



L.A. Care
Covered™ Direct

L.A. Care Health Plan

L.A. Care Covered™ Direct Formulary **2024**

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 All previous versions of the formulary are no longer in effect.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



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

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

lacare.org

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

INTRODUCTION

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Foreword

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

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

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

How to Use the Formulary

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

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

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

Generic and Brand Name Medications

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

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

How Drugs Are Listed

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

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

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

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

Example: ANTICOAGULANTS
HEPARINS AND HEPARINOID-LIKE AGENTS

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

From the above example:

Generic Drug:

- ***enoxaparin inj***

Brand Drug:

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

Non-Formulary Medications

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

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

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

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

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

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

Benefit Coverage and Limitations

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

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

How to Find a Pharmacy

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

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

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

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

Description of Coverage

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

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

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

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

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

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

How Much I Will Pay for My Drugs

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

Below is a description for each tier:

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

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

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

Restrictions on Medication Coverage

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

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

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

Medication Request Process

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

Formulary Agents

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

Non-Formulary Agents

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

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

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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

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

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Last Updated 5/1/2024

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

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

1

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

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

Last Updated 5/1/2024

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

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

2

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|-----------------|--------------------------------------|------------------------|--|-------------------------|---|
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| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter |
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|---|--|---|
| ZEPBOUND INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide (weight management)</i>) | 2 | PA-QL QL= 4 inj/28 days |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders | | |
| <i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv) | 1 | - |
| <i>clonidine ER tab .1MG</i> (KAPVAY Equiv) | 1 | - |
| <i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv) | 1 | - |
| INTUNIV TAB 1MG, 2MG, 3MG, 4MG (<i>guanfacine hcl (adhd)</i>) | 3 | - |
| KAPVAY TAB .1MG (<i>clonidine hcl (adhd)</i>) | 3 | - |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders | | |
| SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>) | 2 | PA-QL QL= 1 tab/day |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders | | |
| WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>) | 4 | LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| STIMULANTS - MISC. - Miscellaneous stimulant drugs | | |
| <i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv) | 1 | 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.

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| MSP | Mandatory Specialty Pharmacy Program | ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter |
| PA | Prior Authorization | OL | Quantity Limit | RDX | Restricted to Diagnosis |
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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv) | 1 | - |
| <i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv) | 1 | - |
| FOCALIN TAB 10MG, 2.5MG, 5MG <i>(dexmethylphenidate hcl)</i> | 3 | - |
| FOCALIN XR CAP 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG <i>(dexmethylphenidate hcl)</i> | 3 | - |
| METHYLIN SOLN 10MG/5ML, 5MG/5ML <i>(methylphenidate hcl)</i> | 2 | - |
| <i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv) | 1 | - |
| <i>methylphenidate chew tab 10MG, 2.5MG, 5MG</i> (METHYLIN Equiv) | 1 | - |
| <i>methylphenidate ER cap 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (APTENSIO XR Equiv) | 1 | - |
| METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG <i>(methylphenidate hcl)</i> | 1 | - |
| <i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i> | 1 | - |
| <i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv) | 1 | - |

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4

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

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv) | 1 | - |
| <i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv) | 1 | QL QL= 2 tabs/day |
| NUVIGIL TAB 150MG, 200MG, 250MG, 50MG (<i>armodafinil</i>) | 3 | QL QL= 1 tab/day |
| PROVIGIL TAB 100MG, 200MG (<i>modafinil</i>) | 3 | QL QL= 2 tabs/day |
| RITALIN LA CAP, APTENSIO XR CAP 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG (<i>methylphenidate hcl</i>) | 3 | - |
| RITALIN TAB 10MG, 20MG, 5MG (<i>methylphenidate hcl</i>) | 3 | - |
| AMINOGLYCOSIDES - Drugs to treat bacterial infections | | |
| AMINOGLYCOSIDES - Drugs to treat infections | | |
| <i>amikacin inj 1GM/4ML, 500MG/2ML</i> (KANAMYCIN Equiv) | M | M |
| <i>neomycin tab 500MG</i> | 1 | - |
| <i>paromomycin cap 250MG</i> (HUMATIN Equiv) | 1 | - |
| TOBI PODHALER 28MG (<i>tobramycin</i>) | 4 | LD-PA Only available through Walgreens 888-347-3416 |

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

Last Updated 5/1/2024

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|---|--|---|
| <i>tobramycin nebulizer solution 300MG/5ML (TOBI Equiv)</i> | 1 | LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation | | |
| ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system | | |
| OLUMIANT TAB 1MG, 2MG, 4MG (<i>baricitinib</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| RINVOQ ER TAB 15MG, 30MG, 45MG (<i>upadacitinib</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| XELJANZ SOLN 1MG/ML (<i>tofacitinib citrate</i>) | 4 | LMSP-PA-QL QL= 10ml/day |
| XELJANZ TAB 10MG, 5MG (<i>tofacitinib citrate</i>) | 4 | LMSP-PA-QL QL= 2 tabs/day |
| XELJANZ XR TAB 11MG, 22MG (<i>tofacitinib citrate</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system | | |
| RHEUMATREX TAB (<i>methotrexate sodium (antirheumatic)</i>) | 3 | - |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system | | |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML (HYRIMOZ Equiv) (<i>adalimumab-adaz</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML (<i>adalimumab-adaz</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |

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

Last Updated 5/1/2024

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|---|--|---|
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO Equiv) (<i>adalimumab-fkjp</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML 20MG/0.4ML (<i>adalimumab-fkjp</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (<i>adalimumab-fkjp</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| HADLIMA INJ 40MG/0.4ML (<i>adalimumab-bwwd</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| HADLIMA INJ 40MG/0.8ML 40MG/0.8ML (<i>adalimumab-bwwd</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| HADLIMA PUSH INJ 40MG/0.4ML (<i>adalimumab-bwwd</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML (<i>adalimumab-bwwd</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| HUMIRA INJ 10MG 10MG/0.1ML (<i>adalimumab</i>) | 4 | LMSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ 20MG 20MG/0.2ML (<i>adalimumab</i>) | 4 | LMSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML (<i>adalimumab</i>) | 4 | LMSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ 80MG 80MG/0.8ML (<i>adalimumab</i>) | 4 | PA-QL-SP QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 80MG/0.8ML (<i>adalimumab</i>) | 4 | LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year |

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

Last Updated 5/1/2024

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

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

Last Updated 5/1/2024

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|--|---|--|
| KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation | | |
| ARTHROTEC TAB 50MG-200MCG, 75MG-200MCG (<i>diclofenac w/ misoprostol</i>) | 3 | - |
| CELEBREX CAP 100MG, 200MG, 400MG, 50MG (<i>celecoxib</i>) | 3 | - |
| <i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv) | 1 | - |
| <i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv) | 1 | - |
| <i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv) | 1 | - |
| <i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv) | 1 | - |
| <i>diclofenac/misoprostol DR tab .2MG-50MG, 50MG-200MCG, 75MG-200MCG</i> (ARTHROTEC Equiv) | 1 | - |
| <i>etodolac cap 200MG, 300MG</i> (LODINE Equiv) | 1 | - |
| <i>etodolac ER tab 400MG, 500MG, 600MG</i> (LODINE XL Equiv) | 1 | - |
| <i>etodolac tab 400MG, 500MG</i> | 1 | - |
| FELDENE CAP 10MG, 20MG (<i>piroxicam</i>) | 3 | - |
| FLURBIPROFEN TAB 50MG (<i>flurbiprofen</i>) | 1 | - |
| <i>flurbiprofen tab 100MG, 50MG</i> | 1 | - |

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

Last Updated 5/1/2024

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|---|--|---|
| <i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv) | 1 | - |
| <i>ibuprofen tab 800MG</i> | 1 | - |
| <i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv) | 1 | - |
| <i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv) | 1 | - |
| <i>ketorolac inj 15mg/ml 15MG/ML</i> (TORADOL Equiv) | 1 | QL QL= 20ml/5 days |
| <i>ketorolac inj 30mg/ml 30MG/ML</i> (TORADOL Equiv) | 1 | QL QL= 20ml/5 days |
| <i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv) | 1 | QL QL= 20ml/5 days |
| <i>ketorolac tab 10MG</i> (TORADOL Equiv) | 1 | QL QL= 20 tabs/5 days |
| <i>mefenamic acid cap 250MG</i> (PONSTEL Equiv) | 1 | - |
| <i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv) | 1 | - |
| MOBIC TAB 15MG, 7.5MG (<i>meloxicam</i>) | 3 | - |
| MOTRIN SUSP 100MG/5ML, 50MG/1.25ML (<i>ibuprofen</i>) | 3 | - |
| <i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv) | 1 | - |
| NAPROSYN EC TAB 375MG (<i>naproxen</i>) | 3 | - |
| NAPROSYN TAB 500MG (<i>naproxen</i>) | 3 | - |
| <i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv) | 1 | - |

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|--|---|--|
| <i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv) | 1 | - |
| <i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv) | 1 | - |
| <i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv) | 1 | - |
| TOLMETIN TAB 600MG (<i>tolmetin sodium</i>) | 3 | - |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system | | |
| OTEZLA STARTER PACK (<i>apremilast</i>) | 4 | LMSP-PA-QL QL= 1 pack/28 days |
| OTEZLA TAB 30MG (<i>apremilast</i>) | 4 | LMSP-PA-QL QL= 2 tabs/day |
| PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system | | |
| <i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv) | 1 | - |
| SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system | | |
| ORENCIA CLICK INJ 125MG/ML (<i>abatacept</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML 125MG/ML (<i>abatacept</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML (<i>abatacept</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML (<i>abatacept</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 days |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system | | |

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|--|---|--|
| ENBREL INJ 25MG 25MG (<i>etanercept</i>) | 4 | LMSP-PA-QL QL= 8 inj/28 days |
| ENBREL INJ 50MG (<i>etanercept</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 days |
| ENBREL MINI INJ (<i>etanercept</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG 50MG/ML (<i>etanercept</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 days |
| ANALGESICS - NONNARCOTIC - Drugs to treat pain | | |
| SALICYLATES - Drugs to treat pain | | |
| <i>aspirin chew tab 81mg 81MG</i> | \$0 | OTC Covered for females (no age restriction) |
| <i>aspirin ec tab 81mg 81MG</i> | \$0 | OTC Covered for females (no age restriction) |
| <i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv) | 1 | - |
| ANALGESICS - OPIOID - Drugs to treat pain | | |
| OPIOID AGONISTS - Drugs to treat pain | | |
| ABSTRAL SL TAB 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>) | 3 | PA-QL QL= 120 tabs/30 days |
| ACTIQ LOZENGE 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>) | 3 | PA-QL QL= 120 units/30 days |

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|---|---|--|
| CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>) | 1 | QL QL= 240 tabs/30 days |
| CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>) | 1 | QL QL= 180 tabs/30 days |
| <i>codeine sulfate tab 60mg</i> | 1 | QL QL= 180 tabs/30 days |
| <i>codeine sulfate tablet 15mg, 30mg 30MG</i> | 1 | QL QL= 240 tabs/30 days |
| DILAUDID TAB 2MG 2MG (<i>hydromorphone hcl</i>) | 3 | QL QL= 240 tabs/30 days |
| DILAUDID TAB 4MG 4MG (<i>hydromorphone hcl</i>) | 3 | QL QL=180 tabs/30 days |
| DILAUDID TAB 8MG 8MG (<i>hydromorphone hcl</i>) | 3 | QL QL=120 tabs/30 days |
| DOLOPHINE TAB (<i>methadone hcl</i>) | 3 | QL QL=120 tabs/30 days |
| DURAGESIC PATCH 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (<i>fentanyl</i>) | 3 | QL QL=10 patches/30 days |
| <i>fentanyl citrate lollipop 1200MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG</i> (ACTIQ Equiv) | 1 | PA-QL QL= 120 lozenges/30 days |
| <i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv) | 1 | QL QL=10 patches/30 days |

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|---|---|--|
| FENTORA TAB, FENTANYL BUCCAL TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>fentanyl citrate</i>) | 3 | PA-QL QL= 120 tabs/30 days |
| <i>hydromorphone tab 2mg 2MG</i> (DILAUDID Equiv) | 1 | QL QL= 240 tabs/30 days |
| <i>hydromorphone tab 4mg 4MG</i> (DILAUDID Equiv) | 1 | QL QL=180 tabs/30 days |
| <i>hydromorphone tab 8mg 8MG</i> (DILAUDID Equiv) | 1 | QL QL=120 tabs/30 days |
| LAZANDA NASAL SPRAY 100MCG/ACT, 300MCG/ACT, 400MCG/ACT (<i>fentanyl citrate</i>) | 3 | PA-QL QL= 15 bottles/30 days |
| <i>methadone conc 10MG/ML</i> | 1 | QL QL=600ml/30 days |
| METHADONE SOLN 10MG/5ML 10MG/5ML (<i>methadone hcl</i>) | 1 | QL QL= 600ml/30 days |
| <i>methadone soln 10mg/5ml 10MG/5ML</i> | 1 | QL QL= 600ml/30 days |
| METHADONE SOLN 5MG/5ML 5MG/5ML (<i>methadone hcl</i>) | 1 | QL QL= 1200ml/30 days |
| <i>methadone soln 5mg/5ml 5MG/5ML</i> | 1 | QL QL= 1200ml/30 days |
| <i>methadone tab 5MG</i> (DOLOPHINE Equiv) | 1 | QL QL=120 tabs/30 days |

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

Last Updated 5/1/2024

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|---|--|---|
| <i>methadone tab 10mg 10MG</i> (DOLOPHINE Equiv) | 1 | QL QL= 240 tabs/30 days |
| METHADOSE CONC 10MG/ML, 5MG/0.5ML (<i>methadone hcl</i>) | 3 | QL QL=600ml/30 days |
| MORPHINE SULF SOLN 10MG/5ML 10MG/5ML (<i>morphine sulfate</i>) | 1 | QL QL= 120ml/30 days |
| <i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv) | 1 | QL QL= 90 tabs/ 30 days |
| MORPHINE SULFATE SOLN 20MG/5ML (<i>morphine sulfate</i>) | 1 | QL QL=120ml/30 days |
| <i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i> | 1 | QL QL=120ml/30 days |
| MORPHINE SULFATE TAB 15MG, 30MG (<i>morphine sulfate</i>) | 1 | QL QL=180 tabs/30 days |
| <i>morphine sulfate tab 15MG, 30MG</i> | 1 | QL QL=180 tabs/30 days |
| NUCYNTA TAB 100MG, 50MG, 75MG (<i>tapentadol hcl</i>) | 3 | QL QL= 180 tabs/30 days |
| <i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv) | 1 | QL QL=240ml/30 days |
| <i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv) | 1 | QL QL=120 tabs/30 days |
| ROXICODONE TAB 15MG, 30MG, 5MG (<i>oxycodone hcl</i>) | 3 | QL QL=120 tabs/30 days |

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|---|--|---|
| <i>tramadol ER tab 100MG, 200MG, 300MG</i> (ULTRAM ER Equiv) | 1 | QL QL= 30 tabs/30 days |
| TRAMADOL HCL ER TAB 100MG, 200MG, 300MG (<i>tramadol hcl</i>) | 1 | QL QL= 30 tabs/30 days |
| <i>tramadol tab 50MG</i> (ULTRAM Equiv) | 1 | QL QL= 240 tabs/30 days |
| ULTRAM TAB 50MG (<i>tramadol hcl</i>) | 3 | QL QL= 240 tabs/30 days |
| XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (<i>oxycodone</i>) | 2 | PA-QL QL= 120 caps/30 days |
| OPIOID COMBINATIONS - Drugs to treat pain | | |
| <i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i> | 1 | QL QL=240ml/30 days |
| <i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv) | 1 | QL QL=180 tabs/30 days |
| APAP/CODEINE SOLN 12MG/5ML-120MG/5ML (<i>acetaminophen w/ codeine</i>) | 1 | QL QL= 240ml/30 days |
| <i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv) | 1 | QL QL=1800ml/30 days |

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Last Updated 5/1/2024

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|---|--|---|
| <i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML (HYCET Equiv)</i> | 1 | QL QL=1800ml/30 days |
| <i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG (LORTAB Equiv)</i> | 1 | QL QL=120 tabs/30 days |
| <i>hydrocodone/acetaminophen tab 2.5-325mg (NORCO Equiv)</i> | 1 | QL QL=120 tabs/30 days |
| LORTAB 10MG-325MG, 5MG-325MG, 7.5MG-325MG (<i>hydrocodone-acetaminophen</i>) | 3 | QL QL=120 tabs/30 days |
| LORTAB ELIXIR 10MG/15ML-300MG/15ML, 10MG/15ML-325MG/15ML (<i>hydrocodone-acetaminophen</i>) | 3 | QL QL=1800ml/30 days |
| <i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)</i> | 1 | QL QL=120 tabs/30 days |
| OXYCODONE/ASPIRIN TAB 4.835MG-325MG (<i>oxycodone-aspirin</i>) | 1 | QL QL= 120 tabs/30 days |
| PERCOCET TAB 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (<i>oxycodone w/ acetaminophen</i>) | 3 | QL QL=120 tabs/30 days |
| <i>tramadol/acetaminophen tab 37.5MG-325MG (ULTRACET Equiv)</i> | 1 | QL QL= 240 tabs/30 days |
| TYLENOL/CODEINE TAB 30MG-300MG (<i>acetaminophen w/ codeine</i>) | 3 | QL QL=180 tabs/30 days |
| OPIOID PARTIAL AGONISTS - Drugs to treat pain | | |

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|--|--|---|
| <i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv) | 1 | QL QL= 4 patches/28 days |
| <i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv) | 1 | - |
| <i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE Equiv) | 1 | - |
| <i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv) | 1 | - |
| <i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv) | 1 | QL QL= 1 bottle/fill, 2 fills/30 days |
| BUTRANS PATCH 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR <i>(buprenorphine)</i> | 3 | QL QL= 4 patches/28 days |
| SUBOXONE SL FILM .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG <i>(buprenorphine hcl-naloxone hcl dihydrate)</i> | 3 | - |
| ANDROGENS-ANABOLIC - Drugs to regulate male hormones | | |
| ANDROGENS - Drugs to treat low testosterone level | | |
| ANDRODERM PATCH 2MG/24HR, 4MG/24HR <i>(testosterone)</i> | 2 | PA-QL QL= 1 patch/day |
| ANDROGEL 1% 25MG 25MG/2.5GM <i>(testosterone)</i> | 3 | PA-QL QL= 1 packet/day |

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

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|---|--|---|
| <i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 4 bottles/30 days |
| <i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 1 packet/day |
| <i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 2 packets/day |
| TESTOSTERONE GEL PUMP (<i>testosterone</i>) | 2 | PA-QL QL= 4 bottles/30 days |
| <i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 2 bottles/30 days |
| <i>testosterone soln 30MG/ACT</i> (AXIRON Equiv) | 1 | PA-QL QL= 2 bottles/30 days |
| ANORECTAL AGENTS - Drugs to treat problems related to the rectum | | |
| INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions | | |
| CORTENEMA 100MG/60ML (<i>hydrocortisone intrarectal</i>) | 3 | - |
| <i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv) | 1 | - |
| RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions | | |
| <i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv) | 1 | - |
| <i>pramoxine/hydrocortisone cream 1%-2.5%</i> (ANALPRAM-HC Equiv) | 1 | - |
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|---|---|--|
| ANUSOL-HC CREAM 2.5% (<i>hydrocortisone (rectal)</i>) | 3 | - |
| <i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv) | 1 | - |
| ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum | | |
| INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions | | |
| <i>budesonide rectal foam 2MG</i> (UCERIS RECTAL FOAM Equiv) | 1 | PA |
| UCERIS RECTAL FOAM 2MG/ACT (<i>budesonide (intrarectal)</i>) | 3 | PA |
| ANTHELMINTICS - Drugs to treat worm infections | | |
| ANTHELMINTICS - Drugs to treat parasites | | |
| <i>albendazole tab 200MG</i> (ALBENZA Equiv) | 1 | - |
| ALBENZA TAB 200MG (<i>albendazole</i>) | 3 | - |
| BENZNIDAZOLE TAB 100MG, 12.5MG (<i>benznidazole</i>) | 2 | RS Restricted to Infectious Disease Specialist |
| BILTRICIDE TAB 600MG (<i>praziquantel</i>) | 3 | - |
| EMVERM TAB 100MG (<i>mebendazole</i>) | 2 | PA |
| <i>ivermectin tab 3MG</i> (STROMEKTOL Equiv) | 1 | PA |
| <i>praziquantel tab 600MG</i> (BILTRICIDE Equiv) | 1 | - |
| STROMEKTOL TAB 3MG (<i>ivermectin</i>) | 3 | PA |
| ANTIANGINAL AGENTS - Drugs to treat chest pain | | |
| ANTIANGINALS-OTHER - Drugs to treat chest pain | | |
| RANEXA TAB 1000MG, 500MG (<i>ranolazine</i>) | 3 | - |

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|---|---|--|
| <i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv) | 1 | - |
| NITRATES - Drugs to treat chest pain | | |
| ISORDIL TITRADOSE TAB 40MG, 5MG (<i>isosorbide dinitrate</i>) | 3 | - |
| <i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv) | 1 | - |
| <i>isosorbide dinitrate tab 40mg 40MG</i> (ISORDIL Equiv) | 1 | - |
| <i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv) | 1 | - |
| ISOSORBIDE MONONITRATE TAB 10MG, 20MG (MONOKET Equiv) (<i>isosorbide mononitrate</i>) | 1 | - |
| <i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv) | 1 | - |
| NITRO-BID OINT 2% (<i>nitroglycerin</i>) | 2 | - |
| NITRO-DUR PATCH .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (<i>nitroglycerin</i>) | 3 | - |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR (<i>nitroglycerin</i>) | 3 | - |
| <i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv) | 1 | - |
| <i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv) | 1 | - |
| <i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv) | 1 | - |

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| NITROLINGUAL PUMP SPRAY .4MG/SPRAY (<i>nitroglycerin</i>) | 3 | - |
| NITROSTAT SL TAB .3MG, .4MG, .6MG (<i>nitroglycerin</i>) | 3 | - |
| ANTI-ANXIETY AGENTS - Drugs to treat anxiety | | |
| ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs | | |
| <i>bupirone tab 10MG, 15MG, 5MG, 7.5MG</i> (BUSPAR Equiv) | 1 | - |
| <i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv) | 1 | - |
| HYDROXYZINE PAMOATE CAP 100MG 100MG (<i>hydroxyzine pamoate</i>) | 1 | - |
| <i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv) | 1 | - |
| <i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv) | 1 | - |
| VISTARIL CAP 25MG, 50MG (<i>hydroxyzine pamoate</i>) | 3 | - |
| BENZODIAZEPINES - Drugs to treat anxiety | | |
| <i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv) | 1 | QL QL= 5 tabs/day |
| <i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv) | 1 | - |
| <i>diazepam conc 5MG/ML</i> (VALIUM Equiv) | 1 | QL QL= 180ml/30 days |

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| <i>diazepam oral soln 5mg/5ml 5MG/5ML</i> (DIAZEPAM Equiv) | 1 | QL QL= 180ml/30 days |
| <i>diazepam tab 2mg, 10mg 10MG, 2MG</i> (VALIUM Equiv) | 1 | QL QL= 4 tabs/day |
| <i>diazepam tab 5mg 5MG</i> (VALILUM Equiv) | 1 | QL QL= 3 tabs/day |
| <i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv) | 1 | - |
| <i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv) | 1 | - |
| VALIUM TAB 2MG, 10MG 10MG, 2MG (<i>diazepam</i>) | 3 | QL QL= 4 tabs/day |
| VALIUM TAB 5MG 5MG (<i>diazepam</i>) | 3 | QL QL= 3 tabs/day |
| ANTIARRHYTHMICS - Drugs to control heart rhythm | | |
| ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm | | |
| <i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv) | 1 | - |
| NORPACE CAP 100MG, 150MG (<i>disopyramide phosphate</i>) | 3 | - |
| <i>quinidine gluconate CR tab</i> | 1 | - |
| <i>quinidine sulfate tab 200MG, 300MG</i> | 1 | - |
| ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm | | |
| <i>mexiletine hcl cap 150MG, 200MG, 250MG</i> | 1 | - |
| ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm | | |

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

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|---|--|--|
| <i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv) | 1 | - |
| <i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv) | 1 | - |
| <i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv) | 1 | - |
| RYTHMOL SR CAP 225MG, 325MG, 425MG (<i>propafenone hcl</i>) | 3 | - |
| ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm | | |
| <i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv) | 1 | - |
| CORDARONE TAB (<i>amiodarone hcl</i>) | 3 | - |
| <i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv) | 1 | - |
| MULTAQ TAB 400MG (<i>dronedarone hcl</i>) | 2 | - |
| TIKOSYN CAP 125MCG, 250MCG, 500MCG (<i>dofetilide</i>) | 3 | - |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma | | |
| FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>) | 4 | LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |

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| NUCALA INJ 100MG/ML (<i>mepolizumab</i>) | 4 | LMSP-PA-QL QL= 1 inj/28 days |
| TEZSPIRE INJ 210MG/1.91ML (<i>tezepelumab-ekko</i>) | 4 | LMSP-PA-QL QL= 1 pen/28 days |
| ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD | | |
| <i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv) | 1 | - |
| BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders | | |
| ATROVENT HFA INHALER 17MCG/ACT (<i>ipratropium bromide hfa</i>) | 2 | - |
| INCRUSE ELLIPTA INHALER 62.5MCG/INH (<i>umeclidinium bromide</i>) | 2 | - |
| <i>ipratropium neb soln .02%</i> (ATROVENT Equiv) | 1 | - |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT (<i>tiotropium bromide monohydrate</i>) | 2 | QL-ST QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL) |
| LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD | | |
| ACCOLATE TAB 10MG, 20MG (<i>zafirlukast</i>) | 3 | - |

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|---|--|---|
| <i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv) | 1 | - |
| <i>montelukast granule pack 4MG</i> (SINGULAIR Equiv) | 1 | - |
| <i>montelukast tab 10MG</i> (SINGULAIR Equiv) | 1 | - |
| SINGULAIR CHEW TAB 4MG, 5MG (<i>montelukast sodium</i>) | 3 | - |
| SINGULAIR GRANULE PACK 4MG (<i>montelukast sodium</i>) | 3 | - |
| SINGULAIR TAB 10MG (<i>montelukast sodium</i>) | 3 | - |
| <i>zafirlukast tab 10MG, 20MG</i> (ACCOLATE Equiv) | 1 | - |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD | | |
| DALIRESP TAB 250MCG, 500MCG (<i>roflumilast</i>) | 3 | - |
| <i>roflumilast tab 250MCG, 500MCG</i> (DALIRESP Equiv) | 1 | - |
| STEROID INHALANTS - Drugs to treat asthma and COPD | | |
| ALVESCO INHALER 160MCG/ACT, 80MCG/ACT (<i>ciclesonide</i>) | 2 | - |
| ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate (inhalation)</i>) | 2 | - |
| ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>) | 2 | - |
| ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>) | 2 | - |

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| ASMANEX INHALER 110MCG/INH, 220MCG/INH <i>(mometasone furoate (inhalation))</i> | 2 | - |
| ASMANEX INHALER 110MCG/INH, 220MCG/INH <i>(mometasone furoate (inhalation))</i> | 2 | - |
| <i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i> | 1 | - |
| FLUTICASONE DISKUS INHALER 50MCG/ACT <i>(fluticasone propionate (inhalation))</i> | 2 | - |
| FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT <i>(fluticasone propionate hfa)</i> | 2 | - |
| FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT <i>(fluticasone propionate (inhalation))</i> | 2 | - |
| FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT <i>(fluticasone propionate (inhalation))</i> | 2 | - |
| FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT <i>(fluticasone propionate (inhalation))</i> | 2 | - |
| PULMICORT INH SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML <i>(budesonide (inhalation))</i> | 3 | - |
| QVAR REDIHALER 40MCG/ACT, 80MCG/ACT <i>(beclomethasone dipropionate hfa)</i> | 2 | - |

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|---|---|--|
| SYMPATHOMIMETICS - Drugs to treat asthma and COPD | | |
| ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT (<i>fluticasone-salmeterol</i>) | 2 | - |
| <i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv) | 1 | QL QL= 2 inhalers/30 days |
| <i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i> | 1 | - |
| ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML (<i>albuterol sulfate</i>) | 1 | - |
| <i>albuterol sulfate syrup 2MG/5ML</i> | 1 | - |
| <i>albuterol sulfate tab 2MG, 4MG</i> | 1 | - |
| <i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv) | 1 | - |
| ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT (<i>umeclidinium-vilanterol</i>) | 2 | - |
| <i>arformoterol tartrate neb soln 15MCG/2ML</i> (BROVANA Equiv) | 1 | - |
| BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH (<i>fluticasone furoate-vilanterol</i>) | 2 | - |

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| BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH (<i>fluticasone furoate-vilanterol</i>) | 2 | - |
| BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT (<i>budesonide-glycopyrrolate-formoterol fumarate</i>) | 2 | - |
| BROVANA NEB SOLN 15MCG/2ML (<i>arformoterol tartrate</i>) | 3 | - |
| <i>budesonide/formoterol inhaler</i> 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv) | 1 | - |
| COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</i>) | 2 | - |
| DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>) | 2 | - |
| DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>) | 2 | - |
| <i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv) | 1 | - |

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

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|--|---|--|
| STRIVERDI RESPIMAT INHALER 2.5MCG/ACT (<i>olodaterol hcl</i>) | 3 | QL QL= 1 inhaler/30 days |
| <i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv) | 1 | - |
| TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH (<i>fluticasone-umeclidinium-vilanterol</i>) | 2 | - |
| VENTOLIN HFA INHALER 108MCG/ACT (<i>albuterol sulfate</i>) | 1 | QL QL= 2 inhalers/30 days |
| XOPENEX NEB SOLN .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML (<i>levalbuterol hcl</i>) | 3 | - |
| XANTHINES - Drugs to treat asthma and COPD | | |
| ELIXOPHYLLIN ELIXIR (<i>theophylline</i>) | 2 | - |
| THEO-24 CAP 100MG, 200MG, 300MG, 400MG (<i>theophylline</i>) | 3 | - |
| <i>theophylline ER tab 400MG, 600MG</i> (UNIPHYL Equiv) | 1 | - |
| <i>theophylline soln 80MG/15ML</i> | 1 | - |
| THEOPHYLLINE TAB ER 100MG, 200MG, 300MG (<i>theophylline</i>) | 2 | - |
| <i>theophylline tab er 300MG, 450MG</i> (THEOPHYLLINE ER Equiv) | 1 | - |
| ANTICOAGULANTS - Drugs to thin the blood | | |

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

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| LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML (<i>enoxaparin sodium</i>) | 3 | - |
| THROMBIN INHIBITORS - Drugs to thin the blood | | |
| <i>dabigatran etexilate mesylate cap 110MG, 150MG, 75MG</i> (PRADAXA Equiv) | 1 | - |
| PRADAXA CAP 110MG, 150MG, 75MG (<i>dabigatran etexilate mesylate</i>) | 3 | - |
| ANTICONVULSANTS - Drugs to treat seizures | | |
| ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures | | |
| <i>clobazam susp 2.5MG/ML</i> (ONFI Equiv) | 1 | PA Members age 9 or older require Prior Authorization |
| <i>clobazam tab 10MG, 20MG</i> (ONFI Equiv) | 1 | PA |
| <i>clonazepam ODT .125MG, .25MG, .5MG, 1MG, 2MG</i> (KLONOPIN Equiv) | 1 | - |
| <i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv) | 1 | - |
| DIASTAT ACDL GEL 10MG, 20MG (<i>diazepam (anticonvulsant)</i>) | 3 | QL QL= 2 packs/fill |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG (<i>diazepam (anticonvulsant)</i>) | 2 | QL QL= 2 packs/fill |
| DIAZEPAM GEL 2.5MG (<i>diazepam (anticonvulsant)</i>) | 2 | QL QL= 2 packs/fill |

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

Last Updated 5/1/2024

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|--|--|---|
| <i>diazepam rectal gel 10MG, 20MG</i> | 1 | QL QL= 2 packs/fill |
| KLONOPIN TAB .5MG, 1MG, 2MG (<i>clonazepam</i>) | 3 | - |
| NAYZILAM SPRAY 5MG/0.1ML (<i>midazolam (anticonvulsant)</i>) | 3 | QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist |
| ONFI SUSP 2.5MG/ML (<i>clobazam</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| ONFI TAB 10MG, 20MG (<i>clobazam</i>) | 3 | PA |
| VALTOCO NASAL SPRAY 10MG/0.1ML, 5MG/0.1ML (<i>diazepam (anticonvulsant)</i>) | 3 | QL-RS QL= 2 packs/fill; Restricted to Neurology Specialist |
| ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs | | |
| BANZEL SUSP 40MG/ML (<i>rufinamide</i>) | 3 | PA |
| <i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv) | 1 | - |
| <i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv) | 1 | - |
| <i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv) | 1 | - |
| <i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv) | 1 | - |
| <i>carbamazepine tab 200MG</i> (TEGRETOL Equiv) | 1 | - |

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|--|---|--|
| CARBATROL CAP 100MG, 200MG, 300MG (<i>carbamazepine</i>) | 3 | - |
| DIACOMIT CAP 250MG, 500MG (<i>stiripentol</i>) | 4 | LD-PA Only available through PantheRx Pharmacy 855-726-8479 |
| DIACOMIT POWDER PACK 250MG, 500MG (<i>stiripentol</i>) | 4 | LD-PA Only available through PantheRx Pharmacy 855-726-8479 |
| EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>) | 4 | LD-PA Only available through Lumicera 855-847-3553 |
| EPRONTIA SOLN 25MG/ML (<i>topiramate</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl</i> (<i>anticonvulsant</i>)) | 4 | LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| <i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv) | 1 | QL QL= 9 caps/day |
| <i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv) | 1 | QL QL= 72 mls/day |
| <i>gabapentin tab 600mg 600MG</i> (NEURONTIN Equiv) | 1 | QL QL= 6 tabs/day |

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

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|--|--|---|
| <i>gabapentin tab 800mg 800MG</i> (NEURONTIN Equiv) | 1 | QL QL= 4.5 tabs/day |
| KEPPRA SOLN 100MG/ML (<i>levetiracetam</i>) | 3 | - |
| KEPPRA TAB 1000MG, 250MG, 500MG, 750MG (<i>levetiracetam</i>) | 3 | - |
| KEPPRA XR TAB 500MG, 750MG (<i>levetiracetam</i>) | 3 | - |
| <i>lacosamide oral solution 100MG/10ML, 10MG/ML, 50MG/5ML</i> (VIMPAT Equiv) | 1 | - |
| <i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv) | 1 | - |
| LAMICTAL CHEW TAB 25MG, 5MG (<i>lamotrigine</i>) | 3 | - |
| LAMICTAL ODT KIT, LAMICTAL XR KIT (<i>lamotrigine</i>) | 3 | - |
| LAMICTAL STARTER KIT 25MG (<i>lamotrigine</i>) | 3 | - |
| LAMICTAL TAB 100MG, 150MG, 200MG, 25MG (<i>lamotrigine</i>) | 3 | - |
| LAMICTAL XR TAB 100MG, 200MG, 250MG, 25MG, 300MG, 50MG (<i>lamotrigine</i>) | 3 | - |
| <i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv) | 1 | - |
| <i>lamotrigine ER tab 100MG, 200MG, 250MG, 25MG, 300MG, 50MG</i> (LAMICTAL XR Equiv) | 1 | - |
| <i>lamotrigine ODT kit 25MG</i> (LAMICTAL ODT KIT Equiv) | 1 | - |

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

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

Last Updated 5/1/2024

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|--|---|--|
| <i>pregabalin cap 225mg 225MG</i> (LYRICA Equiv) | 1 | QL QL= 2 caps/day |
| <i>pregabalin cap 300mg 300MG</i> (LYRICA Equiv) | 1 | QL QL= 2 caps/day |
| <i>pregabalin soln 20MG/ML</i> (LYRICA Equiv) | 1 | QL QL= 30ml/day |
| <i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv) | 1 | - |
| <i>rufinamide susp 40MG/ML</i> (BANZEL Equiv) | 1 | PA |
| <i>rufinamide tab 200MG, 400MG</i> (BANZEL Equiv) | 1 | PA |
| TEGRETOL SUSP 100MG/5ML (<i>carbamazepine</i>) | 3 | - |
| TEGRETOL TAB 200MG (<i>carbamazepine</i>) | 3 | - |
| TEGRETOL XR TAB 100MG, 200MG, 400MG (<i>carbamazepine</i>) | 3 | - |
| TOPAMAX SPRINKLE CAP 15MG, 25MG (<i>topiramate</i>) | 3 | - |
| TOPAMAX TAB 100MG, 200MG, 25MG, 50MG (<i>topiramate</i>) | 3 | - |
| <i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv) | 1 | - |
| <i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv) | 1 | - |
| TRILEPTAL SUSP 300MG/5ML (<i>oxcarbazepine</i>) | 3 | - |
| TRILEPTAL TAB 150MG, 300MG, 600MG (<i>oxcarbazepine</i>) | 3 | - |

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|--|---|--|
| ZONEGRAN CAP 100MG, 25MG (<i>zonisamide</i>) | 3 | - |
| ZONISADE SUSP 100MG/5ML (<i>zonisamide</i>) | 3 | PA PA required for members age 9 years or older |
| <i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv) | 1 | - |
| ZTALMY SUSP 50MG/ML (<i>ganaxolone</i>) | 4 | LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575 |
| CARBAMATES - Drugs to treat seizures | | |
| <i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv) | 1 | - |
| <i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv) | 1 | - |
| FELBATOL SUSP 600MG/5ML (<i>felbamate</i>) | 3 | - |
| FELBATOL TAB 400MG, 600MG (<i>felbamate</i>) | 3 | - |
| XCOPRI PAK 100-150MG (<i>cenobamate</i>) | 2 | QL QL= 2 tabs/day |
| XCOPRI PAK 150-200MG (<i>cenobamate</i>) | 2 | QL QL= 2 tabs/day |
| XCOPRI PAK 50-200MG (<i>cenobamate</i>) | 2 | QL QL= 2 tabs/day |
| XCOPRI TAB 150MG, 200MG 150MG, 200MG (<i>cenobamate</i>) | 2 | QL QL= 2 tabs/day |
| XCOPRI TAB 50MG, 100MG 100MG, 50MG (<i>cenobamate</i>) | 2 | QL QL= 1 tab/day |

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|---|--|---|
| XCOPRI TITRATION PAK 12.5-25MG (<i>cenobamate</i>) | 2 | QL QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG (<i>cenobamate</i>) | 2 | QL QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG (<i>cenobamate</i>) | 2 | QL QL= 1 tab/day |
| GABA MODULATORS - Drugs to treat seizures | | |
| GABITRIL TAB 12MG, 16MG, 2MG, 4MG (<i>tiagabine hcl</i>) | 3 | - |
| <i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv) | 1 | - |
| <i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv) | 1 | LD-PA Only available through Lumicera 855-847-3553 |
| <i>vigabatrin tab 500MG</i> (SABRIL Equiv) | 1 | LD-PA Only available through Lumicera 855-847-3553 |
| <i>vigadrone powder pack 500MG</i> | 1 | LD-PA Only available through PantheRx 855-726-8479 |
| HYDANTOINS - Drugs to treat seizures | | |
| DILANTIN CAP 100MG 100MG (<i>phenytoin sodium extended</i>) | 3 | - |

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|---|---|--|
| DILANTIN CAP 30MG 30MG (<i>phenytoin sodium extended</i>) | 2 | - |
| DILANTIN INFATABS 50MG (<i>phenytoin</i>) | 3 | - |
| DILANTIN SUSP 125MG/5ML (<i>phenytoin</i>) | 3 | - |
| <i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv) | 1 | - |
| <i>phenytoin chew tab 50MG</i> (DILANTIN Equiv) | 1 | - |
| <i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv) | 1 | - |
| SUCCINIMIDES - Drugs to treat seizures | | |
| CELONTIN CAP 300MG (<i>methsuximide</i>) | 3 | - |
| <i>ethosuximide cap 250MG</i> (ZARONTIN Equiv) | 1 | - |
| <i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv) | 1 | - |
| <i>methsuximide cap 300MG</i> (CELONTIN Equiv) | 1 | - |
| ZARONTIN CAP 250MG (<i>ethosuximide</i>) | 3 | - |
| ZARONTIN SOLN 250MG/5ML (<i>ethosuximide</i>) | 3 | - |
| VALPROIC ACID - Drugs to treat seizures | | |
| DEPAKENE CAP (<i>valproic acid</i>) | 3 | - |
| DEPAKENE SYRUP (<i>valproate sodium</i>) | 3 | - |
| DEPAKOTE ER TAB 250MG, 500MG (<i>divalproex sodium</i>) | 3 | - |
| DEPAKOTE SPRINKLE CAP 125MG (<i>divalproex sodium</i>) | 3 | - |

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|--|---|--|
| DEPAKOTE TAB 125MG, 250MG, 500MG <i>(divalproex sodium)</i> | 3 | - |
| <i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv) | 1 | - |
| <i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv) | 1 | - |
| <i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv) | 1 | - |
| <i>valproic acid cap 250MG</i> (DEPAKENE Equiv) | 1 | - |
| <i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv) | 1 | - |
| ANTIDEPRESSANTS - Drugs to treat depression disorder | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression | | |
| <i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv) | 1 | - |
| <i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv) | 1 | - |
| REMERON SOLUTAB 15MG, 30MG, 45MG <i>(mirtazapine)</i> | 3 | - |
| REMERON TAB <i>(mirtazapine tab)</i> | 3 | - |
| ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs | | |
| <i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv) | 1 | - |
| <i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv) | 1 | - |
| <i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv) | 1 | - |

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| MAPROTILINE TAB 25MG, 50MG, 75MG (<i>maprotiline hcl</i>) | 1 | - |
| WELLBUTRIN SR TAB 100MG, 150MG, 200MG (<i>bupropion hcl</i>) | 3 | - |
| WELLBUTRIN XL TAB 150MG, 300MG (<i>bupropion hcl</i>) | 3 | - |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression | | |
| EMSAM PATCH 12MG/24HR, 6MG/24HR, 9MG/24HR (<i>selegiline</i>) | 3 | - |
| MARPLAN TAB 10MG (<i>isocarboxazid</i>) | 2 | - |
| NARDIL TAB 15MG 15MG (<i>phenelzine sulfate</i>) | 3 | - |
| PARNATE TAB 10MG (<i>tranylcypromine sulfate</i>) | 3 | - |
| PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>) | 1 | - |
| <i>phenelzine tab 15MG</i> (NARDIL Equiv) | 1 | - |
| <i>tranylcypromine tab 10MG</i> (PARNATE Equiv) | 1 | - |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression | | |
| CELEXA TAB 10MG, 20MG, 40MG (<i>citalopram hydrobromide</i>) | 3 | - |
| <i>citalopram soln 10MG/5ML</i> (CELEXA Equiv) | 1 | - |
| <i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv) | 1 | - |
| <i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv) | 1 | - |
| <i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv) | 1 | - |

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|--|
| <i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv) | 1 | - |
| <i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv) | 1 | - |
| FLUOXETINE TAB 60MG 60MG (<i>fluoxetine hcl</i>) | 3 | - |
| <i>fluoxetine tab 60mg 60MG</i> | 1 | - |
| <i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv) | 1 | ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| <i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv) | 1 | - |
| LEXAPRO TAB 10MG, 20MG, 5MG (<i>escitalopram oxalate</i>) | 3 | - |
| <i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv) | 1 | - |
| <i>paroxetine oral susp 10MG/5ML</i> (PAXIL Equiv) | 1 | - |
| <i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv) | 1 | - |
| PAXIL CR TAB 12.5MG, 25MG, 37.5MG (<i>paroxetine hcl</i>) | 3 | - |
| PAXIL ORAL SUSP 10MG/5ML (<i>paroxetine hcl</i>) | 3 | - |
| PAXIL TAB 10MG, 20MG, 30MG, 40MG (<i>paroxetine hcl</i>) | 3 | - |
| PROZAC CAP 10MG, 20MG, 40MG (<i>fluoxetine hcl</i>) | 3 | - |
| <i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv) | 1 | - |

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Last Updated 5/1/2024

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

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

Last Updated 5/1/2024

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|---|---|--|
| TRICYCLIC AGENTS - Drugs to treat depression | | |
| <i>amitriptyline tab</i> (ELAVIL Equiv) | 1 | - |
| <i>amoxapine tab 100MG, 150MG, 25MG, 50MG</i> (AMOXAPINE Equiv) | 1 | - |
| ANAFRANIL CAP 25MG, 50MG, 75MG (<i>clomipramine hcl</i>) | 3 | - |
| <i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv) | 1 | - |
| <i>desipramine tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (NORPRAMIN Equiv) | 1 | - |
| <i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv) | 1 | - |
| <i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv) | 1 | - |
| <i>imipramine pamoate cap 100MG, 125MG, 150MG, 75MG</i> (TOFRANIL PM Equiv) | 1 | - |
| <i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv) | 1 | - |
| NORPRAMIN TAB 10MG, 25MG (<i>desipramine hcl</i>) | 3 | - |
| <i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv) | 1 | - |
| <i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv) | 1 | - |
| PAMELOR CAP 10MG, 25MG, 50MG, 75MG (<i>nortriptyline hcl</i>) | 3 | - |

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Last Updated 5/1/2024

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|--|---|--|
| <i>protriptyline tab 10MG, 5MG</i> (VIVACTIL Equiv) | 1 | - |
| SURMONTIL CAP (<i>trimipramine maleate</i>) | 3 | - |
| TOFRANIL TAB (<i>imipramine hcl</i>) | 3 | - |
| <i>trimipramine cap 100MG, 25MG, 50MG</i> (SURMONTIL Equiv) | 1 | - |
| ANTIDIABETICS - Drugs to regulate blood sugar | | |
| ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar | | |
| <i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv) | 1 | - |
| MIGLITOL TAB 100MG, 25MG, 50MG (<i>miglitol</i>) | 3 | - |
| <i>miglitol tab 100MG, 25MG, 50MG</i> (MIGLITOL Equiv) | 1 | - |
| PRECOSE TAB 100MG, 25MG, 50MG (<i>acarbose</i>) | 3 | - |
| ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar | | |
| ALOGLIPTIN-METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG (<i>alogliptin-metformin hcl</i>) | 2 | QL QL= 2 tabs/day |
| ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-15MG (<i>alogliptin-pioglitazone</i>) | 2 | QL QL= 1 tab/day |
| ALOGLIPTIN-PIOGLITAZONE TAB 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>) | 2 | QL QL= 1 tab/day |
| <i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv) | 1 | - |
| <i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv) | 1 | - |

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

Last Updated 5/1/2024

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|--|--|---|
| JANUMET TAB 50MG-1000MG, 50MG-500MG <i>(sitagliptin-metformin hcl)</i> | 2 | QL QL= 2 tabs/day |
| JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG <i>(sitagliptin-metformin hcl)</i> | 2 | QL QL= 2 tabs/day |
| SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG <i>(empagliflozin-metformin hcl)</i> | 2 | QL QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG <i>(empagliflozin-metformin hcl)</i> | 2 | QL QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i> | 2 | QL QL= 2 tabs/day |
| XIGDUO XR TAB 5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i> | 2 | QL QL= 2 tabs/day |
| XIGDUO XR TAB 10-1000MG 10MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i> | 2 | QL QL= 1 tab/day |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i> | 2 | QL QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-500MG, 5MG-500MG <i>(dapagliflozin propanediol-metformin hcl)</i> | 2 | QL QL= 1 tab/day |

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

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|--|---|--|
| BIGUANIDES - Drugs to regulate blood sugar | | |
| GLUCOPHAGE TAB (<i>metformin hcl</i>) | 3 | - |
| GLUCOPHAGE XR TAB (<i>metformin hcl</i>) | 3 | - |
| <i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv) | 1 | - |
| <i>metformin soln 500MG/5ML</i> (RIOMET Equiv) | 1 | - |
| <i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv) | 1 | - |
| RIOMET SOLN 500MG/5ML (<i>metformin hcl</i>) | 3 | - |
| DIABETIC OTHER - Drugs to regulate blood sugar | | |
| BAQSIMI NASAL POWDER 3MG/DOSE (<i>glucagon</i>) | 2 | QL QL= 2 inhalations/fill |
| <i>diazoxide susp 50MG/ML</i> (PROGLYCEM Equiv) | 1 | - |
| GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl (rdna)</i>) | 2 | QL QL= 2 inj/fill |
| GLUCAGON (RDNA) FOR INJ KIT 1MG (<i>glucagon (rdna)</i>) | 1 | QL QL= 2 inj/fill |
| GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>) | 2 | QL QL= 2 inj/fill |
| GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>) | 2 | QL QL= 2 inj/fill |
| GVOKE INJ .5MG/0.1ML (<i>glucagon</i>) | 2 | QL QL= 2 inj/fill |

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|--|---|--|
| GVOKE INJ KIT 1MG/0.2ML (<i>glucagon</i>) | 2 | QL QL= 2 inj/fill |
| GVOKE PFS INJ 1MG/0.2ML (<i>glucagon</i>) | 2 | QL QL= 2 inj/fill |
| <i>mifepristone tab 300MG</i> (KORLYM Equiv) | 1 | LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596) |
| PROGLYCEM SUSP 50MG/ML (<i>diazoxide</i>) | 3 | - |
| ZEGALOGUE INJ .6MG/0.6ML (<i>dasiglucagon hcl</i>) | 2 | QL QL= 2 inj/fill |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar | | |
| ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG (<i>alogliptin benzoate</i>) | 2 | QL QL= 1 tab/day |
| JANUVIA TAB 100MG, 25MG, 50MG (<i>sitagliptin phosphate</i>) | 2 | QL QL= 1 tab/day |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC - Drugs to regulate blood sugar | | |
| CYCLOSET TAB .8MG (<i>bromocriptine mesylate (diabetes)</i>) | 3 | - |
| INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar | | |
| OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>) | 2 | QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar | | |

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|---|---|---|
| BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>) | 2 | QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON INJ (<i>exenatide</i>) | 2 | QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON PEN INJ 2MG (<i>exenatide</i>) | 2 | QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYETTA INJ 5MCG/0.02ML (<i>exenatide</i>) | 3 | QL-RDX QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide</i>) | 2 | QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| OZEMPIC INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML (<i>semaglutide</i>) | 2 | QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>) | 2 | QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11) |
| TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>) | 2 | QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |

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| VICTOZA INJ 18MG/3ML (<i>liraglutide</i>) | 2 | QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| INSULIN - Drugs to regulate blood sugar | | |
| HUMALOG JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>) | 2 | - |
| HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro</i>) | 2 | - |
| HUMALOG MIX INJ (<i>insulin lispro protamine & lispro (human)</i>) | 2 | - |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 50UNIT/ML (<i>insulin lispro protamine & lispro (human)</i>) | 2 | - |
| HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>) | 2 | - |
| HUMULIN MIX INJ (<i>insulin isophane & reg (human)</i>) | 2 | OTC |
| HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>) | 2 | OTC |
| HUMULIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>) | 2 | OTC |
| HUMULIN N PEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>) | 2 | OTC |
| HUMULIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>) | 2 | OTC |

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|--|---|--|
| HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>) | 2 | - |
| HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>) | 2 | - |
| INSULIN GLARGINE SOLN PEN-INJ 300UNIT/ML (<i>insulin glargine</i>) | 2 | - |
| INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) (<i>insulin lispro</i>) | 1 | - |
| INSULIN LISPRO JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>) | 2 | - |
| INSULIN LISPRO KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>) | 2 | - |
| LYUMJEV INJ 100UNIT/ML (<i>insulin lispro-aabc</i>) | 2 | - |
| LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro-aabc</i>) | 2 | - |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML (<i>insulin glargine-yfgn</i>) | 2 | - |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML (<i>insulin glargine-yfgn</i>) | 2 | - |
| INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar | | |
| ACTOS TAB 15MG, 30MG, 45MG (<i>pioglitazone hcl</i>) | 3 | - |
| <i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv) | 1 | - |
| MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar | | |
| <i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv) | 1 | - |

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv) | 1 | - |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar | | |
| FARXIGA TAB 10MG, 5MG (<i>dapagliflozin propanediol</i>) | 2 | QL QL= 1 tab/day |
| JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>) | 2 | QL QL= 1 tab/day |
| SULFONYLUREAS - Drugs to regulate blood sugar | | |
| AMARYL TAB 1MG, 2MG, 4MG (<i>glimepiride</i>) | 3 | - |
| <i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv) | 1 | - |
| <i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv) | 1 | - |
| <i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv) | 1 | - |
| GLUCOTROL TAB 10MG, 5MG (<i>glipizide</i>) | 3 | - |
| GLUCOTROL XL TAB 10MG, 2.5MG, 5MG (<i>glipizide</i>) | 3 | - |
| GLYBURID MCR TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>) | 1 | - |
| <i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv) | 1 | - |
| GLYNASE TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>) | 3 | - |
| TOLAZAMIDE TAB (<i>tolazamide</i>) | 1 | - |
| TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>) | 2 | - |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea | | |

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|---|---|--|
| ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea | | |
| DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>) | 1 | - |
| ANTIDIARRHEALS - Drugs to treat diarrhea | | |
| ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea | | |
| <i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv) | 1 | - |
| LOMOTIL TAB (<i>diphenoxylate w/ atropine tab</i>) | 3 | - |
| MOTOFEN TAB .025MG-1MG (<i>difenoxin w/ atropine</i>) | 3 | - |
| ANTIDOTES - Drugs to treat overdose or toxicity | | |
| ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity | | |
| CHEMET CAP 100MG (<i>succimer</i>) | 2 | - |
| FERRIPROX SOLN 100MG/ML (<i>deferiprone</i>) | 4 | LD-PA Only available through Ferriprox Total Care 866-758-7071 |
| OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity | | |
| <i>naloxone inj .4MG/ML, 4MG/10ML</i> | 1 | - |
| <i>naltrexone tab 50MG</i> (REVIA Equiv) | 1 | - |
| ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity | | |
| ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity | | |
| <i>deferasirox granules packet 180MG, 360MG, 90MG</i> (JADENU Equiv) | 1 | LMSP |

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|---|---|--|
| <i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv) | 1 | LMSP |
| <i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv) | 1 | LMSP |
| <i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv) | 1 | LD-PA Only available through Lumicera 855-847-3553 |
| OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity | | |
| KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>) | 2 | - |
| <i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv) | 1 | OTC |
| NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>) | \$0 | - |
| <i>naloxone prefilled inj 2MG/2ML</i> | \$0 | - |
| NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>) | 1 | OTC |
| OPVEE NASAL SPRAY (<i>nalmefene hcl</i>) | 2 | - |
| RIVIVE SPRAY 3MG/0.1ML (<i>naloxone hcl</i>) | 1 | OTC |
| ZIMHI SOLN 5MG/0.5ML (<i>naloxone hcl</i>) | 2 | - |
| ANTIEMETICS - Drugs to treat nausea and vomiting | | |
| 5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting | | |
| ANZEMET TAB 100MG, 50MG (<i>dolasetron mesylate</i>) | 4 | QL QL= 9 tabs/fill |

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|---|---|--|
| <i>granisetron tab 1MG</i> (KYTRIL Equiv) | 1 | QL QL= 9 tabs/fill |
| GRANISOL SOLN (<i>granisetron hcl</i>) | 4 | QL QL= 60ml/fill |
| <i>ondansetron ODT 4MG, 8MG</i> (ZOFRAN Equiv) | 1 | - |
| <i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv) | 1 | - |
| ONDANSETRON TAB 24MG (ZOFRAN Equiv) (<i>ondansetron hcl</i>) | 1 | - |
| <i>ondansetron tab 4MG, 8MG</i> (ZOFRAN Equiv) | 1 | - |
| SANCUSO PATCH 3.1MG/24HR (<i>granisetron</i>) | 4 | QL QL= 4 patches/fill |
| ZOFRAN ODT (<i>ondansetron</i>) | 3 | - |
| ZOFRAN SOLN (<i>ondansetron hcl</i>) | 3 | - |
| ZOFRAN TAB 4MG, 8MG (<i>ondansetron hcl</i>) | 3 | - |
| ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting | | |
| <i>meclizine chew tab 25MG</i> (BONINE Equiv) | 1 | OTC |
| <i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv) | 1 | OTC |
| <i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv) | 1 | - |
| TIGAN CAP 300MG (<i>trimethobenzamide hcl</i>) | 3 | - |
| TRANSDERM-SCOP PATCH 1.5MG, 1MG/3DAYS (<i>scopolamine</i>) | 3 | - |
| <i>trimethobenzamide cap 300MG</i> (TIGAN Equiv) | 1 | - |
| ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics | | |

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

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|---|---|---|
| AKYNZEO CAP .5MG-300MG <i>(netupitant-palonosetron)</i> | 2 | QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| CESAMET CAP <i>(nabilone)</i> | 3 | - |
| <i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv) | 1 | PA |
| MARINOL CAP 10MG, 2.5MG, 5MG <i>(dronabinol)</i> | 3 | PA |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting | | |
| <i>aprepitant pak</i> (EMEND Equiv) | 1 | QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| <i>EMEND CAP 125MG, 40MG, 80MG</i> | 1 | QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| VARUBI TAB 90MG <i>(rolapitant hcl)</i> | 2 | QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| ANTIFUNGALS - Drugs to treat fungal infection | | |
| ANTIFUNGALS - Drugs to treat fungal infection | | |
| ANCOBON CAP 250MG, 500MG <i>(flucytosine)</i> | 3 | - |
| <i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv) | 1 | - |
| <i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv) | 1 | - |
| <i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv) | 1 | - |

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|---|---|--|
| <i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv) | 1 | - |
| GRIS-PEG TAB (<i>griseofulvin ultramicrosize</i>) | 3 | - |
| LAMISIL TAB 250MG (<i>terbinafine hcl</i>) | 3 | - |
| <i>nystatin powder</i> | 1 | - |
| <i>nystatin tab 500000UNIT</i> | 1 | - |
| <i>terbinafine tab 250MG</i> (LAMISIL Equiv) | 1 | - |
| IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections | | |
| DIFLUCAN SUSP 10MG/ML, 40MG/ML (<i>fluconazole</i>) | 3 | - |
| DIFLUCAN TAB 100MG, 150MG, 200MG, 50MG (<i>fluconazole</i>) | 3 | - |
| <i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv) | 1 | - |
| <i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv) | 1 | - |
| <i>itraconazole cap 100MG</i> (SPORANOX Equiv) | 1 | - |
| <i>itraconazole soln 10MG/ML</i> (SPORANOX Equiv) | 1 | PA |
| <i>ketoconazole tab 200MG</i> (NIZORAL Equiv) | 1 | - |
| NOXAFIL PAK 300MG (<i>posaconazole</i>) | 3 | - |
| NOXAFIL SUSP 40MG/ML (<i>posaconazole</i>) | 3 | - |
| NOXAFIL TAB 100MG (<i>posaconazole</i>) | 3 | - |
| <i>posaconazole DR tab 100MG</i> (NOXAFIL Equiv) | 1 | - |
| <i>posaconazole susp 40MG/ML</i> (NOXAFIL Equiv) | 1 | - |
| SPORANOX CAP 100MG (<i>itraconazole</i>) | 3 | - |

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| SPORANOX SOLN 10MG/ML (<i>itraconazole</i>) | 3 | PA |
| VFEND SUSP 40MG/ML (<i>voriconazole</i>) | 3 | - |
| VFEND TAB 200MG, 50MG (<i>voriconazole</i>) | 3 | - |
| <i>voriconazole susp 40MG/ML</i> (VFEND Equiv) | 1 | - |
| <i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv) | 1 | - |
| ANTI-HISTAMINES - Drugs to treat allergies | | |
| ANTI-HISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms | | |
| CARBINOXAMINE SOLN 4MG/5ML (<i>carbinoxamine maleate</i>) | 1 | - |
| <i>carbinoxamine tab 4MG</i> (PALGIC Equiv) | 1 | - |
| <i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv) | 1 | Only 50mg covered |
| <i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv) | M | - |
| ANTI-HISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms | | |
| ALLEGRA ODT 30MG (<i>fexofenadine hcl</i>) | EXC | OTC |
| CLARINEX SYRUP (<i>desloratadine</i>) | EXC | - |
| CLARINEX TAB 5MG (<i>desloratadine</i>) | EXC | - |
| CLARITIN CHEW TAB 10MG (<i>loratadine</i>) | EXC | OTC |
| DESLORATADINE ODT 2.5MG, 5MG (<i>desloratadine</i>) | EXC | - |
| <i>desloratadine tab 5MG</i> (CLARINEX Equiv) | EXC | - |
| <i>loratadine cap 10MG</i> (CLARITIN Equiv) | EXC | OTC |
| ZYRTEC CHILD CHEW TAB 10MG (<i>cetirizine hcl</i>) | EXC | OTC |
| ANTI-HISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms | | |

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|--|--|---|
| <i>promethazine supp</i> (PHENERGAN Equiv) | 1 | - |
| <i>promethazine syrup 6.25MG/5ML</i> | 1 | - |
| <i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv) | 1 | - |
| PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>) | 1 | - |
| ANTI-HISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>cyproheptadine syrup 2MG/5ML</i> | 1 | - |
| <i>cyproheptadine tab 4MG</i> | 1 | - |
| ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol | | |
| NEXLETOL TAB 180MG (<i>bempedoic acid</i>) | 2 | PA-QL QL= 1 tab/day |
| ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol | | |
| NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>) | 2 | PA-QL QL= 1 tab/day |
| ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol | | |
| LOVAZA CAP 1GM-375MG-465MG (<i>omega-3-acid ethyl esters</i>) | 3 | - |
| <i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv) | 1 | - |
| BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol | | |
| <i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv) | 1 | - |

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

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| <i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv) | 1 | - |
| FENOFIBRIC TAB, FIBRICOR TAB 105MG, 35MG (<i>fenofibric acid</i>) | 3 | - |
| <i>gemfibrozil tab 600MG</i> (LOPID Equiv) | 1 | - |
| LOPID TAB 600MG (<i>gemfibrozil</i>) | 3 | - |
| TRICOR TAB 145MG, 48MG (<i>fenofibrate</i>) | 3 | - |
| HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol | | |
| ATORVALIQ SUSP 20MG/5ML (<i>atorvastatin calcium</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| <i>atorvastatin tab 10MG, 20MG, 40MG, 80MG</i> (LIPITOR Equiv) | \$0 | - |
| CRESTOR TAB 10MG, 20MG, 40MG, 5MG (<i>rosuvastatin calcium</i>) | 3 | - |
| EZALLOR SPRINKLE CAP 10MG, 20MG, 40MG, 5MG (<i>rosuvastatin calcium</i>) | 3 | PA Prior Authorization Required for members age 9 years and older |
| FLOLIPID SUSP 20MG/5ML, 40MG/5ML (<i>simvastatin</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| <i>fluvastatin ER tab 80MG</i> (LESCOL XL Equiv) | \$0 | - |
| LESCOL XL TAB 80MG (<i>fluvastatin sodium</i>) | 3 | - |

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

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|---|--|---|
| LIPITOR TAB 10MG, 20MG, 40MG, 80MG (<i>atorvastatin calcium</i>) | 3 | - |
| LIVALO TAB 1MG, 2MG, 4MG (<i>pitavastatin calcium</i>) | 3 | ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| <i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv) | \$0 | - |
| <i>pitavastatin calcium tab 1MG, 2MG, 4MG</i> (LIVALO Equiv) | 1 | ST Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| <i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv) | \$0 | - |
| <i>rosuvastatin tab 10MG, 20MG, 40MG, 5MG</i> (CRESTOR Equiv) | \$0 | - |
| <i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv) | \$0 | 80mg is Not Covered |
| ZOCOR TAB 10MG, 20MG, 40MG (<i>simvastatin</i>) | 3 | - |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol | | |
| <i>ezetimibe tab 10MG</i> (ZETIA Equiv) | 1 | - |
| NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol | | |
| <i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv) | 1 | - |

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|---|---|--|
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol | | |
| REPATHA INJ 140MG/ML (<i>evolocumab</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ 420MG/3.5ML (<i>evolocumab</i>) | 4 | LMSP-PA-QL QL= 1 inj/28 days |
| ANTIHYPERTENSIVES - Drugs to treat high blood pressure | | |
| ACE INHIBITORS - Drugs to treat high blood pressure | | |
| ACCUPRIL TAB 10MG, 20MG, 40MG, 5MG (<i>quinapril hcl</i>) | 3 | - |
| ALTACE CAP 1.25MG, 10MG, 2.5MG, 5MG (<i>ramipril</i>) | 3 | - |
| <i>benazepril tab</i> (LOTENSIN Equiv) | 1 | - |
| <i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv) | 1 | - |
| <i>enalapril maleate oral soln 1MG/ML</i> (EPANED Equiv) | 1 | PA Prior Authorization required for members age 9 or older |
| <i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv) | 1 | - |
| <i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv) | 1 | - |
| <i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv) | 1 | - |

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|--|---|--|
| LOTENSIN TAB 10MG, 20MG, 40MG (<i>benazepril hcl</i>) | 3 | - |
| PRINIVIL TAB, ZESTRIL TAB 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG (<i>lisinopril</i>) | 3 | - |
| QBRELIS SOLN 1MG/ML (<i>lisinopril</i>) | 3 | PA Prior Authorization required for members age 9 or older |
| <i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv) | 1 | - |
| <i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv) | 1 | - |
| VASOTEC TAB 10MG, 2.5MG, 20MG, 5MG (<i>enalapril maleate</i>) | 3 | - |
| AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure | | |
| DIBENZYLINE CAP 10MG (<i>phenoxybenzamine hcl</i>) | 3 | LMSP |
| <i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv) | 1 | LMSP |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure | | |
| AVAPRO TAB 150MG, 300MG, 75MG (<i>irbesartan</i>) | 3 | - |
| COZAAR TAB 100MG, 25MG, 50MG (<i>losartan potassium</i>) | 3 | - |
| DIOVAN TAB 160MG, 320MG, 40MG, 80MG (<i>valsartan</i>) | 3 | - |
| <i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv) | 1 | - |

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|--|---|--|
| <i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv) | 1 | - |
| MICARDIS TAB 20MG, 40MG, 80MG (<i>telmisartan</i>) | 3 | - |
| <i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv) | 1 | - |
| <i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv) | 1 | - |
| <i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv) | 1 | - |
| ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure | | |
| CARDURA TAB 1MG, 2MG, 4MG, 8MG (<i>doxazosin mesylate</i>) | 3 | - |
| CATAPRES-TTS PATCH .1MG/24HR, .2MG/24HR, .3MG/24HR (<i>clonidine</i>) | 3 | - |
| <i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv) | 1 | - |
| <i>clonidine tab</i> (CATAPRES Equiv) | 1 | - |
| <i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv) | 1 | - |
| <i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv) | 1 | - |
| METHYLDOPA TAB 250MG, 500MG (<i>methyldopa</i>) | 1 | - |
| <i>methyldopa tab 250MG, 500MG</i> | 1 | - |
| MINIPRESS CAP 1MG, 2MG, 5MG (<i>prazosin hcl</i>) | 3 | - |
| <i>prazosin cap</i> (MINIPRESS Equiv) | 1 | - |
| <i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv) | 1 | - |

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|--|--|---|
| ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure | | |
| ACCURETIC TAB 20MG-25MG <i>(quinapril-hydrochlorothiazide)</i> | 3 | - |
| ACCURETIC TAB 10MG-12.5MG, 12.5MG-20MG <i>(quinapril-hydrochlorothiazide)</i> | 3 | - |
| <i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv) | 1 | - |
| <i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv) | 1 | - |
| <i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv) | 1 | - |
| <i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv) | 1 | - |
| AVALIDE TAB 12.5MG-150MG, 12.5MG-300MG <i>(irbesartan-hydrochlorothiazide)</i> | 3 | - |
| AZOR TAB 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG <i>(amlodipine besylate-olmesartan medoxomil)</i> | 3 | - |
| <i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv) | 1 | - |

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|---|--|---|
| BENICAR HCT TAB 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>) | 3 | - |
| <i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv) | 1 | - |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB 15MG-25MG, 15MG-50MG, 25MG, 25MG-50MG (<i>captopril & hydrochlorothiazide</i>) | 1 | - |
| DIOVAN HCT TAB 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (<i>valsartan-hydrochlorothiazide</i>) | 3 | - |
| <i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv) | 1 | - |
| EXFORGE TAB 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG (<i>amlodipine besylate-valsartan</i>) | 3 | - |
| <i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv) | 1 | - |
| HYZAAR TAB 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (<i>losartan potassium & hydrochlorothiazide</i>) | 3 | - |
| <i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv) | 1 | - |

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| <i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)</i> | 1 | - |
| <i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)</i> | 1 | - |
| LOTENSIN HCT TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (<i>benazepril & hydrochlorothiazide</i>) | 3 | - |
| LOTREL CAP 10MG-20MG, 10MG-40MG, 5MG-10MG, 5MG-20MG (<i>amlodipine besylate-benazepril hcl</i>) | 3 | - |
| <i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG (LOPRESSOR HCT Equiv)</i> | 1 | - |
| <i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)</i> | 1 | - |
| QUINAPRIL/HCTZ TAB 12.5MG-20MG | 1 | - |
| <i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ACCURETIC Equiv)</i> | 1 | - |
| TEKTURNA HCT TAB 12.5MG-150MG, 12.5MG-300MG, 25MG-150MG, 25MG-300MG (<i>aliskiren-hydrochlorothiazide</i>) | 3 | - |
| TENORETIC TAB 25MG-100MG, 25MG-50MG (<i>atenolol & chlorthalidone</i>) | 3 | - |

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| <i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv) | 1 | - |
| VASERETIC TAB 10MG-25MG (<i>enalapril maleate & hydrochlorothiazide</i>) | 3 | - |
| ZESTORETIC TAB 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (<i>lisinopril & hydrochlorothiazide</i>) | 3 | - |
| ZIAC TAB 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG (<i>bisoprolol & hydrochlorothiazide</i>) | 3 | - |
| DIRECT RENIN INHIBITORS - Drugs to treat high blood pressure | | |
| <i>aliskiren tab 150MG, 300MG</i> (TEKTURN A Equiv) | 1 | - |
| TEKTURN A TAB 150MG, 300MG (<i>aliskiren fumarate</i>) | 3 | - |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure | | |
| <i>eplerenone tab 25MG, 50MG</i> (INSPIRA Equiv) | 1 | - |
| INSPIRA TAB 25MG, 50MG (<i>eplerenone</i>) | 3 | - |
| VASODILATORS - Drugs to treat high blood pressure | | |
| <i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv) | 1 | - |
| <i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv) | 1 | - |
| ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs | | |
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| FIRST METRONIDAZOLE SUSP 50MG/ML <i>(metronidazole benzoate)</i> | 3 | - |
| FLAGYL TAB 500MG <i>(metronidazole)</i> | 3 | - |
| IMPAVIDO CAP 50MG <i>(miltefosine)</i> | 4 | PA |
| LIKMEZ SUSP 500MG/5ML <i>(metronidazole)</i> | 3 | PA Prior Authorization required for members age 9 or older |
| <i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv) | 1 | - |
| <i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv) | 1 | LMSP |
| PRIMSOL SOLN <i>(trimethoprim hcl)</i> | 3 | - |
| PRIMSOL SOLN 50MG/5ML <i>(trimethoprim hcl)</i> | 3 | - |
| TINDAMAX TAB <i>(tinidazole)</i> | 3 | - |
| <i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv) | 1 | - |
| TRIMETHOPRIM TAB 100MG <i>(trimethoprim)</i> | 1 | - |
| <i>trimethoprim tab 100MG</i> | 1 | - |
| XIFAXAN TAB 200MG 200MG <i>(rifaximin)</i> | 3 | QL QL= 9 tabs/3 days |
| XIFAXAN TAB 550MG 550MG <i>(rifaximin)</i> | 2 | QL QL= 60 tabs/30 days |
| ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations | | |
| BACTRIM DS TAB 160MG-800MG, 80MG-400MG <i>(sulfamethoxazole-trimethoprim)</i> | 3 | - |
| <i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv) | 1 | - |

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

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

Last Updated 5/1/2024

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|--|---|--|
| VANCOCIN CAP 125MG, 250MG (<i>vancomycin hcl</i>) | 3 | QL QL= 56 caps/fill |
| <i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv) | 1 | QL QL= 56 caps/fill |
| LEPROSTATICS - Drugs to treat Leprosy (bacterial infections) | | |
| <i>dapsone tab 100MG, 25MG</i> | 1 | - |
| LINCOSAMIDES - Drugs to treat bacterial infections | | |
| CLEOCIN CAP 150MG, 300MG, 75MG (<i>clindamycin hcl</i>) | 3 | - |
| CLEOCIN SOLN 75MG/5ML (<i>clindamycin palmitate hydrochloride</i>) | 3 | - |
| <i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv) | 1 | - |
| <i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv) | 1 | - |
| MONOBACTAMS - Drugs to treat bacterial infections | | |
| CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>) | 4 | KMSP-RS |
| OXAZOLIDINONES - Drugs to treat bacterial infections | | |
| <i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv) | 1 | RS Restricted to Infectious Disease Specialist |
| <i>linezolid tab 600MG</i> (ZYVOX Equiv) | 1 | RS Restricted to Infectious Disease Specialist |

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Last Updated 5/1/2024

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

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

Last Updated 5/1/2024

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|--|--|---|
| ANTIMALARIALS - Drugs to treat malaria (parasitic infections) | | |
| ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections) | | |
| <i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv) | 1 | - |
| MALARONE TAB 100MG-250MG, 25MG-62.5MG (<i>atovaquone-proguanil hcl</i>) | 3 | - |
| ANTIMALARIALS - Drugs to treat malaria (parasitic infections) | | |
| <i>chloroquine tab</i> (ARALEN Equiv) | 1 | - |
| <i>hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG</i> (PLAQUENIL Equiv) | 1 | - |
| KRINTAFEL TAB 150MG (<i>tafenoquine succinate</i>) | 2 | - |
| <i>mefloquine tab 250MG</i> (LARIAM Equiv) | 1 | - |
| PLAQUENIL TAB 200MG (<i>hydroxychloroquine sulfate</i>) | 3 | - |
| PRIMAQUINE TAB 26.3MG (<i>primaquine phosphate</i>) | 3 | - |
| <i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv) | 1 | - |
| <i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv) | 1 | LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders | | |
| FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>) | 4 | LD-PA Only available through AnovoRx 844-288-5007 |

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

Last Updated 5/1/2024

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|--|--|---|
| GUANIDINE TAB 125MG (<i>guanidine hcl</i>) | 3 | - |
| MESTINON TAB 60MG (<i>pyridostigmine bromide</i>) | 3 | - |
| MESTINON TIMESPAN TAB 180MG (<i>pyridostigmine bromide</i>) | 3 | - |
| <i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv) | 1 | - |
| <i>pyridostigmine tab 60MG</i> (MESTINON Equiv) | 1 | - |
| <i>pyridostigmine soln 60MG/5ML</i> (MESTINON Equiv) | 1 | - |
| ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections) | | |
| ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections) | | |
| RIFAMATE CAP 150MG-300MG (<i>isoniazid & rifampin</i>) | 2 | - |
| RIFATER TAB 50MG-120MG-300MG (<i>isoniazid-rifampin w/ pyrazinamide</i>) | 3 | PA |
| ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections) | | |
| <i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv) | 1 | - |
| <i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv) | 1 | - |
| ISONIAZID TAB 100MG (<i>isoniazid</i>) | 1 | - |
| <i>isoniazid tab 100MG, 300MG</i> | 1 | - |
| MYAMBUTOL TAB 400MG (<i>ethambutol hcl</i>) | 3 | - |
| MYCOBUTIN CAP 150MG (<i>rifabutin</i>) | 3 | - |
| PRETOMANID TAB 200MG (<i>pretomanid</i>) | 2 | QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist |

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

Last Updated 5/1/2024

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|---|---|--|
| PRIFTIN TAB 150MG (<i>rifapentine</i>) | 2 | - |
| <i>pyrazinamide tab 500MG</i> | 1 | - |
| <i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv) | 1 | - |
| RIFADIN CAP 150MG, 300MG (<i>rifampin</i>) | 3 | - |
| <i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv) | 1 | - |
| TRECTOR TAB 250MG (<i>ethionamide</i>) | 3 | RS Restricted to Infectious Disease Specialist |
| ANTINEOPLASTICS - Drugs to treat cancer | | |
| ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer | | |
| <i>tretinoin cap 10MG</i> (VESANOID Equiv) | 1 | LMSP-ONC |
| TOPOISOMERASE I INHIBITORS - Drugs to treat cancer | | |
| HYCANTIN CAP .25MG, 1MG (<i>topotecan hcl</i>) | 4 | LMSP-ONC-PA |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer | | |
| ALKYLATING AGENTS - Drugs to treat cancer | | |
| ALKERAN TAB 2MG (<i>melphalan</i>) | 3 | LMSP-ONC |
| <i>busulfan inj 6MG/ML</i> | M | M |
| BUSULFEX INJ 6MG/ML (<i>busulfan</i>) | M | M |
| CYCLOPHOSPHAMIDE CAP 25MG, 50MG (<i>cyclophosphamide</i>) | 3 | ONC |
| <i>cyclophosphamide cap 25MG, 50MG</i> | 1 | ONC |
| CYCLOPHOSPHAMIDE TAB 25MG, 50MG (<i>cyclophosphamide</i>) | 2 | - |

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Last Updated 5/1/2024

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|---|---|--|
| GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG (<i>lomustine</i>) | 2 | ONC |
| HEXALEN CAP (<i>altretamine</i>) | 4 | LMSP-ONC |
| MELPHALAN TAB 2MG (<i>melfhalan</i>) | 1 | LMSP-ONC |
| MYLERAN TAB 2MG (<i>busulfan</i>) | 4 | LMSP-ONC |
| <i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv) | 1 | LMSP-ONC |
| ZANOSAR INJ 1GM (<i>streptozocin</i>) | M | M |
| ANTIMETABOLITES - Drugs to treat cancer | | |
| <i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv) | 1 | LMSP-ONC |
| JYLAMVO SOLN, XATMEP SOLN 2.5MG/ML, 2MG/ML (<i>methotrexate</i>) | 3 | PA Prior Authorization required for members age 9 or older |
| <i>mercaptapurine tab 50MG</i> (PURINETHOL Equiv) | 1 | ONC |
| <i>methotrexate inj 1GM</i> | 1 | - |
| <i>methotrexate tab 2.5MG</i> (TREXALL Equiv) | 1 | ONC |
| PURIXAN SUSP 2000MG/100ML (<i>mercaptapurine</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| TABLOID TAB 40MG (<i>thioguanine</i>) | 2 | ONC |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer | | |
| INLYTA TAB 1MG, 5MG (<i>axitinib</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 8 tabs/day |

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|--|---|--|
| LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>) | 4 | LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Optum 877-445-6874 |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer | | |
| TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>) | 4 | LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer | | |
| VENCLEXTA STARTER PACK (<i>venetoclax</i>) | 4 | LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118 |
| VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>) | 4 | LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118 |
| ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer | | |
| <i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv) | 1 | LMSP-ONC-PA-QL QL= 1 tab/day |
| <i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv) | 1 | LMSP-ONC-PA-QL QL= 3 tabs/day |
| <i>gefitinib tab 250MG</i> (IRESSA Equiv) | 1 | LD-ONC-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| GILOTRIF TAB 20MG, 30MG, 40MG (<i>afatinib dimaleate</i>) | 4 | LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523 |

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|---|---|---|
| TAGRISSE TAB 40MG, 80MG (<i>osimertinib mesylate</i>) | 4 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 1 tab/day |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer | | |
| ERIVEDGE CAP 150MG (<i>vismodegib</i>) | 4 | LMSP-ONC-PA-SF |
| ODOMZO CAP 200MG (<i>sonidegib phosphate</i>) | 4 | LMSP-ONC-PA-SF |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer | | |
| <i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv) | 1 | LMSP-ONC-QL QL= 4 tabs/day |
| <i>anastrozole tab 1MG</i> (ARIMIDEX Equiv) | \$0 | ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| ARIMIDEX TAB 1MG (<i>anastrozole</i>) | 3 | ONC |
| AROMASIN TAB 25MG (<i>exemestane</i>) | 3 | ONC |
| <i>bicalutamide tab 50MG</i> (CASODEX Equiv) | 1 | ONC |
| CASODEX TAB 50MG (<i>bicalutamide</i>) | 3 | ONC |
| EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>) | 2 | ONC |
| ERLEADA TAB 60MG (<i>apalutamide</i>) | 4 | LMSP-ONC-PA-QL QL= 4 tabs/day |

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| ERLEADA TAB 240MG 240MG (<i>apalutamide</i>) | 4 | LMSP-ONC-PA-QL QL= 1 tab/day |
| EULEXIN CAP 125MG (<i>flutamide</i>) | 2 | ONC |
| <i>exemestane tab 25MG</i> (AROMASIN Equiv) | \$0 | ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| FARESTON TAB 60MG (<i>toremifene citrate</i>) | 3 | ONC |
| FEMARA TAB 2.5MG (<i>letrozole</i>) | 3 | ONC |
| FLUTAMIDE CAP 125MG (<i>flutamide</i>) | 2 | ONC |
| <i>flutamide cap 125MG</i> (EULEXIN Equiv) | 1 | ONC |
| <i>letrozole tab 2.5MG</i> (FEMARA Equiv) | 1 | ONC |
| LUPRON DEPOT INJ 45MG (<i>leuprolide acetate (6 month)</i>) | M | M |
| LYSODREN TAB 500MG (<i>mitotane</i>) | 4 | LD-ONC Only available through Walgreens 888-347-3416 |
| <i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv) | 1 | ONC |
| <i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv) | 1 | ONC |
| <i>nilutamide tab 150MG</i> (NILANDRON Equiv) | 1 | LMSP-ONC |
| NUBEQA TAB 300MG (<i>darolutamide</i>) | 4 | MSP-PA-QL-SF QL= 4 tabs/day |

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|--|--|---|
| ORGOVYX TAB 120MG (<i>relugolix</i>) | 4 | LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 |
| ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>) | 4 | LD-PA-QL-SF QL= 3 tabs/day; Only available through Onco360 877-662-6633 |
| ORSERDU TAB 345MG 345MG (<i>elacestrant hydrochloride</i>) | 4 | LD-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633 |
| <i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv) | \$0 | ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| <i>toremifene tab 60MG</i> (FARESTON Equiv) | 1 | ONC |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors | | |
| WELIREG TAB 40MG (<i>belzutifan</i>) | 4 | LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer | | |
| POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>) | 4 | KMSP-PA-QL QL= 21 caps/28 days |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer | | |

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|--|
| AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG (<i>avapritinib</i>) | 4 | LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer | | |
| XPOVIO PAK 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>) | 4 | LD-PA-QL-SF QL= 32 tabs/day; Only available through Onco360 877-662-6633 |
| ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer | | |
| INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>) | 4 | MSP-PA-QL QL= 5 tabs/28 days |
| KISQALI PAK 2.5MG-200MG (<i>ribociclib succinate-letrozole</i>) | 4 | LMSP-PA-QL QL= 91 tabs/28 days |
| LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>) | 4 | MSP-ONC-PA |
| ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer | | |
| ALECENSA CAP 150MG (<i>alectinib hcl</i>) | 4 | LMSP-ONC-PA-QL QL= 8 caps/day |
| ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>) | 4 | LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ALUNBRIG TAB 90MG, 180MG 180MG, 90MG (<i>brigatinib</i>) | 4 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 |

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

Last Updated 5/1/2024

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|---|--|---|
| BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>) | 4 | LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767 |
| BALVERSA TAB 4MG 4MG (<i>erdafitinib</i>) | 4 | LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767 |
| BALVERSA TAB 5MG 5MG (<i>erdafitinib</i>) | 4 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| BOSULIF CAP 100MG, 50MG (<i>bosutinib</i>) | 4 | MSP-PA |
| BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>) | 4 | KMSP-ONC-PA-SF |
| BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>) | 4 | LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| BRUKINSA CAP 80MG (<i>zanubrutinib</i>) | 4 | LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553 |
| CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>) | 4 | MSP-ONC-PA-QL-SF QL= 1 tab/day |
| CALQUENCE CAP 100MG (<i>acalabrutinib</i>) | 4 | LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306 |
| CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>) | 4 | LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 |

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

Last Updated 5/1/2024

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|---|--|---|
| CAPRELSA 300MG TAB 300MG (<i>vandetanib</i>) | 4 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| CAPRELSA TAB 100MG (<i>vandetanib</i>) | 4 | LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| COMETRIQ KIT 20MG (<i>cabozantinib s-malate</i>) | 4 | LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118 |
| COPIKTRA CAP 15MG, 25MG (<i>duvelisib</i>) | 4 | LD-ONC-PA-QL QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>) | 4 | LMSP-ONC-PA-QL QL= 3 tabs/day |
| <i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv) | 1 | LMSP-ONC-PA-QL QL= 1 tab/day |
| <i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR DISPERZ Equiv) | 1 | LMSP-ONC-PA-QL QL= 1 tab/day |
| FOTIVDA CAP .89MG, 1.34MG (<i>tivozanib hcl</i>) | 4 | LD-PA-QL QL= 21 caps/28 days; Only available through Biologics 800-850-4306 |
| GAVRETO CAP 100MG (<i>pralsetinib</i>) | 4 | LD-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553 |

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

Last Updated 5/1/2024

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|--|---|---|
| ICLUSIG TAB 10MG, 15MG, 30MG, 45MG (<i>ponatinib hcl</i>) | 4 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144 |
| IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>) | 4 | MSP-ONC-PA-QL QL= 1 tab/day |
| <i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv) | 1 | LMSP-ONC-PA-QL QL= 3 tabs/day |
| IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>) | 4 | LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>) | 4 | LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA SUSP 70MG/ML (<i>ibrutinib</i>) | 4 | LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB 420MG, 560MG 420MG, 560MG (<i>ibrutinib</i>) | 4 | LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>) | 4 | MSP-ONC-PA-QL-SF QL= 2 tabs/day |
| JAYPIRCA TAB 100MG, 50MG (<i>pirtobrutinib</i>) | 4 | LMSP-PA-QL QL= 2 tabs/day |
| KISQALI TAB 200MG (<i>ribociclib succinate</i>) | 4 | LMSP-PA-QL QL= 63 tabs/28 days |

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Last Updated 5/1/2024

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|---|---|--|
| KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>) | 4 | LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633 |
| KOSELUGO CAP 10MG 10MG (<i>selumetinib sulfate</i>) | 4 | LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633 |
| KRAZATI TAB 200MG (<i>adagrasib</i>) | 4 | LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306 |
| <i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv) | 1 | LMSP-ONC-PA |
| LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 1 tab/day |
| LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 3 tabs/day |
| LUMAKRAS TAB 120MG (<i>sotorasib</i>) | 4 | LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306 |
| LUMAKRAS TAB 320MG 320MG (<i>sotorasib</i>) | 4 | LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| LYNPARZA TAB 100MG, 150MG (<i>olaparib</i>) | 4 | LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 |

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

Last Updated 5/1/2024

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|--|---|---|
| LYTGOBI THERAPY PACK 4MG (<i>futibatinib</i>) | 4 | LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633 |
| MEKINIST SOLN .05MG/ML (<i>trametinib dimethyl sulfoxide</i>) | 4 | LMSP-PA |
| MEKINIST TAB 0.5MG .5MG (<i>trametinib dimethyl sulfoxide</i>) | 4 | LMSP-ONC-PA-QL QL= 3 tabs/day |
| MEKINIST TAB 2MG 2MG (<i>trametinib dimethyl sulfoxide</i>) | 4 | LMSP-ONC-PA-QL QL= 1 tab/day |
| MEKTOVI TAB 15MG (<i>binimetinib</i>) | 4 | MSP-ONC-PA-QL QL= 6 tabs/day |
| NERLYNX TAB 40MG (<i>neratinib maleate</i>) | 4 | LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| NINLARO CAP 2.3MG, 3MG, 4MG (<i>ixazomib citrate</i>) | 4 | LD-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566 |
| <i>pazopanib tab 200MG</i> (VOTRIENT Equiv) | 1 | LMSP-ONC-PA-QL QL= 4 tabs/day |
| PEMAZYRE TAB 13.5MG, 4.5MG, 9MG (<i>pemigatinib</i>) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 |

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|---|--|---|
| PIQRAY TAB 150MG, 200MG (<i>alpelisib</i>) | 4 | LMSP-PA-SF |
| QINLOCK TAB 50MG (<i>ripretinib</i>) | 4 | LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| RETEVMO CAP 40MG, 80MG (<i>selpercatinib</i>) | 4 | LMSP-PA-QL-SF QL= 4 caps/day |
| REZLIDHIA CAP 150MG (<i>olutasidenib</i>) | 4 | LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306 |
| ROZLYTREK CAP 100MG, 200MG (<i>entrectinib</i>) | 4 | LMSP-PA-QL QL= 3 caps/day |
| ROZLYTREK PAK 50MG (<i>entrectinib</i>) | 4 | LMSP-PA-QL QL= 6 packs/day |
| RUBRACA TAB 200MG, 250MG, 300MG (<i>rucaparib camsylate</i>) | 4 | LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874 |
| RYDAPT CAP 25MG (<i>midostaurin</i>) | 4 | LMSP-ONC-PA-QL QL= 56 caps/28 days |
| <i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv) | 1 | LMSP-ONC-PA |
| SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG (<i>dasatinib</i>) | 3 | LMSP-ONC-PA-SF |
| STIVARGA TAB 40MG (<i>regorafenib</i>) | 4 | MSP-ONC-PA-QL-SF QL= 4 tabs/day |
| <i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv) | 1 | LMSP-ONC-PA |

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|--|--|---|
| TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>) | 4 | LMSP-PA-QL-SF QL= 4 tabs/day |
| TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>) | 4 | LMSP-ONC-PA-QL QL= 4 caps/day |
| TAFINLAR TAB 10MG (<i>dabrafenib mesylate</i>) | 4 | LMSP-PA |
| TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 3 caps/day |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG (<i>talazoparib tosylate</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 1 cap/day |
| TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>) | 4 | LMSP-ONC-PA-SF |
| TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>) | 4 | LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633 |
| TEPMETKO TAB 225MG (<i>tepotinib hcl</i>) | 4 | LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| TIBSOVO TAB 250MG (<i>ivosidenib</i>) | 4 | LD-ONC-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| TURALIO CAP 125MG, 200MG (<i>pexidartinib hcl</i>) | 4 | LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306 |

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|---|---|---|
| VANFLYTA TAB 17.7MG (<i>quizartinib dihydrochloride</i>) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| VANFLYTA TAB 26.5MG 26.5MG (<i>quizartinib dihydrochloride</i>) | 4 | LD-PA-QL QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>) | 4 | LMSP-ONC-PA-QL QL= 2 tabs/day |
| VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>) | 4 | LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>) | 4 | LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>) | 4 | LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523 |
| VONJO CAP 100MG (<i>pacritinib citrate</i>) | 4 | LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| XALKORI CAP 200MG, 250MG (<i>crizotinib</i>) | 4 | KMSP-ONC-PA-QL-SF QL= 2 caps/day |

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| XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>) | 4 | MSP-PA-QL-SF QL= 4 caps/day |
| XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>) | 4 | LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| ZEJULA CAP 100MG (<i>niraparib tosylate</i>) | 4 | LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZEJULA TAB 100MG, 200MG, 300MG (<i>niraparib tosylate</i>) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB 240MG (<i>vemurafenib</i>) | 4 | LMSP-ONC-PA-QL |
| ZOLINZA CAP 100MG (<i>vorinostat</i>) | 4 | LMSP-ONC-PA-SF |
| ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>) | 4 | LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118 |
| ZYKADIA CAP (<i>ceritinib</i>) | 4 | LMSP-ONC-PA-QL-SF QL= 3 caps/day |
| ZYKADIA TAB 150MG (<i>ceritinib</i>) | 4 | LMSP-ONC-PA-QL-SF QL= 3 tabs/day |
| ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer | | |
| ACTIMMUNE INJ 100MCG/0.5ML (<i>interferon gamma-1b</i>) | 4 | LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>bexarotene cap 75MG</i> (TARGRETIN Equiv) | 1 | LMSP-ONC-PA |
| HYDREA CAP 500MG (<i>hydroxyurea</i>) | 3 | ONC |
| <i>hydroxyurea cap 500MG</i> (HYDREA Equiv) | 1 | ONC |
| INTRON-A INJ 10000000UNIT/ML, 60000000UNIT/ML (<i>interferon alfa-2b</i>) | 4 | KMSP |
| MATULANE CAP 50MG (<i>procarbazine hcl</i>) | 2 | ONC |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs | | |
| <i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i> | 1 | ONC |
| MESNEX TAB 400MG (<i>mesna</i>) | 4 | LMSP-ONC |
| MITOTIC INHIBITORS - Drugs to treat cancer | | |
| ETOPOSIDE CAP 50MG (<i>etoposide</i>) | 4 | LMSP-ONC |
| ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease | | |
| ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease | | |
| <i>carbidopa tab 25MG</i> (LODOSYN Equiv) | 1 | - |
| LODOSYN TAB 25MG (<i>carbidopa</i>) | 3 | - |
| ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease | | |
| <i>benztropine tab .5MG, 1MG, 2MG</i> | 1 | - |
| <i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv) | 1 | - |
| ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease | | |
| COMTAN TAB 200MG (<i>entacapone</i>) | 3 | - |
| <i>entacapone tab 200MG</i> (COMTAN Equiv) | 1 | - |
| TASMAR TAB 100MG (<i>tolcapone</i>) | 3 | - |
| <i>tolcapone tab 100MG</i> (TASMAR Equiv) | 1 | - |
| ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease | | |

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| EXC | Plan Exclusion | INF | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program |
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| PA | Prior Authorization | OL | Quantity Limit | RDX | Restricted to Diagnosis |
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| <i>amantadine cap 100MG</i> (SYMMETREL Equiv) | 1 | - |
| <i>amantadine syrup</i> (SYMMETREL Equiv) | 1 | - |
| <i>amantadine tab 100MG</i> | 1 | - |
| <i>bromocriptine cap 5MG</i> (PARLODEL Equiv) | 1 | - |
| <i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv) | 1 | - |
| <i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv) | 1 | - |
| <i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv) | 1 | - |
| <i>carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (SINEMET Equiv) | 1 | - |
| MIRAPEX TAB .125MG, .5MG, .75MG, 1.5MG, 1MG (<i>pramipexole dihydrochloride</i>) | 3 | - |
| NEUPRO PATCH 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR (<i>rotigotine</i>) | 3 | - |
| PARLODEL CAP 5MG (<i>bromocriptine mesylate</i>) | 3 | - |
| PARLODEL TAB 2.5MG (<i>bromocriptine mesylate</i>) | 3 | - |
| <i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv) | 1 | - |
| REQUIP TAB (<i>ropinirole hydrochloride</i>) | 3 | - |
| <i>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG</i> (REQUIP XL Equiv) | 1 | - |

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| <i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv) | 1 | - |
| SINEMET CR TAB (<i>carbidopa-levodopa</i>) | 3 | - |
| SINEMET TAB 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>) | 3 | - |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease | | |
| AZILECT TAB .5MG, 1MG (<i>rasagiline mesylate</i>) | 3 | - |
| ELDEPYRL CAP (<i>selegiline hcl</i>) | 3 | - |
| <i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv) | 1 | - |
| <i>selegiline cap 5MG</i> (ELDEPRYL Equiv) | 1 | - |
| <i>selegiline tab 5MG</i> (ELDEPRYL Equiv) | 1 | - |
| XADAGO TAB 100MG, 50MG (<i>safinamide mesylate</i>) | 3 | PA-QL QL= 1 tab/day |
| ZELAPAR ODT 1.25MG (<i>selegiline hcl</i>) | 3 | - |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease | | |
| ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease | | |
| <i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv) | 1 | - |
| TRIHEXYPHENIDYL SOLN .4MG/ML (<i>trihexyphenidyl hcl</i>) | 1 | - |
| ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease | | |
| CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>) | 1 | - |

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| <i>carbidopa-levodopa-entacapone tab 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (STALEVO Equiv)</i> | 1 | - |
| INBRIJA INH POWDER 42MG (<i>levodopa</i>) | 3 | PA-QL QL= 10 caps/day |
| STALEVO TAB 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG (<i>carbidopa-levodopa-entacapone</i>) | 3 | - |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders | | |
| ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions | | |
| LITHIUM CARBONATE CAP 150MG, 300MG, 600MG (<i>lithium carbonate</i>) | 1 | - |
| <i>lithium carbonate cap 150MG, 300MG, 600MG</i> | 1 | - |
| <i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv) | 1 | - |
| <i>lithium carbonate tab 300MG</i> | 1 | - |
| LITHOBID TAB 300MG (<i>lithium carbonate</i>) | 3 | - |
| ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs | | |
| EQUETRO CAP 100MG, 200MG, 300MG (<i>carbamazepine (mood)</i>) | 2 | - |

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| GEODON CAP 20MG, 40MG, 60MG, 80MG (ziprasidone hcl) | 3 | - |
| lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 80MG (LATUDA TAB Equiv) | 1 | QL |
| ziprasidone cap 20MG, 40MG, 60MG, 80MG (GEODON Equiv) | 1 | - |
| BENZISOXAZOLES - Drugs to treat mood disorders | | |
| FANAPT TAB 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG (iloperidone) | 3 | PA-QL QL= 2 tabs/day |
| FANAPT TITRATION PACK (iloperidone) | 3 | PA-QL QL= 1 pack/plan year |
| INVEGA TAB 1.5MG, 3MG, 6MG, 9MG (paliperidone) | 3 | - |
| paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG (INVEGA Equiv) | 1 | - |
| RISPERDAL M ODT (risperidone) | 3 | - |
| RISPERDAL SOLN 1MG/ML (risperidone) | 3 | - |
| RISPERDAL TAB .5MG, 1MG, 2MG, 3MG, 4MG (risperidone) | 3 | - |
| risperidone microspheres inj 12.5MG, 25MG, 37.5MG, 50MG (RISPERDAL Equiv) (risperidone microspheres) | 4 | MSP |
| risperidone microspheres inj 12.5MG, 25MG, 37.5MG, 50MG (RISPERDAL Equiv) | 4 | MSP |

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| RISPERIDONE ODT .25MG (<i>risperidone</i>) | 2 | - |
| <i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv) | 1 | - |
| <i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv) | 1 | - |
| <i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv) | 1 | - |
| BUTYROPHENONES - Drugs to treat mood disorders | | |
| <i>haloperidol lactate conc 10MG/5ML, 2MG/ML</i> (HALDOL Equiv) | 1 | - |
| <i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv) | 1 | - |
| DIBENZAPINES - Drugs to treat mood disorders | | |
| <i>asenapine maleate SL tab 10MG, 2.5MG, 5MG</i> (SAPHRIS Equiv) | 1 | QL QL= 2 tabs/day |
| <i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv) | 1 | - |
| CLOZARIL TAB 100MG, 200MG, 25MG, 50MG (<i>clozapine</i>) | 3 | - |
| <i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv) | 1 | - |
| <i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv) | 1 | - |
| <i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv) | 1 | - |

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| <i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv) | 1 | - |
| <i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv) | 1 | - |
| SAPHRIS SL TAB 10MG, 2.5MG, 5MG (<i>asenapine maleate</i>) | 3 | QL QL= 2 tabs/day |
| SEROQUEL TAB 100MG, 200MG, 25MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>) | 3 | - |
| SEROQUEL XR TAB 150MG, 200MG, 300MG, 400MG, 50MG (<i>quetiapine fumarate</i>) | 3 | - |
| ZYPREXA TAB 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG (<i>olanzapine</i>) | 3 | - |
| ZYPREXA ZYDIS TAB 10MG, 15MG, 20MG, 5MG (<i>olanzapine</i>) | 3 | - |
| PHENOTHIAZINES - Drugs to treat mood disorders | | |
| <i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv) | 1 | - |
| <i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv) | 1 | - |
| <i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv) | 1 | - |
| <i>prochlorperazine supp 25MG</i> (COMPАЗINE Equiv) | 1 | - |
| <i>prochlorperazine tab 10MG, 5MG</i> (COMPАЗINE Equiv) | 1 | - |

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| <i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv) | 1 | - |
| <i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv) | 1 | - |
| QUINOLINONE DERIVATIVES - Drugs to treat mood disorders | | |
| ABILIFY TAB 10MG, 15MG, 20MG, 2MG, 30MG, 5MG (<i>aripiprazole</i>) | 3 | - |
| <i>aripiprazole soln 1MG/ML</i> (ABILIFY Equiv) | 1 | PA |
| <i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv) | 1 | - |
| THIOXANTHENES - Drugs to treat mood disorders | | |
| <i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv) | 1 | - |
| ANTIVIRALS - Drugs to treat viral infection | | |
| ANTIRETROVIRALS - Drugs to treat viral infections | | |
| <i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv) | 1 | - |
| <i>abacavir tab 300MG</i> (ZIAGEN Equiv) | 1 | - |
| <i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv) | 1 | - |
| <i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv) | 1 | - |
| APTIVUS CAP 250MG (<i>tipranavir</i>) | 4 | - |
| APTIVUS SOLN 100MG/ML (<i>tipranavir</i>) | 4 | - |

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| <i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv) | 1 | - |
| BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>) | 4 | QL QL= 1 tab/ day |
| CIMDUO TAB 300MG (<i>lamivudine-tenofovir disoproxil fumarate</i>) | 4 | QL QL= 1 tab/day |
| COMPLERA TAB 25MG-200MG-300MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) | 4 | QL QL= 1 tab/day |
| CRIXIVAN CAP 200MG, 400MG (<i>indinavir sulfate</i>) | 4 | - |
| <i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv) | 1 | - |
| DELSTRIGO TAB 100MG-300MG (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>) | 4 | QL QL= 1 tab/day |
| DESCOVY TAB 15MG-120MG, 25MG-200MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>) | \$0 | - |
| <i>didanosine DR cap</i> (VIDEX EC Equiv) | 1 | - |
| DOVATO TAB 50MG-300MG (<i>dolutegravir sodium-lamivudine</i>) | 4 | QL QL= 1 tab/day |
| EDURANT TAB 25MG (<i>rilpivirine hcl</i>) | 4 | - |
| EFAVIRENZ CAP 200MG, 50MG (<i>efavirenz</i>) | 1 | - |
| <i>efavirenz tab 600MG</i> (SUSTIVA Equiv) | 1 | - |

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| <i>efavirenz/emtricitabine/tenofovir df tab</i> 200MG-300MG-600MG (ATRIPLA Equiv) | 1 | QL QL= 1 tab/day |
| <i>efavirenz/lamivudine/tenofovir df (lo) tab</i> 300MG-400MG, 300MG-600MG (SYMFI (LO) Equiv) | 1 | QL QL= 1 tab/day |
| <i>emtricitabine cap 200MG</i> (EMTRIVA Equiv) | 1 | - |
| <i>emtricitabine/tenofovir disoproxil fumarate tab</i> 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG (TRUVADA Equiv) | \$0 | - |
| EMTRIVA SOLN 10MG/ML (<i>emtricitabine</i>) | 4 | - |
| <i>etravirine tab 100MG, 200MG</i> | 1 | - |
| EVOTAZ TAB 150MG-300MG (<i>atazanavir sulfate-cobicistat</i>) | 4 | - |
| <i>fosamprenavir tab 700MG</i> (LEXIVA Equiv) | 1 | - |
| FUZEON INJ 90MG (<i>enfuvirtide</i>) | 4 | - |
| GENVOYA TAB 10MG-150MG-200MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) | 4 | - |
| INTELENCE TAB 25MG 25MG (<i>etravirine</i>) | 4 | - |
| INVIRASE CAP (<i>saquinavir mesylate</i>) | 4 | - |
| INVIRASE TAB 500MG (<i>saquinavir mesylate</i>) | 4 | - |
| ISENTRESS (HD) TAB 400MG, 600MG (<i>raltegravir potassium</i>) | 3 | - |
| ISENTRESS CHEW TAB 100MG, 25MG (<i>raltegravir potassium</i>) | 3 | - |

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

Last Updated 5/1/2024

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

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

Last Updated 5/1/2024

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

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|---|---|--|
| SYMTUZA TAB 10MG-150MG-200MG-800MG (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>) | 4 | - |
| <i>tenofovir disoproxil fumarate tab 300MG</i> (VIREAD Equiv) | 1 | - |
| TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>) | 4 | - |
| TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir sodium</i>) | 4 | - |
| TRIUMEQ PD TAB 5MG-30MG-60MG (<i>abacavir-dolutegravir-lamivudine</i>) | 4 | - |
| TRIUMEQ TAB 50MG-300MG-600MG (<i>abacavir-dolutegravir-lamivudine</i>) | 4 | - |
| TRIZIVIR TAB 150MG-300MG (<i>abacavir sulfate-lamivudine-zidovudine</i>) | 2 | - |
| VIDEX SOLN (<i>didanosine</i>) | 4 | - |
| VIRACEPT TAB 250MG, 625MG (<i>nelfinavir mesylate</i>) | 4 | - |
| VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG (<i>tenofovir disoproxil fumarate</i>) | 4 | - |
| <i>zidovudine cap 100MG</i> (RETROVIR Equiv) | 1 | - |
| <i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv) | 1 | - |
| <i>zidovudine tab 300MG</i> (RETROVIR Equiv) | 1 | - |
| ANTIVIRAL COMBINATIONS- Drugs to treat viral infections | | |

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Last Updated 5/1/2024

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|---|---|---|
| PAXLOVID TAB 150-100MG 100MG-150MG (<i>nirmatrelvir-ritonavir</i>) | \$0 | QL QL= 20 tabs/fill |
| PAXLOVID TAB 300-100MG 100MG-150MG (<i>nirmatrelvir-ritonavir</i>) | \$0 | QL QL= 30 tabs/fill |
| CMV AGENTS - Drugs to treat viral infections | | |
| <i>foscarnet sodium inj 6000MG/250ML</i> (FOSCAVIR Equiv) | M | M |
| FOSCAVIR INJ 6000MG/250ML (<i>foscarnet sodium</i>) | M | M |
| LIVTENCITY TAB 200MG (<i>maribavir</i>) | 4 | LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| PREVYMIS TAB 240MG, 480MG (<i>letermovir</i>) | 4 | LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days |
| VALCYTE TAB 450MG (<i>valganciclovir hcl</i>) | 3 | - |
| <i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv) | 1 | - |
| <i>valganciclovir tab 450MG</i> (VALCYTE Equiv) | 1 | - |
| HEPATITIS AGENTS - Drugs to treat viral infections | | |
| <i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv) | 4 | LMSP |
| BARACLUDE SOLN .05MG/ML (<i>entecavir</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| <i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv) | 4 | LMSP-QL QL= 1 tab/day |
| EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>) | 4 | - |

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

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|---|---|--|
| <i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv) | 1 | - |
| LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG (<i>ledipasvir-sofosbuvir</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| MAVYRET PAK 20MG-50MG (<i>glecaprevir-pibrentasvir</i>) | 4 | LMSP-PA-QL QL= 5 packs/day |
| MAVYRET TAB 40MG-100MG (<i>glecaprevir-pibrentasvir</i>) | 4 | LMSP-PA-QL QL= 3 tabs/day |
| PEGASYS INJ 180MCG/0.5ML (<i>peginterferon alfa-2a</i>) | 4 | LMSP |
| PEG-INTRON INJ 50MCG/0.5ML (<i>peginterferon alfa-2b</i>) | 4 | LMSP |
| REBETOL SOLN (<i>ribavirin (hepatitis c)</i>) | 4 | LMSP |
| RIBAVIRIN CAP 200MG (<i>ribavirin (hepatitis c)</i>) | 1 | LMSP |
| <i>ribavirin cap 200MG</i> | 1 | LMSP |
| RIBAVIRIN TAB 200MG (<i>ribavirin (hepatitis c)</i>) | 1 | LMSP |
| SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (<i>sofosbuvir-velpatasvir</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>) | 4 | LMSP |
| VOSEVI TAB 100MG-400MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| HERPES AGENTS - Drugs to treat viral infections | | |
| <i>acyclovir cap 200MG</i> (ZOVIRAX Equiv) | 1 | - |
| <i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv) | 1 | - |

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|--|---|--|
| <i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv) | 1 | - |
| <i>famciclovir tab 125MG, 250MG, 500MG</i> (FAMVIR Equiv) | 1 | - |
| <i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv) | 1 | - |
| VALTREX TAB 1GM, 500MG (<i>valacyclovir hcl</i>) | 3 | - |
| ZOVIRAX CAP (<i>acyclovir</i>) | 3 | - |
| ZOVIRAX SUSP 200MG/5ML (<i>acyclovir</i>) | 3 | - |
| ZOVIRAX TAB (<i>acyclovir</i>) | 3 | - |
| INFLUENZA AGENTS - Drugs to treat viral infections | | |
| FLUMADINE TAB (<i>rimantadine hydrochloride</i>) | 3 | - |
| <i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv) | 1 | QL QL= 10 caps/fill |
| <i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv) | 1 | QL QL= 20 caps/fill |
| <i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv) | 1 | QL QL= 250ml/fill |
| RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>) | 2 | QL QL= 1 inhaler/fill |
| RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>) | 1 | - |
| TAMIFLU CAP 45MG, 75MG (<i>oseltamivir phosphate</i>) | 3 | QL QL= 10 caps/fill |

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

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| <i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv) | 1 | - |
| <i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv) | 1 | - |
| <i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv) | 1 | - |
| SANDIMMUNE SOLN 100MG/ML 100MG/ML (<i>cyclosporine</i>) | 4 | - |
| <i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv) | 1 | - |
| <i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv) | 1 | - |
| POTASSIUM REMOVING RESINS - Drugs to manage potassium levels | | |
| <i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv) | 1 | - |
| <i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv) | 1 | - |
| BETA BLOCKERS - Drugs to treat high blood pressure | | |
| ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure | | |
| <i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv) | 1 | - |
| COREG TAB 12.5MG, 25MG, 3.125MG, 6.25MG (<i>carvedilol</i>) | 3 | - |
| <i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv) | 1 | - |
| BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure | | |
| <i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv) | 1 | - |

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

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| <i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv) | 1 | - |
| <i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv) | 1 | - |
| PROPRANOLOL SOLN 40MG/5ML (<i>propranolol hcl</i>) | 1 | - |
| <i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv) | 1 | - |
| <i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv) | 1 | - |
| <i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv) | 1 | - |
| SOTYLIZE SOLN 5MG/ML 5MG/ML (<i>sotalol hcl</i>) | 3 | PA Prior Authorization required for members age 9 or older |
| <i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv) | 1 | - |
| CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure | | |
| CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease | | |
| ADALAT CC TAB 30MG, 60MG, 90MG (<i>nifedipine</i>) | 3 | - |
| <i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv) | 1 | - |
| CALAN SR TAB 120MG, 180MG, 240MG (<i>verapamil hcl</i>) | 3 | - |

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|---|--|
| CARDIZEM CD CAP 120MG, 180MG, 240MG, 300MG, 360MG (<i>diltiazem hcl coated beads</i>) | 3 | - |
| CARDIZEM TAB (<i>diltiazem hcl tab</i>) | 3 | - |
| <i>diltiazem ER cap 120MG, 60MG, 90MG</i> (CARDIZEM SR Equiv) | 1 | - |
| <i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv) | 1 | - |
| <i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv) | 1 | - |
| KATERZIA SUSP 1MG/ML (<i>amlodipine benzoate</i>) | 3 | PA Prior Authorization required for members age 9 or older |
| <i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv) | 1 | - |
| <i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv) | 1 | - |
| <i>nimodipine cap 30MG</i> (NIMOTOP Equiv) | 1 | - |
| NORLIQVA ORAL SOLN 1MG/ML (<i>amlodipine besylate</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| NORVASC TAB 10MG, 2.5MG, 5MG (<i>amlodipine besylate</i>) | 3 | - |
| TIAZAC CAP 120MG, 180MG, 240MG, 300MG, 360MG, 420MG (<i>diltiazem hcl extended release beads</i>) | 3 | - |

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Last Updated 5/1/2024

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|--|---|--|
| VERAPAMIL ER CAP, VERELAN CAP 100MG, 360MG (<i>verapamil hcl</i>) | 3 | - |
| <i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv) | 1 | - |
| VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>) | 2 | - |
| <i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv) | 1 | - |
| <i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv) | 1 | - |
| VERELAN CAP 120MG, 180MG, 240MG (<i>verapamil hcl</i>) | 3 | - |
| VERELAN PM CAP (<i>verapamil hcl</i>) | 3 | - |
| VERELAN PM ER CAP 200MG, 300MG 200MG, 300MG (<i>verapamil hcl</i>) | 3 | - |
| VERELAN SR CAP 360mg 360MG (<i>verapamil hcl</i>) | 3 | - |
| CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm | | |
| CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm | | |
| <i>digoxin soln .05MG/ML</i> (LANOXIN Equiv) | 1 | - |
| DIGOXIN SOLN 0.05MG/ML .05MG/ML (<i>digoxin</i>) | 1 | - |
| <i>digoxin tab</i> (LANOXIN Equiv) | 1 | - |
| LANOXIN TAB 125MCG, 250MCG (<i>digoxin</i>) | 3 | - |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions | | |
| CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy | | |

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

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|---|--|--|
| CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG (<i>mavacamten</i>) | 4 | LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs | | |
| <i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG</i> (CADUET Equiv) | 1 | - |
| CADUET TAB 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG (<i>amlodipine besylate-atorvastatin calcium</i>) | 3 | - |
| IMPOTENCE AGENTS - Drugs to treat erectile dysfunction | | |
| CAVERJECT INJ 10MCG, 20MCG (<i>alprostadil (vasodilator)</i>) | 2 | QL QL= 6 inj/30 days |
| EDEX INJ 10MCG, 20MCG, 40MCG (<i>alprostadil (vasodilator)</i>) | 2 | QL QL= 6 inj/30 days |
| MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG (<i>alprostadil (vasodilator)</i>) | 2 | QL QL= 6 inj/30 days |
| <i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv) | 1 | QL QL= 6 tabs/30 days |

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

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|---|---|---|
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (<i>treprostinil</i>) | 4 | LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (<i>treprostinil</i>) | 4 | LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523 |
| TYVASO INH SOLN 0.6 MG/ML .6MG/ML (<i>treprostinil</i>) | 4 | LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523 |
| VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML (<i>iloprost</i>) | 4 | LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523 |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension | | |
| <i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv) | 1 | LMSP-PA-QL QL= 1 tab/day |
| <i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv) | 1 | LMSP-PA-QL QL= 2 tabs/day |
| OPSUMIT TAB 10MG (<i>macitentan</i>) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523 |

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|---|---|--|
| TRACLEER TAB 32MG 32MG (<i>bosentan</i>) | 4 | LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523 |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension | | |
| REVATIO SUSP 10MG/ML (<i>sildenafil citrate (pulmonary hypertension)</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| REVATIO TAB 20MG (<i>sildenafil citrate (pulmonary hypertension)</i>) | 3 | PA |
| <i>sildenafil susp 10MG/ML</i> (REVATIO Equiv) | 1 | PA Members age 9 or older require Prior Authorization |
| <i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv) | 1 | PA |
| <i>tadalafil tab (PAH) 20MG</i> (ADCIRCA Equiv) | 1 | PA |
| TADLIQ SUSP 20MG/5ML (<i>tadalafil (pulmonary hypertension)</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension | | |
| UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>selexipag</i>) | 4 | LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523 |

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| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension | | |
| ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG (<i>riociguat</i>) | 4 | LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523 |
| SINUS NODE INHIBITORS - Drugs to control heart rhythm | | |
| CORLANOR TAB 5MG, 7.5MG (<i>ivabradine hcl</i>) | 3 | PA |
| TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis | | |
| VYNDAMAX CAP 61MG (<i>tafamidis</i>) | 4 | LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| VYNDAQEL CAP 20MG (<i>tafamidis meglumine (cardiac)</i>) | 4 | LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| CEPHALOSPORINS - Drugs to treat bacterial infections | | |
| CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections | | |
| <i>cefazolin inj 10GM, 1GM, 500MG</i> | M | M |
| CEFAZOLIN INJ 100GM, 1GM, 2GM, 300GM, 3GM (<i>cefazolin sodium</i>) | M | M |
| <i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv) | 1 | - |
| <i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv) | 1 | - |

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|--|---|--|
| KEFLEX CAP 250MG, 500MG (<i>cephalexin</i>) | 3 | - |
| CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections | | |
| CEFACTOR CAP 250MG, 500MG (CECLOR Equiv) (<i>cefaclor</i>) | 1 | - |
| <i>cefaclor cap 250MG, 500MG</i> (CECLOR Equiv) | 1 | - |
| CEFACTOR ER TAB 500MG (<i>cefaclor monohydrate</i>) | 3 | - |
| CEFACTOR SUSP 125MG/5ML, 250MG/5ML, 375MG/5ML (<i>cefaclor</i>) | 3 | - |
| <i>cefoxitin inj 10GM, 1GM, 2GM</i> | M | M |
| <i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv) | 1 | - |
| CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections | | |
| <i>cefдинир cap 300MG</i> (OMNICEF Equiv) | 1 | - |
| <i>cefдинир susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv) | 1 | - |
| CEFDITOREN TAB 200MG, 400MG (<i>cefditoren pivoxil</i>) | 3 | - |
| <i>cefixime cap 400MG</i> (SUPRAX Equiv) | 1 | - |
| <i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv) | 1 | - |
| CEFOTAXIME INJ 1GM, 2GM (<i>cefotaxime sodium</i>) | M | M |
| <i>cefotaxime inj</i> | M | M |
| <i>cefподoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv) | 1 | - |

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

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| <i>enpresse tab</i> (TRI-LEVELLEN Equiv) | \$0 | - |
| <i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv) | \$0 | - |
| <i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv) | \$0 | - |
| <i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv) | \$0 | 3 copays per Rx |
| <i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv) | \$0 | - |
| <i>levonorgestrel-ethinyl estradiol-fe tab .02MG-.1MG-36.5MG, .1MG-20MCG-75MG</i> (BALCOLTRA Equiv) | \$0 | - |
| LO LOESTRIN TAB 1MG-10MCG-75MG <i>(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</i> | \$0 | - |
| <i>loestrin tab 1MG-20MCG</i> | \$0 | - |
| NATAZIA TAB <i>(estradiol valerate-dienogest)</i> | \$0 | - |
| NEXTSTELLIS TAB 3MG-14.2MG <i>(drospirenone-estetrol)</i> | \$0 | - |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG</i> (TAYTULLA Equiv) | \$0 | - |
| <i>norethindrone acetate/ethinyl estradiol FE chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv) | \$0 | - |

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|--|---|--|
| <i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv) | \$0 | - |
| <i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv) | \$0 | - |
| <i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv) | \$0 | - |
| <i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv) | \$0 | - |
| <i>tri-legest tab 1MG-75MG</i> (ESTROSTEP FE Equiv) | \$0 | - |
| <i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv) | \$0 | - |
| TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>) | \$0 | - |
| VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>) | \$0 | - |
| <i>viorele tab, kariva tab</i> (MIRCETTE Equiv) | \$0 | - |
| <i>wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE Equiv) | \$0 | - |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy | | |
| TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>) | \$0 | - |
| <i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv) | \$0 | - |
| COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy | | |

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

Last Updated 5/1/2024

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|--|--|---|
| ANNOVERA RING .013MG/24HR-.15MG/24HR (<i>segesterone acetate-ethinyl estradiol</i>) | \$0 | QL QL= 1 ring/year |
| NUVARING .015MG/24HR-.12MG/24HR (<i>etonogestrel-ethinyl estradiol</i>) | \$0 | - |
| COPPER CONTRACEPTIVES - IUD- Devices to prevent pregnancy | | |
| PARAGARD IUD (<i>copper (iud)</i>) | EXC | - |
| EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy | | |
| ELLA TAB 30MG (<i>ulipristal acetate</i>) | \$0 | - |
| ELLA TAB 30MG (<i>ulipristal acetate</i>) | \$0 | - |
| <i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv) | \$0 | OTC |
| PLAN B TAB 1.5MG (<i>levonorgestrel (emergency oc)</i>) | \$0 | OTC |
| PROGESTIN CONTRACEPTIVES - IMPLANTS - Devices to prevent pregnancy | | |
| NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>) | EXC | - |
| NEXPLANON IMPLANT 68MG (<i>etonogestrel</i>) | EXC | - |
| PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones | | |
| DEPO-PROVERA INJ 150MG/ML (<i>medroxyprogesterone acetate (contraceptive)</i>) | 3 | --QL QL= 1 inj/90 days |
| DEPO-PROVERA SC INJ 104MG 104MG/0.65ML (<i>medroxyprogesterone acetate (contraceptive)</i>) | EXC | - |
| <i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv) | EXC | - |
| PROGESTIN CONTRACEPTIVES - IUD - Devices to prevent pregnancy | | |
| MIRENA IUD 13.5MG, 19.5MG, 20.1MCG/DAY, 20MCG/DAY (<i>levonorgestrel (iud)</i>) | EXC | - |

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| PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones | | |
| <i>norethindrone tab .35MG</i> (NORA-QD Equiv) | \$0 | - |
| OPILL TAB .075MG (<i>norgestrel</i>) | \$0 | OTC |
| SLYND TAB 4MG (<i>drospirenone</i>) | \$0 | - |
| CORTICOSTEROIDS - Drugs to treat systemic swelling conditions | | |
| GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions | | |
| ALKINDI SPRINKLE CAP 0.5MG .5MG (<i>hydrocortisone</i>) | 3 | PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization |
| ALKINDI SPRINKLE CAP 1MG 1MG (<i>hydrocortisone</i>) | 3 | PA-QL QL= 3 caps/day; Members age 9 or older require Prior Authorization |
| <i>budesonide ER tab 9MG</i> (UCERIS Equiv) | 1 | PA-QL QL=1 tab/day |
| <i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv) | 1 | - |
| CORTEF TAB 10MG, 20MG, 5MG (<i>hydrocortisone</i>) | 3 | - |
| DEPO-MEDROL INJ 40MG/ML, 80MG/ML (<i>methylprednisolone acetate</i>) | 3 | - |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ 20MG/ML, 40MG/ML, 50MG/ML, 80MG/ML (<i>methylprednisolone acetate</i>) | 3 | - |
| DEXAMETHASONE CONC 1MG/ML (<i>dexamethasone</i>) | 1 | - |
| <i>dexamethasone elixir .5MG/5ML</i> | 1 | - |

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| DEXAMETHASONE SODIUM PHOSPHATE INJ 10MG/ML, 4MG/ML (<i>dexamethasone sodium phosphate</i>) | 1 | - |
| <i>dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML</i> | 1 | - |
| DEXAMETHASONE SOLN .5MG/5ML (<i>dexamethasone</i>) | 1 | - |
| <i>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 2MG, 4MG, 6MG</i> (DECADRON Equiv) | 1 | - |
| <i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv) | 1 | - |
| KENALOG INJ 40MG/ML (<i>triamcinolone acetonide</i>) | 3 | - |
| MEDROL DOSE PACK 4MG (<i>methylprednisolone</i>) | 3 | - |
| MEDROL TAB 2MG (<i>methylprednisolone</i>) | 2 | - |
| MEDROL TAB 16MG, 32MG, 4MG, 8MG (<i>methylprednisolone</i>) | 3 | - |
| <i>methylprednisolone acetate inj 40MG/ML, 80MG/ML</i> (DEPO-MEDROL Equiv) | 1 | - |
| <i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv) | 1 | - |
| <i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv) | 1 | - |
| <i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG</i> (SOLU-MEDROL Equiv) | 1 | - |

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|---|---|--|
| ORAPRED ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>) | 3 | - |
| ORAPRED SOLN 6.7MG/5ML (<i>prednisolone sodium phosphate</i>) | 3 | - |
| <i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv) | 1 | - |
| PREDNISOLONE ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>) | 2 | - |
| PREDNISOLONE SOLN 25MG/5ML (<i>prednisolone sodium phosphate</i>) | 3 | - |
| <i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PEDIAPRED Equiv) | 1 | - |
| PREDNISONONE SOLN 5MG/5ML (<i>prednisone</i>) | 2 | - |
| <i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv) | 1 | - |
| SOLU-CORTEF INJ 1000MG, 250MG, 500MG (<i>hydrocortisone sod succinate</i>) | 2 | QL QL= 1 vial/fill |
| SOLU-CORTEF INJ 100MG 100MG (<i>hydrocortisone sod succinate</i>) | 2 | QL QL= 2 vials/fill |
| SOLU-MEDROL INJ 1000MG, 500MG (<i>methylprednisolone sod succ</i>) | 3 | - |
| SOLU-MEDROL INJ 2GM 2GM (<i>methylprednisolone sod succ</i>) | 2 | - |

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|---|---|--|
| SOLU-MEDROL PF INJ 1000MG, 125MG, 40MG, 500MG (<i>methylprednisolone sod succ</i>) | 3 | - |
| <i>triamcinolone acetate inj 200MG/5ML, 400MG/10ML, 40MG/ML</i> (KENALOG Equiv) | 1 | - |
| UCERIS TAB 9MG (<i>budesonide</i>) | 3 | PA-QL QL= 1 tab/day |
| MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions | | |
| <i>fludrocortisone tab .1MG</i> (FLORINEF Equiv) | 1 | - |
| COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms | | |
| ANTITUSSIVES - Drugs to treat cough | | |
| <i>benzonatate cap 100mg, 200mg 100MG, 200MG</i> (TESSALON Equiv) | 1 | - |
| HYCODAN SYRUP 1.5MG/5ML-5MG/5ML (<i>hydrocodone bitartrate-homatropine methylbromide</i>) | 3 | - |
| <i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i> (HYCODAN Equiv) | 1 | - |
| TESSALON CAP 100MG (<i>benzonatate</i>) | 3 | - |
| <i>tussigon tab 1.5MG-5MG</i> (HYCODAN Equiv) | 1 | - |
| COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms | | |
| BROVEX PEB LIQUID 2MG/10ML-5MG/10ML, 2MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML (<i>brompheniramine & phenyleph</i>) | EXC | OTC |
| CLARINEX-D TAB 2.5MG-120MG (<i>desloratadine-pseudoephedrine</i>) | EXC | - |

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

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| CLARINEX-D TAB 2.5MG-120MG <i>(desloratadine-pseudoephedrine)</i> | EXC | - |
| <i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML</i> (BRONTEX Equiv) | 1 | OTC |
| GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (TUSSI-ORGANIDIN-S Equiv) <i>(guaifenesin-codeine)</i> | 1 | OTC-QL QL= 240ml/fill |
| <i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML</i> (TUSSI-ORGANIDIN-S Equiv) | 1 | OTC-QL QL= 240ml/fill |
| HYD POL/CPM SUSP 8MG/5ML-10MG/5ML <i>(hydrocodone polistirex-chlorpheniramine polistirex)</i> | 1 | QL QL= 120ml/fill; 2 fills/30 days |
| <i>hydrocodone/chlorpheniramine CR susp 8MG/5ML-10MG/5ML</i> (TUSSIONEX Equiv) | 1 | QL QL= 120ml/fill; 2 fills/30 days |
| <i>hydrocodone/chlorpheniramine/pseudoephedrine liquid</i> (ZUTRIPRO Equiv) | 1 | QL QL= 120ml/fill, 2 fills/30 days |
| <i>lohist liquid 2MG/10ML-5MG/10ML</i> (DECON-A Equiv) | EXC | OTC |
| <i>promethazine DM syrup 6.25MG/5ML-15MG/5ML</i> | 1 | - |
| PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML <i>(promethazine & phenylephrine)</i> | 1 | - |
| <i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> | 1 | - |

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|---|---|--|
| PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML <i>(promethazine-phenylephrine-codeine)</i> | 1 | - |
| <i>promethazine VC/codeine syrup</i> | 1 | - |
| <i>promethazine/codeine syrup</i> 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv) | 1 | - |
| SEMPREX-D CAP 8MG-60MG (<i>acrivastine & pseudoephedrine</i>) | EXC | - |
| ZUTRIPRO LIQUID (<i>pseudoephed-cpm w/ hydrocod</i>) | 3 | QL QL= 120ml/fill, 2 fills/30 days |
| MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants | | |
| HYPER-SAL NEB SOLN 7% (<i>sodium chloride inhalant</i>) | 3 | - |
| NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride inhalant</i>) | 2 | - |
| <i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv) | 1 | - |
| MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv) | 1 | - |
| DERMATOLOGICALS - Drugs to treat skin conditions | | |
| ACNE PRODUCTS - Drugs to treat skin conditions | | |

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| <i>adapalene cream .1%</i> (DIFFERIN Equiv) | 1 | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>adapalene gel .1%, .3%</i> (DIFFERIN Equiv) | 1 | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5%</i> (EPIDUO Equiv) | 1 | - |
| <i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5%</i> (EPIDUO FORTE Equiv) | 1 | - |
| <i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv) | 1 | - |
| ATRALIN GEL, RETIN-A GEL .01%, .025%, .05% (<i>tretinoin</i>) | 3 | PA |
| BENZAACLIN GEL 1%-5%, 1.2%-2.5% (<i>clindamycin phosphate-benzoyl peroxide</i>) | 3 | - |
| BENZAMYCIN GEL 3%-5% (<i>benzoyl peroxide-erythromycin</i>) | 3 | - |
| CLEOCIN-T LOTION 1% (<i>clindamycin phosphate (topical)</i>) | 3 | - |
| CLEOCIN-T PAD (<i>clindamycin phosphate (topical)</i>) | 3 | - |
| CLEOCIN-T SOLN (<i>clindamycin phosphate (topical)</i>) | 3 | - |
| <i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv) | 1 | - |

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| <i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv) | 1 | - |
| <i>clindamycin pad 1%</i> (CLEOCIN-T Equiv) | 1 | - |
| <i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv) | 1 | - |
| <i>clindamycin/benzoyl peroxide gel 1%-5%, 1.2%-5%</i> (BENZACLIN Equiv) | 1 | - |
| DIFFERIN CREAM .1% (<i>adapalene</i>) | 3 | PA |
| DIFFERIN GEL .1%, .3% (<i>adapalene</i>) | 3 | PA |
| DUAC GEL (<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>) | 3 | - |
| EPIDUO GEL 0.1-2.5% .1%-2.5% (<i>adapalene-benzoyl peroxide</i>) | 3 | - |
| ERY PAD 2% (<i>erythromycin (acne aid)</i>) | 2 | - |
| <i>erythromycin gel 2%</i> | 1 | - |
| <i>erythromycin pad</i> | 1 | - |
| <i>erythromycin soln 2%</i> | 1 | - |
| <i>erythromycin/benzoyl peroxide gel 3%-5%</i> (BENZAMYCIN Equiv) | 1 | - |
| KLARON LOTION 10% (<i>sulfacetamide sodium (acne)</i>) | 3 | - |
| RETIN-A CREAM .025%, .05%, .1% (<i>tretinoin</i>) | 3 | PA |
| <i>sodium sulfacetamide lotion 10%</i> (KLARON Equiv) | 1 | - |
| <i>sodium sulfacetamide/sulfur cleanser 10-5% 5%-10%</i> (SUMAXIN Equiv) | 1 | - |

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9% (SUMADAN WASH Equiv)</i> | 1 | - |
| <i>sodium sulfacetamide/sulfur emulsion 10-5%</i> | 1 | - |
| SUMADAN WASH 9-4.5% 4.5%-9% (<i>sulfacetamide sodium w/ sulfur</i>) | 3 | - |
| <i>tretinoin cream .025%, .05%, .1%</i> | 1 | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>tretinoin gel .04%, .1%</i> | 1 | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>tretinoin gel 0.08% .08% (RETIN-A MICRO Equiv)</i> | 1 | 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% (<i>tretinoin (facial wrinkles)</i>) | EXC | - |
| ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections | | |
| CENTANY OINT 2% (<i>mupirocin</i>) | 3 | - |
| CORTISPORIN CREAM (<i>neomycin-polymyxin-hc</i>) | 3 | - |
| CORTISPORIN OINT (<i>bacitracin-polymyxin-neomycin hc</i>) | 3 | - |
| <i>gentamicin sulfate cream .1%</i> | 1 | - |
| <i>gentamicin sulfate oint .1%</i> | 1 | - |

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| EXC | Plan Exclusion | INF | Infertility | KMSP | Kroger Mandatory Specialty Pharmacy Program |
| LD | Limited Distribution | LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit |
| MSP | Mandatory Specialty Pharmacy Program | ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter |
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|--|---|--|
| <i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv) | 1 | - |
| ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections | | |
| <i>ciclopirox cream .77%</i> (LOPROX CREAM Equiv) | 1 | - |
| <i>ciclopirox gel .77%</i> (LOPROX GEL Equiv) | 1 | - |
| <i>ciclopirox nail soln 8%</i> (PENLAC Equiv) | 1 | - |
| <i>ciclopirox shampoo 1%</i> (LOPROX SHAMPOO Equiv) | 1 | - |
| <i>ciclopirox topical susp .77%</i> (LOPROX SUSP Equiv) | 1 | - |
| <i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv) | 1 | - |
| <i>econazole cream 1%</i> (SPECTAZOLE Equiv) | 1 | - |
| EXELDERM SOLN (<i>sulconazole nitrate</i>) | 3 | - |
| <i>ketconazole cream 2%</i> (NIZORAL CREAM Equiv) | 1 | - |
| <i>ketconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv) | 1 | - |
| LOPROX CREAM .77% (<i>ciclopirox olamine</i>) | 3 | - |
| LOPROX SHAMPOO 1% (<i>ciclopirox</i>) | 3 | - |
| LOTTRISONE CREAM (<i>clotrimazole w/ betamethasone</i>) | 3 | - |
| MENTAX CREAM 1% (<i>butenafine hcl</i>) | 3 | - |
| NAFTIFINE CREAM 1% (<i>naftifine hcl</i>) | 3 | - |
| <i>naftifine cream 1%, 2%</i> (NAFTIN Equiv) | 1 | - |
| <i>naftifine gel 1%</i> (NAFTIN Equiv) | 1 | - |
| NAFTIN CREAM 2% (<i>naftifine hcl</i>) | 3 | - |
| NAFTIN GEL 1% (<i>naftifine hcl</i>) | 3 | - |

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| NIZORAL A-D SHAMPOO 1% (NIZORAL Equiv) <i>(ketoconazole (topical))</i> | EXC | OTC |
| <i>nizoral a-d shampoo 1%</i> (NIZORAL Equiv) | EXC | OTC |
| NIZORAL SHAMPOO 2% <i>(ketoconazole (topical))</i> | 3 | - |
| <i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv) | 1 | - |
| <i>nystatin oint 100000UNIT/GM</i> | 1 | - |
| <i>nystatin topical powder 100000UNIT/GM</i> | 1 | - |
| <i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i> | 1 | - |
| <i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i> | 1 | - |
| <i>oxiconazole nitrate cream 1%</i> (OXISTAT Equiv) | 1 | - |
| <i>tavaborole soln 5%</i> (KERYDIN Equiv) | 1 | QL-ST QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab |
| ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation | | |
| <i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv) | 1 | OTC-QL QL= 5 tubes/fill |
| VOLTAREN GEL 1% <i>(diclofenac sodium (topical))</i> | 3 | OTC-QL QL= 5 tubes/fill |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer | | |
| <i>bexarotene gel 1%</i> (TARGRETIN Equiv) | 1 | LMSP-PA |

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| <i>diclofenac gel 3%</i> (SOLARAZE Equiv) | 1 | PA-QL QL= 300gm/30 days |
| EFUDEX CREAM 5% (<i>fluorouracil (topical)</i>) | 3 | - |
| <i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv) | 1 | - |
| FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>) | 3 | - |
| <i>fluorouracil soln 5%</i> (FLUOROURACIL Equiv) | 1 | - |
| PICATO GEL .05% (<i>ingenol mebutate</i>) | 3 | QL QL= 1 box/fill |
| VALCHLOR GEL .016% (<i>mechlorethamine hcl (topical)</i>) | 4 | LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874 |
| ANTIPRURITICS - TOPICAL - Drugs to treat itching | | |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (<i>doxepin hcl (antipruritic)</i>) | 3 | PA |
| DOXEPIN HCL CREAM 5% (<i>doxepin hcl (antipruritic)</i>) | 3 | PA |
| <i>doxepin hcl cream 5%</i> | 3 | PA |
| ANTIPSORIATICS - Drugs to treat psoriasis | | |
| <i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv) | 4 | LMSP |
| <i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv) | 1 | QL QL= 120gm/30 days |

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| <i>calcipotriene oint .005%</i> | 1 | - |
| <i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv) | 1 | - |
| CALCITRIOL OINT 3MCG/GM (<i>calcitriol (topical)</i>) | 3 | - |
| DOVONEX CREAM .005% (<i>calcipotriene</i>) | 3 | - |
| DRITHO-SCALP CREAM 1% (<i>anthralin</i>) | 3 | - |
| METHOXSALEN CAP 10MG (<i>methoxsalen rapid</i>) | 2 | LMSP |
| <i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv) | 1 | LMSP |
| OXSORALEN ULTRA CAP 10MG (<i>methoxsalen rapid</i>) | 3 | LMSP |
| SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>) | 4 | LMSP-PA-QL QL= 1 inj/84 days |
| SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>) | 4 | LMSP-PA-QL QL= 2 inj/84 days |
| STELARA INJ 45MG/0.5ML (<i>ustekinumab</i>) | 4 | LMSP-PA-QL QL= 1 inj/84 days |
| TALTZ INJ 80MG/ML (<i>ixekizumab</i>) | 4 | LMSP-PA-QL QL= 1 inj/28 days |
| <i>tazarotene cream 0.1% .1%</i> (TAZORAC Equiv) | 1 | - |
| TAZORAC CREAM .1% (<i>tazarotene</i>) | 3 | - |
| TAZORAC CREAM 0.05% .05% (<i>tazarotene</i>) | 3 | - |
| TREMFYA INJ 100MG/ML (<i>guselkumab</i>) | 4 | LMSP-PA-QL QL= 1 inj/56 days |
| ZORYVE CREAM .3% (<i>roflumilast (topical)</i>) | 2 | PA-QL QL= 60 grams/30 days |

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| ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions | | |
| OVACE PLUS CREAM 10% (<i>sulfacetamide sodium</i>) | 3 | - |
| <i>selenium sulfide lotion 1%</i> | EXC | OTC |
| <i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv) | 1 | - |
| ANTIVIRALS - TOPICAL - Drugs to treat viral infections | | |
| <i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv) | 1 | - |
| DENAVIR CREAM 1% (<i>peniclovir</i>) | 3 | - |
| <i>peniclovir cream 1%</i> (DENAVIR Equiv) | 1 | - |
| BURN PRODUCTS - Drugs to treat burns | | |
| SILVADENE CREAM 1% (<i>silver sulfadiazine</i>) | 3 | - |
| <i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv) | 1 | - |
| SULFAMYLON CREAM 85MG/GM (<i>mafenide acetate</i>) | 2 | - |
| CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation | | |
| <i>alclometasone cream .05%</i> (ACLOVATE Equiv) | 1 | - |
| <i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv) | 1 | - |
| <i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv) | 1 | - |
| BETAMETHASONE AUGMENTED GEL .05% (<i>betamethasone dipropionate augmented</i>) | 2 | - |
| <i>betamethasone augmented gel</i> | 1 | - |
| <i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv) | 1 | - |

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| <i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv) | 1 | - |
| <i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv) | 1 | - |
| <i>betamethasone dipropionate lotion .05%</i> | 1 | - |
| <i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv) | 1 | - |
| <i>betamethasone valerate cream .1%</i> | 1 | - |
| <i>betamethasone valerate lotion .1%</i> | 1 | - |
| <i>betamethasone valerate oint .1%</i> | 1 | - |
| <i>clobetasol foam .05%</i> (OLUX Equiv) | 1 | PA |
| <i>clobetasol lotion .05%</i> (CLOBEX Equiv) | 1 | PA |
| <i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv) | 1 | - |
| <i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv) | 1 | - |
| <i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv) | 1 | - |
| <i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv) | 1 | - |
| <i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv) | 1 | PA |
| <i>clobetasol shampoo .05%</i> (CLOBEX Equiv) | 1 | PA |
| <i>clobetasol spray .05%</i> (CLOBEX Equiv) | 1 | PA |
| CLOBEX LOTION .05% (<i>clobetasol propionate</i>) | 3 | PA |
| CLOBEX SHAMPOO .05% (<i>clobetasol propionate</i>) | 3 | PA |
| CLOBEX SPRAY .05% (<i>clobetasol propionate</i>) | 3 | PA |

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| DERMA-SMOOTH/FS OIL .01% (<i>fluocinolone acetonide</i>) | 2 | - |
| <i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv) | 1 | - |
| <i>desoximetasone oint .25%</i> (TOPICORT Equiv) | 1 | - |
| DIPROLENE AF CREAM .05% (<i>betamethasone dipropionate augmented</i>) | 3 | - |
| DIPROLENE OINT .05% (<i>betamethasone dipropionate augmented</i>) | 3 | - |
| ELOCON CREAM (<i>mometasone furoate</i>) | 3 | - |
| ELOCON OINT (<i>mometasone furoate</i>) | 3 | - |
| EPIFOAM AEROSOL 1% (<i>pramoxine-hc</i>) | 2 | - |
| FLUOCINOLONE ACET CREAM .01% (<i>fluocinolone acetonide</i>) | 1 | - |
| <i>fluocinolone acetonide cream .01%, .025%</i> | 1 | - |
| <i>fluocinolone acetonide oil .01%</i> (DERMA-SMOOTH/FS Equiv) | 1 | - |
| <i>fluocinolone acetonide oint .025%</i> | 1 | - |
| <i>fluocinolone acetonide soln .01%</i> | 1 | - |
| <i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv) | 1 | - |
| <i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv) | 1 | - |
| <i>fluocinonide emollient cream .05%</i> | 1 | - |
| <i>fluocinonide gel .05%</i> | 1 | - |
| <i>fluocinonide oint .05%</i> | 1 | - |

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| <i>fluocinonide soln .05%</i> | 1 | - |
| <i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv) | 1 | - |
| <i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv) | 1 | - |
| <i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv) | 1 | - |
| <i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv) | 1 | PA |
| <i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv) | 1 | - |
| <i>hydrocortisone lotion 1%, 2.5%</i> (HYTONE Equiv) | 1 | - |
| <i>hydrocortisone oint .5%, 1%, 2.5%</i> | 1 | - |
| <i>mometasone cream .1%</i> (ELOCON Equiv) | 1 | - |
| <i>mometasone oint .1%</i> (ELOCON Equiv) | 1 | - |
| <i>mometasone soln .1%</i> (ELOCON Equiv) | 1 | - |
| NUCORT LOTION 2% (<i>hydrocortisone acetate (topical)</i>) | 3 | - |
| OLUX FOAM .05% (<i>clobetasol propionate</i>) | 3 | PA |
| PROCTOCORT CREAM (<i>hydrocortisone (topical)</i>) | 3 | - |
| TEMOVATE CREAM .05% (<i>clobetasol propionate</i>) | 3 | - |
| TEMOVATE OINT .05% (<i>clobetasol propionate</i>) | 3 | - |
| TOPICORT CREAM .25% (<i>desoximetasone</i>) | 3 | - |
| TOPICORT OINT .25% (<i>desoximetasone</i>) | 3 | - |
| <i>triamcinolone cream .025%, .1%, .5%</i> | 1 | - |
| <i>triamcinolone lotion .025%, .1%</i> | 1 | - |
| <i>triamcinolone oint .025%, .1%, .5%</i> | 1 | - |

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| ULTRAVATE CREAM (<i>halobetasol propionate</i>) | 3 | - |
| ULTRAVATE OINT (<i>halobetasol propionate</i>) | 3 | - |
| ECZEMA AGENTS - Drugs to treat eczema | | |
| ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 days |
| CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| DUPIXENT INJ 200MG/1.14ML (<i>dupilumab</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| DUPIXENT INJ 100MG/0.67ML 100MG/0.67ML (<i>dupilumab</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| DUPIXENT PEN INJ 200MG/1.14ML (<i>dupilumab</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| EMOLLIENTS - Drugs to treat skin conditions | | |
| <i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv) | EXC | OTC |
| <i>ammonium lactate lotion 12%, 5%</i> (LAC-HYDRIN Equiv) | EXC | OTC |
| LAC-HYDRIN CREAM (<i>lactic acid (ammonium lactate)</i>) | 3 | - |
| LAC-HYDRIN LOTION 12% (<i>lactic acid (ammonium lactate)</i>) | 3 | - |
| LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>) | 1 | - |
| ENZYMES - TOPICAL - Drugs to treat skin conditions | | |

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

Last Updated 5/1/2024

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|---|---|--|
| SANTYL OINT 250UNIT/GM (<i>collagenase</i>) | 2 | QL QL= 90gm/30 days |
| HAIR GROWTH AGENTS - Drugs to grow hair | | |
| <i>bimatoprost ophth soln .03%</i> | EXC | - |
| <i>finasteride tab 1MG</i> (PROPECIA Equiv) | EXC | - |
| LITFULO CAP 50MG (<i>ritlecitinib tosylate</i>) | 4 | LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695 |
| HAIR REDUCTION AGENTS - Drugs to remove hair | | |
| VANIQA CREAM 13.9% (<i>eflornithine hcl</i>) | EXC | - |
| IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system | | |
| ALDARA CREAM 5% (<i>imiquimod</i>) | 3 | - |
| <i>imiquimod cream 5%</i> (ALDARA Equiv) | 1 | - |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system | | |
| ELIDEL CREAM 1% (<i>pimecrolimus</i>) | 3 | Covered for members 2 years or older |
| HYFTOR GEL .2% (<i>sirolimus (topical)</i>) | 4 | LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416 |
| <i>pimecrolimus cream 1%</i> (ELIDEL Equiv) | 1 | Covered for members 2 years or older |
| PROTOPIC OINT .03%, .1% (<i>tacrolimus (topical)</i>) | 3 | - |
| <i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv) | 1 | - |
| KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions | | |
| PODOCON SOLN 25% (<i>podophyllum resin</i>) | 2 | - |

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| PODOFILOX SOLN .5% (CONDYLOX Equiv) <i>(podofilox)</i> | 1 | - |
| <i>podofilox soln .5%</i> (CONDYLOX Equiv) | 1 | - |
| SALEX SHAMPOO 2%, 3% <i>(salicylic acid)</i> | 3 | - |
| SALEX SHAMPOO 6% <i>(salicylic acid)</i> | 3 | - |
| LOCAL ANESTHETICS - TOPICAL - Drugs for numbing | | |
| <i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv) | 1 | - |
| <i>lidocaine gel 2%</i> (XYLOCAINE Equiv) | 1 | - |
| <i>lidocaine oint 5%</i> | 1 | QL QL= 107gm/30 days |
| <i>lidocaine patch 4%</i> (LIDODERM Equiv) | 1 | QL QL= 3 patches/day |
| <i>lidocaine patch 5% 5%</i> (LIDODERM Equiv) | 1 | QL QL= 3 patches/day |
| <i>lidocaine soln 4%</i> (XYLOCAINE Equiv) | 1 | - |
| <i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv) | 1 | - |
| LIDODERM PATCH 4%, 5% <i>(lidocaine)</i> | 3 | QL QL= 3 patches/day |
| MISC. TOPICAL - Miscellaneous topical products | | |
| DRYSOL SOLN 20% <i>(aluminum chloride)</i> | 1 | - |
| PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration | | |
| <i>hydroquinone cream 4%</i> (LUSTRA Equiv) | EXC | - |
| TRI-LUMA CREAM .01%-.05%-4% <i>(fluocinolone-hydroquinone-tretinoin)</i> | EXC | - |

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

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| ROSACEA AGENTS - Drugs to treat skin conditions | | |
| <i>azelaic acid gel 15%</i> (FINACEA Equiv) | 1 | - |
| <i>brimonidine tartrate gel .33%</i> (MIRVASO Equiv) | EXC | - |
| FINACEA GEL 15% (<i>azelaic acid</i>) | 3 | - |
| METROCREAM .75% (<i>metronidazole (topical)</i>) | 3 | - |
| METROGEL 1% 1% (<i>metronidazole (topical)</i>) | 3 | - |
| METROLOTION .75% (<i>metronidazole (topical)</i>) | 3 | - |
| <i>metronidazole cream .75%</i> (METROCREAM Equiv) | 1 | - |
| <i>metronidazole gel 1%</i> (METROGEL Equiv) | 1 | - |
| <i>metronidazole gel 0.75% .75%</i> (METROGEL Equiv) | 1 | - |
| <i>metronidazole lotion .75%</i> (METROLOTION Equiv) | 1 | - |
| MIRVASO GEL .33% (<i>brimonidine tartrate (topical)</i>) | EXC | - |
| RHOFADE CREAM 1% (<i>oxymetazoline hcl (topical)</i>) | EXC | - |
| SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions | | |
| CROTAN LOTION 10% (<i>crotamiton</i>) | 3 | - |
| ELIMITE CREAM 5% (<i>permethrin</i>) | 3 | - |
| LINDANE SHAMPOO 1% (<i>lindane</i>) | 1 | - |
| <i>malathion lotion .5%</i> (OVIDE Equiv) | 1 | QL QL= 2 bottles/fill |
| NATROBA SUSP .9% (<i>spinosad</i>) | 3 | QL QL= 1 bottle/fill |
| OVIDE LOTION .5% (<i>malathion</i>) | 3 | QL QL= 2 bottles/fill |
| <i>permethrin cream 5%</i> (ELIMITE CREAM Equiv) | 1 | - |

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Last Updated 5/1/2024

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

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

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

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

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| DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure | | |
| <i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv) | 1 | - |
| <i>acetazolamide tab 125MG, 250MG</i> | 1 | - |
| <i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv) | 1 | - |
| NEPTAZANE TAB (<i>methazolamide</i>) | 3 | - |
| DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| ALDACTAZIDE TAB 25MG (<i>spironolactone & hydrochlorothiazide</i>) | 3 | - |
| ALDACTAZIDE TAB 50-50MG 50MG (<i>spironolactone & hydrochlorothiazide</i>) | 3 | - |
| AMILORIDE/HCTZ TAB 5MG-50MG (<i>amiloride & hydrochlorothiazide</i>) | 1 | - |
| <i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv) | 1 | - |
| MAXZIDE TAB 25MG-37.5MG, 50MG-75MG (<i>triamterene & hydrochlorothiazide</i>) | 3 | - |
| <i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv) | 1 | - |
| <i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv) | 1 | - |

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| <i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv) | 1 | - |
| LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| <i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv) | 1 | - |
| EDECIN TAB 25MG (<i>ethacrynic acid</i>) | 3 | - |
| <i>ethacrynic tab 25MG</i> (EDECIN Equiv) | 1 | - |
| FUROSCIX KIT 80MG/10ML (<i>furosemide</i>) | 4 | LD-QL QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679 |
| FUROSEMIDE SOLN 40MG/5ML, 8MG/ML (LASIX Equiv) (<i>furosemide</i>) | 1 | - |
| <i>furosemide soln 10MG/ML</i> (LASIX Equiv) | 1 | - |
| <i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv) | 1 | - |
| LASIX TAB 20MG, 40MG, 80MG (<i>furosemide</i>) | 3 | - |
| <i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv) | 1 | - |
| POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| ALDACTONE TAB (<i>spironolactone tab</i>) | 3 | - |
| <i>amiloride tab 5MG</i> (MIDAMOR Equiv) | 1 | - |
| CARISPIR SUSP 25MG/5ML (<i>spironolactone</i>) | 3 | PA |
| <i>spironolactone susp 25MG/5ML</i> (CAROSPIR Equiv) | 1 | PA |
| <i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv) | 1 | - |

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

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| ATELVIA TAB 35MG (<i>risedronate sodium</i>) | 3 | ST Step Therapy requires trial of alendronate |
| BONIVA TAB 150MG 150MG (<i>ibandronate sodium</i>) | 3 | QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| <i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv) | 1 | - |
| FOSAMAX TAB 70MG (<i>alendronate sodium</i>) | 3 | - |
| <i>ibandronate tab 150mg 150MG</i> (BONIVA Equiv) | 1 | QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate |
| NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG (<i>parathyroid hormone (recombinant)</i>) | 4 | LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| <i>risedronate DR tab 35MG</i> (ATELVIA Equiv) | 1 | ST Step Therapy requires trial of alendronate |
| <i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv) | 1 | ST Step Therapy requires trial of alendronate |
| TERIPARATIDE INJ 620MCG/2.48ML 620MCG/2.48ML (<i>teriparatide (recombinant)</i>) | 4 | LMSP |
| TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>) | 4 | LMSP |

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|---|---|
| CORTICOTROPIN *** | | |
| ACTHAR GEL INJ 80UNIT/ML (<i>corticotropin</i>) | 4 | LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis | | |
| ORLISSA TAB 150MG 150MG (<i>elagolix sodium</i>) | 2 | PA-QL QL= 1 tab/day |
| ORLISSA TAB 200MG 200MG (<i>elagolix sodium</i>) | 2 | PA-QL QL= 2 tabs/day |
| GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones | | |
| SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>) | 4 | LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution | | |
| EGRIFTA INJ 1MG, 2MG (<i>tesamorelin acetate</i>) | EXC | - |
| GROWTH HORMONES - Drugs to regulate hormones | | |
| GENOTROPIN INJ 12MG, 5MG (<i>somatropin</i>) | 4 | LMSP-PA |
| OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML (<i>somatropin</i>) | 4 | LMSP-PA |
| SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG (<i>lonapegsomatropin-tcgd</i>) | 4 | LMSP-PA |

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

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| SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML (<i>somapacitan-beco</i>) | 4 | LMSP-PA |
| HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones | | |
| EVISTA TAB 60MG (<i>raloxifene hcl</i>) | 3 | - |
| <i>raloxifene tab 60MG</i> (EVISTA Equiv) | \$0 | Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones | | |
| INCRELEX INJ 40MG/4ML (<i>mecasermin</i>) | 4 | LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones | | |
| LUPRON DEPOT-PED INJ 11.25MG, 15MG, 7.5MG (<i>leuprolide acetate (cpp)</i>) | M | M |
| SYNAREL NASAL SOLN 2MG/ML (<i>nafarelin acetate</i>) | 4 | LMSP |
| METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones | | |
| <i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv) | 1 | - |
| <i>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv) | 1 | - |
| <i>carglumic acid tab 200MG</i> (CARBAGLU Equiv) | 1 | LD-PA Only available through AnovoRx 844-288-5007 |

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

Last Updated 5/1/2024

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|---|--|---|
| CARNITOR SOLN 1GM/10ML (<i>levocarnitine (metabolic modifiers)</i>) | 3 | - |
| CARNITOR TAB 330MG (<i>levocarnitine (metabolic modifiers)</i>) | 3 | - |
| <i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv) | 4 | LMSP |
| <i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv) | 1 | - |
| HECTOROL CAP (<i>doxercalciferol</i>) | 3 | - |
| <i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv) | 1 | - |
| <i>levocarnitine tab 330MG</i> (CARNITOR Equiv) | 1 | - |
| PALYNZIQ INJ 20MG/ML (<i>pegvaliase-pqpz</i>) | 4 | LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523 |
| <i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv) | 1 | - |
| PHEBURANE ORAL PELLETS 483MG/GM (<i>sodium phenylbutyrate</i>) | 4 | LD Only available through Accredo 800-803-2523 |
| ROCALTROL CAP .25MCG, .5MCG (<i>calcitriol</i>) | 3 | - |
| ROCALTROL SOLN 1MCG/ML (<i>calcitriol</i>) | 3 | - |
| <i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv) | 1 | LMSP-PA |

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

Last Updated 5/1/2024

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|--|---|--|
| <i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv) | 1 | LMSP-PA |
| STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>) | 4 | LD-PA Only available through PantherRx Pharmacy 855-726-8479 |
| XPHOZAH TAB 20MG, 30MG (<i>tenapanor hcl (ckd)</i>) | 3 | PA-QL QL= 2 tabs/day |
| ZEMPLAR CAP 1MCG, 2MCG (<i>paricalcitol</i>) | 3 | - |
| NATRIURETIC PEPTIDES *** | | |
| VOXZOGO INJ .4MG, .56MG, 1.2MG (<i>vosoritide</i>) | 4 | LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376 |
| POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones | | |
| DDAVP NASAL SOLN .01% (<i>desmopressin acetate refrigerated</i>) | 3 | - |
| DDAVP NASAL SPRAY .01% (<i>desmopressin acetate spray</i>) | 3 | - |
| DDAVP TAB .1MG, .2MG (<i>desmopressin acetate</i>) | 3 | - |
| <i>desmopressin acetate nasal spray .01%</i> (DDAVP Equiv) | 1 | - |
| <i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv) | 1 | - |
| STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>) | 2 | LMSP |
| PROGESTERONE RECEPTOR ANTAGONISTS *** | | |

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

Last Updated 5/1/2024

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|--|---|--|
| <i>mifepristone tab 200MG</i> (MIFIPREX Equiv) | \$0 | - |
| MIFIPREX TAB 200MG (<i>mifepristone</i>) | EXC | - |
| PROLACTIN INHIBITORS - Drugs to regulate hormones | | |
| <i>cabergoline tab .5MG</i> (DOSTINEX Equiv) | 1 | - |
| SOMATOSTATIC AGENTS - Drugs to regulate hormones | | |
| <i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv) | 1 | LMSP |
| OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>) | 4 | LMSP |
| SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide diaspertate</i>) | 4 | LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones | | |
| JYNARQUE PAK 15MG (<i>tolvaptan</i>) | 4 | LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB 15MG, 30MG (<i>tolvaptan</i>) | 4 | LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| ESTROGENS - Drugs to replace female hormones | | |
| ESTROGEN COMBINATIONS - Drugs to replace female hormones | | |

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

Last Updated 5/1/2024

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|--|---|--|
| ACTIVELLA TAB .5MG-1MG (<i>estradiol & norethindrone acetate</i>) | 3 | - |
| <i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv) | 1 | - |
| FEMHRT TAB .5MG-2.5MCG (<i>norethindrone acetate-ethinyl estradiol</i>) | 3 | - |
| <i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv) | 1 | - |
| MYFEMBREE TAB .5MG-1MG-40MG (<i>relugolix-estradiol-norethindrone acetate</i>) | 2 | PA-QL QL= 1 tab/day |
| ORIAHNN CAP .5MG-1MG-300MG (<i>elagolix sodium-estradiol-norethindrone acetate</i>) | 2 | PA-QL QL= 2 caps/day |
| PREFEST TAB (<i>estradiol-norgestimate</i>) | 3 | - |
| PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>) | 2 | - |
| ESTROGENS - Drugs used for contraception | | |
| ALORA PATCH .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (<i>estradiol</i>) | 3 | - |
| CLIMARA PATCH .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR (<i>estradiol</i>) | 3 | - |
| DELESTROGEN INJ 10MG/ML, 20MG/ML, 40MG/ML (<i>estradiol valerate</i>) | 3 | QL QL= 5ml/fill |

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

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|--|--|---|
| ESTRACE TAB .5MG, 1MG, 2MG (<i>estradiol</i>) | 3 | - |
| <i>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR</i> (CLIMARA Equiv) | 1 | - |
| <i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv) | 1 | - |
| <i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv) | 1 | QL QL= 5ml/fill |
| MENEST TAB .3MG, .625MG, 1.25MG, 2.5MG (<i>esterified estrogens</i>) | 3 | - |
| PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>) | 2 | - |
| VIVELLE-DOT PATCH .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR (<i>estradiol</i>) | 3 | - |
| FLUOROQUINOLONES - Drugs to treat bacterial infections | | |
| FLUOROQUINOLONES - Drugs to treat bacterial infections | | |
| AVELOX TAB (<i>moxifloxacin hcl</i>) | 3 | - |
| CIPRO SUSP 500MG/5ML, 5GM/100ML (<i>ciprofloxacin</i>) | 3 | - |
| CIPRO TAB 250MG, 500MG (<i>ciprofloxacin hcl</i>) | 3 | - |
| CIPROFLOXACIN 100MG TAB 100MG (<i>ciprofloxacin hcl</i>) | 3 | - |
| <i>ciprofloxacin susp 500MG/5ML, 5GM/100ML</i> (CIPRO Equiv) | 1 | - |

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|---|--|---|
| <i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv) | 1 | - |
| LEVAQUIN TAB 250MG, 500MG, 750MG (<i>levofloxacin</i>) | 3 | - |
| <i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv) | 1 | - |
| <i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv) | 1 | - |
| <i>moxifloxacin tab 400MG</i> (AVELOX Equiv) | 1 | - |
| <i>ofloxacin tab 400MG</i> (FLOXIN Equiv) | 1 | - |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs | | |
| 5-HT4 RECEPTOR AGONISTS - Drugs to treat constipation | | |
| MOTEGRITY TAB 1MG, 2MG (<i>prucalopride succinate</i>) | 3 | PA-QL QL= 1 tab/day |
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation | | |
| TRULANCE TAB 3MG (<i>plecanatide</i>) | 2 | PA-QL QL= 1 tab/day |
| BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders | | |
| CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>) | 4 | LD-PA Only available through Dohmen LSS 844-246-5226 |
| FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis | | |
| OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>) | 4 | LD-PA-QL-SF QL= 1 tab/day; Only available through Walgreens 888-347-3416 |

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| GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| ACTIGALL CAP 300MG (<i>ursodiol</i>) | 3 | - |
| URSO FORTE TAB 250MG, 500MG (<i>ursodiol</i>) | 3 | - |
| <i>ursodiol cap 300MG</i> (ACTIGALL Equiv) | 1 | - |
| <i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv) | 1 | - |
| GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv) | 1 | - |
| GASTROCROM CONC 100MG/5ML (<i>cromolyn sodium (mastocytosis)</i>) | 3 | - |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation | | |
| <i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv) | 1 | PA-QL QL= 2 caps/day |
| GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv) | 1 | - |
| <i>metoclopramide tab</i> (REGLAN Equiv) | 1 | - |
| REGLAN TAB 10MG, 5MG (<i>metoclopramide hcl</i>) | 3 | - |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions | | |
| BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>) | 4 | LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479 |

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|--|---|--|
| BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>) | 4 | LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479 |
| BYLVAY SPRINKLE CAP 200MCG 200MCG (<i>odevixibat</i>) | 4 | LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479 |
| BYLVAY SPRINKLE CAP 600MCG 600MCG (<i>odevixibat</i>) | 4 | LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479 |
| LIVMARLI SOLN 9.5MG/ML (<i>maralixibat chloride</i>) | 4 | LD-PA-QL QL= 90ml/30 days; Only available through Eversana 866-849-4481 |
| INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system | | |
| AZULFIDINE EN TAB 500MG (<i>sulfasalazine</i>) | 3 | - |
| AZULFIDINE TAB 500MG (<i>sulfasalazine</i>) | 3 | - |
| <i>balsalazide cap 750MG</i> (COLAZAL Equiv) | 1 | - |
| CIMZIA INJ 200MG/ML (<i>certolizumab pegol</i>) | 4 | LMSP-PA-QL QL= 2 inj/28 days |
| CIMZIA STARTER INJ KIT 200MG/ML (<i>certolizumab pegol</i>) | 4 | LMSP-PA-QL QL= 1 kit/plan year |
| COLAZAL CAP 750MG (<i>balsalazide disodium</i>) | 3 | - |
| DIPENTUM CAP 250MG (<i>olsalazine sodium</i>) | 3 | - |
| <i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv) | 1 | - |

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

Last Updated 5/1/2024

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|--|---|--|
| <i>mesalamine enema 4GM</i> (ROWASA Equiv) | 1 | - |
| <i>mesalamine ER cap .375GM</i> (APRISO Equiv) | 1 | - |
| <i>mesalamine supp 1000MG</i> (CANASA Equiv) | 1 | - |
| MESALAMINE TAB DR 800MG (<i>mesalamine</i>) | 1 | - |
| SFROWASA ENEMA 4GM/60ML (<i>mesalamine</i>) | 3 | - |
| SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML (<i>risankizumab-rzaa (crohn's)</i>) | 4 | LMSP-PA-QL QL= 1 inj/56 days |
| SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML (<i>risankizumab-rzaa (crohn's)</i>) | 4 | LMSP-PA-QL QL= 1 inj/56 days |
| <i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv) | 1 | - |
| <i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv) | 1 | - |
| INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>lactulose soln 10GM/15ML</i> | 1 | - |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system | | |
| <i>alosetron tab .5MG, 1MG</i> (LOTRONEX Equiv) | 1 | - |
| LINZESS CAP 145MCG, 290MCG, 72MCG (<i>linaclotide</i>) | 3 | PA-QL QL= 1 cap/day |
| LOTRONEX TAB .5MG, 1MG (<i>alosetron hcl</i>) | 3 | - |
| LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections | | |
| VOWST CAP (<i>fecal microbiota spores, live-brpk</i>) | 4 | LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575 |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity | | |
| MOVANTIK TAB 12.5MG, 25MG (<i>naloxegol oxalate</i>) | 2 | PA |

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

Last Updated 5/1/2024

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|--|---|--|
| SYMPROIC TAB (<i>naldemedine tosylate</i>) | 2 | PA |
| SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>) | 2 | PA |
| PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels | | |
| AURYXIA TAB 210MG (<i>ferric citrate</i>) | 3 | - |
| <i>calcium acetate cap 667MG</i> (PHOSLO Equiv) | 1 | - |
| FOSRENOL CHEW TAB 1000MG, 500MG, 750MG (<i>lanthanum carbonate</i>) | 3 | - |
| FOSRENOL POWDER PACK 1000MG, 750MG (<i>lanthanum carbonate</i>) | 2 | - |
| <i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv) | 1 | - |
| PHOSLO CAP 667MG (<i>calcium acetate (phosphate binder)</i>) | 3 | - |
| PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>) | 2 | - |
| RENVELA TAB 800MG (<i>sevelamer carbonate</i>) | 3 | - |
| <i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv) | 1 | - |
| <i>sevelamer tab 800MG</i> (RENVELA TAB Equiv) | 1 | - |
| VELPHORO CHEW TAB 500MG (<i>sucroferric oxyhydroxide</i>) | 3 | - |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs | | |
| ALKALINIZERS - Drugs to treat low pH | | |

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

Last Updated 5/1/2024

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|--|---|--|
| CYTRA K CRYSTALS 1002MG-3300MG (<i>potassium citrate-citric acid</i>) | 1 | - |
| CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (<i>pot & sod citrates w/citric ac</i>) | 1 | - |
| ORACIT SOLN 490MG/5ML-640MG/5ML (<i>sodium citrate & citric acid</i>) | 1 | - |
| <i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROCIT-K TAB Equiv) | 1 | - |
| <i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv) | 1 | - |
| <i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv) | 1 | - |
| <i>sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML</i> (BICITRA Equiv) | 1 | - |
| <i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML</i> (POLYCITRA-LC Equiv) | 1 | - |
| UROCIT-K TAB 1080MG, 15MEQ, 540MG (<i>potassium citrate (alkalinizer)</i>) | 3 | - |
| CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies | | |

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

Last Updated 5/1/2024

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|---|---|--|
| CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>) | 4 | LD-PA Only available through CVS Specialty 800-238-7828 |
| IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease | | |
| FILSPARI TAB 200MG, 400MG (<i>sparsentan</i>) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence | | |
| ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>) | 2 | - |
| PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate | | |
| <i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv) | 1 | - |
| AVODART CAP .5MG (<i>dutasteride</i>) | 3 | - |
| <i>dutasteride cap .5MG</i> (AVODART Equiv) | 1 | - |
| <i>finasteride tab 5MG</i> (PROSCAR Equiv) | 1 | - |
| FLOMAX CAP .4MG (<i>tamsulosin hcl</i>) | 3 | - |
| PROSCAR TAB (<i>finasteride tab</i>) | 3 | - |
| <i>tamsulosin cap .4MG</i> (FLOMAX Equiv) | 1 | - |
| UROXATRAL TAB 10MG (<i>alfuzosin hcl</i>) | 3 | - |
| URINARY ANALGESICS - Drugs to treat urinary pain | | |
| <i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIDIUM Equiv) | 1 | - |
| URINARY STONE AGENTS - Drugs to prevent kidney stones | | |
| LITHOSTAT TAB 250MG (<i>acetohydroxamic acid</i>) | 3 | - |

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

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|---|---|---|
| HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML (emicizumab-kxwh) | 4 | LMSP-PA |
| BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions | | |
| icatibant inj 30MG/3ML (FIRAZYR Equiv) | M | M |
| COMPLEMENT INHIBITORS - Drugs to treat blood disorders | | |
| CINRYZE INJ 500UNIT (c1 esterase inhibitor (human)) | M | M |
| EMPAVELI INJ 1080MG/20ML (pegcetacoplan) | 4 | LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479 |
| TAVNEOS CAP 10MG (avacopan) | 4 | LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479 |
| HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders | | |
| pentoxifylline ER tab 400MG (TRENTAL Equiv) | 1 | - |
| PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions | | |
| TAKHZYRO INJ 300MG/2ML (lanadelumab-flyo) | 4 | LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523 |
| TAKHZYRO INJ 150MG/ML 150MG/ML (lanadelumab-flyo) | 4 | LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523 |
| PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood | | |

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|--|---|---|
| AGRYLIN CAP .5MG (<i>anagrelide hcl</i>) | 3 | - |
| <i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv) | 1 | - |
| BRILINTA TAB 60MG, 90MG (<i>ticagrelor</i>) | 2 | - |
| CABLIVI INJ KIT 11MG (<i>caplacizumab-yhdp</i>) | 4 | LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306 |
| <i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv) | 1 | - |
| <i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv) | 1 | - |
| <i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv) | 1 | - |
| EFFIENT TAB 10MG, 5MG (<i>prasugrel hcl</i>) | 3 | - |
| PLAVIX TAB 75MG 75MG (<i>clopidogrel bisulfate</i>) | 3 | - |
| <i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv) | 1 | - |
| ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfat</i> e) | 3 | RS Restricted to Cardiology Specialist |
| HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency | | |
| PYRUKYND TAB 20MG, 50MG, 5MG (<i>mitapivat sulfat</i> e) | 4 | LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| PYRUKYND TAPER PACK 5MG (<i>mitapivat sulfat</i> e) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| HEMATOPOIETIC AGENTS - Drugs to treat blood disorders | | |

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|---|---|--|
| AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders | | |
| CERDELGA CAP 84MG (<i>eliglustat tartrate</i>) | 4 | MSP-PA |
| CEREZYME INJ 400UNIT (<i>imiglucerase</i>) | M | M |
| <i>miglustat cap 100MG</i> (ZAVESCA Equiv) | 1 | LD-PA Only available through Accredo 800-803-2523 |
| AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders | | |
| DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea (sickle cell disease)</i>) | 2 | - |
| AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders | | |
| ENDARI POWDER PACK 5GM (<i>glutamine (sickle cell)</i>) | 4 | LMSP-PA-QL QL= 6 packets/day |
| OXBRYTA TAB FOR ORAL SUSP 300MG (<i>voxelotor</i>) | 4 | LD-PA-QL QL= 5 tabs/day; Only available through Accredo 800-803-2523 |
| COBALAMINS - Drugs to treat vitamin deficiency | | |
| <i>cyanocobalamin inj 1000MCG/ML</i> | 1 | - |
| <i>cyanocobalamin nasal spray 500 mcg/0.1ml 500MCG/0.1ML</i> (NASCOBAL Equiv) | 1 | - |
| NASCOBAL SPRAY 500MCG/0.1ML (<i>cyanocobalamin</i>) | 3 | - |
| FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency | | |

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| <i>folic acid tab 1mg 1MG</i> | \$0 | Covered at \$0 for females only; All other members covered at generic copay |
| <i>folic acid tab 400mcg 400MCG</i> | \$0 | OTC Covered for females only |
| <i>folic acid tab 800mcg 800MCG</i> | \$0 | OTC Covered for females only |
| HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders | | |
| DOPTELET TAB 20MG (<i>avatrombopag maleate</i>) | 4 | KMSP-PA-QL QL= 2 tabs/day |
| FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>) | 4 | LMSP |
| NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML (<i>filgrastim-aafi</i>) | 4 | LMSP |
| NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>) | 4 | LMSP |
| PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>) | 4 | LMSP-PA-QL QL= 1 packet/day |
| PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>) | 4 | LMSP-PA-QL QL= 1 tab/day |
| PROMACTA TAB 50MG 50MG (<i>eltrombopag olamine</i>) | 4 | LMSP-PA-QL QL= 2 tabs/day |
| PROMACTA TAB 75MG 75MG (<i>eltrombopag olamine</i>) | 4 | LMSP-PA-QL QL= 2 tabs/day |

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|--|---|--|
| RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>) | 4 | LMSP |
| ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>) | 4 | LMSP |
| HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders | | |
| <i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i> | 1 | - |
| FERREX 28 TAB .8MG-1MG-10MCG-60MG-70MG-81MG-140MG-150MG (<i>fe asparto gly-fe fum-b12-folic acid-vit c-succinic acid</i>) | 3 | - |
| <i>folbee tab 1MG-2.5MG-25MG</i> | 1 | - |
| IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG (<i>fe asp gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i>) | 1 | - |
| MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>) | 1 | - |
| MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i>) | 1 | - |

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

Last Updated 5/1/2024

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|---|---|--|
| MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>) | 1 | - |
| MULTIVITAMIN TAB 1MG-25MCG-100MG-250MG (<i>iron-vitamin c-vitamin b12-folic acid</i>) | 3 | - |
| <i>multivitamin tab 1MG-25MCG-100MG-250MG</i> | 1 | - |
| NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG (<i>ferrous fumarate w/ fa-dss-b complex-vit c</i>) | 2 | - |
| <i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv) | 1 | - |
| HEMOSTATICS - Drugs to stop bleeding/treat blood disorders | | |
| HEMOSTATICS - SYSTEMIC - Drugs to thin the blood | | |
| AMICAR SOLN .25GM/ML (<i>aminocaproic acid</i>) | 3 | - |
| AMICAR TAB 1000MG, 500MG (<i>aminocaproic acid</i>) | 3 | - |
| <i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv) | 1 | - |
| <i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv) | 1 | - |
| LYSTEDA TAB 650MG (<i>tranexamic acid</i>) | 3 | - |
| <i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv) | 1 | - |
| HYPNOTICS - Drugs to treat insomnia | | |
| NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia | | |

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| <i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv) | 1 | QL QL= 1 tab/day |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia | | |
| ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia | | |
| <i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv) | 1 | Only 50mg covered |
| BARBITURATE HYPNOTICS - Drugs to treat insomnia | | |
| <i>phenobarbital elixir 20MG/5ML</i> | 1 | - |
| <i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i> | 1 | - |
| NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia | | |
| AMBIEN CR TAB 12.5MG, 6.25MG (<i>zolpidem tartrate</i>) | 3 | QL QL= 1 tab/day |
| AMBIEN TAB (<i>zolpidem tartrate tab</i>) | 3 | QL QL= 1 tab/day |
| <i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv) | 1 | - |
| <i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv) | 1 | QL QL= 1 tab/day |
| HALCION TAB .25MG (<i>triazolam</i>) | 3 | - |
| LUNESTA TAB 1MG, 2MG, 3MG (<i>eszopiclone</i>) | 3 | QL QL= 1 tab/day |
| <i>midazolam inj 10MG/10ML, 10MG/2ML, 25MG/5ML, 2MG/2ML, 50MG/10ML, 5MG/5ML, 5MG/ML</i> (MIDAZOLAM Equiv) | 1 | RS Restricted to Neurology Specialist |

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| RESTORIL CAP 15MG 15MG (<i>temazepam</i>) | 3 | - |
| RESTORIL CAP 22.5MG 22.5MG (<i>temazepam</i>) | 3 | - |
| RESTORIL CAP 30MG 30MG (<i>temazepam</i>) | 3 | - |
| RESTORIL CAP 7.5MG 7.5MG (<i>temazepam</i>) | 3 | - |
| <i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv) | 1 | - |
| <i>temazepam cap 22.5mg 22.5MG</i> (RESTORIL Equiv) | 1 | - |
| <i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv) | 1 | - |
| <i>temazepam cap 7.5mg 7.5MG</i> (RESTORIL Equiv) | 1 | - |
| <i>triazolam tab .125MG, .25MG</i> (HALCION Equiv) | 1 | - |
| <i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv) | 1 | QL QL= 1 cap/day |
| <i>zolpidem ER tab 12.5MG, 6.25MG</i> (AMBIEN CR Equiv) | 1 | QL QL= 1 tab/day |
| SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia | | |
| <i>ramelteon tab 8MG</i> (ROZEREM Equiv) | 1 | QL QL= 1 tab/day |
| ROZEREM TAB 8MG (<i>ramelteon</i>) | 3 | QL QL= 1 tab/day |
| LAXATIVES - Drugs to treat constipation | | |
| LAXATIVE COMBINATIONS - Drugs to treat constipation | | |
| GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) | \$0 | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |

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| GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) | \$0 | QL Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) | \$0 | QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year |
| <i>peg 3350 soln (100 gram Moviprep equiv)</i> 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM (MOVIPREP Equiv) | \$0 | QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay |
| <i>peg 3350/electrolytes soln</i> 1.48GM-5.72GM-11.2GM-420GM (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 |
| <i>sodium/magnesium/potassium soln</i> 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP Equiv) | \$0 | QL QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay |

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|---|---|--|
| SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM (<i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i>) | 2 | QL QL= 2 fills/calendar year |
| LAXATIVES - MISCELLANEOUS - Drugs to treat constipation | | |
| <i>lactulose soln</i> | 1 | - |
| MIRALAX 17GM/SCOOP (<i>polyethylene glycol 3350</i>) | EXC | OTC |
| <i>polyethylene glycol 3350 powder 17GM/SCOOP</i> (MIRALAX Equiv) | EXC | OTC |
| MACROLIDES - Drugs to treat bacterial infections | | |
| AZITHROMYCIN - Drugs to treat bacterial infections | | |
| <i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv) | 1 | - |
| <i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv) | 1 | - |
| ZITHROMAX POWDER PACK 1GM (<i>azithromycin</i>) | 3 | - |
| ZITHROMAX SUSP 100MG/5ML, 200MG/5ML (<i>azithromycin</i>) | 3 | - |
| ZITHROMAX TAB 250MG, 500MG (<i>azithromycin</i>) | 3 | - |
| CLARITHROMYCIN - Drugs to treat bacterial infections | | |
| BIAXIN TAB (<i>clarithromycin</i>) | 3 | - |
| <i>clarithromycin ER tab 500MG</i> (BIAXIN XL Equiv) | 1 | - |
| CLARITHROMYCIN SUSP 125MG/5ML, 250MG/5ML (<i>clarithromycin</i>) | 2 | - |

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

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|---|--|---|
| FEMALE CONDOMS (<i>condoms - female</i>) | \$0 | OTC-QL QL= 12 condoms/fill |
| MALE CONDOMS (<i>condoms latex non-lubricated - male</i>) | \$0 | OTC-QL QL= 12 condoms/fill |
| DIABETIC SUPPLIES - Devices to assist with diabetes | | |
| ACCU-CHEK AVIVA PLUS METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ACCU-CHEK GUIDE CARE METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ACCU-CHEK GUIDE ME KIT (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ACCU-CHEK NANO METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| CALIBRATION LIQUID (<i>blood glucose calibration</i>) | 1 | OTC |
| DEXCOM G6 RECEIVER (<i>continuous glucose system receiver</i>) | 2 | PA-QL QL= 1 receiver/year |
| DEXCOM G6 SENSOR (<i>continuous glucose system sensor</i>) | 2 | PA-QL QL= 3 sensors/28 days |
| DEXCOM G6 TRANSMITTER (<i>continuous glucose system transmitter</i>) | 2 | PA-QL QL= 1 transmitter/90 days |
| DEXCOM G7 RECEIVER (<i>continuous glucose system receiver</i>) | 2 | PA-QL QL= 1 receiver/year |
| DEXCOM G7 SENSOR (<i>continuous glucose system sensor</i>) | 2 | PA-QL QL= 3 sensors/28 days |

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|---|--|---|
| FREESTYLE LIBRE 2 RECEIVER (<i>continuous glucose system receiver</i>) | 2 | PA-QL QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose system sensor</i>) | 2 | PA-QL QL= 2 sensors/28 days |
| FREESTYLE LIBRE 3 READER (<i>continuous glucose system receiver</i>) | 2 | PA-QL QL= 1 receiver/year |
| FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose system sensor</i>) | 2 | PA-QL QL= 2 sensors/28 days |
| FREESTYLE LIBRE RECEIVER (<i>continuous glucose system receiver</i>) | 2 | PA-QL QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous glucose system sensor</i>) | 2 | PA-QL QL= 2 sensors/28 days |
| LANCET DEVICE (<i>lancet devices</i>) | 1 | OTC |
| LANCET KIT (<i>lancets misc.</i>) | 1 | OTC |
| LANCETS (<i>lancets</i>) | 1 | OTC |
| OMNIPOD 5 G7 KIT INTRO (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 1 kit/year |
| OMNIPOD 5 G7 MIS PODS (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 10 pods/30 days |
| OMNIPOD 5 INTRO KIT (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 1 kit/year |
| OMNIPOD 5 PACK PODS (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 10 pods/month |

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| OMNIPOD DASH INTRO KIT (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 1 kit/year |
| OMNIPOD DASH PODS (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 10 pods/month |
| OMNIPOD GO KIT (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 10 pods/month |
| OMNIPOD STARTER KIT (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 1 kit/year |
| ONETOUCH DELICA LANCETS (<i>lancets</i>) | 2 | OTC |
| ONETOUCH DELICA PLUS LANCETS (<i>lancets</i>) | 2 | OTC |
| ONETOUCH DELICA ULTRASOFT LANCETS (<i>lancets</i>) | 2 | OTC |
| ONETOUCH METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ONETOUCH VERIO FLEX METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ONETOUCH VERIO IQ METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ONETOUCH VERIO METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ONETOUCH VERIO REFLECT METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| V-GO INJ KIT (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 1 kit/day |

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| MISC. DEVICES - Drugs for miscellaneous use | | |
| ALCOHOL SWABS 70% (<i>alcohol swabs</i>) | 1 | OTC |
| PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies | | |
| B-D AUTOSHIELD DUO PEN NEEDLE (<i>insulin pen needle</i>) | 1 | OTC |
| B-D INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>) | 1 | - |
| CARETOUCH MIS (<i>needle (disp) 27 g</i>) | 1 | OTC |
| TECHLITE INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>) | 1 | OTC |
| TECHLITE PEN NEEDLE (<i>insulin pen needle</i>) | 1 | OTC |
| TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>) | 1 | OTC |
| TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>) | 1 | OTC |
| RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders | | |
| AEROCHAMBER (<i>spacer/aerosol-holding chambers</i>) | 2 | OTC |
| AEROCHAMBER SUPPLIES (<i>spacer/aerosol-holding chamber supplies - bags</i>) | 2 | - |
| PEAK FLOW METER (<i>peak flow meter</i>) | 1 | OTC |
| MIGRAINE PRODUCTS - Drugs to treat migraine headaches | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache | | |
| UBRELVY TAB 100MG, 50MG (<i>ubrogepant</i>) | 2 | PA-QL QL= 10 tabs/30 days, 6 fills/year |

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| ZAVZPRET NASAL SPRAY 10MG/ACT (<i>zavegepant hcl</i>) | 2 | PA-QL QL= 6 units/fill; 60 units/365 days |
| MIGRAINE COMBINATIONS - Drugs to treat migraine headaches | | |
| <i>ergotamine tartrate/caffeine tab</i> (CAFERGOT Equiv) | 1 | - |
| ERGOTAMINE W/ CAFFEINE 1MG-100MG (<i>ergotamine w/ caffeine</i>) | 1 | - |
| MIGRAINE PRODUCTS - Drugs to treat migraine headaches | | |
| <i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv) | 1 | QL QL= 10 inj/14 days |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches | | |
| AIMOVIG INJ 140MG/ML, 70MG/ML (<i>erenumab-aooe</i>) | 2 | PA-QL QL= 1 pack/28 days |
| AJOVY INJ 225MG/1.5ML (<i>fremanezumab-vfrm</i>) | 2 | PA-QL QL= 1 pack/28 days |
| EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>) | 2 | PA-QL QL= 1 inj/28 days |
| EMGALITY INJ 100MG/ML 100MG/ML (<i>galcanezumab-gnlm</i>) | 2 | PA-QL QL= 3 inj/fill, 6 fills/year |
| SEROTONIN AGONISTS - Drugs to treat migraine headaches | | |
| IMITREX INJ 4MG/0.5ML (<i>sumatriptan succinate</i>) | 3 | QL QL= 4 inj/fill, 2 fills/30 days |
| IMITREX INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>) | 3 | QL QL= 4 inj/fill, 2 fills/30 days |

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|---|---|--|
| IMITREX TAB 100MG, 25MG, 50MG (<i>sumatriptan succinate</i>) | 3 | QL QL= 9 tabs/fill, 2 fills/30 days |
| MAXALT MLT TAB 10MG (<i>rizatriptan benzoate</i>) | 3 | QL QL= 12 tabs/fill, 3 fills/60 days |
| MAXALT TAB 10MG (<i>rizatriptan benzoate</i>) | 3 | QL QL= 12 tabs/fill, 3 fills/60 days |
| REYVOW TAB 100MG, 50MG (<i>lasmiditan succinate</i>) | 2 | PA-QL QL= 8 tabs/30 days, 6 fills/year |
| <i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv) | 1 | QL QL= 12 tabs/fill, 3 fills/60 days |
| <i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv) | 1 | QL QL= 12 tabs/fill, 3 fills/60 days |
| SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>) | 1 | QL QL= 4 inj/fill, 2 fills/30 days |
| <i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> | 1 | QL QL= 4 inj/fill, 2 fills/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML (<i>sumatriptan succinate</i>) | 2 | QL QL= 4 inj/fill, 2 fills/30 days |
| <i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| <i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders | | |
| FLUORIDE - Drugs to treat mineral deficiency | | |

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| <i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| SODIUM FLUORIDE TAB .5MG, 1MG (<i>sodium fluoride</i>) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| <i>sodium fluoride tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i> | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| PHOSPHATE - Drugs to treat electrolyte deficiency | | |
| K-PHOS NEUTRAL TAB 130MG-155MG-852MG (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) | 3 | - |
| K-PHOS TAB 500MG (<i>potassium phosphate monobasic</i>) | 2 | - |
| <i>phospha 250 neutral tab</i> (K-PHOS NEUTRAL Equiv) | 1 | - |
| <i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv) | 1 | - |
| POTASSIUM - Drugs to treat electrolyte disorders | | |
| K-TAB 8MEQ (<i>potassium chloride</i>) | 3 | - |
| K-TAB 10MEQ, 20MEQ (<i>potassium chloride</i>) | 3 | - |
| <i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv) | 1 | - |

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| <i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv) | 1 | - |
| <i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv) | 1 | - |
| <i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv) | 1 | - |
| <i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv) | 1 | - |
| <i>potassium chloride soln 10%, 20%</i> | 1 | - |
| POTASSIUM CHLORIDE TAB ER 8MEQ (<i>potassium chloride</i>) | 3 | - |
| SODIUM - Drugs to treat electrolyte disorders | | |
| SOD CHLORIDE INJ .9%, 4MEQ/ML (<i>sodium chloride</i>) | M | M |
| ZINC - Drugs to treat mineral deficiency | | |
| GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>) | 2 | - |
| MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions | | |
| CHELATING AGENTS - Drugs to treat overdose or toxicity | | |
| DEPEN TITRATAB 250MG (<i>penicillamine</i>) | 3 | - |
| <i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv) | 1 | - |
| <i>trientine cap 250MG</i> (SYPRINE Equiv) | 1 | LMSP-PA |
| IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc. | | |

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| JOENJA TAB 70MG (<i>leniolisib phosphate</i>) | 4 | LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| <i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG</i> (REVLIMID Equiv) | 1 | LD-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416 |
| REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG (<i>lenalidomide</i>) | 3 | LD-PA-QL QL= 1 cap/day; Only available through Walgreens 888-347-3416 |
| REZUROCK TAB 200MG (<i>belumosudil mesylate</i>) | 4 | LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system | | |
| ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>) | 4 | LMSP-PA-QL |
| <i>everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG</i> | 4 | LMSP-PA |
| LUPKYNIS CAP 7.9MG (<i>voclosporin</i>) | 4 | LD-PA-QL QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479 |
| <i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv) | 1 | - |

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| MISCELLANEOUS THERAPEUTIC CLASSES - PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS- Drugs to treat PIK3CA-Related OverGrowth Spectrum (PROS) | | |
| VIJOICE TAB 125MG, 50MG (<i>alpelisib (pros agents)</i>) | 4 | MSP-PA-QL QL= 1 tab/day |
| VIJOICE TAB 250MG (<i>alpelisib (pros agents)</i>) | 4 | MSP-PA-QL QL= 2 tabs/day |
| POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels | | |
| LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>) | 4 | LMSP-PA |
| SPS SUSP 15GM/60ML (<i>sodium polystyrene sulfonate</i>) | 1 | - |
| PROGERIA TREATMENT AGENTS *** | | |
| ZOKINVY CAP 50MG, 75MG (<i>lonafarnib</i>) | 4 | LD-PA-QL QL= 4 caps/day; Only available through CVS Specialty 800-237-2767 |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system | | |
| BENLYSTA AUTO-INJECTOR 200MG/ML (<i>belimumab</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 day |
| BENLYSTA INJ 200MG/ML (<i>belimumab</i>) | 4 | LMSP-PA-QL QL= 4 inj/28 day |
| MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth | | |
| ANESTHETICS TOPICAL ORAL - Drugs for numbing | | |

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| FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>) | 3 | - |
| <i>lidocaine viscous soln 2%</i> (LIDOCAINE HCL (MOUTH-THROAT) Equiv) | 1 | - |
| ANTI-INFECTIVES - THROAT - Drugs to treat throat infections | | |
| <i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv) | 1 | - |
| <i>nystatin susp 100000UNIT/ML</i> | 1 | - |
| ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat | | |
| <i>chlorhexidine gluconate soln</i> (PERIDEX Equiv) | 1 | - |
| PERIDEX SOLN .12% (<i>chlorhexidine gluconate (mouth-throat)</i>) | 3 | - |
| DENTAL PRODUCTS - Drugs to prevent cavities | | |
| FLUORIDEX SENSITIVITY PASTE 1.1%-5% (<i>sodium fluoride-potassium nitrate</i>) | 1 | - |
| PREVIDENT SOLN .2% (<i>sodium fluoride (dental)</i>) | 2 | - |
| <i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| <i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv) | 1 | - |

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

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| <i>multivitamin/minerals tab</i> (STROVITE Equiv) | 1 | - |
| V-C FORTE CAP (<i>multiple vitamins w/ minerals</i>) | 3 | - |
| <i>v-c forte cap</i> (V-C FORTE Equiv) | 1 | - |
| PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency | | |
| ESCAVITE CHEW TAB (<i>ped multivitamins w/fl & iron</i>) | 3 | - |
| <i>pediatric multiple vitamins/fluoride/iron soln</i> | 1 | - |
| PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency | | |
| FLORIVA PLUS DROPS (<i>pediatric multivitamins w/fl</i>) | 2 | - |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG (<i>pediatric multivitamins w/fl</i>) | 1 | - |
| MULTIVITAMIN/FLOURIDE CHEW 1MG (<i>pediatric multivitamins w/fl</i>) | 1 | - |
| MULTIVITAMIN/FLUORIDE CHEW TAB (<i>pediatric multivitamins w/fl</i>) | 1 | - |
| <i>pediatric multiple vitamins/fluoride soln</i> | 1 | - |
| PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency | | |
| CONCEPT DHA CAP (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) | 3 | - |
| MYNATAL-Z TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) | 3 | - |
| NEONATAL 19 TAB (<i>prenatal vitamin-folic acid</i>) | 3 | - |

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| NEONATAL FE TAB (<i>prenatal multivitamins w/ iron-folic acid</i>) | 3 | - |
| PRENATABS RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) | 3 | - |
| PRENATAL 19 CHEW TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) | 3 | - |
| PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) | 3 | - |
| PRENATAL VITAMINS (NON-PREFERRED) (<i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i>) | 3 | - |
| VITAFOL STRIPS (<i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i>) | 3 | - |
| VP-PNV-DHA CAP (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) | 3 | - |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms | | |
| CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms | | |
| BACLOFEN ORAL SOLN 10 MG/5ML 10MG/5ML (<i>baclofen</i>) | 3 | PA Prior Authorization Required for members age 9 and older |
| BACLOFEN ORAL SOLN 5 MG/5ML 5MG/5ML (<i>baclofen</i>) | 3 | PA Prior Authorization Required for members age 9 and older |

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| BACLOFEN SUSP 25MG/5ML (BACLOFEN Equiv) <i>(baclofen)</i> | 1 | PA Prior Authorization Required for members age 9 or older |
| <i>baclofen susp 25MG/5ML</i> (BACLOFEN Equiv) | 1 | PA Prior Authorization Required for members age 9 or older |
| <i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv) | 1 | - |
| <i>carisoprodol tab 350MG</i> (SOMA Equiv) | 1 | QL QL=120 tabs/30 days |
| <i>chlorzoxazone tab 500mg 500MG</i> | 1 | - |
| <i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv) | 1 | - |
| <i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv) | 1 | - |
| FLEQSUVY SUSP 1MG/ML, 5MG/ML <i>(baclofen)</i> | 3 | PA Prior Authorization required for members age 9 or older |
| LYVISPAH GRANULE PACKET 10MG, 20MG, 5MG <i>(baclofen)</i> | 3 | PA Members age 9 or older require Prior Authorization |
| <i>metaxalone tab 400MG, 800MG</i> (SKELAXIN Equiv) | 1 | - |
| METAXALONE TAB 400MG <i>(metaxalone)</i> | 3 | - |
| <i>methocarbamol tab</i> (ROBAXIN Equiv) | 1 | - |
| ROBAXIN TAB 750MG <i>(methocarbamol)</i> | 3 | - |
| SKELAXIN TAB 800MG <i>(metaxalone)</i> | 3 | - |

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

Last Updated 5/1/2024

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|---|---|--|
| SOMA TAB 350MG (<i>carisoprodol</i>) | 3 | QL QL=120 tabs/30 days |
| <i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv) | 1 | - |
| ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>) | 3 | - |
| DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms | | |
| DANTRIUM CAP 25MG, 50MG (<i>dantrolene sodium</i>) | 3 | - |
| <i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv) | 1 | - |
| FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS *** | | |
| SOHONOS CAP 1.5MG 1.5MG (<i>palovarotene</i>) | 4 | LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 10MG 10MG (<i>palovarotene</i>) | 4 | LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 1MG 1MG (<i>palovarotene</i>) | 4 | LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 2.5MG 2.5MG (<i>palovarotene</i>) | 4 | LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 5MG 5MG (<i>palovarotene</i>) | 4 | LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828 |

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| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus | | |
| NASAL AGENTS - MISC. - Miscellaneous nasal agents | | |
| ALCOHOL SWABS 62% (<i>alcohol (nasal)</i>) | 1 | OTC |
| NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv) | 1 | - |
| NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv) | 1 | - |
| NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms | | |
| BECONASE AQ NASAL SPRAY 42MCG/SPRAY (<i>beclomethasone diprop monohyd</i>) | 3 | QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone |
| <i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv) | 1 | QL QL= 2 bottles/fill |
| NASACORT OTC NASAL SPRAY 55MCG/ACT (<i>triamcinolone acetonide (nasal)</i>) | 3 | OTC-QL QL= 2 bottles/fill |
| <i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv) | 1 | OTC-QL QL= 2 bottles/fill |
| ZETONNA NASAL SPRAY 37MCG/ACT (<i>ciclesonide (nasal)</i>) | 3 | QL-ST QL= 2 bottles/fill; Step Therapy requires trial of fluticasone or triamcinolone |

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|--|---|--|
| NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles | | |
| ALS AGENTS - Drugs to treat ALS | | |
| RADICAVA ORS STARTER KIT 105MG/5ML (<i>edaravone</i>) | 4 | LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523 |
| RADICAVA ORS SUSP 105MG/5ML (<i>edaravone</i>) | 4 | LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523 |
| RELYVRIO PAK 1GM-3GM (<i>sodium phenylbutyrate-aurursodiol</i>) | 4 | LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523 |
| <i>riluzole tab 50MG</i> (RILUTEK Equiv) | 1 | - |
| FRIEDRICH'S ATAXIA AGENTS *** | | |
| SKYCLARYS CAP 50MG (<i>omaveloxolone</i>) | 4 | LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306 |
| RETT SYNDROME AGENTS *** | | |
| DAYBUE SOLN 200MG/ML (<i>trofinetide</i>) | 4 | LD-PA-QL QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007 |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy | | |
| EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>) | 4 | LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523 |

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

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

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|---|---|--|
| MYDRIACYL OPHTH SOLN (<i>tropicamide ophth soln</i>) | 3 | - |
| <i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv) | 1 | - |
| <i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv) | 1 | - |
| MIOTICS - Drugs to treat eye conditions | | |
| ISOPTO CARBACHOL OPHTH SOLN (<i>carbachol (ophth)</i>) | 2 | - |
| ISOPTO CARPINE OPHTH SOLN 1%, 2%, 4% (<i>pilocarpine hcl</i>) | 3 | - |
| <i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv) | 1 | - |
| OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions | | |
| ALPHAGAN P OPHTH SOLN 0.15% .1%, .15% (<i>brimonidine tartrate</i>) | 3 | - |
| APRACLONIDINE OPHTH SOLN .5% (<i>apraclonidine hcl</i>) | 2 | - |
| <i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv) | 1 | - |
| <i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv) | 1 | - |
| <i>brimonidine ophth soln 0.2% .2%</i> | 1 | - |
| <i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv) | 1 | - |
| IOPIDINE OPHTH SOLN 1% (<i>apraclonidine hcl</i>) | 2 | - |

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

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| <i>gatifloxacin ophth soln .5%</i> (ZYMAXID Equiv) | 1 | ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| GENTAK OPHTH OINT .3% (<i>gentamicin sulfate (ophth)</i>) | 1 | - |
| <i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv) | 1 | - |
| <i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv) | 1 | - |
| LEVOFLOXACIN OPHTH SOLN 0.5% .5% (<i>levofloxacin (ophth)</i>) | 1 | - |
| <i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv) | 1 | - |
| NATACYN OPHTH SUSP 5% (<i>natamycin</i>) | 2 | QL QL= 15ml/fill |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-gramicidin</i>) | 1 | - |
| NEOSPORIN OPHTH SOLN (<i>neomycin-polymyxin-gramicidin</i>) | 3 | - |
| OCUFLOX OPHTH SOLN .3% (<i>ofloxacin (ophth)</i>) | 3 | - |
| <i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv) | 1 | - |
| <i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv) | 1 | - |

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| POLYTRIM OPHTH SOLN .1%-10000UNIT/ML (<i>polymyxin b-trimethoprim</i>) | 3 | - |
| <i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv) | 1 | - |
| <i>tobramycin ophth soln</i> (TOBEX Equiv) | 1 | - |
| TOBEX OPHTH OINT (<i>tobramycin sulfate (ophth)</i>) | 3 | - |
| TOBEX OPHTH SOLN (<i>tobramycin sulfate (ophth)</i>) | 3 | - |
| TRIFLURIDINE OPHTH SOLN 1% (<i>trifluridine</i>) | 1 | - |
| VIGAMOX OPHTH SOLN .5% (<i>moxifloxacin hcl (ophth)</i>) | 3 | - |
| XDEMVY OPHTH SOLN .25% (<i>lotilaner</i>) | 4 | LD-PA-QL QL= 1 bottle/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416 |
| ZIRGAN OPHTH GEL .15% (<i>ganciclovir ophthalmic</i>) | 2 | - |
| ZYMAXID OPHTH SOLN .5% (<i>gatifloxacin (ophth)</i>) | 3 | ST Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes | | |
| <i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv) | 1 | QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist |

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| OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing | | |
| ALCAINE OPHTH SOLN .5% (<i>proparacaine hcl</i>) | 3 | - |
| <i>proparacaine ophth soln .5%</i> (ALCAINE Equiv) | 1 | - |
| OPHTHALMIC STEROIDS - Drugs to treat inflammation | | |
| ALREX OPHTH SUSP 0.2% .2% (<i>loteprednol etabonate</i>) | 3 | - |
| <i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv) | 1 | - |
| BLEPHAMIDE S.O.P. OPHTH OINT .2%-10% (<i>sulfacetamide sod-prednisolone</i>) | 3 | - |
| DEXAMETHASONE OPHTH SOLN .1% (<i>dexamethasone sodium phosphate (ophth)</i>) | 2 | - |
| <i>difluprednate ophth emulsion .05%</i> (DUREZOL Equiv) | 1 | - |
| DUREZOL OPHTH EMULSION .05% (<i>difluprednate</i>) | 3 | - |
| FLAREX OPHTH SUSP .1% (<i>fluorometholone acetate</i>) | 3 | - |
| <i>fluorometholone ophth soln</i> (FML LIQUIFILM Equiv) | 1 | - |
| FML FORTE OPHTH SUSP .25% (<i>fluorometholone (ophth)</i>) | 3 | - |
| FML LIQUIFLIM OPHTH SUSP .1% (<i>fluorometholone (ophth)</i>) | 3 | - |

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

Last Updated 5/1/2024

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

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

Last Updated 5/1/2024

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

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

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|--|--|---|
| <i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv) | 1 | - |
| <i>ZYLET OPHTH SUSP .3%-.5% (loteprednol etabonate-tobramycin)</i> | 2 | QL QL= 5ml/fill (10ml bottle is Not Covered) |
| OPHTHALMICS - MISC. - Miscellaneous eye agents | | |
| <i>ACULAR (LS) OPHTH SOLN .4%, .5% (ketorolac tromethamine (ophth))</i> | 3 | - |
| <i>ACUVAIL OPHTH SOLN .45% (ketorolac tromethamine (ophth))</i> | 3 | - |
| <i>ALOCRILOPHTH SOLN 2% (nedocromil sodium (ophth))</i> | 2 | - |
| <i>ALOMIDOPHTH SOLN .1% (lodoxamide tromethamine)</i> | 2 | - |
| <i>azelastine ophth soln .05%</i> (OPTIVAR Equiv) | 1 | - |
| <i>AZOPT OPHTH SUSP 1% (brinzolamide)</i> | 3 | - |
| <i>bepotastine ophth soln 1.5%</i> (BEPREVE Equiv) | 1 | - |
| <i>BEPREVE OPHTH SOLN 1.5% (bepotastine besilate)</i> | 3 | - |
| <i>brinzolamide ophth susp 1%</i> (AZOPT Equiv) | 1 | - |
| <i>bromfenac ophth soln .09%</i> (BROMDAY Equiv) | 1 | - |
| <i>BROMFENAC OPHTH SOLN 0.09%</i> (TWICE DAILY) (<i>bromfenac sodium (ophth)</i>) | 1 | - |
| <i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv) | 1 | - |

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

Last Updated 5/1/2024

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|--|---|--|
| <i>cromolyn ophth soln 4%</i> (CROLOM Equiv) | 1 | - |
| CROMOLYN SODIUM OPHTH SOLN 4% (<i>cromolyn sodium (ophth)</i>) | 1 | - |
| CYSTADROPS SOLN .37% (<i>cysteamine hcl</i>) | 4 | LD-QL-RS QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPHTH SOLN .44% (<i>cysteamine hcl</i>) | 4 | LD-QL-RS QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416 |
| <i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv) | 1 | - |
| <i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv) | 1 | - |
| ELESTAT OPHTH SOLN (<i>epinastine hcl (ophth)</i>) | 3 | - |
| EMADINE OPHTH SOLN (<i>emedastine difumarate</i>) | 3 | - |
| <i>epinastine ophth soln .05%</i> (ELESTAT Equiv) | 1 | - |
| FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>) | 2 | - |
| ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>) | 2 | - |
| <i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv) | 1 | - |
| <i>ketotifen ophth soln .035%</i> (ZADITOR Equiv) | 1 | OTC OTC covered only |

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

Last Updated 5/1/2024

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|---|---|--|
| LASTACAFT OPHTH SOLN .25% (<i>alcaftadine</i>) | 3 | QL QL= 3ml/30 days |
| NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>) | 2 | - |
| <i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv) | 1 | OTC |
| <i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv) | 1 | OTC-QL QL= 2.5ml/30 days |
| PATANOL OPHTH SOLN .1% (<i>olopatadine hcl</i>) | 3 | - |
| PROLENSA OPHTH SOLN .07% (<i>bromfenac sodium (ophth)</i>) | 3 | - |
| TRUSOPT OPHTH SOLN 2% (<i>dorzolamide hcl</i>) | 3 | - |
| UPNEEQ SOLN .1% (<i>oxymetazoline hcl (blepharoptosis)</i>) | EXC | - |
| PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma | | |
| <i>bimatoprost ophth soln .03%</i> | 1 | QL QL= 2.5ml/30 days |
| <i>latanoprost ophth soln .005%</i> (XALATAN Equiv) | 1 | QL QL= 2.5ml/30 days |
| LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>) | 2 | QL QL= 2.5ml/30 days |
| TRAVATAN Z DROPS .004% (<i>travoprost</i>) | 3 | QL QL= 2.5ml/30 days |
| <i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv) | 1 | QL QL= 2.5ml/30 days |

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

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|---|---|--|
| XALATAN OPHTH SOLN .005% (<i>latanoprost</i>) | 3 | QL QL= 2.5ml/30 days |
| OTIC AGENTS - Drugs to treat ear infection | | |
| OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents | | |
| <i>acetic acid otic soln 2%</i> (VOSOL Equiv) | 1 | - |
| OTIC ANTI-INFECTIVES - Drugs to treat ear infections | | |
| CIPROFLOXACIN OTIC SOLN .2% (<i>ciprofloxacin hcl (otic)</i>) | 2 | - |
| <i>ofloxacin otic soln .3%</i> (FLOXIN Equiv) | 1 | - |
| OTIC COMBINATIONS - Drugs to treat ear conditions | | |
| CIPRO HC OTIC SUSP .2%-1% (<i>ciprofloxacin-hydrocortisone</i>) | 3 | - |
| CIPRODEX OTIC SUSP .1%-.3% (<i>ciprofloxacin-dexamethasone</i>) | 3 | - |
| <i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv) | 1 | - |
| COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML (<i>neomycin-colistin-hc-thonzonium</i>) | 2 | - |
| <i>neomycin/polymixin/hydrocortisone otic soln 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv) | 1 | - |

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

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|---|---|--|
| <i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)</i> | 1 | - |
| OTIC STEROIDS - Drugs to treat ear swelling | | |
| <i>acetic acid/hydrocortisone otic soln 1%-2% (VOSOL HC Equiv)</i> | 1 | - |
| DERMOTIC OIL .01% (<i>fluocinolone acetonide (otic)</i>) | 3 | - |
| <i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv) | 1 | - |
| OXYTOCICS - Drugs to prevent/control uterine bleeding | | |
| OXYTOCICS - Drugs to prevent/control uterine bleeding | | |
| <i>methylergonovine tab .2MG</i> (METHERGINE Equiv) | 1 | QL QL= 28 tabs/fill, 1 fill/365 days |
| PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system | | |
| IMMUNE SERUMS - Antibody drugs to treat low immune system | | |
| GAMASTAN INJ (<i>immune globulin (human) im</i>) | M | M |
| GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM (<i>immune globulin (human) iv</i>) | M | M |
| HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>) | 2 | KMSP-PA |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency | | |

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

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| HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>) | 4 | KMSP-PA |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system | | |
| IMMUNE SERUMS - Antibody drugs to treat low immune system | | |
| HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>) | 2 | KMSP-PA |
| XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human)-klhw</i>) | 4 | LD-PA Only available through Diplomat Pharmacy 877-977-9118 |
| PENICILLINS - Drugs to treat bacterial infections | | |
| AMINOPENICILLINS - Drugs to treat infections | | |
| <i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv) | 1 | - |
| AMOXICILLIN CHEW TAB 125MG, 250MG (<i>amoxicillin</i>) | 1 | - |
| <i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv) | 1 | - |
| <i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv) | 1 | - |
| <i>ampicillin cap 500MG</i> (AMPICILLIN Equiv) | 1 | - |
| NATURAL PENICILLINS - Drugs to treat bacterial infections | | |

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|---|---|--|
| PENICILLIN G PROCAINE INJ 600000UNIT/ML <i>(penicillin g procaine)</i> | M | M |
| PENICILLIN G SODIUM INJ 5000000UNIT <i>(penicillin g sodium)</i> | M | M |
| PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML <i>(penicillin v potassium)</i> | 1 | - |
| <i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv) | 1 | - |
| PFIZERPEN G INJ 20000000UNIT, 5000000UNIT (PFIZERPEN G Equiv) <i>(penicillin g potassium)</i> | M | M |
| <i>pfizerpen g inj 20000000UNIT, 5000000UNIT</i> (PFIZERPEN G Equiv) | M | M |
| PENICILLIN COMBINATIONS - Drugs to treat bacterial infections | | |
| AMOXICILLIN/CLAVULANATE ER TAB 62.5MG-1000MG <i>(amoxicillin & pot clavulanate)</i> | 3 | - |
| <i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv) | 1 | - |
| <i>amoxicillin/clavulanate tab 500-125mg, 875-125mg 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv) | 1 | - |
| <i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i> | M | M |

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

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

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv) | 1 | - |
| <i>norethindrone tab 5MG</i> (AYGESTIN Equiv) | 1 | - |
| <i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv) | 1 | - |
| PROMETRIUM CAP 100MG, 200MG (<i>progesterone</i>) | 3 | - |
| PROVERA TAB 10MG, 2.5MG, 5MG (<i>medroxyprogesterone acetate</i>) | 3 | - |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions | | |
| AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency | | |
| <i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv) | 1 | - |
| ANTABUSE TAB 250MG, 500MG (<i>disulfiram</i>) | 3 | - |
| DISULFIRAM TAB 500MG (ANTABUSE Equiv) (<i>disulfiram</i>) | 1 | - |
| <i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv) | 1 | - |
| ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders | | |
| LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM (<i>sodium oxybate</i>) | 4 | LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523 |

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

Last Updated 5/1/2024

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|--|---|---|
| SODIUM OXYBATE SOLN 500MG/ML (<i>sodium oxybate</i>) | 4 | LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688 |
| ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss | | |
| ARICEPT TAB 10MG, 5MG (<i>donepezil hydrochloride</i>) | 3 | QL QL= 2 tabs/day |
| ARICEPT TAB 23MG 23MG (<i>donepezil hydrochloride</i>) | 3 | QL QL= 1 tab/day |
| <i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv) | 1 | QL QL= 1 tab/day |
| <i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv) | 1 | QL QL= 2 tabs/day |
| <i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv) | 1 | QL QL= 1 tab/day |
| EXELON PATCH 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR (<i>rivastigmine</i>) | 3 | ST Step Therapy requires trial of rivastigmine cap |
| <i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv) | 1 | - |
| <i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv) | 1 | - |

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

Last Updated 5/1/2024

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|--|--|---|
| <i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv) | 1 | ST Step Therapy requires trial of memantine tab |
| <i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv) | 1 | - |
| <i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv) | 1 | - |
| NAMENDA TAB 10MG, 5MG (<i>memantine hcl</i>) | 3 | - |
| RAZADYNE ER CAP 16MG, 24MG, 8MG (<i>galantamine hydrobromide</i>) | 3 | - |
| RAZADYNE TAB 4MG (<i>galantamine hydrobromide</i>) | 3 | - |
| <i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv) | 1 | - |
| <i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv) | 1 | ST Step Therapy requires trial of rivastigmine cap |
| COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses | | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG (<i>chlordiazepoxide-amitriptyline</i>) | 1 | - |
| <i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv) | 1 | - |

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

Last Updated 5/1/2024

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|---|---|---|
| PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (<i>perphenazine-amitriptyline</i>) | 1 | - |
| SYMBYAX CAP 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG (<i>olanzapine-fluoxetine hcl</i>) | 3 | - |
| FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain | | |
| SAVELLA PAK (<i>milnacipran hcl</i>) | 2 | - |
| SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>) | 2 | QL QL= 2 tabs/day |
| MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders | | |
| INGREZZA CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>) | 4 | LD-PA-QL QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585 |
| INGREZZA PACK 40-80MG (<i>valbenazine tosylate</i>) | 4 | LD-PA-QL QL= 1 pack/28 days; Only available through Garfield Pharmacy 323-295-5585 |
| <i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv) | 1 | LMSP |
| MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS) | | |
| AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>) | 4 | LMSP |
| <i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv) | 1 | LMSP-PA-QL QL= 2 tabs/day |
| <i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv) | 1 | LMSP |

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

Last Updated 5/1/2024

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|---|--|---|
| <i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv) | 1 | LMSP |
| EXTAVIA INJ .3MG (<i>interferon beta-1b</i>) | 4 | MSP |
| <i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv) | 1 | LMSP |
| GILENYA CAP 0.25MG .25MG (<i>fingolimod hcl</i>) | 4 | LMSP-QL QL= 1 cap/day |
| <i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv) | 1 | LMSP |
| KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>) | 4 | LMSP |
| MAVENCLAD PAK 10MG (<i>cladribine (multiple sclerosis)</i>) | 4 | LD Only available through Walgreens 888-347-3416 |
| MAYZENT TAB .25MG, 1MG, 2MG (<i>siponimod fumarate</i>) | 4 | LMSP |
| MAYZENT TAB STARTER PACK .25MG (<i>siponimod fumarate</i>) | 4 | LMSP |
| PLEGRIDY INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>) | 4 | LMSP |
| PLEGRIDY PEN INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>) | 4 | LMSP |
| <i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO TAB Equiv) | 1 | LMSP |
| ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>) | 4 | LMSP-PA-QL QL= 1 cap/day |

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

Last Updated 5/1/2024

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|---|--|---|
| ZEPOSIA STARTER PACK (<i>ozanimod hcl</i>) | 4 | LMSP-PA-QL QL= 1 cap/day |
| PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders | | |
| NUEDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>) | 2 | PA-QL QL= 2 caps/day |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs | | |
| ERGOLOID MESYLATES TAB 1MG (<i>ergoloid mesylates</i>) | 3 | - |
| ORAP TAB (<i>pimozide</i>) | 3 | - |
| PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>) | 2 | - |
| SMOKING DETERRENTS - Drugs to treat smoking urges | | |
| <i>bupropion SR tab</i> (ZYBAN Equiv) | \$0 | SMKG |
| <i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv) | \$0 | OTC-SMKG |
| NICOTINE KIT (<i>nicotine</i>) | \$0 | OTC-SMKG |
| <i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv) | \$0 | OTC-SMKG |
| <i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv) | \$0 | OTC-SMKG |
| NICOTROL INHALER 10MG (<i>nicotine</i>) | \$0 | SMKG |
| NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>) | \$0 | SMKG |
| VARENICLINE TAB .5MG, 1MG (<i>varenicline tartrate</i>) | \$0 | SMKG |
| <i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv) | \$0 | SMKG |

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

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|---|---|--|
| <i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv) | \$0 | SMKG |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis | | |
| TEGSEDI INJ 284MG/1.5ML (<i>inotersen sodium</i>) | 4 | LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523 |
| RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions | | |
| CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions | | |
| KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG (<i>ivacaftor</i>) | 4 | KMSP-PA-QL QL= 2 packets/day |
| KALYDECO TAB 150MG (<i>ivacaftor</i>) | 4 | KMSP-PA-QL QL= 2 tabs/day |
| ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG (<i>lumacaftor-ivacaftor</i>) | 4 | KMSP-PA-QL QL= 2 packets/day |
| ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>) | 4 | KMSP-PA-QL QL= 4 tabs/day |
| PULMOZYME INH SOLN 2.5MG/2.5ML (<i>dornase alfa</i>) | 4 | LMSP |
| SYMDEKO TAB 100MG-150MG, 50MG-75MG (<i>tezacaftor-ivacaftor</i>) | 4 | KMSP-PA-QL QL= 2 tabs/day |
| TRIKAFTA TAB 25MG-50MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>) | 4 | KMSP-PA-QL QL= 84 tabs/28 days |

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| TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>) | 4 | LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416 |
| PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis | | |
| ESBRIET CAP 267MG (<i>pirfenidone</i>) | 4 | LMSP-PA-QL-SF QL= 9 caps/day |
| ESBRIET TAB 267MG 267MG (<i>pirfenidone</i>) | 4 | LMSP-PA-QL-SF QL= 9 tabs/day |
| ESBRIET TAB 801MG 801MG (<i>pirfenidone</i>) | 4 | LMSP-PA-QL-SF QL= 3 tabs/day |
| OFEV CAP 100MG, 150MG (<i>nintedanib esylate</i>) | 4 | LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| <i>pirfenidone cap 267MG</i> (ESBRIET Equiv) | 1 | LMSP-PA-QL QL= 9 caps/day |
| <i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv) | 1 | LMSP-PA-QL QL= 9 tabs/day |
| <i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv) | 1 | LMSP-PA-QL QL= 3 tabs/day |
| SULFONAMIDES - Drugs to treat bacterial infections | | |
| SULFONAMIDES - Drugs to treat infection | | |
| <i>sulfadiazine tab 500MG</i> | 1 | - |
| TETRACYCLINES - Drugs to treat bacterial infections | | |

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| TETRACYCLINES - Drugs to treat infections | | |
| <i>demeclocycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv) | 1 | - |
| <i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv) | 1 | - |
| <i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv) | 1 | - |
| <i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv) | 1 | - |
| <i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv) | 1 | - |
| <i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv) | 1 | - |
| <i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv) | 1 | - |
| MINOCIN CAP 100MG, 50MG (<i>minocycline hcl</i>) | 3 | - |
| <i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv) | 1 | - |
| MONODOX CAP (<i>doxycycline (monohydrate)</i>) | 3 | - |
| <i>tetracycline cap 250MG, 500MG</i> | 1 | - |
| VIBRAMYCIN CAP 100MG (<i>doxycycline hyclate</i>) | 3 | - |
| VIBRAMYCIN SUSP 25MG/5ML (<i>doxycycline (monohydrate)</i>) | 3 | - |
| VIBRAMYCIN SYRUP 50MG/5ML (<i>doxycycline calcium</i>) | 3 | - |

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|---|---|--|
| THYROID AGENTS - Drugs to regulate thyroid hormones | | |
| ANTITHYROID AGENTS - Drugs to treat high thyroid level | | |
| <i>methimazole tab 10MG, 5MG</i> (TAPAZOLE Equiv) | 1 | - |
| <i>propylthiouracil tab 50MG</i> | 1 | - |
| TAPAZOLE TAB 10MG, 5MG (<i>methimazole</i>) | 3 | - |
| THYROID HORMONES - Drugs to regulate thyroid hormones | | |
| ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 120MG, 130MG, 146.25MG, 15MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 30MG, 32.5MG, 325MG, 48.75MG, 60MG, 65MG, 81.25MG, 90MG, 97.5MG (<i>thyroid</i>) | 1 | - |
| ARMOUR THYROID TAB, NATURE THROID TAB 60MG (<i>thyroid</i>) | 1 | - |
| CYTOMEL TAB 25MCG, 50MCG, 5MCG (<i>liothyronine sodium</i>) | 3 | - |
| <i>levothyroxine tab</i> (SYNTHROID Equiv) | 1 | - |
| <i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv) | 1 | - |
| <i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG</i> (ARMOUR THYROID, NATURE THROID Equiv) | 1 | - |
| SYNTHROID TAB 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG (<i>levothyroxine sodium</i>) | 3 | - |

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|---|---|---|
| THYROLAR TAB (<i>liotrix (t3-t4)</i>) | 2 | - |
| TIROSINT-SOL 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML (<i>levothyroxine sodium</i>) | 3 | PA-QL QL=1 ml/day; Prior Authorization required for members age 9 or older |
| TOXOIDS - Drugs to prevent infection | | |
| TOXOID COMBINATIONS - Drugs to prevent infection | | |
| ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>) | \$0 | VAC Covered for members age 19 years or older |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ 5LFU/0.5ML-25LFU/0.5ML (<i>diphtheria-tetanus toxoids (dt)</i>) | EXC | VAC |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>) | EXC | VAC |

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

Last Updated 5/1/2024

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|---|---|--|
| KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML <i>(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)</i> | EXC | VAC |
| PENTACEL INJ 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML <i>(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)</i> | EXC | VAC |
| TETANUS/DIPHThERIA TOXOID INJ 2LF/0.5ML <i>(tetanus-diphtheria toxoids (td))</i> | \$0 | VAC Covered for members age 19 years or older |
| ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions | | |
| ANTISPASMODICS - Drugs to treat diarrhea | | |
| ANASPAZ ODT .125MG <i>(hyoscyamine sulfate)</i> | 3 | - |
| BENTYL CAP <i>(dicyclomine hcl)</i> | 3 | - |
| BENTYL SYRUP <i>(dicyclomine hcl)</i> | 3 | - |
| <i>dicyclomine cap 10MG</i> (BENTYL Equiv) | 1 | - |
| <i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv) | 1 | - |
| <i>dicyclomine tab 20MG</i> (BENTYL Equiv) | 1 | - |
| <i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv) | 1 | - |
| <i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv) | 1 | - |
| <i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv) | 1 | - |

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|--|---|--|
| <i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv) | 1 | - |
| <i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv) | 1 | - |
| <i>hyoscyamine tab .125MG</i> (LEVSIN Equiv) | 1 | - |
| LEVBID TAB .375MG (<i>hyoscyamine sulfate</i>) | 3 | - |
| LEVSIN SL TAB .125MG (<i>hyoscyamine sulfate</i>) | 3 | - |
| LEVSIN TAB .125MG (<i>hyoscyamine sulfate</i>) | 3 | - |
| <i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv) | 1 | - |
| ROBINUL TAB 1MG, 2MG (<i>glycopyrrolate</i>) | 3 | - |
| SYMAX DUOTAB .375MG (<i>hyoscyamine sulfate</i>) | 3 | - |
| H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>cimetidine tab 200MG, 300MG, 400MG, 800MG</i> (TAGAMET Equiv) | 1 | - |
| <i>famotidine susp 40MG/5ML</i> (PEPCID Equiv) | 1 | - |
| <i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv) | 1 | - |
| <i>nizatidine cap 150MG, 300MG</i> (AXID Equiv) | 1 | - |
| NIZATIDINE SOLN 15MG/ML (<i>nizatidine</i>) | 3 | PA Members age 9 or older require Prior Authorization |
| PEPCID SUSP (<i>famotidine</i>) | 3 | - |
| PEPCID TAB 10MG, 20MG, 40MG (<i>famotidine</i>) | 3 | - |
| MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs | | |
| CARAFATE TAB 1GM (<i>sucralfate</i>) | 3 | - |
| <i>sucralfate tab 1GM</i> (CARAFATE Equiv) | 1 | - |
| PROTON PUMP INHIBITORS - Drugs to treat acid reflux | | |

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

Last Updated 5/1/2024

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|---|---|--|
| ACIPHEX TAB 20MG (<i>rabeprazole sodium</i>) | 3 | - |
| <i>esomeprazole cap 20MG, 40MG</i> (NEXIUM Equiv) | 1 | OTC |
| <i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv) | 1 | OTC |
| <i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv) | 1 | - |
| <i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv) | 1 | - |
| PREVACID CAP 30MG (<i>lansoprazole</i>) | 3 | OTC |
| PREVACID OTC CAP 15MG (<i>lansoprazole</i>) | 3 | OTC |
| <i>rabeprazole EC tab 20MG</i> (ACIPHEX Equiv) | 1 | - |
| ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions | | |
| CYTOTEC TAB 100MCG, 200MCG (<i>misoprostol</i>) | 3 | - |
| <i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv) | 1 | - |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers | | |
| ANTISPASMODICS - Drugs to treat diarrhea | | |
| CUVPOSA SOLN 1MG/5ML (<i>glycopyrrolate</i>) | 4 | MSP |
| <i>glycopyrrolate oral soln 1MG/5ML</i> (CUVPOSA Equiv) | 4 | MSP |
| H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| NIZATIDINE CAP 150MG, 300MG (<i>nizatidine</i>) | 1 | - |
| MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs | | |
| CARAFATE SUSP 1GM/10ML (<i>sucralfate</i>) | 3 | - |
| <i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv) | 1 | - |
| PROTON PUMP INHIBITORS - Drugs to treat acid reflux | | |
| <i>omeprazole tab 20MG</i> | 1 | OTC |

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

Last Updated 5/1/2024

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|--|--|---|
| ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions | | |
| ZEGERID CAP OTC 20MG-1100MG (<i>omeprazole-sodium bicarbonate</i>) | 1 | OTC |
| URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms | | |
| <i>darifenacin SR tab 15MG, 7.5MG</i> (ENABLEX Equiv) | 1 | PA |
| DETROL LA CAP 2MG, 4MG (<i>tolterodine tartrate</i>) | 3 | - |
| DETROL TAB 1MG, 2MG (<i>tolterodine tartrate</i>) | 3 | - |
| DITROPAN XL TAB 10MG, 5MG (<i>oxybutynin chloride</i>) | 3 | - |
| ENABLEX TAB 15MG, 7.5MG (<i>darifenacin hydrobromide</i>) | 3 | PA |
| <i>fesoterodine fumarate ER tab 4MG, 8MG</i> (TOVIAZ Equiv) | 1 | - |
| <i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv) | 1 | - |
| <i>oxybutynin syrup 5MG/5ML</i> | 1 | - |
| <i>oxybutynin tab 5MG</i> (DITROPAN Equiv) | 1 | - |
| OXYTROL PATCH (OTC) 3.9MG/24HR (<i>oxybutynin</i>) | 1 | OTC |
| <i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv) | 1 | - |
| <i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv) | 1 | - |
| <i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv) | 1 | - |
| TOVIAZ TAB 4MG, 8MG (<i>fesoterodine fumarate</i>) | 3 | - |

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

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|--|---|--|
| <i>trospium chloride SR cap 60MG</i> (SANCTURA XR Equiv) | 1 | PA |
| <i>trospium tab 20MG</i> (SANCTURA Equiv) | 1 | - |
| VESICARE TAB 10MG, 5MG (<i>solifenacin succinate</i>) | 3 | - |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms | | |
| MYRBETRIQ TAB (<i>mirabegron</i>) | 2 | - |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention | | |
| <i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv) | 1 | - |
| URECHOLINE TAB 25MG, 50MG (<i>bethanechol chloride</i>) | 3 | - |
| VACCINES - Drugs to prevent infection | | |
| BACTERIAL VACCINES - Drugs to prevent infection | | |
| ACTHIB INJ, HIBERIX INJ 10MCG (<i>haemophilus b polysac conj vac</i>) | EXC | VAC |
| BEXSERO INJ (<i>meningococcal vac group b (recombant omv adjuvanted)</i>) | \$0 | VAC Covered for members age 19 years or older |
| MENVEO INJ (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>) | EXC | VAC |
| PEDVAXHIB INJ 7.5MCG/0.5ML (<i>haemophilus b polysac conj vac</i>) | EXC | VAC |

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

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| PENBRAYA INJ (<i>mening (a,c,y&w) polysacch tetanus conj-mening b (rcmb) vacc</i>) | EXC | VAC |
| PNEUMOVAX INJ 25MCG/0.5ML (<i>pneumococcal vac polyvalent</i>) | \$0 | VAC |
| PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>) | \$0 | PA-QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years. |
| PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>) | \$0 | QL-VAC QL=1 vaccine/lifetime; Covered for members age 19 years or older |
| TRUMENBA INJ (<i>meningococcal group b vaccine (recombinant)</i>) | \$0 | VAC Covered for members age 19 years or older |
| VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>) | \$0 | QL-VAC QL= 1 vaccine/lifetime |
| VIRAL VACCINES - Drugs to prevent infection | | |
| AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>) | \$0 | QL-VAC QL= 1 inj/28 days |
| AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>) | \$0 | QL-VAC QL= 1 inj/28 days |
| COMIRNATY INJ 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/17 days |

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| COMIRNATY INJ 30MCG/0.3ML 30MCG/0.3ML <i>(covid-19 (sars-cov-2) mrna virus vaccine)</i> | \$0 | QL-VAC QL= 1 dose/17 days |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML <i>(covid-19 mrna bivalent virus vaccine (moderna))</i> | \$0 | QL-VAC QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML <i>(covid-19 mrna bivalent virus vaccine (pfizer))</i> | \$0 | QL-VAC QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 10MCG/0.2ML <i>(covid-19 mrna bivalent virus vaccine (pfizer))</i> | \$0 | QL-VAC QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 3MCG/0.2ML <i>(covid-19 mrna bivalent virus vaccine (pfizer))</i> | \$0 | QL-VAC QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 10MCG/0.2ML <i>(covid-19 mrna bivalent virus vaccine (moderna))</i> | \$0 | QL-VAC QL= 1 inj/fill |
| COVID-19 VACCINE INJ (JANSSEN) .5ML <i>(covid-19 (sars-cov-2) adenovirus vaccine)</i> | \$0 | QL-VAC QL= 1 dose/45 days |
| COVID-19 VACCINE INJ (NOVAVAX) 5MCG/0.5ML <i>(covid-19 (sars-cov-2) subunit (spike) protein virus vaccine)</i> | \$0 | QL-VAC QL= 1 dose/17 days |

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| COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) 25MCG/0.25ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/24 days |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/17 days |
| DENG VAXIA SUSP (<i>dengue virus vaccine live tetravalent</i>) | EXC | VAC |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 40MCG/ML, 5MCG/0.5ML (<i>hepatitis b vaccine (recomb)</i>) | \$0 | VAC Covered for members age 19 years or older |
| FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>) | \$0 | QL-VAC QL= 1 inj/28 days |
| FLUAD QUAD INJ .5ML (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>) | \$0 | QL-VAC QL= 1 inj/28 days |
| FLUBLOK QUAD PF INJ (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>) | \$0 | QL-VAC QL= 1 inj/28 days |
| FLUCELVAX QUAD INJ (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>) | \$0 | QL-VAC QL= 1 inj/28 days |

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| FLULAVAL QUAD INJ, FLUZONE QUAD INJ <i>(influenza virus vaccine split quadrivalent)</i> | \$0 | QL-VAC QL= 1 inj/28 days |
| FLUMIST QUADRIVALENT NASAL SUSP <i>(influenza virus vaccine live quadrivalent)</i> | \$0 | QL-VAC QL= 1 inj/28 days |
| FLUZONE HD PF INJ <i>(influenza virus vac split high-dose quad preservative free)</i> | \$0 | QL-VAC QL= 1 inj/28 days |
| FLUZONE HIGH DOSE PF INJ <i>(influenza virus vaccine split high-dose preservative free)</i> | \$0 | QL-VAC QL= 1 inj/28 days |
| FLUZONE/FLUARIX QUAD INJ <i>(influenza virus vaccine split quadrivalent)</i> | \$0 | QL-VAC QL= 1 inj/28 days |
| HEPLISAV-B INJ <i>(hepatitis b vaccine recombinant adjuvanted)</i> | \$0 | VAC Covered for members age 19 years or older |
| IMOVAX INJ 2.5UNIT/ML <i>(rabies virus vaccine, hdc)</i> | \$0 | VAC Covered for members age 19 years or older |
| IPOL INJ <i>(poliovirus vaccine, ipv)</i> | EXC | VAC |
| IXCHIQ INJ <i>(chikungunya virus vaccine live)</i> | EXC | VAC |
| PREHEVBRIO SUSP 10MCG/ML <i>(hepatitis b vaccine 3-antigen recombinant)</i> | \$0 | VAC |
| RABAVERT INJ <i>(rabies vaccine, pcec)</i> | \$0 | VAC |
| ROTARIX SUSP <i>(rotavirus vaccine, live oral)</i> | EXC | VAC |
| ROTATEQ INJ <i>(rotavirus vaccine, live oral pentavalent)</i> | EXC | VAC |

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

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

Last Updated 5/1/2024

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|---|
| SHINGRIX INJ 50MCG/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>) | \$0 | VAC Covered for members age 19 years or older |
| SPIKEVAX INJ 100MCG/0.5ML, 50MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/24 days |
| SPIKEVAX INJ 50MCG/0.5ML 50MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/24 days |
| VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>) | \$0 | VAC Covered for members age 19 years or older |
| VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections | | |
| VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections | | |
| CLINDESSE VAGINAL CREAM 2% (<i>clindamycin phosphate (one dose)</i>) | 2 | QL QL= 1 applicator/fill |
| XACIATO GEL 2% (<i>clindamycin phosphate vaginal</i>) | 2 | QL QL= 1 applicator/fill |
| VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy | | |
| PHEXXI GEL .4%-1%-1.8% (<i>lactic acid-citric acid-potassium bitartrate</i>) | \$0 | QL QL= 1 box/fill |
| VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones | | |
| MISCELLANEOUS VAGINAL PRODUCTS - Drugs to treat miscellaneous vaginal disorders | | |
| FEM PH GEL .025%-0.9% (<i>acetic acid-oxyquinoline vaginal</i>) | 3 | - |

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| SPERMICIDES - Drugs to prevent pregnancy | | |
| CONCEPTROL GEL 4% (<i>nonoxynol-9</i>) | \$0 | OTC |
| CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>) | \$0 | OTC |
| CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>) | \$0 | OTC |
| CONTRACEPTIVE GEL 2%, 3%, 4% (<i>nonoxynol-9</i>) | \$0 | OTC |
| CONTRACEPTIVE SUPP 100MG (<i>nonoxynol-9</i>) | \$0 | OTC |
| TODAY SPONGE 1000MG (<i>nonoxynol-9</i>) | \$0 | OTC |
| VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections | | |
| CLEOCIN VAGINAL CREAM 2% (<i>clindamycin phosphate vaginal</i>) | 3 | - |
| CLEOCIN VAGINAL SUPP 100MG (<i>clindamycin phosphate vaginal</i>) | 3 | QL QL= 3 suppositories/fill |
| <i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv) | 1 | QL QL=1 tube/fill |
| METROGEL VAGINAL GEL (<i>metronidazole vaginal</i>) | 3 | - |
| <i>metronidazole vaginal gel .75%</i> (METROGEL Equiv) | 1 | - |
| MICONAZOLE 3 SUPP 200MG 200MG (<i>miconazole nitrate vaginal</i>) | 3 | - |
| TERAZOL CREAM (<i>terconazole vaginal</i>) | 3 | - |
| <i>terconazole cream .4%, .8%</i> (TERAZOL Equiv) | 1 | - |
| TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>) | 1 | - |
| <i>terconazole supp 80MG</i> (TERAZOL Equiv) | 1 | - |
| VAGINAL ESTROGENS - Drugs to treat low hormones | | |

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

Last Updated 5/1/2024

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| ESTRACE VAGINAL CREAM .1MG/GM (<i>estradiol vaginal</i>) | 3 | - |
| <i>estradiol cream .1MG/GM</i> (ESTRACE Equiv) | 1 | - |
| <i>estradiol vaginal tab, yuvafem vaginal tab 10MCG</i> (VAGIFEM Equiv) | 1 | QL QL= 8 tabs/28 days (18 tabs on first fill) |
| ESTRING 2MG, 7.5MCG/24HR (<i>estradiol vaginal</i>) | 2 | - |
| FEMRING .05MG/24HR, .1MG/24HR (<i>estradiol acetate vaginal</i>) | 3 | 3 copays per Rx |
| PREMARIN VAGINAL CREAM .625MG/GM (<i>estrogens, conjugated vaginal</i>) | 2 | - |
| VAGIFEM TAB 10MCG (<i>estradiol vaginal</i>) | 3 | QL QL= 8 tabs/28 days (18 tabs on first fill) |
| VAGINAL PROGESTINS - Drugs to treat low hormones | | |
| CRINONE GEL 4%, 8% (<i>progesterone (vaginal)</i>) | 2 | PA |
| ENDOMETRIN INSERT 100MG (<i>progesterone (vaginal)</i>) | 2 | PA |
| PROGESTERONE SUPP 100MG, 200MG (<i>progesterone (vaginal)</i>) | 3 | PA |
| VASOPRESSORS - Drugs to treat heart and circulation conditions | | |
| ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions | | |
| <i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv) | 1 | QL QL= 2 inj/fill |

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| VIRAL VACCINES - Drugs to prevent infection | | |
| <i>midodrine tab</i> (PROAMATINE Equiv) | 1 | - |
| VITAMINS - Drugs to treat vitamin deficiency | | |
| MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency | | |
| PRENATAL VITAMINS (NON-PREFERRED) <i>(prenatal without a vit w/ fe fum-iron polysacch complex -fa)</i> | 3 | - |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) <i>(prenatal vit w/ ferrous fumarate-folic acid)</i> | 1 | - |
| OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency | | |
| DRISDOL CAP 50000UNIT <i>(ergocalciferol)</i> | 3 | - |
| MEPHYTON TAB 5MG <i>(phytonadione)</i> | 3 | - |
| <i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv) | 1 | - |
| <i>vitamin D cap 1.25MG, 50000UNIT</i> | 1 | Rx covered Only |
| <i>vitamin D cap 1000unit 1000UNIT, 25MCG</i> | \$0 | OTC |
| <i>vitamin D cap 400unit 10MCG, 400UNIT</i> | \$0 | OTC |
| VITAMIN D TAB 400UNIT 400UNIT <i>(ergocalciferol)</i> | \$0 | OTC Covered for members 65 years or older |
| WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency | | |
| <i>niacin cap 250MG, 500MG</i> | 1 | OTC |
| <i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv) | 1 | OTC |
| <i>niacin tab 100MG, 250MG, 500MG, 50MG</i> | 1 | OTC |

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|---|--|---|
| NIACIN TR TAB 1000MG (<i>niacin</i>) | 1 | OTC |
| <i>niacinamide tab 100MG, 500MG</i> | 1 | OTC |
| POTABA CAP 500MG (<i>potassium aminobenzoate</i>) | 3 | - |
| POTABA POWDER PACKET (<i>potassium aminobenzoate</i>) | 2 | - |
| SLO-NIACIN TAB 250MG, 500MG, 750MG (<i>niacin</i>) | 3 | OTC |

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ALPHABETICAL LISTING OF DRUGS

| A | | | | | |
|------------------------------------|-----|--------------------------------------|-----|---|-----|
| abacavir soln | 102 | ACCU-CHEK TEST STRIP | 148 | ACUVAIL OPHTH SOLN | 208 |
| abacavir tab | 102 | ACCUPRIL TAB | 66 | acyclovir cap | 109 |
| abacavir/lamivudine tab | 102 | ACCURETIC TAB | 69 | acyclovir oint | 140 |
| abacavir/lamivudine/zidovudine tab | 102 | acebutolol cap | 112 | acyclovir susp | 109 |
| ABILIFY TAB | 102 | acetaminophen/codeine soln | 16 | acyclovir tab | 110 |
| abiraterone tab 250mg | 82 | acetaminophen/codeine tab | 16 | ADACEL/BOOSTRIX INJ | 226 |
| ABSTRAL SL TAB | 12 | acetaminophen/codeine tab | 16 | ADALAT CC TAB | 114 |
| acamprosate calcium DR tab | 216 | acetazolamide ER cap | 151 | ADALIMUMAB-ADAZ INJ | 6 |
| acarbose tab | 48 | acetazolamide tab | 151 | ADALIMUMAB-ADAZ PFS INJ | 6 |
| ACCOLATE TAB | 26 | acetic acid otic soln | 211 | ADALIMUMAB-FKJP | 7 |
| ACCU-CHEK AVIVA PLUS METER | 181 | acetic acid/hydrocortisone otic soln | 212 | AUTO-INJECTOR KIT | |
| ACCU-CHEK AVIVA PLUS TEST STRIP | 148 | acetylcysteine soln | 132 | ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML | 7 |
| ACCU-CHEK GUIDE CARE METER | 181 | ACIPHEX TAB | 229 | ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML | 7 |
| ACCU-CHEK GUIDE METER KIT | 181 | acitretin cap | 138 | adapalene cream | 133 |
| ACCU-CHEK GUIDE TEST STRIP | 148 | ACTEMRA ACTPEN INJ | 8 | adapalene gel | 133 |
| ACCU-CHEK NANO METER | 181 | ACTEMRA SC INJ | 8 | adapalene/benzoyl peroxide gel 0.1-2.5% | 133 |
| ACCU-CHEK SMARTVIEW TEST STRIP | 148 | ACTHAR GEL INJ | 155 | adapalene/benzoyl peroxide gel 0.3-2.5% | 133 |
| | | ACTHIB INJ, HIBERIX INJ | 231 | ADBRY INJ | 144 |
| | | ACTIGALL CAP | 163 | adefovir dipivoxil tab | 108 |
| | | ACTIMMUNE INJ | 94 | ADEMPAS TAB | 121 |
| | | ACTIQ LOZENGE | 12 | ADIPEX-P CAP | 1 |
| | | ACTIVELLA TAB | 160 | ADIPEX-P TAB | 2 |
| | | ACTONEL TAB | 153 | | |
| | | ACTOS TAB | 54 | | |
| | | ACULAR (LS) OPHTH SOLN | 208 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|-------------------------|-----|---------------------------|-----|
| ADVAIR HFA INHALER | 29 | ALDACTONE TAB | 152 | ALPHAGAN P OPHTH | 201 |
| AEROCHAMBER | 184 | ALDARA CREAM | 145 | SOLN 0.15% | |
| AEROCHAMBER | 184 | ALECENSA CAP | 85 | alprazolam tab | 23 |
| SUPPLIES | | alendronate sodium oral | 153 | ALREX OPHTH SUSP | 205 |
| AFLURIA INJ | 232 | soln | | 0.2% | |
| AFLURIA INJ, FLUZONE | 232 | alendronate tab | 153 | ALTACE CAP | 66 |
| INJ | | ALENDRONATE TAB | 153 | ALUNBRIG TAB 30MG | 85 |
| AGRYLIN CAP | 171 | 40MG | | ALUNBRIG TAB 90MG, | 85 |
| AIMOVIG INJ | 185 | alfuzosin SR tab | 168 | 180MG | |
| AJOVY INJ | 185 | ALINIA SUSP | 74 | ALVESCO INHALER | 27 |
| AKYNZEO CAP | 59 | ALINIA TAB | 74 | amantadine cap | 96 |
| albendazole tab | 21 | aliskiren tab | 72 | amantadine syrup | 96 |
| ALBENZA TAB | 21 | ALKERAN TAB | 79 | amantadine tab | 96 |
| albuterol HFA inhaler | 29 | ALKINDI SPRINKLE CAI | 127 | AMARYL TAB | 55 |
| albuterol neb soln | 29 | 0.5MG | | AMBIEN CR TAB | 176 |
| ALBUTEROL | 29 | ALKINDI SPRINKLE CAI | 127 | AMBIEN TAB | 176 |
| NEBULIZER SOLN | | 1MG | | ambrisentan tab | 119 |
| albuterol sulfate syrup | 29 | ALLEGRA ODT | 61 | amethyst tab | 123 |
| albuterol sulfate tab | 29 | allopurinol tab | 169 | AMICAR SOLN | 175 |
| albuterol/ipratropium neb | 29 | ALOCRILOPHTH SOLN | 208 | AMICAR TAB | 175 |
| soln | | ALOGLIPTIN TAB | 51 | amikacin inj | 5 |
| ALCAINE OPHTH SOLN | 205 | ALOGLIPTIN-METFORM | 48 | amiloride tab | 152 |
| alclometasone cream | 140 | IN TAB | | AMILORIDE/HCTZ TAB | 151 |
| alclometasone oint | 140 | ALOGLIPTIN-PIOGLITAZ | 48 | amiloride/hydrochlorothia | 151 |
| ALCOHOL SWABS | 184 | ONE TAB | | zide tab | |
| ALDACTAZIDE TAB | 151 | ALOMIDE OPHTH SOLN | 208 | aminocaproic acid soln | 175 |
| ALDACTAZIDE TAB | 151 | ALORA PATCH | 160 | aminocaproic acid tab | 175 |
| 50-50MG | | alosetron tab | 165 | amiodarone tab | 25 |

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| | | | | | |
|-----------------------------|-----|--------------------------|-----|---------------------------|-----|
| amitriptyline tab | 47 | ampicillin/sulbactam inj | 214 | APTIVUS SOLN | 102 |
| amlodipine tab | 114 | ANAFRANIL CAP | 47 | aranelle tab | 123 |
| amlodipine/atorvastatin tab | 117 | anagrelide cap | 171 | arformoterol tartrate neb | 29 |
| amlodipine/benazepril cap | 69 | ANASPAZ ODT | 227 | soln | |
| amlodipine/olmesartan tab | 69 | anastrozole tab | 82 | ARICEPT TAB | 217 |
| amlodipine/valsartan tab | 69 | ANCOBON CAP | 59 | ARICEPT TAB 23MG | 217 |
| ammonium lactate cream | 144 | ANDRODERM PATCH | 18 | ARIMIDEX TAB | 82 |
| ammonium lactate lotion | 144 | ANDROGEL 1% 25MG | 18 | aripiprazole soln | 102 |
| amnesteem cap, claravis | 133 | ANDROGEL 1% 50MG, | 19 | aripiprazole tab | 102 |
| cap, isotretinoin cap, | | TESTIM GEL 1% | | ARIXTRA INJ | 33 |
| myorisan cap, zenatane cap | | ANDROGEL 1.62% | 19 | armodafinil tab | 3 |
| amoxapine tab | 47 | 1.25GM | | ARMOUR THYROID | 225 |
| amoxicillin cap | 213 | ANDROGEL 1.62% | 19 | TAB, NATURE THROID | |
| AMOXICILLIN CHEW | 213 | 2.5GM | | TAB | |
| TAB | | ANDROGEL PUMP 1% | 19 | ARNUITY ELLIPTA | 27 |
| amoxicillin susp | 213 | ANDROGEL PUMP | 19 | INHALER | |
| amoxicillin tab | 213 | 1.62% | | AROMASIN TAB | 82 |
| AMOXICILLIN/CLAVUL | 214 | ANNOVERA RING | 126 | ARTHROTEC TAB | 9 |
| ANATE ER TAB | | ANORO ELLIPTA | 29 | asenapine maleate SL tab | 100 |
| amoxicillin/clavulanate | 214 | INHALER | | ASMANEX HFA | 27 |
| susp | | ANTABUSE TAB | 216 | INHALER | |
| amoxicillin/clavulanate tab | 214 | ANUSOL-HC CREAM | 21 | ASMANEX INHALER | 28 |
| 500-125mg, 875-125mg | | ANZEMET TAB | 57 | aspirin chew tab 81mg | 12 |
| amphetamine/dextroamphe | 1 | APAP/CODEINE SOLN | 16 | aspirin ec tab 81mg | 12 |
| tamine ER cap | | APRACLONIDINE | 201 | ASTAMED MYO CAP | 149 |
| amphetamine/dextroamphe | 1 | OPHTH SOLN | | atazanavir cap | 103 |
| tamine tab | | aprepitant pak | 59 | ATELVIA TAB | 154 |
| ampicillin cap | 213 | APTIVUS CAP | 102 | atenolol tab | 113 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|--|-----|------------------------------------|-----|
| atenolol/chlorthalidone tab | 69 | AYVAKIT TAB | 85 | baclofen tab | 195 |
| atomoxetine cap | 3 | AZASITE SOLN | 202 | BACTRIM DS TAB | 73 |
| ATORVALIQ SUSP | 64 | azathioprine tab | 111 | BALCOLTRA TAB | 123 |
| atorvastatin tab | 64 | azelaic acid gel | 147 | balsalazide cap | 164 |
| atovaquone susp | 74 | azelastine nasal spray 0.1% | 197 | BALVERSA TAB 3MG | 86 |
| atovaquone/proguanil tab | 77 | azelastine ophth soln | 208 | BALVERSA TAB 4MG | 86 |
| ATRALIN GEL, RETIN-A GEL | 133 | AZILECT TAB | 97 | BALVERSA TAB 5MG | 86 |
| atropine ophth oint | 200 | azithromycin susp | 179 | BANZEL SUSP | 35 |
| atropine ophth soln | 200 | azithromycin tab | 179 | BAQSIMI NASAL POWDER | 50 |
| ATROPINE SUL SOLN 1% OPHTH | 200 | AZOPT OPHTH SUSP | 208 | BARACLUDGE SOLN | 108 |
| ATROPINE SULFATE OPHTH OINT | 200 | AZOR TAB | 69 | B-D AUTOSHIELD DUO PEN NEEDLE | 184 |
| ATROVENT HFA INHALER | 26 | AZULFIDINE EN TAB | 164 | B-D INSULIN SYRINGE U-500 | 184 |
| AUGMENTIN ES-600 SUSP | 215 | AZULFIDINE TAB | 164 | BECONASE AQ NASAL SPRAY | 197 |
| AUGMENTIN SUSP | 215 | B | | benazepril tab | 66 |
| AUGMENTIN TAB | 215 | BACITRACIN OPHTH OINT | 202 | benazepril/hydrochlorothiazide tab | 69 |
| AURYXIA TAB | 166 | bacitracin/neomycin/polymyxin b ophth oint | 202 | BENICAR HCT TAB | 70 |
| AVALIDE TAB | 69 | bacitracin/polymyxin b ophth oint | 202 | BENLYSTA | 190 |
| AVAPRO TAB | 67 | bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint | 205 | AUTO-INJECTOR | |
| AVELOX TAB | 161 | BACLOFEN ORAL SOLN 10 MG/5ML | 194 | BENLYSTA INJ | 190 |
| aviane tab | 123 | BACLOFEN ORAL SOLN 5 MG/5ML | 194 | BENTYL CAP | 227 |
| AVODART CAP | 168 | BACLOFEN SUSP | 195 | BENTYL SYRUP | 227 |
| AVONEX INJ | 219 | | | BENZACLIN GEL | 133 |
| AYGESTIN TAB | 215 | | | BENZAMYCIN GEL | 133 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------------------|-----|--|-----|--|-----|
| BENZNIDAZOLE TAB | 21 | BETAPACE TAB | 113 | BRILINTA TAB | 171 |
| benzonatate cap 100mg, 200mg | 130 | bethanechol tab | 231 | brimonidine ophth soln 0.15% | 201 |
| benztropine tab | 95 | bexarotene cap | 95 | brimonidine ophth soln 0.2% | 201 |
| bepotastine ophth soln | 208 | bexarotene gel | 137 | brimonidine tartrate gel | 147 |
| BEPREVE OPHTH SOLN | 208 | BEXSERO INJ | 231 | brimonidine tartrate ophth soln 0.1% | 201 |
| BETAGAN OPHTH SOLN | 199 | bicalutamide tab | 82 | brimonidine/timolol ophth soln | 199 |
| betamethasone augmented cream | 140 | BIKTARVY TAB | 103 | brinzolamide ophth susp | 208 |
| BETAMETHASONE AUGMENTED GEL | 140 | BILTRICIDE TAB | 21 | bromfenac ophth soln | 208 |
| betamethasone augmented lotion | 140 | bimatoprost ophth soln | 145 | BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) | 208 |
| betamethasone augmented oint | 141 | bisoprolol tab | 113 | bromfenac sodium ophth soln 0.07% | 208 |
| betamethasone dipropionate cream | 141 | bisoprolol/hydrochlorothia zide tab | 70 | bromocriptine cap | 96 |
| betamethasone dipropionate lotion | 141 | BLEPH-10 OPHTH SOLN | 202 | bromocriptine tab | 96 |
| betamethasone dipropionate oint | 141 | BLEPHAMIDE S.O.P. OPHTH OINT | 205 | BROVANA NEB SOLN | 30 |
| betamethasone valerate cream | 141 | BONIVA TAB 150MG | 154 | BROVEX PEB LIQUID | 130 |
| betamethasone valerate lotion | 141 | bosentan tab | 119 | BRUKINSA CAP | 86 |
| betamethasone valerate oint | 141 | BOSULIF CAP | 86 | budesonide ER tab | 127 |
| BETAPACE AF TAB | 113 | BOSULIF TAB | 86 | budesonide inh susp | 28 |
| | | BRAFTOVI CAP 75MG | 86 | budesonide rectal foam | 21 |
| | | BREO ELLIPTA INHALER | 29 | budesonide SR cap | 127 |
| | | BREO ELLIPTA INHALER 50-25 | 30 | budesonide/formoterol inhaler | 30 |
| | | MCG/ACT | | | |
| | | BREZTRI AEROSPHERE INHALER | 30 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|------------------------|-----|---------------------------|-----|
| bumetanide tab | 152 | cabergoline tab | 159 | carbamazepine susp | 35 |
| buprenorphine patch | 18 | CABLIVI INJ KIT | 171 | carbamazepine tab | 35 |
| buprenorphine SL tab | 18 | CABOMETYX TAB | 86 | CARBATROL CAP | 36 |
| buprenorphine/naloxone sl | 18 | CADUET TAB | 117 | carbidopa tab | 95 |
| film | | CALAN SR TAB | 114 | carbidopa/levodopa ER tab | 96 |
| buprenorphine/naloxone | 18 | calcipotriene cream | 138 | CARBIDOPA/LEVODOPA | 96 |
| SL tab | | calcipotriene oint | 139 | ODT | |
| bupropion ER tab | 43 | calcipotriene soln | 139 | carbidopa/levodopa tab | 96 |
| bupropion SR tab | 221 | calcitonin nasal spray | 154 | carbidopa-levodopa-entaca | 98 |
| bupropion tab | 43 | calcitriol cap | 156 | pone tab | |
| bupropion XL tab | 43 | CALCITRIOL OINT | 139 | CARBINOXAMINE SOLN | 61 |
| buspiron tab | 23 | calcitriol soln | 156 | carbinoxamine tab | 61 |
| busulfan inj | 79 | calcium acetate cap | 166 | CARDIZEM CD CAP | 115 |
| BUSULFEX INJ | 79 | CALIBRATION LIQUID | 181 | CARDIZEM TAB | 115 |
| butorphanol nasal spray | 18 | CALQUENCE CAP | 86 | CARDURA TAB | 68 |
| BUTRANS PATCH | 18 | CALQUENCE TAB | 86 | CARETOUCH MIS | 184 |
| BYDUREON BCISE | 52 | CAMZYOS CAP | 117 | carglumic acid tab | 156 |
| AUTO INJ | | capecitabine tab | 80 | carisoprodol tab | 195 |
| BYDUREON INJ | 52 | CAPRELSA 300MG TAB | 87 | CARISPIR SUSP | 152 |
| BYDUREON PEN INJ | 52 | CAPRELSA TAB | 87 | CARNITOR SOLN | 157 |
| BYETTA INJ | 52 | captopril tab | 66 | CARNITOR TAB | 157 |
| BYLVAY CAP 1200MCG | 163 | CAPTOPRIL/HYDROCHL | 70 | carvedilol tab | 112 |
| BYLVAY CAP 400MCG | 164 | OROTHIAZIDE TAB | | CASODEX TAB | 82 |
| BYLVAY SPRINKLE CAP | 164 | CARAFATE SUSP | 229 | CATAPRES-TTS PATCH | 68 |
| 200MCG | | CARAFATE TAB | 228 | CAVERJECT INJ | 117 |
| BYLVAY SPRINKLE CAP | 164 | carbamazepine chew tab | 35 | CAYSTON INH SOLN | 75 |
| 600MCG | | carbamazepine ER cap | 35 | CEFACLOR CAP | 122 |
| | | carbamazepine ER tab | 35 | CEFACLOR ER TAB | 122 |

C

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|-------------------------|-----|---------------------------|-----|
| CEFACLOR SUSP | 122 | chlordiazepoxide cap | 23 | cimetidine tab | 228 |
| cefazolin inj | 121 | CHLORDIAZEPOXIDE/A | 218 | CIMZIA INJ | 164 |
| CEFAZOLIN INJ | 121 | MITRIPTYLINE TAB | | CIMZIA STARTER INJ | 164 |
| cefdinir cap | 122 | chlorhexidine gluconate | 191 | KIT | |
| cefdinir susp | 122 | soln | | cinacalcet tab | 157 |
| CEFDITOREN TAB | 122 | chloroquine tab | 77 | CINRYZE INJ | 170 |
| cefixime cap | 122 | CHLOROTHIAZIDE TAB | 153 | CIPRO HC OTIC SUSP | 211 |
| cefixime susp | 122 | chlorpromazine tab | 101 | CIPRO SUSP | 161 |
| CEFOTAXIME INJ | 122 | chlorthalidone tab | 153 | CIPRO TAB | 161 |
| cefoxitin inj | 122 | chlorzoxazone tab 500mg | 195 | CIPRODEX OTIC SUSP | 211 |
| cefpodoxime proxetil susp | 122 | CHOLBAM CAP | 162 | CIPROFLOXACIN | 161 |
| cefpodoxime proxetil tab | 123 | cholestyramine lite | 62 | 100MG TAB | |
| ceftriaxone inj | 123 | powder | | ciprofloxacin ophth soln | 202 |
| cefuroxime tab | 122 | cholestyramine lite | 63 | CIPROFLOXACIN OTIC | 211 |
| CELEBREX CAP | 9 | powder pack | | SOLN | |
| celecoxib cap | 9 | cholestyramine powder | 63 | ciprofloxacin susp | 161 |
| CELEXA TAB | 44 | cholestyramine powder | 63 | ciprofloxacin tab | 162 |
| CELONTIN CAP | 42 | pack | | ciprofloxacin/dexamethaso | 211 |
| CENTANY OINT | 135 | CIBINQO TAB | 144 | ne otic susp | |
| cephalexin cap | 121 | ciclopirox cream | 136 | citalopram soln | 44 |
| cephalexin susp | 121 | ciclopirox gel | 136 | citalopram tab | 44 |
| CERDELGA CAP | 172 | ciclopirox nail soln | 136 | CITRULLINE PACKET | 199 |
| CEREZYME INJ | 172 | ciclopirox shampoo | 136 | CLARINEX SYRUP | 61 |
| CERVICAL CAP | 180 | ciclopirox topical susp | 136 | CLARINEX TAB | 61 |
| CESAMET CAP | 59 | cilostazol tab | 171 | CLARINEX-D TAB | 130 |
| cesia tab | 123 | CILOXAN OPHTH OINT | 202 | clarithromycin ER tab | 179 |
| cevimeline cap | 192 | CILOXAN OPHTH SOLN | 202 | CLARITHROMYCIN | 179 |
| CHEMET CAP | 56 | CIMDUO TAB | 103 | SUSP | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|----------------------------|-----|---------------------------|-----|
| clarithromycin tab | 180 | clobetasol propionate | 141 | codeine sulfate tablet | 13 |
| CLARITIN CHEW TAB | 61 | cream | | 15mg, 30mg | |
| CLEOCIN CAP | 75 | clobetasol propionate | 141 | COLAZAL CAP | 164 |
| CLEOCIN SOLN | 75 | emollient cream | | colchicine tab | 169 |
| CLEOCIN VAGINAL | 237 | clobetasol propionate gel | 141 | colchicine/probenecid tab | 169 |
| CREAM | | clobetasol propionate oint | 141 | colesevelam pack | 63 |
| CLEOCIN VAGINAL | 237 | clobetasol propionate soln | 141 | colesevelam tab | 63 |
| SUPP | | clobetasol shampoo | 141 | COLESTID GRANULE | 63 |
| CLEOCIN-T LOTION | 133 | clobetasol spray | 141 | COLESTID POWDER | 63 |
| CLEOCIN-T PAD | 133 | CLOBEX LOTION | 141 | PACK | |
| CLEOCIN-T SOLN | 133 | CLOBEX SHAMPOO | 141 | COLESTID TAB | 63 |
| CLIMARA PATCH | 160 | CLOBEX SPRAY | 141 | colestipol granule | 63 |
| clindamycin cap | 75 | clomipramine cap | 47 | colestipol powder packet | 63 |
| clindamycin gel | 133 | clonazepam ODT | 34 | colestipol tab | 63 |
| clindamycin lotion | 134 | clonazepam tab | 34 | COLY-MYCIN S OTIC | 211 |
| clindamycin pad | 134 | clonidine ER tab | 3 | SUSP | |
| clindamycin soln | 75 | clonidine patch | 68 | COMBIVENT RESPIMAT | 30 |
| clindamycin topical soln | 134 | clonidine tab | 68 | INHALER | |
| clindamycin vaginal cream | 237 | clopidogrel tab 75mg | 171 | COMETRIQ KIT | 87 |
| clindamycin/benzoyl | 134 | clotrimazole troches | 191 | COMIRNATY INJ | 232 |
| peroxide gel | | clotrimazole/betamethason | 136 | COMIRNATY INJ | 233 |
| CLINDESSE VAGINAL | 236 | e cream | | 30MCG/0.3ML | |
| CREAM | | clozapine tab | 100 | COMPLERA TAB | 103 |
| clobazam susp | 34 | CLOZARIL TAB | 100 | COMTAN TAB | 95 |
| clobazam tab | 34 | CODEINE SULFATE TAB | 13 | CONCEPT DHA CAP | 193 |
| clobetasol foam | 141 | 15MG | | CONCEPTROL GEL | 237 |
| clobetasol lotion | 141 | CODEINE SULFATE TAB | 13 | CONTRACEPTIVE FILM | 237 |
| | | 60MG | | CONTRACEPTIVE FOAM | 237 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------|-----|-----------------------|-----|---------------------------|-----|
| CONTRACEPTIVE GEL | 237 | COVID-19 VACCINE | 233 | CUE COVID-19 TEST | 149 |
| CONTRACEPTIVE SUPP | 237 | BIVALENT BOOSTER INJ. | | CARTRIDGE | |
| CONTRACEPTIVE SUPP | 237 | 6M-5Y (MODERNA) | | CUE HEALTH MONITOR | 149 |
| CONTRACEPTIVE SUPP | 237 | COVID-19 VACCINE INJ | 233 | CUVPOSA SOLN | 229 |
| CONTRACEPTIVE SUPP | 237 | (JANSSEN) | | cyanocobalamin inj | 172 |
| CONTRACEPTIVE SUPP | 237 | COVID-19 VACCINE INJ | 233 | cyanocobalamin nasal | 172 |
| CONTRACEPTIVE SUPP | 237 | (NOVAVAX) | | spray 500 mcg/0.1ml | |
| CONTRACEPTIVE SUPP | 237 | COVID-19 VACCINE INJ | 234 | cyclobenzaprine tab 10mg | 195 |
| CONTRACEPTIVE SUPP | 237 | 5-11Y (PFIZER) | | cyclobenzaprine tab 5mg | 195 |
| CONTRACEPTIVE SUPP | 237 | COVID-19 VACCINE INJ | 234 | CYCLOGYL OPHTH | 200 |
| CONTRACEPTIVE SUPP | 237 | 6M-11Y (MODERNA) | | SOLN | |
| CONTRACEPTIVE SUPP | 237 | COVID-19 VACCINE INJ | 234 | CYCLOMYDRIL OPHTH | 200 |
| CONTRACEPTIVE SUPP | 237 | 6M-4Y (PFIZER) | | SOLN | |
| CONTRACEPTIVE SUPP | 237 | COZAAR TAB | 67 | cyclopentolate ophth soln | 200 |
| CONTRACEPTIVE SUPP | 237 | CREATINE PACKET | 199 | CYCLOPHOSPHAMIDE | 79 |
| CONTRACEPTIVE SUPP | 237 | 5000MG | | CAP | |
| CONTRACEPTIVE SUPP | 237 | CREON CAP | 150 | CYCLOPHOSPHAMIDE | 79 |
| CONTRACEPTIVE SUPP | 237 | CRESTOR TAB | 64 | TAB | |
| CONTRACEPTIVE SUPP | 237 | CRINONE GEL | 238 | CYCLOSET TAB | 51 |
| CONTRACEPTIVE SUPP | 237 | CRIXIVAN CAP | 103 | cyclosporine cap | 111 |
| CONTRACEPTIVE SUPP | 237 | cromolyn conc | 163 | cyclosporine modified cap | 111 |
| CONTRACEPTIVE SUPP | 237 | cromolyn neb soln | 26 | cyclosporine modified | 111 |
| CONTRACEPTIVE SUPP | 237 | cromolyn ophth soln | 209 | soln | |
| CONTRACEPTIVE SUPP | 237 | CROMOLYN SODIUM | 209 | cyclosporine ophth | 204 |
| CONTRACEPTIVE SUPP | 237 | OPHTH SOLN | | emulsion | |
| CONTRACEPTIVE SUPP | 237 | CROTAN LOTION | 147 | cyproheptadine syrup | 62 |
| CONTRACEPTIVE SUPP | 237 | cryselle tab | 123 | cyproheptadine tab | 62 |
| CONTRACEPTIVE SUPP | 237 | | | CYSTADROPS SOLN | 209 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------------|-----|--|-----|------------------------------------|-----|
| CYSTAGON CAP | 168 | DELESTROGEN INJ | 160 | desmopressin acetate nasal | 158 |
| CYSTARAN OPHTH SOLN | 209 | DELSTRIGO TAB | 103 | spray | |
| CYTOMEL TAB | 225 | demeclocycline tab | 224 | desmopressin acetate tab | 158 |
| CYTOTEC TAB | 229 | DENAVIR CREAM | 140 | desoximetasone cream | 142 |
| CYTRA K CRYSTALS | 167 | DENG VAXIA SUSP | 234 | desoximetasone oint | 142 |
| CYTRA-3 SYRUP | 167 | DEPAKENE CAP | 42 | desvenlafaxine ER tab | 46 |
| <hr/> | | | | | |
| D | | DEPAKENE SYRUP | 42 | DETROL LA CAP | 230 |
| dabigatran etexilate mesylate cap | 34 | DEPAKOTE ER TAB | 42 | DETROL TAB | 230 |
| dalfampridine ER tab | 219 | DEPAKOTE SPRINKLE CAP | 42 | DEXAMETHASONE CONC | |
| DALIRESP TAB | 27 | DEPAKOTE TAB | 43 | dexamethasone elixir | 127 |
| danazol cap | 19 | DEPEN TITRATAB | 188 | DEXAMETHASONE OPHTH SOLN | 205 |
| DANTRIUM CAP | 196 | DEPLIN CAP | 149 | DEXAMETHASONE SODIUM PHOSPHATE INJ | 128 |
| dantrolene cap | 196 | DEPO-MEDROL INJ | 127 | DEXAMETHASONE SOLN | 128 |
| dapsone tab | 75 | DEPO-MEDROL INJ, METHYLPREDNISOLON E ACE INJ | 127 | dexamethasone tab | 128 |
| darifenacin SR tab | 230 | DEPO-PROVERA INJ | 126 | DEXCOM G6 RECEIVER | 181 |
| darunavir tab | 103 | DEPO-PROVERA SC INJ 104MG | 126 | DEXCOM G6 SENSOR | 181 |
| DAYBUE SOLN | 198 | DERMA-SMOOTH/FS OIL | 142 | DEXCOM G6 TRANSMITTER | 181 |
| DDAVP NASAL SOLN | 158 | DERMOTIC OIL | 212 | DEXCOM G7 RECEIVER | 181 |
| DDAVP NASAL SPRAY | 158 | DESCOVY TAB | 103 | DEXCOM G7 SENSOR | 181 |
| DDAVP TAB | 158 | desipramine tab | 47 | DEXEDRINE CAP | 1 |
| deferasirox granules packet | 56 | DES Loratadine ODT | 61 | dexmethylphenidate ER cap | 4 |
| deferasirox tab | 57 | desloratadine tab | 61 | | |
| deferasirox tab for oral susp | 57 | | | | |
| deferiprone tab | 57 | | | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|--------------------------|-----|----------------------------|-----|
| dexmethylphenidate tab | 4 | diclofenac sodium ophth | 209 | DILAUDID TAB 2MG | 13 |
| dextroamphetamine ER | 1 | soln | | DILAUDID TAB 4MG | 13 |
| cap | | diclofenac sodium XR tab | 9 | DILAUDID TAB 8MG | 13 |
| dextroamphetamine soln | 1 | diclofenac/misoprostol | 9 | diltiazem ER cap | 115 |
| dextroamphetamine tab | 1 | DR tab | | diltiazem tab | 115 |
| DIACOMIT CAP | 36 | dicloxacillin cap | 215 | dimethyl fumarate DR cap | 219 |
| DIACOMIT POWDER | 36 | dicyclomine cap | 227 | dimethyl fumarate DR | 220 |
| PACK | | dicyclomine soln | 227 | starter pack | |
| DIALYVITE TAB | 192 | dicyclomine tab | 227 | DIOVAN HCT TAB | 70 |
| DIALYVITE/ZINC TAB | 192 | didanosine DR cap | 103 | DIOVAN TAB | 67 |
| DIAPHRAGM | 180 | DIFFERIN CREAM | 134 | DIPENTUM CAP | 164 |
| DIASTAT ACDL GEL | 34 | DIFFERIN GEL | 134 | diphenhydramine cap | 61 |
| DIASTAT RECTAL GEL, | 34 | DIFICID SUSP | 180 | 50mg | |
| DIAZEPAM RECTAL GEL | | DIFICID TAB | 180 | diphenhydramine inj | 61 |
| diazepam conc | 23 | DIFLUCAN SUSP | 60 | DIPHENOXYLATE/ATRO | 56 |
| DIAZEPAM GEL | 34 | DIFLUCAN TAB | 60 | PINE LIQUID | |
| diazepam oral soln | 24 | difluprednate ophth | 205 | diphenoxylate/atropine tab | 56 |
| 5mg/5ml | | emulsion | | DIPROLENE AF CREAM | 142 |
| diazepam rectal gel | 35 | digoxin soln | 116 | DIPROLENE OINT | 142 |
| diazepam tab 2mg, 10mg | 24 | DIGOXIN SOLN | 116 | DIPHTHERIA/TETANUS | 226 |
| diazepam tab 5mg | 24 | 0.05MG/ML | | TOXOID (PEDIATRIC) | |
| diazoxide susp | 50 | digoxin tab | 116 | INJ | |
| DIBENZYLINE CAP | 67 | dihydroergotamine | 185 | dipyridamole tab | 171 |
| diclofenac gel | 138 | mesylate inj | | disopyramide cap | 24 |
| diclofenac gel 1% | 137 | DILANTIN CAP 100MG | 41 | DISULFIRAM TAB | 216 |
| diclofenac potassium tab | 9 | DILANTIN CAP 30MG | 42 | DITROPAN XL TAB | 230 |
| diclofenac sodium EC tab | 9 | DILANTIN INFATABS | 42 | DIURIL SUSP | 153 |
| | | DILANTIN SUSP | 42 | divalproex ER tab | 43 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------------|-----|----------------------------|-----|--|-----|
| divalproex sodium DR tab | 43 | doxycycline monohydrate | 224 | efavirenz tab | 103 |
| divalproex sprinkle cap | 43 | tab | | efavirenz/emtricitabine/tenofovir df tab | 104 |
| dofetilide cap | 25 | doxycycline susp | 224 | ofovir df tab | |
| DOLOPHINE TAB | 13 | D-PENAMINE TAB | 111 | efavirenz/lamivudine/tenofovir df (lo) tab | 104 |
| donepezil ODT | 217 | DRISDOL CAP | 239 | EFFEXOR XR CAP | 46 |
| donepezil tab | 217 | DRITHO-SCALP CREAM | 139 | EFFIENT TAB | 171 |
| donepezil tab 23mg | 217 | dronabinol cap | 59 | EFUDEX CREAM | 138 |
| DOPTELET TAB | 173 | drospirenone/ethinyl | 123 | EGRIFTA INJ | 155 |
| dorzolamide ophth soln | 209 | estradiol/levomefolate tab | | ELDEPYRL CAP | 97 |
| dorzolamide/timolol ophth soln | 199 | DROXIA CAP | 172 | ELESTAT OPHTH SOLN | 209 |
| DOVATO TAB | 103 | DRYSOL SOLN | 146 | ELIDEL CREAM | 145 |
| DOVONEX CREAM | 139 | DUAC GEL | 134 | ELIGEN B12 TAB | 149 |
| doxazosin tab | 68 | DULERA INHALER | 30 | ELIMITE CREAM | 147 |
| doxepin cap | 47 | duloxetine EC cap | 46 | ELIQUIS TAB, ELIQUIS STARTER PACK | 33 |
| doxepin conc | 47 | DUPIXENT INJ | 144 | ELIXOPHYLLIN ELIXIR | 32 |
| DOXEPIN CREAM, | 138 | DUPIXENT INJ | 144 | ELLA TAB | 126 |
| PRUDOXIN CREAM, | | 100MG/0.67ML | | ELMIRON CAP | 168 |
| ZONALON CREAM | | DUPIXENT PEN INJ | 144 | ELOCON CREAM | 142 |
| doxepin hcl cream | 138 | DURAGESIC PATCH | 13 | ELOCON OINT | 142 |
| doxercalciferol cap | 157 | DUREZOL OPHTH | 205 | EMADINE OPHTH SOLN | 209 |
| doxycycline hyclate cap | 224 | EMULSION | | EMCYT CAP | 82 |
| doxycycline hyclate tab | 224 | dutasteride cap | 168 | EMEND CAP | 59 |
| doxycycline monohydrate cap 100mg | 224 | <hr/> | | | |
| doxycycline monohydrate cap 50mg | 224 | E | | EMGALITY INJ | 185 |
| | | econazole cream | 136 | EMGALITY INJ | 185 |
| | | EDECRIN TAB | 152 | 100MG/ML | |
| | | EDEX INJ | 117 | EMPAVELI INJ | 170 |
| | | EDURANT TAB | 103 | | |
| | | EFAVIRENZ CAP | 103 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|-------------------------|-----|-----------------------------|-----|
| EMSAM PATCH | 44 | epinastine ophth soln | 209 | erythromycin tab | 180 |
| emtricitabine cap | 104 | epinephrine pen inj | 238 | erythromycin/benzoyl | 134 |
| emtricitabine/tenofovir | 104 | 0.15mg, 0.3mg | | peroxide gel | |
| disoproxil fumarate tab | | EPIVIR HBV SOLN | 108 | ESBRIET CAP | 223 |
| EMTRIVA SOLN | 104 | eplerenone tab | 72 | ESBRIET TAB 267MG | 223 |
| EMVERM TAB | 21 | EPRONTIA SOLN | 36 | ESBRIET TAB 801MG | 223 |
| ENABLEX TAB | 230 | EQUETRO CAP | 98 | ESCAVITE CHEW TAB | 193 |
| enalapril maleate oral soln | 66 | ERGOLOID MESYLATES | 221 | escitalopram soln | 44 |
| enalapril tab | 66 | TAB | | escitalopram tab | 44 |
| enalapril/hydrochlorothiazi | 70 | ergotamine | 185 | esomeprazole cap | 229 |
| de tab | | tartrate/caffeine tab | | estazolam tab | 176 |
| ENBREL INJ 25MG | 12 | ERGOTAMINE W/ | 185 | ESTRACE TAB | 161 |
| ENBREL INJ 50MG | 12 | CAFFEINE | | ESTRACE VAGINAL | 238 |
| ENBREL MINI INJ | 12 | ERIVEDGE CAP | 82 | CREAM | |
| ENBREL SURECLICK | 12 | ERLEADA TAB | 82 | estradiol cream | 238 |
| INJ 50MG | | ERLEADA TAB 240MG | 83 | estradiol patch | 161 |
| ENDARI POWDER PACK | 172 | erlotinib tab | 81 | estradiol tab | 161 |
| ENDOMETRIN INSERT | 238 | erlotinib tab 25mg | 81 | estradiol vaginal tab, | 238 |
| ENGERIX-B INJ, | 234 | ertapenem inj | 74 | yuvafem vaginal tab | |
| RECOMBIVAX-HB INJ | | ERY PAD | 134 | estradiol valerate inj | 161 |
| enoxaparin inj | 33 | ERYTHROMYCIN EC | 180 | estradiol/norethindrone tab | 160 |
| enpresse tab | 124 | CAP | | ESTRING | 238 |
| ENSPRYNG INJ | 189 | erythromycin | 180 | eszopiclone tab | 176 |
| entacapone tab | 95 | ethylsuccinate susp | | ethacrynic tab | 152 |
| entecavir tab | 108 | erythromycin gel | 134 | ethambutol tab | 78 |
| EPIDIOLEX SOLN | 36 | erythromycin ophth oint | 202 | ethosuximide cap | 42 |
| EPIDUO GEL 0.1-2.5% | 134 | erythromycin pad | 134 | ethosuximide soln | 42 |
| EPIFOAM AEROSOL | 142 | erythromycin soln | 134 | etodolac cap | 9 |

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|-------------------------|-----|---------------------------|-----|--------------------------|-----|
| etodolac ER tab | 9 | FANAPT TITRATION | 99 | ferrex 150 forte cap | 174 |
| etodolac tab | 9 | PACK | | FERREX 28 TAB | 174 |
| ETOPOSIDE CAP | 95 | FARESTON TAB | 83 | FERRIPROX SOLN | 56 |
| etravirine tab | 104 | FARXIGA TAB | 55 | fesoterodine fumarate ER | 230 |
| EULEXIN CAP | 83 | FASENRA PEN INJ | 25 | tab | |
| everolimus tab | 87 | febuxostat tab | 169 | FILSPARI TAB | 168 |
| everolimus tab | 189 | felbamate susp | 40 | FINACEA GEL | 147 |
| (ZORTRESS equiv) | | felbamate tab | 40 | finasteride tab | 145 |
| everolimus tab for oral | 87 | FELBATOL SUSP | 40 | fingolimod hcl cap 0.5mg | 220 |
| susp | | FELBATOL TAB | 40 | FINTEPLA SOLN | 36 |
| EVISTA TAB | 156 | FELDENE CAP | 9 | FIRDAPSE TAB | 77 |
| EVOTAZ TAB | 104 | felodipine ER tab | 115 | FIRST | 73 |
| EVOXAC CAP | 192 | FEM PH GEL | 236 | METRONIDAZOLE SUSP | |
| EVRYSDI SOLN | 198 | FEMALE CONDOMS | 181 | FIRST MOUTHWASH | 191 |
| EXELDERM SOLN | 136 | FEMARA TAB | 83 | BLM | |
| EXELON PATCH | 217 | FEMHRT TAB | 160 | FIRVANQ SOLN | 74 |
| exemestane tab | 83 | FEMRING | 238 | FIRVANQ SOLN | 74 |
| EXFORGE TAB | 70 | fenofibrate cap 67mg, | 63 | 50MG/ML | |
| EXTAVIA INJ | 220 | 134mg, 200mg | | FLAGYL TAB | 73 |
| EZALLOR SPRINKLE | 64 | fenofibrate tab 48mg, | 63 | FLAREX OPHTH SUSP | 205 |
| CAP | | 54mg, 145mg, 160mg | | flecainide tab | 25 |
| ezetimibe tab | 65 | fenofibric acid DR cap | 64 | FLEQSUVY SUSP | 195 |
| F | | FENOFIBRIC TAB, | 64 | FLOLIPID SUSP | 64 |
| FALESSA TAB | 149 | FIBRICOR TAB | | FLOMAX CAP | 168 |
| famciclovir tab | 110 | fentanyl citrate lollipop | 13 | FLORIVA PLUS DROPS | 193 |
| famotidine susp | 228 | fentanyl patch | 13 | FLUAD INJ | 234 |
| famotidine tab | 228 | FENTORA TAB, | 14 | FLUAD QUAD INJ | 234 |
| FANAPT TAB | 99 | FENTANYL BUCCAL TAI | | FLUBLOK QUAD PF INJ | 234 |

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|----------------------------|-----|-------------------------|-----|-----------------------------|-----|
| FLUCELVAX QUAD INJ | 234 | FLUORIDEX | 191 | FLUTICASONE | 28 |
| fluconazole susp | 60 | SENSITIVITY PASTE | | PROPIONATE DISKUS | |
| fluconazole tab | 60 | fluorometholone ophth | 205 | INHALER 250MCG/ACT | |
| flucytosine cap | 59 | soln | | FLUTICASONE | 28 |
| fludrocortisone tab | 130 | fluorouracil cream | 138 | PROPIONATE DISKUS | |
| FLULAVAL QUAD INJ, | 235 | FLUOROURACIL | 138 | INHALER 50MCG/ACT | |
| FLUZONE QUAD INJ | | CREAM 0.5% | | fluticasone propionate oint | 143 |
| FLUMADINE TAB | 110 | fluorouracil soln | 138 | fluticasone/salmeterol | 30 |
| FLUMIST | 235 | fluoxetine cap | 45 | inhaler, wixela inhaler | |
| QUADRIVALENT NASAL | | fluoxetine soln | 45 | FLUTICASONE-SALMET | 31 |
| SUSP | | FLUOXETINE TAB 60MG | 45 | EROL INHALER 113-14 | |
| FLUOCINOLONE ACET | 142 | fluphenazine tab | 101 | MCG/ACT | |
| CREAM | | FLURBIPROFEN OPHTH | 209 | FLUTICASONE-SALMET | 31 |
| fluocinolone acetonide | 142 | SOLN | | EROL INHALER 232-14 | |
| cream | | FLURBIPROFEN TAB | 9 | MCG/ACT | |
| fluocinolone acetonide oil | 142 | FLUTAMIDE CAP | 83 | FLUTICASONE-SALMET | 31 |
| fluocinolone acetonide | 142 | FLUTICASONE DISKUS | 28 | EROL INHALER 55-14 | |
| ointment | | INHALER | | MCG/ACT | |
| fluocinolone acetonide | 142 | FLUTICASONE HFA | 28 | fluvastatin ER tab | 64 |
| soln | | INHALER | | fluvoxamine ER cap | 45 |
| fluocinolone otic oil | 212 | fluticasone nasal spray | 197 | fluvoxamine tab | 45 |
| fluocinonide cream 0.05% | 142 | fluticasone propionate | 143 | FLUZONE HD PF INJ | 235 |
| fluocinonide cream 0.1% | 142 | cream | | FLUZONE HIGH DOSE | 235 |
| fluocinonide emollient | 142 | FLUTICASONE | 28 | PF INJ | |
| cream | | PROPIONATE DISKUS | | FLUZONE/FLUARIX | 235 |
| fluocinonide gel | 142 | INHALER 100MCG/ACT | | QUAD INJ | |
| fluocinonide oint | 142 | | | FML FORTE OPHTH | 205 |
| fluocinonide soln | 143 | | | SUSP | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | | |
|------------------------------------|-----|-----------------------------------|-----|-----------------------------|------------|----|
| FML LIQUIFLIM OPHTH SUSP | 205 | FREESTYLE LIBRE 2 SENSOR | 182 | GAVILYTE-C SOLN | 177 | |
| FML S.O.P. OPHTH OINT | 206 | FREESTYLE LIBRE 3 READER | 182 | GAVRETO CAP | 87 | |
| FOCALIN TAB | 4 | FREESTYLE LIBRE 3 SENSOR | 182 | gefitinib tab | 81 | |
| FOCALIN XR CAP | 4 | FREESTYLE LIBRE RECEIVER | 182 | gemfibrozil tab | 64 | |
| FOLBEE PLUS CZ TAB | 192 | FREESTYLE LIBRE 3 SENSOR (14-DAY) | 182 | GENOTROPIN INJ | 155 | |
| folbee tab | 174 | FULPHILA INJ | 173 | GENTAK OPHTH OINT | 203 | |
| folic acid tab 1mg | 173 | FUROSCIX KIT | 152 | gentamicin ophth soln | 203 | |
| folic acid tab 400mcg | 173 | FUROSEMIDE SOLN | 152 | gentamicin sulfate cream | 135 | |
| folic acid tab 800mcg | 173 | furosemide tab | 152 | gentamicin sulfate oint | 135 | |
| FOLTANX TAB | 149 | FUZEON INJ | 104 | GENVOYA TAB | 104 | |
| fondaparinux inj | 33 | G | | | GEODON CAP | 99 |
| formoterol fumarate neb soln | 31 | gabapentin cap | 36 | gianvi tab, ocella tab | 124 | |
| FOSAMAX TAB | 154 | gabapentin soln | 36 | GILENYA CAP 0.25MG | 220 | |
| fosamprenavir tab | 104 | gabapentin tab 600mg | 36 | GILOTRIF TAB | 81 | |
| foscarnet sodium inj | 108 | gabapentin tab 800mg | 37 | glatiramer inj | 220 | |
| FOSCAVIR INJ | 108 | GABITRIL TAB | 41 | GLEOSTINE/LOMUSTIN E CAP | 80 | |
| fosinopril tab | 66 | galantamine ER cap | 217 | glimepiride tab | 55 | |
| fosinopril/hydrochlorothiazide tab | 70 | galantamine tab | 217 | glipizide ER tab | 55 | |
| FOSRENOL CHEW TAB | 166 | GALZIN CAP | 188 | glipizide tab | 55 | |
| FOSRENOL POWDER PACK | 166 | GAMASTAN INJ | 212 | glipizide/metformin tab | 48 | |
| FOTIVDA CAP | 87 | GAMMAGARD INJ | 212 | GLOPERBA SOLN | 169 | |
| FRAGMIN INJ | 33 | GASTROCROM CONC | 163 | GLUCAGEN HYPOKIT INJ | 50 | |
| FREESTYLE LIBRE 2 RECEIVER | 182 | gatifloxacin ophth soln | 203 | GLUCAGON (RDNA) FOR INJ KIT | 50 | |
| | | | | GLUCAGON EMR INJ | 50 | |
| | | | | GLUCAGON INJ KIT | 50 | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|--------------------------|-----|----------------------|-----|
| GLUCOPHAGE TAB | 50 | HADLIMA INJ | 7 | HUMALOG PEN INJ | 53 |
| GLUCOPHAGE XR TAB | 50 | 40MG/0.8ML | | HUMIRA INJ 10MG | 7 |
| GLUCOTROL TAB | 55 | HADLIMA PUSH INJ | 7 | HUMIRA INJ 20MG | 7 |
| GLUCOTROL XL TAB | 55 | HADLIMA PUSH INJ | 7 | HUMIRA INJ 40MG | 7 |
| GLYBURID MCR TAB | 55 | 40MG/0.8ML | | HUMIRA INJ 80MG | 7 |
| glyburide tab | 55 | HALCION TAB | 176 | HUMIRA INJ | 7 |
| glyburide/metformin tab | 48 | halobetasol propionate | 143 | CROHNS/UC/HIDRADEN | |
| glycopyrrolate oral soln | 229 | cream | | ITIS STARTER PACK | |
| glycopyrrolate tab | 227 | halobetasol propionate | 143 | HUMIRA INJ PEDIATRIC | 8 |
| GLYGEST PAK | 149 | oint | | CROHNS STARTER PACK | |
| GLYNASE TAB | 55 | haloperidol lactate conc | 100 | HUMIRA INJ PEDIATRIC | 8 |
| GOLYTELY SOLN | 178 | haloperidol tab | 100 | UC STARTER PACK | |
| granisetron tab | 58 | HECTOROL CAP | 157 | HUMIRA INJ | 8 |
| GRANISOL SOLN | 58 | HEMLIBRA INJ | 170 | PSORIASIS/UVEITIS | |
| griseofulvin micro tab | 59 | HEPLISAV-B INJ | 235 | STARTER PACK | |
| griseofulvin susp | 59 | HEXALEN CAP | 80 | HUMIRA PEN INJ 40MG | 8 |
| griseofulvin tab | 60 | HIPREX TAB | 76 | HUMULIN MIX INJ | 53 |
| GRIS-PEG TAB | 60 | HIZENTRA INJ | 212 | HUMULIN MIX PEN INJ | 53 |
| guaifenesin/codeine soln | 131 | HOMATROPINE OPHTH | 200 | HUMULIN N INJ | 53 |
| guaifenesin/codeine syrup | 131 | SOLN | | HUMULIN N PEN INJ | 53 |
| guanfacine ER tab | 3 | HUMALOG JR | 53 | HUMULIN R INJ | 53 |
| guanfacine IR tab | 68 | KWIKPEN INJ | | HUMULIN R INJ U-500 | 54 |
| GUANIDINE TAB | 78 | HUMALOG KWIKPEN | 53 | HUMULIN R U-500 | 54 |
| GVOKE INJ | 50 | INJ | | KWIKPEN INJ | |
| GVOKE INJ KIT | 51 | HUMALOG MIX INJ | 53 | HYCAMTIN CAP | 79 |
| GVOKE PFS INJ | 51 | HUMALOG MIX | 53 | HYCODAN SYRUP | 130 |
| H | | KWIKPEN, INSULIN | | HYD POL/CPM SUSP | 131 |
| HADLIMA INJ | 7 | LISPRO MIX KWIKPEN | | hydralazine tab | 72 |

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| HYDREA CAP | 95 | hydroxyprogesterone inj | 215 | IMBRUVICA SUSP | 88 |
| hydrochlorothiazide cap | 153 | hydroxyurea cap | 95 | IMBRUVICA TAB | 88 |
| hydrochlorothiazide tab | 153 | hydroxyzine pamoate cap | 23 | 420MG, 560MG | |
| hydrocodone/acetaminoph en soln | 16 | HYDROXYZINE PAMOATE CAP 100MG | 23 | IMCIVREE INJ | 2 |
| hydrocodone/acetaminoph en soln 10-325 mg/15ml | 17 | hydroxyzine syrup | 23 | imipramine pamoate cap | 47 |
| hydrocodone/acetaminoph en tab | 17 | hydroxyzine tab | 23 | imipramine tab | 47 |
| hydrocodone/acetaminoph en tab 2.5-325mg | 17 | HYFTOR GEL | 145 | imiquimod cream | 145 |
| hydrocodone/chlorpheniramine CR susp | 131 | hyoscyamine sulfate CR tab | 227 | IMITREX INJ | 185 |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | 131 | hyoscyamine sulfate elixir | 227 | IMITREX TAB | 186 |
| hydrocodone/homatropine syrup | 130 | hyoscyamine sulfate ODT | 228 | IMOVAX INJ | 235 |
| hydrocortisone cream | 143 | hyoscyamine sulfate SL tab | 228 | IMPAVIDO CAP | 73 |
| hydrocortisone enema | 20 | hyoscyamine tab | 228 | IMURAN TAB | 111 |
| hydrocortisone lotion | 143 | HYPER-SAL NEB SOLN | 132 | INBRIJA INH POWDER | 98 |
| hydrocortisone oint | 143 | HYQVIA INJ | 213 | INCRELEX INJ | 156 |
| hydrocortisone tab | 128 | HYZAAR TAB | 70 | INCRUSE ELLIPTA | 26 |
| hydromorphone tab 2mg | 14 | | | INHALER | |
| hydromorphone tab 4mg | 14 | I | | indapamide tab | 153 |
| hydromorphone tab 8mg | 14 | ibandronate tab 150mg | 154 | INDERAL LA CAP | 113 |
| hydroquinone cream | 146 | ibuprofen susp (Rx ONLY) | 10 | indomethacin cap | 10 |
| hydroxychloroquine tab | 77 | ibuprofen tab | 10 | indomethacin CR cap | 10 |
| | | icatibant inj | 170 | INFANT FORMULA LIQUID | 150 |
| | | ICLUSIG TAB | 88 | INFANT FORMULA POWDER | 150 |
| | | IDHIFA TAB | 88 | INGREZZA CAP | 219 |
| | | ILEVRO OPHTH SUSP | 209 | INGREZZA PACK 40-80MG | 219 |
| | | imatinib tab | 88 | INLYTA TAB | 80 |
| | | IMBRUVICA CAP 140MG | 88 | | |
| | | IMBRUVICA CAP 70MG | 88 | | |

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|----------------------------|-----|----------------------------|-----|--------------------------|-----|
| INQOVI TAB | 85 | ISENTRESS POWDER | 105 | JANUVIA TAB | 51 |
| INSPRA TAB | 72 | PACK | | JARDIANCE TAB | 55 |
| INSULIN GLARGINE | 54 | isibloom tab, enskyce tab, | 124 | JAYPIRCA TAB | 88 |
| SOLN PEN-INJ | | apri tab | | jinteli tab | 160 |
| INSULIN LISPRO INJ | 54 | isoniazid syrup | 78 | JOENJA TAB | 189 |
| INSULIN LISPRO JR | 54 | isoniazid tab | 78 | jolessa tab, amethia tab | 124 |
| KWIKPEN INJ | | ISOPTO CARBACHOL | 201 | JULUCA TAB | 105 |
| INSULIN LISPRO | 54 | OPHTH SOLN | | JYLAMVO SOLN, | 80 |
| KWIKPEN INJ | | ISOPTO CARPINE | 201 | XATMEP SOLN | |
| INTELENCE TAB 25MG | 104 | OPHTH SOLN | | JYNARQUE PAK | 159 |
| INTRON-A INJ | 95 | ISORDIL TITRADOSE | 22 | JYNARQUE TAB | 159 |
| INTUNIV TAB | 3 | TAB | | | |
| INVANZ INJ | 74 | isosorbide dinitrate tab | 22 | K | |
| INVEGA TAB | 99 | isosorbide dinitrate tab | 22 | KALYDECO PAK | 222 |
| INVIRASE CAP | 104 | 40mg | | KALYDECO TAB | 222 |
| INVIRASE TAB | 104 | isosorbide mononitrate ER | 22 | KAPVAY TAB | 3 |
| IOPIDINE OPTH SOLN | 201 | tab | | KATERZIA SUSP | 115 |
| IPOL INJ | 235 | ISOSORBIDE | 22 | KEFLEX CAP | 122 |
| ipratropium nasal spray | 197 | MONONITRATE TAB | | kelnor tab | 124 |
| ipratropium neb soln | 26 | isoxsuprine tab | 118 | KENALOG INJ | 128 |
| irbesartan tab | 67 | itraconazole cap | 60 | KEPPRA SOLN | 37 |
| irbesartan/hydrochlorothia | 70 | itraconazole soln | 60 | KEPPRA TAB | 37 |
| zide tab | | ivermectin tab | 21 | KEPPRA XR TAB | 37 |
| IRON | 174 | IXCHIQ INJ | 235 | KESIMPTA INJ | 220 |
| POLYSACCH/THREONIC | | | | ketoconazole cream | 136 |
| ACID/B12/FA CAP | | J | | ketoconazole shampoo | 136 |
| ISENTRESS (HD) TAB | 104 | JAKAFI TAB | 88 | ketoconazole tab | 60 |
| ISENTRESS CHEW TAB | 104 | JANUMET TAB | 49 | KETO-DIASTIX TEST | 149 |
| | | JANUMET XR TAB | 49 | STRIP | |

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|------------------------|-----|---------------------------|-----|--------------------------|-----|
| ketorolac inj 15mg/ml | 10 | L | | LANCETS | 182 |
| ketorolac inj 30mg/ml | 10 | labetalol tab | 112 | LANOXIN TAB | 116 |
| ketorolac inj 60mg/2ml | 10 | LAC-HYDRIN CREAM | 144 | lansoprazole cap | 229 |
| ketorolac ophth soln | 209 | LAC-HYDRIN LOTION | 144 | lanthanum carbonate chew | 166 |
| ketorolac tab | 10 | lacosamide oral solution | 37 | tab | |
| KETOSTIX | 149 | lacosamide tab | 37 | lapatinib ditosylate tab | 89 |
| ketotifen ophth soln | 209 | LACTIC ACID LOTION | 144 | LASIX TAB | 152 |
| KEVZARA INJ | 9 | lactulose soln | 165 | LASTACFT OPHTH | 210 |
| KINERET INJ | 8 | LAGEVRIO CAP (EUA) | 111 | SOLN | |
| KINRIX INJ, | 226 | LAGEVRIO CAP 200MG | 111 | latanoprost ophth soln | 210 |
| QUADRACEL DTAP-IPV | | LAMICTAL CHEW TAB | 37 | LAZANDA NASAL | 14 |
| INJ | | LAMICTAL ODT KIT, | 37 | SPRAY | |
| KINRIX PREF SYRINGE, | 227 | LAMICTAL XR KIT | | LEDIPASVIR/SOFOSBUV | 109 |
| QUADRACEL PREF | | LAMICTAL STARTER KI | 37 | IR TAB | |
| SYRINGE | | LAMICTAL TAB | 37 | leflunomide tab | 11 |
| KISQALI PAK | 85 | LAMICTAL XR TAB | 37 | lenalidomide cap | 189 |
| KISQALI TAB | 88 | LAMISIL TAB | 60 | LENVIMA CAP | 81 |
| KLARON LOTION | 134 | lamivudine soln | 105 | LESCOL XL TAB | 64 |
| KLONOPIN TAB | 35 | lamivudine tab | 105 | letrozole tab | 83 |
| KLOXXADO NASAL | 57 | lamivudine tab 100mg | 109 | leucovorin tab | 95 |
| SPRAY | | lamivudine/zidovudine tab | 105 | LEVALBUTEROL | 31 |
| KOSELUGO CAP | 89 | lamotrigine chew tab | 37 | INHALER, XOPENEX | |
| KOSELUGO CAP 10MG | 89 | lamotrigine ER tab | 37 | HFA INHALER | |
| K-PHOS NEUTRAL TAB | 187 | lamotrigine ODT kit | 37 | levalbuterol neb soln | 31 |
| K-PHOS TAB | 187 | lamotrigine tab | 38 | LEVAQUIN TAB | 162 |
| KRAZATI TAB | 89 | LAMPIT TAB | 74 | LEVBIID TAB | 228 |
| KRINTAFEL TAB | 77 | LANCET DEVICE | 182 | levetiracetam ER tab | 38 |
| K-TAB | 187 | LANCET KIT | 182 | levetiracetam soln | 38 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---|-----|------------------------------------|-----|----------------------------------|-----|
| levetiracetam tab | 38 | LIKMEZ SUSP | 73 | lohist liquid | 131 |
| levobunolol ophth soln | 199 | LINDANE SHAMPOO | 147 | LOKELMA PAK | 190 |
| levocarnitine soln | 157 | linezolid susp | 75 | LOMOTIL TAB | 56 |
| levocarnitine tab | 157 | linezolid tab | 75 | LONSURF TAB | 85 |
| levofloxacin ophth soln | 203 | LINZESS CAP | 165 | LOPID TAB | 64 |
| LEVOFLOXACIN OPHTH SOLN 0.5% | 203 | liothyronine tab | 225 | lopinavir/ritonavir soln | 105 |
| levofloxacin soln | 162 | LIPITOR TAB | 65 | lopinavir/ritonavir tab | 105 |
| levofloxacin tab | 162 | LIQUIGEN | 199 | LOPRESSOR TAB | 113 |
| levonorgestrel tab | 126 | lisdexamfetamine | 1 | LOPROX CREAM | 136 |
| levonorgestrel-ethinyl estradiol-fe tab | 124 | dimesylate cap | | LOPROX SHAMPOO | 136 |
| levothyroxine tab | 225 | lisdexamfetamine | 1 | loratadine cap | 61 |
| LEVSIN SL TAB | 228 | dimesylate chew tab | | lorazepam conc | 24 |
| LEVSIN TAB | 228 | lisinopril tab | 66 | lorazepam tab | 24 |
| LEXAPRO TAB | 45 | lisinopril/hydrochlorothiazide tab | 71 | LORBRENA TAB 100MG | 89 |
| LEXIVA SUSP | 105 | LITFULO CAP | 145 | LORBRENA TAB 25MG | 89 |
| lidocaine cream 3% | 146 | lithium carbonate cap | 98 | LORTAB | 17 |
| lidocaine gel | 146 | lithium carbonate ER tab | 98 | LORTAB ELIXIR | 17 |
| lidocaine oint | 146 | lithium carbonate tab | 98 | losartan tab | 68 |
| lidocaine patch | 146 | LITHOBID TAB | 98 | losartan/hydrochlorothiazide tab | 71 |
| lidocaine patch 5% | 146 | LITHOSTAT TAB | 168 | LOTEMAX OPHTH OINT | 206 |
| lidocaine soln | 146 | LIVALO TAB | 65 | LOTEMAX OPHTH SUSP | 206 |
| lidocaine viscous soln | 191 | LIVMARLI SOLN | 164 | LOTENSIN HCT TAB | 71 |
| lidocaine/hydrocortisone cream | 20 | LIVTENCITY TAB | 108 | LOTENSIN TAB | 67 |
| lidocaine/prilocaine cream | 146 | L-METHYLFOLATE TAB | 149 | loteprednol etabonate ophth gel | 206 |
| LIDODERM PATCH | 146 | LO LOESTRIN TAB | 124 | loteprednol ophth susp | 206 |
| | | LODOSYN TAB | 95 | LOTREL CAP | 71 |
| | | loestrin tab | 124 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------|-----|---------------------|-----|-------------------------|-----|
| LOTRISONE CREAM | 136 | MACROBID CAP | 76 | medroxyprogesterone inj | 126 |
| LOTRONEX TAB | 165 | MACRODANTIN CAP | 76 | medroxyprogesterone tab | 216 |
| lovastatin tab | 65 | MALARONE TAB | 77 | mefenamic acid cap | 10 |
| LOVAZA CAP | 62 | malathion lotion | 147 | mefloquine tab | 77 |
| LOVENOX INJ | 34 | MALE CONDOMS | 181 | megestrol susp | 83 |
| loxapine cap | 100 | MAPROTILINE TAB | 44 | megestrol tab | 83 |
| lubiprostone cap | 163 | maraviroc tab | 105 | MEKINIST SOLN | 90 |
| LUMAKRAS TAB | 89 | MARINOL CAP | 59 | MEKINIST TAB 0.5MG | 90 |
| LUMAKRAS TAB 320MG | 89 | MARPLAN TAB | 44 | MEKINIST TAB 2MG | 90 |
| LUMIGAN OPHTH SOLN | 210 | MATULANE CAP | 95 | MEKTOVI TAB | 90 |
| LUMRYZ PACK | 216 | MAVENCLAD PAK | 220 | meloxicam tab | 10 |
| LUNESTA TAB | 176 | MAVYRET PAK | 109 | MELPHALAN TAB | 80 |
| LUPKYNIS CAP | 189 | MAVYRET TAB | 109 | memantine ER cap | 218 |
| LUPRON DEPOT INJ | 83 | MAXALT MLT TAB | 186 | memantine sol | 218 |
| LUPRON DEPOT-PED | 156 | MAXALT TAB | 186 | memantine tab | 218 |
| INJ | | MAXIDEX OPHTH SOLN | 206 | MENEST TAB | 161 |
| lurasidone hcl tab | 99 | MAXITROL OPHTH OIN | 206 | MENTAX CREAM | 136 |
| LUVIRA CAP | 149 | MAXITROL OPHTH | 206 | MENVEO INJ | 231 |
| LYNPARZA TAB | 89 | SUSP | | MEPHYTON TAB | 239 |
| LYSODREN TAB | 83 | MAXZIDE TAB | 151 | MEPRON SUSP | 74 |
| LYSTEDA TAB | 175 | MAYZENT TAB | 220 | mercaptapurine tab | 80 |
| LYTGOBI THERAPY | 90 | MAYZENT TAB STARTEI | 220 | meropenem inj | 74 |
| PACK | | PACK | | mesalamine DR tab | 164 |
| LYUMJEV INJ | 54 | MCT OIL | 199 | mesalamine enema | 165 |
| LYUMJEV KWIKPEN INJ | 54 | meclizine chew tab | 58 | mesalamine ER cap | 165 |
| LYVISPAH GRANULE | 195 | meclizine tab | 58 | mesalamine supp | 165 |
| PACKET | | MEDROL DOSE PACK | 128 | MESALAMINE TAB DR | 165 |
| | | MEDROL TAB | 128 | MESNEX TAB | 95 |

M

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|------------------------------|-----|---------------------------|-----|
| MESTINON TAB | 78 | methylergonovine tab | 212 | METROLOTION | 147 |
| MESTINON TIMESPAN TAB | 78 | METHYLIN SOLN | 4 | metronidazole cream | 147 |
| METANX CAP | 150 | methylphenidate CD cap | 4 | metronidazole gel | 147 |
| metaxalone tab | 195 | methylphenidate chew tab | 4 | metronidazole gel 0.75% | 147 |
| METAXALONE TAB | 195 | methylphenidate ER cap | 4 | metronidazole lotion | 147 |
| 400MG | | METHYLPHENIDATE ER TAB | 4 | metronidazole tab | 73 |
| metformin ER tab | 50 | | | metronidazole vaginal gel | 237 |
| metformin soln | 50 | methylphenidate soln | 4 | mexiletine hcl cap | 24 |
| metformin tab | 50 | methylphenidate tab | 5 | MICARDIS TAB | 68 |
| methadone conc | 14 | methylprednisolone | 128 | MICONAZOLE 3 SUPP | 237 |
| METHADONE SOLN | 14 | acetate inj | | 200MG | |
| 10MG/5ML | | methylprednisolone dose pack | 128 | midazolam inj | 176 |
| methadone soln 5mg/5ml | 14 | methylprednisolone tab | 128 | midodrine tab | 239 |
| methadone tab | 14 | methylprenisolone sod | 128 | mifepristone tab | 51 |
| methadone tab 10mg | 15 | succinate inj | | MIFIPREX TAB | 159 |
| METHADOSE CONC | 15 | methyltestosterone cap | 19 | MIGLITOL TAB | 48 |
| methazolamide tab | 151 | metoclopramide soln | 163 | miglustat cap | 172 |
| methenamine hippurate tab | 76 | metoclopramide tab | 163 | MINIPRESS CAP | 68 |
| methimazole tab | 225 | metolazone tab | 153 | MINOCIN CAP | 224 |
| METHITEST TAB | 19 | metoprolol ER tab | 113 | minocycline cap | 224 |
| methocarbamol tab | 195 | metoprolol tab | 113 | minoxidil tab | 72 |
| methotrexate inj | 80 | metoprolol/hydrochlorothi | 71 | MIRALAX | 179 |
| methotrexate tab | 80 | azide tab | | MIRAPEX TAB | 96 |
| METHOXSALEN CAP | 139 | METROCREAM | 147 | MIRENA IUD | 126 |
| methscopolamine tab | 228 | METROGEL 1% | 147 | mirtazapine ODT | 43 |
| methsuximide cap | 42 | METROGEL VAGINAL | 237 | mirtazapine tab | 43 |
| methyl dopa tab | 68 | GEL | | MIRVASO GEL | 147 |
| | | | | misoprostol tab | 229 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|---------------------------|-----|--------------------------|-----|
| MOBIC TAB | 10 | MULTIVITAMIN/FLOURI | 193 | NAFTIFINE CREAM | 136 |
| modafinil tab | 5 | DE CHEW 0.25MG | | naftifine gel | 136 |
| mometasone cream | 143 | MULTIVITAMIN/FLOURI | 193 | NAFTIN CREAM | 136 |
| mometasone oint | 143 | DE CHEW 1MG | | NAFTIN GEL | 136 |
| mometasone soln | 143 | MULTIVITAMIN/FLUORI | 193 | naloxone hcl nasal spray | 57 |
| MONODOX CAP | 224 | DE CHEW TAB | | naloxone inj | 56 |
| montelukast chew tab | 27 | multivitamin/minerals tab | 193 | NALOXONE PREFILLED | 57 |
| montelukast granule pack | 27 | mupirocin oint | 136 | INJ | |
| montelukast tab | 27 | MUSE SUPP | 117 | naltrexone tab | 56 |
| MORPHINE SULF SOLN | 15 | MYAMBUTOL TAB | 78 | NAMENDA TAB | 218 |
| 10MG/5ML | | MYCOBUTIN CAP | 78 | NAPROSYN EC TAB | 10 |
| morphine sulfate ER tab | 15 | mycophenolate DR tab | 111 | NAPROSYN TAB | 10 |
| morphine sulfate soln | 15 | mycophenolate mofetil | 112 | naproxen EC tab | 10 |
| MORPHINE SULFATE | 15 | cap | | naproxen tab | 11 |
| TAB | | mycophenolate mofetil | 112 | NARCAN NASAL SPRAY | 57 |
| MOTEGRITY TAB | 162 | susp | | NARDIL TAB 15MG | 44 |
| MOTOFEN TAB | 56 | mycophenolate mofetil tab | 112 | NASACORT OTC NASAL | 197 |
| MOTRIN SUSP | 10 | MYDRIACYL OPHTH | 201 | SPRAY | |
| MOUNJARO INJ | 52 | SOLN | | NASCOBAL SPRAY | 172 |
| MOVANTI TAB | 165 | MYFEMBREE TAB | 160 | NATACYN OPHTH SUSP | 203 |
| moxifloxacin ophth soln | 203 | MYLERAN TAB | 80 | NATAZIA TAB | 124 |
| moxifloxacin tab | 162 | MYNATAL-Z TAB | 193 | nateglinide tab | 54 |
| MULTAQ TAB | 25 | MYRBETRIQ TAB | 231 | NATPARA INJ | 154 |
| MULTIGEN FOLIC TAB | 174 | MYSOLINE TAB | 38 | NATROBA SUSP | 147 |
| MULTIGEN PLUS TAB | 174 | | | NAYZILAM SPRAY | 35 |
| MULTIGEN TAB | 175 | N | | nebivolol hcl tab | 113 |
| multivitamin tab | 175 | nabumetone tab | 10 | NEBUSAL NEB SOLN | 132 |
| | | nadolol tab | 113 | NEFAZODONE TAB | 46 |
| | | nafcillin inj | 215 | | |

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| | | | | | |
|---|-----|-------------------------|-----|---|-----|
| nefazodone tab 50mg, 250mg | 46 | NEURONTIN TAB 600MG | 38 | nimodipine cap | 115 |
| neomycin tab | 5 | NEURONTIN TAB 800MG | 38 | NINLARO CAP | 90 |
| NEOMYCIN/POLYMIXIN /GRAMICIDIN OPHTH SOLN | 203 | NEVANAC OPHTH SUSP | 210 | nitazoxanide tab | 74 |
| neomycin/polymixin/hydro cortisone otic soln | 211 | nevirapine ER tab | 105 | NITRO-BID OINT | 22 |
| neomycin/polymixin/hydro cortisone otic susp | 212 | NEVIRAPINE SUSP | 105 | NITRO-DUR PATCH | 22 |
| neomycin/polymyxin/dexa methasone ophth oint | 206 | nevirapine tab | 105 | NITRO-DUR PATCH | 22 |
| neomycin/polymyxin/dexa methasone ophth soln | 206 | NEXLETOL TAB | 62 | 0.3MG/HR, 0.8MG/HR | |
| NEOMYCIN/POLYMYXI N/HYDROCORTISONE OPHTH SOLN | 206 | NEXLIZET TAB | 62 | nitrofurantoin | 76 |
| NEONATAL 19 TAB | 193 | NEXPLANON IMPLANT | 126 | macrocrystals cap | |
| NEONATAL FE TAB | 194 | NEXTSTELLIS TAB | 124 | nitrofurantoin | 76 |
| NEOSPORIN OPHTH SOLN | 203 | niacin cap | 239 | monohydrate cap | |
| NEPHROCAP | 192 | niacin CR tab | 239 | nitroglycerin lingual spray | 22 |
| NEPHRON FA TAB | 175 | niacin ER tab | 65 | nitroglycerin patch | 22 |
| NEPTAZANE TAB | 151 | niacin tab | 239 | nitroglycerin SL tab | 22 |
| NERLYNX TAB | 90 | NIACIN TR TAB | 240 | NITROLINGUAL PUMP SPRAY | 23 |
| NEUPRO PATCH | 96 | niacinamide tab | 240 | NITROSTAT SL TAB | 23 |
| NEURONTIN CAP | 38 | nicotine gum | 221 | NIVESTYM INJ | 173 |
| NEURONTIN SOLN | 38 | NICOTINE KIT | 221 | NIZATIDINE CAP | 228 |
| | | nicotine lozenge | 221 | NIZATIDINE SOLN | 228 |
| | | nicotine patch | 221 | NIZORAL A-D SHAMPOO | 137 |
| | | NICOTROL INHALER | 221 | NIZORAL SHAMPOO | 137 |
| | | NICOTROL NASAL SPRAY | 221 | norethindrone ace-ethinyl estradiol-fe cap | 124 |
| | | nifedipine cap | 115 | norethindrone | 124 |
| | | nifedipine ER tab | 115 | acetate/ethinyl estradial FE chew tab | |
| | | nilutamide tab | 83 | | |

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| | | | | | |
|---------------------------|-----|-----------------------------|-----|---------------------------|-----|
| norethindrone | 125 | NUTRITIONAL | 150 | olanzapine ODT | 100 |
| acetate/ethinyl estradiol | | SUPPLEMENT LIQUID | | olanzapine tab | 100 |
| tab | | NUTRITIONAL | 150 | olanzapine/fluoxetine cap | 218 |
| norethindrone tab | 127 | SUPPLEMENT POWDER | | OLLIZAC POWDER | 150 |
| norethindrone/ethinyl | 125 | NUVARING | 126 | olmesartan tab | 68 |
| estradiol FE tab | | NUVIGIL TAB | 5 | olmesartan/hydrochlorothi | 71 |
| NORLIQVA ORAL SOLN | 115 | nystatin cream | 137 | azide tab | |
| NORPACE CAP | 24 | nystatin oint | 137 | olopatadine ophth soln | 210 |
| NORPRAMIN TAB | 47 | nystatin powder | 60 | 0.1% | |
| nortrel tab | 125 | nystatin susp | 191 | olopatadine ophth soln | 210 |
| nortriptyline cap | 47 | nystatin tab | 60 | 0.2% | |
| nortriptyline oral soln | 47 | nystatin topical powder | 137 | OLUMIANT TAB | 6 |
| NORVASC TAB | 115 | nystatin/triamcinolone | 137 | OLUX FOAM | 143 |
| NORVIR CAP | 105 | cream | | omega-3-acid ethyl esters | 62 |
| NORVIR POWDER PACK | 105 | nystatin/triamcinolone oint | 137 | cap | |
| NORVIR SOLN | 105 | NYVEPRIA INJ | 173 | omeprazole DR cap | 229 |
| NORVIR TAB | 105 | O | | omeprazole tab | 229 |
| NOXAFIL PAK | 60 | OICALIVA TAB | 162 | OMNICEF SUSP | 123 |
| NOXAFIL SUSP | 60 | octreotide inj | 159 | OMNIPOD 5 G7 KIT | 182 |
| NOXAFIL TAB | 60 | OCTREOTIDE INJ | 159 | INTRO | |
| np thyroid tab | 225 | 100MCG | | OMNIPOD 5 G7 MIS | 182 |
| NUBEQA TAB | 83 | OCUFLOX OPHTH SOLN | 203 | PODS | |
| NUCALA INJ | 26 | ODEFSEY TAB | 106 | OMNIPOD 5 INTRO KIT | 182 |
| NUCORT LOTION | 143 | ODOMZO CAP | 82 | OMNIPOD 5 PACK PODS | 182 |
| NUCYNTA TAB | 15 | OFEV CAP | 223 | OMNIPOD DASH INTRO | 183 |
| NUEDEXTA CAP | 221 | ofloxacin ophth soln | 203 | KIT | |
| NULYTELY SOLN | 178 | ofloxacin otic soln | 211 | OMNIPOD DASH PODS | 183 |
| | | ofloxacin tab | 162 | OMNIPOD GO KIT | 183 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------|-----|----------------------|-----|---------------------------|-----|
| OMNIPOD STARTER KIT | 183 | ORACIT SOLN | 167 | oxacillin inj | 215 |
| OMNITROPE INJ | 155 | ORAP TAB | 221 | OXBRYTA TAB FOR | 172 |
| ondansetron ODT | 58 | ORAPRED ODT TAB | 129 | ORAL SUSP | |
| ondansetron soln | 58 | ORAPRED SOLN | 129 | oxcarbazepine susp | 38 |
| ondansetron tab | 58 | ORENCIA CLICK INJ | 11 | oxcarbazepine tab | 38 |
| ONETOUCH DELICA | 183 | ORENCIA SC INJ | 11 | oxiconazole nitrate cream | 137 |
| LANCETS | | 125MG/ML | | OXSORALEN ULTRA | 139 |
| ONETOUCH DELICA | 183 | ORENCIA SC INJ | 11 | CAP | |
| PLUS LANCETS | | 50MG/0.4ML | | oxybutynin ER tab | 230 |
| ONETOUCH DELICA | 183 | ORENCIA SC INJ | 11 | oxybutynin syrup | 230 |
| ULTRASOFT LANCETS | | 87.5MG/0.7ML | | oxybutynin tab | 230 |
| ONETOUCH METER | 183 | ORENITRAM TAB | 118 | oxycodone soln | 15 |
| ONETOUCH TEST STRIP | 149 | ORGOVYX TAB | 84 | oxycodone tab | 15 |
| ONETOUCH VERIO | 183 | ORIAHNN CAP | 160 | oxycodone/acetaminophen | 17 |
| FLEX METER | | ORILISSA TAB 150MG | 155 | tab | |
| ONETOUCH VERIO IQ | 183 | ORILISSA TAB 200MG | 155 | OXYCODONE/ASPIRIN | 17 |
| METER | | ORKAMBI GRANULES | 222 | TAB | |
| ONETOUCH VERIO | 183 | PACKET | | OXYTROL PATCH (OTC) | 230 |
| METER | | ORKAMBI TAB | 222 | OZEMPIC INJ | 51 |
| ONETOUCH VERIO | 183 | ORSERDU TAB | 84 | | |
| REFLECT METER | | ORSERDU TAB 345MG | 84 | P | |
| ONETOUCH VERIO TEST | 149 | oseltamivir cap | 110 | paliperidone ER tab | 99 |
| STRIP | | oseltamivir cap 30mg | 110 | PALYNZIQ INJ | 157 |
| ONFI SUSP | 35 | oseltamivir susp | 110 | PAMELOR CAP | 47 |
| ONFI TAB | 35 | OTEZLA STARTER PACK | 11 | pantoprazole EC tab | 229 |
| OPILL TAB | 127 | OTEZLA TAB | 11 | PARAGARD IUD | 126 |
| OPSUMIT TAB | 119 | OVACE PLUS CREAM | 140 | paricalcitol cap | 157 |
| OPVEE NASAL SPRAY | 57 | OVIDE LOTION | 147 | PARLODEL CAP | 96 |
| | | | | PARLODEL TAB | 96 |

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| PARNATE TAB | 44 | penciclovir cream | 140 | phenobarbital elixir | 176 |
| paromomycin cap | 5 | penicillamine tab | 188 | phenobarbital tab | 176 |
| paroxetine ER tab | 45 | PENICILLIN G | 214 | phenoxybenzamine cap | 67 |
| paroxetine oral susp | 45 | PROCAINE INJ | | phentermine cap | 2 |
| paroxetine tab | 45 | PENICILLIN G SODIUM | 214 | phentermine tab | 2 |
| PATANOL OPHTH SOLN | 210 | INJ | | phenylephrine ophth soln | 201 |
| PAXIL CR TAB | 45 | PENICILLIN VK SOLN | 214 | phenytoin cap | 42 |
| PAXIL ORAL SUSP | 45 | penicillin vk tab | 214 | phenytoin chew tab | 42 |
| PAXIL TAB | 45 | PENTACEL INJ | 227 | phenytoin susp | 42 |
| PAXLOVID TAB | 108 | pentamidine neb soln | 73 | PHEXXI GEL | 236 |
| 150-100MG | | pentoxifylline ER tab | 170 | phlexy-10 tab | 199 |
| PAXLOVID TAB | 108 | PEPCID SUSP | 228 | PHOSLO CAP | 166 |
| 300-100MG | | PEPCID TAB | 228 | PHOSLYRA SOLN | 166 |
| pazopanib tab | 90 | PERCOCET TAB | 17 | phospha 250 neutral tab | 187 |
| PCE TAB | 180 | PERFOROMIST NEB | 31 | phytonadione tab | 239 |
| PEAK FLOW METER | 184 | SOLN | | PICATO GEL | 138 |
| pediatric multiple | 193 | PERIDEX SOLN | 191 | PIFELTRO TAB | 106 |
| vitamins/fluoride soln | | permethrin cream | 147 | pilocarpine ophth soln | 201 |
| pediatric multiple | 193 | perphenazine tab | 101 | pilocarpine tab | 192 |
| vitamins/fluoride/iron soln | | PERPHENAZINE/ | 219 | pimecrolimus cream | 145 |
| PEDVAXHIB INJ | 231 | AMITRIPTYLINE TAB | | PIMOZIDE TAB | 221 |
| peg 3350 soln (100 gram | 178 | pfizerpen g inj | 214 | pindolol tab | 113 |
| Moviprep equiv) | | PHEBURANE ORAL | 157 | pioglitazone tab | 54 |
| peg 3350/electrolytes soln | 178 | PELLETS | | piperacillin/tazobactam inj | 215 |
| PEGASYS INJ | 109 | phenazopyridine tab | 168 | PIQRAY TAB | 91 |
| PEG-INTRON INJ | 109 | PHENELZINE SULFATE | 44 | pirfenidone cap | 223 |
| PEMAZYRE TAB | 90 | TAB | | pirfenidone tab 267mg | 223 |
| PENBRAYA INJ | 232 | phenelzine tab | 44 | pirfenidone tab 801mg | 223 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|---------------------------|-----|----------------------|-----|
| piroxicam cap | 11 | potassium chloride ER cap | 188 | PRED MILD OPHTH | 207 |
| pitavastatin calcium tab | 65 | potassium chloride ER tab | 188 | SOLN | |
| PLAN B TAB | 126 | potassium chloride micro | 188 | PRED-G OPHTH SOLN | 207 |
| PLAQUENIL TAB | 77 | tab | | prednisolone ODT | 129 |
| PLAVIX TAB 75MG | 171 | potassium chloride powder | 188 | PREDNISOLONE ODT | 129 |
| PLEGRIDY INJ | 220 | packet | | TAB | |
| PLEGRIDY PEN INJ | 220 | potassium chloride soln | 188 | PREDNISOLONE OPHTH | 207 |
| PNEUMOVAX INJ | 232 | POTASSIUM CHLORIDE | 188 | SUSP | |
| PODIAPN CAP | 150 | TAB ER | | PREDNISOLONE | 207 |
| PODOCON SOLN | 145 | potassium citrate CR tab | 167 | SODIUM PHOSPHATE | |
| PODOFILOX SOLN | 146 | potassium citrate/citric | 167 | OPHTH SOLN | |
| polyethylene glycol 3350 | 179 | acid powder pack | | prednisolone soln | 129 |
| powder | | potassium citrate/citric | 167 | PREDNISON SOLN | 129 |
| POLYETHYLENE | 215 | acid soln | | prednisone tab | 129 |
| GLYCOL 8000 | | potassium phosphate | 187 | PREFEST TAB | 160 |
| GRANULES | | monobasic tab | | pregabalin cap | 38 |
| polymyxin b/trimethoprim | 203 | PRADAXA CAP | 34 | pregabalin cap 225mg | 39 |
| ophth soln | | pramipexole tab | 96 | pregabalin cap 300mg | 39 |
| POLYTRIM OPHTH | 204 | pramoxine/hydrocortisone | 20 | pregabalin soln | 39 |
| SOLN | | cream | | PREHEVBRIO SUSP | 235 |
| POMALYST CAP | 84 | prasugrel tab | 171 | PREMARIN TAB | 161 |
| posaconazole DR tab | 60 | pravastatin tab | 65 | PREMARIN VAGINAL | 238 |
| posaconazole susp | 60 | praziquantel tab | 21 | CREAM | |
| POTABA CAP | 240 | prazosin cap | 68 | PREMPHASE TAB, | 160 |
| POTABA POWDER | 240 | PRECOSE TAB | 48 | PREMPRO TAB | |
| PACKET | | PRED FORTE OPHTH | 207 | PRENATABS RX TAB | 194 |
| potassium bicarbonate | 187 | SUSP | | PRENATAL 19 CHEW | 194 |
| effer tab | | | | TAB | |

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ALPHABETICAL LISTING OF DRUGS

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|---|-----|----------------------------------|-----|-------------------------|-----|
| PRENATAL 19 TAB | 194 | progesterone cap | 216 | PROPRANOLOL SOLN | 114 |
| PRENATAL VITAMINS (NON-PREFERRED) | 194 | PROGESTERONE SUPP | 238 | propranolol tab | 114 |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | 239 | PROGLYCEM SUSP | 51 | propylthiouracil tab | 225 |
| PRETOMANID TAB | 78 | PROLENSA OPHTH SOLN | 210 | PROSCAR TAB | 168 |
| PREVACID CAP | 229 | PROMACTA POWDER | 173 | pro-stat liquid | 199 |
| PREVACID OTC CAP | 229 | PROMACTA TAB | 173 | PROTOPIC OINT | 145 |
| PREVIDENT SOLN | 191 | 12.5MG, 25MG | | protriptyline tab | 48 |
| PREVNAR 13 INJ | 232 | PROMACTA TAB 50MG | 173 | PROVERA TAB | 216 |
| PREVNAR 20 INJ | 232 | PROMACTA TAB 75MG | 173 | PROVIGIL TAB | 5 |
| PREVYMIS TAB | 108 | promethazine DM syrup | 131 | PROZAC CAP | 45 |
| PREZCOBIX TAB | 106 | promethazine supp | 62 | PULMICORT INH SUSP | 28 |
| PREZISTA SUSP | 106 | promethazine syrup | 62 | PULMOZYME INH SOLN | 222 |
| PREZISTA TAB | 106 | promethazine tab | 62 | PURIXAN SUSP | 80 |
| PRIFTIN TAB | 79 | PROMETHAZINE VC SYRUP | 131 | pyrazinamide tab | 79 |
| primaquine tab | 77 | PROMETHAZINE VC/CODEINE SYRUP | 132 | pyridostigmine CR tab | 78 |
| primidone tab | 39 | promethazine/codeine syrup | 132 | pyridostigmine tab | 78 |
| PRIMSOL SOLN | 73 | PROMETHEGAN SUPP | 62 | pyridostigmine soln | 78 |
| PRINIVIL TAB, ZESTRIL TAB | 67 | PROMETRIUM CAP | 216 | pyrimethamine tab | 77 |
| PRISTIQ TAB | 46 | propafenone ER cap | 25 | PYRUKYND TAB | 171 |
| probenecid tab | 169 | propafenone tab | 25 | PYRUKYND TAPER PACK | 171 |
| prochlorperazine supp | 101 | proparacaine ophth soln | 205 | | |
| prochlorperazine tab | 101 | propranolol ER cap | 114 | Q | |
| PROCTOCORT CREAM | 143 | propranolol oral soln | 114 | QBRELIS SOLN | 67 |
| proctosol HC cream | 21 | 20mg/5ml | | QINLOCK TAB | 91 |
| | | | | QSYMIA CAP | 2 |
| | | | | QUESTRAN LITE POWDER | 63 |
| | | | | QUESTRAN POWDER | 63 |

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ALPHABETICAL LISTING OF DRUGS

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|----------------------------|-----|---------------------|-----|--------------------------|-----|
| QUESTRAN POWDER | 63 | RELENZA DISKHALER | 110 | RHEUMATREX TAB | 6 |
| PACK | | RELYVRIO PAK | 198 | RHOFADE CREAM | 147 |
| quetiapine tab | 101 | REMERON SOLUTAB | 43 | ribavirin cap | 109 |
| quetiapine XR tab | 101 | REMERON TAB | 43 | RIBAVIRIN TAB | 109 |
| quinapril tab | 67 | renaphro cap | 192 | RIDAURA CAP | 8 |
| QUINAPRIL/HCTZ TAB | 71 | RENOVA CREAM | 135 | rifabutin cap | 79 |
| quinapril/hydrochlorothiaz | 71 | REVELA TAB | 166 | RIFADIN CAP | 79 |
| ide tab | | repaglinide tab | 55 | RIFAMATE CAP | 78 |
| quinidine gluconate CR tab | 24 | REPATHA INJ | 66 | rifampin cap | 79 |
| quinidine sulfate tab | 24 | REPATHA PUSHTRONEX | 66 | RIFATER TAB | 78 |
| QVAR REDHALER | 28 | INJ | | riluzole tab | 198 |
| R | | REQUIP TAB | 96 | RIMANTADINE TAB | 110 |
| RABAVERT INJ | 235 | RESCRIPTOR TAB | 106 | RINVOQ ER TAB | 6 |
| rabeprazole EC tab | 229 | RESTORIL CAP 15MG | 177 | RIOMET SOLN | 50 |
| RADICAVA ORS | 198 | RESTORIL CAP 22.5MG | 177 | risedronate DR tab | 154 |
| STARTER KIT | | RESTORIL CAP 30MG | 177 | risedronate tab | 154 |
| RADICAVA ORS SUSP | 198 | RESTORIL CAP 7.5MG | 177 | RISPERDAL M ODT | 99 |
| raloxifene tab | 156 | RETACRIT INJ | 174 | RISPERDAL SOLN | 99 |
| ramelteon tab | 177 | RETEVMO CAP | 91 | RISPERDAL TAB | 99 |
| ramipril cap | 67 | RETIN-A CREAM | 134 | risperidone microspheres | 99 |
| RANEXA TAB | 21 | REVATIO SUSP | 120 | inj | |
| ranolazine tab | 22 | REVATIO TAB | 120 | risperidone ODT | 100 |
| rasagiline tab | 97 | REVLIMID CAP | 189 | risperidone soln | 100 |
| RAZADYNE ER CAP | 218 | REYATAZ POWDER | 106 | risperidone tab | 100 |
| RAZADYNE TAB | 218 | PACK | | RITALIN LA CAP, | 5 |
| REBETOL SOLN | 109 | REYVOW TAB | 186 | APTENSIO XR CAP | |
| REGLAN TAB | 163 | REZLIDHIA CAP | 91 | RITALIN TAB | 5 |
| REGANEX GEL | 148 | REZUROCK TAB | 189 | ritonavir tab | 106 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------|-----|--------------------------|-----|---------------------------|-----|
| rivastigmine cap | 218 | SALEX SHAMPOO | 146 | SEREVENT DISKUS | 31 |
| rivastigmine patch | 218 | salsalate tab | 12 | INHALER | |
| RIVIVE SPRAY | 57 | SANCUSO PATCH | 58 | SEROQUEL TAB | 101 |
| rizatriptan ODT | 186 | SANDIMMUNE SOLN | 112 | SEROQUEL XR TAB | 101 |
| rizatriptan tab | 186 | 100MG/ML | | sertraline conc | 45 |
| ROBAXIN TAB | 195 | SANTYL OINT | 145 | sertraline tab | 46 |
| ROBINUL TAB | 228 | SAPHRIS SL TAB | 101 | sevelamer powder pak | 166 |
| ROCALTROL CAP | 157 | sapropterin | 157 | sevelamer tab | 166 |
| ROCALTROL SOLN | 157 | dihydrochloride powder | | SFROWASA ENEMA | 165 |
| roflumilast tab | 27 | packet | | SHINGRIX INJ | 236 |
| ropinirole ER tab | 96 | sapropterin | 158 | SIGNIFOR INJ | 159 |
| ropinirole tab | 97 | dihydrochloride soluble | | sildenafil susp | 120 |
| rosuvastatin tab | 65 | tab | | sildenafil tab | 117 |
| ROTARIX SUSP | 235 | SAVELLA PAK | 219 | sildenafil tab 20mg | 120 |
| ROTATEQ INJ | 235 | SAVELLA TAB | 219 | SILVADENE CREAM | 140 |
| ROXICODONE TAB | 15 | SAXENDA INJ | 2 | silver sulfadiazine cream | 140 |
| ROZEREM TAB | 177 | scopolamine patch | 58 | SIMBRINZA OPHTH | 202 |
| ROZLYTREK CAP | 91 | selegiline cap | 97 | SUSP | |
| ROZLYTREK PAK | 91 | selegiline tab | 97 | SIMPONI | 8 |
| RUBRACA TAB | 91 | selenium sulfide lotion | 140 | AUTO-INJECTOR 100MG | |
| rufinamide susp | 39 | selenium sulfide shampoo | 140 | SIMPONI INJ 100MG | 8 |
| rufinamide tab | 39 | SELZENTRY SOLN | 106 | simvastatin tab | 65 |
| RUKOBIA ER TAB | 106 | SELZENTRY TAB | 106 | SINEMET CR TAB | 97 |
| RYBELSUS TAB | 52 | SEMGLEE INJ, INSULIN | 54 | SINEMET TAB | 97 |
| RYDAPT CAP | 91 | GLARGINE-YFGN INJ | | SINGULAIR CHEW TAB | 27 |
| RYTHMOL SR CAP | 25 | SEMGLEE PEN, INSULIN | 54 | SINGULAIR GRANULE | 27 |
| S | | GLARGINE-YFGN PEN | | PACK | |
| SALAGEN TAB | 192 | SEMPREX-D CAP | 132 | SINGULAIR TAB | 27 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------------|-----|---------------------------|-----|---------------------------|-----|
| sirolimus soln | 189 | sodium fluoride/potassium | 192 | solifenacin tab | 230 |
| sirolimus tab | 112 | nitrate paste | | SOLU-CORTEF INJ | 129 |
| SIVEXTRO TAB | 76 | SODIUM OXYBATE | 217 | SOLU-CORTEF INJ | 129 |
| SKELAXIN TAB | 195 | SOLN | | 100MG | |
| SKYCLARYS CAP | 198 | sodium polystyrene | 112 | SOLU-MEDROL INJ | 129 |
| SKYRIZI INJ 150MG/ML | 139 | powder | | SOLU-MEDROL INJ | 129 |
| SKYRIZI INJ 180 | 165 | sodium polystyrene susp | 112 | 2GM | |
| MG/1.2ML | | sodium sulfacetamide | 134 | SOLU-MEDROL PF INJ | 130 |
| SKYRIZI INJ | 165 | lotion | | SOMA TAB | 196 |
| 360MG/2.4ML | | sodium | 134 | SOMAVERT INJ | 155 |
| SKYRIZI INJ | 139 | sulfacetamide/sulfur | | sorafenib tosylate tab | 91 |
| 75MG/0.83ML | | cleanser 10-5% | | sotalol AF tab | 114 |
| SKYTROFA INJ | 155 | sodium | 135 | sotalol tab | 114 |
| SLO-NIACIN TAB | 240 | sulfacetamide/sulfur | | SOTYLIZE SOLN | 114 |
| SLYND TAB | 127 | cleanser 9-4.5% | | 5MG/ML | |
| smz/tmp (DS) tab | 73 | sodium | 135 | SPECTRACEF TAB | 123 |
| smz/tmp susp | 74 | sulfacetamide/sulfur | | SPIKEVAX INJ | 236 |
| SOD CHLORIDE INJ | 188 | emulsion 10-5% | | SPIKEVAX INJ | 236 |
| sodium chloride neb soln | 132 | sodium/magnesium/potassi | 178 | 50MCG/0.5ML | |
| sodium citrate/citric acid | 167 | um soln | | SPINOSAD SUSP | 148 |
| soln | | SOFOSBUVIR/VELPATAS | 109 | SPIRIVA RESPIMAT | 26 |
| sodium fluoride cream | 191 | VIR TAB | | INHALER 1.25MCG/ACT | |
| sodium fluoride gel | 191 | SOGROYA INJ | 156 | spironolactone susp | 152 |
| sodium fluoride paste | 192 | SOHONOS CAP 1.5MG | 196 | spironolactone tab | 152 |
| sodium fluoride rinse | 192 | SOHONOS CAP 10MG | 196 | spironolactone/hydrochlor | 151 |
| sodium fluoride soln | 187 | SOHONOS CAP 1MG | 196 | othiazide tab | |
| SODIUM FLUORIDE TAB | 187 | SOHONOS CAP 2.5MG | 196 | SPORANOX CAP | 60 |
| | | SOHONOS CAP 5MG | 196 | SPORANOX SOLN | 61 |

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| | | | | | |
|----------------------|-----|----------------------|-----|--------------------------|-----|
| sprintec 28 tab | 125 | SULFAMYLON CREAM | 140 | SYNJARDY XR TAB | 49 |
| SPRYCEL TAB | 91 | sulfasalazine EC tab | 165 | 5-1000MG, | |
| SPS SUSP | 190 | sulfasalazine tab | 165 | 12.5-1000MG | |
| STALEVO TAB | 98 | sulindac tab | 11 | SYNTHROID TAB | 225 |
| STAVUDINE CAP | 106 | SUMADAN WASH | 135 | <hr/> | |
| STELARA INJ | 139 | 9-4.5% | | T | |
| STENDRA TAB | 118 | SUMATRIPTAN INJ | 186 | TABLOID TAB | 80 |
| STIMATE NASAL SOLN | 158 | SUMATRIPTAN INJ | 186 | TABRECTA TAB | 92 |
| STIOLTO INHALER | 31 | 6MG/0.5ML | | tacrolimus cap | 112 |
| STIVARGA TAB | 91 | sumatriptan tab | 186 | tacrolimus oint | 145 |
| STRENSIQ INJ | 158 | sunitinib malate cap | 91 | tadalafil tab | 118 |
| STRIBILD TAB | 106 | SUNOSI TAB | 3 | tadalafil tab (PAH) | 120 |
| STRIVERDI RESPIMAT | 32 | SUPRAX CAP | 123 | tadalafil tab 2.5mg, 5mg | 118 |
| INHALER | | SUPRAX CHEW TAB | 123 | TADLIQ SUSP | 120 |
| STROMECTOL TAB | 21 | SUPRAX SUSP | 123 | TAFINLAR CAP | 92 |
| SUBOXONE SL FILM | 18 | SUPRAX SUSP | 123 | TAFINLAR TAB | 92 |
| sucralfate susp | 229 | 500MG/5ML | | TAGRISSE TAB | 82 |
| sucralfate tab | 228 | SURMONTIL CAP | 48 | TAKHZYRO INJ | 170 |
| SUFLAVE SOLN | 179 | SYMAX DUOTAB | 228 | TAKHZYRO INJ | 170 |
| sulfacetamide sodium | 204 | SYMBYAX CAP | 219 | 150MG/ML | |
| ophth soln | | SYMDEKO TAB | 222 | TALTZ INJ | 139 |
| sulfacetamide | 207 | SYMPROIC TAB | 166 | TALZENNA CAP 0.25MG | 92 |
| sodium/prednisolone | | SYMTUZA TAB | 107 | TALZENNA CAP 0.5MG, | 92 |
| ophth soln | | SYNAREL NASAL SOLN | 156 | 0.75MG, 1MG | |
| SULFACETAMIDE/PRED | 207 | SYNJARDY TAB | 49 | TAMIFLU CAP | 110 |
| NISOLONE OPHTH | | SYNJARDY XR TAB | 49 | TAMIFLU CAP 30MG | 111 |
| SOLN | | 10-1000MG, 25-1000MG | | tamoxifen tab | 84 |
| sulfadiazine tab | 223 | | | tamsulosin cap | 168 |
| | | | | TAPAZOLE TAB | 225 |

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|-----------------------|-----|----------------------------|-----|----------------------------|-----|
| TASIGNA CAP | 92 | TENORMIN TAB | 113 | testosterone gel pump | 20 |
| TASMAR TAB | 95 | TEPMETKO TAB | 92 | 1.62% | |
| tavaborole soln | 137 | TERAZOL CREAM | 237 | testosterone soln | 20 |
| TAVNEOS CAP | 170 | terazosin cap | 68 | TETANUS/DIPHThERIA | 227 |
| tazarotene cream 0.1% | 139 | terbinafine tab | 60 | TOXOID INJ | |
| TAZORAC CREAM | 139 | terbutaline sulfate tab | 32 | tetrabenazine tab | 219 |
| TAZORAC CREAM 0.05% | 139 | terconazole cream | 237 | tetracycline cap | 224 |
| TAZVERIK TAB | 92 | TERCONAZOLE CREAM | 237 | TEZSPIRE INJ | 26 |
| TECHLITE INSULIN | 184 | 0.8% | | THALOMID CAP | 111 |
| SYRINGE | | terconazole supp | 237 | THEO-24 CAP | 32 |
| TECHLITE PEN NEEDLE | 184 | teriflunomide tab | 220 | theophylline ER tab | 32 |
| TEGRETOL SUSP | 39 | TERIPARATIDE INJ | 154 | theophylline soln | 32 |
| TEGRETOL TAB | 39 | 620MCG/2.48ML | | theophylline tab er | 32 |
| TEGRETOL XR TAB | 39 | TESSALON CAP | 130 | thioridazine tab | 102 |
| TEGSEDI INJ | 222 | testosterone cypionate inj | 19 | thiothixene cap | 102 |
| TEKTRUNA HCT TAB | 71 | TESTOSTERONE | 19 | THYROLAR TAB | 226 |
| TEKTRUNA TAB | 72 | ENANTHATE INJ | | tiagabine tab | 41 |
| telmisartan tab | 68 | 200MG/ML | | TIAZAC CAP | 115 |
| temazepam cap 15mg | 177 | testosterone gel 1% 25mg | 19 | TIBSOVO TAB | 92 |
| temazepam cap 22.5mg | 177 | testosterone gel 1% 50mg | 19 | TIGAN CAP | 58 |
| temazepam cap 30mg | 177 | testosterone gel 1% pump | 20 | TIKOSYN CAP | 25 |
| temazepam cap 7.5mg | 177 | testosterone gel 1.62% | 20 | timolol maleate ophth gel | 200 |
| TEMOVATE CREAM | 143 | 1.25gm | | timolol maleate ophth soln | 200 |
| TEMOVATE OINT | 143 | testosterone gel 1.62% | 20 | timolol maleate tab | 114 |
| temozolomide cap | 80 | 2.5gm | | TIMOPTIC OPHTH SOLN | 200 |
| tenofovir disoproxil | 107 | TESTOSTERONE GEL | 20 | TIMOPTIC-XE OPHTH | 200 |
| fumarate tab | | PUMP | | GEL | |
| TENORETIC TAB | 71 | | | TINDAMAX TAB | 73 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-------------------------|-----|-------------------------|-----|---------------------------|-----|
| tinidazole tab | 73 | TOPAMAX SPRINKLE | 39 | tretinoin cap | 79 |
| tiopronin tab | 169 | CAP | | tretinoin cream | 135 |
| TIROSINT-SOL | 226 | TOPAMAX TAB | 39 | tretinoin gel | 135 |
| TIVICAY PD TAB | 107 | TOPICORT CREAM | 143 | tretinoin gel 0.08% | 135 |
| TIVICAY TAB | 107 | TOPICORT OINT | 143 | triamcinolone acetate inj | 130 |
| tizanidine tab | 196 | topiramate sprinkle cap | 39 | triamcinolone cream | 143 |
| TOBI PODHALER | 5 | topiramate tab | 39 | triamcinolone in orabase | 192 |
| TOBRADEX OPHTH | 207 | TOPROL XL TAB | 113 | paste | |
| OINT | | toremifene tab | 84 | triamcinolone lotion | 143 |
| TOBRADEX OPHTH | 207 | toremide tab | 152 | triamcinolone oint | 143 |
| SOLN | | TOVIAZ TAB | 230 | triamcinolone OTC nasal | 197 |
| TOBRADEX ST OPHTH | 207 | TRACLEER TAB 32MG | 120 | spray | |
| SUSP | | tramadol ER tab | 16 | triamterene/hydrochloroth | 151 |
| tobramycin neb soln | 6 | TRAMADOL HCL ER TAI | 16 | iazide cap | |
| tobramycin ophth soln | 204 | tramadol tab | 16 | triamterene/hydrochloroth | 152 |
| tobramycin/dexamethason | 208 | tramadol/acetaminophen | 17 | iazide tab | |
| e ophth soln | | tab | | triazolam tab | 177 |
| TOBREX OPHTH OINT | 204 | tranexamic acid tab | 175 | tricitrates soln | 167 |
| TOBREX OPHTH SOLN | 204 | TRANSDERM-SCOP | 58 | tricon cap | 175 |
| TODAY SPONGE | 237 | PATCH | | TRICOR TAB | 64 |
| TOFRANIL TAB | 48 | tranylcypromine tab | 44 | trientine cap | 188 |
| TOLAZAMIDE TAB | 55 | TRAVATAN Z DROPS | 210 | trifluoperazine tab | 102 |
| TOLBUTAMIDE TAB | 55 | travoprost ophth soln | 210 | TRIFLURIDINE OPHTH | 204 |
| tolcapone tab | 95 | trazodone tab | 46 | SOLN | |
| TOLMETIN TAB | 11 | TRECTOR TAB | 79 | trihexyphenidyl elixir | 97 |
| tolterodine SR cap | 230 | TRELEGY ELLIPTA | 32 | TRIHXYPHENIDYL | 97 |
| tolterodine tab | 230 | INHALER | | SOLN | |
| | | TREMFYA INJ | 139 | trihexyphenidyl tab | 95 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|------------------------------|-----|---------------------------------------|-----|
| TRIKAFTA TAB | 222 | tussigon tab | 130 | UROCIT-K TAB | 167 |
| TRIKAFTA THERAPY PACK | 223 | TWIRLA PATCH | 125 | UROXATRAL TAB | 168 |
| tri-legest tab | 125 | TYBLUME TAB | 125 | URSO FORTE TAB | 163 |
| TRILEPTAL SUSP | 39 | TYLENOL/CODEINE TAF | 17 | ursodiol cap | 163 |
| TRILEPTAL TAB | 39 | TYMLOS INJ | 154 | ursodiol tab | 163 |
| TRI-LUMA CREAM | 146 | TYVASO DPI POWDER | 118 | <hr/> | |
| trimethobenzamide cap | 58 | TYVASO DPI POWDER | 118 | V | |
| TRIMETHOPRIM TAB | 73 | MAINTENANCE KIT | | VAGIFEM TAB | 238 |
| trimipramine cap | 48 | 32-48MCG | | valacyclovir tab | 110 |
| TRINTELLIX TAB | 46 | TYVASO DPI POWDER | 119 | VALCHLOR GEL | 138 |
| tri-sprintec tab | 125 | TITRATION KIT | | VALCYTE TAB | 108 |
| TRIUMEQ PD TAB | 107 | 16-32-48MCG | | valganciclovir soln | 108 |
| TRIUMEQ TAB | 107 | TYVASO DPI POWDER | 119 | valganciclovir tab | 108 |
| TRIZIVIR TAB | 107 | TITRATION KIT | | VALIUM TAB 2MG, 10MG | 24 |
| tropicamide ophth soln | 201 | 16-32MCG | | VALIUM TAB 5MG | 24 |
| tropium chloride SR cap | 231 | TYVASO INH SOLN 0.6 MG/ML | 119 | valproic acid cap | 43 |
| tropium tab | 231 | <hr/> | | valproic acid syrup | 43 |
| TRUEPLUS INSULIN SYRINGE | 184 | U | | valsartan tab | 68 |
| TRUEPLUS PEN NEEDLE | 184 | UBRELVY TAB | 184 | valsartan/hydrochlorothiazi de tab | 72 |
| TRULANCE TAB | 162 | UCERIS RECTAL FOAM | 21 | VALTOCO NASAL SPRAY | 35 |
| TRULICITY INJ | 52 | UCERIS TAB | 130 | VALTREX TAB | 110 |
| TRUMENBA INJ | 232 | ULORIC TAB | 169 | VANCOCIN CAP | 75 |
| TRUSOPT OPHTH SOLN | 210 | ULTRAM TAB | 16 | vancomycin cap | 75 |
| TUKYSA TAB | 81 | ULTRAVATE CREAM | 144 | VANFLYTA TAB | 93 |
| TURALIO CAP | 92 | ULTRAVATE OINT | 144 | VANFLYTA TAB 26.5MG | 93 |
| | | UPNEEQ SOLN | 210 | VANIQA CREAM | 145 |
| | | UPTRAVI TAB | 120 | vardenafil ODT | 118 |
| | | URECHOLINE TAB | 231 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|-------------------------|-----|------------------------|-----|
| varденаfil tab | 118 | verapamil SR tab | 116 | VISTARIL CAP | 23 |
| VARENICLINE TAB | 221 | verapamil tab | 116 | VITAFOL STRIPS | 194 |
| varenicline tartrate tab | 221 | VERELAN CAP | 116 | vitamin D cap | 239 |
| varenicline tartrate tab | 222 | VERELAN PM CAP | 116 | vitamin D cap 1000unit | 239 |
| starter pack | | VERELAN PM ER CAP | 116 | vitamin D cap 400unit | 239 |
| VARIVAX INJ | 236 | 200MG, 300MG | | VITAMIN D TAB | 239 |
| VARUBI TAB | 59 | VERELAN SR CAP | 116 | 400UNIT | |
| VASERETIC TAB | 72 | 360mg | | VITRAKVI CAP 100MG | 93 |
| VASOTEC TAB | 67 | VERZENIO TAB | 93 | VITRAKVI CAP 25MG | 93 |
| VAXNEUVANCE INJ | 232 | VESICARE TAB | 231 | VITRAKVI SOLN | 93 |
| V-C FORTE CAP | 193 | VFEND SUSP | 61 | VIVELLE-DOT PATCH | 161 |
| VELIVET PAK | 125 | VFEND TAB | 61 | VIZIMPRO TAB | 82 |
| VELPHORO CHEW TAB | 166 | V-GO INJ KIT | 183 | VOLTAREN GEL | 137 |
| VEMLIDY TAB | 109 | VIBRAMYCIN CAP | 224 | VONJO CAP | 93 |
| VENCLEXTA STARTER | 81 | VIBRAMYCIN SUSP | 224 | voriconazole susp | 61 |
| PACK | | VIBRAMYCIN SYRUP | 224 | voriconazole tab | 61 |
| VENCLEXTA TAB | 81 | VICTOZA INJ | 53 | VOSEVI TAB | 109 |
| VENELEX OINT | 148 | VIDEX SOLN | 107 | VOWST CAP | 165 |
| venlafaxine ER cap | 46 | vigabatrin powder pack | 41 | VOXZOGO INJ | 158 |
| venlafaxine tab | 46 | vigabatrin tab | 41 | VP-PNV-DHA CAP | 194 |
| VENTAVIS INH SOLN | 119 | vigadrone powder pack | 41 | VYNDAMAX CAP | 121 |
| VENTOLIN HFA | 32 | VIGAMOX OPHTH SOLN | 204 | VYNDAQEL CAP | 121 |
| INHALER | | VIJOICE TAB | 190 | W | |
| VERAPAMIL ER CAP, | 116 | VIJOICE TAB 250MG | 190 | WAKIX TAB | 3 |
| VERELAN CAP | | viorele tab, kariva tab | 125 | warfarin tab | 33 |
| verapamil SR cap | 116 | VIRACEPT TAB | 107 | WEGOVI INJ | 2 |
| VERAPAMIL SR CAP | 116 | VIREAD TAB 150MG, | 107 | WEGOVI INJ | 2 |
| 360mg | | 200MG, 250MG | | 1.7MG/0.75ML | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------------|-----|--|-----|--------------------------|-----|
| WEGOVY INJ 2.4MG/0.75ML | 2 | XCOPRI TITRATION PAK 12.5-25MG | 41 | Z zafemy patch | 125 |
| WELIREG TAB | 84 | XCOPRI TITRATION PAK 150-200MG | 41 | zafirlukast tab | 27 |
| WELLBUTRIN SR TAB | 44 | XCOPRI TITRATION PAK 50-100MG | 41 | zaleplon cap | 177 |
| WELLBUTRIN XL TAB | 44 | XDEMVIY OPHTH SOLN | 204 | ZANAFLEX TAB | 196 |
| wymzya FE tab | 125 | XELJANZ SOLN | 6 | ZANOSAR INJ | 80 |
| X | | XELJANZ TAB | 6 | ZARONTIN CAP | 42 |
| XACIATO GEL | 236 | XELJANZ XR TAB | 6 | ZARONTIN SOLN | 42 |
| XADAGO TAB | 97 | XEMBIFY INJ | 213 | ZARXIO INJ | 174 |
| XALATAN OPHTH SOLN | 211 | XENLETA TAB | 76 | ZAVZPRET NASAL SPRAY | 185 |
| XALKORI CAP | 93 | XIFAXAN TAB 200MG | 73 | ZEGALOGUE INJ | 51 |
| XALKORI SPRINKLE CAP | 94 | XIFAXAN TAB 550MG | 73 | ZEGERID CAP OTC | 230 |
| XAQUIL XR TAB | 150 | XIGDUO XR TAB | 49 | ZEJULA CAP | 94 |
| XARELTO STARTER PACK | 33 | XIGDUO XR TAB 10-1000MG | 49 | ZEJULA TAB | 94 |
| XARELTO SUSP | 33 | XIGDUO XR TAB 2.5-1000MG, 5-1000MG | 49 | ZELAPAR ODT | 97 |
| XARELTO TAB | 33 | XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | 49 | ZELBORAF TAB | 94 |
| XCOPRI PAK 100-150MG | 40 | XOPENEX NEB SOLN | 32 | ZEMPLAR CAP | 158 |
| XCOPRI PAK 150-200MG | 40 | XOSPATA TAB | 94 | ZEPBOUND INJ | 3 |
| XCOPRI PAK 50-200MG | 40 | XPHOZAH TAB | 158 | ZEPOSIA CAP | 220 |
| XCOPRI TAB 150MG, 200MG | 40 | XPOVIO PAK | 85 | ZEPOSIA STARTER PACK | 221 |
| XCOPRI TAB 50MG, 100MG | 40 | XTAMPZA ER CAP | 16 | ZESTORETIC TAB | 72 |
| | | XYZBAC TAB | 150 | ZETONNA NASAL SPRA | 197 |
| | | | | ZIAC TAB | 72 |
| | | | | zidovudine cap | 107 |
| | | | | zidovudine syrup | 107 |
| | | | | zidovudine tab | 107 |
| | | | | ZIMHI SOLN | 57 |

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ALPHABETICAL LISTING OF DRUGS

| | | | |
|------------------|-----|--------------------|-----|
| ziprasidone cap | 99 | ZYKADIA CAP | 94 |
| ZIRGAN OPHTH GEL | 204 | ZYKADIA TAB | 94 |
| ZITHROMAX POWDER | 179 | ZYLET OPHTH SUSP | 208 |
| PACK | | ZYLOPRIM TAB | 169 |
| ZITHROMAX SUSP | 179 | ZYMAXID OPHTH SOLN | 204 |
| ZITHROMAX TAB | 179 | ZYPREXA TAB | 101 |
| ZOCOR TAB | 65 | ZYPREXA ZYDIS TAB | 101 |
| ZOFRAN ODT | 58 | ZYRTEC CHILD CHEW | 61 |
| ZOFRAN SOLN | 58 | TAB | |
| ZOFRAN TAB | 58 | ZYVOX SUSP | 76 |
| ZOKINVY CAP | 190 | ZYVOX TAB | 76 |
| ZOLINZA CAP | 94 | | |
| zolmitriptan tab | 186 | | |
| ZOLOFT CONC | 46 | | |
| ZOLOFT TAB | 46 | | |
| zolpidem ER tab | 177 | | |
| zolpidem tab | 176 | | |
| ZONEGRAN CAP | 40 | | |
| ZONISADE SUSP | 40 | | |
| zonisamide cap | 40 | | |
| ZONTIVITY TAB | 171 | | |
| ZORYVE CREAM | 139 | | |
| ZOVIRAX CAP | 110 | | |
| ZOVIRAX SUSP | 110 | | |
| ZOVIRAX TAB | 110 | | |
| ZTALMY SUSP | 40 | | |
| ZUTRIPRO LIQUID | 132 | | |
| ZYDELIG TAB | 94 | | |

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