L.A. Care®
PASC-SEIU

L.A. Care Health Plan

PASC-SEIU Formulary

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 All previous versions of the formulary are no longer in effect.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

For more details on available health care services, visit our website: **http://www.lacare.org/members/welcome-la-care/member-documents/pasc-seiu-plan**

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lacare.org

INTRODUCTION

Foreword

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

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

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

How to Use the Formulary

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

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

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

Generic and Brand Name Medications

L.A. Care's PASC-SEIU Plan covers generic and brand name drugs. However, when available, Food and Drug Administration (FDA) approved generic drugs are to be used in all situations, regardless of the availability of a brand. Generic drugs generally cost less than brand name drugs. All drugs that are or become available generically are subject to review by L.A. Care's Pharmacy Quality Oversight Committee.

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 7.

How Drugs Are Listed

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

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

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

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

Non-Formulary Medications

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

Sometimes, the doctor may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from L.A. Care. To decide if the non-formulary drug will be covered, L.A. Care may ask the doctor and/or pharmacist for more information. This type of request for coverage may be made using the 'Medication Request Process' described on Page 7.

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

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

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

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

Benefit Coverage and Limitations

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

This formulary only applies to outpatient drugs and self-administered drugs. These would be considered to be covered under a member's outpatient drug benefit. This formulary does NOT apply to medications used in an inpatient setting or drugs that are not self-administered. These would be considered to be covered under a member's medical benefit.

Any specific questions regarding their coverage should be directed to the Customer Solutions Center at **1-844-854-7272** (TTY **711**)

How to Find a Pharmacy

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

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

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

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

Description of Coverage

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

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

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

How Much I Will Pay for My Drugs

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

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

Note: The annual co-payment maximum amount for the PASC-SEIU program is $1,000. The annual copayment maximum is the highest total co-payment amount you are required to pay during one benefit year. All copayments count toward the annual maximum, including prescription drug copayments.

Restrictions on Medication Coverage

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

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

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

Medication Request Process

Formulary Agents

A. **Prior Authorization (PA):** These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the Pharmacy & Therapeutics (P&T) Committee, the request will not be approved and alternative therapy may be recommended.

B. **Quantity Limits (QL):** These drugs have quantity limits. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists without compromising safety.

C. **Step Therapy (ST):** These drugs require one or more first step drugs to be tried before progressing to the second step drug. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed on an individual patient need. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to an L.A. Care plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

Non-Formulary Agents

A. Any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists.

B. The 'Medication Request Process' is generally not available for drugs that are specifically excluded by benefit design. For benefit exclusions, refer to the 'General Exclusions' section below.

Please see **lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations** for more information on the medication request process. A decision for approval or denial of the exception request or prior authorization can be made within 24 hours for urgent requests or 72 hours for standard requests. If we fail to respond within the appropriate time frames, the request is deemed granted.

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

A. Drugs specifically listed as not covered
B. Any drug products used for cosmetic purposes
C. Infertility agents
D. Experimental drug products, or any drug product used in an experimental manner
E. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
F. Foreign drugs or drugs not approved by the United States FDA

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

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 9/1/2021

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

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

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	MSP	Mandatory Specialty Pharmacy Program
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		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG ***(phentermine hcl-topiramate)***	F	PA-QL QL= 1 cap/day
ANTI-OBESITY AGENTS - Drugs to help weight loss		
CONTRAVE TAB 8MG-90MG ***(naltrexone hcl-bupropion hcl)***	F	PA-QL QL= 4 tabs/day
IMCIVREE INJ 10MG/ML ***(setmelanotide acetate)***	F	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
clonidine ER tab .1MG (KAPVAY Equiv)	F	-
guanfacine ER tab 1MG, 2MG, 3MG, 4MG (INTUNIV Equiv)	F	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG ***(solriamfetol hcl)***	F	PA-QL QL= 1 tab/day
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders		
WAKIX TAB 17.8MG, 4.45MG ***(pitolisant hcl)***	F	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
STIMULANTS - MISC. - Miscellaneous stimulant drugs		

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ST	Step Therapy	VAC	Vaccine Program		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
armodafinil tab 150MG, 200MG, 250MG, 50MG (NUVIGIL Equiv)	F	PA-QL QL= 1 tab/day
dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)	F	-
dexmethylphenidate tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)	F	-
methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (METADATE CD Equiv)	F	-
methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG (RITALIN LA Equiv)	F	-
METHYLPHENIDATE ER TAB 18MG ***(methylphenidate hcl)***	F	-
methylphenidate ER tab 18MG, 27MG, 36MG, 54MG	F	-
methylphenidate ER tab 10mg, 20mg 10MG, 20MG (RITALIN Equiv)	F	-
methylphenidate soln 10MG/5ML, 5MG/5ML (METHYLIN Equiv)	F	-
methylphenidate tab 10MG, 20MG, 5MG (RITALIN Equiv)	F	-
modafinil tab 100MG, 200MG (PROVIGIL Equiv)	F	PA-QL QL= 2 tabs/day
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		

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ST	Step Therapy	VAC	Vaccine Program		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
neomycin tab 500MG	F	-
TOBI PODHALER 28MG ***(tobramycin)***	F	KMSP-PA
tobramycin neb soln 300MG/4ML, 300MG/5ML (TOBI Equiv)	F	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
RINVOQ ER TAB 15MG ***(upadacitinib)***	F	LMSP-PA-QL QL= 1 tab/day
XELJANZ SOLN 1MG/ML ***(tofacitinib citrate)***	F	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG ***(tofacitinib citrate)***	F	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ***(tofacitinib citrate)***	F	LMSP-PA-QL QL= 1 tab/day
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system		
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML ***(adalimumab)***	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML ***(adalimumab)***	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 80MG 80MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 2 syringes/28 days

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ST	Step Therapy	VAC	Vaccine Program		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML, 80MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML ***(adalimumab)***	F	LMSP-PA-QL QL= 2 pens/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG ***(auranofin)***	F	-
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML ***(anakinra)***	F	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML ***(tocilizumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML ***(tocilizumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ***(sarilumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
celecoxib cap 100MG, 200MG, 400MG, 50MG (CELEBREX Equiv)	F	QL QL= 2 caps/day
diclofenac potassium tab 50MG (CATAFLAM Equiv)	F	-
diclofenac sodium EC tab 25MG, 50MG, 75MG (VOLTAREN Equiv)	F	-
diclofenac sodium XR tab 100MG (VOLTAREN XR Equiv)	F	-
etodolac cap 200MG, 300MG (LODINE Equiv)	F	-
etodolac tab 400MG, 500MG	F	-
FLURBIPROFEN TAB 50MG (ANSAID Equiv) ***(flurbiprofen)***	F	-
flurbiprofen tab 100MG, 50MG (ANSAID Equiv)	F	-
ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML (ADVIL, MOTRIN Equiv)	F	-
ibuprofen tab 400MG, 600MG	F	RX only
indomethacin cap 25MG, 50MG (INDOCIN Equiv)	F	-
indomethacin CR cap 75MG (INDOCIN SR Equiv)	F	-
ketorolac tab 10MG (TORADOL Equiv)	F	QL QL= 20 tabs/5 days
meloxicam tab 15MG, 7.5MG (MOBIC Equiv)	F	-
nabumetone tab 500MG, 750MG (RELAFEN Equiv)	F	-
naproxen EC tab 375MG, 500MG (NAPROSYN EC Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
naproxen tab 250MG, 375MG, 500MG (NAPROSYN Equiv)	F	-
piroxicam cap 10MG, 20MG (FELDENE Equiv)	F	-
sulindac tab 150MG, 200MG (CLINORIL Equiv)	F	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK ***(apremilast)***	F	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG ***(apremilast)***	F	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
leflunomide tab 10MG, 20MG (ARAVA Equiv)	F	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
ORENCIA CLICK INJ 125MG/ML ***(abatacept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML ***(abatacept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML ***(abatacept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ***(abatacept)***	F	LMSP-PA-QL QL= 4 inj/28 days
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		
ENBREL INJ 25MG 25MG ***(etanercept)***	F	LMSP-PA-QL QL= 8 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ENBREL INJ 50MG 50MG/ML ***(etanercept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ***(etanercept)***	F	MSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML ***(etanercept)***	F	LMSP-PA-QL QL= 4 inj/28 days
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
SALICYLATES - Drugs to treat pain		
aspirin chew tab 81mg 81MG	$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
aspirin ec tab 325mg 324MG, 325MG	$0	OTC Covered for males age 45-79 and females age 55-79
aspirin ec tab 81mg 81MG	$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
aspirin tab 325mg 325MG	$0	OTC Covered for males age 45-79 and females age 55-79
aspirin tab 81mg	$0	OTC Covered for males age 45-79; Covered for females (no age restriction)

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CHOLINE MAGNESIUM TRISALICYLATE TAB ***(choline & mag salicylate)***	F	-
choline magnesium trisalicylate tab	F	-
salsalate tab 500MG, 750MG (DISALCID Equiv)	F	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
CODEINE SULFATE TAB 15MG 15MG ***(codeine sulfate)***	F	QL QL= 240 tabs/30 days
codeine sulfate tab 15mg, 30mg 30MG	F	QL QL=240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG ***(codeine sulfate)***	F	QL QL= 180 tabs/30 days
codeine sulfate tab 60mg 60MG	F	QL QL= 180 tabs/30 days
fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (DURAGESIC Equiv)	F	QL QL=10 patches/30 days
hydromorphone tab 2mg 2MG (DILAUDID Equiv)	F	QL QL=240 tabs/30 days
hydromorphone tab 4mg 4MG (DILAUDID Equiv)	F	QL QL=180 tabs/30 days
hydromorphone tab 8mg 8MG (DILAUDID Equiv)	F	QL QL=120 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
methadone conc 10MG/ML	F	QL QL=600ml/30 days
methadone soln 10mg/5ml 10MG/5ML	F	QL QL=600ml/30 days
methadone soln 5mg/5ml 5MG/5ML	F	QL QL = 1200ml/30 days
methadone tab 5MG (DOLOPHINE Equiv)	F	QL QL=120/30 days
methadone tablet 10mg 10MG (DOLOPHINE Equiv)	F	QL QL=240/30 days
morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)	F	QL QL= 90 tabs/ 30 days
morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML	F	QL QL=120ml/30 days
MORPHINE SULFATE TAB ***(morphine sulfate)***	F	QL QL= 180 tabs/30 days
morphine sulfate tab 15MG, 30MG	F	QL QL= 180 tabs/30 days
oxycodone cap 5MG (OXYIR Equiv)	F	QL QL=120 caps/30 days
oxycodone soln 5MG/5ML (ROXICODONE Equiv)	F	QL QL=240ml/30 days
oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG (ROXICODONE Equiv)	F	QL QL= 120 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tramadol tab 50MG (ULTRAM Equiv)	F	QL QL=240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ***(oxycodone)***	F	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
acetaminophen/codeine soln 12MG/5ML-120MG/5ML	F	QL QL=240ml/30 days
acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG (TYLENOL/CODEINE Equiv)	F	QL QL=180 tabs/30 days
hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)	F	QL QL=1800ml/30 days
hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG (LORTAB Equiv)	F	QL QL=120 tabs/30 days
oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)	F	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG (PERCODAN Equiv) ***(oxycodone-aspirin)***	F	QL QL=120 tabs/30 days
oxycodone/aspirin tab 4.835MG-325MG (PERCODAN Equiv)	F	QL QL=120 tabs/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OPIOID PARTIAL AGONISTS - Drugs to treat pain		
buprenorphine SL tab 2MG, 8MG (SUBUTEX Equiv)	F	-
buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (SUBOXONE SL FILM Equiv)	F	-
buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG (SUBOXONE Equiv)	F	-
butorphanol nasal spray 10MG/ML (STADOL Equiv)	F	QL QL= 1 bottle/fill, 2 fills/30 days
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANABOLIC STEROIDS - Drugs used to gain weight		
oxandrolone tab 10MG, 2.5MG (OXANDRIN Equiv)	F	-
ANDROGENS - Drugs to treat low testosterone level		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ***(testosterone)***	F	PA-QL QL= 1 patch/day
danazol cap 100MG, 200MG, 50MG (DANOCRINE Equiv)	F	-
testosterone cypionate inj 100MG/ML, 200MG/ML (DEPO-TESTOSTERONE Equiv)	F	-
TESTOSTERONE GEL 1% 25MG 25MG/2.5GM ***(testosterone)***	F	PA-QL QL= 1 packet/day
testosterone gel 1% 25mg 25MG/2.5GM	F	PA-QL QL= 1 packet/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
testosterone gel 1% 50mg 1%, 50MG/5GM (ANDROGEL Equiv)	F	PA-QL QL= 2 packets/day
testosterone gel 1% pump 1% (ANDROGEL Equiv)	F	PA-QL QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP 1% ***(testosterone)***	F	PA-QL QL= 4 bottles/30 days
testosterone gel pump 1.62% 1.62% (ANDROGEL Equiv)	F	PA-QL QL= 2 bottles/30 days
testosterone soln 30MG/ACT (AXIRON Equiv)	F	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		
hydrocortisone enema 100MG/60ML (CORTENEMA Equiv)	F	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
hc pramoxine cream 1-1% 1% (ANALPRAM HC Equiv)	F	-
lidocaine/hydrocortisone cream .5%-3% (ANAMANTLE Equiv)	F	-
pramoxine/hydrocortisone cream kit (ANALPRAM-HC Equiv)	F	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
proctosol HC cream 1%, 2.5% (ANUSOL HC Equiv)	F	-
ANTHELMINTICS - Drugs to treat worm infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTHELMINTICS - Drugs to treat parasites		
BENZNIDAZOLE TAB 100MG, 12.5MG ***(benznidazole)***	F	PA
EMVERM TAB 100MG ***(mebendazole)***	F	PA
ivermectin tab 3MG (STROMECTOL Equiv)	F	-
praziquantel tab 600MG (BILTRICIDE Equiv)	F	-
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
ranolazine tab 1000MG, 500MG (RANEXA Equiv)	F	-
NITRATES - Drugs to treat chest pain		
isosorbide dinitrate ER tab (ISOCHRON Equiv)	F	-
isosorbide dinitrate SL tab	F	-
isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG (ISORDIL Equiv)	F	-
isosorbide mononitrate ER tab 120MG, 30MG, 60MG (IMDUR Equiv)	F	-
isosorbide mononitrate tab 10MG, 20MG (MONOKET Equiv)	F	-
nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (NITRO-DUR Equiv)	F	-
nitroglycerin SL tab .3MG, .4MG, .6MG (NITROSTAT Equiv)	F	-
ANTIANXIETY AGENTS - Drugs to treat anxiety		
ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
buspirone tab 10MG, 15MG, 5MG, 7.5MG (BUSPAR Equiv)	F	-
hydroxyzine pamoate cap 25MG, 50MG (VISTARIL Equiv)	F	-
hydroxyzine syrup 10MG/5ML (ATARAX Equiv)	F	-
hydroxyzine tab 10MG, 25MG, 50MG (ATARAX Equiv)	F	-
BENZODIAZEPINES - Drugs to treat anxiety		
alprazolam tab .25MG, .5MG, 1MG, 2MG (XANAX Equiv)	F	QL QL= 5 tabs/day
chlordiazepoxide cap 10MG, 25MG, 5MG (LIBRIUM Equiv)	F	-
diazepam conc 5MG/ML (VALIUM Equiv)	F	QL QL= 180ml/30 days
diazepam oral soln 5mg/5ml 5MG/5ML (DIAZEPAM Equiv)	F	QL QL= 180ml/30 days
diazepam tab 2mg, 10mg 10MG, 2MG (VALIUM Equiv)	F	QL QL= 4 tabs/day
diazepam tab 5mg 5MG (VALIUM Equiv)	F	QL QL= 3 tabs/day
lorazepam conc 1MG/0.5ML, 2MG/ML (ATIVAN Equiv)	F	-
lorazepam tab .5MG, 1MG, 2MG (ATIVAN Equiv)	F	-
ANTIARRHYTHMICS - Drugs to control heart rhythm		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
disopyramide cap 100MG, 150MG (NORPACE Equiv)	F	-
quinidine gluconate CR tab	F	-
quinidine sulfate tab	F	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
mexiletine hcl cap 150MG, 200MG, 250MG	F	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
flecainide tab 100MG, 150MG, 50MG (TAMBOCOR Equiv)	F	-
propafenone ER cap 225MG, 325MG, 425MG (RYTHMOL SR Equiv)	F	-
propafenone tab 150MG, 225MG, 300MG (RYTHMOL Equiv)	F	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
amiodarone tab 100MG, 200MG, 400MG (CORDARONE Equiv)	F	-
dofetilide cap 125MCG, 250MCG, 500MCG (TIKOSYN Equiv)	F	-
MULTAQ TAB 400MG ***(dronedarone hcl)***	F	-
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma		
FASENRA PEN INJ 30MG/ML ***(benralizumab)***	F	MSP-PA-QL QL= 1 inj/56 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NUCALA INJ 100MG/ML ***(mepolizumab)***	F	LMSP-PA-QL QL= 1 inj/28 days
ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD		
cromolyn neb soln 20MG/2ML (INTAL Equiv)	F	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		
ATROVENT HFA INHALER 17MCG/ACT ***(ipratropium bromide hfa)***	F	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ***(umeclidinium bromide)***	F	-
ipratropium neb soln .02% (ATROVENT Equiv)	F	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT ***(tiotropium bromide monohydrate)***	F	QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD		
montelukast chew tab 4MG, 5MG (SINGULAIR Equiv)	F	-
montelukast granule pack 4MG (SINGULAIR Equiv)	F	-
montelukast tab 10MG (SINGULAIR Equiv)	F	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(fluticasone furoate (inhalation))***	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone furoate (inhalation))***	F	-
budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)	F	-
FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST ***(fluticasone propionate (inhalation))***	F	-
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT ***(fluticasone propionate hfa)***	F	-
SYMPATHOMIMETICS - Drugs to treat asthma and COPD		
ADVAIR DISKUS INHALER 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE ***(fluticasone-salmeterol)***	F	-
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ***(fluticasone-salmeterol)***	F	-
albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
albuterol sulfate ER tab 4MG, 8MG (VOSPIRE ER Equiv)	F	-
albuterol sulfate syrup 2MG/5ML	F	-
albuterol sulfate tab 2MG, 4MG	F	-
albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)	F	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH ***(umeclidinium-vilanterol)***	F	-
BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ***(fluticasone furoate-vilanterol)***	F	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT ***(budesonide-glycopyrrolate-formoterol fumarate)***	F	-
COMBIVENT INHALER ***(ipratropium-albuterol)***	F	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ***(ipratropium-albuterol)***	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ***(mometasone furoate-formoterol fumarate dihydrate)***	F	-

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ST	Step Therapy	VAC	Vaccine Program		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT ***(fluticasone-salmeterol)***	F	-
METAPROTERENOL SYRUP 10MG/5ML ***(metaproterenol sulfate)***	F	-
SEREVENT DISKUS INHALER 50MCG/DOSE ***(salmeterol xinafoate)***	F	-
terbutaline sulfate tab 2.5MG, 5MG (BRETHINE Equiv)	F	-
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH ***(fluticasone-umeclidinium-vilanterol)***	F	-
VENTOLIN HFA INHALER 108MCG/ACT ***(albuterol sulfate)***	F	QL QL= 2 inhalers/30 days
XANTHINES - Drugs to treat asthma and COPD		
aminophylline tab	F	-
ELIXOPHYLLIN ELIXIR 80MG/15ML ***(theophylline)***	F	-
THEOPHYLLINE ER TAB 100MG, 200MG, 300MG, 450MG (UNIPHYL Equiv) ***(theophylline)***	F	-
theophylline ER tab 400MG, 600MG (UNIPHYL Equiv)	F	-
theophylline soln 80MG/15ML	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG (COUMADIN Equiv)	F	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG ***(apixaban)***	F	-
XARELTO STARTER PACK ***(rivaroxaban)***	F	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ***(rivaroxaban)***	F	-
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML (LOVENOX Equiv)	F	QL QL= 17 days supply
fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (ARIXTRA Equiv)	F	PA
THROMBIN INHIBITORS - Drugs to thin the blood		
PRADAXA CAP 110MG, 150MG, 75MG ***(dabigatran etexilate mesylate)***	F	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
clobazam tab 10MG, 20MG (ONFI Equiv)	F	PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
clonazepam tab .5MG, 1MG, 2MG (KLONOPIN Equiv)	F	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 10MG, 2.5MG, 20MG ***(diazepam (anticonvulsant))***	F	QL QL= 2 packs/fill
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
carbamazepine chew tab 100MG (TEGRETOL Equiv)	F	-
carbamazepine ER cap 100MG, 200MG, 300MG (CARBATROL Equiv)	F	-
carbamazepine ER tab 100MG, 200MG, 400MG (TEGRETOL XR Equiv)	F	-
carbamazepine susp 100MG/5ML (TEGRETOL Equiv)	F	-
carbamazepine tab 200MG (TEGRETOL Equiv)	F	-
DIACOMIT CAP 250MG, 500MG ***(stiripentol)***	F	LD-PA Only available through US Bioservices 888-518-7246
DIACOMIT POWDER PACK 250MG, 500MG ***(stiripentol)***	F	LD-PA Only available through US Bioservices 888-518-7246
EPIDIOLEX SOLN 100MG/ML ***(cannabidiol)***	F	LD-PA Only available through Lumicera 855-847-3553

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FINTEPLA SOLN 2.2MG/ML ***(fenfluramine hcl (anticonvulsant))***	F	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
gabapentin cap 100MG, 300MG, 400MG (NEURONTIN Equiv)	F	-
gabapentin soln 250MG/5ML, 300MG/6ML (NEURONTIN Equiv)	F	-
gabapentin tab 600MG, 800MG (NEURONTIN Equiv)	F	-
LAMICTAL CHEW TAB 2MG ***(lamotrigine)***	F	-
lamotrigine chew tab 25MG, 5MG (LAMICTAL Equiv)	F	-
lamotrigine tab 100MG, 150MG, 200MG, 25MG (LAMICTAL Equiv)	F	-
levetiracetam ER tab 500MG, 750MG (KEPPRA XR Equiv)	F	-
levetiracetam soln 100MG/ML, 500MG/5ML (KEPPRA Equiv)	F	-
levetiracetam tab 1000MG, 250MG, 500MG, 750MG (KEPPRA Equiv)	F	-
oxcarbazepine susp 300MG/5ML, 60MG/ML (TRILEPTAL Equiv)	F	-
oxcarbazepine tab 150MG, 300MG, 600MG (TRILEPTAL Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG (LYRICA Equiv)	F	-
pregabalin soln 20MG/ML (LYRICA Equiv)	F	-
primidone tab 250MG, 50MG (MYSOLINE Equiv)	F	-
rufinamide susp 40MG/ML (BANZEL Equiv)	F	PA
rufinamide tab 200MG, 400MG (BANZEL TAB Equiv)	F	PA
topiramate sprinkle cap 15MG, 25MG (TOPAMAX Equiv)	F	-
topiramate tab 100MG, 200MG, 25MG, 50MG (TOPAMAX Equiv)	F	-
VIMPAT SOLN 10MG/ML ***(lacosamide)***	F	-
VIMPAT TAB 100MG, 150MG, 200MG, 50MG ***(lacosamide)***	F	QL QL= 2 tabs/day
zonisamide cap 100MG, 25MG, 50MG (ZONEGRAN Equiv)	F	-
CARBAMATES - Drugs to treat seizures		
felbamate susp 600MG/5ML (FELBATOL Equiv)	F	-
felbamate tab 400MG, 600MG (FELBATOL Equiv)	F	-
XCOPRI PAK 100-150MG ***(cenobamate)***	F	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG ***(cenobamate)***	F	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ***(cenobamate)***	F	QL QL= 2 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XCOPRI TAB 150MG, 200MG 150MG, 200MG ***(cenobamate)***	F	QL QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG 100MG, 50MG ***(cenobamate)***	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG ***(cenobamate)***	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG ***(cenobamate)***	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG ***(cenobamate)***	F	QL QL= 1 tab/day
GABA MODULATORS - Drugs to treat seizures		
tiagabine tab 12MG, 16MG, 2MG, 4MG (GABITRIL Equiv)	F	-
vigabatrin powder pack 500MG (SABRIL POWDER Equiv)	F	LD-PA Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479
vigabatrin tab 500MG (SABRIL Equiv)	F	LD-PA Only available through Walgreens 888-347-3416
HYDANTOINS - Drugs to treat seizures		
DILANTIN CAP 30MG 30MG ***(phenytoin sodium extended)***	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
phenytoin cap 100MG, 200MG, 300MG (DILANTIN Equiv)	F	-
phenytoin chew tab 50MG (DILANTIN Equiv)	F	-
phenytoin susp 100MG/4ML, 125MG/5ML (DILANTIN Equiv)	F	-
SUCCINIMIDES - Drugs to treat seizures		
CELONTIN CAP 300MG ***(methsuximide)***	F	-
ethosuximide cap 250MG (ZARONTIN Equiv)	F	-
ethosuximide soln 250MG/5ML (ZARONTIN Equiv)	F	-
VALPROIC ACID - Drugs to treat seizures		
divalproex ER tab 250MG, 500MG (DEPAKOTE ER Equiv)	F	-
divalproex sodium DR tab 125MG, 250MG, 500MG (DEPAKOTE Equiv)	F	-
divalproex sprinkle cap 125MG (DEPAKOTE Equiv)	F	-
valproic acid cap 250MG (DEPAKENE Equiv)	F	-
valproic acid syrup 250MG/5ML (DEPAKENE Equiv)	F	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
mirtazapine ODT 15MG, 30MG, 45MG (REMERON Equiv)	F	-
mirtazapine tab 15MG, 30MG, 45MG, 7.5MG (REMERON Equiv)	F	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bupropion ER tab 100MG, 150MG, 200MG (WELLBUTRIN Equiv)	F	-
bupropion tab 100MG, 75MG (WELLBUTRIN Equiv)	F	-
bupropion XL tab 150MG, 300MG (WELLBUTRIN XL Equiv)	F	-
MAPROTILINE TAB 25MG, 50MG, 75MG ***(maprotiline hcl)***	F	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
MARPLAN TAB 10MG ***(isocarboxazid)***	F	-
phenelzine tab 15MG (NARDIL Equiv)	F	-
tranylcypromine tab 10MG (PARNATE Equiv)	F	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
citalopram soln 10MG/5ML (CELEXA Equiv)	F	-
citalopram tab 10MG, 20MG, 40MG (CELEXA Equiv)	F	-
escitalopram soln 5MG/5ML (LEXAPRO Equiv)	F	-
escitalopram tab 10MG, 20MG, 5MG (LEXAPRO Equiv)	F	-
fluoxetine cap 10MG, 20MG, 40MG (PROZAC Equiv)	F	-
fluoxetine soln 20MG/5ML (PROZAC Equiv)	F	-
fluvoxamine ER cap 100MG, 150MG (LUVOX CR Equiv)	F	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
fluvoxamine tab 100MG, 25MG, 50MG (LUVOX Equiv)	F	-
paroxetine ER tab 12.5MG, 25MG, 37.5MG (PAXIL CR Equiv)	F	-
paroxetine tab 10MG, 20MG, 30MG, 40MG (PAXIL Equiv)	F	-
sertraline conc 20MG/ML (ZOLOFT Equiv)	F	-
sertraline tab 100MG, 25MG, 50MG (ZOLOFT Equiv)	F	-
SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ***(nefazodone hcl)***	F	-
nefazodone tab 50mg, 250mg 250MG, 50MG	F	-
trazodone tab 100MG, 150MG, 50MG (DESYREL Equiv)	F	-
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression		
desvenlafaxine ER tab 100MG, 25MG, 50MG (PRISTIQ Equiv)	F	-
duloxetine EC cap 20MG, 30MG, 60MG (CYMBALTA Equiv)	F	-
venlafaxine ER cap 150MG, 37.5MG, 75MG (EFFEXOR XR Equiv)	F	-
venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG (EFFEXOR Equiv)	F	-
TRICYCLIC AGENTS - Drugs to treat depression		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amitriptyline tab (ELAVIL Equiv)	F	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG ***(amoxapine)***	F	-
desipramine tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (NORPRAMIN Equiv)	F	-
DOXEPIN CAP 150MG (SINEQUAN Equiv) ***(doxepin hcl)***	F	-
doxepin cap 100MG, 10MG, 25MG, 50MG, 75MG (SINEQUAN Equiv)	F	-
doxepin conc 10MG/ML (SINEQUAN Equiv)	F	-
imipramine tab 10MG, 25MG, 50MG (TOFRANIL Equiv)	F	-
nortriptyline cap 10MG, 25MG, 50MG, 75MG (PAMELOR Equiv)	F	-
nortriptyline oral soln 10MG/5ML (NORTRIPTYLINE Equiv)	F	-
NORTRIPTYLINE SOLN 10MG/5ML ***(nortriptyline hcl)***	F	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)	F	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ***(alogliptin-metformin hcl)***	F	QL QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ***(alogliptin-pioglitazone)***	F	QL QL= 1 tab/day
AVANDAMET TAB ***(rosiglitazone maleate-metformin hcl)***	F	-
AVANDARYL TAB ***(rosiglitazone maleate-glimepiride)***	F	-
glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG (METAGLIP Equiv)	F	-
glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG (GLUCOVANCE Equiv)	F	-
JANUMET TAB 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	F	QL QL= 2 tabs/day
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ***(sitagliptin-metformin hcl)***	F	QL QL= 2 tabs/day
SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ***(empagliflozin-metformin hcl)***	F	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ***(empagliflozin-metformin hcl)***	F	QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ***(empagliflozin-metformin hcl)***	F	QL QL= 2 tabs/day
BIGUANIDES - Drugs to regulate blood sugar		
metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)	F	-
metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)	F	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE ***(glucagon)***	F	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG ***(glucagon hcl (rdna))***	F	QL QL= 2 inj/fill
glucagon (rdna) for inj kit 1MG (GLUCAGON Equiv)	F	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML ***(glucagon hcl)***	F	QL QL= 2 inj/fill
GLUCAGON INJ KIT 1MG ***(glucagon (rdna))***	F	QL QL= 2 inj/fill
GVOKE INJ .5MG/0.1ML, 1MG/0.2ML ***(glucagon)***	F	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML ***(glucagon)***	F	QL QL= 2 inj/fill

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KORLYM TAB 300MG ***(mifepristone (hyperglycemia))***	F	LD-PA Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ***(alogliptin benzoate)***	F	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ***(sitagliptin phosphate)***	F	QL QL= 1 tab/day
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ***(exenatide)***	F	QL QL= 4 inj/28 days
BYDUREON INJ 2MG ***(exenatide)***	F	QL QL= 4 inj/28 days
BYDUREON PEN INJ 2MG ***(exenatide)***	F	QL QL= 4 inj/28 days
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML ***(semaglutide)***	F	QL QL= 1 pack/28 days
RYBELSUS TAB 14MG, 3MG, 7MG ***(semaglutide)***	F	QL QL=1 tab/day
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML ***(dulaglutide)***	F	QL QL= 4 pens/28 days
VICTOZA INJ 18MG/3ML ***(liraglutide)***	F	QL QL= 9ml/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INSULIN - Drugs to regulate blood sugar		
BASAGLAR INJ 100UNIT/ML, 300UNIT/ML ***(insulin glargine)***	F	-
FIASP FLEXTOUCH INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	F	-
FIASP INJ 100UNIT/ML ***(insulin aspart (with niacinamide))***	F	-
FIASP PENFILL INJ 20.8MG/ML-100UNIT/ML ***(insulin aspart (with niacinamide))***	F	-
HUMULIN R INJ U-500 500UNIT/ML ***(insulin regular (human))***	F	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ***(insulin regular (human))***	F	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	F	-
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	F	-
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	F	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ***(insulin aspart protamine & aspart (human))***	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) ***(insulin aspart)***	F	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	F	OTC
NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML ***(insulin nph isophane & reg (human))***	F	OTC
NOVOLIN N FLEXPEN INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	F	OTC
NOVOLIN N INJ 100UNIT/ML ***(insulin nph (human) (isophane))***	F	OTC
NOVOLIN R FLEXPEN INJ 100UNIT/ML ***(insulin regular (human))***	F	OTC
NOVOLIN R INJ 100UNIT/ML ***(insulin regular (human))***	F	OTC
NOVOLOG FLEXPEN INJ 100UNIT/ML ***(insulin aspart)***	F	-
NOVOLOG INJ 100UNIT/ML ***(insulin aspart)***	F	-
NOVOLOG MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	F	-
NOVOLOG MIX INJ 30UNIT/ML-70UNIT/ML ***(insulin aspart protamine & aspart (human))***	F	-

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NOVOLOG PENFILL INJ 100UNIT/ML ***(insulin aspart)***	F	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
AVANDIA TAB 2MG, 4MG ***(rosiglitazone maleate)***	F	-
pioglitazone tab 15MG, 30MG, 45MG (ACTOS TAB Equiv)	F	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
repaglinide tab .5MG, 1MG, 2MG (PRANDIN Equiv)	F	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		
JARDIANCE TAB 10MG, 25MG ***(empagliflozin)***	F	QL QL= 1 tab/day
STEGLATRO TAB 15MG, 5MG ***(ertugliflozin l-pyroglutamic acid)***	F	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
chlorpropamide tab (DIABINESE Equiv)	F	-
glimepiride tab 1MG, 2MG, 4MG (AMARYL Equiv)	F	-
glipizide ER tab 10MG, 2.5MG, 5MG (GLUCOTROL XL Equiv)	F	-
glipizide tab 10MG, 5MG (GLUCOTROL Equiv)	F	-
glyburide micronized tab 1.5MG, 3MG, 6MG (GLYNASE Equiv)	F	-
glyburide tab 1.25MG, 2.5MG, 5MG (MICRONASE Equiv)	F	-
TOLAZAMIDE TAB 250MG ***(tolazamide)***	F	-

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TOLBUTAMIDE TAB 500MG ***(tolbutamide)***	F	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ***(diphenoxylate w/ atropine)***	F	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
diphenoxylate/atropine tab .025MG-2.5MG (LOMOTIL Equiv)	F	-
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG ***(succimer)***	F	-
FERRIPROX SOLN 100MG/ML ***(deferiprone)***	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
FERRIPROX TAB 1000MG ***(deferiprone)***	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
naltrexone tab 50MG (REVIA Equiv)	F	-
NARCAN NASAL SPRAY 4MG/0.1ML ***(naloxone hcl)***	F	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		

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deferasirox granules packet 180MG, 360MG, 90MG (JADENU Equiv)	F	LMSP
deferasirox tab 125MG, 250MG, 500MG (EXJADE Equiv)	F	LMSP
deferasirox tab 180mg 180MG (JADENU Equiv)	F	LMSP
deferasirox tab 90mg, 360mg 360MG, 90MG (JADENU Equiv)	F	LMSP
deferiprone tab 500MG (FERRIPROX Equiv)	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
naloxone inj .4MG/ML, 4MG/10ML	F	-
NALOXONE PREFILLED INJ .4MG/ML ***(naloxone hcl)***	$0	-
naloxone prefilled inj 2MG/2ML	$0	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
granisetron tab 1MG (KYTRIL Equiv)	F	QL QL= 9 tabs/fill
ondansetron ODT 4MG, 8MG (ZOFRAN Equiv)	F	-
ondansetron soln 4MG/5ML (ZOFRAN Equiv)	F	-
ONDANSETRON TAB 24MG ***(ondansetron hcl)***	F	-
ondansetron tab 24MG, 4MG, 8MG	F	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
maldemar tab (SCOPACE Equiv)	F	-
meclizine chew tab 25MG (BONINE Equiv)	F	OTC
meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)	F	OTC
trimethobenzamide cap 300MG (TIGAN Equiv)	F	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
AKYNZEO CAP .5MG-300MG ***(netupitant-palonosetron)***	F	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
dronabinol cap 10MG, 2.5MG, 5MG (MARINOL Equiv)	F	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
aprepitant cap 125MG, 40MG, 80MG (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG ***(rolapitant hcl)***	F	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
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flucytosine cap 250MG, 500MG (ANCOBON Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
griseofulvin micro tab 500MG (GRIFULVIN V Equiv)	F	-
griseofulvin susp 125MG/5ML (GRIFULVIN Equiv)	F	-
griseofulvin tab 125MG, 250MG (GRIS-PEG Equiv)	F	-
nystatin powder	F	-
nystatin tab 500000UNIT	F	-
terbinafine tab 250MG (LAMISIL Equiv)	F	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
fluconazole susp 10MG/ML, 40MG/ML (DIFLUCAN Equiv)	F	-
fluconazole tab 100MG, 150MG, 200MG, 50MG (DIFLUCAN Equiv)	F	-
itraconazole cap 100MG (SPORANOX Equiv)	F	PA
ketoconazole tab 200MG (NIZORAL Equiv)	F	-
NOXAFIL SUSP 40MG/ML ***(posaconazole)***	F	-
posaconazole DR tab 100MG (NOXAFIL Equiv)	F	-
voriconazole susp 40MG/ML (VFEND Equiv)	F	RS Restricted to Infectious Disease Specialist
voriconazole tab 200MG, 50MG (VFEND Equiv)	F	RS Restricted to Infectious Disease Specialist
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms		
chlorpheniramine ER cap	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	F	Only 50mg covered
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
cetirizine syrup 1MG/ML, 5MG/5ML (ZYRTEC Equiv)	F	OTC
cetirizine tab 10MG, 5MG (ZYRTEC Equiv)	F	OTC
loratadine chew tab 5MG (CLARITIN Equiv)	F	OTC
loratadine ODT 10MG (CLARITIN Equiv)	F	OTC
loratadine syrup 5MG/5ML (CLARITIN Equiv)	F	OTC
loratadine tab 10MG (CLARITIN Equiv)	F	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
promethazine supp (PHENERGAN Equiv)	F	-
promethazine syrup 6.25MG/5ML	F	-
promethazine tab 12.5MG, 25MG, 50MG (PHENERGAN Equiv)	F	-
PROMETHEGAN SUPP 50MG ***(promethazine hcl)***	F	-
ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
cyproheptadine syrup 2MG/5ML	F	-
cyproheptadine tab 4MG	F	-
ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol		
ANTIHYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics		
omega-3-acid ethyl esters cap 1GM-375MG-465MG (LOVAZA Equiv)	F	-
BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)	F	-
cholestyramine lite powder pack 4GM (QUESTRAN LITE Equiv)	F	-
cholestyramine powder 4GM/DOSE (QUESTRAN Equiv)	F	-
cholestyramine powder pack 4GM (QUESTRAN Equiv)	F	-
colesevelam pack 3.75GM (WELCHOL Equiv)	F	-
colesevelam tab 625MG (WELCHOL Equiv)	F	-
colestipol tab 1GM (COLESTID Equiv)	F	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG (LOFIBRA Equiv)	F	-
fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG (TRICOR Equiv)	F	-
fenofibric acid DR cap 135MG, 45MG (TRILIPIX Equiv)	F	-
gemfibrozil tab 600MG (LOPID Equiv)	F	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
atorvastatin tab 10mg 10MG (LIPITOR Equiv)	$0	-
atorvastatin tab 20mg 20MG (LIPITOR Equiv)	$0	-
atorvastatin tab 40mg 40MG (LIPITOR Equiv)	F	-
atorvastatin tab 80mg 80MG (LIPITOR Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
lovastatin tab 10MG, 20MG, 40MG (MEVACOR Equiv)	$0	-
pravastatin tab 10MG, 20MG, 40MG, 80MG (PRAVACHOL Equiv)	$0	-
rosuvastatin tab 10mg 10MG (CRESTOR Equiv)	$0	QL QL= 1 tab/day
rosuvastatin tab 20mg 20MG (CRESTOR Equiv)	F	QL QL= 1.5 tabs/day
rosuvastatin tab 40mg 40MG (CRESTOR Equiv)	F	QL QL= 1 tab/day
rosuvastatin tab 5mg 5MG (CRESTOR Equiv)	$0	QL QL= 1 tab/day
simvastatin tab 10MG, 20MG, 40MG, 5MG (ZOCOR Equiv)	$0	80mg is Not Covered
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
ezetimibe tab 10MG (ZETIA Equiv)	F	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
niacin ER tab 1000MG, 500MG, 750MG (NIASPAN Equiv)	F	-
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
PRALUENT INJ 150MG/ML, 75MG/ML ***(alirocumab)***	F	LMSP-PA-QL QL= 2 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
REPATHA INJ 140MG/ML ***(evolocumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ***(evolocumab)***	F	LMSP-PA-QL QL= 1 inj/28 days
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
benazepril tab (LOTENSIN Equiv)	F	-
captopril tab 100MG, 12.5MG, 25MG, 50MG (CAPOTEN Equiv)	F	-
enalapril tab 10MG, 2.5MG, 20MG, 5MG (VASOTEC Equiv)	F	-
fosinopril tab 10MG, 20MG, 40MG (MONOPRIL Equiv)	F	-
lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (PRINIVIL/ZESTRIL Equiv)	F	-
quinapril tab 10MG, 20MG, 40MG, 5MG (ACCUPRIL Equiv)	F	-
ramipril cap 1.25MG, 10MG, 2.5MG, 5MG (ALTACE Equiv)	F	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
phenoxybenzamine cap 10MG (DIBENZYLINE Equiv)	F	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
irbesartan tab 150MG, 300MG, 75MG (AVAPRO Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
losartan tab 100MG, 25MG, 50MG (COZAAR Equiv)	F	-
olmesartan tab 20MG, 40MG, 5MG (BENICAR Equiv)	F	-
telmisartan tab 20MG, 40MG, 80MG (MICARDIS Equiv)	F	-
valsartan tab 160MG, 320MG, 40MG, 80MG (DIOVAN Equiv)	F	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR (CATAPRES-TTS Equiv)	F	-
clonidine tab (CATAPRES Equiv)	F	-
doxazosin tab 1MG, 2MG, 4MG, 8MG (CARDURA Equiv)	F	-
guanfacine IR tab 1MG, 2MG (TENEX Equiv)	F	-
METHYLDOPA TAB 250MG, 500MG (ALDOMET Equiv) ***(methyldopa)***	F	-
methyldopa tab 250MG, 500MG (ALDOMET Equiv)	F	-
prazosin cap 1MG, 2MG, 5MG (MINIPRESS Equiv)	F	-
terazosin cap 10MG, 1MG, 2MG, 5MG (HYTRIN Equiv)	F	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG (LOTREL Equiv)	F	-

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ST	Step Therapy	VAC	Vaccine Program		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG (AZOR TAB Equiv)	F	-
amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (EXFORGE Equiv)	F	-
amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG (EXFORGE HCT Equiv)	F	-
atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG (TENORETIC Equiv)	F	-
BENAZEPRIL/HCT TAB 5MG-6.25MG ***(benazepril & hydrochlorothiazide)***	F	-
benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG (LOTENSIN HCT Equiv)	F	-
bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (ZIAC Equiv)	F	-
enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG (VASERETIC Equiv)	F	-
fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG (MONOPRIL HCT Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)	F	-
lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)	F	-
losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)	F	-
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ***(methyldopa & hydrochlorothiazide)***	F	-
METOPROLOL/HYDROCHLOROTHIAZIDE TAB 50MG-100MG (LOPRESSOR HCT Equiv) ***(metoprolol & hydrochlorothiazide)***	F	-
metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG (LOPRESSOR HCT Equiv)	F	-
olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)	F	-
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG ***(propranolol & hydrochlorothiazide)***	F	-
quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ACCURETIC Equiv)	F	-
valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (DIOVAN HCT Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VASODILATORS - Drugs to treat high blood pressure		
hydralazine tab 100MG, 10MG, 25MG, 50MG (APRESOLINE Equiv)	F	-
minoxidil tab 10MG, 2.5MG (LONITEN Equiv)	F	-
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
IMPAVIDO CAP 50MG ***(miltefosine)***	F	PA
metronidazole tab 250MG, 500MG (FLAGYL Equiv)	F	-
pentamidine neb soln 300MG (NEBUPENT Equiv)	F	LMSP
trimethoprim tab (PROLOPRIM Equiv)	F	-
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
erythromycin/sulfisoxazole susp (PEDIAZOLE Equiv)	F	-
smz/tmp (DS) tab 160MG-800MG, 80MG-400MG (BACTRIM DS Equiv)	F	-
smz/tmp susp 40MG/5ML-200MG/5ML (BACTRIM, SEPTRA Equiv)	F	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML ***(nitazoxanide)***	F	PA-QL QL= 60ml/3 days
atovaquone susp 750MG/5ML (MEPRON Equiv)	F	-
LAMPIT TAB 120MG, 30MG ***(nifurtimox)***	F	PA
nitazoxanide tab 500MG (ALINIA Equiv)	F	PA-QL QL= 6 tabs/3 days
GLYCOPEPTIDES - Drugs to treat bacterial infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FIRST-VANCOMYCIN SOLN 25MG/ML, 50MG/ML ***(vancomycin hcl)***	F	-
FIRVANQ SOLN 25MG/ML, 50MG/ML ***(vancomycin hcl)***	F	-
vancomycin cap 125MG, 250MG (VANCOCIN Equiv)	F	QL QL= 56 caps/fill
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
dapsone tab 100MG, 25MG	F	-
LINCOSAMIDES - Drugs to treat bacterial infections		
clindamycin cap 150MG, 300MG, 75MG (CLEOCIN Equiv)	F	-
MONOBACTAMS - Drugs to treat bacterial infections		
CAYSTON INH SOLN 75MG ***(aztreonam lysine)***	F	KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
OXAZOLIDINONES - Drugs to treat bacterial infections		
linezolid susp 100MG/5ML (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
linezolid tab 600MG (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SIVEXTRO TAB 200MG ***(tedizolid phosphate)***	F	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
PLEUROMUTILINS - drugs to treat infections		
XENLETA TAB 600MG ***(lefamulin acetate)***	F	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
methenamine hippurate tab 1GM (HIPREX Equiv)	F	-
nitrofurantoin macrocrystals cap 100MG, 50MG (MACRODANTIN Equiv)	F	-
nitrofurantoin monohydrate cap 100MG (MACROBID Equiv)	F	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)		
atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG (MALARONE Equiv)	F	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
chloroquine tab 250MG, 500MG (ARALEN Equiv)	F	-
CHLOROQUINE TAB 500MG 500MG ***(chloroquine phosphate)***	F	-
hydroxychloroquine tab 200MG (PLAQUENIL Equiv)	F	-
KRINTAFEL TAB 150MG ***(tafenoquine succinate)***	F	-
mefloquine tab 250MG (LARIAM Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
primaquine tab 26.3MG (PRIMAQUINE Equiv)	F	-
pyrimethamine tab 25MG (DARAPRIM Equiv)	F	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
PROSTIGMIN TAB ***(neostigmine bromide)***	F	-
pyridostigmine CR tab 180MG (MESTINON Equiv)	F	-
pyridostigmine tab 60MG (MESTINON Equiv)	F	-
RUZURGI TAB 10MG ***(amifampridine)***	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)		
RIFAMATE CAP 150MG-300MG ***(isoniazid & rifampin)***	F	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
ethambutol tab 100MG, 400MG (MYAMBUTOL Equiv)	F	-
ISONIAZID SYRUP 50MG/5ML ***(isoniazid)***	F	-
ISONIAZID TAB 100MG ***(isoniazid)***	F	-
isoniazid tab 100MG, 300MG	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRETOMANID TAB 200MG ***(pretomanid)***	F	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG ***(rifapentine)***	F	-
pyrazinamide tab 500MG	F	-
rifabutin cap 150MG (MYCOBUTIN Equiv)	F	-
rifampin cap 150MG, 300MG (RIFADIN Equiv)	F	-
ANTINEOPLASTICS - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
HEXALEN CAP 50MG ***(altretamine)***	F	LMSP
LEUKERAN TAB 2MG ***(chlorambucil)***	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
mercaptopurine tab 50MG (PURINETHOL Equiv)	F	-
methotrexate tab 2.5MG (TREXALL Equiv)	F	-
TABLOID TAB 40MG ***(thioguanine)***	F	-
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
NEXAVAR TAB 200MG ***(sorafenib tosylate)***	F	MSP-PA-SF
ZOLINZA CAP 100MG ***(vorinostat)***	F	LMSP-PA-SF
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 2000000UNIT/0.5ML ***(interferon gamma-1b)***	F	LD-PA Only available through Walgreens 888-347-3416
ALFERON-N INJ 5MU/ML ***(interferon alfa-n3)***	F	LMSP
hydroxyurea cap 500MG (HYDREA Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INTRON-A INJ ***(interferon alfa-2b inj)***	F	KMSP
MATULANE CAP 50MG ***(procarbazine hcl)***	F	-
tretinoin cap 10MG (VESANOID Equiv)	F	LMSP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
leucovorin tab 10MG, 15MG, 25MG, 5MG	F	-
MESNEX TAB 400MG ***(mesna)***	F	LMSP
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCAMTIN CAP .25MG, 1MG ***(topotecan hcl)***	F	LMSP-PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
cyclophosphamide cap 25MG, 50MG	F	-
CYCLOPHOSPHAMIDE TAB 25MG, 50MG ***(cyclophosphamide)***	F	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG ***(lomustine)***	F	-
melphalan tab 2MG (ALKERAN Equiv)	F	LMSP
MYLERAN TAB 2MG ***(busulfan)***	F	LMSP
temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG (TEMODAR Equiv)	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
capecitabine tab 150MG, 500MG (XELODA Equiv)	F	LMSP
methotrexate inj 1GM/40ML, 250MG/10ML, 50MG/2ML	F	-
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
INLYTA TAB 1MG, 5MG ***(axitinib)***	F	KMSP-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG ***(lenvatinib mesylate)***	F	LD-PA-QL QL= 3 caps/day; Only available through Accredo 800-803-2523
ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer		
TUKYSA TAB 150MG, 50MG ***(tucatinib)***	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		
VENCLEXTA STARTER PACK ***(venetoclax)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG ***(venetoclax)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
erlotinib tab 100MG, 150MG, 25MG (TARCEVA Equiv)	F	LMSP-PA-SF
GILOTRIF TAB 20MG, 30MG, 40MG ***(afatinib dimaleate)***	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IRESSA TAB 250MG ***(gefitinib)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
TAGRISSO TAB 40MG, 80MG ***(osimertinib mesylate)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
VIZIMPRO TAB 15MG, 30MG, 45MG ***(dacomitinib)***	F	KMSP-PA-QL-SF QL= 1 tab/day
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		
ERIVEDGE CAP 150MG ***(vismodegib)***	F	KMSP-PA-SF
ODOMZO CAP 200MG ***(sonidegib phosphate)***	F	LMSP-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
abiraterone tab 250mg 250MG (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
anastrozole tab 1MG (ARIMIDEX Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
bicalutamide tab 50MG (CASODEX Equiv)	F	-
EMCYT CAP 140MG ***(estramustine phosphate sodium)***	F	-
ERLEADA TAB 60MG ***(apalutamide)***	F	LMSP-PA-QL QL= 4 tabs/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
exemestane tab 25MG (AROMASIN Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
FLUTAMIDE CAP 125MG (EULEXIN Equiv) ***(flutamide)***	F	-
flutamide cap 125MG (EULEXIN Equiv)	F	-
letrozole tab 2.5MG (FEMARA Equiv)	F	-
LYSODREN TAB 500MG ***(mitotane)***	F	LD Only available through Walgreens 888-347-3416
megestrol susp 400MG/10ML, 40MG/ML (MEGACE Equiv)	F	-
megestrol tab 20MG, 40MG (MEGACE Equiv)	F	-
nilutamide tab 150MG (NILANDRON Equiv)	F	LMSP
NUBEQA TAB 300MG ***(darolutamide)***	F	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG ***(relugolix)***	F	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
tamoxifen tab 10MG, 20MG (NOLVADEX Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
toremifene tab 60MG (FARESTON Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ***(pomalidomide)***	F	KMSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG ***(avapritinib)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG ***(selinexor)***	F	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG ***(decitabine-cedazuridine)***	F	LD-PA-QL QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG ***(trifluridine-tipiracil)***	F	LD-PA Only available through Walgreens 888-347-3416
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
AFINITOR DISPERZ 2MG, 3MG, 5MG ***(everolimus)***	F	LMSP-PA-QL-SF QL= 1 tab/day
ALECENSA CAP 150MG ***(alectinib hcl)***	F	LMSP-PA-QL QL= 8 caps/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALUNBRIG TAB 30MG 30MG ***(brigatinib)***	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG ***(brigatinib)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG ***(erdafitinib)***	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG 4MG ***(erdafitinib)***	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG 5MG ***(erdafitinib)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BOSULIF TAB 100MG, 400MG, 500MG ***(bosutinib)***	F	KMSP-PA-SF
BRAFTOVI CAP 75MG 75MG ***(encorafenib)***	F	LD-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG ***(zanubrutinib)***	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
CABOMETYX TAB 20MG, 40MG, 60MG ***(cabozantinib s-malate)***	F	MSP-PA-QL-SF QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CALQUENCE CAP 100MG ***(acalabrutinib)***	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CAPRELSA TAB 100MG, 300MG ***(vandetanib)***	F	LD-PA Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG ***(cabozantinib s-malate)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
COPIKTRA CAP 15MG, 25MG ***(duvelisib)***	F	LD-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ***(cobimetinib fumarate)***	F	MSP-PA-QL QL= 3 tabs/day
everolimus tab 2.5MG, 7.5MG (AFINITOR Equiv)	F	LMSP-PA-QL-SF QL= 1 tab/day
everolimus tab 5mg 5MG (AFINITOR Equiv)	F	LMSP-PA-QL-SF QL= 2 tabs/day
FARYDAK CAP 10MG, 15MG, 20MG ***(panobinostat lactate)***	F	MSP-PA-QL QL= 6 caps/21 days
GAVRETO CAP 100MG ***(pralsetinib)***	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
IBRANCE CAP 100MG, 125MG, 75MG ***(palbociclib)***	F	KMSP-PA-QL QL= 21 caps/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IBRANCE TAB 100MG, 125MG, 75MG ***(palbociclib)***	F	KMSP-PA-QL QL= 21 caps/28 days
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ***(ponatinib hcl)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ***(enasidenib mesylate)***	F	MSP-PA-QL QL= 1 tab/day
imatinib tab 100MG, 400MG (GLEEVEC Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
IMBRUVICA CAP 140MG 140MG ***(ibrutinib)***	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ***(ibrutinib)***	F	LD-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG ***(ibrutinib)***	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ***(ruxolitinib phosphate)***	F	MSP-PA-QL-SF QL= 2 tabs/day
KOSELUGO CAP 10MG, 25MG ***(selumetinib sulfate)***	F	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633
lapatinib ditosylate tab 250MG (TYKERB Equiv)	F	LMSP-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LORBRENA TAB 100MG 100MG ***(lorlatinib)***	F	KMSP-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG ***(lorlatinib)***	F	KMSP-PA-QL-SF QL= 3 tabs/day
LYNPARZA CAP 50MG ***(olaparib)***	F	LD-PA-QL-SF Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB 100MG, 150MG ***(olaparib)***	F	LD-PA-QL-SF Only available through Biologics 800-850-4306, QL= 4 tabs/day
MEKINIST TAB 0.5MG .5MG ***(trametinib dimethyl sulfoxide)***	F	LMSP-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ***(trametinib dimethyl sulfoxide)***	F	LMSP-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ***(binimetinib)***	F	LD-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NERLYNX TAB 40MG ***(neratinib maleate)***	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NINLARO CAP 2.3MG, 3MG, 4MG ***(ixazomib citrate)***	F	KMSP-PA
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ***(pemigatinib)***	F	LD-PA-QL QL= 14 tabs/21 days; Only available through Biologics 800-850-4306

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PIQRAY TAB 150MG, 200MG ***(alpelisib)***	F	LMSP-PA-SF
QINLOCK TAB 50MG ***(ripretinib)***	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG ***(selpercatinib)***	F	LMSP-PA-QL-SF QL= 4 caps/day
ROZLYTREK CAP 100MG, 200MG ***(entrectinib)***	F	MSP-PA-QL-SF QL= 3 caps/day
RUBRACA TAB 200MG, 250MG, 300MG ***(rucaparib camsylate)***	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RYDAPT CAP 25MG ***(midostaurin)***	F	LMSP-PA
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ***(dasatinib)***	F	LMSP-PA-SF
STIVARGA TAB 40MG ***(regorafenib)***	F	MSP-PA-QL-SF QL= 4 tabs/day
sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG (SUTENT Equiv)	F	KMSP-PA-SF
TABRECTA TAB 150MG, 200MG ***(capmatinib hcl)***	F	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ***(dabrafenib mesylate)***	F	LMSP-PA-QL QL= 4 caps/day
TALZENNA CAP 0.25MG .25MG ***(talazoparib tosylate)***	F	KMSP-PA-QL-SF QL= 3 caps/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TALZENNA CAP 1MG 1MG ***(talazoparib tosylate)***	F	KMSP-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ***(nilotinib hcl)***	F	LMSP-PA-SF
TAZVERIK TAB 200MG ***(tazemetostat hbr)***	F	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TIBSOVO TAB 250MG ***(ivosidenib)***	F	LD-PA-QL QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TURALIO CAP 200MG ***(pexidartinib hcl)***	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ***(abemaciclib)***	F	LMSP-PA-QL-SF QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ***(larotrectinib sulfate)***	F	LD-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG 25MG ***(larotrectinib sulfate)***	F	LD-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN 20MG/ML ***(larotrectinib sulfate)***	F	LD-PA-QL-SF QL= 10ml/day; Only available through US Bioservices 888-518-7246
VOTRIENT TAB 200MG ***(pazopanib hcl)***	F	LMSP-PA-SF

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XALKORI CAP 200MG, 250MG ***(crizotinib)***	F	KMSP-PA-QL-SF QL= 2 caps/day
XOSPATA TAB 40MG ***(gilteritinib fumarate)***	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG ***(niraparib tosylate)***	F	LD-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ***(vemurafenib)***	F	MSP-PA-QL QL= 8 tabs/day
ZYDELIG TAB 100MG, 150MG ***(idelalisib)***	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG ***(ceritinib)***	F	LMSP-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ***(ceritinib)***	F	LMSP-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
bexarotene cap 75MG (TARGRETIN Equiv)	F	LMSP-PA-SF
MITOTIC INHIBITORS - Drugs to treat cancer		
ETOPOSIDE CAP 50MG ***(etoposide)***	F	LMSP
ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease		
carbidopa tab 25MG (LODOSYN Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
benztropine tab .5MG, 1MG, 2MG	F	-
trihexyphenidyl tab 2MG, 5MG (ARTANE Equiv)	F	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
entacapone tab 200MG (COMTAN Equiv)	F	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
amantadine cap 100MG (SYMMETREL Equiv)	F	-
amantadine syrup 50MG/5ML (SYMMETREL Equiv)	F	-
amantadine tab 100MG	F	-
bromocriptine cap 5MG (PARLODEL Equiv)	F	-
bromocriptine tab 2.5MG (PARLODEL Equiv)	F	-
carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG (SINEMET CR Equiv)	F	-
carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (PARCOPA Equiv)	F	-
carbidopa/levodopa tab (SINEMET Equiv)	F	-
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) ***(carbidopa-levodopa-entacapone)***	F	-
pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG (MIRAPEX Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG (REQUIP Equiv)	F	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
rasagiline tab .5MG, 1MG (AZILECT Equiv)	F	-
selegiline cap 5MG (ELDEPRYL Equiv)	F	-
selegiline tab 5MG (ELDEPRYL Equiv)	F	-
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease		
ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease		
trihexyphenidyl elixir .4MG/ML (ARTANE Equiv)	F	-
ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease		
ONGENTYS CAP 25MG, 50MG ***(opicapone)***	F	PA-QL QL= 1 tab/day, 30 tabs per fill
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG ***(carbidopa-levodopa)***	F	-
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
lithium carbonate cap (ESKALITH ER Equiv)	F	-
lithium carbonate ER tab 300MG, 450MG (LITHOBID Equiv)	F	-
lithium carbonate tab 300MG	F	-
LITHIUM CITRATE SOLN 8MEQ/5ML ***(lithium)***	F	-
lithium citrate soln	F	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EQUETRO CAP 100MG, 200MG, 300MG ***(carbamazepine (antipsychotic))***	F	-
ziprasidone cap 20MG, 40MG, 60MG, 80MG (GEODON Equiv)	F	-
BENZISOXAZOLES - Drugs to treat mood disorders		
paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG (INVEGA Equiv)	F	PA
RISPERIDONE ODT .25MG ***(risperidone)***	F	-
risperidone ODT .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	F	-
risperidone soln 1MG/ML (RISPERDAL Equiv)	F	-
risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL Equiv)	F	-
BUTYROPHENONES - Drugs to treat mood disorders		
haloperidol lactate conc 2MG/ML (HALDOL Equiv)	F	-
haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG (HALDOL Equiv)	F	-
DIBENZAPINES - Drugs to treat mood disorders		
CLOZAPINE ODT 150MG, 200MG ***(clozapine)***	F	-
CLOZAPINE ODT 12.5MG 12.5MG ***(clozapine)***	F	-
clozapine ODT 25mg, 100mg 100MG, 25MG (CLOZAPINE, FAZACLO Equiv)	F	-
CLOZAPINE ODT, FAZACLO ODT 12.5MG, 150MG, 200MG ***(clozapine)***	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
clozapine tab 100MG, 200MG, 25MG, 50MG (CLOZARIL Equiv)	F	-
loxapine cap 10MG, 25MG, 50MG, 5MG (LOXITANE Equiv)	F	-
olanzapine ODT 10MG, 15MG, 20MG, 5MG (ZYPREXA Equiv)	F	-
olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (ZYPREXA Equiv)	F	-
quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (SEROQUEL Equiv)	F	-
quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG (SEROQUEL XR Equiv)	F	-
PHENOTHIAZINES - Drugs to treat mood disorders		
chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG (THORAZINE Equiv)	F	-
fluphenazine tab 10MG, 1MG, 2.5MG, 5MG (PROLIXIN Equiv)	F	-
perphenazine tab 16MG, 2MG, 4MG, 8MG (TRILAFON Equiv)	F	-
prochlorperazine supp 25MG (COMPAZINE Equiv)	F	-
prochlorperazine tab 10MG, 5MG (COMPAZINE Equiv)	F	-
thioridazine tab 100MG, 10MG, 25MG, 50MG (MELLARIL Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
trifluoperazine tab 10MG, 1MG, 2MG, 5MG (STELAZINE Equiv)	F	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (ABILIFY Equiv)	F	-
THIOXANTHENES - Drugs to treat mood disorders		
thiothixene cap 10MG, 1MG, 2MG, 5MG (NAVANE Equiv)	F	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
abacavir soln 20MG/ML (ZIAGEN Equiv)	F	-
abacavir tab 300MG (ZIAGEN Equiv)	F	-
abacavir/lamivudine tab 300MG-600MG (EPZICOM Equiv)	F	-
abacavir/lamivudine/zidovudine tab 150MG-300MG (TRIZIVIR Equiv)	F	-
APTIVUS CAP 250MG ***(tipranavir)***	F	-
APTIVUS SOLN 100MG/ML ***(tipranavir)***	F	-
atazanavir cap 150MG, 200MG, 300MG (REYATAZ Equiv)	F	-
BIKTARVY TAB 25MG-50MG-200MG ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	F	QL QL= 1 tab/ day

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

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ST	Step Therapy	VAC	Vaccine Program		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG (TRUVADA Equiv)	$0	-
EMTRIVA SOLN 10MG/ML ***(emtricitabine)***	F	-
etravirine tab 100MG, 200MG (INTELENCE Equiv)	F	-
EVOTAZ TAB 150MG-300MG ***(atazanavir sulfate-cobicistat)***	F	-
fosamprenavir tab 700MG (LEXIVA Equiv)	F	-
FUZEON INJ 90MG ***(enfuvirtide)***	F	-
GENVOYA TAB 10MG-150MG-200MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)***	F	QL QL= 1 tab/day
INTELENCE TAB 100MG, 200MG, 25MG ***(etravirine)***	F	-
INVIRASE CAP 200MG ***(saquinavir mesylate)***	F	-
INVIRASE TAB 500MG ***(saquinavir mesylate)***	F	-
ISENTRESS (HD) TAB 400MG, 600MG ***(raltegravir potassium)***	F	-
ISENTRESS CHEW TAB 100MG, 25MG ***(raltegravir potassium)***	F	-
ISENTRESS POWDER PACK 100MG ***(raltegravir potassium)***	F	-
JULUCA TAB 25MG-50MG ***(dolutegravir sodium-rilpivirine hcl)***	F	QL QL= 1 tab/ day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
lamivudine soln 10MG/ML (EPIVIR Equiv)	F	-
lamivudine tab 150MG, 300MG (EPIVIR Equiv)	F	-
lamivudine/zidovudine tab 150MG-300MG (COMBIVIR Equiv)	F	-
LEXIVA SUSP 50MG/ML ***(fosamprenavir calcium)***	F	-
lopinavir/ritonavir soln 100MG/5ML-400MG/5ML (KALETRA Equiv)	F	-
lopinavir/ritonavir tab 25MG-100MG, 50MG-200MG (KALETRA Equiv)	F	-
NEVIRAPINE ER TAB 100MG 100MG ***(nevirapine)***	F	-
nevirapine ER tab 400mg 100MG, 400MG (VIRAMUNE XR Equiv)	F	-
NEVIRAPINE SUSP (VIRAMUNE Equiv) ***(nevirapine)***	F	-
nevirapine susp 50MG/5ML (VIRAMUNE Equiv)	F	-
nevirapine tab 200MG (VIRAMUNE Equiv)	F	-
NORVIR CAP 100MG ***(ritonavir)***	F	-
NORVIR POWDER PACK 100MG ***(ritonavir)***	F	-
NORVIR SOLN 80MG/ML ***(ritonavir)***	F	-
ODEFSEY TAB 25MG-200MG ***(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)***	F	QL QL= 1 tab/day
PIFELTRO TAB 100MG ***(doravirine)***	F	QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PREZCOBIX TAB 150MG-800MG ***(darunavir-cobicistat)***	F	-
PREZISTA SUSP 100MG/ML ***(darunavir ethanolate)***	F	-
PREZISTA TAB 150MG, 600MG, 75MG, 800MG ***(darunavir ethanolate)***	F	-
RESCRIPTOR TAB 100MG, 200MG ***(delavirdine mesylate)***	F	-
REYATAZ POWDER PACK 50MG ***(atazanavir sulfate)***	F	-
ritonavir tab 100MG (NORVIR Equiv)	F	-
RUKOBIA ER TAB 600MG ***(fostemsavir tromethamine)***	F	-
SELZENTRY SOLN 20MG/ML ***(maraviroc)***	F	-
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG ***(maraviroc)***	F	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (ZERIT Equiv) ***(stavudine)***	F	-
stavudine cap 15MG, 20MG, 30MG, 40MG (ZERIT Equiv)	F	-
stavudine soln (ZERIT Equiv)	F	-
STRIBILD TAB 150MG-200MG-300MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir df)***	F	QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYMTUZA TAB 10MG-150MG-200MG-800MG ***(darunavir-cobicistat-emtricitabine-tenofovir alafenamide)***	F	-
tenofovir disoproxil fumarate tab 300mg 300MG (VIREAD Equiv)	F	-
TIVICAY PD TAB 5MG ***(dolutegravir sodium)***	F	-
TIVICAY TAB 10MG, 25MG, 50MG ***(dolutegravir sodium)***	F	-
TRIUMEQ TAB 50MG-300MG-600MG ***(abacavir-dolutegravir-lamivudine)***	F	QL QL= 1 tab/day
VIDEX SOLN 2GM, 4GM ***(didanosine)***	F	-
VIRACEPT POWDER ***(nelfinavir mesylate)***	F	-
VIRACEPT TAB 250MG, 625MG ***(nelfinavir mesylate)***	F	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ***(tenofovir disoproxil fumarate)***	F	-
VITEKTA TAB ***(elvitegravir)***	F	-
zidovudine cap 100MG (RETROVIR Equiv)	F	-
zidovudine syrup 50MG/5ML (RETROVIR Equiv)	F	-
zidovudine tab 300MG (RETROVIR Equiv)	F	-
CMV AGENTS - Drugs to treat viral infections		
GANCICLOVIR CAP ***(ganciclovir)***	F	-
valganciclovir soln 50MG/ML (VALCYTE Equiv)	F	-
valganciclovir tab 450MG (VALCYTE Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HEPATITIS AGENTS - Drugs to treat viral infections		
adefovir dipivoxil tab 10MG (HEPSERA Equiv)	F	LMSP
entecavir tab .5MG, 1MG (BARACLUDE Equiv)	F	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML ***(lamivudine (hbv))***	F	-
lamivudine tab 100mg 100MG (EPIVIR HBV Equiv)	F	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG ***(ledipasvir-sofosbuvir)***	F	LMSP-PA-QL QL= 1 tab/ day
MAVYRET TAB 40MG-100MG ***(glecaprevir-pibrentasvir)***	F	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML ***(peginterferon alfa-2a)***	F	LMSP
PEG-INTRON INJ 50MCG/0.5ML ***(peginterferon alfa-2b)***	F	LMSP
REBETOL SOLN 40MG/ML ***(ribavirin (hepatitis c))***	F	LMSP
ribavirin cap 200MG (REBETOL Equiv)	F	LMSP
ribavirin tab 200MG (COPEGUS Equiv)	F	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG ***(sofosbuvir-velpatasvir)***	F	LMSP-PA-QL QL= 1 tab/ day
VEMLIDY TAB 25MG ***(tenofovir alafenamide fumarate)***	F	LMSP
VOSEVI TAB 100MG-400MG ***(sofosbuvir-velpatasvir-voxilaprevir)***	F	LMSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
acyclovir cap 200MG (ZOVIRAX Equiv)	F	-
acyclovir susp 200MG/5ML (ZOVIRAX Equiv)	F	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	F	-
valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)	F	-
INFLUENZA AGENTS - Drugs to treat viral infections		
oseltamivir cap 45MG, 75MG (TAMIFLU Equiv)	F	QL QL= 10 caps/fill
oseltamivir cap 30mg 30MG (TAMIFLU Equiv)	F	QL QL= 20 caps/fill
oseltamivir susp 6MG/ML (TAMIFLU Equiv)	F	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ***(zanamivir)***	F	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ***(rimantadine hydrochloride)***	F	-
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB 125MG ***(penicillamine)***	F	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ***(lenalidomide)***	F	KMSP-PA-QL QL= 1 cap/day
THALOMID CAP 100MG, 150MG, 200MG, 50MG ***(thalidomide)***	F	KMSP-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
azathioprine tab 50MG (IMURAN Equiv)	F	-
cyclosporine cap 100MG, 25MG (SANDIMMUNE Equiv)	F	-
cyclosporine modified cap 100MG, 25MG, 50MG (NEORAL Equiv)	F	-
cyclosporine modified soln 100MG/ML (NEORAL Equiv)	F	-
mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)	F	-
mycophenolate mofetil cap 250MG (CELLCEPT Equiv)	F	-
mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)	F	-
mycophenolate mofetil tab 500MG (CELLCEPT Equiv)	F	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML ***(cyclosporine)***	F	-
sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)	F	-
tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)	F	-
ZORTRESS TAB 1MG 1MG ***(everolimus (immunosuppressant))***	F	LMSP-PA
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
sodium polystyrene powder (KAYEXALATE Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML (SPS Equiv)	F	-
BETA BLOCKERS - Drugs to treat high blood pressure		
ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure		
carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG (COREG Equiv)	F	-
labetalol tab 100MG, 200MG, 300MG (NORMODYNE Equiv)	F	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
acebutolol cap 200MG, 400MG (SECTRAL Equiv)	F	-
atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)	F	-
bisoprolol tab 10MG, 5MG (ZEBETA Equiv)	F	-
BYSTOLIC TAB 10MG, 2.5MG, 20MG, 5MG ***(nebivolol hcl)***	F	-
metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)	F	-
metoprolol tab 100MG, 25MG, 50MG (LOPRESSOR Equiv)	F	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
nadolol tab (CORGARD Equiv)	F	-
pindolol tab 10MG, 5MG (VISKEN Equiv)	F	-
propranolol ER cap 120MG, 160MG, 60MG, 80MG (INDERAL LA Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PROPRANOLOL SOLN 20MG/5ML, 40MG/5ML ***(propranolol hcl)***	F	-
propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG (INDERAL Equiv)	F	-
sotalol AF tab 120MG, 160MG, 80MG (BETAPACE AF Equiv)	F	-
sotalol tab (BETAPACE Equiv)	F	-
timolol maleate tab 10MG, 20MG, 5MG (BLOCADREN Equiv)	F	-
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
amlodipine tab 10MG, 2.5MG, 5MG (NORVASC Equiv)	F	-
diltiazem ER cap 120MG, 60MG, 90MG (TIAZAC Equiv)	F	-
diltiazem tab 120MG, 30MG, 60MG, 90MG (CARDIZEM Equiv)	F	-
felodipine ER tab 10MG, 2.5MG, 5MG (PLENDIL Equiv)	F	-
nifedipine cap 10MG, 20MG (PROCARDIA Equiv)	F	-
nifedipine ER tab 30MG, 60MG, 90MG (ADALAT CC Equiv)	F	-
verapamil SR cap 120MG, 180MG, 200MG, 240MG (VERELAN Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VERAPAMIL SR CAP 360mg 360MG ***(verapamil hcl)***	F	-
verapamil tab 120MG, 40MG, 80MG (CALAN Equiv)	F	-
CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm		
CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm		
DIGOXIN SOLN .05MG/ML (LANOXIN Equiv) ***(digoxin)***	F	-
digoxin soln .05MG/ML (LANOXIN Equiv)	F	-
digoxin tab .125MG, .25MG, 125MCG, 250MCG (LANOXIN Equiv)	F	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		
amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (CADUET Equiv)	F	-
IMPOTENCE AGENTS - drugs to treat erectile dysfunction		
sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)	F	QL QL=6 tabs/30 days
tadalafil tab 10MG, 2.5MG, 20MG, 5MG (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TYVASO INH SOLN .6MG/ML ***(treprostinil)***	F	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML ***(iloprost)***	F	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension		
ambrisentan tab 10MG, 5MG (LETAIRIS Equiv)	F	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416
bosentan tab 125MG, 62.5MG (TRACLEER Equiv)	F	LD-QL-RS QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553
OPSUMIT TAB 10MG ***(macitentan)***	F	LD-PA-QL QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
TRACLEER TAB 32MG 32MG ***(bosentan)***	F	LD-PA-QL QL=4 tabs/day; Only available through Walgreens 888-347-3416
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sildenafil tab 20mg 20MG (REVATIO Equiv)	F	PA
tadalafil tab (PAH) 20MG (ADCIRCA Equiv)	F	LMSP-PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ***(selexipag)***	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG ***(riociguat)***	F	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
TRANSTHYRETIN STABILIZERS - drugs to treat heart problems due to transthyretin amyloidosis		
VYNDAMAX CAP 61MG ***(tafamidis)***	F	MSP-PA-QL QL= 1 cap/day
VYNDAQEL CAP 20MG ***(tafamidis meglumine (cardiac))***	F	MSP-PA-QL QL= 4 caps/day
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
cephalexin cap 250MG, 500MG (KEFLEX Equiv)	F	-
cephalexin susp 125MG/5ML, 250MG/5ML (KEFLEX Equiv)	F	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
cefuroxime susp (CEFTIN Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
cefuroxime tab 250MG, 500MG (CEFTIN Equiv)	F	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
cefdinir cap 300MG (OMNICEF Equiv)	F	-
cefdinir susp 125MG/5ML, 250MG/5ML (OMNICEF Equiv)	F	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
amethyst tab 20MCG-90MCG (LYBREL Equiv)	$0	-
ashlyna tab, daysee tab .03MG-.15MG (SEASONALE, SEASONIQUE Equiv)	$0	-
cryselle tab .3MG-30MCG	$0	-
enpresse tab (TRI-LEVELEN Equiv)	$0	-
gianvi tab, ocella tab .02MG-3MG, .03MG-3MG (YASMIN, YAZ Equiv)	$0	-
isibloom tab, enskyce tab, apri tab (DESOGEN Equiv)	$0	-
junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG (LOESTRIN FE Equiv)	$0	-
junel tab 1.5MG-30MCG, 1MG-20MCG (LOESTRIN Equiv)	$0	-
kelnor tab 1MG-35MCG, 1MG-50MCG (DEMULEN Equiv)	$0	-
layolis FE tab, wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG (FEMCON FE Equiv)	$0	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LO LOESTRIN TAB 1MG-10MCG-75MG ***(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))***	$0	-
NECON TAB ***(norethindrone-eth estradiol (biphasic))***	$0	-
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL Equiv)	$0	-
nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG (OVCON 35 Equiv)	$0	-
sprintec 28 tab .25MG-35MCG (ORTHO-CYCLEN Equiv)	$0	-
tri-legest tab 1MG-75MG (ESTROSTEP FE Equiv)	$0	-
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)	$0	-
TYBLUME TAB .1MG-20MCG ***(levonorgestrel & eth estradiol)***	$0	-
velivet tab (CYCLESSA Equiv)	$0	-
vienva tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG (ALESSE Equiv)	$0	-
viorele tab, kariva tab (MIRCETTE Equiv)	$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
zafemy patch 35MCG/24HR-150MCG/24HR (XULANE Equiv)	$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NUVARING .015MG/24HR-.12MG/24HR ***(etonogestrel-ethinyl estradiol)***	$0	-
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
ELLA TAB 30MG ***(ulipristal acetate)***	$0	-
levonorgestrel tab 1.5MG (PLAN B Equiv)	$0	OTC
LEVONORGESTREL TAB 0.75MG ***(levonorgestrel (emergency oc))***	$0	-
PLAN B TAB 1.5MG ***(levonorgestrel (emergency oc))***	$0	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy		
NEXPLANON IMPLANT 68MG ***(etonogestrel)***	EXC	-
PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones		
DEPO-PROVERA INJ 150MG/ML ***(medroxyprogesterone acetate (contraceptive))***	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
norethindrone tab .35MG (NORA-QD Equiv)	$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
budesonide SR cap 3MG (ENTOCORT EC Equiv)	F	-
DEXAMETHASONE CONC 1MG/ML ***(dexamethasone)***	F	-
dexamethasone elixir .5MG/5ML	F	-
DEXAMETHASONE SOLN .5MG/5ML ***(dexamethasone)***	F	-
dexamethasone tab (DECADRON Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrocortisone tab 10MG, 20MG, 5MG (CORTEF Equiv)	F	-
methylprednisolone dose pack 4MG (MEDROL Equiv)	F	-
methylprednisolone tab 16MG, 32MG, 4MG, 8MG (MEDROL Equiv)	F	-
prednisolone ODT 10MG, 15MG, 30MG (ORAPRED Equiv)	F	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG ***(prednisolone sodium phosphate)***	F	-
prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 5MG/5ML, 6.7MG/5ML (PEDIAPRED Equiv)	F	-
PREDNISOLONE SYRUP 15MG/5ML ***(prednisolone)***	F	-
prednisolone syrup 15MG/5ML	F	-
PREDNISONE SOLN 5MG/5ML ***(prednisone)***	F	-
prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG (DELTASONE Equiv)	F	-
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
fludrocortisone tab .1MG (FLORINEF Equiv)	F	-
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
benzonatate cap 100mg, 200mg 100MG, 200MG (TESSALON Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML (HYCODAN Equiv)	F	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
cetirizine/pseudoephedrine 12-hour tab 5MG-120MG (ZYRTEC Equiv)	F	OTC
guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML (BRONTEX Equiv)	F	OTC
GUAIFENESIN/CODEINE SYRUP 6.3MG/5ML-100MG/5ML ***(guaifenesin-codeine)***	F	OTC-QL QL= 240ml/fill
guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 6.3MG/5ML-100MG/5ML	F	OTC-QL QL= 240ml/fill
loratadine/pseudoephedrine 12-hour tab 5MG-120MG (CLARITIN-D Equiv)	F	OTC
loratadine/pseudoephedrine 24-hour tab 10MG-240MG (CLARITIN-D Equiv)	F	OTC
promethazine VC syrup 5MG/5ML-6.25MG/5ML (PHENERGAN VC Equiv)	F	-
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE Equiv)	F	-
promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)	F	-
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NEBUSAL NEB SOLN 3.5%, 6% ***(sodium chloride (inhalant))***	F	-
sodium chloride neb soln .9%, 10%, 3%, 7% (HYPER-SAL Equiv)	F	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
acetylcysteine soln 10%, 20% (MUCOMYST Equiv)	F	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
adapalene cream .1% (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
adapalene gel .1%, .3% (DIFFERIN Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 25MG, 30MG, 35MG, 40MG (ACCUTANE Equiv)	F	-
clindamycin gel 1% (CLEOCIN GEL Equiv)	F	-
clindamycin lotion 1% (CLEOCIN- T Equiv)	F	-
clindamycin pad 1% (CLEOCIN-T Equiv)	F	-
clindamycin topical soln 1% (CLEOCIN-T Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EPIDUO FORTE GEL .3%-2.5% ***(adapalene-benzoyl peroxide)***	F	PA Acne Only – members age 35 or older require Prior Authorization
ERY PAD 2% ***(erythromycin (acne aid))***	F	-
erythromycin gel 2%	F	-
erythromycin pad 2%	F	-
erythromycin soln 2%	F	-
sodium sulfacetamide/sulfur emulsion 10-5% 5% -10%	F	-
sodium sulfacetamide/sulfur wash 9-4.5% 4.5%-9%	F	-
tretinoin cream .025%, .05%, .1%	F	PA Acne Only – members age 35 or older require Prior Authorization
tretinoin gel .01%, .025%, .05%	F	PA Acne Only – members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses		
RENOVA CREAM .02%, .05% ***(tretinoin (facial wrinkles))***	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
gentamicin sulfate cream	F	-
gentamicin sulfate oint .1%	F	-
mupirocin oint 2% (BACTROBAN OINT Equiv)	F	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ciclopirox cream .77% (LOPROX CREAM Equiv)	F	-
ciclopirox gel .77% (LOPROX GEL Equiv)	F	-
ciclopirox nail soln 8% (PENLAC Equiv)	F	-
ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)	F	-
ciclopirox topical susp .77% (LOPROX SUSP Equiv)	F	-
clotrimazole/betamethasone cream .05%-1% (LORTRISONE CREAM Equiv)	F	-
clotrimazole/betamethasone lotion .05%-1% (LOTRISONE LOTION Equiv)	F	-
econazole cream 1% (SPECTAZOLE Equiv)	F	-
ketoconazole cream 2% (NIZORAL CREAM Equiv)	F	-
ketoconazole shampoo 2% (NIZORAL SHAMPOO Equiv)	F	-
NIZORAL A-D SHAMPOO 1% ***(ketoconazole (topical))***	EXC	OTC
nizoral a-d shampoo 1%	EXC	OTC
nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)	F	-
nystatin oint 100000UNIT/GM	F	-
nystatin topical powder 100000UNIT/GM	F	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
diclofenac gel 1% 1% (VOLTAREN Equiv)	F	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUOROPLEX CREAM 1%, 4% ***(fluorouracil (topical))***	F	-
fluorouracil cream 5% (EFUDEX CREAM Equiv)	F	-
FLUOROURACIL CREAM 0.5% .5% ***(fluorouracil (topical))***	F	-
FLUOROURACIL SOLN 2%, 5% ***(fluorouracil (topical))***	F	-
TARGRETIN GEL 1% ***(bexarotene (topical))***	F	LMSP-PA
VALCHLOR GEL .016% ***(mechlorethamine hcl (topical))***	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
ANTIPSORIATICS - Drugs to treat psoriasis		
8-MOP CAP ***(methoxsalen)***	F	LMSP
acitretin cap 10MG, 17.5MG, 25MG (SORIATANE Equiv)	F	LMSP
calcipotriene cream .005% (DOVONEX CREAM Equiv)	F	QL QL= 120gm/30 days
calcipotriene oint .005%	F	-
calcipotriene soln .005% (DOVONEX SOLN Equiv)	F	-
METHOXSALEN CAP 10MG (OXSORALEN ULTRA Equiv) ***(methoxsalen rapid)***	F	LMSP
methoxsalen cap 10MG (OXSORALEN ULTRA Equiv)	F	LMSP
SKYRIZI INJ 150MG/ML 150MG/ML ***(risankizumab-rzaa)***	F	LMSP-PA-QL QL= 1 inj/84 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML ***(risankizumab-rzaa)***	F	LMSP-PA-QL QL= 2 inj/84 days
TALTZ INJ 80MG/ML ***(ixekizumab)***	F	LMSP-PA-QL QL= 1 inj/28 days
tazarotene cream 0.1% .1% (TAZORAC Equiv)	F	-
TREMFYA INJ 100MG/ML ***(guselkumab)***	F	LMSP-PA-QL QL= 1 inj/56 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
selenium sulfide shampoo 2.25% (SELSEB Equiv)	F	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
acyclovir oint 5% (ZOVIRAX OINT Equiv)	F	-
BURN PRODUCTS - Drugs to treat burns		
silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)	F	-
SULFAMYLON CREAM 85MG/GM ***(mafenide acetate)***	F	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
alclometasone cream .05% (ACLOVATE Equiv)	F	-
alclometasone oint .05% (ACLOVATE OINT Equiv)	F	-
betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)	F	-
BETAMETHASONE AUGMENTED GEL .05% ***(betamethasone dipropionate augmented)***	F	-
betamethasone augmented gel	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
betamethasone augmented lotion .05% (DIPROLENE LOTION Equiv)	F	-
betamethasone augmented oint .05% (DIPROLENE OINT Equiv)	F	-
betamethasone diproprionate cream .05% (DIPROSONE CREAM Equiv)	F	-
betamethasone diproprionate lotion .05%	F	-
betamethasone diproprionate oint .05% (DIPROSONE OINT Equiv)	F	-
betamethasone valerate cream .1%	F	-
betamethasone valerate lotion .1%	F	-
betamethasone valerate oint .1%	F	-
clobetasol propionate cream .05% (TEMOVATE Equiv)	F	-
clobetasol propionate emollient cream .05% (TEMOVATE E Equiv)	F	-
clobetasol propionate gel .05% (TEMOVATE GEL Equiv)	F	-
clobetasol propionate oint .05% (TEMOVATE Equiv)	F	-
desoximetasone cream .25% (TOPICORT CREAM Equiv)	F	-
desoximetasone oint .25% (TOPICORT Equiv)	F	-
EPIFOAM AEROSOL 1% ***(pramoxine-hc)***	F	-
fluocinolone acetonide cream .01%, .025%	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
fluocinolone acetonide oint .025%	F	-
fluocinolone acetonide soln .01%	F	-
fluocinonide cream 0.05% .05% (LIDEX Equiv)	F	-
fluocinonide cream 0.1% .1% (VANOS CREAM Equiv)	F	-
fluocinonide emollient cream .05%	F	-
fluocinonide gel .05%	F	-
fluocinonide oint .05%	F	-
fluocinonide soln .05%	F	-
fluticasone propionate cream .05% (CUTIVATE Equiv)	F	-
fluticasone propionate oint .005% (CUTIVATE Equiv)	F	-
halobetasol propionate cream .05% (ULTRAVATE Equiv)	F	-
halobetasol propionate oint .05% (ULTRAVATE Equiv)	F	PA
hydrocortisone cream .5%, 1%, 2.5% (PROCTOCORT Equiv)	F	-
hydrocortisone lotion 1%, 2.5% (HYTONE Equiv)	F	-
hydrocortisone oint .5%, 1%, 2.5%	F	-
mometasone cream .1% (ELOCON Equiv)	F	-
mometasone oint .1% (ELOCON Equiv)	F	-
mometasone soln .1% (ELOCON Equiv)	F	-
PREDNICARBATE CREAM .1% ***(prednicarbate)***	F	-
PREDNICARBATE OIN .1% ***(prednicarbate)***	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
triamcinolone cream .025%, .1%, .5%	F	-
triamcinolone lotion .025%, .1%	F	-
triamcinolone oint .025%, .1%, .5%	F	-
U-CORT CREAM ***(hydrocortisone acetate-urea)***	F	-
ECZEMA AGENTS - Drugs to treat eczema		
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML ***(dupilumab)***	F	LMSP-PA-QL QL= 2 inj/ 28 days
DUPIXENT PEN INJ 200MG/1.14ML, 300MG/2ML ***(dupilumab)***	F	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
ammonium lactate lotion 10%, 12%, 5% (LAC-HYDRIN Equiv)	EXC	OTC
LACTIC ACID LOTION 10%, 5% ***(lactic acid (ammonium lactate))***	F	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM ***(collagenase)***	F	QL QL= 90gm/30 days
HAIR GROWTH AGENTS - drugs to grow hair		
finasteride tab 1MG (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - drugs to remove hair		
VANIQA CREAM 13.9% ***(eflornithine hcl)***	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
imiquimod cream 5% (ALDARA Equiv)	F	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tacrolimus oint .03%, .1% (PROTOPIC OINT Equiv)	F	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% ***(podophyllum resin)***	F	-
podofilox soln .5% (CONDYLOX Equiv)	F	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
lidocaine cream 3% 3%, 4% (LIDAMANTLE Equiv)	F	-
lidocaine gel 2% (XYLOCAINE Equiv)	F	-
lidocaine oint	F	QL QL= 107gm/30 days
lidocaine soln 4% (XYLOCAINE Equiv)	F	-
lidocaine/prilocaine cream 2.5% (EMLA Equiv)	F	-
MISC. TOPICAL - Miscellaneous topical products		
aluminum chloride soln (DRYSOL Equiv)	F	-
DRYSOL SOLN 20% ***(aluminum chloride)***	F	-
PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration		
hydroquinone cream 4% (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ***(fluocinolone-hydroquinone-tretinoin)***	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
azelaic acid gel 15% (FINACEA Equiv)	F	-
FINACEA PLUS KIT ***(azelaic acid w/ cleanser & moisturizing lotion)***	F	-
metronidazole cream .75% (METROCREAM Equiv)	F	-
metronidazole gel .75%, 1% (METROGEL Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
metronidazole lotion .75% (METROLOTION Equiv)	F	-
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
malathion lotion .5% (OVIDE Equiv)	F	QL
permethrin cream 5% (ELIMITE CREAM Equiv)	F	-
SPINOSAD SUSP .9% ***(spinosad)***	F	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% ***(becaplermin)***	F	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM ***(balsam peru-castor oil)***	F	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC PRODUCTS, MISC. - drugs to diagnose or monitor conditions		
FREESTYLE LITE TEST STRIP ***(glucose blood)***	F	OTC Limited to 50 strips per month for members not on diabetes medication
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
FREESTYLE INSULINX TEST STRIP ***(glucose blood)***	F	OTC Limited to 50 strips per month for members not on diabetes medication
FREESTYLE PRECISION NEO TEST STRIP ***(glucose blood)***	F	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
FREESTYLE TEST STRIP ***(glucose blood)***	F	OTC Limited to 50 strips per month for members not on diabetes medication
KETO-DIASTIX TEST STRIP ***(urine glucose-ketones test)***	F	OTC
KETOSTIX ***(acetone (urine) test)***	F	OTC
PRECISION XTRA TEST STRIP ***(glucose blood)***	F	OTC Limited to 50 strips per month for members not on diabetes medication
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
INFANT FOODS		
INFANT FORMULA LIQUID ***(infant foods)***	F	OTC-PA
INFANT FORMULA POWDER ***(infant foods)***	F	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID ***(nutritional supplements)***	F	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER ***(nutritional supplements)***	F	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ***(pancrelipase (lipase-protease-amylase))***	F	-
DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure		
acetazolamide ER cap 500MG (DIAMOX SEQUEL Equiv)	F	-
acetazolamide tab	F	-
methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)	F	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
amiloride/hydrochlorothiazide tab 5MG-50MG (MODURETIC Equiv)	F	-
spironolactone/hydrochlorothiazide tab 25MG (ALDACTAZIDE Equiv)	F	-
triamterene/hydrochlorothiazide cap 25MG-37.5MG (DYAZIDE Equiv)	F	-
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg ***(triamterene & hydrochlorothiazide)***	F	-
triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG (MAXZIDE Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
bumetanide tab .5MG, 1MG, 2MG (BUMEX Equiv)	F	-
ethacrynic tab 25MG (EDECRIN Equiv)	F	-
FUROSEMIDE SOLN 8MG/ML (LASIX Equiv) ***(furosemide)***	F	-
furosemide soln 10MG/ML (LASIX Equiv)	F	-
furosemide tab 20MG, 40MG, 80MG (LASIX Equiv)	F	-
torsemide tab 100MG, 10MG, 20MG, 5MG (DEMADEX Equiv)	F	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
amiloride tab 5MG (MIDAMOR Equiv)	F	-
spironolactone tab 100MG, 25MG, 50MG (ALDACTONE Equiv)	F	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB 250MG, 500MG ***(chlorothiazide)***	F	-
chlorothiazide tab 500MG	F	-
CHLORTHALIDONE TAB ***(chlorthalidone)***	F	-
DIURIL SUSP 250MG/5ML ***(chlorothiazide)***	F	-
hydrochlorothiazide cap 12.5MG (MICROZIDE Equiv)	F	-
hydrochlorothiazide tab 12.5MG, 25MG, 50MG (HYDRODIURIL Equiv)	F	-
indapamide tab 1.25MG, 2.5MG (LOZOL Equiv)	F	-

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metolazone tab 10MG, 2.5MG, 5MG (ZAROXOLYN Equiv)	F	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
alendronate tab 10MG, 35MG, 5MG, 70MG (FOSAMAX Equiv)	F	-
ALENDRONATE TAB 40MG 40MG, 5MG ***(alendronate sodium)***	F	-
calcitonin nasal spray 200UNIT/ACT (MIACALCIN Equiv)	F	-
FORTEO INJ 620MCG/2.48ML ***(teriparatide (recombinant))***	F	LMSP
ibandronate tab 150mg 150MG (BONIVA Equiv)	F	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG ***(parathyroid hormone (recombinant))***	F	LD-PA Only available through Walgreens 888-347-3416
risedronate tab 150MG, 30MG, 35MG, 5MG (ACTONEL Equiv)	F	ST Step Therapy requires trial of alendronate
TYMLOS INJ 3120MCG/1.56ML ***(abaloparatide)***	F	LMSP
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		

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ORILISSA TAB 150MG 150MG ***(elagolix sodium)***	F	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG ***(elagolix sodium)***	F	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ***(pegvisomant)***	F	LD-PA Only available through Walgreens 888-347-3416
GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution		
EGRIFTA INJ 1MG, 2MG ***(tesamorelin acetate)***	EXC	-
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 12MG, 1MG, 2MG, 5MG ***(somatropin)***	F	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
raloxifene tab 60MG (EVISTA Equiv)	$0	Covered at $0 for women 35 years or older; All other members covered at generic copay
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones		
INCRELEX INJ 40MG/4ML ***(mecasermin)***	F	MSP
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
SYNAREL NASAL SOLN 2MG/ML ***(nafarelin acetate)***	F	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
calcitriol cap .25MCG, .5MCG (ROCALTROL Equiv)	F	-
calcitriol soln 1MCG/ML (ROCALTROL Equiv)	F	-
cinacalcet tab 30MG, 60MG, 90MG (SENSIPAR Equiv)	F	LMSP
doxercalciferol cap .5MCG, 1MCG, 2.5MCG (HECTOROL Equiv)	F	-
levocarnitine soln 1GM/10ML (CARNITOR Equiv)	F	-
levocarnitine tab 330MG (CARNITOR Equiv)	F	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML ***(pegvaliase-pqpz)***	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
paricalcitol cap 1MCG, 2MCG, 4MCG (ZEMPLAR Equiv)	F	-
sapropterin dihydrochloride powder packet 100MG, 500MG (KUVAN Equiv)	F	LMSP-PA
sapropterin dihydrochloride soluble tab 100MG (KUVAN Equiv)	F	LMSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ***(asfotase alfa)***	F	LD-PA Only available through PantherRx Pharmacy 855-726-8479
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
desmopressin acetate inj 4MCG/ML (DDAVP Equiv)	F	-
desmopressin acetate tab .1MG, .2MG (DDAVP Equiv)	F	-

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desmopressin nasal soln (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML ***(desmopressin acetate)***	F	LMSP
PROLACTIN INHIBITORS - Drugs to regulate hormones		
cabergoline tab .5MG (DOSTINEX Equiv)	F	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML (SANDOSTATIN Equiv)	F	LMSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ***(pasireotide diaspartate)***	F	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG ***(tolvaptan)***	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG ***(tolvaptan)***	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG (ACTIVELLA Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
jinteli tab .5MG-2.5MCG, 1MG-5MCG (FEMHRT Equiv)	F	-
ORIAHNN CAP .5MG-1MG-300MG ***(elagolix sodium-estradiol-norethindrone acetate)***	F	PA-QL QL= 2 caps/day
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ***(conjugated estrogens-medroxyprogesterone acetate)***	F	-
ESTROGENS - Drugs used for contraception		
estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (VIVELLE-DOT Equiv)	F	-
estradiol tab .5MG, 1MG, 2MG (ESTRACE Equiv)	F	-
estradiol valerate inj 20MG/ML, 40MG/ML	F	-
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ***(estrogens, conjugated)***	F	-
FLUOROQUINOLONES - Drugs to treat bacterial infections		
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ciprofloxacin susp 250MG/5ML, 500MG/5ML (CIPRO Equiv)	F	-
ciprofloxacin tab 250MG, 500MG, 750MG (CIPRO Equiv)	F	-
levofloxacin soln 25MG/ML (LEVAQUIN Equiv)	F	-
levofloxacin tab 250MG, 500MG, 750MG (LEVAQUIN Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
moxifloxacin tab 400MG (AVELOX Equiv)	F	-
ofloxacin tab 400MG (FLOXIN Equiv)	F	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - drugs to treat constipation		
TRULANCE TAB 3MG ***(plecanatide)***	F	PA
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG ***(cholic acid)***	F	LD-PA Only available through Dohmen LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG ***(obeticholic acid)***	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
ursodiol cap 300MG (ACTIGALL Equiv)	F	-
ursodiol tab 250MG, 500MG (URSO (FORTE) Equiv)	F	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
cromolyn conc 100MG/5ML (GASTROCROM Equiv)	F	-
GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions		
metoclopramide soln 10MG/10ML, 5MG/5ML (REGLAN Equiv)	F	-
metoclopramide tab (REGLAN Equiv)	F	-
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
balsalazide cap 750MG (COLAZAL Equiv)	F	-
CIMZIA INJ 200MG, 200MG/ML ***(certolizumab pegol)***	F	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ***(certolizumab pegol)***	F	LMSP-PA-QL QL= 1 kit/plan year
mesalamine enema 4GM (ROWASA Equiv)	F	-
mesalamine ER cap .375GM (APRISO Equiv)	F	-
mesalamine supp 1000MG (CANASA Equiv)	F	-
sulfasalazine EC tab 500MG (AZULFIDINE Equiv)	F	-
sulfasalazine tab 500MG (AZULFIDINE Equiv)	F	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
lactulose soln 10GM/15ML	F	-
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
SYMPROIC TAB .2MG ***(naldemedine tosylate)***	F	PA
SYMPROIC TAB .2MG ***(naldemedine tosylate)***	F	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
calcium acetate cap 667MG (PHOSLO Equiv)	F	-
FOSRENOL POWDER PACK 1000MG, 750MG ***(lanthanum carbonate)***	F	-
lanthanum carbonate chew tab 1000MG, 500MG, 750MG (FOSRENOL Equiv)	F	-
PHOSLYRA SOLN 667MG/5ML ***(calcium acetate (phosphate binder))***	F	-

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sevelamer powder pak .8GM, 2.4GM (RENVELA Equiv)	F	-
sevelamer tab 800MG (RENVELA TAB Equiv)	F	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG ***(potassium citrate-citric acid)***	F	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ***(pot & sod citrates w/citric ac)***	F	-
ORACIT SOLN 490MG/5ML-640MG/5ML ***(sodium citrate & citric acid)***	F	-
potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG (UROCIT-K TAB Equiv)	F	-
potassium citrate/citric acid powder pack 1002MG-3300MG (POLYCITRA Equiv)	F	-
potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML (POLYCITRA-K Equiv)	F	-
sodium citrate/citric acid soln 334MG/5ML-500MG/5ML (BICITRA Equiv)	F	-
tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML (POLYCITRA-LC Equiv)	F	-
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		

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ST	Step Therapy	VAC	Vaccine Program		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYSTAGON CAP 150MG, 50MG ***(cysteamine bitartrate)***	F	LD-PA Only available through CVS Specialty 800-238-7828
GENITOURINARY IRRIGANTS - Drugs to treat the urinary system		
sodium chloride 0.9% irr soln .9%	F	-
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		
ELMIRON CAP 100MG ***(pentosan polysulfate sodium)***	F	-
PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate		
alfuzosin SR tab 10MG (UROXATRAL Equiv)	F	-
dutasteride cap .5MG (AVODART Equiv)	F	-
finasteride tab 5MG (PROSCAR Equiv)	F	-
tamsulosin cap .4MG (FLOMAX Equiv)	F	-
URINARY ANALGESICS - Drugs to treat urinary pain		
phenazopyridine tab 100MG, 200MG (PYRIDIUM Equiv)	F	-
GOUT AGENTS - Drugs to treat gout		
GOUT AGENT COMBINATIONS - Drugs to treat gout		
colchicine/probenecid tab .5MG-500MG (COL-BENEMID Equiv)	F	-
GOUT AGENTS - Drugs to treat gout		
allopurinol tab (ZYLOPRIM Equiv)	F	-
colchicine tab .6MG (COLCRYS Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
febuxostat tab 40MG, 80MG (ULORIC Equiv)	F	ST Step Therapy requires trial of allopurinol
URICOSURICS - Drugs to treat gout		
probenecid tab 500MG (BENEMID Equiv)	F	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML ***(emicizumab-kxwh)***	F	LMSP-PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders		
TAVALISSE TAB 100MG, 150MG ***(fostamatinib disodium)***	F	LD-PA-QL-SF QL= 2 tab/day; Only available through Biologics 800-850-4306
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		
pentoxifylline ER tab 400MG (TRENTAL Equiv)	F	-
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
anagrelide cap .5MG, 1MG (AGRYLIN Equiv)	F	-
CABLIVI INJ KIT 11MG ***(caplacizumab-yhdp)***	F	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
cilostazol tab 100MG, 50MG (PLETAL Equiv)	F	-
clopidogrel tab 75mg 75MG (PLAVIX Equiv)	F	-
dipyridamole tab 25MG, 50MG, 75MG (PERSANTINE Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
prasugrel tab 10MG, 5MG (EFFIENT Equiv)	F	-
ticlopidine tab (TICLID Equiv)	F	-
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG ***(eliglustat tartrate)***	F	MSP-PA
miglustat cap 100MG (ZAVESCA Equiv)	F	LD-PA Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG ***(hydroxyurea (sickle cell anemia))***	F	-
ENDARI POWDER PACK 5GM ***(glutamine (sickle cell))***	F	LMSP-PA-QL QL= 6 packets/day
COBALAMINS - Drugs to treat vitamin deficiency		
cyanocobalamin inj 1000MCG/ML	F	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
folic acid tab 1mg 1MG	$0	Covered at $0 for females only; All other members covered at generic copay
folic acid tab 400mcg 400MCG	$0	OTC Covered for females only
folic acid tab 800mcg 800MCG	$0	OTC Covered for females only
HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DOPTELET TAB 20MG ***(avatrombopag maleate)***	F	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML ***(pegfilgrastim-jmdb)***	F	LMSP
NEUMEGA INJ ***(oprelvekin)***	F	LMSP
NIVESTYM INJ 300MCG/0.5ML, 480MCG/0.8ML ***(filgrastim-aafi)***	F	LMSP
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG ***(eltrombopag olamine)***	F	LMSP-PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ***(epoetin alfa-epbx)***	F	LMSP
RETACRIT INJ 40000UNIT/ML ***(epoetin alfa-epbx)***	F	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ***(filgrastim-sndz)***	F	LMSP
ZIEXTENZO INJ 6MG/0.6ML ***(pegfilgrastim-bmez)***	F	LMSP
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
ferrex 150 forte cap	F	-
folbee tab 1MG-2.5MG-25MG	F	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG ***(fe asparto gly-succinic acd-vit c-threonic acd-vit b12-fa)***	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG ***(fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa)***	F	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG ***(fe asparto gly-succin ac-c-threonic ac-b12-des stom subst)***	F	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG ***(ferrous fumarate w/ fa-dss-b complex-vit c)***	F	-
tricon cap .5MG-15MCG-75MG-110MG-240MG (TRINSICON Equiv)	F	-
IRON - Drugs to treat iron deficiency		
ferrous sulfate elixir 220MG/5ML	$0	OTC Covered for members 1 year or younger
FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML ***(ferrous sulfate)***	$0	OTC Covered for members 1 year or younger
ferrous sulfate soln 15MG/ML	$0	OTC Covered for members 1 year or younger

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ferrous sulfate syrup 300MG/5ML (FERROUS SULFATE Equiv)	$0	OTC Covered for members 1 year or younger
IRON SUSP ***(iron)***	$0	OTC Covered for members 1 year or younger
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
aminocaproic acid soln .25GM/ML (AMICAR Equiv)	F	-
aminocaproic acid syrup (AMICAR Equiv)	F	-
aminocaproic acid tab 1000MG, 500MG (AMICAR Equiv)	F	-
tranexamic acid tab 650MG (LYSTEDA Equiv)	F	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
zolpidem tab 10MG, 5MG (AMBIEN Equiv)	F	QL QL= 1 tab/day
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		
diphenhydramine cap 50mg 50MG (BENADRYL Equiv)	F	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
phenobarbital elixir 20MG/5ML	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG	F	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
estazolam tab 1MG, 2MG (PROSOM Equiv)	F	-
eszopiclone tab 1MG, 2MG, 3MG (LUNESTA Equiv)	F	QL QL= 1 tab/day
FLURAZEPAM CAP 15MG, 30MG ***(flurazepam hcl)***	F	-
temazepam cap 15mg 15MG (RESTORIL Equiv)	F	-
temazepam cap 30mg 30MG (RESTORIL Equiv)	F	-
triazolam tab .125MG, .25MG (HALCION Equiv)	F	-
zaleplon cap 10MG, 5MG (SONATA Equiv)	F	-
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
CLENPIQ SOLN 3.5GM/160ML-10MG/160ML-12GM/160ML ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	F	-
GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	$0	QL Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM ***(peg 3350-potassium chloride-sod bicarbonate-sod chloride)***	$0	QL Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
peg 3350/electrolytes soln 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (COLYTE Equiv)	$0	QL Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
trilyte soln 1.48GM-5.72GM-11.2GM-420GM (NULYTELY Equiv)	$0	QL Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
lactulose soln	F	-
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
azithromycin susp 100MG/5ML, 200MG/5ML (ZITHROMAX Equiv)	F	-
azithromycin tab 250MG, 500MG, 600MG (ZITHROMAX Equiv)	F	-
CLARITHROMYCIN - Drugs to treat bacterial infections		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML ***(clarithromycin)***	F	-
clarithromycin susp 125MG/5ML, 250MG/5ML (BIAXIN Equiv)	F	-
clarithromycin tab 250MG, 500MG (BIAXIN Equiv)	F	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN EC CAP 250MG ***(erythromycin base)***	F	-
erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML (ERYPED Equiv)	F	-
erythromycin stearate tab 250MG	F	-
FIDAXOMICIN - drugs to treat infections		
DIFICID SUSP 40MG/ML ***(fidaxomicin)***	F	QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
DIFICID TAB 200MG ***(fidaxomicin)***	F	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
CERVICAL CAP ***(cervical caps)***	$0	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIAPHRAGM 2% ***(diaphragm wide seal)***	$0	-
FEMALE CONDOMS ***(condoms - female)***	$0	OTC
DIABETIC SUPPLIES - Devices to assist with diabetes		
CALIBRATION LIQUID ***(blood glucose calibration)***	F	OTC
FREESTYLE FREEDOM LITE METER ***(blood glucose monitoring supplies)***	$0	OTC
FREESTYLE INSULINX METER ***(blood glucose monitoring supplies)***	$0	OTC
FREESTYLE LIBRE 2 RECEIVER ***(continuous blood glucose system receiver)***	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR ***(continuous blood glucose system sensor)***	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER ***(continuous blood glucose system receiver)***	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY) ***(continuous blood glucose system sensor)***	F	PA-QL QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY) ***(continuous blood glucose system sensor)***	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LITE METER ***(blood glucose monitoring supplies)***	$0	OTC
FREESTYLE PRECISION NEO METER ***(blood glucose monitoring supplies)***	$0	OTC
LANCET KIT ***(lancets misc.)***	F	OTC
LANCETS ***(lancets)***	F	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PRECISION XTRA METER ***(blood glucose monitoring supplies)***	$0	OTC
V-GO INJ KIT ***(insulin infusion disposable pump)***	F	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% ***(alcohol swabs)***	F	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D INSULIN SYRINGE U-500 ***(insulin syringe/needle u-500)***	F	-
B-D PEN AUTOSHIELD DUO PEN NEEDLE ***(insulin pen needle)***	F	OTC
TECHLITE INSULIN SYRINGE ***(insulin syringe/needle u-100)***	F	OTC
TECHLITE PEN NEEDLE ***(insulin pen needle)***	F	OTC
TRUEPLUS INSULIN SYRINGE ***(insulin syringe/needle u-100)***	F	OTC
TRUEPLUS PEN NEEDLE ***(insulin pen needle)***	F	-
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER ***(spacer/aerosol-holding chambers)***	F	OTC
PEAK FLOW METER ***(peak flow meter)***	F	OTC
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NURTEC ODT 75MG ***(rimegepant sulfate)***	F	PA-QL QL= 8 tabs/30 days, 6 fills/year
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ 140MG/ML, 70MG/ML ***(erenumab-aooe)***	F	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ***(galcanezumab-gnlm)***	F	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML ***(galcanezumab-gnlm)***	F	PA-QL QL= 3 inj/fill, 6 fills/year
UBRELVY TAB 100MG, 50MG ***(ubrogepant)***	F	PA-QL QL= 10 tabs/30 days, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		
REYVOW TAB 100MG, 50MG ***(lasmiditan succinate)***	F	PA-QL QL= 8 tabs/30 days, 6 fills/year
rizatriptan ODT 10MG, 5MG (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab 10MG, 5MG (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
sumatriptan inj 4MG/0.5ML, 6MG/0.5ML (IMITREX Equiv)	F	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ***(sumatriptan succinate)***	F	QL QL= 4 inj/fill, 2 fills/30 days
sumatriptan tab 100MG, 25MG, 50MG (IMITREX Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
zolmitriptan tab 2.5MG, 5MG (ZOMIG Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
FLUOR-A-DAY CHEW TAB .25MG-236.79MG, 1MG-236.79MG ***(sodium fluoride-xylitol)***	F	-
sodium fluoride chew tab .25MG, .5MG, 1MG, 2.2MG (LURIDE Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE LOZENGE 1MG ***(sodium fluoride)***	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
sodium fluoride soln .125MG/DROP, .5MG/ML (LURIDE Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
SODIUM FLUORIDE TAB .5MG, 1MG ***(sodium fluoride)***	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
PHOSPHATE - Drugs to treat electrolyte deficiency		
K-PHOS TAB 500MG ***(potassium phosphate monobasic)***	F	-
phospha 250 neutral tab (K-PHOS NEUTRAL Equiv)	F	-
POTASSIUM - Drugs to treat electrolyte disorders		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
potassium bicarbonate effer tab 25MEQ, 2GM-2.5GM (K-LYTE Equiv)	F	-
potassium chloride ER cap 10MEQ, 8MEQ (MICRO-K Equiv)	F	-
potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ (K-TAB Equiv)	F	-
potassium chloride micro tab 10MEQ, 20MEQ (K-DUR Equiv)	F	-
potassium chloride powder packet 20MEQ (KLOR-CON Equiv)	F	-
potassium chloride soln 10%, 20%	F	-
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG ***(zinc acetate (oral))***	F	-
zinc sulfate cap 220MG	F	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
penicillamine tab 250MG (DEPEN TITRATAB Equiv)	F	-
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ENSPRYNG INJ 120MG/ML ***(satralizumab-mwge)***	F	LMSP-PA-QL QL= 1 inj/28 days
everolimus tab 0.25mg, 0.5mg, 0.75mg .25MG, .5MG, .75MG (ZORTRESS Equiv)	F	LMSP-PA

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LUPKYNIS CAP 7.9MG ***(voclosporin)***	F	LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
sirolimus soln 1MG/ML (RAPAMUNE Equiv)	F	-
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM ***(sodium zirconium cyclosilicate)***	F	LMSP-PA
SPS SUSP 15GM/60ML ***(sodium polystyrene sulfonate)***	F	-
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML ***(belimumab)***	F	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ***(belimumab)***	F	LMSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
LIDOCAINE ORAL SOLN 4% 4% ***(lidocaine hcl (mouth-throat))***	F	-
lidocaine viscous soln 2%	F	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		
clotrimazole troches 10MG (MYCELEX TROCHES Equiv)	F	-
nystatin susp 100000UNIT/ML	F	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 9/1/2021

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
chlorhexidine gluconate soln (PERIDEX Equiv)	F	-
DENTAL PRODUCTS - Drugs to prevent cavities		
sodium fluoride cream 1.1% (PREVIDENT Equiv)	$0	Covered at $0 for members 5 years or younger; All other members covered at generic copay
sodium fluoride gel 1.1% (PREVIDENT Equiv)	F	-
sodium fluoride paste 1.1% (PREVIDENT Equiv)	F	-
sodium fluoride rinse .02%, .022%, .05%, .2% (PREVIDENT Equiv)	F	-
sodium fluoride/potassium nitrate paste 1.1%-5% (PREVIDENT Equiv)	F	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
triamcinolone in orabase paste .1% (KENALOG/ORABASE Equiv)	F	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
cevimeline cap 30MG (EVOXAC Equiv)	F	-
pilocarpine tab 5MG, 7.5MG (SALAGEN Equiv)	F	-
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
DIALYVITE TAB ***(b-complex w/ c-biotin-e-minerals & folic acid)***	F	-
DIALYVITE/ZINC TAB ***(b-complex w/ c-zn & folic acid)***	F	-

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FOLBEE PLUS CZ TAB ***(b-complex w/ c-biotin-minerals & folic acid)***	F	-
renaphro cap (NEPHROCAP Equiv)	F	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
multivitamin/minerals tab (STROVITE Equiv)	F	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
pediatric multiple vitamins/fluoride/iron soln	F	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS ***(pediatric multivitamins w/fl)***	F	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG ***(pediatric multivitamins w/fl)***	F	-
MULTIVITAMIN/FLOURIDE CHEW 1MG ***(pediatric multivitamins w/fl)***	F	-
MULTIVITAMIN/FLUORIDE CHEW TAB ***(pediatric multivitamins w/fl)***	F	-
pediatric multiple vitamins/fluoride chew tab	F	-
pediatric multiple vitamins/fluoride soln	F	-
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) ***(prenatal vit w/ ferrous fumarate-folic acid)***	F	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		

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baclofen tab 10MG, 20MG, 5MG (BACLOFEN Equiv)	F	-
carisoprodol tab 350MG (SOMA Equiv)	F	QL QL=120 tabs/30 days
chlorzoxazone tab 500mg 500MG	F	-
cyclobenzaprine tab 10mg 10MG (FLEXERIL Equiv)	F	-
cyclobenzaprine tab 5mg 5MG (FLEXERIL Equiv)	F	-
methocarbamol tab 500MG, 750MG (ROBAXIN Equiv)	F	-
tizanidine tab 2MG, 4MG (ZANAFLEX Equiv)	F	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
dantrolene cap 100MG, 25MG, 50MG (DANTRIUM Equiv)	F	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		
ALCOHOL SWABS 62% ***(alcohol (nasal))***	F	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
azelastine nasal spray 0.1% .1%, 137MCG/SPRAY (ASTELIN Equiv)	F	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
ipratropium nasal spray .03%, .06% (ATROVENT Equiv)	F	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
fluticasone nasal spray 50MCG/ACT (FLONASE Equiv)	F	QL QL= 2 bottles/fill

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triamcinolone OTC nasal spray 55MCG/ACT (NASACORT Equiv)	F	OTC-QL QL= 2 bottles/fill
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		
ALS AGENTS - Drugs to treat ALS		
riluzole tab 50MG (RILUTEK Equiv)	F	-
SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy		
EVRYSDI SOLN .75MG/ML ***(risdiplam)***	F	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN ***(medium chain triglycerides)***	F	OTC-PA
MCT OIL ***(medium chain triglycerides)***	F	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG ***(creatine)***	F	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET ***(citrulline)***	F	OTC-PA
phlexy-10 tab	F	OTC-PA
pro-stat liquid	F	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
COMBIGAN OPHTH SOLN .2%-.5% ***(brimonidine tartrate-timolol maleate)***	F	-

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dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML (COSOPT Equiv)	F	-
LEVOBUNOLOL OPHTH SOLN .5% (BETAGAN Equiv) ***(levobunolol hcl)***	F	-
levobunolol ophth soln .5% (BETAGAN Equiv)	F	-
timolol maleate ophth gel .25%, .5% (TIMOPTIC-XE Equiv)	F	-
timolol maleate ophth soln .25%, .5% (TIMOPTIC Equiv)	F	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
atropine ophth oint 1%	F	-
atropine ophth soln (ISOPTO ATROPINE Equiv)	F	-
CYCLOMYDRIL OPHTH SOLN .2%-1% ***(cyclopentolate w/ phenylephrine)***	F	-
cyclopentolate ophth soln .5%, 1%, 2% (CYCLOGYL Equiv)	F	-
HOMATROPINE OPHTH SOLN 5% (ISOPTO HOMATROPINE Equiv) ***(homatropine hbr)***	F	-
homatropine ophth soln 5% (ISOPTO HOMATROPINE Equiv)	F	-
ISOPTO HYOSCINE OPHTH SOLN ***(scopolamine hbr (ophth))***	F	-

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phenylephrine ophth soln 10%, 2.5% (MYDFRIN Equiv)	F	-
tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)	F	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN ***(carbachol (ophth))***	F	-
PHOSPHOLINE OPHTH SOLN .125% ***(echothiophate iodide)***	F	-
pilocarpine ophth soln 1%, 2%, 4% (ISOPTO CARPINE Equiv)	F	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
apraclonidine ophth soln .5% (IOPIDINE Equiv)	F	-
brimonidine ophth soln 0.15% .15% (ALPHAGAN P 0.15% Equiv)	F	-
brimonidine ophth soln 0.2% .2%	F	-
IOPIDINE OPHTH SOLN 1% 1% ***(apraclonidine hcl)***	F	-
SIMBRINZA OPHTH SUSP .2%-1% ***(brinzolamide-brimonidine tartrate)***	F	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
AZASITE SOLN 1% ***(azithromycin (ophth))***	F	-
BACITRACIN OPHTH OINT 500UNIT/GM ***(bacitracin (ophthalmic))***	F	-

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bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM (NEOSPORIN Equiv)	F	-
bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM (POLYSPORIN Equiv)	F	-
ciprofloxacin ophth soln .3% (CILOXAN Equiv)	F	-
erythromycin ophth oint 5MG/GM	F	-
GENTAK OPHTH OINT .3% ***(gentamicin sulfate (ophth))***	F	-
gentamicin ophth oint (GARAMYCIN Equiv)	F	-
gentamicin ophth soln .3% (GARAMYCIN Equiv)	F	-
levofloxacin ophth soln .5% (QUIXIN Equiv)	F	-
moxifloxacin ophth soln .5% (VIGAMOX OPHTH SOLN Equiv)	F	-
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML ***(neomycin-polymyxin-gramicidin)***	F	-
ofloxacin ophth soln .3% (OCUFLOX Equiv)	F	-
polymyxin b/trimethoprim ophth soln .1% -10000UNIT/ML (POLYTRIM Equiv)	F	-
sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)	F	-
tobramycin ophth soln (TOBREX Equiv)	F	-

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TRIFLURIDINE OPHTH SOLN 1% ***(trifluridine)***	F	-
trifluridine ophth soln 1%	F	-
ZIRGAN OPHTH GEL .15% ***(ganciclovir ophthalmic)***	F	-
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
RESTASIS OPHTH EMULSION .05% ***(cyclosporine (ophth))***	F	RS Restricted to Ophthalmology or Optometry Specialist
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
proparacaine ophth soln .5% (ALCAINE Equiv)	F	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1% -3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)	F	-
DEXAMETHASONE OPHTH SOLN .1% ***(dexamethasone sodium phosphate (ophth))***	F	-
dexamethasone ophth soln	F	-
DUREZOL OPHTH EMULSION .05% ***(difluprednate)***	F	-
fluorometholone ophth soln (FML LIQUIFILM Equiv)	F	-
LOTEMAX OPHTH GEL .5% ***(loteprednol etabonate)***	F	-
LOTEMAX OPHTH OINT .5% ***(loteprednol etabonate)***	F	-
loteprednol etabonate ophth gel .5% (LOTEMAX Equiv)	F	-
loteprednol ophth susp .5% (LOTEMAX Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MAXIDEX OPHTH SOLN .1%, 9% ***(dexamethasone (ophth))***	F	-
neomycin/polymyxin/dexamethasone ophth oint .1% -3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)	F	-
neomycin/polymyxin/dexamethasone ophth soln .1% -3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)	F	-
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML ***(neomycin-polymyxin-hc (ophth))***	F	-
PRED MILD OPHTH SOLN .12% ***(prednisolone acetate (ophth))***	F	-
PRED-G OPHTH SOLN .3%-1% ***(gentamicin-prednisolone acetate)***	F	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	F	-
PREDNISOLONE OPHTH SUSP 1% ***(prednisolone acetate (ophth))***	F	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ***(prednisolone sodium phosphate (ophth))***	F	-
sulfacetamide sodium/prednisolone ophth soln .23% -10% (VASOCIDIN Equiv)	F	-
TOBRADEX OPHTH OINT .1%-.3% ***(tobramycin-dexamethasone)***	F	-

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tobramycin/dexamethasone ophth soln .1%-.3% (TOBRADEX Equiv)	F	-
VEXOL OPHTH SUSP ***(rimexolone)***	F	-
ZYLET OPHTH SUSP .3%-.5% ***(loteprednol etabonate-tobramycin)***	F	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		
ALAMAST OPHTH SOLN ***(pemirolast potassium)***	F	-
ALOCRIL OPHTH SOLN 2% ***(nedocromil sodium (ophth))***	F	-
ALOMIDE OPHTH SOLN .1% ***(lodoxamide tromethamine)***	F	-
azelastine ophth soln .05% (OPTIVAR Equiv)	F	-
brinzolamide ophth susp 1% (AZOPT Equiv)	F	-
bromfenac ophth soln .09% (BROMDAY Equiv)	F	-
cromolyn ophth soln 4% (CROLOM Equiv)	F	-
CYSTADROPS SOLN .37% ***(cysteamine hcl)***	F	LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007

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CYSTARAN OPHTH SOLN .44% ***(cysteamine hcl)***	F	LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
diclofenac sodium ophth soln .1% (VOLTAREN Equiv)	F	-
dorzolamide ophth soln 2% (TRUSOPT Equiv)	F	-
FLURBIPROFEN OPHTH SOLN .03% (OCUFEN Equiv) ***(flurbiprofen sodium)***	F	-
flurbiprofen ophth soln .03% (OCUFEN Equiv)	F	-
ILEVRO OPHTH SUSP .3% ***(nepafenac)***	F	-
ketorolac ophth soln .4%, .5% (ACULAR (LS) Equiv)	F	-
ketotifen ophth soln .025% (ZADITOR Equiv)	F	OTC OTC covered only
NEVANAC OPHTH SUSP .1% ***(nepafenac)***	F	-
olopatadine ophth soln 0.1% .1% (PATANOL Equiv)	F	-
olopatadine ophth soln 0.2% .2% (PATADAY Equiv)	F	QL QL= 2.5ml/30 days
PROLENSA OPHTH SOLN .07% ***(bromfenac sodium (ophth))***	F	-
UPNEEQ SOLN .1% ***(oxymetazoline hcl (blepharoptosis))***	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		

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ST	Step Therapy	VAC	Vaccine Program		

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
bimatoprost ophth soln .03%	F	QL QL= 2.5ml/30 days
latanoprost ophth soln .005% (XALATAN Equiv)	F	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% ***(bimatoprost)***	F	QL QL= 2.5ml/30 days
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		
acetic acid otic soln 2% (VOSOL Equiv)	F	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		
CIPROFLOXACIN OTIC SOLN .2% ***(ciprofloxacin hcl (otic))***	F	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
ciprofloxacin/dexamethasone otic susp .1%-.3% (CIPRODEX Equiv)	F	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML ***(neomycin-colistin-hc-thonzonium)***	F	-
neomycin/polymixin/hydrocoritisone otic soln 1% -3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	F	-
neomycin/polymixin/hydrocoritisone otic susp 1% -3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)	F	-
OTIC STEROIDS - Drugs to treat ear swelling		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
acetic acid/hydrocortisone otic soln 1%-2% (VOSOL HC Equiv)	F	-
fluocinolone otic oil .01% (DERMOTIC Equiv)	F	-
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		
methylergonovine tab .2MG (METHERGINE Equiv)	F	QL QL= 28 tabs/fill, 1 fill/365 days
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human) subcutaneous)***	F	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML ***(immune globulin (human)-hyaluronidase (human recombinant))***	F	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human) subcutaneous)***	F	KMSP-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human)-klhw)***	F	LD-PA Only available through CVS Specialty 800-237-2767
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		
amoxicillin cap 250MG, 500MG (TRIMOX Equiv)	F	-
AMOXICILLIN CHEW TAB 125MG, 250MG ***(amoxicillin)***	F	-
amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML (TRIMOX Equiv)	F	-
amoxicillin tab 500MG, 875MG (AMOXIL Equiv)	F	-
ampicillin cap (PRINCIPEN Equiv)	F	-
ampicillin susp (PRINCIPEN Equiv)	F	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
penicillin vk soln (VEETIDS Equiv)	F	-
penicillin vk tab 250MG, 500MG (VEETIDS Equiv)	F	-
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
amoxicillin/clavulanate chew tab (AUGMENTIN Equiv)	F	-
amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML (AUGMENTIN ES Equiv)	F	-

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amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG (AUGMENTIN Equiv)	F	-
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
dicloxacillin cap 250MG, 500MG (DYNAPEN Equiv)	F	-
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES ***(polyethylene glycol 8000)***	F	-
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
hydroxyprogesterone inj 250MG/ML (MAKENA Equiv)	F	LMSP-PA
medroxyprogesterone tab 10MG, 2.5MG, 5MG (PROVERA Equiv)	F	-
norethindrone tab 5MG (AYGESTIN Equiv)	F	-
progesterone cap 100MG, 200MG (PROMETRIUM Equiv)	F	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency		
acamprosate calcium DR tab 333MG (CAMPRAL Equiv)	F	-
DISULFIRAM TAB (ANTABUSE Equiv) ***(disulfiram)***	F	-

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disulfiram tab 250MG, 500MG (ANTABUSE Equiv)	F	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
XYREM SOLN 500MG/ML ***(sodium oxybate)***	F	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		
donepezil ODT 10MG, 5MG (ARICEPT Equiv)	F	QL QL= 1 tab/day
donepezil tab 10MG, 5MG (ARICEPT Equiv)	F	QL QL= 2 tabs/day
donepezil tab 23mg 23MG (ARICEPT Equiv)	F	QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
galantamine ER cap 16MG, 24MG, 8MG (RAZADYNE ER Equiv)	F	-
galantamine tab 12MG, 4MG, 8MG (RAZADYNE Equiv)	F	-
memantine ER cap 14MG, 21MG, 28MG, 7MG (NAMENDA XR Equiv)	F	ST Step Therapy requires trial of memantine tab
memantine soln 10MG/5ML, 2MG/ML (NAMENDA Equiv)	F	-
memantine tab 10MG, 5MG (NAMENDA Equiv)	F	-

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rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG (EXELON Equiv)	F	-
rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (EXELON Equiv)	F	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG ***(chlordiazepoxide-amitriptyline)***	F	-
olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (SYMBYAX Equiv)	F	-
PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG, 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG ***(perphenazine-amitriptyline)***	F	-
FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain		
SAVELLA PAK ***(milnacipran hcl)***	F	-
SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ***(milnacipran hcl)***	F	QL QL= 2 tabs/day
MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders		
INGREZZA CAP 40MG, 60MG, 80MG ***(valbenazine tosylate)***	F	LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585
tetrabenazine tab 12.5MG, 25MG (XENAZINE Equiv)	F	LMSP-PA

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)		
AUBAGIO TAB 14MG, 7MG ***(teriflunomide)***	F	LMSP
AVONEX INJ 30MCG/0.5ML ***(interferon beta-1a)***	F	LMSP
dalfampridine ER tab 10MG (AMPYRA Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
dimethyl fumarate DR cap 120MG, 240MG (TECFIDERA Equiv)	F	LMSP
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK Equiv)	F	LMSP
EXTAVIA INJ .3MG ***(interferon beta-1b)***	F	LMSP
GILENYA CAP .25MG, .5MG ***(fingolimod hcl)***	F	LMSP-QL QL= 1 cap/day
glatiramer inj 20MG/ML, 40MG/ML (COPAXONE Equiv)	F	LMSP
KESIMPTA INJ 20MG/0.4ML ***(ofatumumab (ms))***	F	LMSP
MAYZENT TAB .25MG, 2MG ***(siponimod fumarate)***	F	LMSP
MAYZENT TAB STARTER PACK .25MG ***(siponimod fumarate)***	F	LMSP
PLEGRIDY INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	F	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML ***(peginterferon beta-1a)***	F	LMSP
ZEPOSIA CAP .92MG ***(ozanimod hcl)***	F	LMSP-PA-QL QL= 1 cap/day

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ZEPOSIA STARTER PACK ***(ozanimod hcl)***	F	LMSP-PA-QL QL= 1 cap/day
PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUEDEXTA CAP 10MG-20MG ***(dextromethorphan hbr-quinidine sulfate)***	F	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psyotherapeutic and neurological drugs		
PIMOZIDE TAB 1MG, 2MG ***(pimozide)***	F	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
bupropion SR tab (ZYBAN Equiv)	$0	QL-SMKG Limited to 180 days/plan year
CHANTIX PAK ***(varenicline tartrate)***	$0	QL-SMKG Limited to 168 days/plan year
CHANTIX TAB .5MG, 1MG ***(varenicline tartrate)***	$0	QL-SMKG Limited to 168 days/plan year
nicotine gum 2MG, 4MG (NICORETTE Equiv)	$0	OTC-QL-SMKG Limited to 180 days/plan year
NICOTINE KIT ***(nicotine)***	$0	OTC-QL-SMKG
nicotine lozenge 2MG, 4MG (COMMIT Equiv)	$0	OTC-QL-SMKG Limited to 180 days/plan year
nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR (NICODERM Equiv)	$0	OTC-QL-SMKG Limited to 182 days/plan year
NICOTROL INHALER 10MG ***(nicotine)***	$0	QL-SMKG Limited to 180 days/plan year

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NICOTROL NASAL SPRAY 10MG/ML ***(nicotine)***	$0	QL-SMKG Limited to 180 days/plan year
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML ***(inotersen sodium)***	F	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 25MG, 50MG, 75MG ***(ivacaftor)***	F	KMSP-PA-QL-SF QL= 2 packets/day
KALYDECO TAB 150MG ***(ivacaftor)***	F	KMSP-PA-QL-SF QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG ***(lumacaftor-ivacaftor)***	F	KMSP-PA-QL-SF QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG ***(lumacaftor-ivacaftor)***	F	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 1MG/ML ***(dornase alfa)***	F	LMSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ***(tezacaftor-ivacaftor)***	F	KMSP-PA-QL-SF QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG ***(elexacaftor-tezacaftor-ivacaftor)***	F	KMSP-PA-QL QL= 84 tabs/28 days
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ESBRIET CAP 267MG ***(pirfenidone)***	F	LMSP-PA-QL-SF QL= 9 caps/day
ESBRIET TAB 267MG 267MG ***(pirfenidone)***	F	LMSP-PA-QL-SF QL= 9 tabs/day
ESBRIET TAB 801MG 801MG ***(pirfenidone)***	F	LMSP-PA-QL-SF QL= 3 tabs/day
OFEV CAP 100MG, 150MG ***(nintedanib esylate)***	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Walgreens 888-347-3416
SULFONAMIDES - Drugs to treat bacterial infections		
SULFONAMIDES - Drugs to treat infection		
SULFADIAZINE TAB 500MG ***(sulfadiazine)***	F	-
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
doxycycline hyclate cap 100MG, 50MG (VIBRAMYCIN Equiv)	F	-
doxycycline hyclate tab 100MG, 20MG (VIBRATAB Equiv)	F	-
doxycycline monohydrate cap 100mg 100MG (MONODOX Equiv)	F	-
doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)	F	-
doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
doxycycline susp 25MG/5ML (VIBRAMYCIN Equiv)	F	-
minocycline cap 100MG, 50MG, 75MG (MINOCIN Equiv)	F	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
methimazole tab (TAPAZOLE Equiv)	F	-
propylthiouracil tab 50MG	F	-
THYROID HORMONES - Drugs to regulate thyroid hormones		
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 ***(thyroid)***	F	-
liothyronine tab 25MCG, 50MCG, 5MCG (CYTOMEL Equiv)	F	-
np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)	F	-
SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG ***(levothyroxine sodium)***	F	-
THYROLAR TAB 120MG, 15MG, 180MG, 30MG, 60MG ***(liotrix (t3-t4))***	F	-
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTISPASMODICS - Drugs to treat diarrhea		
dicyclomine cap 10MG (BENTYL Equiv)	F	-
dicyclomine soln 10MG/5ML (BENTYL Equiv)	F	-
dicyclomine tab 20MG (BENTYL Equiv)	F	-
glycopyrrolate tab 1MG, 2MG (ROBINUL Equiv)	F	-
hyoscyamine sulfate CR tab .375MG (LEVBID Equiv)	F	-
hyoscyamine sulfate elixir .125MG/5ML (LEVSIN Equiv)	F	-
hyoscyamine sulfate ODT .125MG (ANASPAZ Equiv)	F	-
hyoscyamine sulfate SL tab .125MG (LEVSIN Equiv)	F	-
hyoscyamine sulfate SR cap (LEVSINEX Equiv)	F	-
hyoscyamine tab .125MG (LEVSIN Equiv)	F	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
famotidine susp 40MG/5ML (PEPCID Equiv)	F	-
famotidine tab 10MG, 20MG, 40MG (PEPCID Equiv)	F	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
sucralfate tab 1GM (CARAFATE Equiv)	F	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
lansoprazole cap 15MG, 30MG (PREVACID Equiv)	F	Rx Only
omeprazole DR cap 10MG, 20MG, 40MG (PRILOSEC Equiv)	F	-
pantoprazole EC tab 20MG, 40MG (PROTONIX Equiv)	F	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
misoprostol tab 100MCG, 200MCG (CYTOTEC Equiv)	F	-
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
ZEGERID CAP OTC 20MG-1100MG ***(omeprazole-sodium bicarbonate)***	F	OTC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
sucralfate susp 1GM/10ML (CARAFATE Equiv)	F	-
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)	F	-
oxybutynin syrup 5MG/5ML	F	-
oxybutynin tab 5MG (DITROPAN Equiv)	F	-
OXYTROL PATCH (OTC) 3.9MG/24HR ***(oxybutynin)***	F	OTC
solifenacin tab 10MG, 5MG (VESICARE Equiv)	F	-
tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)	F	-
tolterodine tab 1MG, 2MG (DETROL Equiv)	F	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG ***(mirabegron)***	F	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
bethanechol tab 10MG, 25MG, 50MG, 5MG (URECHOLINE Equiv)	F	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VACCINES - Drugs to prevent infection		
BACTERIAL VACCINES - Drugs to prevent infection		
PNEUMOVAX INJ 25MCG/0.5ML ***(pneumococcal vac polyvalent)***	$0	VAC
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine)***	$0	PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
VIVOTIF CAP ***(typhoid vaccine)***	F	QL-VAC QL= 4 caps/fill
VIRAL VACCINES - Drugs to prevent infection		
AFLURIA INJ ***(influenza virus vaccine split preservative free)***	$0	VAC
AFLURIA INJ, FLUZONE INJ ***(influenza virus vaccine split)***	$0	VAC
COVID-19 VACCINE INJ (JANSSEN) .5ML ***(covid-19 (sars-cov-2) adenovirus vaccine)***	$0	QL QL= 1 dose/365 days
COVID-19 VACCINE INJ (MODERNA) 100MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/24 days; limit 2 fills/12 months
COVID-19 VACCINE INJ (PFIZER) 30MCG/0.3ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/17 days; limit 2 fills/12 months

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUAD INJ ***(influenza virus vaccine types a & b surface antigen adjuvant)***	$0	VAC
FLUAD QUAD INJ .5ML ***(influenza virus vacc types a & b surf antigen adjuvant quad)***	$0	VAC
FLUBLOK INJ ***(influenza virus vaccine recombinant hemagglutinin (ha))***	$0	VAC
FLUBLOK QUAD PF INJ ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	$0	VAC
FLUCELVAX INJ ***(influenza virus vaccine tissue-cultured subunit)***	$0	VAC
FLUCELVAX QUAD INJ ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	$0	VAC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	VAC
FLUMIST QUADRIVALENT NASAL SUSP ***(influenza virus vaccine live quadrivalent)***	$0	VAC
FLUVIRIN INJ ***(influenza virus vaccine types a & b surface antigen)***	$0	VAC
FLUVIRIN PF INJ ***(influenza virus vaccine types a & b preservative free)***	$0	VAC
FLUZONE HD PF INJ ***(influenza virus vac split high-dose quad preservative free)***	$0	VAC
FLUZONE HIGH DOSE PF INJ ***(influenza virus vaccine split high-dose preservative free)***	$0	VAC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUZONE INTRADERMAL INJ ***(influenza virus vaccine split)***	$0	VAC
FLUZONE QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	VAC
FLUZONE/FLUARIX QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	VAC
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders		
ACIDIC VAGINAL JELLY ***(acetic acid vaginal)***	F	-
SPERMICIDES - Drugs to prevent pregnancy		
CONTRACEPTIVE FILM 28% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE FOAM 12.5% ***(nonoxynol-9)***	$0	OTC
CONTRACEPTIVE GEL 2%, 3%, 4% ***(nonoxynol-9)***	$0	OTC
TODAY SPONGE 1000MG ***(nonoxynol-9)***	$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
clindamycin vaginal cream 2% (CLEOCIN Equiv)	F	-
metronidazole vaginal gel .75% (METROGEL Equiv)	F	-
NYSTATIN VAGINAL TAB ***(nystatin vaginal)***	F	-
terconazole cream .4%, .8% (TERAZOL Equiv)	F	-
TERCONAZOLE CREAM 0.8% .8% ***(terconazole vaginal)***	F	-
terconazole supp 80MG (TERAZOL Equiv)	F	-
VAGINAL ESTROGENS - Drugs to treat low hormones		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
estradiol cream .1MG/GM (ESTRACE Equiv)	F	-
estradiol vaginal tab, yuvafem vaginal tab 10MCG (VAGIFEM Equiv)	F	QL QL= 8 tabs/28 days, 18 tabs on first fill
ESTRING 2MG ***(estradiol vaginal)***	F	-
PREMARIN VAGINAL CREAM .625MG/GM ***(estrogens, conjugated vaginal)***	F	-
VAGINAL PROGESTINS - Drugs to treat low hormones		
CRINONE GEL 4%, 8% ***(progesterone (vaginal))***	F	PA
ENDOMETRIN INSERT 100MG ***(progesterone (vaginal))***	F	PA
VASOPRESSORS - Drugs to treat heart and circulation conditions		
ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions		
epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML (EPIPEN (JR) Equiv)	F	QL QL= 2 inj/fill
SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML ***(epinephrine (anaphylaxis))***	F	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
midodrine tab 10MG, 2.5MG, 5MG (PROAMATINE Equiv)	F	-
VITAMINS - Drugs to treat vitamin deficiency		
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)	F	-
vitamin D cap 1.25MG, 50000UNIT	F	RX strength only
vitamin D cap 1000unit 1000UNIT, 25MCG	$0	OTC

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

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Other

8-MOP CAP 90

A

abacavir soln 68
abacavir tab 68
abacavir/lamivudine tab 68
abacavir/lamivudine/zidovudine tab 68
abiraterone tab 250mg 54
acamprosate calcium DR tab 137
acarbose tab 29
acebutolol cap 77
acetaminophen/codeine soln 11
acetaminophen/codeine tab 11
acetazolamide ER cap 98
acetazolamide tab 98
acetic acid otic soln 134
acetic acid/hydrocortisone otic soln 135
acetylcysteine soln 87
ACIDIC VAGINAL JELLY 149
acitretin cap 90
ACTEMRA ACTPEN INJ 5
ACTEMRA SC INJ 5
ACTIMMUNE INJ 51
acyclovir cap 75
acyclovir oint 91
acyclovir susp 75
acyclovir tab 75
adapalene cream 87
adapalene gel 87
adapalene/benzoyl peroxide gel 0.1-2.5% 87
adefovir dipivoxil tab 74
ADEMPAS TAB 81
ADVAIR DISKUS INHALER 18
ADVAIR HFA INHALER 18
AEROCHAMBER 118
AFINITOR DISPERZ 56
AFLURIA INJ 147
AFLURIA INJ, FLUZONE INJ 147
AIMOVIG INJ 119
AKYNZEO CAP 38
ALAMAST OPHTH SOLN 132
albuterol neb soln 18
albuterol sulfate ER tab 19
albuterol sulfate syrup 19
albuterol sulfate tab 19
albuterol/ipratropium neb soln 19
alclometasone cream 91
alclometasone oint 91
ALCOHOL SWABS 118
ALECENSA CAP 56
alendronate tab 100
ALENDRONATE TAB 40MG 100
ALFERON-N INJ 51
alfuzosin SR tab 108
ALINIA SUSP 47
allopurinol tab 108
ALOCRIL OPHTH SOLN 132
ALOGLIPTIN TAB 32
ALOGLIPTIN-METFORMIN TAB 30
ALOGLIPTIN-PIOGLITAZONE TAB 30
ALOMIDE OPHTH SOLN 132
alprazolam tab 15
aluminum chloride soln 95
ALUNBRIG TAB 30MG 57
ALUNBRIG TAB 90MG, 180MG 57
amantadine cap 64
amantadine syrup 64
amantadine tab 64
ambrisentan tab 80
amethyst tab 82
amiloride tab 99

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amiloride/hydrochlorothiazide tab 98
aminocaproic acid soln 113
aminocaproic acid syrup 113
aminocaproic acid tab 113
aminophylline tab 20
amiodarone tab 16
amitriptyline tab 29
amlodipine tab 78
amlodipine/atorvastatin tab 79
amlodipine/benazepril cap 44
amlodipine/olmesartan tab 45
amlodipine/valsartan tab 45
amlodipine/valsartan/hydrochlorothiazide tab 45
ammonium lactate lotion 94
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 87
AMOXAPINE TAB 29
amoxicillin cap 136
AMOXICILLIN CHEW TAB 136
amoxicillin susp 136
amoxicillin tab 136
amoxicillin/clavulanate chew tab 136
amoxicillin/clavulanate susp 136
amoxicillin/clavulanate tab 500-125mg, 875-125mg 137
amphetamine/dextroamphetamine ER cap 1
amphetamine/dextroamphetamine tab 1
ampicillin cap 136
ampicillin susp 136
anagrelide cap 109
anastrozole tab 54
ANDRODERM PATCH 12
ANORO ELLIPTA INHALER 19
apraclonidine ophth soln 128
aprepitant cap 38
aprepitant pak 38
APTIVUS CAP 68
APTIVUS SOLN 68
aripiprazole tab 68
armodafinil tab 3
ARMOUR THYROID TAB, NATURE THROID TAB 144
ARNUITY ELLIPTA INHALER 17
ashlyna tab, daysee tab 82
ASMANEX HFA INHALER 18
ASMANEX INHALER 18
aspirin chew tab 81mg 8
aspirin ec tab 325mg 8
aspirin ec tab 81mg 8
aspirin tab 325mg 8
aspirin tab 81mg 8
atazanavir cap 68
atenolol tab 77
atenolol/chlorthalidone tab 45
atorvastatin tab 10mg 41
atorvastatin tab 20mg 41
atorvastatin tab 40mg 41
atorvastatin tab 80mg 41
atovaquone susp 47
atovaquone/proguanil tab 49
atropine ophth oint 127
atropine ophth soln 127
ATROVENT HFA INHALER 17
AUBAGIO TAB 140
AVANDAMET TAB 30
AVANDARYL TAB 30
AVANDIA TAB 35
AVONEX INJ 140
AYVAKIT TAB 56
AZASITE SOLN 128

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azathioprine tab 76
azelaic acid gel 95
azelastine nasal spray 0.1% 125
azelastine ophth soln 132
azithromycin susp 115
azithromycin tab 115

B

BACITRACIN OPHTH OINT 128
bacitracin/neomycin/polymyxin b ophth oint 129
bacitracin/polymyxin b ophth oint 129
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint 130
baclofen tab 125
balsalazide cap 106
BALVERSA TAB 3MG 57
BALVERSA TAB 4MG 57
BALVERSA TAB 5MG 57
BAQSIMI NASAL POWDER 31
BASAGLAR INJ 33
B-D INSULIN SYRINGE U-500 118
B-D PEN AUTOSHIELD DUO PEN NEEDLE 118
benazepril tab 43
BENAZEPRIL/HCT TAB 45
benazepril/hydrochlorothiazide tab 45
BENLYSTA AUTO-INJECTOR 122
BENLYSTA INJ 122
BENZNIDAZOLE TAB 14
benzonatate cap 100mg, 200mg 85
benztropine tab 64
betamethasone augmented cream 91
betamethasone augmented gel 91
betamethasone augmented lotion 92
betamethasone augmented oint 92
betamethasone diproprionate cream 92
betamethasone diproprionate lotion 92
betamethasone diproprionate oint 92
betamethasone valerate cream 92
betamethasone valerate lotion 92
betamethasone valerate oint 92
bethanechol tab 146
bexarotene cap 63
bicalutamide tab 54
BIKTARVY TAB 68
bimatoprost ophth soln 134
bisoprolol tab 77
bisoprolol/hydrochlorothiazide tab 45
bosentan tab 80
BOSULIF TAB 57
BRAFTOVI CAP 75MG 57
BREO ELLIPTA INHALER 19
BREZTRI AEROSPHERE INHALER 19
brimonidine ophth soln 0.15% 128
brimonidine ophth soln 0.2% 128
brinzolamide ophth susp 132
bromfenac ophth soln 132
bromocriptine cap 64
bromocriptine tab 64
BRUKINSA CAP 57

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budesonide inh susp 18
budesonide SR cap 84
bumetanide tab 99
buprenorphine SL tab 12
buprenorphine/naloxone sl film 12
buprenorphine/naloxone SL tab 12
bupropion ER tab 27
bupropion SR tab 141
bupropion tab 27
bupropion XL tab 27
buspirone tab 15
butorphanol nasal spray 12
BYDUREON BCISE AUTO INJ 32
BYDUREON INJ 32
BYDUREON PEN INJ 32
BYSTOLIC TAB 77

C

cabergoline tab 103
CABLIVI INJ KIT 109
CABOMETYX TAB 57
calcipotriene cream 90
calcipotriene oint 90
calcipotriene soln 90
calcitonin nasal spray 100
calcitriol cap 102
calcitriol soln 102
calcium acetate cap 106
CALIBRATION LIQUID 117
CALQUENCE CAP 58
capecitabine tab 52
CAPRELSA TAB 58
captopril tab 43
carbamazepine chew tab 22
carbamazepine ER cap 22
carbamazepine ER tab 22
carbamazepine susp 22
carbamazepine tab 22
carbidopa tab 63
carbidopa/levodopa ER tab 64
CARBIDOPA/LEVODOPA ODT 64
carbidopa/levodopa tab 64
CARBIDOPA/LEVODOPA/ENTACAPONE TAB 64
carisoprodol tab 125
carvedilol tab 77
CAYSTON INH SOLN 48
cefdinir cap 82
cefdinir susp 82
cefuroxime susp 81
cefuroxime tab 82
celecoxib cap 6
CELONTIN CAP 26
cephalexin cap 81
cephalexin susp 81
CERDELGA CAP 110
CERVICAL CAP 116
cetirizine syrup 40
cetirizine tab 40
cetirizine/pseudoephedrine 12-hour tab 86
cevimeline cap 123
CHANTIX PAK 141
CHANTIX TAB 141
CHEMET CAP 36
chlordiazepoxide cap 15
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 139
chlorhexidine gluconate soln 123
chloroquine tab 49
CHLOROQUINE TAB 500MG 49
CHLOROTHIAZIDE TAB 99
chlorpheniramine ER cap 39
chlorpromazine tab 67
chlorpropamide tab 35
CHLORTHALIDONE TAB 99
chlorzoxazone tab 500mg 125
CHOLBAM CAP 105

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cholestyramine lite powder	41	citalopram tab	27	clotrimazole/betamethasone lotion	89
cholestyramine lite powder pack	41	CITRULLINE PACKET	126	CLOZAPINE ODT	66
cholestyramine powder	41	CLARITHROMYC SUSP	116	CLOZAPINE ODT 12.5MG	66
cholestyramine powder pack	41	clarithromycin susp	116	clozapine ODT 25mg, 100mg	66
CHOLINE MAGNESIUM TRISALICYLATE TAB	9	clarithromycin tab	116	CLOZAPINE ODT, FAZACLO ODT	66
ciclopirox cream	89	CLENPIQ SOLN	114	clozapine tab	67
ciclopirox gel	89	clindamycin cap	48	CODEINE SULFATE TAB 15MG	9
ciclopirox nail soln	89	clindamycin gel	87	codeine sulfate tab 15mg, 30mg	9
ciclopirox shampoo	89	clindamycin lotion	87	codeine sulfate tab 60mg	9
ciclopirox topical susp	89	clindamycin pad	87	colchicine tab	108
cilostazol tab	109	clindamycin topical soln	87	colchicine/probenecid tab	108
CIMDUO TAB	69	clindamycin vaginal cream	149	colesevelam pack	41
CIMZIA INJ	106	clobazam tab	21	colesevelam tab	41
CIMZIA STARTER INJ KIT	106	clobetasol propionate cream	92	colestipol tab	41
cinacalcet tab	102	clobetasol propionate emollient cream	92	COLY-MYCIN S OTIC SUSP	134
ciprofloxacin ophth soln	129	clobetasol propionate gel	92	COMBIGAN OPHTH SOLN	126
CIPROFLOXACIN OTIC SOLN	134	clobetasol propionate oint	92	COMBIVENT INHALER	19
ciprofloxacin susp	104	clonazepam tab	22	COMBIVENT RESPIMAT INHALER	19
ciprofloxacin tab	104	clonidine ER tab	2	COMETRIQ KIT	58
ciprofloxacin/dexamethasone otic susp	134	clonidine patch	44		
citalopram soln	27	clonidine tab	44		
		clopidogrel tab 75mg	109		
		clotrimazole troches	122		
		clotrimazole/betamethasone cream	89		

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COMPLERA TAB 69
CONTRACEPTIVE FILM 149
CONTRACEPTIVE FOAM 149
CONTRACEPTIVE GEL 149
CONTRAVE TAB 2
COPIKTRA CAP 58
COTELLIC TAB 58
COVID-19 VACCINE INJ (JANSSEN) 147
COVID-19 VACCINE INJ (MODERNA) 147
COVID-19 VACCINE INJ (PFIZER) 147
CREATINE PACKET 5000MG 126
CREON CAP 98
CRINONE GEL 150
CRIXIVAN CAP 69
cromolyn conc 105
cromolyn neb soln 17
cromolyn ophth soln 132
cryselle tab 82
cyanocobalamin inj 110
cyclobenzaprine tab 10mg 125
cyclobenzaprine tab 5mg 125
CYCLOMYDRIL OPHTH SOLN 127
cyclopentolate ophth soln 127
cyclophosphamide cap 52
CYCLOPHOSPHAMIDE TAB 52
cyclosporine cap 76
cyclosporine modified cap 76
cyclosporine modified soln 76
cyproheptadine syrup 40
cyproheptadine tab 40
CYSTADROPS SOLN 132
CYSTAGON CAP 108
CYSTARAN OPHTH SOLN 133
CYTRA K CRYSTALS 107
CYTRA-3 SYRUP 107

D

dalfampridine ER tab 140
danazol cap 12
dantrolene cap 125
dapsone tab 48
deferasirox granules packet 37
deferasirox tab 37
deferasirox tab 180mg 37
deferasirox tab 90mg, 360mg 37
deferiprone tab 37
DELSTRIGO TAB 69
DEPO-PROVERA INJ 84
DESCOVY TAB 69
desipramine tab 29
desmopressin acetate inj 102
desmopressin acetate tab 102
desmopressin nasal soln 103
desoximetasone cream 92
desoximetasone oint 92
desvenlafaxine ER tab 28
DEXAMETHASONE CONC 84
dexamethasone elixir 84
dexamethasone ophth soln 130
DEXAMETHASONE SOLN 84
dexamethasone tab 84
dexmethylphenidate ER cap 3
dexmethylphenidate tab 3
dextroamphetamine ER cap 1
dextroamphetamine tab 1
DIACOMIT CAP 22
DIACOMIT POWDER PACK 22
DIALYVITE TAB 123
DIALYVITE/ZINC TAB 123
DIAPHRAGM 117

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DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 22
diazepam conc 15
diazepam oral soln 5mg/5ml 15
diazepam tab 2mg, 10mg 15
diazepam tab 5mg 15
diclofenac gel 1% 89
diclofenac potassium tab 6
diclofenac sodium EC tab 6
diclofenac sodium ophth soln 133
diclofenac sodium XR tab 6
dicloxacillin cap 137
dicyclomine cap 145
dicyclomine soln 145
dicyclomine tab 145
didanosine DR cap 69
DIFICID SUSP 116
DIFICID TAB 116
digoxin soln 79
digoxin tab 79
DILANTIN CAP 30MG 25
diltiazem ER cap 78
diltiazem tab 78
dimethyl fumarate DR cap 140
dimethyl fumarate DR starter pack 140
diphenhydramine cap 50mg 40
DIPHENOXYLATE/ATROPINE LIQUID 36
diphenoxylate/atropine tab 36
dipyridamole tab 109
disopyramide cap 16
DISULFIRAM TAB 137
DIURIL SUSP 99
divalproex ER tab 26
divalproex sodium DR tab 26
divalproex sprinkle cap 26
dofetilide cap 16
donepezil ODT 138
donepezil tab 138
donepezil tab 23mg 138
DOPTELET TAB 111
dorzolamide ophth soln 133
dorzolamide/timolol ophth soln 127
DOVATO TAB 69
doxazosin tab 44
doxepin cap 29
doxepin conc 29
doxercalciferol cap 102
doxycycline hyclate cap 143
doxycycline hyclate tab 143
doxycycline monohydrate cap 100mg 143
doxycycline monohydrate cap 50mg 143
doxycycline monohydrate tab 143
doxycycline susp 144
D-PENAMINE TAB 75
dronabinol cap 38
DROXIA CAP 110
DRYSOL SOLN 95
DULERA INHALER 19
duloxetine EC cap 28
DUPIXENT INJ 94
DUPIXENT PEN INJ 94
DUREZOL OPHTH EMULSION 130
dutasteride cap 108

E

econazole cream 89
EDURANT TAB 69
efavirenz cap 69
efavirenz tab 69
efavirenz/emtricitabine/tenofovir df tab 69
efavirenz/lamivudine/tenofovir df (lo) tab 69

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EGRIFTA INJ	101	entacapone tab	64	escitalopram tab	27
ELIQUIS TAB, ELIQUIS STARTER PACK	21	entecavir tab	74	estazolam tab	114
		EPIDIOLEX SOLN	22	estradiol cream	150
ELIXOPHYLLIN ELIXIR	20	EPIDUO FORTE GEL	88	estradiol patch	104
ELLA TAB	84	EPIFOAM AEROSOL	92	estradiol tab	104
ELMIRON CAP	108	epinephrine pen inj 0.15mg, 0.3mg	150	estradiol vaginal tab, yuvafem vaginal tab	150
EMCYT CAP	54				
EMGALITY INJ 100MG/ML	119	EPIVIR HBV SOLN	74	estradiol valerate inj	104
EMGALITY INJ	119	EQUETRO CAP	66	estradiol/norethindrone tab	103
		ERIVEDGE CAP	54	ESTRING	150
emtricitabine cap	69	ERLEADA TAB	54	eszopiclone tab	114
emtricitabine/tenofovir disoproxil fumarate tab	70	erlotinib tab	53	ethacrynic tab	99
		ERY PAD	88	ethambutol tab	50
EMTRIVA SOLN	70	ERYTHROMYCIN EC CAP	116	ethosuximide cap	26
EMVERM TAB	14			ethosuximide soln	26
enalapril tab	43	erythromycin ethylsuccinate susp	116	etodolac cap	6
enalapril/hydrochlorothiazide tab	45			etodolac tab	6
		erythromycin gel	88	ETOPOSIDE CAP	63
ENBREL INJ 25MG	7	erythromycin ophth oint	129	etravirine tab	70
ENBREL INJ 50MG	8	erythromycin pad	88	everolimus tab	58
ENBREL MINI INJ	8	erythromycin soln	88	everolimus tab 0.25mg, 0.5mg, 0.75mg	121
ENBREL SURECLICK INJ 50MG	8	erythromycin stearate tab	116		
		erythromycin/sulfisoxazole susp	47	everolimus tab 5mg	58
ENDARI POWDER PACK	110			EVOTAZ TAB	70
ENDOMETRIN INSERT	150	ESBRIET CAP	143	EVRYSDI SOLN	126
enoxaparin inj	21	ESBRIET TAB 267MG	143	exemestane tab	55
enpresse tab	82	ESBRIET TAB 801MG	143	EXTAVIA INJ	140
ENSPRYNG INJ	121	escitalopram soln	27	ezetimibe tab	42

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F
famotidine susp 145
famotidine tab 145
FARYDAK CAP 58
FASENRA PEN INJ 16
febuxostat tab 109
felbamate susp 24
felbamate tab 24
felodipine ER tab 78
FEMALE CONDOMS 117
fenofibrate cap 67mg, 134mg, 200mg 41
fenofibrate tab 48mg, 54mg, 145mg, 160mg 41
fenofibric acid DR cap 41
fentanyl patch 9
ferrex 150 forte cap 111
FERRIPROX SOLN 36
FERRIPROX TAB 36
ferrous sulfate elixir 112
FERROUS SULFATE LIQUID 112
ferrous sulfate soln 112
ferrous sulfate syrup 113
FIASP FLEXTOUCH INJ 33
FIASP INJ 33
FIASP PENFILL INJ 33
FINACEA PLUS KIT 95
finasteride tab 94
FINTEPLA SOLN 23
FIRST-VANCOMYCIN SOLN 48
FIRVANQ SOLN 48
flecainide tab 16
FLORIVA PLUS DROPS 124
FLOVENT DISKUS INHALER 18
FLOVENT HFA INHALER 18
FLUAD INJ 148
FLUAD QUAD INJ 148
FLUBLOK INJ 148
FLUBLOK QUAD PF INJ 148
FLUCELVAX INJ 148
FLUCELVAX QUAD INJ 148
fluconazole susp 39
fluconazole tab 39
flucytosine cap 38
fludrocortisone tab 85
FLULAVAL QUAD INJ, FLUZONE QUAD INJ 148
FLUMIST QUADRIVALENT NASAL SUSP 148
fluocinolone acetonide cream 92
fluocinolone acetonide oint 93
fluocinolone acetonide soln 93
fluocinolone otic oil 135
fluocinonide cream 0.05% 93
fluocinonide cream 0.1% 93
fluocinonide emollient cream 93
fluocinonide gel 93
fluocinonide oint 93
fluocinonide soln 93
FLUOR-A-DAY CHEW TAB 120
fluorometholone ophth soln 130
FLUOROPLEX CREAM 90
fluorouracil cream 90
FLUOROURACIL CREAM 0.5% 90
FLUOROURACIL SOLN 90
fluoxetine cap 27
fluoxetine soln 27
fluphenazine tab 67
FLURAZEPAM CAP 114
FLURBIPROFEN OPHTH SOLN 133
FLURBIPROFEN TAB 6

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FLUTAMIDE CAP 55
fluticasone nasal spray 125
fluticasone propionate cream 93
fluticasone propionate oint 93
FLUTICASONE/SALMETEROL INHALER 20
FLUVIRIN INJ 148
FLUVIRIN PF INJ 148
fluvoxamine ER cap 27
fluvoxamine tab 28
FLUZONE HD PF INJ 148
FLUZONE HIGH DOSE PF INJ 148
FLUZONE INTRADERMAL INJ 149
FLUZONE QUAD INJ 149
FLUZONE/FLUARIX QUAD INJ 149
FOLBEE PLUS CZ TAB 124
folbee tab 111
folic acid tab 1mg 110
folic acid tab 400mcg 110
folic acid tab 800mcg 110
fondaparinux inj 21
FORTEO INJ 100
fosamprenavir tab 70
fosinopril tab 43
fosinopril/hydrochlorothiazide tab 45
FOSRENOL POWDER PACK 106
FREESTYLE FREEDOM LITE METER 117
FREESTYLE INSULINX METER 117
FREESTYLE INSULINX TEST STRIP 96
FREESTYLE LIBRE 2 RECEIVER 117
FREESTYLE LIBRE 2 SENSOR 117
FREESTYLE LIBRE RECEIVER 117
FREESTYLE LIBRE SENSOR (10-DAY) 117
FREESTYLE LIBRE SENSOR (14-DAY) 117
FREESTYLE LITE METER 117
FREESTYLE LITE TEST STRIP 96
FREESTYLE PRECISION NEO METER 117
FREESTYLE PRECISION NEO TEST STRIP 96
FREESTYLE TEST STRIP 97
FULPHILA INJ 111
furosemide soln 99
furosemide tab 99
FUZEON INJ 70

G

gabapentin cap 23
gabapentin soln 23
gabapentin tab 23
galantamine ER cap 138
galantamine tab 138
GALZIN CAP 121
GANCICLOVIR CAP 73
GAVRETO CAP 58
gemfibrozil tab 41
GENOTROPIN INJ 101
GENTAK OPHTH OINT 129
gentamicin ophth oint 129
gentamicin ophth soln 129
gentamicin sulfate cream 88
gentamicin sulfate oint 88
GENVOYA TAB 70
gianvi tab, ocella tab 82
GILENYA CAP 140
GILOTRIF TAB 53
glatiramer inj 140
GLEOSTINE/LOMUSTINE CAP 52

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glimepiride tab 35
glipizide ER tab 35
glipizide tab 35
glipizide/metformin tab 30
GLUCAGEN HYPOKIT INJ 31
glucagon (rdna) for inj kit 31
GLUCAGON EMR INJ 31
GLUCAGON INJ KIT 31
glyburide micronized tab 35
glyburide tab 35
glyburide/metformin tab 30
glycopyrrolate tab 145
GOLYTELY SOLN 114
granisetron tab 37
griseofulvin micro tab 39
griseofulvin susp 39
griseofulvin tab 39
guaifenesin/codeine soln 86
GUAIFENESIN/CODEINE SYRUP 86
guanfacine ER tab 2
guanfacine IR tab 44
GVOKE INJ 31
GVOKE PFS INJ 31

H

halobetasol propionate cream 93
halobetasol propionate oint 93
haloperidol lactate conc 66
haloperidol tab 66
hc pramoxine cream 1-1% 13
HEMLIBRA INJ 109
HEXALEN CAP 51
HIZENTRA INJ 135
homatropine ophth soln 127
HUMIRA INJ 10MG 4
HUMIRA INJ 20MG 4
HUMIRA INJ 40MG 4
HUMIRA INJ 80MG 4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 5
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 5
HUMIRA INJ PEDIATRIC UC STARTER PACK 5
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 5
HUMIRA PEN INJ 40MG 5
HUMULIN R INJ U-500 33
HUMULIN R U-500 KWIKPEN INJ 33
HYCAMTIN CAP 52
hydralazine tab 47
hydrochlorothiazide cap 99
hydrochlorothiazide tab 99
hydrocodone/acetaminophen soln 11
hydrocodone/acetaminophen tab 11
hydrocodone/homatropine syrup 86
hydrocortisone cream 93
hydrocortisone enema 13
hydrocortisone lotion 93
hydrocortisone oint 93
hydrocortisone tab 85
hydromorphone tab 2mg 9
hydromorphone tab 4mg 9
hydromorphone tab 8mg 9
hydroquinone cream 95
hydroxychloroquine tab 49
hydroxyprogesterone inj 137
hydroxyurea cap 51
hydroxyzine pamoate cap 15
hydroxyzine syrup 15
hydroxyzine tab 15
hyoscyamine sulfate CR tab 145
hyoscyamine sulfate elixir 145

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hyoscyamine sulfate ODT 145
hyoscyamine sulfate SL tab 145
hyoscyamine sulfate SR cap 145
hyoscyamine tab 145
HYQVIA INJ 135

I

ibandronate tab 150mg 100
IBRANCE CAP 58
IBRANCE TAB 59
ibuprofen susp (Rx ONLY) 6
ibuprofen tab 6
ICLUSIG TAB 59
IDHIFA TAB 59
ILEVRO OPHTH SUSP 133
imatinib tab 59
IMBRUVICA CAP 140MG 59
IMBRUVICA CAP 70MG 59
IMBRUVICA TAB 59
IMCIVREE INJ 2
imipramine tab 29
imiquimod cream 94
IMPAVIDO CAP 47
INCRELEX INJ 101
INCRUSE ELLIPTA INHALER 17
indapamide tab 99
indomethacin cap 6
indomethacin CR cap 6
INFANT FORMULA LIQUID 97
INFANT FORMULA POWDER 97
INGREZZA CAP 139
INLYTA TAB 53
INQOVI TAB 56
INSULIN ASPART FLEXPEN INJ 33
INSULIN ASPART INJ 33
INSULIN ASPART MIX FLEXPEN INJ 33
INSULIN ASPART MIX INJ 33
INSULIN ASPART PENFILL INJ 34
INTELENCE TAB 70
INTRON-A INJ 52
INVIRASE CAP 70
INVIRASE TAB 70
IOPIDINE OPHTH SOLN 1% 128
ipratropium nasal spray 125
ipratropium neb soln 17
irbesartan tab 43
irbesartan/hydrochlorothiazide tab 46
IRESSA TAB 54
IRON SUSP 113
ISENTRESS (HD) TAB 70
ISENTRESS CHEW TAB 70
ISENTRESS POWDER PACK 70
isibloom tab, enskyce tab, apri tab 82
ISONIAZID SYRUP 50
isoniazid tab 50
ISOPTO CARBACHOL OPHTH SOLN 128
ISOPTO HYOSCINE OPHTH SOLN 127
isosorbide dinitrate ER tab 14
isosorbide dinitrate SL tab 14
isosorbide dinitrate tab 14
isosorbide mononitrate ER tab 14
isosorbide mononitrate tab 14
itraconazole cap 39
ivermectin tab 14

J

JAKAFI TAB 59
JANUMET TAB 30
JANUMET XR TAB 30

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JANUVIA TAB	32
JARDIANCE TAB	35
jinteli tab	104
JULUCA TAB	70
junel FE tab	82
junel tab	82
JYNARQUE PAK	103
JYNARQUE TAB	103
K	
KALYDECO PAK	142
KALYDECO TAB	142
kelnor tab	82
KESIMPTA INJ	140
ketoconazole cream	89
ketoconazole shampoo	89
ketoconazole tab	39
KETO-DIASTIX TEST STRIP	97
ketorolac ophth soln	133
ketorolac tab	6
KETOSTIX	97
ketotifen ophth soln	133
KEVZARA INJ	5
KINERET INJ	5
KORLYM TAB	32
KOSELUGO CAP	59
K-PHOS TAB	120
KRINTAFEL TAB	49
L	
labetalol tab	77
LACTIC ACID LOTION	94
lactulose soln	106
LAMICTAL CHEW TAB 2MG	23
lamivudine soln	71
lamivudine tab	71
lamivudine tab 100mg	74
lamivudine/zidovudine tab	71
lamotrigine chew tab	23
lamotrigine tab	23
LAMPIT TAB	47
LANCET KIT	117
LANCETS	117
lansoprazole cap	145
lanthanum carbonate chew tab	106
lapatinib ditosylate tab	59
latanoprost ophth soln	134
layolis FE tab, wymzya FE tab	82
LEDIPASVIR/SOFOSBUVIR TAB	74
leflunomide tab	7
LENVIMA CAP	53
letrozole tab	55
leucovorin tab	52
LEUKERAN TAB	51
levetiracetam ER tab	23
levetiracetam soln	23
levetiracetam tab	23
LEVOBUNOLOL OPHTH SOLN	127
levocarnitine soln	102
levocarnitine tab	102
levofloxacin ophth soln	129
levofloxacin soln	104
levofloxacin tab	104
levonorgestrel tab	84
LEVONORGESTREL TAB 0.75MG	84
LEXIVA SUSP	71
lidocaine cream 3%	95
lidocaine gel	95
lidocaine oint	95
LIDOCAINE ORAL SOLN 4%	122
lidocaine soln	95
lidocaine viscous soln	122
lidocaine/hydrocortisone cream	13
lidocaine/prilocaine cream	95
linezolid susp	48
linezolid tab	48
liothyronine tab	144

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LIQUIGEN 126
lisinopril tab 43
lisinopril/hydrochlorothiazide tab 46
lithium carbonate cap 65
lithium carbonate ER tab 65
lithium carbonate tab 65
LITHIUM CITRATE SOLN 65
LO LOESTRIN TAB 83
LOKELMA PAK 122
LONSURF TAB 56
lopinavir/ritonavir soln 71
lopinavir/ritonavir tab 71
loratadine chew tab 40
loratadine ODT 40
loratadine syrup 40
loratadine tab 40
loratadine/pseudoephedrine 12-hour tab 86
loratadine/pseudoephedrine 24-hour tab 86
lorazepam conc 15
lorazepam tab 15
LORBRENA TAB 100MG 60
LORBRENA TAB 25MG 60
losartan tab 44
losartan/hydrochlorothiazide tab 46
LOTEMAX OPHTH GEL 130
LOTEMAX OPHTH OINT 130
loteprednol etabonate ophth gel 130
loteprednol ophth susp 130
lovastatin tab 42
loxapine cap 67
LUMIGAN OPHTH SOLN 134
LUPKYNIS CAP 122
LYNPARZA CAP 60
LYNPARZA TAB 60
LYSODREN TAB 55

M

malathion lotion 96
maldemar tab 38
MAPROTILINE TAB 27
MARPLAN TAB 27
MATULANE CAP 52
MAVYRET TAB 74
MAXIDEX OPHTH SOLN 131
MAYZENT TAB 140
MAYZENT TAB STARTER PACK 140
MCT OIL 126
meclizine chew tab 38
meclizine tab 38
medroxyprogesterone tab 137
mefloquine tab 49
megestrol susp 55
megestrol tab 55
MEKINIST TAB 0.5MG 60
MEKINIST TAB 2MG 60
MEKTOVI TAB 60
meloxicam tab 6
melphalan tab 52
memantine ER cap 138
memantine soln 138
memantine tab 138
mercaptopurine tab 51
mesalamine enema 106
mesalamine ER cap 106
mesalamine supp 106
MESNEX TAB 52
METAPROTERENOL SYRUP 20
metformin ER tab 31
metformin tab 31
methadone conc 10
methadone soln 10mg/5ml 10
methadone soln 5mg/5ml 10
methadone tab 10
methadone tablet 10mg 10
methazolamide tab 98
methenamine hippurate tab 49
methimazole tab 144
methocarbamol tab 125

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methotrexate inj 52
methotrexate tab 51
methoxsalen cap 90
METHYLDOPA TAB 44
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 46
methylergonovine tab 135
methylphenidate CD cap 3
methylphenidate ER cap 3
methylphenidate ER tab 3
methylphenidate ER tab 10mg, 20mg 3
methylphenidate soln 3
methylphenidate tab 3
methylprednisolone dose pack 85
methylprednisolone tab 85
metoclopramide soln 105
metoclopramide tab 105
metolazone tab 100
metoprolol ER tab 77
metoprolol tab 77
metoprolol/hydrochlorothiazide tab 46
metronidazole cream 95
metronidazole gel 95
metronidazole lotion 96
metronidazole tab 47
metronidazole vaginal gel 149
mexiletine hcl cap 16
midodrine tab 150
miglustat cap 110
minocycline cap 144
minoxidil tab 47
mirtazapine ODT 26
mirtazapine tab 26
misoprostol tab 146
modafinil tab 3
mometasone cream 93
mometasone oint 93
mometasone soln 93
montelukast chew tab 17
montelukast granule pack 17
montelukast tab 17
morphine sulfate ER tab 10
morphine sulfate soln 10
morphine sulfate tab 10
moxifloxacin ophth soln 129
moxifloxacin tab 105
MULTAQ TAB 16
MULTIGEN FOLIC TAB 111
MULTIGEN PLUS TAB 112
MULTIGEN TAB 112
MULTIVITAMIN/FLOURIDE CHEW 0.25MG 124
MULTIVITAMIN/FLOURIDE CHEW 1MG 124
MULTIVITAMIN/FLUORIDE CHEW TAB 124
multivitamin/minerals tab 124
mupirocin oint 88
mycophenolate DR tab 76
mycophenolate mofetil cap 76
mycophenolate mofetil susp 76
mycophenolate mofetil tab 76
MYLERAN TAB 52
MYRBETRIQ TAB 146

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nabumetone tab 6
nadolol tab 77
naloxone inj 37
NALOXONE PREFILLED INJ 37
naltrexone tab 36
naproxen EC tab 6
naproxen tab 7
NARCAN NASAL SPRAY 36
NATPARA INJ 100
NEBUSAL NEB SOLN 87
NECON TAB 83
NEFAZODONE TAB 28

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ST	Step Therapy	VAC	Vaccine Program		

nefazodone tab 50mg, 250mg 28
neomycin tab 4
NEOMYCIN/POLYMIXIN /GRAMICIDIN OPHTH SOLN 129
neomycin/polymixin/hydrocoritisone otic soln 134
neomycin/polymixin/hydrocoritisone otic susp 134
neomycin/polymyxin/dexamethasone ophth oint 131
neomycin/polymyxin/dexamethasone ophth soln 131
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NEPHRON FA TAB 112
NERLYNX TAB 60
NEUMEGA INJ 111
NEVANAC OPHTH SUSP 133
NEVIRAPINE ER TAB 100MG 71
nevirapine ER tab 400mg 71
nevirapine susp 71
nevirapine tab 71
NEXAVAR TAB 51
NEXPLANON IMPLANT 84
niacin cap 151
niacin CR tab 151
niacin ER tab 42
niacin tab 151
NIACIN TR TAB 151
niacinamide tab 151
nicotine gum 141
NICOTINE KIT 141
nicotine lozenge 141
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NICOTROL INHALER 141
NICOTROL NASAL SPRAY 142
nifedipine cap 78
nifedipine ER tab 78
nilutamide tab 55
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nitazoxanide tab 47
nitrofurantoin macrocrystals cap 49
nitrofurantoin monohydrate cap 49
nitroglycerin patch 14
nitroglycerin SL tab 14
NIVESTYM INJ 111
nizoral a-d shampoo 89
norethindrone tab 84
nortrel 7/7/7 tab, pirmella 7/7/7 tab 83
nortrel tab 83
nortriptyline cap 29
nortriptyline oral soln 29
NORTRIPTYLINE SOLN 29
NORVIR CAP 71
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NOVOLIN N FLEXPEN INJ 34
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NOVOLIN R FLEXPEN INJ 34
NOVOLIN R INJ 34
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NOVOLOG INJ 34
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NOVOLOG MIX INJ 34
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NUCALA INJ 17
NUEDEXTA CAP 141
NULYTELY SOLN 115
NURTEC ODT 119
NUTRITIONAL SUPPLEMENT LIQUID 97
NUTRITIONAL SUPPLEMENT POWDER 97
NUVARING 84
nystatin cream 89
nystatin oint 89
nystatin powder 39
nystatin susp 122
nystatin tab 39
nystatin topical powder 89
NYSTATIN VAGINAL TAB 149

O

OCALIVA TAB 105
octreotide inj 103
ODEFSEY TAB 71
ODOMZO CAP 54
OFEV CAP 143
ofloxacin ophth soln 129
ofloxacin tab 105
olanzapine ODT 67
olanzapine tab 67
olanzapine/fluoxetine cap 139
olmesartan tab 44
olmesartan/hydrochlorothiazide tab 46
olopatadine ophth soln 0.1% 133
olopatadine ophth soln 0.2% 133
omega-3-acid ethyl esters cap 40
omeprazole DR cap 145
ondansetron ODT 37
ondansetron soln 37
ONDANSETRON TAB 37
ONGENTYS CAP 65
OPSUMIT TAB 80
ORACIT SOLN 107
ORENCIA CLICK INJ 7
ORENCIA SC INJ 125MG/ML 7
ORENCIA SC INJ 50MG/0.4ML 7
ORENCIA SC INJ 87.5MG/0.7ML 7
ORGOVYX TAB 55
ORIAHNN CAP 104
ORILISSA TAB 150MG 101
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ORKAMBI GRANULES PACKET 142
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oseltamivir cap 75
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oxcarbazepine susp 23
oxcarbazepine tab 23
oxybutynin ER tab 146
oxybutynin syrup 146
oxybutynin tab 146
oxycodone cap 10
oxycodone soln 10
oxycodone tab 10
oxycodone/acetaminophen tab 11
OXYCODONE/ASPIRIN TAB 11
OXYTROL PATCH (OTC) 146
OZEMPIC INJ 32

P

paliperidone ER tab 66
PALYNZIQ INJ 102
pantoprazole EC tab 145
paricalcitol cap 102

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paroxetine ER tab 28
paroxetine tab 28
PEAK FLOW METER 118
pediatric multiple vitamins/fluoride chew tab 124
pediatric multiple vitamins/fluoride soln 124
pediatric multiple vitamins/fluoride/iron soln 124
peg 3350/electrolytes soln 115
PEGASYS INJ 74
PEG-INTRON INJ 74
PEMAZYRE TAB 60
penicillamine tab 121
penicillin vk soln 136
penicillin vk tab 136
pentamidine neb soln 47
pentoxifylline ER tab 109
permethrin cream 96
perphenazine tab 67
PERPHENAZINE/ AMITRIPTYLINE TAB 139
phenazopyridine tab 108
phenelzine tab 27
phenobarbital elixir 113
phenobarbital tab 114
phenoxybenzamine cap 43
phentermine cap 1
phentermine tab 1
phenylephrine ophth soln 128
phenytoin cap 26
phenytoin chew tab 26
phenytoin susp 26
phlexy-10 tab 126
PHOSLYRA SOLN 106
phospha 250 neutral tab 120
PHOSPHOLINE OPHTH SOLN 128
phytonadione tab 150
PIFELTRO TAB 71
pilocarpine ophth soln 128
pilocarpine tab 123
PIMOZIDE TAB 141
pindolol tab 77
pioglitazone tab 35
PIQRAY TAB 61
piroxicam cap 7
PLAN B TAB 84
PLEGRIDY INJ 140
PLEGRIDY PEN INJ 140
PNEUMOVAX INJ 147
PODOCON SOLN 95
podofilox soln 95
POLYETHYLENE GLYCOL 8000 GRANULES 137
polymyxin b/trimethoprim ophth soln 129
POMALYST CAP 56
posaconazole DR tab 39
potassium bicarbonate effer tab 121
potassium chloride ER cap 121
potassium chloride ER tab 121
potassium chloride micro tab 121
potassium chloride powder packet 121
potassium chloride soln 121
potassium citrate CR tab 107
potassium citrate/citric acid powder pack 107
potassium citrate/citric acid soln 107
PRADAXA CAP 21
PRALUENT INJ 42
pramipexole tab 64
pramoxine/hydrocortisone cream kit 13
prasugrel tab 110
pravastatin tab 42
praziquantel tab 14
prazosin cap 44

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PRECISION XTRA METER 118
PRECISION XTRA TEST STRIP 97
PRED MILD OPHTH SOLN 131
PRED-G OPHTH SOLN 131
PREDNICARBATE CREAM 93
PREDNICARBATE OIN 93
prednisolone ODT 85
PREDNISOLONE ODT TAB 85
PREDNISOLONE OPHTH SUSP 131
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 131
prednisolone soln 85
prednisolone syrup 85
PREDNISONE SOLN 85
prednisone tab 85
pregabalin cap 24
pregabalin soln 24
PREMARIN TAB 104
PREMARIN VAGINAL CREAM 150
PREMPHASE TAB, PREMPRO TAB 104
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) 124
PRETOMANID TAB 51
PREVNAR 13 INJ 147
PREZCOBIX TAB 72
PREZISTA SUSP 72
PREZISTA TAB 72
PRIFTIN TAB 51
primaquine tab 50
primidone tab 24
probenecid tab 109
prochlorperazine supp 67
prochlorperazine tab 67
proctosol HC cream 13
progesterone cap 137
PROLENSA OPHTH SOLN 133
PROMACTA TAB 111
promethazine supp 40
promethazine syrup 40
promethazine tab 40
promethazine VC syrup 86
promethazine VC/codeine syrup 86
promethazine/codeine syrup 86
PROMETHEGAN SUPP 40
propafenone ER cap 16
propafenone tab 16
proparacaine ophth soln 130
propranolol ER cap 77
PROPRANOLOL SOLN 78
propranolol tab 78
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 46
propylthiouracil tab 144
pro-stat liquid 126
PROSTIGMIN TAB 50
PULMOZYME INH SOLN 142
pyrazinamide tab 51
pyridostigmine CR tab 50
pyridostigmine tab 50
pyrimethamine tab 50

Q

QINLOCK TAB 61
QSYMIA CAP 2
quetiapine tab 67
quetiapine XR tab 67
quinapril tab 43
quinapril/hydrochlorothiazide tab 46
quinidine gluconate CR tab 16

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quinidine sulfate tab 16

R

raloxifene tab 101
ramipril cap 43
ranolazine tab 14
rasagiline tab 65
REBETOL SOLN 74
REGRANEX GEL 96
RELENZA DISKHALER 75
renaphro cap 124
RENOVA CREAM 88
repaglinide tab 35
REPATHA INJ 43
REPATHA PUSHTRONEX INJ 43
RESCRIPTOR TAB 72
RESTASIS OPHTH EMULSION 130
RETACRIT INJ 111
RETEVMO CAP 61
REVLIMID CAP 75
REYATAZ POWDER PACK 72
REYVOW TAB 119
ribavirin cap 74
ribavirin tab 74
RIDAURA CAP 5
rifabutin cap 51
RIFAMATE CAP 50
rifampin cap 51
riluzole tab 126
RIMANTADINE TAB 75
RINVOQ ER TAB 4
risedronate tab 100
risperidone ODT 66
risperidone soln 66
risperidone tab 66
ritonavir tab 72
rivastigmine cap 139
rivastigmine patch 139
rizatriptan ODT 119
rizatriptan tab 119
ropinirole tab 65
rosuvastatin tab 10mg 42
rosuvastatin tab 20mg 42
rosuvastatin tab 40mg 42
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RUBRACA TAB 61
rufinamide susp 24
rufinamide tab 24
RUKOBIA ER TAB 72
RUZURGI TAB 50
RYBELSUS TAB 32
RYDAPT CAP 61

S

salsalate tab 9
SANDIMMUNE SOLN 100MG/ML 76
SANTYL OINT 94
sapropterin dihydrochloride powder packet 102
sapropterin dihydrochloride soluble tab 102
SAVELLA PAK 139
SAVELLA TAB 139
selegiline cap 65
selegiline tab 65
selenium sulfide shampoo 91
SELZENTRY SOLN 72
SELZENTRY TAB 72
SEREVENT DISKUS INHALER 20
sertraline conc 28
sertraline tab 28
sevelamer powder pak 107
sevelamer tab 107
SIGNIFOR INJ 103
sildenafil tab 79
sildenafil tab 20mg 81
silver sulfadiazine cream 91

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SIMBRINZA OPHTH SUSP 128
simvastatin tab 42
sirolimus soln 122
sirolimus tab 76
SIVEXTRO TAB 49
SKYRIZI INJ 150MG/ML 90
SKYRIZI INJ 75MG/0.83ML 91
smz/tmp (DS) tab 47
smz/tmp susp 47
sodium chloride 0.9% irr soln 108
sodium chloride neb soln 87
sodium citrate/citric acid soln 107
sodium fluoride chew tab 120
sodium fluoride cream 123
sodium fluoride gel 123
SODIUM FLUORIDE LOZENGE 120
sodium fluoride paste 123
sodium fluoride rinse 123
sodium fluoride soln 120
SODIUM FLUORIDE TAB 120
sodium fluoride/potassium nitrate paste 123
sodium polystyrene powder 76
sodium polystyrene susp 77
sodium 88
sulfacetamide/sulfur emulsion 10-5% 88
sodium
sulfacetamide/sulfur wash 9-4.5% 74
SOFOSBUVIR/VELPATASVIR TAB 146
solifenacin tab 101
SOMAVERT INJ 78
sotalol AF tab 78
sotalol tab 96
SPINOSAD SUSP 17
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 99
spironolactone tab 98
spironolactone/hydrochlorothiazide tab 83
sprintec 28 tab 61
SPRYCEL TAB 122
SPS SUSP 72
stavudine cap 72
stavudine soln 35
STEGLATRO TAB 103
STIMATE NASAL SOLN 61
STIVARGA TAB 102
STRENSIQ INJ 72
STRIBILD TAB 146
sucralfate susp 145
sucralfate tab 129
sulfacetamide sodium ophth soln 131
sulfacetamide sodium/prednisolone ophth soln 143
SULFADIAZINE TAB 91
SULFAMYLON CREAM 106
sulfasalazine EC tab 106
sulfasalazine tab 7
sulindac tab 119
sumatriptan inj 119
SUMATRIPTAN INJ 6MG/0.5ML 119
sumatriptan tab 61
sunitinib malate cap 2
SUNOSI TAB 142
SYMDEKO TAB 150
SYMJEPI INJ 106
SYMPROIC TAB 73
SYMTUZA TAB 101
SYNAREL NASAL SOLN 30
SYNJARDY TAB

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SYNJARDY XR TAB 10-1000MG, 25-1000MG 30
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 31
SYNTHROID TAB 144

T

TABLOID TAB 51
TABRECTA TAB 61
tacrolimus cap 76
tacrolimus oint 95
tadalafil tab 79
tadalafil tab (PAH) 81
TAFINLAR CAP 61
TAGRISSO TAB 54
TALTZ INJ 91
TALZENNA CAP 0.25MG 61
TALZENNA CAP 1MG 62
tamoxifen tab 55
tamsulosin cap 108
TARGRETIN GEL 90
TASIGNA CAP 62
TAVALISSE TAB 109
tazarotene cream 0.1% 91
TAZVERIK TAB 62
TECHLITE INSULIN SYRINGE 118
TECHLITE PEN NEEDLE 118
TEGSEDI INJ 142
telmisartan tab 44
temazepam cap 15mg 114
temazepam cap 30mg 114
temozolomide cap 52
tenofovir disoproxil fumarate tab 300mg 73
terazosin cap 44
terbinafine tab 39
terbutaline sulfate tab 20
terconazole cream 149
TERCONAZOLE CREAM 0.8% 149
terconazole supp 149
testosterone cypionate inj 12
testosterone gel 1% 25mg 12
testosterone gel 1% 50mg 13
testosterone gel 1% pump 13
TESTOSTERONE GEL PUMP 13
testosterone gel pump 1.62% 13
testosterone soln 13
tetrabenazine tab 139
THALOMID CAP 75
theophylline ER tab 20
theophylline soln 20
thioridazine tab 67
thiothixene cap 68
THYROLAR TAB 144
tiagabine tab 25
TIBSOVO TAB 62
ticlopidine tab 110
timolol maleate ophth gel 127
timolol maleate ophth soln 127
timolol maleate tab 78
TIVICAY PD TAB 73
TIVICAY TAB 73
tizanidine tab 125
TOBI PODHALER 4
TOBRADEX OPHTH OINT 131
tobramycin neb soln 4
tobramycin ophth soln 129
tobramycin/dexamethasone ophth soln 132
TODAY SPONGE 149
TOLAZAMIDE TAB 35
TOLBUTAMIDE TAB 36
tolterodine SR cap 146
tolterodine tab 146
topiramate sprinkle cap 24
topiramate tab 24
toremifene tab 55
torsemide tab 99
TRACLEER TAB 32MG 80

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tramadol tab 11
tranexamic acid tab 113
tranylcypromine tab 27
trazodone tab 28
TRELEGY ELLIPTA INHALER 20
TREMFYA INJ 91
tretinoin cap 52
tretinoin cream 88
tretinoin gel 88
triamcinolone cream 94
triamcinolone in orabase paste 123
triamcinolone lotion 94
triamcinolone oint 94
triamcinolone OTC nasal spray 126
triamterene/hydrochlorothiazide cap 98
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg 98
triamterene/hydrochlorothiazide tab 98
triazolam tab 114
tricitrates soln 107
tricon cap 112
trifluoperazine tab 68
TRIFLURIDINE OPHTH SOLN 130
trihexyphenidyl elixir 65
trihexyphenidyl tab 64
TRIKAFTA TAB 142
tri-legest tab 83
TRI-LUMA CREAM 95
trilyte soln 115
trimethobenzamide cap 38
trimethoprim tab 47
tri-sprintec tab 83
TRIUMEQ TAB 73
tropicamide ophth soln 128
TRUEPLUS INSULIN SYRINGE 118
TRUEPLUS PEN NEEDLE 118
TRULANCE TAB 105
TRULICITY INJ 32
TUKYSA TAB 53
TURALIO CAP 62
TYBLUME TAB 83
TYMLOS INJ 100
TYVASO INH SOLN 80

U

UBRELVY TAB 119
U-CORT CREAM 94
UPNEEQ SOLN 133
UPTRAVI TAB 81
ursodiol cap 105
ursodiol tab 105

V

valacyclovir tab 75
VALCHLOR GEL 90
valganciclovir soln 73
valganciclovir tab 73
valproic acid cap 26
valproic acid syrup 26
valsartan tab 44
valsartan/hydrochlorothiazide tab 46
vancomycin cap 48
VANIQA CREAM 94
VARUBI TAB 38
velivet tab 83
VEMLIDY TAB 74
VENCLEXTA STARTER PACK 53
VENCLEXTA TAB 53
VENELEX OINT 96
venlafaxine ER cap 28
venlafaxine tab 28
VENTAVIS INH SOLN 80
VENTOLIN HFA INHALER 20
verapamil SR cap 78

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VERAPAMIL SR CAP 360mg 79
verapamil tab 79
VERZENIO TAB 62
VEXOL OPHTH SUSP 132
V-GO INJ KIT 118
VICTOZA INJ 32
VIDEX SOLN 73
vienva tab, lessina tab, kurvelo tab 83
vigabatrin powder pack 25
vigabatrin tab 25
VIMPAT SOLN 24
VIMPAT TAB 24
viorele tab, kariva tab 83
VIRACEPT POWDER 73
VIRACEPT TAB 73
VIREAD TAB 150MG, 200MG, 250MG 73
vitamin D cap 150
vitamin D cap 1000unit 150
vitamin D cap 400unit 151
VITAMIN D TAB 400UNIT 151
VITEKTA TAB 73
VITRAKVI CAP 100MG 62
VITRAKVI CAP 25MG 62
VITRAKVI SOLN 62
VIVOTIF CAP 147
VIZIMPRO TAB 54
voriconazole susp 39
voriconazole tab 39
VOSEVI TAB 74
VOTRIENT TAB 62
VYNDAMAX CAP 81
VYNDAQEL CAP 81
VYVANSE CAP 1
VYVANSE CHEW TAB 1

W

WAKIX TAB 2
warfarin tab 21

X

XALKORI CAP 63
XARELTO STARTER PACK 21
XARELTO TAB 21
XCOPRI PAK 100-150MG 24
XCOPRI PAK 150-200MG 24
XCOPRI PAK 50-200MG 24
XCOPRI TAB 150MG, 200MG 25
XCOPRI TAB 50MG, 100MG 25
XCOPRI TITRATION PAK 12.5-25MG 25
XCOPRI TITRATION PAK 150-200MG 25
XCOPRI TITRATION PAK 50-100MG 25
XELJANZ SOLN 4
XELJANZ TAB 4
XELJANZ XR TAB 4
XEMBIFY INJ 136
XENLETA TAB 49
XOSPATA TAB 63
XPOVIO PAK 56
XTAMPZA ER CAP 11
XYREM SOLN 138

Z

zafemy patch 83
zaleplon cap 114
ZARXIO INJ 111
ZEGERID CAP OTC 146
ZEJULA CAP 63
ZELBORAF TAB 63
ZEPOSIA CAP 140
ZEPOSIA STARTER PACK 141
zidovudine cap 73
zidovudine syrup 73
zidovudine tab 73

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ZIEXTENZO INJ	111
zinc sulfate cap	121
ziprasidone cap	66
ZIRGAN OPHTH GEL	130
ZOLINZA CAP	51
zolmitriptan tab	120
zolpidem tab	113
zonisamide cap	24
ZORTRESS TAB 1MG	76
ZYDELIG TAB	63
ZYKADIA CAP	63
ZYKADIA TAB	63
ZYLET OPHTH SUSP	132

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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		

L.A. CARE HOME INFUSION DRUG LIST
Alphabetical Index

9/1/2021

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 **generic =**small letters **BRANDS** =CAPITAL LETTERS

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

L.A. Care Home Infusion List

Alphabetical Index

Last Updated 9/1/2021

Drug Name	Special Code	Tier	Category
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP GEL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
acyclovir sodium IV soln	-	F	ANTIVIRALS
ADAKVEO INJ	PA	F	HEMATOPOIETIC AGENTS
ADCETRIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
adriamycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADVATE INJ, KOVALTRY INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ADYNOVATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
AFSTYLA KIT	PA	F	HEMATOLOGICAL AGENTS - MISC.
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
ALPHANATE INJ, HUMATE-P INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ, MONONINE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
ALPROLIX INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
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
AMONDYS 45 INJ	-	NC	NEUROMUSCULAR AGENTS
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
ampicillin inj	-	F	PENICILLINS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ampicillin/sulbactam inj	-	F	PENICILLINS
ARALAST NP INJ	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
ASPARLAS INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATGAM INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
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
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES
benztropine inj	-	F	ANTIPARKINSON AGENTS
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
BESPONSA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICILLIN C-R INJ	-	F	PENICILLINS
BLENREP INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BORTEZOMIB INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUTORPHANOL INJ	-	F	ANALGESICS - OPIOID
CALCIUM GLUCONATE INJ	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AGENTS
carmustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
cefazolin inj	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
CEFEPIME INJ	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
cefotetan inj	-	F	CEPHALOSPORINS
cefoxitin inj	-	F	CEPHALOSPORINS
CEFTAZIDIME INJ	-	F	CEPHALOSPORINS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ceftriaxone inj	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CINQAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
CISPLATIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
CUPRIC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cytarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DANYELZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN FASPRO	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAUNORUBICIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	-	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
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
DEXTROSE INJ	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTIANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
DILTIAZEM INJ	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
DOBUTAMINE/D5W INJ	-	F	CARDIOTONICS
DOCETAXEL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	CARDIOTONICS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycyclline hyclate inj	-	F	TETRACYCLINES
DUROLANE	PA	F	MUSCULOSKELETAL THERAPY AGENTS
DYSPORT	PA	F	NEUROMUSCULAR AGENTS
ELAPRASE INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENTYVIO INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
EPINEPHRINE INJ	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
epirubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
epoprostenol inj (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
ERAXIS INJ	-	F	ANTIFUNGALS
ERBITUX INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
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.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
EVKEEZA INJ (Only available through Orsini Pharmacy 800-410-8575)	LD-PA	F	ANTIHYPERLIPIDEMICS
EXONDYS 51 SOLN	-	NC	NEUROMUSCULAR AGENTS
FABRAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FAMOTIDINE INJ	-	F	ULCER DRUGS
famotidine inj (PEPCID equiv)	-	F	ULCER DRUGS
FASENRA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FEIBA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
FERAHEME INJ	-	NC	HEMATOPOIETIC AGENTS
ferric gluconate IV soln	-	F	HEMATOPOIETIC AGENTS
FERRLECIT INJ	-	NC	HEMATOPOIETIC AGENTS
ferumoxytol inj	-	F	HEMATOPOIETIC AGENTS
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
foscarnet sodium inj	-	F	ANTIVIRALS
FOSCAVIR INJ	-	NC	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
furosemide inj	-	F	DIURETICS
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR INJ	-	F	ANTIVIRALS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMOFIL M INJ, KOATE-DVI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
heparin sodium inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
heparin sodium/nacl inj	-	F	ANTICOAGULANTS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
hydromorphone inj	-	F	ANALGESICS - OPIOID
hydroxyprogesterone capro inj	-	NC	PROGESTINS
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
IDELVION SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	F	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	PA	F	GASTROINTESTINAL AGENTS - MISC.
INFUGEM SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
IRINOTECAN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
JEMPERLI SOLN (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEVTANA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JIVI INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
KOGENATE FS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
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
LEMTRADA INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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
LIBTAYO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL
lincomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
LINEZOLID IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
liothyronine inj (TRIOSTAT equiv)	-	F	THYROID AGENTS
lipodox inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIPOSYN	-	F	NUTRIENTS
lorazepam inj	-	F	ANTIANXIETY AGENTS
LUMOXITI INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPO-PED INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ/ELIGARD INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
MINOCIN INJ	-	F	TETRACYCLINES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mitomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mitoxantron inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONJUVI INJ (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MONOFERRIC INJ (Only available through Biologics 800-850-4306)	LD	F	HEMATOPOIETIC AGENTS
MONOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
morphine sulfate inj	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
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
NOVOEIGHT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
NPLATE INJ	-	F	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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 (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ondansetron (ZOFRAN) inj	-	NC	ANTIEMETICS
ondansetron inj	-	F	ANTIEMETICS
ONPATTRO SOLN	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORENCIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OXLUMO INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PADCEV INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	F	ANTIEMETICS
pamidronate inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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.
PEPAXTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ	-	F	MINERALS & ELECTROLYTES
PLASMA-LYTE-A INJ	-	F	MINERALS & ELECTROLYTES
POLIVY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
polymyxin b inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
PORTRAZZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POTASSIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/NACL INJ	-	F	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS
prochlorperazine inj	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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
REBINYN SOL	PA	F	HEMATOLOGICAL AGENTS - MISC.
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ (Only available through Accredo 888-773-7376)	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
SODIUIM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
sodium bicarbonate inj	-	F	MINERALS & ELECTROLYTES
sodium chloride inj	-	F	MINERALS & ELECTROLYTES
sodium phosphate inj	-	F	MINERALS & ELECTROLYTES
SODIUM THIOSULFATE INJ	-	F	ANTIDOTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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
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	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3mL) for first 14 days, and Maintenance: 4 vials (5.32 mL) every 14 days)	QL-RS	F	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
UNITUXIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
valproate inj	-	F	ANTICONVULSANTS
VANCOMYCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VILTEPSO SOLN	-	NC	NEUROMUSCULAR AGENTS
VIMIZIM INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VIMPAT INJ	-	F	ANTICONVULSANTS
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
VYONDYS 53 SOLN	-	NC	NEUROMUSCULAR AGENTS
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
XYNTHA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ZIRABEV INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zoledronic acid inj (ZOMETA INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
zoledronic acid IV soln (RECLAST INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOLGENSMA INJ (Only available through Accredo 888-773-7376)	LD-PA	F	NEUROMUSCULAR AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOSYN/ DEXTROSE INJ	-	F	PENICILLINS
ZYNLONTA SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin inj	-	F
gentamicin inj	-	F
gentamicin/ nacl inj	-	F
GENTAMICIN/NACL INJ	-	F
STREPTOMYCIN INJ	-	F
tobramycin inj	-	F
ZEMDRI INJ	-	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
SIMPONI ARIA INJ	PA	F
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	PA	F
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ	PA	F
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ	PA	F
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DILAUDID PF INJ	-	F
hydromorphone inj	-	F
MORPHINE SULFATE INJ	-	F
OPIOID PARTIAL AGONISTS		
butorphanol inj	-	F
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ	-	F
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN IV SOLN	-	F
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide inj	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone inj	-	F
NEXTERONE INJ/AMIODARONE INJ	-	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		

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

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ondansetron (ZOFRAN) inj	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS INJ	-	F
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
ANTIFUNGALS		
ABELCET INJ	-	F
AMBISOME INJ	-	F
AMPHOTERICIN INJ	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj	-	F
ANTIHYPERLIPIDEMICS		
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ (Only available through Orsini Pharmacy 800-410-8575)	LD-PA	F
ANTIHYPERTENSIVES		
VASODILATORS		
hydralazine inj	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole/ nacl inj	-	F
colistimethate inj	-	NC
pentamidine inj	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole/trimethoprim inj	-	F
CARBAPENEMS		
cilastatin/imipenem inj	-	F
ertapenem inj	-	F
meropenem inj	-	F
PRIMAXIN INJ	-	F
CHLORAMPHENICOLS		
CHLORAMPHENICOL INJ	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
CYCLIC LIPOPEPTIDES		
daptomycin inj	-	F
DAPTOMYCIN IV SOLN	-	F
GLYCOPEPTIDES		
DALVANCE INJ	-	F
vancomycin inj	-	F
VANCOMYCIN/DEXTROSE INJ	-	F
VANCOMYCIN/NACL INJ	-	F
LINCOSAMIDES		
CLEOCIN INJ	-	F
clindamycin inj	-	F
lincomycin inj	-	F
MONOBACTAMS		
aztreonam inj	-	F
OXAZOLIDINONES		
LINEZOLID IV SOLN	-	F
ZYVOX IV SOLN	-	F
POLYMYXINS		
colistimethate inj	-	F
polymyxin b inj	-	F
STREPTOGRAMINS		
SYNERCID INJ	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT INJ	-	F
rifampin inj	-	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BENDEKA INJ	PA	F
busulfan inj	-	F
carboplatin inj	-	F
carmustine inj	-	F
cisplatin inj	-	F
cyclophosphamide inj	-	F
IFEX INJ	-	F
ifosfamide inj	-	F
melphalan inj	-	F
oxaliplatin inj	-	F
PEPAXTO INJ	PA	F
thiotepa inj	-	F
TREANDA INJ	-	F

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

Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZANOSAR INJ	-	F
ANTIMETABOLITES		
ALIMTA INJ	PA	F
ARRANON INJ	-	F
azacitidine inj	-	F
cladribine inj	-	F
clofarabine inj	-	F
CYTARABINE INJ	-	F
decitabine inj	-	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
GEMCITABINE INJ	-	F
INFUGEM SOLN	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F
ZALTRAP INJ	PA	F
ZIRABEV INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS INJ	PA	F
ARZERRA INJ	PA	F
BAVENCIO INJ	PA	F
BESPONSA INJ	PA	F
BLINCYTO INJ	PA	F
DANYELZA INJ	PA	F
DARZALEX SOLN	PA	F
ENHERTU INJ	PA	F
GAZYVA INJ	PA	F
IMFINZI INJ	PA	F
JEMPERLI SOLN (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F
KEYTRUDA IV SOLN	PA	F
LIBTAYO INJ	PA	F
LUMOXITI INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F
MONJUVI INJ (Only available through Biologics 800-850-4306)	LD-PA	F
OPDIVO INJ	PA	F
PADCEV INJ (Only available through Walgreens 888-347-3416)	LD-PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
POLIVY 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
TRUXIMA INJ	PA	F
UNITUXIN INJ	PA	F
YERVOY INJ	PA	F
ZYNLONTA SOLN	PA	F
BLENREP INJ	-	NC
CAMPATH INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
MARGENZA INJ	PA	F
OGIVRI INJ (Restricted to Oncology or Hematology Specialist)	RS	F
PERJETA INJ	PA	F
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC
ONTRUZANT INJ	-	NC
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ	PA	F
PORTRAZZA INJ	PA	F
VECTIBIX IV SOLN	PA	F
ANTINEOPLASTIC - HORMONAL AGENTS		
leuprolide inj	PA	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
FIRMAGON INJ	-	F
LUPRON DEPOT INJ/ELIGARD INJ	PA	F
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
LARTRUVO INJ (Only available through Accredo 888-773-7376)	LD-PA	F
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
DAUNORUBICIN INJ	-	F
epirubicin inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
idarubicin inj	-	F
lipodox inj	-	F
mitomycin inj	-	F
mitoxantron inj	-	F
ANTINEOPLASTIC COMBINATIONS		
DARZALEX SOLN FASPRO	PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
VYXEOS INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
BALEODAQ INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
BORTEZOMIB INJ	PA	F
ISTODAX (OVERFILL) INJ	PA	F
KYPROLIS SOLN	PA	F
temsirolimus soln	-	F
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
VELCADE INJ, BORTEZOMIB INJ	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	EXC
ASPARLAS INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
ONCASPAR INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA INJ	-	F
ANTINEOPLASTICS MISC.		
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
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ	-	F
KEPIVANCE INJ	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
dexrazoxane inj	-	F
KHAPZORY SOLN	-	F
leucovorin inj	-	F
LEVOLEUCOVORIN INJ	-	F
mesna inj	-	F
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
COSELA INJ	-	NC
MITOTIC INHIBITORS		
ABRAXANE INJ	PA	F
docetaxel inj	-	F
docetaxel IV soln	-	F
ETOPOPHOS INJ	-	F
etoposide inj	-	F
HALAVEN INJ	PA	F
IXEMPRA KIT INJ	-	F
JEVTANA INJ	PA	F
MARQIBO INJ	-	F
paclitaxel inj	-	F
TAXOL INJ	-	F
TAXOTERE INJ	-	F
VINBLASTINE INJ	-	F
vincristine inj	-	F
vinorelbine inj	-	F
TOPOISOMERASE I INHIBITORS		
IRINOTECAN INJ	-	F
topotecan inj	-	F
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine inj	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
PHENOTHIAZINES		
PROCHLORPERAZINE INJ	-	F
ANTIVIRALS		
ANTIRETROVIRALS		
TROGARZO INJ (Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3mL) for first 14 days, and Maintenance: 4 vials (5.32 mL) every 14 days)	QL-RS	F
CMV AGENTS		
cidofovir inj	-	F
foscarnet sodium inj	-	F
GANCICLOVIR INJ	-	F
FOSCAVIR INJ	-	NC
HERPES AGENTS		
acyclovir sodium IV soln	-	F
ASSORTED CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
NULOJIX INJ	-	F
SIMULECT INJ	-	F
THYMOGLOBULIN INJ	-	F
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA IV SOLN	PA	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol inj	-	F
BETA BLOCKERS CARDIO-SELECTIVE		
metoprolol inj	-	F
METOPROLOL TARTRATE CARTRIDGE	-	F
BETA BLOCKERS NON-SELECTIVE		
propranolol inj	-	F
SOTALOL INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
CARDENE INJ	-	F
diltiazem inj	-	F
nicardipine inj	-	F
verapamil inj	-	F
CARDIOTONICS		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj (Only available through Accredo 888-773-7376)	LD-PA	F
treprostinil inj (Only available through Accredo 888-773-7376)	LD-PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ (Only available through Accredo 888-773-7376)	-	NC
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOLIN INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
cefotetan inj	-	F
cefoxitin inj	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
ceftazidime inj	-	F
ceftriaxone inj	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME INJ	-	F
CEFEPIME IV SOLN	-	F
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ	-	F
CONTRACEPTIVES		
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ	-	F
medroxyprogesterone inj	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F
DEPO-MEDROL INJ	-	F
DEXAMETHASONE INJ	-	F
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
DIURETICS		
LOOP DIURETICS		
furosemide inj	-	F
OSMOTIC DIURETICS		
mannitol inj	-	F
OSMITROL INJ	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide inj (DIURIL IV INJ equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
EVENITY INJ	PA	F
pamidronate inj	-	F
PROLIA SOLN	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
XGEVA INJ	PA	F
zoledronic acid inj (ZOMETA INJ equiv)	-	F
zoledronic acid IV soln (RECLAST INJ equiv)	-	F
BONIVA INJ	-	NC
ibandronate sodium inj (BONIVA equiv)	-	NC
PAMIDRONATE INJ	-	NC
RECLAST INJ	-	NC
ZOMETA INJ	-	NC
CORTICOTROPIN		
ACTHAR HP GEL INJ	-	NC
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ	PA	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPO-PED INJ	PA	F
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	PA	F
METABOLIC MODIFIERS		
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	PA	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
SOMATOSTATIC AGENTS		
SOMATULINE INJ	-	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
ENTYVIO INJ	PA	F
INFLECTRA INJ 100MG	PA	F
RENFLEXIS INJ	PA	F
REMICADE INJ	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
HYPEROXALURIA AGENTS		
OXLUMO INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
KRYSTEXXA INJ	PA	F
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ, KOVALTRY INJ	PA	F
ADYNOVATE INJ	PA	F
AFSTYLA KIT	PA	F
ALPHANATE INJ, HUMATE-P INJ	PA	F
ALPHANINE SD INJ, MONONINE INJ	PA	F
ALPROLIX INJ	PA	F
BENEFIX INJ	PA	F
ELOCTATE INJ	PA	F
FEIBA INJ	PA	F
HEMOFIL M INJ, KOATE-DVI INJ	PA	F
IDELVION SOLN	PA	F
IXINITY INJ, RIXUBIS INJ	PA	F
JIVI INJ	PA	F
KOGENATE FS INJ	PA	F
NOVOEIGHT INJ	PA	F
NUWIQ INJ	PA	F
PROFILNINE INJ	PA	F
REBINYN SOL	PA	F
RECOMBINATE INJ	PA	F
XYNTHA INJ	PA	F
COMPLEMENT INHIBITORS		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
PLASMA KALLIKREIN INHIBITORS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
KALBITOR INJ	PA	F
PLASMA PROTEINS		
albuminar inj	-	F
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE INJ	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ	PA	F
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO INJ	PA	F
FOLIC ACID/FOLATES		
folic acid inj	-	F
HEMATOPOIETIC GROWTH FACTORS		
NPLATE INJ	-	F
MIRCERA INJ	-	NC
IRON		
ferric gluconate IV soln	-	F
ferumoxytol inj	-	F
INFED INJ	-	F
INJECTAFER INJ	-	F
MONOFERRIC INJ (Only available through Biologics 800-850-4306)	LD	F
VENOFER INJ	-	F
FERAHEME INJ	-	NC
FERRLECIT INJ	-	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	F
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		
ERYTHROCIN INJ	-	F
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE INJ	-	F
CALCIUM		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
CALCIUM GLUCONATE INJ	-	F
ELECTROLYTE MIXTURES		
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/NACL INJ	-	F
DEXTROSE/SODIUM CHLORIDE INJ	-	F
IONOSOL-MB INJ D5W	-	F
ISOLYTE-P/ D5W INJ	-	F
ISOLYTE-S INJ	-	F
kcl/ d5w inj	-	F
kcl/ d5w/ nacl inj	-	F
kcl/ nacl inj	-	F
KCL/D5W/LR INJ	-	F
KCL/DEXTROSE/NACL INJ	-	F
LACTATED RINGERS INJ	-	F
NORMOSOL- R/D5W INJ	-	F
NORMOSOL-M/D5W INJ	-	F
NORMOSOL-R INJ	-	F
PLASMA-LYTE INJ	-	F
PLASMA-LYTE-A INJ	-	F
POTASSIUM CHLORIDE INJ	-	F
POTASSIUM CHLORIDE/NACL INJ	-	F
ringers inj	-	F
TPN ELECTROL INJ	-	F
MAGNESIUM		
magnesium sulfate inj	-	F
magnesium sulfate/d5w inj	-	F
MANGANESE		
MANGANESE SULFATE INJ	-	F
PHOSPHATE		
POTASSIUM PHOSPHATE INJ	-	F
SODIUIM PHOSPHATE INJ	-	F
sodium phosphate inj	-	F
POTASSIUM		
potassium chloride inj	-	F
POTASSIUM CHLORIDE INJ	-	NC
SODIUM		
sodium chloride inj	-	F
TRACE MINERALS		
CHROMIUM CHLORIDE INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
CUPRIC CHLORIDE INJ	-	F
SELENIUM INJ	-	F
ZINC		
ZINC CHLORIDE INJ	-	F
MISCELLANEOUS THERAPEUTIC CLASSES		
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	-	F
AZATHIOPRINE INJ	-	F
mycophenolate inj	-	F
PROGRAF INJ	-	F
LYMPHATIC AGENTS		
SYLVANT INJ	-	F
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
VISCOSUPPLEMENTS		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA INJ	PA	F
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	NC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
EXONDYS 51 SOLN	-	NC
VILTEPSO SOLN	-	NC
VYONDYS 53 SOLN	-	NC
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
DYSPORT	PA	F
XEOMIN INJ	PA	F
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-PA	F
ZOLGENSMA INJ (Only available through Accredo 888-773-7376)	LD-PA	F
NUTRIENTS		
CARBOHYDRATES		
dextrose inj	-	F
LIPIDS		
INTRALIPID INJ	-	F
LIPOSYN	-	F
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
OPHTHALMIC AGENTS		
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
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
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
FLEBOGAMMA INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
HEPAGAM B INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.		
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	PA	F
PENICILLINS		
AMINOPENICILLINS		
AMPICILLIN INJ	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
PENICILLIN COMBINATIONS		
ampicillin/sulbactam inj	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
BACTOCILL/DEXTROSE INJ	-	F
NAFCILLIN INJ	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
sterile water for inj	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
hydroxyprogesterone capro inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
MULTIPLE SCLEROSIS AGENTS		
LEMTRADA INJ	PA	F
OCREVUS INJ	PA	F
TYSABRI INJ	PA	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO SOLN	PA	F
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC
TETRACYCLINES		
FLUOROCYCLINES		
XERAVA INJ	-	F
GLYCYLCYCLINES		
tigecycline inj	-	F
TETRACYCLINES		
doxycyclline hyclate inj	-	F
MINOCIN INJ	-	F
THYROID AGENTS		
THYROID HORMONES		
levothyroxine inj	-	F
liothyronine inj (TRIOSTAT equiv)	-	F
ULCER DRUGS		
H-2 ANTAGONISTS		
FAMOTIDINE INJ	-	F
famotidine inj (PEPCID equiv)	-	F
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE INJ	-	F
GLYRX-PF SOLN	-	F
PROTON PUMP INHIBITORS		
esomeprazole inj (NEXIUM IV equiv)	-	F
pantoprazole inj (PROTONIX INJ equiv)	-	F
VASOPRESSORS		
VASOPRESSORS		
epinephrine inj	-	F
EPINEPHRINE IV SOLN	-	F
EPINEPHRINE INJ	-	NC
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin K1 inj	-	F

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

Symbols and abbreviations are defined on page 1.

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABRAXANE INJ	F
ACTEMRA INJ	F
ADAKVEO INJ	F
ADCETRIS INJ	F
ADVATE INJ, KOVALTRY INJ	F
ADYNOVATE INJ	F
AFSTYLA KIT	F
ALDURAZYME INJ	F
ALIMTA INJ	F
ALPHANATE INJ, HUMATE-P INJ	F
ALPHANINE SD INJ, MONONINE INJ	F
ALPROLIX INJ	F
ARALAST NP INJ	F
ARZERRA INJ	F
ASPARLAS INJ	F
AVSOLA INJ	F
BALEODAQ INJ	F
BAVENCIO INJ	F
BENDEKA INJ	F
BENEFIX INJ	F
BENLYSTA IV SOLN	F
BERINERT INJ	F
BESPONSA INJ	F
BLINCYTO INJ	F
BORTEZOMIB INJ	F
BOTOX INJ	F
CARIMUNE NANOFILTERED INJ	F
CEREZYME INJ	F
CINQAIR INJ	F
CINRYZE INJ	F
CRYSVITA INJ	F
DANYELZA INJ	F
DARZALEX SOLN	F
DARZALEX SOLN FASPRO	F
DUROLANE	F
DYSPORT	F
ELAPRASE INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ELOCTATE INJ	F
ENHERTU INJ	F
ENTYVIO INJ	F
epoprostenol inj	F
ERBITUX INJ	F
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FEIBA INJ	F
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
HEMOFIL M INJ, KOATE-DVI INJ	F
HEPAGAM B INJ	F
HYPERHEP B INJ	F
IDELVION SOLN	F
ILARIS INJ	F
IMFINZI INJ	F
INFLECTRA INJ 100MG	F
ISTODAX (OVERFILL) INJ	F
IXINITY INJ, RIXUBIS INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
JIVI INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KOGENATE FS INJ	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
LARTRUVO INJ	F
LEMTRADA INJ	F
leuprolide inj	F
LIBTAYO INJ	F
LUMOXITI INJ	F
LUPRON DEPO-PED INJ	F
LUPRON DEPOT INJ/ELIGARD INJ	F
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	F
MARGENZA INJ	F
MONJUVI INJ	F
NAGLAZYME INJ	F
NOVOEIGHT INJ	F
NUCALA INJ	F
NUWIQ INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONCASPAR INJ	F
ONPATTRO SOLN	F
OPDIVO INJ	F
ORENCIA INJ	F
OXLUMO INJ	F
PADCEV INJ	F
PANZYGA INJ	F
PEPAXTO INJ	F
PERJETA INJ	F
POLIVY INJ	F
PORTRAZZA INJ	F
PRIVIGEN INJ	F
PROFILNINE INJ	F
PROLIA SOLN	F
RADICAVA INJ	F
REBINYN SOL	F
RECOMBINATE INJ	F
RENFLEXIS INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
SARCLISA SOLN	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SIMPONI ARIA INJ	F
SOLIRIS IV SOLN	F
SPINRAZA INJ	F
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
UNITUXIN INJ	F
VECTIBIX IV SOLN	F
VIMIZIM INJ	F
VISUDYNE INJ	F
XEOMIN INJ	F
XGEVA INJ	F
XOLAIR INJ	F
XYNTHA INJ	F
YERVOY INJ	F
ZALTRAP INJ	F
ZOLGENSMA INJ	F
ZYNLONTA SOLN	F

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Last Updated* 9/1/2021

Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ASPARLAS INJ	BALEODAQ INJ	CRYSVITA INJ	epoprostenol inj
EVKEEZA INJ	JEMPERLI SOLN	LARTRUVO INJ	LUMOXITI INJ
MONJUVI INJ	MONOFERRIC INJ	NAGLAZYME INJ	ONCASPAR INJ
OXLUMO INJ	PADCEV INJ	SARCLISA SOLN	SPINRAZA INJ
SYNRIBO INJ	treprostinil inj	TRODELVY SOLN	VIMIZIM INJ
ZOLGENSMA INJ			

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List
Last Updated* 9/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TROGARZO INJ	Restricted to Infectious Disease Specialist; QL= Loading Dose: 10 vials (13.3mL) for first 14 days, and Maintenance: 4 vials (5.32 mL) every 14 days

Symbols and abbreviations are defined on page 1.

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