



L.A. Care
PASC-SEIU[®]

L.A. Care Health Plan *PASC-SEIU Formulary*



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 All previous versions of the formulary are no longer in effect.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

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

INTRODUCTION

Table of Contents

Forward	i
How to Use the Formulary.....	ii
Generic and Brand Name Medications	ii
How Drugs Are Listed	iii
Non-Formulary Medications.....	iii
Benefit Coverage and Limitations.....	iv
How to Find a Pharmacy	iv
Description of Coverage.....	v
How Much Will I Pay for My Drugs	v
Restrictions on Medication Coverage	vi
Medication Request Process.....	vii
General Benefit Exclusions (Not Covered)	viii
Pharmacist and Physician Feedback	viii
Definitions.....	ix
Categorical List of Prescription Drugs	1
Index of Prescription Drugs.....	172

Foreword

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

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

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

How to Use the Formulary

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

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

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

Generic and Brand Name Medications

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

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

How Drugs Are Listed

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

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

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

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

Non-Formulary Medications

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

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

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

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

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

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

Benefit Coverage and Limitations

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

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

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

How to Find a Pharmacy

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

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

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

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

Description of Coverage

L.A. Care will provide medically necessary drugs when prescribed by a licensed participating provider acting within the scope of his or her licensure and included on the L.A. Care drug formulary.

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

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

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

How Much I Will Pay for My Drugs

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

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

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

Restrictions on Medication Coverage

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

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

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

Medication Request Process

Formulary Agents

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

Non-Formulary Agents

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

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

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

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

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

Pharmacist and Physician Feedback

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

Definitions

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

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

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

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

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

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

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

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

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

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

“Non-formulary drug” is a prescription drug that is not listed on the health plan’s formulary.

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

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

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

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

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

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

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

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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 (ADDERALL XR Equiv)</i>	F	-
<i>amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG (ADDERALL Equiv)</i>	F	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG (DEXEDRINE Equiv)</i>	F	-
<i>dextroamphetamine tab 10MG, 15MG, 20MG, 30MG, 5MG (DEXEDRINE Equiv)</i>	F	-
<i>lisdexamfetamine dimesylate cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG (VYVANSE Equiv)</i>	F	-
<i>lisdexamfetamine dimesylate chew tab 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (VYVANSE Equiv)</i>	F	-
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
<i>phentermine cap 15MG, 30MG, 37.5MG (ADIPEX Equiv)</i>	F	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG (ADIPEX Equiv)</i>	F	PA-QL QL= 1 tab/day

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

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	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG (<i>phentermine hcl-topiramate</i>)	F	PA-QL QL= 1 cap/day
ANTI-OBESITY AGENTS - Drugs to help weight loss		
IMCIVREE INJ 10MG/ML (<i>setmelanotide acetate</i>)	F	LD-PA-QL QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
SAXENDA INJ 18MG/3ML (<i>liraglutide (weight management)</i>)	F	PA-QL QL= 5 pens/30 days
WEGOVY INJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML (<i>semaglutide (weight management)</i>)	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML 1.7MG/0.75ML (<i>semaglutide (weight management)</i>)	F	PA-QL QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML 2.4MG/0.75ML (<i>semaglutide (weight management)</i>)	F	PA-QL QL= 4 pens/28 days
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>)	F	PA-QL QL= 4 inj/28 days (2mL/28days)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders		
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG (STRATTERA Equiv)</i>	F	-
<i>clonidine ER tab .1MG (KAPVAY Equiv)</i>	F	-

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

2

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>guanfacine ER tab 1MG, 2MG, 3MG, 4MG (INTUNIV Equiv)</i>	F	-
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders		
SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>)	F	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>)	F	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 (NUVIGIL Equiv)</i>	F	QL QL= 1 tab/day
<i>dextmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG (FOCALIN XR Equiv)</i>	F	-
<i>dextmethylphenidate tab 10MG, 2.5MG, 5MG (FOCALIN Equiv)</i>	F	-
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG (METADATE CD Equiv)</i>	F	-
<i>methylphenidate ER cap 10MG, 20MG, 30MG, 40MG, 60MG (RITALIN LA Equiv)</i>	F	-
METHYLPHENIDATE ER TAB 18MG, 27MG, 36MG, 54MG (CONCERTA Equiv) (<i>methylphenidate hcl</i>)	F	-

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

3

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
methylphenidate ER tab 18MG, 27MG, 36MG, 54MG (CONCERTA Equiv)	F	-
methylphenidate ER tab 10mg, 20mg 10MG, 20MG (RITALIN Equiv)	F	-
methylphenidate soln 10MG/5ML, 5MG/5ML (METHYLIN Equiv)	F	-
methylphenidate tab 10MG, 20MG, 5MG (RITALIN Equiv)	F	-
modafinil tab 100MG, 200MG (PROVIGIL Equiv)	F	QL QL= 2 tabs/day
AMINOGLYCOSIDES - Drugs to treat bacterial infections		
AMINOGLYCOSIDES - Drugs to treat infections		
neomycin tab 500MG	F	-
TOBI PODHALER 28MG (<i>tobramycin</i>)	F	LD-PA Only available through Walgreens 888-347-3416
tobramycin neb soln 300MG/5ML (TOBI Equiv)	F	LMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
OLUMIANT TAB 1MG, 2MG, 4MG (<i>baricitinib</i>)	F	LMSP-PA-QL QL= 1 tab/day

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

4

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RINVOQ ER TAB 15MG, 30MG, 45MG <i>(upadacitinib)</i>	F	LMSP-PA-QL QL= 1 tab/day
XELJANZ SOLN 1MG/ML (<i>tofacitinib citrate</i>)	F	LMSP-PA-QL QL= 10ml/day
XELJANZ TAB 10MG, 5MG (<i>tofacitinib citrate</i>)	F	LMSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG (<i>tofacitinib citrate</i>)	F	LMSP-PA-QL QL= 1 tab/day
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>)	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ 40MG/0.4ML <i>(adalimumab-adaz)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO Equiv) (<i>adalimumab-fkjp</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML 20MG/0.4ML (<i>adalimumab-fkjp</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML 40MG/0.8ML (<i>adalimumab-fkjp</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.4ML (<i>adalimumab-bwwd</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days

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

5

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
HADLIMA PUSH INJ 40MG/0.4ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days	
HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML <i>(adalimumab-bwwd)</i>	F	LMSP-PA-QL QL= 2 inj/28 days	
HUMIRA INJ 10MG 10MG/0.1ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ 80MG 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 syringes/28 days	
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 1 pack/fill, 1 fill/plan year	
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i>	F	LMSP-PA-QL QL= 2 pens/28 days	
SIMPONI AUTO-INJECTOR 100MG 100MG/ML <i>(golimumab)</i>	F	LMSP-PA-QL QL=1 inj/28 days	

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

6

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SIMPONI INJ 100MG 100MG/ML (<i>golimumab</i>)	F	LMSP-PA-QL QL=1 inj/28 days
GOLD COMPOUNDS - Drugs to treat disorders of the immune system		
RIDAURA CAP 3MG (<i>auranofin</i>)	F	-
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis		
KINERET INJ 100MG/0.67ML (<i>anakinra</i>)	F	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306
INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis		
ACTEMRA ACTPEN INJ 162MG/0.9ML (<i>tocilizumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
ACTEMRA SC INJ 162MG/0.9ML (<i>tocilizumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	F	-
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	F	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	F	-
<i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv)	F	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	F	-

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

7

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>etodolac tab 400MG, 500MG</i>	F	-	
FLURBIPROFEN TAB 50MG (ANSAID Equiv) <i>(flurbiprofen)</i>	F	-	
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	F	-	
<i>ibuprofen susp (Rx ONLY) 100MG/5ML,</i> <i>200MG/10ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	F	-	
<i>ibuprofen tab 800MG</i>	F	-	
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	F	-	
<i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv)	F	-	
<i>ketorolac inj 15mg/ml 15MG/ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days	
<i>ketorolac inj 30mg/ml 30MG/ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days	
<i>ketorolac inj 60mg/2ml 30MG/ML, 60MG/2ML</i> (TORADOL Equiv)	F	QL QL= 20ml/5 days	
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	F	QL QL= 20 tabs/5 days	
<i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv)	F	-	
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	F	-	
<i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv)	F	-	
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	F	-	
<i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv)	F	-	

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

8

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>sulindac tab 150MG, 200MG (CLINORIL Equiv)</i>	F	-
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system		
OTEZLA STARTER PACK (<i>apremilast</i>)	F	LMSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG (<i>apremilast</i>)	F	LMSP-PA-QL QL= 2 tabs/day
PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system		
<i>leflunomide tab 10MG, 20MG (ARAVA Equiv)</i>	F	-
SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system		
ORENCIA CLICK INJ 125MG/ML (<i>abatacept</i>)	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML 125MG/ML (<i>abatacept</i>)	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML (<i>abatacept</i>)	F	LMSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML (<i>abatacept</i>)	F	LMSP-PA-QL QL= 4 inj/28 days
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system		
ENBREL INJ 25MG 25MG/0.5ML (<i>etanercept</i>)	F	LMSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML (<i>etanercept</i>)	F	LMSP-PA-QL QL= 4 inj/28 days

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

9

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	F	MSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML (<i>etanercept</i>)	F	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)	F	-
ANALGESICS - OPIOID - Drugs to treat pain		
OPIOID AGONISTS - Drugs to treat pain		
CODEINE SULFATE TAB 15MG 15MG (<i>codeine sulfate</i>)	F	QL QL= 240 tabs/30 days
<i>codeine sulfate tab 15mg, 30mg 30MG</i>	F	QL QL=240 tabs/30 days
CODEINE SULFATE TAB 60MG 60MG (<i>codeine sulfate</i>)	F	QL QL=180 tabs/30 days
<i>codeine sulfate tab 60mg</i>	F	QL QL=180 tabs/30 days

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

10

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR (DURAGESIC Equiv)</i>	F	QL QL=10 patches/30 days
<i>hydromorphone tab 2mg 2MG (DILAUDID Equiv)</i>	F	QL QL=240 tabs/30 days
<i>hydromorphone tab 4mg 4MG (DILAUDID Equiv)</i>	F	QL QL=180 tabs/30 days
<i>hydromorphone tab 8mg 8MG (DILAUDID Equiv)</i>	F	QL QL=120 tabs/30 days
<i>methadone conc 10MG/ML</i>	F	QL QL=600ml/30 days
<i>methadone soln 10mg/5ml 10MG/5ML</i>	F	QL QL=600ml/30 days
<i>methadone soln 5mg/5ml 5MG/5ML</i>	F	QL QL = 1200ml/30 days
<i>methadone tab 5MG (DOLOPHINE Equiv)</i>	F	QL QL=120/30 days
<i>methadone tablet 10mg 10MG (DOLOPHINE Equiv)</i>	F	QL QL=240/30 days
<i>MORPHINE SULF SOLN 10MG/5ML 10MG/5ML (morphine sulfate)</i>	F	QL QL= 120ml/30 days
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG (MS CONTIN Equiv)</i>	F	QL QL= 90 tabs/ 30 days

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

11

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MORPHINE SULFATE SOLN 20MG/5ML (<i>morphine sulfate</i>)	F	QL QL=120ml/30 days
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i>	F	QL QL=120ml/30 days
<i>morphine sulfate tab 15MG, 30MG</i>	F	QL QL=180 tabs/30 days
<i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv)	F	QL QL=240ml/30 days
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	F	QL QL= 120 tabs/30 days
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	F	QL QL=240 tabs/30 days
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (<i>oxycodone</i>)	F	PA-QL QL= 120 caps/30 days
OPIOID COMBINATIONS - Drugs to treat pain		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	F	QL QL=240ml/30 days
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	F	QL QL=180 tabs/30 days
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML (<i>acetaminophen w/ codeine</i>)	F	QL QL= 240ml/30 days

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

12

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)</i>	F	QL QL=1800ml/30 days
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG (LORTAB Equiv)</i>	F	QL QL=120 tabs/30 days
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG (PERCOCET Equiv)</i>	F	QL QL=120 tabs/30 days
OXYCODONE/ASPIRIN TAB 4.835MG-325MG (oxycodone-aspirin)	F	QL QL= 120 tabs/30 days
OPIOD PARTIAL AGONISTS - Drugs to treat pain		
<i>buprenorphine SL tab 2MG, 8MG (SUBUTEX Equiv)</i>	F	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG (SUBOXONE SL FILM Equiv)</i>	F	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG (SUBOXONE Equiv)</i>	F	-
<i>butorphanol nasal spray 10MG/ML (STADOL Equiv)</i>	F	QL QL= 1 bottle/fill, 2 fills/30 days
ANDROGENS-ANABOLIC - Drugs to regulate male hormones		
ANDROGENS - Drugs to treat low testosterone level		

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

13

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANDRODERM PATCH 2MG/24HR, 4MG/24HR <i>(testosterone)</i>	F	PA-QL QL= 1 patch/day
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	F	-
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	F	-
TESTOSTERONE ENANTHATE INJ 200MG/ML 200MG/ML <i>(testosterone enanthate)</i>	F	QL QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG (ANDROGEL Equiv) <i>(testosterone)</i>	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 1 packet/day
<i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	F	PA-QL QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP <i>(testosterone)</i>	F	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	F	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	F	PA-QL QL= 2 bottles/30 days
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions		

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

14

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	F	-
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	F	-
RECTAL STEROIDS - Drugs to treat systemic swelling conditions		
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	F	-
ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum		
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	F	-
ANTHELMINTICS - Drugs to treat worm infections		
ANTHELMINTICS - Drugs to treat parasites		
BENZNIDAZOLE TAB 100MG, 12.5MG <i>(benznidazole)</i>	F	RS Restricted to Infectious Disease Specialist
EMVERM TAB 100MG (<i>mebendazole</i>)	F	PA
<i>ivermectin tab 3MG</i> (STROMECTOL Equiv)	F	PA
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	F	-
ANTIANGINAL AGENTS - Drugs to treat chest pain		
ANTIANGINALS-OTHER - Drugs to treat chest pain		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	F	-
NITRATES - Drugs to treat chest pain		

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

15

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG (ISORDIL Equiv)	F	-
isosorbide mononitrate ER tab 120MG, 30MG, 60MG (IMDUR Equiv)	F	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG (MONOKET Equiv) (isosorbide mononitrate)	F	-
isosorbide mononitrate tab 10MG, 20MG (MONOKET Equiv)	F	-
nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR (NITRO-DUR Equiv)	F	-
nitroglycerin SL tab .3MG, .4MG, .6MG (NITROSTAT Equiv)	F	-
ANTIANXIETY AGENTS - Drugs to treat anxiety		
ANTIANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs		
buspirone tab 10MG, 15MG, 5MG, 7.5MG (BUSPAR Equiv)	F	-
hydroxyzine pamoate cap 25MG, 50MG (VISTARIL Equiv)	F	-
hydroxyzine syrup 10MG/5ML (ATARAX Equiv)	F	-
hydroxyzine tab 10MG, 25MG, 50MG (ATARAX Equiv)	F	-
BENZODIAZEPINES - Drugs to treat anxiety		
alprazolam tab .25MG, .5MG, 1MG, 2MG (XANAX Equiv)	F	QL QL= 5 tabs/day

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

16

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>chlordiazepoxide cap 10MG, 25MG, 5MG (LIBRIUM Equiv)</i>	F	-
<i>diazepam conc 5MG/ML (VALIUM Equiv)</i>	F	QL QL= 180ml/30 days
<i>diazepam oral soln 5mg/5ml 5MG/5ML (DIAZEPAM Equiv)</i>	F	QL QL= 180ml/30 days
<i>diazepam tab 2mg, 10mg 10MG, 2MG (VALIUM Equiv)</i>	F	QL QL= 4 tabs/day
<i>diazepam tab 5mg 5MG (VALIUM Equiv)</i>	F	QL QL= 3 tabs/day
<i>lorazepam conc 1MG/0.5ML, 2MG/ML (ATIVAN Equiv)</i>	F	-
<i>lorazepam tab .5MG, 1MG, 2MG (ATIVAN Equiv)</i>	F	-
ANTIARRHYTHMICS - Drugs to control heart rhythm		
ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm		
<i>disopyramide cap 100MG, 150MG (NORPACE Equiv)</i>	F	-
<i>quinidine gluconate CR tab</i>	F	-
<i>quinidine sulfate tab 200MG, 300MG</i>	F	-
ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	F	-
ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm		
<i>flecainide tab 100MG, 150MG, 50MG (TAMBOCOR Equiv)</i>	F	-

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

17

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	F	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	F	-
ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	F	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	F	-
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	F	-
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>)	F	LD-PA-QL QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
NUCALA INJ 100MG/ML, 40MG/0.4ML (<i>mepolizumab</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
TEZSPIRE INJ 210MG/1.91ML (<i>tezepelumab-ekko</i>)	F	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)	F	-
BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders		

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

18

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ATROVENT HFA INHALER 17MCG/ACT <i>(ipratropium bromide hfa)</i>	F	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH <i>(umeclidinium bromide)</i>	F	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	F	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT <i>(tiotropium bromide monohydrate)</i>	F	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		
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	F	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	F	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	F	-
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat asthma and COPD		
<i>roflumilast tab 250MCG, 500MCG</i>	F	-
STEROID INHALANTS - Drugs to treat asthma and COPD		
ALVESCO INHALER 160MCG/ACT, 80MCG/ACT <i>(ciclesonide)</i>	F	-

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

19

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	F	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>)	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	F	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>)	F	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	F	-
FLUTICASONE DISKUS INHALER 50MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	F	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT (<i>fluticasone propionate hfa</i>)	F	-
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	F	-

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

20

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	F	-
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	F	-
QVAR REDIHALER 40MCG/ACT, 80MCG/ACT (<i>beclomethasone dipropionate hfa</i>)	F	-
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>)	F	-
<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	F	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	F	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML (<i>albuterol sulfate</i>)	F	-
<i>albuterol sulfate syrup 2MG/5ML</i>	F	-
<i>albuterol sulfate tab 2MG, 4MG</i>	F	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv)	F	-

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

21

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT <i>(umeclidinium-vilanterol)</i>	F	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH <i>(fluticasone furoate-vilanterol)</i>	F	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH <i>(fluticasone furoate-vilanterol)</i>	F	-
BREZTRI AEROSPHERE INHALER 4.8MCG/ACT-9MCG/ACT-160MCG/ACT <i>(budesonide-glycopyrrolate-formoterol fumarate)</i>	F	-
<i>budesonide/formoterol inhaler</i> <i>4.5MCG/ACT-160MCG/ACT,</i> <i>4.5MCG/ACT-80MCG/ACT</i> (SYMBICORT Equiv)	F	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT <i>(ipratropium-albuterol)</i>	F	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT <i>(mometasone furoate-formoterol fumarate dihydrate)</i>	F	-

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

22

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT <i>(mometasone furoate-formoterol fumarate dihydrate)</i>	F	-
<i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv)	F	-
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT <i>(fluticasone-salmeterol)</i>	F	-
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT <i>(fluticasone-salmeterol)</i>	F	-
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT <i>(fluticasone-salmeterol)</i>	F	-
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML,</i> 1.25MG/0.5ML, 1.25MG/3ML (XOPENEX Equiv)	F	-
SEREVENT DISKUS INHALER 50MCG/DOSE <i>(salmeterol xinafoate)</i>	F	-
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	F	-

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

23

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRELEGY ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH <i>(fluticasone-umeclidinium-vilanterol)</i>	F	-
VENTOLIN HFA INHALER 108MCG/ACT (<i>albuterol sulfate</i>)	F	QL QL= 2 inhalers/30 days
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR (<i>theophylline</i>)	F	-
<i>theophylline ER tab 400MG, 600MG</i> (THEOPHYLLINE ER Equiv)	F	-
<i>theophylline soln 80MG/15ML</i>	F	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG (<i>theophylline</i>)	F	-
ANTICOAGULANTS - Drugs to thin the blood		
COUMARIN ANTICOAGULANTS - Drugs to thin the blood		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	F	-
DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood		
ELIQUIS TAB, ELIQUIS STARTER PACK 5MG (<i>apixaban</i>)	F	-
XARELTO STARTER PACK (<i>rivaroxaban</i>)	F	-
XARELTO SUSP 1MG/ML (<i>rivaroxaban</i>)	F	-
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG (<i>rivaroxaban</i>)	F	-

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

24

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
<i>enoxaparin inj 300MG/3ML (LOVENOX Equiv)</i>	F	-
<i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML (ARIXTRA Equiv)</i>	F	PA
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<i>clobazam susp 2.5MG/ML (ONFI Equiv)</i>	F	PA Members age 9 or older require Prior Authorization
<i>clobazam tab 10MG, 20MG (ONFI Equiv)</i>	F	PA
<i>clonazepam tab .5MG, 1MG, 2MG (KLONOPI</i> Equiv)	F	-
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	F	QL QL= 2 packs/fill
DIAZEPAM GEL 2.5MG (<i>diazepam (anticonvulsant)</i>)	F	QL QL= 2 packs/fill
<i>diazepam rectal gel 10MG, 20MG</i>	F	QL QL= 2 packs/fill
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
<i>carbamazepine chew tab 100MG (TEGRETOL Equiv)</i>	F	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	F	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	F	-

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

25

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
carbamazepine susp 100MG/5ML, 200MG/10ML (TEGRETOL Equiv)	F	-
carbamazepine tab 200MG (TEGRETOL Equiv)	F	-
DIACOMIT CAP 250MG, 500MG (stiripentol)	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
DIACOMIT POWDER PACK 250MG, 500MG (stiripentol)	F	LD-PA Only available through PantheRx Pharmacy 855-726-8479
EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>)	F	LD-PA Only available through Lumicera 855-847-3553
FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl</i> (anticonvulsant))	F	LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
gabapentin cap 100MG, 300MG, 400MG (NEURONTIN Equiv)	F	QL QL= 9 caps/day
gabapentin soln 250MG/5ML, 300MG/6ML (NEURONTIN Equiv)	F	QL QL= 72 mls/day
gabapentin tab 600mg 600MG (NEURONTIN Equiv)	F	QL QL= 6 tabs/day
gabapentin tab 800mg 800MG (NEURONTIN Equiv)	F	QL QL= 4.5 tabs/day

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

26

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>lacosamide oral solution 10MG/ML (VIMPAT Equiv)</i>	F	-	
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG (VIMPAT Equiv)</i>	F	-	
<i>lamotrigine chew tab 25MG, 5MG (LAMICTAL Equiv)</i>	F	-	
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG (LAMICTAL Equiv)</i>	F	-	
<i>levetiracetam ER tab 500MG, 750MG (KEPPRA XR Equiv)</i>	F	-	
<i>levetiracetam soln 100MG/ML, 500MG/5ML (KEPPRA Equiv)</i>	F	-	
<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG (KEPPRA Equiv)</i>	F	-	
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML (TRILEPTAL Equiv)</i>	F	-	
<i>oxcarbazepine tab 150MG, 300MG, 600MG (TRILEPTAL Equiv)</i>	F	-	
<i>pregabalin cap 100MG, 150MG, 200MG, 25MG, 50MG, 75MG (LYRICA Equiv)</i>	F	QL QL= 3 caps/day	
<i>pregabalin cap 225mg 225MG (LYRICA Equiv)</i>	F	QL QL= 2 caps/day	
<i>pregabalin cap 300mg 300MG (LYRICA Equiv)</i>	F	QL QL= 2 caps/day	
<i>pregabalin soln 20MG/ML (LYRICA Equiv)</i>	F	QL QL= 30ml/day	

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

27

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>primidone tab 250MG, 50MG (MYSOLINE Equiv)</i>	F	-
<i>rufinamide susp 40MG/ML (BANZEL Equiv)</i>	F	PA
<i>rufinamide tab 200MG, 400MG (BANZEL TAB Equiv)</i>	F	PA
<i>topiramate sprinkle cap 15MG, 25MG (TOPAMAX Equiv)</i>	F	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG (TOPAMAX Equiv)</i>	F	-
<i>zonisamide cap 100MG, 25MG, 50MG (ZONEGRAN Equiv)</i>	F	-
ZTALMY SUSP 50MG/ML (<i>ganaxolone</i>)	F	LD-PA-QL QL= 1100ml/30 days; Only available through Orsini 800-410-8575
CARBAMATES - Drugs to treat seizures		
<i>felbamate susp 600MG/5ML (FELBATOL Equiv)</i>	F	-
<i>felbamate tab 400MG, 600MG (FELBATOL Equiv)</i>	F	-
XCOPRI PAK 100-150MG (<i>cenobamate</i>)	F	QL QL= 2 tabs/day
XCOPRI PAK 150-200MG (<i>cenobamate</i>)	F	QL QL= 2 tabs/day
XCOPRI PAK 50-200MG (<i>cenobamate</i>)	F	QL QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG 150MG, 200MG (<i>cenobamate</i>)	F	QL QL= 2 tabs/day

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

28

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XCOPRI TAB 50MG, 100MG 100MG, 50MG <i>(cenobamate)</i>	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG <i>(cenobamate)</i>	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG <i>(cenobamate)</i>	F	QL QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG <i>(cenobamate)</i>	F	QL QL= 1 tab/day
GABA MODULATORS - Drugs to treat seizures		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	F	-
<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	F	LD-PA Only available through Lumicera 855-847-3553
<i>vigadron powder pack 500MG</i>	F	LD-PA Only available through PantheRx 855-726-8479
HYDANTOINS - Drugs to treat seizures		
DILANTIN CAP 30MG 30MG <i>(phenytoin sodium extended)</i>	F	-

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

29

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	F	-
<i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv)	F	-
SUCCINIMIDES - Drugs to treat seizures		
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	F	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	F	-
<i>methsuximide cap 300MG</i> (CELONTIN Equiv)	F	-
VALPROIC ACID - Drugs to treat seizures		
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	F	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	F	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	F	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	F	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	F	-
ANTIDEPRESSANTS - Drugs to treat depression disorder		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	F	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	F	-
ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs		

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

30

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	F	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	F	-
MAPROTILINE TAB 25MG, 50MG, 75MG (maprotiline hcl)	F	-
MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression		
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	F	-
PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>)	F	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	F	-
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	F	-
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression		
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	F	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	F	-
<i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv)	F	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	F	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	F	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	F	-
<i>fluoxetine tab 60mg 60MG</i>	F	-

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

31

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>fluvoxamine ER cap 100MG, 150MG (LUVOX CR Equiv)</i>	F	ST Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
<i>fluvoxamine tab 100MG, 25MG, 50MG (LUVOX Equiv)</i>	F	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG (PAXIL CR Equiv)</i>	F	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG (PAXIL Equiv)</i>	F	-
<i>sertraline conc 20MG/ML (ZOLOFT Equiv)</i>	F	-
<i>sertraline tab 100MG, 25MG, 50MG (ZOLOFT Equiv)</i>	F	-
SEROTONIN MODULATORS - Drugs to treat depression		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG (<i>nefazodone hcl</i>)	F	-
<i>nefazodone tab 50mg, 250mg</i>	F	-
<i>trazodone tab 100MG, 150MG, 50MG (DESYREL Equiv)</i>	F	-
SEROTONIN-NOREpinephrine Reuptake Inhibitors (SNRIS) - Drugs to treat depression		
<i>desvenlafaxine ER tab 100MG, 25MG, 50MG (PRISTIQ Equiv)</i>	F	-
<i>duloxetine EC cap 20MG, 30MG, 60MG (CYMBALTA Equiv)</i>	F	-

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

32

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>venlafaxine ER cap 150MG, 37.5MG, 75MG (EFFEXOR XR Equiv)</i>	F	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG (EFFEXOR Equiv)</i>	F	-
TRICYCLIC AGENTS - Drugs to treat depression		
<i>amitriptyline tab (ELAVIL Equiv)</i>	F	-
<i>amoxapine tab 100MG, 150MG, 25MG, 50MG (AMOXAPINE Equiv)</i>	F	-
<i>desipramine tab (NORPRAMIN Equiv)</i>	F	-
<i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG (SINEQUAN Equiv)</i>	F	-
<i>doxepin conc 10MG/ML (SINEQUAN Equiv)</i>	F	-
<i>imipramine tab 10MG, 25MG, 50MG (TOFRANIL Equiv)</i>	F	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG (PAMELOR Equiv)</i>	F	-
<i>nortriptyline oral soln 10MG/5ML (NORTRIPTYLINE Equiv)</i>	F	-
ANTIDIABETICS - Drugs to regulate blood sugar		
ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar		
<i>acarbose tab 100MG, 25MG, 50MG (PRECOSE Equiv)</i>	F	-
ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar		

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

33

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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

34

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG <i>(empagliflozin-metformin hcl)</i>	F	QL QL= 2 tabs/day
XIGDUO XR TAB 5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	F	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	F	QL QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	F	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-500MG, 5MG-500MG <i>(dapagliflozin propanediol-metformin hcl)</i>	F	QL QL= 1 tab/day
BIGUANIDES - Drugs to regulate blood sugar		
<i>metformin ER tab 500MG, 750MG (GLUCOPHAGE XR Equiv)</i>	F	-
<i>metformin tab 1000MG, 500MG, 850MG (GLUCOPHAGE Equiv)</i>	F	-
DIABETIC OTHER - Drugs to regulate blood sugar		
BAQSIMI NASAL POWDER 3MG/DOSE <i>(glucagon)</i>	F	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG <i>(glucagon hcl (rdna))</i>	F	QL QL= 2 inj/fill

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

35

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
		F	QL QL= 2 inj/fill
GLUCAGON EMR INJ 1MG/ML (<i>glucagon hcl</i>)	F	QL QL= 2 inj/fill	
GLUCAGON INJ KIT 1MG (<i>glucagon (rdna)</i>)	F	QL QL= 2 inj/fill	
GLUCAGON KIT 1MG (<i>glucagon (rdna)</i>)	F	QL QL= 2 inj/fill	
GVOKE INJ .5MG/0.1ML, 1MG/0.2ML (<i>glucagon</i>)	F	QL QL= 2 inj/fill	
GVOKE INJ KIT 1MG/0.2ML (<i>glucagon</i>)	F	QL QL= 2 inj/fill	
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML (<i>glucagon</i>)	F	QL QL= 2 inj/fill	
<i>mifepristone tab 300MG</i> (KORLYM Equiv)	F	LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)	
ZEGALOGUE INJ .6MG/0.6ML (<i>dasiglucagon hcl</i>)	F	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>)	F	QL QL= 1 tab/day	
JANUVIA TAB 100MG, 25MG, 50MG (<i>sitagliptin phosphate</i>)	F	QL QL= 1 tab/day	
INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar			

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

36

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OZEMPIK INJ 2MG/3ML (<i>semaglutide</i>)	F	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		
BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>)	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ (<i>exenatide</i>)	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG (<i>exenatide</i>)	F	QL-RDX QL= 4 inj/28 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>)	F	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIK INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML (<i>semaglutide</i>)	F	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	F	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>)	F	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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

37

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	F	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>)	F	-
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro</i>)	F	-
HUMALOG MIX INJ 25UNIT/ML-75UNIT/ML, 50UNIT/ML (<i>insulin lispro protamine & lispro</i>)	F	-
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN 25UNIT/ML-75UNIT/ML (<i>insulin lispro protamine & lispro</i>)	F	-
HUMALOG PEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
HUMULIN MIX INJ (<i>insulin isophane & reg (human)</i>)	F	OTC
HUMULIN MIX PEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>)	F	OTC
HUMULIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	F	OTC
HUMULIN N PEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>)	F	OTC
HUMULIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>)	F	OTC

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

38

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>)	F	-
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>)	F	-
INSULIN LISPRO INJ 100UNIT/ML (HUMALOG Equiv) (<i>insulin lispro</i>)	F	-
INSULIN LISPRO JR KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML (<i>insulin lispro</i>)	F	-
LYUMJEV INJ 100UNIT/ML (<i>insulin lispro-aabc</i>)	F	-
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML (<i>insulin lispro-aabc</i>)	F	-
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ 100UNIT/ML (<i>insulin glargine-yfgn</i>)	F	-
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN 100UNIT/ML (<i>insulin glargine-yfgn</i>)	F	-
INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar		
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS TAB Equiv)	F	-
MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar		
<i>nateglinide tab 120MG, 60MG</i> (STARLIX Equiv)	F	-
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	F	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		

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

39

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FARXIGA TAB 10MG, 5MG (<i>dapagliflozin propanediol</i>)	F	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG (<i>empagliflozin</i>)	F	QL QL= 1 tab/day
SULFONYLUREAS - Drugs to regulate blood sugar		
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	F	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	F	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	F	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	F	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	F	-
TOLAZAMIDE TAB (<i>tolazamide</i>)	F	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	F	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	F	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	F	-

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

40

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDOTES - Drugs to treat overdose or toxicity		
ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity		
CHEMET CAP 100MG (<i>succimer</i>)	F	-
FERRIPROX SOLN 100MG/ML (<i>deferoxime</i>)	F	LD-PA Only available through Ferriprox Total Care 866-758-7071
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
<i>naltrexone tab 50MG</i> (REVIA Equiv)	F	-
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)	F	LMSP
<i>deferasirox tab 180MG, 360MG, 90MG</i> (JADENU Equiv)	F	LMSP
<i>deferasirox tab for oral susp 125MG, 250MG, 500MG</i> (EXJADE Equiv)	F	LMSP
<i>deferoxime tab 1000MG, 500MG</i> (FERRIPROX Equiv)	F	LD-PA Only available through Luminera 855-847-3553
OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity		
KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>)	F	-
<i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv)	F	OTC

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

41

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Luminera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>naloxone inj .4MG/ML, 4MG/10ML</i>	F	-
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>)	F	OTC
OPVEE NASAL SPRAY 1MG/ML, 2.7MG/0.1ML (<i>nalmefene hcl (antidote)</i>)	F	-
RIVIVE SPRAY 3MG/0.1ML (<i>naloxone hcl</i>)	F	OTC
ZIMHI SOLN 5MG/0.5ML (<i>naloxone hcl</i>)	F	-
ANTIEMETICS - Drugs to treat nausea and vomiting		
5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	F	QL QL= 9 tabs/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	F	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	F	-
ONDANSETRON TAB 24MG (ZOFTRAN Equiv) (<i>ondansetron hcl</i>)	F	-
<i>ondansetron tab 4MG, 8MG</i> (ZOFTRAN Equiv)	F	-
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>meclizine chew tab 25MG</i> (BONINE Equiv)	F	OTC
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	F	OTC
<i>scopolamine patch 1.5MG, 1MG/3DAYS</i> (TRANSDERM-SCOP Equiv)	F	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	F	-

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

42

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
AKYNZEO CAP .5MG-300MG <i>(netupitant-palonosetron)</i>	F	QL-RS QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	F	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting		
<i>aprepitant cap 125MG, 40MG, 80MG</i> (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
<i>aprepitant pak</i> (EMEND Equiv)	F	QL-RS QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
VARUBI TAB 90MG (<i>rolapitant hcl</i>)	F	QL-RS QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
ANTIFUNGALS - Drugs to treat fungal infection		
ANTIFUNGALS - Drugs to treat fungal infection		
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	F	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	F	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	F	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	F	-
<i>nystatin powder</i>	F	-

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

43

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>nystatin tab 500000UNIT</i>	F	-
<i>terbinafine tab 250MG (LAMISIL Equiv)</i>	F	-
IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections		
<i>fluconazole susp 10MG/ML, 40MG/ML (DIFLUCAN Equiv)</i>	F	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG (DIFLUCAN Equiv)</i>	F	-
<i>itraconazole cap 100MG (SPORANOX Equiv)</i>	F	-
<i>ketoconazole tab 200MG (NIZORAL Equiv)</i>	F	-
<i>voriconazole tab 200MG, 50MG (VFEND Equiv)</i>	F	-
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		
<i>diphenhydramine cap 50mg 50MG (BENADRYL Equiv)</i>	F	Only 50mg covered
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
<i>cetirizine syrup 1MG/ML, 5MG/5ML (ZYRTEC Equiv)</i>	F	OTC
<i>cetirizine tab 10MG, 5MG (ZYRTEC Equiv)</i>	F	OTC
<i>loratadine chew tab 5MG (CLARITIN Equiv)</i>	F	OTC
<i>loratadine ODT 10MG, 5MG (CLARITIN Equiv)</i>	F	OTC
<i>loratadine syrup 5MG/5ML (CLARITIN Equiv)</i>	F	OTC
<i>loratadine tab 10MG (CLARITIN Equiv)</i>	F	OTC
ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms		
<i>promethazine supp (PHENERGAN Equiv)</i>	F	-
<i>promethazine syrup</i>	F	-

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

44

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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

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

45

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv)	F	-
<i>colesevelam pack 3.75GM</i> (WELCHOL Equiv)	F	-
<i>colesevelam tab 625MG</i> (WELCHOL Equiv)	F	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	F	-
FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	F	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	F	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	F	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	F	-
HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol		
<i>atorvastatin tab 10MG, 20MG, 40MG, 80MG</i> (LIPITOR Equiv)	\$0	-
<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
<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

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

46

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	F	-
NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	F	-
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol		
<i>REPATHA INJ 140MG/ML (evolocumab)</i>	F	LMSP-PA-QL QL= 2 inj/28 days
<i>REPATHA PUSHTRONEX INJ 420MG/3.5ML (evolocumab)</i>	F	LMSP-PA-QL QL= 1 inj/28 days
ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
ACE INHIBITORS - Drugs to treat high blood pressure		
<i>benazepril tab</i> (LOTENSIN Equiv)	F	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	F	-
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	F	-
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	F	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	F	-
<i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv)	F	-

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

47

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv)	F	-
AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	F	LMSP
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	F	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	F	-
<i>olmesartan tab 20MG, 40MG, 5MG</i> (BENICAR Equiv)	F	-
<i>telmisartan tab 20MG, 40MG, 80MG</i> (MICARDIS Equiv)	F	-
<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	F	-
ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	F	-
<i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	F	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	F	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	F	-
METHYLDOPA TAB 250MG, 500MG (<i>methyldopa</i>)	F	-
<i>methyldopa tab 250MG, 500MG</i>	F	-
<i>prazosin cap</i> (MINIPRESS Equiv)	F	-

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

48

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	F	-
ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure		
<i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv)	F	-
<i>amlodipine/olmesartan tab 10MG-20MG, 10MG-40MG, 5MG-20MG, 5MG-40MG</i> (AZOR TAB Equiv)	F	-
<i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv)	F	-
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	F	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	F	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv)	F	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	F	-
<i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv)	F	-

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

49

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG Smoking Cessation		ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG (AVALIDE Equiv)</i>	F	-
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ZESTORETIC Equiv)</i>	F	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG (HYZAAR Equiv)</i>	F	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG (LOPRESSOR HCT Equiv)</i>	F	-
<i>olmesartan/hydrochlorothiazide tab 12.5MG-20MG, 12.5MG-40MG, 25MG-40MG (BENICAR HCT Equiv)</i>	F	-
QUINAPRIL/HCTZ TAB 12.5MG-20MG	F	-
<i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG (ACCURETIC Equiv)</i>	F	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG (DIOVAN HCT Equiv)</i>	F	-
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - Drugs to treat high blood pressure		
<i>eplerenone tab 25MG, 50MG (INSPRA Equiv)</i>	F	-
VASODILATORS - Drugs to treat high blood pressure		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG (APRESOLINE Equiv)</i>	F	-
<i>minoxidil tab 10MG, 2.5MG (LONITEN Equiv)</i>	F	-

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

50

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs		
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	F	PA
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	F	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	F	LMSP
<i>tinidazole tab 250MG, 500MG</i> (TINDAMAX Equiv)	F	-
TRIMETHOPRIM TAB 100MG (PROLOPRIM Equiv) <i>(trimethoprim)</i>	F	-
<i>trimethoprim tab</i> (PROLOPRIM Equiv)	F	-
XIFAXAN TAB 550MG 550MG (<i>rifaximin</i>)	F	QL QL= 60 tabs/30 days
ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations		
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	F	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv)	F	-
ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections		
ALINIA SUSP 100MG/5ML (<i>nitazoxanide</i>)	F	PA-QL QL= 60ml/3 days
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	F	-
LAMPIT TAB 120MG, 30MG (<i>nifurtimox</i>)	F	RS Restricted to Infectious Disease Specialist

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

51

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>nitazoxanide tab 500MG</i> (ALINIA Equiv)	F	PA-QL QL= 6 tabs/3 days
GLYCOPEPTIDES - Drugs to treat bacterial infections		
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	F	QL QL= 56 caps/fill
LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)		
<i>dapsone tab 100MG, 25MG</i>	F	-
LINCOSAMIDES - Drugs to treat bacterial infections		
<i>clindamycin cap 150MG, 300MG, 75MG</i> (CLEOCIN Equiv)	F	-
MONOBACTAMS - Drugs to treat bacterial infections		
CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>)	F	KMSP-RS Restricted to Infectious Disease or Pulmonology Specialist
OXAZOLIDINONES - Drugs to treat bacterial infections		
<i>linezolid susp 100MG/5ML</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	F	RS Restricted to Infectious Disease Specialist
SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>)	F	QL-RS QL= 6 tabs/fill; Restricted to Infectious Disease Specialist

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

52

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PLEUROMUTILINS - Drugs to treat infections		
XENLETA TAB 600MG (<i>lefamulin acetate</i>)	F	QL-RS QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections		
<i>methenamine hippurate tab 1GM</i> (HIPREX Equiv)	F	-
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	F	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	F	-
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)	F	-
ANTIMALARIALS - Drugs to treat malaria (parasitic infections)		
<i>chloroquine tab 250MG, 500MG</i> (ARALEN Equiv)	F	-
<i>hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG</i> (PLAQUENIL Equiv)	F	-
<i>KRINTAFEL TAB 150MG</i> (<i>tafenoquine succinate</i>)	F	-
<i>mefloquine tab 250MG</i> (LARIAM Equiv)	F	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	F	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	F	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416

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

53

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders		
FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>)	F	LD-PA Only available through AnovoRx 844-288-5007
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	F	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	F	-
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>)	F	-
ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)		
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	F	-
<i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv)	F	-
ISONIAZID TAB 100MG (<i>isoniazid</i>)	F	-
<i>isoniazid tab 100MG, 300MG</i>	F	-
PRETOMANID TAB 200MG (<i>pretomanid</i>)	F	QL-RS QL= 1 tab/day; Restricted to Infectious Disease Specialist
PRIFTIN TAB 150MG (<i>rifapentine</i>)	F	-
<i>pyrazinamide tab 500MG</i>	F	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	F	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	F	-

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

54

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
HEXALEN CAP (<i>altretamine</i>)	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	F	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	F	-
TABLOID TAB 40MG (<i>thioguanine</i>)	F	-
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ZOLINZA CAP 100MG (<i>vorinostat</i>)	F	LMSP-PA-SF
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
ACTIMMUNE INJ 2000000UNIT/0.5ML (<i>interferon gamma-1b</i>)	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	F	-
INTRON-A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT (<i>interferon alfa-2b</i>)	F	KMSP
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	F	-
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	F	LMSP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	F	-
MESNEX TAB 400MG (<i>mesna</i>)	F	LMSP
TOPOISOMERASE I INHIBITORS - Drugs to treat cancer		
HYCAMTIN CAP .25MG, 1MG (<i>topotecan hcl</i>)	F	LMSP-PA

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

55

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer		
ALKYLATING AGENTS - Drugs to treat cancer		
<i>cyclophosphamide cap 25MG, 50MG</i>	F	-
CYCLOPHOSPHAMIDE TAB 25MG, 50MG <i>(cyclophosphamide)</i>	F	-
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG <i>(lomustine)</i>	F	-
MELPHALAN TAB 2MG <i>(melphalan)</i>	F	LMSP
MYLERAN TAB 2MG <i>(busulfan)</i>	F	LMSP
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG (TEMODAR Equiv)</i>	F	LMSP
ANTIMETABOLITES - Drugs to treat cancer		
<i>capecitabine tab 150MG, 500MG (XELODA Equiv)</i>	F	LMSP
<i>methotrexate inj 1GM</i>	F	-
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer		
INLYTA TAB 1MG, 5MG <i>(axitinib)</i>	F	KMSP-PA-QL-SF QL= 8 tabs/day
LENVIMA CAP 10MG, 4MG <i>(lenvatinib mesylate)</i>	F	LD-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>	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306

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

56

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer		
VENCLEXTA STARTER PACK (<i>venetoclax</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	F	LD-PA-QL QL= 1 tab/day; Only available through Luminera 855-847-3553
GILOTRIF TAB 20MG, 30MG, 40MG (<i>afatinib dimaleate</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
TAGRISSO TAB 40MG, 80MG (<i>osimertinib mesylate</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>)	F	KMSP-PA-QL-SF QL= 1 tab/day
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - Drugs to treat cancer		

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

57

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Luminera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	F	LMSP-PA-SF
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	F	LMSP-PA-SF
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	F	LMSP-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	F	-
<i>EMCYT CAP 140MG (estramustine phosphate sodium)</i>	F	-
ERLEADA TAB 60MG (<i>apalutamide</i>)	F	LMSP-PA-QL QL= 4 tabs/day
ERLEADA TAB 240MG 240MG (<i>apalutamide</i>)	F	LMSP-PA-QL QL= 1 tab/day
EULEXIN CAP 125MG (<i>flutamide</i>)	F	-
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
FLUTAMIDE CAP 125MG (EULEXIN Equiv) (<i>flutamide</i>)	F	-
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	F	-
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	F	-

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

58

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LYSODREN TAB 500MG (<i>mitotane</i>)	F	LD Only available through Walgreens 888-347-3416
<i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv)	F	-
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	F	-
<i>nilutamide tab 150MG</i> (NILANDRON Equiv)	F	LMSP
NUBEQA TAB 300MG (<i>darolutamide</i>)	F	MSP-PA-QL-SF QL= 4 tabs/day
ORGOVYX TAB 120MG (<i>relugolix</i>)	F	LD-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306
ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Onco360 877-662-6633
ORSERDU TAB 345MG 345MG (<i>elacestrant hydrochloride</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>toremifene tab 60MG</i> (FARESTON Equiv)	F	-
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors		

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

59

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
WELIREG TAB 40MG (<i>belzutifan</i>)	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer		
POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>)	F	KMSP-PA-QL QL= 21 caps/28 days
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer		
AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG (<i>avapritinib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>)	F	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer		
INQOVI TAB 35MG-100MG (<i>decitabine-cedazuridine</i>)	F	MSP-PA-QL QL= 5 tabs/28 days
KISQALI PAK 2.5MG-200MG (<i>ribociclib succinate-letrazole</i>)	F	LMSP-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG (<i>trifluridine-tipiracil</i>)	F	MSP-PA
ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	F	LMSP-PA-QL QL= 8 caps/day

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

60

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALUNBRIG TAB 30MG 30MG (<i>brigatinib</i>)	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG (<i>brigatinib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG (<i>erdafitinib</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG (<i>erdafitinib</i>)	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG 5MG (<i>erdafitinib</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BOSULIF CAP 100MG, 50MG (<i>bosutinib</i>)	F	MSP-PA
BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>)	F	KMSP-PA-SF
BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>)	F	LD-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	F	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>)	F	MSP-PA-QL-SF 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.

61

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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

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

62

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
GAVRETO CAP 100MG (<i>pralsetinib</i>)	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Luminera 855-847-3553	
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG (<i>ponatinib hcl</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144	
IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>)	F	MSP-PA-QL QL= 1 tab/day	
<i>imatinib tab 100MG, 400MG (GLEEVEC Equiv)</i>	F	LMSP-PA-QL QL= 3 tabs/day	
IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>)	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118	
IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>)	F	LD-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118	
IMBRUVICA SUSP 70MG/ML (<i>ibrutinib</i>)	F	LD-PA-QL QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118	
IMBRUVICA TAB 420MG, 560MG 420MG, 560MG (<i>ibrutinib</i>)	F	LD-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>)	F	MSP-PA-QL-SF QL= 2 tabs/day	

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

63

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Luminera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
JAYPIRCA TAB 100MG, 50MG (<i>pirtobrutinib</i>)	F	LMSP-PA-QL QL= 2 tabs/day	
KISQALI TAB 200MG (<i>ribociclib succinate</i>)	F	LMSP-PA-QL QL= 63 tabs/28 days	
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	F	LD-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633	
KOSELUGO CAP 10MG 10MG (<i>selumetinib sulfate</i>)	F	LD-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633	
KRAZATI TAB 200MG (<i>adagrasib</i>)	F	LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306	
<i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv)	F	LMSP-PA	
LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>)	F	KMSP-PA-QL-SF QL= 1 tab/day	
LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>)	F	KMSP-PA-QL-SF QL= 3 tabs/day	
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	F	LD-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306	
LUMAKRAS TAB 320MG 320MG (<i>sotorasib</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306	

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

64

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
LYNPARZA TAB 100MG, 150MG (<i>olaparib</i>)	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306	
LYTGOBI THERAPY PACK 4MG (<i>futibatinib</i>)	F	LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633	
MEKINIST SOLN .05MG/ML (<i>trametinib dimethyl sulfoxide</i>)	F	LMSP-PA	
MEKINIST TAB 0.5MG .5MG (<i>trametinib dimethyl sulfoxide</i>)	F	LMSP-PA-QL QL= 3 tabs/day	
MEKINIST TAB 2MG 2MG (<i>trametinib dimethyl sulfoxide</i>)	F	LMSP-PA-QL QL= 1 tab/day	
MEKTOVI TAB 15MG (<i>binimetinib</i>)	F	MSP-PA-QL QL= 6 tabs/day	
NERLYNX TAB 40MG (<i>neratinib maleate</i>)	F	LD-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>)	F	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)	F	LMSP-PA-QL QL= 4 tabs/day	

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

65

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PEMAZYRE TAB 13.5MG, 4.5MG, 9MG <i>(pemigatinib)</i>	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
PIQRAY TAB 150MG, 200MG <i>(alpelisib)</i>	F	LMSP-PA-SF
QINLOCK TAB 50MG <i>(ripretinib)</i>	F	LD-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
RETEVMO CAP 40MG, 80MG <i>(selpercatinib)</i>	F	LMSP-PA-QL-SF QL= 4 caps/day
REZLIDHIA CAP 150MG <i>(olutasidenib)</i>	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306
ROZLYTREK CAP 100MG, 200MG <i>(entrectinib)</i>	F	LMSP-PA-QL QL= 3 caps/day
ROZLYTREK PAK 50MG <i>(entrectinib)</i>	F	LMSP-PA-QL QL= 6 packs/day
RUBRACA TAB 200MG, 250MG, 300MG <i>(rucaparib camsylate)</i>	F	LD-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874
RYDAPT CAP 25MG <i>(midostaurin)</i>	F	LMSP-PA-QL QL= 56 caps/28 days
<i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv)	F	LMSP-PA
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG <i>(dasatinib)</i>	F	LMSP-PA-SF

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

66

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
STIVARGA TAB 40MG (<i>regorafenib</i>)	F	MSP-PA-QL-SF QL= 4 tabs/day
<i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv)	F	LMSP-PA
TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>)	F	LMSP-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>)	F	LMSP-PA-QL QL= 4 caps/day
TAFINLAR TAB 10MG (<i>dabrafenib mesylate</i>)	F	LMSP-PA
TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>)	F	KMSP-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG (<i>talazoparib tosylate</i>)	F	KMSP-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>)	F	LMSP-PA-SF
TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>)	F	LD-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEPMETKO TAB 225MG (<i>tepotinib hcl</i>)	F	LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
TIBSOVO TAB 250MG (<i>ivosidenib</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306

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

67

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
TURALIO CAP 125MG, 200MG (<i>pexidartinib hcl</i>)	F	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306	
VANFLYTA TAB 17.7MG (<i>quizartinib dihydrochloride</i>)	F	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>)	F	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>)	F	LMSP-PA-QL QL= 2 tabs/day	
VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523	
VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523	
VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>)	F	LD-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523	
VONJO CAP 100MG (<i>pacritinib citrate</i>)	F	LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306	

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

68

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	F	KMSP-PA-QL-SF QL= 2 caps/day
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>)	F	MSP-PA-QL-SF QL= 4 caps/day
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	F	LD-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	F	LD-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB 100MG, 200MG, 300MG (<i>niraparib tosylate</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	F	LMSP-PA-QL QL= 8 tabs/day
ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP (<i>ceritinib</i>)	F	LMSP-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG (<i>ceritinib</i>)	F	LMSP-PA-QL-SF QL= 3 tabs/day
ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer		
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	F	LMSP-PA
MITOTIC INHIBITORS - Drugs to treat cancer		

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

69

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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

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

70

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>ropinirole ER tab 12MG, 2MG, 4MG, 6MG, 8MG</i> (REQUIP XL Equiv)	F	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG,</i> <i>5MG</i> (REQUIP Equiv)	F	-
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease		
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	F	-
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	F	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	F	-
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)	F	-
TRIHEXYPHENIDYL SOLN .4MG/ML <i>(trihexyphenidyl hcl)</i>	F	-
ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease		
CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>)	F	-
<i>carbidopa-levodopa-entacapone tab</i> <i>12.5MG-50MG-200MG, 18.75MG-75MG-200MG,</i> <i>25MG-100MG-200MG, 31.25MG-125MG-200MG,</i> <i>37.5MG-150MG-200MG, 50MG-200MG</i> (STALEVO Equiv)	F	-
ANTI-PSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders		
ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions		
<i>lithium carbonate cap</i> (ESKALITH ER Equiv)	F	-

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

71

NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	KMSP Kroger Mandatory Specialty Pharmacy Program
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization	QL Quantity Limit
RDX Restricted to Diagnosis	RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months
SMKG Smoking Cessation	ST Step Therapy	VAC Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	F	-
<i>lithium carbonate tab 300MG</i>	F	-
ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP 100MG, 200MG, 300MG (carbamazepine (mood))	F	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG,</i> <i>80MG</i> (LATUDA Equiv)	F	-
<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	F	-
BENZISOXAZOLES - Drugs to treat mood disorders		
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	F	-
RISPERIDONE ODT .25MG (<i>risperidone</i>)	F	-
<i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i>	F	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	F	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG,</i> <i>4MG</i> (RISPERDAL Equiv)	F	-
BUTYROPHENONES - Drugs to treat mood disorders		
<i>haloperidol lactate conc 10MG/5ML, 2MG/ML</i> (HALDOL Equiv)	F	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG,</i> <i>5MG</i> (HALDOL Equiv)	F	-
DIBENZAPINES - Drugs to treat mood disorders		

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

72

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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

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

73

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	F	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	F	-
QUINOLINONE DERIVATIVES - Drugs to treat mood disorders		
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG,</i> <i>5MG</i> (ABILIFY Equiv)	F	-
THIOXANTHENES - Drugs to treat mood disorders		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	F	-
ANTIVIRALS - Drugs to treat viral infection		
ANTIRETROVIRALS - Drugs to treat viral infections		
<i>abacavir soln 20MG/ML</i> (ZIAGEN Equiv)	F	-
<i>abacavir tab 300MG</i> (ZIAGEN Equiv)	F	-
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	F	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	F	-
APTIVUS CAP 250MG (<i>tipranavir</i>)	F	-
APTIVUS SOLN 100MG/ML (<i>tipranavir</i>)	F	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	F	-

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

74

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG <i>(bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	F	QL QL= 1 tab/ day
CIMDUO TAB 300MG <i>(lamivudine-tenofovir disoproxil fumarate)</i>	F	QL QL= 1 tab/day
COMPLERA TAB 25MG-200MG-300MG <i>(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)</i>	F	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG <i>(indinavir sulfate)</i>	F	MSP
<i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv)	F	-
DELSTRIGO TAB 100MG-300MG <i>(doravirine-lamivudine-tenofovir disoproxil fumarate)</i>	F	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)	F	-
DOVATO TAB 50MG-300MG <i>(dolutegravir sodium-lamivudine)</i>	F	QL QL= 1 tab/day
EDURANT TAB 25MG <i>(rilpivirine hcl)</i>	F	-
EFAVIRENZ CAP 200MG, 50MG <i>(efavirenz)</i>	F	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	F	-
<i>efavirenz/emtricitabine/tenofovir df tab 200MG-300MG-600MG</i> (ATRIPLA Equiv)	F	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.

75

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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

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

76

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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

77

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PIFELTRO TAB 100MG (<i>doravirine</i>)	F	QL QL= 1 tab/day
PREZCOBIX TAB 150MG-800MG (<i>darunavir-cobicistat</i>)	F	-
PREZISTA SUSP 100MG/ML (<i>darunavir</i>)	F	-
PREZISTA TAB 150MG, 75MG (<i>darunavir</i>)	F	-
RESCRIPTOR TAB (<i>delavirdine mesylate</i>)	F	-
REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>)	F	-
<i>ritonavir tab 100MG</i> (NORVIR Equiv)	F	-
RUKOBIA ER TAB 600MG (<i>fostemsavir tromethamine</i>)	F	-
SELZENTRY SOLN 20MG/ML (<i>maraviroc</i>)	F	-
SELZENTRY TAB 25MG, 75MG (<i>maraviroc</i>)	F	-
STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (<i>stavudine</i>)	F	-
<i>stavudine cap 15MG, 20MG, 30MG, 40MG</i>	F	-
STRIBILD TAB 150MG-200MG-300MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	F	QL QL= 1 tab/day
SYMTUZA TAB 10MG-150MG-200MG-800MG (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	F	-
<i>tenofovir disoproxil fumarate tab 300mg 300MG</i> (VIREAD Equiv)	F	-

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

78

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	F	-
TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir sodium</i>)	F	-
TRIUMEQ PD TAB 5MG-30MG-60MG (<i>abacavir-dolutegravir-lamivudine</i>)	F	QL QL= 1 tab/day
TRIUMEQ TAB 50MG-300MG-600MG (<i>abacavir-dolutegravir-lamivudine</i>)	F	QL QL= 1 tab/day
TRIZIVIR TAB 150MG-300MG (<i>abacavir sulfate-lamivudine-zidovudine</i>)	F	-
VIDEX SOLN 2GM (<i>didanosine</i>)	F	-
VIRACEPT TAB 250MG, 625MG (<i>nelfinavir mesylate</i>)	F	-
VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG (<i>tenofovir disoproxil fumarate</i>)	F	-
<i>zidovudine cap 100MG</i> (RETROVIR Equiv)	F	-
<i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv)	F	-
<i>zidovudine tab 300MG</i> (RETROVIR Equiv)	F	-
ANTIVIRAL COMBINATIONS- Drugs to treat viral infections		
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		

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

79

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LIVTENCITY TAB 200MG (<i>maribavir</i>)	F	LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306
PREVYMIS TAB 240MG, 480MG (<i>letermovir</i>)	F	LMSP-PA-QL QL= 1 tab/day; Limit 200 tabs/365 days
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	F	-
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	F	-
HEPATITIS AGENTS - Drugs to treat viral infections		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	F	LMSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	F	LMSP-QL QL= 1 tab/day
EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>)	F	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	F	-
LEDIPASVIR/SOFOSBUVIR TAB 90MG-400MG (<i>ledipasvir-sofosbuvir</i>)	F	LMSP-PA-QL QL= 1 tab/day
MAVYRET PAK 20MG-50MG (<i>glecaprevir-pibrentasvir</i>)	F	LMSP-PA-QL QL= 5 packs/day
MAVYRET TAB 40MG-100MG (<i>glecaprevir-pibrentasvir</i>)	F	LMSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML (<i>peginterferon alfa-2a</i>)	F	LMSP
PEG-INTRON INJ 50MCG/0.5ML (<i>peginterferon alfa-2b</i>)	F	LMSP
REBETOL SOLN (<i>ribavirin (hepatitis c)</i>)	F	LMSP

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

80

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RIBAVIRIN CAP 200MG (<i>ribavirin (hepatitis c)</i>) <i>ribavirin cap 200MG</i>	F	LMSP
RIBAVIRIN TAB 200MG (<i>ribavirin (hepatitis c)</i>)	F	LMSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (<i>sofosbuvir-velpatasvir</i>)	F	LMSP-PA-QL QL= 1 tab/day
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	F	LMSP
VOSEVI TAB 100MG-400MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	F	LMSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	F	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	F	-
<i>famciclovir tab 125MG, 250MG, 500MG</i> (FAMVIR Equiv)	F	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	F	-
INFLUENZA AGENTS - Drugs to treat viral infections		
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	F	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	F	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	F	QL QL= 250ml/fill

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

81

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>)	F	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>)	F	-
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>)	F	-
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>)	F	KMSP
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	F	-
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	F	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	F	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	F	-

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

82

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>mycophenolate DR tab 180MG, 360MG (MYFORTIC Equiv)</i>	F	-
<i>mycophenolate mofetil cap 250MG (CELLCEPT Equiv)</i>	F	-
<i>mycophenolate mofetil susp 200MG/ML (CELLCEPT SUSP Equiv)</i>	F	-
<i>mycophenolate mofetil tab 500MG (CELLCEPT Equiv)</i>	F	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML <i>(cyclosporine)</i>	F	-
<i>sirolimus tab .5MG, 1MG, 2MG (RAPAMUNE Equiv)</i>	F	-
<i>tacrolimus cap .5MG, 1MG, 5MG (PROGRAF Equiv)</i>	F	-
POTASSIUM REMOVING RESINS - Drugs to manage potassium levels		
<i>sodium polystyrene powder 100% (KAYEXALATE Equiv)</i>	F	-
<i>sodium polystyrene susp 15GM/60ML (SPS Equiv)</i>	F	-
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 (COREG Equiv)</i>	F	-
<i>labetalol tab 100MG, 200MG, 300MG (NORMODYNE Equiv)</i>	F	-
BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure		
<i>acebutolol cap 200MG, 400MG (SECTRAL Equiv)</i>	F	-

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

83

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>atenolol tab 100MG, 25MG, 50MG (TENORMIN Equiv)</i>	F	-
<i>bisoprolol tab 10MG, 5MG (ZEBETA Equiv)</i>	F	-
<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG (TOPROL XL Equiv)</i>	F	-
<i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG (LOPRESSOR Equiv)</i>	F	-
<i>nebivolol hcl tab 10MG, 2.5MG, 20MG, 5MG (BYSTOLIC Equiv)</i>	F	-
BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure		
<i>nadolol tab 20MG, 40MG, 80MG (CORGARD Equiv)</i>	F	-
<i>pindolol tab 10MG, 5MG (VISKEN Equiv)</i>	F	-
<i>propranolol ER cap 120MG, 160MG, 60MG, 80MG (INDERAL LA Equiv)</i>	F	-
<i>propranolol oral soln 20mg/5ml 20MG/5ML (PROPRANOLOL Equiv)</i>	F	-
<i>PROPRANOLOL SOLN 40MG/5ML (<i>propranolol hcl</i>)</i>	F	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG (INDERAL Equiv)</i>	F	-
<i>sotalol AF tab 120MG, 160MG, 80MG (BETAPACE AF Equiv)</i>	F	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG (BETAPACE Equiv)</i>	F	-

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

84

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	F	-
CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure		
CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	F	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG, 420MG</i> (DILACOR XR Equiv)	F	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	F	-
<i>felodipine ER tab 10MG, 2.5MG, 5MG</i> (PLENDIL Equiv)	F	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	F	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	F	-
<i>verapamil SR cap 120MG, 180MG, 240MG</i> (VERELAN Equiv)	F	-
VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>)	F	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	F	-
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)	F	-
DIGOXIN SOLN 0.05MG/ML .05MG/ML (<i>digoxin</i>)	F	-
<i>digoxin tab</i> (LANOXIN Equiv)	F	-

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

85

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		
CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy		
CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG <i>(mavacamten)</i>	F	LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
IMPOTENCE AGENTS - Drugs to treat erectile dysfunction		
sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)	F	QL QL=6 tabs/30 days
tadalafil tab 10MG, 20MG (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
tadalafil tab 2.5mg, 5mg 2.5MG, 5MG (CIALIS Equiv)	F	QL QL= 6 tabs/30 days
PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension		
TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG <i>(treprostinil)</i>	F	LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG <i>(treprostinil)</i>	F	LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG <i>(treprostinil)</i>	F	LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523

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

86

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use	
TYVASO DPI POWDER TITRATION KIT 16-32MCG <i>(treprostinil)</i>	F	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>	F	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523	
VENTAVIS INH SOLN 10MCG/ML, 20MCG/ML <i>(iloprost)</i>	F	LD-PA-QL QL= 9 ampules/day; Only available through Accredo 800-803-2523	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension			
<i>ambrisentan tab 10MG, 5MG (LETAIRIS Equiv)</i>	F	LMSP-PA-QL QL= 1 tab/day	
<i>bosentan tab 125MG, 62.5MG (TRACLEER Equiv)</i>	F	LMSP-PA-QL QL= 2 tabs/day	
OPSUMIT TAB 10MG <i>(macitentan)</i>	F	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523	
TRACLEER TAB 32MG 32MG <i>(bosentan)</i>	F	LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523	
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension			

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

87

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>sildenafil susp 10MG/ML (REVATIO Equiv)</i>	F	PA Members age 9 or older require Prior Authorization
<i>sildenafil tab 20mg 20MG (REVATIO Equiv)</i>	F	PA
<i>tadalafil tab (PAH) 20MG (ADCIRCA Equiv)</i>	F	LMSP-PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG <i>(selexipag)</i>	F	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR - Drugs to treat pulmonary hypertension		
ADEMPAS TAB .5MG, 1.5MG, 1MG, 2.5MG, 2MG <i>(riociguat)</i>	F	LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523
TRANSTHYRETIN STABILIZERS - Drugs to treat heart problems due to transthyretin amyloidosis		
VYNDAMAX CAP 61MG <i>(tafamidis)</i>	F	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>	F	LD-PA-QL QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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

88

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CEPHALOSPORINS - Drugs to treat bacterial infections		
CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections		
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	F	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	F	-
CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections		
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	F	-
CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	F	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	F	-
CONTRACEPTIVES - Drugs to prevent pregnancy		
COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy		
<i>amethyst tab 20MCG-90MCG</i> (LYBREL Equiv)	\$0	-
<i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>drospirenone/ethynodiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
<i>enpresse tab</i> (TRI-LEVELEN Equiv)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab</i> (DESOGEN Equiv)	\$0	-

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

89

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
<i>layolis FE tab, wymzya FE tab .4MG-35MCG, .8MG-25MCG-75MG</i> (FEMCON FE 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	-
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	-
<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 7/7/7 tab, pirmella 7/7/7 tab</i> (TRI-NORINYL Equiv)	\$0	-

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

90

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>nortrel tab .4MG-.35MCG, .5MG-.35MCG, 1MG-.35MCG (OVCON 35 Equiv)</i>	\$0	-
<i>sprintec 28 tab .25MG-.35MCG (ORTHO-CYCLEN Equiv)</i>	\$0	-
<i>tri-legest tab 1MG-.75MG (ESTROSTEP FE Equiv)</i>	\$0	-
<i>tri-sprintec tab (ORTHO TRI-CYCLEN (LO) Equiv)</i>	\$0	-
<i>TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & ethestradiol</i>)</i>	\$0	-
<i>VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>)</i>	\$0	-
<i>velivet tab (CYCLESSA Equiv)</i>	\$0	-
<i>vienna tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG (ALESSE Equiv)</i>	\$0	-
<i>viorele tab, kariva tab (MIRCETTE Equiv)</i>	\$0	-
COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy		
<i>TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>)</i>	\$0	-
<i>zafemy patch 35MCG/24HR-150MCG/24HR (XULANE Equiv)</i>	\$0	-
COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy		
<i>ANNOVERA RING .013MG/24HR-.15MG/24HR (<i>seegerone acetate-ethinyl estradiol</i>)</i>	\$0	QL QL= 1 ring/year
<i>NUVARING .015MG/24HR-.12MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)</i>	\$0	-

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

91

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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>	EXC	-
PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
SLYND TAB 4MG (<i>drospernone</i>)	\$0	-
CORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions		
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	F	-
DEXAMETHASONE CONC 1MG/ML <i>(dexamethasone)</i>	F	-
<i>dexamethasone elixir .5MG/5ML</i>	F	-
<i>dexamethasone sodium phosphate inj 100MG/10ML, 10MG/ML, 120MG/30ML, 20MG/5ML, 4MG/ML</i>	F	-
DEXAMETHASONE SOLN .5MG/5ML <i>(dexamethasone)</i>	F	-

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

92

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 2MG, 4MG, 6MG (DECADRON Equiv)</i>	F	-
<i>hydrocortisone tab 10MG, 20MG, 5MG (CORTEF Equiv)</i>	F	-
<i>methylprednisolone acetate inj 40MG/ML, 80MG/ML (DEPO-MEDROL Equiv)</i>	F	-
<i>methylprednisolone dose pack 4MG (MEDROL Equiv)</i>	F	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG (MEDROL Equiv)</i>	F	-
<i>methylprednisolone sod succinate inj 1000MG, 125MG, 40MG, 500MG (SOLU-MEDROL Equiv)</i>	F	-
<i>prednisolone ODT 10MG, 15MG, 30MG (ORAPRED Equiv)</i>	F	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG <i>(prednisolone sodium phosphate)</i>	F	-
<i>prednisolone soln 15MG/5ML (PEDIAPRED Equiv)</i>	F	-
PREDNISONE SOLN 5MG/5ML <i>(prednisone)</i>	F	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG (DELTASONE Equiv)</i>	F	-
SOLU-CORTEF INJ 1000MG, 250MG, 500MG <i>(hydrocortisone sod succinate)</i>	F	QL QL= 1 vial/fill
SOLU-CORTEF INJ 100MG 100MG <i>(hydrocortisone sod succinate)</i>	F	QL QL= 2 vials/fill

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

93

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SOLU-MEDROL INJ 2GM 2GM (<i>methylprednisolone sod succ</i>)	F	-
<i>triamcinolone acetonide inj 200MG/5ML, 400MG/10ML, 40MG/ML</i> (KENALOG Equiv)	F	-
MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	F	-
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)	F	-
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i> (HYCODAN Equiv)	F	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
<i>cetirizine/pseudoephedrine 12-hour tab 5MG-120MG</i> (ZYRTEC Equiv)	F	OTC
<i>guaifenesin/codeine soln 7.5MG/5ML-225MG/5ML</i> (BRONTEX Equiv)	F	OTC
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (<i>guaifenesin-codeine</i>)	F	OTC-QL QL= 240ml/fill
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML</i>	F	OTC-QL QL= 240ml/fill
<i>loratadine/pseudoephedrine 12-hour tab 5MG-120MG</i> (CLARITIN-D Equiv)	F	OTC

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

94

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>loratadine/pseudoephedrine 24-hour tab 10MG-240MG (CLARITIN-D Equiv)</i>	F	OTC
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (<i>promethazine & phenylephrine</i>)	F	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i>	F	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (PHENERGAN VC/CODEINE Equiv) <i>(promethazine-phenylephrine-codeine)</i>	F	-
<i>promethazine VC/codeine syrup (PHENERGAN VC/CODEINE Equiv)</i>	F	-
<i>promethazine/codeine syrup 6.25MG/5ML-10MG/5ML (PHENERGAN/CODEINE Equiv)</i>	F	-
MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants		
NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride (inhalant)</i>)	F	-
<i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv)	F	-
MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms		
<i>acetylcysteine soln 10%, 20% (MUCOMYST Equiv)</i>	F	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		

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

95

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>adapalene cream .1% (DIFFERIN Equiv)</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%, .3% (DIFFERIN Equiv)</i>	F	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene/benzoyl peroxide gel 0.1-2.5% .1%-2.5% (EPIDUO Equiv)</i>	F	-
<i>adapalene/benzoyl peroxide gel 0.3-2.5% .3%-2.5% (EPIDUO FORTE Equiv)</i>	F	-
<i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG (ACCUTANE Equiv)</i>	F	-
<i>clindamycin gel 1% (CLEOCIN GEL Equiv)</i>	F	-
<i>clindamycin lotion 1% (CLEOCIN- T Equiv)</i>	F	-
<i>clindamycin pad 1% (CLEOCIN-T Equiv)</i>	F	-
<i>clindamycin topical soln 1% (CLEOCIN-T Equiv)</i>	F	-
<i>ERY PAD 2% (erythromycin (acne aid))</i>	F	-
<i>erythromycin gel 2%</i>	F	-
<i>erythromycin pad</i>	F	-
<i>erythromycin soln 2%</i>	F	-
<i>sodium sulfacetamide/sulfur cleanser 10-5% 5%-10% (SUMAXIN Equiv)</i>	F	-

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

96

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
sodium sulfacetamide/sulfur cleanser 9-4.5% 4.5%-9% (SUMADAN WASH Equiv)	F	-
sodium sulfacetamide/sulfur emulsion 10-5%	F	-
tretinoin cream .025%, .05%, .1%	F	PA Acne Only – members age 35 or older require Prior Authorization
tretinoin gel .04%, .1% (RETIN-A GEL Equiv)	F	PA Acne Only – members age 35 or older require Prior Authorization
tretinoin gel 0.08% .08% (RETIN-A MICRO Equiv)	F	PA Acne Only - members age 35 or older require Prior Authorization
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses		
RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>)	EXC	-
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
gentamicin sulfate cream	F	-
gentamicin sulfate oint .1%	F	-
mupirocin oint 2% (BACTROBAN OINT Equiv)	F	-
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
ciclopirox cream .77% (LOPROX CREAM Equiv)	F	-
ciclopirox gel .77% (LOPROX GEL Equiv)	F	-
ciclopirox nail soln 8% (PENLAC Equiv)	F	-
ciclopirox shampoo 1% (LOPROX SHAMPOO Equiv)	F	-

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

97

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>ciclopirox topical susp .77% (LOPROX SUSP Equiv)</i>	F	-
<i>clotrimazole/betamethasone cream .05%-1% (LORTRISONE CREAM Equiv)</i>	F	-
<i>econazole cream 1% (SPECTAZOLE Equiv)</i>	F	-
<i>ketoconazole cream 2% (NIZORAL CREAM Equiv)</i>	F	-
<i>ketoconazole shampoo 2% (NIZORAL SHAMPOO Equiv)</i>	F	-
<i>NIZORAL A-D SHAMPOO 1% (<i>ketoconazole (topical)</i>)</i>	EXC	OTC
<i>nizoral a-d shampoo 1%</i>	EXC	OTC
<i>nystatin cream 100000UNIT/GM (MYCOSTATIN CREAM Equiv)</i>	F	-
<i>nystatin oint 100000UNIT/GM</i>	F	-
<i>nystatin topical powder 100000UNIT/GM</i>	F	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	F	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	F	-
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1% (VOLTAREN Equiv)</i>	F	OTC-QL QL= 5 tubes/fill
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer		
<i>bexarotene gel 1% (TARGRETIN Equiv)</i>	F	LMSP-PA
<i>diclofenac gel 3% (SOLARAZE Equiv)</i>	F	PA-QL QL= 300gm/30 days

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

98

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>fluorouracil cream 5% (EFUDEX CREAM Equiv)</i>	F	-
<i>fluorouracil soln 5% (FLUOROURACIL Equiv)</i>	F	-
<i>VALCHLOR GEL .016% (mechlorethamine hcl (topical))</i>	F	LD-PA-QL QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
ANTIPSORIATICS - Drugs to treat psoriasis		
<i>acitretin cap 10MG, 17.5MG, 25MG (SORIATANE Equiv)</i>	F	LMSP
<i>calcipotriene cream .005% (DOVONEX CREAM Equiv)</i>	F	QL QL= 120gm/30 days
<i>calcipotriene oint .005%</i>	F	-
<i>calcipotriene soln .005% (DOVONEX SOLN Equiv)</i>	F	-
<i>METHOXSALEN CAP 10MG (OXSORALEN ULTRA Equiv) (<i>methoxsalen rapid</i>)</i>	F	LMSP
<i>methoxsalen cap 10MG (OXSORALEN ULTRA Equiv)</i>	F	LMSP
<i>SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>)</i>	F	LMSP-PA-QL QL= 1 inj/84 days
<i>SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>)</i>	F	LMSP-PA-QL QL= 2 inj/84 days
<i>STELARA INJ 45MG/0.5ML (<i>ustekinumab</i>)</i>	F	LMSP-PA-QL QL= 1 inj/84 days
<i>TALTZ INJ 80MG/ML (<i>ixekizumab</i>)</i>	F	LMSP-PA-QL QL= 1 inj/28 days

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

99

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>tazarotene cream .1% .1% (TAZORAC Equiv)</i>	F	-
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	F	LMSP-PA-QL QL= 1 inj/56 days
ZORYVE CREAM .3% (<i>roflumilast (topical)</i>)	F	PA-QL QL= 60 grams/30 days
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
<i>selenium sulfide shampoo 2.25% (SELSEB Equiv)</i>	F	-
ANTIVIRALS - TOPICAL - Drugs to treat viral infections		
<i>acyclovir oint 5% (ZOVIRAX Equiv)</i>	F	-
BURN PRODUCTS - Drugs to treat burns		
<i>silver sulfadiazine cream 1% (SILVADENE CREAM Equiv)</i>	F	-
SULFAMYLYON CREAM 85MG/GM (<i>mafenide acetate</i>)	F	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
<i>alclometasone cream .05% (ACLOVATE Equiv)</i>	F	-
<i>alclometasone oint .05% (ACLOVATE OINT Equiv)</i>	F	-
<i>betamethasone augmented cream .05% (DIPROLENE AF CREAM Equiv)</i>	F	-
BETAMETHASONE AUGMENTED GEL .05% (<i>betamethasone dipropionate augmented</i>)	F	-
<i>betamethasone augmented gel</i>	F	-
<i>betamethasone augmented lotion .05% (DIPROLENE LOTION Equiv)</i>	F	-

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

100

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>betamethasone augmented oint .05% (DIPROLENE OINT Equiv)</i>	F	-
<i>betamethasone dipropionate cream .05% (DIPROSONE CREAM Equiv)</i>	F	-
<i>betamethasone dipropionate lotion .05%</i>	F	-
<i>betamethasone dipropionate oint .05% (DIPROSONE OINT Equiv)</i>	F	-
<i>betamethasone valerate cream .1%</i>	F	-
<i>betamethasone valerate lotion .1%</i>	F	-
<i>betamethasone valerate oint .1%</i>	F	-
<i>clobetasol propionate cream .05% (TEMOVATE Equiv)</i>	F	-
<i>clobetasol propionate emollient cream .05% (TEMOVATE E Equiv)</i>	F	-
<i>clobetasol propionate gel .05% (TEMOVATE GEL Equiv)</i>	F	-
<i>clobetasol propionate oint .05% (TEMOVATE Equiv)</i>	F	-
<i>desoximetasone cream .25% (TOPICORT CREAM Equiv)</i>	F	-
<i>desoximetasone oint .25% (TOPICORT Equiv)</i>	F	-
EPIFOAM AEROSOL 1% (<i>pramoxine-hc</i>)	F	-
FLUOCINOLONE ACET CREAM .01% (<i>fluocinolone acetonide</i>)	F	-
<i>fluocinolone acetonide cream .01%, .025%</i>	F	-
<i>fluocinolone acetonide oint .025%</i>	F	-

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

101

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>fluocinolone acetonide soln .01%</i>	F	-
<i>fluocinonide cream 0.05% .05% (LIDEX Equiv)</i>	F	-
<i>fluocinonide cream 0.1% .1% (VANOS CREAM Equiv)</i>	F	-
<i>fluocinonide emollient cream .05%</i>	F	-
<i>fluocinonide gel .05%</i>	F	-
<i>fluocinonide oint .05%</i>	F	-
<i>fluocinonide soln .05%</i>	F	-
<i>fluticasone propionate cream .05% (CUTIVATE Equiv)</i>	F	-
<i>fluticasone propionate oint .005% (CUTIVATE Equiv)</i>	F	-
<i>halobetasol propionate cream .05% (ULTRAVATE Equiv)</i>	F	-
<i>halobetasol propionate oint .05% (ULTRAVATE Equiv)</i>	F	PA
<i>hydrocortisone cream .5%, 1%, 2.5% (PROCTOCORT Equiv)</i>	F	-
<i>hydrocortisone lotion 1%, 2.5% (HYTONE Equiv)</i>	F	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	F	-
<i>mometasone cream .1% (ELOCON Equiv)</i>	F	-
<i>mometasone oint .1% (ELOCON Equiv)</i>	F	-
<i>mometasone soln .1% (ELOCON Equiv)</i>	F	-
<i>triamcinolone cream .025%, .1%, .5%</i>	F	-
<i>triamcinolone lotion .025%, .1%</i>	F	-
<i>triamcinolone oint .025%, .1%, .5%</i>	F	-
ECZEMA AGENTS - Drugs to treat eczema		

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

102

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>)	F	LMSP-PA-QL QL= 4 inj/28 days
CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>)	F	LMSP-PA-QL QL= 1 tab/day
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML (<i>dupilumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
DUPIXENT PEN INJ 200MG/1.14ML, 300MG/2ML (<i>dupilumab</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
EMOLLIENTS - Drugs to treat skin conditions		
<i>ammonium lactate lotion 12%, 5%</i> (LAC-HYDRIN Equiv)	EXC	OTC
LACTIC ACID LOTION 10%, 5% (<i>lactic acid</i> (<i>ammonium lactate</i>))	F	-
ENZYMES - TOPICAL - Drugs to treat skin conditions		
SANTYL OINT 250UNIT/GM (<i>collagenase</i>)	F	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>)	F	LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
HAIR REDUCTION AGENTS - Drugs to remove hair		

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

103

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VANIQA CREAM 13.9% (<i>eflornithine hcl</i>)	EXC	-
IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	F	-
IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system		
HYFTOR GEL .2% (<i>sirolimus (topical)</i>)	F	LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	F	-
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
PODOCON SOLN 25% (<i>podophyllum resin</i>)	F	-
PODOFILOX SOLN .5% (CONDYLOX Equiv) <i>(podofilox)</i>	F	-
<i>podofilox soln .5%</i> (CONDYLOX Equiv)	F	-
LOCAL ANESTHETICS - TOPICAL - Drugs for numbing		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	F	-
<i>lidocaine gel 2%</i> (GLYDO Equiv)	F	-
<i>lidocaine oint</i>	F	QL QL= 107gm/30 days
<i>lidocaine patch 5% 5%</i> (LIDODERM Equiv)	F	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	F	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	F	-
MISC. TOPICAL - Miscellaneous topical products		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	F	-

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

104

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration		
<i>hydroquinone cream 4% (LUSTRA Equiv)</i>	EXC	-
TRI-LUMA CREAM .01%-.05%-4% <i>(fluocinolone-hydroquinone-tretinoin)</i>	EXC	-
ROSACEA AGENTS - Drugs to treat skin conditions		
<i>azelaic acid gel 15% (FINACEA Equiv)</i>	F	-
<i>brimonidine tartrate gel .33% (MIRVASO Equiv)</i>	EXC	-
<i>metronidazole cream .75% (METROCREAM Equiv)</i>	F	-
<i>metronidazole gel 1% (METROGEL Equiv)</i>	F	-
<i>metronidazole gel 0.75% .75% (METROGEL Equiv)</i>	F	-
<i>metronidazole lotion .75% (METROLOTION Equiv)</i>	F	-
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		
<i>malathion lotion .5% (OVIDE Equiv)</i>	F	QL
<i>permethrin cream 5% (ELIMITE CREAM Equiv)</i>	F	-
SPINOSAD SUSP .9% (<i>spinosad</i>)	F	QL QL= 1 bottle/fill
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		
REGRANEX GEL .01% (<i>becaplermin</i>)	F	QL QL= 30gm/fill
VENELEX OINT 87MG/GM-788MG/GM (<i>balsam perú-castor oil</i>)	F	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		

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

105

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
COVID-19 TEST (<i>covid-19 at home test</i>)	\$0	OTC-QL QL= 8 tests/30 days
CUE COVID-19 INJ 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>)	F	OTC
KETOSTIX (<i>acetone (urine) test</i>)	F	OTC
ONETOUCH TEST STRIP (<i>glucose blood</i>)	F	OTC
ONETOUCH VERIO TEST STRIP (<i>glucose blood</i>)	F	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>levomefolinate glucosamine</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	-

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

106

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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>)	F	OTC-PA
INFANT FORMULA POWDER (<i>infant foods</i>)	F	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID (<i>nutritional supplements</i>)	F	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER (<i>nutritional supplements</i>)	F	OTC-PA
DIGESTIVE AIDS - Drugs to treat low digestive enzymes		
DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	F	-

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

107

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	F	-
<i>acetazolamide tab 125MG, 250MG</i>	F	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	F	-
DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>amiloride/HCTZ TAB 5MG-50MG (amiloride & hydrochlorothiazide)</i>	F	-
<i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv)	F	-
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	F	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	F	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	F	-
LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	F	-
<i>ethacrynic tab 25MG</i> (EDECRIN Equiv)	F	-

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

108

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FUROSCIX KIT 80MG/10ML (<i>furosemide</i>)	F	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>)	F	-
<i>furosemide soln 10MG/ML</i> (LASIX Equiv)	F	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	F	-
<i>torsemide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	F	-
POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	F	-
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	F	-
THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure		
CHLOROTHIAZIDE TAB (DIURIL Equiv) <i>(chlorothiazide)</i>	F	-
<i>chlorothiazide tab</i> (DIURIL Equiv)	F	-
<i>chlorthalidone tab 25MG, 50MG</i>	F	-
DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>)	F	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	F	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	F	-

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

109

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>indapamide tab 1.25MG, 2.5MG (LOZOL Equiv)</i>	F	-
<i>metolazone tab 10MG, 2.5MG, 5MG (ZAROXOLYN Equiv)</i>	F	-
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones		
BONE DENSITY REGULATORS - Drugs to treat bone disease		
<i>alendronate tab 10MG, 35MG, 70MG (FOSAMAX Equiv)</i>	F	-
<i>ALENDRONATE TAB 40MG 5MG (<i>alendronate sodium</i>)</i>	F	-
<i>calcitonin nasal spray 200UNIT/ACT (MIACALCIN Equiv)</i>	F	-
<i>ibandronate tab 150mg 150MG (BONIVA Equiv)</i>	F	QL-ST QL= 1 tab/30 days; Step Therapy requires trial of alendronate
<i>NATPARA INJ 100MCG, 25MCG, 50MCG, 75MCG (parathyroid hormone (recombinant))</i>	F	LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<i>risedronate tab 150MG, 30MG, 35MG, 5MG (ACTONEL Equiv)</i>	F	ST Step Therapy requires trial of alendronate
<i>TERIPARATIDE INJ 620MCG/2.48ML 620MCG/2.48ML (<i>teriparatide (recombinant)</i>)</i>	F	LMSP
<i>TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>)</i>	F	LMSP

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

110

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>)	F	LD-PA-QL QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
FERTILITY REGULATORS - Drugs to regulate fertility		
CLOMID TAB 50MG (<i>clomiphene citrate</i>)	EXC	INF
CLOMIPHENE TAB 50MG (<i>clomiphene citrate</i>)	EXC	INF
OVIDREL INJ 250MCG/0.5ML (<i>choriogonadotropin alfa</i>)	EXC	INF
GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis		
<i>cetorelix acetate for inj kit .25MG</i> (CETROTIDE Equiv)	EXC	INF
ORILISSA TAB 150MG 150MG (<i>elagolix sodium</i>)	F	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG (<i>elagolix sodium</i>)	F	PA-QL QL= 2 tabs/day
GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>)	F	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	-

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

111

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GROWTH HORMONES - Drugs to regulate hormones		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG (<i>somatropin</i>)	F	LMSP-PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML (<i>somatropin</i>)	F	LMSP-PA
SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG (<i>lonapegsomatropin-tcgd</i>)	F	LMSP-PA
SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML (<i>somapacitan-beco</i>)	F	LMSP-PA
HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
<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>)	F	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones		
SYNAREL NASAL SOLN 2MG/ML (<i>nafarelin acetate</i>)	F	LMSP
METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones		
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	F	-

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

112

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>calcitriol soln 1MCG/ML</i> (ROCALTROL Equiv)	F	-
<i>carglumic acid tab 200MG</i> (CARBAGLU Equiv)	F	LD-PA Only available through AnovoRx 844-288-5007
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	F	LMSP
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	F	-
<i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv)	F	-
<i>levocarnitine tab 330MG</i> (CARNITOR Equiv)	F	-
PALYNZIQ INJ 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML (<i>pegvaliase-pqpz</i>)	F	LD-PA-QL-SF QL= 1 inj/day; Only available through Accredo 800-803-2523
<i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv)	F	-
PHEBURANE ORAL PELLETS 483MG/GM (<i>sodium phenylbutyrate</i>)	F	LD Only available through Accredo 800-803-2523
<i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv)	F	LMSP-PA
<i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv)	F	LMSP-PA

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

113

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>)	F	LD-PA Only available through PantherRx Pharmacy 855-726-8479
NATRIURETIC PEPTIDES ***		
VOXZOGO INJ .4MG, .56MG, 1.2MG (<i>vosoritide</i>)	F	LD-PA-QL QL= 1 vial/day; Only available through Accredo 888-773-7376
POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones		
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	F	-
STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>)	F	LMSP
PROGESTERONE RECEPTOR ANTAGONISTS ***		
<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)	F	-
SOMATOSTATIC AGENTS - Drugs to regulate hormones		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	F	LMSP
OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>)	F	LMSP

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

114

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML <i>(pasireotide diaspartate)</i>	F	LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
VASOPRESSIN RECEPTOR ANTAGONISTS - Drugs to regulate hormones		
JYNARQUE PAK 15MG (<i>tolvaptan</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG, 30MG (<i>tolvaptan</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ESTROGENS - Drugs to replace female hormones		
ESTROGEN COMBINATIONS - Drugs to replace female hormones		
<i>estradiol/norethindrone tab .1MG-.5MG, .5MG-1MG</i> (ACTIVELLA Equiv)	F	-
<i>jinteli tab .5MG-2.5MCG, 1MG-5MCG</i> (FEMHRT Equiv)	F	-
MYFEMBREE TAB .5MG-1MG-40MG <i>(relugolix-estradiol-norethindrone acetate)</i>	F	PA-QL QL= 1 tab/day
ORIAHNN CAP .5MG-1MG-300MG (<i>elagolix</i> <i>sodium-estradiol-norethindrone acetate</i>)	F	PA-QL QL= 2 caps/day
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG <i>(conjugated estrogens-medroxyprogesterone acetate)</i>	F	-

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

115

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ESTROGENS - Drugs used for contraception		
<i>estradiol patch .025MG/24HR, .0375MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR</i> (CLIMARA Equiv)	F	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	F	-
<i>estradiol valerate inj 10MG/ML, 20MG/ML, 40MG/ML</i> (DELESTROGEN Equiv)	F	QL QL= 5ml/fill
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>)	F	-
FLUOROQUINOLOONES - Drugs to treat bacterial infections		
FLUOROQUINOLOONES - Drugs to treat bacterial infections		
<i>ciprofloxacin susp 500MG/5ML, 5GM/100ML</i> (CIPRO Equiv)	F	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	F	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	F	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	F	-
<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	F	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	F	-
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) - Drugs to treat constipation		
TRULANCE TAB 3MG (<i>plecanatide</i>)	F	PA-QL QL= 1 tab/day

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

116

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BILE ACID SYNTHESIS DISORDER AGENTS - Drugs to treat bile acid disorders		
CHOLBAM CAP 250MG, 50MG (<i>cholic acid</i>)	F	LD-PA Only available through Dohmen LSS 844-246-5226
FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis		
OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>)	F	LD-PA-QL-SF QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	F	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	F	-
GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	F	-
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - Drugs to treat constipation		
<i>lubiprostone cap 24MCG, 8MCG</i> (AMITIZA Equiv)	F	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)	F	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	F	-
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions		

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

117

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>)	F	LD-PA-QL QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>)	F	LD-PA-QL QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG 200MCG (<i>odevixibat</i>)	F	LD-PA-QL QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG 600MCG (<i>odevixibat</i>)	F	LD-PA-QL QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
LIVMARLI SOLN 9.5MG/ML (<i>maralixibat chloride</i>)	F	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		
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	F	-
CIMZIA INJ 200MG/ML (<i>certolizumab pegol</i>)	F	LMSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML (<i>certolizumab pegol</i>)	F	LMSP-PA-QL QL= 1 kit/plan year
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	F	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	F	-

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

118

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>mesalamine supp 1000MG (CANASA Equiv)</i>	F	-
SKYRIZI INJ 180 MG/1.2ML 180MG/1.2ML <i>(risankizumab-rzaa (crohn's))</i>	F	LMSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML 360MG/2.4ML <i>(risankizumab-rzaa (crohn's))</i>	F	LMSP-PA-QL QL= 1 inj/56 days
<i>sulfasalazine EC tab 500MG (AZULFIDINE Equiv)</i>	F	-
<i>sulfasalazine tab 500MG (AZULFIDINE Equiv)</i>	F	-
INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions		
<i>lactulose soln 10GM/15ML</i>	F	-
LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections		
VOWST CAP <i>(fecal microbiota spores, live-brpk)</i>	F	LD-PA-QL QL= 12 caps/fill; Only available through Orsini 800-410-8575
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity		
SYMPROIC TAB <i>(naldemedine tosylate)</i>	F	PA
SYMPROIC TAB .2MG <i>(naldemedine tosylate)</i>	F	PA
PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels		
<i>calcium acetate cap 667MG (PHOSLO Equiv)</i>	F	-
FOSRENOL POWDER PACK 1000MG, 750MG <i>(lanthanum carbonate)</i>	F	-
<i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG (FOSRENOL Equiv)</i>	F	-
PHOSLYRA SOLN 667MG/5ML <i>(calcium acetate (phosphate binder))</i>	F	-

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

119

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>sevelamer powder pak .8GM, 2.4GM (RENVELA Equiv)</i>	F	-
<i>sevelamer tab 800MG (RENVELA TAB Equiv)</i>	F	-
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
ALKALINIZERS - Drugs to treat low pH		
CYTRA K CRYSTALS 1002MG-3300MG (<i>potassium citrate-citric acid</i>)	F	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (<i>pot & sod citrates w/citric ac</i>)	F	-
ORACIT SOLN 490MG/5ML-640MG/5ML (<i>sodium citrate & citric acid</i>)	F	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG (UROCIT-K TAB Equiv)</i>	F	-
<i>potassium citrate/citric acid powder pack 1002MG-3300MG (POLYCITRA Equiv)</i>	F	-
<i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML (POLYCITRA-K Equiv)</i>	F	-
<i>sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML (BICITRA Equiv)</i>	F	-
<i>tricitrates soln 334MG/5ML-500MG/5ML-550MG/5ML (POLYCITRA-LC Equiv)</i>	F	-

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

120

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies		
CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>)	F	LD-PA Only available through CVS Specialty 800-238-7828
GENITOURINARY IRRIGANTS - Drugs to treat the urinary system		
sodium chloride 0.9% irr soln .9%	F	-
IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
FILSPARI TAB 200MG, 400MG (<i>sparsentan</i>)	F	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>)	F	-
PROSTATIC HYPERPLASIA AGENTS - Drugs to treat enlarged prostate		
alfuzosin SR tab 10MG (UROXATRAL Equiv)	F	-
dutasteride cap .5MG (AVODART Equiv)	F	-
finasteride tab 5MG (PROSCAR Equiv)	F	-
tamsulosin cap .4MG (FLOMAX Equiv)	F	-
URINARY ANALGESICS - Drugs to treat urinary pain		
phenazopyridine tab 100MG, 200MG (PYRIDIUM Equiv)	F	-
URINARY STONE AGENTS - Drugs to prevent kidney stones		
tiopronin tab 100MG (THIOLA Equiv)	F	LMSP-PA
GOUT AGENTS - Drugs to treat gout		

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

121

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GOUT AGENT COMBINATIONS - Drugs to treat gout		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	F	-
GOUT AGENTS - Drugs to treat gout		
<i>allopurinol tab</i> (ZYLOPRIM Equiv)	F	-
<i>colchicine tab .6MG</i> (COLCRYS Equiv)	F	-
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	F	ST Step Therapy requires trial of allopurinol
URICOSURICS - Drugs to treat gout		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	F	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia		
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML <i>(emicizumab-kxwh)</i>	F	LMSP-PA
COMPLEMENT INHIBITORS - Drugs to treat blood disorders		
EMPAVELI INJ 1080MG/20ML <i>(pegcetacoplan)</i>	F	LD-PA-QL QL= 160ml/28 days; Only available through PantheRx 855-726-8479
TAVNEOS CAP 10MG <i>(avacopan)</i>	F	LD-PA-QL QL= 6 caps/day; Only available through PantheRx 855-726-8479
HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders		

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

122

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>pentoxifylline ER tab 400MG (TRENTAL Equiv)</i>	F	-
PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions		
TAKHZYRO INJ 300MG/2ML (<i>lanadelumab-flyo</i>)	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML 150MG/ML (<i>lanadelumab-flyo</i>)	F	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood		
<i>anagrelide cap .5MG, 1MG (AGRYLIN Equiv)</i>	F	-
BRILINTA TAB 60MG, 90MG (<i>ticagrelor</i>)	F	-
CABLIVI INJ KIT 11MG (<i>caplacizumab-yhdp</i>)	F	LD-PA-QL QL= 1 vial/day; Only available through Biologics 800-850-4306
<i>cilostazol tab 100MG, 50MG (PLETAL Equiv)</i>	F	-
<i>clopidogrel tab 75mg 75MG (PLAVIX Equiv)</i>	F	-
<i>dipyridamole tab (PERSANTINE Equiv)</i>	F	-
<i>prasugrel tab 10MG, 5MG (EFFIENT Equiv)</i>	F	-
HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency		
PYRUKYND TAB 20MG, 50MG, 5MG (<i>mitapivat sulfate</i>)	F	LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306

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

123

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PYRUKYND TAPER PACK 5MG (<i>mitapivat sulfate</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	F	MSP-PA
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	F	LD-PA Only available through Accredo 800-803-2523
AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders		
DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea</i> (<i>sickle cell disease</i>))	F	-
ENDARI POWDER PACK 5GM (<i>glutamine (sickle cell)</i>)	F	LMSP-PA-QL QL= 6 packets/day
AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders		
OXBRYTA TAB FOR ORAL SUSP 300MG (<i>voxelotor</i>)	F	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>	F	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay

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

124

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>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>)	F	KMSP-PA-QL QL= 2 tabs/day
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	F	LMSP
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML (<i>filgrastim-aafi</i>)	F	LMSP
NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>)	F	LMSP
PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 1 tab/day
PROMACTA TAB 50MG 50MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 2 tabs/day
PROMACTA TAB 75MG 75MG (<i>eltrombopag olamine</i>)	F	LMSP-PA-QL QL= 2 tabs/day
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>)	F	LMSP
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>)	F	LMSP

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

125

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
<i>ferrex 150 forte cap .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	F	-
<i>folbee tab 1MG-2.5MG-25MG</i>	F	-
MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acd-vit c-threonic acd-vit b12-fa</i>)	F	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa</i>)	F	-
MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>)	F	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75 MG-200MG-300MCG (<i>ferrous fumarate w/fa-dss-b complex-vit c</i>)	F	-
<i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv)	F	-
HEMOSTATICS - Drugs to stop bleeding/treat blood disorders		
HEMOSTATICS - SYSTEMIC - Drugs to thin the blood		
<i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv)	F	-

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

126

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv)	F	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	F	-
HYPNOTICS - Drugs to treat insomnia		
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>zolpidem tab 10MG, 5MG</i> (AMBIEN Equiv)	F	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)	F	Only 50mg covered
BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>phenobarbital elixir 20MG/5ML</i>	F	-
<i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i>	F	-
NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia		
<i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv)	F	-
<i>eszopiclone tab 1MG, 2MG, 3MG</i> (LUNESTA Equiv)	F	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)	F	RS Restricted to Neurology Specialist
<i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv)	F	-
<i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv)	F	-

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

127

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>triazolam tab .125MG, .25MG (HALCION Equiv)</i>	F	-
<i>zaleplon cap 10MG, 5MG (SONATA Equiv)</i>	F	QL QL= 1 cap/day
<i>zolpidem ER tab 12.5MG, 6.25MG (AMBIEN CR Equiv)</i>	F	QL QL= 1 tab/day
SELECTIVE MELATONIN RECEPTOR AGONISTS - Drugs to treat insomnia		
<i>ramelteon tab 8MG (ROZEREM Equiv)</i>	F	QL QL= 1 tab/day
LAXATIVES - Drugs to treat constipation		
LAXATIVE COMBINATIONS - Drugs to treat constipation		
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) 1.015GM-2.691GM-4.7GM-5.9GM-7.5GM-100GM</i> (MOVIPREP Equiv)	\$0	QL QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay

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

128

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
peg 3350/electrolytes soln 2.97GM-5.86GM-6.74GM-22.74GM-236GM (NULYTELY Equiv)	\$0	QL Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
sodium/magnesium/potassium soln 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
SUFLAVE SOLN .5GM-.9GM-1.12GM-7.3GM-178.7GM (peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate)	F	QL QL= 2 fills/calendar year
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
lactulose soln	F	-
MACROLIDES - Drugs to treat bacterial infections		
AZITHROMYCIN - Drugs to treat bacterial infections		
azithromycin susp 100MG/5ML, 200MG/5ML (ZITHROMAX Equiv)	F	-
azithromycin tab 250MG, 500MG, 600MG (ZITHROMAX Equiv)	F	-
CLARITHROMYCIN - Drugs to treat bacterial infections		
CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML (clarithromycin)	F	-

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

129

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>clarithromycin tab 250MG, 500MG (BIAXIN Equiv)</i>	F	-
ERYTHROMYCINS - Drugs to treat bacterial infections		
ERYTHROMYCIN EC CAP 250MG (<i>erythromycin base</i>)	F	-
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML (ERYPED Equiv)</i>	F	-
FIDAXOMICIN - Drugs to treat infections		
DIFICID SUSP 40MG/ML (<i>fidaxomicin</i>)	F	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>)	F	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
CERVICAL CAP (<i>cervical caps</i>)	\$0	-
DIAPHRAGM (<i>diaphragms</i>)	\$0	-
FEMALE CONDOMS (<i>condoms - female</i>)	\$0	OTC-QL QL= 12 condoms/fill

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

130

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
MALE CONDOMS (<i>condoms latex non-lubricated - male</i>)	\$0	OTC-QL QL= 12 condoms/fill
DIABETIC SUPPLIES - Devices to assist with diabetes		
CALIBRATION LIQUID (<i>blood glucose calibration</i>)	F	OTC
DEXCOM G6 RECEIVER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER (<i>continuous glucose system transmitter</i>)	F	PA-QL QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
DEXCOM G7 SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 3 sensors/28 days
FREESTYLE LIBRE 2 RECEIVER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3 READER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER (<i>continuous glucose system receiver</i>)	F	PA-QL QL= 1 receiver/year

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

131

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous glucose system sensor</i>)	F	PA-QL QL= 2 sensors/28 days
LANCET KIT (<i>lancets misc.</i>)	F	OTC
LANCETS (<i>lancets</i>)	F	OTC
OMNIPOD 5 G7 KIT INTRO (<i>insulin infusion disposable pump</i>)	F	QL QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS (<i>insulin infusion disposable pump</i>)	F	QL QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT (<i>insulin infusion disposable pump</i>)	F	QL QL= 1 kit/year
OMNIPOD 5 PACK PODS (<i>insulin infusion disposable pump</i>)	F	QL QL= 10 pods/month
OMNIPOD DASH INTRO KIT (<i>insulin infusion disposable pump</i>)	F	QL QL= 1 kit/year
OMNIPOD DASH PODS (<i>insulin infusion disposable pump</i>)	F	QL QL= 10 pods/month
OMNIPOD GO KIT (<i>insulin infusion disposable pump</i>)	F	QL QL= 10 pods/month
OMNIPOD STARTER KIT (<i>insulin infusion disposable pump</i>)	F	QL QL= 1 kit/year
ONETOUCH DELICA LANCETS (<i>lancets</i>)	F	OTC
ONETOUCH DELICA PLUS LANCETS (<i>lancets</i>)	F	OTC
ONETOUCH DELICA ULTRASOFT LANCETS (<i>lancets</i>)	F	OTC

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

132

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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>)	F	QL QL= 1 kit/day
MISC. DEVICES - Drugs for miscellaneous use		
ALCOHOL SWABS 70% (<i>alcohol swabs</i>)	F	OTC
PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies		
B-D INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	F	-
B-D PEN AUTOSHIELD DUO PEN NEEDLE (<i>insulin pen needle</i>)	F	OTC
CARETOUCH MIS (<i>needle (disp) 27 g</i>)	F	OTC
TECHLITE INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	F	OTC
TECHLITE PEN NEEDLE (<i>insulin pen needle</i>)	F	OTC

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

133

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	F	OTC
TRUEPLUS PEN NEEDLE (<i>insulin pen needle</i>)	F	-
RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>spacer/aerosol-holding chamber supplies - masks</i>)	\$0	OTC
PEAK FLOW METER (<i>peak flow meter</i>)	\$0	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>)	F	PA-QL QL= 10 tabs/30 days, 6 fills/year
ZAVZPRET NASAL SPRAY 10MG/ACT (<i>zavegepant hcl</i>)	F	PA-QL QL= 6 units/fill; 60 units/365 days
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches		
AIMOVIG INJ 140MG/ML, 70MG/ML (<i>erenumab-aooe</i>)	F	PA-QL QL= 1 pack/28 days
AJOVY INJ 225MG/1.5ML (<i>fremanezumab-vfrm</i>)	F	PA-QL QL= 1 pack/28 days
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	F	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML (<i>galcanezumab-gnlm</i>)	F	PA-QL QL= 3 inj/fill, 6 fills/year
SEROTONIN AGONISTS - Drugs to treat migraine headaches		

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

134

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
REYVOW TAB 100MG, 50MG (<i>lasmiditan succinate</i>)	F	PA-QL QL= 8 tabs/30 days, 6 fills/year
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	F	QL QL= 12 tabs/fill, 3 fills/60 days
SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>)	F	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i>	F	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML (<i>sumatriptan succinate</i>)	F	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
<i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv)	F	QL QL= 9 tabs/fill, 2 fills/30 days
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
FLUORIDE - Drugs to treat mineral deficiency		
<i>sodium fluoride chew tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay

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

135

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
PHOSPHATE - Drugs to treat electrolyte deficiency		
<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	F	-
<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	F	-
POTASSIUM - Drugs to treat electrolyte disorders		
<i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv)	F	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	F	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	F	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	F	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	F	-
<i>potassium chloride soln 10%, 20%</i>	F	-
ZINC - Drugs to treat mineral deficiency		
GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>)	F	-
MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions		
CHELATING AGENTS - Drugs to treat overdose or toxicity		

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

136

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>penicillamine tab 250MG (DEPEN TITRATAB Equiv)</i>	F	-
<i>trentine cap 250MG (SYPRINE Equiv)</i>	F	LMSP-PA
IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.		
JOENJA TAB 70MG (<i>leniolisib phosphate</i>)	F	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 (REVLIMID Equiv)</i>	F	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>)	F	LD-QL-RS QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist
REZUROCK TAB 200MG (<i>belumosudil mesylate</i>)	F	LD-PA-QL QL= 1 tab/day; Only available through Luminera 855-847-3553
IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system		
ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>)	F	LMSP-PA-QL QL= 1 inj/28 days
<i>everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG</i>	F	LMSP-PA

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

137

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Luminera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
LUPKYNIS CAP 7.9MG (<i>voclosporin</i>)	F	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)	F	-
POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels		
LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>)	F	LMSP-PA
SPS SUSP 15GM/60ML (<i>sodium polystyrene sulfonate</i>)	F	-
PROGERIA TREATMENT AGENTS ***		
ZOKINVY CAP 50MG, 75MG (<i>lonafarnib</i>)	F	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>)	F	LMSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML (<i>belimumab</i>)	F	LMSP-PA-QL QL= 4 inj/28 day
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
<i>lidocaine viscous soln 2%</i> (XYLOCAINE HCL (MOUTH-THROAT) Equiv)	F	-
ANTI-INFECTIVES - THROAT - Drugs to treat throat infections		

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

138

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>clotrimazole troches 10MG (MYCELEX TROCHES Equiv)</i>	F	-
<i>nystatin susp 100000UNIT/ML</i>	F	-
ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat		
<i>chlorhexidine gluconate soln .12% (PERIDEX Equiv)</i>	F	-
DENTAL PRODUCTS - Drugs to prevent cavities		
<i>FLUORIDEX SENSITIVITY PASTE 1.1%-5% (sodium fluoride-potassium nitrate)</i>	F	-
<i>PREVIDENT SOLN .2% (sodium fluoride (dental))</i>	F	-
<i>sodium fluoride cream 1.1% (PREVIDENT Equiv)</i>	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride gel 1.1% (PREVIDENT Equiv)</i>	F	-
<i>sodium fluoride paste 1.1% (PREVIDENT Equiv)</i>	F	-
<i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv)	F	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv)	F	-
STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	F	-
THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat		
<i>cevimeline cap 30MG (EVOXAC Equiv)</i>	F	-
<i>pilocarpine tab 5MG, 7.5MG (SALAGEN Equiv)</i>	F	-

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

139

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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>)	F	-
DIALYVITE/ZINC TAB (<i>b-complex w/ c-zn & folic acid</i>)	F	-
FOLBEE PLUS CZ TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>)	F	-
<i>renaphro cap</i> (NEPHROCAP Equiv)	F	-
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	F	-
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
<i>pediatric multiple vitamins/fluoride/iron soln</i>	F	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
FLORIVA PLUS DROPS (<i>pediatric multivitamins w/fl</i>)	F	-
MULTIVITAMIN/FLOURIDE CHEW 0.25MG (<i>pediatric multivitamins w/fl</i>)	F	-
MULTIVITAMIN/FLOURIDE CHEW 1MG (<i>pediatric multivitamins w/fl</i>)	F	-
MULTIVITAMIN/FLUORIDE CHEW TAB (<i>pediatric multivitamins w/fl</i>)	F	-
<i>pediatric multiple vitamins/fluoride chew tab</i>	F	-
<i>pediatric multiple vitamins/fluoride soln</i>	F	-

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

140

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS PRENAPLUS) (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	F	-
MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms		
CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>baclofen tab 10MG, 20MG, 5MG (BACLOFEN Equiv)</i>	F	-
<i>carisoprodol tab 350MG (SOMA Equiv)</i>	F	QL QL=120 tabs/30 days
<i>chlorzoxazone tab 500mg 500MG</i>	F	-
<i>cyclobenzaprine tab 10mg 10MG (FLEXERIL Equiv)</i>	F	-
<i>cyclobenzaprine tab 5mg 5MG (FLEXERIL Equiv)</i>	F	-
<i>methocarbamol tab (ROBAXIN Equiv)</i>	F	-
<i>tizanidine tab (ZANAFLEX Equiv)</i>	F	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>dantrolene cap 100MG, 25MG, 50MG (DANTRIUM Equiv)</i>	F	-
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS ***		
SOHONOS CAP 1.5MG 1.5MG (<i>palovarotene</i>)	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 10MG 10MG (<i>palovarotene</i>)	F	LD-PA-QL QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828

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

141

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SOHONOS CAP 1MG 1MG (<i>palovertene</i>)	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 2.5MG 2.5MG (<i>palovertene</i>)	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 5MG 5MG (<i>palovertene</i>)	F	LD-PA-QL QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
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>)	F	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
<i>azelastine nasal spray .01% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	F	-
NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	F	-
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	F	QL QL= 2 bottles/fill
<i>triamcinolone OTC nasal spray 55MCG/ACT</i> (NASACORT Equiv)	F	OTC-QL QL= 2 bottles/fill
NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles		

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

142

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALS AGENTS - Drugs to treat ALS		
RADICAVA ORS STARTER KIT 105MG/5ML <i>(edaravone)</i>	F	LD-PA-QL QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP 105MG/5ML <i>(edaravone)</i>	F	LD-PA-QL QL= 50mL/28 days; Only available through Accredo 800-803-2523
RELYVRC PAK 1GM-3GM <i>(sodium phenylbutyrate-taurursodiol)</i>	F	LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523
<i>riluzole tab 50MG</i> (RILUTEK Equiv)	F	-
FRIEDRICH'S ATAXIA AGENTS ***		
SKYCLARYS CAP 50MG <i>(omaveloxolone)</i>	F	LD-PA-QL QL= 3 caps/day; Only available through Biologics 800-850-4306
RETT SYNDROME AGENTS ***		
DAYBUE SOLN 200MG/ML <i>(trofinetide)</i>	F	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>	F	LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523
NUTRIENTS - Drugs to treat nutrient disorders		

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

143

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LIPIDS - Drugs to treat nutrient disorders		
LIQUIGEN (<i>medium chain triglycerides</i>)	F	OTC-PA
MCT OIL (<i>medium chain triglycerides</i>)	F	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
CREATINE PACKET 5000MG (<i>creatine</i>)	F	OTC-PA
PROTEINS - Drugs to treat nutrient disorders		
CITRULLINE PACKET (<i>citrulline</i>)	F	OTC-PA
<i>phlexy-10 tab</i>	F	OTC-PA
<i>pro-stat liquid</i>	F	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma		
<i>brimonidine/timolol ophth soln .2%-.5%</i> (COMBIGAN Equiv)	F	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	F	-
LEVOBUNOLOL OPHTH SOLN .5% (BETAGAN Equiv) (<i>levobunolol hcl</i>)	F	-
<i>levobunolol ophth soln</i> (BETAGAN Equiv)	F	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	F	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	F	-
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		

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

144

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>atropine ophth oint 1%</i>	F	-
<i>atropine ophth soln 1% (ISOPTO ATROPINE Equiv)</i>	F	-
ATROPINE SULFATE OPHTH OINT 1% (<i>atropine sulfate (ophthalmic)</i>)	F	-
CYCLOMYDRIL OPHTH SOLN .2%-1% (<i>cyclopentolate w/ phenylephrine</i>)	F	-
<i>cyclopentolate ophth soln .5%, 1%, 2% (CYCLOGYL Equiv)</i>	F	-
HOMATROPINE OPHTH SOLN 5% (<i>homatropine hbr</i>)	F	-
<i>phenylephrine ophth soln 10%, 2.5% (MYDFRIN Equiv)</i>	F	-
<i>tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)</i>	F	-
MIOTICS - Drugs to treat eye conditions		
ISOPTO CARBACHOL OPHTH SOLN (<i>carbachol (ophth)</i>)	F	-
<i>pilocarpine ophth soln 1%, 2%, 4% (ISOPTO CARPINE Equiv)</i>	F	-
OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions		
APRACLONIDINE OPHTH SOLN .5% (IOPIDINE Equiv) (<i>apraclonidine hcl</i>)	F	-
<i>apraclonidine ophth soln .5% (IOPIDINE Equiv)</i>	F	-
<i>brimonidine ophth soln 0.15%.15% (ALPHAGAN P 0.15% Equiv)</i>	F	-

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

145

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>brimonidine ophth soln .2% .2%</i>	F	-
<i>brimonidine tartrate ophth soln 0.1% .1%</i> (ALPHAGAN Equiv)	F	-
IOPIDINE OPHTH SOLN 1% (<i>apraclonidine hcl</i>)	F	-
SIMBRINZA OPHTH SUSP .2%-1% (<i>brinzolamide-brimonidine tartrate</i>)	F	-
OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections		
AZASITE SOLN 1% (<i>azithromycin (ophth)</i>)	F	-
BACITRACIN OPHTH OINT 500UNIT/GM (<i>bacitracin (ophthalmic)</i>)	F	-
<i>bacitracin/neomycin/polymyxin b ophth oint</i> 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM (NEOSPORIN Equiv)	F	-
<i>bacitracin/polymyxin b ophth oint</i> 500UNIT/GM-10000UNIT/GM (POLYSPORIN Equiv)	F	-
<i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv)	F	-
<i>erythromycin ophth oint 5MG/GM</i>	F	-
GENTAK OPHTH OINT .3% (<i>gentamicin sulfate</i> (<i>ophth</i>))	F	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	F	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	F	-
LEVOFLOXACIN OPHTH SOLN 0.5% .5% (<i>levofloxacin (ophth)</i>)	F	-

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

146

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>moxifloxacin ophth soln .5% (VIGAMOX OPHTH SOLN Equiv)</i>	F	-
NATACYN OPHTH SUSP 5% (<i>natamycin</i>)	F	QL QL= 15ml/fill
NEOMYCIN/POLYMICIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML (<i>neomycin-polymyxin-gramicidin</i>)	F	-
<i>ofloxacin ophth soln .3% (OCUFLOX Equiv)</i>	F	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML (POLYTRIM Equiv)</i>	F	-
<i>sulfacetamide sodium ophth soln 10% (BLEPH-10 Equiv)</i>	F	-
<i>tobramycin ophth soln (TOBREX Equiv)</i>	F	-
TRIFLURIDINE OPHTH SOLN 1% (<i>trifluridine</i>)	F	-
XDEMVY OPHTH SOLN .25% (<i>lotilaner</i>)	F	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>)	F	-
OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes		
<i>cyclosporine ophth emulsion .05% (RESTASIS Equiv)</i>	F	QL-RS QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist

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

147

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing		
<i>proparacaine ophth soln .5% (ALCAINE Equiv)</i>	F	-
OPHTHALMIC STEROIDS - Drugs to treat inflammation		
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)</i>	F	-
DEXAMETHASONE OPHTH SOLN .1% <i>(dexamethasone sodium phosphate (ophth))</i>	F	-
<i>difluprednate ophth emulsion .05% (DUREZOL Equiv)</i>	F	-
<i>fluorometholone ophth soln (FML LIQUIFILM Equiv)</i>	F	-
LOTEMAX OPHTH GEL <i>(loteprednol etabonate)</i>	F	-
LOTEMAX OPHTH OINT .5% <i>(loteprednol etabonate)</i>	F	-
<i>loteprednol etabonate ophth gel .5% (LOTEMAX Equiv)</i>	F	-
<i>loteprednol ophth susp .2%, .5% (LOTEMAX Equiv)</i>	F	-
MAXIDEX OPHTH SOLN .1%, 9% <i>(dexamethasone (ophth))</i>	F	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)</i>	F	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)</i>	F	-

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

148

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-hc (ophth))</i>	F	-
PRED MILD OPHTH SOLN .12% <i>(prednisolone acetate (ophth))</i>	F	-
PRED-G OPHTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i>	F	-
PREDNISOLONE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	F	-
PREDNISOLONE OPHTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	F	-
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% <i>(prednisolone sodium phosphate (ophth))</i>	F	-
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	F	-
TOBRADEX OPHTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i>	F	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	F	-
ZYLET OPHTH SUSP .3%-.5% <i>(loteprednol etabonate-tobramycin)</i>	F	QL QL= 5ml/fill (10ml bottle is Not Covered)
OPHTHALMICS - MISC. - Miscellaneous eye agents		

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

149

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALOCRIL OPHTH SOLN 2% (<i>nedocromil sodium (ophth)</i>)	F	-
ALOMIDE OPHTH SOLN .1% (<i>lodoxamide tromethamine</i>)	F	-
<i>azelastine ophth soln .05%</i> (OPTIVAR Equiv)	F	-
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	F	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	F	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA Equiv)	F	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	F	-
CROMOLYN SODIUM OPHTH SOLN 4% (<i>cromolyn sodium (ophth)</i>)	F	-
CYSTADROPS SOLN .37% (<i>cysteamine hcl</i>)	F	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>)	F	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)	F	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	F	-

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

150

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>)	F	-
ILEVRO OPHTH SUSP .3% (<i>nepafenac</i>)	F	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	F	-
<i>ketotifen ophth soln .035%</i> (ZADITOR Equiv)	F	OTC OTC covered only
NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>)	F	-
<i>olopatadine ophth soln 0.1% .1%</i> (PATANOL Equiv)	F	OTC
<i>olopatadine ophth soln 0.2% .2%</i> (PATADAY Equiv)	F	OTC-QL QL= 2.5ml/30 days
UPNEEQ SOLN .1% (<i>oxymetazoline hcl (blepharoptosis)</i>)	EXC	-
PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma		
<i>bimatoprost ophth soln .03%</i>	F	QL QL= 2.5ml/30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	F	QL QL= 2.5ml/30 days
LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>)	F	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)	F	-
OTIC ANTI-INFECTIVES - Drugs to treat ear infections		

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

151

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CIPROFLOXACIN OTIC SOLN .2% (<i>ciprofloxacin hcl</i> <i>(otic)</i>)	F	-
OTIC COMBINATIONS - Drugs to treat ear conditions		
<i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv)	F	-
COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML <i>(neomycin-colistin-hc-thonzonium)</i>	F	-
<i>neomycin/polymixin/hydrocoritisone otic soln</i> <i>1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	F	-
<i>neomycin/polymixin/hydrocoritisone otic susp</i> <i>1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	F	-
OTIC STEROIDS - Drugs to treat ear swelling		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	F	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	F	-
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		
<i>methylergonovine tab .2MG</i> (METHERGINE Equiv)	F	QL QL= 28 tabs/fill, 1 fill/365 days
PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system		
IMMUNE SERUMS - Antibody drugs to treat low immune system		

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

152

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	F	KMSP-PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		
HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	F	KMSP-PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	F	LD-PA-QL QL= 2 packets/day; Only available through Walgreens 888-347-3416
IMMUNE SERUMS - Antibody drugs to treat low immune system		
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	F	KMSP-PA
XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human)-klhw</i>)	F	LD-PA Only available through Diplomat Pharmacy 877-977-9118
PENICILLINS - Drugs to treat bacterial infections		
AMINOPENICILLINS - Drugs to treat infections		

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

153

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	F	-
AMOXICILLIN CHEW TAB 125MG, 250MG <i>(amoxicillin)</i>	F	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML,</i> <i>250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	F	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	F	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	F	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	F	-
PENICILLIN COMBINATIONS - Drugs to treat bacterial infections		
<i>amoxicillin/clavulanate susp</i> <i>28.5MG/5ML-200MG/5ML,</i> <i>42.9MG/5ML-600MG/5ML,</i> <i>57MG/5ML-400MG/5ML,</i> <i>62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	F	-
<i>amoxicillin/clavulanate tab 500-125mg, 875-125mg</i> <i>125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	F	-
PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	F	-
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES <i>(polyethylene glycol 8000)</i>	F	-

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

154

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROGESTINS - Drugs to replace female hormones		
PROGESTINS - Drugs used for contraception		
<i>hydroxyprogesterone inj 250MG/ML (MAKENA Equiv)</i>	F	LMSP-PA
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG (PROVERA Equiv)</i>	F	-
<i>norethindrone tab 5MG (AYGESTIN Equiv)</i>	F	-
<i>progesterone cap 100MG, 200MG (PROMETRIUM Equiv)</i>	F	-
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 (CAMPRAL Equiv)</i>	F	-
<i>disulfiram tab 250MG, 500MG (ANTABUSE Equiv)</i>	F	-
ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders		
<i>LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM (sodium oxybate)</i>	F	LD-PA-QL QL= 1 pack/day; Only available through Accredo 800-803-2523
<i>SODIUM OXYBATE SOLN 500MG/ML (sodium oxybate)</i>	F	LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss		

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

155

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	F	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	F	QL QL= 1 tab/day
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	F	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	F	-
<i>memantine ER cap 14MG, 21MG, 28MG, 7MG</i> (NAMENDA XR Equiv)	F	ST Step Therapy requires trial of memantine tab
<i>memantine soln 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	F	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	F	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	F	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	F	ST Step Therapy requires trial of rivastigmine cap
COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses		

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

156

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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

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

157

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
dimethyl fumarate DR cap 120MG, 240MG (TECFIDERA Equiv)	F	LMSP
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK Equiv)	F	LMSP
EXTAVIA INJ .3MG (interferon beta-1b)	F	LMSP
fingolimod hcl cap 0.5mg .5MG (GILENYA Equiv)	F	LMSP
GILENYA CAP 0.25MG .25MG (fingolimod hcl)	F	LMSP-QL QL= 1 cap/day
glatiramer inj 20MG/ML, 40MG/ML (COPAXONE Equiv)	F	LMSP
KESIMPTA INJ 20MG/0.4ML (ofatumumab (ms))	F	LMSP
MAVENCLAD THERAPY PAK 10MG (cladribine (multiple sclerosis))	F	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG (siponimod fumarate)	F	LMSP
MAYZENT TAB STARTER PACK .25MG (siponimod fumarate)	F	LMSP
PLEGRIDY INJ 125MCG/0.5ML (peginterferon beta-1a)	F	LMSP
PLEGRIDY PEN INJ 125MCG/0.5ML (peginterferon beta-1a)	F	LMSP
teriflunomide tab 14MG, 7MG (AUBAGIO Equiv)	F	LMSP

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

158

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)	F	LMSP-PA-QL QL= 1 cap/day
ZEPOSIA STARTER PACK (<i>ozanimod hcl</i>)	F	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>)	F	PA-QL QL= 2 caps/day
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs		
PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>)	F	-
SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	\$0	QL-SMKG Limited to 180 days/plan year
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
<i>NICOTINE KIT (nicotine)</i>	\$0	OTC-QL-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-QL-SMKG Limited to 180 days/plan year
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-QL-SMKG Limited to 182 days/plan year
NICOTROL INHALER 10MG (<i>nicotine</i>)	\$0	QL-SMKG Limited to 180 days/plan year
NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>)	\$0	QL-SMKG Limited to 180 days/plan year

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

159

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VARENICLINE TAB .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	QL-SMKG Limited to 168 days/plan year
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	QL-SMKG Limited to 168 days/plan year
<i>varenicline tartrate tab starter pack</i> (VARENICLINE PAK Equiv)	\$0	QL-SMKG Limited to 168 days/plan year
TRANSTHYRETIN AMYLOIDOSIS AGENTS - Drugs to treat nerve problems associated with transthyretin amyloidosis		
TEGSEDI INJ 284MG/1.5ML (<i>inotersen sodium</i>)	F	LD-PA-QL QL= 4 inj/28 days; Only available through Accredo 800-803-2523
RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions		
CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions		
KALYDECO PAK 13.4MG, 25MG, 5.8MG, 50MG, 75MG (<i>ivacaftor</i>)	F	KMSP-PA-QL QL= 2 packets/day
KALYDECO TAB 150MG (<i>ivacaftor</i>)	F	KMSP-PA-QL QL= 2 tabs/day
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG (<i>lumacaftor-ivacaftor</i>)	F	KMSP-PA-QL QL= 2 packets/day
ORKAMBI TAB 100MG-125MG, 125MG-200MG (<i>lumacaftor-ivacaftor</i>)	F	KMSP-PA-QL QL= 4 tabs/day
PULMOZYME INH SOLN 2.5MG/2.5ML (<i>dornase alfa</i>)	F	LMSP

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

160

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SYMDEKO TAB 100MG-150MG, 50MG-75MG <i>(tezacaftor-ivacaftor)</i>	F	KMSP-PA-QL QL= 2 tabs/day
TRIKAFTA TAB 25MG-50MG, 50MG-100MG <i>(elexacaftor-tezacaftor-ivacaftor)</i>	F	KMSP-PA-QL QL= 84 tabs/28 days
PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis		
OFEV CAP 100MG, 150MG (<i>nintedanib esylate</i>)	F	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)	F	LMSP-PA-QL QL= 9 caps/day
<i>pirfenidone tab 267mg 267MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 9 tabs/day
<i>pirfenidone tab 801mg 801MG</i> (ESBRIET Equiv)	F	LMSP-PA-QL QL= 3 tabs/day
TETRACYCLINES - Drugs to treat bacterial infections		
TETRACYCLINES - Drugs to treat infections		
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	F	-
<i>doxycycline hyclate tab 100MG, 20MG</i> (VIBRATAB Equiv)	F	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	F	-

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

161

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	F	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	F	-
<i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv)	F	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	F	-
THYROID AGENTS - Drugs to regulate thyroid hormones		
ANTITHYROID AGENTS - Drugs to treat high thyroid level		
<i>methimazole tab</i> (TAPAZOLE Equiv)	F	-
<i>propylthiouracil tab 50MG</i>	F	-
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>)	F	-
<i>levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG</i> (SYNTHROID Equiv)	F	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	F	-

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

162

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG (ARMOUR THYROID, NATURE THROID Equiv)	F	-
THYROLAR TAB (<i>liotrix (t3-t4)</i>)	F	-
TOXOIDS - Drugs to prevent infection		
TOXOID COMBINATIONS - Drugs to prevent infection		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	EXC	VAC
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
KINRIX PREF SYRINGE, QUADRACEL PREF 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

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

163

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PEDIARIX INJ 10LFU/0.5ML-10MCG/0.5ML-25LFU/0.5ML-58MCG /0.5ML (<i>diph-tetanus tox-acell pert-hepatitis b recomb-polio 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
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	F	-
<i>dicyclomine soln 10MG/5ML</i> (BENTYL Equiv)	F	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	F	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	F	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVBID Equiv)	F	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	F	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	F	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	F	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	F	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	F	-
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	F	-

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

164

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
<i>esomeprazole cap 20MG, 40MG (NEXIUM Equiv)</i>	F	OTC
<i>lansoprazole cap 15MG, 30MG (PREVACID Equiv)</i>	F	Rx Only
<i>omeprazole DR cap 10MG, 20MG, 40MG (PRILOSEC Equiv)</i>	F	-
<i>pantoprazole EC tab 20MG, 40MG (PROTONIX Equiv)</i>	F	-
<i>rabeprazole EC tab 20MG (ACIPHEX Equiv)</i>	F	-
ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions		
<i>misoprostol tab 100MCG, 200MCG (CYTOTEC Equiv)</i>	F	-
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers		
MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs		
<i>sucralfate susp 1GM/10ML (CARAFATE Equiv)</i>	F	-
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
<i>omeprazole tab 20MG</i>	F	OTC
ULCER THERAPY COMBINATIONS - Drugs to treat bowel, intestine, and stomach conditions		
<i>ZEGERID CAP OTC 20MG-1100MG (omeprazole-sodium bicarbonate)</i>	F	OTC
URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms		
<i>fesoterodine fumarate ER tab 4MG, 8MG (TOVIAZ Equiv)</i>	F	-

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

165

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>oxybutynin ER tab 10MG, 15MG, 5MG (DITROPAN XL Equiv)</i>	F	-
<i>oxybutynin syrup 5MG/5ML</i>	F	-
<i>oxybutynin tab 5MG (DITROPAN Equiv)</i>	F	-
OXYTROL PATCH (OTC) 3.9MG/24HR (<i>oxybutynin</i>)	F	OTC
<i>solifenacain tab 10MG, 5MG (VESICARE Equiv)</i>	F	-
<i>tolterodine SR cap 2MG, 4MG (DETROL LA Equiv)</i>	F	-
<i>tolterodine tab 1MG, 2MG (DETROL Equiv)</i>	F	-
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms		
MYRBETRIQ TAB 25MG, 50MG (<i>mirabegron</i>)	F	-
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG (URECHOLINE Equiv)</i>	F	-
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
BCG INJ 50MG (<i>bcg vaccine</i>)	EXC	VAC
PEDVAXHIB INJ 7.5MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	EXC	VAC
PENBRAYA INJ (<i>mening (a,c,y&w) polysacch tetanus conj-mening b (rcmb) vacc</i>)	EXC	VAC

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

166

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
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
AREXVY INJ 120MCG/0.5ML (<i>rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted</i>)	EXC	VAC
COMIRNATY INJ 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
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

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

167

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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

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

168

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
DENGVAXIA SUSP (<i>dengue virus vaccine live tetravalent</i>)	EXC	VAC
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/0.5ML, 10MCG/ML, 20MCG/ML, 5MCG/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	EXC	VAC
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
FLULALVAL 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

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

169

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
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
IMOVAX INJ 2.5UNIT/ML (<i>rabies virus vaccine, hdc</i>)	EXC	VAC
IPOL INJ (<i>poliovirus vaccine, ipv</i>)	EXC	VAC
PREHEVBRIOSUSP 10MCG/ML (<i>hepatitis b vaccine 3-antigen recombinant</i>)	EXC	VAC
PRIORIX INJ (<i>measles, mumps & rubella virus vaccines</i>)	EXC	VAC
RABAVERT INJ (<i>rabies vaccine, pcc</i>)	EXC	VAC
ROTARIX SUSP (<i>rotavirus vaccine, live oral</i>)	EXC	VAC
ROTATEQ INJ (<i>rotavirus vaccine, live oral pentavalent</i>)	EXC	VAC
SHINGRIX INJ 50MCG/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	EXC	VAC
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
VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections		
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		

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

170

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
CLINDESSE VAGINAL CREAM 2% (<i>clindamycin phosphate (one dose)</i>)	F	QL QL= 1 applicator/fill
XACIATO GEL 2% (<i>clindamycin phosphate vaginal</i>)	F	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		
SPERMICIDES - Drugs to prevent pregnancy		
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
TODAY SPONGE 1000MG (<i>nonoxynol-9</i>)	\$0	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	F	QL QL=1 tube/fill
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	F	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	F	-
TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>)	F	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	F	-
VAGINAL ESTROGENS - Drugs to treat low hormones		
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	F	-

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

171

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>estradiol vaginal tab, yuvafem vaginal tab 10MCG (VAGIFEM Equiv)</i>	F	QL QL= 8 tabs/28 days, 18 tabs on first fill
ESTRING 2MG, 7.5MCG/24HR (<i>estradiol vaginal</i>)	F	-
PREMARIN VAGINAL CREAM .625MG/GM (<i>estrogens, conjugated vaginal</i>)	F	-
VAGINAL PROGESTINS - Drugs to treat low hormones		
CRINONE GEL 4%, 8% (<i>progesterone (vaginal)</i>)	F	PA
ENDOMETRIN INSERT 100MG (<i>progesterone (vaginal)</i>)	F	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 (EPIPEN (JR) Equiv)</i>	F	QL QL= 2 inj/fill
VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab 10MG, 2.5MG, 5MG (PROAMATINE Equiv)</i>	F	-
VITAMINS - Drugs to treat vitamin deficiency		
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)</i>	F	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	F	RX strength only
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>	F	OTC

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

172

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

L.A. Care PASC-SEIU Homecare Workers Formulary

Last Updated 4/1/2024

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>niacin CR tab 250MG, 500MG, 750MG (SLO-NIACIN Equiv)</i>	F	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	F	OTC
<i>NIACIN TR TAB 1000MG (niacin)</i>	F	OTC
<i>niacinamide tab 100MG, 500MG</i>	F	OTC

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

173

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

A						
abacavir soln	74	acyclovir cap	81	AFLURIA INJ, FLUZONE	167	
abacavir tab	74	acyclovir oint	100	INJ		
abacavir/lamivudine tab	74	acyclovir susp	81	AIMOVIG INJ	134	
abacavir/lamivudine/zidovu	74	acyclovir tab	81	AJOVY INJ	134	
dine tab		ADACEL/BOOSTRIX INJ	163	AKYNZEO CAP	43	
abiraterone tab 250mg	58	ADALIMUMAB-ADAZ	5	albuterol HFA inhaler	21	
acamprosate calcium DR	155	INJ		albuterol neb soln	21	
tab		ADALIMUMAB-ADAZ	5	ALBUTEROL	21	
acarbose tab	33	PFS INJ		NEBULIZER SOLN		
acebutolol cap	83	ADALIMUMAB-FKJP	5	albuterol sulfate syrup	21	
acetaminophen/codeine	12	AUTO-INJECTOR KIT		albuterol sulfate tab	21	
soln		ADALIMUMAB-FKJP	5	albuterol/ipratropium neb	21	
acetaminophen/codeine tab	12	PFS KIT 20 MG/0.4ML		soln		
acetazolamide ER cap	108	ADALIMUMAB-FKJP	5	alclometasone cream	100	
acetazolamide tab	108	PFS KIT 40 MG/0.8ML		alclometasone oint	100	
acetic acid otic soln	151	adapalene cream	96	ALCOHOL SWABS	133	
acetic acid/hydrocortisone	152	adapalene gel	96	ALECENSA CAP	60	
otic soln		adapalene/benzoyl	96	alendronate tab	110	
acetylcysteine soln	95	peroxide gel 0.1-2.5%		ALENDRONATE TAB	110	
acitretin cap	99	adapalene/benzoyl	96	40MG		
ACTEMRA ACTPEN INJ	7	peroxide gel 0.3-2.5%		alfuzosin SR tab	121	
ACTEMRA SC INJ	7	ADBRY INJ	103	ALINIA SUSP	51	
ACTHAR GEL INJ	111	adefovir dipivoxil tab	80	allopurinol tab	122	
ACTHIB INJ, HIBERIX	166	ADEMPAS TAB	88	ALOCRIL OPHTH SOLN	150	
INJ		ADVAIR HFA INHALER	21	ALOGLIPTIN TAB	36	
ACTIMMUNE INJ	55	AEROCHAMBER	134	ALOGLIPTIN/PIOGLITAZ	34	
		AFLURIA INJ	167	ONE TAB, OSENI TAB		

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

174

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

ALOGIPTIN-METFORM IN TAB	34	amnesteem cap, claravis cap, isotretinoin cap,	96	APTIVUS CAP	74
ALOGIPTIN-PIOGLITAZ ONE TAB	34	myorisan cap, zenatane cap		APTIVUS SOLN	74
ALOMIDE OPHTH SOLN alprazolam tab	150 16	amoxapine tab	33	AREXVY INJ	167
ALUNBRIG TAB 30MG	61	amoxicillin cap	154	aripiprazole tab	74
ALUNBRIG TAB 90MG, 180MG	61	AMOXICILLIN CHEW TAB	154	armodafinil tab	3
ALVESCO INHALER amantadine cap	19 70	amoxicillin susp	154	ARMOUR THYROID TAB, NATURE THROID	162
amantadine syrup	70	amoxicillin tab	154	TAB	
amantadine tab	70	amoxicillin/clavulanate	154	ARNUITY ELLIPTA INHALER	20
ambrisentan tab	87	susp		asenapine maleate SL tab	73
amethyst tab	89	amoxicillin/clavulanate tab	154	ashlyna tab, daysee tab	89
amiloride tab	109	500-125mg, 875-125mg		ASMANEX HFA	20
AMILORIDE/HCTZ TAB	108	amphetamine/dextroamphe	1	INHALER	
amiloride/hydrochlorothia zide tab	108	tamine ER cap		ASMANEX INHALER	20
aminocaproic acid soln	126	amphetamine/dextroamphe	1	aspirin chew tab 81mg	10
aminocaproic acid tab	127	tamine tab		aspirin ec tab 81mg	10
amiodarone tab	18	ampicillin cap	154	ASTAMED MYO CAP	106
amitriptyline tab	33	anagrelide cap	123	atazanavir cap	74
amlodipine tab	85	anastrozole tab	58	atenolol tab	84
amlodipine/benzazepril cap	49	ANDRODERM PATCH	14	atenolol/chlorthalidone tab	49
amlodipine/olmesartan tab	49	ANNOVERA RING	91	atomoxetine cap	2
amlodipine/valsartan tab	49	ANORO ELLIPTA	22	atorvastatin tab	46
ammonium lactate lotion	103	INHALER		atovaquone susp	51
		APAP/CODEINE SOLN	12	atovaquone/proguanil tab	53
		apraclonidine ophth soln	145	atropine ophth oint	145
		aprepitant cap	43	atropine ophth soln	145
		aprepitant pak	43		

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

175

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

ATROPINE SULFATE	145	BAQSIMI NASAL POWDER	35	betamethasone dipropionate lotion	101
OPHTH OINT		BCG INJ	166	betamethasone	101
ATROVENT HFA	19	B-D INSULIN SYRINGE	133	dipropionate oint	
INHALER		U-500		betamethasone valerate	101
AVONEX INJ	157	B-D PEN AUTOSHIELD	133	cream	
AYVAKIT TAB	60	DUO PEN NEEDLE		betamethasone valerate	101
AZASITE SOLN	146	benazepril tab	47	lotion	
azathioprine tab	82	benazepril/hydrochlorothia	49	betamethasone valerate	101
azelaic acid gel	105	zide tab		oint	
azelastine nasal spray 0.1%	142	BENLYSTA	138	bethanechol tab	166
azelastine ophth soln	150	AUTO-INJECTOR		bexarotene cap	69
azithromycin susp	129	BENLYSTA INJ	138	bexarotene gel	98
azithromycin tab	129	BENZNIDAZOLE TAB	15	bicalutamide tab	58
B					
BACITRACIN OPHTH OINT	146	benzonatate cap 100mg, 200mg	94	BIKTARVY TAB	75
bacitracin/neomycin/poly myxin b ophth oint	146	benztropine tab	70	bimatoprost ophth soln	103
bacitracin/polymyxin b ophth oint	146	betamethasone augmented cream	100	bisoprolol tab	84
bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	148	betamethasone augmented gel	100	bisoprolol/hydrochlorothia zide tab	49
baclofen tab	141	betamethasone augmented lotion	100	bosentan tab	87
balsalazide cap	118	betamethasone oint	101	BOSULIF CAP	61
BALVERSA TAB 3MG	61	betamethasone dipropionate cream	101	BOSULIF TAB	61
BALVERSA TAB 4MG	61			BRAFTOVI CAP 75MG	61
BALVERSA TAB 5MG	61			BREO ELLIPTA	22
				INHALER	
				BREO ELLIPTA INHALER	22
				INHALER 50-25 MCG/ACT	

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

176

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

BREZTRI AEROSPHERE	22	buprenorphine/naloxone	13	calcium acetate cap	119
INHALER		SL tab		CALIBRATION LIQUID	131
BRILINTA TAB	123	bupropion ER tab	31	CALQUENCE TAB	62
brimonidine ophth soln	145	bupropion SR tab	159	CAMZYOS CAP	86
0.15%		bupropion tab	31	capecitabine tab	56
brimonidine ophth soln	146	bupropion XL tab	31	CAPRELSA 100MG TAB	62
0.2%		buspirone tab	16	CAPRELSA 300MG TAB	62
brimonidine tartrate gel	105	butorphanol nasal spray	13	captopril tab	47
brimonidine tartrate ophth	146	BYDUREON BCISE	37	carbamazepine chew tab	25
soln 0.1%		AUTO INJ		carbamazepine ER cap	25
brimonidine/timolol ophth	144	BYDUREON INJ	37	carbamazepine ER tab	25
soln		BYDUREON PEN INJ	37	carbamazepine susp	26
brinzolamide ophth susp	150	BYLVAY CAP 1200MCG	118	carbamazepine tab	26
bromfenac ophth soln	150	BYLVAY CAP 400MCG	118	carbidopa tab	70
bromfenac sodium ophth	150	BYLVAY SPRINKLE CAP	118	carbidopa/levodopa ER tab	70
soln 0.07%		200MCG		CARBIDOPA/LEVODOPA	70
bromocriptine cap	70	BYLVAY SPRINKLE CAP	118	ODT	
bromocriptine tab	70	600MCG		carbidopa/levodopa tab	70
BRUKINSA CAP	61			carbidopa-levodopa-entaca	71
budesonide inh susp	20	C		pone tab	
budesonide SR cap	92	cabergoline tab	114	CARETOUCH MIS	133
budesonide/formoterol	22	CABLIVI INJ KIT	123	carglumic acid tab	113
inhaler		CABOMETYX TAB	61	carisoprodol tab	141
bumetanide tab	108	calcipotriene cream	99	carvedilol tab	83
buprenorphine SL tab	13	calcipotriene oint	99	CAYSTON INH SOLN	52
buprenorphine/naloxone sl	13	calcipotriene soln	99	cefdinir cap	89
film		calcitonin nasal spray	110	cefdinir susp	89
		calcitriol cap	112	cefuroxime tab	89
		calcitriol soln	113		

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

177

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

celecoxib cap	7	cholestyramine powder	46	clindamycin lotion	96
cephalexin cap	89	pack		clindamycin pad	96
cephalexin susp	89	CIBINQO TAB	103	clindamycin topical soln	96
CERDELGA CAP	124	ciclopirox cream	97	clindamycin vaginal cream	171
CERVICAL CAP	130	ciclopirox gel	97	CLINDESSE VAGINAL	171
cetirizine syrup	44	ciclopirox nail soln	97	CREAM	
cetirizine tab	44	ciclopirox shampoo	97	clobazam susp	25
cetirizine/pseudoephedrine	94	ciclopirox topical susp	98	clobazam tab	25
12-hour tab		cilostazol tab	123	clobetasol propionate	101
cetrorelix acetate for inj	111	CIMDUO TAB	75	cream	
kit		CIMZIA INJ	118	clobetasol propionate	101
cevimeline cap	139	CIMZIA STARTER INJ	118	emollient cream	
CHEMET CAP	41	KIT		clobetasol propionate gel	101
chlordiazepoxide cap	17	cinacalcet tab	113	clobetasol propionate oint	101
chlorhexidine gluconate	139	ciprofloxacin ophth soln	146	CLOMID TAB	111
soln		CIPROFLOXACIN OTIC	152	CLOMIPHENE TAB	111
chloroquine tab	53	SOLN		clonazepam tab	25
CHLOROTHIAZIDE TAB	109	ciprofloxacin susp	116	clonidine ER tab	2
chlorpromazine tab	73	ciprofloxacin tab	116	clonidine patch	48
chlorthalidone tab	109	ciprofloxacin/dexamethaso	152	clonidine tab	48
chlorzoxazone tab 500mg	141	ne otic susp		clopidogrel tab 75mg	123
CHOLBAM CAP	117	citalopram soln	31	clotrimazole troches	139
cholestyramine lite	45	citalopram tab	31	clotrimazole/betamethason	98
powder		CITRULLINE PACKET	144	e cream	
cholestyramine lite	45	CLARITHROMYC SUSP	129	clozapine tab	73
powder pack		clarithromycin tab	130	CODEINE SULFATE TAB	10
cholestyramine powder	45	clindamycin cap	52		
		clindamycin gel	96	15MG	

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

178

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

codeine sulfate tab 15mg, 30mg	10	COVID-19 VACCINE BIVALENT BOOSTER IN. (PFIZER)	168	cromolyn neb soln cromolyn ophth soln CROMOLYN SODIUM OPHTH SOLN	18 150 150
CODEINE SULFATE TAB 60MG	10	COVID-19 VACCINE BIVALENT BOOSTER IN. 5-11Y (PFIZER)	168	cryselle tab CUE COVID-19 INJ TEST CARTRIDGE	89 106 106
colchicine tab	122	COVID-19 VACCINE BIVALENT BOOSTER IN. 6M-4Y (PFIZER)	168	CUE HEALTH MONITOR cyanocobalamin inj cyclobenzaprine tab 10mg cyclobenzaprine tab 5mg	124 141 141
colchicine/probenecid tab	122	COVID-19 VACCINE BIVALENT BOOSTER IN. 6M-4Y (PFIZER)	168	CYCLOMYDRIL OPHTH SOLN	145
colesevelam pack	46	COVID-19 VACCINE BIVALENT BOOSTER IN. 6M-4Y (PFIZER)	168	cyclopentolate ophth soln cyclophosphamide cap	145 56
colesevelam tab	46	COVID-19 VACCINE BIVALENT BOOSTER IN. 6M-4Y (PFIZER)	168	CYCLOPHOSPHAMIDE TAB	56
colestipol tab	46	COVID-19 VACCINE BIVALENT BOOSTER IN. 6M-4Y (MODERNA)	168	cyclosporine cap cyclosporine modified cap	82 82
COLY-MYCIN S OTIC SUSP	152	COVID-19 VACCINE BIVALENT BOOSTER IN. 6M-5Y (MODERNA)	168	cyclosporine modified soln	82
COMBIVENT RESPIMAT INHALER	22	COVID-19 VACCINE INJ (JANSSEN)	168	cyclosporine ophth emulsion	147
COMETRIQ KIT	62	COVID-19 VACCINE INJ (NOVAVAX)	168	cyproheptadine syrup cyproheptadine tab	45 45
COMIRNATY INJ	167	COVID-19 VACCINE INJ (NOVAVAX)	168	CYSTADROPS SOLN	150
COMIRNATY INJ 30MCG/0.3ML	167	COVID-19 VACCINE INJ 5-11Y (PFIZER)	168	CYSTAGON CAP	121
COMPLERA TAB	75	COVID-19 VACCINE INJ 6M-11Y (MODERNA)	169	cromolyn conc	117
CONTRACEPTIVE FILM	171	COVID-19 VACCINE INJ 6M-11Y (MODERNA)	169		
CONTRACEPTIVE FOAM	171	COVID-19 VACCINE INJ 6M-4Y (PFIZER)	169		
CONTRACEPTIVE GEL	171	CREATINE PACKET	144		
COPIKTRA CAP	62	COVID-19 VACCINE INJ 6M-4Y (PFIZER)	169		
COTELLIC TAB	62	CREON CAP	107		
COVID-19 TEST	106	CRINONE GEL	172		
COVID-19 VACCINE	168	CRIXIVAN CAP	75		
BIVALENT BOOSTER IN. (MODERNA)		cromolyn conc	117		

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

179

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

CYSTARAN OPHTH SOLN	150	DEXAMETHASONE CONC	92	DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	25
CYTRA K CRYSTALS	120	dexamethasone elixir	92	diazepam conc	17
CYTRA-3 SYRUP	120	DEXAMETHASONE OPHTH SOLN	148	DIAZEPAM GEL	25
D		dexamethasone sodium	92	diazepam oral soln	17
dalfampridine ER tab	157	phosphate inj	5mg/5ml		
danazol cap	14	DEXAMETHASONE SOLN	92	diazepam rectal gel	25
dantrolene cap	141	dexamethasone tab	93	diazepam tab 2mg, 10mg	17
dapsone tab	52	DEXCOM G6 RECEIVER	131	diazepam tab 5mg	17
darunavir tab	75	DEXCOM G6 SENSOR	131	diclofenac gel	98
DAYBUE SOLN	143	DEXCOM G6	131	diclofenac gel 1%	98
deferasirox granules	41	TRANSMITTER		diclofenac potassium tab	7
packet		DEXCOM G7 RECEIVER	131	diclofenac sodium EC tab	7
deferasirox tab	41	DEXCOM G7 SENSOR	131	diclofenac sodium ophth	150
deferasirox tab for oral	41	dexmethylphenidate ER	3	soln	
susp		cap		diclofenac sodium XR tab	7
deferiprone tab	41	dexmethylphenidate tab	3	dicloxacillin cap	154
DELSTRIGO TAB	75	dextroamphetamine ER	1	dicyclomine cap	164
DENVAXIA SUSP	169	cap		dicyclomine soln	164
DEPLIN CAP	106	dextroamphetamine tab	1	dicyclomine tab	164
DEPO-PROVERA INJ	92	DIACOMIT CAP	26	didanosine DR cap	75
DESCOVY TAB	75	DIACOMIT POWDER	26	DIFICID SUSP	130
desipramine tab	33	PACK		DIFICID TAB	130
desmopressin acetate tab	114	DIALYVITE TAB	140	difluprednate ophth	148
desoximetasone cream	101	DIALYVITE/ZINC TAB	140	emulsion	
desoximetasone oint	101	DIAPHRAGM	130	digoxin soln	85
desvenlafaxine ER tab	32			DIGOXIN SOLN	85

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

180

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

digoxin tab	85	dorzolamide/timolol ophth soln	144	econazole cream	98
DILANTIN CAP 30MG	29	DOVATO TAB	75	EDURANT TAB	75
diltiazem ER cap	85	doxazosin tab	48	EFAVIRENZ CAP	75
diltiazem tab	85	doxepin cap	33	efavirenz tab	75
dimethyl fumarate DR cap	158	doxepin conc	33	efavirenz/emtricitabine/tenofovir df tab	75
dimethyl fumarate DR	158	doxercalciferol cap	113	efavirenz/lamivudine/tenofovir (lo) tab	76
starter pack		doxycycline hyclate cap	161	EGRIFTA INJ	111
diphenhydramine cap 50mg	44	doxycycline hyclate tab	161	ELIGEN B12 TAB	106
DIPHENOXYLATE/ATROPINE LIQUID	40	doxycycline monohydrate cap 100mg	161	ELIQUIS TAB, ELIQUIS STARTER PACK	24
diphenoxylate/atropine tab	40	doxycycline monohydrate cap 50mg	162	ELIXOPHYLLIN ELIXIR	24
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	163	doxycycline monohydrate tab	162	ELLA TAB	92
dipyridamole tab	123	doxycycline susp	162	ELMIRON CAP	121
disopyramide cap	17	D-PENAMINE TAB	82	EMCYT CAP	58
disulfiram tab	155	dronabinol cap	43	EMGALITY INJ	134
DIURIL SUSP	109	drospirenone/ethinylestradiol/levomefolate tab	89	EMGALITY INJ	134
divalproex ER tab	30	DROXIA CAP	124	100MG/ML EMPAVELI INJ	122
divalproex sodium DR tab	30	DRYSOL SOLN	104	emtricitabine cap	76
divalproex sprinkle cap	30	DULERA INHALER	22	emtricitabine/tenofovir disoproxil fumarate tab	76
dofetilide cap	18	duloxetine EC cap	32	EMTRIVA SOLN	76
donepezil ODT	156	DUPIXENT INJ	103	EMVERM TAB	15
donepezil tab	156	DUPIXENT PEN INJ	103	enalapril tab	47
donepezil tab 23mg	156	dutasteride cap	121	enalapril/hydrochlorothiazide tab	49
DOPTELET TAB	125	E			
dorzolamide ophth soln	150				

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

181

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

ENBREL INJ 25MG	9	ERYTHROMYCIN EC	130	etravirine tab	76
ENBREL INJ 50MG	9	CAP		EULEXIN CAP	58
ENBREL MINI INJ	10	erythromycin	130	everolimus tab	62
ENBREL SURECLICK INJ 50MG	10	ethylsuccinate susp		everolimus tab	137
		erythromycin gel	96	(ZORTRESS equiv)	
ENDARI POWDER PACK	124	erythromycin ophth oint	146	everolimus tab for oral	62
ENDOMETRIN INSERT	172	erythromycin pad	96	susp	
ENGERIX-B INJ,	169	erythromycin soln	96	EVOTAZ TAB	76
RECOMBIVAX-HB INJ		escitalopram soln	31	EVRYSDI SOLN	143
enoxaparin inj	25	escitalopram tab	31	exemestane tab	58
enpresse tab	89	esomeprazole cap	165	EXTAVIA INJ	158
ENSPRYNG INJ	137	estazolam tab	127	ezetimibe tab	47
entacapone tab	70	estradiol cream	171	F	
entecavir tab	80	estradiol patch	116	FALESSA TAB	106
EPIDIOLEX SOLN	26	estradiol tab	116	famciclovir tab	81
EPIFOAM AEROSOL	101	estradiol vaginal tab,	172	famotidine susp	164
epinephrine pen inj	172	yuvafem vaginal tab		famotidine tab	164
0.15mg, 0.3mg		estradiol valerate inj	116	FARXIGA TAB	40
EPIVIR HBV SOLN	80	estradiol/norethindrone tab	115	FASENRA PEN INJ	18
eplerenone tab	50	ESTRING	172	febuxostat tab	122
EQUETRO CAP	72	eszopiclone tab	127	felbamate susp	28
ERIVEDGE CAP	58	ethacrynic tab	108	felbamate tab	28
ERLEADA TAB	58	ethambutol tab	54	felodipine ER tab	85
ERLEADA TAB 240MG	58	ethosuximide cap	30	FEMALE CONDOMS	130
erlotinib tab	57	ethosuximide soln	30	fenofibrate cap 67mg,	46
erlotinib tab 25mg	57	etodolac cap	7	134mg, 200mg	
ERY PAD	96	etodolac tab	8	fenofibrate tab 48mg,	46
		ETOPOSIDE CAP	70	54mg, 145mg, 160mg	

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

182

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

fenofibric acid DR cap	46	fluocinolone acetonide	101	FLUTICASONE DISKUS	20
fentanyl patch	11	cream		INHALER	
ferrex 150 forte cap	126	fluocinolone acetonide	101	FLUTICASONE HFA	20
FERRIPROX SOLN	41	oint		INHALER	
fesoterodine fumarate ER tab	165	fluocinolone acetonide	102	fluticasone nasal spray	142
FILSPARI TAB	121	soln		fluticasone propionate	102
finasteride tab	103	fluocinolone otic oil	152	cream	
fingolimod hcl cap 0.5mg	158	fluocinonide cream 0.05%	102	FLUTICASONE	20
FINTEPLA SOLN	26	fluocinonide cream 0.1%	102	PROPIONATE DISKUS	
FIRDAPSE TAB	54	fluocinonide emollient	102	INHALER 100MCG/ACT	
flecainide tab	17	cream		FLUTICASONE	21
FLORIVA PLUS DROPS	140	fluocinonide gel	102	PROPIONATE DISKUS	
FLUAD INJ	169	fluocinonide oint	102	INHALER 250MCG/ACT	
FLUAD QUAD INJ	169	fluocinonide soln	102	FLUTICASONE	21
FLUBLOK QUAD PF INJ	169	FLUORIDEX	139	PROPIONATE DISKUS	
FLUCELVAX QUAD INJ	169	SENSITIVITY PASTE		INHALER 50MCG/ACT	
fluconazole susp	44	fluorometholone ophth	148	fluticasone propionate oint	102
fluconazole tab	44	soln		fluticasone/salmeterol	23
flucytosine cap	43	fluorouracil cream	99	inhaler, wixela inhaler	
fludrocortisone tab	94	fluorouracil soln	99	FLUTICASONE-SALMET	23
FLULALVAL QUAD INJ,	169	fluoxetine cap	31	EROL INHALER 113-14	
FLUZONE QUAD INJ		fluoxetine soln	31	MCG/ACT	
FLUMIST	169	fluoxetine tab 60mg	31	FLUTICASONE-SALMET	23
QUADRIVALENT NASAL SUSP		fluphenazine tab	73	EROL INHALER 232-14	
FLUOCINOLONE ACET CREAM	101	FLURBIPROFEN OPHTH SOLN	151	MCG/ACT	
		flurbiprofen tab	8	FLUTICASONE-SALMET	23
		flutamide cap	58	EROL INHALER 55-14	
				MCG/ACT	

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

183

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

fluvoxamine ER cap	32	FREESTYLE LIBRE	131	GILOTRIF TAB	57
fluvoxamine tab	32	RECEIVER		glatiramer inj	158
FLUZONE HD PF INJ	170	FREESTYLE LIBRE	132	GLEOSTINE/LOMUSTIN	56
FLUZONE HIGH DOSE	170	SENSOR (14-DAY)		E CAP	
PF INJ		FULPHILA INJ	125	glimepiride tab	40
FLUZONE/FLUARIX	170	FUROSCIX KIT	109	glipizide ER tab	40
QUAD INJ		FUROSEMIDE SOLN	109	glipizide tab	40
FOLBEE PLUS CZ TAB	140	furosemide tab	109	glipizide/metformin tab	34
folbee tab	126	FUZEON INJ	76	GLUCAGEN HYPOKIT	35
folic acid tab 1mg	124			INJ	
folic acid tab 400mcg	125	G		GLUCAGON EMR INJ	36
folic acid tab 800mcg	125	gabapentin cap	26	GLUCAGON INJ KIT	36
fondaparinux inj	25	gabapentin soln	26	GLUCAGON KIT	36
fosamprenavir tab	76	gabapentin tab 600mg	26	GLYBURID MCR TAB	40
fosinopril tab	47	gabapentin tab 800mg	26	glyburide tab	40
fosinopril/hydrochlorothia	49	galantamine ER cap	156	glyburide/metformin tab	34
zide tab		galantamine tab	156	glycopyrrolate tab	164
FOSRENOL POWDER	119	GALZIN CAP	136	GLYGEST PAK	106
PACK		GAVRETO CAP	63	GOLYTELY SOLN	128
FOTIVDA CAP	62	gefitinib tab	57	granisetron tab	42
FREESTYLE LIBRE 2	131	gemfibrozil tab	46	griseofulvin micro tab	43
RECEIVER		GENOTROPIN INJ	112	griseofulvin susp	43
FREESTYLE LIBRE 2	131	GENTAK OPHTH OINT	146	griseofulvin tab	43
SENSOR		gentamicin ophth soln	146	guaifenesin/codeine soln	94
FREESTYLE LIBRE 3	131	gentamicin sulfate cream	97	GUAIFENESIN/CODEINE	94
READER		gentamicin sulfate oint	97	SYRUP	
FREESTYLE LIBRE 3	131	GENVOYA TAB	76	guanfacine ER tab	3
SENSOR		gianvi tab, ocella tab	89	guanfacine IR tab	48
		GILENYA CAP 0.25MG	158		

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

184

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

GVOKE INJ	36	HUMALOG MIX	38	hydralazine tab	50
GVOKE INJ KIT	36	KWIKPEN, INSULIN		hydrochlorothiazide cap	109
GVOKE PFS INJ	36	LISPRO MIX KWIKPEN		hydrochlorothiazide tab	109
H		HUMALOG PEN INJ	38	hydrocodone/acetaminophen soln	13
HADLIMA INJ	5	HUMIRA INJ 10MG	6	hydrocodone/acetaminophen	13
HADLIMA INJ	5	HUMIRA INJ 20MG	6	en tab	
40MG/0.8ML		HUMIRA INJ 40MG	6	hydrocodone/homatropine	94
HADLIMA PUSH INJ	6	HUMIRA INJ 80MG	6	syrup	
HADLIMA PUSH INJ	6	HUMIRA INJ	6	HYDROCORTISONE	15
40MG/0.8ML		CROHNS/UC/HIDRADEN		ACETATE/PRAMOXINE	
halobetasol propionate	102	ITIS STARTER PACK		CREAM	
cream		HUMIRA INJ PEDIATRIC	6	hydrocortisone cream	102
halobetasol propionate	102	CROHNS STARTER PACK		hydrocortisone enema	15
oint		HUMIRA INJ PEDIATRIC	6	hydrocortisone lotion	102
haloperidol lactate conc	72	UC STARTER PACK		hydrocortisone oint	102
haloperidol tab	72	HUMIRA INJ	6	hydrocortisone tab	93
HEMLIBRA INJ	122	PSORIASIS/UVEITIS		hydromorphone tab 2mg	11
HEXALEN CAP	55	STARTER PACK		hydromorphone tab 4mg	11
HIZENTRA INJ	153	HUMIRA PEN INJ 40MG	6	hydromorphone tab 8mg	11
HOMATROPINE OPHTH SOLN	145	HUMULIN MIX INJ	38	hydroquinone cream	105
HUMALOG JR	38	HUMULIN MIX PEN INJ	38	hydroxychloroquine tab	53
KWIKPEN INJ		HUMULIN N INJ	38	hydroxyprogesterone inj	155
HUMALOG KWIKPEN INJ	38	HUMULIN N PEN INJ	38	hydroxyurea cap	55
HUMALOG MIX INJ	38	HUMULIN R INJ	38	hydroxyzine pamoate cap	16
		HUMULIN R INJ U-500	39	hydroxyzine syrup	16
		HUMULIN R U-500	39	hydroxyzine tab	16
		KWIKPEN INJ		HYFTOR GEL	104
		HYCAMTIN CAP	55		

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

185

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

hyoscyamine sulfate CR tab	164	indapamide tab	110	ISENTRESS (HD) TAB	76
hyoscyamine sulfate elixir	164	indomethacin cap	8	ISENTRESS CHEW TAB	76
hyoscyamine sulfate ODT	164	indomethacin CR cap	8	ISENTRESS POWDER	76
hyoscyamine sulfate SL tab	164	INFANT FORMULA	107	PACK	
hyoscyamine tab	164	LIQUID		isibloom tab, enskyce tab,	89
HYQVIA INJ	153	INFANT FORMULA	107	apri tab	
I		POWDER		isoniazid syrup	54
ibandronate tab 150mg	110	INGREZZA CAP	157	ISONIAZID TAB	54
ibuprofen susp (Rx ONLY)	8	INGREZZA PACK	157	ISOPTO CARBACHOL	145
ibuprofen tab	8	40-80MG		OPHTH SOLN	
ICLUSIG TAB	63	INLYTA TAB	56	isosorbide dinitrate tab	16
IDHIFA TAB	63	INQOVI TAB	60	isosorbide mononitrate ER	16
ILEVRO OPHTH SUSP	151	INSULIN LISPRO INJ	39	tab	
imatinib tab	63	INSULIN LISPRO JR	39	ISOSORBIDE	16
IMBRUICA CAP 140MG	63	KWIKPEN INJ		MONONITRATE TAB	
IMBRUICA CAP 70MG	63	INSULIN LISPRO	39	itraconazole cap	44
IMBRUICA SUSP	63	KWIKPEN INJ		ivermectin tab	15
IMBRUICA TAB 420MG, 560MG	63	INTELENCE TAB	76		
IMCIVREE INJ	2	INTRON-A INJ	55	J	
imipramine tab	33	INVIRASE CAP	76	JAKAFI TAB	63
imiquimod cream	104	INVIRASE TAB	76	JANUMET TAB	34
IMOVAIX INJ	170	IOPIDINE OPHTH SOLN	146	JANUMET XR TAB	34
IMPAVIDO CAP	51	IPOL INJ	170	JANUVIA TAB	36
INCRELEX INJ	112	ipratropium nasal spray	142	JARDIANCE TAB	40
INCRUSE ELLIPTA	19	ipratropium neb soln	19	JAYPIRCA TAB	64
INHALER		irbesartan tab	48	jinteli tab	115
		irbesartan/hydrochlorothia zide tab	50	JOENJA TAB	137
				JULUCA TAB	77
				JYNARQUE PAK	115

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

186

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

JYNARQUE TAB	115	KLOXXADO NASAL	41	layolis FE tab, wymzya FE	90
K		SPRAY		tab	
KALYDECO PAK	160	KOSELUGO CAP	64	LEDIPASVIR/SOFOSBUV	80
KALYDECO TAB	160	KOSELUGO CAP 10MG	64	IR TAB	
kelnor tab	90	KRAZATI TAB	64	leflunomide tab	9
KESIMPTA INJ	158	KRINTAFEL TAB	53	lenalidomide cap	137
		L		LENVIMA CAP	56
ketoconazole cream	98	labetalol tab	83	letrozole tab	58
ketoconazole shampoo	98	lacosamide oral solution	27	leucovorin tab	55
ketoconazole tab	44	lacosamide tab	27	levalbuterol neb soln	23
KETO-DIASTIX TEST	106	LACTIC ACID LOTION	103	levetiracetam ER tab	27
STRIP		lactulose soln	119	levetiracetam soln	27
ketorolac inj 15mg/ml	8	LAGEVRIO CAP (EUA)	82	levetiracetam tab	27
ketorolac inj 30mg/ml	8	LAGEVRIO CAP 200MG	82	LEVOBUNOLOL OPHTH	144
ketorolac inj 60mg/2ml	8	lamivudine soln	77	SOLN	
ketorolac ophth soln	151	lamivudine tab	77	levocarnitine soln	113
ketorolac tab	8	lamivudine tab 100mg	80	levocarnitine tab	113
KETOSTIX	106	lamivudine/zidovudine tab	77	levofloxacin ophth soln	146
ketotifen ophth soln	151	lamotrigine chew tab	27	LEVOFLOXACIN OPHTH	146
KEVZARA INJ	7	lamotrigine tab	27	SOLN 0.5%	
KINERET INJ	7	LAMPIT TAB	51	levofloxacin soln	116
KINRIX INJ,	163	LANCET KIT	132	levofloxacin tab	116
QUADRACEL DTAP-IPV		LANCETS	132	levonorgestrel tab	92
INJ		lansoprazole cap	165	levonorgestrel-ethinyl	90
KINRIX PREF SYRINGE,	163	lanthanum carbonate chew	119	estradiol-fe tab	
QUADRACEL PREF		tab		levothyroxine tab	162
SYRINGE		lapatinib ditosylate tab	64	LEXIVA SUSP	77
KISQALI PAK	60	latanoprost ophth soln	151	lidocaine cream 3%	104
KISQALI TAB	64				

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

187

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

lidocaine gel	104	LONSURF TAB	60	LUMIGAN OPHTH SOLN	151
lidocaine oint	104	lopinavir/ritonavir soln	77	LUMRYZ PACK	155
lidocaine patch 5%	104	lopinavir/ritonavir tab	77	LUPKYNIS CAP	138
lidocaine soln	104	loratadine chew tab	44	lurasidone hcl tab	72
lidocaine viscous soln	138	loratadine ODT	44	LUVIRA CAP	106
lidocaine/hydrocortisone cream	15	loratadine syrup	44	LYNPARZA TAB	65
lidocaine/prilocaine cream	104	loratadine tab	44	LYSODREN TAB	59
linezolid susp	52	loratadine/pseudoephedrin e 12-hour tab	94	LYTGOBI THERAPY	65
linezolid tab	52	loratadine/pseudoephedrin e 24-hour tab	95	PACK	
liothyronine tab	162	lorazepam conc	17	LYUMJEV INJ	39
LIQUIGEN	144	lorazepam tab	17	LYUMJEV KWIKPEN INJ	39
lisdexamfetamine	1	LORBRENA TAB 100MG	64	M	
dimesylate cap		LORBRENA TAB 25MG	64	malathion lotion	105
lisdexamfetamine	1	losartan tab	48	MALE CONDOMS	131
dimesylate chew tab		losartan/hydrochlorothiazi de tab	50	MAPROTILINE TAB	31
lisinopril tab	47	LOTEMAX OPHTH GEL	148	maraviroc tab	77
lisinopril/hydrochlorothiazide tab	50	LOTEMAX OPHTH OINT	148	MARPLAN TAB	31
LOTFULO CAP	103	loteprednol etabonate ophth gel	148	MATULANE CAP	55
lithium carbonate cap	71	loteprednol ophth susp	148	MAVENCLAD THERAPY	158
lithium carbonate ER tab	72	lovastatin tab	46	PAK	
lithium carbonate tab	72	loxapine cap	73	MAVYRET PAK	80
LIVMARLI SOLN	118	lubiprostone cap	117	MAVYRET TAB	80
LIVTENCITY TAB	80	LUMAKRAS TAB	64	MAXIDEX OPHTH SOLN	148
L-METHYLFOLATE TAB	106	LUMAKRAS TAB 320MG	64	MAYZENT TAB	158
LO LOESTRIN TAB	90			MAYZENT TAB STARTEI	158
LOKELMA PAK	138			PACK	
				MCT OIL	144
				meclizine chew tab	42

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

188

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

meclizine tab	42	methenamine hippurate tab	53	metoprolol/hydrochlorothi	50
medroxyprogesterone tab	155	methimazole tab	162	azide tab	
mefloquine tab	53	methocarbamol tab	141	metronidazole cream	105
megestrol susp	59	methotrexate inj	56	metronidazole gel	105
megestrol tab	59	methotrexate tab	55	metronidazole gel 0.75%	105
MEKINIST SOLN	65	METHOXSALEN CAP	99	metronidazole lotion	105
MEKINIST TAB 0.5MG	65	methsuximide cap	30	metronidazole tab	51
MEKINIST TAB 2MG	65	METHYLDOPA TAB	48	metronidazole vaginal gel	171
MEKTOVI TAB	65	methylergonovine tab	152	mexiletine hcl cap	17
meloxicam tab	8	methylphenidate CD cap	3	midazolam inj	127
MELPHALAN TAB	56	methylphenidate ER cap	3	midodrine tab	172
memantine ER cap	156	methylphenidate ER tab	3	mifepristone tab	36
memantine soln	156	methylphenidate ER tab	4	MIFIPREX TAB	114
memantine tab	156	10mg, 20mg		miglustat cap	124
mercaptopurine tab	55	methylphenidate soln	4	minocycline cap	162
mesalamine enema	118	methylphenidate tab	4	minoxidil tab	50
mesalamine ER cap	118	methylprednisolone	93	mirtazapine ODT	30
mesalamine supp	119	acetate inj		mirtazapine tab	30
MESNEX TAB	55	methylprednisolone dose	93	MIRVASO GEL	105
METANX CAP	107	pack		misoprostol tab	165
metformin ER tab	35	methylprednisolone tab	93	modafinil tab	4
metformin tab	35	methylprednisolone sod	93	mometasone cream	102
methadone conc	11	succinate inj		mometasone oint	102
methadone soln 10mg/5ml	11	metoclopramide soln	117	mometasone soln	102
methadone soln 5mg/5ml	11	metoclopramide tab	117	montelukast chew tab	19
methadone tab	11	metolazone tab	110	montelukast granule pack	19
methadone tablet 10mg	11	metoprolol ER tab	84	montelukast tab	19
methazolamide tab	108	metoprolol tab	84		

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

189

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

MORPHINE SULF SOLN 10MG/5ML	11	MYRBETRIQ TAB	166	neomycin/polymyxin/dexa methasone ophth oint	148
morphine sulfate ER tab	11	N		neomycin/polymyxin/dexa methasone ophth soln	148
morphine sulfate soln	12	nabumetone tab	8	NEOMYCIN/POLYMYXI	149
morphine sulfate tab	12	nadolol tab	84	N/HYDROCORTISONE	
MOUNJARO INJ	37	naloxone hcl nasal spray	41	OPHTH SOLN	
moxifloxacin ophth soln	147	naloxone inj	42	NEPHRON FA TAB	126
moxifloxacin tab	116	naloxone prefilled inj	42	NERLYNX TAB	65
MULTAQ TAB	18	naltrexone tab	41	NEVANAC OPHTH SUSP	151
MULTIGEN FOLIC TAB	126	naproxen EC tab	8	nevirapine ER tab	77
MULTIGEN PLUS TAB	126	naproxen tab	8	NEVIRAPINE SUSP	77
MULTIGEN TAB	126	NARCAN NASAL SPRAY	42	nevirapine tab	77
MULTIVITAMIN/FLOURI	140	NATACYN OPHTH SUSP	147	NEXLETOL TAB	45
DE CHEW 0.25MG		NATAZIA TAB	90	NEXLIZET TAB	45
MULTIVITAMIN/FLOURI	140	nateglinide tab	39	NEXPLANON IMPLANT	92
DE CHEW 1MG		NATPARA INJ	110	NEXTSTELLIS TAB	90
MULTIVITAMIN/FLUORI	140	nebivolol hcl tab	84	niacin cap	172
DE CHEW TAB		NEBUSAL NEB SOLN	95	niacin CR tab	173
multivitamin/minerals tab	140	NEFAZODONE TAB	32	niacin ER tab	47
mupirocin oint	97	nefazodone tab 50mg, 250mg	32	niacin tab	173
mycophenolate DR tab	83	neomycin tab	4	NIACIN TR TAB	173
mycophenolate mofetil cap	83	NEOMYCIN/POLYMICIN /GRAMICIDIN OPHTH SOLN	147	niacinamide tab	173
mycophenolate mofetil susp	83	neomycin/polymixin/hydro	152	nicotine gum	159
mycophenolate mofetil tab	83	coritisone otic soln		NICOTINE KIT	159
MYFEMBREE TAB	115	neomycin/polymixin/hydro	152	nicotine lozenge	159
MYLERAN TAB	56	coritisone otic susp		nicotine patch	159

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

190

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

NICOTROL NASAL	159	nortrel 7/7/7 tab, pirmella	90	O
SPRAY		7/7/7 tab		OCALIVA TAB 117
nifedipine cap	85	nortrel tab	91	octreotide inj 114
nifedipine ER tab	85	nortriptyline cap	33	OCTREOTIDE INJ 114
nilutamide tab	59	nortriptyline oral soln	33	100MCG
NINLARO CAP	65	NORVIR CAP	77	ODEFSEY TAB 77
nitazoxanide tab	52	NORVIR POWDER PACK	77	ODOMZO CAP 58
nitrofurantoin	53	NORVIR SOLN	77	OFEV CAP 161
macrocrystals cap		np thyroid tab	163	ofloxacin ophth soln 147
nitrofurantoin	53	NUBEQA TAB	59	ofloxacin tab 116
monohydrate cap		NUCALA INJ	18	olanzapine ODT 73
nitroglycerin patch	16	NUEDEXTA CAP	159	olanzapine tab 73
nitroglycerin SL tab	16	NULYTELY SOLN	128	olanzapine/fluoxetine cap 157
NIVESTYM INJ	125	NUTRITIONAL	107	OLLIZAC POWDER 107
NIZORAL A-D	98	SUPPLEMENT LIQUID		olmesartan tab 48
SHAMPOO		NUTRITIONAL	107	olmesartan/hydrochlorothi
norethindrone ace-ethinyl	90	SUPPLEMENT POWDER		azide tab
estradiol-fe cap		NUVARING	91	olopatadine ophth soln 151
norethindrone	90	nystatin cream	98	0.1%
acetate/ethinyl estradiol FE		nystatin oint	98	olopatadine ophth soln 151
chew tab		nystatin powder	43	0.2%
norethindrone	90	nystatin susp	139	OLUMIANT TAB 4
acetate/ethinyl estradiol		nystatin tab	44	omega-3-acid ethyl esters
tab		nystatin topical powder	98	cap 45
norethindrone tab	92	nystatin/triamcinolone	98	omeprazole DR cap
norethindrone/ethinyl	90	cream		omeprazole tab 165
estradiol FE tab		nystatin/triamcinolone oint	98	OMNIPOD 5 G7 KIT 132
		NYVEPRIA INJ	125	INTRO

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

191

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

OMNIPOD 5 G7 MIS PODS	132	ONETOUCH VERIO REFLECT METER	133	OVIDREL INJ OXBRYTA TAB FOR ORAL SUSP	111 124
OMNIPOD 5 INTRO KIT	132	ONETOUCH VERIO TEST STRIP	106	oxcarbazepine susp	27
OMNIPOD 5 PACK PODS	132	OPSUMIT TAB	87	oxcarbazepine tab	27
OMNIPOD DASH INTRO KIT	132	OPVEE NASAL SPRAY	42	oxybutynin ER tab	166
OMNIPOD DASH PODS	132	ORACIT SOLN	120	oxybutynin syrup	166
OMNIPOD GO KIT	132	ORENCIA CLICK INJ	9	oxybutynin tab	166
OMNIPOD STARTER KIT	132	ORENCIA SC INJ	9	oxycodone soln	12
OMNITROPE INJ	112	125MG/ML		oxycodone tab	12
ondansetron ODT	42	ORENCIA SC INJ	9	oxycodone/acetaminophen	13
ondansetron soln	42	50MG/0.4ML		tab	
ondansetron tab	42	ORENCIA SC INJ	9	OXYCODONE/ASPIRIN	13
ONETOUCH DELICA LANCETS	132	87.5MG/0.7ML		TAB	
ONETOUCH DELICA PLUS LANCETS	132	ORGOVYX TAB	59	OXYTROL PATCH (OTC)	166
ULTRASOFT LANCETS		ORIAHNN CAP	115	OZEMPIC INJ	37
ONETOUCH METER	133	ORILISSA TAB 150MG	111	P	
ONETOUCH TEST STRIP	106	ORILISSA TAB 200MG	111	paliperidone ER tab	72
ONETOUCH VERIO FLEX METER	133	ORKAMBI GRANULES	160	PALYNZIQ INJ	113
		PACKET		pantoprazole EC tab	165
ONETOUCH VERIO IQ METER	133	ORKAMBI TAB	160	paricalcitol cap	113
ONETOUCH VERIO METER	133	ORSERDU TAB	59	paroxetine ER tab	32
		ORSERDU TAB 345MG	59	paroxetine tab	32
		oseltamivir cap	81	PAXLOVID TAB	79
		oseltamivir cap 30mg	81	150-100MG	
		oseltamivir susp	81	PAXLOVID TAB	79
		OTEZLA STARTER PACK	9	300-100MG	
		OTEZLA TAB	9	pazopanib tab	65

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

192

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

PEAK FLOW METER	134	PHENELZINE SULFATE	31	PLAN B TAB	92
PEDIARIX INJ	164	TAB		PLEGRIDY INJ	158
pediatric multiple	140	phenelzine tab	31	PLEGRIDY PEN INJ	158
vitamins/fluoride chew tab		phenobarbital elixir	127	PNEUMOVAX INJ	167
pediatric multiple	140	phenobarbital tab	127	PODIAPN CAP	107
vitamins/fluoride soln		phenoxybenzamine cap	48	PODOC CON SOLN	104
pediatric multiple	140	phentermine cap	1	podofilox soln	104
vitamins/fluoride/iron soln		phentermine tab	1	POLYETHYLENE	154
PEDVAXHIB INJ	166	phenylephrine ophth soln	145	GLYCOL 8000	
peg 3350 soln (100 gram	128	phenytoin cap	30	GRANULES	
Moviprep equiv)		phenytoin chew tab	30	polymyxin b/trimethoprim	147
peg 3350/electrolytes soln	129	phenytoin susp	30	ophth soln	
PEGASYS INJ	80	PHEXXI GEL	171	POMALYST CAP	60
PEG-INTRON INJ	80	phlexy-10 tab	144	potassium bicarbonate	136
PEMAZYRE TAB	66	PHOSLYRA SOLN	119	effer tab	
PENBRAYA INJ	166	phospha 250 neutral tab	136	potassium chloride ER cap	136
penicillamine tab	137	phytonadione tab	172	potassium chloride ER tab	136
penicillin vk tab	154	PIFELTRO TAB	78	potassium chloride micro	136
PENTACEL INJ	164	pilocarpine ophth soln	145	tab	
pentamidine neb soln	51	pilocarpine tab	139	potassium chloride powder	136
pentoxifylline ER tab	123	PIMOZIDE TAB	159	packet	
permethrin cream	105	pindolol tab	84	potassium chloride soln	136
perphenazine tab	73	pioglitazone tab	39	potassium citrate CR tab	120
PERPHENAZINE/	157	PIQRAY TAB	66	potassium citrate/citric	120
AMITRIPTYLINE TAB		pirfenidone cap	161	acid powder pack	
PHEBURANE ORAL	113	pirfenidone tab 267mg	161	potassium citrate/citric	120
PELLETS		pirfenidone tab 801mg	161	acid soln	
phenazopyridine tab	121	piroxicam cap	8		

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

193

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

potassium phosphate monobasic tab	136	PREMARIN VAGINAL CREAM	172	PROMACTA TAB 75MG	125
pramipexole tab	70	PREMPHASE TAB,	115	promethazine supp	44
prasugrel tab	123	PREMPRO TAB		promethazine syrup	44
pravastatin tab	46	PRENATAL VITAMINS	141	promethazine tab	45
praziquantel tab	15	(PREGNATAL PLUS,		promethazine VC syrup	95
prazosin cap	48	PREPLUS, PRENAPLUS)		promethazine VC/codeine	95
PRED MILD OPHTH SOLN	149	PRETOMANID TAB	54	syrup	
PRED-G OPHTH SOLN	149	PREVIDENT SOLN	139	promethazine/codeine	95
prednisolone ODT	93	PREVNAR 13 INJ	167	syrup	
PREDNISOLONE ODT TAB	93	PREVNAR 20 INJ	167	PROMETHEGAN SUPP	45
PREDNISOLONE OPHTH SUSP	149	PREVYMIS TAB	80	propafenone ER cap	18
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	149	PREZCOBIX TAB	78	propafenone tab	18
prednisolone soln	93	PREZISTA SUSP	78	proparacaine ophth soln	148
PREDNISONE SOLN	93	PREZISTA TAB	78	propranolol ER cap	84
prednisone tab	93	PRIFTIN TAB	54	propranolol oral soln	84
pregabalin cap	27	primaquine tab	53	PROPRANOLOL SOLN	84
pregabalin cap 225mg	27	primidone tab	28	propranolol tab	84
pregabalin cap 300mg	27	PRIORIX INJ	170	propylthiouracil tab	162
pregabalin soln	27	probenecid tab	122	pro-stat liquid	144
PREHEVBARIO SUSP	170	prochlorperazine supp	73	PULMOZYME INH SOLN	160
PREMARIN TAB	116	prochlorperazine tab	73	pyrazinamide tab	54
		proctosol HC cream	15	pyridostigmine CR tab	54
		progesterone cap	155	pyridostigmine tab	54
		PROMACTA POWDER	125	pyrimethamine tab	53
		PROMACTA TAB	125	PYRUKYND TAB	123
		12.5MG, 25MG		PYRUKYND TAPER	124
		PROMACTA TAB 50MG	125	PACK	

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

194

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

Q		RENOVA CREAM	97	ritonavir tab	78
QINLOCK TAB	66	repaglinide tab	39	rivastigmine cap	156
QSYMIA CAP	2	REPATHA INJ	47	rivastigmine patch	156
quetiapine tab	73	REPATHA PUSHTRONEX	47	RIVIVE SPRAY	42
quetiapine XR tab	73	INJ		rizatriptan ODT	135
quinapril tab	47	RESCRIPTOR TAB	78	rizatriptan tab	135
QUINAPRIL/HCTZ TAB	50	RETACRIT INJ	125	roflumilast tab	19
quinapril/hydrochlorothiazide tab	50	RETEVMO CAP	66	ropinirole ER tab	71
quinidine gluconate CR tab	17	REVLIMID CAP	137	ropinirole tab	71
quinidine sulfate tab	17	REYATAZ POWDER	78	rosuvastatin tab	46
QVAR REDIHALER	21	PACK		ROTARIX SUSP	170
R		REYVOW TAB	135	ROTATEQ INJ	170
RABAVERT INJ	170	REZLIDHIA CAP	66	ROZLYTREK CAP	66
rabeprazole EC tab	165	REZUROCK TAB	137	ROZLYTREK PAK	66
RADICAVA ORS	143	RHOFADE CREAM	105	RUBRACA TAB	66
STARTER KIT		ribavirin cap	81	rufinamide susp	28
RADICAVA ORS SUSP	143	RIBAVIRIN TAB	81	rufinamide tab	28
raloxifene tab	112	RIDAURA CAP	7	RUKOBIA ER TAB	78
ramelteon tab	128	rifabutin cap	54	RYBELSUS TAB	37
ramipril cap	48	RIFAMATE CAP	54	RYDAPT CAP	66
ranolazine tab	15	rifampin cap	54		
rasagiline tab	71	riluzole tab	143	S	
REBETOL SOLN	80	RIMANTADINE TAB	82	salsalate tab	10
REGRANEX GEL	105	RINVOQ ER TAB	5	SANDIMMUNE SOLN	83
RELENZA DISKHALER	82	risedronate tab	110	100MG/ML	
RELYVRIO PAK	143	risperidone ODT	72	SANTYL OINT	103
renaphro cap	140	risperidone soln	72	sapropterin	113
		risperidone tab	72	dihydrochloride powder packet	

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

195

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

sapropterin dihydrochloride soluble tab	113	SIMBRINZA OPHTH SUSP SIMPONI	146 6	sodium fluoride gel sodium fluoride paste sodium fluoride rinse	139 139 139
SAVELLA PAK	157	AUTO-INJECTOR 100MG		sodium fluoride soln	135
SAVELLA TAB	157	SIMPONI INJ 100MG	7	SODIUM FLUORIDE TAE	136
SAXENDA INJ	2	simvastatin tab	46	sodium fluoride/potassium	139
scopolamine patch	42	sirolimus soln	138	nitrate paste	
selegiline cap	71	sirolimus tab	83	SODIUM OXYBATE	155
selegiline tab	71	SIVEXTRO TAB	52	SOLN	
selenium sulfide shampoo	100	SKYCLARYS CAP	143	sodium polystyrene	83
SELZENTRY SOLN	78	SKYRIZI INJ 150MG/ML	99	powder	
SELZENTRY TAB	78	SKYRIZI INJ 180	119	sodium polystyrene susp	83
SEMGLEE INJ, INSULIN	39	MG/1.2ML		sodium	96
GLARGINE-YFGN INJ		SKYRIZI INJ	119	sulfacetamide/sulfur	
SEMGLEE PEN, INSULIN	39	360MG/2.4ML		cleanser 10-5%	
GLARGINE-YFGN PEN		SKYRIZI INJ	99	sodium	97
SEREVENT DISKUS INHALER	23	75MG/0.83ML		sulfacetamide/sulfur	
sertraline conc	32	SKYTROFA INJ	112	cleanser 9-4.5%	
sertraline tab	32	SLYND TAB	92	sodium	97
sevelamer powder pak	120	smz/tmp (DS) tab	51	sulfacetamide/sulfur	
sevelamer tab	120	smz/tmp susp	51	emulsion 10-5%	
SHINGRIX INJ	170	sodium chloride 0.9% irr	121	sodium/magnesium/potassi	129
SIGNIFOR INJ	115	soln		um soln	
sildenafil susp	88	sodium chloride neb soln	95	SOFOSBUVIR/VELPATAS	81
sildenafil tab	86	sodium citrate/citric acid	120	VIR TAB	
sildenafil tab 20mg	88	soln		SOGROYA INJ	112
silver sulfadiazine cream	100	sodium fluoride chew tab	135	SOHONOS CAP 1.5MG	141
		sodium fluoride cream	139	SOHONOS CAP 10MG	141

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

196

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

SOHONOS CAP 1MG	142	STIVARGA TAB	67	SYNJARDY XR TAB	35
SOHONOS CAP 2.5MG	142	STRENSIQ INJ	114	5-1000MG,	
SOHONOS CAP 5MG	142	STRIBILD TAB	78	12.5-1000MG	
solifenacin tab	166	sucralfate susp	165		
SOLU-CORTEF INJ	93	sucralfate tab	164		
SOLU-CORTEF INJ	93	SUFLAVE SOLN	129		
100MG		sulfacetamide sodium	147		
SOLU-MEDROL INJ	94	ophth soln			
2GM		sulfacetamide	149		
SOMAVERT INJ	111	sodium/prednisolone			
sorafenib tosylate tab	66	ophth soln			
sotalol AF tab	84	SULFAMYLYON CREAM	100		
sotalol tab	84	sulfasalazine EC tab	119		
SPIKEVAX INJ	170	sulfasalazine tab	119		
SPIKEVAX INJ	170	sulindac tab	9		
50MCG/0.5ML		SUMATRIPTAN INJ	135		
SPINOSAD SUSP	105	SUMATRIPTAN INJ	135		
SPIRIVA RESPIMAT	19	6MG/0.5ML			
INHALER 1.25MCG/ACT		sumatriptan tab	135		
spironolactone tab	109	sunitinib malate cap	67		
spironolactone/hydrochlor	108	SUNOSI TAB	3		
othiazide tab		SYMDEKO TAB	161		
sprintec 28 tab	91	SYMPROIC TAB	119		
SPRYCEL TAB	66	SYMTUZA TAB	78		
SPS SUSP	138	SYNAREL NASAL SOLN	112		
STAVUDINE CAP	78	SYNJARDY TAB	34		
STELARA INJ	99	SYNJARDY XR TAB	34		
STIMATE NASAL SOLN	114	10-1000MG, 25-1000MG			

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

197

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

TECHLITE INSULIN SYRINGE	133	testosterone gel 1% pump TESTOSTERONE GEL PUMP	14	tobramycin neb soln tobramycin ophth soln tobramycin/dexamethasone ophth soln	4 147 149
TECHLITE PEN NEEDLE	133	testosterone gel pump	14	TODAY SPONGE	171
TEGSEDI INJ	160	1.62%		TOLAZAMIDE TAB	40
telmisartan tab	48	temazepam cap 15mg	127	TOLBUTAMIDE TAB	40
temazepam cap 30mg	127	tetrabenazine tab	157	tolterodine SR cap	166
temozolomide cap	56	TEZSPIRE INJ	18	tolterodine tab	166
tenofovir disoproxil fumarate tab 300mg	78	THALOMID CAP	82	topiramate sprinkle cap	28
TEPMETKO TAB	67	theophylline er tab	24	topiramate tab	28
terazosin cap	49	theophylline soln	24	toremifene tab	59
terbinafine tab	44	THEOPHYLLINE TAB ER	24	torsemide tab	109
terbutaline sulfate tab	23	thioridazine tab	74	TRACLEER TAB 32MG	87
terconazole cream 0.8%	171	thiothixene cap	74	tramadol tab	12
TERCONAZOLE CREAM 0.8%	171	THYROLAR TAB	163	tranexamic acid tab	127
terconazole supp	171	tiagabine tab	29	tranylcypromine tab	31
teriflunomide tab	158	TIBSOVO TAB	67	trazodone tab	32
TERIPARATIDE INJ 620MCG/2.48ML	110	timolol maleate ophth gel	144	TRELEGY ELLIPTA INHALER	24
testosterone cypionate inj	14	timolol maleate ophth soln	144	TREMFYA INJ	100
TESTOSTERONE ENANTHATE INJ	14	timolol maleate tab	85	tretinoin cap	55
620MCG/2.48ML		tinidazole tab	51	tretinoin cream	97
testosterone cypionate inj	14	tiopronin tab	121	tretinoin gel	97
TESTOSTERONE	14	TIVICAY PD TAB	79	tretinoin gel 0.08%	97
ENANTHATE INJ		TIVICAY TAB	79	TOBI PODHALER	94
200MG/ML		tizanidine tab	141	TOBRADEX OPHTH	
TESTOSTERONE GEL 1% 25MG	14	TOBI PODHALER	4	triamicinolone acetonide	
testosterone gel 1% 50mg	14	TOBRADEX OPHTH	149	inj	
		OINT		triamicinolone cream	102

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

198

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

triamicinolone in orabase paste	139	tri-sprintec tab	91	U
triamicinolone lotion	102	TRIUMEQ PD TAB	79	UBRELVY TAB
triamicinolone oint	102	TRIUMEQ TAB	79	UPNEEQ SOLN
triamicinolone OTC nasal spray	142	TRIZIVIR TAB	79	UPTRAVI TAB
triamterene/hydrochlorothiazide cap	108	tropicamide ophth soln	145	ursodiol cap
triamterene/hydrochlorothiazide tab	108	TRUEPLUS INSULIN	134	ursodiol tab
triazolam tab	128	SYRINGE		V
tricitrates soln	120	TRUEPLUS PEN	134	valacyclovir tab
tricon cap	126	NEEDLE		VALCHLOR GEL
trientine cap	137	TRULANCE TAB	116	valganciclovir soln
trifluoperazine tab	74	TRULICITY INJ	37	valganciclovir tab
TRIFLURIDINE OPHTH SOLN	147	TUKYSA TAB	56	valproic acid cap
trihexyphenidyl elixir	71	TURALIO CAP	68	valproic acid syrup
TRIHEXYPHENIDYL SOLN	71	TWIRLA PATCH	91	valsartan tab
trihexyphenidyl tab	70	TYBLUME TAB	91	valsartan/hydrochlorothiazide tab
TRIKAFTA TAB	161	TYMLOS INJ	110	vancomycin cap
TRIKAFTA THERAPY PACK	153	TYVASO DPI POWDER	86	VANFLYTA TAB
tri-legest tab	91	TYVASO DPI POWDER	86	VANFLYTA TAB 26.5MG
TRI-LUMA CREAM	105	MAINTENANCE KIT		VANIQA CREAM
trimethobenzamide cap	42	32-48MCG		VARENICLINE TAB
TRIMETHOPRIM TAB	51	TYVASO DPI POWDER	86	varenicline tartrate tab
		TITRATION KIT		varenicline tartrate tab
		16-32-48MCG		starter pack
		TYVASO INH SOLN 0.6	87	VARUBI TAB
		MG/ML		VAXNEUVANCE INJ

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

199

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

VEMLIDY TAB	81	VITAMIN D TAB	172	XAQUIL XR TAB	107
VENCLEXTA STARTER	57	400UNIT		XARELTO STARTER	24
PACK		VITRAKVI CAP 100MG	68	PACK	
VENCLEXTA TAB	57	VITRAKVI CAP 25MG	68	XARELTO SUSP	24
VENELEX OINT	105	VITRAKVI SOLN	68	XARELTO TAB	24
venlafaxine ER cap	33	VIZIMPRO TAB	57	XCOPRI PAK	28
venlafaxine tab	33	VONJO CAP	68	100-150MG	
VENTAVIS INH SOLN	87	voriconazole tab	44	XCOPRI PAK	28
VENTOLIN HFA	24	VOSEVI TAB	81	150-200MG	
INHALER		VOWST CAP	119	XCOPRI PAK 50-200MG	28
verapamil SR cap	85	VOXZOGO INJ	114	XCOPRI TAB 150MG,	28
VERAPAMIL SR CAP	85	VYNDAMAX CAP	88	200MG	
360mg		VYNDAQEL CAP	88	XCOPRI TAB 50MG,	29
verapamil tab	85			100MG	
VERZENIO TAB	68	W		XCOPRI TITRATION PAK	29
V-GO INJ KIT	133	WAKIX TAB	3	12.5-25MG	
VICTOZA INJ	38	warfarin tab	24	XCOPRI TITRATION PAK	29
VIDEX SOLN	79	WEGOVY INJ	2	150-200MG	
vienna tab, lessina tab,	91	WEGOVY INJ	2	XCOPRI TITRATION PAK	29
kurvelo tab		1.7MG/0.75ML		50-100MG	
vigabatrin powder pack	29	WEGOVY INJ	2	XDEMVY OPHTH SOLN	147
vigabatrin tab	29	2.4MG/0.75ML		XELJANZ SOLN	5
vigadrone powder pack	29	WELIREG TAB	60	XELJANZ TAB	5
viorele tab, kariva tab	91	X		XELJANZ XR TAB	5
VIRACEPT TAB	79	XACIATO GEL	171	XEMBIFY INJ	153
VIREAD TAB 150MG,	79	XALKORI CAP	69	XENLETA TAB	53
200MG, 250MG		XALKORI SPRINKLE	69	XIFAXAN TAB 550MG	51
vitamin D cap	172	CAP		XIGDUO XR TAB	35

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

200

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

ALPHABETICAL LISTING OF DRUGS

XIGDUO XR TAB	35	ZIMHI SOLN	42
10-1000MG		ziprasidone cap	72
XIGDUO XR TAB	35	ZIRGAN OPHTH GEL	147
2.5-1000MG, 5-1000MG		ZOKINVY CAP	138
XIGDUO XR TAB	35	ZOLINZA CAP	55
5-500MG, 10-500MG,		zolmitriptan tab	135
10-1000MG		zolpidem ER tab	128
XOSPATA TAB	69	zolpidem tab	127
XPOVIO PAK	60	zonisamide cap	28
XTAMPZA ER CAP	12	ZORYVE CREAM	100
XYZBAC TAB	107	ZTALMY SUSP	28
<hr/>			
Z		ZYDELIG TAB	69
zafemy patch	91	ZYKADIA CAP	69
zaleplon cap	128	ZYKADIA TAB	69
ZARXIO INJ	125	ZYLET OPHTH SUSP	149
ZAVZPRET NASAL	134		
SPRAY			
ZEGALOGUE INJ	36		
ZEGERID CAP OTC	165		
ZEJULA CAP	69		
ZEJULA TAB	69		
ZELBORAF TAB	69		
ZEPBOUND INJ	2		
ZEPOSIA CAP	159		
ZEPOSIA STARTER PACK	159		
zidovudine cap	79		
zidovudine syrup	79		
zidovudine tab	79		

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

201

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program



L.A. Care
HEALTH PLAN®



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



lacare.org

