verapamil hcl</i> )	3	-
<i>diltiazem ER cap 120MG, 180MG, 240MG</i> (CARDIZEM CD Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-
DYNACIRC CR TAB ( <i>isradipine</i> )	3	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	1	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	1	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nimodipine cap 30MG</i> (NIMOTOP Equiv)	1	-
NIMOTOP CAP ( <i>nimodipine</i> )	3	-
NORVASC TAB 10MG, 2.5MG, 5MG ( <i>amlodipine besylate</i> )	3	-
PLENDIL TAB ( <i>felodipine</i> )	3	-
PROCARDIA CAP 10MG ( <i>nifedipine</i> )	3	-
TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG ( <i>diltiazem hcl extended release beads</i> )	3	-
VERAPAMIL CAP 100MG 100MG ( <i>verapamil hcl</i> )	1	-

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VERAPAMIL ER CAP 200MG 200MG ( <i>verapamil hcl</i> )	1	-
VERAPAMIL ER CAP 300MG 300MG ( <i>verapamil hcl</i> )	1	-
<i>verapamil SR cap 100MG, 120MG, 180MG, 200MG, 240MG, 300MG</i> (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG ( <i>verapamil hcl</i> )	1	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv)	1	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	1	-
VERELAN CAP 120MG, 180MG, 240MG ( <i>verapamil hcl</i> )	3	-
VERELAN PM CAP ( <i>verapamil hcl</i> )	3	-
VERELAN PM ER CAP 100MG, 300MG 100MG, 200MG, 300MG ( <i>verapamil hcl</i> )	3	-
VERELAN SR CAP 360mg 360MG ( <i>verapamil hcl</i> )	3	-
<b>CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm</b>		
<b>CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm</b>		
DIGOXIN SOLN .05MG/ML (LANOXIN Equiv) ( <i>digoxin</i> )	1	-
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-
<i>digoxin tab .125MG, .25MG, 125MCG, 250MCG</i> (LANOXIN Equiv)	1	-
LANOXIN TAB 125MCG, 250MCG ( <i>digoxin</i> )	3	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs</b>		
<i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (CADUET Equiv)</i>	1	-
CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG ( <i>amlodipine besylate-atorvastatin calcium</i> )	3	-
<b>IMPOTENCE AGENTS - drugs to treat erectile dysfunction</b>		
CAVERJECT INJ 10MCG, 20MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
EDEX INJ 10MCG, 20MCG, 40MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG ( <i>alprostadil (vasodilator)</i> )	2	QL QL= 6 inj/30 days
<i>sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)</i>	1	QL QL= 6 tabs/30 days
STENDRA TAB 100MG, 200MG, 50MG ( <i>avanafil</i> )	2	QL QL= 6 tabs/30 days

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<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>tadalafil tab 2.5mg, 5mg 2.5MG, 5MG</i> (CIALIS Equiv)	1	QL QL= 6 tabs/30 days
<i>vardenafil ODT 10MG</i> (STAXYN Equiv)	1	QL QL= 6 tabs/30 days
<i>vardenafil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	1	QL QL= 6 tabs/30 days
<b>PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions</b>		
<i>isoxsuprine tab 10MG, 20MG</i>	1	-
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
TYVASO INH SOLN .6MG/ML ( <i>treprostinil</i> )	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ( <i>iloprost</i> )	4	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>		
<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416

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<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
OPSUMIT TAB 10MG ( <i>macitentan</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
TRACLEER TAB 32MG 32MG ( <i>bosentan</i> )	4	LD-PA-QL QL=4 tabs/day; Only available through Walgreens 888-347-3416
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
REVATIO TAB 20MG ( <i>sildenafil citrate (pulmonary hypertension)</i> )	3	PA
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	PA
<i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv)	4	LMSP-PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>selexipag</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension</b>		

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ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ( <i>riociguat</i> )	4	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
<b>SINUS NODE INHIBITORS - Drugs to control heart rhythm</b>		
CORLANOR TAB 5MG, 7.5MG ( <i>ivabradine hcl</i> )	3	PA
<b>TRANSTHYRETIN STABILIZERS - drugs to treat heart problems due to transthyretin amyloidosis</b>		
VYNDAMAX CAP 61MG ( <i>tafamidis</i> )	4	MSP-PA-QL QL= 1 cap/day
VYNDAQEL CAP 20MG ( <i>tafamidis meglumine (cardiac)</i> )	4	MSP-PA-QL QL= 4 caps/day
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	M
CEFAZOLIN INJ 100GM, 1GM, 20GM, 300GM ( <i>cefazolin sodium</i> )	M	M
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	1	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	1	-
KEFLEX CAP 250MG, 500MG ( <i>cephalexin</i> )	3	-
<b>CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections</b>		
CEFACLOR CAP 250MG, 500MG ( <i>cefaclor</i> )	1	-
<i>cefaclor cap 250MG, 500MG</i>	1	-
CEFACLOR ER TAB 500MG ( <i>cefaclor monohydrate</i> )	3	-

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CEFACTOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML ( <i>cefaclor</i> )	3	-
<i>cefaclor susp</i> (CEFACTOR Equiv)	1	-
<i>cefoxitin inj 10GM, 1GM, 2GM</i>	M	M
CEFTIN TAB ( <i>cefuroxime axetil</i> )	3	-
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	1	-
<b>CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections</b>		
CEDAX CAP 400MG ( <i>ceftibuten</i> )	3	-
CEDAX SUSP 180MG/5ML ( <i>ceftibuten</i> )	3	-
CEDAX SUSP ( <i>ceftibuten</i> )	3	-
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	1	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-
CEFDITOREN TAB 200MG, 400MG ( <i>cefditoren pivoxil</i> )	3	-
<i>cefixime cap 400MG</i> (SUPRAX Equiv)	1	-
<i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	1	-
CEFOTAXIME INJ 10GM, 2GM, 500MG (CLAFORAN Equiv) ( <i>cefotaxime sodium</i> )	M	M
<i>cefotaxime inj 1GM</i> (CLAFORAN Equiv)	M	M
<i>cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	1	-

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

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DESOGEN TAB .15MG-30MCG ( <i>desogestrel &amp; ethinyl estradiol</i> )	3	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
ESTROSTEP FE TAB 1MG-75MG ( <i>norethindrone acetate-ethinyl estradiol-fe</i> )	3	-
FEMCON FE CHEW TAB .4MG-35MCG, .8MG-25MCG-75MG ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )	3	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	\$0	-
<i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	3 copays per Rx
<i>junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>junel tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG ( <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i> )	\$0	-
LOESTRIN 24 FE TAB ( <i>norethin acet &amp; estrad-fe</i> )	3	-

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LOESTRIN FE TAB 1.5MG-30MCG-75MG, 1MG-20MCG-75MG ( <i>norethin acet &amp; estrad-fe</i> )	3	-
LOESTRIN TAB ( <i>norethindrone acet &amp; eth estra</i> )	3	-
<i>mibelas chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv)	1	-
MINASTRIN CHEW TAB 1MG-20MCG-75MG ( <i>norethin acet &amp; estrad-fe</i> )	3	-
MIRCETTE TAB ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	3	-
NATAZIA TAB ( <i>estradiol valerate-dienogest</i> )	3	-
NECON TAB 35MCG ( <i>norethindrone-eth estradiol (biphasic)</i> )	\$0	-
<i>norethindrone/ethinyl estradiol 21 tab 1.5MG-30MCG</i> (LOESTRIN 21 Equiv)	1	-
<i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG</i> (LOESTRIN FE Equiv)	1	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
OGESTREL TAB .5MG-50MCG ( <i>norgestrel &amp; ethinyl estradiol</i> )	3	-
ORTHO TRI-CYCLEN (LO) TAB ( <i>norgestimate-ethinyl estradiol (triphasic)</i> )	3	-
ORTHO-CYCLEN TAB .25MG-35MCG ( <i>norgestimate-ethinyl estradiol</i> )	3	-

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OVCON 35 TAB .4MG-35MCG, .5MG-35MCG, 1MG-35MCG ( <i>norethindrone &amp; eth estradiol</i> )	3	-
SEASONIQUE TAB ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	3	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv)	\$0	-
TRI-NORINYL TAB ( <i>norethindrone-eth estradiol (triphasic)</i> )	3	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
TYBLUME TAB .1MG-20MCG ( <i>levonorgestrel &amp; eth estradiol</i> )	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
<i>wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
ORTHO-EVRA PATCH ( <i>norelgestromin-ethinyl estradiol</i> )	3	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
NUVARING .015MG/24HR-.12MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	\$0	-
<b>COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy</b>		

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PARAGARD IUD ( <i>copper (iud)</i> )	EXC	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
LEVONORGESTREL TAB 0.75MG ( <i>levonorgestrel (emergency oc)</i> )	\$0	-
PLAN B TAB 1.5MG ( <i>levonorgestrel (emergency oc)</i> )	\$0	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy</b>		
IMPLANON IMPLANT, NEXPLANON IMPLANT 68MG ( <i>etonogestrel</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones</b>		
DEPO-PROVERA INJ 150MG/ML ( <i>medroxyprogesterone acetate (contraceptive)</i> )	EXC	-
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML ( <i>medroxyprogesterone acetate (contraceptive)</i> )	EXC	-
<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	EXC	-
<b>PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy</b>		
MIRENA IUD 13.5MG, 19.5MCG/DAY, 19.5MG, 20MCG/24HR ( <i>levonorgestrel (iud)</i> )	EXC	-
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab .35MG</i> (NORA-QD Equiv)	\$0	-
NOR-QD TAB .35MG ( <i>norethindrone (contraceptive)</i> )	3	-
<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		

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

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<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>budesonide ER tab 9MG</i> (UCERIS Equiv)	1	PA-QL QL=1 tab/day
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	1	-
CORTEF TAB 10MG, 20MG, 5MG ( <i>hydrocortisone</i> )	3	-
DEXAMETHASONE CONC 1MG/ML ( <i>dexamethasone</i> )	1	-
<i>dexamethasone elixir .5MG/5ML</i>	1	-
DEXAMETHASONE SOLN .5MG/5ML ( <i>dexamethasone</i> )	1	-
DEXAMETHASONE TAB 1MG, 2MG (DECADRON Equiv) ( <i>dexamethasone</i> )	1	-
<i>dexamethasone tab</i> (DECADRON Equiv)	1	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	1	-
MEDROL DOSE PACK 4MG ( <i>methylprednisolone</i> )	3	-
MEDROL TAB 2MG ( <i>methylprednisolone</i> )	2	-
MEDROL TAB 16MG, 32MG, 4MG, 8MG ( <i>methylprednisolone</i> )	3	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	1	-
MILLIPRED TAB 5MG ( <i>prednisolone</i> )	3	-

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ORAPRED ODT 10MG, 15MG, 30MG ( <i>prednisolone sodium phosphate</i> )	3	-
ORAPRED SOLN 10MG/5ML, 20MG/5ML, 6.7MG/5ML ( <i>prednisolone sodium phosphate</i> )	3	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	1	-
PREDNISOLONE SOLN 25MG/5ML ( <i>prednisolone sodium phosphate</i> )	3	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 5MG/5ML</i> (PEDIAPRED Equiv)	1	-
PREDNISOLONE SYRUP 15MG/5ML ( <i>prednisolone</i> )	1	-
<i>prednisolone syrup 15MG/5ML</i>	1	-
PREDNISONONE SOLN 5MG/5ML ( <i>prednisone</i> )	1	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	1	-
UCERIS TAB 9MG ( <i>budesonide</i> )	3	PA-QL QL= 1 tab/day
<b>MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions</b>		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	1	-
<b>COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<b>ANTITUSSIVES - Drugs to treat cough</b>		
<i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv)	1	-

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HYCODAN SYRUP 1.5MG/5ML-5MG/5ML <i>(hydrocodone w/ homatropine)</i>	3	-
<i>hydrocodone/homatropine syrup</i> 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	1	-
TESSALON CAP 100MG <i>(benzonatate)</i>	3	-
<i>tussigon tab 1.5MG-5MG</i> (HYCODAN Equiv)	1	-
<b>COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms</b>		
ALBATUSSIN LIQUID <i>(phenyleph-dm-pyiril-pot guai-sod cit-citric acid)</i>	3	-
BRONCOPECTOL SYRUP <i>(phenylephrine-chlorpheniramine w/ dm-gg)</i>	3	-
BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 2MG/ML-5MG/ML, 4MG/5ML-10MG/5ML <i>(brompheniramine &amp; phenyleph)</i>	EXC	OTC
CLARINEX-D TAB <i>(desloratadine-pseudoephedrine)</i>	EXC	-
DECON-A LIQUID <i>(brompheniramine &amp; phenyleph)</i>	EXC	OTC
GILTUSS LIQUID <i>(phenylephrine w/ codeine-gg)</i>	3	-
GILTUSS TR TAB <i>(phenylephrine w/ dm-gg)</i>	3	-
<i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML</i> (BRONTEX Equiv)	1	OTC
GUAIFENESIN/CODEINE SYRUP 6.3MG/5ML-100MG/5ML <i>(guaifenesin-codeine)</i>	1	OTC-QL QL= 240ml/fill

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

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<i>promethazine/codeine syrup</i> 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)	1	-
<i>pseudoephedrine/brompheniramine/codeine liquid</i> (CPB WC LIQUID Equiv)	1	OTC
RESCON TAB ( <i>dexchlorpheniramine-phenylephrine</i> )	3	-
REZIRA SOLN 5MG/5ML-60MG/5ML ( <i>pseudoephedrine w/ hydrocodone</i> )	3	-
SEMPREX-D CAP 8MG-60MG ( <i>acrivastine &amp; pseudoephedrine</i> )	EXC	-
SUTTAR SF SYRUP ( <i>pseudoephedrine w/ codeine-gg</i> )	3	-
TRIAMINIC SYRUP ( <i>chlorpheniramine &amp; phenylephrine</i> )	EXC	OTC
TUSNEL SYRUP 10MG/5ML-30MG/5ML-100MG/5ML ( <i>pseudoephedrine w/ codeine-gg</i> )	3	-
TUSSIONEX SUSP 8MG/5ML-10MG/5ML ( <i>hydrocodone polistirex-chlorpheniramine polistirex</i> )	3	QL QL= 120ml/fill; 2 fills/30 days
TUSSI-ORGANI SYRUP ( <i>guaifenesin-codeine</i> )	3	QL QL= 240ml/fill
ZUTRIPRO LIQUID 4MG/5ML-5MG/5ML-60MG/5ML ( <i>pseudoephed-cpm w/ hydrocod</i> )	3	QL QL= 120ml/fill, 2 fills/30 days

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

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ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% <i>(tretinoin)</i>	3	PA
BENZAACLIN GEL 1%-5%, 1.2%-2.5% <i>(clindamycin phosphate-benzoyl peroxide)</i>	3	-
BENZAMYCIN GEL 3%-5% <i>(benzoyl peroxide-erythromycin)</i>	3	-
CLEOCIN-T GEL 1% <i>(clindamycin phosphate (topical))</i>	3	-
CLEOCIN-T LOTION 1% <i>(clindamycin phosphate (topical))</i>	3	-
CLEOCIN-T PAD 1% <i>(clindamycin phosphate (topical))</i>	3	-
CLEOCIN-T SOLN 1% <i>(clindamycin phosphate (topical))</i>	3	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	1	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	1	-
<i>clindamycin pad 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	1	-
<i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-2.5%</i> (BENZAACLIN Equiv)	1	-
<i>clindamycin/tretinoin gel .025%-1.2%</i> (ZIANA Equiv)	1	-
DIFFERIN CREAM .1% <i>(adapalene)</i>	3	PA
DIFFERIN GEL .1%, .3% <i>(adapalene)</i>	3	PA

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DUAC CS KIT ( <i>clindamycin phosphate-benzoyl peroxide w/ cleanser</i> )	3	-
DUAC GEL 1.2%-5% ( <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> )	3	-
EPIDUO FORTE GEL .3%-2.5% ( <i>adapalene-benzoyl peroxide</i> )	2	PA Acne Only – members age 35 or older require Prior Authorization
EPIDUO GEL 0.1-2.5% .1%-2.5% ( <i>adapalene-benzoyl peroxide</i> )	3	PA
ERY PAD 2% ( <i>erythromycin (acne aid)</i> )	1	-
<i>erythromycin gel 2%</i>	1	-
<i>erythromycin pad 2%</i>	1	-
<i>erythromycin soln 2%</i>	1	-
<i>erythromycin/benzoyl peroxide gel 3%-5%</i> (BENZAMYCIN Equiv)	1	-
KLARON LOTION 10% ( <i>sulfacetamide sodium (acne)</i> )	3	-
RETIN-A CREAM .025%, .05%, .1% ( <i>tretinoin</i> )	3	PA
<i>sodium sulfacetamide lotion 10%</i> (KLARON Equiv)	1	-
<i>sodium sulfacetamide/sulfur emulsion 10-5% 5% -10%</i>	1	-
<i>sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%</i>	1	-

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<i>tretinoin cream .025%, .05%, .1%</i>	1	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .01%, .025%, .05%</i> (RETIN-A GEL Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
TRETIN-X CREAM .075% ( <i>tretinoin</i> )	3	PA
ZIANA GEL .025%-1.2% ( <i>clindamycin phosphate-tretinoin</i> )	3	-
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses</b>		
RENOVA CREAM .02%, .05% ( <i>tretinoin (facial wrinkles)</i> )	EXC	-
<b>ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections</b>		
BACTROBAN OINT 2% ( <i>mupirocin</i> )	3	-
CENTANY OINT 2% ( <i>mupirocin</i> )	3	-
CORTISPORIN CREAM .5% -3.5MG/GM-10000UNIT/GM ( <i>neomycin-polymyxin-hc</i> )	3	-
CORTISPORIN OINT .5%-1% -400UNIT/GM-5000UNIT/GM ( <i>bacitracin-polymyxin-neomycin hc</i> )	3	-
<i>gentamicin sulfate cream .1%</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-

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<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
<i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv)	1	-
<i>ciclopirox gel .77%</i> (LOPROX GEL Equiv)	1	-
<i>ciclopirox nail soln 8%</i> (PENLAC Equiv)	1	-
<i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv)	1	-
<i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv)	1	-
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-
<i>clotrimazole/betamethasone lotion .05%-1%</i> (LOTRISONE LOTION Equiv)	1	-
<i>econazole cream 1%</i> (SPECTAZOLE Equiv)	1	-
EXELDERM CREAM, SULCONAZOLE CREAM 1% <i>(sulconazole nitrate)</i>	3	-
EXELDERM SOLN 1% <i>(sulconazole nitrate)</i>	3	-
EXELDERM SOLN, SULCONAZOLE SOLN 1% <i>(sulconazole nitrate)</i>	3	-
<i>keetoconazole cream 2%</i> (NIZORAL CREAM Equiv)	1	-
<i>keetoconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
LOPROX CREAM .77% <i>(ciclopirox olamine)</i>	3	-
LOPROX GEL <i>(ciclopirox)</i>	3	-
LOPROX SHAMPOO 1% <i>(ciclopirox)</i>	3	-
LOTRISONE CREAM .05%-1% <i>(clotrimazole w/ betamethasone)</i>	3	-

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VAC	Vaccine Program	¢	RxCENTS		

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LOTRISONE LOTION ( <i>clotrimazole w/ betamethasone</i> )	3	-
MENTAX CREAM 1% ( <i>butenafine hcl</i> )	3	-
NAFTIFINE CREAM 1% ( <i>naftifine hcl</i> )	3	-
<i>naftifine cream 1%, 2%</i> (NAFTIN Equiv)	1	-
<i>naftifine gel 1%</i> (NAFTIN Equiv)	1	-
NAFTIN CREAM 2% ( <i>naftifine hcl</i> )	3	-
NAFTIN GEL 1% ( <i>naftifine hcl</i> )	3	-
NAFTIN GEL 1% ( <i>naftifine hcl</i> )	3	-
<i>nizoral a-d shampoo 1%</i> (NIZORAL Equiv)	EXC	OTC
NIZORAL SHAMPOO 2% ( <i>ketconazole (topical)</i> )	3	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	1	-
<i>oxiconazole nitrate cream 1%</i> (OXISTAT Equiv)	1	-
OXISTAT CREAM 1% ( <i>oxiconazole nitrate</i> )	3	-
OXISTAT LOTION 1% ( <i>oxiconazole nitrate</i> )	3	-
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	QL QL= 5 tubes/fill

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DICLOFENAC PATCH, FLECTOR PATCH 1.3% <i>(diclofenac epolamine)</i>	3	QL QL= 30 patches/fill
VOLTAREN GEL 1% <i>(diclofenac sodium (topical))</i>	EXC	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
<i>diclofenac gel 3%</i> (SOLARAZE Equiv)	1	PA-QL QL= 300gm/30 days
EFUDEX CREAM 5% <i>(fluorouracil (topical))</i>	3	-
FLUOROPLEX CREAM 1%, 4% <i>(fluorouracil (topical))</i>	2	-
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	1	-
FLUOROURACIL CREAM 0.5% .5% <i>(fluorouracil (topical))</i>	2	-
FLUOROURACIL SOLN 2%, 5% <i>(fluorouracil (topical))</i>	2	-
PANRETIN GEL .1% <i>(alitretinoin)</i>	4	LMSP-PA
PICATO GEL .05% <i>(ingenol mebutate)</i>	3	QL QL= 1 box/fill
SOLARAZE GEL 3% <i>(diclofenac sodium (actinic keratoses))</i>	3	PA-QL QL= 300gm/30 days
TARGRETIN GEL 1% <i>(bexarotene (topical))</i>	4	LMSP-PA
VALCHLOR GEL .016% <i>(mechlorethamine hcl (topical))</i>	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
<b>ANTIPRURITICS - TOPICAL - Drugs to treat itching</b>		

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DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM 5% ( <i>doxepin hcl (antipruritic)</i> )	3	PA
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM 5% ( <i>doxepin hcl (antipruritic)</i> )	3	PA
<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
8-MOP CAP ( <i>methoxsalen</i> )	2	LMSP
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	4	LMSP
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	1	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	1	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	1	-
CALCITRIOL OINT 3MCG/GM ( <i>calcitriol (topical)</i> )	3	-
DOVONEX CREAM .005% ( <i>calcipotriene</i> )	3	-
DOVONEX SOLN ( <i>calcipotriene</i> )	3	-
DRITHO-SCALP CREAM 1%, 1.2% ( <i>anthralin</i> )	3	-
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	LMSP
OXSORALEN ULTRA CAP 10MG ( <i>methoxsalen rapid</i> )	3	LMSP
SKYRIZI INJ 75MG/0.83ML ( <i>risankizumab-rzaa</i> )	4	LMSP-PA-QL QL= 2 inj/84 days
TALTZ INJ 80MG/ML ( <i>ixekizumab</i> )	4	LMSP-PA-QL QL= 1 inj/28 days
<i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv)	1	-

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TAZORAC CREAM .1% ( <i>tazarotene</i> )	3	-
TAZORAC CREAM 0.05% .05% ( <i>tazarotene</i> )	3	-
TREMFYA INJ 100MG/ML ( <i>guselkumab</i> )	4	LMSP-PA-QL QL= 1 inj/56 days
<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
OVACE PLUS CREAM 10% ( <i>sulfacetamide sodium</i> )	3	-
OVACE PLUS GEL 10% ( <i>sulfacetamide sodium</i> )	3	-
OVACE PLUS SHAMPOO 10% ( <i>sulfacetamide sodium</i> )	3	-
ROSULA PAD ( <i>sulfacetamide sodium-urea</i> )	3	-
<i>seb-prev cream</i> (OVACE CREAM Equiv)	1	-
<i>selenium sulfide lotion 1%, 2.5%</i>	EXC	OTC
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	1	-
<i>sodium sulfacetamide gel 10%</i> (OVACE PLUS Equiv)	1	-
<i>sodium sulfacetamide shampoo 10%</i> (OVACE Equiv)	1	-
<i>sodium sulfacetamide/urea pad</i> (ROSULA Equiv)	1	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
<i>acyclovir cream 5%</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM 1% ( <i>peniclovir</i> )	3	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
SILVADENE CREAM 1% ( <i>silver sulfadiazine</i> )	3	-
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	1	-

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SULFAMYLDON CREAM 85MG/GM ( <i>mafenide acetate</i> )	2	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
ACLOVATE CREAM .05% ( <i>alclometasone dipropionate</i> )	3	-
ACLOVATE OINT ( <i>alclometasone dipropionate</i> )	3	-
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	1	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	1	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	1	-
BETAMETHASONE AUGMENTED GEL .05% ( <i>betamethasone dipropionate augmented</i> )	2	-
<i>betamethasone augmented gel .05%</i>	1	-
<i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv)	1	-
<i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv)	1	-
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	1	-
<i>betamethasone dipropionate lotion .05%</i>	1	-
<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	1	-
<i>betamethasone valerate cream .1%</i>	1	-
<i>betamethasone valerate lotion .1%</i>	1	-

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<i>betamethasone valerate oint .1%</i>	1	-
CARMOL-HC CREAM ( <i>hydrocortisone acetate-urea</i> )	3	-
<i>clobetasol foam .05%</i> (OLUX Equiv)	1	PA
<i>clobetasol lotion .05%</i> (CLOBEX Equiv)	1	PA
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv)	1	-
<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	1	-
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv)	1	PA
<i>clobetasol shampoo .05%</i> (CLOBEX Equiv)	1	PA
<i>clobetasol spray .05%</i> (CLOBEX Equiv)	1	PA
CLOBEX LOTION .05% ( <i>clobetasol propionate</i> )	3	PA
CLOBEX SHAMPOO .05% ( <i>clobetasol propionate</i> )	3	PA
CLOBEX SPRAY .05% ( <i>clobetasol propionate</i> )	3	PA
CUTIVATE CREAM ( <i>fluticasone propionate</i> )	3	-
CUTIVATE OINT ( <i>fluticasone propionate</i> )	3	-
DERMA-SMOOTH/FS OIL .01% ( <i>fluocinolone acetonide</i> )	2	-
DERMATOP CREAM .1% ( <i>prednicarbate</i> )	3	-
DERMATOP OINT .1% ( <i>prednicarbate</i> )	3	-

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

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<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	1	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	1	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	1	PA
<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	1	-
<i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv)	1	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	1	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	1	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	1	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	1	-
NUCORT LOTION 2% ( <i>hydrocortisone acetate (topical)</i> )	3	-
OLUX FOAM .05% ( <i>clobetasol propionate</i> )	3	PA
PANDEL CREAM .1% ( <i>hydrocortisone probutate</i> )	3	-
PREDNICARBATE CREAM .1% ( <i>prednicarbate</i> )	2	-
PREDNICARBATE OIN .1% ( <i>prednicarbate</i> )	2	-
PROCTOCORT CREAM 1% ( <i>hydrocortisone (topical)</i> )	3	-
TEMOVATE CREAM .05% ( <i>clobetasol propionate</i> )	3	-
TEMOVATE GEL ( <i>clobetasol propionate</i> )	3	-

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TEMOVATE OINT .05% ( <i>clobetasol propionate</i> )	3	-
TEMOVATE SOLN ( <i>clobetasol propionate</i> )	3	PA
TEMOVATE-E CREAM .05% ( <i>clobetasol propionate emollient base</i> )	3	-
TOPICORT CREAM .25% ( <i>desoximetasone</i> )	3	-
TOPICORT OINT .25% ( <i>desoximetasone</i> )	3	-
<i>triamcinolone cream .025%, .1%, .5%</i>	1	-
<i>triamcinolone lotion .025%, .1%</i>	1	-
<i>triamcinolone oint .025%, .1%, .5%</i>	1	-
U-CORT CREAM ( <i>hydrocortisone acetate-urea</i> )	2	-
ULTRAVATE CREAM .05% ( <i>halobetasol propionate</i> )	3	-
ULTRAVATE OINT .05% ( <i>halobetasol propionate</i> )	3	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		
DUPIXENT INJ 300MG/2ML ( <i>dupilumab</i> )	4	LMSP-PA-QL QL= 2 inj/ 28 days
DUPIXENT PEN INJ 300MG/2ML ( <i>dupilumab</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	EXC	OTC
<i>ammonium lactate lotion 10%, 12%, 5%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LAC-HYDRIN CREAM 12% ( <i>lactic acid (ammonium lactate)</i> )	3	-

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LAC-HYDRIN LOTION 12% ( <i>lactic acid (ammonium lactate)</i> )	3	-
LACTIC ACID LOTION 10%, 5% ( <i>lactic acid (ammonium lactate)</i> )	1	-
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		
SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	2	QL QL= 90gm/30 days
<b>HAIR GROWTH AGENTS - drugs to grow hair</b>		
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
<b>HAIR REDUCTION AGENTS - drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
ALDARA CREAM 5% ( <i>imiquimod</i> )	3	-
<i>imiquimod cream 5%</i> (ALDARA Equiv)	1	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
ELIDEL CREAM 1% ( <i>pimecrolimus</i> )	3	Covered for members 2 years or older
<i>pimecrolimus cream 1%</i> (ELIDEL Equiv)	1	Covered for members 2 years or older
PROTOPIC OINT .03%, .1% ( <i>tacrolimus (topical)</i> )	3	-
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	1	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
CONDYLOX GEL .5% ( <i>podofilox</i> )	3	-
CONDYLOX SOLN .5% ( <i>podofilox</i> )	3	-
PODOCON SOLN 25% ( <i>podophyllum resin</i> )	2	-
<i>podofilox soln .5%</i> (CONDYLOX Equiv)	1	-

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

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

Last Updated 4/1/2021

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
SALEX SHAMPOO 2%, 3%, 5% ( <i>salicylic acid</i> )	3	-
SALEX SHAMPOO 6% ( <i>salicylic acid</i> )	3	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
EMLA CREAM ( <i>lidocaine-prilocaine</i> )	3	-
<i>lidocaine cream</i> 3% 3%, 4% (LIDAMANTLE Equiv)	1	-
<i>lidocaine gel</i> .5%, 2% (GLYDO Equiv)	1	-
<i>lidocaine oint</i>	1	QL QL= 107gm/30 days
<i>lidocaine patch</i> 4%, 5% (LIDODERM Equiv)	1	QL QL= 3 patches/day
<i>lidocaine soln</i> 4% (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream</i> 2.5% (EMLA Equiv)	1	-
LIDODERM PATCH 4%, 5% ( <i>lidocaine</i> )	3	QL QL= 3 patches/day
SYNERA PATCH 70MG ( <i>lidocaine-tetracaine</i> )	3	-
XYLOCAINE SOLN ( <i>lidocaine hcl</i> )	3	-
<b>MISC. TOPICAL - Miscellaneous topical products</b>		
<i>aluminum chloride soln</i> (DRYSOL Equiv)	1	-
DRYSOL SOLN 20% ( <i>aluminum chloride</i> )	1	-
<b>PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration</b>		
<i>hydroquinone cream</i> 4% (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ( <i>fluocinolone-hydroquinone-tretinoin</i> )	EXC	-
<b>ROSACEA AGENTS - Drugs to treat skin conditions</b>		

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<i>azelaic acid gel 15%</i> (FINACEA Equiv)	1	-
FINACEA GEL 15% ( <i>azelaic acid</i> )	3	-
FINACEA PLUS KIT ( <i>azelaic acid w/ cleanser &amp; moisturizing lotion</i> )	2	-
METROCREAM .75% ( <i>metronidazole (topical)</i> )	3	-
METROGEL 1% 1% ( <i>metronidazole (topical)</i> )	3	-
METROLOTION .75% ( <i>metronidazole (topical)</i> )	3	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	1	-
<i>metronidazole gel .75%, 1%</i> (METROGEL Equiv)	1	-
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	1	-
NORITATE CREAM 1% ( <i>metronidazole (topical)</i> )	3	ST Step Therapy requires trial of FINACEA
<b>SCABICIDES &amp; PEDICULICIDES - Drugs to treat skin conditions</b>		
CROTAN LOTION 10% ( <i>crotamiton</i> )	3	-
ELIMITE CREAM 5% ( <i>permethrin</i> )	3	-
EURAX LOTION 10% ( <i>crotamiton</i> )	3	-
<i>ivermectin lotion .5%</i> (SKLICE Equiv)	1	PA-QL QL= 1 tube/fill
LINDANE LOTION ( <i>lindane</i> )	3	-
<i>lindane lotion</i>	1	-
LINDANE SHAMPOO 1% ( <i>lindane</i> )	1	-
<i>lindane shampoo</i>	1	-
<i>malathion lotion .5%</i> (OVIDE Equiv)	1	QL QL= 2 bottles/fill

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NATROBA SUSP .9% ( <i>spinosad</i> )	3	QL QL= 1 bottle/fill
OVIDE LOTION .5% ( <i>malathion</i> )	3	QL QL= 2 bottles/fill
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	1	-
SKLICE LOTION .5% ( <i>ivermectin (pediculicide)</i> )	3	PA-QL QL= 1 tube/fill
SPINOSAD SUSP .9% ( <i>spinosad</i> )	2	QL QL= 1 bottle/fill
<b>WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers</b>		
REGRANEX GEL .01% ( <i>becaplermin</i> )	2	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM ( <i>balsam peru-castor oil</i> )	2	-
<b>DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products</b>		
<b>DIAGNOSTIC PRODUCTS, MISC. - drugs to diagnose or monitor conditions</b>		
FREESTYLE LITE TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
<b>DIAGNOSTIC TESTS - Miscellaneous diagnostic test products</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication

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ACCU-CHEK GUIDE TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK SMARTVIEW TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
ACCU-CHEK TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE INSULINX TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE PRECISION NEO TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication
KETO-DIASTIX TEST STRIP ( <i>urine glucose-ketones test</i> )	1	OTC
KETOSTIX ( <i>acetone (urine) test</i> )	1	OTC
PRECISION XTRA TEST STRIP ( <i>glucose blood</i> )	2	OTC Limited to 50 strips per month for members not on diabetes medication

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition</b>		
<b>INFANT FOODS</b>		
INFANT FORMULA LIQUID ( <i>infant foods</i> )	2	OTC-PA
INFANT FORMULA POWDER ( <i>infant foods</i> )	2	OTC-PA
<b>NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency</b>		
NUTRITIONAL SUPPLEMENT LIQUID ( <i>nutritional supplements</i> )	2	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ( <i>nutritional supplements</i> )	2	OTC-PA
<b>DIGESTIVE AIDS - Drugs to treat low digestive enzymes</b>		
<b>DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes</b>		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	-
<b>DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	1	-
<i>acetazolamide tab 125MG, 250MG</i>	1	-
DIAMOX SEQUEL CAP 500MG ( <i>acetazolamide</i> )	3	-

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<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	1	-
NEPTAZANE TAB 25MG, 50MG ( <i>methazolamide</i> )	3	-
<b>DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
ALDACTAZIDE TAB 25MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	3	-
ALDACTAZIDE TAB 50-50MG 50MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	3	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	1	-
DYAZIDE CAP 25MG-37.5MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	3	-
MAXZIDE TAB 25MG-37.5MG, 50MG-75MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	3	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	1	-
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg ( <i>triamterene &amp; hydrochlorothiazide</i> )	2	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	1	-
<b>LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	1	-

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DEMADEX TAB 10MG, 20MG ( <i>torseamide</i> )	3	-
EDECIN TAB 25MG ( <i>ethacrynic acid</i> )	3	-
<i>ethacrynic tab 25MG</i> (EDECIN Equiv)	1	-
FUROSEMIDE SOLN 8MG/ML (LASIX Equiv)	1	-
<i>furosemide</i>		
<i>furosemide soln 10MG/ML</i> (LASIX Equiv)	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
LASIX TAB 20MG, 40MG, 80MG ( <i>furosemide</i> )	3	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
ALDACTONE TAB 100MG, 25MG, 50MG ( <i>spironolactone</i> )	3	-
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-
MIDAMOR TAB ( <i>amiloride hcl</i> )	3	-
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
CHLOROTHIAZIDE TAB 250MG, 500MG (DIURIL Equiv) ( <i>chlorothiazide</i> )	1	-
<i>chlorothiazide tab 500MG</i> (DIURIL Equiv)	1	-
CHLORTHALIDONE TAB ( <i>chlorthalidone</i> )	1	-
<i>chlorthalidone tab 25MG, 50MG</i>	1	-

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DIURIL SUSP 250MG/5ML ( <i>chlorothiazide</i> )	2	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-
<i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv)	1	-
MICROZIDE CAP 12.5MG ( <i>hydrochlorothiazide</i> )	3	-
ZAROXOLYN TAB ( <i>metolazone</i> )	3	-
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones</b>		
<b>BONE DENSITY REGULATORS - Drugs to treat bone disease</b>		
ACTONEL TAB 150MG, 30MG, 35MG, 5MG ( <i>risedronate sodium</i> )	3	ST Step Therapy requires trial of alendronate
<i>alendronate sodium oral soln 70MG/75ML</i> (FOSAMAX Equiv)	1	-
<i>alendronate tab 10MG, 35MG, 5MG, 70MG</i> (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 40MG, 5MG ( <i>alendronate sodium</i> )	2	-
AELVIA TAB 35MG ( <i>risedronate sodium</i> )	3	ST Step Therapy requires trial of alendronate

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BONIVA TAB 150MG 150MG ( <i>ibandronate sodium</i> )	3	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
FORTEO INJ 600MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	4	LMSP
FOSAMAX TAB 70MG ( <i>alendronate sodium</i> )	3	-
FOSAMAX+D TAB 70MG-2800UNIT, 70MG-5600UNIT ( <i>alendronate sodium-cholecalciferol</i> )	3	-
<i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv)	1	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
MIACALCIN INJ 200UNIT/ML ( <i>calcitonin (salmon)</i> )	4	LMSP
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ( <i>parathyroid hormone (recombinant)</i> )	4	LD-PA Only available through Walgreens 888-347-3416
PROLIA INJ 60MG/ML ( <i>denosumab</i> )	M	M
<i>risedronate DR tab 35MG</i> (ATELVIA Equiv)	1	ST Step Therapy requires trial of alendronate

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<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate
SKELID TAB ( <i>tiludronate disodium</i> )	3	-
TYMLOS INJ 3120MCG/1.56ML ( <i>abaloparatide</i> )	4	LMSP
<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
ORLISSA TAB 150MG 150MG ( <i>elagolix sodium</i> )	2	PA-QL QL= 1 tab/day
ORLISSA TAB 200MG 200MG ( <i>elagolix sodium</i> )	2	PA-QL QL= 2 tabs/day
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ( <i>pegvisomant</i> )	4	LD-PA Only available through Walgreens 888-347-3416
<b>GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution</b>		
EGRIFTA INJ 1MG, 2MG ( <i>tesamorelin acetate</i> )	EXC	-
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 12MG, 1MG, 2MG, 5MG ( <i>somatropin</i> )	4	LMSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
EVISTA TAB 60MG ( <i>raloxifene hcl</i> )	3	-

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	4	MSP
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
LUPRON DEPOT PED INJ 11.25MG, 30MG ( <i>leuprolide acetate (cpp)</i> (3 month))	M	M
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG ( <i>leuprolide acetate (cpp)</i> )	M	M
SYNAREL NASAL SOLN 2MG/ML ( <i>nafarelin acetate</i> )	4	LMSP
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
ALDURAZYME INJ 2.9MG/5ML ( <i>laronidase</i> )	M	M
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	1	-
<i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	1	-
CARBAGLU TAB 200MG ( <i>carglumic acid</i> )	4	LD-PA Only available through Accredo 888-773-7376
CARNITOR SOLN 1GM/10ML ( <i>levocarnitine (metabolic modifiers)</i> )	3	-
CARNITOR TAB 330MG ( <i>levocarnitine (metabolic modifiers)</i> )	3	-

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<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	4	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	1	-
FABRAZYME INJ 35MG, 5MG ( <i>agalsidase beta</i> )	M	M
HECTOROL CAP .5MCG, 1MCG, 2.5MCG ( <i>doxercalciferol</i> )	3	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	1	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	1	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML ( <i>pegvaliase-pqpz</i> )	4	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	1	-
ROCALTROL CAP .25MCG, .5MCG ( <i>calcitriol</i> )	3	-
ROCALTROL SOLN 1MCG/ML ( <i>calcitriol</i> )	3	-
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	4	LMSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	4	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ( <i>asfotase alfa</i> )	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
ZEMPLAR CAP 1MCG, 2MCG ( <i>paricalcitol</i> )	3	-

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<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
DDAVP INJ 4MCG/ML ( <i>desmopressin acetate</i> )	3	-
DDAVP NASAL SOLN .01% ( <i>desmopressin acetate refrigerated</i> )	3	-
DDAVP NASAL SPRAY .01% ( <i>desmopressin acetate spray</i> )	3	-
DDAVP TAB .1MG, .2MG ( <i>desmopressin acetate</i> )	3	-
<i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate nasal spray .01%</i> (DDAVP Equiv)	1	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
<i>desmopressin nasal soln</i> (DDAVP Equiv)	1	-
STIMATE NASAL SOLN 1.5MG/ML ( <i>desmopressin acetate</i> )	2	LMSP
<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	4	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ( <i>pasireotide diaspertate</i> )	4	LD-PA-QL QL= 2 vials/day; Only available through Accredo 800-803-2523

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<b>VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
JYNARQUE PAK 15MG ( <i>tolvaptan</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ( <i>tolvaptan</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
ACTIVELLA TAB .1MG-.5MG, .5MG-1MG ( <i>estradiol &amp; norethindrone acetate</i> )	3	-
ANGELIQ TAB .25MG-.5MG, .5MG-1MG ( <i>drospirenone-estradiol</i> )	3	-
CLIMARA PRO PATCH .015MG/DAY-.045MG/DAY ( <i>estradiol-levonorgestrel</i> )	3	-
COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY ( <i>estradiol &amp; norethindrone acetate</i> )	3	-
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	1	-
FEMHRT TAB .5MG-2.5MCG ( <i>norethindrone acetate-ethinyl estradiol</i> )	3	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	1	-

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ORIAHNN CAP .5MG-1MG-300MG ( <i>elagolix sodium-estradiol-norethindrone acetate</i> )	2	PA-QL QL= 2 caps/day
PREFEST TAB ( <i>estradiol-norgestimate</i> )	3	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	-
<b>ESTROGENS - Drugs used for contraception</b>		
ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ( <i>estradiol</i> )	3	-
CENESTIN TAB ( <i>estrogens, conjugated synthetic a</i> )	3	-
CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR ( <i>estradiol</i> )	3	-
DIVIGEL GEL, ELESTRIN GEL .06%, .25MG/0.25GM, .5MG/0.5GM, .75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM ( <i>estradiol</i> )	3	-
ENJUVIA TAB ( <i>estrogens, conjugated synthetic b</i> )	3	-
ESTRACE TAB ( <i>estradiol tab</i> )	3	-
<i>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR</i> (VIVELLE-DOT Equiv)	1	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	1	-
<i>estradiol valerate inj 20MG/ML, 40MG/ML</i>	1	-
ESTRASORB EMULSION ( <i>estradiol</i> )	3	-

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EVAMIST SPRAY 1.53MG/SPRAY ( <i>estradiol</i> )	3	-
MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG ( <i>esterified estrogens</i> )	3	-
MENOSTAR PATCH 14MCG/24HR ( <i>estradiol</i> )	3	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ( <i>estrogens, conjugated</i> )	2	-
VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR ( <i>estradiol</i> )	3	-
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
AVELOX TAB 400MG ( <i>moxifloxacin hcl</i> )	3	-
CIPRO SUSP 5% 500MG/5ML, 5GM/100ML ( <i>ciprofloxacin</i> )	3	-
CIPRO TAB 250MG, 500MG ( <i>ciprofloxacin hcl</i> )	3	-
CIPRO XR TAB ( <i>ciprofloxacin-ciprofloxacin hcl</i> )	3	-
CIPROFLOXACIN 100MG TAB 100MG ( <i>ciprofloxacin hcl</i> )	3	-
CIPROFLOXACIN ER TAB 1000MG, 500MG ( <i>ciprofloxacin-ciprofloxacin hcl</i> )	3	-
<i>ciprofloxacin susp 250MG/5ML, 500MG/5ML</i> (CIPRO Equiv)	1	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	1	-

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LEVAQUIN SOLN ( <i>levofloxacin</i> )	3	-
LEVAQUIN TAB 250MG, 500MG, 750MG ( <i>levofloxacin</i> )	3	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	1	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	1	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	1	-
NOROXIN TAB ( <i>norfloxacin</i> )	3	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	1	-
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs</b>		
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - drugs to treat constipation</b>		
TRULANCE TAB 3MG ( <i>plecanatide</i> )	2	PA
<b>BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders</b>		
CHOLBAM CAP 250MG, 50MG ( <i>cholic acid</i> )	4	LD-PA Only available through Dohmen LSS 844-246-5226
<b>FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis</b>		
OCALIVA TAB 10MG, 5MG ( <i>obeticholic acid</i> )	4	LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416
<b>GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
ACTIGALL CAP 300MG ( <i>ursodiol</i> )	3	-
URSO FORTE TAB 250MG, 500MG ( <i>ursodiol</i> )	3	-
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	1	-

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<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	1	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	1	-
GASTROCROM CONC 100MG/5ML ( <i>cromolyn sodium (mastocytosis)</i> )	3	-
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	1	-
REGLAN TAB 10MG, 5MG ( <i>metoclopramide hcl</i> )	3	-
<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>		
AZULFIDINE EN TAB 500MG ( <i>sulfasalazine</i> )	3	-
AZULFIDINE TAB 500MG ( <i>sulfasalazine</i> )	3	-
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	1	-
CIMZIA INJ 200MG, 200MG/ML ( <i>certolizumab pegol</i> )	4	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ( <i>certolizumab pegol</i> )	4	LMSP-PA-QL QL= 1 kit/plan year
COLAZAL CAP 750MG ( <i>balsalazide disodium</i> )	3	-
DIPENTUM CAP 250MG ( <i>olsalazine sodium</i> )	3	-
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	1	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	1	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	1	-

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<i>mesalamine supp 1000MG</i> (CANASA Equiv)	1	-
SFROWASA ENEMA 4GM/60ML ( <i>mesalamine</i> )	3	-
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	1	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	1	-
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lactulose soln 10GM/15ML</i>	1	-
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system</b>		
<i>alosecron tab .5MG, 1MG</i> (LOTRONEX Equiv)	1	-
LOTRONEX TAB .5MG, 1MG ( <i>alosecron hcl</i> )	3	-
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
MOVANTIK TAB 12.5MG, 25MG ( <i>naloxegol oxalate</i> )	2	PA
SYMPROIC TAB .2MG ( <i>naldemedine tosylate</i> )	2	PA
SYMPROIC TAB .2MG ( <i>naldemedine tosylate</i> )	2	PA
<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		
AURYXIA TAB 210MG ( <i>ferric citrate</i> )	3	-
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	1	-
FOSRENOL CHEW TAB 1000MG, 500MG, 750MG ( <i>lanthanum carbonate</i> )	3	-
FOSRENOL POWDER PACK 1000MG, 750MG ( <i>lanthanum carbonate</i> )	2	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv)	1	-
PHOSLO CAP 667MG ( <i>calcium acetate (phosphate binder)</i> )	3	-

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PHOSLYRA SOLN 667MG/5ML ( <i>calcium acetate (phosphate binder)</i> )	2	-
RENAGEL TAB 800MG 800MG ( <i>sevelamer hcl</i> )	3	-
RENVELA TAB 800MG ( <i>sevelamer carbonate</i> )	3	-
<i>sevelamer hydrochloride tab 800MG</i> (RENAGEL Equiv)	1	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv)	1	-
<i>sevelamer tab 800MG</i> (RENVELA TAB Equiv)	1	-
VELPHORO CHEW TAB 500MG ( <i>sucroferric oxyhydroxide</i> )	3	-
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		
CYTRA K CRYSTALS 1002MG-3300MG ( <i>potassium citrate-citric acid</i> )	1	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ( <i>pot &amp; sod citrates w/citric ac</i> )	1	-
ORACIT SOLN 490MG/5ML-640MG/5ML ( <i>sodium citrate &amp; citric acid</i> )	1	-
POLYCITRA CRYSTAL PACK ( <i>potassium citrate-citric acid</i> )	3	-
POLYCITRA-LC SOLN ( <i>pot &amp; sod citrates w/citric ac</i> )	3	-

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

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<i>potassium citrate CR tab 1080MG, 15MEQ, 540MG</i> (UROCIT-K TAB Equiv)	1	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv)	1	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv)	1	-
<i>sodium citrate/citric acid soln 334MG/5ML-500MG/5ML</i> (BICITRA Equiv)	1	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv)	1	-
UROCIT-K TAB 1080MG, 15MEQ, 540MG ( <i>potassium citrate (alkalinizer)</i> )	3	-
<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	4	LD-PA Only available through CVS Specialty 800-238-7828
<b>GENITOURINARY IRRIGANTS - Drugs to treat the urinary system</b>		
<i>sodium chloride 0.9% irr soln .9%</i>	1	-
<b>INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	2	-
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-

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AVODART CAP .5MG ( <i>dutasteride</i> )	3	-
CARDURA XL TAB 4MG, 8MG ( <i>doxazosin mesylate (bph)</i> )	3	-
<i>dutasteride cap .5MG</i> (AVODART Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
FLOMAX CAP .4MG ( <i>tamsulosin hcl</i> )	3	-
PROSCAR TAB 5MG ( <i>finasteride</i> )	3	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
UROXATRAL TAB 10MG ( <i>alfuzosin hcl</i> )	3	-
<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG, 95MG, 97.5MG, 99.5MG</i> (PYRIDIDIUM Equiv)	1	-
PYRIDIDIUM TAB 100MG, 200MG, 97.2MG, 99.5MG ( <i>phenazopyridine hcl</i> )	3	-
<b>URINARY STONE AGENTS - Drugs to prevent kidney stones</b>		
LITHOSTAT TAB 250MG ( <i>acetohydroxamic acid</i> )	3	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	1	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<i>allopurinol tab</i> (ZYLOPRIM Equiv)	1	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	1	-

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<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	1	ST Step Therapy requires trial of allopurinol
ULORIC TAB 40MG, 80MG ( <i>febuxostat</i> )	3	ST Step Therapy requires trial of allopurinol
ZYLOPRIM TAB 100MG, 300MG ( <i>allopurinol</i> )	3	-
<b>URICOSURICS - Drugs to treat gout</b>		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	1	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML ( <i>emicizumab-kxwh</i> )	4	LMSP-PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions</b>		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	M	M
<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
CINRYZE INJ 500UNIT ( <i>c1 esterase inhibitor (human)</i> )	M	M
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders</b>		
TAVALISSE TAB 100MG, 150MG ( <i>fostamatinib disodium</i> )	4	LD-PA-QL-SF QL= 2 tab/day; Only available through Biologics 800-850-4306
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-

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TRENTAL TAB ( <i>pentoxifylline</i> )	3	-
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
AGRYLIN CAP .5MG ( <i>anagrelide hcl</i> )	3	-
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	1	-
BRILINTA TAB 60MG, 90MG ( <i>ticagrelor</i> )	3	-
CABLIVI INJ KIT 11MG ( <i>caplacizumab-yhdp</i> )	4	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	1	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	1	-
<i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	1	-
EFFIENT TAB 10MG, 5MG ( <i>prasugrel hcl</i> )	3	-
PERSANTINE TAB ( <i>dipyridamole</i> )	3	-
PLAVIX TAB 75MG 75MG ( <i>clopidogrel bisulfate</i> )	3	-
PLETAL TAB ( <i>cilostazol</i> )	3	-
<i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv)	1	-
TICLOPIDINE TAB (TICLID Equiv) ( <i>ticlopidine hcl</i> )	1	-
<i>ticlopidine tab</i> (TICLID Equiv)	1	-
ZONTIVITY TAB 2.08MG ( <i>vorapaxar sulfat</i> e)	3	RS Restricted to Cardiology Specialist
<b>HEMATOPOIETIC AGENTS - Drugs to treat blood disorders</b>		
<b>AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders</b>		
CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	4	MSP-PA

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CEREZYME INJ 400UNIT ( <i>imiglucerase</i> )	M	M
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	4	LD-PA Only available through Accredo 800-803-2523
<b>AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders</b>		
DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea (sickle cell anemia)</i> )	2	-
<b>AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders</b>		
ENDARI POWDER PACK 5GM ( <i>glutamine (sickle cell)</i> )	4	LMSP-PA-QL QL= 6 packets/day
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
NASCOBAL NASAL SPRAY 500MCG/0.1ML ( <i>cyanocobalamin</i> )	3	-
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		

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DOPTELET TAB 20MG ( <i>avatrombopag maleate</i> )	4	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	4	LMSP
NEUMEGA INJ ( <i>oprelvekin</i> )	4	LMSP
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML ( <i>filgrastim-aafi</i> )	4	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ( <i>eltrombopag olamine</i> )	4	LMSP-PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ( <i>epoetin alfa-epbx</i> )	4	LMSP
RETACRIT INJ 40000UNIT/ML ( <i>epoetin alfa-epbx</i> )	4	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-sndz</i> )	4	LMSP
ZIEXTENZO INJ 6MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	4	LMSP
<b>HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders</b>		
CHROMAGEN FA TAB ( <i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i> )	3	-
<i>ferrex 150 forte cap</i> (NIFEREX 150 FORTE Equiv)	1	-
FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-15 0MG ( <i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i> )	3	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-

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

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

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CYKLOKAPRON INJ 1000MG/10ML ( <i>tranexamic acid</i> )	M	M
LYSTEDA TAB 650MG ( <i>tranexamic acid</i> )	3	-
<i>tranexamic acid inj 1000MG/10ML</i> (CYKLOKAPRON Equiv)	M	M
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
<b>HYPNOTICS - Drugs to treat insomnia</b>		
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
BUTISOL ELIXIR ( <i>butabarbital sodium</i> )	3	-
BUTISOL TAB 30MG ( <i>butabarbital sodium</i> )	3	-
<i>phenobarbital elixir 20MG/5ML</i>	1	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	1	-
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
AMBIEN TAB ( <i>zolpidem tartrate tab</i> )	3	QL QL= 1 tab/day
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	1	-

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<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	1	QL QL= 1 tab/day
FLURAZEPAM CAP 15MG, 30MG ( <i>flurazepam hcl</i> )	1	-
HALCION TAB .25MG ( <i>triazolam</i> )	3	-
LUNESTA TAB 1MG, 2MG, 3MG ( <i>eszopiclone</i> )	3	QL QL= 1 tab/day
PROSOM TAB ( <i>estazolam</i> )	3	-
RESTORIL CAP 15MG 15MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 22.5MG 22.5MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 30MG 30MG ( <i>temazepam</i> )	3	-
RESTORIL CAP 7.5MG 7.5MG ( <i>temazepam</i> )	3	-
SONATA CAP 10MG, 5MG ( <i>zaleplon</i> )	3	-
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 22.5mg 22.5MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	1	-
<i>temazepam cap 7.5mg 7.5MG</i> (RESTORIL Equiv)	1	-
<i>triazolam tab .125MG, .25MG</i> (HALCION Equiv)	1	-
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	1	-
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia</b>		
<i>ramelteon tab 8MG</i> (ROZEREM Equiv)	1	QL QL= 1 tab/day
ROZEREM TAB 8MG ( <i>ramelteon</i> )	3	QL QL= 1 tab/day
<b>LAXATIVES - Drugs to treat constipation</b>		

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VAC	Vaccine Program	¢	RxCENTS		

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<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		
CLENPIQ SOLN 3.5GM/160ML-10MG/160ML-12GM/160ML <i>(sodium picosulfate-magnesium oxide-anhydrous citric acid)</i>	2	-
COLYTE SOLN <i>(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	2	-
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM <i>(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	\$0	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GOLYTELY PACKET 2.82GM-5.53GM-6.36GM-21.5GM-227.1GM <i>(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	1	-
MOVIPREP SOLN 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM <i>(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)</i>	3	ST Step Therapy requires trial of CLENPIQ
<i>peg 3350 soln (100 gram Moviprep equiv)</i> <b>1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM</b> (MOVIPREP Equiv)	1	ST Step Therapy requires trial of CLENPIQ

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<i>peg 3350/electrolytes soln</i> 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (COLYTE Equiv)	\$0	QL Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
SUPREP SOLN 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	3	ST Step Therapy requires trial of CLENPIQ
<i>trilyte soln</i> 1.48GM-5.72GM-11.2GM-420GM (NULYTELY Equiv)	\$0	QL Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>lactulose soln</i> 10GM/15ML, 20GM/30ML	1	-
MIRALAX 17GM/SCOOP ( <i>polyethylene glycol 3350</i> )	EXC	OTC
<i>polyethylene glycol 3350 powder</i> 17GM/SCOOP (MIRALAX Equiv)	EXC	OTC
<b>SALINE LAXATIVES - Drugs to treat constipation</b>		
OSMOPREP TAB .398GM-1.102GM ( <i>sodium phosphate monobasic-sodium phosphate dibasic</i> )	3	ST Step Therapy requires trial of CLENPIQ

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VISICOL TAB ( <i>sodium phosphate monobasic-sodium phosphate dibasic-mcc</i> )	3	-
<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	1	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	1	-
ZITHROMAX POWDER PACK 1GM ( <i>azithromycin</i> )	3	-
ZITHROMAX SUSP 100MG/5ML, 200MG/5ML ( <i>azithromycin</i> )	3	-
ZITHROMAX TAB 250MG, 500MG, 600MG ( <i>azithromycin</i> )	3	-
ZMAX SUSP 2GM ( <i>azithromycin</i> )	3	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		
BIAXIN SUSP ( <i>clarithromycin</i> )	3	-
BIAXIN TAB 250MG, 500MG ( <i>clarithromycin</i> )	3	-
BIAXIN XL TAB ( <i>clarithromycin</i> )	3	-
<i>clarithromycin ER tab 500MG</i> (BIAXIN XL Equiv)	1	-
CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML ( <i>clarithromycin</i> )	2	-
<i>clarithromycin susp 125MG/5ML, 250MG/5ML</i> (BIAXIN Equiv)	1	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	1	-

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<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		
ERYTHROMYCIN EC CAP 250MG ( <i>erythromycin base</i> )	2	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	1	-
<i>erythromycin stearate tab 250MG</i>	1	-
<i>erythromycin tab 250MG, 500MG</i> (ERYTHROMYCIN Equiv)	1	all forms except PCE
PCE TAB 333MG, 500MG ( <i>erythromycin base (coated)</i> )	3	-
<b>FIDAXOMICIN - drugs to treat infections</b>		
DIFICID SUSP 40MG/ML ( <i>fidaxomicin</i> )	2	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	2	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	-
DIAPHRAGM 2% ( <i>diaphragm wide seal</i> )	\$0	-
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC

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<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
ACCU-CHEK AVIVA PLUS METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK GUIDE CARE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK GUIDE ME KIT ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
ACCU-CHEK NANO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	1	OTC
FREESTYLE FREEDOM LITE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE INSULINX METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE LIBRE 2 RECEIVER ( <i>continuous blood glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER ( <i>continuous blood glucose system receiver</i> )	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY) ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY) ( <i>continuous blood glucose system sensor</i> )	2	PA-QL QL= 2 sensors/28 days

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FREESTYLE LITE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE PRECISION NEO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
LANCET DEVICE ( <i>lancet devices</i> )	1	OTC
LANCET KIT ( <i>lancets misc.</i> )	1	OTC
LANCETS ( <i>lancets</i> )	1	OTC
PRECISION XTRA METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
V-GO INJ KIT ( <i>insulin infusion disposable pump</i> )	2	QL QL= 1 kit/day
<b>MISC. DEVICES - Drugs for miscellaneous use</b>		
ALCOHOL SWABS 62%, 70% ( <i>alcohol swabs</i> )	1	OTC
<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
B-D AUTOSHIELD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
B-D INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	1	-
TECHLITE INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	OTC
TECHLITE PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	OTC
TRUEPLUS PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC

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<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
AEROCHAMBER ( <i>respiratory therapy supplies</i> )	2	OTC
AEROCHAMBER SUPPLIES ( <i>spacer/aerosol-holding chamber supplies - bags</i> )	2	-
PEAK FLOW METER ( <i>peak flow meter</i> )	1	OTC
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<b>MIGRAINE COMBINATIONS - Drugs to treat migraine headaches</b>		
<i>ergotamine tartrate/caffeine tab 1MG-100MG</i> (CAFERGOT Equiv)	1	-
MIGERGOT SUPP 2MG-100MG ( <i>ergotamine w/ caffeine</i> )	2	-
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	1	QL QL= 10 inj/14 days
ERGOMAR SL TAB ( <i>ergotamine tartrate sl tab</i> )	3	-
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches</b>		
AIMOVIG INJ 140MG/ML, 70MG/ML ( <i>erenumab-aooe</i> )	2	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA-QL QL= 3 inj/fill, 6 fills/year
NURTEC ODT 75MG ( <i>rimegepant sulfate</i> )	2	PA-QL QL= 8 tabs/30 days, 6 fills/year

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UBRELVY TAB 100MG, 50MG ( <i>ubrogepant</i> )	2	PA-QL QL= 10 tabs/30 days, 6 fills/year
<b>SEROTONIN AGONISTS - Drugs to treat migraine headaches</b>		
IMITREX INJ 4MG/0.5ML, 6MG/0.5ML ( <i>sumatriptan succinate</i> )	3	QL QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB 100MG, 25MG, 50MG ( <i>sumatriptan succinate</i> )	3	QL QL= 9 tabs/fill, 2 fills/30 days
MAXALT MLT TAB 10MG, 5MG ( <i>rizatriptan benzoate</i> )	3	QL QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB 10MG, 5MG ( <i>rizatriptan benzoate</i> )	3	QL QL= 12 tabs/fill, 3 fills/60 days
REYVOW TAB 100MG, 50MG ( <i>lasmiditan succinate</i> )	2	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> (IMITREX Equiv)	1	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ( <i>sumatriptan succinate</i> )	2	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days

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<i>zolmitriptan tab 2.5MG, 5MG (ZOMIG Equiv)</i>	1	QL QL= 9 tabs/fill, 2 fills/30 days
<b>MINERALS &amp; ELECTROLYTES - Drugs to treat electrolyte disorders</b>		
<b>CHLORIDE - Drugs to treat electrolyte disorders</b>		
AMMONIUM CHLORIDE INJ ( <i>ammonium chloride</i> )	M	M
<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
FLUOR-A-DAY CHEW TAB .25MG-236.79MG, 1MG-236.79MG ( <i>sodium fluoride-xylitol</i> )	1	-
LURIDE TAB ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay
SODIUM FLUORIDE LOZENGE 1MG ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML (LURIDE Equiv)</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG (LURIDE Equiv) ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride tab .25MG, .5MG, 1MG, 2.2MG (LURIDE Equiv)</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<b>MAGNESIUM - Drugs to treat electrolyte disorders</b>		

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<i>magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%</i>	M	M
<b>PHOSPHATE - Drugs to treat electrolyte deficiency</b>		
K-PHOS NEUTRAL TAB 130MG-155MG-852MG <i>(pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic)</i>	3	-
K-PHOS TAB 500MG <i>(potassium phosphate monobasic)</i>	2	-
<i>phospha 250 neutral tab</i> (K-PHOS NEUTRAL Equiv)	1	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
KLOR-CON M15 TAB 15MEQ <i>(potassium chloride microencapsulated crystals er)</i>	2	-
KLOR-CON POWDER PACKET <i>(potassium chloride)</i>	3	-
KLOR-CON POWDER PACKET 25MEQ 25MEQ <i>(potassium chloride)</i>	3	-
K-TAB 20MEQ, 8MEQ <i>(potassium chloride)</i>	3	-
K-TAB 10MEQ, 20MEQ <i>(potassium chloride)</i>	3	-
MICRO-K CAP <i>(potassium chloride)</i>	3	-
<i>potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM</i> (K-LYTE Equiv)	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-

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<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-
<i>potassium chloride soln 10%, 20%</i>	1	-
<b>SODIUM - Drugs to treat electrolyte disorders</b>		
<i>sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%</i>	M	M
<b>ZINC - Drugs to treat mineral deficiency</b>		
<i>GALZIN CAP 25MG, 50MG (zinc acetate (oral))</i>	2	-
<i>zinc sulfate cap 220MG</i>	1	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>DEPEN TITRATAB 250MG (penicillamine)</i>	3	-
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<i>trientine cap 250MG</i> (SYPRINE Equiv)	4	LMSP-PA
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>ENSPRYNG INJ 120MG/ML (satralizumab-mwge)</i>	4	MSP-PA-QL QL= 1 inj/28 days
<i>everolimus tab 0.25mg, 0.5mg, 0.75mg .25MG, .5MG, .75MG</i> (ZORTRESS Equiv)	4	LMSP-PA
<i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv)	1	-
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		

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VAC	Vaccine Program	¢	RxCENTS		

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LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	4	LMSP-PA
SPS SUSP 15GM/60ML ( <i>sodium polystyrene sulfonate</i> )	1	-
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		
BENLYSTA AUTO-INJECTOR 200MG/ML ( <i>belimumab</i> )	4	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	4	LMSP-PA-QL QL= 4 inj/28 day
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		
<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		
FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML ( <i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i> )	3	-
LIDOCAINE ORAL SOLN 4% 4% ( <i>lidocaine hcl (mouth-throat)</i> )	2	-
<i>lidocaine viscous soln 2%</i>	1	-
LTA 360 KIT ( <i>lidocaine hcl (mouth-throat)</i> )	3	-
<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-

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FIRST DUKES MOUTHWASH ( <i>diphenhydramine-hydrocortisone-nystatin</i> )	3	-
FIRST MARYS MOUTHWASH ( <i>diphenhydramine-hydrocortisone-nystatin-tetracycline</i> )	3	-
MYCELEX TROCHES ( <i>clotrimazole</i> )	3	-
<i>nystatin susp 100000UNIT/ML</i>	1	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	1	-
PERIDEX SOLN .12% ( <i>chlorhexidine gluconate</i> (mouth-throat))	3	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	1	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	1	-
<b>STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling</b>		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	1	-

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<b>THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat</b>		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	1	-
EVOXAC CAP 30MG ( <i>cevimeline hcl</i> )	3	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	1	-
SALAGEN TAB 5MG, 7.5MG ( <i>pilocarpine hcl (oral)</i> )	3	-
<b>MULTIVITAMINS - Drugs to treat vitamin deficiency</b>		
<b>B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency</b>		
DIALYVITE TAB ( <i>b-complex w/ c-biotin-e-minerals &amp; folic acid</i> )	1	-
DIALYVITE/ZINC TAB ( <i>b-complex w/ c-zn &amp; folic acid</i> )	1	-
DIATZ ZN TAB ( <i>b-complex w/ c-biotin-minerals &amp; folic acid</i> )	3	-
FOLBEE PLUS CZ TAB ( <i>b-complex w/ c-biotin-minerals &amp; folic acid</i> )	1	-
NEPHROCAP ( <i>b-complex w/ c &amp; folic acid</i> )	3	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	1	-
<b>MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency</b>		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	1	-
STROVITE TAB ( <i>multiple vitamins w/ minerals</i> )	3	-
V-C FORTE CAP ( <i>multiple vitamins w/ minerals</i> )	3	-
<b>PED MULTI VITAMINS W/FL &amp; FE - Drugs to treat vitamin deficiency</b>		

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ESCAVITE CHEW TAB ( <i>ped multivitamins w/fl &amp; iron</i> )	3	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	1	-
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
FLORIVA PLUS DROPS ( <i>pediatric multivitamins w/fl</i> )	2	-
MULTIVITAMIN/FLUORIDE CHEW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	1	-
MULTIVITAMIN/FLUORIDE CHEW 1MG ( <i>pediatric multivitamins w/fl</i> )	1	-
MULTIVITAMIN/FLUORIDE CHEW TAB ( <i>pediatric multivitamins w/fl</i> )	1	-
<i>pediatric multiple vitamins/fluoride chew tab</i>	1	-
<i>pediatric multiple vitamins/fluoride soln</i>	1	-
QUFLORA PEDIATRIC CHEW TAB ( <i>pediatric multivitamins w/fl</i> )	3	-
<b>PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency</b>		
CONCEPT DHA CAP ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> )	3	-
MYNATAL-Z TAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	3	-
NEONATAL 19 TAB ( <i>prenatal vitamin-folic acid</i> )	3	-
NEONATAL FE TAB ( <i>prenatal multivitamins w/ iron-folic acid</i> )	3	-

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PRENATABS RX TAB ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	3	-
PRENATAL 19 CHEW TAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	3	-
PRENATAL 19 TAB ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	3	-
PRENATAL VITAMINS (NON-PREFERRED) ( <i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i> )	3	-
VITAFOL STRIPS ( <i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i> )	3	-
VP-PNV-DHA CAP ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	-
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv)	1	-
<i>carisoprodol tab 350MG</i> (SOMA Equiv)	1	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	1	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	1	-
FEXMID TAB 7.5MG ( <i>cyclobenzaprine hcl</i> )	3	-
FLEXERIL TAB ( <i>cyclobenzaprine hcl</i> )	3	-
<i>metaxalone tab 400MG, 800MG</i> (SKELAXIN Equiv)	1	-

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METAXALONE TAB 400MG 400MG ( <i>metaxalone</i> )	3	-
<i>methocarbamol tab</i> (ROBAXIN Equiv)	1	-
PARAFON FORTE TAB 500MG ( <i>chlorzoxazone</i> )	3	-
ROBAXIN TAB 500MG, 750MG ( <i>methocarbamol</i> )	3	-
SKELAXIN TAB 800MG ( <i>metaxalone</i> )	3	-
SOMA TAB 350MG ( <i>carisoprodol</i> )	3	QL QL=120 tabs/30 days
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	1	-
ZANAFLEX TAB 4MG ( <i>tizanidine hcl</i> )	3	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
DANTRIUM CAP 25MG, 50MG ( <i>dantrolene sodium</i> )	3	-
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	1	-
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
ATROVENT NASAL SPRAY ( <i>ipratropium bromide (nasal)</i> )	3	-
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	1	-
<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		

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BECONASE AQ NASAL SPRAY 42MCG/SPRAY ( <i>beclomethasone diprop monohyd</i> )	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	1	QL QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY 55MCG/ACT ( <i>triamcinolone acetonide (nasal)</i> )	3	OTC-QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	1	OTC-QL QL= 2 bottles/fill
ZETONNA NASAL SPRAY 37MCG/ACT ( <i>ciclesonide (nasal)</i> )	3	QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone
<b>SYMPATHOMIMETIC DECONGESTANTS - Drugs to treat sinus congestion</b>		
TYZINE NASAL SOLN ( <i>tetrahydrozoline hcl</i> )	3	-
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		
<b>ALS AGENTS - Drugs to treat ALS</b>		
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	1	-
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy</b>		
EVRYSDI SOLN .75MG/ML ( <i>risdiplam</i> )	4	LD-PA-QL QL= 200ml/30 days; Only available through Accredo 800-803-2523
<b>NUTRIENTS - Drugs to treat nutrient disorders</b>		

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<b>LIPIDS - Drugs to treat nutrient disorders</b>		
LIQUIGEN ( <i>medium chain triglycerides</i> )	2	OTC-PA
MCT OIL ( <i>medium chain triglycerides</i> )	2	OTC-PA
<b>MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances</b>		
CREATINE PACKET 5000MG ( <i>creatine</i> )	2	OTC-PA
<b>PROTEINS - Drugs to treat nutrient disorders</b>		
CITRULLINE PACKET ( <i>citrulline</i> )	2	OTC-PA
<i>phlexy-10 tab</i>	1	OTC-PA
<i>pro-stat liquid</i>	1	OTC-PA
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		
<b>BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma</b>		
BETAGAN OPHTH SOLN .5% ( <i>levobunolol hcl</i> )	3	-
COMBIGAN OPHTH SOLN .2%-.5% ( <i>brimonidine tartrate-timolol maleate</i> )	2	-
COSOPT OPHTH SOLN 6.8MG/ML-22.3MG/ML ( <i>dorzolamide hcl-timolol maleate</i> )	3	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	1	-
LEVOBUNOLOL OPHTH SOLN .5% (BETAGAN Equiv) ( <i>levobunolol hcl</i> )	1	-
<i>levobunolol ophth soln .5%</i> (BETAGAN Equiv)	1	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	1	-

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<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	1	-
<i>timolol maleate ophth soln 0.5% .5%</i> (ISTALOL Equiv)	1	-
TIMOLOL OPHTH GEL SOLN .25%, .5% ( <i>timolol maleate (ophth)</i> )	2	-
TIMOPTIC OPHTH SOLN .25%, .5% ( <i>timolol maleate (ophth)</i> )	3	-
TIMOPTIC-XE OPHTH GEL .25%, .5% ( <i>timolol maleate (ophth)</i> )	3	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		
<i>atropine ophth oint 1%</i>	1	-
<i>atropine ophth soln</i> (ISOPTO ATROPINE Equiv)	1	-
CYCLOGYL OPHTH SOLN .5%, 1%, 2% ( <i>cyclopentolate hcl</i> )	3	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ( <i>cyclopentolate w/ phenylephrine</i> )	2	-
<i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv)	1	-
HOMATROPINE OPHTH SOLN 5% ( <i>homatropine hbr</i> )	2	-
<i>homatropine ophth soln 5%</i> (ISOPTO HOMATROPINE Equiv)	1	-
ISOPTO ATROPINE OPHTH SOLN ( <i>atropine sulfata (ophthalmic)</i> )	3	-

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ISOPTO HYOSCINE OPHTH SOLN ( <i>scopolamine hbr (ophth)</i> )	2	-
MYDRIACYL OPHTH SOLN ( <i>tropicamide ophth soln</i> )	3	-
<i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv)	1	-
<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
ISOPTO CARBACHOL OPHTH SOLN ( <i>carbachol (ophth)</i> )	2	-
ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% ( <i>pilocarpine hcl</i> )	3	-
PHOSPHOLINE OPHTH SOLN .125% ( <i>echothiophate iodide</i> )	2	-
<i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv)	1	-
PILOPINE HS OPHTH GEL ( <i>pilocarpine hcl</i> )	3	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
ALPHAGAN P OPHTH SOLN 0.15% .15% ( <i>brimonidine tartrate</i> )	3	-
<i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv)	1	-
<i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv)	1	-
<i>brimonidine ophth soln 0.2% .2%</i>	1	-

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



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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IOPIDINE OPHTH SOLN .5% ( <i>apraclonidine hcl</i> )	3	-
IOPIDINE OPHTH SOLN 1% 1% ( <i>apraclonidine hcl</i> )	2	-
SIMBRINZA OPHTH SUSP .2%-1% ( <i>brinzolamide-brimonidine tartrate</i> )	2	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% ( <i>azithromycin (ophth)</i> )	2	-
BACITRACIN OPHTH OINT 500UNIT/GM ( <i>bacitracin (ophthalmic)</i> )	2	-
<i>bacitracin/neomycin/polymyxin b ophth oint</i> <i>3.5MG/GM-400UNIT/GM-10000UNIT/GM,</i> <i>5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv)	1	-
<i>bacitracin/polymyxin b ophth oint</i> <i>500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv)	1	-
BLEPH-10 OPHTH SOLN 10% ( <i>sulfacetamide sodium (ophth)</i> )	3	-
CILOXAN OPHTH OINT .3% ( <i>ciprofloxacin hcl (ophth)</i> )	3	-
CILOXAN OPHTH SOLN .3% ( <i>ciprofloxacin hcl (ophth)</i> )	3	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	1	-
<i>erythromycin ophth oint 5MG/GM</i>	1	-

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<i>gatifloxacin ophth soln .5%</i> (ZYMAXID Equiv)	1	ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
GENTAK OPHTH OINT .3% ( <i>gentamicin sulfate (ophth)</i> )	1	-
<i>gentamicin ophth oint .3%</i> (GARAMYCIN Equiv)	1	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	1	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	1	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv)	1	-
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-gramicidin</i> )	1	-
NEOSPORIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-gramicidin</i> )	3	-
OCUFLOX OPHTH SOLN .3% ( <i>ofloxacin (ophth)</i> )	3	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	1	-
<i>polymyxin b/trimethoprim ophth soln .1% -10000UNIT/ML</i> (POLYTRIM Equiv)	1	-
POLYTRIM OPHTH SOLN .1%-10000UNIT/ML ( <i>polymyxin b-trimethoprim</i> )	3	-

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

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ALCAINE OPHTH SOLN .5% ( <i>proparacaine hcl</i> )	3	-
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	1	-
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1% -3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	1	-
BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% ( <i>sulfacetamide sod-prednisolone</i> )	3	-
CORTISPORIN OPHTH SOLN ( <i>neomycin-polymyxin-hc (ophth)</i> )	3	-
<i>dexamethasone ophth soln</i>	1	-
DUREZOL OPHTH EMULSION .05% ( <i>difluprednate</i> )	2	-
FLAREX OPHTH SUSP .1% ( <i>fluorometholone acetate</i> )	3	-
<i>fluorometholone ophth soln .1%</i> (FML LIQUIFILM Equiv)	1	-
FML FORTE OPHTH SUSP .25% ( <i>fluorometholone (ophth)</i> )	3	-
FML LIQUIFLIM OPHTH SUSP .1% ( <i>fluorometholone (ophth)</i> )	3	-
FML S.O.P. OPHTH OINT .1% ( <i>fluorometholone (ophth)</i> )	3	-
LOTEMAX OPHTH GEL .5% ( <i>loteprednol etabonate</i> )	3	-

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LOTEMAX OPHTH OINT .5% ( <i>loteprednol etabonate</i> )	2	-
LOTEMAX OPHTH SUSP .5% ( <i>loteprednol etabonate</i> )	3	-
<i>loteprednol etabonate ophth gel .5%</i> (LOTEMAX Equiv)	1	-
<i>loteprednol ophth susp .5%</i> (LOTEMAX Equiv)	1	-
MAXIDEX OPHTH SOLN .1%, 9% ( <i>dexamethasone ophth</i> )	2	-
MAXITROL OPHTH OINT .1% -3.5MG/GM-10000UNIT/GM ( <i>neomycin-polymy-dexameth</i> )	3	-
MAXITROL OPHTH SUSP .1% -3.5MG/ML-10000UNIT/ML ( <i>neomycin-polymy-dexameth</i> )	3	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1%</i> -3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1%</i> -3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	1	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML ( <i>neomycin-polymyxin-hc ophth</i> )	1	-
PRED FORTE OPHTH SUSP 1% ( <i>prednisolone acetate ophth</i> )	3	-

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PRED FORTE OPHTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	3	-
PRED MILD OPHTH SOLN .12% ( <i>prednisolone acetate (ophth)</i> )	2	-
PRED-G OPHTH SOLN .3%-1% ( <i>gentamicin-prednisolone acetate</i> )	2	-
PREDNISOLONE OPHTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	1	-
PREDNISOLONE OPHTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	1	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ( <i>prednisolone sodium phosphate (ophth)</i> )	2	-
<i>sulfacetamide sodium/prednisolone ophth soln .23%-10%</i> (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% ( <i>sulfacetamide sod-prednisolone</i> )	1	-
TOBRADEX OPHTH OINT .1%-.3% ( <i>tobramycin-dexamethasone</i> )	2	-
TOBRADEX OPHTH SOLN .1%-.3% ( <i>tobramycin-dexamethasone</i> )	3	-
TOBRADEX ST OPHTH SUSP ( <i>tobramycin-dexamethasone ophth susp</i> )	3	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	1	-

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VEXOL OPHTH SUSP ( <i>rimexolone</i> )	2	-
ZYLET OPHTH SUSP .3%-.5% ( <i>loteprednol etabonate-tobramycin</i> )	2	QL QL= 5ml/fill (10ml bottle is Not Covered)
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>		
ACULAR (LS) OPHTH SOLN .4%, .5% ( <i>ketorolac tromethamine (ophth)</i> )	3	-
ACUVAIL OPHTH SOLN .45% ( <i>ketorolac tromethamine (ophth)</i> )	3	-
ALAMAST OPHTH SOLN ( <i>pemirolast potassium</i> )	2	-
ALOCRILOPHTH SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	2	-
ALOMIDE OPHTH SOLN .1% ( <i>lodoxamide tromethamine</i> )	2	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	1	-
AZOPT OPHTH SUSP 1% ( <i>brinzolamide</i> )	3	-
BEPREVE OPHTH SOLN 1.5% ( <i>bepotastine besilate</i> )	3	-
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	1	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	1	-
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) .09% ( <i>bromfenac sodium (ophth)</i> )	1	-
CROLOM OPHTH SOLN ( <i>cromolyn sodium (ophth)</i> )	3	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-

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CYSTADROPS SOLN .37% ( <i>cysteamine hcl</i> )	4	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN .44% ( <i>cysteamine hcl</i> )	4	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-
ELESTAT OPHTH SOLN .05% ( <i>epinastine hcl (ophth)</i> )	3	-
EMADINE OPHTH SOLN .05% ( <i>emedastine difumarate</i> )	3	-
<i>epinastine ophth soln .05%</i> (ELESTAT Equiv)	1	-
FLURBIPROFEN OPHTH SOLN .03% (OCUFEN Equiv) ( <i>flurbiprofen sodium</i> )	1	-
<i>flurbiprofen ophth soln .03%</i> (OCUFEN Equiv)	1	-
ILEVRO OPHTH SUSP .3% ( <i>nepafenac</i> )	2	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>ketotifen ophth soln .025%</i> (ZADITOR Equiv)	1	OTC OTC covered only

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LASTACAPT OPHTH SOLN .25% ( <i>alcaftadine</i> )	3	QL QL= 3ml/30 days
NEVANAC OPHTH SUSP .1% ( <i>nepafenac</i> )	2	-
OCUFEN OPHTH SOLN ( <i>flurbiprofen sodium</i> )	3	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	1	-
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	1	QL QL= 2.5ml/30 days
OPTIVAR OPHTH SOLN ( <i>azelastine hcl (ophth)</i> )	3	-
PATANOL OPHTH SOLN .1% ( <i>olopatadine hcl</i> )	3	-
PROLENSA OPHTH SOLN .07% ( <i>bromfenac sodium (ophth)</i> )	2	-
TRUSOPT OPHTH SOLN 2% ( <i>dorzolamide hcl</i> )	3	-
UPNEEQ SOLN .1% ( <i>oxymetazoline hcl (blepharoptosis)</i> )	EXC	-
VOLTAREN OPHTH SOLN ( <i>diclofenac sodium (ophth)</i> )	3	-
<b>PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>bimatoprost ophth soln .03%</i>	1	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ( <i>bimatoprost</i> )	2	QL QL= 2.5ml/30 days

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

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207

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

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

Last Updated 4/1/2021

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ( <i>neomycin-colistin-hc-thonzonium</i> )	2	-
CORTISPORIN OTIC SOLN ( <i>neomycin-polymyxin-hc (otic)</i> )	3	-
<i>neomycin/polymixin/hydrocortisone otic soln 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocortisone otic susp 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
OTOZIN OTIC DROPS ( <i>antipyrine-benzocaine-glycerin-zinc acetate</i> )	3	-
<i>pramoxine-HC AQ otic soln</i> (CORTANE-B AQUEOUS Equiv)	1	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
ACETASOL HC OTIC SOLN ( <i>hydrocortisone w/acetic acid</i> )	3	-
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-
DERMOTIC OIL .01% ( <i>fluocinolone acetonide (otic)</i> )	3	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	1	-
VOSOL HC OTIC SOLN ( <i>hydrocortisone w/acetic acid</i> )	3	-
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	1	QL QL= 28 tabs/fill, 1 fill/365 days
<b>PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
GAMASTAN INJ ( <i>immune globulin (human) im</i> )	M	M
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM ( <i>immune globulin (human) iv</i> )	M	M
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	2	KMSP-PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	4	KMSP-PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	2	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human)-klhw</i> )	4	LD-PA Only available through CVS Specialty 800-237-2767

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
AMOXICILLIN CHEW TAB 125MG, 250MG ( <i>amoxicillin</i> )	1	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
AMPICILLIN CAP 500MG ( <i>ampicillin</i> )	1	-
<i>ampicillin cap 250MG, 500MG</i>	1	-
<i>ampicillin susp 125MG/5ML, 250MG/5ML</i> (PRINCIPEN Equiv)	1	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		
PENICILLIN G PROCAINE INJ 600000UNIT/ML ( <i>penicillin g procaine</i> )	M	M
PENICILLIN G SODIUM INJ 5000000UNIT ( <i>penicillin g sodium</i> )	M	M
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML ( <i>penicillin v potassium</i> )	1	-
<i>penicillin vk soln 125MG/5ML, 250MG/5ML</i>	1	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	1	-
PFIZERPEN G INJ 20000000UNIT, 20MU, 5000000UNIT (PFIZERPEN G Equiv) ( <i>penicillin g potassium</i> )	M	M

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

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>pfizerpen g inj 2000000UNIT, 5000000UNIT</i> (PFIZERPEN G Equiv)	M	M
<b>PENICILLIN COMBINATIONS - Drugs to treat bacterial infections</b>		
<i>amoxicillin/clavulanate chew tab</i> (AUGMENTIN Equiv)	1	-
AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
<i>amoxicillin/clavulanate ER tab 62.5MG-1000MG</i> (AUGMENTIN XR Equiv)	1	-
<i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	1	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i>	M	M
AUGMENTIN ES-600 SUSP 42.9MG/5ML-600MG/5ML, 62.5MG/5ML-250MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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VAC	Vaccine Program	¢	RxCENTS		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
AUGMENTIN SUSP 31.25MG/5ML-125MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
AUGMENTIN TAB 125MG-500MG, 125MG-875MG ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
AUGMENTIN XR TAB 62.5MG-1000MG ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i>	M	M
TIMENTIN INJ ( <i>ticarcillin &amp; pot clavulanate</i> )	M	M
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	M
<i>oxacillin inj 10GM, 1GM, 2GM</i>	M	M
<b>PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects</b>		
<b>SEMI SOLID VEHICLES - Miscellaneous compounding ingredients</b>		
POLYETHYLENE GLYCOL 8000 GRANULES ( <i>polyethylene glycol 8000</i> )	2	-
<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		
AYGESTIN TAB 5MG ( <i>norethindrone acetate</i> )	3	-
<i>hydroxyprogesterone inj 250MG/ML</i> (MAKENA Equiv)	4	LMSP-PA

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
PROMETRIUM CAP 100MG, 200MG ( <i>progesterone micronized</i> )	3	-
PROVERA TAB 10MG, 2.5MG, 5MG ( <i>medroxyprogesterone acetate</i> )	3	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
ANTABUSE TAB 250MG, 500MG ( <i>disulfiram</i> )	3	-
CAMPRAL TAB ( <i>acamprosate calcium</i> )	3	-
DISULFIRAM TAB ( <i>disulfiram</i> )	1	-
<i>disulfiram tab 250MG, 500MG</i>	1	-
<b>ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders</b>		
XYREM SOLN 500MG/ML ( <i>sodium oxybate</i> )	4	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050
<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
ARICEPT ODT ( <i>donepezil hydrochloride</i> )	3	QL QL= 1 tab/day
ARICEPT TAB 10MG, 5MG ( <i>donepezil hydrochloride</i> )	3	QL QL= 2 tabs/day
ARICEPT TAB 23MG 23MG ( <i>donepezil hydrochloride</i> )	3	QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	1	QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EXELON CAP ( <i>rivastigmine tartrate</i> )	3	-
EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR ( <i>rivastigmine</i> )	3	ST Step Therapy requires trial of rivastigmine cap
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	1	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	1	ST Step Therapy requires trial of memantine tab

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
NAMENDA SOL 10MG/5ML ( <i>memantine hcl</i> )	3	-
NAMENDA TAB 10MG, 5MG ( <i>memantine hcl</i> )	3	-
RAZADYNE ER CAP 16MG, 24MG, 8MG ( <i>galantamine hydrobromide</i> )	3	-
RAZADYNE TAB 12MG, 4MG, 8MG ( <i>galantamine hydrobromide</i> )	3	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	ST Step Therapy requires trial of rivastigmine cap
<b>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG ( <i>chlordiazepoxide-amitriptyline</i> )	1	-
LIMBITROL TAB ( <i>chlordiazepoxide-amitriptyline</i> )	3	-
<i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv)	1	-

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PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG <i>(perphenazine-amitriptyline)</i>	1	-
SYMBYAX CAP 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG <i>(olanzapine-fluoxetine hcl)</i>	3	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK <i>(milnacipran hcl)</i>	2	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG <i>(milnacipran hcl)</i>	2	QL QL= 2 tabs/day
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
INGREZZA CAP 40MG, 80MG <i>(valbenazine tosylate)</i>	4	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	4	LMSP-PA
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		
AUBAGIO TAB 14MG, 7MG <i>(teriflunomide)</i>	4	LMSP
AVONEX INJ 30MCG/0.5ML <i>(interferon beta-1a)</i>	4	LMSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	LMSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	4	LMSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	4	LMSP

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EXTAVIA INJ .3MG ( <i>interferon beta-1b</i> )	4	MSP
GILENYA CAP .25MG, .5MG ( <i>fingolimod hcl</i> )	4	LMSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	4	LMSP
KESIMPTA INJ 20MG/0.4ML ( <i>ofatumumab (ms)</i> )	4	LMSP
MAYZENT TAB .25MG, 2MG ( <i>siponimod fumarate</i> )	4	LMSP
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	4	LMSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	LMSP
ZEPOSIA CAP .92MG ( <i>ozanimod hcl</i> )	4	LMSP
ZEPOSIA STARTER PACK ( <i>ozanimod hcl</i> )	4	LMSP
<b>PSEUDOBLBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders</b>		
NUEDEXTA CAP 10MG-20MG ( <i>dextromethorphan hbr-quinidine sulfate</i> )	2	PA-QL QL= 2 caps/day
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs</b>		
ERGOLOID MESYLATES TAB 1MG ( <i>ergoloid mesylates</i> )	3	-
<i>ergoloid mesylates tab</i> (HYDERGINE Equiv)	1	-
ORAP TAB 1MG, 2MG ( <i>pimozide</i> )	3	-

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VAC	Vaccine Program	¢	RxCENTS		

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

Last Updated 4/1/2021

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PIMOZIDE TAB 1MG, 2MG ( <i>pimozide</i> )	2	-
<b>SMOKING DETERRENTS - Drugs to treat smoking urges</b>		
<i>bupropion SR tab</i> (ZYBAN Equiv)	\$0	SMKG
CHANTIX PAK ( <i>varenicline tartrate</i> )	\$0	SMKG
CHANTIX TAB .5MG, 1MG ( <i>varenicline tartrate</i> )	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
NICOTINE KIT ( <i>nicotine</i> )	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
NICOTROL INHALER 10MG ( <i>nicotine</i> )	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML ( <i>nicotine</i> )	\$0	SMKG
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis</b>		
TEGSEDI INJ 284MG/1.5ML ( <i>inotersen sodium</i> )	4	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
KALYDECO PAK 25MG, 50MG, 75MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 2 packets/day
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 2 tabs/day

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218

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

Last Updated 4/1/2021

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ( <i>lumacaftor-ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 1MG/ML ( <i>dornase alfa</i> )	4	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ( <i>tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL-SF QL= 2 tabs/day
TRIKAFTA TAB 50MG-100MG ( <i>elxacaftor-tezacaftor-ivacaftor</i> )	4	KMSP-PA-QL QL= 84 tabs/28 days
<b>PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis</b>		
ESBRIET CAP 267MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 9 caps/day
ESBRIET TAB 267MG 267MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ( <i>pirfenidone</i> )	4	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ( <i>nintedanib esylate</i> )	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Walgreens 888-347-3416
<b>SULFONAMIDES - Drugs to treat bacterial infections</b>		
<b>SULFONAMIDES - Drugs to treat infection</b>		
SULFADIAZINE TAB 500MG ( <i>sulfadiazine</i> )	1	-
<b>TETRACYCLINES - Drugs to treat bacterial infections</b>		
<b>TETRACYCLINES - Drugs to treat infections</b>		

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

Last Updated 4/1/2021

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ADOXA TAB 100MG, 50MG, 75MG ( <i>doxycycline monohydrate</i> )	3	-
<i>demeclocycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv)	1	-
DORYX TAB 50MG ( <i>doxycycline hyclate</i> )	3	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-
DOXYCYCLINE HYCLATE DR CAP ( <i>doxycycline hyclate</i> )	3	-
<i>doxycycline hyclate DR tab 100MG, 150MG, 50MG, 75MG</i> (DORYX Equiv)	1	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	1	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate cap 150mg 150MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate cap 75mg 75MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	1	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	1	-

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

Last Updated 4/1/2021

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

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

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

Last Updated 4/1/2021

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	\$0	VAC Covered for members age 19 years or older
TETANUS/DIPHThERIA TOXOID INJ 2LFU-5LFU ( <i>tetanus-diphtheria toxoids (td)</i> )	\$0	VAC Covered for members age 19 years or older
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
ANASPAZ ODT .125MG ( <i>hyoscyamine sulfate</i> )	3	-
BENTYL CAP 10MG ( <i>dicyclomine hcl</i> )	3	-
BENTYL SYRUP ( <i>dicyclomine hcl</i> )	3	-
BENTYL TAB ( <i>dicyclomine hcl</i> )	3	-
CANTIL TAB ( <i>mepenzolate bromide</i> )	3	-
CUVPOSA SOLN 1MG/5ML ( <i>glycopyrrolate</i> )	4	MSP
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	1	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	1	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-
DONNATAL EXTENTABS ( <i>phenobarbital-hyoscyamine-atropine-scopolamine</i> )	2	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv)	1	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	1	-

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

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<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate SR cap</i> (LEVSINEX Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
LEVBID TAB .375MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSIN SL TAB .125MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSIN TAB .125MG ( <i>hyoscyamine sulfate</i> )	3	-
LEVSINEX CAP ( <i>hyoscyamine sulfate</i> )	3	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	1	-
PAMINE TAB ( <i>methscopolamine bromide</i> )	3	-
ROBINUL TAB 1MG, 2MG ( <i>glycopyrrolate</i> )	3	-
SYMAX DUOTAB .375MG ( <i>hyoscyamine sulfate</i> )	3	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cimetidine tab 200MG, 300MG, 400MG, 800MG</i> (TAGAMET Equiv)	1	-
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	1	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	1	-
<i>nizatidine cap 150MG, 300MG</i> (AXID Equiv)	1	-
PEPCID SUSP 40MG/5ML ( <i>famotidine</i> )	3	-
PEPCID TAB 10MG, 20MG, 40MG ( <i>famotidine</i> )	3	-
ZANTAC GRANULE PACKET ( <i>ranitidine hcl</i> )	3	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
CARAFATE TAB 1GM ( <i>sucralfate</i> )	3	-
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-

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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	1	Rx Only
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	1	-
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		
CYTOTEC TAB 100MCG, 200MCG ( <i>misoprostol</i> )	3	-
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
<b>ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lansoprazole/amoxicillin/clarithromycin kit 30MG-500MG</i> (PREVPAC Equiv)	1	-
PREVPAC KIT 30MG-500MG ( <i>amoxicillin-clarithromycin w/ lansoprazole</i> )	3	-
PYLERA CAP 125MG-140MG ( <i>bismuth subcitrate potassium-metronidazole-tetracycline</i> )	3	-
ZEGERID CAP OTC 20MG-1100MG ( <i>omeprazole-sodium bicarbonate</i> )	1	OTC
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
NIZATIDINE CAP 150MG, 300MG ( <i>nizatidine</i> )	1	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
CARAFATE SUSP 1GM/10ML ( <i>sucralfate</i> )	3	-
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	1	-

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VAC Vaccine Program	¢ RxCENTS	

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
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
<b>URINARY ANTI-INFECTIVE COMBINATIONS - Drugs to treat bladder/kidney infections</b>		
UROQID #2 TAB ( <i>methenamine mandelate-sodium phosphate monobasic</i> )	3	-
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		
<i>darifenacin SR tab 15MG, 7.5MG</i> (ENABLEX Equiv)	1	PA
DETROL LA CAP 2MG, 4MG ( <i>tolterodine tartrate</i> )	3	-
DETROL TAB 1MG, 2MG ( <i>tolterodine tartrate</i> )	3	-
DITROPAN XL TAB 10MG, 15MG, 5MG ( <i>oxybutynin chloride</i> )	3	-
ENABLEX TAB 15MG, 7.5MG ( <i>darifenacin hydrobromide</i> )	3	PA
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	1	-
OXYTROL PATCH (OTC) 3.9MG/24HR ( <i>oxybutynin</i> )	1	OTC
SANCTURA TAB ( <i>trospium chloride</i> )	3	-
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	1	-
<i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv)	1	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	1	-

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<i>trospium chloride SR cap 60MG</i> (SANCTURA XR Equiv)	1	PA
<i>trospium tab 20MG</i> (SANCTURA Equiv)	1	-
VESICARE TAB 10MG, 5MG ( <i>solifenacin succinate</i> )	3	-
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms</b>		
MYRBETRIQ TAB 25MG, 50MG ( <i>mirabegron</i> )	2	-
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention</b>		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	1	-
URECHOLINE TAB 10MG, 25MG, 50MG, 5MG ( <i>bethanechol chloride</i> )	3	-
<b>VACCINES - Drugs to prevent infection</b>		
<b>BACTERIAL VACCINES - Drugs to prevent infection</b>		
BEXSERO INJ ( <i>meningococcal vac group b (recombant omv adjuvanted)</i> )	\$0	VAC Covered for members age 19 years or older
PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	\$0	VAC
PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	\$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.

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

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

Last Updated 4/1/2021

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRUMENBA INJ ( <i>meningococcal group b vaccine (recombinant)</i> )	\$0	VAC Covered for members age 19 years or older
VIVOTIF CAP ( <i>typhoid vaccine</i> )	2	QL-VAC QL= 4 caps/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
AFLURIA INJ ( <i>influenza virus vaccine split preservative free</i> )	\$0	VAC
AFLURIA INJ, FLUZONE INJ ( <i>influenza virus vaccine split</i> )	\$0	VAC
COVID-19 VACCINE INJ (JANSSEN) ( <i>covid-19 (sars-cov-2) adenovirus vaccine</i> )	\$0	QL QL= 1 dose/365 days
COVID-19 VACCINE INJ (MODERNA) 100MCG/0.5ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL QL= 1 dose/24 days; limit 2 fills/12 months
COVID-19 VACCINE INJ (PFIZER) 30MCG/0.3ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	\$0	QL QL= 1 dose/17 days; limit 2 fills/12 months
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	\$0	VAC Covered for members age 19 years or older

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

Last Updated 4/1/2021

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 40MCG/ML, 5MCG/0.5ML ( <i>hepatitis b vaccine (recomb)</i> )	\$0	VAC Covered for members age 19 years or older
FLUAD INJ ( <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i> )	\$0	VAC
FLUAD QUAD INJ .5ML ( <i>influenza virus vacc types a &amp; b surf antigen adjuvant quad</i> )	\$0	VAC
FLUBLOK INJ ( <i>influenza virus vaccine recombinant hemagglutinin (ha)</i> )	\$0	VAC
FLUBLOK QUAD PF INJ ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	\$0	VAC
FLUCELVAX INJ ( <i>influenza virus vaccine tissue-cultured subunit</i> )	\$0	VAC
FLUCELVAX QUAD INJ ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	\$0	VAC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC
FLUMIST QUADRIVALENT NASAL SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	\$0	VAC
FLUVIRIN INJ ( <i>influenza virus vaccine types a &amp; b surface antigen</i> )	\$0	VAC
FLUVIRIN PF INJ ( <i>influenza virus vaccine types a &amp; b preservative free</i> )	\$0	VAC

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

Last Updated 4/1/2021

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FLUZONE HD PF INJ ( <i>influenza virus vac split high-dose quad preservative free</i> )	\$0	VAC
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	\$0	VAC
FLUZONE INTRADERMAL INJ ( <i>influenza virus vaccine split</i> )	\$0	VAC
FLUZONE QUADRIVALENT INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC
FLUZONE/FLUARIX QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC
HEPLISAV-B INJ 20MCG/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	\$0	VAC Covered for members age 19 years or older
IMOVAX RABIES INJ 2.5UNIT/ML ( <i>rabies virus vaccine, hdc</i> )	\$0	VAC Covered for members age 19 years or older
SHINGRIX INJ 50MCG/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	\$0	VAC Covered for members age 50 or older
VARIVAX INJ 1350PFU/0.5ML ( <i>varicella virus vaccine live</i> )	\$0	VAC Covered for members age 19 years or older
ZOSTAVAX INJ 19400UNT/0.65ML ( <i>zoster vaccine live</i> )	\$0	VAC Covered for members age 50 or older

**VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones**

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

Last Updated 4/1/2021

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<b>MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders</b>		
ACIDIC VAGINAL JELLY ( <i>acetic acid vaginal</i> )	2	-
FEM PH GEL .025%-.9% ( <i>acetic acid-oxyquinoline vaginal</i> )	3	-
FEM PH GEL .025%-.9% ( <i>acetic acid-oxyquinoline vaginal</i> )	3	-
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
CONCEPTROL GEL 4% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE FILM 28% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE FOAM 12.5% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% ( <i>nonoxynol-9</i> )	\$0	OTC
CONTRACEPTIVE SUPP 100MG ( <i>nonoxynol-9</i> )	\$0	OTC
TODAY SPONGE 1000MG ( <i>nonoxynol-9</i> )	\$0	OTC
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
CLEOCIN VAGINAL CREAM 2% ( <i>clindamycin phosphate vaginal</i> )	3	-
CLEOCIN VAGINAL SUPP 100MG ( <i>clindamycin phosphate vaginal</i> )	3	-
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	1	-
CLINDESSE VAGINAL CREAM 2% ( <i>clindamycin phosphate (one dose)</i> )	3	-
METROGEL VAGINAL GEL .75% ( <i>metronidazole vaginal</i> )	3	-

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

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<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	1	-
MICONAZOLE 3 SUPP 200MG 200MG ( <i>miconazole nitrate vaginal</i> )	3	-
NYSTATIN VAGINAL TAB ( <i>nystatin vaginal</i> )	1	-
TERAZOL CREAM .4% ( <i>terconazole vaginal</i> )	3	-
TERAZOL SUPP ( <i>terconazole vaginal</i> )	3	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% .8% ( <i>terconazole vaginal</i> )	1	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	1	-
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
ESTRACE VAGINAL CREAM .1MG/GM ( <i>estradiol vaginal</i> )	3	-
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	1	-
<i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv)	1	QL QL= 8 tabs/28 days (18 tabs on first fill)
ESTRING 2MG ( <i>estradiol vaginal</i> )	2	-
FEMRING .05MG/24HR, .1MG/24HR ( <i>estradiol acetate vaginal</i> )	3	3 copays per Rx
PREMARIN VAGINAL CREAM .625MG/GM ( <i>estrogens, conjugated vaginal</i> )	2	-

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

Last Updated 4/1/2021

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VAGIFEM TAB 10MCG ( <i>estradiol vaginal</i> )	3	QL QL= 8 tabs/28 days (18 tabs on first fill)
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		
CRINONE GEL 4%, 8% ( <i>progesterone (vaginal)</i> )	2	PA
ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	2	PA
PROGESTERONE SUPP 100MG, 200MG ( <i>progesterone (vaginal)</i> )	3	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	1	QL QL= 2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML ( <i>epinephrine (anaphylaxis)</i> )	1	QL QL= 2 inj/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	1	-
PROAMATINE TAB ( <i>midodrine hcl</i> )	3	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency</b>		
PRENATAL VITAMINS (NON-PREFERRED) ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	3	-

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

Last Updated 4/1/2021

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

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

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SLO-NIACIN TAB 250MG, 500MG, 750MG ( <i>niacin</i> )	3	OTC

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ALPHABETICAL LISTING OF DRUGS

<b>Other</b>		ACCU-CHEK	150	ACTIVELLA TAB	160
8-MOP CAP	139	SMARTVIEW TEST STRIP		ACTONEL TAB	154
<b>A</b>		ACCU-CHEK TEST STRIP	150	ACTOPLUS MET XR TAB	47
abacavir soln	103	ACCUNEB NEB SOLN	28	ACTOS TAB	54
abacavir tab	103	ACCUPRIL TAB	67	ACULAR (LS) OPHTH SOLN	204
abacavir/lamivudine tab	103	ACCURETIC TAB	70	ACUVAIL OPHTH SOLN	204
abacavir/lamivudine/zidovudine tab	103	acebutolol cap	112	acyclovir cap	109
ABILIFY TAB	102	acetaminophen/codeine soln	15	acyclovir cream	140
abiraterone tab 250mg	85	acetaminophen/codeine tab	16	acyclovir oint	140
ABSTRAL SL TAB	12	ACETASOL HC OTIC SOLN	208	acyclovir susp	109
acamprosate calcium DR tab	213	acetazolamide ER cap	151	acyclovir tab	109
acarbose tab	47	acetazolamide tab	151	ADACEL/BOOSTRIX INJ	223
ACCOLATE TAB	27	acetic acid otic soln	207	ADAGEN INJ	114
ACCU-CHEK AVIVA PLUS METER	181	acetic acid/hydrocortisone otic soln	208	ADALAT CC TAB	114
ACCU-CHEK AVIVA PLUS TEST STRIP	149	acetylcysteine soln	132	adapalene cream	132
ACCU-CHEK GUIDE CARE METER	181	ACIDIC VAGINAL JELLY	231	adapalene gel	132
ACCU-CHEK GUIDE ME KIT	181	acitretin cap	139	adapalene/benzoyl peroxide gel 0.1-2.5%	
ACCU-CHEK GUIDE TEST STRIP	150	ACLOVATE CREAM	141	ADDERALL TAB	1
ACCU-CHEK NANO METER	181	ACLOVATE OINT	141	ADDERALL XR CAP	1
		ACTEMRA ACTPEN INJ	7	adefovir dipivoxil tab	108
		ACTEMRA SC INJ	7	ADEMPAS TAB	120
		ACTIGALL CAP	163	ADIPEX-P CAP	2
		ACTIMMUNE INJ	95	ADIPEX-P TAB	2
		ACTIQ LOZENGE	12	ADMELOG INJ, INSULIN LISPRO INJ	51

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## ALPHABETICAL LISTING OF DRUGS

ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	51	albuterol/ipratropium neb soln	29	ALOGLIPTIN-METFORMIN TAB	47
ADOXA TAB	220	ALCAINE OPHTH SOLN	201	ALOGLIPTIN-PIOGLITAZONE TAB	47
ADVAIR DISKUS INHALER	28	alclometasone cream	141	ALOMIDE OPHTH SOLN	204
ADVAIR HFA INHALER	28	alclometasone oint	141	ALORA PATCH	161
AEROCHAMBER	183	ALCOHOL SWABS	182	alosectron tab	165
AEROCHAMBER SUPPLIES	183	ALDACTAZIDE TAB	152	ALPHAGAN P OPHTH SOLN 0.15%	197
AFINITOR DISPERZ	87	ALDACTAZIDE TAB 50-50MG	152	alprazolam tab	23
AFINITOR TAB 10MG	83	ALDACTONE TAB	153	ALTACE CAP	67
AFLURIA INJ	228	ALDARA CREAM	146	ALTACE TAB	67
AFLURIA INJ, FLUZONE INJ	228	ALDURAZYME INJ	157	ALTOPREV TAB	65
AGRYLIN CAP	170	ALECENSA CAP	87	aluminum chloride soln	147
AIMOVIG INJ	183	alendronate sodium oral soln	154	ALUNBRIG TAB 30MG	87
AKNE-MYCIN OINT	132	alendronate tab	154	ALUNBRIG TAB 90MG, 180MG	87
AKYNZEO CAP	59	ALENDRONATE TAB 40MG	154	amantadine cap	96
ALAMAST OPHTH SOLN	204	ALFERON-N INJ	95	amantadine syrup	96
ALBATUSSIN LIQUID	129	alfuzosin SR tab	167	amantadine tab	96
albendazole tab	21	ALINIA SUSP	77	AMARYL TAB	55
ALBENZA TAB	21	ALINIA TAB	77	AMBIEN TAB	175
albuterol neb soln	28	aliskiren tab	75	ambrisentan tab	118
albuterol sulfate ER tab	28	ALKERAN TAB	83	amethyst tab	122
albuterol sulfate syrup	28	ALLEGRA ODT	62	AMICAR SOLN	174
albuterol sulfate tab	28	allopurinol tab	168	AMICAR SYRUP	174
		ALOCRILOPHTH SOLN	204	AMICAR TAB	174
		ALOGLIPTIN TAB	50	amikacin inj	5

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## ALPHABETICAL LISTING OF DRUGS

amiloride tab	153	amoxicillin tab	210	ANDROGEL 1.62%	19
amiloride/hydrochlorothiazide tab	152	amoxicillin/clavulanate chew tab	211	2.5GM	
aminocaproic acid soln	174	amoxicillin/clavulanate ER tab	211	ANDROGEL PUMP 1%	19
aminocaproic acid syrup	174	amoxicillin/clavulanate susp	211	ANDROGEL PUMP 1.62%	19
aminocaproic acid tab	174	amoxicillin/clavulanate tab	211	ANDROID CAP, TESTRED CAP	19
aminophylline tab	31	500-125mg, 875-125mg		ANGELIQ TAB	160
amiodarone tab	25	amphetamine/dextroamphetamine tab	1	ANORO ELLIPTA	29
amitriptyline tab	45	ampicillin cap	210	ANTABUSE TAB	213
amlodipine tab	114	ampicillin susp	210	ANUSOL-HC CREAM	21
amlodipine/atorvastatin tab	117	ampicillin/sulbactam inj	211	ANZEMET TAB	58
amlodipine/benazepril cap	71	AMTURNIDE TAB	71	APIDRA INJ	51
amlodipine/olmesartan tab	71	ANADROL TAB	18	APIDRA SOLOSTAR INJ	51
amlodipine/valsartan tab	71	ANAFRANIL CAP	45	apraclonidine ophth soln	197
amlodipine/valsartan/hydrochlorothiazide tab	71	anagrelide cap	170	aprepitant pak	59
AMMONIUM CHLORIDE INJ	185	ANASPAZ ODT	223	APTIVUS CAP	103
ammonium lactate cream	145	anastrozole tab	85	APTIVUS SOLN	103
ammonium lactate lotion	145	ANCOBON CAP	60	ARALEN TAB	80
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	132	ANDRODERM PATCH	18	aranelle tab	122
AMOXAPINE TAB	45	ANDROGEL 1% 25MG	18	ARAVA TAB	9
amoxicillin cap	210	ANDROGEL 1% 50MG, TESTIM GEL 1%	18	ARICEPT ODT	214
AMOXICILLIN CHEW TAB	210	ANDROGEL 1.62% 1.25GM	18	ARICEPT TAB	214
amoxicillin susp	210			ARICEPT TAB 23MG	214
				ARIMIDEX TAB	85
				aripiprazole soln	102
				aripiprazole tab	102

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ALPHABETICAL LISTING OF DRUGS

ARIXTRA INJ	32	atovaquone susp	77	AYGESTIN TAB	212
armodafinil tab	3	atovaquone/proguanil tab	80	AYVAKIT TAB	87
ARMOUR THYROID	222	ATRALIN GEL, RETIN-A	133	AZASITE SOLN	198
TAB, NATURE THROID		GEL		azathioprine tab	111
TAB		atropine ophth oint	196	azelaic acid gel	148
ARNUITY ELLIPTA	27	atropine ophth soln	196	azelastine nasal spray 0.1%	193
INHALER		ATROVENT HFA	26	azelastine ophth soln	204
AROMASIN TAB	85	INHALER		AZILECT TAB	97
ARTHROTEC TAB	7	ATROVENT NASAL	193	azithromycin susp	179
asenapine maleate SL tab	100	SPRAY		azithromycin tab	179
ASMANEX HFA	27	AUBAGIO TAB	216	AZOPT OPHTH SUSP	204
INHALER		AUGMENTIN ES-600	211	AZOR TAB	71
ASMANEX INHALER	27	SUSP		AZULFIDINE EN TAB	164
aspirin chew tab 81mg	10	AUGMENTIN SUSP	212	AZULFIDINE TAB	164
aspirin ec tab 325mg	11	AUGMENTIN TAB	212		
aspirin ec tab 81mg	11	AUGMENTIN XR TAB	212	<b>B</b>	
aspirin tab 325mg	11	AURYXIA TAB	165	BACITRACIN OPHTH	198
aspirin tab 81mg	11	AVALIDE TAB	71	OINT	
atazanavir cap	103	AVANDAMET TAB	47	bacitracin/neomycin/poly	198
ATELVIA TAB	154	AVANDARYL TAB	47	myxin b ophth oint	
atenolol tab	112	AVANDIA TAB	54	bacitracin/polymyxin b	198
atenolol/chlorthalidone tab	71	AVAPRO TAB	69	ophth oint	
ATIVAN TAB	23	AVELOX TAB	162	bacitracin/polymyxin/neo	201
atomoxetine cap	2	aviane tab	122	mycin/hydrocortisone	
atorvastatin tab 10mg	65	AVINZA CAP	12	ophth oint	
atorvastatin tab 20mg	65	AVODART CAP	168	baclofen tab	192
atorvastatin tab 40mg	65	AVONEX INJ	216	BACTRIM DS TAB	77
atorvastatin tab 80mg	65	AXIRON SOLN	19	BACTROBAN OINT	135
				balsalazide cap	164

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## ALPHABETICAL LISTING OF DRUGS

BALVERSA TAB 3MG	88	benzonatate cap 100mg,	128	bexarotene cap	95
BALVERSA TAB 4MG	88	200mg		BEXSERO INJ	227
BALVERSA TAB 5MG	88	benztropine tab	96	BIAXIN SUSP	179
BANZEL SUSP	34	BEPREVE OPHTH SOLN	204	BIAXIN TAB	179
BANZEL TAB	34	BETAGAN OPHTH SOLN	195	BIAXIN XL TAB	179
BAQSIMI NASAL	49	betamethasone augmented	141	bicalutamide tab	85
POWDER		cream		BIKTARVY TAB	103
BASAGLAR INJ	51	BETAMETHASONE	141	BILTRICIDE TAB	21
B-D AUTOSHIELD DUO	182	AUGMENTED GEL		bimatoprost ophth soln	206
PEN NEEDLE		betamethasone augmented	141	bisoprolol tab	112
B-D INSULIN SYRINGE	182	lotion		bisoprolol/hydrochlorothia	72
U-500		betamethasone augmented	141	zide tab	
BECONASE AQ NASAL	194	ointment		BLEPH-10 OPHTH SOLN	198
SPRAY		betamethasone	141	BLEPHAMIDE S.O.P.	201
benazepril tab	67	dipropionate cream		OPHTH OINT	
benazepril/hydrochlorothia	72	betamethasone	141	BONIVA TAB 150MG	155
zide tab		dipropionate lotion		bosentan tab	119
BENICAR HCT TAB	72	betamethasone	141	BOSULIF TAB	88
BENLYSTA	188	dipropionate oint		BRAFTOVI CAP 75MG	88
AUTO-INJECTOR		betamethasone valerate	141	BREO ELLIPTA	29
BENLYSTA INJ	188	cream		INHALER	
BENTYL CAP	223	betamethasone valerate	141	BREZTRI AEROSPHERE	29
BENTYL SYRUP	223	lotion		INHALER	
BENTYL TAB	223	betamethasone valerate	142	BRILINTA TAB	170
BENZAFLIN GEL	133	ointment		brimonidine ophth soln	197
BENZAMYCIN GEL	133	BETAPACE AF TAB	113	0.15%	
BENZNIDAZOLE TAB	21	BETAPACE TAB	113	brimonidine ophth soln	197
		bethanechol tab	227	0.2%	

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## ALPHABETICAL LISTING OF DRUGS

brinzolamide ophth susp	204	busulfan inj	83	CALQUENCE CAP	88	
bromfenac ophth soln	204	BUSULFEX INJ	83	CAMPRAL TAB	213	
BROMFENAC OPHTH	204	BUTISOL ELIXIR	175	CANTIL TAB	223	
SOLN 0.09% (TWICE		BUTISOL TAB	175	capecitabine tab	84	
DAILY)		butorphanol nasal spray	18	CAPITAL/CODEINE	16	
bromocriptine cap	96	BUTRANS PATCH	18	SUSP		
bromocriptine tab	96	BYDUREON BCISE	50	CAPRELSA TAB	88	
BRONCOPECTOL	129	AUTO INJ		captopril tab	68	
SYRUP		BYDUREON INJ	50	CAPTOPRIL/HYDROCHL	72	
BROVANA NEB SOLN	29	BYDUREON PEN INJ	50	OROTHIAZIDE TAB		
BROVEX PEB LIQUID	129	BYETTA INJ	50	CARAFATE SUSP	225	
BRUKINSA CAP	88	BYSTOLIC TAB	113	CARAFATE TAB	224	
budesonide ER tab	127	<hr/>			CARBAGLU TAB	157
budesonide inh susp	27	<b>C</b>		carbamazepine chew tab	34	
budesonide SR cap	127	cabergoline tab	159	carbamazepine ER cap	34	
bumetanide tab	152	CABLIVI INJ KIT	170	carbamazepine ER tab	34	
buprenorphine patch	17	CABOMETYX TAB	88	carbamazepine susp	34	
buprenorphine SL tab	17	CADUET TAB	117	carbamazepine tab	34	
buprenorphine/naloxone sl	17	CALAN SR TAB	114	CARBATROL CAP	34	
film		CALAN TAB	114	carbidopa tab	95	
buprenorphine/naloxone	18	calcipotriene cream	139	carbidopa/levodopa ER tab	96	
SL tab		calcipotriene oint	139	carbidopa/levodopa ODT	96	
bupropion ER tab	41	calcipotriene soln	139	carbidopa/levodopa tab	96	
bupropion SR tab	218	calcitonin nasal spray	155	CARBIDOPA/LEVODOP	96	
bupropion tab	41	calcitriol cap	157	A/ENTACAPONE TAB		
bupropion XL tab	41	CALCITRIOL OINT	139	CARBINOXAMINE SOLN	62	
BUSPAR TAB	23	calcitriol soln	157	CARBINOXAMINE TAB	62	
bupirone tab	23	calcium acetate cap	165	CARDENE SR CAP	114	
		CALIBRATION LIQUID	181			

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## ALPHABETICAL LISTING OF DRUGS

CARDIZEM CD CAP	115	cefoxitin inj	121	chlorhexidine gluconate	189
CARDIZEM TAB	115	cefepodoxime proxetil susp	121	soln	
CARDURA TAB	69	cefepodoxime proxetil tab	122	CHLOROQUINE TAB	80
CARDURA XL TAB	168	CEFTIN TAB	121	CHLOROTHIAZIDE TAB	153
carisoprodol tab	192	ceftriaxone inj	122	chlorpheniramine ER cap	62
CARMOL-HC CREAM	142	cefuroxime tab	121	chlorpromazine tab	101
CARNITOR SOLN	157	CELEBREX CAP	7	chlorpropamide tab	55
CARNITOR TAB	157	celecoxib cap	7	CHLORTHALIDONE TAB	153
carvedilol tab	112	CELEXA SOLN	42	chlorzoxazone tab 500mg	192
CASODEX TAB	85	CELEXA TAB	42	CHOLBAM CAP	163
CATAFLAM TAB	7	CELONTIN CAP	40	cholecalciferol cap 50000	234
CATAPRES TAB	69	CENESTIN TAB	161	unit	
CATAPRES-TTS PATCH	70	CENTANY OINT	135	cholestyramine lite	64
CAVERJECT INJ	117	cephalexin cap	120	powder	
CAYSTON INH SOLN	78	cephalexin susp	120	cholestyramine lite	64
CEDAX CAP	121	CERDELGA CAP	170	powder pack	
CEDAX SUSP	121	CEREZYME INJ	171	cholestyramine powder	64
CEFACLOR CAP	120	CERVICAL CAP	180	cholestyramine powder	64
CEFACLOR ER TAB	120	CESAMET CAP	59	pack	
CEFACLOR SUSP	121	cesia tab	122	choline magnesium	11
cefazolin inj	120	cevimeline cap	190	trisalicylate tab	
CEFAZOLIN INJ	120	CHANTIX PAK	218	CHROMAGEN FA TAB	172
cefdinir cap	121	CHANTIX TAB	218	ciclopirox cream	136
cefdinir susp	121	CHEMET CAP	56	ciclopirox gel	136
CEFDITOREN TAB	121	chlordiazepoxide cap	24	ciclopirox nail soln	136
cefixime cap	121	CHLORDIAZEPOXIDE/A	215	ciclopirox shampoo	136
cefixime susp	121	MITRIPTYLINE TAB		ciclopirox topical susp	136
cefotaxime inj	121			cilostazol tab	170

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## ALPHABETICAL LISTING OF DRUGS

CILOXAN OPHTH OINT	198	CLARINEX REDITAB	62	clindamycin/benzoyl	133
CILOXAN OPHTH SOLN	198	CLARINEX SYRUP	62	peroxide gel	
CIMDUO TAB	103	CLARINEX TAB	62	clindamycin/tretinoin gel	133
cimetidine tab	224	CLARINEX-D TAB	129	CLINDESSE VAGINAL	231
CIMZIA INJ	164	clarithromycin ER tab	179	CREAM	
CIMZIA STARTER INJ	164	clarithromycin susp	179	CLINORIL TAB	7
KIT		clarithromycin tab	179	clobazam tab	33
cinacalcet tab	158	clemastine syrup	62	clobetasol foam	142
CINRYZE INJ	169	CLENPIQ SOLN	177	clobetasol lotion	142
CIPRO HC OTIC SUSP	207	CLEOCIN CAP	78	clobetasol propionate	142
CIPRO SUSP 5%	162	CLEOCIN SOLN	78	cream	
CIPRO TAB	162	CLEOCIN VAGINAL	231	clobetasol propionate	142
CIPRO XR TAB	162	CREAM		emollient cream	
CIPRODEX OTIC SUSP	207	CLEOCIN VAGINAL	231	clobetasol propionate gel	142
CIPROFLOXACIN	162	SUPP		clobetasol propionate oint	142
100MG TAB		CLEOCIN-T GEL	133	clobetasol propionate soln	142
CIPROFLOXACIN ER	162	CLEOCIN-T LOTION	133	clobetasol shampoo	142
TAB		CLEOCIN-T PAD	133	clobetasol spray	142
ciprofloxacin ophth soln	198	CLEOCIN-T SOLN	133	CLOBEX LOTION	142
CIPROFLOXACIN OTIC	207	CLIMARA PATCH	161	CLOBEX SHAMPOO	142
SOLN		CLIMARA PRO PATCH	160	CLOBEX SPRAY	142
ciprofloxacin susp	162	clindamycin cap	78	clomipramine cap	45
ciprofloxacin tab	162	clindamycin gel	133	clonazepam ODT	33
ciprofloxacin/dexamethaso	207	clindamycin lotion	133	clonazepam tab	33
ne otic susp		clindamycin pad	133	clonidine patch	70
citalopram soln	42	clindamycin soln	78	clonidine tab	70
citalopram tab	42	clindamycin topical soln	133	clopidogrel tab 75mg	170
CITRULLINE PACKET	195	clindamycin vaginal cream	231	clotrimazole troches	188

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## ALPHABETICAL LISTING OF DRUGS

clotrimazole/betamethason e cream	136	colestipol granule	64	COREG TAB	112
clotrimazole/betamethason e lotion	136	colestipol powder packet	64	CORGARD TAB	113
CLOZAPINE ODT	100	colestipol tab	64	CORLANOR TAB	120
CLOZAPINE ODT 12.5MG	100	COLY-MYCIN S OTIC SUSP	208	CORTEF TAB	127
clozapine ODT 25mg, 100mg	100	COLYTE SOLN	177	CORTENEMA	20
CLOZAPINE ODT, FAZACLO ODT	100	COMBIGAN OPHTH SOLN	195	CORTISPORIN CREAM	135
clozapine tab	100	COMBIPATCH	160	CORTISPORIN OINT	135
CLOZARIL TAB	100	COMBIVENT INHALER	29	CORTISPORIN OPHTH SOLN	201
COARTEM TAB	80	COMBIVENT RESPIMAT INHALER	29	CORTISPORIN OTIC SOLN	208
CODEINE SULFATE TAB 15MG	12	COMETRIQ KIT	89	CORZIDE TAB	72
codeine sulfate tab 60mg	12	COMPLERA TAB	103	CORZIDE TAB 80-5MG	72
codeine sulfate tablet 15mg, 30mg	12	COMTAN TAB	96	COSOPT OPHTH SOLN	195
COLAZAL CAP	164	CONCEPT DHA CAP	191	COTELLIC TAB	89
colchicine tab	168	CONCEPTROL GEL	231	COUMADIN TAB	32
colchicine/probenecid tab	168	CONCERTA TAB, RITALIN SR TAB	3	COVERA-HS TAB	115
colesevelam pack	64	CONDYLOX GEL	146	COVID-19 VACCINE INJ (JANSSEN)	228
colesevelam tab	64	CONDYLOX SOLN	146	COVID-19 VACCINE INJ (MODERNA)	228
COLESTID GRANULE	64	CONTRACEPTIVE FILM	231	COVID-19 VACCINE INJ (PFIZER)	228
COLESTID POWDER PACK	64	CONTRACEPTIVE FOAM	231	COZAAR TAB	69
COLESTID TAB	64	CONTRACEPTIVE GEL	231	CPM CAP	62
		CONTRACEPTIVE SUPP	231	CREATINE PACKET 5000MG	195
		CONTRAVE TAB	2	CREON CAP	151
		COPIKTRA CAP	89		
		CORDARONE TAB	25		

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ALPHABETICAL LISTING OF DRUGS

CRESTOR TAB	65	cyclosporine modified	111	deferasirox granules	57
CRESTOR TAB 20MG	65	soln		packet	
CRESYLATE OTIC SOLN	207	CYKLOKAPRON INJ	175	deferasirox tab	57
CRINONE GEL	233	cyproheptadine syrup	63	deferasirox tab 180mg	57
CRIXIVAN CAP	103	cyproheptadine tab	63	deferasirox tab 90mg,	57
CROLOM OPHTH SOLN	204	CYSTADROPS SOLN	205	360mg	
cromolyn conc	164	CYSTAGON CAP	167	deferiprone tab	57
cromolyn neb soln	26	CYSTARAN OPHTH	205	DELSTRIGO TAB	103
cromolyn ophth soln	204	SOLN		DEMADEX TAB	153
CROTAN LOTION	148	CYTOMEL TAB	222	demeclocycline tab	220
cryselle tab	122	CYTOTEC TAB	225	DENAVIR CREAM	140
CUTIVATE CREAM	142	CYTRA K CRYSTALS	166	DEPAKENE CAP	40
CUTIVATE OINT	142	CYTRA-3 SYRUP	166	DEPAKENE SYRUP	40
CUVPOSA SOLN	223			DEPAKOTE ER TAB	40
cyanocobalamin inj	171	<b>D</b>		DEPAKOTE SPRINKLE	40
CYCLESSA TAB	122	dalfampridine ER tab	216	CAP	
cyclobenzaprine tab 10mg	192	danazol cap	19	DEPAKOTE TAB	40
cyclobenzaprine tab 5mg	192	DANTRIUM CAP	193	DEPEN TITRATAB	187
CYCLOGYL OPHTH	196	dantrolene cap	193	DEPO-PROVERA INJ	126
SOLN		dapsone tab	78	DEPO-PROVERA SC INJ	126
CYCLOMYDRIL OPHTH	196	darifenacin SR tab	226	104MG	
SOLN		DAYTRANA PATCH	3	DEPO-TESTOSTERONE	19
cyclopentolate ophth soln	196	DAZIDOX TAB	12	INJ	
cyclophosphamide cap	83	DDAVP INJ	159	DERMA-SMOOTH/FS	142
cyclophosphamide tab	83	DDAVP NASAL SOLN	159	OIL	
CYCLOSET TAB	50	DDAVP NASAL SPRAY	159	DERMATOP CREAM	142
cyclosporine cap	111	DDAVP TAB	159	DERMATOP OINT	142
cyclosporine modified cap	111	DECON-A LIQUID	129	DERMOTIC OIL	208

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## ALPHABETICAL LISTING OF DRUGS

DESCOVY TAB	103	dextroamphetamine soln	1	diclofenac sodium XR tab	8
desipramine tab	45	dextroamphetamine tab	1	diclofenac/misoprostol	8
DESLORATADINE ODT	62	DIABETA TAB	55	DR tab	
desloratadine tab	62	DIACOMIT CAP	34	dicloxacillin cap	212
desmopressin acetate inj	159	DIACOMIT POWDER	35	dicyclomine cap	223
desmopressin acetate nasal	159	PACK		dicyclomine soln	223
spray		DIALYVITE TAB	190	dicyclomine tab	223
desmopressin acetate tab	159	DIALYVITE/ZINC TAB	190	didanosine DR cap	104
desmopressin nasal soln	159	DIAMOX SEQUEL CAP	151	DIFFERIN CREAM	133
DESOGEN TAB	123	DIAPHRAGM	180	DIFFERIN GEL	133
desoximetasone cream	143	DIASTAT RECTAL GEL,	33	DIFICID SUSP	180
desoximetasone oint	143	DIAZEPAM RECTAL		DIFICID TAB	180
desvenlafaxine ER tab	44	GEL		DIFLUCAN SUSP	60
DETROL LA CAP	226	DIATZ ZN TAB	190	DIFLUCAN TAB	60
DETROL TAB	226	diazepam conc	24	DIGOXIN SOLN	116
DEXAMETHASONE	127	DIAZEPAM SOLN	24	digoxin tab	116
CONC		diazepam tab 2mg, 10mg	24	dihydroergotamine	183
dexamethasone elixir	127	diazepam tab 5mg	24	mesylate inj	
dexamethasone ophth soln	201	diazoxide susp	49	DILANTIN CAP 100MG	39
DEXAMETHASONE	127	DIBENZYLINE CAP	69	DILANTIN CAP 30MG	39
SOLN		diclofenac gel	138	DILANTIN INFATABS	39
dexamethasone tab	127	diclofenac gel 1%	137	DILANTIN SUSP	39
DEXEDRINE CAP	1	DICLOFENAC PATCH,	138	DILATRATE SR CAP	22
dexmethylphenidate ER	3	FLECTOR PATCH		DILAUDID TAB 2MG	12
cap		diclofenac potassium tab	7	DILAUDID TAB 4MG	12
dexmethylphenidate tab	3	diclofenac sodium EC tab	8	DILAUDID TAB 8MG	12
dextroamphetamine ER	1	diclofenac sodium ophth	205	diltiazem ER cap	115
cap		soln		diltiazem tab	115

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

246

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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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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VAC	Vaccine Program	¢	RxCENTS		

## ALPHABETICAL LISTING OF DRUGS

dimethyl fumarate DR cap	216	donepezil tab	214	doxycycline monohydrate	220
dimethyl fumarate DR	216	donepezil tab 23mg	214	cap 100mg	
starter pack		DONNATAL	223	doxycycline monohydrate	220
DIOVAN HCT TAB	72	EXTENTABS		cap 150mg	
DIOVAN TAB	69	DOPTELET TAB	172	doxycycline monohydrate	220
DIPENTUM CAP	164	DORIBAX INJ	77	cap 50mg	
diphenhydramine cap	62	DORIPENEM INJ	77	doxycycline monohydrate	220
50mg		DORYX TAB	220	cap 75mg	
diphenhydramine inj	62	dorzolamide ophth soln	205	doxycycline monohydrate	220
DIPHENOXYLATE/ATRO	56	dorzolamide/timolol ophth	195	tab	
PINE LIQUID		soln		doxycycline susp	220
diphenoxylate/atropine tab	56	DOVATO TAB	104	D-PENAMINE TAB	110
DIPROLENE AF CREAM	143	DOVONEX CREAM	139	DRISDOL CAP	234
DIPROLENE LOTION	143	DOVONEX SOLN	139	DRITHO-SCALP CREAM	139
DIPROLENE OINT	143	doxazosin tab	70	dronabinol cap	59
dipyridamole tab	170	DOXEPIN CAP	45	DROXIA CAP	171
disopyramide cap	24	doxepin conc	46	DRYSOL SOLN	147
disulfiram tab	213	DOXEPIN CREAM,	139	DUAC CS KIT	134
DITROPAN XL TAB	226	PRUDOXIN CREAM,		DUAC GEL	134
DIURIL SUSP	154	ZONALON CREAM		DULERA INHALER	29
divalproex ER tab	40	doxercalciferol cap	158	duloxetine EC cap	44
divalproex sodium DR tab	40	doxycycline hyclate cap	220	DUONEB NEB SOLN	29
divalproex sprinkle cap	41	DOXYCYCLINE	220	DUPIXENT INJ	145
DIVIGEL GEL, ELESTRIN	161	HYCLATE DR CAP		DUPIXENT PEN INJ	145
GEL		doxycycline hyclate DR	220	DURAGESIC PATCH	13
dofetilide cap	25	tab		DUREZOL OPHTH	201
DOLOPHINE TAB	12	doxycycline hyclate tab	220	EMULSION	
donepezil ODT	214			dutasteride cap	168

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247

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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ALPHABETICAL LISTING OF DRUGS

DYAZIDE CAP	152	ELLA TAB	126	ENDOMETRIN INSERT	233
DYNACIN TAB	221	ELMIRON CAP	167	ENGERIX-B INJ	228
DYNACIRC CR TAB	115	ELOCON CREAM	143	ENGERIX-B INJ,	229
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<b>E</b>		ELOCON OINT	143	RECOMBIVAX-HB INJ	
econazole cream	136	ELOCON SOLN	143	ENJUVIA TAB	161
EDARBI TAB	69	EMADINE OPHTH SOLN	205	enoxaparin inj	32
EDARBYCLOR TAB	72	EMCYT CAP	85	enpresse tab	123
EDECIN TAB	153	EMEND CAP	59	ENSPRYNG INJ	187
EDEX INJ	117	EMGALITY INJ	183	entacapone tab	96
EDURANT TAB	104	EMGALITY INJ	183	entecavir tab	108
efavirenz cap	104	100MG/ML		EPANED PREMIXED	68
efavirenz tab	104	EMLA CREAM	147	SOLN	
efavirenz/emtricitabine/tenofovir df tab	104	EMSAM PATCH	42	EPANED SOLN	68
efavirenz/lamivudine/tenofovir df (lo) tab	104	emtricitabine cap	104	EPIDUO FORTE GEL	134
EFFEXOR TAB	45	emtricitabine/tenofovir disoproxil fumarate tab	104	EPIDUO GEL 0.1-2.5%	134
EFFEXOR XR CAP	45	EMTRIVA SOLN	104	EPIFOAM AEROSOL	143
EFFIENT TAB	170	EMVERM TAB	21	epinastine ophth soln	205
EFUDEX CREAM	138	ENABLEX TAB	226	epinephrine pen inj	233
EGRIFTA INJ	156	enalapril tab	68	0.15mg, 0.3mg	
ELDEPYRL CAP	97	enalapril/hydrochlorothiazide tab	72	EPIVIR HBV SOLN	108
ELESTAT OPHTH SOLN	205	ENBREL INJ 25MG	10	eplerenone tab	75
ELIDEL CREAM	146	ENBREL INJ 50MG	10	EPROSARTAN TAB	69
ELIMITE CREAM	148	ENBREL MINI INJ	10	EQUETRO CAP	98
ELIQUIS TAB, ELIQUIS STARTER PACK	32	ENBREL SURECLICK INJ 50MG	10	ergoloid mesylates tab	217
ELIXOPHYLLIN ELIXIR	31	ENDARI POWDER PACK	171	ERGOMAR SL TAB	183
				ergotamine tartrate/caffeine tab	183
				ERIVEDGE CAP	84

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ALPHABETICAL LISTING OF DRUGS

ERLEADA TAB	85	estradiol cream	232	EXELDERM CREAM,	136
erlotinib tab	89	estradiol patch	161	SULCONAZOLE CREAM	
ertapenem inj	77	estradiol tab	161	EXELDERM SOLN	136
ERY PAD	134	estradiol vaginal tab,	232	EXELDERM SOLN,	136
ERYTHROMYCIN EC	180	yuvafem vaginal tab		SULCONAZOLE SOLN	
CAP		estradiol valerate inj	161	EXELON CAP	214
erythromycin	180	estradiol/norethindrone tab	160	EXELON PATCH	214
ethylsuccinate susp		ESTRASORB EMULSION	161	exemestane tab	85
erythromycin gel	134	ESTRING	232	EXFORGE HCT TAB	73
erythromycin ophth oint	198	ESTROSTEP FE TAB	123	EXFORGE TAB	73
erythromycin pad	134	eszopiclone tab	176	EXTAVIA INJ	217
erythromycin soln	134	ethacrynic tab	153	ezetimibe tab	67
erythromycin stearate tab	180	ethambutol tab	82	ezetimibe/simvastatin tab	63
erythromycin tab	180	ethosuximide cap	40		
erythromycin/benzoyl	134	ethosuximide soln	40	<b>F</b>	
peroxide gel		etodolac cap	8	FABRAZYME INJ	158
erythromycin/sulfisoxazol	77	etodolac ER tab	8	famciclovir tab	109
e susp		etodolac tab	8	famotidine susp	224
ESBRIET CAP	219	ETOPOSIDE CAP	95	famotidine tab	224
ESBRIET TAB 267MG	219	EURAX LOTION	148	FAMVIR TAB	109
ESBRIET TAB 801MG	219	EVAMIST SPRAY	162	FANAPT TAB	99
ESCAVITE CHEW TAB	191	everolimus tab	89	FANAPT TITRATION	99
escitalopram soln	42	everolimus tab 0.25mg,	187	PACK	
escitalopram tab	42	0.5mg, 0.75mg		FANSIDAR TAB	80
estazolam tab	175	EVISTA TAB	156	FARESTON TAB	85
ESTRACE TAB	161	EVOTAZ TAB	104	FARYDAK CAP	89
ESTRACE VAGINAL	232	EVOXAC CAP	190	FASENRA PEN INJ	26
CREAM		EVRYSDI SOLN	194	FAZACLO ODT 12.5MG,	100
				25MG, 100MG	

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## ALPHABETICAL LISTING OF DRUGS

febuxostat tab	169	FERRIPROX TAB	57	FLAGYL ER TAB	76
felbamate susp	38	ferrous sulfate elixir	174	FLAGYL TAB	76
felbamate tab	38	FERROUS SULFATE	174	FLAREX OPHTH SUSP	201
FELBATOL SUSP	38	LIQUID		flecainide tab	25
FELBATOL TAB	38	ferrous sulfate soln	174	FLEXERIL TAB	192
FELDENE CAP	8	ferrous sulfate syrup	174	FLOMAX CAP	168
felodipine ER tab	115	FETZIMA CAP	45	FLORIVA PLUS DROPS	191
FEM PH GEL	231	FETZIMA TITRATION	45	FLOVENT DISKUS	28
FEMALE CONDOMS	180	PACK		INHALER	
FEMARA TAB	85	FEXMID TAB	192	FLOVENT HFA INHALER	28
FEMCON FE CHEW TAB	123	FIASP FLEXTOUCH INJ	51	FLUAD INJ	229
FEMHRT TAB	160	FIASP INJ	52	FLUAD QUAD INJ	229
FEMRING	232	FIASP PENFILL INJ	52	FLUBLOK INJ	229
fenofibrate cap 67mg,	65	FINACEA GEL	148	FLUBLOK QUAD PF INJ	229
134mg, 200mg		FINACEA PLUS KIT	148	FLUCELVAX INJ	229
fenofibrate tab 48mg,	65	finasteride tab	146	FLUCELVAX QUAD INJ	229
54mg, 145mg, 160mg		FINTEPLA SOLN	35	fluconazole susp	60
fenofibric acid DR cap	65	FIRST DUKES	189	fluconazole tab	61
FENOFIBRIC TAB,	65	MOUTHWASH		flucytosine cap	60
FIBRICOR TAB		FIRST MARYS	189	fludrocortisone tab	128
fantanyl citrate lollipop	13	MOUTHWASH		FLULAVAL QUAD INJ,	229
fantanyl patch	13	FIRST	76	FLUZONE QUAD INJ	
FENTORA TAB,	13	METRONIDAZOLE SUSP		FLUMADINE TAB	110
FENTANYL BUCCAL		FIRST MOUTHWASH	188	FLUMIST	229
TAB		BLM		QUADRIVALENT NASAL	
ferrex 150 forte cap	172	FIRST-VANCOMYCIN	78	SUSP	
FERREX 28 TAB	172	SOLN		fluocinolone acetonide	143
FERRIPROX SOLN	57	FIRVANQ SOLN	78	cream	

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250

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## ALPHABETICAL LISTING OF DRUGS

fluocinolone acetonide oil	143	flutamide cap	85	FOLBEE PLUS CZ TAB	190
fluocinolone acetonide oint	143	fluticasone nasal spray	194	folbee tab	172
fluocinolone acetonide soln	143	fluticasone propionate cream	144	folic acid tab 1mg	171
fluocinolone otic oil	208	fluticasone propionate oint	144	folic acid tab 400mcg	171
fluocinonide cream 0.05%	143	FLUTICASONE/SALMET	30	folic acid tab 800mcg	171
fluocinonide emollient cream	143	EROL INHALER		fondaparinux inj	32
fluocinonide gel	143	fluvastatin ER tab	65	FORTEO INJ	155
fluocinonide oint	143	FLUVIRIN INJ	229	FOSAMAX TAB	155
fluocinonide soln	143	FLUVIRIN PF INJ	229	FOSAMAX+D TAB	155
FLUOR-A-DAY CHEW TAB	185	fluvoxamine ER cap	43	fosamprenavir tab	104
fluorometholone ophth soln	201	fluvoxamine tab	43	foscarnet sodium inj	108
FLUOROPLEX CREAM	138	FLUZONE HD PF INJ	230	FOSCAVIR INJ	108
fluorouracil cream	138	FLUZONE HIGH DOSE PF INJ	230	fosinopril tab	68
FLUOROURACIL CREAM 0.5%	138	FLUZONE	230	fosinopril/hydrochlorothiazide tab	73
FLUOROURACIL SOLN	138	INTRADERMAL INJ		FOSRENOL CHEW TAB	165
fluoxetine cap	42	FLUZONE	230	FOSRENOL POWDER	165
fluoxetine soln	42	QUADRIVALENT INJ	230	PACK	
fluphenazine tab	101	FLUZONE/FLUARIX	230	FRAGMIN INJ	32
FLURAZEPAM CAP	176	QUAD INJ		FREESTYLE FREEDOM LITE METER	181
FLURBIPROFEN OPHTH SOLN	205	FML FORTE OPHTH SUSP	201	FREESTYLE INSULINX METER	181
FLURBIPROFEN TAB	8	FML LIQUIFLIM OPHTH SUSP	201	FREESTYLE INSULINX TEST STRIP	150
		FML S.O.P. OPHTH OINT	201	FREESTYLE LIBRE 2 RECEIVER	181
		FOCALIN TAB	3		
		FOCALIN XR CAP	3		

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251

<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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ALPHABETICAL LISTING OF DRUGS

FREESTYLE LIBRE 2 SENSOR	181	GALZIN CAP	187	GLUCAGEN HYPOKIT INJ	49
FREESTYLE LIBRE RECEIVER	181	GAMASTAN INJ	209	glucagon (rdna) for inj kit	49
FREESTYLE LIBRE SENSOR (10-DAY)	181	GAMMAGARD INJ	209	GLUCAGON EMR INJ	49
FREESTYLE LIBRE SENSOR (14-DAY)	181	GANCICLOVIR CAP	108	GLUCAGON INJ KIT	49
FREESTYLE LITE METER	182	GASTROCROM CONC	164	GLUCOPHAGE TAB	48
FREESTYLE LITE TEST STRIP	149	gatifloxacin ophth soln	199	GLUCOPHAGE XR TAB	48
FREESTYLE PRECISION NEO METER	182	GAVILYTE-C SOLN	177	GLUCOTROL TAB	55
FREESTYLE PRECISION NEO TEST STRIP	150	gemfibrozil tab	65	GLUCOTROL XL TAB	55
FREESTYLE TEST STRIP	150	GENOTROPIN INJ	156	GLUCOVANCE TAB	47
FULPHILA INJ	172	GENTAK OPHTH OINT	199	glyburide micronized tab	55
furosemide soln	153	gentamicin ophth oint	199	glyburide tab	56
furosemide tab	153	gentamicin ophth soln	199	glyburide/metformin tab	48
FUZEON INJ	104	gentamicin sulfate cream	135	glycopyrrolate tab	223
<b>G</b>		gentamicin sulfate oint	135	GLYNASE TAB	56
gabapentin cap	35	GENVOYA TAB	104	GLYSET TAB	47
gabapentin soln	35	GEODON CAP	99	GOLYTELY PACKET	177
gabapentin tab	35	gianvi tab, ocella tab	123	granisetron tab	58
GABITRIL TAB	39	GILENYA CAP	217	GRANISOL SOLN	58
galantamine ER cap	214	GILOTRIF TAB	89	GRIFULVIN V TAB	60
galantamine tab	214	GILTUSS LIQUID	129	griseofulvin micro tab	60
		GILTUSS TR TAB	129	griseofulvin susp	60
		glatiramer inj	217	griseofulvin tab	60
		GLEOSTINE/LOMUSTIN E CAP	83	GRIS-PEG TAB	60
		glimepiride tab	55	guaifenesin/codeine soln	129
		glipizide ER tab	55	GUAIFENESIN/CODEINE SYRUP	129
		glipizide tab	55	GUANABENZ TAB	70
		glipizide/metformin tab	47		

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## ALPHABETICAL LISTING OF DRUGS

guanfacine ER tab	2	HUMIRA INJ 40MG	6	hydrochlorothiazide tab	154
guanfacine IR tab	70	HUMIRA INJ 80MG	6	hydrocodone/acetaminoph	16
GUANIDINE TAB	81	HUMIRA INJ	6	en soln	
GVOKE INJ	49	CROHNS/UC/HIDRADEN		hydrocodone/acetaminoph	16
GVOKE PFS INJ	49	ITIS STARTER PACK		en soln 10-325 mg/15ml	
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<b>H</b>		HUMIRA INJ PEDIATRIC	6	hydrocodone/acetaminoph	16
HALCION TAB	176	CROHNS STARTER		en tab	
halobetasol propionate	144	PACK		hydrocodone/acetaminoph	16
cream		HUMIRA INJ PEDIATRIC	6	en tab 2.5-325mg	
halobetasol propionate	144	UC STARTER PACK		hydrocodone/chlorphenira	130
oint		HUMIRA INJ	6	mine CR susp	
haloperidol lactate conc	100	PSORIASIS/UVEITIS		hydrocodone/chlorphenira	130
haloperidol tab	100	STARTER PACK		mine/pseudoephedrine	
HECTOROL CAP	158	HUMIRA PEN INJ 40MG	6	liquid	
HEMLIBRA INJ	169	HUMULIN MIX INJ	52	hydrocodone/homatropine	129
heparin porcine inj	33	HUMULIN MIX PEN INJ	52	syrup	
HEPLISAV-B INJ	230	HUMULIN N INJ	52	hydrocortisone cream	144
HEXALEN CAP	83	HUMULIN N PEN INJ	52	hydrocortisone enema	20
HIPREX TAB	79	HUMULIN R INJ	53	hydrocortisone lotion	144
HIZENTRA INJ	209	HUMULIN R INJ U-500	53	hydrocortisone oint	144
HOMATROPINE OPHTH	196	HUMULIN R U-500	53	hydrocortisone tab	127
SOLN		KWIKPEN INJ		hydromorphone tab 2mg	13
HUMALOG MIX INJ	52	HYCAMTIN CAP	83	hydromorphone tab 4mg	13
HUMALOG MIX	52	HYCET SOLN	16	hydromorphone tab 8mg	13
KWIKPEN INJ, INSULIN		HYCODAN SYRUP	129	hydroquinone cream	147
LISPRO PROTAMINE INJ		hydralazine tab	76	hydroxychloroquine tab	80
HUMIRA INJ 10MG	6	HYDREA CAP	95	hydroxyprogesterone inj	212
HUMIRA INJ 20MG	6	hydrochlorothiazide cap	154	hydroxyurea cap	95

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253

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ALPHABETICAL LISTING OF DRUGS

hydroxyzine pamoate cap	23	imatinib tab	90	INFANT FORMULA	151
HYDROXYZINE	23	IMBRUVICA CAP	90	POWDER	
PAMOATE CAP 100MG		140MG		INGREZZA CAP	216
hydroxyzine syrup	23	IMBRUVICA CAP 70MG	90	INLYTA TAB	90
hydroxyzine tab	23	IMBRUVICA TAB	90	INQOVI TAB	87
hyoscyamine sulfate CR	223	IMDUR TAB	22	INSPIRA TAB	76
tab		imipramine pamoate cap	46	INSULIN ASPART	53
hyoscyamine sulfate elixir	223	imipramine tab	46	FLEXPEN INJ	
hyoscyamine sulfate ODT	224	imiquimod cream	146	INSULIN ASPART INJ	53
hyoscyamine sulfate SL	224	IMITREX INJ	184	INSULIN ASPART MIX	53
tab		IMITREX TAB	184	FLEXPEN INJ	
hyoscyamine sulfate SR	224	IMOVAX RABIES INJ	230	INSULIN ASPART MIX	53
cap		IMPAVIDO CAP	76	INJ	
hyoscyamine tab	224	IMPLANON IMPLANT,	126	INSULIN ASPART	53
HYPER-SAL NEB SOLN	132	NEXPLANON IMPLANT		PENFILL INJ	
HYQVIA INJ	209	IMURAN TAB	111	INTELENCE TAB	105
HYTRIN CAP	70	INBRIJA INH POWDER	98	INTRON-A INJ	95
HYZAAR TAB	73	INCIVEK TAB	108	INTUNIV TAB	2

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ibandronate tab 150mg	155	INCRELEX INJ	157	INVANZ INJ	77
IBRANCE CAP	89	INCRUSE ELLIPTA	26	INVEGA TAB	99
IBRANCE TAB	89	INHALER		INVIRASE CAP	105
ibuprofen susp (Rx ONLY)	8	indapamide tab	154	INVIRASE TAB	105
ibuprofen tab	8	INDERAL LA CAP	113	IOPIDINE OPHTH SOLN	198
icatibant inj	169	indomethacin cap	8	IOPIDINE OPHTH SOLN	198
ICLUSIG TAB	89	indomethacin CR cap	8	1%	
IDHIFA TAB	90	INFANT FORMULA	151	ipratropium nasal spray	193
ILEVRO OPHTH SUSP	205	LIQUID		ipratropium neb soln	26
				irbesartan tab	69

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ALPHABETICAL LISTING OF DRUGS

irbesartan/hydrochlorothiazide tab	73	isosorbide dinitrate tab 40mg	22	KANAMYCIN INJ	5
IRESSA TAB	90	isosorbide mononitrate ER tab	22	KAYEXALATE POWDER	112
IRON	173	isosorbide mononitrate tab	22	KEFLEX CAP	120
POLYSACCH/THREONIC ACID/B12/FA CAP		isoxsuprine tab	118	kelnor tab	123
IRON SUSP	174	itraconazole cap	61	KEPPRA SOLN	35
ISENTRESS (HD) TAB	105	itraconazole soln	61	KEPPRA TAB	35
ISENTRESS CHEW TAB	105	ivermectin lotion	148	KEPPRA XR TAB	35
ISENTRESS POWDER	105	ivermectin tab	21	KESIMPTA INJ	217
PACK				ketoconazole cream	136
isibloom tab, enskyce tab, apri tab	123			ketoconazole shampoo	136
ISONIAZID SYRUP	82	<b>J</b>		ketoconazole tab	61
ISONIAZID TAB	82	JAKAFI TAB	90	KETO-DIASTIX TEST STRIP	150
ISOPTO ATROPINE	196	JANUMET TAB	48	ketorolac ophth soln	205
OPHTH SOLN		JANUMET XR TAB	48	ketorolac tab	8
ISOPTO CARBACHOL	197	JANUVIA TAB	50	KETOSTIX	150
OPHTH SOLN		JARDIANCE TAB	55	ketotifen ophth soln	205
ISOPTO CARPINE	197	jinteli tab	160	KEVZARA INJ	7
OPHTH SOLN		jolessa tab, amethia tab	123	KINERET INJ	7
ISOPTO HYOSCINE	197	JULUCA TAB	105	KLARON LOTION	134
OPHTH SOLN		junel FE tab	123	KLONOPIN TAB	33
ISORDIL TITRADOSE	22	junel tab	123	KLOR-CON M15 TAB	186
TAB		JYNARQUE PAK	160	KLOR-CON POWDER	186
isosorbide dinitrate ER tab	22	JYNARQUE TAB	160	PACKET	
isosorbide dinitrate SL tab	22	<b>K</b>		KLOR-CON POWDER	186
isosorbide dinitrate tab	22	KALETRA TAB	105	PACKET 25MEQ	
		KALYDECO PAK	218	KORLYM TAB	50
		KALYDECO TAB	218	KOSELUGO CAP	90

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ALPHABETICAL LISTING OF DRUGS

K-PHOS NEUTRAL TAB	186	lamotrigine ER tab	36	LEUKERAN TAB	83
K-PHOS TAB	186	lamotrigine ODT	36	leuprolide inj	86
KRINTAFEL TAB	80	lamotrigine ODT kit	36	LEVALBUTEROL	30
K-TAB	186	lamotrigine tab	36	INHALER, XOPENEX	
KYTRIL TAB	58	LANCET DEVICE	182	HFA INHALER	
<hr/>					
<b>L</b>		LANCET KIT	182	levalbuterol neb soln	30
labetalol tab	112	LANCETS	182	LEVAQUIN SOLN	163
LAC-HYDRIN CREAM	145	LANOXIN TAB	116	LEVAQUIN TAB	163
LAC-HYDRIN LOTION	146	lansoprazole cap	225	LEVATOL TAB	113
LACTIC ACID LOTION	146	lansoprazole/amoxicillin/c	225	LEVBID TAB	224
lactulose soln	165	larithromycin kit		levetiracetam ER tab	36
LAMICTAL CHEW TAB	35	lanthanum carbonate chew	165	levetiracetam soln	36
LAMICTAL CHEW TAB	35	tab		levetiracetam tab	36
2MG		lapatinib ditosylate tab	90	LEVOBUNOLOL OPHTH	195
LAMICTAL ODT	35	LARIAM TAB	80	SOLN	
LAMICTAL ODT KIT	35	LASIX TAB	153	levocarnitine soln	158
LAMICTAL ODT KIT,	35	LASTACAFT OPHTH	206	levocarnitine tab	158
LAMICTAL XR KIT		SOLN		levofloxacin ophth soln	199
LAMICTAL STARTER	35	latanoprost ophth soln	206	levofloxacin soln	163
KIT		LAZANDA NASAL	13	levofloxacin tab	163
LAMICTAL TAB	36	SPRAY		levonorgestrel tab	126
LAMICTAL XR TAB	36	LEDIPASVIR/SOFOSBUV	108	LEVONORGESTREL TAB	126
LAMISIL TAB	60	IR TAB		0.75MG	
lamivudine soln	105	leflunomide tab	9	LEVSIN SL TAB	224
lamivudine tab	105	LENVIMA CAP	91	LEVSIN TAB	224
lamivudine tab 100mg	108	LESCOL XL TAB	65	LEVSINEX CAP	224
lamivudine/zidovudine tab	105	letrozole tab	85	LEXAPRO SOLN	43
lamotrigine chew tab	36	leucovorin tab	95	LEXAPRO TAB	43

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## ALPHABETICAL LISTING OF DRUGS

LEXIVA SUSP	105	lithium carbonate tab	98	LORTAB ELIXIR	16
LIBRIUM CAP	24	lithium citrate soln	98	losartan tab	69
lidocaine cream 3%	147	LITHOBID TAB	98	losartan/hydrochlorothiazide tab	73
lidocaine gel	147	LITHOSTAT TAB	168	LOTEMAX OPHTH GEL	201
lidocaine oint	147	LIVALO TAB	66	LOTEMAX OPHTH OINT	202
LIDOCAINE ORAL SOLN 4%	188	LO LOESTRIN TAB	123	LOTEMAX OPHTH SUSP	202
lidocaine patch	147	LODOSYN TAB	95	LOTENSIN HCT TAB	73
lidocaine soln	147	LOESTRIN 24 FE TAB	123	LOTENSIN TAB	68
lidocaine viscous soln	188	LOESTRIN FE TAB	124	loteprednol etabonate ophth gel	202
lidocaine/hydrocortisone cream	21	LOESTRIN TAB	124	loteprednol ophth susp	202
lidocaine/prilocaine cream	147	lohist liquid	130	LOTREL CAP	74
LIDODERM PATCH	147	LOKELMA PAK	188	LOTRISONE CREAM	136
LIMBITROL TAB	215	LOMOTIL LIQUID	56	LOTRISONE LOTION	137
lindane lotion	148	LOMOTIL TAB	56	LOTRONEX TAB	165
lindane shampoo	148	LONSURF TAB	87	lovastatin tab	66
linezolid susp	78	LOPID TAB	65	LOVAZA CAP	63
linezolid tab	79	lopinavir/ritonavir soln	105	LOVENOX INJ	33
liothyronine tab	222	LOPRESSOR HCT TAB	73	loxapine cap	100
LIPITOR TAB	66	LOPRESSOR TAB	113	LOXITANE CAP	100
LIPTRUZET TAB	63	LOPROX CREAM	136	LTA 360 KIT	188
LIQUIGEN	195	LOPROX GEL	136	LUFYLLIN TAB	31
lisinopril tab	68	LOPROX SHAMPOO	136	LUMIGAN OPHTH SOLN	206
lisinopril/hydrochlorothiazide tab	73	loratadine cap	62	LUNESTA TAB	176
lithium carbonate cap	98	lorazepam conc	24	LUPRON DEPOT INJ	86
lithium carbonate ER tab	98	lorazepam tab	24	LUPRON DEPOT PED INJ	157
		LORBRENA TAB 100MG	91		
		LORBRENA TAB 25MG	91		
		LORTAB	16		

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## ALPHABETICAL LISTING OF DRUGS

LUPRON DEPOT-PED INJ	157	MAYZENT TAB	217	MEPHYTON TAB	234
LURIDE TAB	185	MAYZENT TAB STARTER PACK	217	MEPRON SUSP	77
LUVOX CR CAP	43	MCT OIL	195	mercaptapurine tab	84
LYNPARZA CAP	91	mebendazole chew tab	21	meropenem inj	77
LYNPARZA TAB	91	meclizine chew tab	59	mesalamine DR tab	164
LYSODREN TAB	86	meclizine tab	59	mesalamine enema	164
LYSTEDA TAB	175	MEDROL DOSE PACK	127	mesalamine ER cap	164
<hr/>		MEDROL TAB	127	mesalamine supp	165
<b>M</b>		medroxyprogesterone inj	126	MESNEX TAB	95
MACROBID CAP	79	medroxyprogesterone tab	213	MESTINON TAB	81
MACRODANTIN CAP	79	MEFLOQUINE TAB	80	MESTINON TIMESPAN TAB	81
magnesium sulfate inj	186	MEGACE SUSP	86	METADATE CD CAP	3
MALARONE TAB	80	megestrol susp	86	METAGLIP TAB	48
malathion lotion	148	megestrol tab	86	METAPROTERENOL SYRUP	30
maldemar tab	58	MEKINIST TAB 0.5MG	91	metaxalone tab	192
MAPROTILINE TAB	41	MEKINIST TAB 2MG	91	METAXALONE TAB 400MG	193
MARINOL CAP	59	MEKTOVI TAB	91	metformin ER tab	48
MARPLAN TAB	42	MELOXICAM SUSP	8	metformin soln	49
MATULANE CAP	95	meloxicam tab	8	metformin tab	49
MAVYRET TAB	108	melphalan inj	83	methadone conc	13
MAXALT MLT TAB	184	melphalan tab	83	methadone soln 10mg/5ml	13
MAXALT TAB	184	memantine ER cap	214	METHADONE SOLN 5MG/5ML	14
MAXIDEX OPHTH SOLN	202	memantine sol	215	methadone tab	14
MAXITROL OPHTH OINT	202	memantine tab	215	methadone tab 10mg	14
MAXITROL OPHTH SUSP	202	MENEST TAB	162		
MAXZIDE TAB	152	MENOSTAR PATCH	162		
		MENTAX CREAM	137		

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## ALPHABETICAL LISTING OF DRUGS

METHADOSE CONC	14	metoclopramide tab	164	miglitol tab	47
methazolamide tab	152	metolazone tab	154	miglustat cap	171
methenamine hippurate tab	79	metoprolol ER tab	113	MILLIPRED TAB	127
methimazole tab	221	metoprolol tab	113	MINASTRIN CHEW TAB	124
METHITEST TAB	19	METOPROLOL/HYDROC	74	MINIPRESS CAP	70
methocarbamol tab	193	HLOROTHIAZIDE TAB		MINOCIN CAP	221
methotrexate inj	84	METROCREAM	148	minocycline cap	221
methotrexate tab	84	METROGEL 1%	148	minocycline tab	221
methoxsalen cap	139	METROGEL VAGINAL	231	minoxidil tab	76
methscopolamine tab	224	GEL		MIRALAX	178
methyl dopa tab	70	METROLOTION	148	MIRAPEX TAB	97
METHYLDOPA/HYDRO	74	metronidazole cream	148	MIRCETTE TAB	124
CHLOROTHIAZIDE TAB		metronidazole gel	148	MIRENA IUD	126
methylergonovine tab	209	metronidazole lotion	148	mirtazapine ODT	41
METHYLIN CHEW TAB	3	metronidazole tab	76	mirtazapine tab	41
METHYLIN SOLN	4	metronidazole vaginal gel	232	misoprostol tab	225
methylphenidate CD cap	4	MEVACOR TAB	66	MOBIC TAB	8
methylphenidate chew tab	4	mexiletine hcl cap	25	modafinil tab	4
methylphenidate ER cap	4	MIACALCIN INJ	155	mometasone cream	144
methylphenidate ER tab	4	mibelas chew tab	124	mometasone oint	144
methylphenidate soln	4	MICARDIS TAB	69	mometasone soln	144
methylphenidate tab	4	MICONAZOLE 3 SUPP	232	MONODOX CAP	221
methylprednisolone dose	127	200MG		MONOPRIL HCT TAB	74
pack		MICRO-K CAP	186	MONOPRIL TAB	68
methylprednisolone tab	127	MICROZIDE CAP	154	montelukast chew tab	27
METHYLTESTOSTERON	19	MIDAMOR TAB	153	montelukast granule pack	27
E CAP		midodrine tab	233	montelukast tab	27
metoclopramide soln	164	MIGERGOT SUPP	183		

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## ALPHABETICAL LISTING OF DRUGS

MORPHINE SULFATE	14	mycophenolate DR tab	111	NAMENDA TAB	215	
ER BEAD CAP		mycophenolate mofetil	111	naphazoline ophth soln	200	
morphine sulfate ER tab	14	cap		NAPROSYN EC TAB	9	
morphine sulfate soln	14	mycophenolate mofetil	111	NAPROSYN TAB	9	
morphine sulfate tab	14	susp		naproxen EC tab	9	
MOTOFEN TAB	56	mycophenolate mofetil tab	111	naproxen tab	9	
MOTRIN SUSP	9	MYDFRIN OPHTH SOLN	200	NARCAN NASAL SPRAY	57	
MOVANTIK TAB	165	MYDRIACYL OPHTH	197	NARDIL TAB	42	
MOVIPREP SOLN	177	SOLN		NASACORT OTC NASAL	194	
moxifloxacin ophth soln	199	MYLERAN TAB	83	SPRAY		
moxifloxacin tab	163	MYNATAL-Z TAB	191	NASCOBAL NASAL	171	
MULTAQ TAB	26	MYRBETRIQ TAB	227	SPRAY		
MULTIGEN FOLIC TAB	173	MYSOLINE TAB	36	NATAZIA TAB	124	
MULTIGEN PLUS TAB	173	MYTELASE TAB	81	nateglinide tab	54	
MULTIGEN TAB	173	<b>N</b>			NATPARA INJ	155
MULTIVITAMIN TAB	173	nabumetone tab	9	NATROBA SUSP	149	
MULTIVITAMIN/FLOURI	191	nadolol tab	113	NAVANE CAP	102	
DE CHEW 0.25MG		nadolol/bendroflumethiazi	74	NAYZILAM SPRAY	34	
MULTIVITAMIN/FLOURI	191	de tab		NEBUSAL NEB SOLN	132	
DE CHEW 1MG		nafeillin inj	212	NECON TAB	124	
MULTIVITAMIN/FLUORI	191	naftifine cream	137	NEFAZODONE TAB	44	
DE CHEW TAB		naftifine gel	137	nefazodone tab 50mg,	44	
multivitamin/minerals tab	190	NAFTIN CREAM	137	250mg		
mupirocin oint	135	NAFTIN GEL	137	neomycin tab	5	
MUSE SUPP	117	naloxone inj	57	NEOMYCIN/POLYMIXIN	199	
MYAMBUTOL TAB	82	naloxone prefilled inj	58	/GRAMICIDIN OPHTH		
MYCELEX TROCHES	189	naltrexone tab	57	SOLN		
MYCOBUTIN CAP	82	NAMENDA SOL	215			

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## ALPHABETICAL LISTING OF DRUGS

neomycin/polymixin/hydro 208	nevirapine tab 106	nitrofurantoin 80
coritison e otic soln	NEXAVAR TAB 91	macrocrystals cap
neomycin/polymixin/hydro 208	NEXICLON XR SUSP 70	nitrofurantoin 80
coritison e otic susp	NEXICLON XR TAB 70	monohydrate cap
neomycin/polymyxin/dexa 202	niacin cap 234	nitroglycerin lingual spray 22
methasone ophth oint	niacin CR tab 234	nitroglycerin patch 22
neomycin/polymyxin/dexa 202	niacin ER tab 67	nitroglycerin SL tab 23
methasone ophth soln	niacin tab 234	NITROLINGUAL PUMP 23
NEOMYCIN/POLYMYXI 202	NIACIN TR TAB 234	SPRAY
N/HYDROCORTISONE	niacinamide tab 234	NITROSTAT SL TAB 23
OPHTH SOLN	nicotine gum 218	NIVESTYM INJ 172
NEONATAL 19 TAB 191	NICOTINE KIT 218	NIZATIDINE CAP 224
NEONATAL FE TAB 191	nicotine lozenge 218	nizoral a-d shampoo 137
NEOSPORIN OPHTH 199	nicotine patch 218	NIZORAL SHAMPOO 137
SOLN	NICOTROL INHALER 218	norethindrone tab 126
NEOTUSS-D LIQUID 130	NICOTROL NASAL 218	norethindrone/ethinyl 124
NEPHROCAP 190	SPRAY	estradiol 21 tab
NEPHRON FA TAB 173	nifedipine cap 115	norethindrone/ethinyl 124
NEPTAZANE TAB 152	nifedipine ER tab 115	estradiol FE tab
NERLYNX TAB 91	nilutamide tab 86	NORITATE CREAM 148
NEUMEGA INJ 172	nimodipine cap 115	NOROXIN TAB 163
NEUPRO PATCH 97	NIMOTOP CAP 115	NORPACE CAP 25
NEURONTIN CAP 36	NINLARO CAP 92	NORPRAMIN TAB 46
NEURONTIN SOLN 36	nitazoxanide tab 77	NOR-QD TAB 126
NEURONTIN TAB 36	NITRO-BID OINT 22	nortrel tab 124
NEVANAC OPHTH SUSP 206	NITRO-DUR PATCH 22	nortriptyline cap 46
nevirapine ER tab 105	NITRO-DUR PATCH 22	nortriptyline oral soln 46
nevirapine susp 105	0.3MG/HR, 0.8MG/HR	NORTRIPTYLINE SOLN 46

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## ALPHABETICAL LISTING OF DRUGS

NORVASC TAB	115	NUEDEXTA CAP	217	ofloxacin otic soln	207
NORVIR CAP	106	NURTEC ODT	183	ofloxacin tab	163
NORVIR POWDER PACK	106	NUTRITIONAL	151	OGESTREL TAB	124
NORVIR SOLN	106	SUPPLEMENT LIQUID		olanzapine ODT	101
NORVIR TAB	106	NUTRITIONAL	151	olanzapine tab	101
NOVOLIN 70/30	53	SUPPLEMENT POWDER		olanzapine/fluoxetine cap	215
FLEXPEN INJ		NUVARING	125	OLEPTRO TAB	44
NOVOLIN 70/30 INJ	53	NUVIGIL TAB	4	olmesartan tab	69
NOVOLIN N FLEXPEN	54	nystatin cream	137	olmesartan/hydrochlorothi	74
INJ		nystatin oint	137	azide tab	
NOVOLIN N INJ	54	nystatin powder	60	olopatadine ophth soln	206
NOVOLIN R FLEXPEN	54	nystatin susp	189	0.1%	
INJ		nystatin tab	60	olopatadine ophth soln	206
NOVOLIN R INJ	54	nystatin topical powder	137	0.2%	
NOVOLOG FLEXPEN	54	NYSTATIN VAGINAL	232	OLUX FOAM	144
INJ		TAB		omega-3-acid ethyl esters	63
NOVOLOG INJ	54	nystatin/triamcinolone	137	cap	
NOVOLOG MIX	54	cream		omeprazole DR cap	225
FLEXPEN INJ		nystatin/triamcinolone oint	137	OMNICEF SUSP	122
NOVOLOG MIX INJ	54	<hr style="border: 1px solid black;"/>			
NOVOLOG PENFILL INJ	54	<b>O</b>		ondansetron ODT	58
NOXAFIL SUSP	61	OCALIVA TAB	163	ondansetron soln	58
NOXAFIL TAB	61	octreotide inj	159	ondansetron tab	58
np thyroid tab	222	OCUFEN OPHTH SOLN	206	ONFI TAB	34
NUBEQA TAB	86	OCUFLOX OPHTH SOLN	199	OPSUMIT TAB	119
NUCALA INJ	26	ODEFSEY TAB	106	OPTIVAR OPHTH SOLN	206
NUCORT LOTION	144	ODOMZO CAP	84	ORACIT SOLN	166
NUCYNTA TAB	15	OFEV CAP	219	ORAP TAB	217
		ofloxacin ophth soln	199	ORAPRED ODT	128

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## ALPHABETICAL LISTING OF DRUGS

ORAPRED SOLN	128	OVACE PLUS SHAMPOO	140	PALYNZIQ INJ	158
ORAXYL CAP	221	OVCON 35 TAB	125	PAMELOR CAP	46
ORENCIA CLICK INJ	10	OVIDE LOTION	149	PAMINE TAB	224
ORENCIA SC INJ	10	oxacillin inj	212	PANDEL CREAM	144
125MG/ML		OXANDRIN TAB	18	PANRETIN GEL	138
ORENCIA SC INJ	10	oxandrolone tab	18	pantoprazole EC tab	225
50MG/0.4ML		oxcarbazepine susp	37	PARAFON FORTE TAB	193
ORENCIA SC INJ	10	oxcarbazepine tab	37	PARAGARD IUD	126
87.5MG/0.7ML		oxiconazole nitrate cream	137	PARCOPA ODT	97
ORIAHNN CAP	161	OXISTAT CREAM	137	paricalcitol cap	158
ORILISSA TAB 150MG	156	OXISTAT LOTION	137	PARLODEL CAP	97
ORILISSA TAB 200MG	156	OXSORALEN ULTRA	139	PARLODEL TAB	97
ORKAMBI GRANULES	219	CAP		PARNATE TAB	42
PACKET		oxybutynin ER tab	226	paromomycin cap	5
ORKAMBI TAB	219	oxybutynin syrup	226	paroxetine ER tab	43
ORTHO TRI-CYCLEN	124	oxybutynin tab	226	paroxetine tab	43
(LO) TAB		oxycodone cap	15	PATANOL OPHTH SOLN	206
ORTHO-CYCLEN TAB	124	oxycodone soln	15	PAXIL CR TAB	43
ORTHO-EVRA PATCH	125	oxycodone tab	15	PAXIL SUSP	43
oseltamivir cap	110	oxycodone/acetaminophen	17	PAXIL TAB	43
oseltamivir cap 30mg	110	tab		PCE TAB	180
oseltamivir susp	110	oxycodone/aspirin tab	17	PEAK FLOW METER	183
OSMOPREP TAB	178	OXYTROL PATCH (OTC)	226	PEDIATEX TDM SUSP	130
OTEZLA STARTER PACK	9	OZEMPIC INJ	50	pediatric multiple	191
OTEZLA TAB	9			vitamins/fluoride chew tab	
OTOZIN OTIC DROPS	208	<b>P</b>		pediatric multiple	191
OVACE PLUS CREAM	140	PALGIC SOLN	62	vitamins/fluoride soln	
OVACE PLUS GEL	140	PALGIC TAB	62		
		paliperidone ER tab	99		

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EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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VAC	Vaccine Program	¢	RxCENTS		

## ALPHABETICAL LISTING OF DRUGS

pediatric multiple vitamins/fluoride/iron soln	191	PERPHENAZINE/AMITRIPTYLINE TAB	216	PILOPINE HS OPHTH GEL	197
PEDIAZOLE SUSP	77	PERSANTINE TAB	170	pimecrolimus cream	146
peg 3350 soln (100 gram Moviprep equiv)	177	PEXEVA TAB	44	PIMOZIDE TAB	218
peg 3350/electrolytes soln	178	pfizerpen g inj	210	pindolol tab	113
PEGASYS INJ	109	phenazopyridine tab	168	pioglitazone tab	54
PEG-INTRON INJ	109	phenelzine tab	42	piperacillin/tazobactam inj	212
PEMAZYRE TAB	92	phenobarbital elixir	175	PIQRAY TAB	92
penicillamine tab	187	phenobarbital tab	175	piroxicam cap	9
PENICILLIN G	210	phenoxybenzamine cap	69	PLAN B TAB	126
PROCAINE INJ		phentermine cap	2	PLAQUENIL TAB	81
PENICILLIN G SODIUM INJ	210	phentermine tab	2	PLAVIX TAB 75MG	170
penicillin vk soln	210	phenylephrine ophth soln	197	PLEGRIDY INJ	217
penicillin vk tab	210	phenytoin cap	40	PLEGRIDY PEN INJ	217
pentamidine neb soln	76	phenytoin chew tab	40	PLENDIL TAB	115
pentoxifylline ER tab	169	phenytoin susp	40	PLETAL TAB	170
PEPCID SUSP	224	PHISOHEX LIQUID	102	PNEUMOVAX INJ	227
PEPCID TAB	224	phlexy-10 tab	195	PODOCON SOLN	146
PERCOCET TAB	17	PHOSLO CAP	165	podofilox soln	146
PERCODAN TAB	17	PHOSLYRA SOLN	166	POLYCITRA CRYSTAL	166
PERFOROMIST NEB SOLN	30	phospha 250 neutral tab	186	PACK	
PERIDEX SOLN	189	PHOSPHOLINE OPHTH SOLN	197	POLYCITRA-LC SOLN	166
permethrin cream	149	phytonadione tab	234	polyethylene glycol 3350 powder	178
perphenazine tab	102	PICATO GEL	138	POLYETHYLENE GRANULES	212
		PIFELTRO TAB	106		
		pilocarpine ophth soln	197		
		pilocarpine tab	190		

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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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## ALPHABETICAL LISTING OF DRUGS

polymyxin b/trimethoprim ophth soln	199	pramoxine/hydrocortisone cream	21	PREDNISOLONE	203
POLYTRIM OPHTH SOLN	199	pramoxine-HC AQ otic soln	208	SODIUM PHOSPHATE OPHTH SOLN	
POMALYST CAP	86	PRANDIN TAB	55	prednisolone soln	128
posaconazole DR tab	61	prasugrel tab	170	PREDNISOLONE SYRUP	128
POTABA CAP	234	PRAVACHOL TAB	66	PREDNISON SOLN	128
POTABA POWDER PACKET	234	pravastatin tab	66	prednisone tab	128
POTABA TAB	234	praziquantel tab	21	PREFEST TAB	161
potassium bicarbonate effeer tab	186	prazosin cap	70	pregabalin cap	37
potassium chloride ER cap	186	PRECISION XTRA METER	182	pregabalin soln	37
potassium chloride ER tab	186	PRECISION XTRA TEST STRIP	150	PREMARIN TAB	162
potassium chloride micro tab	187	PRECOSE TAB	47	PREMARIN VAGINAL CREAM	232
potassium chloride powder packet	187	PRED FORTE OPHTH SUSP	202	PREMPHASE TAB,	161
potassium chloride soln	187	PRED MILD OPHTH SOLN	203	PREMPRO TAB	
potassium citrate CR tab	167	PRED-G OPHTH SOLN	203	PRENATABS RX TAB	192
potassium citrate/citric acid powder pack	167	PREDNICARBATE CREAM	144	PRENATAL 19 CHEW TAB	192
potassium citrate/citric acid soln	167	PREDNICARBATE OIN	144	PRENATAL 19 TAB	192
PRADAXA CAP	33	prednisolone ODT	128	PRENATAL VITAMINS (NON-PREFERRED)	192
PRALUENT INJ	67	PREDNISOLONE OPHTH SUSP	203	PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	234
pramipexole tab	97			PRETOMANID TAB	82
				PREVNAR 13 INJ	227
				PREVPAC KIT	225
				PREZCOBIX TAB	106

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265

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## ALPHABETICAL LISTING OF DRUGS

PREZISTA SUSP	106	promethazine VC/codeine	130	PULMOZYME INH SOLN	219
PREZISTA TAB	106	syrup		PURINETHOL TAB	84
PRIFTIN TAB	82	promethazine/codeine	131	PYLERA CAP	225
PRIMAQUINE TAB	81	syrup		pyrazinamide tab	82
primidone tab	37	PROMETHEGAN SUPP	63	PYRIDIDIUM TAB	168
PRIMSOL SOLN	76	PROMETRIUM CAP	213	pyridostigmine CR tab	81
PRINIVIL TAB, ZESTRIL	68	propafenone ER cap	25	pyridostigmine tab	81
TAB		propafenone tab	25	pyridstigmime soln	81
PRISTIQ TAB	45	proparacaine ophth soln	201	pyrimethamine tab	81
PROAMATINE TAB	233	propranolol ER cap	114	<hr style="border: 1px solid black;"/>	
probenecid tab	169	PROPRANOLOL SOLN	114	<b>Q</b>	
PROCARDIA CAP	115	propranolol tab	114	QBRELIS SOLN	68
prochlorperazine supp	102	PROPRANOLOL/HYDRO	74	QINLOCK TAB	92
prochlorperazine tab	102	CHLOROTHIAZIDE TAB		QSYMIA CAP	2
PROCTOCORT CREAM	144	propylthiouracil tab	221	QUALAQUIN CAP	81
proctosol HC cream	21	PROSCAR TAB	168	QUESTRAN LITE	64
progesterone cap	213	PROSOM TAB	176	POWDER	
PROGESTERONE SUPP	233	pro-stat liquid	195	QUESTRAN LITE	64
PROGLYCEM SUSP	50	PROSTIGMIN TAB	81	POWDER PACK	
PROLENSA OPHTH	206	PROTOPIC OINT	146	QUESTRAN POWDER	64
SOLN		protriptyline tab	46	QUESTRAN POWDER	64
PROLIA INJ	155	PROVERA TAB	213	PACK	
PROMACTA TAB	172	PROVIGIL TAB	4	quetiapine tab	101
promethazine DM syrup	130	PROZAC CAP	44	quetiapine XR tab	101
promethazine supp	63	PROZAC SOLN	44	QUFLORA PEDIATRIC	191
promethazine syrup	63	pseudoephedrine/bromphe	131	CHEW TAB	
promethazine tab	63	niramine/codeine liquid		quinapril tab	68
promethazine VC syrup	130	PULMICORT INH SUSP	28	quinapril/hydrochlorothiaz	74
				ide tab	

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ALPHABETICAL LISTING OF DRUGS

quinidine gluconate CR tab	25	REQUIP TAB	97	RIFATER TAB	82
QUINIDINE SULFATE ER TAB	25	RESCON TAB	131	riluzole tab	194
quinidine sulfate tab	25	RESCRIPTOR TAB	106	RIMANTADINE TAB	110
quinine sulfate cap	81	RESERPINE TAB	70	RINVOQ ER TAB	5
<b>R</b>					
raloxifene tab	157	RESTASIS OPHTH EMULSION		RIOMET ER SUSP	49
ramelteon tab	176	RESTORIL CAP 15MG	176	RIOMET SOLN	49
ramipril cap	68	RESTORIL CAP 22.5MG	176	risedronate DR tab	155
RANEXA TAB	21	RESTORIL CAP 30MG	176	risedronate tab	156
ranolazine tab	21	RESTORIL CAP 7.5MG	176	RISPERDAL CONSTA INJ	99
rasagiline tab	97	RETACRIT INJ	172	RISPERDAL M ODT	99
RAZADYNE ER CAP	215	RETEVMO CAP	92	RISPERDAL SOLN	99
RAZADYNE TAB	215	RETIN-A CREAM	134	RISPERDAL TAB	99
REBETOL SOLN	109	REVATIO TAB	119	risperidone ODT	99
REGLAN TAB	164	REVIA TAB	57	risperidone soln	99
REGRANEX GEL	149	REVLIMID CAP	111	risperidone tab	100
RELENZA DISKHALER	110	REYATAZ POWDER PACK	106	RITALIN LA CAP	4
REMERON SOLUTAB	41	REYVOW TAB	184	RITALIN TAB	5
REMERON TAB	41	REZIRA SOLN	131	ritonavir tab	106
RENAGEL TAB 800MG	166	RHEUMATREX TAB	6	RITUXAN INJ	84
renaphro cap	190	ribavirin cap	109	rivastigmine cap	215
RENOVA CREAM	135	ribavirin tab	109	rivastigmine patch	215
RENVELA TAB	166	RIDAURA CAP	7	rizatriptan ODT	184
repaglinide tab	55	rifabutin cap	82	rizatriptan tab	184
REPATHA INJ	67	RIFADIN CAP	82	ROBAXIN TAB	193
REPATHA	67	RIFAMATE CAP	82	ROBINUL TAB	224
PUSHTRONEX INJ		rifampin cap	82	ROCALTROL CAP	158
				ROCALTROL SOLN	158
				ropinirole tab	97

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## ALPHABETICAL LISTING OF DRUGS

ROSULA PAD	140	sapropterin	158	sevelamer tab	166
rosuvastatin tab 10mg	66	dihydrochloride powder		SFROWASA ENEMA	165
rosuvastatin tab 20mg	66	packet		SHINGRIX INJ	230
rosuvastatin tab 40mg	66	sapropterin	158	SIGNIFOR INJ	159
rosuvastatin tab 5mg	66	dihydrochloride soluble		sildenafil tab	117
ROXICODONE TAB	15	tab		sildenafil tab 20mg	119
ROZEREM TAB	176	SAVELLA PAK	216	SILVADENE CREAM	140
ROZLYTREK CAP	92	SAVELLA TAB	216	silver sulfadiazine cream	140
RUBRACA TAB	92	scopolamine patch	59	SIMBRINZA OPHTH	198
rufinamide susp	37	SEASONIQUE TAB	125	SUSP	
RUKOBIA ER TAB	106	seb-prev cream	140	simvastatin tab	66
RUZURGI TAB	81	SECTRAL CAP	113	SINEMET CR TAB	97
RYBELSUS TAB	51	selegiline cap	97	SINEMET TAB	97
RYDAPT CAP	92	selegiline tab	97	SINGULAIR CHEW TAB	27
RYTHMOL SR CAP	25	selenium sulfide lotion	140	SINGULAIR GRANULE	27
RYTHMOL TAB	25	selenium sulfide shampoo	140	PACK	
<hr/>					
<b>S</b>		SELZENTRY SOLN	106	SINGULAIR TAB	27
SALAGEN TAB	190	SELZENTRY TAB	107	sirolimus soln	187
SALEX SHAMPOO	147	SEMPREX-D CAP	131	sirolimus tab	111
salsalate tab	11	SEREVENT DISKUS	30	SIVEXTRO TAB	79
SANCTURA TAB	226	INHALER		SKELAXIN TAB	193
SANCUSO PATCH	58	SEROQUEL TAB	101	SKELID TAB	156
SANDIMMUNE SOLN	111	SEROQUEL XR TAB	101	SKLICE LOTION	149
100MG/ML		sertraline conc	44	SKYRIZI INJ	139
SANTYL OINT	146	sertraline tab	44	SLO-NIACIN TAB	235
SAPHRIS SL TAB	101	sevelamer hydrochloride	166	smz/tmp (DS) tab	77
		tab		smz/tmp susp	77
		sevelamer powder pak	166		

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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
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## ALPHABETICAL LISTING OF DRUGS

sodium chloride 0.9% irr soln	167	sodium sulfacetamide/sulfur wash 9-4.5%	134	SPS SUSP	188
sodium chloride inj	187	sodium sulfacetamide/urea pad	140	STARLIX TAB	55
sodium chloride neb soln	132	SOFOSBUVIR/VELPATA	109	STAVUDINE CAP	107
sodium citrate/citric acid soln	167	SVIR TAB		stavudine soln	107
sodium fluoride cream	189	SOLARAZE GEL	138	STEGLATRO TAB	55
sodium fluoride gel	189	solifenacin tab	226	STENDRA TAB	117
SODIUM FLUORIDE LOZENGE	185	SOMA TAB	193	STIMATE NASAL SOLN	159
sodium fluoride paste	189	SOMAVERT INJ	156	STIOLTO INHALER	30
sodium fluoride rinse	189	SONATA CAP	176	STIVARGA TAB	92
sodium fluoride soln	185	sotalol AF tab	114	STRENSIQ INJ	158
sodium fluoride tab	185	sotalol tab	114	STRIBILD TAB	107
sodium fluoride/potassium nitrate paste	189	SPECTRACEF TAB	122	STRIVERDI RESPIMAT INHALER	30
sodium polystyrene powder	112	SPINOSAD SUSP	149	STROMECTOL TAB	21
sodium polystyrene susp	112	SPIRIVA HANDIHALER	26	STROVITE TAB	190
sodium sulfacetamide gel	140	SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	26	SUBOXONE SL FILM	18
sodium sulfacetamide lotion	134	SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	27	sucralfate susp	225
sodium sulfacetamide shampoo	140	spironolactone tab	153	sucralfate tab	224
sodium sulfacetamide emulsion 10-5%	134	spironolactone/hydrochlorothiazide tab	152	sulfacetamide sodium ophth soln	200
		SPORANOX CAP	61	sulfacetamide sodium/prednisolone ophth soln	203
		SPORANOX SOLN	61	SULFACETAMIDE/PRED NISOLONE OPHTH SOLN	203
		sprintec 28 tab	125	SULFADIAZINE TAB	219
		SPRYCEL TAB	92	SULFAMYLON CREAM	141

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269

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ALPHABETICAL LISTING OF DRUGS

sulfasalazine EC tab	165	SYNJARDY XR TAB	48	TAVALISSE TAB	169	
sulfasalazine tab	165	10-1000MG, 25-1000MG		tazarotene cream 0.1%	139	
sulindac tab	9	SYNJARDY XR TAB	48	TAZORAC CREAM	140	
sumatriptan inj	184	5-1000MG,		TAZORAC CREAM	140	
SUMATRIPTAN INJ	184	12.5-1000MG		0.05%		
6MG/0.5ML		SYNTHROID TAB	222	TAZVERIK TAB	93	
sumatriptan tab	184	<b>T</b>			TECHLITE INSULIN	182
SUNOSI TAB	2	TABLOID TAB	84	SYRINGE		
SUPRAX CAP	122	TABRECTA TAB	92	TECHLITE PEN NEEDLE	182	
SUPRAX CHEW TAB	122	tacrolimus cap	112	TEGRETOL CHEW TAB	37	
SUPRAX SUSP	122	tacrolimus oint	146	TEGRETOL SUSP	37	
SUPRAX SUSP	122	tadalafil tab	118	TEGRETOL TAB	37	
500MG/5ML		tadalafil tab (PAH)	119	TEGRETOL XR TAB	37	
SUPRAX TAB	122	tadalafil tab 2.5mg, 5mg	118	TEGSEDI INJ	218	
SUPREP SOLN	178	TAFINLAR CAP	93	TEKAMLO TAB	74	
SURMONTIL CAP	46	TAGRISSE TAB	93	TEKURNA HCT TAB	75	
SUTENT CAP	92	TALTZ INJ	139	TEKURNA TAB	75	
SUTTAR SF SYRUP	131	TALZENNA CAP 0.25MG	93	telmisartan tab	69	
SYMAX DUOTAB	224	TALZENNA CAP 1MG	93	temazepam cap 15mg	176	
SYMBYAX CAP	216	TAMBOCOR TAB	25	temazepam cap 22.5mg	176	
SYMDEKO TAB	219	TAMIFLU CAP	110	temazepam cap 30mg	176	
SYMJEPI INJ	233	TAMIFLU CAP 30MG	110	temazepam cap 7.5mg	176	
SYMPROIC TAB	165	tamoxifen tab	86	TEMOVATE CREAM	144	
SYMTUZA TAB	107	tamsulosin cap	168	TEMOVATE GEL	144	
SYNAREL NASAL SOLN	157	TAPAZOLE TAB	221	TEMOVATE OINT	145	
SYNERA PATCH	147	TARGRETIN GEL	138	TEMOVATE SOLN	145	
SYNJARDY TAB	48	TASIGNA CAP	93	TEMOVATE-E CREAM	145	
		TASMAR TAB	96	temozolomide cap	84	

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## ALPHABETICAL LISTING OF DRUGS

TENEX TAB	70	TETANUS/DIPHThERIA	223	TIMOLOL OPHTH GEL	196
tenofovir disoproxil fumarate tab	107	TOXOID INJ		SOLN	
TENORETIC TAB	75	tetrabenazine tab	216	TIMOPTIC OPHTH SOLN	196
TENORMIN TAB	113	tetracycline cap	221	TIMOPTIC-XE OPHTH GEL	196
TERAZOL CREAM	232	TEVETEN HCT TAB	75	TINDAMAX TAB	76
TERAZOL SUPP	232	TEVETEN TAB	69	tinidazole tab	76
terazosin cap	70	THALOMID CAP	111	TIVICAY PD TAB	107
terbinafine tab	60	THEO-24 CAP	31	TIVICAY TAB	107
terbutaline sulfate tab	30	THEOCHRON TAB	31	tizanidine tab	193
terconazole cream	232	theophylline CR tab	31	TOBI PODHALER	5
TERCONAZOLE CREAM 0.8%	232	theophylline ER tab	31	TOBRADEX OPHTH OINT	203
terconazole supp	232	theophylline soln	31	TOBRADEX OPHTH SOLN	203
TESSALON CAP	129	thioridazine tab	102	TOBRADEX ST OPHTH SUSP	203
testosterone cypionate inj	19	thiothixene cap	102	tobramycin neb soln	5
testosterone gel 1% 25mg	19	THYROLAR TAB	222	tobramycin ophth soln	200
testosterone gel 1% 50mg	20	tiagabine tab	39	tobramycin/dexamethason e ophth soln	203
testosterone gel 1% pump	20	TIAZAC CAP	115	TOBEX OPHTH OINT	200
testosterone gel 1.62% 1.25gm	20	TIBSOVO TAB	93	TOBEX OPHTH SOLN	200
testosterone gel 1.62% 2.5gm	20	ticlopidine tab	170	TODAY SPONGE	231
TESTOSTERONE GEL PUMP	20	TIGAN CAP	59	TOFRANIL PM CAP	46
testosterone gel pump 1.62%	20	TIKOSYN CAP	26	TOFRANIL TAB	46
testosterone soln	20	TIMENTIN INJ	212	TOLAZAMIDE TAB	56
		timolol maleate ophth gel	195	TOLBUTAMIDE TAB	56
		timolol maleate ophth soln	196		
		timolol maleate ophth soln 0.5%	196		
		timolol maleate tab	114		

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271

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VAC	Vaccine Program	¢	RxCENTS		

## ALPHABETICAL LISTING OF DRUGS

tolcapone tab	96	TRECTOR TAB	82	TRICOR TAB	65
TOLMETIN TAB	9	TRELEGY ELLIPTA	31	trientine cap	187
tolterodine SR cap	226	INHALER		trifluoperazine tab	102
tolterodine tab	226	TRELSTAR INJ	86	trifluridine ophth soln	200
TOPAMAX SPRINKLE CAP	37	TREMFYA INJ	140	trihexyphenidyl elixir	98
TOPAMAX TAB	37	TRENTAL TAB	170	trihexyphenidyl tab	96
TOPICORT CREAM	145	tretinoin cap	83	TRIKAFTA TAB	219
TOPICORT OINT	145	tretinoin cream	135	tri-legest tab	125
topiramate sprinkle cap	37	tretinoin gel	135	TRILEPTAL SUSP	37
topiramate tab	37	TRETIN-X CREAM	135	TRILEPTAL TAB	38
TOPROL XL TAB	113	triamcinolone cream	145	TRI-LUMA CREAM	147
toremifene tab	86	triamcinolone in orabase	189	trilyte soln	178
torseamide tab	153	paste		trimethobenzamide cap	59
TRACLEER TAB 32MG	119	triamcinolone lotion	145	trimethoprim tab	76
tramadol ER tab	15	triamcinolone oint	145	trimipramine cap	46
tramadol tab	15	triamcinolone OTC nasal	194	TRI-NORINYL TAB	125
tramadol/acetaminophen tab	17	spray		TRINTELLIX TAB	44
TRANDATE TAB	112	TRIAMINIC SYRUP	131	tri-sprintec tab	125
tranexamic acid inj	175	triamterene/hydrochloroth	152	TRIUMEQ TAB	107
tranexamic acid tab	175	iazide cap		tropicamide ophth soln	197
TRANSDERM-SCOP PATCH	59	TRIAMTERENE/HYDRO	152	tropium chloride SR cap	227
tranlycypromine tab	42	CHLOROTHIAZIDE CAP		tropium tab	227
TRAVATAN Z DROPS	207	50-25mg		TRUEPLUS INSULIN	182
travoprost ophth soln	207	triamterene/hydrochloroth	152	SYRINGE	
trazodone tab	44	iazide tab		TRUEPLUS PEN	182
		triazolam tab	176	NEEDLE	
		tricitrates soln	167	TRULANCE TAB	163
		tricon cap	173	TRULICITY INJ	51

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

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

TRUMENBA INJ	228	UROCID-K TAB	167	VANTIN TAB	122
TRUSOPT OPHTH SOLN	206	UROQID #2 TAB	226	varденаfil ODT	118
TUKYSA TAB	93	UROXATRAL TAB	168	varденаfil tab	118
TURALIO CAP	93	URSO FORTE TAB	163	VARIVAX INJ	230
TUSNEL SYRUP	131	ursodiol cap	163	VARUBI TAB	60
tussigon tab	129	ursodiol tab	164	VASERETIC TAB	75
TUSSIONEX SUSP	131			VASOTEC TAB	68
TUSSI-ORGANI SYRUP	131	<b>V</b>		V-C FORTE CAP	190
TYBLUME TAB	125	VAGIFEM TAB	233	VELPHORO CHEW TAB	166
TYLENOL/CODEINE	17	valacyclovir tab	109	VEMLIDY TAB	109
TAB		VALCHLOR GEL	138	VENCLEXTA STARTER	84
TYMLOS INJ	156	VALCYTE TAB	108	PACK	
TYVASO INH SOLN	118	valganciclovir soln	108	VENCLEXTA TAB	84
TYZEKA TAB	109	valganciclovir tab	108	VENELEX OINT	149
TYZINE NASAL SOLN	194	VALIUM TAB 2MG,	24	venlafaxine ER cap	45
		10MG		venlafaxine tab	45
<b>U</b>		VALIUM TAB 5MG	24	VENTAVIS INH SOLN	118
UBRELVY TAB	184	valproic acid cap	41	VENTOLIN HFA	31
UCERIS RECTAL FOAM	20	valproic acid syrup	41	INHALER	
UCERIS TAB	128	valsartan tab	69	VERAPAMIL CAP	115
U-CORT CREAM	145	valsartan/hydrochlorothiazide tab	75	100MG	
ULORIC TAB	169	VALTOCO NASAL	34	VERAPAMIL ER CAP	116
ULTRAM TAB	15	SPRAY		200MG	
ULTRAVATE CREAM	145	VALTRESX TAB	110	VERAPAMIL ER CAP	116
ULTRAVATE OINT	145	VALTURNA TAB	75	300MG	
UNIPHYL TAB	31	VANCOCIN CAP	78	verapamil SR cap	116
UPNEEQ SOLN	206	vancomycin cap	78	VERAPAMIL SR CAP	116
UPTRAVI TAB	119	VANIQA CREAM	146	360mg	
URECHOLINE TAB	227				

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ALPHABETICAL LISTING OF DRUGS

verapamil SR tab	116	VIREAD TAB 150MG,	107	VOSPIRE ER TAB	31
verapamil tab	116	200MG, 250MG		VOTRIENT TAB	94
VERELAN CAP	116	VIROPTIC OPHTH SOLN	200	VP-PNV-DHA CAP	192
VERELAN PM CAP	116	VISICOL TAB	179	VYNDAMAX CAP	120
VERELAN PM ER CAP	116	VISTARIL CAP	23	VYNDAQEL CAP	120
100MG, 300MG		VITAFOL STRIPS	192	VYTORIN TAB	63
VERELAN SR CAP	116	vitamin D cap	234	VYVANSE CAP	1
360mg		vitamin D cap 1000unit	234	VYVANSE CHEW TAB	1
VERZENIO TAB	93	vitamin D cap 400unit	234		
VESICARE TAB	227	VITAMIN D TAB	234	<b>W</b>	
VEXOL OPHTH SUSP	204	400UNIT		WAKIX TAB	3
VFEND SUSP	61	VITEKTA TAB	108	warfarin tab	32
VFEND TAB	61	VITRAKVI CAP 100MG	94	WELLBUTRIN SR TAB	41
V-GO INJ KIT	182	VITRAKVI CAP 25MG	94	WELLBUTRIN TAB	41
VIBRAMYCIN CAP	221	VITRAKVI SOLN	94	WELLBUTRIN XL TAB	42
VIBRAMYCIN SUSP	221	VIVACTIL TAB	47	wymzya FE tab	125
VIBRAMYCIN SYRUP	221	VIVELLE-DOT PATCH	162	<b>X</b>	
VICTOZA INJ	51	VIVOTIF CAP	228	XADAGO TAB	98
VICTRELIS CAP	109	VIZIMPRO TAB	94	XALATAN OPHTH SOLN	207
VIDEX SOLN	107	VOLTAREN GEL	138	XALKORI CAP	94
vigabatrin powder pack	39	VOLTAREN OPHTH SOLN	206	XANAX TAB	24
vigabatrin tab	39	VOLTAREN TAB	9	XARELTO STARTER	32
VIGAMOX OPHTH SOLN	200	VOLTAREN XR TAB	9	PACK	
VIMPAT SOLN	38	voriconazole susp	61	XARELTO TAB	32
VIMPAT TAB	38	voriconazole tab	61	XCOPRI PAK	38
viorele tab, kariva tab	125	VOSEVI TAB	109	150-200MG	
VIRACEPT POWDER	107	VOSOL HC OTIC SOLN	208	XCOPRI PAK 50-200MG	38
VIRACEPT TAB	107	VOSOL OTIC SOLN	207		

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

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## ALPHABETICAL LISTING OF DRUGS

XCOPRI TAB 150MG, 200MG	38	zaleplon cap	176	zinc sulfate cap	187
XCOPRI TAB 50MG, 100MG	38	ZANAFLEX TAB	193	ziprasidone cap	99
XCOPRI TITRATION PAK 12.5-25MG	38	ZANOSAR INJ	84	ZIRGAN OPHTH GEL	200
XCOPRI TITRATION PAK 150-200MG	39	ZANTAC GRANULE PACKET	224	ZITHROMAX POWDER PACK	179
XCOPRI TITRATION PAK 50-100MG	39	ZARONTIN CAP	40	ZITHROMAX SUSP	179
XELJANZ TAB	5	ZARONTIN SOLN	40	ZITHROMAX TAB	179
XELJANZ XR TAB	6	ZAROXOLYN TAB	154	ZMAX SUSP	179
XEMBIFY INJ	209	ZARXIO INJ	172	ZOCOR TAB	67
XENLETA TAB	79	ZEBETA TAB	113	ZOFRAN ODT	58
XIFAXAN TAB 200MG	76	ZEGERID CAP OTC	225	ZOFRAN SOLN	58
XIFAXAN TAB 550MG	76	ZEJULA CAP	94	ZOFRAN TAB	58
XOPENEX NEB SOLN	31	ZELAPAR ODT	98	ZOLINZA CAP	94
XOSPATA TAB	94	ZELBORAF TAB	94	zolmitriptan tab	185
XPOVIO PAK	87	ZEMPLAR CAP	158	ZOLOFT CONC	44
XTAMPZA ER CAP	15	ZEPOSIA CAP	217	ZOLOFT TAB	44
XYLOCAINE SOLN	147	ZEPOSIA STARTER PACK	217	zolpidem tab	175
XYREM SOLN	213	ZERIT SOLN	108	ZONEGRAN CAP	38
<hr/>		ZESTORETIC TAB	75	zonisamide cap	38
<b>Y</b>		ZETONNA NASAL SPRAY	194	ZONTIVITY TAB	170
YODOXIN TAB	5	ZIAC TAB	75	ZORPRIN TAB	11
<hr/>		ZIANA GEL	135	ZORTRESS TAB 1MG	112
<b>Z</b>		zidovudine cap	108	ZOSTAVAX INJ	230
zafemy patch	125	zidovudine syrup	108	ZOVIRAX CAP	110
zafirlukast tab	27	zidovudine tab	108	ZOVIRAX SUSP	110
		ZIEXTENZO INJ	172	ZOVIRAX TAB	110
				ZUTRIPRO LIQUID	131
				ZYDELIG TAB	94

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## ALPHABETICAL LISTING OF DRUGS

ZYKADIA CAP	95
ZYKADIA TAB	95
ZYLET OPHTH SUSP	204
ZYLOPRIM TAB	169
ZYMAXID OPHTH SOLN	200
ZYPREXA TAB	101
ZYPREXA ZYDIS TAB	101
ZYVOX SUSP	79
ZYVOX TAB	79

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

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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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**L.A. CARE HOME INFUSION DRUG LIST**  
**Alphabetical Index**

4/1/2021

**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

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**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 4/1/2021**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
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
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F	CORTICOSTEROIDS
ALBUMINAR INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
ALDURAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALIMTA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALIQOPA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol inj	-	F	GOUT AGENTS
ALOXI IV SOLN	-	F	ANTIEMETICS
AMBISOME INJ	-	F	ANTIFUNGALS
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
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
ampicillin inj	-	F	PENICILLINS
ampicillin/sulbactam inj	-	F	PENICILLINS
ARALAST NP INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	RESPIRATORY AGENTS - MISC.
argatroban inj	-	F	ANTICOAGULANTS
ARRANON INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

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

**Alphabetical Index**

**Last Updated 4/1/2021**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ATGAM INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
AZEDRA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
BALEODAQ INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON 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
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUTORPHANOL INJ	-	F	ANALGESICS - OPIOID
CALCIUM GLUCONATE INJ	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

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

**Alphabetical Index**

**Last Updated 4/1/2021**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AGENTS
carmustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
casprofungin 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	-	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CINQAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
CISPLATIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

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

**Alphabetical Index**

**Last Updated 4/1/2021**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
CUPRIC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cytarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN FASPRO	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAUNORUBICIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
dexamethasone phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

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

**Alphabetical Index**

**Last Updated 4/1/2021**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
diazepam inj	-	F	ANTI-ANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
DILTIAZEM INJ	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
dobutamine/d5w inj	-	F	VASOPRESSORS
docetaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	VASOPRESSORS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate inj	-	F	TETRACYCLINES
DUROLANE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
ELAPRASE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ (Only available through Accredo 888-773-7376)	LD-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 (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.

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ERWINAZE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
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.
EXONDYS 51 SOLN	-	F	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FERAHEME INJ	-	F	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
FIRMAGON INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
FLOLAN INJ, VELETRI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
fluconazole/nacl inj	-	F	ANTIFUNGALS
fludarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS

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foscarnet sodium inj	-	F	ANTIVIRALS
FOSCAVIR INJ	-	NC	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
furosemide inj	-	F	DIURETICS
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING 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
GLASSIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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

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HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ibandronate sodium inj (BONIVA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	PA	F	GASTROINTESTINAL AGENTS - MISC.
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
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
IXEMPRA KIT INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEVTANA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NACL INJ	-	F	MINERALS & ELECTROLYTES
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRYSTEXXA INJ	PA	F	GOUT AGENTS
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
LACTATED RINGERS INJ	-	F	MINERALS & ELECTROLYTES
LARTRUVO INJ (Only available through Accredo 888-773-7376)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leuprolide inj	PA	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
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
LINEZOLID IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
liothyronine inj (TRIOSTAT equiv)	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
lorazepam inj	-	F	ANTI-ANXIETY AGENTS

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LUMOXITI INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ/ELIGARD INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARQIBO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS
milrinone inj	-	F	CARDIOTONICS
MINOCIN INJ	-	F	TETRACYCLINES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ (Only available through Biologics 800-850-4306)	LD	F	HEMATOPOIETIC AGENTS

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MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
morphine sulfate inj	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYOZYME/LUMIZYME INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NAFCILLIN INJ	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NPLATE INJ	-	F	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULOJIX INJ	-	F	ASSORTED CLASSES
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	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFTRAN) inj	-	NC	ANTIEMETICS
ondansetron inj	-	F	ANTIEMETICS
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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OPDIVO INJ	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
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	F	ANTIEMETICS
PAMIDRONATE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PERJETA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ	-	F	MINERALS & ELECTROLYTES
PLASMA-LYTE-A INJ	-	F	MINERALS & ELECTROLYTES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
PORTRAZZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS
PROCHLORPERAZINE INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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
RADICAVA INJ	PA	F	NEUROMUSCULAR AGENTS
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
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

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RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SARCLISA SOLN (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SIMPONI ARIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
SIMULECT INJ	-	F	ASSORTED CLASSES
SMOFLIPID EMULSION	-	F	NUTRIENTS
SODIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
SODIUM BICARBONATE INJ	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
SODIUM HYALURONATE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
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	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-PA	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNRIBO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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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
TECENTRIQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ (Only available through Accredo Pharmacy 800-803-2523)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
tigecycline inj	-	F	TETRACYCLINES
tobramycin inj	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREANDA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
valproate inj	-	F	ANTICONSULSANTS
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, BORTEZOMIB INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIMIZIM INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VIMPAT INJ	-	F	ANTICONSULSANTS
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
voriconazole inj	-	F	ANTIFUNGALS
VYXEOS INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA INJ	-	F	TETRACYCLINES
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XOLAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.



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

**Alphabetical Index**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZERBAXA INJ	-	F	CEPHALOSPORINS
ZINC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (ZOMETA INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln (RECLAST INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLGENSMA INJ (Only available through Accredo LD-PA 888-773-7376)		F	NEUROMUSCULAR AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
amikacin inj	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
STREPTOMYCIN INJ	-	F
tobramycin inj	-	F
ZEMDRI INJ	-	F
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
SIMPONI ARIA INJ	PA	F
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ	PA	F
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA INJ	PA	F
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
MORPHINE SULFATE INJ	-	F
<b>OPIOID PARTIAL AGONISTS</b>		
butorphanol inj	-	F
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
TESTOSTERONE ENANTHATE INJ	-	F
<b>ANTIANGINAL AGENTS</b>		
<b>NITRATES</b>		
NITROGLYCERIN IV SOLN	-	F
<b>ANTIANSXIETY AGENTS</b>		
<b>BENZODIAZEPINES</b>		
diazepam inj	-	F
lorazepam inj	-	F
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
procainamide inj	-	F
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone inj	-	F
NEXTERONE INJ/AMIODARONE INJ	-	F
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
CINQAIR INJ	PA	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
FASENRA INJ	PA	F
NUCALA INJ	PA	F
XOLAIR INJ	PA	F
<b>SYMPATHOMIMETICS</b>		
terbutaline inj (BRETHINE INJ equiv)	-	F
<b>XANTHINES</b>		
aminophylline inj	-	F
<b>ANTICOAGULANTS</b>		
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin lock flush soln	-	F
heparin sodium inj	-	F
HEPARIN SODIUM/D5W INJ	-	F
heparin sodium/nacl inj	-	F
<b>THROMBIN INHIBITORS</b>		
argatroban inj	-	F
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - MISC.</b>		
levetiracetam inj	-	F
VIMPAT INJ	-	F
<b>HYDANTOINS</b>		
fosphenytoin inj	-	F
phenytoin inj	-	F
<b>VALPROIC ACID</b>		
valproate inj	-	F
<b>ANTIDEPRESSANTS</b>		
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO SOLN	PA	F
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		
deferoxamine mesylate inj	-	F
fomepizole inj	-	F
SODIUM THIOSULFATE INJ	-	F
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ALOXI IV SOLN	-	F
granisetron HCl inj (KYTRIL INJ equiv)	-	F
ondansetron inj	-	F
palonosetron inj	-	F
ondansetron (ZOFTRAN) inj	-	NC
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTIEMETICS Cont.</b>		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>		
CANCIDAS INJ	-	F
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
<b>ANTIFUNGALS</b>		
ABELCET INJ	-	F
AMBISOME INJ	-	F
AMPHOTERICIN INJ	-	F
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
diphenhydramine inj	-	F
<b>ANTIHYPERTENSIVES</b>		
<b>VASODILATORS</b>		
hydralazine inj	-	F
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
sulfamethoxazole/trimethoprim inj	-	F
<b>CARBAPENEMS</b>		
cilastatin/imipenem inj	-	F
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL INJ	-	F
<b>CYCLIC LIPOPEPTIDES</b>		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
<b>GLYCOPEPTIDES</b>		
DALVANCE INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
VANCOMYCIN INJ	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NAACL INJ	-	F
<b>LINCOSAMIDES</b>		
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
<b>MONOBACTAMS</b>		
aztreonam inj	-	F
<b>OXAZOLIDINONES</b>		
linezolid IV soln	-	F
ZYVOX IV SOLN	-	F
<b>POLYMYXINS</b>		
colistimethate inj	-	F
polymyxin b inj	-	F
<b>STREPTOGRAMINS</b>		
SYNERCID INJ	-	F
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
CAPASTAT INJ	-	F
rifampin inj	-	F
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	-	F
cisplatin inj	-	F
cyclophosphamide inj	-	F
IFEX INJ	-	F
ifosfamide inj	-	F
melphalan inj	-	F
oxaliplatin inj	-	F
thiotepa inj	-	F
TREANDA INJ	-	F
ZANOSAR INJ	-	F
<b>ANTIMETABOLITES</b>		
ALIMTA INJ	PA	F
ARRANON INJ	-	F
azacitidine inj	-	F
cladribine inj	-	F

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
clofarabine inj	-	F
cytarabine inj	-	F
decitabine inj	-	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
gemcitabine inj	-	F
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Ophthalmology or Hematology Specialist)	RS	F
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BESPONSA INJ	PA	F
DARZALEX SOLN	PA	F
ENHERTU INJ (Only available through Accredo 888-773-7376)	LD-PA	F
ERBITUX INJ	PA	F
GAZYVA INJ	PA	F
IMFINZI INJ	PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
LARTRUVO INJ (Only available through Accredo 888-773-7376)	LD-PA	F
LUMOXITI INJ	-	F
MONJUVI INJ (Only available through Biologics 800-850-4306)	LD-PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
OPDIVO INJ	PA	F
PADCEV INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
PERJETA INJ	-	F
PORTRAZZA INJ	PA	F
POTELIGEO INJ	-	F
RUXIENCE INJ	PA	F
SARCLISA SOLN (Only available through Biologics 800-850-4306)	LD-PA	F
TECENTRIQ INJ	PA	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	F
TRUXIMA INJ	PA	F

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
VECTIBIX IV SOLN	PA	F
YERVOY INJ	PA	F
BLENREP INJ	-	NC
CAMPATH INJ	-	NC
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
RITUXAN INJ	-	NC
<b>ANTINEOPLASTIC - HORMONAL AGENTS</b>		
leuprolide inj	PA	F
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
FIRMAGON INJ	-	F
LUPRON DEPOT INJ/ELIGARD INJ	PA	F
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
daunorubicin inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
lipodox inj	-	F
mitomycin inj	-	F
mitoxantron inj	-	F
<b>ANTINEOPLASTIC COMBINATIONS</b>		
DARZALEX SOLN FASPRO	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
VYXEOS INJ	-	NC
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
BALEODAQ INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
KYPROLIS SOLN	PA	F
temsirolimus soln	-	F
VELCADE INJ, BORTEZOMIB INJ	-	F
ALIQOPA INJ	-	NC
<b>ANTINEOPLASTIC ENZYMES</b>		
ERWINAZE INJ	-	F
ONCASPAR INJ	-	F
<b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>		
AZEDRA INJ	-	F
<b>ANTINEOPLASTICS MISC.</b>		

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
arsenic trioxide inj	-	F
dacarbazine inj	-	F
PHOTOFRIN INJ	-	F
PROLEUKIN INJ	-	F
SYLATRON KIT	-	F
SYNRIBO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
<b>CHEMOTHERAPY ADJUNCTS</b>		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
dexrazoxane inj	-	F
KHAPZORY SOLN	-	F
leucovorin inj	-	F
LEVOLEUCOVORIN INJ	-	F
mesna inj	-	F
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INJ	PA	F
docetaxel inj	-	F
docetaxel IV soln	-	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F
HALAVEN INJ	PA	F
IXEMPRA KIT INJ	-	F
JEVTANA INJ	-	F
MARQIBO INJ	-	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
VINCRISTINE INJ	-	F
vinorelbine inj	-	F
<b>TOPOISOMERASE I INHIBITORS</b>		
IRINOTECAN INJ	-	F
topotecan inj	-	F
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine inj	-	F
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>PHENOTHIAZINES</b>		
PROCHLORPERAZINE INJ	-	F
<b>ANTIVIRALS</b>		

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DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
<b>CMV AGENTS</b>		
cidofovir inj	-	F
foscarnet sodium inj	-	F
ganciclovir inj	-	F
FOSCAVIR INJ	-	NC
<b>HERPES AGENTS</b>		
acyclovir sodium IV soln	-	F
<b>ASSORTED CLASSES</b>		
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
cyclosporine inj	-	F
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA IV SOLN	PA	F
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
labetalol inj	-	F
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
<b>BETA BLOCKERS NON-SELECTIVE</b>		
propranolol inj	-	F
SOTALOL INJ	-	F
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
CARDENE INJ	-	F
DILTIAZEM INJ	-	F
nicardipine inj	-	F
verapamil inj	-	F
<b>CARDIOTONICS</b>		
<b>PHOSPHODIESTERASE INHIBITORS</b>		
milrinone inj	-	F
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>PROSTAGLANDIN VASODILATORS</b>		
epoprostenol inj (Only available through Accredo 888-773-7376)	LD-PA	F
REMODULIN INJ (Only available through Accredo 888-773-7376)	LD-PA	F
treprostinil inj (Only available through Accredo 888-773-7376)	LD-PA	F
FLOLAN INJ, VELETRI INJ	-	NC
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORIN COMBINATIONS</b>		

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DrugName	Special Code	Tier
<b>CEPHALOSPORINS Cont.</b>		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
CEFAZOLIN INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefotetan inj	-	F
CEFOXITIN INJ	-	F
cefuroxime inj	-	F
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefotaxime inj	-	F
ceftazidime inj	-	F
CEFTRIAXONE INJ	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO INJ	-	F
<b>CONTRACEPTIVES</b>		
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
dexamethasone phosphate inj	-	F
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F
METHYLPREDNISOLONE POWDER	-	F
SOLU-MEDROL INJ	-	F
triamcinolone acetonide inj	-	F
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
furosemide inj	-	F
<b>OSMOTIC DIURETICS</b>		
mannitol inj	-	F

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DrugName	Special Code	Tier
<b>DIURETICS Cont.</b>		
OSMITROL INJ	-	F
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
EVENITY INJ	PA	F
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
<b>INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS</b>		
TEPEZZA INJ (Only available through Accredo Pharmacy 800-803-2523)	LD-PA	F
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPO-PED INJ	PA	F
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	PA	F
<b>METABOLIC MODIFIERS</b>		
ALDURAZYME INJ	PA	F
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	-	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
MYOZYME/LUMIZYME INJ	-	F
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
VIMIZIM INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
<b>SOMATOSTATIC AGENTS</b>		
SOMATULINE INJ	-	F
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F

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DrugName	Special Code	Tier
<b>FLUOROQUINOLONES Cont.</b>		
MOXIFLOXACIN INJ	-	F
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide inj	-	F
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA INJ	PA	F
ENTYVIO INJ	PA	F
INFLECTRA INJ 100MG	PA	F
RENFLEXIS INJ	PA	F
REMICADE INJ	-	NC
<b>GOUT AGENTS</b>		
<b>GOUT AGENTS</b>		
allopurinol inj	-	F
KRYSTEXXA INJ	PA	F
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>COMPLEMENT INHIBITORS</b>		
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
<b>PLASMA PROTEINS</b>		
albuminar inj	-	F
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE INJ	-	F
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREZYME INJ	-	F
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO INJ	PA	F
<b>FOLIC ACID/FOLATES</b>		
folic acid inj	-	F
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
NPLATE INJ	-	F
MIRCERA INJ	-	NC
<b>IRON</b>		
FERAHEME INJ	-	F
ferric gluconate IV soln	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F

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DrugName	Special Code	Tier
<b>HEMATOPOIETIC AGENTS Cont.</b>		
MONOFERRIC INJ (Only available through Biologics 800-850-4306)	LD	F
VENOFER INJ	-	F
FERRLECIT INJ	-	NC
<b>STEM CELL MOBILIZERS</b>		
MOZOBIL INJ	-	F
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
tranexamic acid inj	-	F
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETICS - AMIDES</b>		
lidocaine inj	-	F
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin inj	-	F
<b>ERYTHROMYCINS</b>		
ERYTHROCIN INJ	-	F
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>BICARBONATES</b>		
SODIUM BICARBONATE INJ	-	F
<b>CALCIUM</b>		
CALCIUM GLUCONATE INJ	-	F
<b>ELECTROLYTE MIXTURES</b>		
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL 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
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

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DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
<b>MAGNESIUM</b>		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
<b>MANGANESE</b>		
MANGANESE SULFATE INJ	-	F
<b>PHOSPHATE</b>		
POTASSIUM PHOSPHATE INJ	-	F
SODIUM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
<b>POTASSIUM</b>		
POTASSIUM CHLORIDE INJ	-	F
<b>SODIUM</b>		
sodium chloride inj	-	F
<b>TRACE MINERALS</b>		
CHROMIUM CHLORIDE INJ	-	F
CUPRIC CHLORIDE INJ	-	F
SELENIUM INJ	-	F
<b>ZINC</b>		
ZINC CHLORIDE INJ	-	F
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
<b>LYMPHATIC AGENTS</b>		
SYLVANT INJ	-	F
<b>MULTIVITAMINS</b>		
<b>MULTIVITAMINS</b>		
INFUVITE INJ	-	F
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
INFUVITE INJ	-	F
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>VISCOSUPPLEMENTS</b>		
SODIUM HYALURONATE	PA	F
DUROLANE	-	NC
EUFLEXXA	-	NC
GEL-ONE	-	NC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA INJ	PA	F
<b>MUSCULAR DYSTROPHY AGENTS</b>		
EXONDYS 51 SOLN	-	F
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-PA	F
ZOLGENSMA INJ (Only available through Accredo 888-773-7376)	LD-PA	F
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
DEXTROSE INJ	-	F
<b>LIPIDS</b>		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
<b>PROTEINS</b>		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		

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DrugName	Special Code	Tier
<b>OPHTHALMIC AGENTS Cont.</b>		
VISUDYNE INJ	PA	F
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
HYPERHEP B INJ	PA	F
PRIVIGEN INJ	PA	F
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	PA	F
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
ampicillin inj	-	F
<b>NATURAL PENICILLINS</b>		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
<b>PENICILLIN COMBINATIONS</b>		
ampicillin/sulbactam inj	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
BACTOCILL/DEXTROSE INJ	-	F
nafcillin inj	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
<b>PHARMACEUTICAL ADJUVANTS</b>		

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DrugName	Special Code	Tier
<b>PHARMACEUTICAL ADJUVANTS Cont.</b>		
<b>LIQUID VEHICLES</b>		
sterile water for inj	-	F
<b>PROGESTINS</b>		
progesterone IM inj	-	F
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>MULTIPLE SCLEROSIS AGENTS</b>		
OCREVUS INJ	PA	F
TYSABRI INJ	PA	F
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
ONPATTRO SOLN	PA	F
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST NP INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
GLASSIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
<b>TETRACYCLINES</b>		
<b>FLUOROCYCLINES</b>		
XERAIVA INJ	-	F
<b>GLYCYLCYCLINES</b>		
tigecycline inj	-	F
<b>TETRACYCLINES</b>		
doxycycline hyclate inj	-	F
MINOCIN INJ	-	F
<b>THYROID AGENTS</b>		
<b>THYROID HORMONES</b>		
levothyroxine inj	-	F
liothyronine inj (TRIOSTAT equiv)	-	F
<b>ULCER DRUGS</b>		
<b>H-2 ANTAGONISTS</b>		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
<b>VASOPRESSORS</b>		

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DrugName	Special Code	Tier
<b>VASOPRESSORS Cont.</b>		
<b>VASOPRESSORS</b>		
dobutamine/d5w inj	-	F
dopamine inj	-	F
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
vitamin K1 inj	-	F

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**L.A. Care Home Infusion List  
Prior Authorization Drug List  
Last Updated\* 4/1/2021**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABRAXANE INJ	F
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ALDURAZYME INJ	F
ALIMTA INJ	F
ARALAST NP INJ	F
ARZERRA INJ	F
AVSOLA INJ	F
BALEODAQ INJ	F
BENDEKA INJ	F
BENLYSTA IV SOLN	F
BERINERT INJ	F
BESPONSА INJ	F
BOTOX INJ	F
CARIMUNE NANOFILTERED INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
CRYSVITA INJ	F
DARZALEX SOLN	F
DARZALEX SOLN FASPRO	F
DYSPORT	F
ENHERTU INJ	F
ENTYVIO INJ	F
epoprostenol inj	F
ERBITUX INJ	F
EVENITY INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FLEBOGAMMA INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GAZYVA INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HALAVEN INJ	F

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**L.A. Care Home Infusion List cont.  
Prior Authorization Drug List  
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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
HEPAGAM B INJ	F
HYPERHEP B INJ	F
IMFINZI INJ	F
INFLECTRA INJ 100MG	F
KADCYLA IV SOLN	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LARTRUVO INJ	F
leuprolide inj	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ/ELIGARD INJ	F
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	F
MONJUVI INJ	F
NAGLAZYME INJ	F
NUCALA INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
ORENCIA INJ	F
PADCEV INJ	F
PANZYGA INJ	F
PORTRAZZA INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
RADICAVA INJ	F
REMODULIN INJ	F
RENFLEXIS INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
SARCLISA SOLN	F
SIMPONI ARIA INJ	F
SODIUM HYALURONATE	F
SOLIRIS IV SOLN	F
SPINRAZA INJ	F

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**L.A. Care Home Infusion List cont.  
 Prior Authorization Drug List  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
SPRAVATO SOLN	F
SYNAGIS INJ	F
SYNRIBO INJ	F
TECENTRIQ INJ	F
TEPEZZA INJ	F
treprostinil inj	F
TRODELVY SOLN	F
TRUXIMA INJ	F
TYSABRI INJ	F
ULTOMIRIS INJ	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
XEOMIN INJ	F
XGEVA INJ	F
XOLAIR INJ	F
YERVOY INJ	F
ZALTRAP INJ	F
ZOLGENSMA INJ	F

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**L.A. Care Home Infusion List**  
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**Mandatory Specialty Pharmacy (MSP)**

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

**Mandatory Specialty Pharmacy (MSP) Medications**

ARALAST NP INJ epoprostenol inj	BALEODAQ INJ GLASSIA INJ	CRYSVITA INJ LARTRUVO INJ	ENHERTU INJ MONJUVI INJ
MONOFERRIC INJ SARCLISA SOLN	NAGLAZYME INJ SPINRAZA INJ	PADCEV INJ SYNRIBO INJ	REMODULIN INJ TEPEZZA INJ
treprostinil inj	TRODELVY SOLN	VIMIZIM INJ	ZOLGENSMA INJ

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