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 All previous versions of the formulary are no longer in effect.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 5/1/2022

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss		
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		

L.A. Care PASC-SEIU Homecare Workers Formulary
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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
SAXENDA INJ 18MG/3ML ***(liraglutide (weight management))***	F	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML ***(semaglutide (weight management))***	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML ***(semaglutide (weight management))***	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML ***(semaglutide (weight management))***	F	PA-QL QL= 4 pens/28 days
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		

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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
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		
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 27MG, 36MG, 54MG	F	-
methylphenidate ER tab 10mg, 20mg 10MG, 20MG (RITALIN 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
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		
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		
OLUMIANT TAB 1MG, 2MG ***(baricitinib)***	F	LMSP-PA-QL QL= 1 tab/day
RINVOQ ER TAB 15MG, 30MG, 45MG ***(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

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ST	Step Therapy	VAC	Vaccine Program		

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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
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
SIMPONI AUTO-INJECTOR 100MG 100MG/ML ***(golimumab)***	F	LMSP-PA-QL QL=1 inj/28 days

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SIMPONI INJ 100MG 100MG/ML ***(golimumab)***	F	LMSP-PA-QL QL=1 inj/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		
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	-

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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
etodolac tab 400MG, 500MG	F	-
FLURBIPROFEN TAB 50MG ***(flurbiprofen)***	F	-
flurbiprofen tab 100MG, 50MG	F	-
ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML (ADVIL, MOTRIN Equiv)	F	-
ibuprofen tab 400MG, 600MG	F	-
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	-
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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)
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
codeine sulfate 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
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

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morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)	F	QL QL= 90 tabs/ 30 days
MORPHINE SULFATE SOLN 20MG/5ML ***(morphine sulfate)***	F	QL QL=120ml/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 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
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydrocodone/acetaminophen 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 (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 ***(oxycodone-aspirin)***	F	QL QL= 120 tabs/30 days
oxycodone/aspirin tab 4.835MG-325MG	F	QL QL= 120 tabs/30 days
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 (ANDROGEL Equiv) ***(testosterone)***	F	PA-QL QL= 1 packet/day
testosterone gel 1% 25mg 25MG/2.5GM (ANDROGEL Equiv)	F	PA-QL QL= 1 packet/day
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
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	PA
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
disopyramide cap 100MG, 150MG (NORPACE Equiv)	F	-
quinidine gluconate CR tab	F	-
quinidine sulfate tab 200MG, 300MG	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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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	-

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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	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ***(mometasone furoate (inhalation))***	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone furoate (inhalation))***	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ***(mometasone 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
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/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT ***(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	-
albuterol sulfate ER tab (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	-

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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
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	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ***(mometasone furoate-formoterol fumarate dihydrate)***	F	-
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT ***(fluticasone-salmeterol)***	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
METAPROTERENOL SYRUP 10MG/5ML ***(metaproterenol sulfate)***	F	-
SEREVENT DISKUS INHALER 50MCG/DOSE ***(salmeterol xinafoate)***	F	-
SYMBICORT INHALER 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT ***(budesonide-formoterol fumarate dihydrate)***	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 300MG, 450MG (UNIPHYL Equiv) ***(theophylline)***	F	-
theophylline ER tab 400MG, 600MG (UNIPHYL Equiv)	F	-
theophylline soln 80MG/15ML	F	-
ANTICOAGULANTS - Drugs to thin the blood		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 2.5MG, 5MG ***(apixaban)***	F	-
XARELTO STARTER PACK ***(rivaroxaban)***	F	-
XARELTO SUSP 1MG/ML ***(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, 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
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
clobazam susp 2.5MG/ML (ONFI Equiv)	F	PA Members age 9 or older require Prior Authorization
clobazam tab 10MG, 20MG (ONFI Equiv)	F	PA
clonazepam tab .5MG, 1MG, 2MG (KLONOPIN 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
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, 200MG/10ML (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
FINTEPLA SOLN 2.2MG/ML ***(fenfluramine hcl (anticonvulsant))***	F	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
gabapentin cap 100MG, 300MG, 400MG (NEURONTIN Equiv)	F	QL QL= 9 caps/day
gabapentin soln 250MG/5ML, 300MG/6ML (NEURONTIN Equiv)	F	QL QL= 72 mls/day
gabapentin tab 600mg 600MG (NEURONTIN Equiv)	F	QL QL= 6 tabs/day
gabapentin tab 800mg 800MG (NEURONTIN Equiv)	F	QL QL= 4.5 tabs/day
lacosamide tab 100MG, 150MG, 200MG, 50MG (VIMPAT Equiv)	F	QL QL= 2 tabs/day
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, 25MG, 50MG, 75MG (LYRICA Equiv)	F	QL QL= 3 caps/day
pregabalin cap 225mg 225MG (LYRICA Equiv)	F	QL QL= 2 caps/day
pregabalin cap 300mg 300MG (LYRICA Equiv)	F	QL QL= 2 caps/day
pregabalin soln 20MG/ML (LYRICA Equiv)	F	QL QL= 30ml/day
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	-
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

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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 PAK 150-200MG ***(cenobamate)***	F	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG ***(cenobamate)***	F	QL QL= 2 tabs/day
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 Lumicera 855-847-3553
vigabatrin tab 500MG (SABRIL Equiv)	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
vigadrone powder pack 500MG	F	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		
DILANTIN CAP 30MG 30MG ***(phenytoin sodium extended)***	F	-
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
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	-

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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
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
amitriptyline tab (ELAVIL Equiv)	F	-
AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG ***(amoxapine)***	F	-
desipramine tab (NORPRAMIN Equiv)	F	-
DOXEPIN CAP (SINEQUAN Equiv) ***(doxepin hcl)***	F	-
doxepin cap 100MG, 10MG, 150MG, 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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)	F	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		
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

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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
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ***(empagliflozin-metformin hcl)***	F	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ***(empagliflozin-metformin hcl)***	F	QL QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG, 5MG-1000MG ***(dapagliflozin-metformin hcl)***	F	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-1000MG, 10MG-500MG, 5MG-500MG ***(dapagliflozin-metformin hcl)***	F	QL QL= 1 tab/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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 INJ KIT 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
KORLYM TAB 300MG ***(mifepristone (hyperglycemia))***	F	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
ZEGALOGUE INJ .6MG/0.6ML ***(dasiglucagon hcl)***	F	QL QL= 2 inj/fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ***(alogliptin benzoate)***	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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BYDUREON INJ 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, 5.5MG/ML-8MG/3ML-14MG/ML ***(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
INSULIN - Drugs to regulate blood sugar		
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	-

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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 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	-
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NOVOLIN 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	-
NOVOLOG PENFILL INJ 100UNIT/ML ***(insulin aspart)***	F	-
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS Equiv) 100UNIT/ML ***(insulin glargine-yfgn)***	F	-
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS Equiv) 100UNIT/ML ***(insulin glargine-yfgn)***	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		
nateglinide tab 120MG, 60MG (STARLIX Equiv)	F	-
repaglinide tab .5MG, 1MG, 2MG (PRANDIN Equiv)	F	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - 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
FARXIGA TAB 10MG, 5MG ***(dapagliflozin propanediol)***	F	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG ***(empagliflozin)***	F	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
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	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
naltrexone tab 50MG (REVIA Equiv)	F	-
ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
deferasirox granules packet 180MG, 360MG, 90MG (JADENU Equiv)	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 1000MG, 500MG (FERRIPROX Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML ***(naloxone hcl)***	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
naloxone hcl nasal spray 4MG/0.1ML (NARCAN Equiv)	F	-
naloxone inj .4MG/ML, 4MG/10ML	F	-
NALOXONE PREFILLED INJ .4MG/ML ***(naloxone hcl)***	$0	-
naloxone prefilled inj 2MG/2ML	$0	-
ZIMHI SOLN 5MG/0.5ML ***(naloxone hcl)***	F	-
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		
maldemar tab (SCOPACE Equiv)	F	-
meclizine chew tab 25MG (BONINE Equiv)	F	OTC
meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)	F	OTC
scopolamine patch 1.5MG, 1MG/3DAYS (TRANSDERM-SCOP Equiv)	F	-
trimethobenzamide cap 300MG (TIGAN Equiv)	F	-
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
ANTIFUNGALS - Drugs to treat fungal infection		
flucytosine cap 250MG, 500MG (ANCOBON Equiv)	F	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
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	-
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 12.5MG, 25MG, 50MG (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		
cholestyramine lite powder 4GM/DOSE (QUESTRAN LITE Equiv)	F	-
cholestyramine lite powder pack 4GM (QUESTRAN LITE 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
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	-
lovastatin tab 10MG, 20MG, 40MG (MEVACOR Equiv)	$0	-
pravastatin tab 10MG, 20MG, 40MG, 80MG (PRAVACHOL 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
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
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		

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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
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	-
losartan tab 100MG, 25MG, 50MG (COZAAR Equiv)	F	-
olmesartan tab 20MG, 40MG, 5MG (BENICAR Equiv)	F	-
telmisartan tab 20MG, 40MG, 80MG (MICARDIS 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
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 .1MG, .2MG, .3MG (CATAPRES Equiv)	F	-
doxazosin tab 1MG, 2MG, 4MG, 8MG (CARDURA Equiv)	F	-
guanfacine IR tab 1MG, 2MG (TENEX Equiv)	F	-
METHYLDOPA TAB 250MG, 500MG ***(methyldopa)***	F	-
methyldopa tab 250MG, 500MG	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	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
amlodipine/valsartan/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	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG ***(methyldopa & hydrochlorothiazide)***	F	-
METOPROLOL/HYDROCHLOROTHIAZIDE TAB 50MG-100MG ***(metoprolol & hydrochlorothiazide)***	F	-
metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG	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	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
eplerenone tab 25MG, 50MG (INSPRA Equiv)	F	-
VASODILATORS - Drugs to treat high blood pressure		
hydralazine tab 100MG, 10MG, 25MG, 50MG (APRESOLINE Equiv)	F	-
minoxidil tab 10MG, 2.5MG (LONITEN 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
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
tinidazole tab 250MG, 500MG (TINDAMAX Equiv)	F	-
TRIMETHOPRIM TAB 100MG (PROLOPRIM Equiv) ***(trimethoprim)***	F	-
trimethoprim tab 100MG (PROLOPRIM Equiv)	F	-
XIFAXAN TAB 550MG 550MG ***(rifaximin)***	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	-
HYDROXYCHLOROQUINE TAB 100MG 100MG ***(hydroxychloroquine sulfate)***	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
KRINTAFEL TAB 150MG ***(tafenoquine succinate)***	F	-
mefloquine tab 250MG (LARIAM Equiv)	F	-
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		
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FIRDAPSE TAB 10MG ***(amifampridine phosphate)***	F	LD-PA Only available through AnovoRx 844-288-5007
PROSTIGMIN TAB ***(neostigmine bromide)***	F	-
pyridostigmine CR tab 180MG (MESTINON Equiv)	F	-
pyridostigmine tab 60MG (MESTINON Equiv)	F	-
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 5000000UNIT/ML ***(interferon alfa-n3)***	F	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
hydroxyurea cap 500MG (HYDREA Equiv)	F	-
INTRON-A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT ***(interferon alfa-2b)***	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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
methotrexate inj 1GM/40ML, 250MG/10ML, 50MG/2ML	F	-
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
EXKIVITY CAP 40MG ***(mobocertinib succinate)***	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
GILOTRIF TAB 20MG, 30MG, 40MG ***(afatinib dimaleate)***	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
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	LD-PA-SF Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
anastrozole tab 1MG (ARIMIDEX Equiv)	$0	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
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 ***(flutamide)***	F	-
flutamide cap 125MG	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

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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
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	-
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		
WELIREG TAB 40MG ***(belzutifan)***	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ***(pomalidomide)***	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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
ALECENSA CAP 150MG ***(alectinib hcl)***	F	LMSP-PA-QL QL= 8 caps/day
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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 10MG, 2.5MG, 5MG, 7.5MG (AFINITOR Equiv)	F	LMSP-PA-QL QL= 1 tab/day

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
everolimus tab for oral susp 2MG, 3MG, 5MG (AFINITOR DISPERZ Equiv)	F	LMSP-PA-QL QL= 1 tab/day
FARYDAK CAP 10MG, 15MG, 20MG ***(panobinostat lactate)***	F	MSP-PA-QL QL= 6 caps/21 days
FOTIVDA CAP .89MG, 1.34MG ***(tivozanib hcl)***	F	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306
GAVRETO CAP 100MG ***(pralsetinib)***	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
IBRANCE CAP 100MG, 125MG, 75MG ***(palbociclib)***	F	KMSP-PA-QL QL= 21 caps/28 days
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
IMBRUVICA CAP 70MG 70MG ***(ibrutinib)***	F	LD-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG 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
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
LUMAKRAS TAB 120MG ***(sotorasib)***	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG ***(pemigatinib)***	F	LD-PA-QL QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ROZLYTREK CAP 100MG, 200MG ***(entrectinib)***	F	LMSP-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-QL QL= 56 caps/28 days
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	LMSP-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
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG ***(talazoparib tosylate)***	F	KMSP-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ***(nilotinib 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
TAZVERIK TAB 200MG ***(tazemetostat hbr)***	F	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG ***(tepotinib hcl)***	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG ***(ivosidenib)***	F	LD-PA-QL QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
TRUSELTIQ PACK 100MG 100MG ***(infigratinib phosphate)***	F	LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 50MG, 125MG 25MG ***(infigratinib phosphate)***	F	LD-PA-QL QL= 42 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 75MG 25MG ***(infigratinib phosphate)***	F	LD-PA-QL QL= 63 caps/28 days; Only available through Biologics 800-850-4306
TURALIO CAP 200MG ***(pexidartinib hcl)***	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
UKONIQ TAB 200MG ***(umbralisib tosylate)***	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Onco360 877-662-6633

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ***(abemaciclib)***	F	LMSP-PA-QL 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
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
carbidopa/levodopa 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	-
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	-
TRIHEXYPHENIDYL SOLN .4MG/ML ***(trihexyphenidyl hcl)***	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

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ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG ***(carbidopa-levodopa)***	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)	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		
EQUETRO CAP ***(carbamazepine (antipsychotic))***	F	-
LATUDA TAB 120MG, 20MG, 40MG, 60MG, 80MG ***(lurasidone hcl)***	F	QL QL= 1 tab/day
ziprasidone cap 20MG, 40MG, 60MG, 80MG (GEODON Equiv)	F	-
BENZISOXAZOLES - Drugs to treat mood 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
paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG (INVEGA Equiv)	F	-
RISPERIDONE ODT .25MG (RISPERDAL M Equiv) ***(risperidone)***	F	-
risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG (RISPERDAL M Equiv)	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		
asenapine maleate SL tab 10MG, 2.5MG, 5MG (SAPHRIS Equiv)	F	QL QL= 2 tabs/day
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	-

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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	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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 15MG-30MG-120MG, 25MG-50MG-200MG ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	F	QL QL= 1 tab/ day
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DESCOVY TAB 15MG-120MG, 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	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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	-
maraviroc tab 150MG, 300MG (SELZENTRY 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
NEVIRAPINE ER TAB 100MG 100MG ***(nevirapine)***	F	-
nevirapine ER tab 400mg 100MG, 400MG (VIRAMUNE XR Equiv)	F	-
NEVIRAPINE SUSP 50MG/5ML ***(nevirapine)***	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
PREZCOBIX TAB 150MG-800MG ***(darunavir-cobicistat)***	F	-
PREZISTA SUSP 100MG/ML ***(darunavir)***	F	-
PREZISTA TAB 150MG, 600MG, 75MG, 800MG ***(darunavir)***	F	-
RESCRIPTOR TAB 100MG, 200MG ***(delavirdine mesylate)***	F	-
REYATAZ POWDER PACK 50MG ***(atazanavir sulfate)***	F	-
ritonavir tab 100MG (NORVIR 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
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 ***(stavudine)***	F	-
stavudine cap 15MG, 20MG, 30MG, 40MG	F	-
stavudine soln (ZERIT Equiv)	F	-
STRIBILD TAB 150MG-200MG-300MG ***(elvitegravir-cobicistat-emtricitabine-tenofovir df)***	F	QL QL= 1 tab/day
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 PD TAB 5MG-30MG-60MG ***(abacavir-dolutegravir-lamivudine)***	F	QL QL= 1 tab/day
TRIUMEQ TAB 50MG-300MG-600MG ***(abacavir-dolutegravir-lamivudine)***	F	QL QL= 1 tab/day
VIDEX SOLN 2GM, 4GM ***(didanosine)***	F	-

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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	-
ANTIVIRAL COMBINATIONS ***		
PAXLOVID TAB 100MG-150MG ***(nirmatrelvir-ritonavir)***	$0	QL QL= 30 tabs/fill
CMV AGENTS - Drugs to treat viral infections		
GANCICLOVIR CAP ***(ganciclovir)***	F	-
valganciclovir soln 50MG/ML (VALCYTE Equiv)	F	-
valganciclovir tab 450MG (VALCYTE Equiv)	F	-
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MAVYRET PAK 20MG-50MG ***(glecaprevir-pibrentasvir)***	F	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG ***(glecaprevir-pibrentasvir)***	F	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML ***(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		
acyclovir cap 200MG (ZOVIRAX Equiv)	F	-
acyclovir susp 200MG/5ML (ZOVIRAX Equiv)	F	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	F	-
famciclovir tab 125MG, 250MG, 500MG (FAMVIR 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
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	-
MISC. ANTIVIRALS ***		
MOLNUPIRAVIR CAP 200MG ***(molnupiravir)***	$0	QL QL= 40 caps/fill
ASSORTED CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		
D-PENAMINE TAB 125MG ***(penicillamine)***	F	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
REVLIMID CAP 2.5MG, 20MG ***(lenalidomide)***	F	KMSP-PA-QL QL= 1 cap/day
THALOMID CAP 100MG, 150MG, 200MG, 50MG ***(thalidomide)***	F	KMSP-PA

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L.A. Care PASC-SEIU Homecare Workers Formulary

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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	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
sodium polystyrene powder (KAYEXALATE Equiv)	F	-
sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML (SPS Equiv)	F	-
BETA BLOCKERS - Drugs to treat high blood pressure		

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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	-
metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)	F	-
metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG (LOPRESSOR Equiv)	F	-
nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG (BYSTOLIC Equiv)	F	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
nadolol tab 20MG, 40MG, 80MG (CORGARD Equiv)	F	-
pindolol tab 10MG, 5MG (VISKEN Equiv)	F	-
propranolol ER cap 120MG, 160MG, 60MG, 80MG (INDERAL LA Equiv)	F	-
propranolol oral soln 20mg/5ml 20MG/5ML (PROPRANOLOL Equiv)	F	-
PROPRANOLOL SOLN 40MG/5ML ***(propranolol hcl)***	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 tab 10MG, 20MG, 40MG, 60MG, 80MG (INDERAL Equiv)	F	-
sotalol AF tab 120MG, 160MG, 80MG (BETAPACE AF Equiv)	F	-
sotalol tab 120MG, 160MG, 240MG, 80MG (BETAPACE Equiv)	F	-
TIMOLOL MALEATE TAB 20MG (BLOCADREN Equiv) ***(timolol maleate)***	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, 180MG, 240MG, 300MG, 360MG (CARDIZEM SR 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	-

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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 120MG, 180MG, 200MG, 240MG (VERELAN Equiv)	F	-
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 (LANOXIN Equiv)	F	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs		
AMLODIPINE/ATORVASTATIN TAB 2.5MG-10MG (CADUET Equiv) ***(amlodipine besylate-atorvastatin calcium)***	F	-
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
tadalafil tab 10MG, 2.5MG, 20MG, 5MG (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
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	LMSP-PA-QL QL= 1 tab/day
bosentan tab 125MG, 62.5MG (TRACLEER Equiv)	F	LMSP-PA-QL QL= 2 tabs/day
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		
sildenafil tab 20mg 20MG (REVATIO Equiv)	F	PA

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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	-
cefuroxime tab 250MG, 500MG (CEFTIN Equiv)	F	-

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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		
NUVARING .015MG/24HR-.12MG/24HR ***(etonogestrel-ethinyl estradiol)***	$0	-

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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	-
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 (PRELONE Equiv) ***(prednisolone)***	F	-
prednisolone syrup 15MG/5ML (PRELONE Equiv)	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	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, 30MG, 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 0.3-2.5% .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%	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% (RETIN-A GEL Equiv)	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		
ciclopirox cream .77% (LOPROX CREAM Equiv)	F	-

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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% (NIZORAL Equiv) ***(ketoconazole (topical))***	EXC	OTC
nizoral a-d shampoo 1% (NIZORAL Equiv)	EXC	OTC
nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)	F	-
nystatin oint 100000UNIT/GM	F	-
nystatin topical powder 100000UNIT/GM	F	-
nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM	F	-
nystatin/triamcinolone oint .1%-100000UNIT/GM	F	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - 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
diclofenac gel 1% 1% (VOLTAREN Equiv)	F	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
diclofenac gel 3% (SOLARAZE Equiv)	F	PA-QL QL= 300gm/30 days
fluorouracil cream 5% (EFUDEX CREAM Equiv)	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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SKYRIZI INJ 150MG/ML 150MG/ML ***(risankizumab-rzaa)***	F	LMSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML ***(risankizumab-rzaa)***	F	LMSP-PA-QL QL= 2 inj/84 days
STELARA INJ 45MG/0.5ML ***(ustekinumab)***	F	LMSP-PA-QL QL= 1 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	-

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betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)	F	-
BETAMETHASONE AUGMENTED GEL .05% ***(betamethasone dipropionate augmented)***	F	-
betamethasone augmented gel	F	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
mometasone soln .1% (ELOCON Equiv)	F	-
PREDNICARBATE CREAM .1% ***(prednicarbate)***	F	-
PREDNICARBATE OIN .1% ***(prednicarbate)***	F	-
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 100MG/0.67ML, 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		
bimatoprost ophth soln .03%	EXC	-
finasteride tab 1MG (PROPECIA Equiv)	EXC	-
HAIR REDUCTION AGENTS - drugs to remove hair		

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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		
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% (GLYDO Equiv)	F	-
lidocaine oint	F	QL QL= 107gm/30 days
lidocaine patch 5% 5% (LIDODERM Equiv)	F	QL QL= 3 patches/day
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	-

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L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 5/1/2022

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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 1% (METROGEL Equiv)	F	-
metronidazole gel 0.75% .75% (METROGEL Equiv)	F	-
metronidazole lotion .75% (METROLOTION Equiv)	F	-
MIRVASO GEL .33% ***(brimonidine tartrate (topical))***	EXC	-
RHOFADE CREAM 1% ***(oxymetazoline hcl (topical))***	EXC	-
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		

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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		
COVID-19 TEST ***(covid-19 at home test)***	$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 INJ TEST CARTRIDGE ***(covid-19 at home test)***	$0	OTC-QL QL= 8 cartridges/30 days
CUE HEALTH MONITOR ***(covid-19 at home test)***	$0	OTC-QL QL= 1 kit/year
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
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

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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		
DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency		
ASTAMED MYO CAP ***(astaxanthin-tocotrienol-zinc-cholecalciferol)***	EXC	-
DEPLIN CAP ***(l-methylfolate-algae)***	EXC	-
ELIGEN B12 TAB ***(cyanocobalamin-salcaprozate sodium)***	EXC	-
FALESSA TAB ***(levomefolate glucosamine)***	EXC	-
GLYGEST PAK ***(2-fucosyllactose & lacto-n-neotetraose)***	EXC	-
L-METHYLFOLATE TAB ***(l-methylfolate)***	EXC	-
LUVIRA CAP ***(omega-3-acid ethyl esters (dietary management))***	EXC	-
METANX CAP ***(l-methylfolate w/ algae-vitamin b12-vitamin b6)***	EXC	-
OLLIZAC POWDER ***(2-fucosyllactose & lacto-n-neotetraose)***	EXC	-
PODIAPN CAP ***(l-methylfolate w/ vitamin b6-vitamin b12)***	EXC	-
XAQUIL XR TAB ***(levomefolate glucosamine)***	EXC	-
XYZBAC TAB ***(dietary management product)***	EXC	-

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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		
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 125MG, 250MG	F	-
methazolamide tab 25MG, 50MG (NEPTAZANE Equiv)	F	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		

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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	-
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 ***(furosemide)***	F	-
furosemide soln 10MG/ML	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		

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CHLOROTHIAZIDE TAB 250MG, 500MG ***(chlorothiazide)***	F	-
chlorothiazide tab 500MG	F	-
chlorthalidone tab 25MG, 50MG	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	-
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 600MCG/2.4ML ***(teriparatide (recombinant))***	F	LMSP
ibandronate tab 150mg 150MG (BONIVA Equiv)	F	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate

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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
CORTICOTROPIN * **		
ACTHAR GEL INJ 80UNIT/ML ***(corticotropin)***	F	MSP-PA-QL QL= 4 vials/fill
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
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 12MG, 5MG ***(somatropin)***	F	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate 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
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		
calcitriol cap .25MCG, .5MCG (ROCALTROL Equiv)	F	-
calcitriol soln 1MCG/ML (ROCALTROL Equiv)	F	-
carglumic acid tab 200MG (CARBAGLU Equiv)	F	LD-PA Only available through Accredo 888-773-7376
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
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
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML ***(octreotide acetate)***	F	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
jinteli tab .5MG-2.5MCG, 1MG-5MCG (FEMHRT Equiv)	F	-
MYFEMBREE TAB .5MG-1MG-40MG ***(relugolix-estradiol-norethindrone acetate)***	F	PA-QL QL= 1 tab/day
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
FLUOROQUINOLONES - Drugs to treat bacterial infections		
ciprofloxacin susp 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	-
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		
BYLVAY CAP 1200MCG 1200MCG ***(odevixibat)***	F	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BYLVAY CAP 400MCG 400MCG ***(odevixibat)***	F	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG ***(odevixibat)***	F	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG ***(odevixibat)***	F	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system		
balsalazide cap 750MG (COLAZAL Equiv)	F	-
CIMZIA INJ 200MG ***(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		

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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	-
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	-

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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		
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
phenazopyridine tab 100MG, 200MG (PYRIDIUM Equiv)	F	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
tiopronin tab 100MG (THIOLA Equiv)	F	LMSP-PA
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	-
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
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
EMPAVELI INJ 1080MG/20ML ***(pegcetacoplan)***	F	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
TAKHZYRO INJ 300MG/2ML ***(lanadelumab-flyo)***	F	LD-PA-QL QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
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	-
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
OXBRYTA TAB 300MG ***(voxelotor)***	F	LD-PA-QL QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767
COBALAMINS - Drugs to treat vitamin deficiency		
cyanocobalamin inj 1000MCG/ML	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
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ***(epoetin alfa)***	F	LMSP
FULPHILA INJ 6MG/0.6ML ***(pegfilgrastim-jmdb)***	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 1MG-25MCG-150MG	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-75 MG-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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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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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	-
zolpidem ER tab 12.5MG, 6.25MG (AMBIEN CR Equiv)	F	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
CLENPIQ SOLN 3.5GM/160ML-10MG/160ML-12GM/160ML ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	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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CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML ***(clarithromycin)***	F	-
clarithromycin susp (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, FIRST-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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DIAPHRAGM ***(diaphragms)***	$0	-
FEMALE CONDOMS ***(condoms - female)***	$0	OTC
DIABETIC SUPPLIES - Devices to assist with diabetes		
CALIBRATION LIQUID ***(blood glucose calibration)***	F	OTC
DEXCOM G6 RECEIVER ***(continuous blood glucose system receiver)***	F	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR ***(continuous blood glucose system sensor)***	F	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER ***(continuous blood glucose system transmitter)***	F	PA-QL QL= 1 transmitter/90 days
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

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FREESTYLE PRECISION NEO METER ***(blood glucose monitoring supplies)***	$0	OTC
LANCET KIT ***(lancets misc.)***	F	OTC
LANCETS ***(lancets)***	F	OTC
OMNIPOD 5 INTRO KIT ***(insulin infusion disposable pump)***	F	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS ***(insulin infusion disposable pump)***	F	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT ***(insulin infusion disposable pump)***	F	QL QL= 1 kit/year
OMNIPOD DASH PODS ***(insulin infusion disposable pump)***	F	QL QL= 10 pods/month
OMNIPOD STARTER KIT ***(insulin infusion disposable pump)***	F	QL QL= 1 kit/year
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	-

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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 ***(respiratory therapy supplies)***	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		
AJOVY INJ 225MG/1.5ML ***(fremanezumab-vfrm)***	F	PA-QL QL= 1 pack/28 days
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
AJOVY INJ 225MG/1.5ML ***(fremanezumab-vfrm)***	F	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML ***(galcanezumab-gnlm)***	F	PA-QL QL= 1 inj/28 days

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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) ***(sumatriptan succinate)***	F	QL QL= 4 inj/fill, 2 fills/30 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
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 ***(sodium fluoride-xylitol)***	F	-

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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 ***(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		
phospha 250 neutral tab 130MG-155MG-852MG (K-PHOS NEUTRAL Equiv)	F	-
potassium phosphate monobasic tab 500MG (K-PHOS Equiv)	F	-
POTASSIUM - Drugs to treat electrolyte disorders		
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	-

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potassium chloride micro tab 10MEQ, 15MEQ, 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	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
lenalidomide cap 10MG, 15MG, 25MG, 5MG (REVLIMID Equiv)	F	KMSP-PA-QL QL= 1 cap/day
REVLIMID CAP 10MG, 15MG, 25MG, 5MG ***(lenalidomide)***	2+penalty	KMSP-PA-QL QL= 1 cap/day
REZUROCK TAB 200MG ***(belumosudil mesylate)***	F	LMSP-PA-QL QL= 1 tab/day
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 .25MG, .5MG, .75MG, 1MG (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	-
PROGERIA TREATMENT AGENTS ***		
ZOKINVY CAP 50MG, 75MG ***(lonafarnib)***	F	LD-PA-QL QL= 4 caps/day; Only available through US Bioservices 888-518-7246
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system		
BENLYSTA AUTO-INJECTOR 200MG/ML ***(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 viscous soln 2%	F	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		

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clotrimazole troches 10MG (MYCELEX TROCHES Equiv)	F	-
nystatin susp 100000UNIT/ML	F	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
chlorhexidine gluconate soln .12% (PERIDEX Equiv)	F	-
DENTAL PRODUCTS - Drugs to prevent cavities		
FLUORIDEX SENSITIVITY PASTE 1.1%-5% ***(sodium fluoride-potassium nitrate)***	F	-
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		

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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	-
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
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 (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		

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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
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
COMBIGAN OPHTH SOLN .2%-.5% ***(brimonidine tartrate-timolol maleate)***	F	-
dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML (COSOPT Equiv)	F	-
LEVOBUNOLOL OPHTH SOLN .5% ***(levobunolol hcl)***	F	-
levobunolol ophth soln .5%	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 1% (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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ISOPTO HYOSCINE OPHTH SOLN ***(scopolamine hbr (ophth))***	F	-
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	-
NATACYN OPHTH SUSP 5% ***(natamycin)***	F	QL QL= 15ml/fill
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)	F	-
tobramycin ophth soln .3% (TOBREX Equiv)	F	-
TRIFLURIDINE OPHTH SOLN 1% (VIROPTIC Equiv) ***(trifluridine)***	F	-
trifluridine ophth soln (VIROPTIC Equiv)	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	-
difluprednate ophth emulsion .05% (DUREZOL Equiv)	F	-
fluorometholone ophth soln .1% (FML LIQUIFILM 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
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	-
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	-

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sulfacetamide sodium/prednisolone ophth soln .23%-10% (VASOCIDIN Equiv)	F	-
TOBRADEX OPHTH OINT .1%-.3% ***(tobramycin-dexamethasone)***	F	-
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		
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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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CYSTARAN OPHTH SOLN .44% ***(cysteamine hcl)***	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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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	-

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OTIC STEROIDS - Drugs to treat ear swelling		
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		

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HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML ***(immune globulin (human) subcutaneous)***	F	KMSP-PA
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	-

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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
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	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
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 Certified Pharmacy 1-866-997-3688
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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, 1MG, 2MG ***(siponimod fumarate)***	F	LMSP

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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 150MG (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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORKAMBI TAB 100MG-125MG, 125MG-200MG ***(lumacaftor-ivacaftor)***	F	KMSP-PA-QL-SF QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML ***(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		
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
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	-

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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 monohydrate cap 100mg 100MG (MONODOX Equiv)	F	-
doxycycline monohydrate cap 50mg 50MG (MONODOX Equiv)	F	-
doxycycline monohydrate tab 100MG, 50MG, 75MG (ADOXA Equiv)	F	-
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	EXC	VAC
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
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	-

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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	-
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.
PREVNAR 20 INJ ***(pneumococcal 20-valent conjugate vaccine)***	$0	QL-VAC QL= 1 vaccine/lifetime; Covered for members age 19 years or older

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VAXNEUVANCE INJ ***(pneumococcal 15-valent conjugate vaccine)***	$0	QL-VAC QL= 1 vaccine/lifetime; Covered for members age 19 years or older
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	QL-VAC QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ ***(influenza virus vaccine split)***	$0	QL-VAC QL= 1 inj/28 days
COVID-19 VACCINE BOOSTER INJ (MODERNA) 50MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 inj/year
COVID-19 VACCINE INJ (JANSSEN) .5ML ***(covid-19 (sars-cov-2) adenovirus vaccine)***	$0	QL QL= 1 dose/45 days; limit 2 fills/12 months
COVID-19 VACCINE INJ (MODERNA) 100MCG/0.5ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/24 days; limit 4 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 4 fills/12 months

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COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.2ML ***(covid-19 (sars-cov-2) mrna virus vaccine)***	$0	QL QL= 1 dose/17 days; limit 4 fills/12 months
DENGVAXIA SUSP ***(dengue virus vaccine live tetravalent)***	EXC	VAC
FLUAD INJ ***(influenza virus vaccine types a & b surface antigen adjuvant)***	$0	QL-VAC QL= 1 inj/28 days
FLUAD QUAD INJ .5ML ***(influenza virus vacc types a & b surf antigen adjuvant quad)***	$0	QL-VAC QL= 1 inj/28 days
FLUBLOK INJ ***(influenza virus vaccine recombinant hemagglutinin (ha))***	$0	QL-VAC QL= 1 inj/28 days
FLUBLOK QUAD PF INJ ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX INJ ***(influenza virus vaccine tissue-cultured subunit)***	$0	QL-VAC QL= 1 inj/28 days
FLUCELVAX QUAD INJ ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP ***(influenza virus vaccine live quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUVIRIN INJ ***(influenza virus vaccine types a & b surface antigen)***	$0	QL-VAC QL= 1 inj/28 days

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUVIRIN PF INJ ***(influenza virus vaccine types a & b preservative free)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE HD PF INJ ***(influenza virus vac split high-dose quad preservative free)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ ***(influenza virus vaccine split high-dose preservative free)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE INTRADERMAL INJ ***(influenza virus vaccine split)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ ***(influenza virus vaccine split quadrivalent)***	$0	QL-VAC QL= 1 inj/28 days
PREHEVBRIO SUSP 10MCG/ML ***(hepatitis b vaccine 3-antigen recombinant)***	EXC	VAC
SHINGRIX INJ 50MCG/0.5ML ***(zoster vaccine recombinant adjuvanted)***	EXC	VAC
TICOVAC INJ 2.4MCG/0.5ML ***(tick-borne encephalitis virus vaccine, inactivated)***	EXC	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

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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		
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		

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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 94

A

abacavir soln 72
abacavir tab 72
abacavir/lamivudine tab 72
abacavir/lamivudine/zidovudine tab 72
abiraterone tab 250mg 56
acamprosate calcium DR tab 146
acarbose tab 31
acebutolol cap 81
acetaminophen/codeine soln 11
acetaminophen/codeine tab 11
acetazolamide ER cap 103
acetazolamide tab 103
acetic acid otic soln 142
acetic acid/hydrocortisone otic soln 143
acetylcysteine soln 91
ACIDIC VAGINAL JELLY 158
acitretin cap 94
ACTEMRA ACTPEN INJ 6
ACTEMRA SC INJ 6
ACTHAR GEL INJ 106
ACTIMMUNE INJ 53
acyclovir cap 78
acyclovir oint 95
acyclovir susp 78
acyclovir tab 78
ADACEL/BOOSTRIX INJ 153
adapalene cream 91
adapalene gel 91
adapalene/benzoyl peroxide gel 0.1-2.5% 91
adefovir dipivoxil tab 77
ADEMPAS TAB 85
ADVAIR DISKUS INHALER 19
ADVAIR HFA INHALER 19
AEROCHAMBER 126
AFLURIA INJ 156
AFLURIA INJ, FLUZONE INJ 156
AIMOVIG INJ 126
AJOVY INJ 126
AKYNZEO CAP 40
albuterol neb soln 19
albuterol sulfate ER tab 19
albuterol sulfate syrup 19
albuterol sulfate tab 19
albuterol/ipratropium neb soln 19
alclometasone cream 95
alclometasone oint 95
ALCOHOL SWABS 125
ALECENSA CAP 59
alendronate tab 105
ALENDRONATE TAB 40MG 105
ALFERON-N INJ 53
alfuzosin SR tab 114
ALINIA SUSP 49
allopurinol tab 115
ALOCRIL OPHTH SOLN 140
ALOGLIPTIN TAB 33
ALOGLIPTIN-METFORMIN TAB 31
ALOGLIPTIN-PIOGLITAZONE TAB 31
ALOMIDE OPHTH SOLN 140
alprazolam tab 15
aluminum chloride soln 99
ALUNBRIG TAB 30MG 59
ALUNBRIG TAB 90MG, 180MG 59
amantadine cap 67
amantadine syrup 67
amantadine tab 67
ambrisentan tab 84
amethyst tab 86

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amiloride tab 104
amiloride/hydrochlorothiazide tab 104
aminocaproic acid soln 120
aminocaproic acid syrup 120
aminocaproic acid tab 120
aminophylline tab 21
amiodarone tab 17
amitriptyline tab 30
amlodipine tab 82
amlodipine/atorvastatin tab 83
amlodipine/benazepril cap 46
amlodipine/olmesartan tab 46
amlodipine/valsartan tab 46
amlodipine/valsartan/hydrochlorothiazide tab 47
ammonium lactate lotion 98
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 91
AMOXAPINE TAB 30
amoxicillin cap 144
AMOXICILLIN CHEW TAB 144
amoxicillin susp 144
amoxicillin tab 144
amoxicillin/clavulanate chew tab 144
amoxicillin/clavulanate susp 145
amoxicillin/clavulanate tab 500-125mg, 875-125mg 145
amphetamine/dextroamphetamine ER cap 1
amphetamine/dextroamphetamine tab 1
ampicillin cap 144
ampicillin susp 144
anagrelide cap 116
anastrozole tab 57
ANDRODERM PATCH 13
ANORO ELLIPTA INHALER 20
apraclonidine ophth soln 136
aprepitant cap 40
aprepitant pak 40
APTIVUS CAP 72
APTIVUS SOLN 72
aripiprazole tab 71
armodafinil tab 3
ARMOUR THYROID TAB, NATURE THROID TAB 152
ARNUITY ELLIPTA INHALER 18
asenapine maleate SL tab 70
ashlyna tab, daysee tab 86
ASMANEX HFA INHALER 18
ASMANEX INHALER 18
aspirin chew tab 81mg 9
aspirin ec tab 325mg 9
aspirin ec tab 81mg 9
aspirin tab 325mg 9
aspirin tab 81mg 9
ASTAMED MYO CAP 102
atazanavir cap 72
atenolol tab 81
atenolol/chlorthalidone tab 47
atorvastatin tab 10mg 43
atorvastatin tab 20mg 43
atorvastatin tab 40mg 43
atorvastatin tab 80mg 43
atovaquone susp 49
atovaquone/proguanil tab 51
atropine ophth oint 135
atropine ophth soln 135
ATROVENT HFA INHALER 17
AUBAGIO TAB 148
AVANDAMET TAB 31
AVANDARYL TAB 31
AVANDIA TAB 36
AVONEX INJ 148

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AYVAKIT TAB 58
AZASITE SOLN 136
azathioprine tab 80
azelaic acid gel 100
azelastine nasal spray 0.1% 133
azelastine ophth soln 140
azithromycin susp 122
azithromycin tab 122

B

BACITRACIN OPHTH OINT 136
bacitracin/neomycin/polymyxin b ophth oint 137
bacitracin/polymyxin b ophth oint 137
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint 138
baclofen tab 133
balsalazide cap 112
BALVERSA TAB 3MG 59
BALVERSA TAB 4MG 59
BALVERSA TAB 5MG 59
BAQSIMI NASAL POWDER 32
B-D INSULIN SYRINGE U-500 125
B-D PEN AUTOSHIELD DUO PEN NEEDLE 126
benazepril tab 45
BENAZEPRIL/HCT TAB 47
benazepril/hydrochlorothiazide tab 47
BENLYSTA AUTO-INJECTOR 130
BENLYSTA INJ 130
BENZNIDAZOLE TAB 14
benzonatate cap 100mg, 200mg 89
benztropine tab 67
betamethasone augmented cream 96
BETAMETHASONE AUGMENTED GEL 96
betamethasone augmented lotion 96
betamethasone augmented oint 96
betamethasone diproprionate cream 96
betamethasone diproprionate lotion 96
betamethasone diproprionate oint 96
betamethasone valerate cream 96
betamethasone valerate lotion 96
betamethasone valerate oint 96
bethanechol tab 155
bexarotene cap 67
bicalutamide tab 57
BIKTARVY TAB 72
bimatoprost ophth soln 98
bisoprolol tab 81
bisoprolol/hydrochlorothiazide tab 47
bosentan tab 84
BOSULIF TAB 59
BRAFTOVI CAP 75MG 60
BREO ELLIPTA INHALER 20
BREZTRI AEROSPHERE INHALER 20
brimonidine ophth soln 0.15% 136
brimonidine ophth soln 0.2% 136
brinzolamide ophth susp 140
bromfenac ophth soln 140
bromocriptine cap 67

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bromocriptine tab 67
BRUKINSA CAP 60
budesonide inh susp 19
budesonide SR cap 88
bumetanide tab 104
buprenorphine SL tab 12
buprenorphine/naloxone sl film 12
buprenorphine/naloxone SL tab 12
bupropion ER tab 28
bupropion SR tab 149
bupropion tab 28
bupropion XL tab 28
buspirone tab 15
butorphanol nasal spray 12
BYDUREON BCISE AUTO INJ 33
BYDUREON INJ 34
BYDUREON PEN INJ 34
BYLVAY CAP 1200MCG 111
BYLVAY CAP 400MCG 112
BYLVAY SPRINKLE CAP 200MCG 112
BYLVAY SPRINKLE CAP 600MCG 112

C

cabergoline tab 108
CABLIVI INJ KIT 116
CABOMETYX TAB 60
calcipotriene cream 94
calcipotriene oint 94
calcipotriene soln 94
calcitonin nasal spray 105
calcitriol cap 107
calcitriol soln 107
calcium acetate cap 113
CALIBRATION LIQUID 124
CALQUENCE CAP 60
capecitabine tab 54
CAPRELSA TAB 60
captopril tab 45
carbamazepine chew tab 23
carbamazepine ER cap 23
carbamazepine ER tab 23
carbamazepine susp 23
carbamazepine tab 23
carbidopa tab 67
carbidopa/levodopa ER tab 67
CARBIDOPA/LEVODOPA ODT 68
carbidopa/levodopa tab 68
CARBIDOPA/LEVODOPA /ENTACAPONE TAB 68
carbidopa-levodopa-entacapone tab 69
carglumic acid tab 107
carisoprodol tab 133
carvedilol tab 81
CAYSTON INH SOLN 50
cefdinir cap 86
cefdinir susp 86
cefuroxime susp 85
cefuroxime tab 85
celecoxib cap 6
CELONTIN CAP 27
cephalexin cap 85
cephalexin susp 85
CERDELGA CAP 116
CERVICAL CAP 123
cetirizine syrup 41
cetirizine tab 42
cetirizine/pseudoephedrine 12-hour tab 90
cevimeline cap 131
CHANTIX PAK 149
CHANTIX TAB 149
CHEMET CAP 38
chlordiazepoxide cap 16
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 147
chlorhexidine gluconate soln 131
chloroquine tab 51

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CHLOROQUINE TAB 500MG 51
chlorothiazide tab 105
chlorpheniramine ER cap 41
chlorpromazine tab 71
chlorthalidone tab 105
chlorzoxazone tab 500mg 133
CHOLBAM CAP 111
cholestyramine lite powder 42
cholestyramine lite powder pack 42
cholestyramine powder 43
cholestyramine powder pack 43
CHOLINE MAGNESIUM TRISALICYLATE TAB 9
ciclopirox cream 92
ciclopirox gel 93
ciclopirox nail soln 93
ciclopirox shampoo 93
ciclopirox topical susp 93
cilostazol tab 116
CIMDUO TAB 72
CIMZIA INJ 112
CIMZIA STARTER INJ KIT 112
cinacalcet tab 107
ciprofloxacin ophth soln 137
CIPROFLOXACIN OTIC SOLN 142
ciprofloxacin susp 110
ciprofloxacin tab 110
ciprofloxacin/dexamethasone otic susp 142
citalopram soln 28
citalopram tab 28
CITRULLINE PACKET 134
CLARITHROMYC SUSP 123
clarithromycin susp 123
clarithromycin tab 123
CLENPIQ SOLN 121
clindamycin cap 50
clindamycin gel 91
clindamycin lotion 91
clindamycin pad 91
clindamycin topical soln 91
clindamycin vaginal cream 159
clobazam susp 22
clobazam tab 22
clobetasol propionate cream 96
clobetasol propionate emollient cream 96
clobetasol propionate gel 96
clobetasol propionate oint 96
clonazepam tab 22
clonidine ER tab 2
clonidine patch 46
clonidine tab 46
clopidogrel tab 75mg 116
clotrimazole troches 131
clotrimazole/betamethasone cream 93
clotrimazole/betamethasone lotion 93
clozapine tab 70
CODEINE SULFATE TAB 15MG 9
codeine sulfate tab 15mg, 30mg 10
CODEINE SULFATE TAB 60MG 10
colchicine tab 115
colchicine/probenecid tab 115
colesevelam pack 43
colesevelam tab 43
colestipol tab 43
COLY-MYCIN S OTIC SUSP 142
COMBIGAN OPHTH SOLN 135
COMBIVENT INHALER 20

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COMBIVENT RESPIMAT INHALER 20
COMETRIQ KIT 60
COMPLERA TAB 72
CONTRACEPTIVE FILM 158
CONTRACEPTIVE FOAM 159
CONTRACEPTIVE GEL 159
CONTRAVE TAB 2
COPIKTRA CAP 60
COTELLIC TAB 60
COVID-19 TEST 101
COVID-19 VACCINE BOOSTER INJ (MODERNA) 156
COVID-19 VACCINE INJ (JANSSEN) 156
COVID-19 VACCINE INJ (MODERNA) 156
COVID-19 VACCINE INJ (PFIZER) 156
COVID-19 VACCINE INJ 5-11Y (PFIZER) 157
CREATINE PACKET 5000MG 134
CREON CAP 103
CRINONE GEL 159
CRIXIVAN CAP 72
cromolyn conc 111
cromolyn neb soln 17
cromolyn ophth soln 140
cryselle tab 86
CUE COVID-19 INJ TEST CARTRIDGE 101
CUE HEALTH MONITOR 101
cyanocobalamin inj 117
cyclobenzaprine tab 10mg 133
cyclobenzaprine tab 5mg 133
CYCLOMYDRIL OPHTH SOLN 135
cyclopentolate ophth soln 135
cyclophosphamide cap 54
CYCLOPHOSPHAMIDE TAB 54
cyclosporine cap 80
cyclosporine modified cap 80
cyclosporine modified soln 80
cyproheptadine syrup 42
cyproheptadine tab 42
CYSTADROPS SOLN 140
CYSTAGON CAP 114
CYSTARAN OPHTH SOLN 141
CYTRA K CRYSTALS 113
CYTRA-3 SYRUP 113

D

dalfampridine ER tab 148
danazol cap 13
dantrolene cap 133
dapsone tab 50
deferasirox granules packet 38
deferasirox tab 38
deferasirox tab 180mg 38
deferasirox tab 90mg, 360mg 38
deferiprone tab 38
DELSTRIGO TAB 72
DENGVAXIA SUSP 157
DEPLIN CAP 102
DEPO-PROVERA INJ 88
DESCOVY TAB 73
desipramine tab 30
desmopressin acetate inj 108
desmopressin acetate tab 108
desmopressin nasal soln 108
desoximetasone cream 97
desoximetasone oint 97
desvenlafaxine ER tab 29
DEXAMETHASONE CONC 88
dexamethasone elixir 88
dexamethasone ophth soln 138

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DEXAMETHASONE SOLN 88
dexamethasone tab 88
DEXCOM G6 RECEIVER 124
DEXCOM G6 SENSOR 124
DEXCOM G6 TRANSMITTER 124
dexmethylphenidate ER cap 3
dexmethylphenidate tab 3
dextroamphetamine ER cap 1
dextroamphetamine tab 1
DIACOMIT CAP 23
DIACOMIT POWDER PACK 23
DIALYVITE TAB 132
DIALYVITE/ZINC TAB 132
DIAPHRAGM 124
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 23
diazepam conc 16
diazepam oral soln 5mg/5ml 16
diazepam tab 2mg, 10mg 16
diazepam tab 5mg 16
diclofenac gel 94
diclofenac gel 1% 94
diclofenac potassium tab 6
diclofenac sodium EC tab 6
diclofenac sodium ophth soln 141
diclofenac sodium XR tab 6
dicloxacillin cap 145
dicyclomine cap 153
dicyclomine soln 153
dicyclomine tab 153
didanosine DR cap 73
DIFICID SUSP 123
DIFICID TAB 123
difluprednate ophth emulsion 138
digoxin soln 83
digoxin tab 83
DILANTIN CAP 30MG 27
diltiazem ER cap 82
diltiazem tab 82
dimethyl fumarate DR cap 148
dimethyl fumarate DR starter pack 148
diphenhydramine cap 50mg 41
DIPHENOXYLATE/ATROPINE LIQUID 37
diphenoxylate/atropine tab 37
dipyridamole tab 116
disopyramide cap 16
disulfiram tab 146
DIURIL SUSP 105
divalproex ER tab 27
divalproex sodium DR tab 27
divalproex sprinkle cap 27
dofetilide cap 17
donepezil ODT 146
donepezil tab 146
donepezil tab 23mg 146
DOPTELET TAB 118
dorzolamide ophth soln 141
dorzolamide/timolol ophth soln 135
DOVATO TAB 73
doxazosin tab 46
DOXEPIN CAP 30
doxepin conc 30
doxercalciferol cap 107
doxycycline hyclate cap 151
doxycycline hyclate tab 151
doxycycline monohydrate cap 100mg 152
doxycycline monohydrate cap 50mg 152
doxycycline monohydrate tab 152
doxycycline susp 152

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D-PENAMINE TAB 79
dronabinol cap 40
DROXIA CAP 117
DRYSOL SOLN 99
DULERA INHALER 20
duloxetine EC cap 29
DUPIXENT INJ 98
DUPIXENT PEN INJ 98
dutasteride cap 114

E

econazole cream 93
EDURANT TAB 73
efavirenz cap 73
efavirenz tab 73
efavirenz/emtricitabine/tenofovir df tab 73
efavirenz/lamivudine/tenofovir df (lo) tab 73
EGRIFTA INJ 106
ELIGEN B12 TAB 102
ELIQUIS TAB, ELIQUIS STARTER PACK 22
ELIXOPHYLLIN ELIXIR 21
ELLA TAB 88
ELMIRON CAP 114
EMCYT CAP 57
EMGALITY INJ 100MG/ML 126
EMGALITY INJ 100MG/ML 127
EMPAVELI INJ 115
emtricitabine cap 73
emtricitabine/tenofovir disoproxil fumarate tab 73
EMTRIVA SOLN 73
EMVERM TAB 14
enalapril tab 45
enalapril/hydrochlorothiazide tab 47
ENBREL INJ 25MG 8
ENBREL INJ 50MG 8
ENBREL MINI INJ 8
ENBREL SURECLICK INJ 50MG 8
ENDARI POWDER PACK 117
ENDOMETRIN INSERT 159
enoxaparin inj 22
enpresse tab 86
ENSPRYNG INJ 129
entacapone tab 67
entecavir tab 77
EPIDIOLEX SOLN 23
EPIDUO FORTE GEL 0.3-2.5% 92
EPIFOAM AEROSOL 97
epinephrine pen inj 0.15mg, 0.3mg 160
EPIVIR HBV SOLN 77
eplerenone tab 48
EPOGEN INJ 118
EQUETRO CAP 69
ERIVEDGE CAP 56
ERLEADA TAB 57
erlotinib tab 55
ERY PAD 92
ERYTHROMYCIN EC CAP 123
erythromycin ethylsuccinate susp 123
erythromycin gel 92
erythromycin ophth oint 137
erythromycin pad 92
erythromycin soln 92
erythromycin stearate tab 123
erythromycin/sulfisoxazole susp 49
ESBRIET CAP 151
ESBRIET TAB 267MG 151
ESBRIET TAB 801MG 151
escitalopram soln 28
escitalopram tab 28
estazolam tab 121
estradiol cream 159

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estradiol patch 110
estradiol tab 110
estradiol vaginal tab, yuvafem vaginal tab 159
estradiol valerate inj 110
estradiol/norethindrone tab 109
ESTRING 159
eszopiclone tab 121
ethacrynic tab 104
ethambutol tab 52
ethosuximide cap 27
ethosuximide soln 27
etodolac cap 6
etodolac tab 7
ETOPOSIDE CAP 67
etravirine tab 73
everolimus tab 60
everolimus tab for oral susp 61
EVOTAZ TAB 73
EVRYSDI SOLN 134
exemestane tab 57
EXKIVITY CAP 56
EXTAVIA INJ 148
ezetimibe tab 44

F

FALESSA TAB 102
famciclovir tab 78
famotidine susp 154
famotidine tab 154
FARXIGA TAB 37
FARYDAK CAP 61
FASENRA PEN INJ 17
febuxostat tab 115
felbamate susp 25
felbamate tab 25
felodipine ER tab 82
FEMALE CONDOMS 124
fenofibrate cap 67mg, 134mg, 200mg 43
fenofibrate tab 48mg, 54mg, 145mg, 160mg 43
fenofibric acid DR cap 43
fentanyl patch 10
ferrex 150 forte cap 118
FERRIPROX SOLN 38
ferrous sulfate elixir 119
FERROUS SULFATE LIQUID 119
ferrous sulfate soln 119
ferrous sulfate syrup 120
FIASP FLEXTOUCH INJ 34
FIASP INJ 34
FIASP PENFILL INJ 34
FINACEA PLUS KIT 100
finasteride tab 98
FINTEPLA SOLN 23
FIRDAPSE TAB 52
FIRST-VANCOMYCIN SOLN 50
FIRVANQ SOLN 50
flecainide tab 16
FLORIVA PLUS DROPS 132
FLOVENT DISKUS INHALER 19
FLOVENT HFA INHALER 19
FLUAD INJ 157
FLUAD QUAD INJ 157
FLUBLOK INJ 157
FLUBLOK QUAD PF INJ 157
FLUCELVAX INJ 157
FLUCELVAX QUAD INJ 157
fluconazole susp 41
fluconazole tab 41
flucytosine cap 40
fludrocortisone tab 89
FLULAVAL QUAD INJ, FLUZONE QUAD INJ 157
FLUMIST QUADRIVALENT NASAL SUSP 157
fluocinolone acetonide cream 97

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fluocinolone acetonide oint	97	fluticasone propionate cream	97	FOSRENOL POWDER PACK	113
fluocinolone acetonide soln	97	fluticasone propionate oint	97	FOTIVDA CAP	61
fluocinolone otic oil	143	FLUTICASONE/SALMETEROL INHALER	20	FREESTYLE FREEDOM LITE METER	124
fluocinonide cream 0.05%	97	FLUVIRIN INJ	157	FREESTYLE INSULINX METER	124
fluocinonide cream 0.1%	97	FLUVIRIN PF INJ	158	FREESTYLE INSULINX TEST STRIP	101
fluocinonide emollient cream	97	fluvoxamine ER cap	29	FREESTYLE LIBRE 2 RECEIVER	124
fluocinonide gel	97	fluvoxamine tab	29	FREESTYLE LIBRE 2 SENSOR	124
fluocinonide oint	97	FLUZONE HD PF INJ	158	FREESTYLE LIBRE RECEIVER	124
fluocinonide soln	97	FLUZONE HIGH DOSE PF INJ	158	FREESTYLE LIBRE SENSOR (10-DAY)	124
FLUOR-A-DAY CHEW TAB	127	FLUZONE INTRADERMAL INJ	158	FREESTYLE LIBRE SENSOR (14-DAY)	124
FLUORIDEX SENSITIVITY PASTE	131	FLUZONE QUAD INJ	158	FREESTYLE LITE TEST STRIP	101
fluorometholone ophth soln	138	FLUZONE/FLUARIX QUAD INJ	158	FREESTYLE PRECISION NEO METER	125
fluorouracil cream	94	FOLBEE PLUS CZ TAB	132	FREESTYLE PRECISION NEO TEST STRIP	101
FLUOROURACIL SOLN	94	folbee tab	118	FREESTYLE TEST STRIP	101
fluoxetine cap	28	folic acid tab 1mg	117	FULPHILA INJ	118
fluoxetine soln	29	folic acid tab 400mcg	117	FUROSEMIDE SOLN	104
fluphenazine tab	71	folic acid tab 800mcg	117		
FLURAZEPAM CAP	121	fondaparinux inj	22		
flurbiprofen ophth soln	141	FORTEO INJ	105		
flurbiprofen tab	7	fosamprenavir tab	73		
flutamide cap	57	fosinopril tab	45		
fluticasone nasal spray	134	fosinopril/hydrochlorothiazide tab	47		

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furosemide tab 104
FUZEON INJ 73

G

gabapentin cap 24
gabapentin soln 24
gabapentin tab 600mg 24
gabapentin tab 800mg 24
galantamine ER cap 146
galantamine tab 146
GALZIN CAP 129
GANCICLOVIR CAP 77
GAVRETO CAP 61
gemfibrozil tab 43
GENOTROPIN INJ 106
GENTAK OPHTH OINT 137
gentamicin ophth oint 137
gentamicin ophth soln 137
gentamicin sulfate cream 92
gentamicin sulfate oint 92
GENVOYA TAB 74
gianvi tab, ocella tab 86
GILENYA CAP 148
GILOTRIF TAB 56
glatiramer inj 148
GLEOSTINE/LOMUSTINE CAP 54
glimepiride tab 37
glipizide ER tab 37
glipizide tab 37
glipizide/metformin tab 31
GLUCAGEN HYPOKIT INJ 32
glucagon (rdna) for inj kit 32
GLUCAGON EMR INJ 33
GLUCAGON INJ KIT 33
glyburide micronized tab 37
glyburide tab 37
glyburide/metformin tab 31
glycopyrrolate tab 153
GLYGEST PAK 102
GOLYTELY SOLN 121
granisetron tab 39
griseofulvin micro tab 40
griseofulvin susp 40
griseofulvin tab 40
guaifenesin/codeine soln 90
guaifenesin/codeine syrup 90
guanfacine ER tab 2
guanfacine IR tab 46
GVOKE INJ 33
GVOKE INJ KIT 33
GVOKE PFS INJ 33

H

halobetasol propionate cream 97
halobetasol propionate oint 97
haloperidol lactate conc 70
haloperidol tab 70
hc pramoxine cream 1-1% 14
HEMLIBRA INJ 115
HEXALEN CAP 53
HIZENTRA INJ 143
homatropine ophth soln 135
HUMIRA INJ 10MG 5
HUMIRA INJ 20MG 5
HUMIRA INJ 40MG 5
HUMIRA INJ 80MG 5
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 34
HUMULIN R U-500 34
KWIKPEN INJ
HYCAMTIN CAP 54

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hydralazine tab 48
hydrochlorothiazide cap 105
hydrochlorothiazide tab 105
hydrocodone/acetaminophen soln 12
hydrocodone/acetaminophen tab 12
hydrocodone/homatropine syrup 90
hydrocortisone cream 97
hydrocortisone enema 14
hydrocortisone lotion 97
hydrocortisone oint 97
hydrocortisone tab 89
hydromorphone tab 2mg 10
hydromorphone tab 4mg 10
hydromorphone tab 8mg 10
hydroquinone cream 99
hydroxychloroquine tab 51
HYDROXYCHLOROQUINE TAB 100MG 51
hydroxyprogesterone inj 145
hydroxyurea cap 54
hydroxyzine pamoate cap 15
hydroxyzine syrup 15
hydroxyzine tab 15
hyoscyamine sulfate CR tab 153
hyoscyamine sulfate elixir 153
hyoscyamine sulfate ODT 153
hyoscyamine sulfate SL tab 153
hyoscyamine sulfate SR cap 153
hyoscyamine tab 153
HYQVIA INJ 143

I

ibandronate tab 150mg 105
IBRANCE CAP 61
IBRANCE TAB 61
ibuprofen susp (Rx ONLY) 7
ibuprofen tab 7
ICLUSIG TAB 61
IDHIFA TAB 61
ILEVRO OPHTH SUSP 141
imatinib tab 61
IMBRUVICA CAP 140MG 61
IMBRUVICA CAP 70MG 62
IMBRUVICA TAB 420MG, 560MG 62
IMCIVREE INJ 2
imipramine tab 30
imiquimod cream 99
IMPAVIDO CAP 49
INCRELEX INJ 107
INCRUSE ELLIPTA INHALER 17
indapamide tab 105
indomethacin cap 7
indomethacin CR cap 7
INFANT FORMULA LIQUID 103
INFANT FORMULA POWDER 103
INGREZZA CAP 148
INLYTA TAB 55
INQOVI TAB 59
INSULIN ASPART FLEXPEN INJ 35
INSULIN ASPART INJ 35
INSULIN ASPART MIX FLEXPEN INJ 35
INSULIN ASPART MIX INJ 35
INSULIN ASPART PENFILL INJ 35
INTELENCE TAB 74
INTRON-A INJ 54
INVIRASE CAP 74
INVIRASE TAB 74
IOPIDINE OPHTH SOLN 1% 136
ipratropium nasal spray 134
ipratropium neb soln 17
irbesartan tab 45

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irbesartan/hydrochlorothiazide tab	47
IRESSA TAB	56
IRON SUSP	120
ISENTRESS (HD) TAB	74
ISENTRESS CHEW TAB	74
ISENTRESS POWDER PACK	74
isibloom tab, enskyce tab, apri tab	86
ISONIAZID SYRUP	52
ISONIAZID TAB	52
ISOPTO CARBACHOL OPHTH SOLN	136
ISOPTO HYOSCINE OPHTH SOLN	136
isosorbide dinitrate ER tab	14
isosorbide dinitrate SL tab	15
isosorbide dinitrate tab	15
isosorbide mononitrate ER tab	15
isosorbide mononitrate tab	15
itraconazole cap	41
ivermectin tab	14
J	
JAKAFI TAB	62
JANUMET TAB	31
JANUMET XR TAB	31
JANUVIA TAB	33
JARDIANCE TAB	37
jinteli tab	109
JULUCA TAB	74
junel FE tab	86
junel tab	86
JYNARQUE PAK	109
JYNARQUE TAB	109
K	
KALYDECO PAK	150
KALYDECO TAB	150
kelnor tab	86
KESIMPTA INJ	148
ketoconazole cream	93
ketoconazole shampoo	93
ketoconazole tab	41
KETO-DIASTIX TEST STRIP	101
ketorolac ophth soln	141
ketorolac tab	7
KETOSTIX	101
ketotifen ophth soln	141
KEVZARA INJ	6
KINERET INJ	6
KLOXXADO NASAL SPRAY	38
KORLYM TAB	33
KOSELUGO CAP	62
KRINTAFEL TAB	52
L	
labetalol tab	81
lacosamide tab	24
LACTIC ACID LOTION	98
lactulose soln	112
LAMICTAL CHEW TAB 2MG	24
lamivudine soln	74
lamivudine tab	74
lamivudine tab 100mg	77
lamivudine/zidovudine tab	74
lamotrigine chew tab	24
lamotrigine tab	24
LAMPIT TAB	49
LANCET KIT	125
LANCETS	125
lansoprazole cap	154
lanthanum carbonate chew tab	113
lapatinib ditosylate tab	62
latanoprost ophth soln	142
LATUDA TAB	69
layolis FE tab, wymzya FE tab	86
LEDIPASVIR/SOFOSBUV IR TAB	77
leflunomide tab	8

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lenalidomide cap	129
LENVIMA CAP	55
letrozole tab	57
leucovorin tab	54
LEUKERAN TAB	53
levetiracetam ER tab	24
levetiracetam soln	24
levetiracetam tab	24
levobunolol ophth soln	135
levocarnitine soln	107
levocarnitine tab	107
levofloxacin ophth soln	137
levofloxacin soln	110
levofloxacin tab	110
levonorgestrel tab	88
LEVONORGESTREL TAB 0.75MG	88
LEXIVA SUSP	74
lidocaine cream 3%	99
lidocaine gel	99
lidocaine oint	99
lidocaine patch 5%	99
lidocaine soln	99
lidocaine viscous soln	130
lidocaine/hydrocortisone cream	14
lidocaine/prilocaine cream	99
linezolid susp	50
linezolid tab	50
liothyronine tab	152
LIQUIGEN	134
lisinopril tab	45
lisinopril/hydrochlorothiazide tab	47
lithium carbonate cap	69
lithium carbonate ER tab	69
lithium carbonate tab	69
LITHIUM CITRATE SOLN	69
L-METHYLFOLATE TAB	102
LO LOESTRIN TAB	87
LOKELMA PAK	130
LONSURF TAB	59
lopinavir/ritonavir soln	74
lopinavir/ritonavir tab	74
loratadine chew tab	42
loratadine ODT	42
loratadine syrup	42
loratadine tab	42
loratadine/pseudoephedrine 12-hour tab	90
loratadine/pseudoephedrine 24-hour tab	90
lorazepam conc	16
lorazepam tab	16
LORBRENA TAB 100MG	62
LORBRENA TAB 25MG	62
losartan tab	45
losartan/hydrochlorothiazide tab	47
LOTEMAX OPHTH GEL	139
LOTEMAX OPHTH OINT	139
loteprednol etabonate ophth gel	139
loteprednol ophth susp	139
lovastatin tab	43
loxapine cap	70
LUMAKRAS TAB	62
LUMIGAN OPHTH SOLN	142
LUPKYNIS CAP	130
LUVIRA CAP	102
LYNPARZA CAP	62
LYNPARZA TAB	62
LYSODREN TAB	57

M

malathion lotion	100
maldemar tab	39
MAPROTILINE TAB	28
maraviroc tab	74
MARPLAN TAB	28
MATULANE CAP	54
MAVYRET PAK	78
MAVYRET TAB	78
MAXIDEX OPHTH SOLN	139
MAYZENT TAB	148

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MAYZENT TAB STARTER PACK 149
MCT OIL 134
meclizine chew tab 39
meclizine tab 39
medroxyprogesterone tab 145
mefloquine tab 52
megestrol susp 57
megestrol tab 57
MEKINIST TAB 0.5MG 63
MEKINIST TAB 2MG 63
MEKTOVI TAB 63
meloxicam tab 7
melphalan tab 54
memantine ER cap 147
memantine soln 147
memantine tab 147
mercaptopurine tab 53
mesalamine enema 112
mesalamine ER cap 112
mesalamine supp 112
MESNEX TAB 54
METANX CAP 102
METAPROTERENOL SYRUP 21
metformin ER tab 32
metformin tab 32
methadone conc 10
methadone soln 10mg/5ml 10
methadone soln 5mg/5ml 10
methadone tab 10
methadone tablet 10mg 10
methazolamide tab 103
methenamine hippurate tab 51
methimazole tab 152
methocarbamol tab 133
methotrexate inj 55
methotrexate tab 53
METHOXSALEN CAP 94
METHYLDOPA TAB 46
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 48
methylergonovine tab 143
methylphenidate CD cap 3
methylphenidate ER cap 3
methylphenidate ER tab 3
methylphenidate ER tab 10mg, 20mg 3
methylphenidate soln 4
methylphenidate tab 4
methylprednisolone dose pack 89
methylprednisolone tab 89
metoclopramide soln 111
metoclopramide tab 111
metolazone tab 105
metoprolol ER tab 81
metoprolol tab 81
metoprolol/hydrochlorothiazide tab 48
metronidazole cream 100
metronidazole gel 100
metronidazole gel 0.75% 100
metronidazole lotion 100
metronidazole tab 49
metronidazole vaginal gel 159
mexiletine hcl cap 16
midodrine tab 160
miglustat cap 117
minocycline cap 152
minoxidil tab 48
mirtazapine ODT 28
mirtazapine tab 28
MIRVASO GEL 100
misoprostol tab 154
modafinil tab 4
MOLNUPIRAVIR CAP 79
mometasone cream 97
mometasone oint 97
mometasone soln 98
montelukast chew tab 18
montelukast granule pack 18
montelukast tab 18
morphine sulfate ER tab 11

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MORPHINE SULFATE SOLN 11
MORPHINE SULFATE TAB 11
moxifloxacin ophth soln 137
moxifloxacin tab 110
MULTAQ TAB 17
MULTIGEN FOLIC TAB 118
MULTIGEN PLUS TAB 119
MULTIGEN TAB 119
MULTIVITAMIN/FLOURIDE CHEW 0.25MG 132
MULTIVITAMIN/FLOURIDE CHEW 1MG 132
MULTIVITAMIN/FLUORIDE CHEW TAB 132
multivitamin/minerals tab 132
mupirocin oint 92
mycophenolate DR tab 80
mycophenolate mofetil cap 80
mycophenolate mofetil susp 80
mycophenolate mofetil tab 80
MYFEMBREE TAB 109
MYLERAN TAB 54
MYRBETRIQ TAB 155

N

nabumetone tab 7
nadolol tab 81
naloxone hcl nasal spray 39
naloxone inj 39
NALOXONE PREFILLED INJ 39
naltrexone tab 38
naproxen EC tab 7
naproxen tab 7
NATACYN OPHTH SUSP 137
nateglinide tab 36
NATPARA INJ 106
nebivolol hcl tab 81
NEBUSAL NEB SOLN 91
NECON TAB 87
NEFAZODONE TAB 29
nefazodone tab 50mg, 250mg 29
neomycin tab 4
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN 137
neomycin/polymixin/hydrocoritisone otic soln 142
neomycin/polymixin/hydrocoritisone otic susp 142
neomycin/polymyxin/dexamethasone ophth oint 139
neomycin/polymyxin/dexamethasone ophth soln 139
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 139
NEPHRON FA TAB 119
NERLYNX TAB 63
NEVANAC OPHTH SUSP 141
NEVIRAPINE ER TAB 100MG 75
nevirapine ER tab 400mg 75
NEVIRAPINE SUSP 75
nevirapine tab 75
NEXAVAR TAB 53
NEXPLANON IMPLANT 88
niacin cap 160
niacin CR tab 160
niacin ER tab 44
niacin tab 160
NIACIN TR TAB 160
niacinamide tab 160
nicotine gum 150
NICOTINE KIT 150
nicotine lozenge 150
nicotine patch 150
NICOTROL INHALER 150
NICOTROL NASAL SPRAY 150

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nifedipine cap 82
nifedipine ER tab 82
nilutamide tab 57
NINLARO CAP 63
nitazoxanide tab 49
nitrofurantoin macrocrystals cap 51
nitrofurantoin monohydrate cap 51
nitroglycerin patch 15
nitroglycerin SL tab 15
NIVESTYM INJ 118
nizoral a-d shampoo 93
norethindrone tab 88
nortrel 7/7/7 tab, pirmella 7/7/7 tab 87
nortrel tab 87
nortriptyline cap 30
nortriptyline oral soln 30
NORTRIPTYLINE SOLN 30
NORVIR CAP 75
NORVIR POWDER PACK 75
NORVIR SOLN 75
NOVOLIN 70/30 FLEXPEN INJ 35
NOVOLIN 70/30 INJ 35
NOVOLIN N FLEXPEN INJ 35
NOVOLIN N INJ 35
NOVOLIN R FLEXPEN INJ 35
NOVOLIN R INJ 36
NOVOLOG FLEXPEN INJ 36
NOVOLOG INJ 36
NOVOLOG MIX FLEXPEN INJ 36
NOVOLOG MIX INJ 36
NOVOLOG PENFILL INJ 36
NOXAFIL SUSP 41
np thyroid tab 152
NUBEQA TAB 57
NUCALA INJ 17
NUEDEXTA CAP 149
NULYTELY SOLN 122
NUTRITIONAL SUPPLEMENT LIQUID 103
NUTRITIONAL SUPPLEMENT POWDER 103
NUVARING 87
nystatin cream 93
nystatin oint 93
nystatin powder 40
nystatin susp 131
nystatin tab 40
nystatin topical powder 93
NYSTATIN VAGINAL TAB 159
nystatin/triamcinolone cream 93
nystatin/triamcinolone oint 93

O

OCALIVA TAB 111
octreotide inj 108
OCTREOTIDE INJ 100MCG 108
ODEFSEY TAB 75
ODOMZO CAP 56
OFEV CAP 151
ofloxacin ophth soln 137
ofloxacin tab 110
olanzapine ODT 70
olanzapine tab 70
olanzapine/fluoxetine cap 147
OLLIZAC POWDER 102
olmesartan tab 45
olmesartan/hydrochlorothiazide tab 48
olopatadine ophth soln 0.1% 141
olopatadine ophth soln 0.2% 141
OLUMIANT TAB 4
omega-3-acid ethyl esters cap 42

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omeprazole DR cap 154
OMNIPOD 5 INTRO KIT 125
OMNIPOD 5 PACK PODS 125
OMNIPOD DASH INTRO KIT 125
OMNIPOD DASH PODS 125
OMNIPOD STARTER KIT 125
ondansetron ODT 39
ondansetron soln 39
ONDANSETRON TAB 39
ONGENTYS CAP 68
OPSUMIT TAB 84
ORACIT SOLN 113
ORENCIA CLICK INJ 8
ORENCIA SC INJ 125MG/ML 8
ORENCIA SC INJ 50MG/0.4ML 8
ORENCIA SC INJ 87.5MG/0.7ML 8
ORGOVYX TAB 58
ORIAHNN CAP 109
ORILISSA TAB 150MG 106
ORILISSA TAB 200MG 106
ORKAMBI GRANULES PACKET 150
ORKAMBI TAB 151
oseltamivir cap 79
oseltamivir cap 30mg 79
oseltamivir susp 79
OTEZLA STARTER PACK 7
OTEZLA TAB 7
oxandrolone tab 13
OXBRYTA TAB 117
oxcarbazepine susp 24
oxcarbazepine tab 24
oxybutynin ER tab 154
oxybutynin syrup 155
oxybutynin tab 155
oxycodone soln 11
oxycodone tab 11
oxycodone/acetaminophen tab 12
oxycodone/aspirin tab 12
OXYTROL PATCH (OTC) 155
OZEMPIC INJ 34

P

paliperidone ER tab 70
PALYNZIQ INJ 107
pantoprazole EC tab 154
paricalcitol cap 108
paroxetine ER tab 29
paroxetine tab 29
PAXLOVID TAB 77
PEAK FLOW METER 126
pediatric multiple vitamins/fluoride chew tab 132
pediatric multiple vitamins/fluoride soln 132
pediatric multiple vitamins/fluoride/iron soln 132
peg 3350/electrolytes soln 122
PEGASYS INJ 78
PEG-INTRON INJ 78
PEMAZYRE TAB 63
penicillamine tab 129
penicillin vk soln 144
penicillin vk tab 144
pentamidine neb soln 49
pentoxifylline ER tab 116
permethrin cream 100
perphenazine tab 71
PERPHENAZINE/ AMITRIPTYLINE TAB 147
phenazopyridine tab 115
phenelzine tab 28
phenobarbital elixir 120
phenobarbital tab 121
phenoxybenzamine cap 45
phentermine cap 1
phentermine tab 1
phenylephrine ophth soln 136
phenytoin cap 27

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phenytoin chew tab 27
phenytoin susp 27
phlexy-10 tab 134
PHOSLYRA SOLN 113
phospha 250 neutral tab 128
PHOSPHOLINE OPHTH SOLN 136
phytonadione tab 160
PIFELTRO TAB 75
pilocarpine ophth soln 136
pilocarpine tab 131
PIMOZIDE TAB 149
pindolol tab 81
pioglitazone tab 36
PIQRAY TAB 63
piroxicam cap 7
PLAN B TAB 88
PLEGRIDY INJ 149
PLEGRIDY PEN INJ 149
PNEUMOVAX INJ 155
PODIAPN CAP 102
PODOCON SOLN 99
podofilox soln 99
POLYETHYLENE GLYCOL 8000 GRANULES 145
polymyxin b/trimethoprim ophth soln 137
POMALYST CAP 58
posaconazole DR tab 41
potassium bicarbonate effer tab 128
potassium chloride ER cap 128
potassium chloride ER tab 128
potassium chloride micro tab 129
potassium chloride powder packet 129
potassium chloride soln 129
potassium citrate CR tab 113
potassium citrate/citric acid powder pack 114
potassium citrate/citric acid soln 114
potassium phosphate monobasic tab 128
PRALUENT INJ 44
pramipexole tab 68
pramoxine/hydrocortisone cream kit 14
prasugrel tab 116
pravastatin tab 43
praziquantel tab 14
prazosin cap 46
PRECISION XTRA METER 125
PRECISION XTRA TEST STRIP 102
PRED MILD OPHTH SOLN 139
PRED-G OPHTH SOLN 139
PREDNICARBATE CREAM 98
PREDNICARBATE OIN 98
prednisolone ODT 89
PREDNISOLONE ODT TAB 89
PREDNISOLONE OPHTH SUSP 139
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 139
prednisolone soln 89
PREDNISOLONE SYRUP 89
PREDNISONE SOLN 89
prednisone tab 89
pregabalin cap 25
pregabalin cap 225mg 25
pregabalin cap 300mg 25
pregabalin soln 25
PREHEVBRIO SUSP 158
PREMARIN TAB 110
PREMARIN VAGINAL CREAM 159

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PREMPHASE TAB, PREMPRO TAB 109
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) 133
PRETOMANID TAB 53
PREVNAR 13 INJ 155
PREVNAR 20 INJ 155
PREZCOBIX TAB 75
PREZISTA SUSP 75
PREZISTA TAB 75
PRIFTIN TAB 53
primaquine tab 52
primidone tab 25
probenecid tab 115
prochlorperazine supp 71
prochlorperazine tab 71
proctosol HC cream 14
progesterone cap 145
PROLENSA OPHTH SOLN 141
PROMACTA TAB 118
promethazine supp 42
promethazine syrup 42
promethazine tab 42
promethazine VC syrup 90
promethazine VC/codeine syrup 90
promethazine/codeine syrup 90
PROMETHEGAN SUPP 42
propafenone ER cap 17
propafenone tab 17
proparacaine ophth soln 138
propranolol ER cap 81
propranolol oral soln 20mg/5ml 81
PROPRANOLOL SOLN 81
propranolol tab 82
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 48
propylthiouracil tab 152
pro-stat liquid 134
PROSTIGMIN TAB 52
PULMOZYME INH SOLN 151
pyrazinamide tab 53
pyridostigmine CR tab 52
pyridostigmine tab 52
pyrimethamine tab 52

Q

QINLOCK TAB 63
QSYMIA CAP 2
quetiapine tab 71
quetiapine XR tab 71
quinapril tab 45
quinapril/hydrochlorothiazide tab 48
quinidine gluconate CR tab 16
quinidine sulfate tab 16

R

raloxifene tab 107
ramipril cap 45
ranolazine tab 14
rasagiline tab 68
REBETOL SOLN 78
REGRANEX GEL 100
RELENZA DISKHALER 79
renaphro cap 132
RENOVA CREAM 92
repaglinide tab 36
REPATHA INJ 44
REPATHA PUSHTRONEX INJ 44
RESCRIPTOR TAB 75
RESTASIS OPHTH EMULSION 138
RETACRIT INJ 118
RETEVMO CAP 63
REVLIMID CAP 79
REYATAZ POWDER PACK 75
REYVOW TAB 127
REZUROCK TAB 129

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RHOFADE CREAM	100
ribavirin cap	78
ribavirin tab	78
RIDAURA CAP	6
rifabutin cap	53
RIFAMATE CAP	52
rifampin cap	53
riluzole tab	134
RIMANTADINE TAB	79
RINVOQ ER TAB	4
risedronate tab	106
RISPERIDONE ODT	70
risperidone soln	70
risperidone tab	70
ritonavir tab	75
rivastigmine cap	147
rivastigmine patch	147
rizatriptan ODT	127
rizatriptan tab	127
ropinirole tab	68
rosuvastatin tab 10mg	44
rosuvastatin tab 20mg	44
rosuvastatin tab 40mg	44
rosuvastatin tab 5mg	44
ROZLYTREK CAP	64
RUBRACA TAB	64
rufinamide susp	25
rufinamide tab	25
RUKOBIA ER TAB	76
RYBELSUS TAB	34
RYDAPT CAP	64

S

salsalate tab	9
SANDIMMUNE SOLN 100MG/ML	80
SANTYL OINT	98
sapropterin dihydrochloride powder packet	108
sapropterin dihydrochloride soluble tab	108
SAVELLA PAK	147
SAVELLA TAB	148
SAXENDA INJ	2
scopolamine patch	39
selegiline cap	68
selegiline tab	68
selenium sulfide shampoo	95
SELZENTRY SOLN	76
SELZENTRY TAB	76
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS Equiv)	36
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS Equiv)	36
SEREVENT DISKUS INHALER	21
sertraline conc	29
sertraline tab	29
sevelamer powder pak	113
sevelamer tab	113
SHINGRIX INJ	158
SIGNIFOR INJ	109
sildenafil tab	83
sildenafil tab 20mg	84
silver sulfadiazine cream	95
SIMBRINZA OPHTH SUSP	136
SIMPONI AUTO-INJECTOR 100MG	5
SIMPONI INJ 100MG	6
simvastatin tab	44
sirolimus soln	130
sirolimus tab	80
SIVEXTRO TAB	51
SKYRIZI INJ 150MG/ML	95
SKYRIZI INJ 75MG/0.83ML	95
smz/tmp (DS) tab	49
smz/tmp susp	49

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sodium chloride 0.9% irr soln 114
sodium chloride neb soln 91
sodium citrate/citric acid soln 114
sodium fluoride chew tab 128
sodium fluoride cream 131
sodium fluoride gel 131
SODIUM FLUORIDE LOZENGE 128
sodium fluoride paste 131
sodium fluoride rinse 131
sodium fluoride soln 128
SODIUM FLUORIDE TAB 128
sodium fluoride/potassium nitrate paste 131
sodium polystyrene powder 80
sodium polystyrene susp 80
sodium sulfacetamide/sulfur emulsion 10-5% 92
sodium sulfacetamide/sulfur wash 9-4.5% 92
SOFOSBUVIR/VELPATASVIR TAB 78
solifenacin tab 155
SOMAVERT INJ 106
sotalol AF tab 82
sotalol tab 82
SPINOSAD SUSP 100
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 18
spironolactone tab 104
spironolactone/hydrochlorothiazide tab 104
sprintec 28 tab 87
SPRYCEL TAB 64
SPS SUSP 130
STAVUDINE CAP 76
stavudine soln 76
STELARA INJ 95
STIMATE NASAL SOLN 108
STIVARGA TAB 64
STRENSIQ INJ 108
STRIBILD TAB 76
sucralfate susp 154
sucralfate tab 154
sulfacetamide sodium ophth soln 138
sulfacetamide sodium/prednisolone ophth soln 140
SULFAMYLON CREAM 95
sulfasalazine EC tab 112
sulfasalazine tab 112
sulindac tab 7
sumatriptan inj 127
SUMATRIPTAN INJ 6MG/0.5ML 127
sumatriptan tab 127
sunitinib malate cap 64
SUNOSI TAB 3
SYMBICORT INHALER 21
SYMDEKO TAB 151
SYMJEPI INJ 160
SYMPROIC TAB 113
SYMTUZA TAB 76
SYNAREL NASAL SOLN 107
SYNJARDY TAB 31
SYNJARDY XR TAB 10-1000MG, 25-1000MG 32
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 32
SYNTHROID TAB 153

T

TABLOID TAB 53
TABRECTA TAB 64
tacrolimus cap 80
tacrolimus oint 99
tadalafil tab 84
tadalafil tab (PAH) 85

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TAFINLAR CAP	64	terconazole cream	159	tinidazole tab	49
TAGRISSO TAB	56	TERCONAZOLE CREAM 0.8%	159	tiopronin tab	115
TAKHZYRO INJ	116			TIVICAY PD TAB	76
TALTZ INJ	95	terconazole supp	159	TIVICAY TAB	76
TALZENNA CAP 0.25MG	64	testosterone cypionate inj	13	tizanidine tab	133
TALZENNA CAP 0.5MG, 0.75MG, 1MG	64	TESTOSTERONE GEL 1% 25MG	13	TOBI PODHALER	4
				TOBRADEX OPHTH OINT	140
tamoxifen tab	58	testosterone gel 1% 50mg	13		
tamsulosin cap	114	testosterone gel 1% pump	13	tobramycin neb soln	4
TARGRETIN GEL	94	TESTOSTERONE GEL PUMP	13	tobramycin ophth soln	138
TASIGNA CAP	64			tobramycin/dexamethasone ophth soln	140
TAVALISSE TAB	116	testosterone gel pump 1.62%	13		
tazarotene cream 0.1%	95			TODAY SPONGE	159
TAZVERIK TAB	65	testosterone soln	13	TOLAZAMIDE TAB	37
TECHLITE INSULIN SYRINGE	126	tetrabenazine tab	148	TOLBUTAMIDE TAB	37
		THALOMID CAP	79	tolterodine SR cap	155
TECHLITE PEN NEEDLE	126	theophylline ER tab	21	tolterodine tab	155
TEGSEDI INJ	150	theophylline soln	21	topiramate sprinkle cap	25
telmisartan tab	45	thioridazine tab	71	topiramate tab	25
temazepam cap 15mg	121	thiothixene cap	71	toremifene tab	58
temazepam cap 30mg	121	THYROLAR TAB	153	torsemide tab	104
temozolomide cap	54	tiagabine tab	26	TRACLEER TAB 32MG	84
tenofovir disoproxil fumarate tab 300mg	76	TIBSOVO TAB	65	tramadol tab	11
		ticlopidine tab	116	tranexamic acid tab	120
TEPMETKO TAB	65	TICOVAC INJ	158	tranylcypromine tab	28
terazosin cap	46	timolol maleate ophth gel	135	trazodone tab	29
terbinafine tab	41	timolol maleate ophth soln	135	TRELEGY ELLIPTA INHALER	21
terbutaline sulfate tab	21	TIMOLOL MALEATE TAB	82		

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TREMFYA INJ	95
tretinoin cap	54
tretinoin cream	92
tretinoin gel	92
triamcinolone cream	98
triamcinolone in orabase paste	131
triamcinolone lotion	98
triamcinolone oint	98
triamcinolone OTC nasal spray	134
triamterene/hydrochlorothiazide cap	104
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	104
triamterene/hydrochlorothiazide tab	104
triazolam tab	121
tricitrates soln	114
tricon cap	119
trifluoperazine tab	71
TRIFLURIDINE OPHTH SOLN	138
trihexyphenidyl elixir	68
TRIHEXYPHENIDYL SOLN	68
trihexyphenidyl tab	67
TRIKAFTA TAB	151
tri-legest tab	87
TRI-LUMA CREAM	99
trilyte soln	122
trimethobenzamide cap	39
trimethoprim tab	49
tri-sprintec tab	87
TRIUMEQ PD TAB	76
TRIUMEQ TAB	76
tropicamide ophth soln	136
TRUEPLUS INSULIN SYRINGE	126
TRUEPLUS PEN NEEDLE	126
TRULANCE TAB	110
TRULICITY INJ	34
TRUSELTIQ PACK 100MG	65
TRUSELTIQ PACK 50MG, 125MG	65
TRUSELTIQ PACK 75MG	65
TUKYSA TAB	55
TURALIO CAP	65
TYBLUME TAB	87
TYMLOS INJ	106
TYVASO INH SOLN	84

U

UBRELVY TAB	127
U-CORT CREAM	98
UKONIQ TAB	65
UPNEEQ SOLN	141
UPTRAVI TAB	85
ursodiol cap	111
ursodiol tab	111

V

valacyclovir tab	79
VALCHLOR GEL	94
valganciclovir soln	77
valganciclovir tab	77
valproic acid cap	27
valproic acid syrup	27
valsartan tab	46
valsartan/hydrochlorothiazide tab	48
vancomycin cap	50
VANIQA CREAM	99
VARUBI TAB	40
VAXNEUVANCE INJ	156
velivet tab	87
VEMLIDY TAB	78
VENCLEXTA STARTER PACK	55
VENCLEXTA TAB	55
VENELEX OINT	100
venlafaxine ER cap	30
venlafaxine tab	30

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VENTAVIS INH SOLN 84
VENTOLIN HFA INHALER 21
verapamil SR cap 83
VERAPAMIL SR CAP 360mg 83
verapamil tab 83
VERZENIO TAB 66
VEXOL OPHTH SUSP 140
V-GO INJ KIT 125
VICTOZA INJ 34
VIDEX SOLN 76
vienva tab, lessina tab, kurvelo tab 87
vigabatrin powder pack 26
vigabatrin tab 26
vigadrone powder pack 27
VIMPAT SOLN 25
viorele tab, kariva tab 87
VIRACEPT POWDER 77
VIRACEPT TAB 77
VIREAD TAB 150MG, 200MG, 250MG 77
vitamin D cap 160
vitamin D cap 1000unit 160
vitamin D cap 400unit 160
VITAMIN D TAB 400UNIT 160
VITEKTA TAB 77
VITRAKVI CAP 100MG 66
VITRAKVI CAP 25MG 66
VITRAKVI SOLN 66
VIVOTIF CAP 156
VIZIMPRO TAB 56
voriconazole susp 41
voriconazole tab 41
VOSEVI TAB 78
VOTRIENT TAB 66
VYNDAMAX CAP 85
VYNDAQEL CAP 85
VYVANSE CAP 1
VYVANSE CHEW TAB 1

W

WAKIX TAB 3
warfarin tab 22
WEGOVY INJ 2
WEGOVY INJ 1.7MG/0.75ML 2
WEGOVY INJ 2.4MG/0.75ML 2
WELIREG TAB 58

X

XALKORI CAP 66
XAQUIL XR TAB 102
XARELTO STARTER PACK 22
XARELTO SUSP 22
XARELTO TAB 22
XCOPRI PAK 100-150MG 25
XCOPRI PAK 150-200MG 26
XCOPRI PAK 50-200MG 26
XCOPRI TAB 150MG, 200MG 26
XCOPRI TAB 50MG, 100MG 26
XCOPRI TITRATION PAK 12.5-25MG 26
XCOPRI TITRATION PAK 150-200MG 26
XCOPRI TITRATION PAK 50-100MG 26
XELJANZ SOLN 4
XELJANZ TAB 4
XELJANZ XR TAB 5
XEMBIFY INJ 144
XENLETA TAB 51
XIFAXAN TAB 550MG 49
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 32

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XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	32
XOSPATA TAB	66
XPOVIO PAK	58
XTAMPZA ER CAP	11
XYREM SOLN	146
XYZBAC TAB	102
zolmitriptan tab	127
zolpidem ER tab	121
zolpidem tab	120
zonisamide cap	25
ZYDELIG TAB	66
ZYKADIA CAP	67
ZYKADIA TAB	67
ZYLET OPHTH SUSP	140

Z

zafemy patch	87
zaleplon cap	121
ZARXIO INJ	118
ZEGALOGUE INJ	33
ZEGERID CAP OTC	154
ZEJULA CAP	66
ZELBORAF TAB	66
ZEPOSIA CAP	149
ZEPOSIA STARTER PACK	149
zidovudine cap	77
zidovudine syrup	77
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ziprasidone cap	69
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	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		

L.A. CARE HOME INFUSION DRUG LIST
Alphabetical Index

5/1/2022

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

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

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

L.A. Care Home Infusion List

Alphabetical Index

Last Updated 5/1/2022

Drug Name	Special Code	Tier	Category
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABELCET INJ	-	F	ANTIFUNGALS
ABRAXANE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTEMRA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP GEL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
acyclovir sodium IV soln	-	F	ANTIVIRALS
ADAKVEO INJ	PA	F	HEMATOPOIETIC AGENTS
ADCETRIS INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
adriamycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADVATE INJ, KOVALTRY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ADYNOVATE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
A-HYDROCORT INJ, SOLU-CORTEF INJ	-	F	CORTICOSTEROIDS
AKYNZEO INJ	-	NC	ANTIEMETICS
albuminar inj	-	F	HEMATOLOGICAL AGENTS - MISC.
ALDURAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALIMTA INJ	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	-	NC	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ, MONONINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ALPROLIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
amikacin inj	-	F	AMINOGLYCOSIDES
aminophylline inj	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AMINOSYN II INJ	-	F	NUTRIENTS
AMINOSYN-RF INJ	-	F	NUTRIENTS
amiodarone inj	-	F	ANTIARRHYTHMICS
AMONDYS 45 INJ	-	NC	NEUROMUSCULAR AGENTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
AMPHOTERICIN INJ	-	F	ANTIFUNGALS
AMPICILLIN INJ	-	F	PENICILLINS
AMPICILLIN/SULBACTAM INJ	-	F	PENICILLINS
ARALAST NP INJ	PA	F	RESPIRATORY AGENTS - MISC.
argatroban inj	-	F	ANTICOAGULANTS
ARRANON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
arsenic trioxide inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARZERRA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASPARLAS INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ATGAM INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
ATROPINE SULFATE INJ	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
AVASTIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVSOLA INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
AVYCAZ INJ	-	F	CEPHALOSPORINS
azacitidine inj	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZATHIOPRINE INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
AZEDRA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azithromycin inj	-	F	MACROLIDES
aztreonam inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
BACTOCILL/DEXTROSE INJ	-	F	PENICILLINS
BALEODAQ INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAVENCIO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BAXDELA INJ	-	F	FLUOROQUINOLONES
BENDEKA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA IV SOLN	PA	F	ASSORTED CLASSES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
benztropine inj	-	F	ANTIPARKINSON AGENTS
BEOVU INJ (QL=1 vial/28 days for first 3 fills, then 1 vial/56 days)	PA-QL	F	OPHTHALMIC AGENTS
BERINERT INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
BESPONSA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICILLIN C-R INJ	-	F	PENICILLINS
BLENREP INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bleomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLINCYTO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BONIVA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BORTEZOMIB INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	PA--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	PA	F	NEUROMUSCULAR AGENTS
BREYANZI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRINEURA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
busulfan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butorphanol inj	-	F	ANALGESICS - OPIOID
CABENUVA SUSP (QL=1 kit/month)	QL	F	ANTIVIRALS
CALCIUM GLUCONATE INJ	-	F	MINERALS & ELECTROLYTES
CAMPATH INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CANCIDAS INJ	-	F	ANTIFUNGALS
CAPASTAT INJ	-	F	ANTIMYCOBACTERIAL AGENTS
carboplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARDENE INJ	-	F	CALCIUM CHANNEL BLOCKERS
CARIMUNE NANOFILTERED INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
carmustine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
caspofungin acetate iv soln	-	F	ANTIFUNGALS
CATHFLO ACTIVASE INJ	-	F	HEMATOLOGICAL AGENTS - MISC.
cefazolin inj	-	F	CEPHALOSPORINS
CEFAZOLIN/DEXTROSE SOLN	-	F	CEPHALOSPORINS
cefepime inj	-	F	CEPHALOSPORINS
CEFEPIME IV SOLN	-	F	CEPHALOSPORINS
cefotaxime inj	-	F	CEPHALOSPORINS
CEFOTETAN INJ	-	F	CEPHALOSPORINS
cefoxitin inj	-	F	CEPHALOSPORINS
CEFTAZIDIME INJ	-	F	CEPHALOSPORINS
ceftriaxone inj	-	F	CEPHALOSPORINS
CEFTRIAXONE/DEXTROSE INJ	-	F	CEPHALOSPORINS
cefuroxime inj	-	F	CEPHALOSPORINS
CEREZYME INJ	PA	F	HEMATOPOIETIC AGENTS
CHLORAMPHENICOL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
chlorothiazide inj (DIURIL IV INJ equiv)	-	F	DIURETICS
CHROMIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cidofovir inj	-	F	ANTIVIRALS
cilastatin/imipenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CINQAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
CINVANTI INJ	-	F	ANTIEMETICS
ciprofloxacin inj	-	F	FLUOROQUINOLONES
cisplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cladribine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CLAFORAN INJ	-	F	CEPHALOSPORINS
CLEOCIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
CLINIMIX E INJ	-	F	NUTRIENTS
CLINIMIX INJ	-	F	NUTRIENTS
clofarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COAGADEX INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
colistimethate inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
colistimethate inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CORIFACT KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
COSELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
CUPRIC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
cyclophosphamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine inj	-	F	ASSORTED CLASSES
CYRAMZA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cytarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
D5W/LYTES INJ	-	F	MINERALS & ELECTROLYTES
dacarbazine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dactinomycin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DALVANCE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
DANYELZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daptomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN IV SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARZALEX SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DARZALEX SOLN FASPRO	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daunorubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
decitabine inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
deferoxamine mesylate inj	-	F	ANTIDOTES
DEPO-MEDROL INJ	-	F	CORTICOSTEROIDS
DEPO-PROVERA SC INJ	-	F	CONTRACEPTIVES
DEXAMETHASONE INJ	-	F	CORTICOSTEROIDS
dexamethasone phosphate inj	-	F	CORTICOSTEROIDS
dexrazoxane inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dextrose 5% in lactated ringers	-	F	MINERALS & ELECTROLYTES
dextrose inj	-	F	NUTRIENTS
dextrose w/ nacl inj	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
DEXTROSE W/NACL INJ	-	F	MINERALS & ELECTROLYTES
DEXTROSE/SODIUM CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
diazepam inj	-	F	ANTIANXIETY AGENTS
DILAUDID PF INJ	-	F	ANALGESICS - OPIOID
diltiazem inj	-	F	CALCIUM CHANNEL BLOCKERS
diphenhydramine inj	-	F	ANTIHISTAMINES
DOBUTAMINE/D5W INJ	-	F	CARDIOTONICS
docetaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
docetaxel IV soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dopamine inj	-	F	CARDIOTONICS
doxercalciferol inj (HECTOROL INJ equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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.
ELELYSO INJ	-	NC	HEMATOPOIETIC AGENTS
ELITEK INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELOCTATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ELZONRIS SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND INJ	-	F	ANTIEMETICS
ENHERTU INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENTYVIO INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
epinephrine inj	-	F	VASOPRESSORS
EPINEPHRINE INJ	-	NC	VASOPRESSORS
EPINEPHRINE IV SOLN	-	F	VASOPRESSORS
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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ertapenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
ERWINAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYTHROCIN INJ	-	NC	MACROLIDES
erythromycin inj	-	F	MACROLIDES
esomeprazole inj (NEXIUM IV equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ESPEROCT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ETOPOPHOS INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EUFLEXXA	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EVENITY INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVKEEZA INJ (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
FIBRYGA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRMAGON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLEBOGAMMA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
FLOLAN INJ, VELETRI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
fluconazole/nacl inj	-	F	ANTIFUNGALS
fludarabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
fluorouracil inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
folic acid inj	-	F	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fomepizole inj	-	F	ANTIDOTES
FORTAZ INJ	-	F	CEPHALOSPORINS
fosaprepitant dimeglumine soln	-	F	ANTIEMETICS
foscarnet sodium inj	-	F	ANTIVIRALS
FOSCAVIR INJ	-	NC	ANTIVIRALS
fosphenytoin inj	-	F	ANTICONVULSANTS
furosemide inj	-	F	DIURETICS
GAMASTAN INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMIFANT INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
GAMMAGARD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAGARD SD INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
GAMMAPLEX INJ	PA	F	PASSIVE IMMUNIZING AGENTS
ganciclovir inj	-	F	ANTIVIRALS
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEL-ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
gemcitabine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gentamicin inj	-	F	AMINOGLYCOSIDES
gentamicin/ nacl inj	-	F	AMINOGLYCOSIDES
GENTAMICIN/NACL INJ	-	F	AMINOGLYCOSIDES
GENVISC 850	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GIVLAARI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
GLASSIA INJ	PA	F	RESPIRATORY AGENTS - MISC.
GLYRX-PF SOLN	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
granisetron HCl inj (KYTRIL INJ equiv)	-	F	ANTIEMETICS
HAEGARDA INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HECTOROL INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMOFIL M INJ, KOATE-DVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPAGAM B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin lock flush soln	-	F	ANTICOAGULANTS
heparin sodium inj	-	F	ANTICOAGULANTS
HEPARIN SODIUM/D5W INJ	-	F	ANTICOAGULANTS
heparin sodium/nacl inj	-	F	ANTICOAGULANTS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYALGAN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
hydralazine inj	-	F	ANTIHYPERTENSIVES
hydromorphone inj	-	F	ANALGESICS - OPIOID
hydroxyprogesterone capro inj	-	NC	PROGESTINS
HYMOVIS	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYPERHEP B INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ibandronate sodium inj (BONIVA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
idarubicin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION SOLN	-	NC	HEMATOLOGICAL AGENTS - MISC.
IFEX INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ifosfamide inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILARIS INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA SOLN	-	NC	DERMATOLOGICALS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
ILUVIEN IMPLANT	-	NC	OPHTHALMIC AGENTS
IMFINZI INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMLYGIC INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFED INJ	-	NC	HEMATOPOIETIC AGENTS
INFLECTRA INJ 100MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
INFUGEM SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INFUVITE INJ	-	F	MULTIVITAMINS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
INTRALIPID INJ	-	F	NUTRIENTS
INVEGA HAFYERA INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
IONOSOL-MB INJ D5W	-	F	MINERALS & ELECTROLYTES
IRINOTECAN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISOLYTE-P/ D5W INJ	-	F	MINERALS & ELECTROLYTES
ISOLYTE-S INJ	-	F	MINERALS & ELECTROLYTES
ISTODAX (OVERFILL) INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXEMPRA KIT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXINITY INJ, RIXUBIS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
JELMYTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEVTANA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JIVI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KADCYLA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KALBITOR INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
KANJINTI INJ (Restricted to Oncology or Hematology Specialist)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KANUMA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KCENTRA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
kcl/ d5w inj	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
kcl/ d5w/ nacl inj	-	F	MINERALS & ELECTROLYTES
kcl/ nacl inj	-	F	MINERALS & ELECTROLYTES
KCL/D5W/LR INJ	-	F	MINERALS & ELECTROLYTES
KCL/DEXTROSE/NACL INJ	-	F	MINERALS & ELECTROLYTES
KEPIVANCE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHAPZORY SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KRYSTEXXA INJ	PA	F	GOUT AGENTS
KYMRIAH SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYPROLIS SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
labetalol inj	-	F	BETA BLOCKERS
lacosamide iv inj	-	F	ANTICONVULSANTS
LACTATED RINGERS INJ	-	F	MINERALS & ELECTROLYTES
LANREOTIDE ACETATE (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
LARTRUVO INJ (Only available through Accredo 888-773-7376)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEMTRADA INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
leucovorin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
lidocaine inj	-	F	LOCAL ANESTHETICS-PARENTERAL

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
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.
LUXTURNA SUSP	-	NC	OPHTHALMIC AGENTS
magnesium sulfate inj	-	F	MINERALS & ELECTROLYTES
magnesium sulfate/d5w inj	-	F	MINERALS & ELECTROLYTES
MANGANESE SULFATE INJ	-	F	MINERALS & ELECTROLYTES
mannitol inj	-	F	DIURETICS
MARGENZA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARQIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
medroxyprogesterone inj	-	F	CONTRACEPTIVES
melphalan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
mesna inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methylprednisolone acetate inj (DEPO-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
methylprednisolone inj (SOLU-MEDROL INJ equiv)	-	F	CORTICOSTEROIDS
METHYLPREDNISOLONE POWDER	-	F	CORTICOSTEROIDS
metoclopramide inj	-	F	GASTROINTESTINAL AGENTS - MISC.
metoprolol inj	-	F	BETA BLOCKERS
METOPROLOL TARTRATE CARTRIDGE	-	F	BETA BLOCKERS
metronidazole/ nacl inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
micafungin inj	-	F	ANTIFUNGALS
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 10MG/ML PF INJ	-	F	ANALGESICS - OPIOID
MORPHINE SULFATE INJ	-	F	ANALGESICS - OPIOID
MOXIFLOXACIN INJ	-	F	FLUOROQUINOLONES
MOZOBIL INJ	-	F	HEMATOPOIETIC AGENTS
MVASI INJ (Restricted to Oncology, Opthalmology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mycophenolate inj	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
MYLOTARG INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYOZYME/LUMIZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NAFCILLIN INJ	-	F	PENICILLINS
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F	PENICILLINS
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nelarabine iv soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXTERONE INJ/AMIODARONE INJ	-	F	ANTIARRHYTHMICS
NEXVIAZYME INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
nicardipine inj	-	F	CALCIUM CHANNEL BLOCKERS
NITROGLYCERIN IV SOLN	-	F	ANTIANGINAL AGENTS
NORMOSOL- R/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-M/D5W INJ	-	F	MINERALS & ELECTROLYTES
NORMOSOL-R INJ	-	F	MINERALS & ELECTROLYTES
NOVOEIGHT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
NOVOSEVEN RT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
NPLATE INJ	-	NC	HEMATOPOIETIC AGENTS
NUCALA INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NULIBRY INJ (Only available through Biologics 800-850-4306)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULOJIX INJ	-	F	ASSORTED CLASSES
NUWIQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCREVUS INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCTAGAM INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
OGIVRI INJ (Restricted to Oncology or 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
ONIVYDE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONPATTRO SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORENCIA INJ	PA	F	ANALGESICS - ANTI-INFLAMMATORY
ORTHOVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OSMITROL INJ	-	F	DIURETICS
oxacillin inj	-	F	PENICILLINS
oxaliplatin inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OXLUMO INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	GENITOURINARY AGENTS - MISCELLANEOUS
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F	OPHTHALMIC AGENTS
paclitaxel inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
PADCEV INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
palonosetron inj	-	F	ANTIEMETICS
PAMIDRONATE INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMIDRONATE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
pantoprazole inj (PROTONIX INJ equiv)	-	F	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PANZYGA INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
paricalcitol inj	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARSABIV INJ	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
PENICILLIN G PROCAINE INJ	-	F	PENICILLINS
PENICILLIN G SODIUM INJ	-	F	PENICILLINS
penicillin gk inj	-	F	PENICILLINS
PENICILLIN GK/DEXTROSE INJ	-	F	PENICILLINS
pentamidine inj	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PEPAXTO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PERJETA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PFIZERPEN-G INJ	-	F	PENICILLINS
phenytoin inj	-	F	ANTICONVULSANTS
PHOTOFRIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
piperacillin/tazobactam inj	-	F	PENICILLINS
PLASMA-LYTE INJ	-	F	MINERALS & ELECTROLYTES
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

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
POTASSIUM PHOSPHATE INJ	-	F	MINERALS & ELECTROLYTES
POTELIGEO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
premasol inj	-	F	NUTRIENTS
PRIMAXIN INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
PRIVIGEN INJ	PA	F	PASSIVE IMMUNIZING AGENTS
procainamide inj	-	F	ANTIARRHYTHMICS
PROCHLORPERAZINE INJ	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROFILNINE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
progesterone IM inj	-	F	PROGESTINS
PROGRAF INJ	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
PROLASTIN-C INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
PROLEUKIN INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA SOLN	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
propranolol inj	-	F	BETA BLOCKERS
PROVENGE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RADICAVA INJ	-	NC	NEUROMUSCULAR AGENTS
REBINYN SOL	-	NC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECLAST INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOMBINATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ (Only available through Accredo 888-773-7376)	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENFLEXIS INJ	PA	F	GASTROINTESTINAL AGENTS - MISC.
RETISERT IMPLANT	-	NC	OPHTHALMIC AGENTS
REVCOVI INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rifampin inj	-	F	ANTIMYCOBACTERIAL AGENTS
ringers inj	-	F	MINERALS & ELECTROLYTES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
RITUXAN HYCELA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
romidepsin for iv inj	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMIDEPSIN INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.
RUXIENCE INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYLAZE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
SARCLISA SOLN (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SELENIUM INJ	-	F	MINERALS & ELECTROLYTES
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
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
SOLIRIS IV SOLN	PA	F	HEMATOLOGICAL AGENTS - MISC.
SOLU-MEDROL INJ	-	F	CORTICOSTEROIDS
SOMATULINE DEPOT (QL=1 syringe/28 days)	PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOTALOL INJ	-	F	BETA BLOCKERS
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-PA	F	NEUROMUSCULAR AGENTS
SPRAVATO SOLN	PA	F	ANTIDEPRESSANTS

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
STELARA IV INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
STERILE DILUENT SOLN (Only available through Accredo 888-773-7376)	LD	F	PHARMACEUTICAL ADJUVANTS
sterile water for inj	-	F	PHARMACEUTICAL ADJUVANTS
STREPTOMYCIN INJ	-	F	AMINOGLYCOSIDES
sulfamethoxazole/trimethoprim inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
SUPARTZ FX INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SUPPRELIN LA KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYLATRON KIT	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLVANT INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
SYNAGIS INJ	PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNERCID INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
SYNRIBO INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TAXOL INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAXOTERE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	F	CEPHALOSPORINS
TEMODAR IV INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temsirolimus soln	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPEZZA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
terbutaline inj (BRETHINE INJ equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TESTOPEL MIS	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	F	ANDROGENS-ANABOLIC
thiotepa inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
THYMOGLOBULIN INJ	-	F	ASSORTED CLASSES
THYROGEN INJ	-	NC	DIAGNOSTIC PRODUCTS
tigecycline inj	-	F	TETRACYCLINES
TIVDAK INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tobramycin inj	-	F	AMINOGLYCOSIDES
topotecan inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TPN ELECTROL INJ	-	F	MINERALS & ELECTROLYTES
tranexamic acid inj	-	F	HEMOSTATICS
TRAZIMERA INJ (Restricted to Oncology or Hematology Specialist)	RS	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREANDA INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELSTAR INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
treprostinil inj (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
TRETTEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
triamcinolone acetonide inj	-	F	CORTICOSTEROIDS
TRILURON	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIPTODUR SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRIVISC	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRODELVY SOLN (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TROGARZO INJ	-	NC	ANTIVIRALS
TRUXIMA INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYSABRI INJ	PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ULTOMIRIS INJ	PA	F	HEMATOLOGICAL AGENTS - MISC.

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
UNITUXIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPLIZNA SOLN	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
valproate inj	-	F	ANTICONVULSANTS
vancomycin inj	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/DEXTROSE INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN/NACL INJ	-	F	ANTI-INFECTIVE AGENTS - MISC.
VECTIBIX IV SOLN	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ, BORTEZOMIB INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
verapamil inj	-	F	CALCIUM CHANNEL BLOCKERS
VIDAZA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VILTEPSO SOLN	-	NC	NEUROMUSCULAR AGENTS
VIMIZIM INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
VINBLASTINE INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vinorelbine inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VISCO-3	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISUDYNE INJ	PA	F	OPHTHALMIC AGENTS
vitamin K1 inj	-	F	VITAMINS
VONVENDI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
voriconazole inj	-	F	ANTIFUNGALS
VPRIV INJ	-	NC	HEMATOPOIETIC AGENTS
VYONDYS 53 SOLN	-	NC	NEUROMUSCULAR AGENTS
VYXEOS INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WILATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
XEOMIN INJ	PA	F	NEUROMUSCULAR AGENTS
XERAVA INJ	-	F	TETRACYCLINES

Symbols and abbreviations are defined on page 1.

Drug Name	Special Code	Tier	Category
XGEVA INJ	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
XOLAIR INJ	PA	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XYNTHA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
YERVOY INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YONDELIS INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YUTIQ IMPLANT	-	NC	OPHTHALMIC AGENTS
ZALTRAP INJ	PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZANOSAR INJ	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMDRI INJ	-	F	AMINOGLYCOSIDES
ZEPZELCA SOLN (Only available through CVS Specialty 800-237-2767)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERBAXA INJ	-	F	CEPHALOSPORINS
ZINC CHLORIDE INJ	-	F	MINERALS & ELECTROLYTES
ZIRABEV INJ (Restricted to Oncology, 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 10MG/ML PF INJ	-	F
morphine sulfate inj	-	F
OPIOID PARTIAL AGONISTS		
BUTORPHANOL INJ	-	F
ANDROGENS-ANABOLIC		
ANDROGENS		
TESTOSTERONE ENANTHATE INJ	-	F
TESTOPEL MIS	-	NC
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN IV SOLN	-	F
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
diazepam inj	-	F
lorazepam inj	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide inj	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone inj	-	F

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ONDANSETRON INJ	-	F
palonosetron inj	-	F
ondansetron (ZOFRAN) inj	-	NC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO INJ	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
CINVANTI INJ	-	F
EMEND INJ	-	F
fosaprepitant dimeglumine soln	-	F
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS INJ	-	F
caspofungin acetate iv soln	-	F
ERAXIS INJ	-	F
micafungin inj	-	F
ANTIFUNGALS		
ABELCET INJ	-	F
AMPHOTERICIN INJ	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole/nacl inj	-	F
voriconazole inj	-	F
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj	-	F
ANTIHYPERLIPIDEMICS		
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ (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

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
thiotepa inj	-	F
TREANDA INJ	-	F
ZANOSAR INJ	-	F
ZEPZELCA SOLN (Only available through CVS Specialty 800-237-2767)	LD-PA	F
PEPAXTO INJ	-	NC
TEMODAR IV INJ	-	NC
YONDELIS INJ	-	NC
ANTIMETABOLITES		
ALIMTA INJ	PA	F
cladribine inj	-	F
clofarabine inj	-	F
CYTARABINE INJ	-	F
decitabine inj	PA	F
fludarabine inj	-	F
fluorouracil inj	-	F
FOLOTYN INJ	-	F
gemcitabine inj	-	F
nelarabine iv soln	-	F
ARRANON INJ	-	NC
azacitidine inj	-	NC
INFUGEM SOLN	-	NC
VIDAZA INJ	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	-	F
CYRAMZA INJ	-	F
MVASI INJ (Restricted to Oncology, 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
DARZALEX SOLN	PA	F
ENHERTU INJ	PA	F
IMFINZI INJ	PA	F
JEMPERLI SOLN (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
KADCYLA IV SOLN	PA	F
KEYTRUDA INJ	PA	F

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
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		
LUPRON DEPOT INJ/ELIGARD INJ	PA	F
FIRMAGON INJ	-	NC
TRELSTAR INJ	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
LARTRUVO INJ (Only available through Accredo 888-773-7376)	LD-PA	F
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj	-	F
bleomycin inj	-	F
dactinomycin inj	-	F
daunorubicin inj	-	F
epirubicin inj	-	F
idarubicin inj	-	F
lipodox inj	-	F
mitomycin inj	-	F
mitoxantron inj	-	F
JELMYTO INJ	-	NC
ANTINEOPLASTIC COMBINATIONS		
DARZALEX SOLN FASPRO	PA	F
VYXEOS INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	F
HERCEPTIN HYLECTA INJ	-	NC
RITUXAN HYCELA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
BALEODAQ INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
BORTEZOMIB INJ	PA	F
KYPROLIS SOLN	PA	F
romidepsin for iv inj	PA	F
ROMIDEPSIN INJ	PA	F
temsirolimus soln	-	F
ALIQOPA INJ	-	NC
BORTEZOMIB INJ	-	NC
ISTODAX (OVERFILL) INJ	-	NC
VELCADE INJ, BORTEZOMIB INJ	-	NC
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	EXC
ASPARLAS INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
SOTALOL INJ	-	F
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
CARDENE INJ	-	F
diltiazem inj	-	F
nicardipine inj	-	F
verapamil inj	-	F
CARDIOTONICS		
INOTROPES		
DOBUTAMINE/D5W INJ	-	F
dopamine inj	-	F
milrinone inj	-	F
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
epoprostenol inj (Only available through Accredo 888-773-7376)	LD-PA	F
treprostinil inj (Only available through Accredo 888-773-7376)	LD-PA	F
FLOLAN INJ, VELETRI INJ	-	NC
REMODULIN INJ (Only available through Accredo 888-773-7376)	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ	-	F
ZERBAXA INJ	-	F
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOLIN INJ	-	F
CEFAZOLIN/DEXTROSE SOLN	-	F
CEPHALOSPORINS - 2ND GENERATION		
CEFOTETAN INJ	-	F
cefoxitin inj	-	F
cefuroxime inj	-	F
CEPHALOSPORINS - 3RD GENERATION		
cefotaxime inj	-	F
CEFTAZIDIME INJ	-	F
CEFTRIAXONE INJ	-	F
CEFTRIAXONE/DEXTROSE INJ	-	F
CLAFORAN INJ	-	F
FORTAZ INJ	-	F
CEPHALOSPORINS - 4TH GENERATION		
cefepime inj	-	F
CEFEPIME IV SOLN	-	F

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Symbols and abbreviations are defined on page 1.

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

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
PAMIDRONATE INJ	-	NC
RECLAST INJ	-	NC
ZOMETA INJ	-	NC
CORTICOTROPIN		
ACTHAR HP GEL INJ	-	NC
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ	PA	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPO-PED INJ	PA	F
LUPRON DEPOT PEDIATRIC INJ/LUPRON DEPOT INJ	PA	F
SUPPRELIN LA KIT	-	NC
TRIPTODUR SUSP	-	NC
METABOLIC MODIFIERS		
ALDURAZYME INJ	PA	F
CRYSVITA INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F
doxercalciferol inj (HECTOROL INJ equiv)	-	F
ELAPRASE INJ	PA	F
FABRAZYME INJ	PA	F
HECTOROL INJ	-	F
MYOZYME/LUMIZYME INJ	PA	F
NAGLAZYME INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
NEXVIAZYME INJ	PA	F
NULIBRY INJ (Only available through Biologics 800-850-4306)	LD-PA	F
paricalcitol inj	-	F
PARSABIV INJ	-	F
VIMIZIM INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
BRINEURA KIT	-	NC
KANUMA INJ	-	NC
REVCOVI INJ	-	NC
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE (QL=1 syringe/28 days)	PA-QL	F
SANDOSTATIN LAR DEPOT KIT (QL=1 kit every 4 weeks)	PA-QL	F
SIGNIFOR LAR INJ (QL=1 kit/28 days)	PA-QL	F
SOMATULINE DEPOT (QL=1 syringe/28 days)	PA-QL	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA INJ	-	F
ciprofloxacin inj	-	F
levofloxacin inj	-	F
levofloxacin/d5w inj	-	F
MOXIFLOXACIN INJ	-	F

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL STIMULANTS		
metoclopramide inj	-	F
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ	PA	F
ENTYVIO INJ	PA	F
RENFLEXIS INJ	PA	F
INFLECTRA INJ 100MG	-	NC
REMICADE INJ	-	NC
STELARA IV INJ	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
HYPEROXALURIA AGENTS		
OXLUMO INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F
GOUT AGENTS		
GOUT AGENTS		
allopurinol inj	-	F
KRYSTEXXA INJ	PA	F
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ	-	NC
ANTIHEMOPHILIC PRODUCTS		
ADYNOVATE INJ	PA	F
FEIBA INJ	PA	F
ADVATE INJ, KOVALTRY INJ	-	NC
AFSTYLA KIT	-	NC
ALPHANATE INJ, HUMATE-P INJ	-	NC
ALPHANINE SD INJ, MONONINE INJ	-	NC
ALPROLIX INJ	-	NC
BENEFIX INJ	-	NC
COAGADEX INJ	-	NC
CORIFACT KIT	-	NC
ELOCTATE INJ	-	NC
ESPEROCT INJ	-	NC
FIBRYGA INJ	-	NC
HEMOFIL M INJ, KOATE-DVI INJ	-	NC
IDELVION SOLN	-	NC
IXINITY INJ, RIXUBIS INJ	-	NC
JIVI INJ	-	NC
KCENTRA KIT	-	NC
KOGENATE FS INJ	-	NC
NOVOEIGHT INJ	-	NC
NOVOSEVEN RT INJ	-	NC

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
NUWIQ INJ	-	NC
OBIZUR INJ	-	NC
PROFILNINE INJ	-	NC
REBINYN SOL	-	NC
RECOMBINATE INJ	-	NC
TRETTEN INJ	-	NC
VONVENDI INJ	-	NC
WILATE INJ	-	NC
XYNTHA INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	PA	F
CINRYZE INJ	PA	F
HAEGARDA INJ	PA	F
RUCONEST INJ	PA	F
SOLIRIS IV SOLN	PA	F
ULTOMIRIS INJ	PA	F
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ	PA	F
PLASMA PROTEINS		
albuminar inj	-	F
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE INJ	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ	PA	F
ELELYSO INJ	-	NC
VPRIV INJ	-	NC
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO INJ	PA	F
FOLIC ACID/FOLATES		
folic acid inj	-	F
HEMATOPOIETIC GROWTH FACTORS		
MIRCERA INJ	-	NC
NPLATE INJ	-	NC
REBLOZYL INJ	-	NC
IRON		
ferric gluconate IV soln	-	F
ferumoxytol inj	-	F
INJECTAFER INJ	-	F
MONOFERRIC INJ (Only available through Biologics 800-850-4306)	LD	F
VENOFER INJ	-	F

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
FERAHEME INJ	-	NC
FERRLECIT INJ	-	NC
INFED INJ	-	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	F
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj	-	F
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
lidocaine inj	-	F
MACROLIDES		
AZITHROMYCIN		
azithromycin inj	-	F
ERYTHROMYCINS		
erythromycin inj	-	F
ERYTHROCIN INJ	-	NC
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE INJ	-	F
CALCIUM		
CALCIUM GLUCONATE INJ	-	F
ELECTROLYTE MIXTURES		
D5W/LYTES INJ	-	F
dextrose 5% in lactated ringers	-	F
dextrose w/ nacl inj	-	F
DEXTROSE W/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

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
MINERALS & ELECTROLYTES Cont.		
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
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
GAMIFANT INJ	-	NC
UPLIZNA SOLN	-	NC
LYMPHATIC AGENTS		
SYLVANT INJ	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN (QL=2ml/28 days)	PA-QL	F
MULTIVITAMINS		
MULTIVITAMINS		
INFUVITE INJ	-	F
PEDIATRIC MULTIPLE VITAMINS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
INFUVITE INJ	-	F
MUSCULOSKELETAL THERAPY AGENTS		
VISCOSUPPLEMENTS		
DUROLANE	PA	F
EUFLEXXA	-	NC
GEL-ONE	-	NC
GELSYN-3	-	NC
GENVISC 850	-	NC
HYALGAN	-	NC
HYMOVIS	-	NC
MONOVISC	-	NC
ORTHOVISC	-	NC
ORTHOVISC INJ	-	NC
SUPARTZ FX INJ	-	NC
SYNVISC	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE	-	NC
TRILURON	-	NC
TRIVISC	-	NC
VISCO-3	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA INJ	-	NC
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 INJ	-	NC
EXONDYS 51 SOLN	-	NC
VILTEPSO SOLN	-	NC
VYONDYS 53 SOLN	-	NC
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	PA	F
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

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
NUTRIENTS Cont.		
SMOFLIPID EMULSION	-	F
PROTEINS		
AMINOSYN II INJ	-	F
AMINOSYN-RF INJ	-	F
CLINIMIX E INJ	-	F
CLINIMIX INJ	-	F
premasol inj	-	F
OPHTHALMIC AGENTS		
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ (QL=1 vial/28 days for first 3 fills, then 1 vial/56 days)	PA-QL	F
OPHTHALMIC GENE THERAPY		
LUXTURNA SUSP	-	NC
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ	PA	F
OPHTHALMIC STEROIDS		
OZURDEX IMPLANT (QL=2 inj/180 days)	QL	F
ILUVIEN IMPLANT	-	NC
RETISERT IMPLANT	-	NC
YUTIQ IMPLANT	-	NC
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CARIMUNE NANOFILTERED INJ	PA	F
GAMMAGARD INJ	PA	F
GAMMAGARD SD INJ	PA	F
GAMMAPLEX INJ	PA	F
PRIVIGEN INJ	PA	F
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
HYPERHEP B INJ	PA	F
OCTAGAM INJ	PA	F
PANZYGA INJ	PA	F
PRIVIGEN INJ	PA	F
GAMASTAN INJ	-	NC
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	PA	F
PENICILLINS		

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Symbols and abbreviations are defined on page 1.

DrugName	Special Code	Tier
PENICILLINS Cont.		
AMINOPENICILLINS		
ampicillin inj	-	F
NATURAL PENICILLINS		
PENICILLIN G PROCAINE INJ	-	F
PENICILLIN G SODIUM INJ	-	F
penicillin gk inj	-	F
PENICILLIN GK/DEXTROSE INJ	-	F
PFIZERPEN-G INJ	-	F
PENICILLIN COMBINATIONS		
ampicillin/sulbactam inj	-	F
BICILLIN C-R INJ	-	F
piperacillin/tazobactam inj	-	F
ZOSYN/ DEXTROSE INJ	-	F
PENICILLINASE-RESISTANT PENICILLINS		
BACTOCILL/DEXTROSE INJ	-	F
nafcillin inj	-	F
NAFCILLIN SODIUM IN DEXTROSE INJ	-	F
oxacillin inj	-	F
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
sterile diluent soln (Only available through Accredo 888-773-7376)	LD	F
sterile water for inj	-	F
PROGESTINS		
PROGESTINS		
progesterone IM inj	-	F
hydroxyprogesterone capro inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
MULTIPLE SCLEROSIS AGENTS		
LEMTRADA INJ	PA	F
OCREVUS INJ	PA	F
TYSABRI INJ	PA	F
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO SOLN	-	NC
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ	PA	F
GLASSIA INJ	PA	F
PROLASTIN-C INJ	-	NC
PROLASTIN-C INJ, ZEMAIRA INJ	-	NC

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
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
ADYNOVATE INJ	F
ALDURAZYME INJ	F
ALIMTA INJ	F
ARALAST NP INJ	F
arsenic trioxide inj	F
ARZERRA INJ	F
ASPARLAS INJ	F
AVSOLA INJ	F
BALEODAQ INJ	F
BAVENCIO INJ	F
BENDEKA INJ	F
BENLYSTA IV SOLN	F
BEOVU INJ	F
BERINERT INJ	F
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
DARZALEX SOLN	F
DARZALEX SOLN FASPRO	F
decitabine inj	F
DUROLANE	F
DYSPORT	F
ELAPRASE INJ	F
ENHERTU INJ	F
ENTYVIO INJ	F
epoprostenol inj	F
ERBITUX INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
EVENITY INJ	F
EVKEEZA INJ	F
FABRAZYME INJ	F
FASENRA INJ	F
FEIBA INJ	F
FLEBOGAMMA INJ	F
GAMMAGARD INJ	F
GAMMAGARD SD INJ	F
GAMMAPLEX INJ	F
GLASSIA INJ	F
HAEGARDA INJ	F
HALAVEN INJ	F
HEPAGAM B INJ	F
HYPERHEP B INJ	F
ILARIS INJ	F
IMFINZI INJ	F
JEMPERLI SOLN	F
JEVTANA INJ	F
KADCYLA IV SOLN	F
KALBITOR INJ	F
KEYTRUDA INJ	F
KEYTRUDA IV SOLN	F
KRYSTEXXA INJ	F
KYPROLIS SOLN	F
LANREOTIDE ACETATE	F
LARTRUVO INJ	F
LEMTRADA INJ	F
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
MYOZYME/LUMIZYME INJ	F
NAGLAZYME INJ	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
NEXVIAZYME INJ	F
NUCALA INJ	F
NULIBRY INJ	F
OCREVUS INJ	F
OCTAGAM INJ	F
ONCASPAR INJ	F
OPDIVO INJ	F
ORENCIA INJ	F
OXLUMO INJ	F
PADCEV INJ	F
PANZYGA INJ	F
PERJETA INJ	F
POLIVY INJ	F
PORTRAZZA INJ	F
PRIVIGEN INJ	F
PROLIA SOLN	F
RENFLEXIS INJ	F
romidepsin for iv inj	F
ROMIDEPSIN INJ	F
RUCONEST INJ	F
RUXIENCE INJ	F
RYBREVANT SOLN	F
SANDOSTATIN LAR DEPOT KIT	F
SAPHNELO SOLN	F
SARCLISA SOLN	F
SIGNIFOR LAR INJ	F
SIMPONI ARIA INJ	F
SOLIRIS IV SOLN	F
SOMATULINE DEPOT	F
SPINRAZA INJ	F
SPRAVATO SOLN	F
SYNAGIS INJ	F
SYNRIBO INJ	F
TECENTRIQ INJ	F
TEPEZZA INJ	F
TIVDAK INJ	F
treprostinil inj	F

Symbols and abbreviations are defined on page 1.

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

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List

Last Updated* 5/1/2022

Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ASPARLAS INJ	BALEODAQ INJ	CRYSVITA INJ	epoprostenol inj
EVKEEZA INJ	JEMPERLI SOLN	LARTRUVO INJ	LUMOXITI INJ
MONJUVI INJ	MONOFERRIC INJ	NAGLAZYME INJ	NULIBRY INJ
ONCASPAR INJ	OXLUMO INJ	PADCEV INJ	RYBREVANT SOLN
SARCLISA SOLN	SPINRAZA INJ	sterile diluent soln	SYNRIBO INJ
TIVDAK INJ	treprostinil inj	TRODELVY SOLN	VIMIZIM INJ
VYXEOS INJ	ZEPZELCA SOLN	ZOLGENSMA INJ	

Symbols and abbreviations are defined on page 1.

L.A. Care Home Infusion List
Last Updated* 5/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BEOVU INJ	QL=1 vial/28 days for first 3 fills, then 1 vial/56 days
CABENUVA SUSP	QL=1 kit/month
LANREOTIDE ACETATE	QL=1 syringe/28 days
OZURDEX IMPLANT	QL=2 inj/180 days
SANDOSTATIN LAR DEPOT KIT	QL=1 kit every 4 weeks
SAPHNELO SOLN	QL=2ml/28 days
SIGNIFOR LAR INJ	QL=1 kit/28 days
SOMATULINE DEPOT	QL=1 syringe/28 days

Symbols and abbreviations are defined on page 1.

Toll Free: **1.844.854.7272** | TTY: **711**

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